

# NACO NEWS

A Newsletter of the  
National AIDS Control Organisation

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Ministry of Health and Family Welfare  
Government of India

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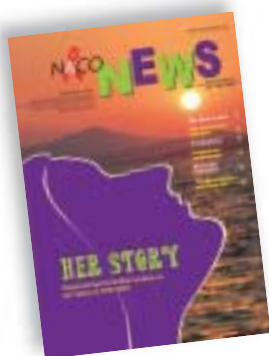
## The Unfinished Journey

Securing Migrant Labour from HIV/AIDS



|                                 |    |
|---------------------------------|----|
| Eye of the Needle               | 7  |
| Young India helps itself        | 8  |
| Message to Medium               | 10 |
| City Lights                     | 11 |
| Working towards Gender Equality | 12 |
| Encouraging Seven Months        | 14 |

## In the Mail



NACO Newsletter is very informative and is a great help for resource persons in a state like Mizoram. It

helps us learn new things which are practised in other places and keeps us informed with new data and ideas as well. I wish NACO all the best in its endeavour.

*Dr K. Ropari*  
Project Director  
Mizoram SACS

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The Newsletter of NACO is really making a great impact on the society. I, on behalf of INP+,

would like to request that more success stories from community, and schemes and policy of government for PLHA should be included.

*Brijesh Dubey*  
INP+

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Our Medical College is situated in one of the tribal districts of the country. So it becomes difficult to have wider access to the knowledge

on HIV/AIDS, which hampers the dissemination process. But it gives me immense pleasure to inform that 'NACO News' keeps us up-to-date with the latest developments in the sector of HIV/AIDS. It will be a great pleasure if our college name is included in your mailing list.

*Dr A. K. Bansal*  
Professor & HoD  
Govt. Medical College  
Jagdalpur

## Shabana Azmi is 'SAARC Goodwill Ambassador'

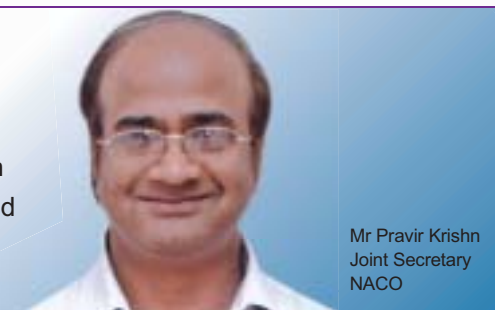


Internationally acclaimed actress and an eminent social activist, Shabana Azmi has been honoured with the title of the SAARC Goodwill Ambassador, along with the legendary cricketer Sanath Jayasuriya, for HIV/AIDS Programme, by the SAARC member nations (Afghanistan, Bangladesh, Bhutan, Nepal, Pakistan, Maldives, Sri Lanka and India), which met in Kathmandu in April, 2008.

Shabana Azmi's name was recommended by NACO. The conferment of title & launch of the programme is likely to be held during the 15<sup>th</sup> SAARC Summit in Colombo, Sri Lanka on 2<sup>nd</sup> - 3<sup>rd</sup> August, 2008. As the SAARC Goodwill Ambassador, Azmi will contribute by facilitating the implementation of SAARC regional strategy on HIV/AIDS and its workplan in all countries; addressing stigma & discrimination and creating awareness; mainstreaming HIV/AIDS to form part of development agenda; advocating for affordable treatment for PLHA; and facilitating fund raising from within & outside the region.

## Welcoming the New Joint Secretary

It is our great pleasure to inform that Mr Pravir Krishn has joined as the Joint Secretary of NACO. A post graduate in Economics, he is from the 1987 batch of the Indian Administrative Services. We look forward to working with him and wish him all the best.



Mr Pravir Krishn  
Joint Secretary  
NACO

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

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– Editor



## Number of patients on ART\*

|                            |               |
|----------------------------|---------------|
| NACO supported ART Centres | 150961        |
| Intersectoral Partners     | 2479          |
| GFATM Round II Centres     | 2489          |
| NGO Sector                 | 474           |
| <b>Grand Total</b>         | <b>156403</b> |

\*As of 30<sup>th</sup> June, 2008



## From the Desk of the Director General

The quarter witnessed two significant days, the Labour Day – May 1 and the International Day against Drug Abuse and Illicit Trafficking – June 26. Both are of enormous significance to NACO as they address specific groups that are highly vulnerable to HIV/AIDS – migrant workers in one case and Injecting Drug Users (IDUs) in the other.

At present, HIV in India is considered to be a “concentrated epidemic” with high-risk groups including “core” groups i.e. Female Sex Workers (FSWs), Men who have Sex with Men (MSM) and Injecting Drug Users (IDUs), and “bridge” populations i.e. truckers and migrant labourers. From the epidemiological perspective, approaches require a focus on containing the transmission of HIV from sex workers, MSM and IDUs to the general population, via the bridge population. Therefore, the emphasis has been on intensified targeted interventions among “core” groups and “bridge” populations. NACO with its partners has been actively involved in working with these groups on HIV prevention, and providing access to testing, counselling and treatment services.

Drug abuse poses its own challenges to the HIV/AIDS stakeholder community. Of the three identified high-risk groups in terms of HIV transmission – Injecting Drug Users or IDUs are most at risk. The problem of IDUs is not limited to a few states such as Manipur and Nagaland. The recent surveillance data shows high prevalence among IDUs in the states of Punjab, Chandigarh, West Bengal, Kerala, Orissa and Delhi; 23 districts have shown more than 5 percent and 7 districts have shown more than 15 percent HIV prevalence among

IDUs. They are at risk if they share needles and syringes with those who may be HIV positive. Yet, it is not easy for them to simply give up their addiction. NACO has adopted a calibrated policy of ‘harm reduction’ as part of its HIV prevention strategy among IDUs. As a step forward, NACO has finalised a strategy to provide Oral Substitution Therapy (OST) as part of a regimen to help the user overcome his addiction.

Migrant labour is another risk group which is a cause of concern. They are mostly employed in the unorganised sector with little access to health services. In view of their large population and high mobility, it is a daunting task to effectively reach out to them. Apart from the strategy of targeted interventions, NACO is working out a plan to address these populations through focused and intensified IEC campaigns. The need is to address them both at destination and source points. Corporate sector has to come forward in a big way as part of Corporate Social Responsibility (CSR) to take the preventive services to migrant labour.

A whole range of strategies – from helping IDUs get over their addiction to providing HIV prevention services and IEC material to migrants – are operational. Yet, the road ahead is not smooth. For us in the HIV/AIDS field, there is still much to do. Let us work with determination and dedication to achieve the objectives of NACP-III.

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

# The Unfinished Journey

## Securing migrant labour from HIV/AIDS

**India's economic migrants are acutely vulnerable to HIV, and could carry the virus back to their families. Helping them will be crucial to achieving the goals of NACP-III.**

A migrant's lot is not an easy one. For long days or months at a stretch, economic migrants live far away from their families, working in factories or otherwise striving to earn a living. Sometimes this makes them liable to practising unsafe sex, and increases the risk of contracting STI or HIV. For these reasons, NACO and its partners consider migrants a vulnerable group.

In turn, groups such as economic migrants and truckers could become carriers of the virus – “mobility with HIV”, as it is termed – and when they return home, could transmit it to their wives and families.

In India, the concerns are compounded by sheer numbers. Short-stay migrants, estimated at 12 million, are the most susceptible to HIV/AIDS. Once migrants reach their destination, barriers of language and other adjustment issues strengthen a sense of loneliness and could lead to possible risky sexual activity. Limited awareness of HIV/AIDS issues and lack of access to social support networks add to the migrant's vulnerability.

Of course, not all migrants are equally at risk of HIV. Primarily those men who are part of high-risk sexual networks at their destinations – with Female Sex Workers (FSWs), Men who have Sex with Men (MSM) or Transgenders (TGs) – and female

migrants who enter into transactional sex are most vulnerable.

Migrants can be classified on the basis of many parameters, such as:

- Interaction with high-risk networks
- Route and destination of migration
- Pattern, duration and mobility in terms of migration
- Age
- Whether the family also migrates with the primary migrant or he or she moves singly.

Based on these criteria, migrants are defined, for the sake of targeted interventions under NACP-III, as

**Limited awareness of HIV/AIDS issues and lack of access to social support networks adds to the migrant's vulnerability.**



single men and all women aged between 15 and 49 who move between source and destination within the country at least once a year.

From the programming perspective, only interventions for in-migrants – at the destination location – are considered. The focus is on high-risk migrant men and women, those who are part of high-risk sexual networks as clients of sex workers, as MSM or as sex workers themselves.

Migrants such as these are key “bridge populations”, acting as a link between high-risk and generation populations. For instance, the client of a sex worker may have a wife or partner at home, and may put her at risk of HIV. Likewise, a migrant female sex worker may return to her spouse or partner at home and put him at risk.

**Primarily those men who are part of high-risk sexual networks at their destinations – with Female Sex Workers (FSWs), Men who have Sex with Men (MSM) or Transgenders (TGs) – and female migrants who enter into transactional sex are most vulnerable.**

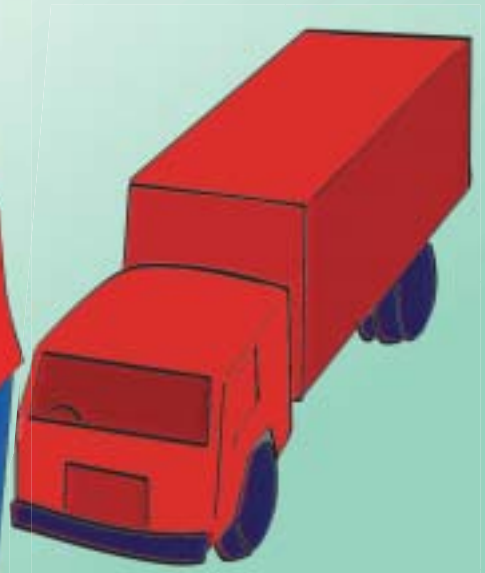


Individuals who have partners in the high-risk groups as well as the low-risk general population are called the bridge populations, because they form the transmission bridge for HIV. This makes working with them doubly important for NACO and others in the HIV/AIDS control mission.

### How it works

NACO interventions among migrants are aimed at controlling the spread of HIV and STIs through information about transmission and prevention. There is an emphasis on promoting safe sex through use of condoms.

Being new or unfamiliar to a city, migrants may lack access to information and means that will enable them to avoid unsafe sexual practices and prevent HIV transmission. Should they actually turn HIV positive, they could encounter stigma,



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### Women are especially vulnerable

Over the past two decades, the world has experienced an increasing feminisation of the process of migration. In 2000, it was estimated by the International Organization for Migration (IOM) that roughly 48 percent of all migrants in the world were women.

South Asia has not been left untouched by this phenomenon. Indeed, women migrants from Asia constitute the largest number of unskilled migrant workers in labour-receiving countries. Rampant gender inequalities, low social status and lack of understanding of their sexuality

and reproductive health, together with lack of access to information and services, make migrant women especially vulnerable to HIV/AIDS.

The problems are compounded for undocumented women workers and those who are victims of trafficking. The situation of selective migration, where women are usually not allowed free movement or granted permission to accompany their spouses, creates even greater vulnerabilities.

Source: NACP-III

deprived of medical support services and social and community ties in a strange city.

It is thus vital to establish a comfort zone for migrants, within which the programme to prevent or treat HIV/AIDS can be carried out. NACO and its partner NGOs are seeking out appropriate volunteers from among the migrant population, and using them to spread prevention messages and help increase access to tools such as condoms. Factory owners, construction companies and other firms and employers that hire migrant workers on a large scale are being brought into the programme.

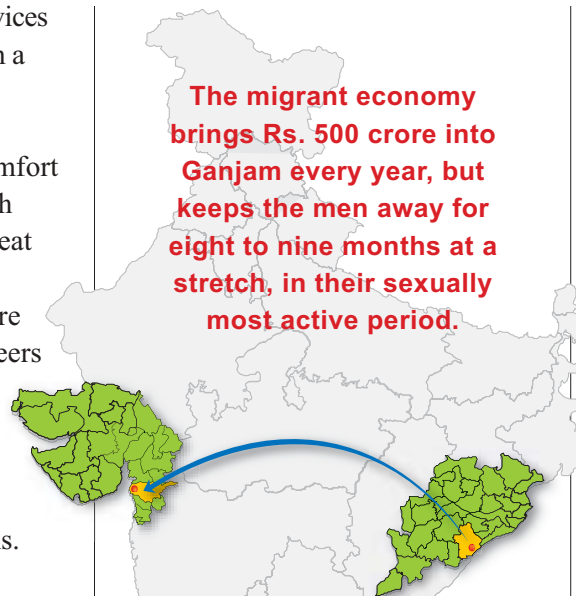
Even though it may not be immediately obvious, the issue of migrants and HIV/AIDS is inextricably linked to gender concerns (see box *“Women are especially vulnerable”*). A male migrant can transmit the virus, sometimes unknowingly, to a wife he meets only occasionally and leaves behind at home as he departs for seasonal migration.

The woman is left behind, to cope with her status, alone and bereft of family support. Indeed, sometimes HIV can become the cause of migration, forcing people to escape stigma and social pressure.

### The road to Surat

The theory of migrant vulnerability to HIV/AIDS is perhaps most effectively played out in the equation between two districts separated by the breadth of India – Surat in Gujarat and Ganjam in Orissa.

On the west coast of India, the bustling industrial city of Surat is home to four million people. Eighty percent of them are either



migrants or descendants of migrants. Between 500,000 and 700,000 migrant workers in Surat and its neighbouring townships are from Orissa, on the eastern rim of India. The Oriya migrants are employed mainly in Surat's bustling textile industry.

Ganjam district in Orissa is the antithesis of Surat. It has 3.1 million people living in 24 blocks, 22 of which depend on migration for their income. Of the estimated 600,000 men who have migrated from Ganjam at any given time, an overwhelming majority, 500,000, live and work in Surat.

Many migrants leave home at 13 or 14 and continue working in Surat till their late 40s. The migrant economy brings Rs. 500 crore into Ganjam every year, but keeps the men away for eight to nine months at a stretch, in their sexually most active period.

What is life like for the migrants in Surat? Here, sex workers are found in almost all slums and the migrants use their services regularly. In 22 of 92 slums in Surat, an Avahan field visit of August 2007 met individual women who had sexual relations

with 20 or more partners. The relationships were not always based on monetary transactions.

In Ganjam, a number of women spend most of the year waiting for their husbands to come home. This sometimes leads to multiple sexual relations with men who are left behind in the village, often male members of the absent husband's family.

This unusual matrix puts migrants and their families at risk of HIV at various points, whether in Ganjam or in Surat. It spells out how migrant vulnerability to HIV/AIDS is a matter of not just an individual but, actually, communities and families in two districts and two states, hundreds of miles from each other. It makes targeted interventions among migrants and communities associated with migrants much more urgent.

### Journey's end

The Ganjam-Surat case study described above is a stark reminder of what HIV/AIDS can mean and do to migrants and their families. Yet, while these two districts may make for a telling example, they are not alone. As India's economy expands and as new centres for business and industry develop, the numbers of economic migrants – seasonal, short-term or long-term – will only grow.

With new ideas and innovative schemes, NACO and its partner agencies hope to educate and motivate the migrant labour community to safeguard itself, and use all medical and counselling facilities at their disposal. How keenly migrants can be motivated will be a key parameter by which to measure the progress of NACP-III.

■ Aslam Naved, PO (TI) and Aditya Singh, TO (TI), NACO

## Eye of the Needle

**Helping IDUs fight addiction and prevent HIV will require pragmatic approaches and small steps.**

**The battle is a long one.**

Of the high-risk groups most vulnerable to HIV, Injecting Drug Users (IDUs) are perhaps most precariously placed. As per the HIV Sentinel Surveillance 2006, 6.92 percent IDUs in India are estimated to be HIV positive. When compared to 6.41 percent of Men who have Sex with Men (MSM), 4.9 percent of Female Sex Workers (FSWs) and 0.36 percent prevalence in the national population, that number is fairly high.

Starting 1987, the United Nations General Assembly has asked that June 26 be observed as International Day against Drug Abuse and Illicit Trafficking. The United Nations Office on Drugs and Crime (UNODC) has run sustained campaigns for the past three years, targeting drug abuse, cultivation and production.

For any sustained campaign to control HIV, successful interventions among IDUs are essential. While all drug users are prone to psychological and physical ailments, those who inject drugs are also at risk of blood-borne infection. Use of infected needles and sharing these with HIV positive people can prove particularly expensive.

In India, the population of IDUs is not geographically limited. There is a common misconception that IDUs are found only in big cities such as Mumbai and Delhi and in states such as Manipur in the Northeast. While there has indeed been a correlation between IDU presence and prevalence of HIV in these areas, they are not alone.



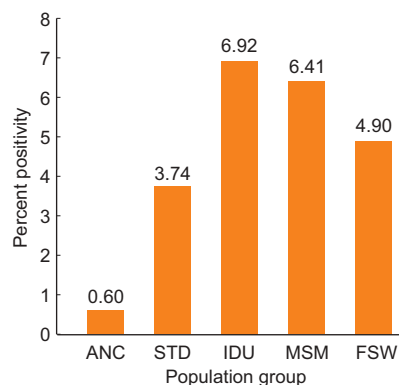
**NACP-III estimates indicate 200,000 IDUs live all over India. The IDU-HIV nexus is bigger than we tend to think.**

NACP-III estimates indicate around 200,000 IDUs live all over India. There are, for instance, a large number of IDUs in Punjab and Haryana. The sentinel survey has also suggested that both these states have substantial HIV positive IDU population. The IDU-HIV nexus is bigger than we tend to think.

### Multiple approaches

How can NACO and society help IDUs? Medical specialists call drug abuse a chronic, relapsing illness.

**HIV prevalence among different population groups: India (2006)**



As a habit, it is difficult to free oneself of. It can be tackled with elaborate supply reduction and demand reduction strategies.

Both approaches have their limitations. Demand reduction is the best long-term solution but could take years to achieve. Supply reduction is not foolproof. However, public health professionals concerned with HIV/AIDS have fine-tuned a variation of the demand reduction mechanism, called the "Harm Reduction" strategy.

This follows the simple, pragmatic principle that harm to the IDU during the period he or she is using drugs should be reduced to a minimum. It is based on the premise that there is a hierarchy of risks, and interventions must be delivered in response to the stage of risk an individual is at.

### Minimising harm

This approach is used, particularly, in staving off blood-borne viruses such as HIV. A variety of options is offered to the IDU.

First, if he cannot for some reason stop sharing needles and syringes, he is given bleach and other such disinfectants to clean the syringe before use. Second, clean needles and syringes are provided and the IDU is urged to use a new one before each use. Third, if the patient is willing to give up drugs but feels he is mentally dependent on them, he is encouraged to try Substitution Therapy. Medicines – Opioids, which have an action similar to illicit drugs – are provided orally. The dosage is moderated, so that the client does not experience either craving or withdrawal. Slowly, the patient is weaned off. Fourth,

*(Contd. on page 18)*

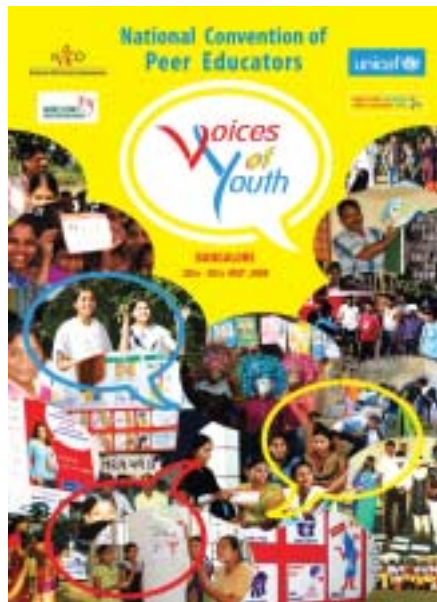


## Young India helps itself

### First peer educators' convention focuses on youth and adolescents

In partnership with NACO, UNICEF organised the first National Convention of Peer Educators in Bangalore between May 28 and 30. Over 450 peer educators, representing eight states and 25 districts, participated. They discussed how it was imperative to focus energies of young people on the fight against HIV/AIDS, an affliction that is particularly felt, after all, among youth and adolescents.

The chief of HIV/AIDS at the UNICEF India country office, put it best in her opening remarks: “[In India] over 35 percent of AIDS cases reported are in the age group of below 25 years. Young people are the key to overcoming HIV/AIDS and their participation is critical.



Statistics would validate this special attention. NACO estimates the number of children living with

HIV in India is around 220,000. About 40-50 percent of the country's HIV positive population is in the 15-29 years age group. As K. Sujatha Rao, AS & DG, NACO, pointed out, “It is estimated that there are about 200 million young people in high prevalence and vulnerable districts who require access to information, skills and services to reduce their vulnerability to HIV.”

The convention itself was a mix of peer education in reproductive health and HIV/AIDS, along with skill workshops. “Chalo kuch seekhen” (“Come let's learn”) was a module seeking to improve skills in leadership, photography, networking, team building and community mobilisation, using different media, such as puppetry, pantomime and folk art, for HIV communication.

■ UNICEF, India

## Rail Fare Concession to PLHA

### Train travel to ART centres becomes cheaper

Presently, there are nearly 1,34,927 patients on ART at 157 ART centres across the country. Many PLHA on ART have to travel long distances in order to reach the ART centres. This, along with their poor socio-economic background, is perceived as a major barrier to good drug adherence. Realising the potential of any effort done in this direction for alleviating the problems of PLHA, Rail Ministry has taken a positive step forward.

Following the announcement by Honourable Railways Minister in the Budget Speech for 2008-09, Ministry of Railways has decided to grant concession in train fares to AIDS patients, for treatment at nominated

ART centres and return after treatment. Currently, the concession is applicable to 123 ART centres. The Ministry has been updated with the latest list of ART centres in order to ensure that all functional ART centres and Link ART Centres (LAC) come under the ambit of this scheme.

The concession is admissible in basic Mail/Express fares only. The element of concession is 50 percent in Second class only, and not in Sleeper or any other class. The other charges like reservation fee, superfast surcharge, development surcharge are not liable to concession and shall be recovered as per the existing rules. The concession has come into effect on tickets issued from 01.04.08.

Concession is admissible without any minimum distance limit, subject to the distance restrictions otherwise applicable in individual Mail/Express trains. Concession is not applicable in Rajdhani/Shatabdi/Garib Rath trains. Station Masters of the railway station would be granting the concession directly on production of the certificate in prescribed format issued by Officer-in-Charge of the concerned ART centre where the patient is to be treated or has been treated. The specimen copies of the certificates can be obtained from the ART centres.

We hope that this will bring a great relief to HIV patients on treatment and make treatment much more accessible for them.

■ Shivi Negi, TO, NACO



## A Mighty Heart

### FSWs in Jalpaiguri take charge with a community collective

It took courage. Frustrated that the NGO working with them wasn't doing enough, a community of Female Sex Workers (FSWs) in Jalpaiguri, North Bengal, got together and registered itself as a CBO called Hriday (Heart) on January 23, 2006. It was an auspicious day, being the birthday of Netaji Subhash Chandra Bose. Inspired by the heroic figure, Hriday's members sought to enhance capacities of FSWs.

In a little over two years, Hriday's has been an unusual success story. A targeted intervention programme was launched for both brothel-based and mobile FSWs in Jalpaiguri. In partnership with the Hindustan Latex Family Planning Promotion



Trust (HLFPPT), Hriday promoted condom use. Collaborating with the Smile Foundation, it began a "Back to School" programme for street children.

With financial assistance from the West Bengal SACS, it is running an Integrated Counselling and Testing Centre (ICTC) for the inmates of the

Jalpaiguri Central Correctional Home. So high is its credibility that the district health authorities deployed it to enhance coverage of the Pulse Polio programme.

Hriday has also set up a cultural arm called *Megha Mallar* that it sees as an innovative IEC mechanism to spread appropriate messaging on HIV/AIDS as well as other public health issues such as malaria. The key to Hriday's success has been identifying the right partner agency for each individual project, and then fulfilling its given task. As a CBO, it is a model for others to follow.

■ Dr Subash Chandra Ghosh  
TO (TI), NACO

## Back(w)yard Life

### Reporting from Peer Conference

Since yester years, it is the voice for collective bargaining which has gained some social recognition till yesterday. Think of people, whom our society does not recognise as human beings with dignity, whose citizenship and nationhood are not recognised, who are deprived from accessing social entitlements. They are pleasure seeking/sharing individuals – who, in HIV/AIDS parlance, are described as High-risk Groups – Female Sex Workers (FSWs), Men who have Sex with Men (MSM) and Injecting Drug Users (IDUs).

Hence, to help address their issues, NACO and SACS successfully organised five Peer Conferences with



**The Peer Conferences were held in Kolkata, Hyderabad, Calicut, Ahmedabad and Delhi during March – June, 2008.**

the collaboration of different Civil Society Organisations, in Kolkata, Hyderabad, Calicut, Ahmedabad and Delhi during March – June 2008. It was echoed in these platforms that mere provision of services/

commodities to the high-risk groups cannot address the issues of stigmatisation, marginalisation and violence by the society – which often act as barriers to the effectiveness and reach of the programme.

Moreover, such a platform provided peers (the spearheads of the HIV prevention programme) to learn from each other as well as from the resource persons – towards creating affinity within the community as well as a social space in the larger society.

The organising states have taken up the issues and challenges discussed in this forum as a Pandora's box for re-strategising the programme – making it more efficient and effective.

■ Dr Subash Chandra Ghosh  
TO (TI), NACO

## Message to Medium

### NACO briefs DFP officials on HIV/AIDS communication



Mayank Agrawal, JD (IEC), Ritu Shukla, DD (IEC) and Gita Bamezai, Lead Consultant (IEC), NACO (right to left) at the workshop on "Recent Trends in HIV/AIDS Communication"

On April 23, 2008, NACO hosted a workshop for regional directors of the Directorate of Field Publicity (DFP), an agency under the Union Ministry of Information and Broadcasting. The subject of the workshop was "Recent Trends in HIV/AIDS Communication". It had a special focus on rural areas.

The event was seen as a means to get NACO officials and DFP functionaries to interact and strengthen the planning and execution of field-based programmes. NACO-DFP collaborative mechanisms were discussed, along the culture-specific

IEC design. The main purpose of the workshop was to ensure that DFP identifies completely with NACP-III goals if NACO and its partners were to achieve district/block and village level coverage.

Held at the Indian Institute of Mass Communication (IIMC) campus in south Delhi, the workshop saw the participation of 22 regional directors of DFP. More than theoretical lectures, the workshop proceedings were crafted to provide information on new techniques to reach out to rural population, remote and disadvantaged groups,

women and youth. A short film, *Bewaqt Baarish*, centred on the vulnerabilities of youth, was also shown.

The quality of participation was high. Director General, DFP, and Joint Director, IEC, NACO, were among those who spoke in the inaugural session, which discussed measures to "strengthen the implementation process" for DFP's interactive HIV/AIDS programmes in rural areas.

Sessions on key issues like prevalence and trend analysis, segmentation of target audience consisting of women and youth, voluntary testing for HIV/AIDS, strategies for reducing stigma and discrimination in rural areas and usefulness of creativity in reducing attitudinal resistance and changing behaviours were the major components of the workshop. The efforts made by DFP along the Red Ribbon Express (RRE) route in order to generate interest and visitors to the train, cycle rally and bus caravans were also talked about.

■ Dr Gita Bamezai  
Lead Consultant (IEC), NACO

## Task Force on Adolescence Education Programme (AEP)

Adolescence Education Programme (AEP), during the implementation process, faced some protests in 8 states – Chhattisgarh, Gujarat, Karnataka, Kerala, Maharashtra, Madhya Pradesh, Rajasthan and Uttar Pradesh – leading to the suspension of programme implementation. In view of these concerns, NACO formed a National Task Force on AEP in the year 2007, in consultation with MHRD and

**The purpose of forming the National Task Force was to indicate the need to continue with AEP initiative, and incorporate relevant changes in the existing material and methodology.**

NCERT. The purpose of forming the National Task Force was to indicate the need to continue with AEP initiative, and incorporate relevant

changes in the existing material and methodology, for conducting sessions with school children, on issues related to growing up, adolescence, HIV/AIDS, substance abuse and life-skills for HIV prevention.

The revised prototype material was to be sent to the State Governments, who would be requested to establish similar Task Forces so that they can contextualise and adapt the material provided by MHRD/NACO.

■ Bilal Naqati, TO (IEC and Mainstreaming), NACO

# City Lights

## Mayors recognise AIDS as an urban poverty issue

The Union Ministry of Housing and Urban Poverty Alleviation (MoHUPA) has been extremely receptive to NACO's requests to mainstream HIV/AIDS in its activities. As evidence of its commitment, the Ministry agreed to a special session on HIV/AIDS at the National Mayors' Conference on Urban Poverty Alleviation, held in Rajkot on March 29-30, 2008.

The Conference was hosted by the National Resource Centre on Urban Poverty (NRCUP), set up under the MoHUPA, in partnership with the Regional Centre for Urban and Environmental Studies (RCUES), the All India Institute of Local Self Government (AIILSG), and the Municipal Corporations of Mumbai and Rajkot.

The special session on HIV mainstreaming sought to impress upon the mayors and municipal commissioners that HIV was an



important factor in incidence of urban poverty, and, therefore, mainstreaming was an important poverty alleviation strategy. In sum, the mayors were urged to treat HIV/AIDS not as a public health concern alone, but as a development issue.

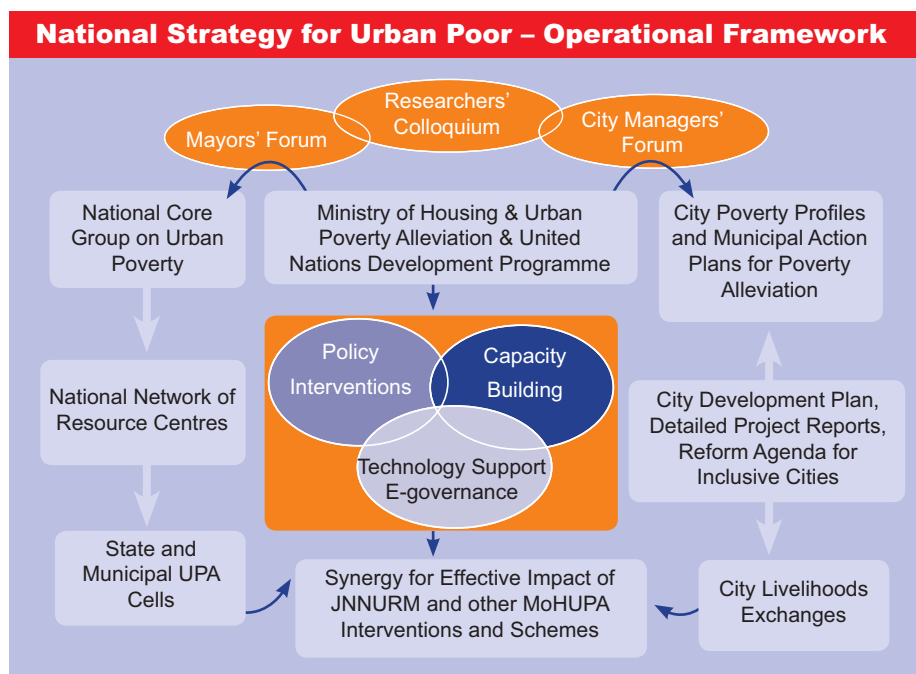
Under the rubric of "Urban Poverty Alleviation and Municipal Leadership", the Mayor of Kolkata chaired the HIV/AIDS session. Two themes were focused upon – "Basic Services to the Poor" and

"HIV/AIDS, City Initiatives and Role of Municipal Leadership". The chair was effusive and eloquent. "The red ribbon is not only the symbol of solidarity for AIDS," he said, "but it is our symbol now, a reminder for action for AIDS in the corporations and municipalities."

Other resource people enriched the session. The subject of HIV/AIDS, detailing its relationship with urban population and the role of municipal leaderships was introduced. The President of Gujarat State Network for People Living with HIV, made a speech highlighting the life of a Positive person and speaking from experience about how to reduce stigma.

Joint Director (Surveillance, IEC and Mainstreaming), Gujarat State AIDS Control Society, made a presentation on urban initiatives in Gujarat, with a case study from the Surat Municipal Corporation. In the end, he said, "the responsibility lies with the mayor and you can make a difference". The city fathers (and mothers) nodded in agreement.

■ Shishir Seth  
Consultant (Mainstreaming), NACO





## Working towards Gender Equality

### NACO holds National Validation Meeting to do away with gender disparity

NACO has worked out a Gender Policy within the framework of NACP-III, in consultation with UNDP and UNIFEM. As part of the broader knowledge-sharing, consultative and feedback process, the draft of Gender Policy was presented by NACO at a National Validation Meeting (NVM) held in New Delhi on April 4-5, 2008.

Apart from NACO officials, representatives of Union government ministries, SACS, NGOs and women's organisations, Positive people's networks, media and academia and, of course,



#### A sample of suggestions at the NVM for Gender Policy

- ◆ The format of the Gender Policy guidelines should be reader-friendly. More explicit description on sexuality would help, as would equitable coverage of rural and urban areas.
- ◆ Prevention strategies should focus on transient population such as seasonal migrant workers and also on youth. There is a need to address the vulnerability of young girls.
- ◆ Sectoral mainstreaming – through the Tourism and Panchayati Raj Ministries, for instance – was urged. Community radio, particularly for use by NGOs/CBOs, was mentioned.
- ◆ Smart cards for women living with HIV/AIDS could help them avail services. A case study from Andhra Pradesh was cited.
- ◆ Widow pensions should be standardised in terms of cash quantum and age qualifications. Right now, different states have different rules. Widows should be mainstreamed in existing homes, not separate shelters.
- ◆ There is a need to elaborate on life and health insurance. It was suggested NACO pay a part of the premium. UNDP feasibility study on insurance in Karnataka was alluded to.
- ◆ District level networks must take leadership in capacity-building of members. HIV/AIDS, gender perspective must be included in the training module for Self Help Groups (SHGs).

multilateral agencies participated. NACO placed three documents before the forum:

1. Policy Guidelines to Mainstream Gender in HIV Programmes
2. Action Plan on Mainstreaming Gender and HIV in Ministries
3. Capacity Development Plan for Mainstreaming Gender in Ministries

The NVM saw lively debate. Speaking on the first day, K. Sujatha Rao, AS & DG, NACO, detailed the year-long process that finally led to the Gender Policy. It involved, she explained, consultations with a host of stakeholders – UN agencies, gender experts, PLHA networks, NGOs and stakeholders.

She spoke of the gender focus being necessary through the vertical chain of government – from Union ministries right down to district collectors. An NGO mechanism was being devised, she said, at both the Central and state levels to oversee implementation of the Gender Policy.

Speaking next, Ms Alka Narang, United Nations Resident Coordinator (RC) and UNDP representative in India, urged her audience to see HIV and gender issues in the context of global and national commitments. International partnerships and compacts were the bedrock on which national and local actions rested.

### Changing attitudes

The emphasis was laid on “attitudinal resources” by the Representative of PATH rather than on merely material resources. She explained interventions for women were mostly post-infection and preventive approaches such as ABC – Abstinence, Behaviour Change and Condom (use) – were inadequate as they were not controlled by women.

These gaps needed to be filled, perhaps by pre-marital testing and, when possible, by microbicides.

The Positive Women’s Network (PWN+), noted that young women/adolescent girls continued to be vulnerable to HIV, largely due to information shortfall. As a



**Among the points made were the need to identify “hidden populations” and address their needs, to link poverty with HIV/AIDS, emphasise education, economic security and ART access among women, and guard against stigma becoming an excuse not to help HIV-affected women.**

consequence, PWN+ informed about 2000 HIV positive widows in Andhra Pradesh. Many of them lost their husbands to AIDS when aged only about 20.

"Rajasthan: An AIDS Diary", a film made by NDTV journalist Sutapa Deb, was shown next. It captured the HIV/AIDS phenomenon amid the

larger socio-economic landscape. After her husband dies of AIDS, a gritty woman struggles to cope and bring up her little children – like her, her children too are HIV positive – amid stigma, discrimination and gender prejudice.

A feedback session followed the screening. Among the points made were the need to identify “hidden populations” and address their needs, to link poverty with HIV/AIDS, emphasise education, economic security and ART access among women, and guard against stigma becoming an excuse not to help HIV-affected women.

### Meat of the meeting

At this stage, participants at the NVM were divided into two groups to study, deliberate upon and provide inputs for the Gender Policy documents and the two Action Plans. A session for reporting back from the two sets of group discussions was facilitated by K. Sujatha Rao herself and saw detailed feedback and suggestions under a variety of heads.

■ Dr Gita Bamezai  
Lead Consultant (IEC), NACO



# Encouraging Seven Months

## Strong example of multi-sectoral responses keeps Red Ribbon Express going

As the name suggests, the Red Ribbon Express (RRE) programme is built around a train journey. The RRE has been travelling across India since World AIDS Day (December 1, 2007) on a year-long mission that is perhaps the most extensive public health mobilisation programme ever attempted.

Yet, the journey is actually being carried out at three levels – by train, by the RRE buses and by cyclists who carry the RRE message deep into the interiors, into the villages and hamlets far away from the railway station where the RRE itself has stopped for the day.

The valiant cyclists are, really, the frontline troops of mission RRE. Drawn from the Nehru Yuva Kendra Sangathan (NYKS), they set off on their bicycles early in the morning, journeying into villages in the heat of the Indian summer, carrying information and messages on

HIV/AIDS awareness and prevention, often wrapped in the local cultural idiom.

The seven months between December 1, 2007 and June 27, 2008 provided a snapshot of the RRE's progress. In this period, it touched 109 stations and covered 12,992 villages in 15 states – Delhi, Rajasthan, Madhya Pradesh, Maharashtra, Chhattisgarh, Uttarakhand, Uttar Pradesh, Bihar, Jharkhand, Nagaland, Assam, West Bengal, Orissa, Andhra Pradesh and Tamil Nadu. The longest stay in any one state was in Uttar Pradesh, where a 29-day, 22-station voyage saw the RRE cavalcade reach out to 2,278 villages. The total number of participants reached through train, bus and cycle is 37,08,026.

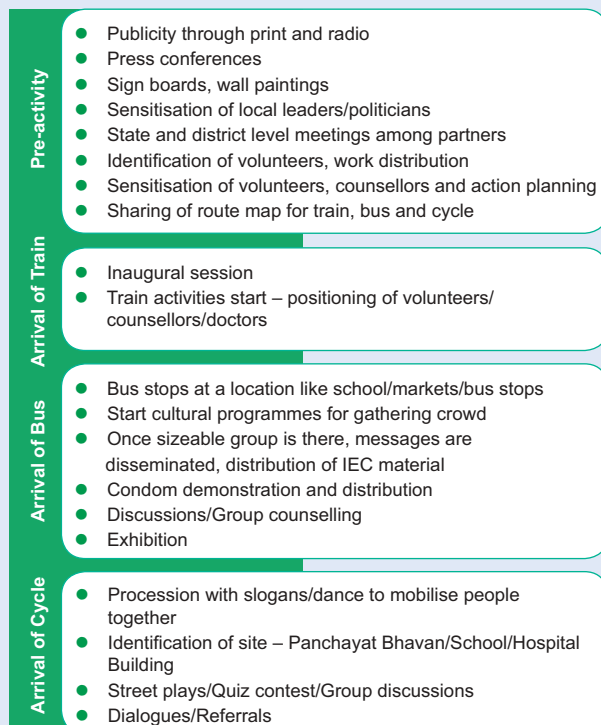
The RRE train is well equipped with modern amenities to hold exhibitions and display IEC materials along with computerised interactive information

kiosk, provision of counselling and referral services for testing and training for select groups of people like government functionaries, police personnel, PRI members, SHGs, ANMs, adolescent and youth groups etc. The RRE team has so far trained 36,885 persons and counselled 67,231 visitors. Journey so far, has shown that RRE is one of the most effective and innovative ways to break the silence on various issues associated with HIV/AIDS and its prevention. The mainstreaming and multi-sectoral approach adopted at national, state & district levels has helped in effective mobilisation for the project, thereby leading to ownership and leadership by different partners including various international agencies, partners and Government Departments closely associated with the implementation of RRE project at different levels.

■ Mayank Agrawal  
JD (IEC), NACO

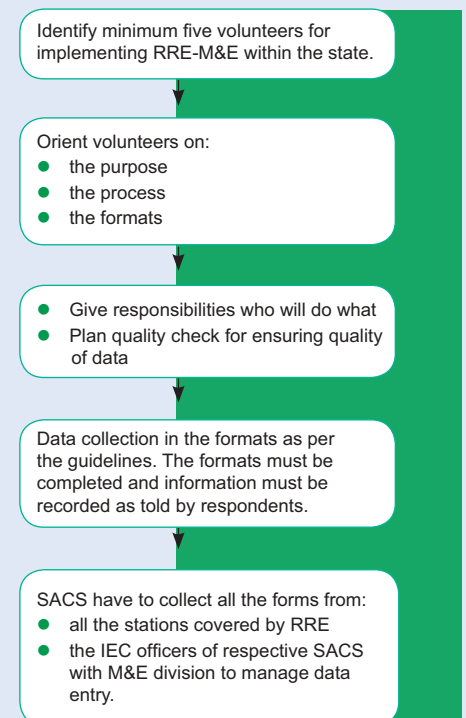
## Monitoring & Evaluation of RRE

### M&E Protocol



Monitoring visits of M&E officers to the site where Bus, Cycle and Train caravans visit and providing support to the volunteers and SACS' officers.

### Steps for SACS with support from NACO

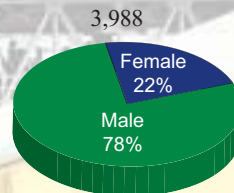




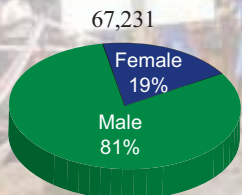
# Total Coverage of RRE

(as of 27<sup>th</sup> June, 2008)

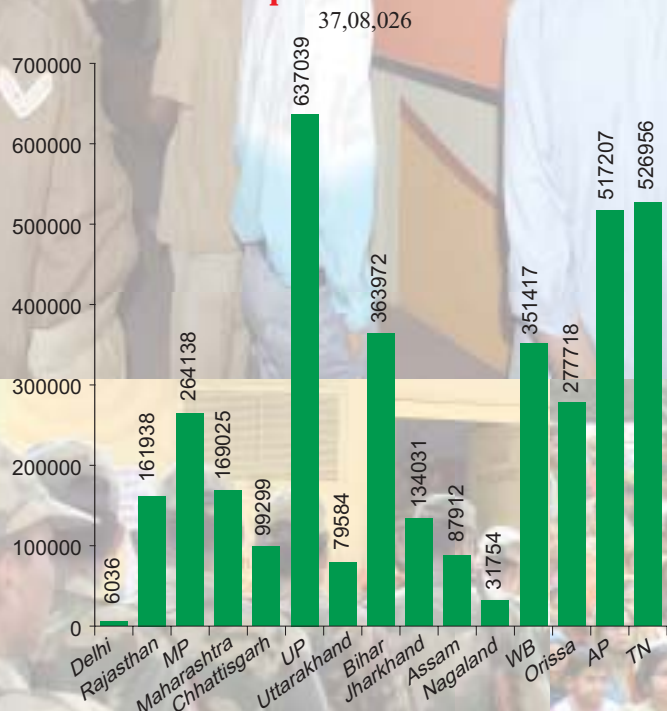
## Visitors referred for STI treatment



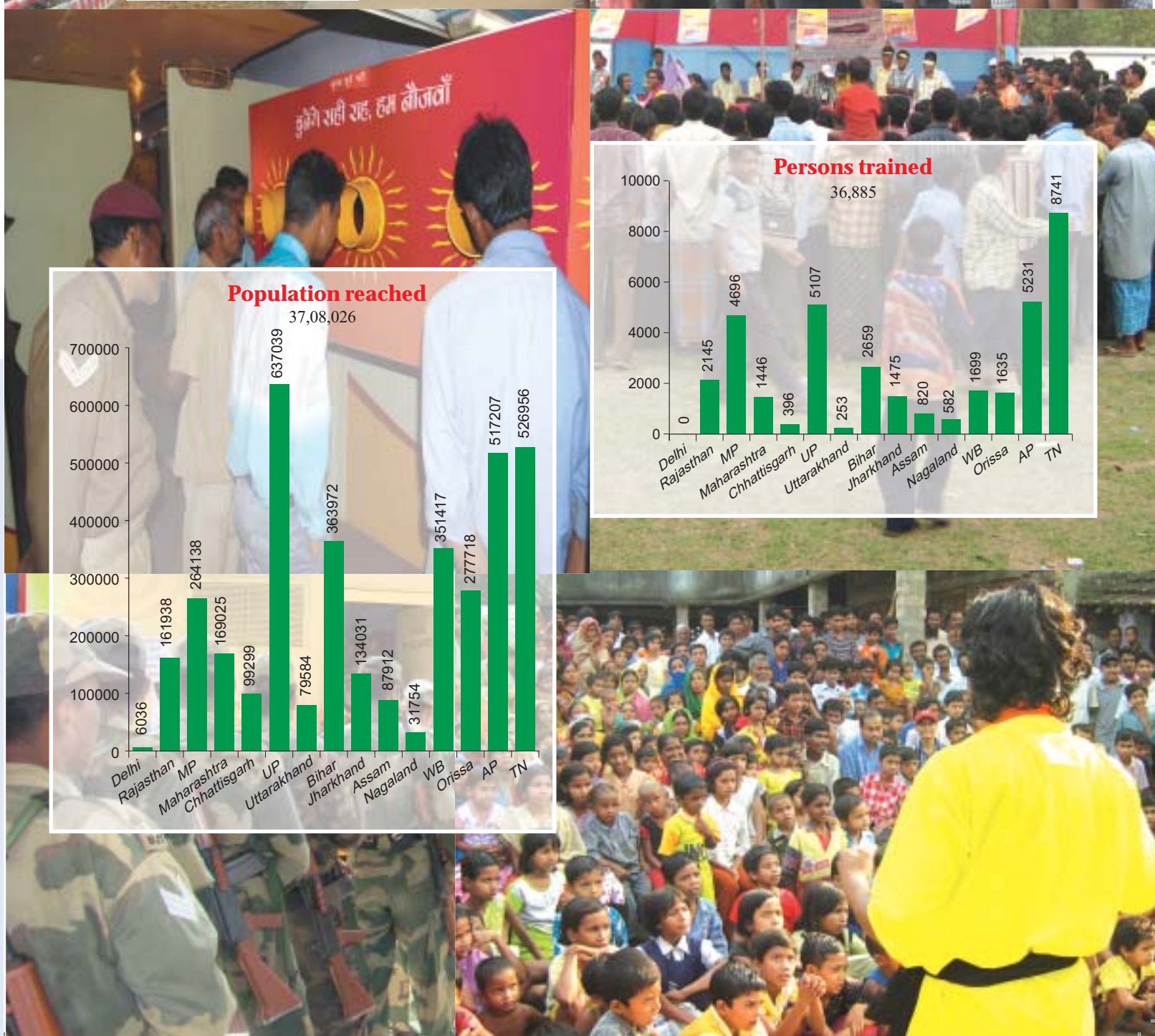
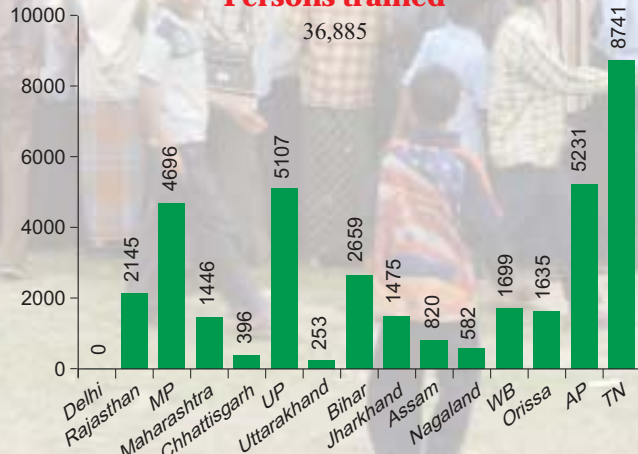
## Visitors counselled



## Population reached



## Persons trained





## World Blood Donors Day



World Blood Donors Day was designated as an annual event by the Ministry of Health & WHO Member States at the World Health Assembly in 2005.

To commemorate it, Jharkhand State AIDS Control Society organised a 15-day Awareness-cum-Motivation Programme and Voluntary Blood Donation Camps on World Blood Donors Day, 14<sup>th</sup> June, 2008, along with various Governmental and Non-Governmental Organisations in Ranchi, from 5<sup>th</sup>-20<sup>th</sup> June, 2008.

The objective was to create wider awareness for the need of safe blood transfusion and the importance of blood donation, and to thank blood donors for their gift of blood.

It was the celebration of selfless individuals who donate their blood to save the lives and improve the health of people whom they will never meet.

World Blood Donors Day focuses on the life-saving gift of voluntary unpaid blood donors who donate blood purely for altruistic reasons. There is growing appreciation of the vital role of voluntary unpaid donors who give blood on a regular basis. Regular donors are the safest blood donors and they are also the foundation of sustainable national blood supplies that are sufficient to meet the needs of all patients requiring transfusion. Retaining suitable blood donors should be a high priority for every country.

As blood is in short supply in Jharkhand, posing a veritable death warrant to Anaemic Mother & Child, the State is able to meet only one-third of the requirement against the backdrop. Nearly 4,000 mothers die every year mostly in want of safe blood. What adds to the grim scenario is the alarming spurt in the number of diseases including Cancer that requires frequent blood transfusion.

The State requires 2,72,000 units of blood per annum. However, it fetches hardly 97,000 units of blood against it. This apparently results in vast number gap as it fails to meet nearly 65 percent of the requirement.

Through the Voluntary Blood Donation, the Nation meets nearly 52 percent of its blood requirement and the percentage of Jharkhand is only 38 percent, which is far below the national figure.

Jharkhand State AIDS Control Society also celebrated the World Blood Donors Day Motivational Session from 5<sup>th</sup> to 9<sup>th</sup> June, 2008 and Voluntary Blood Donation Camps from 11<sup>th</sup> to 20<sup>th</sup> June, 2008, including the Workshop on HIV/AIDS & Blood Safety.

## ANDAMAN AND NICOBAR

### Reaching the Unreached

#### Spreading awareness in the Tsunami-hit island

The Andaman and Nicobar AIDS Control Society, in its endeavour to spread awareness of HIV/AIDS and eradicate the stigma attached to it, in this island territory, organised a series of awareness camps in the city and its nearby areas in the month of June. The camp organised at Anganwadi Centre, Wimberlygunj was attended by 55 participants, including housewives and youth. The gathering was welcomed by the Health Educator of PHC, Wimberlygunj.

A briefing was given by an NGO Advisor, about the symptoms and prevention of STDs. They were also informed about the preventive measures against HIV infection like safe sex,

condom usage, use of sterilised/disposable needles and syringes, safe blood transfusion etc. He also urged upon the participants to utilise the services rendered by the Andaman and Nicobar AIDS Control Society through its 13 Integrated Counselling and Testing Centres (ICTCs), located in different parts of the island.

Similar camps were also organised at Anganwadi Centre, Govindapuram, Bambooflat; Community Hall in Delanipur; and at Dairyfarm in the month of May. Booklets and reading materials on HIV/AIDS and STDs were also distributed to the participants during these camps.

## Woman of Substance

**M**anisha is 26, affable, amiable, the mother of a four-year-old boy. She likes crosswords, crime novels and music. She is also HIV positive, a plucky peer educator who has taken on her illness and refused to let it quell her spirit. We spoke to her about how she did it.

### Q. What was your childhood like?

My father was a driver, and I was the second of five children. We were always in debt. I had to give up school in class IV and accompany my mother, a domestic help. I swept the floors. There was no choice.

### Q. What do you remember of your marriage?

I was very young, only 14, when my parents married me off to a man 10 years my senior. How lost I was. I hadn't even begun to adjust to menstruation and I had to cope with sex! There was no emotional connect. When my husband was diagnosed with HIV, my in-laws didn't tell me but sent me home to my mother. Two years into our marriage, my husband died of TB. I was called to the last rites. All through the journey, I kept wondering: 'How are widows supposed to behave?'

### Q. What was your parents' reaction to all this?

I went back to my mother's house. My HIV test results were negative. Within 10 months, I was married again, to a divorcee. But my second husband was suspicious. He would abuse and beat me.

Two years after marriage, I conceived. He accused me of being unfaithful. During my pregnancy test, I was diagnosed as HIV positive. Life had come to a standstill.



### Q. How did you cope with the news of your infection?

I stood in the middle of nowhere. How was I going to cope with an incurable disease, a baby growing in my womb, and an unkind husband? My mother, as always, anchored me. She accompanied me to the nearest PPTCT Centre. The counsellor there, Kavita, was a ray of hope. She told me medicines could protect my child.

### Q. So tell us about your pregnancy. Did you have to take any extra precautions?

During my pregnancy, I read a lot, attended group counselling sessions at the PPTCT Centre. But I was scared. I imagined my baby would look malnourished at birth, and die soon. All through my pregnancy, I took all my medicines on time and was very careful. My delivery was normal and the baby was born healthy. Except my doctor and counsellor, the hospital staff maintained a safe distance. On being discharged, I told Kavita I wanted to work with PLHA. She got me the job of a peer educator at an international NGO in Pune. This was the turning point.

### Q. What was it like to be a mother?

Being a mother and not knowing if your child is positive or not, is the most difficult time anyone can

go through. When my son was 27 months old, I finally gathered the courage to get him tested for HIV. The results were expected after a week. That one week was the most difficult time of my life. When I went to collect the report, the counsellor asked me how, being a peer educator myself, I could be so shaky! I was reacting as a mother, nothing else could matter.

My boy tested negative. There was no looking back now. I decided to stay away from my husband, and bring up my child myself.

### Q. How was your professional life progressing?

I attended the first Engender Health Society training session on 'supporting ART adherence', in Mysore. I was the only female participant. Even though the training was in Marathi, what was being taught made little sense to me initially. Gradually, I began to enjoy the training environment, writing the flipcharts.

The second training session was even better. I learnt about hepatitis co-infection, post-exposure prophylaxis, opportunistic infections, children and ART, and second-line ART. Now, I have provided training as a master trainer to 28 people and hope to train 40 PLHA this year.

### Q. Vice President of NPP+, member of the Community Advisory Board – you've come a long way ...

My mother says she's very proud of me. It's been 10 years since I tested HIV positive; my CD4 count is above 500. I experience great satisfaction in helping others cope with HIV. I don't cry now. I have a supportive family, a healthy, loving son; not many people have even this much.



## An Inspiration for Others

**R**oma Jana is a woman with fiery spirit and determination. Although, one does not have to look too hard to find a mother hidden beneath all that spirit.

Roma's story is of a determination that has been used by her to support other PLHA who lack this spirit to fight back. She works especially for women, addressing the issues of stigma and discrimination.

It is 12 years now since Roma is living with HIV. She came to know of her status when her son was two-months old. Her husband had already been diagnosed with HIV. He died when her son was a year old. Since then, Roma has been trying hard to be financially

independent and provide for all that would be required for her son to grow. Although she has no help from her in-laws, Roma has worked as a teacher and also done a course in Computers in order to have better job prospects. While doing her computer course, she came in contact with an NGO which was working on prevention of HIV programmes. Roma got interested and slowly realised that she had ideas that would help the NGO into running better prevention programmes. Fortunately, the ideas clicked and Roma was on her way. She slowly took on projects for awareness generation and HIV prevention, among truckers and commercial sex workers. Her work was noticed by the Maharashtra

District AIDS Control Society (MDACS) and she was invited to be a part of more prevention programmes with different target groups.

Today, Roma is a Committee Member of MDACS, and works as PLHA Representative. She sends issues of PLHA to various websites. She works with organisations like Action Aid, Mumbai, in parliamentary forums, and has even done a programme on Lok Sabha TV.

Her greatest joy in life is her son who is blissfully ignorant of her positive status. But he travels with her, helps her in making banners, posters, slogans.

Roma will face the challenge of telling him when she comes to that in the future. Tomorrow is another day.



### Eye of the Needle

(Contd. from page 7)

support services such as referrals to a health centre and access to counselling and testing services are also provided. Information on the ill-effects of drug use is shared.

### Asking questions

Harm Reduction Therapy has its advantages (*see box*) but faces some misplaced criticism too. It must be clarified that Harm Reduction does not entail encouraging drug use. It only seeks to achieve the larger goal of a drug-free world with a series of achievable, short-term measures.

Neither does a Needle Syringe Exchange Programme (NSEP) lead to an increase in drug use in society. As studies have shown, quite to the contrary, being involved in NSEP

encourages IDUs to consider detoxification methods.

Oral substitution does not amount to providing drugs or drug simulants to users. It is like providing medicines in such doses as to not give the IDUs a high. The substitute is provided under medical supervision as part of a regimen to help the user overcome his addiction.

### NACO's steps

NACO is an adherent of the Harm Reduction Strategy. Under NACP-II, it funded NGOs through their respective SACS to carry out 90 targeted interventions, covering 55 percent of all known IDUs. In Manipur, for instance, the programme delivered good results and HIV prevalence declined.

As part of NACP-III, a massive scale-up of IDU interventions is necessary. These will include oral/

### How Harm Reduction works

- Fine-tunes the strategy for the individual IDU, depending on motivation/addiction level.
- Does not force abstinence on the IDU.
- The service provider walks the IDU through various stages, and stays in constant touch with him.
- Respects the IDU as an individual.
- Emphasises short, achievable steps, and follows a pragmatic route

Opioid substitution, behaviour change counselling, needle exchange schemes and primary healthcare for the IDUs. NACO and its partners are alive to the challenge – and confident that they will be able to help IDUs change their lives.

■ Dr Ravindra Rao  
PO (IDU), TI Division, NACO

## A Counsellor's Guide to ART

A Counselling Diary has been introduced by NACO, which can be used by the HIV positive patients for taking down notes during the counselling session, which is conducted before they are put on ART. This procedure should be continued by the patients even when on ART. This diary would practically serve as a guide to counselling.

The diary contains Pre-ART Client Information, Pre-ART Guardian Counselling and Follow Up details up to 24 months. In order to analyse patient adherence monitoring, a table on Follow-up Adherence Monitoring and formula for adherence calculation are provided at the end of this diary.



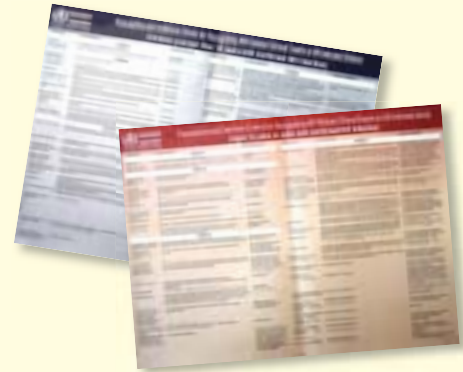
## PEP Poster

NACO has come out with a poster titled "Management of Post-Exposure Prophylaxis Desk Reference". PEP is a short-term anti-retroviral treatment to reduce the likelihood of HIV infection after potential exposure. PEP treatment is available in the hospitals at Emergency Room, Labour Room and ICU.

The poster gives a detailed information on the various steps to manage occupational exposure, HIV-PEP evaluation, dosages of the drugs for PEP, apart from other things.

## Criteria for Recognising HIV

In collaboration with WHO, NACO has developed two posters which talk about Presumptive and Definitive Criteria for Recognizing HIV Related Clinical Events in HIV Infected Adults and Children. The four most prominent stages are described in brief, for both HIV infected adults and children. The posters have been designed in a tabular format in which numerous clinical events, alongwith their diagnoses are given. These posters act as a concise, informative tool to make people understand HIV/AIDS in a better way.



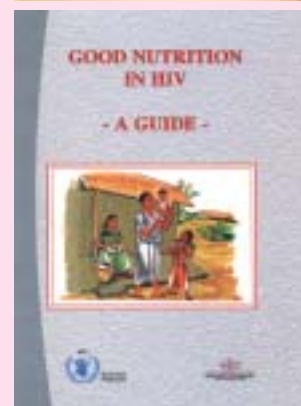
## Nutrition and HIV

NACO and WFP recently came up with a Flipbook for Counselling, titled "Good Nutrition in HIV". The flipbook can be used by the clients and their caregivers to understand and adopt healthy practices for improving their nutrition. It also contains information regarding nutritional care for PLHIV, nutritional management of patients on ART and those suffering from Opportunistic Infections (OIs). The infant feeding practices to be adopted by HIV positive mothers are also described in it. The flipbook is divided into 6 sections:

- Good nutrition is important for well being
- Nutritional care of PLHIV
- Nutritional care of children with HIV or children born to HIV positive mothers
- Preventing food and water borne infections
- Management of diet related HIV symptoms and OIs
- Nutritional care when on ART

The flipbook is easy to understand and use as it requires only basic knowledge of HIV/AIDS. It is available in two languages – English and Hindi.

It is accompanied by a "Guide" in corresponding colour, which can be referred to for more details. It also has both English and Hindi versions.



For more information on the above mentioned IEC material, contact Joint Director (IEC), NACO.

## **NACO's concern about the proposed amendment in the Immoral Traffic (Prevention) Amendment Bill (ITPA), 2006**

### **The Act and the Proposed Amendment**

The present Immoral Traffic (Prevention) Act, 1956 or ITPA was passed by the Indian Parliament in 1956. Since then it has been amended twice and the third amendment was done in 2006 by the Ministry of Women and Child Development (MWCD). The act criminalises all aspects of commercial sex, thus aiming to regulate the sex trade. However, the recently proposed amendment lays emphasis on 'Trafficking', but in the process criminalises economically backward FSWs, who practice sex work as a livelihood option.

### **NACO's Concerns about the Proposed Amendment of ITPA**

NACO apprehends the amendment of the Act, particularly some clauses, which are likely to obstruct the efforts made towards controlling the HIV epidemic in India. Below are some of the proposed amendments and their likely consequences -

#### **Section 2 (F) – Meaning of Prostitution**

According to the existing law, prostitution or sex work is not illegal per se. What is punishable is sexual exploitation or abuse of persons for commercial purposes. The proposed amendment of the clause seeks to widen the definition of prostitution to cover all sex work, thus wrongly equating sex work in general with trafficking.

#### **Section 4 - Punishment over Livelihood Option**

This section lays punishment for living on the earning of prostitution, thus taking punitive action against economically backward sex workers and taking away their efforts to raise their children and support their aged parents.

#### **Section 5 (A) – Definition of Trafficking in Persons**

This section provides the definition of 'trafficking', but has expanded the scope of its applicability by including the phrase "position of vulnerability" that treats every sex worker as a "trafficked" person.

#### **Section 5 (C) – Penalty for Visiting a Brothel**

This section proposes punishment to any person who visits or is found in a brothel who does not even have the intention to avail of sexual services.

#### **Section 8 - Penalties for Solicitation for Prostitution**

This act targets traffickers and pimps. However, this Act has also been routinely misused by the police and the maximum number of arrests is made under it. The enactment of this Act has resulted in torture and harassment of sex workers.

#### **Section 13 (2) – Police Authorised to Implement the Act**

This section lowers the rank of police officers authorised to conduct anti-trafficking operations from Inspector to Sub Inspector. This may lead to higher frequency of incidents of raids and harassment of sex workers.

#### **Editor-in-Chief**

Mr Mayank Agrawal, JD (IEC)

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

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# NACO NEWS

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Government of India

Apr - Jun 2008



## The Unfinished Journey

Securing Migrant Labour from HIV/AIDS



- |                                 |    |
|---------------------------------|----|
| Eye of the Needle               | 7  |
| Young India helps itself        | 8  |
| Message to Medium               | 10 |
| City Lights                     | 11 |
| Working towards Gender Equality | 12 |
| Encouraging Seven Months        | 14 |