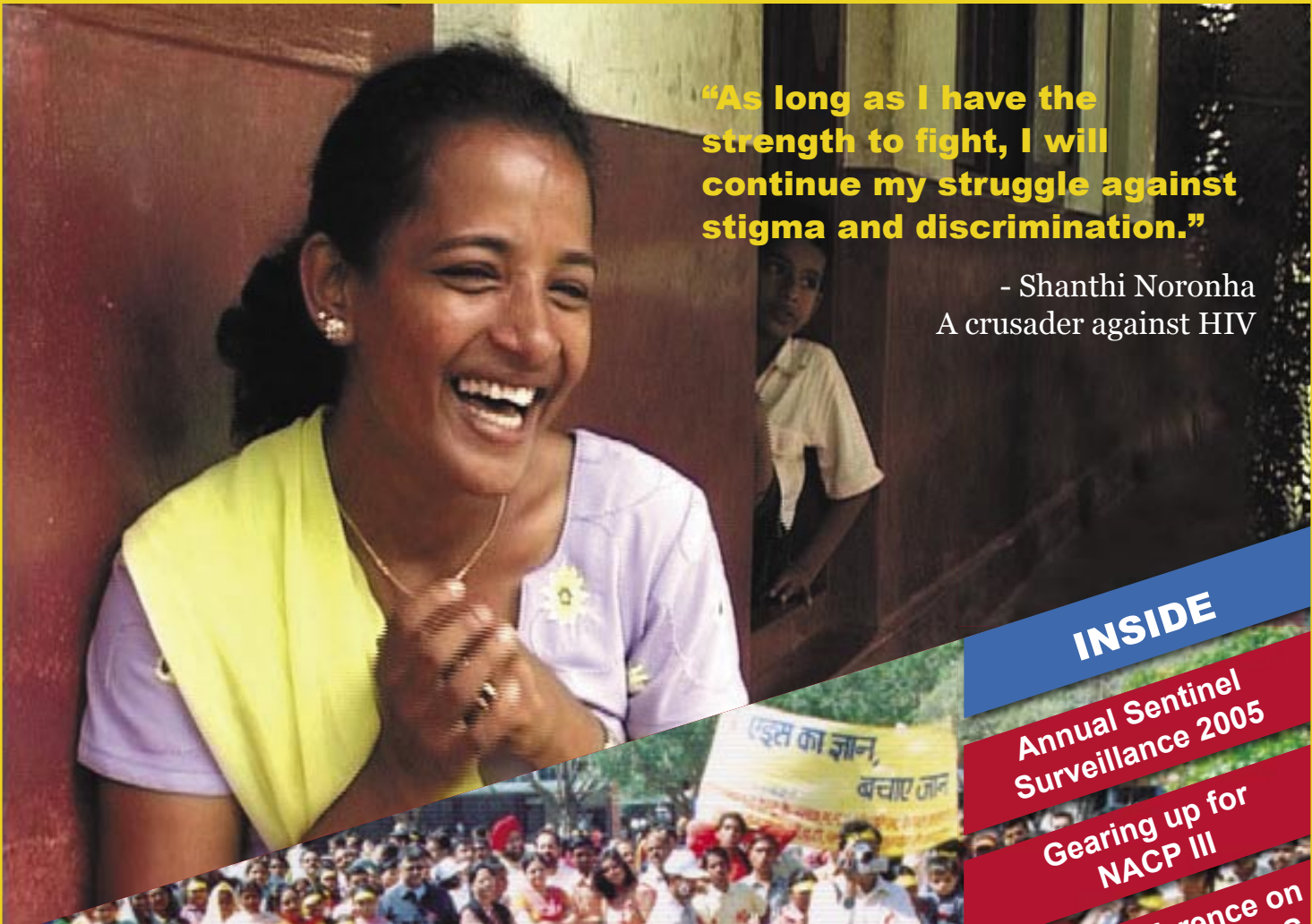


NACO NEWS

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

Vol. II Issue 2
March - May 2006



“As long as I have the strength to fight, I will continue my struggle against stigma and discrimination.”

- Shanthi Noronha
A crusader against HIV

INSIDE

Annual Sentinel Surveillance 2005

Gearing up for NACP III

National Conference on Research on HIV/AIDS

PPTCT media campaign held

Phase II of PPTCT takes off

State activities round-up



Annual Sentinel Surveillance for HIV Infection 2005

Epidemiological surveillance for HIV infection in the country is carried out annually. In 2005, the sentinel surveillance was conducted during the period August – October 2005. The National Institute of Health & Family Welfare has been identified as the nodal agency for coordinating the surveillance work. The estimation of HIV infection using the available surveillance data is coordinated by the National Institute of Medical Statistics, Indian Council of Medical Research.

The sentinel surveillance was carried out with adequate supervision and monitoring. The web-based data entry process was utilised for data error checks and timely submission of reports. Quality control in laboratories

was also carried out by reference laboratories.

Objective

The purpose of epidemiological surveillance is to identify areas with high HIV prevalence, HIV trends among general population as well as high-risk population and socio-economic characteristics of HIV-positive population in order to understand the dynamics of disease transmission for containing the outbreak of HIV/AIDS in the country.

Survey Population

A total of 750 sites were identified for conducting sentinel surveillance in 2005. Mainly these sites were Antenatal Clinics (391), STD clinics (175), Commercial Sex Worker sites (83), Injecting Drug User sites (30) and Men

having Sex with Men sites (18). However, for the purpose of estimation of HIV burden, 532 sites were considered as valid sites based on the minimum sampling criteria.

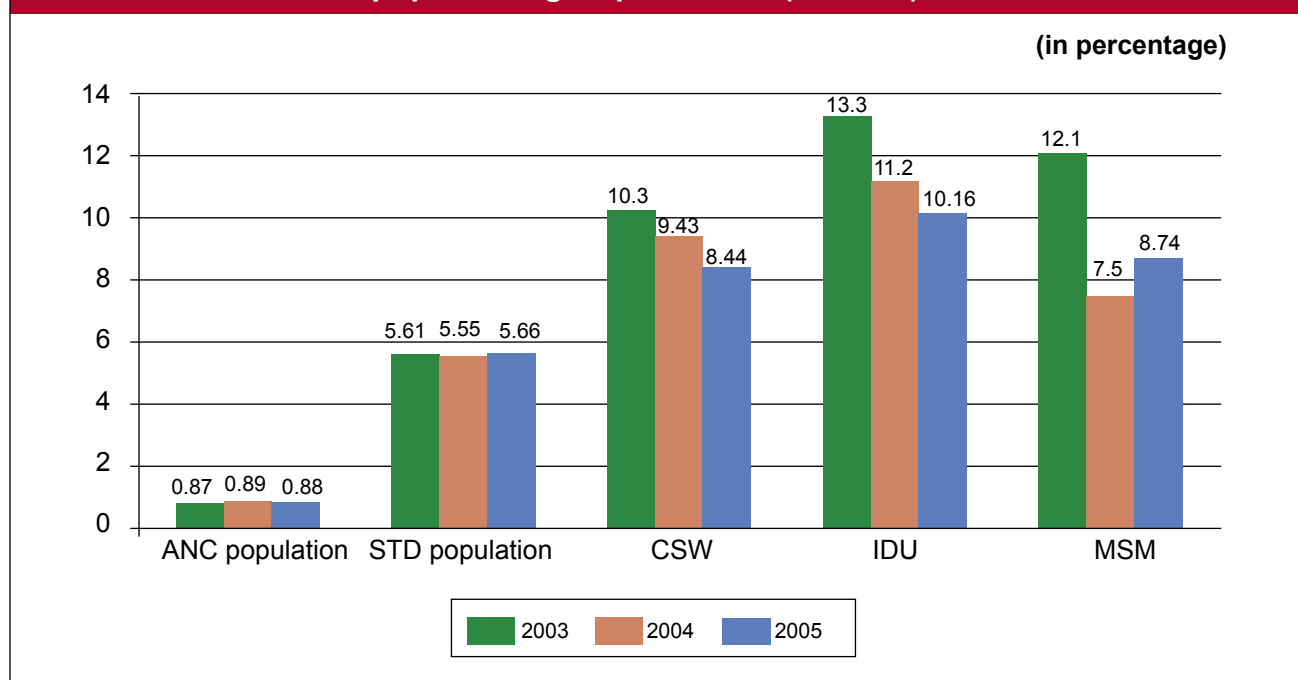
Salient Observations

Based on the data generated from the sentinel surveillance, the estimated number of infections in different population groups was ascertained. The estimates were arrived at by using various assumptions.

- Estimated number of adults (15-49) living with HIV, using the same methodologies and assumptions as in the previous years, worked out to be 5.206 million. This gives an adult prevalence of 0.91 percent in the country, which is comparable to the previous year.

Contd. on page 3

Year-wise trends in HIV prevalence among different population groups in India (2003-05)



From the Desk of the Director General



Dear Readers,

As NACO prepares itself for NACP III, the focus is on integrating its vast range of activities in prevention, care, support and treatment, underpinning all of these through information, education and communication (IEC) initiatives.

Though the prevalence of HIV infection among the general population is under one per cent, it should not make us complacent. The epidemic is

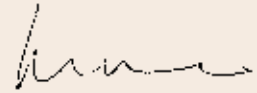
moving from high-risk groups to the general population, from urban to rural areas and from high-prevalence states to other states, with women and young people being more vulnerable to the infection.

Stigma and discrimination associated with HIV/AIDS push the epidemic underground. Stigma and discrimination exist due to lack of correct information and misunderstanding. It is the biggest challenge to all prevention and control efforts.

We have to address these issues by enlarging the scope of the programme through mainstreaming with all the government departments, public sector undertakings and building partnerships with industry, media, civil society and faith-based organisations.

The success of the programme will depend on increasing the demand for services. For this, it is necessary to break the silence surrounding HIV/AIDS and encourage people to avail of services being provided under the umbrella of the Integrated Counselling and Testing Centres (ICTCs).

The need of the hour is to channelise our collective energy in one direction to combat the spread of HIV/AIDS.



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

Annual Sentinel Surveillance...

- On an average, 0.88 percent of antenatal mothers, 5.66 percent of STD patients, 8.44 percent of commercial sex workers (CSWs) and 10.16 percent of injecting drug users (IDUs) were infected with HIV. There were, however, considerable differences in the prevalence rates from state to state.
- Out of 5.206 million HIV infections in the country, 38.4 percent were women and 57 percent of these infections were in rural areas.
- The contribution of HIV infection from STD population group was found to be 1.7 million in comparison to 1.33 million during 2004.
- Median HIV prevalence among STD patients increased significantly over the previous year in Delhi, Rajasthan and Orissa.
- HIV prevalence among ANC population has remained more than 1 percent in high-prevalence states except Tamil Nadu, which has shown HIV prevalence of less than 1 percent for the last four years. A total of 95 ANC sites showed HIV prevalence of more than 1 percent, while 34 STD sites showed HIV prevalence of more than 10 percent, indicating the heterogeneity of the epidemic.
- HIV prevalence in Nagaland and Manipur showed an increase, indicating an IDU and heterosexual interface.
- Among the high-risk population, the states of Rajasthan, Nagaland, Bihar and West Bengal showed an increasing trend of HIV prevalence among commercial sex workers. The states of Delhi, Assam, Chandigarh, West Bengal and Kerala showed increasing trend among IDUs. Delhi, Goa, Gujarat and Kerala also showed a rising trend among MSM population.

Gearing up for NACP III



After successfully managing two phases of the National AIDS Control Programme, India is in the process of finalising the third phase of the National AIDS Control Programme [NACP III] (2006-2011). The overall goal of NACP III is to halt and reverse the epidemic in India over the next five years by integrating programmes for prevention, care, support and treatment. This will be achieved through four strategic objectives namely:

1. Prevention of new infections in high risk groups and general population through:
 - a) Saturation of coverage of high risk groups with targeted interventions (TIs) and
 - b) Scaled up interventions in the general population.
2. Increasing access to care, support and treatment by people living with HIV/AIDS (PLHAs).
3. Strengthening the infrastructure, systems and human resources in prevention, care, support and treatment

programmes at the district, state and national levels.

4. Strengthening a nationwide strategic information management system.

NACP III will provide a range of preventive services — behaviour change communication, treatment of sexually transmitted infections (STIs), condom promotion, integrated counselling and testing, programme for Prevention of Parent-To-Child Transmission, supply of safe blood and infection control.

The focus of NACP II was on prevention along with low-cost treatment for opportunistic infections (OIs). It was in 2004 that the government initiated the provision of Anti Retroviral Therapy (ART). While the emphasis on prevention will be retained, NACP III will lay greater stress on care, support and treatment services integrated with prevention. This will include management of OIs, especially the control of tuberculosis among

PLHAs, clinical diagnosis, ART, community outreach for treatment adherence and psycho-social support, safety measures, positive prevention, impact mitigation programmes and establishment and support of community care centres, among other measures. ART is now made available in 54 centres and it is proposed to scale them up. A total of 32,744 persons were on ART as on May 31, 2006.

The India – Country Coordinating Mechanism (India-CCM) for the Global Fund to fight AIDS, Tuberculosis and Malaria (GFATM), at its meeting on May 11, 2006, resolved to focus the entire Round-6 proposal on care, support and treatment. The strategies to be adopted in the proposal will be in line with the framework developed for NACP III.

The institutional arrangements, capacity strengthening, technical support and monitoring and evaluation systems will be configured to support these interventions.

These interventions will be delivered in collaboration with government and private sector, academic/research/training institutions, civil society organisations (CSOs) and PLHA networks. NACP III envisages contracting the provision of services to private providers and civil society organisations through public-private partnership. It also proposes to set up 350 community care centres which will be managed by CSOs.

Targeted preventive services proposed under NACP III

	Present	Proposed
Integrated Counselling and Testing Centres (ICTC)	2815	4955
Community Care Centres (CCC)	122	350
Targeted Interventions (TI)	1088	2100
Voluntary Blood Collection	52% of total	90% of total
Condom Outlets	6 lakhs	30 lakhs
Condom Sale Volumes	1.6 billion pieces	3.5 billion pieces
Patients on ART	32744	3 lakhs

National Conference on Research in HIV/AIDS

The National Conference on Research in HIV/AIDS was held in New Delhi from April 21-23, 2006. It was attended by about 750 participants from research institutions, government agencies, civil society and private agencies from India and overseas.

The conference reiterated the need to develop a roadmap for research in HIV and AIDS, identifying the research gaps, setting priorities and designing strategies for the programme.

Objectives

- To take stock of cutting edge HIV/AIDS research in India and to identify gaps and problems;
- To provide a platform for sharing and stimulating innovative and multi-disciplinary research ideas and
- To stimulate capacity in the

country in areas like proposal writing, research methodology, reporting research work and presentations at international conferences.

Setting the direction and tone of the conference, Dr. M.K Bhan, Secretary, Department of Biotechnology, emphasised that there was a greater need for research in HIV and AIDS in India. Dr. Bhan elaborated on the need for research that would feed into programmes on the ground, innovative research and the importance of collaborative research.

In her address, Ms. K. Sujatha Rao, Additional Secretary and Director General of NACO, emphasised the need for “ideas and innovations”, pointing out that there was a huge gap in the research needed and undertaken. “What we need is high quality

“Ongoing research is very valuable for disease control in HIV and AIDS. To sustain research in disease control, there is a need to constantly train new researchers so that the pipeline is never dry.”

Dr. M. K. Bhan

and rigorous research. There needs to be a pooling of funds and manpower for research as well as linkages between research and policy. Research institutions that mentor researchers would be supported as there is a need to set a target of nurturing a large pool of highly skilled researchers in India.” She announced that NACO’s commitment was evident in that it was setting up a Research Fund. She also added that NACO was committed to building institutional capacity and strengthening networking.

Dr. P. R. Narayanan, Director, Tuberculosis Research Centre, Chennai, said that the issue of quality research needed to be taken up very seriously and research outcomes should be used to rapidly address the epidemic.

“Ideas and innovations are very much needed in India. There is a huge research gap. What we need is high quality and rigorous research.”

Ms. K. Sujatha Rao



Dr. M.K. Bhan, Secretary, Department of Biotechnology (third from left), Ms. K. Sujatha Rao and other distinguished panelists on the dais

Contd. on page 6

Multi-media Campaign Focuses on PPTCT

An extensive media campaign specifically targeting issues of the programme for Prevention of Parent-To-Child Transmission (PPTCT) was conducted during March-April 2006 to reach out to the urban and rural populations in six high-prevalence states of Andhra Pradesh, Tamil Nadu, Karnataka, Maharashtra, Nagaland and Manipur.

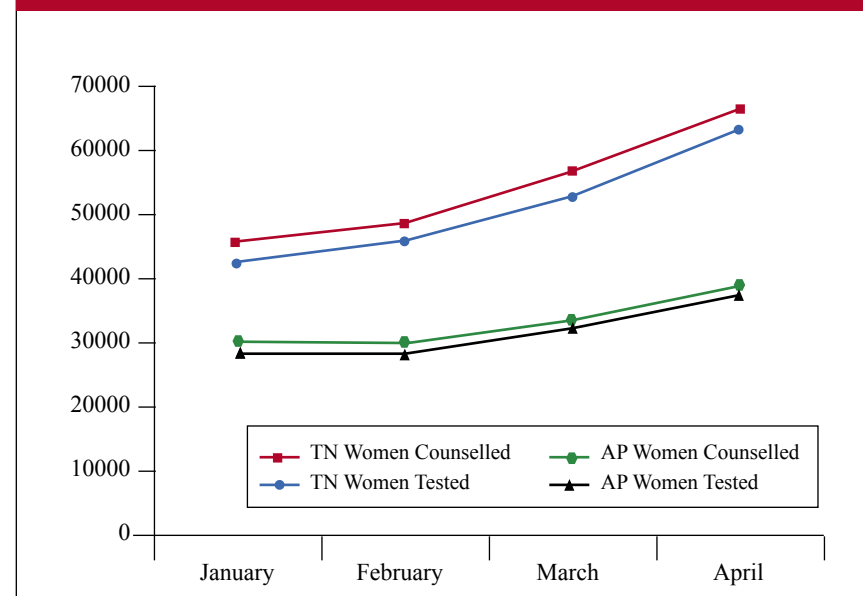
The campaign aimed to generate awareness on the PPTCT programme, create demand for various PPTCT services, remove misconceptions and trigger behaviour change.

In a vigorous attempt to reach out to the widest possible audience, the campaign undertook a multi-media approach, using a range of media – TV and radio, print advertisements, hoardings and

posters. The IEC materials developed by NACO included:

- Five audio-visual clips, separately produced for TV and radio;
- Eight insertions of two types of advertisements in national and regional language newspapers of the six states;
- Four types of panels in English, Kannada, Marathi, Tamil and Telugu.

Post PPTCT campaign: Increase in counselling and testing



National Conference...

Contd. from page 5

In the valedictory session, Dr. R. Paranjape, Director, National AIDS Research Institute, NARI, identified the 'Steps Ahead' that emerged from the conference:

- Build skills of individual researchers for carrying out quality research;
- Build the research methodological skills in individual researchers;
- Set research priorities;
- Set the research agenda for the next three years and
- Develop research strategies.

Focus Areas of the Conference

- Presentation and sharing of research work in the areas of communication, bio-medical areas and social aspects;
- To encourage discussion of new research and concepts on gaps to help identify and prioritise areas for further research;
- Skill building workshops on aspects like proposal writing, research methodology, paper presentation at international conferences, programme documentation, etc;
- Interface and establishing linkages between intervention efforts in the field and research organisations/institutions to undertake research including operations research;
- Developing an evidence-based and a user-friendly database on which the national response can be strategically designed and
- On the basis of the identified gaps and priorities, develop strategies to generate an effective response.

Model Blood Banks



A well organised blood transfusion service is a vital component of the healthcare delivery system and it is imperative to maintain accessible and adequate supply of safe blood. The action plan on blood safety also reiterates the government's commitment to provide safe blood components and blood products.

Under NACP II, the government approved the establishment of ten state-of-the-art model blood banks in eight underserved states – Assam (2), Uttar Pradesh (1), Madhya Pradesh (1), Rajasthan (2), Chhattisgarh (1), Jharkhand (1),

Bihar (1) and Uttaranchal (1). Recently two model blood banks, at Doon Hospital, Dehradun and Regional Institute of Medical Sciences (RIMS), Ranchi, Jharkhand, were made operational to serve the people of Uttaranchal and Jharkhand.

In order to implement quality management in the blood transfusion services, NACO has taken the initiative to establish an accreditation system for blood banks. During NACP II, four blood banks were identified for accreditation by NACO-approved accrediting agencies.

These four blood banks were:

- Department of Transfusion Medicine, Sanjay Gandhi Post Graduate Institute of Medical Sciences, SGPIMS, Lucknow,
- Department of Transfusion Medicine, Post Graduate Institute of Medical Education and Research, PGIMER, Chandigarh,
- Department of Transfusion Medicine, Tata Memorial Hospital, Mumbai, and
- Department of Transfusion Medicine, Dr. MGR Medical University, Chennai.

Accreditation of the first three blood banks has been completed.

Safeguarding the Next Generation



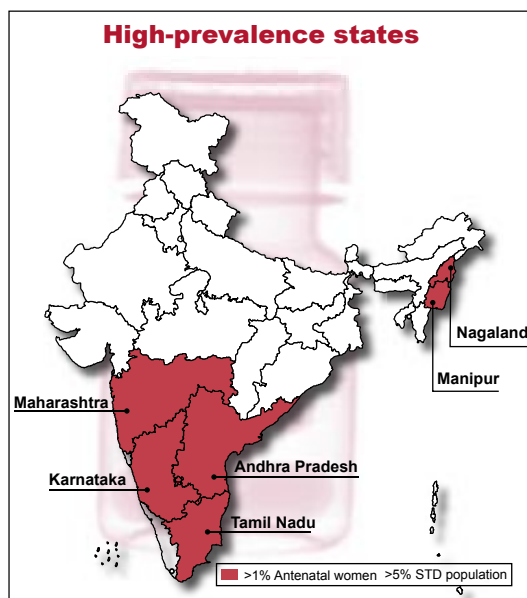
NACO has started implementation of Phase-II of the 'Scaling up Prevention of Parent-To-Child Transmission (PPTCT) of HIV and Anti Retroviral Treatment

(ART) involving public-private partnerships' programme, which is funded under GFATM Round II. Under this, NACO aims at consolidating and strengthening the existing 1600 PPTCT centres in the six high-prevalence states as well as expanding the PPTCT services to the Community Healthcare Centre (CHC) level so as to improve the accessibility of these services.

The aim is to make PPTCT services available to a vast majority of HIV-positive pregnant women in the six high-prevalence states so as

to achieve the UNGASS target of reducing the proportion of infants infected with HIV by 50 per cent by 2010.

In addition, NACO also aims to set up six exclusive paediatric ART centres in each of the high-prevalence states so as to provide comprehensive care and treatment to children who are in the advanced stage of AIDS. NACO further aims at strengthening the public-private partnership with NGOs like ARCON, YRG Care and Freedom Foundation so that more PLHAs can access ART through the graduated cost recovery scheme in the states of Andhra Pradesh, Tamil Nadu, Maharashtra and Karnataka.



Status of ART Roll-out: May 2006

Patients on ART in NACO-supported centres						
Sl. No.	State	Name of the Centre	No. of patients			
			Male	Female	Children	Total
1	Tamil Nadu (14)	GHTM, Tambaram, Chennai	1618	1139	217	2974
2		Madras Medical College, Chennai	449	200	1	650
3		Government Medical College, Madurai	684	472	34	1190
4		Government Hospital, Namakkal	768	591	53	1412
5		Kilpouk Medical College, Chennai	49	36	19	104
6		Medical College, Salem	241	198	11	450
7		Medical College, Tirunelveli	114	50	12	176
8		Medical College, Coimbatore	146	83	3	232
9		Medical College, Theni	151	120	25	296
10		Medical College, Thanzavur	97	42	5	144
11		Medical College, Vellore	126	72	15	213
12		Medical College, Kanyakumari	70	28	9	107
13		Medical College, Trichy	117	107	0	224
14		IOG (GFATM II)	52	54	10	116
15	Maharashtra (9)	Jamsetji Jeejeebhoy Hospital, Mumbai	1984	927	74	2985
16		King Edward Memorial Hospital, Mumbai	337	201	48	586
17		Nair Hospital, Mumbai	189	92	11	292
18		Sion Hospital, Mumbai	176	97	34	307
19		Government Medical College, Sangli	507	378	72	957
20		Byramjee Jeejeebhoy Medical College, Pune	576	369	57	1002
21		Government Medical College, Nagpur	575	239	63	877
22		National AIDS Research Institute, Pune	90	46	0	136
23		ARCON, Mumbai (GFATM II)	42	27	0	69
24	Andhra Pradesh (3)	Osmania Medical College, Hyderabad	1210	528	45	1783
25		Government Medical College, Guntur	820	421	21	1262
26		Government Medical College, Vizianagaram	304	126	0	430
27	Karnataka (5)	Lady Curzon Hospital, Bangalore	781	340	48	1169
28		Mysore Medical College, Mysore	299	153	3	455
29		Vijayanagar Institute of Medical Sciences, Bellary	68	30	2	100
30		Karnataka Institute of Medical Sciences, Hubli	606	374	60	1040
31	Freedom Foundation (Round II)	109	44	9	254	
32	Manipur (2)	Regional Institute of Medical Sciences, Imphal	485	210	14	709
33		Jawaharlal Nehru Hospital, Imphal	573	359	96	1028
34	Nagaland (1)	Naga District Hospital, Kohima	92	51	8	151
35	Delhi (5)	Ram Manohar Lohia Hospital, New Delhi	835	330	132	1297
36		Lok Nayak Jai Prakash Hospital, New Delhi	409	141	19	545
37		All India Institute of Medical Sciences, New Delhi	362	100	26	488
38		Deen Dayal Upadhyaya Hospital, New Delhi	23	12	0	35
39		Lala Ram Sarup Institute of TB, New Delhi	33	8	2	43
40	Chandigarh (1)	PGIMER, Chandigarh	436	219	85	740
41	Rajasthan (1)	SMS Hospital, Jaipur	664	261	39	964
42	Gujarat (1)	Byramjee Jeejeebhoy Medical College, Ahmedabad	685	274	40	999
43	West Bengal (1)	School of Tropical Medicine, Kolkata	634	181	25	840
44	Uttar Pradesh (3)	Banaras Hindu University, Varanasi	542	303	24	869
45		King George's Medical College, Lucknow	232	63	13	308
46		LLRM Med College, Meerut	18	13	1	32
47	Goa (1)	Government Medical College, Bambolim	157	78	12	247
48	Kerala (2)	Medical College, Thiruvanthapuram	259	128	24	411
49		Medical College, Thrissur	254	106	22	382
50	Himachal Pradesh (1)	Indira Gandhi Medical College, Shimla	27	15	4	46
51	Pondicherry (1)	Government General Hospital, Pondicherry	28	20	12	60
52	Madhya Pradesh (1)	Medical College, Indore	266	137	45	448
53	Assam (1)	Medical College, Guwahati	79	26	2	107
54	Arunachal Pradesh (1)	General Hospital, Naharlagun	1	2	0	3
Total in NACO-supported Centres						32744

Total number of patients on ART in India

NACO-supported ART Centres	32744
State-supported ART Centres	766
NGO-supported ART Centres	2923
Intersectoral Partners	2327
Private Partners	2399
Grand Total	41159

Crusading for a Cause

Shanthi Noronha, 31, HIV-positive, widow, mother of two young boys...at the same time determined to carry forward India's fight against the HIV epidemic.

A resident of a village near Udipi in Karnataka, Shanthi enjoys the simple pleasures of life... having dinner with her two young sons, taking a stroll through her village on cool summer evenings. The only difference, she will tell you candidly, is that her blood composition is different. She is HIV-positive.

A year into her marriage, Shanthi did not expect the earth-shattering blow when it came: her husband had tested HIV-positive. A subsequent test revealed that she too was positive. Dealing with her husband's constant illnesses and the knowledge of her own status as an HIV-positive woman, she attempted to lead a normal life with her children, using whatever information she could gather on the subject of HIV/AIDS.

Turning Point

She reached an important crossroad in her life when the school her children attended, demanded the results of their blood tests. After much thought and a visit to families whose HIV-positive children had faced injustice, she decided not to turn in the report. This was the beginning of a long, arduous battle against prejudice and discrimination. Shanthi is proud that she refused to give her children's reports and instead chose to stand up against the blatant discrimination meted out both to HIV-positive children



"I'm proud that my work has enabled so many women and children to live a life of dignity."

Shanthi Noronha

and their families. Her decision to defy convention by not submitting her children's blood reports not only created a precedent that many parents would follow, it also emboldened other HIV-positive parents to stand up for their rights and those of their families.

For Shanthi, an important milestone had been reached and she knew that she had to devote her life to raising awareness about HIV/AIDS and dispelling the stigma and discrimination associated with it. Despite difficult circumstances that constantly confronted her – including discrimination, her husband's illnesses and the knowledge of her own positive status, Shanthi met each challenge valiantly and rebounded to found 'Deepa Jyoti', a district-level network of HIV-positive people. "I'm proud that my work has enabled so many women and children to live a life of dignity. As long as I have the

strength to fight, I will continue my struggle against stigma and discrimination," she says.

'Deepa Jyoti' is a network of positive people at the district level, which she runs with her own resources, bolstered by loans and donations from relatives and network members. Though only a few months old, the network already has 35 members from her district.

Changing Mindsets

Shanthi took the initiative to start HIV/AIDS awareness programmes for schools in her own village as well as in Udipi. However, she soon realised that awareness programmes with students only were not enough and even parents and teachers needed sensitisation relating to HIV. Currently, the network's outreach has expanded to awareness building programmes including formal events such as workshops for migrant labour groups from Tamil Nadu working in and around Udipi. As a result of her work, Shanthi has succeeded in bringing about an immense behavioural change among the people of her village and nearby areas.

NACO recently featured Shanthi in its advertisements released on International Women's Day and the BBC World Service Trust profiled her as a 'Yuva Star' (Youth Star) in its reality show, 'Haath Se Haath Milaa', which also featured her favourite film actor, Shilpa Shetty.

Courtesy: BBC World Service Trust



Andhra Pradesh

AASHA Mitras for an AIDS-free Andhra

To ensure ownership of the HIV/AIDS prevention programme by the community, the Andhra Pradesh State AIDS Control Society (APSACS) identified and trained 1,60,000 volunteers at the village level across the state. This unique initiative was envisaged by Chief Minister Dr. Y.S. Rajasekhara Reddy, who insisted that the army of volunteers be drawn from the community living in the panchayat villages and habitations. The AASHA (AIDS Awareness and Sustained Holistic Action) programme is being implemented by AASHA Mitras.

Training has been organised at different levels. This includes training of 4,400 Mandal Resource Persons (MRPs) – four from each mandal, comprising two women from self-help groups (SHGs), one Mandal Literacy Organiser and one Assistant/Deputy Paramedical

Officer. Each mandal team in all the districts also had one trained HIV-positive speaker. The MRPs, including the HIV-positive speakers and trained Village Resource Persons (VRPs) provided an insight into the issues of stigma and discrimination and about living as a PLHA. Each team of four VRPs, called AASHA Mitras, in each village comprise SHG representatives, one youth group leader and one literacy prerak.

Training Focus

The training of AASHA Mitras broadly focused on modes of transmission, methods of prevention, common myths and misconceptions, role of women/youth groups in HIV prevention, service availability and signs and symptoms of RTI/STI. Zilla Samakhyas and Mandal Samakhyas (women's groups) act as the nodal agencies for implementing the training programmes.

At the end of the training, the volunteers resolved to create hundred per cent awareness on HIV/AIDS in their respective villages. While women VRPs vowed to talk about HIV/AIDS during the monthly SHG meetings, male VRPs gave a strong commitment to reach out to men in the most vulnerable age-group, i.e., those between 15 and 49 years, the most sexually active ages.

The skilled AASHA Mitras played a crucial role in the second phase of the AASHA campaign.

Future role

To sustain the programme after AASHA II, the volunteers will take up regular activities in the villages such as:

- Coordinating with the Gram Panchayat, Sarpanch and the AASHA committee members to carry out awareness programmes in the village;
- Taking up door-to-door campaign in all the villages;
- Lobbying with religious leaders, teachers, ward members and others to take a proactive role in the prevention programme;
- Imparting training to women, men and youth and creating awareness among community-based organisations (CBOs) in their respective villages;
- Facilitating discussions on HIV/AIDS in village sangha meetings and
- Referring high-risk groups to ICTCs and STD clinics.



AASHA Mitras marching for an AIDS-free Andhra Pradesh



Madhya Pradesh



Rahul Dravid tying the "Suraksha Bandhan" on one of the young campaigners

"Children are the future of this country and we need to do everything to protect them from this epidemic and its impact on their lives."

Rahul Dravid

with a large gathering of young people, telling them about the "Unite for Children, Unite against AIDS" campaign. They tied the "Suraksha Bandhan" on many young campaigners, endorsing their support to the campaign.

Project Director of MPSACS, Ms. Salina Singh stressed that while the epidemic affects the victim, the stigma and discrimination associated with it fuels his/her whole family with anxiety and prejudice, eventually disassociating them from mainstream society. This condition is more traumatising than the infection itself. She emphasised the need for the rehabilitation of those infected as well as their families and teaching them ways to cope with the situation.

Mr. Tapas Datta, UNICEF State Representative, Fr. John, Head of Saathi, Ujjain Center, Mr. Raj Singh Dungarpur, veteran cricketer, Mr. Sanjay Jagale, Secretary MPCA, Mr. Anil Gulati, Communications Officer, UNICEF, M.P. and Mr. Augustine Veliath, Programme Officer, UNICEF, India Country Office also attended the function.

The programme ended with a red ribbon being pinned on Rahul Dravid's shirt.

Unite for Children, Unite against AIDS

"It is not too late to control the spread of HIV/AIDS before it takes epidemic proportions in the country," said Indian cricket team captain Rahul Dravid at the international campaign "Unite for Children, Unite against AIDS", sponsored by UNICEF in association with Madhya Pradesh State AIDS Control Society (MPSACS), at Indore on April 14, 2006.

Dravid stressed that India still had a window of hope because of strong family ties and moral values in society. Because of these, HIV infection was restricted to certain belts and age groups. He added, however, that "AIDS is redefining the very meaning of childhood for millions, depriving children of

many of their basic human rights – of the care, love and affection of their parents."

Mr. Jyotiraditya Scindia, Member of Parliament and Chairman of Madhya Pradesh Cricket Association (MPCA), cricketer Suresh Raina and others attended the campaign. Mr. Scindia said, "The spread of HIV/AIDS could be tackled only through raising awareness in the public and by educating the most susceptible sections of society." He added that all cases of HIV transmission were not through the sexual route. Transfusion of unscreened blood, which was also responsible for the spread of the infection, could not be ignored.

The Indian cricket team captain and Mr. Scindia spent time



Delhi

Strengthening Blood Transfusion Services

The Delhi State AIDS Control Society (DSACS) held a state level consultation workshop on May 25, 2006, to discuss proposals for the strengthening of blood transfusion services and to suggest a workable policy for the same. Many eminent persons from the field of blood safety, clinical management and microbiology participated in the workshop.

Group discussions followed by panel discussions were held on 'Promotion of Voluntary Blood Donation', 'Quality Control in Transfusion Transmitted Injuries (TTI)' and 'Rational Use of Blood'.

The workshop highlighted the following:

- The existing blood safety programme had resulted in a decreasing trend in HIV transmission through blood transfusion and in seropositivity in the blood units collected by voluntary blood donation.



Participants at the consultation workshop on blood safety

- West Bengal and Maharashtra accounted for 80-90 percent of blood collections from voluntary donors, while Delhi lagged behind with less than 25 percent.
- Pursuant to the introduction of the National Rural Health Mission, the Government of India has set the goal that not a single person shall die due to want of blood and that blood storage centres would be opened at First Referral Units.

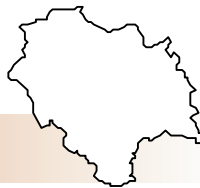
Positive Public Speaking

DSACS, in collaboration with the International Labour Organisation (ILO), conducted a capacity-building workshop on 29th May 2006. The objective of the training programme was to build the capacities of PLHAs on positive public speaking so that they could share their experiences more effectively with others in the workforce and with the public at large.

The workshop included a session on the basics of HIV/AIDS, which served to meet the knowledge gap among participants. A session on 'Experience Sharing', where participants discussed openly and in detail, issues relating to stigma and discrimination that they faced and another session on 'Revisiting the Stories', which helped in building confidence and encouraged participants to engage in and hone their skills in critical analysis were also held.

Recommendations

- Red Ribbon Clubs should be set up in all colleges and universities of Delhi to create a band of dedicated students to create awareness on HIV/AIDS and boost voluntary blood donation in Delhi.
- Delhi should take the lead and frame a clear policy on blood safety.
- Professionalism in blood safety programmes should be encouraged, with blood bank staff providing services to donors with care and dignity.
- There was need for a more holistic approach to transfusion medicine referral linkages with VCTCs, Regional Blood Transfusion Centres (RBTCs) and State Reference Laboratories discussed.



Himachal Pradesh

Breaking the Silence

Activities of Himachal Pradesh State AIDS Control Society (HPSACS) during the years 2005 and 2006 focused on building awareness on HIV/AIDS as much as they aimed at breaking the silence on HIV/AIDS and related issues.

Highlights of Activities

- A folk media campaign covering 447 villages in ten districts was organised with the support of the State Information & Public Relations Department and the Song & Drama Division of the Government of India.
- Messages were displayed on 575 State Transport Corporation buses and 630



A rally on International Women's Day

- letter boxes of the postal services.
- Messages were also displayed through 11 multi-image scrollers, installed at key public locations.
- Attractively designed pocket calendars, the size of visiting cards with messages on HIV/AIDS were printed and

distributed through public distribution shops, bus stands, ticket counters, hospital receipt counters and so on.

- International Women's Day was observed at state and district government offices, highlighting the gender issues of HIV/AIDS.
- Critical review of existing communications materials was undertaken by a team of experts at an IEC strategic planning and material development workshop, leading to the development of new materials.
- Video films on HIV/AIDS were shown to passengers in video coach buses of the State Road Transport Corporation.
- Two advocacy workshops for drivers were held in collaboration with the Transport Department.

Haryana



Awareness through Participation

Haryana AIDS Control Society (HACS) co-sponsored and actively participated in the Northern India Trade Fair held at Parade Ground, Chandigarh from March 11-19, 2006. The Governor of Haryana, Dr. A.R. Kidwai, inaugurated the fair. The HACS stall displayed material in Hindi and English to educate people about issues related to HIV. The Society organised six magic shows and puppet shows, which were intended to educate and entertain.

Condoms were also made available at the stall and distributed to visitors.

The stall was also unique in that two counsellors, one lab technician and one supervisor were present at all times to provide services to the visitors throughout the duration of the

fair. One hundred voluntary HIV tests were conducted on-the-spot during the fair. The results of the tests were kept confidential and reports given on the spot. Nearly all were found to be negative.

The HACS stall was declared the best stall in the fair and received a trophy.



Haryana AIDS Control Society stall at the Northern India Trade Fair 2006



Jharkhand

Media Matters in HIV/AIDS

A two-day workshop ‘Sanchetna’, for print and electronic media was organised by NACO, Samayak and the Udayan Sharma Foundation on March 4-5, 2006, in Ranchi. The workshop was inaugurated by the Chief Minister of Jharkhand, Mr. Arjun Munda, who also released a compilation of press clippings on HIV/AIDS, entitled ‘Jharkhand Press Ki Nazar Se HIV/AIDS – Press Katron Ka Sankalan’. In his address, the Chief Minister stressed the need for making HIV/AIDS prevention a mission and deliberated upon the importance of health for the meaningful development of the state.

The Secretary for Health & Family Welfare, who is also the Chairperson of Jharkhand State AIDS Control Society (JSACS), stressed the role of civil society as well as the media in the fight against HIV/AIDS.

Focus of the Sanchetna workshop

- The importance of specialisation in reporting and discretion in choosing the correct term and expression while writing about PLHAs;
- Sensitisation of mediapersons towards issues of HIV/AIDS;
- Magnitude of the problem – HIV/AIDS prevalence and the present scenario;
- Elimination of myths and misconceptions and relevance of overcoming personal bias while reporting on sensitive issues;
- Shared views and experiences of PLHAs;
- The importance of condom promotion and
- Jharkhand SACS activities and government schemes for HIV-positive people.

Lawyers’ Advocacy Workshop

An advocacy workshop for lawyers was organised on March 31, 2006, at the Lawyers’ Library Hall at Court Premises, Kutchery, Ranchi. The workshop was attended by the President, Secretary and members of Ranchi District Bar Association, as well as the President, Secretary and members of All India Advocates Council.

Facts related to HIV/AIDS, its prevalence rate and the magnitude of the problem were discussed by the Joint Director, Blood Safety, in the workshop. A quiz programme was organised to entertain and inform the participants on issues related to HIV/AIDS.

Advocacy Workshop for Police Officials

JSACS also organised a half-day advocacy workshop for senior police officials in Ranchi on April 13, 2006, which was attended by over 60 police officers, including the City Superintendent of Police.

JSACS Project Director, Dr. Rajiv A. Ekka, emphasised the role of the police in creating mass awareness among truckers, sex workers and other vulnerable groups as well as the role of the police fraternity in addressing issues related to HIV/AIDS. A quiz was also organised to make the programme more interactive.



Lawyers attending the advocacy workshop organised by Jharkhand SACS

Chandigarh



Volunteers for an AIDS-free Chandigarh during JUNG 2006

The Battle against AIDS

On March 14, 2006, the Chandigarh AIDS Control Society launched 'JUNG 2006 – The Battle against AIDS', with a march from the Business Plaza in Sector 17 to the academic citadel in Panjab University, Sector 14. Flagged off by Dr. I. K. Walia, Director of Health Services, Chandigarh Administration, and led by religious leaders of four predominant religions, more than a thousand people from various walks of life participated in the march, spreading the message of HIV prevention.

Armed with posters, banners and placards, young volunteers enthusiastically participated in the march. Many had painted their faces and wore T-shirts with messages like "Make Chandigarh AIDS-free" and "Launch a war against AIDS".

This march was unique as it was for the first time ever that religious leaders from all communities took

the lead in generating awareness about HIV. JUNG 2006 also saw the participation of high-risk group population of commercial sex workers (CSWs), men having sex with men (MSM) and intravenous drug users (IDUs).

Volunteers presented songs and street-plays to demonstrate the routes of HIV transmission as well as the stigma and discrimination faced by PLHAs. A special question and answer session was also conducted.



An enthusiastic audience at "Jung 2006 - The Battle against AIDS"

Workshop for Police Personnel

A one-day workshop exclusively for police personnel was organised by Chandigarh SACS on May 4, 2006. The objective of the workshop was to involve the Chandigarh Police in sensitising and developing strategies for preventing the spread of HIV/AIDS in the city. The workshop was attended by 52 police officers representing the departments of narcotics, vigilance, the economic offences wing and all the police stations within the city limits.

In her address, Chandigarh SACS Project Director, Dr. Sonia Trikha Khullar, highlighted the growing threat of HIV and spoke of the various dimensions of the epidemic. She appealed to the police department to play a proactive role in mitigating the discrimination and stigma against PLHAs.

The workshop also highlighted the link between sexually transmitted infections (STIs) and a high HIV prevalence rate. Another highlight of the workshop was the one-to-one interaction that participants had with HIV-positive people.

Do you know?

You can save your baby from HIV infection even if you are HIV positive

- ✂ Parent to Child Transmission is one of the four routes of HIV transmission.
- ✂ An HIV positive mother can pass on the infection to her baby during pregnancy/childbirth.
- ✂ Medication is available to prevent the transmission of HIV infection from mother to baby.



- ✂ Know your HIV status to protect your baby from HIV infection.
- ✂ Visit the nearest medical facility for an antenatal checkup and take the HIV test.
- ✂ HIV test is a simple and routine test offered at antenatal clinics. It is **FREE** at government facilities.

- ✂ Go now - avail **FREE** counselling and testing at the clinic and also **FREE** medication, if you are HIV positive.
- ✂ It is the responsibility of both parents to ensure the safety of their child.

Protect your child from HIV/AIDS



Do you know?

Unprotected sex is the main route of transmission of HIV infection

- ✂ Multi-partner sex is an invitation to HIV/AIDS.
- ✂ Presence of Reproductive Tract Infections (RTI) and Sexually Transmitted Diseases (STD) increases the risk of HIV infection by 8-10 times.
- ✂ If you have RTI/STD, seek treatment immediately.



- ✂ Condom provides triple protection from:
 - HIV/AIDS
 - STD
 - Unwanted pregnancy
- ✂ Practise safe sex, ensure correct and consistent use of condoms.
- ✂ Use of condom is simple and safe.

- ✂ Condoms are easily available in government medical facilities / chemist shops / general stores.
- ✂ Be responsible and caring to ensure safety for yourself and your partner.

Knowledge, Protection and Safe Behaviour keep you away from HIV/AIDS

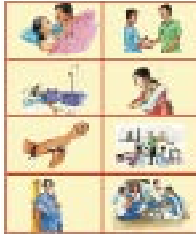


Do you know?

HIV is not Contagious

HIV/AIDS spreads

- ✂ Through unprotected sex with an infected person.
- ✂ By receiving HIV infected blood.
- ✂ By using unsterilised needles / syringes.
- ✂ From an HIV positive mother to her child during pregnancy / childbirth.



HIV/AIDS does not spread

- ✂ Through tears.
- ✂ Through mosquito bites.
- ✂ By working together.
- ✂ By sharing food, clothes and toilets.

Remember

- ✂ Do not stigmatise and discriminate against persons living with HIV/AIDS.
- ✂ Persons living with HIV/AIDS can lead a normal and productive life by adopting healthy lifestyle, positive thinking and taking Anti-retroviral Treatment (ART).

Abstain from sexual debut; Be faithful to your partner; Use condom correctly and consistently



Do you know?

Nearly 40% of all HIV infections in India are among women

- ✂ Women have 3-4 times higher risk of getting HIV and Reproductive Tract Infections (RTI) because of their biological make up.
- ✂ A significant proportion of new infections is occurring in married women who get infected by their husbands.
- ✂ Early marriage, violence and sexual abuse against women increase their risk to HIV.



- ✂ To prevent HIV among women, both men and women should -
 - Be sensitive about health and well being of the partner.
 - Respect equality in a relationship.
 - Practise safe sex by encouraging use of condom.
- ✂ Visit the nearest medical facility for early diagnosis and complete treatment of Sexually Transmitted Diseases (STD)/ Reproductive Tract Infections (RTI).

- ✂ Women's health is crucial for the prosperity of family and society. They should have access to information that would enable them to protect themselves and their families from HIV.

Gender Equality and Women Empowerment are the best vaccines against HIV/AIDS



Visit the new NACO website
www.naiconline.org for the latest updates!

Send your feedback and articles to
editornaconews@nacoindia.org

Editor: Mr. Mayank Agrawal, JD (IEC), Editorial Panel: Dr. Jotna Sokhey, APD, Mr. A. Bhatia, Dir. (Fin.), Dr. M. Shaukat, JD (BS), Dr. A.K Khera, JD (Tech.), Dr. D. Bachani, JD (Trg.), Mr. M. L. Soni, US (IEC), Mr. V. Palanichamy, DD (IEC)

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

*Photographs on front cover page : Top: Shanthi Noronha. Bottom: Volunteers of Chandigarh SACS performing a street play during JUNG 2006.