

# NACO NEWS

A Newsletter of the  
National AIDS Control Organisation

Ministry of Health and Family Welfare  
Government of India

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International Women's Day 2009

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## In the Mail



The Red Ribbon Express was an excellent idea aimed at creating awareness about HIV/AIDS at the national level. A lot of imagination and effort obviously went into this unique venture, and as the newsletter's data shows, it has managed to reach a large group of vulnerable people in the country.

Creating awareness is a long and painful task. Educators and communicators have to be patient. Managers of such campaigns must continue to build on the initial activity with similar initiatives to

make sure that messages filter down to every level in the community. RRE's reach must become more extensive as it finds new ways of sharing credit for its success with current stakeholders, motivating additional groups/segments to join this vital campaign.

A couple of human interest and motivational stories will add to its appeal.

*Ashwini Bhatnagar*  
Ex Channel Head, Voice of India  
Lucknow



The World AIDS Day coverage in the last issue of NACO News was informative. My suggestion is to profile more people at the grassroots level who have made a difference in families and communities, especially by taking up the cause of affected and infected people. Creating acceptance for them within their families, making sure their children are not pulled out of school, medical staff do not ill-treat them when they visit the health centre and employers do not throw them out or pay them lower

wages are issues that we still need to work very hard on. After 25 years of HIV/AIDS in India, we are still trying to battle things that we should now be able to take for granted. Clearly, a lot has to be done still. The newsletter, coming from India's National AIDS Control Organisation is a powerful vehicle of advocacy and dissemination and it should continue to flag important issues and highlight strong positive stories.

*Avnish Jolly*  
AIDS Activist, Chandigarh

### Welcoming the New Joint Secretary



It is our great pleasure to inform that Ms Aradhana Johri has joined as Joint Secretary,

NACO. A post graduate in History and Public Administration, she is from the 1980 batch of the Indian Administrative Services. We look forward to working with her and wish her all the best.

Number of patients on ART*	
NACO supported ART Centres	209,571
Intersectoral Partners	2479
GFATM Round II Centres	2489
NGO Sector	474
<b>Grand Total</b>	<b>215,013</b>

\*As of February 2009

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

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

For back issues and for information on HIV/AIDS, log on to:  
[www.nacoonline.org](http://www.nacoonline.org) or mail [mayanknaco@gmail.com](mailto:mayanknaco@gmail.com)

– Editor





## From the Desk of the Director General

We certainly do not need a special day to remind ourselves of all the things that we must do for women. Yet, International Women's Day has the unique pull to bring together organisations and stakeholders to review, recapitulate and reaffirm commitments and plans with new targets and approaches. Indeed, in the case of HIV/AIDS, we have for long known that the epidemic has taken a turn towards increasing feminisation – in any event it is the woman who is impacted, whether she is HIV positive or someone in her family is. Two decades after the infection was first found in India, there are results on the ground that show how women are responding and our initiatives are making a difference in their lives.

The services for treatment, support and care are being upscaled. This issue of NACO News gives you an update on second line ART and Link ART Centres that not only give hope to those who are positive but also are testimony to the scale of work done by SACS and medical officers in line with NACO's own planning and monitoring teams to ensure that treatment reaches all those who are in need.

The training programme that outlines how we plan to build the capacities of self help groups, ASHAs, ANMs and AWWs shows our intent to reach every woman in the country with information and services. NACO has outlined a whole new set of initiatives that will help reduce reproductive morbidity in women. Women's lives are important and we want them healthy and strong.

Our positive stories of gritty women once again prove that given an opportunity, women anywhere, will pick up the cudgels and fight for

their rights and for a better life. They will turn around their destinies if only there is someone to do a bit of handholding and give support.

We have for long wanted to step up our research and to share with our valued readers some of the projects that we are working on. With this issue of the newsletter, we will devote a page to research in HIV. In terms of strengthening IEC activities, we have been fortunate in matching our own goals with some innovative work done by donors, corporate entities and implementing agencies. The International Documentary Film Festival was a creative initiative that combined story telling with facts and research on not just injecting drug use and HIV but on how people cope with situations where addiction devastates their lives.

We have had excellent response to the road shows in the capital organised to promote condom vending machines and safe sexual behaviour. We have partnered with UNICEF to air 40 episodes on HIV/AIDS in the ongoing serial on Doordarshan, "Jeena Issi Ka Naam Hai" which touches upon issues such as stigma and discrimination, counselling and testing, treatment, care and support. We will have to join hands to make a difference. We are working in trying times but we are confident that we will persevere and continue to find cost effective ways of carrying out our agendas – to have a healthy HIV-free nation.

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

# Not All Gloom and Doom

## Women's Voices Getting Heard

NACP enters a new phase with scaled up prevention and treatment backed with strong advocacy and communication, restoring dignity in a woman's life

For close to 25 years, the world has known that a woman is more vulnerable to HIV than a man. The term 'feminisation of the epidemic' acknowledges the infection's tilt towards the female sex with all its inequities and power imbalances. According to NACP-III, women in India account for nearly one million of the 2.31 million estimated people living with HIV/AIDS. Responding to this challenge, extensive efforts have been launched by governments, donor agencies, UN organisations, NGOs, activists and the media to contain the spread of epidemic among women.

Government initiatives that call for action and results, scaled up programmes, advocacy through new initiatives and women joining hands to form collectives and groups to support each other – all this has proven that though slow,

**Do you know?** Globally, an estimated 33 million people were living with HIV in 2007 of which women account for half of all people living with HIV worldwide.

Source: UNAIDS 2008 Report on the Global AIDS Epidemic

the change is coming. International Women's Day 2009 brought home this fact through stories, news reports, interviews and public service announcements. Women's voices are finally being heard and their concerns addressed.

### Recognising women's vulnerabilities

All women, whether married, single, divorced, widowed, sex workers, seasonal migrants or adolescent girls, are more vulnerable to the negative impact of HIV/AIDS than men. Some of the socio-economic and cultural reasons for this disparity are on account of inequalities within the family; violence against women; issues concerning women's inheritance and property rights; low priority for women's treatment; lack of education; and an inability to negotiate safe sex.

Women continue to bear the burden of HIV related stigma and discrimination, preventing them from accessing treatment, information and prevention services. However, activists from the field are reporting a shift in their experiences of engaging with people living with HIV and their families. Some of the old notions and deep rooted biases are being

challenged. Though, women are still battling issues of mother-to-child transmission of HIV and are shouldering bulk of the burden of caring for PLHA and orphans, the fight to make the voice of reason, equality, justice and compassion heard, is becoming less violent and harsh.

### Mainstreaming gender in HIV programmes

The Policy Guidelines to Mainstream Gender in HIV Programmes titled, "Mainstreaming HIV/AIDS for Women's Empowerment" is a breakthrough document that was released by NACO in 2008. It represents NACO's commitment to address issues of gender inequality in the context of HIV/AIDS and will inform the formulation of all policies and programmatic interventions of NACO.

**The term 'feminisation of the epidemic' acknowledges the infection's tilt towards the female sex with all its inequities and power imbalances. According to NACP-III, women in India account for nearly one million of the 2.31 million estimated people living with HIV/AIDS.**



Further, the policy guidelines will facilitate increased and improved action on the intersecting issues of HIV/AIDS and women by NACO, State AIDS Control Societies (SACS), District AIDS Prevention and Control Units (DAPCUs) and all development partners.

The objective of this framework is to develop and implement mechanisms to halt and reverse the spread of HIV among women and girls. In particular, the policy aims to enhance equitable access of services to women living with HIV, as well as to curb the spread of HIV infection among women and girls, such that all aspects of governance are oriented to the needs of women infected and affected by HIV/AIDS and/or vulnerable to the infection.

**Do you know?** Women account for more than one-fourth of all new HIV/AIDS diagnoses with women of colour being especially affected by HIV infection and AIDS.

*Source: Centers for Disease Control and Prevention*

### Gender sensitive approach

The policy recognises that women and men differ in terms of both sex and gender. Such an approach, therefore, has the potential to define appropriate interventions for women and men according to their specific needs, making interventions more effective while enhancing health outcomes. The policy guidelines look at:

- Role of men as a part of HIV response to women
- Socio-cultural and structural context
- Prevailing norms and the status of women in India
- Legal rights, government schemes and programmes for women

- Impact of prevailing norms and status of women on HIV prevention and care programmes
- Information/education on reproductive and health needs
- Gender dynamics and related facts
- Guiding principles for mainstreaming HIV/AIDS with a focus on women.

### Mothers and children get priority

Along with providing an enabling environment and equal rights at home, in the society and at the workplace, there is a strong focus now on making treatment, counselling, care and support available to all women.

The upscaled PPTCT programme is reaching millions of women across the country. Advocacy efforts, television and radio programmes and other outreach activities have helped in creating greater awareness, encouraging women to step out to reach the nearest government hospital and opt for voluntary counselling and testing.

NACO is also building the capacities of the rural health workers – ASHAs, ANMs, AWWs and members of SHGs so that they create awareness as also bring more women into treatment and ensure follow up.

**Do you know?** Married Indian women who experienced physical and sexual abuse at the hands of their husbands are approximately four times more likely to become infected with HIV than married women who were not abused.

*Source: Study carried out by Harvard School of Public Health*

**New research technologies are on the anvil in the area of female condoms and microbicides – both of which will give women more control over their bodies and lives.**



### What the future holds

There is consensus on building a large scale response to HIV in the context of women, based on a nuanced understanding of socio-cultural norms and ideologies. It is hoped that this new approach will shape gender roles that will stall the disproportionate spread and impact of HIV infection amongst women.

New research technologies are on the anvil in the area of female condoms and microbicides – both of which will give women more control over their bodies and lives.

A pre-programming assessment study carried out by NACO for social marketing of female condoms was implemented in selected locations of eight states to understand the acceptability, willingness to pay and impact on dual protection, the response to which has been very positive.

Based on the results of the study, the female condom programme is being upscaled to cover all female sex workers and targeted intervention sites in the states of Maharashtra, Tamil Nadu, Karnataka and West Bengal.

Behaviour change communication and extensive IEC through radio spots, television serials, jingles, advertisements, films, music videos

and media reports are pointing out that protecting women from HIV is not solely women's responsibility. Most women with HIV were infected by unprotected sex with an infected man. The message that preventing transmission is the responsibility of both partners, and men must play an

**Do you know?**

Nearly 95 percent of HIV positive married Indian women report being monogamous, confirming that the most likely source of HIV infection among them is their husbands' extra-marital risk behaviour, including unprotected extra-marital sex and sex with commercial sex workers.

*Source: Study carried out by Harvard School of Public Health*



**The message that preventing transmission is the responsibility of both partners, and men must play an equal role in this, is gaining ground in urban and rural settings.**

equal role in this, is gaining ground in urban and rural settings.

To realise the goal of ensuring an HIV-free future for women, NACO along with its partners and implementing agencies is stepping

**Do you know?**

In a study in India, almost 90 percent of the HIV positive women interviewed were infected by their husbands, but they were often blamed for their husbands' illnesses. In some contexts, their lower status in the family and community makes it less likely for them to have access to healthcare including anti-retroviral treatment.

*Source: UNAIDS*

up IEC, treatment, counselling, care and support and research in new preventive technologies.

■ Mayank Agrawal, JD (IEC) and Manju Dhasmana, Sector Specialist (Civil Society), NACO

**Training SHGs, ASHAs, AWWs & ANMs**

**NACO builds capacities of field workers to serve rural women better**

Women account for about 40 percent of HIV infections in India. More than 90 percent of infected women are in monogamous relationships, making it important to provide them access to information, counselling and testing services. Aiming to address this growing challenge, NACO is building capacities of Self Help Groups (SHGs), Anganwadi Workers (AWWs), Auxiliary Nurse Midwives (ANMs) and Accredited Social Health Activists (ASHAs) so that they can provide better services to rural women and help reduce their vulnerabilities.

A planning meeting was held at the Centre for Good Governance (CGG) in Hyderabad on 19-20 February, 2009 to flesh out

a plan that could involve all states in a systematic and efficient manner. The two-day meeting was attended by representatives of National Institute of Rural Development (NIRD), State



Institutes of Rural Development (SIRD), NIPCCD, NHSRC, NGOs in addition to officials from NACO, North East Regional Office of NACO (NERO) and APSACS.

On the occasion, a demonstration was held for participants on how to use the information booklet which NACO had brought out on transmission modes of HIV, its prevention, available services, issues related to gender, stigma and discrimination. It has stories that can be used as role plays during training sessions with practical tips and strategies to facilitate frontline workers to help women and communities address issues of HIV.

## Hopes Soar with Second Line ART

Out of 687 patients who were evaluated, 274 were put on second line ART and 49 counselled

Second line anti-retroviral therapy (ART) was rolled out under the National ART Programme on January 1, 2008 on a pilot basis at the JJ Hospital, Mumbai and GHTM, Tambaram. Its access has expanded to 10 Centres of Excellence (CoE) which have necessary expertise and laboratory facilities to initiate and monitor it.

### Background

In untreated persons, HIV multiplies rapidly (up to 10 billion new viruses a day). During this multiplication, mutation occurs making the virus resistant to commonly used ARV drugs (first line drugs). Since rate of multiplication is high, drug resistance cannot be totally eliminated though it can be minimised by good access to high quality simple ART regimen, uninterrupted drug supply and high levels of drug adherence.

As the national ART programme in India scales up, there will be some resistance to HIV drugs, placing patients in need of second line ARV drugs. To estimate the number of patients requiring second line drugs, the magnitude of drug resistance has to be established. Levels of primary drug resistance vary from country to country. Presently, there is no data on primary resistance of HIV to first line ARV drugs. However, this is estimated to be in the range of 2-3 percent. NACO, with the support of WHO, has initiated work on establishing baseline data on primary resistance to ARV drugs.



Global experience shows that development of drug resistance after three years of treatment is five percent a year. Many patients enrolled in the free ART programme have been on ARV drugs for 1-2 years and are therefore likely to develop resistance. They may account for 3-5 percent of total patients on ART at present. An estimated 3000 patients may be in need of second line ART.

### Challenges

- Second line drugs are 10 times costlier than first line drugs, costing nearly Rs. 1 lakh per patient a year.

### Centres where second line ART is available

- JJ Hospital, Mumbai, Maharashtra
- GHTM, Tambaram, Tamil Nadu
- RIMS, Imphal, Manipur
- STM, Kolkata, West Bengal
- BJMC, Ahmedabad, Gujarat
- BHU, Varanasi, Uttar Pradesh
- MAMC, New Delhi
- Bowring, Bangalore, Karnataka
- Gandhi Hospital, Secunderabad, Andhra Pradesh
- PGI, Chandigarh

- 7-9 pills need to be taken compared to two in first line ART making adherence much more challenging.
- Special training of healthcare providers is needed prior to roll out.
- Institutional strengthening is necessary in laboratories which have viral load and drug resistance testing.
- Regulatory mechanisms for rational prescriptions by private practitioners must be in place.

### Eligibility criteria

- Free treatment and free viral load testing for all PLHA below poverty line, widows and children.
- Patients who have been under treatment in Government ART centres continuously for at least two years, irrespective of income status.
- State AIDS Clinical Expert Panel (SACEP) set up at 10 Centres of Excellence to review suspected treatment failure cases referred from ART centres providing first line ART.

Currently, 687 patients have been evaluated by SACEP of which 508 have undergone the viral load test to check treatment failure. Based on the result, 323 patients were recommended second line ART of which 274 were on second line ART and others were counselled for therapy.

■ Dr B.B. Rewari  
NPO (ART)  
NACO

## 650 Link ART Centres Planned under NACP-III

Link ART Centres help decongest big ART centres and reduce patient's time and costs

The scaling up of treatment and access to services and medicines has evolved to the next level with the concept of Link ART Centres (LACs) gaining ground. A total of 334 LACs were sanctioned of which 68 are functional with 170 trained staff members.

The present roll out of ART by Government of India was started in April 2004 at eight ART centres and scaled up in a phased manner to 197 ART centres. As of February 2009, there are more than 208,000 patients receiving free ART and the plan is to have 250 ART centres providing free ART to 300,000 adults and 40,000 children by 2012. It is envisaged to have 650 LACs under NACP-III.

### Bottlenecks in treatment adherence

ART roll out is done through ART centres located mainly in medical colleges and district hospitals in some states. Patients have to travel long distance to avail treatment. Since treatment is life-long and drugs are provided once a month, the patient has to come to the centre every month for the rest of his life. This leads to missed visits, particularly when patient is travelling or feeling healthy. The centres are also often crowded with long queues. For those coming from distant places, there are additional costs of local stay and commuting. These deterrents hamper treatment in spite of the patient's intention to adhere.

### Finding solutions

Authorised Drug Distribution Centres, also known as Link ART Centres are set up with the intention of taking the treatment closer to the patients' residence. By linking those who are on stable ART to a nodal ART centre within accessible distance, the problem of treatment adherence has been resolved.

### Objectives of LAC

- Integrate ART services with primary and secondary healthcare system.
- Build capacity of healthcare staff at primary healthcare level.
- Increase access of ART services to PLHA.
- Improve adherence of patients to ART.



- Reduce travel cost and time of PLHA to access services.
- Reduce load at nodal ART centre.

LAC will not start new patients on ART and only patients who are stabilised on ART for at least six months at the nodal centre will be linked to LAC for monthly follow up. LAC will monitor patients for minor opportunistic infections, side effects of drugs and adherence. They will be provided drugs at LAC every month and every six months, they will have to visit the nodal centre for detailed examination and CD4 test.

### Criteria for establishing LAC

- High prevalence (category A & B districts).
- ART centres where patient load is high (>1000 PLHA on ART).
- ART centres where patients come from neighbouring districts in large numbers.
- ART centres where drug adherence is reported to be >90 percent.
- Long distance to be travelled by PLHA has been documented to be a major cause of default and transferring out of PLHA is not possible to any ART centre.
- Minimum 25 PLHA on ART should be from catchment area of LAC (relaxed to 10 PLHA in hilly/desert areas).

The ideal setting for an LAC will be in an Integrated Counselling and Testing Centre (ICTC) in a hospital or Community Care Centre (CCC) in a community setting. The site will have potential for upgradation to a full fledged ART centre in future.

■ Dr D. Bachani  
DDG (CS&T)  
NACO

## Project 19 Aims to Reach Young People

The two-day national festival addressed concerns of at-risk communities

Young people's vulnerabilities place them at risk of HIV infection. Project 19, a unique national level festival was held in the capital on 15-16 February, 2009 as part of an ongoing initiative which aims to create knowledge, promote dialogue and support sustainable networking around HIV, sexuality and human rights in the context of the lives of young people and communities most at-risk and vulnerable to HIV infection.

Presented by the Centre for Human Progress and the YP Foundation in New Delhi, it brought together 700-plus young people, at-risk communities and stakeholders from nearly 50 organisations and institutions from every region of the country to exchange knowledge and experiences and begin dialogue by using various forms of expression,



including film, photography, theatre, music and art.

This first-of-its-kind national festival succeeded in creating a powerful platform to promote knowledge based empowerment, generate dialogue and build

sustainable networking opportunities for young people, communities, institutions and organisations around the country.

■ Bilal Naqati  
Technical Officer (IEC)  
NACO

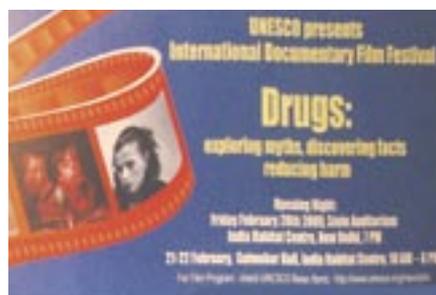
## Films Debunk Myths, Reduce Drug Harm

The documentary film festival raised awareness on issues surrounding drug use

A documentary film festival on 'Drugs: Exploring myths, discovering facts, reducing harm' was organised by UNESCO with support from NACO and in partnership with UNODC from 20-22 February, 2009 in New Delhi. Actor Rahul Bose inaugurated the festival. He said the issue was complex and needed the support of society to help drug users lead normal lives.

According to Gary Reid, Regional Programme Specialist (HIV/AIDS)

and Festival Director, "These films provide an opportunity to unravel complexities associated with drugs and create an enhanced experience for receiving and understanding information."



There were films from over 14 countries touching upon various drug issues.

Films from Iran, Indonesia, China, Canada, Russia, Cambodia, Bolivia, USA, Netherlands, Afghanistan, Australia, Spain, Vietnam and India covered the subjects that hound the world of the oral and injecting drug user. The festival was rich in giving insights into different cultures, communities and lifestyles as it zeroed in on vulnerabilities of a drug user.

# जोश भी होश भी

## Campaign

### Launched in Delhi

HLFPPT authorised by NACO to install and service 10,025 CVMs in metros ; Delhi launch takes off with four mobile vans touring the capital and NCR region

Sexually active men still fight shy of walking into a store and buying a packet of condoms. To enable conversion of knowledge about safe sex into safe sexual behaviour, NACO has authorised the Hindustan Latex Family Planning and Promotion Trust (HLFPPT) to procure, install and service 10,025 condom vending machines (CVMs) at strategic locations in Delhi, Mumbai, Kolkata and Chennai.

The objective of the programme is to increase accessibility of quality condoms at affordable prices. Josh is the quality condom which is being marketed at a subsidised price of Rs. 5 for every packet of two condoms that can be procured from the CVM. A total of 3000 CVMs have so far been installed in Delhi and the National Capital Region (NCR). Attractively packaged in red boxes called 'Josh Spot', they serve as an easy access point for the condoms.

Four mobile vans with condom caricatures travelled around the capital for the entire month of March and April. The vans with a large platform were also equipped with audio-video system, mikes and a personal address system. Life size condom caricatures interacted with the public through a fun format of games, quiz shows, skits and songs – all of which were based on the theme of condoms, protection and safe sex. An inflatable CVM replica accompanied the van, drawing the crowds and helping them shed reservations as they stepped forward to ask questions, clarify doubts and participate in the interactive games.

#### Objectives of the campaign

- To put across the condom message to sexually active population through effective interactive communication activities like skits, quizzes and games.
- To distribute information brochures and demonstrate functioning of a CVM to people.
- To popularise CVMs and inform users that condoms can be accessed through the machines any time of the day and night.



#### Expected outcomes

- Greater awareness about CVMs
- Increase in dispensing condoms from CVMs
- Regular use of condoms among high risk groups.

# Spotlight on Reducing Reproductive Morbidity Among Women

New initiatives help bring major shift in STI/RTI service delivery

**R**eproductive morbidity, including STI pose a serious health hazard to women. In India, prevalence of reproductive morbidity ranges from 6-27 percent in rural and urban areas. Reasons for reproductive morbidity are gender related biological causes; socio-cultural factors; and accessibility, availability and quality of service delivery.

## Initiatives taken to control and prevent STI/RTIs

### Standardise STI/RTI service

**delivery:** NACO and RCH II under NRHM have developed national technical and operational guidelines for use at the sub-centre and medical college hospital level.

### Pre-specified colour coded STI/RTI drug kits:

NACO adapted syndromic case management principles for diagnosis and treatment of STI/RTIs to ensure compliance, minimise drug resistance and ensure uniform treatment regimens. The kits are easy to use and store, and will make treatment easier.

**Human resource:** NACO has positioned a counsellor at each of the 845 designated STI/RTI clinics, trained in STI/RTI counselling including risk assessment and risk reduction planning. They will interact with the community at the hospital and in the field to create awareness and demand for services and facilitate better follow up and partner treatment.

**Branding STI/RTI clinics:** NACO in consultation with BBC-WST developed a brand name 'Let's



Talk' for STI/RTI clinics to encourage adolescents and women to access and avail STI/RTI services without stigma and discrimination.

### Adolescent friendly health

**services:** Friendly trained staff will counsel youth on delaying sexual debut and talk on sex, sexuality and growing up issues.

### Eliminate congenital syphilis:

Nearly one percent pregnant women are infected with syphilis. Regular syphilis screening of pregnant women at antenatal clinics will be ensured.

### Provide quality STI/RTI services

**to HRGs:** Through a network of targeted intervention projects, NACO is committed to providing quality STI/RTI services to HRGs via project linked clinics for large congregations in specified areas, and satellite or referral clinics, and by linking to network of providers under the PPP scheme.

**Involve private sector:** A network of 8500 private providers has been developed at 95 priority districts covering 16 states. The PPP scheme is

implemented by seven NGOs trained on national guidelines and are given drug kits as part of social marketing.

### Strengthen regional STD laboratories as centres of

**excellence:** Six existing centres will have public health evidence on syndromic protocols and operational research capabilities while performing quality assurance of lab tests at STI/RTI clinics.

### Supportive supervision and on-

**site mentoring:** NACO has developed 750 mentors drawn from departments of public health, ObGyn, skin and VD and microbiology from medical colleges.

### Next steps

The epidemiology of STIs is shifting from bacterial to viral and the ratio is declining. Data suggests that human papilloma virus infection is growing in men and women. Some sub-types of HPV are associated with cervical cancer in women.

Globally, HPV vaccine is introduced as a women's health protective initiative. Though currently there is no policy decision for providing this expensive vaccine, in the long run, administering it to adolescent women will be cost beneficial. Linking pap smear testing, currently practiced at all district and teaching hospitals to NACO STI/RTI CMIS reporting system will establish a more realistic estimation of the problem.

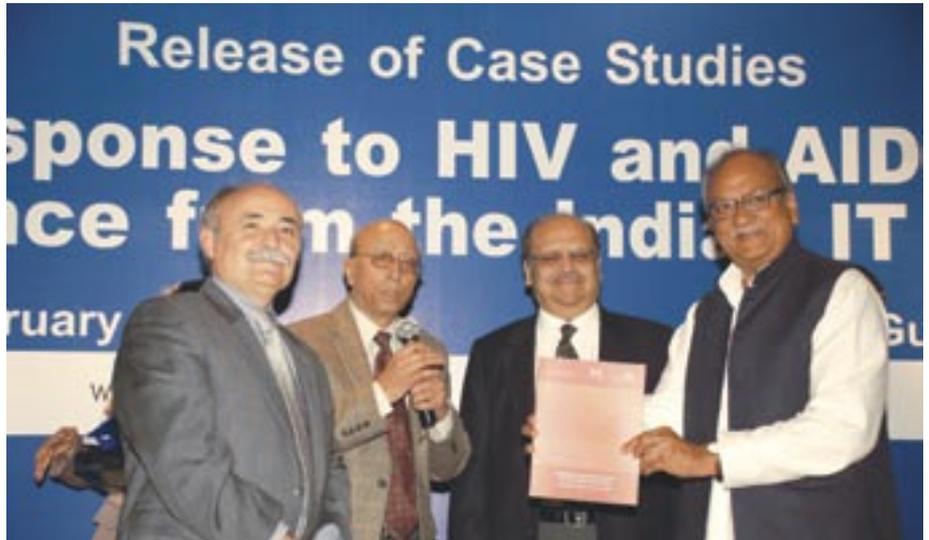
■ Dr Bhriгу Kapuria  
Technical Officer (STI), NACO

# IT Sector Responds to the HIV Challenge

IT companies mainstream measures as part of CSR by partnering with stakeholders from government and civil society through inclusive HIV/AIDS programmes

Responding to the complexity of HIV/AIDS, the Indian IT sector has stepped forward to strengthen prevention and treatment efforts amongst their workforce and in the communities they work in. The ‘Inclusive Responses to the HIV and AIDS Challenge’ document that has case studies of eight IT companies was released on 11 February in Gurgaon by Mr Nikhil Kumar, Member of Parliament and Chairman, Parliamentary Committee on IT.

The Confederation of Indian Industry (CII), India Business Trust (IBT) for HIV/AIDS and the World Bank Institute (WBI) initiated joint capacity development efforts in 2006 with the objective of strengthening the role of business organisations and companies from key economic



sectors in addressing HIV and related issues of stigma and discrimination.

The documented experiences of companies from the IT sector on HIV/AIDS highlight ways in which they reach young and vulnerable

populations to prevent infection and reduce stigma. It suggests practical ways of scaling up existing response models and good practices as part of workplace and social responsibility programmes in the corporate sector.

## IT Companies Mainstream HIV at the Workplace

**AppLabs** interacts with media to highlight HIV related issues in communities where it works; it also supports networks and NGOs working with PLHA.



**Intel Technologies** piloted initiatives that included awareness creation, training sessions and access to HIV counselling and testing services for employees. For community outreach, nearly 80 percent of their Indian employees volunteer time towards peer education and life skills training.



**MphasiS Ltd.** had education modules, peer learning, condom vending machines and a non-discrimination policy to protect young people in BPOs.



**Scope International Pvt. Ltd.** created the ‘Living with HIV’ programme to build knowledge for making informed lifestyle



choices to prevent infection. This was designed as a workplace intervention and as an outreach activity for underserved communities.

**Tata Consultancy Services Ltd.** has an HIV programme that is built on employee participation through peer education. Started through TCS Maitree, the company’s forum for employee engagement and corporate sustainability, it has reached more than 1,00,000 employees in addition to youth groups and external communities.



**ZMQ Software Systems** had a ‘Freedom from HIV and AIDS’ initiative educating young people through mobile devices, edutainment programmes and a workplace toolkit for companies. They also invest 12 percent of their profits on social development and HIV/AIDS prevention activities.



# Initiatives Taken by NACO to Promote Research on HIV/AIDS in India

Research gets a boost with new partnerships and fellowships

The National AIDS Control Programme Phase-III (NACP-III) has outlined an action oriented research agenda for testing and evaluating interventions for prevention, care and support. In the first two years of NACP-III (2007-09), a series of new initiatives have been taken by NACO as it scales up research in HIV/AIDS.

## New initiatives

### Technical Resource Group (TRG) on Research and Development:

This will serve epidemiological, clinical, behavioural and social sciences with a view to understand dynamics of the HIV/AIDS epidemic and measures to contain it.

### Objectives

- Discuss and identify critical gaps in existing knowledge.
- Support ongoing applied research.
- Strengthen operations research (OR) and evaluation studies.
- Facilitate capacity building of researchers.
- Develop innovative methods to carry out studies on “hard to reach” and marginalised/mobile and migratory/stigmatised/vulnerable populations.
- Discuss M&E issues on community based interventions, school based adolescent education programmes and positive networks.

### Network of Indian Institutions for HIV/AIDS Research (NIIHAR):

NACP-III constituted a national consortium of research

institutions to undertake operational, epidemiological, biomedical, clinical, behavioural and social research in HIV/AIDS through linkages with Universities, ICMR, CSIR, DST, ICSSR and stakeholders including donor organisations.

### Objectives

- Participate in multi-centric studies funded by NACO.
- Contribute to training and capacity building of individuals/institutions.
- Depute short term specialists.

### NACO Research Fellowship Scheme:

Research fellowships provide opportunities to young researchers (up to 35 years) to pursue research leading to M.Phil/MD/Ph.D under experienced

academicians and researchers. A grant of up to Rs.1.5 lakh is given to 20 fellows through the respective institution/department.

### NACO Ethics Committee (NACO-EC):

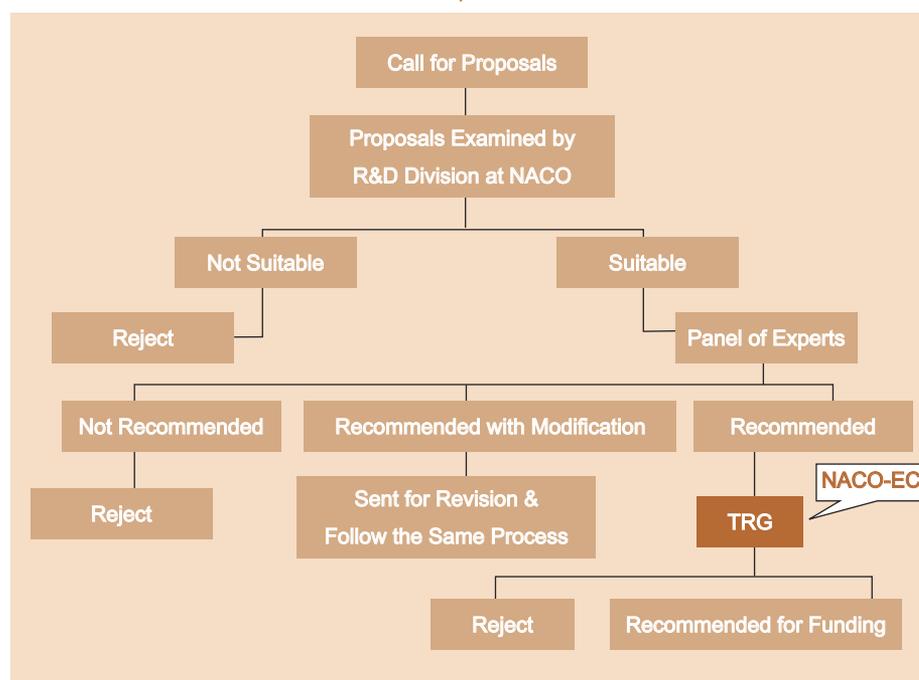
Ensuring ethical implications of research are afforded serious consideration prior to commencement of a project. Such research is consistent with legislative and statutory requirements and is the responsibility of NACO-EC.

### System to Review the Evaluation and Operational Research Proposals under NACP-III:

NACO has established a system as depicted below to review and select the evaluation and operational research proposals after preliminary screening by E&OR Unit.

■ Dr Ruchi Sogarwal  
Programme Officer  
Evaluation & Research, NACO

System to Review the Evaluation and Operational Research Proposals at NACO



## Zindagi Zindabad – IEC Van Campaign Reaches the States

After RRE comes another advocacy campaign targeted at 15-22 year olds in rural and semi-rural areas

The success of the Red Ribbon Express, the world's largest advocacy campaign that included the train and bus caravans spurred NACO to conceptualise another campaign that could take over from where the RRE left after its year-long run. The RRE bus caravan campaigns reached a total of 10,649 villages covering 911,473 people. The feedback received from villagers in remote areas and their pleas to return to them with more information and activities encouraged NACO to launch the Zindagi Zindabad Campaign, a celebration of life and positive living.

Strengthening the existing IEC approach, NACO decided to replicate the RRE Bus campaign activity strategies in the shape of an IEC intervention programme that would be implemented across the A & B category districts in states through a ground-breaking mid-media campaign. The key component of the programme aims to target the vulnerable sections of the populace, especially the youth and women with special focus on migrants in A & B category districts.

### Objectives of the campaign

- Increase level of awareness amongst general population through community mobilisation.
- Reduce stigma and prevent discrimination against the HIV infected and affected persons.



- Challenge superstitions and beliefs that impact PLHA.
- Allow the multi-sectoral campaign to bring HIV/AIDS initiatives within the socio-economic fabric rather than treat it as a medical or public health issue.

### On-ground implementation

A wide range of activities and events were planned right at the doorsteps of the target audience with the aim of strengthening families

**Hiralal is a happy man today.....**

*"It's good that you are here today; but tomorrow, if there is a problem, we wouldn't know where to go or whom to speak to. What's the use of having such one-day programmes in our remote village?"*

*- Hiralal, fisherman of district Ganjam, Orissa, who watched a night film show during the RRE Bus campaign will be happy when Zindagi Zindabad reaches his village, as a follow up to RRE.*

and communities. The campaign messages on prevention and treatment are designed as colourful exhibition display panels in simple local languages targeting youth in the age group of 15-22 in rural and semi-rural areas.

The campaign activities will focus on:

- Strengthening knowledge on measures taken to prevent HIV/AIDS infection.
- Developing understanding about the infection to reduce stigma and discrimination against PLHA.
- Disseminating information on existing (state, district and block level) HIV service centres and their available services (ICTC, CD4 testing, OI services, ART adherence, Community Care Centre, Drop-in Centre etc.).
- Encouraging condom promotion activities by SMOs to reach vulnerable men and others, engaging in high risk sexual behaviour.

*(Continued on page 15)*

# Training Programme for Youth Consultants

NACO organised a National Orientation and Training Session for 26 Youth Consultants recruited by 26 SACS

The IEC division of NACO organised an orientation and training session for 26 youth consultants who have been recruited by SACS at a National Orientation Programme from 12-14 March in NACO, New Delhi.

The purpose of the orientation programme was to brief participating consultants on the youth strategy as detailed in NACP-III, peer based youth BCC interventions, youth and HIV scenario and their role and responsibility in implementing the same in their respective SACS.

The faculty which comprised experts from UNICEF, MAMTA, NSS, NYKS, PY Foundation and NACO gave an overview of probable situations which youth consultants were likely to face when working in the field with PLHA and young people in schools and colleges. Through presentations, audio/visual aid, discussion and interaction, a range of topics were covered.

Youth vulnerability was discussed in terms of risk associated and

social/economic factors which fuel the vulnerability of young women in particular. Composition of youth risk, risk pyramid and the need to have focused interventions among young people was highlighted.

With respect to the Link Workers Scheme and the mapping done, emphasis was laid on mapping vulnerable young population, particularly in rural settings. NACO's Life Skills Education Programme in schools, Red Ribbon Club (RRC) Programme in colleges and proposed interventions among out-of-school youth was taken up extensively. The importance of having knowledge based networking facilitated by knowledge exchange and dialogue via events, festivals, web based video conferences, online groups was seen as a way of reaching young people through new media.

## Making training relevant

Participants were given an overview on all the themes that they would be working on once they got actively involved with

young people, institutions, groups and field level workers in their states. Topics discussed included:

- How to strengthen the formation of RRCs in colleges in the states with the collaboration of NSS.
- Importance of peer based BCC intervention among out-of-school youth.
- Vulnerabilities of young people.
- Role of the youth in promoting Voluntary Blood Donation drives.
- Update on ongoing interventions amongst young people.
- Innovative ways of undertaking HIV prevention education by mainstreaming with NYKS.
- Mobilising youth through effective engagement and by demonstrating strong leadership.
- Procuring services for intervention through NGOs and mainstreaming partners.
- Discussion on the revision of draft RRC guidelines issued to SACS.

■ Bilal Naqati  
Technical Officer (IEC)  
NACO

## Zindagi Zindabad ...

(Continued from page 14)

The mid-media campaign has already been launched by 12 states that include Andhra Pradesh, Tamil Nadu, Madhya Pradesh, West Bengal, Jharkhand, Gujarat, Himachal Pradesh, Uttarakhand, Maharashtra, Kerala, Jammu & Kashmir and Orissa.

The locally identified cultural troupes perform 2-3 times a day to eager audiences. The messages sent out to the public are practical and effective. These troupes are doing a very commendable job.

*"We must have these kind of campaigns; they are very effective in reaching out to people with positive messages."*

Ms Renuka Tiwary, JD (IEC), Jharkhand SACS

A number of awareness events have been organised including street plays and skits, video presentations, exhibitions, local counselling and programmes for youth and women. Educational materials are also being distributed to the target groups.

■ Sanchali Roy  
Consultant (IEC)  
NACO

## I live in the present moment

A gritty young woman who is wasting no time in remorse and is packing in a punch, each day of her life

**P**asupuleti Rajeswari is a woman in a hurry. There is no time to waste on blaming and cribbing. She has managed her infection for six years and treats each day as a new life, vigorously ticking off items from a 'to do' list. Her silent prayer: Let there be life after 10 years of being on ART. Edited excerpts from an interview:

### Q: Tell us about your work.

From being an office assistant in a company I moved to the development sector, working in NGOs and positive networks. Meeting village level stakeholders for details of infected and affected families earned us the community's trust; we helped in forming self help groups of positive women which benefited their health and livelihood. Life skills education in Nellore and Rangareddy district pushed up entire family's standard of living. Unfortunately, the project run by Netherlands Embassy ended once funding stopped in 2008 leaving me without a job.

### Q: How do people react to your being positive?

I have not faced negative reaction at work or otherwise. I am discreet about disclosing my positive status. There is no need to tell everyone your medical history! I did not tell *anganwadi* workers and village elders in my village but took ICTC counsellors and clinic staff into confidence. Most PLHA find it difficult to believe I am positive since I look healthy.

### Q: What is your treatment plan and how do you take care of yourself?

After testing positive in 2003 I had kidney stones, fat accumulation in the back of the neck, acidity, vomiting and stomach infection. I resolved to take charge of my health by avoiding frozen food, ice creams, cakes and aerated drinks; maintaining regular meal timings and consuming five food groups daily; having fresh and hot food; drinking boiled water; avoiding roadside snacks; having medicines regularly; resisting temptation of eating meat, barring an occasional *keema* binge.

Through a TV programme, I heard of Hyderabad's Osmania General Hospital which treats PLHA. Though no one accompanied me, I went alone and started treatment. Doctors say PLHA on ART become drug resistant after 10 years. I have been on ART for five years and am not sure what the future holds but I count my blessings and don't leave anything pending for tomorrow.



### Q: How were you infected?

I am not sure how I got infected. My husband belonged to Miryalaguda in Nalgonda district. He could not hold a job for long and when I suggested studying and working in Hyderabad for better prospects, his family resented it. Our differences piled up and I returned to my parental home. I heard he had jaundice and was undergoing treatment and later got news of his death. At the funeral, neighbours said he had sexual relations with women in Andhra Pradesh. Few months later I started losing weight and had persistent cough. My parents took me to a hospital where I learnt of my HIV status. I had not conceived in five years of married life, and did not suffer health problems barring a cough or skin rash. There was no reason to visit a hospital. If we had, we might have both tested for HIV.

### Q: Are women more vulnerable to HIV?

Women's social status places the onus of producing healthy kids on them but without giving them the right to demand where their husband goes. Many have no clue of his past, who he meets and if he is faithful or not. Trafficking and early marriages are common. Female condom should be refined and made accessible, so that women have greater control over their bodies and lives. All women must have knowledge on reproductive health issues and STDs. Villages should have volunteers accompanying them to health centres because they usually suffer in silence in the absence of a support group.

### Q: How did your family respond to your positive status?

My parents were supportive but with time my condition exhausted them

for they had limited resources. They took me to a private hospital where doctors failed to direct us to a government ICTC. Had they done that, my parents would not have spent so much money on my treatment. To save money, I discontinued ART, which is when side effects manifested and my health worsened. I was kept in a cordoned off area with separate bed, linen and vessels, but given nutritious food.

**Q: You have remarried. How did you find your partner?**

I heard of NGOs and positive networks on television and submitted an application with an NGO for a life partner. In 2005, I was introduced to a man from another network and despite non approval of parents, we wed in 2006. I moved out of my parents' home and we managed on my

husband's salary. Contact with our families is minimal and when I visit home, my mother stops me from feeding my nieces and nephews. They fear the kids getting infected.

**Q: Is it easier to live in a larger town instead of a village?**

A lot depends on the individual. In large towns it is possible for an infected person to lead an anonymous life. In villages this change is slow in coming. Nosey parkers are everywhere and it is better to steel yourself and accept it.

**Q: How can workplaces be made more HIV friendly?**

Number of PLHA at the workplace is dismally low. It is common to hear of employees being shown the door, when news of their positive status gets known. Expected to put in same

number of hours as regular workers, there is scant regard for their need for rest and a flexi-work environment. Even in Networks and NGOs, positive people are engaged more in outreach/field and less in office work. Investing in them and building their skill sets for less strenuous but more lucrative work is the need of the hour.

**Q: If you were State health minister for a day, what would you do?**

I would take necessary steps to improve village sanitation and rural health programmes; provide nutritive diet to infected and affected children and orphans; conduct workshops on personality development, healthcare and vocational skills; and recruit PLHA who have passed class X exam as nurses. This would bring down stigma in hospitals too.



## Get tested to avoid shock and regret

Stop playing helpless. Take control of your life. Be safe and get tested.

**N**akshatra Anathalaxmi, a 27-year old woman from Guntur district is a community volunteer in the Balasahogya programme that is run under the aegis of the Andhra Pradesh Government. Her husband died five years ago leaving her with two sons. While the elder son is HIV positive and lives with her, the younger one is in boarding school.

She got infected from her husband who was a building contractor. The family had no idea about his being Positive. This came to light only after he died and the doctor advised them all to get tested for HIV. Her support

network comprises only her grandparents whose unconditional support gives her strength. She faces problem in finding ways of coercing her son to take medication. She feels it is ironic that while she can motivate others to adhere to treatment and go in for active counselling, she cannot get her own child to cooperate.

According to her, it is important for people to know about safe sex practices, myths and misconceptions regarding ART and its side effects. Also, she feels there is more discrimination in villages and urban slums where

misinformation has led to paranoia making people think that mere contact with an HIV positive child or person will contaminate their community and kill them. Getting a house on rent for a positive person is also not easy.

If she was State health minister for a day, she would give loans to PLHA who are below the poverty line and facilitate ART at all healthcare centres. High on her priority would be providing alternative livelihood programmes to positive women, ration cards and school/hostel for infected and affected children.

## Women Power Evident in Assam

Public meetings, rallies and workshops mark International Women's Day

The Assam State Women Commission joined Assam SACS to observe International Women's Day in a series of events. A day-long programme was held on Positive Living with a distinguished panel putting forth their views on living with HIV. Chairperson of the Assam State Women Commission, Mridula Chaharia with NGO members and children, former Union Minister Renuka Devi Borkotoky, noted litterateur and social worker Suniti Sonowal and cine artiste Mrs Chetana Das addressed the gathering.

A public meeting by the Brihattar Noonmati Nari Niryan Birodhi Aikyamancha at Shakti Peeth in Noonmati, Guwahati, saw social



activists interact with an audience of over 3,000 people. Earlier in the day, women of the area took out a rally demanding an end to all kinds of violence against women. They carried placards and banners on HIV/AIDS and staged a street play.

In Sonitpur district, a workshop was organised by the Affirmative Action and Equal Opportunity Cell (AAEO

Cell) of Tezpur University with 100 women construction workers from Napam and Amplapam villages. They were given information on the importance of reproductive health, HIV/AIDS awareness and preventive measures. Avas Foundation, a non-HIV NGO, organised an awareness campaign on HIV/AIDS at the Guwahati Railway Station on the occasion.

## Kerala's Focus on Nutrition

Nutrition support programme for positive women and children launched in ART centres

The Department of Social Welfare, Government of Kerala sanctioned Rs. 49.64 lakh for providing nutritious food to women and children registered in ART centres across the state. The partnership project aims to improve the health status of 2,800 women and children registered in the ART centres by providing nutritional support, including iron and folic acid.

State level inauguration of the programme was held at District Hospital, Palakkad on March 1, 2009. The programme was inaugurated by Smt. P.K. Sreemathi Teacher, Hon'ble Minister for

Health and Family Welfare, Govt. of Kerala by distributing the supplementary nutrition kit to the HIV infected women and children.

### Strategy of implementation

A local unit (Kudumbashree) will provide 100g 'nutrimix' comprising 60g cereals, 20g pulses (green gram and Bengal gram), 10g groundnut and 10g sugar. 100g of this product provides 370 calories of energy and 13g of protein.

Each ART centre will identify a nearby Kudumbashree unit producing nutrimix and place an

order. This will be distributed to HIV infected women and children on a monthly basis. Asymptomatic persons and infected children will get 2kg and symptomatic persons will get 4kg nutrimix a month.

Social Welfare Department, Government of Kerala released the sanctioned amount to KSACS and the price of the nutrimix will be released to each Kudumbashree unit at Rs. 41 per kg by KSACS. A separate bank account has been opened for this programme.

A monitoring committee will conduct periodic reviews.

## Agreement Signed for Phase 2 of TV Show

Popular soap 'Kyunki...Jeena Issi Ka Naam Hai' on Doordarshan gets an extension of 130 episodes

**K**yunki... was launched in April 2008 in collaboration with the Ministry of Health and Family Welfare, UNICEF, NACO and other partners as a television show that was the flagship of a multi-level, multi-channel 'Facts for Life' communication initiative. The aim was to generate behavioural results in support of key government initiatives such as the National Rural Health Mission—and through them to contribute to the achievement of the Millennium Development Goals.

Adopting the entertainment-education format on an ambitious scale, the programme reaches families, caregivers and health workers with messages relating to health, education, protection, HIV/AIDS and equality. It does so, however, through an engaging soap opera format designed to entertain as it promotes pro-social behaviours.



The creators of Facts for Life and Kyunki... recognise that their primary audience of under-served women in states with high rates of infant and maternal mortality may not have another source of credible, reliable information on matters of child and maternal health and welfare.

With an initial 130-episode phase wrapping up in February 2009, Kyunki... has already tackled topics like promoting health and hygiene within the home and in the community, understanding and averting preventable childhood

diseases, safe motherhood and HIV prevention, as well as social issues such as girls' education, discouraging early marriage and child labour.

In 2008, the serial reached at least 55 million viewers as measured by TAM Media Research and has consistently been amongst the top three daily serials in the country. Monitored in collaboration with Johns Hopkins University, the latest audience survey revealed that 55 percent of all respondents find Kyunki... more entertaining and 95 percent find it more educational than any other show. It airs every Monday, Tuesday and Wednesday at 8:30 pm on DD1.

■ Sanchali Roy  
Consultant (IEC)  
NACO

### Manipur's Success Story

#### Drug affected women find support in an Alliance-DFID funded project

As drug users or as spouses and partners of drug users, women are impacted by diminished social support that comes in the wake of being in a situation that is highly stigmatised. Compounded with feelings of guilt, embarrassment, depression and higher risk of transmission of HIV/STIs, the opportunity to lead a normal life becomes a grave challenge.

To respond to an evidence based demand and need of women within this environment, the Social Awareness Service Organisation (SASO) became a key partner of the International HIV/AIDS Alliance project in 2006, funded by the Department for International

Development (DFID). Addressing the feminisation of HIV/AIDS in six states in India, this programme became the first of its kind in Manipur and was instrumental in highlighting impact and scale of injecting drug use on and amongst women.

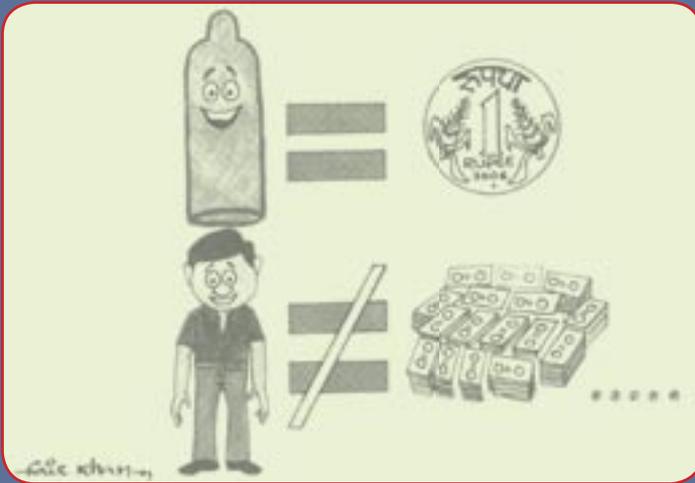
#### Highlights

- **Community-centred approaches:** The project focused on strengthening and developing community-centred approaches for enhancing awareness, information and knowledge on sexual and reproductive health (SRH) and HIV/AIDS, and increasing women's access to health, social and legal support services.

- **Drop-in Centre (DIC):** A woman-friendly DIC was set up in Imphal where majority of target beneficiaries (sex workers, clients and male IDUs in search of drugs) were located. This area was highly stigmatised by the general community making the DIC strategy unique as it battled odds. Women received support including needle/syringe exchange, free condoms, health check ups etc.
- **Income generating skills:** Small loans were provided by SASO for setting up businesses (tea stall, weaving and vegetable vending) with options of monthly or weekly repayment.

Cartoons provide the much needed space to communicate with our youth who are at risk of acquiring HIV/AIDS. With this in mind, Satyam Foundation organised a national cartoon making contest on the theme "Youth & AIDS".

Here, we present you a few winning entries.



Courtesy: Satyam Foundation

**Editorial Chief:** Mayank Agrawal, JD (IEC)

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