

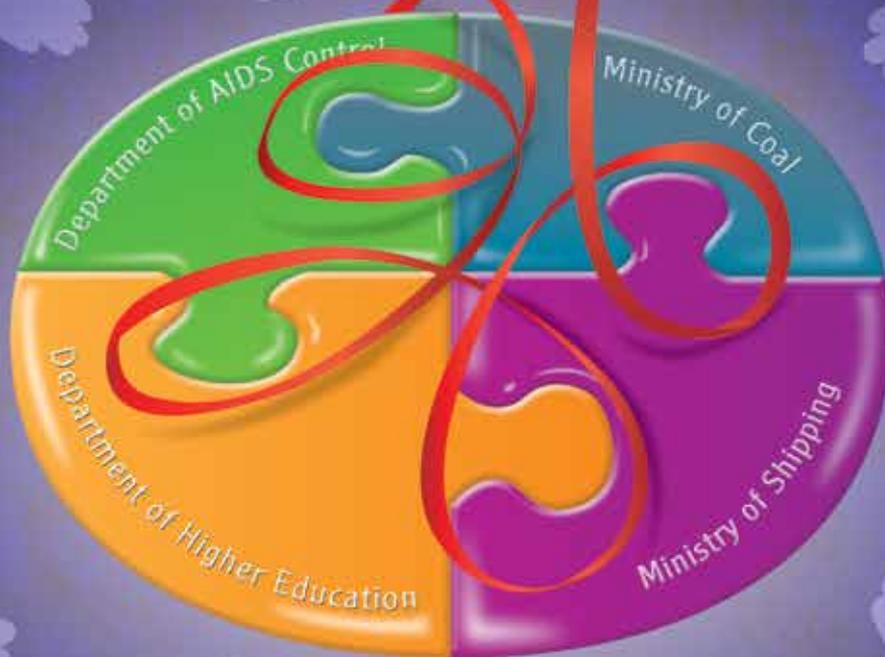
# DAC **news** NEWS

A Newsletter of the  
Department of AIDS Control



Vol. IX Issue 1 | January - September 2013

## Coming Together for Strengthening HIV Response in India



**HIV Sentinel Surveillance 2012-13:**  
HIV prevalence continues to decline  
but challenges remain

**Red Ribbon Express—**  
A successful journey that  
changed millions of lives

# Contents

3 From the Desk of the Secretary, DAC

4 Editorial

4 Letters to the Editor

## Cover Story

5 -7 Coming Together for Strengthening HIV Response in India

## Events

7 Encouraging Experience Sharing between DAPCUs

8 Red Ribbon Express – A Successful Journey that Touched Millions of Lives

9 -10 Visit of SAARC Goodwill Ambassador for HIV/AIDS

11 Grand Finale of Multimedia Campaign in Arunachal Pradesh

## Programmes

12 HIV Sentinel Surveillance 2012-13

13 Transition of Care and Support Model

14-15 Revision of Guidelines on ART-2013

16 Employer Led Model (ELM)

17 HIV/AIDS Partnership

## From the States

18 Overwhelming Participation of Safai Karamcharis in HIV/AIDS Workshop

19 Goa Motorcycle Taxi Riders Spread the HIV Messages

20 Enrollment of HRGs for Aadhaar Card

21 Inter-Departmental Meeting held in Agartala

21-22 Training Counsellors to Handle Link ART Centres

23 Welcome to the Family of DAC



## From the Desk of the Secretary



Mr Lov Verma, Secretary,  
Department of AIDS Control

*Dear Reader,*

I take this opportunity to wish all the readers a very happy, healthy and prosperous New Year. It feels great to be back! We hope to be more regular in the future.

We live in exciting times. The World Bank Project NACSP (National AIDS Control Support Project) was approved by the Cabinet on 23<sup>rd</sup> May, 2013. Subsequently, NACP-IV was approved by the Cabinet on October 3, 2013. The formal launch is being organised. The icing on the cake came when the HIV/AIDS Bill was approved on December 5, 2013. Efforts are now on to introduce the Bill in the Rajya Sabha in the upcoming Session of Parliament.

The number of PLHIVs on ART in India has dramatically increased and stands at 7,47,175 as at the end of 2013. This is second in the world after South Africa which had around 21 lakhs as on December, 2012. An in-principle decision has been taken to introduce the third line treatment in the National Programme. Timelines have been worked out and soon PLHIVs who had found the third line treatment unaffordable will be able to heave a sigh of relief.

A combination of research on molecular biology of HIV leading to development of more than 25 ARV drugs combined with increasing awareness on the way to prevent acquiring the virus has yielded significant results over the years. Almost all countries have shown declining trends in new infections with 50% or more decline among 25 countries. (India has shown a 57% decline over the last one decade). The number of deaths has decreased significantly over the years. There has been a significant increase in coverage with antiretroviral therapy (up from 0.3 million in 2002 to 9.7 million in 2012) leading to change in perception of HIV from a “virtual death sentence” to “a chronically manageable disease”.

The reports of a sterilising cure (Timothy Brown case) and functional cure (of an infant in US) have

given way to thoughts that HIV can be cured. There are reports of two persons in US who had shown possible cure after bone marrow transplant but have now shown resurgence of virus after 15 weeks of stopping ART. These two persons had received a less-intense form of chemotherapy than Timothy Brown. Timothy Brown had received a bone marrow transplant from a donor who had a genetic abnormality called a CCR5 delta32 mutation that made him naturally resistant to the virus.

While these two men did not receive the same type of marrow transplant, these cases have given an insight into the fact that the latent viral reservoirs could be more deep seated than thought of earlier, but cure may be possible. There have been other reports from France where patients have maintained control of HIV infections for many years after stopping ARV. Another mathematical modelling on “Test and Treat” has shown that we can actually eradicate the virus if we test everyone every year and start those entire found positive on ART.

All this evidence has led to thinking about an HIV cure and the hope of bringing an end to the epidemic of AIDS. In fact the talk about ending AIDS was fuelled by a landmark study HPTN052, which showed a dramatic 96% reduction in chances of transmission by starting ART among sero-discordant couples irrespective of CD4 count.

A total eradication of HIV may not be possible but when we talk of an END in terms of a public health perspective, the thought has begun to emerge that it is possible to end the epidemic of HIV.

As I said, we live in exciting times.



Lov Verma

## Stigma & Discrimination

We are pleased to be back with DAC News after a long period of recess.

This bulletin is for the period of January to September, 2013 when a lot of activities took place after the joining of new Secretary, Mr Lov Verma, on 1 January, 2013. You will get a glimpse of these activities in the following pages.

Good news is that we are continuously making progress in decreasing HIV infections and deaths due to AIDS, as suggested by latest figures. Also that there has been consistent scale up in uptake of services of STI, ICTC and ART centres by more and more people across the nation.

The focus is on improved quality as there are now more than 45 reference laboratories out of 130 which are either accredited or have applied for accreditation with NABL for quality.

All this has been made possible by the concerted efforts of all stakeholders, most importantly strategic thinking at the central level and implementation at the state and district levels.

But there is a grey area; an area of concern which diminishes our efforts. There is still a lot of stigma against the infected and affected communities, especially women and children. This happens not only at service delivery points but also in educational institutions, workplace, homes and the community as a whole that continues to discriminate our fellow brethren having HIV/AIDS.

It is a serious issue. An issue that requires urgent attention. This is an area where all of us must put all efforts by advocacy, by creating enabling environment, by involving communities and by sensitising service providers.

Communication division in its ongoing efforts is soon coming out with an exclusive new campaign on stigma to address the issue of discrimination by healthcare providers.

More ideas from the field are invited to tackle the issue of stigma and discrimination in a meaningful and comprehensive manner.

Let us pledge that we will make it our goal to reach a stage of zero stigma in coming years.

Wishing you all a very Happy New Year.



Dr Naresh Goel  
DDG (LS) & JD (IEC)



## Letters to the Editor

I read a copy of NACO News which was circulated by one of the Red Ribbon Club in a Bangalore college. I had gone through the articles and came to know that the Govt. of Karnataka was providing travel allowances to the positive people for service uptakes from the ART centres. Appreciate the good initiative taken by Govt. of Karnataka. I feel that PLHIV should be given such support extensively because I have seen one positive domestic help running for money every month to visit the ART centre. Since the inception, she and her husband have shown good health improvement. I would like to suggest that NACO may circulate the newsletter copies to the Resident Welfare Associations to generate greater awareness among common people.

**Ms Silviya Clany**

Bangalore

NACO News, October-December 2012 issue carried very interesting articles and updates. If I have to pick two very interesting developments, they would be India chairing the UNAIDS Programme Coordinating Board for 2013 and readiness of different ministries to mainstream HIV. These would certainly enhance the image of Indian HIV/AIDS programme. Red Ribbon Express is definitely a good initiative; the story on Deoria district was inspiring. Hope these experiences are documented and shared. Glimpse of achievements on the back cover is definitely a good idea. One suggestion I would like to make: please provide the latest HIV/AIDS data for ready reference somewhere in the starting pages (page 2 or 3). I shall await much more enriched, interesting and informative newsletter. Is the newsletter available on NACO web site?

**Prateek Sarma**

Guwahati

I recently watched the NACO advertisement on television which speaks about the non-acceptance of HIV/AIDS patient in office. It is quite heart rending to see that there is an organisation which is not only creating an awareness to reduce the infection of AIDS but is also striving towards integration of the infected into the general society.

I compliment the organisation for this sensitivity and effort.

**Kabita Dey**

Delhi

Number of ART Centres functional	408
Number of Link ART centres functional	840
No of PLHIV receiving ART	7,13,838

\*As of 30 September 2013



# Coming Together for Strengthening HIV Response in India

## Partnerships through MOUs

The epidemic in the country is changing according to emerging vulnerability factors related to poverty, migration, marginalisation and gender. Therefore, the need for collaboration between sectors, structures and systems that deal with these issues, especially migratory and floating population becomes imperative. In this scenario, mainstreaming and partnership for risk reduction, social protection, access to service and stigma reduction become key policy tools to help communities become resilient and cope better.

In continuation of the efforts taken during the NACP-III and the Inter-ministerial Conference held during December 2012, Department of AIDS Control (DAC) moved ahead with a focused objective to formalise its partnership with the various departments/ministries. Memorandums of understanding were signed with departments/ministries to further the process of formalising the partnerships.

## Ministry of Shipping

The **Ministry of Shipping** has 12 major and 200 non-major ports, strategically located on the world's shipping routes. The 12 major ports are administered by the Central Government under Ministry of Shipping and the minor ports are administered by nine maritime states and three union territories within their respective coastlines. Nearly all the major ports in India are involved in Corporate Social Responsibility (CSR) programmes which encompass sectors like health, education, employment, income and quality of life. Population living around ports and shipyards is dependent on fishing, shipping, ship breaking

*Nearly all the major ports in India are involved in CSR programmes which encompass sectors like health, education, employment, income and quality of life.*



Signing of MoU: Mr Pradeep K. Sinha, Secretary, Ministry of Shipping and Mr Lov Verma, Secretary & Ms Aradhana Johri, Addl. Secretary, Department of AIDS Control

The Ministry of Shipping has signed the MoU with Department of AIDS Control to provide HIV/AIDS/STI preventive, care, support and treatment services to port workers as well as community around major ports including fishermen, seafarers, truckers, single male migrants and other vulnerable population and provide stigma free environment and promote Greater Involvement of People Living with HIV (GIPA). A joint working group has been formed for planning and implementing the activities.

and other associated trades. They mostly belong to population groups vulnerable to HIV/AIDS. Most of them are migrants from adjoining or distant areas. These include both single men involved in fishing and sailing and also single unmarried girls involved in cutting, cleaning and packaging of sea products. Ports are also the destination places of truck drivers, their helpers and porters who bring in goods from all parts of the country for loading and unloading.

**Department of Higher Education** is responsible for creating a robust and vast system of higher



Signing of MoU: Mr Ashok Thakur, Secretary, Department of Higher Education, Ministry of Human Resource Development and Mr Lov Verma, Secretary & Ms Aradhana Johri, Addl. Secretary, Department of AIDS Control

The Department of Higher Education has entered into formal partnership with Department of AIDS Control with the objective of reaching out to a large number of students with HIV/AIDS information and knowledge, importance of voluntary blood donation through Red Ribbon Club programmes in colleges, institutions and universities providing technical and higher education and to social stigma and discrimination in colleges, universities and institutions providing technical and higher education.

and technical education. It covers university education, technical education, distance education, language education and is responsible for the overall development of the basic infrastructure of Higher Education sector. The Department looks after the expansion of access and qualitative improvement in higher education through world class universities, colleges and other institutions.

It can play a crucial role in awareness generation among youth. It will also support to reduce any incidence of stigma and discrimination against People Living with HIV (PLHIV), primarily in higher education settings. Setting up of Red Ribbon Clubs in colleges and universities has been initiated by Department of AIDS Control in partnership with Ministry of HRD for addressing the youth vulnerability to HIV/AIDS. Red Ribbon Clubs can play a crucial role in creating awareness on blood donation, anti-drug use etc. Red Ribbon Club programme is being implemented across the country through SACS.

The **Ministry of Coal** has huge workforce engaged in drilling, mining, grading, loading and transporting with total manpower of 4.5 lakhs in PSUs. Hard coal deposit spread over 27 major coalfields are chiefly located in Jharkhand, Odisha, Chhattisgarh, West Bengal, Madhya Pradesh, Andhra Pradesh, Maharashtra, Rajasthan and Gujarat. All these states have high migration rates. The latest findings from HIV Sentinel Surveillance (HSS) 2011 also clearly highlight the linkages of HIV with migration. All these states thus require focused efforts for prevention and control of HIV. Coal India Ltd and its subsidiaries are extending medical facilities to its employees

The Ministry of Coal has signed the MoU with Department of AIDS Control to achieve the following objectives:

- ♦ To reach out to all contractual & migrant workers in labour colonies and work sites with HIV/AIDS prevention and services through IEC activities.
- ♦ To enhance coverage and reach by information on STI & HIV through integration in human resource training to all staff under the Ministry as well as to the large number of employees in all PSUs.
- ♦ To provide STI & HIV package of services on ICTC/PPTCT/STI/HIV through integrating in existing health infrastructure of PSUs.
- ♦ To undertake STI specific initiatives/projects among its health/medical care through the CSR activities of the PSUs.



Signing of MoU: Mr S.K.Srivastava, Secretary, Ministry of Coal and Mr Lov Verma, Secretary, Department of AIDS Control, Ministry of Health & Family Welfare

and their families through various medical establishments from the dispensary level to the central and apex hospitals in different parts of the coalfields. As per the revised guidelines for CSR, all the PSUs have to allocate funds for CSR, which can be used for prevention activities and social protection of those infected and affected by HIV. They can also reach out to the large number of employees in all PSUs with information on HIV through integration in human resource training and to all contractual and migrant workers in labour colonies and work sites through communication and mid media activities.

Successful HIV mainstreaming requires the optimal availability of human and non-human resources. Chief among these are sufficient skills and capacity in the partnering ministry, private

*All the PSUs allocate funds for CSR, which can be used for prevention activities and social protection of those infected and affected by HIV.*

sector for strategic planning, financial planning and programme management skills, as well as the financial resources needed to bankroll multi-sectoral activities. There is also a need to optimise the functionality of inter-governmental planning and coordination. This will greatly assist in realising the effective joint planning and coordination between spheres that is essential in mainstreaming HIV.

Elizabeth Michael, TL (MS), DAC

## Encouraging Experience Sharing between DAPCUs

District AIDS Prevention and Control Units (DAPCUs) were set up in 189 high priority districts across the country as a step towards decentralisation of National AIDS Control Programme. DAPCUs have been trained and mentored to perform the challenging task of coordinating and monitoring the NACP activities at the district and sub-district levels. They work in close coordination with the district administration to ensure delivery of quality services to the vulnerable population and linking High Risk Groups (HRGs) and PLHIVs to various social welfare schemes initiated by Central and State Governments.



(Contd. on P.10)

# Red Ribbon Express – A Successful Journey that Touched Millions of Lives

RRE-III completes its journey on 12 January, 2013



Mr Ghulam Nabi Azad, Minister of Health & Family Welfare presiding over the closing ceremony of RRE III

The Red Ribbon Express (RRE) is the world's largest mass mobilisation drive comprising a special exhibition train on HIV/AIDS and other health issues implemented by Department of AIDS Control, MOHFW in partnership with the Ministry of Railways and National Rural Health Mission. In its third phase, the special train halted at 162 stations in 23 states reaching out to a record 1.14 crore people. Nearly 1.05 lakh district resource persons were trained on board for further dissemination of information on HIV/AIDS; over 90,000 visitors were counselled on HIV; and about 76,000 of them were tested for HIV. STI treatment was availed by over 11,000 persons and about 80,000 persons availed the general health check-up facilities on board the exhibition train.

The project was backed by strong political support, cutting across party lines. The Governor, Chief Minister, Union and State Ministers, MPs,

UNAIDS Executive Director, Mr Michel Sidibe, while on visit to the Red Ribbon Express train commented, "The Red Ribbon Express has carried messages about HIV to all corners of the country. The train has been a profound success – ensuring young people get support and learn about AIDS and how to protect themselves from HIV". He also wrote about RRE in the comment Book, "One of the best initiatives I saw. Informing, training and capacitate. Very impressive."

MLAs, Mayors and senior officers of State as well as district administrations took part in the inaugural/welcome function and led the mega campaign. The train was visited by eminent personalities, which encouraged support from all walks of life and helped mobilise people to visit the train.

The National Youth Day 2013 on 12 January marked the successful completion of the year long journey of Red Ribbon Express Phase III. Mr Ghulam Nabi Azad, Hon'ble Minister of Health & Family Welfare; Mr Pawan Bansal, Union Railway Minister and Mr Gandhi Selvan, Minister of State for Health & Family Welfare graced the closing ceremony. Senior level officers from Health and Railway Ministries along with officials of various national and international agencies were also present during the closing ceremony.



Ms Aradhana Johri, Addl. Secretary of DAC, Mr Michel Sidibe, UNAIDS Executive Director and Mr Lov Verma, Secretary DAC, standing with a giant walking condom

Mohnish Kumar & Dr Sanjib K. Chakravarty  
Consultants (IEC) DAC

# Visit of SAARC Goodwill Ambassador for HIV/AIDS

The popular ghazal, geet and folk singer Ms Runa Laila visited DAC as SAARC HIV/AIDS Ambassador



Ms Runa Laila with Mr Ghulam Nabi Azad, Hon'ble Minister of Health & Family Welfare

Ms Runa Laila, SAARC Goodwill Ambassador for HIV/AIDS made her first official visit to India from 31 July to 2 August, 2013, with an objective to extend support to the cause of HIV/AIDS especially on the issues of stigma and discrimination related to People Living with HIV (PLHIV).

During her brief stay in Delhi, Ms Runa Laila visited Mr Ghulam Nabi Azad, Hon'ble Minister of Health & Family Welfare. Mr Azad briefed about the internationally acclaimed success of India HIV programme in the presence of the Secretary and Addl. Secretary, DAC. The commendable scale up in testing and treatment services, prevention of parent to child programme and the migrant strategy were highlighted. Initiation of regional action to tackle the cross-border issues on HIV/AIDS and TB/HIV co-infection were also discussed.

Ms Runa Laila paid a visit to Mr Salman Khurshid, Minister of External Affairs, who congratulated

her on her mission to spread awareness on HIV/AIDS in the SAARC region.

She visited the Department of AIDS Control (DAC) and had interaction with Mr Lov Verma, Secretary and Ms Aradhana Johri, Additional Secretary, DAC on regional HIV/AIDS scenario and India's role in controlling the epidemic. A presentation was made to her on India HIV/AIDS programme highlighting different interventions for reversing the epidemic.

Ms Runa Laila visited the ART Centre at LNJP Hospital, a Centre of Excellence in HIV care. She interacted with the beneficiaries and appreciated the high quality care being provided to PLHIV without any stigma and discrimination. She also visited HIV Counselling and Testing Centre at Dr B.R. Ambedkar Hospital, Rohini and interacted with pregnant women availing services.

In the capacity of SAARC Goodwill Ambassador, Ms Runa Laila expressed her willingness towards



Mr Lov Verma, Secretary, Department of AIDS Control welcomes Ms Runa Laila in DAC.



Ms Runa Laila visiting the PPTCT service centre at Dr B.R. Ambedkar Hospital with Dr Rewari, NPO (ART) & Dr Naresh Goel, DDC (LS) & JD (IEC)



Ms Runa Laila interacted with DAC key officials on India's role in controlling the epidemic



Ms Runa Laila enthralling the guests with her melodious numbers at the cultural evening



creating awareness on HIV/AIDS, especially on stigma and discrimination awareness through public appearances using different platforms for fund raising from within and outside the SAARC regions.

In the cultural evening organised by DAC in her honour, she enthralled the guests with her melodious songs.

.....  
Sanchali Roy, Consultant (IEC)



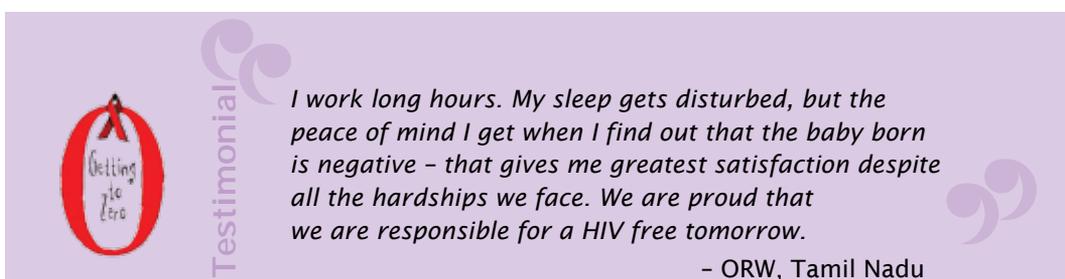
## Encouraging Experience Sharing... (Continued from page 7)

DAPCU Speak <http://dapuspeak.blogspot.in/> is a moderated blog initiated in February 2012, to promote sharing of DAPCUs' experiences. A theme for discussion is put up each month and responses from DAPCUs are posted on the blog. In addition to thematic sharing, DAPCU Speak also periodically hosts special contributions from DAPCUs around the country, stakeholders experiences of working through DAPCUs along with other posts that could be of interest to DAPCUs.

Eight volunteers from DAPCU teams across the country were trained on blog moderation in

September 2012. They currently moderate the blog and are supported by the DAPCU National Resource Team (DNRT). The blog completed one year in February 2013. Balangir, Amravati, Central Delhi and North Delhi DAPCUs contributed the highest number of thematic responses to the blog. There are currently (12 September 2013) 309 posts available on the blog (from 106 districts) and approximately 11,000 visits have been recorded from within the country and 1,500 visits internationally with approximately 60,000 page views.

.....  
NTSU Team, DAC



**Testimonial**

*I work long hours. My sleep gets disturbed, but the peace of mind I get when I find out that the baby born is negative – that gives me greatest satisfaction despite all the hardships we face. We are proud that we are responsible for a HIV free tomorrow.*

– ORW, Tamil Nadu

# Grand Finale of Multimedia Campaign in Arunachal Pradesh



"Live another Day: A journey against HIV", a band performance held on 21 Feb 2013 at IG Park, Itanagar

The third Phase of Multimedia Campaign through music was successfully rolled out in eight highly vulnerable districts of the state from 6 Feb - 17 Feb 2013. The grand finale under the theme "Live another Day: A journey against HIV" was held on 21 Feb 2013 at IG Park, Itanagar.

Of the three best rock bands, "Seance Dungeon" was declared winner before the Chief Guest, Mr Takam Sanjay, MP, Lok Sabha; other ministers and government officials; APSACS staff; NGOs; and around 15,000 youth. The campaign reached out to more than 10,000 youth. Every district campaign was accompanied by a positive speaker and Red Ribbon Club members.



A performance at Grand Finale

Tashor Pali, DD (IEC) AP SACS

## Case Study

Nagaland

Mrs Christina (name changed) was in a state of shock when she learned about her HIV positive status. Outreach Worker Ms Senti got in touch with Mrs Christina after a spell of non-response. Ms Senti helped her understand that being HIV positive is not the end of her life and attempted to clear the misconceptions associated with HIV and informed her about the right kind of treatment available to prolong life. After their interaction, Ms Senti was successful in taking Christina and her husband for CD4 testing. Christina's husband later confided in her that his first wife had died of

AIDS many years back and he himself was also HIV Positive, which he had never disclosed to anybody. He felt very guilty but nothing could be done now; he was worried about his pregnant wife as it was their first child after almost 15 years. In February 2013, Mrs Christina delivered a healthy baby girl through C-section at a private institution. Both mother and baby were administered Nevirapine (NVP). ORW Senti is in constant touch with them as the baby's EID test will be due when she is six weeks old. Thus, a dedicated worker helped change the life of an affected family.

# HIV Sentinel Surveillance 2012-13

## HIV prevalence continues to decline, but challenges remain

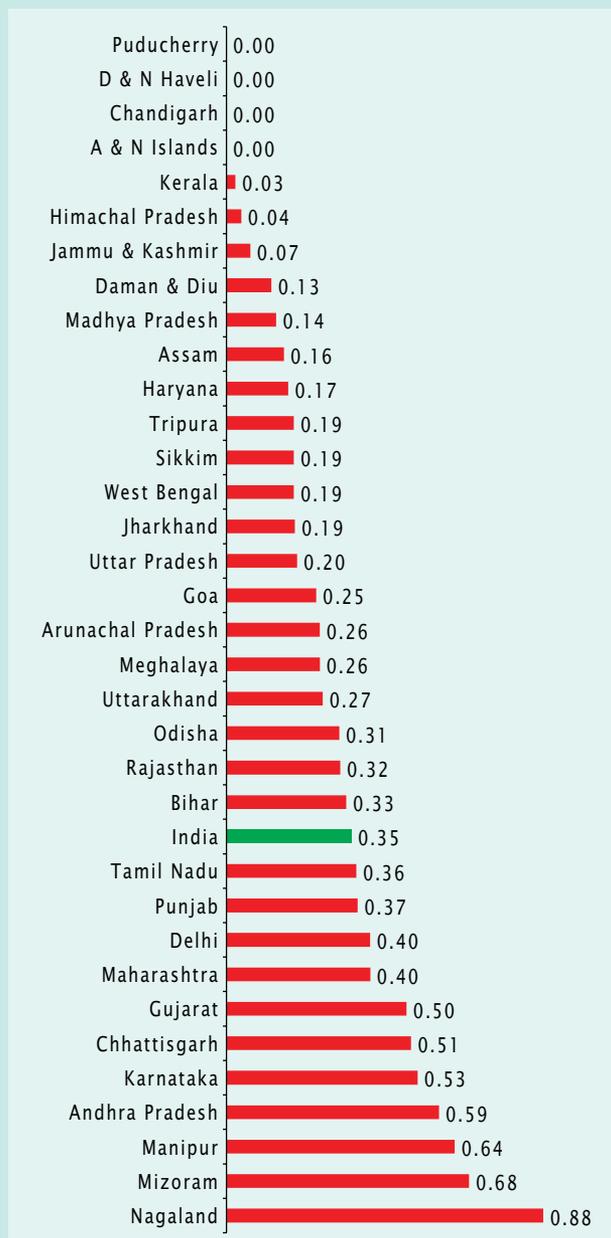
India has one of the world's largest and most robust HIV Sentinel Surveillance (HSS) systems. Since 1998, HSS has helped the national government to monitor the trends, levels and burden of HIV among different population groups in the country and craft effective responses to control HIV/AIDS. It is implemented across the country with support from two national institutes, six regional public health institutes and 35 State AIDS Control Societies.

Thirteenth round of HSS was implemented during 2012-13 at 763 sites, including 750 antenatal clinic (ANC) sites, covering 556 districts across 34 States and Union Territories in the country. The methodology adopted during HSS 2012-13 was Consecutive Sampling with Unlinked Anonymous testing. Specimens were tested for HIV following the Two Test Protocol. For High Risk Groups (HRGs) and bridge population, national Integrated Biological and Behavioural Surveillance (IBBS) is being carried out as a strategic shift to strengthen HIV surveillance among these groups.

At national level, the overall HIV prevalence among ANC clinic attendees, considered proxy for prevalence among general population, continues to be low at 0.35% (0.33-0.37). The highest prevalence was recorded in Nagaland (0.88%), followed by Mizoram (0.68%), Manipur (0.64%), Andhra Pradesh (0.59%) and Karnataka (0.53%). Chhattisgarh (0.51%), Gujarat (0.50%), Maharashtra (0.40%), Delhi (0.40%) and Punjab (0.37%) are other states which recorded HIV prevalence more than the national average. Bihar (0.33%), Rajasthan (0.32%) and Odisha (0.31%) recorded HIV prevalence slightly lower than the national average.

Data from consistent sites indicated overall decline in HIV prevalence among ANC clinic attendees at all India level as well as in the traditionally known high prevalence states in the South and Northeast regions of the country. However, rising trends among ANC clinic attendees were observed in some moderate and low prevalence states such as Chhattisgarh, Gujarat, Jharkhand, Odisha, Punjab, Assam, Delhi, Haryana, Uttar Pradesh and Uttarakhand.

HSS has played a crucial role in planning and implementation of programmatic initiatives



Provisional HIV Prevalence (%) among ANC clinic attendees and States, 2012-13

under NACP. As the programme moves into NACP-IV, data from 13<sup>th</sup> round of HSS will be instrumental in district re-categorisation and subsequent decentralised evidence based planning and implementation. The data will also be used to estimate HIV prevalence, incidence and HIV burden, using standard methodology as a baseline for NACP-IV to provide information for prioritisation of programme resources and evaluation of programme impact.

Dr Pradeep Kumar, PO (Surveillance)  
Dr Kuru Dindi, TO (Surveillance)

# Transition of Care and Support Model



Mr Lov Verma, Secretary DAC addressing a review meeting of Care and Support Centres in Delhi

The NACP-IV working group on care and support underlined the unmet care and support needs of PLHIV and inadequate utilisation of existing social protection schemes for the welfare of PLHIV, so the concept of Care and Support Centres (CSCs) evolved from these unmet needs. Based on the recommendation of NACP-IV working group on care and support, the strategy of implementation of care and support is being completely revamped to ensure cost effectiveness and sustainability. In line with the priorities of NACP-IV, medical services are being completely integrated into the existing health system and simultaneously, efforts are being made to strengthen capacity of existing health system for effective delivery of care, support and treatment related services.

CSCs will serve as a comprehensive unit for treatment support for retention, adherence,



Support group meeting at CSC

positive living and referral, linkages to need based services, outreach and strengthening enabling environment for PLHIV.

India HIV AIDS Alliance is the Principal Recipient. The project is implemented by 17 State level and regional Sub Recipients (SRs). (10 SRs are State level Network).

As of today, 225 CSCs are functional and over the next one year, 350 CSCs will be established and linked to all ART centres across the country to meet the needs of PLHIV. Ten out of 17 SRs are State level Network (SLNs) and more than 60% of CSCs are implemented by PLHIV network, making it the biggest community led care and support intervention.

## An introduction to the Care and Support Centres

Care and Support Centre will provide expanded and holistic care & support services for people living with HIV (PLHIV). It will provide linkages and access to essential services, support treatment adherence, reduce stigma and discrimination, and improve the quality of life of PLHIV across India.

**Goal:** Overall goal of CSCs is to improve survival and quality of life of PLHIV.

**Objectives:**

- Early linkages of PLHIV to care, support and treatment services
- Improve treatment adherence and education for PLHIV
- Expansion of positive prevention activities
- Improved social protection and wellbeing of PLHIV
- Strengthen community systems and reduce stigma and discrimination

Very comprehensive operational guidelines including monitoring and supervision framework have been developed. The guidelines focus on the objectives, criteria for selection, required infrastructure, human resources, MIS tools and financial guidelines for CSCs. They will also provide directions for setting up new CSCs and help existing CSCs for effective implementation.

.....  
**Dr Rita (Maj) Prasad,**  
 PO (Care & Support) and CST Team DAC

# Revision of Guidelines on ART-2013



Dr B.B. Rewari leading the discussion on ART Guidelines during 8th TRG meeting

The ART Programme in India was launched on 1 April 2004. The National Guidelines on ART were first published in the year 2004 and subsequently revised in May 2007. Thereafter updation was carried out in 2009, 2011 and 2012. The guidelines were prepared separately for adults and children. The NACO guidelines are adopted from WHO guidelines and follow a public health approach for ensuring maximum coverage within available resources. These guidelines provide for simplified first line and second line ART regimen.

In July, 2013 WHO revised the ART guidelines with a focus on “consolidating the guidelines that address the issue of HIV treatment across all age groups and populations and continuum of care”. These guidelines also dwell on expanding the coverage as well as decentralisation of services and task shifting, beside other programmatic guidance on human resources, supply chain and M & E etc.

Accordingly the Department of AIDS Control had a series of meetings of its TRG on adult ART and TRG on paediatric care. The meeting consisted of national experts both from Government and private sector along with representatives from network of positive persons, NGOs and international donor partners etc.

Accordingly the Department of AIDS Control convened a series of meetings of its TRG on ART and TRG on paediatric care. The meeting consisted of national experts both from Government and private sector along with representatives from network of positive persons, NGOs and international donor partners etc.

After deliberations, following major changes have been agreed to:

- To initiate ART at a higher CD4 count (<500 as compared to <350 at present) to provide benefits to PLHIV in terms of reduced morbidity and mortality as well as reduced chances of HIV transmission. Also to initiate lifelong ART for all patients with TB, positive pregnant women and all positive children below 5 years irrespective of CD4 count.
- To provide fixed dose combinations of more robust and less toxic regimen. All new adult patients shall be started on a combination of Tenofovir, Lamivudine and Efavirenz. All children below 3 years shall be started on a LPV/r based regimen with Zidovudine as NRTI backbone.
- To prepare the system to move towards better monitoring of patients through periodic viral load testing so as to detect the treatment failure at an early stage.
- To make provision for third line ART for patients failing on their second line ART.
- To update the guidelines for Post Exposure Prophylaxis (PEP) to include Tenofovir and Efavirenz in the guidelines. Also to provide PEP to victims of sexual assault.
- To minimise loss of patients at all points of treatment cascade, from testing to enrollment in HIV care, to baseline testing to initiate all eligible patients on ART and their retention in care.

The implementation of these guidelines will be quite challenging as new guidelines will mean increased numbers to be put on ART (estimated to be nearly 1.3 lakh additional in 2014), increased patient load at centres, need for further decentralisation of services, task shifting and task sharing, higher financial allocations for treatment etc. We will also have to address challenges of retention in care for PLHIV, bridging gaps at all stages of the leaky treatment cascade by ensuring high quality counselling services at ART Centres.

Accordingly the Department of AIDS Control had a series of meetings of its TRG on ART treatment. All recommendations relevant to our settings were accepted by the TRG.

However, these guidelines will help us in achieving our targets of universal access to HIV treatment, elimination of mother to child transmission of HIV, further reduction in mortality & new infections due to HIV/AIDS and reduction in new infections.

We have to start New Year 2014 with a greater determination and renewed commitment to provide high quality care, support and treatment

services to all PLHIVs. We must pledge to be dedicated, devoted and rational:

- towards our work & thoughts
- towards our clients
- towards our team mates (staff)

Remember we are committed to achieve – Zero AIDS related death, Zero new infection and Zero stigma & discrimination. And as a strong CST team we can show to the world that we can and shall achieve this.

Let us pledge to “serve and care to retain”

.....  
Dr B.B. Rewari, NPO (ART) & CST Team DAC



*I joined PPTCT programme in December 2010. Since then, I never looked back. Today I am managing my home as well as my work. The knowledge I gained during working on the programme has given me confidence to work among positive women. My only aim in life is to create an enabling environment for positive pregnant women.*

- ORW, Tamil Nadu

## Case Studies from States

### Madhya Pradesh

Samina Khan (name changed) from Gwalior district of Madhya Pradesh was not aware that her husband was HIV positive. As she became pregnant, her husband took her to a private hospital for the delivery. She delivered a baby boy but none was informed about it. Her husband who had linkages with the staff at PPTCT, ICTC and ART centres shared the good news with them. The staff at service centres was surprised as they knew that he was HIV positive. They enquired about the place of delivery and the HIV status of Samina and her child. So he took them to the hospital accompanied by the ORW Sangeeta and the counsellor Rekha Agrawal. As she was found HIV positive, her baby was soon administered with NVP solution. She was explained everything about HIV and how to take care of the newborn. The baby's DBS test was done and the child was free from HIV infection. In this way, the PPTCT staff saved the child at the proper time and gave him a new life. Presently, the mother and the child are being regularly followed up by the ORW.

### Mumbai

In January 2013, a male infant was admitted to one of the hospitals in Mumbai with a positive DBS report. He was suffering from a chest infection and anaemia. The hospital authorities required a WBS report for further treatment. The WBS Test was done on 17 January 2013; the result was expected after one month as the sample was sent to another hospital. The ORW explained the urgency but the laboratory staff expressed helplessness. The ORW then contacted PPTCT coordinator who explained to the Technical Officer, ICTC about the critical condition of the baby and the urgency. With the intervention of Technical Officer and the support of Associate Professor, the laboratory department sent WBS results on the same day. Baby's CD4 test was also done. He was discharged and registered at Paediatric division of Sion Hospital. The ORW is regularly following up on the baby.

# Employer Led Model (ELM)

## Leveraging resources from employers for increasing access of HIV/AIDS Prevention to Care programme for migrant workers

The role of employers and employers association in mitigating the risk of HIV/AIDS among its workers in India has been commendable in the past. However, considering the recent development with Companies Bill, Department of AIDS Control has recognised the potential of benefits under Corporate Social Responsibility for HIV/AIDS programme.

Migrants bear a heightened risk of HIV infection, which results from the condition and structure of the migration process. Available evidence in India suggests that migration could be playing an important role in the spread of HIV epidemic in high out migration states such as Uttar Pradesh, Bihar, Rajasthan, Odisha, Madhya Pradesh and Gujarat, which now account for 41% of new infections.<sup>1</sup>

Considering the role of employers in mitigating the risk among migrant informal workers, DAC has taken a strategic step to design the Employer Led Model (ELM) to reach informal migrant workers linked to the industries with comprehensive HIV/AIDS Prevention to Care programme by integrating HIV and AIDS prevention to care programme within existing systems and structures of the employers (Industries).

DAC has developed detailed operational guidelines to facilitate HIV/AIDS programme related activities by industries and corporates under Corporate Social Responsibility (CSR). Under this initiative, services are to be integrated within the systems and structures of the company for the benefits of formal and informal workers:

- Awareness and outreach sessions through peer volunteers among workers on the risk perception of HIV and how to protect themselves from getting HIV.
- Provision of treatment of Sexually Transmitted Infections, HIV testing and counselling integrated with their health facilities.

These initiatives are a win-win situation for both employers as well as for the National Programme. Employers do add value by addressing the HIV/AIDS risk and vulnerabilities of their own workers as well as workers in the supply chain. This not only fulfils their commitment under Millennium Development Goals but also makes their leadership keen about the emerging national priorities.

Department of AIDS Control envisages to build the capacity of employers and their association so that they can take up such initiatives without much overheads in their existing CSR practices.

For the employers, ELM provides an opportunity to enhance employee satisfaction, to be seen as socially responsible employer.

DAC has planned to engage with International Labour Organisation, Ministry of Labour and Employment, National and state level employer associations and other important stakeholders to bring in these initiatives at a larger scale. State AIDS Control Societies are being oriented on these initiatives to roll out these interventions at state level.

<sup>1</sup> NACO, HIV Sentinel Surveillance, 2010

TI Team, DAC



# HIV/AIDS Partnership

## Impact through Prevention, Private Sector and Evidence-based Programming Project (PIPPSE)

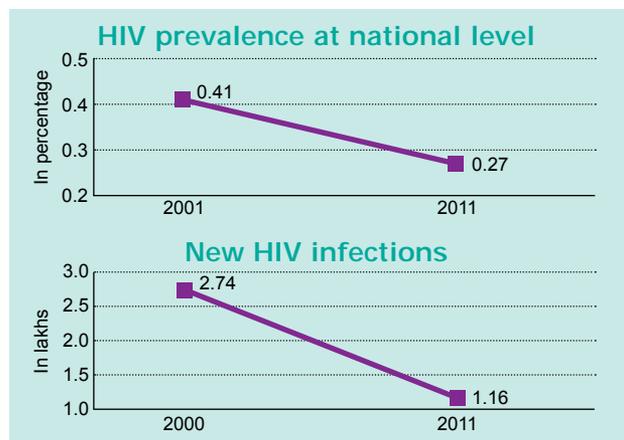
India's HIV programme is at a critical juncture. The adult HIV prevalence at national level has declined from 0.41% in 2001 to 0.27% in 2011. New HIV infections have declined by 57% from 2.74 lakh in 2000 to 1.16 lakh in 2011. Despite these successes, challenge remains in the form of programme scale up, rising HIV trends in the hitherto low prevalence states, gaps in the quality of services and high number of lost to follow up.

The HIV/AIDS Partnership: Impact through Prevention, Private Sector and Evidence-based Programming (PIPPSE) Project (2012-17), a USAID funded project and being implemented by consortium led by Public Health Foundation of India (PHFI), Futures Group and PSI as sub awardees is a creative and timely response to support the national programme with an aim to “strengthen the institutional and human capacity in prevention programmes and private sector engagement through innovative approaches to contribute to achieving the goal of accelerating the reversal of HIV epidemic at the national and state levels.”

The PIPPSE Project, as proposed under the Government of India (GOI)-USAID Health Partnership Programme Agreement, and developed jointly with the Department of AIDS Control (DAC), includes strategies that will enhance the institutional and human capacity of DAC, State AIDS Control Societies (SACS) and other related institutions to respond to the HIV/AIDS epidemic in the country effectively. The PIPPSE Project is implementing multiple national level innovations that will produce significant breakthroughs in the prevention to care continuum, including private sector models leading to impact in containing the HIV epidemic in the country. The PIPPSE Project will assist the DAC in scaling-up proven innovations.

The PIPPSE Project is supporting the prevention programmes at the national and state levels through strategic thematic support. The Project is supporting the national migrant programming through the DAC Migrant Unit (NMU) and private sector engagement through a PPP core unit. At the state level, the Project is currently supporting Technical Support Units (TSUs) in six states (Maharashtra, Goa, Uttar Pradesh, Uttarakhand, Tamil Nadu and Kerala) to improve the quality of Targeted Intervention (TI) programme for most at

risk population (MARPs) and migrants. The Project is providing technical assistance in evidence generation and capacity to use that evidence locally by supporting DAC for national Integrated Biological and Behavioural Surveillance (IBBS). The Project is supporting DAC in its efforts to enhance the data on prevention programmes by conducting various evaluative research and impact assessment studies.



NACP-IV lays greater emphasis on innovations. The PIPPSE Project is implementing a District Network Model in Thane district of Maharashtra, with an aim of increasing the coverage and access to high quality prevention-to-care continuum of services for MARPs and bridge population, using a comprehensive approach. The Project is also piloting source-destination linked corridor programming in UP - Thane and Surat-Ganjam and Cuttack corridors using, “Migrant Service Delivery System (MSDS)” for better data linkages for services & evidence based scientific programming. The Project partnered with UPSACS in planning and implementing the health camps and selecting the blocks and villages for source programming for migrants based on the migrant data from destination place. This will be scaled up nationally as part of DAC's *Revised Migrant Strategy*. The project is supporting DAC in designing and implementing Employer Led Models in prioritised industries sector for reaching informal migrant workers with HIV/AIDS prevention to care services. Apart from these initiatives, the PIPPSE Project will support the emerging needs of the national programme in the coming years.

TI & PIPPSE Team, DAC

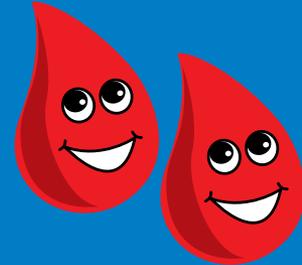
Chandigarh

## Overwhelming Participation of Safai Karamcharis in HIV/AIDS Workshop



Chandigarh SACS in pursuance of its aim of creating awareness about HIV/AIDS amongst the general population held an awareness workshop for Safai Karamcharis on 25 March 2013 in the Bal Bhawan auditorium of Sector 23, Chandigarh. Around 230 Safai Karmacharis along with their families participated in the workshop and learnt about the mode of transmission and prevention of HIV/AIDS. They were encouraged to learn about their HIV status through voluntary testing. An IEC exhibition was put up and IEC material was distributed to the participants.

Teenu Khanna, DD (IEC) CSACS



**Young Girls of Chandigarh participated in a rally to promote Voluntary Blood Donation**

To promote voluntary blood donation in the city, Chandigarh SACS organised a rally on 21 January, 2013. The young girls of Chandigarh came forward to create awareness about the importance of voluntary blood donation and promoted it.



Young girls in Chandigarh participated in a Voluntary Blood Donation rally

# Goa Motorcycle Taxi Riders Spread HIV Messages on 3<sup>rd</sup> Road Safety Week 2013

HLL Lifecare Ltd in collaboration with GSACS organise a motorcycle rally to spread messages on HIV



Four hundred fifty of Goa’s unique motorcycle taxi pilots rode their bikes on 3 August 2013 to Miramar Residency to become a part of the communication team of HLL Lifecare Ltd for the CSMP project in Goa. The event was held by HLL Lifecare Ltd under DAC CSMP along with GSACS and Goa Motorcycle Taxi Riders Association to distribute branded helmets with messages encouraging consistent condom use.

The programme began with a short film and talk on HIV/AIDS and STD by Dr Lalitha, DD (STD). This was followed by a formal ceremony of helmet distribution by the Honourable Health Minister of Goa, Mr Laxmikant Parsekar. The inaugural session included addresses by the Project Director GSACS, Dr Sachin Govekar; Mr Suresh Thakur, President of the Motorcycle Taxi Riders Association and Mr N. Ajit, Dy. Vice President, HLL Lifecare Ltd, Bangalore. Mr Parsekar linked helmets with

condoms and protection from HIV appreciating HLL for the initiative and double protection message. The entire gathering then proceeded for a rally of the pilots wearing Deluxe Nirodh (DN) branded T-Shirts from the location to Panaji market and back. This was flagged off by the Health Minister using a Deluxe Nirodh branded flag.

The post-lunch sessions included availability of condoms in non-traditional outlets (NTOs) and a condom demo session for the pilots. Officers from condom Technical Support Group (TSG) answered questions from the audience.

It was the 3rd Road Safety Week 2013 of the Department of Transport. The event was covered well by all the local electronic and print media.

IEC Team GSACS, TSG and SMO, Goa



## Guideline on HIV/AIDS response for local self government institutions

Government of Kerala published a guideline for local self governments for HIV/AIDS response by incorporating various projects in HIV/AIDS in 12<sup>th</sup> Five Year Plan. By this government order, the local self-governments in Kerala are empowered to formulate their own projects for HIV Intervention. The programmes under this guideline are broadly categorised into three areas: prevention; treatment, care, support; and other related services.

## Salient features of this guideline

- ◆ Local self-governments are mandated to provide basic services for PLHIVs.
- ◆ Plan fund or own fund of LSGIs can be utilised for these projects.
- ◆ Confidentiality in identification of beneficiaries and distribution of benefits. HRGs are also eligible for services under this scheme.
- ◆ Experience sharing or positive speaking is also considered as awareness programme and the funds can be utilised accordingly.
- ◆ Effective monitoring system including chairperson, vice chairperson, standing committee chairperson, medical officers and others district level officers, representatives of SACS and representatives of PLHIV.

Punjab

## Enrollment of HRGs for Aadhaar Card



The unique 12-digit individual identification Aadhaar number will help people avail services like banking, mobile phone connections and other governmental and non-governmental services in due course. Thus, as a part of value-added services to the HRG population of Punjab,

steps were taken at selected sites to enrol target populations for Aadhaar Cards. A meeting was held with the Additional Deputy Commissioner (Development) to facilitate the process at the TI sites. District administration was briefed by the PO-TI, TSU about the project and how the enrollment will benefit the target. Three teams were deputed by the district administration for two days to complete the enrollment process at the TI sites. More than 900 HRGs (FSWs, MSM and IDUs) were enrolled for Aadhaar Cards at the TI sites in Barnala and Moga. HRGs who did not have any identification proof have been facilitated to get their voter ID made so that enrollment under Aadhaar could be ensured. Based on the learning from the process, TIs across the state were asked by Punjab SACS to replicate the process in their project areas and get the HRGs enrolled for Aadhaar Cards.

.....  
IEC & TSU Team, PSACS

Haryana



Haryana SACS organised  
**Sensitisation  
Training Workshop**  
on HIV/AIDS for the State  
Police Department and Indo  
Tibetan Border Police (ITBP)



Haryana State AIDS Control Society (HSACS) organised a series of sensitisation training workshops on HIV prevention and services with 500 male and 365 female young police personnel of Haryana Police Academy.



HSACS facilitated a two-day workshop at Basic Training Centre of Indo-Tibetan Border Police (ITBP), where 1200 police personnel of ITBP of various ranks were sensitised on HIV prevention and stigma.

# Inter-Departmental Meeting

## Organised by Tripura SACS at Agartala

A Inter-Departmental meeting was held in the Conference Hall No-3, Civil Secretariat Building, Capital Complex, Agartala on 11 July, 2013. The meeting was chaired by Hon'ble Minister, Health & Family Welfare, Govt. of Tripura, Mr Tapan Chakraborty and many other dignitaries from various other departments participated in it. Dr Tapan Kumar Das, Project Director, TSACS initiated the meeting.

After detailed discussions, decisions were taken regarding the need for link workers/peer educator/TI-NGOs to liaison with Panchayat, Zilla Parisad etc.; the requirement for more blood tests of high risk groups (HRGs) and general public; the need for HIV testing of leftover TB cases by next three months; HIV testing in private hospitals & nursing homes to be covered by TSACS; organisation of awareness programmes in schools, colleges and universities involving school/higher education departments; letters to be given to all related government departments for spreading awareness on HIV/AIDS; surveys to be conducted by TSACS regarding BPL (or other related) status of People Living with HIV/AIDS (PLHIV) in the state; special initiatives to be taken by Home & Transport departments to spread awareness on HIV/AIDS in their recruitment rallies, public programmes, BSF



Mr Tapan Chakraborty, Hon'ble Minister of H&FW, Govt. of Tripura, inaugurated the Multi-Sectoral Departmental Meeting in Agartala

or TSR Camps, Road Safety Weeks etc. IEC materials to be given to the School Education Department (or individual schools); awareness programmes and condom promotion to be conducted for truck drivers state-wide; IEC materials may be promoted at various youth-based programmes, major football tournaments by Youth & Sports Affairs Department; entrepreneurship-based courses to be sponsored by ONGC and replacement and installation of new hoardings.

.....  
IEC Team, TSACS



## Training Counsellors to Handle Link ART Centres

Mark Twain once said that a cauliflower is nothing but a cabbage with a college education. The difference between Integrated Counselling & Testing Centres (ICTCs) and Link ART Centres (LACs) is similar. They look the same but have different flavours. ICTCs which are designated as Link ART Centres provide anti-retroviral treatment

(ART) to People Living with HIV/AIDS who are stable on treatment, in addition to their regular function of HIV detection.

However, the transition from ICTC counselling with its focus on testing and timely detection towards care, support and treatment services is, to some extent, as great as the college education described by Twain. Though ICTC counsellors receive information on ART and adherence counselling as part of their initial induction training, a specialised three day package was created focusing more specifically on referral and reporting processes. Minimal time is spent reviewing material learned earlier and more time is

The LAC scheme which was launched in 2008 brings treatment services closer to PLHIV while simultaneously decentralising treatment services from ART centres. Medical officers are trained to identify and treat minor opportunistic infections, while referring major infections to the Nodal ART Centres.





devoted to advanced skills in managing problems in adherence. The package helps counsellors to move beyond ICTC counselling (which with its two sessions is a form of brief therapy) with the longer-term engagement expected in LACs.

This package was disseminated at a national Training of Trainers programme hosted by Tamil Nadu State AIDS Control Society at the Government Hospital for Thoracic Medicine in Chennai from 4 to 7 June, 2013. Fourteen counsellor training institutes under the Saksham scheme were selected to train a total of 842 LAC counsellors across the country. Master trainers from these universities were supplemented by experienced medical officers. Resource persons from Tamil Nadu State AIDS Control Society alongside Regional Co-ordinators from the Department of AIDS Control oriented the trainers on various issues. Feedback from the field has been encouraging.

LAC training emphasises the importance of recording the weight of the PLHIV on every visit with the rationale of being able to detect immunological failure sooner rather than later.

Ms Samina Mansuri, trainer from Gujarati Vidyapeet, was fired up by the Case Study of Ms Dipti Raval in the handouts. Dipti is an enterprising LAC counsellor from Gondal district in Gujarat. One innovation she has created involves an easy-to-use system for recalling the due dates of LAC client visits as well as the dates of their next CD4 test. The case study while granting recognition to a field-level personnel was also written in a manner that captures the functioning of an LAC. Prof. Neelam Sukhrmani from Jamia

Milia Islamia successfully used the case study to introduce the concept of LAC to the master trainers.

The highlight of the training programme was the quick look-up chart for adherence calculation. The tool seeks to reduce the strain of a rather cumbersome mathematical formula for adherence percentage. The tool was the outcome of observations of counselling personnel from the Department of AIDS Control that counsellors often fail to calculate adherence of clients. For those who do know the formula, there are some characteristic errors in calculation. Dr Sachin



*The highlight of the training programme was the quick look-up chart for adherence calculation. The tool seeks to reduce the strain of a rather cumbersome mathematical formula for adherence percentage.*

Kataria from the ART Centre at Lok Nayak Hospital, New Delhi had assisted with field-testing the tool. He explained that while the look-up chart did serve the purpose of quick calculation, he also used the colour codes of red, orange and green to alert patients who were non-adherent to the consequences of their actions. There is an immediate reaction from patients who are able to identify with the colour coding and to apply it to their own medical compliance behaviour. It is hoped that this new training package and the new tools that are launched will facilitate and improve the counselling services offered at the LACs.

.....  
**Dr Melita Vaz, PO (Counselling)**  
**Dr Reshu Agarwal (PO-CST) DAC**

### DAC Club

Department of AIDS Control has created the 'DAC Club' to build a 'strong bond' amongst the staff of DAC through a variety of interesting activities. Although a six-month old toddler, DAC Club has already organised many interesting activities including the popular 'rangoli-making', music, carrom and quiz competitions. The Club will continue to focus on bringing people together through many more events in the coming year.



# Welcome to the family of DAC

## January - September 2013

*January* \_\_\_\_\_

*1<sup>st</sup>* Mr Lov Verma  
Secretary, DAC

*9<sup>th</sup>* Mr Chin K. Samte  
TO (TI)

*April* \_\_\_\_\_

*12<sup>th</sup>* Dr Naresh Goel  
DDG (LS)

*16<sup>th</sup>* Mr A.S. Chauhan  
Director (Finance)

*May* \_\_\_\_\_

*1<sup>st</sup>* Dr Ashok Kumar  
DDG (BSD)

*8<sup>th</sup>* Mr Y.P. Singh  
Sr. Accounts Officer

*June* \_\_\_\_\_

*1<sup>st</sup>* Mr Kannan. M  
Technical Expert (NTSU)

*July* \_\_\_\_\_

*16<sup>th</sup>* Mr Vinod Kumar  
PS (S& DG)

*17<sup>th</sup>* Mr S.N. Naskar  
US (Finance)

*17<sup>th</sup>* Ms Harish Lugani  
PA to US (Admn.)

*20<sup>th</sup>* Mr Nilesh  
S. Pradhan  
PO (LWS)

*August* \_\_\_\_\_

*5<sup>th</sup>* Mr Chandramouli Mukerji  
NPO (IEC)

*17<sup>th</sup>* Mr Stefen T. Tuangingsang  
TO (PPTCT)

*14<sup>th</sup>* Mr Reneej KB  
TO (ICTC)

*16<sup>th</sup>* Dr Sumit Kr. Bansal  
TO (HIV-TB)

*23<sup>rd</sup>* Mr Jis Joseph  
TO (CCC)

*23<sup>rd</sup>* Mr Vinay Kumar Gupta  
NPO (Audit)

*27<sup>th</sup>* Mr Suresh Dhar Dubey  
AD (OL)

*September* \_\_\_\_\_

*3<sup>rd</sup>* Dr A.S. Rathore  
DDG (CST)

*9<sup>th</sup>* Mr M.G. Nimje  
US (Admn.)

*9<sup>th</sup>* Mr Nanak Chand  
SO (Admn.)

*13<sup>th</sup>* Mr Sanjay Raghav  
Sr.Hindi Translator

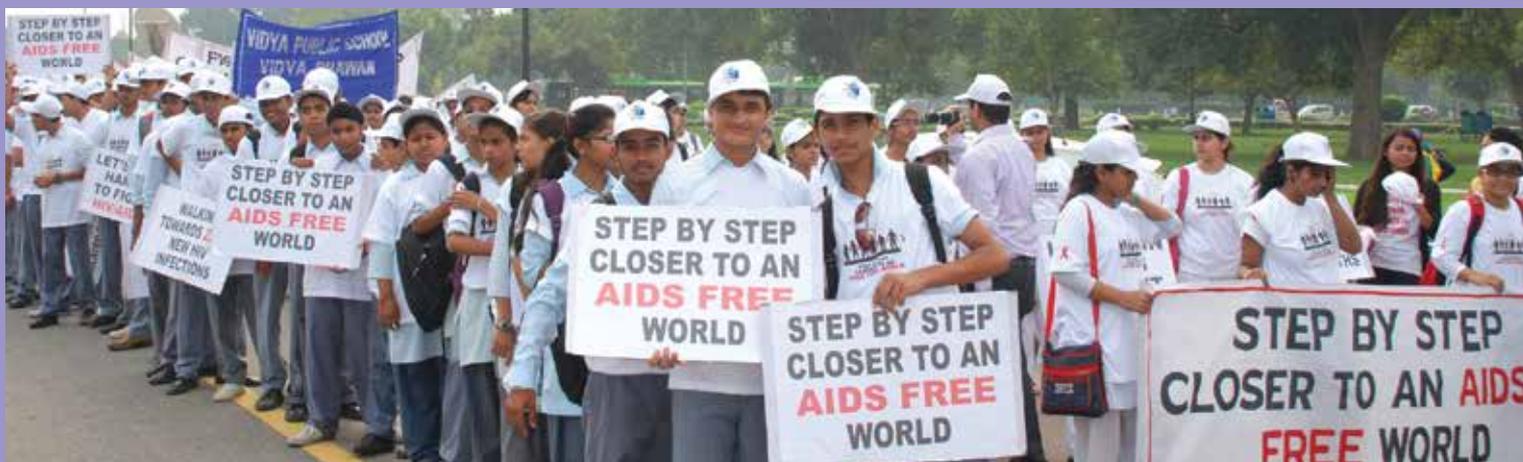
*17<sup>th</sup>* Mr Pradeep Mishra  
TO (M&E)

*25<sup>th</sup>* Mr Nabeel Ahmed  
TO (Youth)

Walking with Miss Universe to get to –

**ZERO** NEW HIV INFECTIONS  
DISCRIMINATION  
AIDS-RELATED DEATHS

September 29, 2013



Editor-in-Chief: Mr Lov Verma, Secretary, Department of AIDS Control (DAC)

Editor: Dr Naresh Goel, DDG (LS) & JD (IEC)

Editorial Panel: Dr Neeraj Dhingra, DDG (TI), Dr Shobini Rajan, ADG (STI & Blood Safety), Dr Raghuram Rao, National Programme Officer (ICTC), Dr Yujwal, National Programme Officer (M&E) and Ms Sanchali Roy, Consultant (IEC)

DAC News is a newsletter of the Department of AIDS Control (DAC), 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.naco.gov.in