

# NACO NEWS

A Newsletter of the  
National AIDS Control Organisation

Ministry of Health and Family Welfare  
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## Service Delivery of STI Gets a Shot in the Arm

NACO rolls out country-wide service delivery plan for STI

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## In the Mail



The work NACO is doing is inspiring. I strongly feel that more initiatives like Project 19 which involve the youth to fight AIDS should be an ongoing process. More universities and colleges should get associated not just with campaigns and road shows but also in giving strategic inputs on how to make a difference—quantitatively and qualitatively.

Also, it is good to see a separate section on Research added in the newsletter. Giving updates on what

India's National AIDS Control Organisation is doing and where we are in terms of finding a vaccine or understanding how HIV affects the emotional and psychological well being of the infected and affected would be important to those in the health sector.

*Sachin Gupta*  
Theatre Activist  
New York



As a teacher in high school, I realise how important it is to provide the right information on sex to students, dispelling doubts and misconceptions and equipping young people with knowledge and tools that can help them live responsibly.

NACO should step up its school education programme by involving teachers, youth leaders and student volunteers as co-participants. Students' awareness on STIs, the vulnerabilities associated with risky sexual behaviour and on

where to access services is dismally low.

*Ranjana Mukherjee*  
Physical Education Teacher  
Government School for Girls  
Ambala, Haryana



On a recent visit to Delhi, I chanced upon the NACO Newsletter in MoHFW. It's a good attempt but I think a stronger representation from states is needed. We all know that the real India lives in the rural hinterland and so far, the trend of HIV has been predominant among the poorest of the poor. The issues of those working at the district and village level in the area of HIV should be highlighted and specific cases of stigma and discrimination should be put together for reference and learning of others.

*Ghanshyam Gupta*  
Secretary  
Society for Promotion of  
Civil Rights  
Aurangabad

Number of patients on ART*	
NACO supported ART Centres	224,195
Intersectoral Partners	2479
GFATM Round II Centres	2489
NGO Sector	474
<b>Grand Total</b>	<b>229,637</b>

\*As of 30<sup>th</sup> April, 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



### Corrigendum

It is regretted that in the Oct-Dec 08 issue of NACO Newsletter, the name of Orissa Chief Minister was wrongly given as Biju Patnaik in place of Sh. Naveen Patnaik. Our sincere apology for the editorial lapse.



## From the Desk of the Director General

The more deeply involved you get with battling HIV, the more convinced you are of the complexity of the infection, given the way it demolishes family structures and erodes feelings of self worth and confidence. I am glad that we have been able to step up our research work and through the commissioning of numerous studies, are getting valuable insights that are flowing into our programmatic interventions.

A set of studies on ART, for example, threw up findings that suggested the singular reason for non-adherence of treatment was the distance, and not social and familial resistance. For PLHA, this pure logistics issue was more difficult to surmount than social stigma and non-cooperation of community and family members. The Link ART Centres were born out of this spelt need. Our two research stories in the newsletter give details of recent studies.

A Tribal Action Plan has been finalised by NACO with the Ministry of Tribal Affairs, extending its mandate to include HIV as they work collaboratively with NACO on prevention, treatment, care and support. Taking information, tools and services to communities that are marginalised, illiterate and highly vulnerable is going to be a rocky journey but going by the enthusiastic response from SACS and Tribal Welfare Departments, we should be able to bring down rates of not just HIV infection but also STI and RTI, MMR and IMR within these isolated and far flung pockets.

Sexually Transmitted Infections as you can see is the focus of this issue. For long, STI programme has been a part of the Targeted Interventions but now the programme is being expanded to reach all those who are silent sufferers across the length and breadth of the country. Using the Preferred Private Provider approach, a massive plan was rolled out on May 20, 2009 to train NGOs who will in turn identify the key healthcare providers in their zone and sensitise them/build their capacities on STIs and HIV/AIDS.

The fact that most STIs can be treated with a single dose of medicine is something that is still not known amongst the uneducated rural majority. And when you know that by controlling STIs, you control the risk of transmission of HIV by 40 percent, your responsibility to act on this score increases manifold.

Backed by a large team of technical officers, consultants and SACS, NACO now is truly poised to leapfrog into an era where treatment, services, care and support will be easily accessed by the majority of the affected population of this country.

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

# Service Delivery of STI Gets a Shot in the Arm

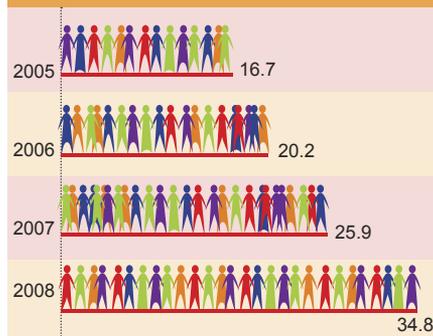
NACO rolls out country-wide service delivery plan for STI

Sexually Transmitted Infections (STIs) present a large burden of disease. It is an established fact that the risk of acquiring HIV infection increases manifold in people with current or prior STI. Once infected by STI, a person's chances of acquiring and transmitting HIV go up 5 to 10 times. The emergence of HIV and identification of STIs as a co-factor have lent a sense of urgency for formulating a programmatic response to address this public health concern. Most of the people infected with STI are high risk group (HRG) population and their clients. Therefore, strengthening of STI services addresses both the HRG and their client population for HIV prevention. Good, effective STI control, therefore, is the most cost effective method of HIV prevention.

## Developing countries more at risk

In developing countries, the incidence and prevalence of STI and Reproductive Tract Infection (RTI) is very high. Indian Council of Medical Research (ICMR) studies show six percent of the male and twelve percent of the female Out-

### Reported number of patients accessing STI/RTI services (in lakhs)



Patient Department (OPD) attendance in government facilities is due to STI/RTI related symptoms in India. STI/RTI ranks as the second cause of healthy life lost among women of reproductive age group, after maternal morbidity and mortality.

## STI/RTI control strategy

Programmatic response to address prevention, management and control of STI/RTI largely falls under the National Reproductive and Child Health (RCH-II) programme, which was launched in 2005. The programme draws its mandate from the National Population Policy (2000), which makes a strong

reference to “include STI/RTI and HIV/AIDS prevention, screening and management in maternal and child health services”.

STI care has been accorded priority in the National AIDS Control Programme (NACP). The number of STI/RTI clinics being supported by NACO is 886. The reported number of patients accessing STI/RTI services was over 16.7 lakh in 2005, 20.2 lakh in 2006, 25.9 lakh in 2007 and 34.8 lakh in 2008.

During NACP-III, STI/RTI services have been expanded through effective integration with RCH-II programme and through involvement of private sector. NACP-III in collaboration with National Rural Health Mission (NRHM) aims to treat 10 million STI/RTI episodes during FY 2009-10 through the large network of public health facilities and identified private providers who are being trained and assisted to deliver quality services.

Special efforts have been made to provide quality STI/RTI services in the Targeted Intervention (TI) projects for HRG population. HRG population comprises Female Sex



Workers (FSWs), Men who have Sex with Men (MSM), Injecting Drug Users (IDUs), truckers and migrant labour.

### Strengthening service component of STI/RTI in HRG population

Managing STI/RTI is a key focus area under NACP-III. The Strategy and Implementation Plan (2006-11) makes a strong reference for expanding access to the package of STI/RTI services both for general population and HRGs. The programme acknowledges that expanding access to services will entail engaging private sector in provision of services. Several studies indicate HRGs and their clients prefer to access services from providers in private practice. The programme thus, envisages to link treatment facilities in both public and private sector to target HRGs and their clients.

Under NACP-III, STI/RTI services are provided to the HRGs through the network of the preferred providers in private practice, project-owned, project-linked and/or referral to government clinics. Other services provided to HRGs are referral to Integrated Counselling and Testing Centre (ICTC), Prevention of Parent-to-Child Transmission (PPTCT), Anti-Retroviral Therapy (ART), and TB-HIV services. Due to widespread distribution of HRG population, accessing these services is a major challenge. Involvement of preferred providers improves access to STI/RTI services for HRG population and brings services close to their area of operation. The essential STI/RTI services provided to HRG population include treatment of symptomatic STI/RTI infection, treatment of asymptomatic infection (presumptive treatment), routine medical check-up every three months for each HRG,

## Visit to an FSW project in Mumbai

The STI team of NACO visited a TI project in Kamatipura and Khetewari on 5<sup>th</sup> June, 2009 to study STI/RTI service delivery. The project is run by Asha Mahila Sansthan and covers 1000 FSWs.

### Key observations

- The project office located in close proximity to the TI site was equipped with a static clinic with examination facilities and audio-visual privacy.
- An MBBS lady doctor was attached to the clinic from 10:00 am to 2:00 pm to provide services.
- STI drugs were available in the clinic and were distributed free to HRGs.
- Peer educators were found fairly knowledgeable with respect to signs and symptoms of ST/RTI and when, where and why to refer FSWs.
- Free condoms were being provided to all FSWs and these were being used.
- Sex workers were familiar and comfortable with project staff and were accessing ST/RTI services through static clinic.
- Condom Vending Machines (CVMs) were in use.



and screening of each HRG for syphilis once every six months.

### NACO rolls out STI/RTI training schedule for TI NGOs across India

The Preferred Private Providers (PPP) are the high volume STI/RTI service providers who are treating at least 8-10 STI/RTI patients a month and are located in and around the 'Hot Spot' area. These providers have necessary infrastructure for providing good quality STI/RTI services with audio-visual privacy and examination facility in their clinics. The preferred providers are selected by HRGs through the focus group discussion facilitated by TI NGO. The preferred providers should be willing to undergo training on syndromic case management and follow protocol for treatment of STI/RTI symptomatic episodes, presumptive treatment and regular medical check-up. They will maintain records and cooperate in report preparation; and willing to dispense STI/RTI drugs as per the national guidelines.

**Progress:** As of June 30, 2009, 863 Non-Governmental Organisations (NGOs) and 2126 NGO staff have been trained through a series of two-day workshops in the states of AP, Rajasthan, Maharashtra and Mumbai, Gujarat, Chhattisgarh, Jharkhand, Himachal Pradesh, West Bengal, MP, Haryana, Punjab, Chandigarh, UP, Uttarakhand, Delhi, Orissa, Karnataka and Kerala. 848 programme managers, 757 Counsellor/ANM and 323 Monitoring & Evaluation (M&E) personnel have been trained; 6988 preferred providers are identified by TI NGO for providing STI/RTI services to HRG population.

### Vulnerability to STI

It is not just HRGs that are at risk of transmitting or acquiring STI/RTI, even women, men and adolescents are also vulnerable.

**HRGs:** An unsafe sexual practice puts people at the risk of acquiring STI and HIV infection. The incidence of these risky behaviours gets multiplied in case of less skilled, low educated and

marginalised population like FSWs, MSM, IDUs, migrants and truck drivers. Improving access to STI/RTI services, early diagnosis and treatment of STI/RTI, follow-up, compliance to treatment, health education and counselling, condom provision and promotion, consistent and correct use of condom will reduce the new infection of HIV by 40 percent in HRG population.

**Women:** STI/RTI amongst women are often symptomless and go undiagnosed and untreated. If left untreated, they can lead to complications such as infertility, ectopic pregnancy, cervical cancer and increased chance of acquiring HIV infection. Pelvic inflammatory disease arising from STI/RTI poses a major public health problem and adversely affects the reproductive health of untreated women. Contraceptive acceptance and continuation is also compromised by the presence of STI/RTI. Similarly, some of the STI/RTI are associated with poor pregnancy outcome and high morbidities and mortalities in neonates and infants.

### Recent initiatives

- Under NACP-III, all the designated STI/RTI clinics are strengthened to provide good quality STI/RTI services. All these clinics are provided with the grant to build or upgrade their infrastructure for providing audio-visual privacy and confidentiality and STI/RTI examination facility to the patients.
- For strengthening STI/RTI reporting through these designated clinics, computer has been provided to each of these clinics so that Computerised Management Information System (CMIS) reporting can be properly implemented.
- In order to standardise STI/RTI

### Clinical Spectrum of STI/RTI

Those having STI/RTI usually complain of one or more of the following:

- Vaginal discharge
- Urethral discharge
- Genital ulcers/Blisters
- Inguinal swelling
- Lower abdominal pain
- Painful scrotal swelling
- Genital skin conditions.

treatment, colour coded STI/RTI drugs are made available to all these designated STI/RTI clinics. The colour coded drugs are distributed free to every STI/RTI patient through designated STI/RTI clinics.

- All these designated STI/RTI clinics are provided with the services of counsellors. One counsellor is provided for each of the clinics. About 621 counsellors are providing counselling services to patients.
- Providers related initiative to encourage patient with STI complaints to undergo HIV testing and linkages with HIV related services.
- More than 529 resource faculty is trained at national, state and regional level in technical and programmatic aspects of STI/RTI services. A total of 1022 medical officers, 595 paramedics (nurse and laboratory technicians) and 200 counsellors are trained on

### Why you must treat STI/RTI

- A person with STI/RTI has 5-10 times more chance of giving or receiving HIV.
- Most of the STI/RTI are curable.
- It is indirectly the best way of dealing with HIV because when you control STI/RTI, you bring down HIV by 40 percent.

STI/RTI management by these resource faculties.

- Public-Private Partnership scheme is being implemented in 91 priority districts for providing quality STI/RTI care to the clients of HRGs. A total of 8723 private practitioners have been identified and trained by seven agencies, implementing this scheme in 16 states. Over 1.5 lakh episodes of STI/RTI were treated and 2 lakh patients were counselled by these providers. The providers socially market the colour coded STI/RTI drug kits to the patients.
- There are seven regional STI centres for providing etiologic diagnosis of STI/RTI case. These centres are the reference laboratory for STI/RTI diagnosis. They provide inputs on etiological pattern of STI/RTI in the country and help the programme to formulate syndromic case management guidelines based on the current sensitivity pattern of the drugs. The reference centres also undertake community based study to find STI/RTI prevalence rates amongst the various groups of population.

STI/RTI service provides windows of opportunity for preventing new HIV infection. As modes of transmission of HIV and STI are almost same, a good STI/RTI control in HRG population will control the spread of HIV infection amongst the general population. STI/RTI control reduces the chance of HIV infection by 40 percent. Improving access and strengthening of STI/RTI services amongst HRG population will lead to reduction in reproductive morbidity and prevention of transmission of HIV infection in HRG community.

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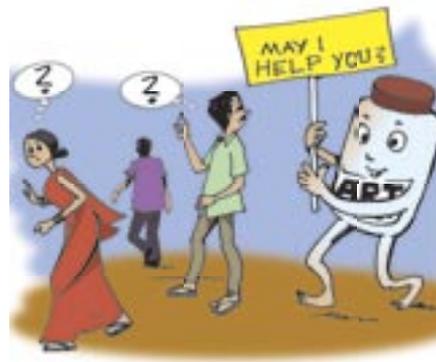
## Study on People Living with HIV/AIDS Accessing ART

Registration for ART at early stages of HIV infection is still uncommon; focus of IEC to shift from HIV testing to early ART registration

CD4<sup>+</sup> T-cell level is one of the important criteria for categorising HIV related clinical conditions to determine the initiation of ART. The present study is undertaken to analyse baseline CD4 count and other parameters of People Living with HIV/AIDS (PLHA) at the time of registration for ART in India.

Data from CMIS has been extracted for the last three years (April 2005-March 2006, April 2006-March 2007 and April 2007-March 2008). Information of 116,225 registered PLHA at ART centres was analysed.

Analysis revealed that more than 70 percent of PLHA were registered



when their baseline CD4 count was lower than 200 cells/mm<sup>3</sup> and thus, may be symptomatic. There is no significant change in the proportion of PLHA by CD4 categories during the last three years. This reveals that registration at early stage of infection is still uncommon. A significant decline was observed in

the proportion of PLHA in the age group of 21-30 years, literate and employed in 2007-08 as compared to 2005-06. The proportion of PLHA referred by Voluntary Counselling and Testing Centre (VCTC) or ICTC has increased by about 8-9 percent from 2005-06 (62.6 percent) to 2007-08 (71.3 percent). Heterosexual transmission, followed by mother-to-child transmission have been reported as two major modes of HIV transmission by PLHA registered at ART centres in the last three years.

Though the number of ART centres has increased in India which in turn has increased the number of PLHA registered and on ART, but as evident from baseline CD4 profile, there is need to motivate HIV positive persons to come early for registration at ART centres even without symptoms. Better linkage between counselling and testing facilities, and ART services and strategic change in public awareness for ART is recommended.

### Distance, not Social Factors, Reason for Poor ART Adherence

Nearly 14 percent respondents reported non-adherence and 70 percent cited distance and economic factors as reasons for non-adherence

Drug adherence and quality of ART services are the keys for the success of ART programme. Hence, an attempt has been made to assess ART centres in India from client perspective that are receiving services from the centres.

Data was gathered through exit interviews with 1373 clients from 27 ART centres that were selected on the basis of drug adherence and client load.

Analyses revealed that more than 80 percent of the clients reported overall satisfaction with the services availed from the centre and 60 percent reported that the quality of life has improved to a great extent after getting ART. Most of the clients strongly demanded to open the centre at each district as that will increase drug adherence and eventually control HIV progression. It has been found that as many as 14 percent of respondents ever been

on ART reported non-adherence and 70 percent of them cited distance and economic factors as the reasons for non-adherence.

Study concludes that while majority of the clients were satisfied with ART services, shortage of staff, high level of non-drug adherence, long distances and poor referring system are the weak areas requiring attention.

Detailed paper may be obtained from the Journal of the Indian Medical Association, Vol. 107 (5), May 2009 or may contact Dr Ruchi Sogarwal, Programme Officer, Evaluation & Research, NACO. e-mail: ruchi.dr@gmail.com

## Meeting to Finalise Tribal Action Plan

NACO to work with Tribal Welfare Departments to implement an HIV/AIDS strategy through the health system



L-R: Dr D Bachani, DDG (CS&T), Ms Sujatha Rao, Secretary & DG, NACO, Mr Gautam Budha Mukherjee, Secretary, MoTA and Urvashi Sadhuwani, Economic Advisor, MoTA

A consultation on finalising the Tribal Action Plan was held on April 27, 2009 in New Delhi with the objective of seeking feedback from the State AIDS Control Societies (SACS) and Tribal Welfare Departments before formulating a well defined HIV/AIDS strategy that could be implemented in tribal communities.

The meeting was chaired by Mr Gautam Budha Mukherjee, Secretary, Ministry of Tribal Affairs (MoTA) and co-chaired by Ms K Sujatha Rao, Secretary & DG, NACO and attended by Secretaries, Tribal Welfare from related states, Directors, Tribal Research Institutes (TRIs), Project Directors, ITDA, and Project Directors, SACS in addition to the senior NACO officers.

Research institutes were asked to design studies for assessing vulnerabilities of tribals on priority basis since currently, there is no specific data available. It was emphasised that vulnerabilities of tribal communities must be recognised especially truckers,

migrants and sex workers who form a large part of the tribal community.

### Vulnerabilities of tribal communities

- Nature of sexual networking patterns
- Migration both into and out of their habitats
- Poor penetration of media
- Negligible access to health services and HIV/AIDS related services
- Increase in incidence of tuberculosis
- High mortality with rampant malaria and meningitis.

Ms Sujatha Rao said mainstreaming HIV in the health and development agendas of the government had to be a priority and the Tribal Welfare Departments must extend their

“Most government programmes are parallel or vertical. Integration with other sectors is key to battling HIV in tribal areas.”

- Mr Gautam Budha Mukherjee, Secretary, Ministry of Tribal Affairs

mandate to include HIV to enable NACO to work collaboratively with them on prevention, treatment, care and support. She also mentioned a comprehensive approach was needed to link services, especially ICTC, DOTS, STI and TI. DOTS centres should be enabled to take blood samples for HIV testing as many patients get lost during cross-referrals.

States were asked to assess their existing health infrastructure and to evaluate if they could depend on traditional healers; train rural development workers like Accredited Social Health Activists (ASHAs) as link workers to provide STI treatment and propagate messages of HIV prevention.

### Recommendations

- Identify ‘hot spots’ in each state and have one good entry point through a well run government programme.
- Run mobile ICTCs in hilly area.
- Overcome challenges of testing and treatment adherence.
- Mapping teams to guide TRIs on identifying vulnerable populations.
- Undertake operational research to gather more evidence of HIV and TB.
- While making district action plans, the 65 districts of 'A' and 'B' category in tribal areas should identify total problems and suggest solutions.
- Step up HIV-TB cross-referrals.

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# Countdown for NACO's New Radio Programmes has Begun

Preparatory work for NACO's new radio programmes for and by rural youth in UP, MP, Bihar, Delhi and Rajasthan has begun in all earnest

As part of expanding its Information, Education and Communication (IEC) network to reach rural India through cost effective people-friendly mediums, NACO has found success in the preparatory phase that precedes the actual launch of radio programmes, tentatively scheduled for August 2009.

Targeting young men and women in rural areas through a series of exciting entertainment-based radio programmes, NACO will lift the cover on a number of taboo subjects related to safe sexual behaviour, spread of STI and HIV, and examples of stigma and discrimination. Using celebrities and radio jockeys, the programmes will provide information on counselling, testing and treatment along with highlighting best positive practices for healthy living.

## How will the plan unfold

The three agencies—Genesis Media Pvt. Ltd., Digital Sound and PFI India—will implement the radio programmes in UP, MP, Bihar, Delhi and Rajasthan. JHU-CCP is providing technical inputs to make the content of the programmes more effective. Rural youth groups will work in districts while in Delhi, NCR and Ghaziabad, the focus will be on engaging urban migrant youth. In each district, there will be approximately 100 radio clubs with each club comprising 12-15 members drawn from the community's listener groups. All club leaders will be trained on basic HIV/AIDS issues and follow-up will be provided by SACS through



Girls during mehendi competition as part of radio programme

## The myriad colours of mehendi

On June 25, 2009 a *mehendi* competition was organised in Adarsh Girls School, Arthla, Ghaziabad to create a spirit of sharing and camaraderie amongst club members. The programme was coordinated by Genesis field team members and supported by members of the local community. There was a lot of excitement as girls talked about what was going to be "their programme." Interestingly, when the boys wanted to join this excited group, the girls categorically said, "Go form your own group. This is ours."

The boys were however, pacified and told to participate in the 'Sit n Draw' competition. A lot of cheering accompanied the drawing and *mehendi* activity. Judges were nominated by the local community and winners were given prizes. These groups will continue holding small activity-based sessions to ensure that interest levels do not sag and by the time the radio programme is launched they have refined a series of programmes, slogans, formats and stories that can be broadcast.

capacity building via TIs, link workers groups and local NGOs. Young people will be identified from the target population. Already, 316 club leaders have been selected in UP, MP and Delhi and young migrant girls between 15-26 years have constituted their radio clubs in Indore, Bhopal, Ghaziabad and Delhi.

It was pointed out that a radio club leader must have a set of attributes such as s/he must be a good listener; familiar with radio as a strong communication vehicle; have basic educational qualification; be between 15-29 years of age; self motivated; have time to organise group activities and interact with the community; and have knowledge about his neighbourhood.

Participants were shown films highlighting vulnerabilities of youth to STI and HIV. Other topics that were discussed through talk shows included how to practice healthy and safe behaviour, and how to weave in issues related to migrant youth and risks associated with pre-marital sex and multiple partners, use of condom, activities of SACS, PLHA networks, ICTC & PPTCT, ART, STI centres, role of Drop-in Centre (DIC) and Community Care Centre (CCC) in each state, and how Red Ribbon Club (RRC) functions in the states.

## Orientation workshop for radio club leaders

Genesis Media Pvt. Limited and NACO organised a one-day training

*Contd. on page 10*

## 150 Red Ribbon Clubs Formed in West Bengal

Red Ribbon Club, the on-campus youth flagship programme of NACO, makes its debut in West Bengal

West Bengal State AIDS Prevention & Control Society (WBSAPCS) has tied up with the West Bengal Voluntary Blood Donors' Forum to map out a comprehensive road map for reaching youth in 18 districts to mount a mass voluntary blood donation movement that entails active involvement of civil society.

A total of 150 RRCs have been operationalised in colleges in the 18 identified districts. At every RRC launch, positive people from the District Level Network (DLN) are accompanied by ICTC counsellors who make presentation to young people and engage in discussion on HIV/AIDS prevention, treatment, care and support as also on the importance of blood donation and safe blood.



*Celebration of Red Ribbon Clubs and National Voluntary Blood Donors Day*

WBSAPCS has developed a District Coordinators Manual that is used for training while a Peer Educators Manual is under print. A quarterly reporting format has been drawn up and a decision taken on inaugurating 114 RRCs in six more colleges by the end of the year. A

review of activities carried out in the first quarter of the financial year will be held at the end of September 2009.

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*Contd. from page 9*

### Countdown for NACO's...

session of radio club leaders, community mobilisers, supervisors, field coordinators/managers and research assistants from Madhya Pradesh, Uttar Pradesh and Delhi in the capital on July 10, 2009.

### Objectives

- Strengthen capacity of participants to disseminate messages on HIV/AIDS.
- Recognise the purpose of radio programme and its positive messages on STI and HIV care and treatment.
- Absorb and share messages on stigma and discrimination.
- Link radio club members to

SACS through TIs, DIC, CCC, link workers and service centres.

Participants were explained how a radio programme had the potential to create a dialogue amongst thousands of people on issues of concern. Messages had to be positive in the form of radio bytes by celebrities and programme formats should be entertainment-based using the latest Hindi film songs; jokes on current affairs; information on local events, announcements of festivals, *melas*, etc; audience interaction through quiz; and seeking feedback on mobile SMS.

### Strengthening radio activities

Radio programme activities will be strengthened with a host of

initiatives that include data collection through baseline survey, identification of technical and support staff, capacity building of project staff/peer educators/students, stakeholder workshops, identification of peer educators, formation of women/youth (listener) groups, talks, street plays, processions and rallies, film shows, community and advocacy meetings, competitions, interviews of community leaders, identification of core radio and field teams, networking with NGOs, documentation and endline studies.

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## Chandigarh Holds Sensitisation Workshop for Anganwadi Workers

More than 100 AWWs trained on promoting health seeking behaviour amongst rural women

In an effort to strengthen intersectoral collaboration and mainstreaming amongst different departments as envisaged in NACP-III, Chandigarh SACS organised a one-day sensitisation workshop on HIV/AIDS on May 20, 2009, for nearly 100 AWWs.

The focus of the presentations made by Ms Amandeep Kaur, Director, Social Welfare, and Dr Vanita Gupta, Project Director, Chandigarh SACS, was to promote health seeking behaviour amongst village women and to mobilise



Using local theatre groups to sensitise AWWs on HIV

support for institutional deliveries. Also, recognising the crucial

role played by an AWW in the village, she can be used to bust myths related to HIV/AIDS and to lower the negative impact of stigma and discrimination amongst rural women. Issues related to blood safety and voluntary blood donation were highlighted through engaging mediums like magic shows, theatre activities and screening of short films.

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## Assam Mainstreams HIV in Industrial Sector

Advocacy workshops organised for industry associations and government departments

Assam State AIDS Control Society, in association with the Directorate of Industries and

Commerce, Government of Assam, organised a series of advocacy workshops with different



Participants during the advocacy workshop

government departments in Guwahati in May 2009.

A large number of officials from the industry department and representatives from industry associations participated in the workshop. Mr Ravi Kapoor, Commissioner and Secretary, Industry and Commerce Department, Government of Assam, while inaugurating the event, emphasised the need for disseminating correct information amongst workers and families in the industrial sector. Mr Santanu Thakur, Director, Department of Industry and Commerce suggested installing CVMs in industrial sectors of the city.

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## Kerala Steps Up Mainstreaming Efforts and Conducts Training on PEP

Members of LSG institutions to be trained in four districts of the state; medical officers trained in pre and post PEP

Kerala SACS has started training programmes to develop capacities of Local Self Government (LSG) institutions to enable them to plan, implement and monitor appropriate HIV/AIDS interventions. In collaboration with the Kerala Institute of Local Administration (KILA), the training module was designed by the State Training and Resource Centre (STRC) through a consultative workshop.

The training aims to cover the four districts of Ernakulam, Thrissur, Palakkad and Kasaragod. The Training of Trainers (ToT) was carried out amongst extension faculty members of KILA, NRHM block coordinators, ICTC counsellors, positive speakers and NGO staff.

### Action plan preparation workshop on AHEP

KSACS conducted an Action Plan Preparation Workshop in collaboration with SCERT on 15-16<sup>th</sup> May, 2009 for implementing the Adolescence Health Education Programme (AHEP) in schools and vocational institutes.

More than 2,000 LSG members from the four districts will be covered in 40 batches in May and June, 2009.

### Training programme on PEP for medical officers

A training programme on Post-Exposure Prophylaxis (PEP) for medical officers of government hospitals and community health centres of Kozhikode and

Malappuram districts was held on April 28, 2009 at Kozhikode.

The workshop created awareness amongst medical professionals about pre and post PEP, avoidance of occupational blood exposure, risks of infection, preventive measures and the procedure to follow after occupational exposure.

Importance of documentation and mode of documenting and prompting notification to NACO/ KSACS was highlighted, especially regarding the availability of more gloves, needle destroyers and other personal protection equipment, training for nurses and grade II staff in handling hospital waste.

■ Taken from [www.ksacs.in](http://www.ksacs.in)

## Women Groups in Haryana to Undertake Social Marketing of Condoms

SMS is a unique initiative that brings educated women in villages together

The "Sakshar Mahila Samooh" (SMS) is a registered body that works as an NGO-cum-Self Help Group (SHG) at the village level. The qualifying criteria for being a member is to be a matriculate. SMS members are trained to identify issues, seek training and undertake developmental programmes that are specific to

the needs of their village. The woman with the highest educational qualification is the President of the group.

Haryana SACS has engaged these SMS to take up social marketing of condoms within their communities. The project was started on a pilot basis in three districts of Gurgaon,



Women taking part in Sakshar Mahila Samooh

Faridabad and Bhiwani. HLFPPPT has been engaged to carry out a survey to evaluate the nature of condom usage and the impact of using the SMS route within these three districts.

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## Annual Evaluation of TIs by NGOs in 2008-09

The fate of 699 NGOs hinges on NACO's scientific and exhaustive assessment that was carried out in April '09

The annual evaluation of TIs by NGOs was conducted in the month of April 2009, to assess the quality and performance of TIs in the financial year 2008-09. This process, based on various parameters, will determine the continuation or discontinuation of individual TIs, evaluating around 699 NGOs across 34 SACS/DACS.

The objectives of the evaluation were to assess the:

- Performance of TIs in terms of gaps between planned targets and actual achievement.
- Component-specific quality of TIs.
- Knowledge level, condom use, health seeking behaviour for STI.
- Component-wise expenditure and detect variance, if any.
- Quality and performance of project staff and peer educators.
- Various systems (accounts/finance/human resource/programme management)

**The state evaluators were trained by NACO at the regional level to ensure understanding of evaluation tool, manual and code of ethics to be followed while conducting the evaluation.**

in place at NGO level and their effectiveness in implementing TIs.

The NGOs were assessed on the basis of above objectives through a comprehensive evaluation tool consisting of parameters like programme delivery, organisational capacity and finance.

The indicators under organisational capacity and finance were kept as "Essentials" while the indicators under programme delivery were kept as "Essential and Desirable". Various qualitative and quantitative

tools and techniques were used for conducting the evaluation, such as focus group discussions, key informant interviews and participatory observations. The feedback of the key population/community members on the project was assigned priority for the final set of recommendations.

The state evaluators were trained by NACO at the regional level along with SACS to ensure understanding of evaluation tool, manual and code of ethics to be followed while conducting the evaluation. The evaluators and SACS were made clear of the reporting deliverables on evaluation. The compiled annual evaluation reports of all NGOs will soon be accessible on NACO's website.

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## NACO Teams Up with TCI for HIV Prevention among Truckers

Nearly five million truck drivers across 131 locations are being sensitised on safe sex

NACO has joined hands with the Transport Corporation of India Limited (TCI) to launch a programme in 131 locations to raise awareness and promote safe sex among truck drivers.

In New Delhi, the project is

running in Azadpur *sabzi mandi* and Tughlakabad container depot and transport centre—locations where there is heavy movement of truck drivers.

HIV among truckers and migrant population is nearly three times

higher than that among the general population. It is a critical group, also because it carries the virus from high prevalence to low prevalence areas.

TCI is also running Project *Kavach* since 2004 among truck drivers, under a grant from the India AIDS Initiative of the Bill and Melinda Gates Foundation, covering eight states along National Highways 2 and 9.

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## HIV is not a burden, poverty is

The uncertain always-on-the-move lifestyle of a trucker comes with its own set of problems, the biggest being away from the family

**P**hool Chand is a 36 year old migrant from Jalpaiguri in West Bengal. He was married in 2001 and has two sons. He left his village two years ago and moved to Haryana in search of a more remunerative job. He is HIV positive, his wife and children are not. While he has stoically accepted his medical status, he is unable to reconcile to his poverty which does not allow him to keep his sons with him. Excerpts from an interview:

**Q: What has been your work profile?**

A: I was a truck driver for six years driving within West Bengal and a driver of local passenger buses in Jalpaiguri for two years before I moved to Haryana in search of a less stressful job. I am now working with a school, driving their van.

**Q: As a migrant labour, what were the occupational hazards you faced?**

A: There is never enough time or money. The job is not stable too. It is a hand-to-mouth existence that allows for not even an occasional indulgence. There is no family life and the solitary existence makes most people depressed and withdrawn. Death is always looming large on our horizon. Every other day, we hear of someone getting hit, injured or hurt in an accident. And when you need support, you find that most employers do not stand by you. So in spite of all the investments that you might make in terms of hard work, sincerity and dedication, the returns are measly.

**Q: As a trucker, what are a man's vulnerabilities?**

A: Majority of the times, a truck driver is on a long drive. Fatigue, loneliness and the fear of death are his constant companions. It gets extremely monotonous and boring. Being away from our wives and families for long stretches of time can get very painful.

Many of us are so starved for company that we succumb to the temptation of having paid sex and since commercial sex workers are 'easily available' on highways at specific halt points, it becomes that much easier.

Most of the time a truck driver cannot leave the truck unattended. The act then is a hurried affair. In the process, some are careless, and do not take necessary precautions, making themselves vulnerable to

STIs or HIV. They do not have the luxury of looking for a suitable place while searching for a sex worker.

**Q: How did you learn to balance your personal and professional life?**

A: Due to extreme poverty, my wife took to working in an industry as a daily wage worker. Her weekly off is Monday while mine is Sunday. We don't get to spend much time together. Both our children stay with their grandmother in Jalpaiguri. We visit them only in the summer holidays. This year we don't think we will be able to save enough money to go and meet them. There is no life so where will the balance come from? Our constant needling thought is, "why can the four of us not stay together as a single unit—a happy family?"

**Q: How did you get infected?**

A: I am not really sure. While in Calcutta, I visited sex workers in Sonagachi. I have had unsafe sexual encounters with sex workers on



Phool Chand in conversation with Pinki Madaan of BNCI

highways while crossing states like West Bengal, Madhya Pradesh, Uttar Pradesh, Assam, and others. Once a doctor gave me an injection from an old syringe in a small town on the highway from Mumbai to Goa. I could have got infected from any of these routes.

**Q: When did you get to know your status?**

A: It was on April 11, 2009 that the news was broken to me. VCTC counsellor in Panchkula handed over my report to the TI Project Manager who works with an NGO called the Butterfly Nature Club of India and the confirmation report was delivered to me at my residence after post test counselling.

**Q: Where did you find support and answers to your questions?**

A: The staff of the above mentioned NGO accompanied me and my wife for the HIV test. They also took me to the ART centre for a CD4 test, sputum test and to get my medicines. The charges were paid by the NGO.

**Q: What treatment are you currently on?**

A: I am on support treatment (co-trimoxazole BP Tabs, Folic Acid and Dried Ferrous Sulphate Tabs). I am told that my CD4 status is 109 and ART will start only later.

**Q: Are you regular with your treatment?**

A: Till date, for support treatment I have not missed a single dose. I understand that unless I adhere to treatment, I will not be able to hold my job or fulfill my commitments so I intend to be brave and go through this as best as I can.

**I understand that unless I adhere to treatment, I will not be able to hold my job or fulfill my commitments so I intend to be brave and go through this as best as I can.**

**Q: What was the reaction of your family and community when they got to know your status?**

A: My wife cried a lot and found it difficult to accept initially. But when she saw that I was not shattered—at least on the outside—she drew strength from that. My family in the village, including my sons, do not know that I am HIV positive. Also, while some of my buddies know, my employers do not. Nothing has changed between me and my friends and I am grateful for that.

**Q: What are your future plans?**

A: I am serious about adhering to treatment and braving whatever side effects I experience. I want to work till my last day and build a decent financial kitty for my old parents, wife and children. Spending more time with my children in the village is a dream which I hope I will be able to fulfill soon. For all this to happen, it is important that I do not lose my job. For now, that is my all consuming concern.

**It is important that the treatment for HIV be free of cost. Also it would be thoughtful on the government's part to provide us with a life insurance policy that can benefit our family once we are no more. Free schooling to children and a minimum pension to the surviving spouse would be a relief too.**

**Q: What do you know about STI?**

A: Frankly speaking, I know nothing specifically about STI and RTI. I do know that a lot of my colleagues used to go for treatment but no one really discusses these things openly. Temperamentally, I am the kind who tends to ignore such signs and usually think that with time they will become alright.

My wife on the other hand is quite particular and if she feels she has got some infection, she goes immediately to the government hospital, stands in long queues, sometimes spends a full day there but makes sure she meets the doctor and allays her fears and returns with the necessary medication. I wish I too was as careful about my health.

**Q: Any issues that you think need to be highlighted?**

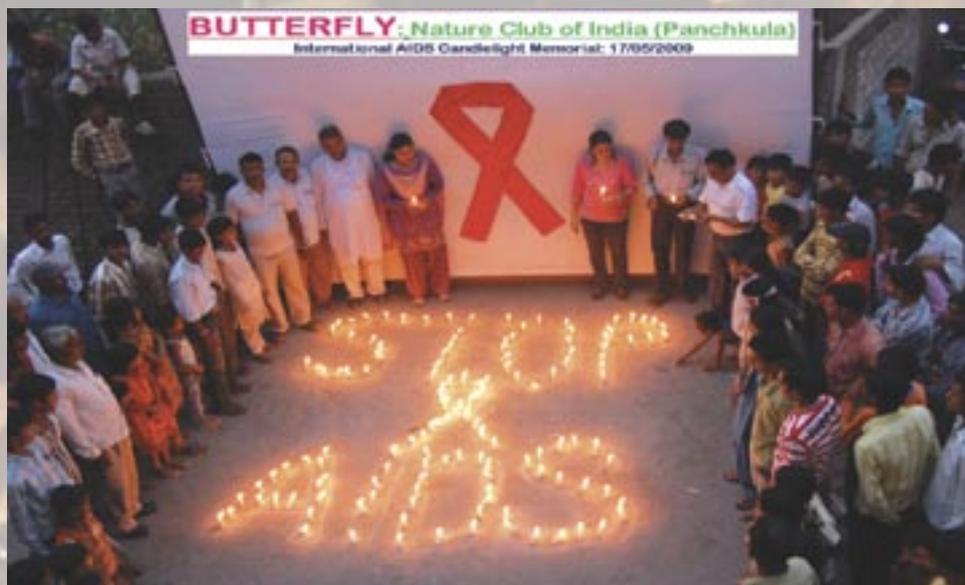
A: What had to happen has happened. Now the only thing that matters for me is to take my medicines on time. It is important that the treatment for HIV be free of cost. Also it would be thoughtful on the government's part to provide us with a life insurance policy that can benefit our family once we are no more. Free schooling to children and a minimum pension to the surviving spouse would be a relief too.

Some sort of assurance would be necessary, like in case my school employers get to know my HIV positive status, they will not discontinue my services. As my condition worsens, I am likely to need few days leave from time to time. Most employers are not very tolerant.

# International AIDS Candlelight Memorial draws Large Crowds in Nagaland and Haryana

The 26<sup>th</sup> anniversary of the global event called for an end to stigmatising behaviour

The Butterfly Nature Club of India (BNCI), a Panchkula-based NGO, on behalf of the Global Health Council, held the Candlelight Memorial which is the world's oldest and largest grassroots mobilisation campaign for HIV/AIDS awareness and is led by community organisations in more than 100 countries. For nearly 25 years, it has served to bring communities together to honour the memories of those who have been claimed by AIDS. The theme for 2009 was "Together, we are the solution"—a silent but powerful message to communities to become more compassionate and accepting, and to end stigma for times to come.



In Nagaland, the memorial was organised by NSACS, NNP+, CRS, N-Naga DAO, Kripa Foundation, Community Awareness Development Foundation, UNDP, Nagaland Legislative Forum on HIV/AIDS, Nagaland Development Outreach, and Development Association of Nagaland. After the memorial service, a Gospel Concert regaled audiences with three bands, 'Divine Connection', 'Blended for Him' and 'Higher Ground' representing two districts of Nagaland. Chungti, President, NNP+ lit the memorial candle and shared what the memorial meant to her. Loon Gangti, President, Delhi NP+ called upon all politicians, bureaucrats, industrialists and masses to take on the challenge of fighting the epidemic without relying on others to lead.



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