

NACO NEWS

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National AIDS Control Organisation

Ministry of Health and Family Welfare
Government of India

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Red Ribbon Express

THE THIRD PHASE ON TRACKS AGAIN

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Letters to the Editor

I happened to see a copy of NACO News in Haryana SACS office and was impressed with the kind of work being done to protect those who are vulnerable and can be saved from the infection. My domestic maid's husband died of tuberculosis and only when she became very ill we realised that she too had HIV and that he had died of AIDS. It was too late to provide much help to her but we have adopted her eight year old daughter who is HIV negative and are making sure that she gets love, security and education. NACO News should be distributed more widely. I would suggest that a copy be given to the Resident Welfare Associations, so that there is greater awareness around opportunistic infections and early signs of detection.

Ms Raksha Dutta

Housewife

Panipat, Haryana



I was a student volunteer at the World AIDS Day function held in the capital and was impressed with the manner in which condom distribution and demonstration was conducted. Also, last year, I had visited the Red Ribbon Express. I not only availed of information but along with my friends went in for HIV testing. In recent months, there have been many campaigns and advertisements which have made the common man understand that HIV does not spread through touching, talking, eating and sharing clothes. All these efforts have resulted in controlling the spread of HIV and in bringing down the number of new infections. We hope, as in the West, we too will be able to provide second line ART to more people and give them the gift of life.

Mr Rahul Golak

Student

New Delhi



I have been a strong advocate of holistic medicine and manufacturing my own range of ayurvedic and herbal medicines. Our liver tonics, honey, stomach cleansers and cough syrups are well received. I would be keen to know of any new research and advances in the development of medication for AIDS and if there is any way that we can work jointly with leading manufacturers to ensure purity and efficacy of formulations that are 100 percent organic, healthy and without side-effects.

Ms Kiran Chadha

Managing Director

Nirwana Wellness

New Delhi

Dear Reader,



It gives me great joy in sharing with you the updates of the last three months. The efforts made through the five years of NACP III are showing signs of success. The epidemic is showing signs of decline and scaling up of the prevention, care, support and treatment services have yielded positive results.

The launch of the third phase of Red Ribbon Express, in partnership with NRHM, was a momentous occasion with political leaders, Government officials and development partners committing themselves to making the country AIDS-free. During its third run, the train will reach out to people, particularly youth, with messages on HIV/AIDS, reproductive health, communicable diseases and other health issues.

In an effort to intensify services for high risk groups, NACO is providing opioid substitution therapy (OST) through Government Hospitals. It is an additional step that has been taken under the harm reduction programme for the prevention of HIV/AIDS among injecting drug users (IDUs).

One of the big successes of the programme has been the way in which the SACS have worked to achieve NACP targets. Whether it is commemorating special days or

launching blood donation drives or reaching services to vulnerable populations, they have always worked with NGOs, CBOs and local governments. Our states section gives a brief round-up of their work, which is a miniscule part of what they do through the year.

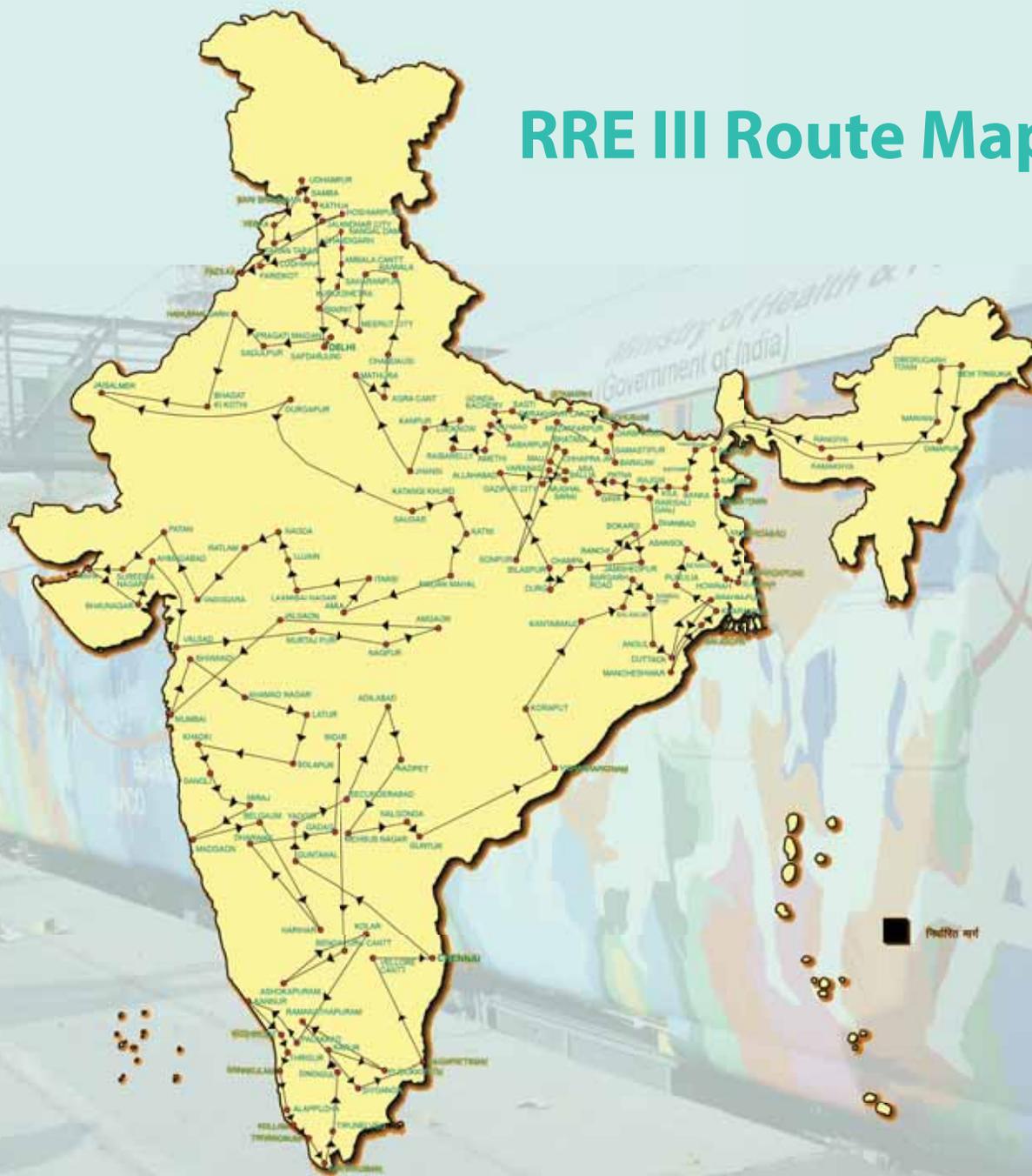
NACO has released its Annual Report for the year 2011–12, which encapsulates the progress in the implementation of NACP III and achievements during the year. The report is available at NACO's official website.

There is a need to sustain the ongoing efforts as we enter into the fourth phase of NACP. We hope to have a robust plan of action that will guide strategy and on-ground implementation to further our goal of having a healthier and zero HIV society.

A handwritten signature in blue ink, appearing to read 'Sayan Chatterjee', written in a cursive style.

Sayan Chatterjee
Secretary, Department of AIDS Control
and Director General, NACO
Ministry of Health and Family Welfare
Government of India

RRE III Route Map



National Coverage Data

State	No. of halt stations	No. of halt days	No. of visitors to exhibition	No. trained	No. counselled	No. treated for STD	No. tested for HIV	No. of people directly reached through outreach activities	Total people covered (Exhibition + Folk)
Delhi	2	3	3793	420	127	10	98	0	3793
Rajasthan	5	10	88189	2292	2334	390	1912	44179	132368
Madhya Pradesh	10	23	370878	5816	7897	1143	7496	146680	517558
Gujarat	7	17	213074	4325	3275	312	2548	0	213074
Maharashtra	12	24	262530	5610	9151	1511	8498	105071	367601
Goa	1	4	19112	678	495	16	135	4942	24054
Total	37	81	957576	19141	23279	3382	20687	300872	1258448

Red Ribbon Express: The Third Phase on Tracks Again



The flagging-off of RRE-III by Hon'ble Minister of Health and Family Welfare, Shri Ghulam Nabi Azad, Hon'ble Chief Minister of Delhi, Smt Sheila Dixit and Hon'ble Minister of State for Health and Family Welfare, Shri S Gandhiselvan

Phase III launched on World AIDS Day with more services, volunteers and plans, reinforcing HIV messages and reaching hidden populations.

On National Youth Day, January 12, 2012, the RRE entered its Phase III for the third run across the length and breadth of the country, to take the messages of HIV prevention, treatment, care and support, and general health to people.

Understanding pulse of the people

Findings of an evaluation study of RRE Phase II revealed that 74 percent of those exposed to RRE knew at least two ways of preventing HIV. It also showed that cultural programmes increased and sustained their interest during outreach.

The innovations and successes of RRE lent themselves to a refinement of its drivers, be it information dissemination and awareness generation, counselling, testing and referrals, or training and capacity building of frontline workers, teachers and service providers or using infotainment.

Setting up systems and processes for managing it efficiently

The RRE is an example of coordination and partnerships at the highest level. It is being implemented in partnership with the Ministry of Health and Family Welfare and the Ministry of Railways. At the state level, the RRE is supported by the State Steering Committee that guides the entire

process. Local units of the Song and Drama Division (S&DD), Directorate of Field Publicity (DFP), All India Radio (AIR), Doordarshan (DD) and Press Information Bureau (PIB) also joined hands with the state AIDS control societies (SACS). At the district level, there is an advisory and coordination committee comprising members of the zila parishad, local police, health department, Nehru Yuva Kendra, Railways and Ministry of Information and Broadcasting.

Components of the RRE Train

The train has eight coaches with each having a defined role, accordingly equipped and designed.

Coaches I-IV are devoted to display cum exhibition of information on bio-medical aspects of HIV and AIDS, including interactive touch screens and 3-D models; educational material focusing on HIV/AIDS and associated care, support and treatment services, stigma and discrimination; information on the overall intersectoral/mainstreaming approach that is being followed; and information on general health, hygiene and communicable diseases such as swine flu, TB and reproductive and child health (RCH) services.

Coach V serves as an auditorium/conference venue with arrangements for orientation/sensitisation of selected groups



Rejoicing RRE team with Ms Aradhana Johri, Additional Secretary, NACO and Mr Faizi O Hashmi, Project Director, DSACS at the launch of RRE-III

such as PRIs, AWWs, SHGs, youth and women. It can accommodate up to 60 people in one batch. There is provision for an LCD projector and platform for folk performances.

Coach VI is dedicated for the purpose of counselling and medical services. With four counselling cabins and two doctor cabins, together they cover the entire gamut of counselling, testing and syndromic treatment for STI and RTI cases.

Coach VII is the sleeper coach used by crew members, monitoring and evaluation (M&E) staff, visiting NACO officials and SACS officials while travelling.

Coach VIII houses the office, dining area and pantry.

Getting ready for the RRE

Before the train arrives

At each of the 162 stations in the 23 states that the train would be transiting through its 12-month run, a series of pre-arrival publicity activities were undertaken to ensure that the target audience was reached out to and mobilised to visit. To create visibility and hype around RRE, various parallel activities were undertaken. These included:

- releasing radio and TV spots on primetime, newspaper advertisements, strip messages on local cable TV;
- coordinating with regional Press Information Bureau (PIB), AIR, DD, DFP, S&DD and Directorate of Public Relations (DPR);
- doing curtain raisers and special features with the help of PIB, DPR/District Information Office and feeding local media for regular coverage;
- enlisting support of NYKS, NSS, NCC, Bharat Scouts and Guides, and NGOs to mobilise people;

- involving partner organisations, ministries/departments and taking services of the DFP and Sⅅ
- drawing up a district media plan as approved by the District Advisory and Coordination Committee to report and strengthen intersectoral and inter-departmental efforts;
- checking logistics related arrangements prior to arrival at halt points/platform such as approach roads, electricity supply, availability of safe drinking water and sanitary arrangements;
- seeking help of District Administration where necessary;
- ensuring deployment of local police food safety and security of visitors and property; and
- working with NRHM and having doctors with paramedics and consumables for on-board service provision in counselling coach and on platform.

After the train arrives

On-platform activities: Welcome ceremony; exhibition/cultural performances till departure of the train; counselling and testing facility at suitable locations near the platform.

Outreach activities: An information, education and communication (IEC) intensive bus campaign to travel to the periphery of the districts, covering about 40 villages a day as per the route map. Two buses to organise four performances each (total eight performances) at four different pre-determined locations, reaching the target population from 40 villages. Community members from five surrounding villages to be mobilised to attend each performance (2 buses X 4 locations each X 5 villages covered at one location).

In-train activities: Display of exhibitions, audio-visuals, auditorium facility for training, and counselling and medical services.

State Stories

As the rest of the country braces itself for receiving the RRE, the states that have already played host to it, share their experience.

Madhya Pradesh

Madhya Pradesh sees wide ranging participation

The RRE chugged into the city of Sagar on January 25, 2012. An impressive inaugural function was held at the station with the Project Director, MPSACS inaugurating the campaign.

Visitor profile: During its 21-day halt, it received 3,70,878 people at the exhibition from long distance villages, and comprised autorickshaw drivers, young people from education institutions, school dropouts, women from SHGs, daily wage and unorganised labour, departmental officials, employees of corporates, armed forces personnel and hawkers.

Training: A total of 5,816 people were trained in 105 batches on the basics of HIV/AIDS, stigma and discrimination, and the role of departments in prevention, care and support.

Testing: As many as 7,496 people opted for voluntary testing to check their HIV status and 1,143 received services for STIs.

Gujarat

Gujarat sees highest number of visitors on a single day

The RRE entered Vadodara on February 17, 2012 on a 14-day journey, transiting through seven railway stations that included Patan, Surendranagar, Hapa, Jamnagar, Bhavnagar, Ahmedabad and Valsad. On February 27, 2012, a new national record was set at Bhavnagar for registering the highest number of visitors to the RRE exhibition in a single day, with 36,108 persons visiting the train. This eclipsed the earlier national record of 33,309 visitors at Nagda, Madhya Pradesh, on February 11, 2012.

Visitor Profile: A total of 2,13,074 visitors benefitted from the exhibition.

Training: As many as 4,457 persons from targeted groups were trained on issues related to HIV/AIDS, while 3,175 persons were counselled.

Testing: 2,548 persons were tested for HIV, while 384 were treated for STI.



Visitors throng to see RRE at Durgapur, Rajasthan

Aspiring for a Zero AIDS Status: RRE Phase III Launched

The Safdarjung Railway Station wore a festive look on January 12, 2012. The RRE stood in attention at the packed venue which had more than 2,000 invitees comprising international donors, UN agencies, NGOs, activists, members of Positive networks, volunteers, government officials, NACO staff and well wishers.

Coinciding the launch of RRE with the birth anniversary of Swami Vivekanand, the dais had an impressive attendance of Hon'ble Union Minister of Health and Family Welfare, Shri Ghulam Nabi Azad; Hon'ble Chief Minister, Delhi, Ms Shiela Dixit; and Ms Aradhana Johri, Additional Secretary, NACO.

Hon'ble Minister of Health and Family Welfare, Shri Ghulam Nabi Azad said that correct information is the best way to prevent HIV infections and that the third phase of RRE will reach millions of youth across the country with the messages of HIV prevention. He wished RRE-III a bigger success than previous two phases and also emphasised its critical role in addressing stigma and discrimination across the country.

Hon'ble Minister of State for Health, Shri Dinesh Trivedi placed on record the support received from Ministry of Railways. This was the first time in the history of independent India when a full train had been dedicated for a specific purpose.

Mr P. K. Pradhan, Secretary, Health and Family Welfare, drew attention to the expanded focus on partnership with NRHM. Sh Gandhiselven, MoS for Health and Family Welfare, expressed satisfaction at the results RRE had achieved and hoped that the youth would stand to benefit by the information disseminated through its different activities.

Ms Aradhana Johri, Additional Secretary, NACO, acknowledged that RRE was made possible because of its multi-partner nature. She thanked World Bank, NRHM, PHFI and UNFPA for their support and hoped that together they could make the campaign a success.

■ Dr Sanjib Chakrabarti, Consultant, NACO and Ms Prachi Garg, Advisor (IEC), NACO

Roll out of Nationwide Strategic Information Management System



Snapshot of SIMS

Strengthening the nationwide Strategic Information Management System (SIMS) is one of the four key strategies of NACP III. Having a strong Strategic Information is a high priority agenda of NACP III, towards building up an effective response to the HIV epidemic in the country. To ensure robust reporting and monitoring, SIMS was launched to address issues relating to planning, monitoring, evaluation, surveillance and research.

SIMS is a web-based, integrated monitoring and evaluation system with sophisticated tools meant for data analysis and integration from different data sources and platforms. It is a centralised system that allows the users to capture the data at various levels like reporting units, district level and state level and enables them to view the data whenever required. It enhances the efficiency of Computerised Management Information System by having data quality through centralised validated data. The data transfer mechanisms are improved by using the web-enabled application and

efficient data management rights (Access Rights Control) from reporting unit to national level. This system provides the evidence to track the progression of epidemic with respect to demographic characteristics and geographical area including GIS support and enables individual level data collection for key programme areas through built-in real-time analytic, triangulation and data validation capabilities.

The roll out of SIMS is done in a phased manner. Around 10,266 personnel were trained by June, 2011 at the national, state, district and reporting unit level. SIMS provides tools for better decision making through data triangulation from different sources and thereby facilitates ease of evaluation, monitoring and taking policy decisions at strategic or tactical levels.

- Mr Ugra Mohan Jha, M&E Officer and Mr Ananta Basudev Sahu, Programme Officer (M&E), NACO



Opioid Substitution Therapy Scaled-up for HIV Prevention among IDUs

Injecting drug users under NACP II and III availed of needle substitution and exchange but will now benefit from OST.

Launch of OST centre at Guru Nanak Dev Medical College in Amritsar, Punjab by Hon'ble Minister of Health, Punjab, Prof Laxmi Kanta Chawla, Ms Aradhana Johri, Additional Secretary, NACO and Shri Satish Chandra, Principal Secretary, Punjab

A new hope for people who inject drugs

As per NACP III, the number of IDUs in the country is approximately 2 lakhs (1.77 as per the revised estimates). From metropolitan cities to the north-eastern states of Manipur, Mizoram and Nagaland, injecting drug use is showing an increase, especially in the north-western states like Punjab and Haryana.

The sentinel surveillance carried out in 2008-09 shows that HIV positivity among IDUs was 9.2 percent, which was highest among any population sub-group. Additionally, states such as Maharashtra, Manipur, Punjab, Delhi, Chandigarh, Mizoram and Orissa (7.3 percent) have reported very high HIV prevalence among IDUs.

NACO's response under NACP III

Harm reduction approach is a key response to the problem of HIV among IDUs. The Government of India has endorsed 'harm reduction' as a strategy in the National AIDS Prevention and Control Policy, 2002. This ensures HIV prevention among IDUs and their sex partners by providing need-based preventive services free of stigma and discrimination in a community-friendly manner. Harm reduction aims to reduce the prevalence of HIV by reducing the risk associated with behaviours which increase likelihood of HIV transmission such as sharing of needles, syringes and other equipment for preparing and injecting drugs, and unsafe sexual behaviours. Needle and Syringe Exchange Programme (NSEP) form a major component of the strategy.

The harm reduction interventions are implemented through NGO-run targeted interventions and provide HIV preventive

messages through interpersonal communication, medical services, including abscess management, STI treatment, and referral to other healthcare services. The clients are provided counselling to encourage health seeking behaviour and to increase utilisation of services like detoxification, ART, TB treatment etc. In addition, advocacy with the law enforcement agencies, political and religious leaders is also conducted to enable clients' access to services.

Introducing Opioid Substitution Therapy in India

Opioid Substitution Therapy (OST) is an additional component in NACO's HIV prevention programme for IDUs which was incorporated in the harm reduction programme for IDUs in 2007-08. Worldwide, OST has been recognised as a very effective strategy to prevent HIV among IDUs, improve compliance to treatment and follow up, increase adherence to ART medicines (in case of HIV positive IDUs), and improvement in overall functioning and quality of their lives. As OST helps in achieving a comfortable level, the client stops injecting drugs, thus preventing the potential harm of contracting HIV and other diseases transmitted through injecting route (e.g. Hepatitis B, Hepatitis A)



An OST centre at a District Hospital in Durg, Chhattisgarh



National Training of Trainers on OST at Chandigarh

OST services are offered through NGOs as well as government institutions. When OST was incorporated in the prevention programme for IDUs, the services were available only through the NGO run IDU interventions. Since 2007-08, NACO has supported 52 NGO OST centres across 15 states of the country by providing human resource and medications (buprenorphine). Each of the OST centre has gone through an independent accreditation with the National Accreditation Board for Hospital and Healthcare Providers (NABH) on an annual basis. The NGO OST centres have been providing OST to more than 4800 clients and have established valuable experience of delivering OST services in resource-limited settings.

In order to ensure sustainability of services and to leverage resources available in the health system, NACO launched a pilot project by opening OST centres in government health facilities in five districts of Punjab. In this project, a collaborative model of OST delivery was implemented by sharing the responsibility of OST delivery between the government hospital (medical assessment, dispensing, stock-keeping, etc.) and the NGO TI (demand generation, outreach, psycho-social support, etc.). The model is designed to harness the strengths of both the government and NGO institutions and thus ensure quality services for the OST clients.

Based on the encouraging response to the pilot project in Punjab, a national OST scale-up plan was developed and is currently being implemented in 31 states. Presently, NACO is implementing OST through 68 OST centres in 19 states and Union Territories providing free buprenorphine substitution treatment to nearly 6500 IDUs.

- Dr Alok Agrawal, Programme Officer (OST), NACO and Ms Sophia Kumukcham, Technical Officer, NACO

Mumbai Gets All New 'Shakti' Clinics to Reach PLHIV

ICTCs and testing services in government hospitals will now be more visible and user-friendly.

One of the biggest challenges faced by government hospitals in Mumbai has been the non-usage of services at the integrated counselling and testing centres (ICTCs). In spite of being located within the government hospitals, they were tucked away in a corner, with most visitors being unaware of their existence and purpose. With barely any signages, they existed but were practically "out of sight and out of bound" for the target population. Also, those who wanted to access them lost precious time locating them since directions within the hospital premises were poor and awareness amongst hospital staff low.

To bridge this gap, the state launched the 'Shakti' initiative. It empowered users by making effective use of branding elements to ensure best visibility for all ICTCs. Two recesses were conducted across hospitals and the observations and findings fed into the development of a branding plan that involved using signages at various points. Each offered value-added information to the user.

At the registration itself, the important message that all services were free and that there was no need to carry case papers and one could walk straight into the ICTC is clearly mentioned. Further, MDACS devised a set of practices or 'rituals' that comprise the Shakti experience. These include the use of Shakti brand colours in all visual elements, motivational posters in Hindi and Marathi at the entry of every Shakti clinic, and testimonial posters of PLHIV. Counsellors wear specially designed lab coats with Shakti colour. This helps distinguish them from other service providers at the hospital. Stationary in the form of personal identification slips, consent forms and referral slips also has the Shakti brand, flashing motivational and anti-stigma messages prominently.

Each ICTC has a map with the location of all 100 ICTCs in Mumbai. This helps a person decide whether to wait there or go to another ICTC, in the event of a long queue or any other delay/problem.

- Ms Vineeta Venkatraman
Joint Director (IEC), Mumbai DACS

USAID Administrator Dr Rajiv Shah, observes HIV/AIDS Programmes at Safdarjung Hospital, Delhi



Dr Rajiv Shah, USAID Administrator with Ms Aradhana Johri, Additional Secretary, NACO at the exhibition in Safdarjung Hospital

On Wednesday, December 21, 2011, United States Agency for International Development (USAID) Administrator, Dr Rajiv Shah joined Additional Secretary, Ms Aradhana Johri, National AIDS Control Organisation, on a visit to the Safdarjung Hospital in Delhi. Dr Shah's visit was designed to recognize India's leadership in combating HIV/AIDS and celebrate the long and successful partnership that USAID has had with the Government of India.

During his visit, Administrator Shah met with the medical officer and staff of the Prevention of Parent to Child Transmission and Antiretroviral Treatment (ART) centres to discuss their government programmes and services. Administrator Shah also talked to a number of people living with HIV/AIDS and orphans and vulnerable children, and learned how NACO and USAID are working together to support their health and socio-economic needs.

Dr Shah had the opportunity to see a display of five USAID supported partner exhibits, each highlighting a different HIV/AIDS programme innovation. The innovations included:

- hello + a toll free helpline established in partnership with Tata Business Support Solutions;
- an HIV/AIDS insurance programme for PLHAs supported by the Star Health Insurance company;
- an AIDS vaccine initiative;
- a policy programme for orphans and vulnerable children jointly implemented by NACO and the Ministry of Women and Child Development; and
- innovative health communication programmes on the prevention of mother to child transmission. The visit ended with remarks to the media by the Administrator and the Additional Secretary NACO.

■ Ms Prachi Garg
Advisor (IEC), NACO



A Journey of Communication during NACP III

Ms Aradhana Johri, Additional Secretary NACO with Ms Saroj Pachauri, Member NACB at the National Communication Conclave in New Delhi

Consolidating experiences of NACP III to ensure effective and efficient communication for behaviour change in HIV/AIDS Journey.

NACP III has been a rich and rewarding journey and the communication in HIV programme in India is more evolved and robust as compared to any of the other programme in health. The communication strategy and its implementation has evolved significantly from the second phase of the National AIDS Control Programme to its third phase. The communication within HIV programme has moved beyond being mere IEC or publicity and has geared towards behaviour change communication. There have been attempts to make communication effective, efficient and result oriented. The highlights of the communication during the third included special strategies to reach out to youth, condom promotion through normalisation to risk perception and consistent condom use, addressing barriers to HIV testing, STI treatment and blood donation. Red Ribbon Express – A flagship initiative of NACO, multimedia campaign in the north-eastern states and nationally driven folk-media campaign have been some powerful examples of initiatives which reached people directly. NACO has made efforts to foster self-efficacy, empowerment, solidarity and enabling environment to fight stigma and discrimination. Throughout NACP III NACO has worked towards integrated communication strategies and programmes for HIV and AIDS awareness, prevention, care and support of people who are living with HIV/AIDS and stigma reduction.

With the goal of consolidating the gains of NACP III and learn from the experts from multi-disciplinary field a

National Communication Conclave was organised by NACO in partnership with Johns Hopkins Bloomberg School of Public Health Centre for Communication Programmes (JHU CCP) and USAID. The objectives of the conclave were to showcase HIV/AIDS communication efforts implemented by NACO during NACP III, identify and answer key communication issues and challenges and how they can be addressed, provide a platform for partners and stakeholders to share past experiences and lessons learned and explore future directions for HIV/AIDS communication including issues of sustainability, institutional strengthening and convergence. The themes taken up for discussion included, 'Moving from knowledge to behaviour change'; 'Mastering the demand/supply equation and linking communication to services and products'; 'Reaching different audience groups and stimulating change'; and 'Sustaining quality communication efforts with shifting audiences'.

During the conclave, experts from academia and the media shared their experiences about developing persuasive communication that had the potential to influence behaviours and impact lives. Best practices in HIV/AIDS communication; Global and India specific case studies and ways in which donor agencies and stakeholders could add further value to HIV/AIDS programmes in India was discussed. The discussions proved beyond doubt, that smart communication is essential to battle HIV/AIDS and complex issues surrounding it.

Ms Aradhana Johri, Additional Secretary, NACO, emphasised the need for strategic approaches and how these were required to address HIV/AIDS communication in a dynamic world. She pointed out that communication was no longer confined to being restricted to only IEC or publicity materials but was more geared towards behaviour change. Apprising the audience of several communication efforts initiated by NACO, including multimedia, traditional media and mass media, she said, “innovations such as the Red Ribbon Express apart from creating awareness, stepping up access to services and products, also provide opportunity for other health programmes to also showcase their special features, providing users with a bouquet of services and a plethora of information.”

Shri Oscar Fernandez, Hon’ble Member of Parliament, Congress, expressed that though India had achieved success in controlling the epidemic, there should be no complacency vis-à-vis seeking new ways of reaching vulnerable and marginalised populations. Mr William Glass, Director of Strategic Communication Programmes, JHU Centre for Communication Programmes encouraged all partners to form a coalition to support communication as a key component of the national HIV/AIDS programme. He urged all communication professionals to develop strategic



Shri Oscar Fernandes, Hon’ble Member of Parliament and President FPA and Ms Aradhana Johri, Additional Secretary, NACO lighting lamp at the inauguration ceremony

communication and strengthen the role which communication could play in the prevention and control efforts of the NACP.

NACO’s strategic communication involving a wide range of thematic mass media and intensive on-ground campaigns has not only reached masses but has touched the lives of millions of most at risk populations and populations living in rural and remote parts of the country.

- Ms Sanjanthi Velu, Country Director, JHU CCP and Prachi Garg, Advisor (IEC), NACO

Awareness Programme for Faith-Based Organisations

Religious leaders resolve to undertake initiatives.

In January 2012, a day-long inter district level workshop-cum-awareness programme on HIV/AIDS was organised by SHAPE, a leading NGO, which runs a TI project for men who have sex with men in Sivasagar, Uttar Kamalabari Satra, and Majuli of Jorhat district, Assam.

As part of an awareness drive for Faith-Based Organisations of Sivasagar, Jorhat, Dibrugarh and Tinsukia district Mr Jatindra Lahkar, Deputy Commissioner of Sivasagar District addressed a large gathering of religious leaders and requested them to be more proactive in spreading messages of prevention in their community and contribute to the efforts to fight stigma and discrimination.

At the end of the session, religious leaders resolved to undertake a series of initiatives to further the cause of HIV/AIDS. Some of these initiatives included organising prominent events, integrating HIV messages in the yearly calendar of popular festivals, celebrations and



A district level workshop for FBOs in Jorhat, Assam

commemoration of special days, and using the discourses at church, mosque and temple to share information.

- Ms Bonti Saikia
Joint Director (IEC), Assam SACS

Kalyani Health Magazine Emerges as an Effective Communication Tool

An assessment of the mega health awareness programme was carried out to study its impact and suggest ways of making it more impactful.

A pioneering health communication initiative of Development Communication Division (DCD), Doordarshan, Kalyani Health Magazine has touched the lives of people in nine most populous states of India. Launched on May 30, 2002 as a joint initiative of DCD and the Union Ministry of Health and Family Welfare, the weekly TV programme focuses on malaria, HIV/AIDS, tuberculosis, iodine deficiency, tobacco related and water borne diseases. In the subsequent years, other issues such as leprosy, blindness control and food safety were added.

The programme has been conceptualised as an entertaining, participatory, need-based, multi-segmented, interactive TV programme that aims at behaviour change and social action. NACO has been sponsoring six special episodes on HIV/AIDS since 2002.

Winning features of Kalyani

- Effective use of public service TV broadcasting to create a community of good practices for fostering awareness and inspiring positive health attitudes and behaviours.
- Use of a 'reality show format' with doctors visiting rural areas and having direct interaction with villagers on camera.
- Having a 'field-based format' with stock characters/local celebrities attached to respective DD kendras, using popular names such as 'no problem' in Assam, 'Sehri Didi' in Odisha and 'Sakhi' in Chhattisgarh.
- Based on an overall 'magazine format', it engaged viewers and encouraged their participation through 'phone-in', letters, quizzes, weekly question competitions and monthly slogan prizes.
- The programme mix included as many as 16 formats with folk songs, street theatre, talks, animation, news, health tips and discussions.
- On-screen/In-studio activities were combined with on-ground initiatives such as Kalyani clubs and other IPC activities.

Assessment of Kalyani programme

An evaluation was undertaken in six states, namely Assam, Bihar, Madhya Pradesh, Odisha, Rajasthan and Uttar



Pradesh to understand the effectiveness and efficacy of the programme among its intended target audiences. The assessment was carried out amongst 1,475 viewers and 1,580 non-viewers to understand the recall, comprehension and effectiveness of HIV/AIDS messages. The study results found that the knowledge and awareness on HIV/AIDS is higher among Kalyani viewers and they have a positive approach towards PLHIV.

A higher percentage of Kalyani viewers have heard of HIV (Viewers=100 percent; Non-viewers=93 percent). Television is the main source of information on HIV/AIDS among both viewers and non-viewers. The proportion of viewers (97 percent) who had received information on HIV/AIDS through TV is significantly higher than non-viewers (71 percent) and this can be attributed to TV ownership among viewers and non-viewers. The data also indicated that more than one-fourth (28 percent) of viewers had received information on HIV/AIDS from Kalyani clubs. Around two percent non-viewers agreed on the same, indicating the reach of Kalyani clubs to non-viewers also.

Kalyani continues to be a popular programme among rural audiences and a key source of information on health issues.

■ Ms Prachi Garg
Advisor (IEC), NACO

Tribal Festival in Andhra Pradesh Creates AIDS Awareness

High-risk groups reached via Medaram Jatara festival which used video ads, BCC and mobile vans.

HIV/AIDS prevention and control efforts in Andhra Pradesh achieved a fillip with a mega tribal festival that helped reach vulnerable groups effectively. Thousands of tribal men and women availed of IEC activities to mainstream the programme under the “Link Workers Scheme” at the *Sammakka-Saralamma Jatara* or *Medaram Jatara* festival that took place in Medaram in Warangal district, Andhra Pradesh.

An IEC mobile van went through the tribal districts with a plethora of outdoor material such as hoardings, banners and posters. Also, DVDs containing video advertisements

on HIV/AIDS awareness, prevention and control generated interest and curiosity.

Simultaneously, a series of ongoing activities were initiated. The *Rakhta Bandhu* Campaign helped promote blood safety. A Doordharshan talk show called *Mee Nestham* featured various themes on HIV/AIDS issues and was telecast on a popular regional channel thrice a week.

■ Mr Venkateshwar Rao
Deputy Director (IEC), Andhra Pradesh SACS

Substance Abuse, a Priority for Andaman & Nicobar

The Red Ribbon Club served as a voluntary, on-campus promotional and preventive intervention for students.

The Andaman & Nicobar AIDS Control Society (ANACS) set up a red ribbon club (RRC) as a voluntary on-campus promotional and preventive intervention programme for students in educational institutions. The club will channelise youth energies in a positive and holistic manner.

As many as seven RRCs have been formed and a number of orientation and capacity building workshops for youths organised. Peer educators have been hired to disseminate information on HIV/AIDS, drug abuse and alcoholism. They will provide linkages with relevant institutions to enable those indulging in substance abuse to seek timely help.



An orientation and capacity building workshop on substance abuse for RRC in Andaman & Nicobar

ANACS also commemorated International Youth Day on January 12, 2012 on the theme, “Young Blood Donors are Saviours of Lives”. Rallies, seminars, blood donation and motivational camps for youth were conducted to encourage young people to step forward and be regular voluntary donors. In January alone, four blood donation camps were organised and 85 units of blood collected.

■ Dr Yasmin
Deputy Director (IEC),
Andaman & Nicobar AIDS Control Society

“ANACS also commemorated International Youth Day on January 12, 2012 on the theme, “Young Blood Donors are Saviours of Lives”.

Karnataka Sets up Legal Cell in 46 ART Centres

A 12-hour toll-free legal helpline reaches positive families with the hope of ending discrimination and creating an equal society.

More than hundred advocates were given a brief presentation on HIV, and the ethical and legal issues surrounding the lives of people affected by HIV during a one-day Training-of-Trainers (TOT) workshop. The focus of the training was to educate people on the range of services offered by the legal service cells in government ART centres. The workshop was organised in Bangalore by the Karnataka State AIDS Prevention Society (KSAPS) in collaboration with the Karnataka State Legal Service Authority on January 25, 2012.

On the occasion, an interactive and informative website was launched for the masses. The objective of the website was to increase the uptake of legal service seekers, especially among the educated. Mr E V Ramana Reddy, Health Secretary, Karnataka informed, "The legal centres are part of KSAPS effort to ensure zero stigma and discrimination against HIV/AIDS affected people." The toll-free helpline, 1800-425-8500, is functional from 8.00 am to 8.00 pm, from Monday to Saturday. According to Justice V V Angadi, member, SLSA, "In 178 legal clinics,



A one-day TOT workshop on legal cells in Bangalore, Karnataka

free legal service is being provided. Master trainers will train workers on HIV related legal and ethical issues."

■ Mr Kulandai Raj
Communication Officer (TSU), Karnataka SAPS

Music Motivates Youth to be HIV-Free in Arunachal Pradesh

Popular hard rock bands used heavy metal music to connect with youth and educate them on AIDS prevention and control.

What sets the HIV/AIDS awareness, prevention and control drive in Arunachal Pradesh apart is the smart use of multimedia campaigns to get the message across to the youth.

The Arunachal Pradesh State AIDS Control Society (APSACS), Naharlagun, organised Red Rockfest, a series of rock concerts under its multimedia campaign, covering 12 districts, including Changlang which has the highest number of HIV cases.

The campaign was launched in January with local hard rock and heavy metal acts such as Alien Gods and Carnal Sins reaching young people with messages on prevention, treatment, stigma and discrimination.

The campaign generated a lot of interest and excitement, with young people stepping forward to ask questions, clear doubts and develop a healthy and safe mindset towards sexuality on the whole.

■ Mr Tashor Pali
Deputy Director (IEC), Arunachal Pradesh SACS

Donate Blood, Spread Love

Celebrate Valentine's Day differently.



A young lady donating blood for her valentine in Aizwal district, Mizoram

Aizawl, for the last three years, has been celebrating Valentine's Day with a cause. It is organised by a spirited young woman, Zikpuii, a TV presenter for the local channel LPS as well as a radio jockey for AIR Mizoram. Her

initiative was supported by the Mizoram State AIDS Control Society and Association for Voluntary Blood Donation. The local media also supported this unique initiative by spreading the message around the city. The total turnout was overwhelming.

Zikpuii feels that donating blood is a great way to give love to the world on the occasion of Valentine's Day. In return, the donors are given a red rose, cakes and chocolates by the organisers. Over 500 young people came together for this event. School children volunteered in assisting the doctors and technical people. Local artists performed at the venue and everybody had a good time. A total of 410 units of blood were collected from 298 males and 112 females. The event was simultaneously held successfully in two more districts of Mizoram.

■ Ms Zuiliani Hrahsel
Deputy Director (IEC), Mizoram SACS

Folk Dances Educate Rural Masses in Odisha

Thirty dance troupes attended a four-day workshop and fanned out to eight districts, spreading messages on HIV/AIDS.



A folk dance performance at the workshop in Bhubaneswar, Odisha

The Orissa State AIDS Control Society organised a four-day folk dance workshop to sensitise the rural

community on HIV/AIDS. The workshop was held from February 14–18, 2012 at Bhubaneswar.

Thirty folk dance troupes, certified by the Song and Drama division, gave shape to common dance forms such as the *Ghodanacha*, *Ghuduki*, *Daskathia*, *Pala* and *Sambalpuri*, weaving in HIV messages and presenting situations that were likely to arise in households impacted by HIV. In Phase I, the folk dance programme will be implemented in eight districts of the state.

The workshop was steered by the Mission Director, NRHM; Consultant, NACO; and Joint Director, OSACS.

■ Dr Tripati Mishra
Joint Director (IEC), Odisha SACS

Reassuring the Commitment

Legislators in Rajasthan came together again to strengthen the fight against AIDS.

HIV/AIDS, more than any other health issue, is critical in setting back a country's development. Members of Legislative Assembly (MLAs) are leaders in society and have both the mandate and public trust to act in the interests of the entire community. They command the influence and resources needed to secure progress in combating HIV/AIDS, and MLAs bear a special responsibility to set the examples that spur others into action. While addressing the National Council on AIDS, hon'ble Prime Minister of India Dr Manmohan Singh said that *"India lives in states. Unless each state government responds and implements its strategy on HIV/AIDS, we won't be able to contain the epidemic."*

Taking inspiration from national level efforts in parliamentary forum, Rajasthan Legislative Assembly formed 'Legislative Forum on HIV/AIDS' in June 2011. The objective of the Forum is "to strengthen and cultivate leadership at different levels in states for a comprehensive response to the epidemic."

The first meeting of the Legislative Forum was held on March 29, 2012 in Vidhan Sabha auditorium. RSACS organised a thematic exhibition on HIV/AIDS programme in the state which was inaugurated by the Hon'ble Speaker of Rajasthan Vidhan Sabha.

In his welcome address, Mr Allauddin Azad said that *"the formation of this legislative forum is a proactive step towards awareness of disease. Rajasthan is more vulnerable to HIV/AIDS as large number of trucks pass through our state, lot of in and out migration takes place in the state and the worrying factor is the disease is spreading rapidly among youth which needs to be curtailed through joint efforts."* Mr Azad narrated a real life story from neighbouring state Gujarat where all members of a family committed suicide when they came to know about HIV positive status of head of the family.

Ms Mona Bolani, member from Rajasthan Network of Positive People (RNP+) shared that being an HIV positive she has faced stigma and discrimination from family members, society and in work place. Ever since she joined RNP+, a zeal to live for HIV positive people has grown. She thanked the Rajasthan Government for providing welfare schemes for the benefit of people living with HIV/AIDS (PLHIVs) and also requested all the members to take leadership in ending the stigma and discrimination against PLHIVs in the state.

Mr Gansham Tiwari, Deputy Leader of Opposition exhorted that being an MLA, his two major duties are social mobilisation



Hon'ble Speaker of Rajasthan Vidhan Sabha, Mr Deependra Singh Shekhawat lighting lamp at the inauguration ceremony along with the Hon'ble Health Minister of Rajasthan, Mr A A Khan

and mass awareness. It is the moral responsibility of each MLA to educate the people in their respective constituencies on HIV/AIDS and also mobilise the support from everyone to fight against the disease.

Mr Deependra Singh Shekhawat, Hon'ble Speaker of Rajasthan Assembly, shared that *"HIV is spreading very fast, we need to act now. Many may get infection due to the mistakes of others. Hence jaagraktha (awareness) and saavdhaani (precaution) should reach people even at grass root level."*

Mr A A Khan, Hon'ble Health Minister said that *"A copy of the schemes for PLHIVs in the state will be circulated to all MLAs. Rajasthan is the pioneer state in implementing many welfare schemes for PLHIV and the benefit should reach all needy through people's representatives. All PLHIVs have a right to lead good and respectable life and we all should facilitate the same. We, being leaders of people should lead by example. Cutting across the parties/differences all MLAs stand united in fighting against HIV/AIDS."*

After the address by Health Minister, Dr Binoy Singh an MLA from Manipur shared the best practices of Legislative Forum on HIV/AIDS in Manipur. All MLAs contributed one lakh each from their local funds and urged government to put one lakh more to facilitate the travel of poor HIV positive patients to travel to ART centres. Moreover because of the efforts of LFA, state has procured PCR testing machine to get quick HIV testing results. Dr Singh shared that serving the needy through this kind of work is most satisfactory and agencies like UNAIDS are always there to support them. He requested all the MLAs in Rajasthan to stand united for the noble cause of HIV prevention programme.

■ Dr Pradeep Chaudhary
Joint Director (IEC), Rajasthan SACS

Release of Annual Report 2011–12

NACO's Annual Report for the year 2011-12 released.

The HIV surveillance highlights an overall reduction in adult HIV prevalence. The analysis of epidemic projections has revealed that the estimated annual HIV incidence (new infections) has declined by about 56 percent over the last decade (2000 – 2009). Wider access to ART has resulted in decline of the number of people dying due to AIDS-related causes. This is one of the most important evidences of the impact of various interventions and scaled-up prevention strategies under the National AIDS Control Programme (NACP).

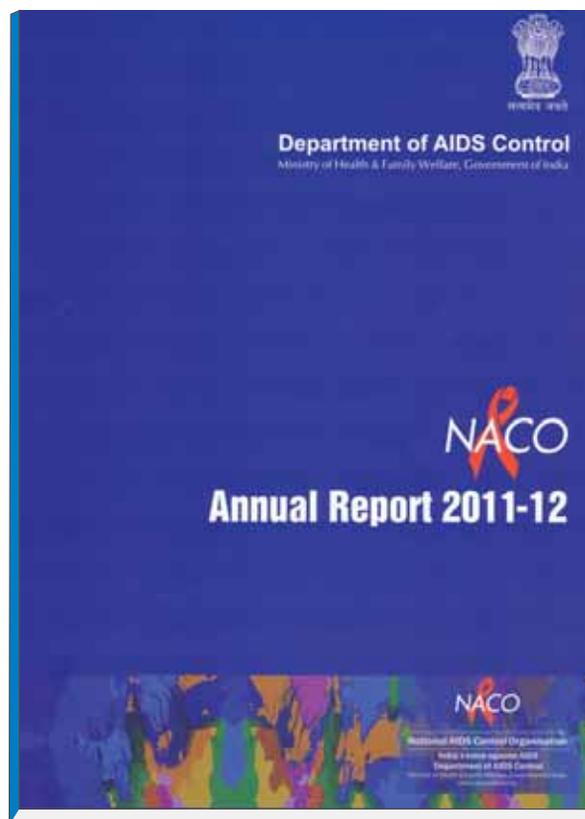
While declining HIV trends are evident at national level as well as in most of the states, some low prevalence and vulnerable states have shown rising trends in HIV epidemic, warranting focused prevention efforts in these states. HIV prevalence is showing declining trends among female sex workers (FSWs) both at national level and in most of the states. However, other high risk groups such as MSM, IDUs and bridge population such as 'single male migrants' are emerging as important risk groups in many states.

Key Achievements

As many as 1,785 TI projects are providing prevention services covering 81 percent FSWs, 80 percent IDUs, 64 percent MSM, 40 percent migrants and 57 percent truckers. About 62 OST centres have been established to provide buprenorphine maintenance treatment to IDUs through government health care settings.

NACO launched the third phase of the Red Ribbon Express Project and rolled out National Folk Media Campaign across the country. North-eastern states successfully implemented the Red Ribbon Superstars Campaign for third year in a row.

The ICTC services are provided through 4,486 standalone ICTCs, 4,071 facility integrated counselling and testing centres at 24x7 PHCs and 902 ICTCs under Public Private Partnership model. During 2011-12, 161.39 lakh clients including 70.87 lakh pregnant women were counselled and tested till January 2012. Out of 13,213 pregnant women who tested HIV positive, 11,074 mother–baby pairs were provided Nevirapine prophylaxis to prevent mother to child transmission of HIV.



Access to safe blood has been ensured through a network of around 1,149 NACO supported Blood Banks including 171 Blood Component Separation Units and 28 Model Blood Banks. During 2011–12, 72.7 lakh blood units were collected till January 2012, of which 83.1 percent was through voluntary donation.

Around 4.86 lakh PLHIV including 28,225 children are receiving free ART through 342 ART Centres and 685 Link ART Centres. 4209 PLHIV are receiving Second line ART.

The Early Infant Diagnosis programme has been rolled out through 1,088 ICTCs and 217 ART Centres across 26 states. During 2011–12, 6,927 HIV exposed infants and children less than 18 months of age have been tested for HIV.

For the performance of various activities in the Results Framework Document 2010–11, the Department of AIDS Control scored 91.27 percent with “Excellent” rating from the Performance Management Division of the Cabinet Secretariat.

■ Ms Prachi Garg
Advisor (IEC), NACO

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Dr. Manmohan Singh
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Shri Dinesh Trivedi
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Date: 12th January, 2012



National AIDS Control Organisation
India's voice against AIDS
Ministry of Health & Family Welfare, Government of India
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