



A Newsletter of the  
National AIDS Control Organisation

Ministry of Health & Family Welfare  
Government of India

# NEWS

Vol. III Issue 2

Apr - Jun 2007

*Keeping Gen Next*

# SAFE

**Adolescence Education Programme  
Integrating HIV Awareness into Classroom Learning**



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## In the Mail



Congratulations to the editorial team of NACO News for the “What’s new?” column. It informs implementing NGOs like us about new publications that could help enrich our projects. It also keeps us updated on innovative interventions across the

country, and policy/ programmatic changes. This newsletter, if brought out in Hindi and other regional languages, could have a greater reach.

*Deepa Bajaj,  
Chief Executive,  
Child Survival India,  
Khera Khurd, Delhi*

• • •

The NACO newsletter is very innovative and has lots of information about national and state level HIV interventions. However, we would also like to learn about the work happening at the grassroots level. We particularly enjoy reading case studies and

real life experiences and feel they make a greater impact than theoretical narratives. We look forward to more such encouraging stories.

*Positive Women's  
Network staff, Chennai*

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We appreciate NACO’s sustained efforts to regularly provide us empirical and analytical data for taking the next step in the battle against HIV and AIDS. NACO News is informative and provides a boost to those working for/among the PLHAs. We hope through the newsletter, the countrywide efforts to

tackle HIV and AIDS will come to the fore.

*Students from the Department of  
Social Work,  
Stella Maris College, Chennai*

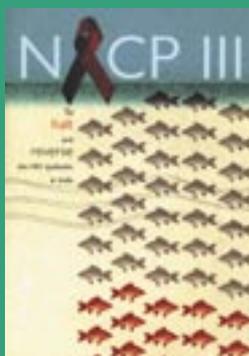
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Overall the look and feel of the newsletter is good. It would be useful if you could provide one summary sheet on the status and progress in each state, with special focus on innovations. We would also like to see more special articles on scientific research, trials, and global experiences.

*Soumitri V.R.,  
Satyam Foundation,  
Hyderabad*

## NACP-III is set in motion

Friday, July 6, 2007, marked the culmination of over two years of strenuous effort and an unprecedented consultative process. It saw the official launch of the third National AIDS Control Programme (NACP-III) by Union Minister for Health and Family Welfare Dr Anbumani Ramadoss at a function in Delhi. “Today is a momentous day for us,” Dr Ramadoss said, “the strategies and approaches outlined in NACP-III indicate the maturity of the epidemic and the vast improvement in our knowledge of this disease, which continues to challenge our ability to find a cure.” NACP-III, Dr Ramadoss stressed, is “founded on the important principle of equality and inclusion, demonstrated by giving primary focus to prevention and behaviour change



among high-risk groups through a process of empowerment”.

Present at the function were the Minister of State for Health and Family Welfare, Ms Panabaka Lakshmi, the Secretary Health and Family Welfare, Mr Naresh Dayal and the Director General, NACO, Ms K. Sujatha Rao. Representatives of the United Nations agencies, the World Bank and bilateral donor bodies such as DFID and USAID were also there. Reaching out to all of them, and

indeed to all NACO’s partners and stakeholders in the state governments and in civil society, Dr Ramadoss concluded, “I do hope that this partnership will continue and NACP-III will be implemented successfully.”

Let's make our newsletter participative, with your inputs! You can send us a variety of contributions:

- Case studies
- Field notes and experiences
- News clips
- Anecdotes... and much more

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

– Editor





## From the Desk of the Director General

Close to 440 million Indians, a third of the country's population, are below 18. Economists term this as India's "demographic dividend" and point out that, as major societies begin to age in the 21st century, India will have a young, productive labour force at its disposal. Yet there is no certainty that this will happen unless we take strong steps to ensure that our young – the country's future – remain healthy. In particular, protecting young and adolescent Indians from the HIV and AIDS epidemic is a vital concern.

In 2006, NACO commissioned an All-India Endline Behavioural Surveillance Survey (BSS), using a sample size of 80,000. The results were educative. While 88.5 percent of Indians in the 15-24 age category had heard of HIV and AIDS, only 57.1 percent could correctly identify prevention methods. A recent study by the Ministry of Women and Child Development also indicates a hitherto unknown degree of emotional and sexual abuse of children.

As such, safeguarding our young from risk-promoting behaviours that may leave them susceptible to HIV and AIDS is imperative. We can, for instance, arm youth and adolescents with information, which is, really, the best prevention kit we have; we can also reinforce the virtues of faithfulness and condom use and prevent teenage pregnancies, which could leave both mother and child vulnerable to HIV.

Life-skills education is a crucial component of NACO's Adolescence Education Programme (AEP), launched in 2004-05 and designed to make teachers – who are credible and trusted faces in the classroom – disseminators of appropriate health messages related to growing up. In the past two years, 112,000 schools and 288,000 teachers have been provided training and given reference material, developed by NACO and vetted by NCERT.

In the absence of AEP, young people will be left with no credible or complete source of information

and will depend on peers or mass media and a combination of speculation and surmise. A structured alternative from a credible source would obviously be preferred, and it is this that AEP seeks to do.

In recent months, some states have banned life-skills education, seeing it as unnecessary. At NACO, we are disheartened by this. The packaging of the message, the actual text, can be negotiated or altered – we are always open to suggestion – but the core idea of AEP and life-skills education cannot and should not be rejected.

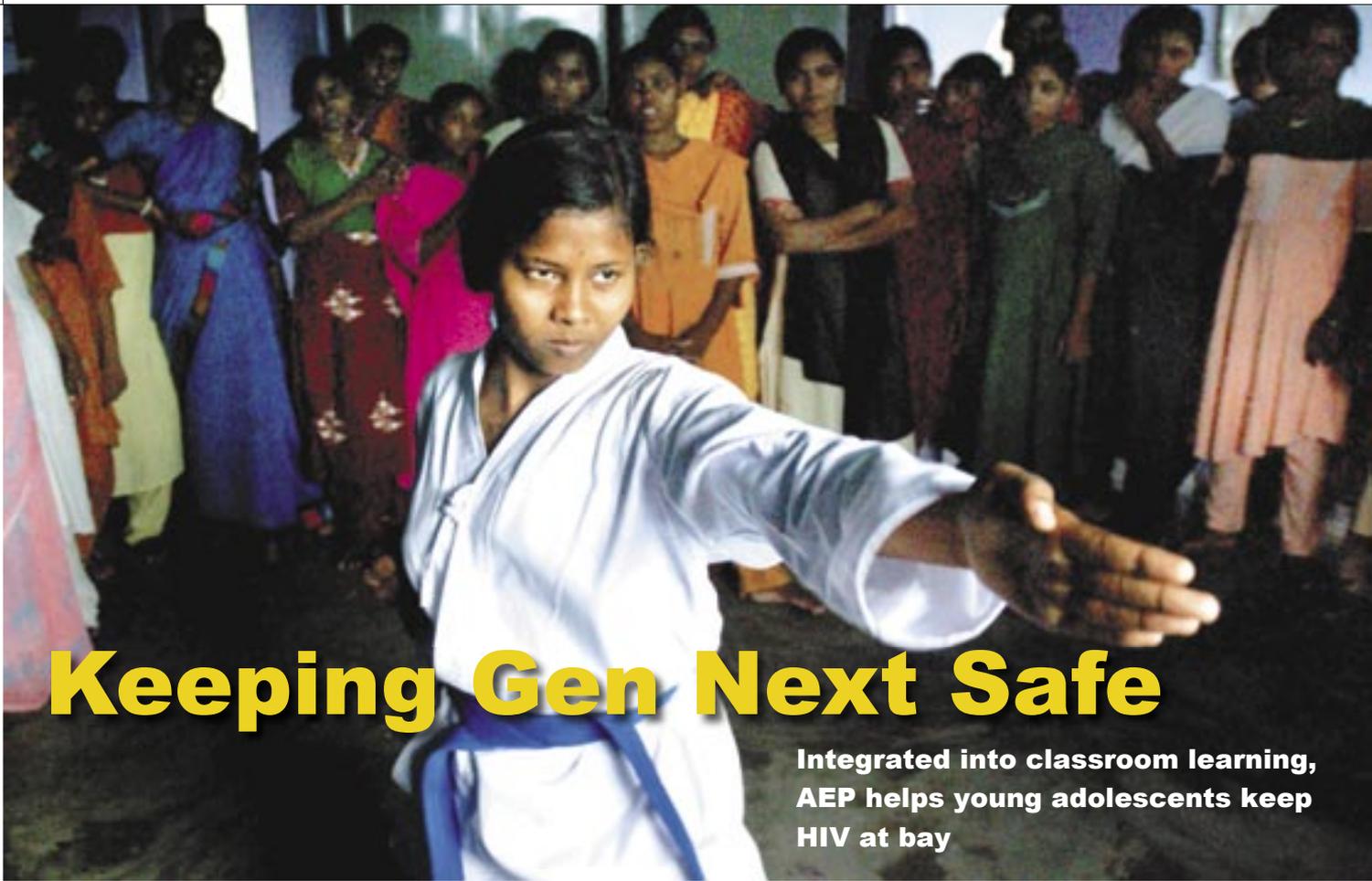
The Union Minister for Health and Family Welfare, Dr Anbumani Ramadoss has written to the Chief Ministers of the states in question, requesting them to reconsider their decision to prohibit life-skills education and, in essence, not to expel it from the classroom learning. At NACO we have constituted a task force to review the materials and modules and come up with our considered views within three months time.

As we closed this issue and got ready to send it to print, we received happy tidings in the form of the 2006 HIV and AIDS prevalence estimates in India. Collated by NACO and supported by UNAIDS and WHO, the new estimates – based on three surveys and sources rather than just the sentinel surveillance exercise, as was the case till 2005 – say national adult HIV prevalence in India is approximately 0.36 percent. This amounts to between 2-3.1 million people.

For us at NACO, and our partners among the international agencies, SACS, civil society and PLHA networks, and NGOs, these numbers do not mean complacency. In absolute terms, India's HIV and AIDS epidemic remain large and continues to be a challenge.

*Ms K. Sujatha Rao*

*Additional Secretary and Director General  
National AIDS Control Organisation*



# Keeping Gen Next Safe

**Integrated into classroom learning, AEP helps young adolescents keep HIV at bay**

A focus of NACO's HIV and AIDS control programmes has been addressing youth and adolescents through the Adolescence Education Programme (AEP). This should be no surprise. One-third of India – a full 440 million people – is below 18. Figures suggest young Indians are particularly vulnerable to HIV:

- NACO's All-India Endline Behavioural Surveillance Survey (BSS), conducted in 2006, indicated that while 88.5 percent of Indians in the 15-24 age category had heard of HIV and AIDS, when it came to

identifying methods of HIV prevention, only 57.1 percent (all-India) had the correct response. Among females this figure was really shocking - a mere 16.3 percent.

- When asked to correctly identify three common misconceptions about HIV transmission, a paltry 40.3 percent got it right. The survey showed that at least eight percent of those in the 15-24 age group had experimented with sex either before or outside marriage.

- The National Study on Child Abuse, initiated by the Ministry of Women and Child Development in 2005, indicated that two in every three children are physically abused. Horrifyingly, 53.22 percent of children report one or more forms of sexual abuse, with Andhra Pradesh, Assam, Bihar and Delhi reporting the highest percentage of sexual abuse for both boys and girls. Just over 20 percent of respondents have faced severe forms of sexual abuse; 5.69 percent have been sexually assaulted.



**88.5 percent** of Indians in the 15-24 age category had **heard of HIV and AIDS**



**93.1 percent** from urban population



**80.8 percent** from rural population



Awareness of **identifying methods of HIV prevention – 57.1 percent**



**Males—67.0 percent**



**Females—16.3 percent**



**Correctly identifying three common misconceptions about HIV and AIDS transmission – 40.3 percent**



**34.5 percent** from urban population



**53.8 percent** from rural population

 **Two in every three children** are physically abused

**53.22 percent of children** report one or more forms of **sexual abuse** 

 **Twenty percent** have faced **severe forms of sexual abuse**

**5.69 percent** have been **sexually assaulted** 

**Fifty percent** of all cases of sexual abuse were carried out by **persons known to the child**, placed in a position of trust and responsibility 

Dishearteningly, most children did not report the abuse to anybody in authority – whether in the family or in the institution where they lived or studied. Fifty percent of all cases of sexual abuse were carried out by persons known to the child, placed in a position of trust and responsibility.

Given the findings of these two surveys, it should be no surprise that one-third of HIV infections in India are in the 15-24 age group. Read along with the fact that, of the 27 million babies born in India every year, 15 percent arrive to mothers aged between 15 and 19 years, it adds to public health concerns.

Motherhood at such an early age throws up risks of maternal mortality and of low birth-weight babies. It also highlights the dangers of HIV infection to adolescents who practice unprotected sex, and the potential for parent-to-child transmission. Indeed, NACO and Ministry of Women and Child Development surveys have established that three of every ten Indians have experimented with sex before marriage.

Given this backdrop, it becomes essential to impart to adolescents accurate information about HIV, AIDS and STIs, about sexuality and safe behaviour, and the benefit of fidelity to one's partner. This is what AEP sets out to achieve.

### How does AEP work?

Global and Indian experiences have shown that educational interventions focused on life-skills development have proven very effective in

**One-third of HIV infections** in India are in the **15-24 age group** 

 27 million babies born in India every year, **15 percent** arrive to **mothers aged between 15 and 19 years**

empowering adolescents to manage their Adolescent Reproductive and Sexual Health (ARSH) issues and concerns, including avoidance of risky behaviour.

The Ministry of Human Resource Development, Government of India, and NACO have collaborated to launch AEP, a programme that aims to:

- Ensure the integration of adolescence education elements into the school curriculum and in teacher education courses
- Organise activities for life-skills development and so inculcate values of abstinence before

marriage, delayed sexual debut, being faithful to one's partner, and responsible sexuality

- Help students acquire authentic knowledge about ARSH, including HIV, AIDS and substance abuse, especially drugs
- Inculcate in students essential life-skills to develop healthy attitudes and responsible behaviour towards ARSH issues, including HIV, AIDS and substance abuse.

The Government of India has resolved to upscale the School AIDS Education Programme (SAEP) and implement AEP in all secondary and higher secondary schools. The Central Board of Secondary Education is implementing AEP in all private schools affiliated to it.

AEP is positioned as a key intervention in preventing new HIV infections and reducing social vulnerability to the infection through the Department of Education, in collaboration with the State AIDS Control Societies (SACS).

### In the classroom

AEP supports young people to:

- know about themselves, their adolescence and their sexuality
- inculcate values of abstinence before marriage, delayed sexual debut, being faithful to one's partner and responsible sexuality
- know basic facts on HIV and other sexually transmitted infections
- develop and reinforce life-skills that enable them to protect themselves
- dispel myths and clarify misconceptions

- find ways where they can help fight the HIV epidemic and encourage positive attitudes towards people living with HIV.

A nodal teacher implements the AEP regimen in a school using a minimum of 16 hours per academic year. The 16 hours cover four sessions on the following themes:

1. Growing Up & Adolescence
2. STIs/RTIs & HIV and AIDS
3. Skills for HIV Prevention
4. Question Box and Activity Session.



### Is AEP controversial?

Life-skills education and the AEP programme have been suspended from the school curriculum by some states following protests and allegations that the educational material in use, including flip charts and teachers' workbooks, had select illustrations and exercises that were explicit.

The “objectionable content” included pictures of the male/female reproductive system, pictures depicting physical changes in males/females, conception, contraception and “explicit language” used in some exercises.

The protestors felt sex and sexuality are private matters, not to be discussed in public. Though information about these issues was available indirectly through different sources in their respective socio-cultural settings, the same should not be taught in schools. If it were done

so, it would promote promiscuity and sexual permissiveness.

Contrary to apprehensions, education about reproductive and sexual health encourages adolescents to have a positive attitude towards sex and inculcates responsible behaviour. The teacher-pupil relationship has become better and the school environment has improved, wherever teachers are responsive to the needs of adolescent students and provide guidance to them to cope with their problems.

While pictures depicting the reproductive system and physical changes which occur during adolescence among both males and females have been used, these are in the flip charts meant for teachers. They are to be used in the classroom for summarising discussions after the session with students. Teachers are trained for four days before they go back to school and take the sessions. It is mandatory for male and female

teachers to facilitate the first session with boys and girls respectively, in separate classrooms.

Parents and teachers overwhelmingly favour the introduction of adolescence education in schools, suggesting a significant change in their perception. They even sense a crying need for it. Industrialisation, rapid demographic and socio-economic changes, widespread migration, urbanisation, poverty, weakening of the institution of marriage, and liberalised code of sexual ethics have eroded the significance of the family as a key social institution and as an agent of social learning.

Education is, therefore, expected to reanimate family life, help foster family solidarity, and enable family members to cope with the changing demands at different stages of family life, and to ensure wholesome relationships among family members.

Adolescents are exposed to sex-related issues in any case through the media – both print and electronic. It will, therefore, be necessary to impart education to adolescents, so that they may appreciate such exposures in proper perspective. The AIDS epidemic has added urgency to introduce adolescence education in schools to promote behaviour that can prevent HIV infection.

### **What steps has the Government taken following the objections?**

The Union Minister for Health and Family Welfare, Dr Anbumani Ramadoss, has written to the Chief Ministers of the states that have placed prohibitions on AEP, urging them to reconsider their decision.

Mindful of the protests, the Government has set up a national-level toolkit review committee – with representation from renowned educationists, doctors/child psychologists, interfaith coalition members and communication experts. It is scheduled to have its first meeting on August 8, 2007.

States that have suspended the programme have been requested to constitute similar committees with teachers and parents to review this material, and bring in changes, if any. Request letters to this effect have been sent to the Chief Ministers.

Finally, NCERT, in collaboration with NACO, organised a series of four regional workshops between May and July 2007 to support State Departments of Education in preparing a detailed action plan on AEP. This would include a review of existing material by a constituted committee, and re-designing, translation and reproduction of material in use under AEP.

### **What happens if AEP is completely banned?**

The adolescent years are a period of enormous physiological, social and inter-personal change. With parents, family seniors and teachers often unwilling to talk to children freely and frankly about sexuality and sexual health, adolescents have to resort to half-baked, surmise-laden information from their friends, from the mass media, the Internet and cinema.

This can lead to great lacunae in what are called the “growing up” years. In the absence of authentic knowledge on sexual development, anxieties and confusion begin to play a big role. Adolescents become victims of myths and misconceptions, which are carried over to adulthood, sometimes affecting their entire lives. They are also left vulnerable to STIs or HIV and AIDS.

**"It is essential that adolescents are provided correct information and that they develop a proper understanding of issues related to sex and sexuality."**

**Dr Anbumani Ramadoss**



The impact of the traditional value system that used to influence the sex-related behaviour of individuals has been waning because of urbanisation, migration, changing lifestyles and other stresses. There is a need to reinforce those social and cultural values that militate against irresponsible sexual behaviour. This is AEP's charter.

Negative media images and peer pressure also influence young people to sometimes experiment with various drugs, including illicit substances such as marijuana, opiates and stimulants. It is very important to develop life-skills among young people to resist such behaviour.

Of late, it has been observed that increasing number of school children also use solvents and pharmaceutical drugs that are detrimental to their growth. Globally, it has been found that effective life-skills based education at an appropriate age helps young people to make informed decisions about their lifestyle and stay away from experimentation with drugs.

AEP, as it stands today, strives to achieve this. Since the beginning of the programme, 112,000 schools have been covered, and 288,000 teachers trained under the programme. They have been provided reference material, which has been developed by NACO in collaboration with the Ministry of HRD and vetted by NCERT. The foot soldiers in this great battle are of course, teachers in small classrooms. In their hands lies the future of India's fight against the HIV and AIDS epidemic.

■ Mayank Agarwal, JD (IEC), NACO  
Bilal Ahmed, TO (M-1), NACO

## Going to the Last Village

**DFP and S&DD to take HIV message to 'media dark' area**



A public health communication strategy works best when all the stakeholders are properly and effectively sensitised to the objectives of the programme. At the grassroots level, NACO is implementing its programme with the support of departments working in the field like the Song and the Drama Division (S&DD) and the Department of Field Publicity (DFP). In the build-up to the National AIDS Control Programme (NACP) phase III, these organisations were selected for sensitisation so as to communicate awareness of HIV and AIDS to hard-to-reach villages.

The Ministry of Information and Broadcasting's media units, DFP and S&DD, have a wide reach in accessing remote communities – where regular information is not easily accessible and usual communication strategies do not work due to widespread socio-economic factors. Both these media units have a good base in rural India and employ inter-personal communication methodology to reach out. They use innovative communication/media platforms such as film shows, song and drama, photo exhibitions, folk performances and rallies. DFP and S&DD target rural and tribal communities to promote their participation in development activities, which also include awareness on HIV and AIDS.

Two workshops were organised by NACO with technical support from Health Communication Partnership/ Johns Hopkins University

(HCP/JHU) in the months of April and June. The workshops aimed at streamlining strategies for NACP-III communication goals, including addressing specific target groups such as women and youth. The NACO team stressed NACP-III priorities, including the role of Information, Education and Communication (IEC) activities, and HIV and AIDS related stigma and discrimination.

Mr Mayank Agarwal, Joint Director (IEC), NACO, stressed the key messages NACO wanted to promote with S&DD and DFP's help:

- Addressing youth to make them aware about their vulnerability and possible risk-taking behaviour
- Need to inform people on how to prevent parent-to-child transmission
- Promotion of condoms along with messages advocating abstinence and being faithful to one's partner
- Information on availability and adherence factors related to ART.

Mr Agarwal emphasised the need for communication on sex and sexuality as awareness about STIs in the country is very low. As per the Behaviour Surveillance Survey (BSS) conducted by NACO in 2006, only 38 percent of people have ever heard of STIs. The task is thus daunting for the communicators, as one is aware that the chances of getting affected by HIV increases manifold if a person suffers from STIs. A special session on sex and



sexuality was included as part of the workshop to address this challenge.

New and innovative forms of rural communication were also discussed. Officials from both the organisations shared their experiences on how to enrich the rural communication programme. It was decided that DFP would focus on migrants, rural communities and highly vulnerable segments of the general population. Communication with female sex workers and school children was already being covered by the Targeted Intervention (TI) projects, carried out by SACS and by the state-level AEP respectively. DFP was urged to use its expertise and reach 'media dark' areas, especially in rural interiors.

S&DD taps traditional and folk forms of media and communication – ranging from puppet shows to dance-dramas – for transmitting development messages. The workshop with S&DD officials aimed at better and effective use of folk media to give HIV and AIDS messages to the rural populace in the most entertaining manner.

The workshop sought to help participants understand challenges communicators face while dealing with HIV and AIDS, and why communicating on HIV and AIDS is different from any other public health issue. The outcome of the workshop was setting up committees in every state comprising representatives of local DFP and S&DD units, the SACS and local NGOs who will provide resource persons to accompany the troupes during their programmes. NACO is conducting about 2,200 interactive programmes with DFP and S&DD each this year in the A and B category and selected C category districts. With better coordination and sensitisation, it is hoped NACO's programmes, through the two media units, will be able to open closed doors.

■ Ritu Shukla, DD (IEC), NACO

# Getting the Message Across

## IEC workshop for SACS in the build-up to NACP-III

A workshop for IEC officers of State AIDS Control Societies (SACS) titled 'Aligning Communication for Demand Generation and Behaviour Change' was organised by NACO and UNAIDS at New Delhi, from June 19-23, 2007. Thirty-five participants representing 32 SACS attended this specially designed five-day intensive workshop aimed at orienting IEC professionals towards adopting a Log Frame approach to their annual action plans (AAPs). The workshop methodology focused on covering various priorities in communication for HIV and AIDS in NACP-III while providing hands-on guidance for designing comprehensive AAPs.

The participants were divided into five teams, each consisting of two group members (provided with online communication and laptops) to work on their respective AAPs.

The first day examined in detail the communication issues and challenges while planning for NACP-III. This was followed by highly interactive sessions with resource persons on spotting and

benefiting from media opportunities. Discussions, preceded by group singing, viewing of select clips of audio visuals from recent campaigns, sharply brought out the role, relevance and limitations of mass, folk and other media and their effective use in integrated communication management for reaching different audiences.

Do we maximise our interface with the services and clients? For eliciting a personal response to this question, next day the groups visited an ICTC, ART centre, PPTCT centre, Holistic care centre, and TI centres (FSWs/IDUs/MSM/Truckers). They had a check-list against which to assess their response. This was followed by expert presentations on interventions for people with high risk behaviours and vulnerable people such as youth, women and those belonging to rural areas.

The third day saw the focus on communication for services demand/uptake. Eminent resource persons shared their experience on 'Generating demand for condoms: strategic options and learning';

'STIs/RTIs' and 'Blood safety/donation'. Communication for mainstreaming, advocacy and social mobilisation dominated the theme on the fourth day. This was followed by detailed planning exercise for district, block and village level, key components of NACP-III.

At the workshop, UNAIDS Regional Coordinator, Dr Denis Broun stressed that the new prevalence estimates should not be allowed to let our guards down and be used as an opportunity for intensive advocacy for greater vigilance to bring down the prevalence.

Throughout the workshop the spotlight was on achieving results and therefore, Monitoring & Evaluation (M&E) occupied most of the last day discussion for guiding the participants to integrate M&E in their AAPs. Orientation to the communication challenges in NACP-III and the role of SACS IEC officers in the new phase was highlighted while finalising Communication Action Plans for each SACS. The workshop, thus hopes to arm the communication officers with the ammunition to fight the HIV epidemic at the grassroot level.

■ Pradeep Sarkar, TO (IEC), NACO  
Rajesh Rana, TO (IEC), NACO  
Sheeba Colvine, TO (IEC), NACO



# Drops of Nectar

## Promoting safe practices on Blood Donors' Day

In India, five million units of blood is collected every year, against the projected need of ten million units. On top of it, voluntary blood donors – who can donate blood at public hospitals and medical facilities that have blood banks or at special blood donation camps – contribute only 56 percent of blood collection. To bridge the gap between the demand and supply, events such as World Blood Donors' Day are observed every year. This year too it was observed across the country on June 14, 2007 as an awareness building exercise.

The World Blood Donors' Day particularly highlights the need for

voluntary blood donation. In a situation where comprehensive blood tests are neither possible nor practical, the safest blood donors are voluntary, non-remunerated donors from low risk populations. To ensure their good health, universally accepted criteria for donor selection has been formed:

- Age between 18 and 60 years
- Haemoglobin – not less than 12.5 g/dL
- Pulse – between 50 and 100/minute with no irregularities
- Blood pressure – systolic 100-180 mm Hg and Diastolic 50-100 mm Hg
- Body weight – not less than 45 kg

### Donate blood without fear

- You will not feel uncomfortable or faint after donating blood. This is a common misconception.
- You must refrain from exercise or heavy weight lifting for 12 hours after donation. Though you can resume your normal activities after donating blood.
- While donating blood you will not feel any pain.
- If you continue to drink fluids and have a balanced meal, you will not feel drained or tired.
- Donating blood will not leave you short of blood; in fact you will still have surplus blood after the donation.

### Where can you go?

A person can donate blood at:

- Blood bank: Round-the-clock services are available. Any person can walk in voluntarily and donate blood in a licensed blood bank located at government/voluntary/charitable hospitals.
- Outdoor camps: Prefixed venues by organisers like educational institutions, industrial and commercial houses etc.
- Blood mobiles: These are deployed by blood banks to navigate at selected sites.

### Who cannot donate blood

- Persons suffering from infections transmitted through transfusions like HIV, Hepatitis, Syphilis etc.
- Suffering from diabetes, chest pain, high BP or heart disease.
- Persons who were immunised during the past one month.
- Pregnant or lactating women or those who have recently had an abortion.
- Persons who have had an attack of infection like jaundice, rubella, typhoid or malaria.
- Persons who have consumed alcohol in the 48 hours prior to donation.

The relationship between safe blood donation and HIV is obvious enough. This year's theme of was particularly relevant: "Safe Blood for Safe Motherhood". Countrywide IEC programmes were organised to get across the message of prevention of HIV among pregnant women and prevention of parent to child transmission.

Twenty-five of 34 State Blood Transfusion Councils (SBTCs) reported the commemoration of World Blood Donors' Day. In Delhi, a cultural programme titled "Abhinandan" – on the theme of safe and voluntary blood donation – was organised. Songs on blood safety and blood donors were presented by thalassaemic children, along with a puppet show on blood donation – "Raktadaan, Mahadaan". An IEC booklet – *Donate Blood, Nurture Life* – was released by Director General of Doordarshan, Mr Mandoloi on the occasion.

In West Bengal, a two-day national conference on recruitment and retention of voluntary blood donors was organised. A camp was organised by Kolkata Police on the occasion, with about 1,200 policemen donating blood. Similar IEC programmes were organised in Tamil Nadu and Andhra Pradesh.

Over 400 students participated in a "Thank You, Blood Donor" greeting card design competition for school and college students in Kerala. Arunachal Pradesh witnessed a rally by school children in the twin cities of Naharlagun and Itanagar. Elsewhere in the Northeast, in Mizoram, the state SBTC hosted a school-level quiz contest on the theme of blood donation. While this took place in Aizawl, blood donation camps were organised in four districts of the state.

■ Dr Mohd Shaukat, JD (blood safety), NACO

## ‘My daughter’s hand kept bleeding ...’

**... because the nurse refused to take the syringe out. From husband to wife, then from mother to daughter, HIV entered the lives of three of this family of four. But it didn’t conquer their spirit, or desire to fight.**

Suman and Rajendra have a son and a daughter. Sushil is seven and Bhumika is four. Like her parents, Bhumika is a PLHA. Yet, this Delhi-based family is not despairing, not giving up; it is fighting on. With help from Child Survival – India (CSI), it runs a phone booth and makes a small profit of Rs. 1,000 a month. Soon it hopes to expand into retail, by acquiring a vending cart (thela) for fruit. *Sophia Lonappan* spoke to this family who have shown unusual courage.

### Q. How did you get to know your husband was HIV positive?

**Suman:** It was 2003. My husband was seriously ill and we took him to various doctors but no one could tell what was wrong. People advised us to take him to AIIMS, and there we got to know he was HIV positive.

**Rajendra:** The truth is I used to go to ‘wrong places’, and I got infected.

### Q. Did you know before you got married you were infected?

**Rajendra:** No, I fell sick after marriage and that’s when I found out. When we first got tested I was found positive and she was negative.

**Suman:** When he first got to know, he didn’t tell me he was positive.

### Q. Why did you not tell her?

**Rajendra:** I thought she might just leave me ... but I told my sister. She cried a lot at the doctor’s place. She was completely heartbroken.

### Q. How did you react when you heard of your husband’s status?

**Suman:** I was shattered. I was very



### How do you think more awareness can be created about HIV and AIDS?

**Rajendra:** We should focus on children and adolescents. Schools should have special periods on this topic.

**Education is the key need to understand the HIV and AIDS problem and be told how to protect themselves.**

angry with him. My parents asked me to leave him; they said they would get me married again. But I said no, I will stand by him.

### Q. How do you sustain your family?

**Rajendra:** We run a phone booth, which sustains us.

### Q. Do you talk to your children about HIV?

**Suman:** They are too young right now, they will not understand. Sometimes they ask me about their father being sick. I tell them it’s an infection.

### Q. Does Bhumika know she too is positive?

**Suman:** She is too young to

understand it. But she knows she is sick and that’s why she needs to take all these medicines.

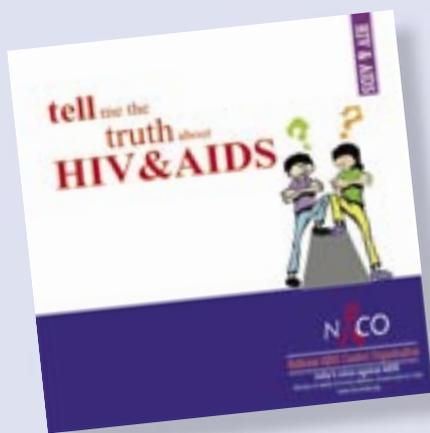
### Q. Have doctors and nurses treated you well?

**Rajendra:** I took my daughter to a leading Government hospital in Delhi. When I told the doctor, he wrote something on a slip of paper and asked me to take my child to the nurse. The nurse simply glanced at the slip and began giving the child an injection. Then she glanced at the slip again and realised Bhumika was positive; she just moved away and told me to take my daughter to the corner. She didn’t even take the syringe out. My daughter’s hand kept bleeding ...

### Q. Would you like to suggest a few measures the government and NGOs can take to help you and other PLHAs?

**Rajendra:** We need employment. That is the most important thing for us. We want to be treated as normal human beings, we definitely do appreciate the efforts taken to sensitise the public about the myths and misconceptions, but still there is a long way to go. We urge NGOs to educate officers at workplace so that we don’t get discriminated and also that they are able to understand that we are unwell and that we would need to take breaks to get treatment.

**Suman:** NGOs should work with schools, colleges more so that we can catch them young. Youngsters should be better equipped with knowledge.



### Booklet on AIDS FAQs

The face of the HIV and AIDS epidemic in India is getting younger, literally. Trends indicate a considerable rise in the number of HIV infections among youth. About 33 percent of all reported HIV-infections in India occur among those in the 15-24 age group. Focusing on this population, and seeking to empower it to make safe choices, NACO has brought out an information booklet: *Tell Me the Truth About HIV & AIDS*. The booklet aims at raising the awareness levels of youth. It provides a basic knowledge about HIV and AIDS and encourages readers to adopt safe, risk-averse behaviour. The booklet also answers general queries on HIV and AIDS, in addition to giving an overview of the HIV situation and prevalence in India. The booklet is available in both Hindi and English.

For more information contact:

Ritu Shukla, Deputy Director (IEC), NACO

### Uniformity in ART

The rapid scale-up of anti-retroviral treatment (ART) in the past three years has led to 127 centres across the country now offering free ART to 81,251 PLHAs. This experience has posed several challenges, particularly with respect to continuous supply of ARV drugs, infrastructure and quality of care being offered to patients. To set benchmarks, NACO has released a set of operational guidelines. These operational guidelines lay down protocols to be followed for providing uniformity in patient care, quality of services, referrals and infrastructure in every centre, wherever it may be located.



For more information contact:

Dr Damodar Bachani, JD (M&E), NACO

### WHO guidelines for HIV testing

The World Health Organization (WHO) has released operational guidelines for provider-initiated HIV testing and counselling in health facilities. Intended for a wide audience ranging from policy-makers to HIV and AIDS programme planners to NGOs and civil society groups, the document recommends an "opt-out" approach to provider-initiated HIV testing and counselling in health facilities. This includes simplified pre-test

information, consistent with WHO policy options

developed in 2003, and with the 2004 UNAIDS/WHO 'Policy Statement on HIV Testing'. Adaptation of these guidelines at the country level will require an assessment of local epidemiology as well as risks and benefits of provider-initiated HIV testing and counselling.



For more information visit: [http://whqlibdoc.who.int/publications/2007/9789241595568\\_eng.pdf](http://whqlibdoc.who.int/publications/2007/9789241595568_eng.pdf)

### Art of story-telling, science of AIDS

KissaGoi, a multimedia toolkit, is the result of the BBC World Service Trust's effort to adapt and customise its audiovisual outputs for HIV and AIDS awareness. KissaGoi is an innovative approach to Behaviour Change Communication, combining storytelling with participatory exercises. It has been developed following consultative workshops with NGOs, CBOs and SACS. Each set of KissaGoi consists of 11 audiovisual films, and a user manual with supplementary exercises. The films are adaptations of Trust's popular television series – *Jasoos Vijay* and *Haath Se Haath Milaa* and of its public service advertisements. The user manual is available in English and Hindi, and the films in Hindi, with subtitles in English. Supplementary material such as games, flipcharts and flashcards can be used to stimulate community-based discussions and strengthen participant recall about HIV and AIDS.

For more information contact: Research & Learning Wing, BBC World Service Trust, E-21, Hauz Khas Market, New Delhi – 110016 or e-mail to [rlw@bbcwst.org](mailto:rlw@bbcwst.org)

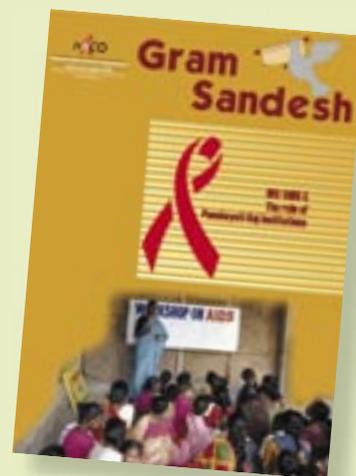


## Reaching out to Panchayats

When Bimla Devi won a ward election in Bihar, our hope for fighting the HIV epidemic becomes stronger. It had no problem in electing an HIV positive person as a political representative. Among her campaign commitments was working towards the abolition of AIDS-related stigma and discrimination. As such panchayati leaders such as Bimla Devi bear an enormous responsibility, and can serve as inspirational role models.

Bimla Devi's story features in *Gram Sandesh: HIV/AIDS and the Role of Panchayati Raj Institutions*, a booklet developed by NACO to illustrate how rural India is fighting this public health threat. A user-friendly guide to panchayati leaders and rural communities, it takes the cause of prevention and stigma effacement right down to the village level.

For more information contact:  
M.L. Soni, US (IEC), NACO



## 'You are not alone'

Television and radio spot; resource guide, pamphlets and booklet; music CD, audio cassette and a song booklet and flip chart: these are samples of the material developed by the HCP/JHU in partnership with USAID and Avert society as a part of its communication campaign. The moving theme of the campaign – “You are not alone, we are with you”/ (*Ektay nahi tumhi, saath aahot amhi*) – aims at creating an enabling environment for PLHAs, by moving from stigma to a care paradigm. The communication package reaches out to the individual PLHA and his/her family with guidelines on leading a productive life despite HIV. Communication tools have also been developed to equip caregivers in sending out messages of hope and reassurance.

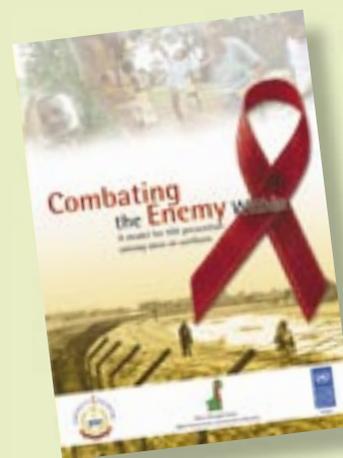
For more information contact:  
Sanjanthi Velu,  
Country Director, HCP/JHU  
Centre for Communication Programmes,  
104 Kanaiya, 1st Floor, 250/B, Linking Road,  
Bandra (West), Mumbai  
E-mail: info@hcpjhuindia.org



## Sensitising the sentinel

The first phase of UNDP assisted project Prahari — that sought to train and sensitise BSF officers, jawans and their families about HIV and AIDS, and promote risk-free behaviour — came to an end in December 2006. To share the experiences and learning of the project, a process document *Combating the Enemy Within*, was brought out by the West Bengal State AIDS Prevention and Control Society (WBSAPCS). It documented the roll-out of the project among 40 BSF battalions in the border areas of south and north Bengal.

For more information contact:  
Dr Pallav Bhattacharya, WBSAPCS



# Number of Patients on ART as on 30th June 2007

S.No	State	Name of the Centre	No. of patients				
			Male	Female	TS/TG	Children	Total
<b>NACO supported ART Centers:</b>							
1	Tamil Nadu (18)	GHTM, Tambaram, Chennai	2741	2014	17	398	5170
2		Madras Medical College, Chennai	586	299	3	24	912
3		Government Medical College, Madurai	1448	719	2	145	2314
4		Government Hospital, Namakkal	1148	876	3	109	2136
5		Kilpouk Medical College, Chennai	190	147	3	92	432
6		Medical College, Salem	773	602	2	66	1443
7		Medical College, Tirunelveli	254	145	1	42	442
8		Medical College, Coimbatore	399	257	3	76	735
9		Medical College, Theni	339	269	1	70	679
10		Medical College, Thanzavur	356	224	4	63	647
11		Medical College, vellore	449	344	2	103	898
12		Medical College, Kanyakumari	135	72	0	28	235
13		Medical College, Trichy	616	354	0	40	1010
14		IOG, Chennai	90	98	0	13	201
15		Govt. Distt Head Qtrs Hospital, Dharmapuri	30	11	0	3	44
16		Govt. Distt Head Qtrs Hospital, Virudhunagar	7	7	0	5	19
17		Govt. Distt Head Qtrs Hospital, Villupuram	19	26	0	20	65
18		Govt. Distt Head Qtrs Hospital, Karur	22	28	0	8	58
19	Maharashtra (18)	JJ Hospital, Mumbai	2996	1404	2	182	4584
20		KEM Hospital, Mumbai	811	417	2	108	1338
21		Nair Hospital, Mumbai	549	309	0	36	894
22		Sion Hospital, Mumbai	575	313	9	109	1006
23		Govt. Medical College, Sangli	1175	898	0	279	2352
24		BJ Medical College, Pune	1361	980	0	308	2649
25		Govt. Medical College, Nagpur	1133	477	0	146	1756
26		NARI Pune	127	69	0	0	196
27		Medical College, Aurangabad	339	130	0	30	499
28		Medical College, Dhule	369	142	0	42	553
29		Medical College, Akola	290	114	0	37	441
30		Medical College, Yawatmal	294	124	0	18	436
31		Medical College, Ambejogai	656	320	0	50	1026
32		Govt. Medical College Kholapur	141	156	0	13	310
33		Govt. Medical College Solapur					0
34		Govt. Medical College Nanded					0
35		Govt. Medical College Latur	155	86	0	5	246
36		BILT, Chandrapur					0
37	Andhra Pradesh (17)	Osmania Medical College, Hyderabad	1366	387	0	33	1786
38		Govt. Medical College, Guntur	1235	895	0	180	2310
39		Govt. Medical College, Vizag	1266	552	0	60	1878
40		SVRR GGH, Tirupati	226	138		19	383
41		GGH, Ananthapur	515	291	2	13	821
42		GGH, Vijayawada	639	410	0	139	1188
43		RIMS, Kadapa	191	69		20	280
44		Govt. Distt Hospital, Prakasam	798	507	0	68	1373
45		GGH, Kakinada	546	317	0	101	964
46		Gandhi Medical College, Secunderabad	286	152	1	60	499
47		Medical College, Warangl	275	170	0	44	489
48		Medical College, Karimnagar	308	230	0	41	579
49		Govt. Gen & Chest Hospital, Hyderabad	312	171	0	26	509
50		Distt Head Qtrs Hospital, Nizamabad					0
51		Distt Head Qtrs Hospital, Eluru					0
52		Distt Head Qtrs Hospital, Srikakulam					0
53		Distt Head Quarters Hospital, Khammam					0
54	Karnataka (17)	Lady Curzon Hospital, Bangalore	1108	540	1	87	1736
55		Mysore Medical College, Mysore	508	302	0	15	825
56		VIMS, Bellary	359	202	0	42	603
57		KIMS Hubli	635	414	0	120	1169
58		District Hospital, Raichur	116	72	0	3	191
59		District Hospital, Davengere	330	264	0	36	630
60		Wenlock Dist Hospital, Mangalore	295	156	0	55	506
61		District Hospital, Bijapur	280	152	0	41	473
62		District Hospital, Gulbarga	164	103	0	14	281
63		District hospital, Belgaon	224	157	0	58	439
64		District Hospital, Kolar	157	82	0	7	246
65		District Hospital, Bagalkot	267	174	0	65	506
66		IG Inst. of Child Health, Bangalore	0	0	0	7	7
67		DH Koppal	109	89	0	7	205
68		DH Chamrajnagar	11	7	0	0	18
69		DH Hassan	28	22	0	2	52
70		ACC, Wadi					0
71	Manipur (5)	RIMS, Imphal	741	355	0	64	1160
72		Jawaharlal Nehru Hospital, Imphal	804	551	14	175	1544
73		District Hospital, Ukhrul	92	86	0	32	210
74		District Hospital, Churachandpur	173	177	0	30	380
75		District Hospital, Thoubal					0

S.No.	State	Name of the Centre	No. of Patients				
			Male	Female	TS/TG	Children	Total
76	Nagaland (4)	Naga District Hospital, Kohima	136	101	0	13	250
77		District Hospital Dimapur	68	40	0	5	113
78		Tuensang Civil Hospital	34	32	0	3	69
79		Mokokchung Civil Hospital					0
80	Delhi (9)	RML Hospital, New Delhi	817	347	8	122	1294
81		LNJP Hospital, New Delhi	495	215	0	29	739
82		AIIMS, New Delhi	548	169	0	102	819
83		DDU Hospital, New Delhi	134	50	3	5	192
84		GTB Hospital, Delhi	119	44	5	2	170
85		LRS Institute of TB, New Delhi	76	23	0	9	108
86		Safdarjung Hospital	68	12	0	1	81
87		Kalawati Saran Children Hospital	0	0	0	20	20
88		Baba Saheb Ambedkar Hospital, Delhi	1	0	0	0	1
<b>Total patients on ART in GFATM States:</b>			<b>37433</b>	<b>21658</b>	<b>88</b>	<b>4643</b>	<b>63822</b>
89	Chandigarh (1)	PGIMER, Chandigarh	658	404	2	121	1185
90	Rajasthan (2)	SMS Hospital, Jaipur	789	387	1	95	1272
91		SNMC, Jodhpur	450	236	0	25	711
92	Gujarat (2)	BJ Medical College, Ahmedabad	989	458	1	98	1546
93		BJ Medical College Surat	459	198	0	10	667
94	West Bengal (2)	School of Tropical Medicine, Kolkata	1203	384	0	63	1650
95		North Bengal Medical College, Siliguri	153	57	0	4	214
96	Uttar Pradesh (3)	Banaras Hindu University, Varanasi	1039	431	0	62	1532
97		KGMC, Lucknow	839	304	1	55	1199
98		LLRM Medical College, Meerut	162	82	2	12	258
99	Goa (1)	Government Medical College, Bambolim	252	121	0	22	395
100	Kerala (5)	Medical College, Thiruvananthapuram	292	117	0	32	441
101		Medical College, Kottayam	152	79	0	9	240
102		Medical College, Kozhikode (Calicut)	365	183	0	31	579
103		Medical College, Thrissur	424	222	0	47	693
104		Medical College, Allepy	68	48	0	5	121
105	Himachal Pradesh (1)	IGMC Shimla	105	77	0	22	204
106	Puducherry (1)	GGH, Puducherry	112	82	0	26	220
107	Bihar (2)	PMCH, Patna	288	85	0	11	384
108		SKMCH, Muzaffarpur	335	85	0	17	437
109	Madhya Pradesh (2)	Medical College, Indore	684	249	1	79	1013
110		MC, Jabalpur	140	49	0	11	200
111	Assam (2)	Medical College, Guwahati	116	49	0	7	172
112		AMC, Dibrugarh	14	5	0	1	20
113	Arunachal Pradesh (1)	General Hospital, Naharlagun	4	6	0	0	10
114	Mizoram (1)	Civil Hospital, Aizwal	47	31	0	6	84
115	Punjab (2)	GMC, Amritsar	304	185	28	11	528
116		Civil Hospital Jalandhar	186	131	2	16	335
117	Sikkim (1)	STNM Gangtok	5	0	0	0	5
118	Jharkhand (2)	RIMS, Ranchi	189	66	1	12	268
119		MGM Medical College, Jamshedpur	21	10	0	3	34
120	Harayana (1)	PGIMS, Rohtak	198	102	0	4	304
121	Uttarakhand (1)	Doon Hospital, Dehradun	82	42	0	18	142
122	J&K (2)	Medical College Jammu	73	56	0	12	141
123		SKIMS, Srinagar	7	3		0	10
124	Orissa (1)	MKCG Medical College, Behrampur	153	46	0	0	199
125	Chhatisgarh (1)	Medical College Raipur	8	0		0	8
126	Tripura (1)	Agartala	4	0		0	4
127	Meghalaya (1)	Shillong	1	3		0	4
<b>Total Patients on ART in non-GFATM States:</b>			<b>11370</b>	<b>5073</b>	<b>39</b>	<b>947</b>	<b>17429</b>
<b>A) Total Patients on ART in all NACO supported Centres</b>			<b>48803</b>	<b>26731</b>	<b>127</b>	<b>5590</b>	<b>81251</b>
ART in Intersectoral Health Sector							
1	Railways		730	229		21	980
2	SAIL		13	0		0	13
3	ESI		791	0		0	791
4	Defence		695	0		0	695
<b>B) Total Patients on ART in Intersectoral Centres</b>							<b>2479</b>
ART in GFATM Round II Centres							
1	Mumbai	ARCON, Mumbai					453
2	Maharashtra	ARCON Centre, Pune	485	227		0	712
2	Karnataka	Freedom Foundation, Bangalore	477	191	1	47	716
3	Karnataka	Freedom Foundation, Bellary	53	41	0	2	96
4	Karnataka	Freedom Foundation, Udipi	5	0	0	0	5
5	Andhra Pradesh	Freedom Foundation	80	36		10	126
6	Tamil Nadu	GRMH Thanjavur	43	32	0	2	77
<b>C) Total patients on ART in GFATM Round II Centres</b>							<b>2185</b>

### Number of patients on ART as on 30th June (Centre-wise)

NACO Supported ART Centres	81251
Intersectoral Partners	2479
GFATM Round II Centres	2185
NGO Centres	3183
Private Centres	12154
<b>Grand Total</b>	<b>101252</b>



## Uniform Perceptions

### Sensitising Maharashtra police cadets on HIV and AIDS

The Maharashtra State AIDS Control Society (MSACS) launched an HIV and AIDS sensitisation programme for the Maharashtra police in partnership with Avahan India AIDS Initiative and Constella Futures, a health services agency. With support from the Training Directorate of Maharashtra police and from senior officers in the force, MSACS undertook programmes at different police Training Schools in the state.

The role of the police is critical to the control of the HIV and AIDS epidemic. Not just is the police concerned with risk-prone behaviour within its own ranks, it is also responsible for HIV prevention and AIDS control among high-risk and vulnerable groups it comes in contact with in the context of day-to-day policing.

Commercial sex workers, injecting drug users, men having sex with men— these vulnerable groups often engage with civil society through the medium of the police. It is vital that the police officer who interacts with them is well-informed about and sensitive to HIV and AIDS.

In the course of their duties, policemen visit and investigate crime scenes, and study blood samples that may be contaminated. They suffer injuries and may require blood transfusion. That aside, recruitment into uniformed services at a young age, absence of a strong social net, easy access to sex workers and a peer environment that encourages risk-taking behaviour as, somehow, a validation of machismo and masculinity adds to the average policeman's HIV susceptibility.

Yet the command structure of the force, its hierarchy and institutional strength and built-in mechanisms for training make it possible to incorporate HIV and AIDS into police education protocols. This is what MSACS and its partners sought to achieve over a four-month exercise. In this period, 4,400 police personnel were sensitised in six police Training Schools in Jalna, Khandala, Akola, Solapur, Nanveej and Nagpur. Another 500 trainees at the Maharashtra Police Academy in Nashik were also sensitised.

The training regimen received great support from the Training Directorate, Maharashtra police. Indeed, the Directorate has announced that HIV will be included as a topic in the training curriculum for the state police. The Directorate has also asked MSACS and Constella Futures to conduct training of trainers (ToTs) for police officers identified as “change agents” by the requisite authorities in Maharashtra police.

Meanwhile, police cadets who benefitted from the training programme have responded positively. Many of them promised greater empathy with the vulnerable groups and hoped to create, during their years in service, an enabling environment for NGOs engaged in HIV prevention activities.

■ Tejashree Nadivkar (MSACS)





ANDHRA PRADESH

## Friendly Hope

### The AASHA Mitra campaign to prevent HIV

The Andhra Pradesh SACS through its AASHA Mitras and other volunteers is taking AIDS awareness programmes right to the people. One lakh “AIDS Prevention Activists” (AASHA Mitras) have pledged to take the message across to rural communities and households, seeking to bring about attitudinal and behavioural changes.

Self-help groups to reach out to women and youth volunteers and access to young people are among the recruiting grounds for AASHA Mitras. The women Mitras in particular will target pregnant mothers and adolescents, who may have significant impact on the future of the HIV and AIDS epidemic.

In the first round, 80,000 AASHA Mitras were trained on HIV and AIDS. The second round aims at an intensive training to motivate behavioural change. AASHA Mitras will be encouraged to:

- Motivate all pregnant women for HIV testing
- Ensure all HIV positive mothers receive ICTC services
- Control HIV transmission from parent to child
- Conduct awareness sessions for village youth, men and women
- Participate in the ‘Be Bold’ campaigns

The expected outcomes of the programme are 100 percent attendance at ICTC and HIV testing of pregnant women. At least 90 percent of the high-risk population must use condoms correctly and consistently and about 25 percent of youth must be motivated to undergo an HIV test before marriage.

### A village shows the way

Madaepalli, a village in West Godavari, has gone a step forward in reaching out to HIV positive people. The village has 50 SHGs, which contributed Rs 100 each to create a corpus of Rs 5,000. This money is being used to give interest free loans to positive women to begin small businesses and to buy essential drugs.

## Cheers to Condoms

### Prevention thrust at India's first HIV theme bar and disco

A huge red ribbon festooned at the entrance greets you at the discothèque. The interiors are dotted with real condoms, there are beer mugs shaped like condoms, and condom prints on staff uniforms. The innovative motif is the signature of India's first “condom bar-cum-discotheque” at Chandigarh's sprawling Kalagram complex. It aims at promoting safe sex and HIV prevention.

Opened on May 2, 2007 by the Chandigarh Industrial and Tourism Development Corporation (CITCO), the bar has received an enthusiastic response. It gives away T-shirts and caps highlighting the use of condoms and safe sex. The bar even has a counter that offers free condom in lieu of change!

“The bar aims at providing awareness on condom use to prevent HIV and AIDS transmission,” said CITCO Managing Director J.S. Bir at the inaugural function. “It is part of our social commitment initiative.”

Condoms in different sizes, colours and textures, carrying different price tags, will be made widely available at the facility.

The bar was inaugurated by Pooja Thakur, President, Chandigarh Network of People Living with HIV and AIDS. To attract young people, the bar has kept its prices low. “Our major target is the youth. There is no commercial consideration. It is our social responsibility,” Mr Bir said. The bar will also promote health drinks, at big discounted rates/prices.



## To Catch a Star

### Celebrity support for HIV messaging

Innovative communication and out-of-the-box attempts to reach out to the community with AIDS-related information has been the thrust of OSACS recent work. Well-known Oriya movie star Sritam Das engaged Bhubaneswar's slum women with messages on HIV and AIDS. He was a part of the campaign "Salia Sahi", organised by OSACS in the biggest slum cluster of Bhubaneswar. More than 5,000 women participated in it. Hundreds of men and children turned up too. OSACS Project Director, Raja Kishore Choudhury presided over the function.

Next, members of the groups "Mission Shakti" and "We Can" (NGO) marched through Bhubaneswar chanting slogans on female empowerment and awareness of the vulnerability of women to HIV. A special interactive programme and panel discussion followed and was telecast on local channels such as OTV and ETV, and the public broadcaster, Doordarshan. All India Radio also broadcast the proceedings.

Finally, the play *Thare Goda Khasigala Pare* (Once the Foot Slipped ...), on HIV and AIDS, was put up on World Health Day, April 7. A rally of 400 Red Cross volunteers and school students was organised. A tableau promoting HIV and AIDS messages was the highlight of the rally. After the rally, a general health camp was organised with the support of local doctors and volunteers of the Indian Red Cross Society. Close to 500 patients received free medicines and treatment.



TAMIL NADU

## Empowering the Women

### Female condom reaches general population

Another major advance in the effort to reduce women's vulnerability to HIV and AIDS in Tamil Nadu, the female condom initiative was launched in March '07, as a partnership between TANSACS and Hindustan Latex Family Planning Promotion Trust (HLFPPT). Female condom is currently the only female initiated device that provides dual protection against both sexually transmitted diseases (STDs) and HIV and AIDS. This new tool empowers women by putting them at the cutting edge of prevention. Female condom has for the first time provided the personal choice to ensure women's reproductive rights.

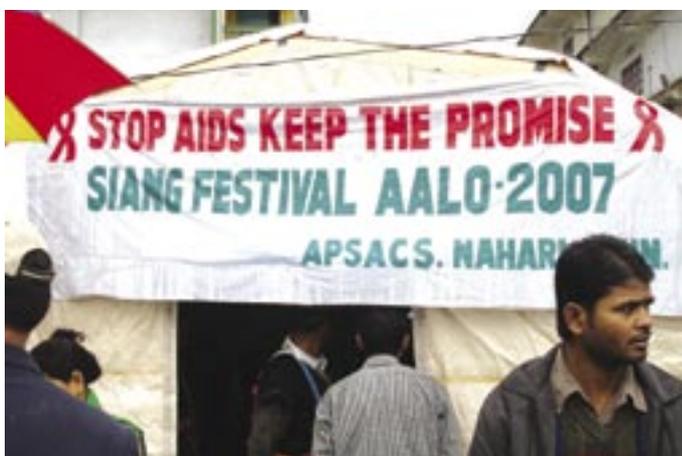
NACO partnered with HLPPT to conduct the pre-programming assessment of the female condom in selected sites (eight states) separately targeting female sex workers and the general population. In Tamil Nadu, female condom is being introduced among the general population through SHGs in two districts of Cuddalore and Vellore. Training programmes have already commenced and on the basis of the results of this study the female condom programme will be scaled up.

### Food for thought

The first state wide Free Nutritional Supplement Programme for PLHAs has been launched in Tamil Nadu. This follows an MoU between the state government and the United Nations World Food Programme. The projected cost is around Rs. 45 lakhs and it is expected to benefit over 13,000 people. Today, three of every four Tamil PLHAs live in rural areas, many on the margin of poverty. This programme hopes to bring a great relief to them.



## And the rest of the news ...



ARUNACHAL PRADESH

To mark World Red Cross Day, an IEC fair on HIV and AIDS was organised in **Arunachal Pradesh**. The chosen theme was access to safe blood. Organised by the Arunachal Pradesh SACS, Naharlagun Market Welfare, and the Indian Red Cross Society, the "Together for Humanity" campaign drew 500 participants. Rickshaw pullers, labourers, members of the Naharlagun Market Welfare Association gathered for the rally and carried banners with appropriate messages across town.



DADRA AND NAGAR HAVELI

In **Dadra and Nagar Haveli**, the SACS organised an AIDS advocacy event for women representatives of Panchayati Raj Institutions on April 24. Held at the Khanvel block Community Health Centre, the meeting was attended by 50 women representatives.

### RAJASTHAN



In **Rajasthan**, a two-day conference of the National Medicos Organisation (NMO) had an attendance of 2,500 doctors. The SACS put up stalls with banners and posters promoting voluntary blood donation and warning about modes of HIV transmission. Also displayed was IEC material like stickers, leaflets, audio cassettes and key rings.



HARYANA

The 21st Surajkund Crafts Mela in Faridabad, **Haryana**, saw the crowd buzzing at the Haryana AIDS Control Society stall. HACS felt it was an opportune event to spread the message of AIDS. It put up huge hoardings detailing the services provided for PLHAs in the state.



MEGHALAYA

The **Meghalaya** SACS, in collaboration with the office of the Deputy Commissioner, East Khasi Hills District, organised a relay marathon in April with the purpose of spreading HIV and AIDS awareness among residents of Shillong. Students, men in uniform, youth clubs from different districts participated. Messages like "AIDS is a serious global health problem" were on display.

### HIMACHAL PRADESH

The **Himachal Pradesh** SACS has held 180 meetings at the village level for women groups, yuva mandals, MSM, truckers, migrant populations, porters, barbers and antenatal women. Also structured were advocacy workshops for Panchayati Raj Institutions, police personnel, paramilitary forces, hotel staff and religious leaders.

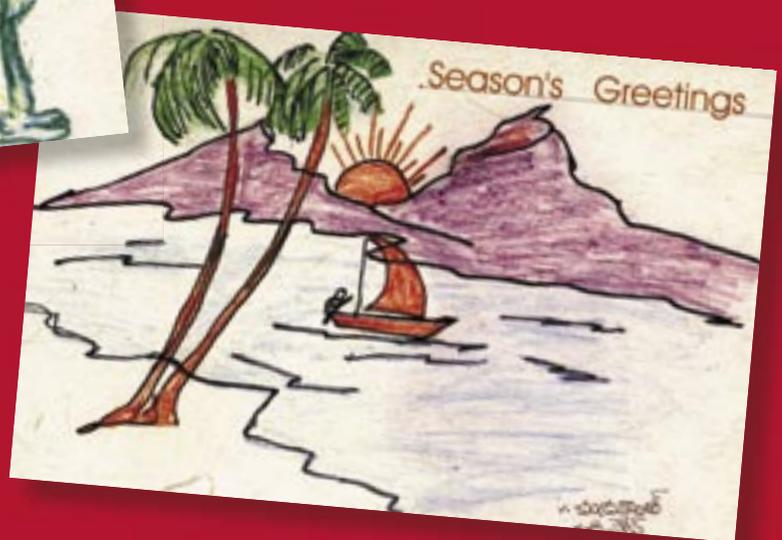
### MANIPUR

In **Manipur**, a training workshop on HIV and AIDS for Shumang Leela artistes was held. Khomdon Lisamm, Chairman/ Executive Director of the AIDS Consortium, observed that performing troupes of Shumang Leela are said to often resort to unsafe MSM relationships that increase risk of HIV.

# be bold

Together we make a better world

These paintings were done by HIV infected and affected children in a workshop organised by APSACS. The funds generated from these cards will be used for the children on anti-retroviral therapy for AIDS



Editor-in-Chief: Mr Mayank Agarwal, JD (IEC), Editor: Ms Ritu Shukla DD (IEC), Editorial Panel: Dr Jotna Sokhey, APD, Mr K Suresh Kumar, Dir. (Fin.), Dr M. Shaukat, JD (BS), Dr A.K. Khera, JD (Tech.), Dr D. Bachani, JD (Trg.), Mr M. L. Soni, US (IEC), Mr Pradeep Sarkar, Consultant (IEC).

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