

NACO NEWS

A Newsletter of the
National AIDS Control Organisation

Ministry of Health and Family Welfare
Government of India

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RRE is Back: With More Services, Information and Activities



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In the Mail



I along with my friends visited the Red Ribbon Express during its halt in Ahmedabad. It was a big draw for students who found information on many of the issues that they sought clarity on. The visual displays, counselling sessions and cultural shows were well designed and organised.

Seeing the large crowds, it is evident that people are curious to know more about the emerging new diseases. They are also more conscious about their health. It would be a good idea to have a permanent exhibition at one of the government facilities so that people can update themselves from time to time as also have access to the latest in vaccine research, clinical

trials, testing facilities and treatment of HIV/STI/RTI/H1N1.

Pooja Bakshi
Biotechnologist
Ahmedabad



I happened to be on a holiday to the North-East and attended one of the music competitions in Mizoram which was part of NACO-UNODC's multimedia event. This was aimed at creating sensitivity and awareness around the theme of drugs and HIV.

I think it was a very good idea to use a medium that the youth relate to. Similar events should be organised across the country because there is a section of the youth today who are directionless and vulnerable to such influences. Increasingly experimenting with party drugs, they do not realise that they are indulging in risky behaviour, and jeopardising their aim and other people's lives.

Channelising young people's energies in creative pursuits, giving them role models and building a sense of purpose in their lives is a responsibility that should be shared

by not just parents and educational institutions but also civil society organisations, NGOs and other influencers.

Arjun Srivastava
Independent film maker
Mumbai



I would like to do some voluntary work with orphan and vulnerable children or with those infected with HIV and living in care homes. Is there a list of organisations or NGOs that one can identify in Delhi which would be open to such an activity? Does one require special skills and understanding to be able to interact with them meaningfully?

The NACO News is a highly informative piece of advocacy that collates a lot of data, activities and plans that relate to the world of HIV. It should be disseminated widely amongst the general audience, to enable them to empathise and be aware of the challenges and difficulties that people living with HIV/AIDS go through on a daily basis.

Sadhana Bakshi
New Delhi

Number of patients on ART*

NACO supported ART Centres	282,526
Intersectoral Partners	2479
GFATM Round II Centres	2489
NGO Sector	474
Grand Total	287,968

*As of 30th November, 2009

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

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

For back issues and for information on HIV/AIDS, log on to:
www.nacoonline.org or mail
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– Editor



From the Desk of the Director General

I have great pleasure in connecting with all our partners, donors, State AIDS Control Societies and friends in the development sector through what is my first message in NACO News.

This issue is special, as it gives you a brief account of activities on the occasion of World AIDS Day which has come to acquire huge significance for all of us working in the field of HIV/AIDS. The kind of media support that we have received globally on its observance, is proof of the fact that the discussion on HIV/AIDS is no longer in hushed whispers amongst people who have half-baked information.

The world has woken up to the many challenges that people infected & affected by the virus face, and is willing to accept the problem as with other chronic diseases. We bring to you a wide spectrum of images and account of what each of the states did on the occasion of World AIDS Day.

The Red Ribbon Express, after its successful run in 2007-08, has returned on “popular demand” in its second avatar. Launched by Smt Sonia Gandhi, Hon’ble Chairperson, UPA and Chairperson, Rajiv Gandhi Foundation, on December 1, 2009, it has a lot more to offer this time. An exhibition coach has been added on NRHM with information on TB, Malaria, H1N1 and Reproductive and Child Health services. In addition, services for HIV testing, STI treatment and general health check-ups also are being provided at the stations this time. We hope to reach a larger population with more information and services, reinforcing safe behaviours.

The Joint Mid-Term Review of NACP-III, which was held in November, was a critical exercise which examined challenges faced in implementation of

NACP-III and recommended actions to address them. It was gratifying to note that we are on track and have managed to stabilise the epidemic, and are now collectively addressing the gaps. It also reviewed a number of studies that have been undertaken during this period and will look at areas that might have been left out.

In our ART story, we update you with the ‘Highly Active Antiretroviral Therapy’ (HAART) and how it is helping manage HIV infections in a more efficient manner. NACP-III aims to ensure that all eligible people living with HIV/AIDS are initiated on ART at the earliest and are able to perform their normal roles and duties.

Creativity has multiple expressions and the North-East with its abundant talent manages to effortlessly communicate complex messages in the simplest ways. The Red Ribbon Youth Icon Awards in Mizoram and Nagaland used music as a binding factor. It brought thousands of young people together on a common platform to make them aware of their vulnerabilities.

NACO News with its 9,000 plus subscribers base is the voice of the HIV community. Please feel free to give us feedback and ideas. I am certain we can continue to work collectively, as we have been doing in the past. Wish you all a very happy 2010.

*Mr K. Chandramouli
Secretary, Department of AIDS Control and
Director General, NACO
Ministry of Health and Family Welfare
Government of India*

Red Ribbon Express is Back

With More Services, Information and Activities

The RRE has kept the promise it made in 2008 and returns with an expanded agenda that includes awareness on H1N1, Malaria, Reproductive Health and general health



Smt. Sonia Gandhi, Hon'ble Chairperson, UPA lighting up the lamp during the inaugural ceremony of the Red Ribbon Express, Phase-II

Smt. Sonia Gandhi, Hon'ble Chairperson, UPA and Chairperson, Rajiv Gandhi Foundation, flagged off the Red Ribbon Express (RRE) from Safdarjung Railway Station on December 1, 2009, World AIDS Day. Bright, colourful and steeped in local and traditional flavours, the RRE will reach out with information and services to people in far-flung areas of the country.

Bringing different partners and stakeholders on board, the train is a story of partnerships and collaborations. It is also a practical demonstration of a nation working together to achieve common goals and objectives. This has the power to translate into having a healthier nation.

In its second run, the RRE returns and visits 152 halt stations in 22 states with added services and more information.

Implemented by the National AIDS Control Organisation (NACO) in collaboration with the Rajiv Gandhi Foundation, the National Rural Health Mission (NRHM), the Ministry of Railways, UNICEF and other stakeholders, the RRE will conclude its second journey on December 1, 2010.

RRE keeps its promise

During its first run in 2007-08, the RRE, which was the biggest mass mobilisation and advocacy campaign

in the world on HIV/AIDS, was received with enthusiasm, interest and fanfare at each of its halt stations. In distant, hard-to-reach areas, its impact was evident with people claiming they had never seen anything like it before. Thousands of people made an appeal to the RRE managers and volunteers to return with more information, services and interactive activities.

Keeping that promise, in its second run, the RRE returns and visits 152 halt stations in 22 states with services, Information, Education and Communication (IEC) material, and infotainment activities that will educate and inform people on all aspects of HIV/AIDS. It aims to bring down risk behaviour, dispel myths about infection and its spread, encourage people to go in for testing and knowing their HIV status, seeking and adhering to treatment, and learning to live positively with HIV in society. This time, NRHM has also come on board with NACO, with one coach having an exhibition on TB and H1N1, Malaria, Reproductive Health, and Child Services. Services for HIV testing, STI treatment and general health check-ups were also catered for. At many places, mobile health vans have been deployed to provide health services. Those who are not able to visit the train are being reached by outreach services through IEC vans and folk troupes in the villages of the districts through which the RRE will be passing.

Unique multisectoral initiative

Different Government Ministries/ Departments and civil society partners, have joined hands to take health messages to remote and hilly corners of the country. The RRE will help in building an environment where everyone in need gets access to health services without prejudice. A mega exercise, it requires the clearances and support of multiple agencies to conceptualise and implement the broad charter of activities that are planned for each halt station. The focus of the initiative is to have something for each age group and target population – whether it is the high risk groups or general population.

India is mid way through the third phase of the National Aids Control Programme (NACP) that seeks to halt and reverse the HIV epidemic by 2012. In the last few years, there has been considerable expansion of services for counselling and testing, ART, and for treatment of STI.

The RRE aims to break the silence surrounding the issue of HIV/AIDS by taking messages on HIV prevention, treatment, care and support to people living in towns and villages across the country.

However, the demand for these services can be promoted in an environment that allows open discussion on issues which are considered taboo in our society. The RRE is an effort in this direction. It aims to break the silence surrounding the issue of HIV/AIDS by taking messages on HIV prevention, treatment, care and support to people living in towns and villages across the country. It aims to create an environment free from stigma and discrimination faced by People Living with HIV (PLHIV), so that they can access the services without fear and prejudice.

The RRE is the world's largest mass mobilisation drive on HIV/AIDS

and is focusing on women and youth who are more vulnerable.

Look and feel of the train

The train has been designed keeping in mind all the feedback that was received during its earlier run. The eight-coach train has four exhibition coaches with three having displays and interactive models on HIV/AIDS, and one devoted to NRHM issues. There is a training coach to train district resource persons drawn from different stakeholders such as Panchayati Raj Institutions (PRIs), Self-Help Groups (SHGs), Anganwadi Workers (AWWs), teachers, youth groups, police and armed force personnel. Sixty resource persons can be trained in one session. Three to four sessions are being organised everyday. The objective is to strengthen district capacity to respond to HIV/AIDS. The sixth coach has provisions for counselling and treatment of common ailments and the remaining to service coaches.



Red Ribbon Express: The Eight-Bogey Health Train

Exhibition on HIV/AIDS: 3 Coaches

Exhibition on NRHM: 1 Coach

Training of resource persons: 1 Coach

Services for counselling on HIV and general health check-ups: 1 Coach

"Through the Red Ribbon Express, important information is being provided in your villages on HIV, AIDS, Swine Flu, and other infectious diseases.



I humbly request you all to spread information on these issues among your peers. By doing this, we can make a big contribution in the spread of health related information and knowledge."

Shri Manmohan Singh
Hon'ble Prime Minister of India



"The Red Ribbon Express is a unique endeavour to take the message of HIV prevention to every corner of the country. Let us all work together

to prevent the spread of HIV and fight stigma and discrimination faced by people living with HIV.

Let us ensure that our cities, towns and villages stay free from infection. Let us make India healthy and vibrant."

Smt. Sonia Gandhi
Hon'ble Chairperson UPA & Chairperson, Rajiv Gandhi Foundation

"It is everyone's responsibility to learn about HIV/AIDS, to stay free from infection and not stigmatise those who are living with HIV. This would enable them to come forward, avail health services and make India a healthy and vibrant society."



Shri Ghulam Nabi Azad
Hon'ble Minister for Health and Family Welfare



"The RRE is a symbol of a nation's collective strength and resolve to fight HIV/AIDS epidemic. Local leaders have been involved at every halt to mobilise people and conduct outreach

activities. Resource persons such as members of PRIs, SHGs, youth groups, NGOs, and other stakeholders will be trained in the districts through which the train will pass. The objective is to build up local capacity to deal with HIV prevention."

Shri Dinesh Trivedi
Hon'ble Minister of State for Health and Family Welfare



Care has been taken to keep in mind that bulk of the audience would be semi literate. Local and ethnic visuals and images, folk art and other performing arts have therefore been catered for as an effective way of drawing crowds, engaging them and ensuring that messages are absorbed.

Through a range of IEC/BCC/IPC activities, trained volunteers are covering all aspects of HIV infection, prevention, treatment, care and support, in addition to covering other important health issues.

Strong political commitment

Political commitment at the highest level underlines this initiative. There is a conviction among the Central and State Governments on the efficacy of a powerful medium such as the RRE. This has in one year created immense visibility, goodwill and awareness on a sensitive subject like HIV.

Speaking on the occasion of the launch of the RRE, Smt. Sonia Gandhi said: "The Red Ribbon Express Phase-I clearly indicated that we are on the right track because of all the appreciation we got from the people. The HIV epidemic is a high priority for the UPA Government because this infection predominantly affects the poor and the young. What is also commendable is that the RRE has succeeded in bringing together different departments at the national

level and diverse stakeholders from elected representatives to SHGs at the district level to meet this challenge."

Shri Ghulam Nabi Azad, said: "Between 2002 and 2007, we succeeded in reducing the number of people affected by this infection. I believe that with more information reaching people, we will see a definite decline in numbers. The RRE can be a powerful tool in this exercise."

Recognising the fact that stigma and discrimination continue to affect those who are infected and affected by HIV/AIDS, Ms Mamta Banerjee, said that the battle was not against the infection per se, but the lack of emotional support being given to people affected by HIV/AIDS. She hoped that the second run of the RRE would help dispel those myths, and pave the way for a more compassionate understanding and acceptance of those who were afflicted with the infection. The entire campaign is being monitored with daily reports being prepared on coverage. An external agency has been hired for its evaluation.

The RRE's mission is to reverse and halt the spread of the epidemic by converting ignorance into awareness and inaction into action.

■ Mr Mayank Agrawal
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Red Ribbon Express Completes its Desert Safari

The RRE halted for 16 days in 7 districts of Rajasthan with nearly 45,000 visitors showing interest and participating in numerous activities

Rajasthan was the first state where the RRE halted after being flagged off from Delhi on December 1 by Smt. Sonia Gandhi. It arrived at Hanumangarh district on December 2. The train's sojourn in the state included Bikaner, Jaipur, Ajmer, Barmer, Udaipur (Mavali) and Chittorgarh (Chanderi).

A lot of interest was generated in the exhibition coaches.

In each of the halt stations, the local communities participated with gusto, singing impromptu songs in their native language around the theme of HIV/AIDS, H1N1 and other social issues like dowry death,

education of girl child, having a small family size, and being faithful to one's marital partner.

■ Bilal Naqati
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Red Ribbon Express Coverage in Rajasthan and Gujarat during December 2009

Sl. No.	Description	Rajasthan	Gujarat
1	Visitors to the train (RRE) exhibition	44899	107192
2	Outreach coverage of people	83053	342186
3	Resource Persons trained	3665	3810
4	Visitors counseled	2409	2317
5	Visitors referred for STD treatment	421	229
6	Visitors Tested for HIV	1000	1453

Gujarat Accords Grand Welcome to Red Ribbon Express

The RRE chugged into the Palanpur station on December 20, 2009, and had a captive audience during its two-day stay. Women, SHGs, ASHAs and AWWs availed of information and services to update their knowledge on HIV and reproductive health – things that they felt would come handy as they interacted with village folk on their daily rounds. From here the train moved to Bhavnagar, Botad, Wankaner and Bhakti Nagar.



Visitors lined up at the platform to welcome the Red Ribbon Express in Gujarat

Ahmedabad was last on the itinerary with a two-day halt.

The RRE's training programmes and testing facilities were well received

by the men in uniform – NCC cadets, Army *jawans* and police personnel. Students, health workers, link workers and teachers participated in the folk and cultural events, and also took up advocacy as they brought in more people to the RRE exhibitions.

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Glimpses of the Red



Ribbon Express Phase-II



An Inside View of the Red Ribbon Express



State AIDS Control Societies Put Up Stellar Show on World AIDS Day

Rallies, marches, advocacy workshops, youth-based programmes, quizzes, competitions and meetings were held throughout the country in a spectacular show of solidarity and sensitivity towards those infected and affected by HIV/AIDS. Each of the states had spent months planning for the observance of World AIDS Day and on December 1, ensured the coming together of political leaders, senior bureaucrats, youth organisations, the public and private sector, Non Governmental Organisations (NGOs), Community Based Organisation (CBOs) and donors, on multiple platforms. The presence of PLHIV and positive networks allowed for healthy dialogue and sharing of experiences. Presented below are some of the activities and events that SACS carried out.

Solidarity Expressed in Kerala

Spanning all the districts and covering a range of organisations, Kerala State AIDS Control Society (KSACS) observed World AIDS Day throughout the state by reiterating its commitment to reach out to more and more HIV positive people, and mainstreaming them.

The Chief Minister, Shri V. S. Achuthanandan urged the people to join the fight against HIV. Minister for Health and Social Welfare, Smt. P. K. Sreemathi, Health Secretary, Shri Manoj Joshi, and Smt. Neela Gangadharan, Chief Secretary were also present on the occasion.

In her inaugural speech at the World AIDS Day observance programme at the Senate Hall in

Thiruvananthapuram, the Health Minister emphasised the need to reach out to positive people and increase interventions amongst the High Risk Groups (HRGs), to bring down the spread of the epidemic.

A handbook on HIV prevention training for AWWs was released on the occasion. The Magician, Gopinath Muthukad, also performed a show carrying the message of HIV prevention.

KSACS organised an intensive campaign for the promotion of voluntary blood donation in the state throughout the week. 28 voluntary



Chief Minister Shri V. S. Achuthanandan addressing the press conference on World AIDS Day 2009

blood donation camps were conducted in the state on World AIDS Day.

Kiosks were set up at hospitals, railway and bus stations, by Prathysa, a Drop in Centre. IEC material and red ribbons were distributed to the people. Positive speaking sessions were also organised. Besides rallies in Thrissur, Palakkad, Kannur, Malappuram and Kasaragod, in association with District Medical Offices, colleges and NGOs.

Integrated Counseling and Treatment Centre (ICTC) known as Jyothis centres, organised a slogan competition to promote HIV testing. Pulari centres which is an STI Clinic conducted an awareness class, stressing on the need to treat

Sexually Transmitted Infection (STIs) at the earliest, highlighting the link between STI and HIV.

ART units in the state organised a panel discussion on the subject "Universal Access and Human Rights", along with a quiz competition.

The run up to the World AIDS Day included sessions on HIV/AIDS for ICDS supervisors, orientation on HIV/AIDS in the mothers' meetings at anganwadis, and several programmes at social welfare institutions.

■ S. Ajai Kumar
Joint Director (IEC)
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New ART Centre in Bhubaneswar

The run up to the World AIDS Day 2009 in Orissa saw an array of activities focused on drawing the attention of people from all walks of life to the PLHIV's right to dignity and honour. The events included State level painting and essay competition, and poster competition for the youth in association with the Indian Red Cross Society, Orissa State Branch (IRCS-OSB), Bhubaneswar.

At the state level a convention and competition was also organised for PLHIV at CYSD, Bhubaneswar in collaboration with Concern World Wide India and INP+. The event saw participation from 156 PLHIV who competed in various competitions like painting, debate, etc.

Besides these, Orissa SACS, in collaboration with State Blood Transfusion Council (SBTC), organised a mega blood donation camp at Geetam College of Engineering and Technology, Bhubaneswar. A total of 502 units, of blood were collected in the camp.

Female Sex Workers (FSWs) were also included in the ambit of activities organised by Orissa SACS. A candle light show was organised at Malisahi, Bhubaneswar among FSWs in collaboration with Lepra Society. Around 200 FSWs participated in the show which signified hope and was a symbol of optimism.

The youth were also mobilised and a musical night was organised at Ekamra Haat, Unit III, Bhubaneswar in collaboration with Action Aid India, Orissa state office. Over 500 youngsters witnessed the programme.



"Prince" Group presenting a cultural programme on HIV/AIDS

AIDS awareness being the theme, a mass rally was organised on December 1. The rally was flagged off by the Minister of Health and Family Welfare, Government of Orissa.

An ART Centre was inaugurated by Minister of Health and Family Welfare at Capital Hospital, Bhubaneswar. In addition, a Blood Component Separation Unit (BCSU) was also inaugurated by



Smt. Pramila Mallick, Hon'ble Minister, Women and Child Development at Capital Hospital, Bhubaneswar for appropriate use of blood and blood components.

Orissa SACS also organised an exhibition of IEC material. HIV/AIDS related messages were displayed on an autorickshaw which travelled through slum areas of Bhubaneswar city. IEC materials and condoms were also distributed to HRGs through this mobile tableau.

World AIDS Day messages were displayed in all the 400 Red Ribbon Clubs (RRCs) and Colleges in collaboration with Idea Cellular Ltd.

New initiatives on the occasion of World AIDS Day included the release of a souvenir 'Varasa' in Oriya language. Varasa is a collection of articles, poems and short stories. A theme song on HIV/AIDS was also released at a state level function. The song was produced in collaboration with UNDP. SMSes were sent to 4 lakh subscribers on the eve of World AIDS Day.

Famous award winning dance troupe 'Prince' presented a cultural programme based on HIV/AIDS at the valedictory function of a state level meeting. A quiz programme on HIV/AIDS conducted among HRGs and PLHIV was telecast on Doordarshan on 2, 9, 16 and 23 December. In another initiative, HIV/AIDS related messages were published on computerised bus tickets. This initiative was taken up in collaboration with Orissa State Road Transport Corporation, Bhubaneswar. The initiative was inaugurated by Sh. Sanjeeb Kumar Sahoo, Hon'ble Minister of Commerce and Transport on

December 18 at Baramunda Bus Stand, Bhubaneswar.

Six IEC vans were launched in the state for social marketing of female condoms and a mini marathon was organised by OTV in collaboration with Orissa SACS. Around 1200 participants ran the marathon.

Mass rallies, district level meetings under the chairpersonship of the Collector, blood donation camps and cultural programmes were conducted at the district level through CDMOs and District HIV/AIDS Prevention and Control Unit (DAPCU) of the concerned district in association with the local Targeted Intervention (TI) partners, Youth Clubs, RRCs/Colleges, Nehru Yuva Kendra

Sangathan (NYKS) and National Service Scheme (NSS) volunteers.

Television channels and radio stations concentrated on HIV/AIDS related programming in a month-long media campaign.

■ Dr Tripati Mishra
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Political Commitment to PLHIV in Bihar

Rallies, functions, sporting events, seminars and free testing for HIV/AIDS were some of the events that were organised in the capital city of Patna in Bihar to observe World AIDS Day.

At a rally, NSS volunteers from Patna Women's College wearing red ribbons and carrying placards with slogans on HIV prevention, walked four kilometres along Bailey Road and Fraser Road before assembling at the Shri Krishna Memorial Hall where they were addressed by the Health Minister of the Government of Bihar, Mr Nand Kishore Yadav. The programme was organised by Bihar SACS with support from UNICEF and civil society organisations (CSOs).

Mr Yadav expressed concern over the stigma attached to HIV positive people which was proving to be a major obstacle in Government's efforts to prevent its spread. According to him, social attitudes are changing very slowly and not keeping pace with the scientific understanding of HIV and its treatment which has progressed rapidly over the last two decades. He highlighted the discomfort which is still evident in the interactions with PLHIV. According to him, the stress should be on eliminating fear from the

The State Health Minister also re-assured those present that the Government of Bihar is already working on numerous measures to contain the spread of HIV among the general population of the state, including setting up blood banks in every district of the state.

minds of PLHIV for them to open up and express themselves.

The State Health Minister also re-assured those present that the Government of Bihar is already working on numerous measures to contain the spread of HIV among the general population of the state, including setting up blood banks in every district of the state.

Volunteers from Bihar SACS started the day by pinning red ribbons on people taking a morning walk at the Sanjay Gandhi Biological Park.

Addressing a function at Bharatiya Nritya Kala Mandir, the Governor of Bihar, Shri Debanand Konwar stressed the need to make people, particularly those in rural areas, aware about HIV/AIDS. He stressed the need to carry out a continuous

campaign against HIV/AIDS at all levels.

A red ribbon was also pinned on Mr Nitish Kumar, Chief Minister of Bihar, by senior officials from the Department of Health and representatives of NGOs and Bihar SACS. Mr Ravi Parmar, Principal Secretary, Health and Project Director, Bihar SACS addressed the event.

The Commissioner of Patna Municipal Corporation (PMC), Mr K. Senthil Kumar, assured the gathered audience that PMC would be providing hoardings free of cost to create awareness on HIV/AIDS.

A number of HIV/AIDS awareness programmes were also held by other government functionaries, NGOs and educational institutes in collaboration with Bihar SACS and UNICEF. Cricket matches between HIV positive people and college students were organised at various district headquarters of the state. Other activities included free testing for HIV/AIDS, counselling and free condom distribution at several locations in Patna city.

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Source: Inputs taken from UNICEF Website



Convergence is the Keyword in West Bengal

Connecting with the public through various mediums and multiple stakeholders was the highlight of the World AIDS Day programmes in West Bengal as radio, films, newspapers, cellular services, street theatre and tableaus among other mediums were used extensively. All the stakeholders including West Bengal State AIDS Prevention & Control Society (WBSAP&CS), public sectors organisations, CSOs, NGOs and Positive People's Groups put together a concerted effort to build awareness on HIV/AIDS.

Activities at the district and block levels included rallies with major stakeholders on World AIDS Day in various blocks of the state. These rallies were widely covered by print and electronic media. Sensitisation workshops were organised for PRI functionaries, religious leaders, police personnel and gatekeepers of society before and after World AIDS Day. Positive speakers were also involved in this initiative.

Drawing and quiz competitions were organised for children (including CLHIV) and adolescents. Stalls were put up at appropriate locations with TIs and posters informing people about the services available. Proper reporting and documentation of all the SACS activities was taken up.

Mobile IEC campaigning was taken up in 12 districts of the state, including Category A and B districts, and two priority districts from November 25 to December 1.

Twenty-two networks of PLHIV also organised similar activities.

Bringing forth the concept of "Community Connect" and building visibility on the issue of HIV/AIDS, many widely circulating newspapers including The Times of India, Anand Bazaar Patrika, The Telegraph along with vernaculars like Aajkaal and Ganashakti published editorials, day branding, advertisements, community connect programmes, teasers and curtain raisers on HIV/AIDS. Audio spots were aired on major railway stations including Howrah and Sealdah terminus. These spots disseminated information promoting care and support, service provision, Concept of Greater Involvement of People Living with HIV/AIDS (GIPA) concept and prevention of HIV/AIDS.

Mobile IEC campaigning was taken up in 12 districts of the state, including Category A and B Districts, and two priority districts from November 25 to December 1. These included block level rallies with IEC vehicle displaying banners and messages, film shows and special

participatory sensitisation sessions taken by PLHIV groups in the presence of and with active support from Block Development Officers.

Mobile messaging on issues regarding HIV/AIDS prevention and control was taken up through Bharti Airtel Ltd. throughout Kolkata.

The state witnessed active involvement of the public sector in the World AIDS Day programme with emphasis on Integrated Counselling and Testing (ICT) initiatives. Ambuja Cements organised a rally, World AIDS Day publicity stall and booth at truck terminals for disseminating information on HIV/AIDS in Dhulagari and Farrakka. Hindustan Lever Ltd. organised a sensitisation and awareness workshop at their factory premises. Indian National Mineworkers' Federation, Eastern Coalfields Ltd., HINDALCO, Coal India, BSF, Zonal Health Offices of Municipal Corporation, Indian Chambers of Commerce, and Thallassaemia and AIDS Prevention Society also took active interest and organised various initiatives on the World AIDS Day.

Hindustan Latex Limited (HLL), in coordination with WBSAP&CS operationalised and manned 12 stalls at strategic traffic locations and important junctions on December 1 and 2, 2009 to raise awareness on HIV/AIDS. The activities included interpersonal counselling, distribution of IEC material, audio-video shows, condom demonstration and distribution.

HLL also operationalised two tableaus displaying seven dramas and seven spots throughout the route for each mobile van and distribution of leaflets and T-shirts.

Ten stalls were operationalised by the PLHIV fraternity under each district

arm in the districts. These stalls included video shows, puppet shows, counselling, interactive sessions, street theatre, magic shows and leaflet distribution.

An ICTC and awareness workshop was organised at Alipore Central Jail on December 1.

Various organisations organised activities independently. Kolkata Foundation (World AIDS Celebration Committee) organised an awareness campaign and rally. Baramohanpur Bhagabati Devi Women's Welfare Society, Khakurda, West Midnapur commemorated World AIDS Day

with an awareness and sensitisation programme at Digha. Many other CSOs too joined the fray and observed World AIDS Day to give it due importance.

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Gujarat Pledges to Eliminate Stigma

A youth convention was held in Vadodara on December 1. More than 40,000 young people in the age group of 15-30 years from rural and high prevalence areas participated in the day-long function. Shri Parbatbhai Patel, Minister of State for Health released hundreds of white and red balloons, giving out a strong message of peace and harmony in the lives of HIV/AIDS infected and affected people. More than 1000 people from the city and audience signed a pledge that made a commitment to ensuring a more just and equitable existence for PLHIV.

He also drew attention to the nutritive needs of HIV positive women and young people who tended to ignore their food, diet and exercise regimen. According to him, an awareness drive had to focus on the importance of healthy relationships and lifestyle, especially amongst those suffering from HIV. An informative exchange was made by two peer educators who spoke of their experiences from the field. This was aided with the presentation of skits, docu dramas and musical interludes.

At the district level, MPs, MLAs, President of the District Panchayat, District Collectors and DDOs organised, facilitated and took part in competitions, lectures, demonstrations and other interactive events that aimed at increasing awareness around all aspects of HIV infection, prevention, treatment, care and support.

■ Hemant Shukla
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Shri Parbatbhai Patel, Hon'ble Minister of State for Health, elaborating upon the HIV/AIDS issues on World AIDS Day

Chandigarh Walks Against AIDS

Around 1100 people from all walks of life converged in the walk against AIDS taken up to mobilise the community and increase awareness on HIV/AIDS to bring about social change.

Organised by the Chandigarh State AIDS Control Society, it turned out to be a colourful procession comprising students from Red Ribbon Clubs, doctors, nurses, NGOs, People from High Risk Groups and PLHIVs. Pamphlets were distributed to the public on the way and slogans on the theme 'Universal Access and Human Rights' were raised. They were accompanied by beautiful floats depicting modes of transmission of

HIV/AIDS and a condom promotion van with a live puppet show. Slogans were raised on universal access and human rights.

Mr Ram Niwas, Health Secretary, Chandigarh Administration stated that as most of the AIDS patients taking treatment in ART centre were from the neighboring states of Haryana and Punjab. He said a large number of those infected are injecting Drug Users, therefore, AIDS Control activities should collaborate with prevention of drug addiction activities.

Dr M.S. Bains, Director Health Services, Chandigarh

Administration, stressed on the need to continue awareness activities on HIV/AIDS.

Dr Vanita Gupta, Project Director, Chandigarh AIDS Control Society, while expressing special thanks to the large gathering for their participation, said that it was encouraging to see people from different walks of life, including target slum areas, HRGs, PLHIV, students, and care givers, mingling and freely exchanging views. Blankets were distributed to the members of Chandigarh Network of Positive People.

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A street performance during the World AIDS Day campaign in Goa

Goa SACS Launches E-Bulletin

The State of Goa kept up with its efforts to raise awareness on the World AIDS Day. Apart from other activities to spread knowledge and dispel myths about HIV/AIDS, Goa SACS also kept pace with technology and increased the ambit of its activities by launching its first e-bulletin 'Stop AIDS Keep the Promise' on World AIDS Day. The occasion was marked by events like rallies, display of IEC material, street plays and the launching of a book titled "HIV/AIDS in Goa: Situation and Response 2009".

Two rallies were organised, one in Goa and the other in Arambol. Dr Pradeep Padwal, Project Director, Goa SACS, flagged off the rally organised by Urban Health Centre, Panaji after briefing the gathering about the present situation of HIV/AIDS in Goa. Dempo College of Commerce, Altino and Government Polytechnic College, Altino, participated in the rally. The second rally was organised by Community Health Centre at Pernem. Two

hundred participants including students of Panchakroshi Higher Secondary School, Arambol and locals attended the rally.

Goa SACS commemorated the World AIDS Day at Secretariat (Seminar Hall), Porvorim. The theme was 'Universal Access and Human Rights.' The Minister for Health, Shri Vishwajeet Rane, who was the Chief Guest at the function, flagged off a mobile hoarding van displaying messages on HIV/AIDS awareness. This was followed by a street play performed by the staff of PSI on condom promotion to prevent HIV/AIDS.

In his speech, the Health Minister asked the students to come forward and take up the challenge of creating awareness on prevention of HIV/AIDS. A book titled "HIV/AIDS in Goa: Situation and Response 2009" was released by the Health Minister. It gives factual data on HIV/AIDS along with information on the services provided by Goa SACS.

Shri S. K. Srivastava, Chief Secretary, Government of Goa was the Guest of Honour. Dr Pramod Salgaonkar, Chairperson, Goa State Women's Commission, Dr Rajnanda Desai, Director of Health Services and Shri Rajeev Verma, Health Secretary, Government of Goa were also present during this event.

The Chief Secretary launched the first e-bulletin of Goa SACS, 'Stop AIDS Keep the Promise', which covers the activities and programmes of Goa SACS. Prizes were given by Hon'ble Health Minister to the winners of All Goa Inter Higher Secondary Schools Quiz conducted by Goa SACS on HIV/AIDS on November 26.

He also gave away prizes to the winners of Short Film Contest on AIDS awareness. The winning short films were also screened on the occasion.

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Mid-Term Review of NACP-III

MTR found progress on infrastructure development and service delivery to be on track; it evaluated progress on targets, coverage, access and quality of interventions

The National AIDS Control Organisation (NACO) and Development Partners carried out a Joint Mid-Term Review (MTR) of the implementation of the India's National AIDS Control Programme, Phase III (NACP III) between November 16 and December 3, 2009. A series of presentations of studies related to various areas of NACP III had preceded the MTR in October 2009. The Development Partners included in the MTR mission were the World Bank, UNAIDS, UNICEF, UNFPA, UNODC, UNDP, WHO, DFID, GFATM, USG (USAID, CDC and PEPFAR), Bill and Melinda Gates Foundation, the Clinton Foundation and representatives from other agencies.

The principle aim of the MTR of the NACP-III was to assess the overall national response to HIV/AIDS. The review aimed to identify whether mid-course corrections in the design of NACP-III need to be made in the light of the experience and information in the first two and a half years (April 2007 to September 2009) of the implementation.

Specific objectives of the MTR were as follows:

- To assess overall progress made in relation to target, coverage, access and quality/intensity of the interventions with in-depth analysis of TI, STI/STD services, PPTCT, social inclusion and equity, IEC.
- To assess important processes for implementing NACP-III such as

institutional management processes, efficiency and workload, technical needs assessment and innovations in delivery of services.

- To examine the challenges faced in the implementation of NACP-III and recommend actions to address them.
- Review progress towards project development objectives, assess the relevance of current targets and suggest possible areas for revision in strategy.
- Review the adequacy of overall financing for NACP III.
- Review procurement and financial management arrangements of the project and agree with the Government on changes if deemed necessary.

The key findings and the recommendations of each component of the NACP-III MTR are summarised below:

Prevention

- Significant scale up of TIs from 789 in NACP-II to over 1,247 currently, covering over 1.1 million core HRGs.
- Mapping exercise in 17 states, with revised estimates totaling 0.6 million HRGs.
- Condom distribution increased from 118 million in 2007 to 211 million in 2008 and 146 million till Sept 2009.
- STI services uptake increased from 0.25 million in 2007 to 1.1 million in 2008 and 0.8 million till Sept 2009.
- Strengthened linkages between TI and ICTC and further with ART.

- Increase in general clients tested from 7.6 million in 2007 to 9.1 million in 2008, and pregnant women from 2 million in 2006-07 to over 4.6 million in 2008-09.
- Increase in cross-referral between TB patients and PLHIV.
- Voluntary blood donation augmented from 54.4 percent to 73.4 percent.
- Clear strategic focus on behaviour change.
- Multiple large scale campaigns like RRE launched.

Recommendations

- Targets for TI should be adjusted based on new mapping estimates.
- Barriers to ICTC uptake by HRGs are identified and addressed.
- Review and revise NACP III STI treatment target based on revised the estimates on STI/RTI burden of infection.
- Expedite procurement and distribution of STI colour-coded treatment kits for all STI sites.
- Ensure strong linkages with all divisions, especially TIs.
- Implement a comprehensive campaign aimed at reducing stigma/discrimination.
- Evaluate progress of the overall IEC strategies towards reaching outcome goals.

Care, support and treatment

Key findings

- Improved access to free ART, and care and support.
- Focus on improving quality of services.
- Focus on supply chain management.

Title of Study	Key findings
Impact assessment of targeted interventions for prevention of HIV	<ul style="list-style-type: none"> • HIV epidemic has remained contained and is declining. • Improvement in condom use in sex work as a result of TIs and IEC.
Assessment of coverage, efficiency and quality of STD/STI services	<ul style="list-style-type: none"> • No. of Syphilis tests carried out is increasing especially because screening is carried out at STI/ANC clinics. • Definite declining trend in Syphilis.
Assessment of access and utilisation of PPTCT services	PPTCT services picked up in NACP-III though coverage needs to increase further. In 2008-09, 15.9% of all pregnant women in India tested and 31% of estimated HIV positive detected.
Assessment of Link ART Centres (LACs)	Positive perception of clients to LAC with low travel and waiting time and low out-of-pocket expenses to access ART services. LAC improved level of ARV drug adherence (97%).
Review of NACO's and SACS' organisational capacity including efficiency, workload and cost	<ul style="list-style-type: none"> • Competency-based clear job description. • Fill up vacancies. • Increase capacity of data analyses and use. • Strengthen HR processes for contractual employees. • Get clarity on decision making for senior officials. • Train employees on capacity building.
Review unit costing of different components of NACP-III	NACP-III achieved most targets and scaled up activities. There is need to invest more in prevention in the future. Given the cost of drugs and rationalisation of TIs, NACP-III objectives are achievable with continued focus on prevention.
Update and analyse donor financial commitments and identify gaps in resources for NACP-III	There is a shortfall (38%) in extra budgetary resources. About 60% of extra budgetary resources have been allocated for prevention, with geographic focus on high risk states.
Assessment of the quality of IEC strategy	IEC campaigns have increased knowledge on HIV in rural and urban areas. Increase in utilisation of services like VBD, condom use and voluntary counselling and testing can be attributed partly due to increased awareness through IEC.
Data triangulation exercise in eight states	<p>Categorisation of district based on only Sentinel Surveillance data needs to be rectified.</p> <p>Re-categorisation of districts to be undertaken using all possible sets of data including programme data, surveys and mapping of HRGs.</p>

Recommendations

- Include identification of HRGs in monitoring system of ART.
- Assessment tools for evaluation of Community Care Centres (CCCs).
- Conduct operational research to identify reasons behind gender gap in access to paediatric ART.

Institutional capacity development

Key findings

- NACO scaled up organisation capabilities and size by creating and strengthening various divisions.
- Strengthened institutional capabilities by prescribing operational guidelines.

Recommendations

- Formalise human resource management.
- Fill vacancies in key states.

Strategic management and information system

Key findings

- Computerised Management Information System (CMIS) reporting has been scaled up significantly.
- Data triangulation has been completed in seven states with capacity building of district and state Monitoring & Evaluation (M&E) resources.
- Major initiatives in operational research have been taken up.

Recommendations

- Improve data collection, data quality and address analysis gaps.
- Strengthen M&E capacities at all levels.
- Prioritise research and evaluation studies to address programme gaps.

As per MTR, special studies are undertaken by NACO with support of key development partners. The key findings of the studies are illustrated in the table above.

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Multimedia Campaign Explores Drugs-HIV Connect in Nagaland, Mizoram and Manipur

The Red Ribbon Youth Icon 2009 was a multimedia campaign that swept through the three North-Eastern States using soccer competitions and music to reach young and at-risk populations

Responding to the issues related to drug driven HIV in the North-Eastern states of Mizoram, Nagaland and Manipur, NACO launched a series of programmes including strategic communication for behaviour change, condom promotion, blood safety, HIV counselling and testing. The recent multimedia campaign was organised by NACO in partnership with United Nations Office on Drugs and Crime (UNODC) and the three State AIDS Control Societies using music and games like soccer to mobilise communities that are affected by drug use and HIV/AIDS.

On December 15, 2009, the grand finale of a state-wide musical talent hunt competition – the Red Ribbon Youth Icon 2009 – was organised in Aizawl. This was telecast live on state television, reaching over 300,000 viewers. Participants and members of the audience came from remote districts to participate in live

Why are the three states vulnerable

- Share land borders with Bangladesh and Myanmar.
- Proximity to Myanmar border makes sourcing of heroin easy.
- Over the past decade, link between drug users and HIV strengthened.
- Drug use – main driver of heterosexual transmission of HIV.

auditions and cheer their favourite singers.

Wide ranging impact

The campaign which commenced in October 2009 will conclude in March 2010 and is being carried out in eight districts of Mizoram, 11 districts of Nagaland and nine districts of Manipur. The campaign has been supported by parliamentarians, ministers, senior decision makers, faith-based organisations and various youth bodies. Efforts are being made to find new and novel ways of

recognising drug users, giving them confidence that they can rebuild their lives with, and helping them reconnect with families and friends by building a support system that helps them rehabilitate.

Soccer competitions saw a large turnout of people who pledged support to drug users and HIV positive people. Many expressed the desire to understand the connect between the two and to know how they could play a catalytic role in making life easier and stigma-free for PLHIV who were infected through injecting drugs, as also creating awareness amongst IDUs about safe injecting and safe sex practices to halt the transmission of HIV.

Red Ribbon Clubs put up lively shows in Mizoram

Recent evidence suggests that almost one-third (31.8%) of HIV infections in Mizoram are among IDUs. This has led to a number of interventions by policymakers and programme implementers working in the area of harm reduction, and providing care and support to HIV infected drug users and their immediate families.

In Mizoram, the campaign was launched by UNODC in partnership with the Mizoram State AIDS Council on October 13, 2009 by the Hon'ble Minister for Health and Family Welfare, Government of Mizoram. Nearly, 98 members of RRCs from



Delegates during the launch of Multimedia Campaign in Manipur

various colleges participated in focus group discussions on the theme of drugs. A lyric writing competition was organised and a theme song on HIV formalised. Various partners involved in the campaign at the state and district level included Police, I&PR, YMA, MHIP, BSNL, Reliance, NYK, NSS, DDK, AIR, FONWIDAPAC (NGO Federation), MJA and UNDP.

Over 20,000 leaflets on drugs, HIV/AIDS, STI and abstinence were produced and distributed in all eight districts of the state. Music competitions were organised at the district level. The team at Mizoram formed district level committees comprising government officials, influencers (church leaders) and musicians. SMS votes decided the fate of the finalists with the favourite bagging as many as 70,000 SMS votes.

The State level mega event was held on December 15, 2009 at Aizawl. The live show saw more than 2,000 people, while the live coverage on television was seen by about three lakh viewers. Winners walked away with attractive prizes that included an Alto car, a Hero Honda bike and scooty.

Road shows generate immense interest in Nagaland

The multimedia campaign in Nagaland was implemented by the Nagaland State AIDS Control Society under the guidance of Hon'ble Minister for Health. The 'Write a Song Contest' was conducted through open advertisement where youth were encouraged to write songs on HIV/AIDS. Altogether, 60 entries and lyrics were received from musicians across the state. The 10 best selected lyrics were composed into songs,



Award Ceremony in the Grand Finale of the 'Live Drive Music on the Move' in Nagaland

and sung by composers and local artistes. A CD was cut and formally released on November 26, 2009 at Kohima amidst much applause.

The music competition in Nagaland was launched on the theme of 'Live drive Music on the Move' and the format chosen to implement the campaign was live road shows. The Nagaland SACS Live Drive was officially flagged off by Shri Kuzholuzo Nienu, Hon'ble Minister for Health and Family Welfare on November 10, 2009.

Altogether, 76 bands from 11 districts participated at the auditions. The locations for the live shows were the busy and crowded parts of towns. During the district level events, members of KNPP+, PNP+, DNP+, ZNP+, other networks and Deputy Commissioner of Kiphire talked about HIV/AIDS and positive living. The Live Drive team covered approximately 1,800 km and was on the road for 20 days.

The final state level event was held on December 18, 2009 at Kohima local ground in Kohima where nearly 3,000 people participated. Ms Aradhana Johri, Joint Secretary, NACO and Mr Mayank Agarwal, Joint Director (IEC) NACO were also present to witness the grand finale and felicitate the winning performers.

Live bands to capture the creative spirit of Manipur

Manipur is also organising music and sports events to reach out to young people of the state in both the valley and the hill areas. UNICEF is carrying out an impact assessment of the campaign and will set a baseline for subsequent phases of the campaign.

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Pre-ART and On-Treatment Modalities for PLHIV

HAART is proving to be a lifeline for people living with HIV/AIDS who can now become healthy enough to return to work and lead a normal life

The advent of Highly Active Anti-Retroviral Therapy (HAART) for treating HIV infection is a major breakthrough in managing HIV/AIDS. These combinations of drugs target different stages of the HIV replication cycle, slow HIV disease progression, reduce Opportunistic Infections (OIs), improve quality of life, and prolong life.

NACP-III aims to ensure that all eligible PLHIV are initiated on ART at the earliest and are in a position to maintain regular lifestyles including holding jobs. If CD4 count is more than 250 cells/mm³, initiation of ART is deferred

unless it's a WHO stage III or IV illness. For WHO stage IV illness, ART is initiated irrespective of CD4 count. In situations where the patient is not eligible for ART, he is registered for pre-ART care. Repeat CD4 count is recommended within a month if CD4 count is less than 300 cells/mm³. For other patients (pre-ART), it is recommended once in six months.

In addition to providing ART, Cotrimoxazole (CPT) prophylaxis is made available to all patients initiating ART. For patients with WHO stage I and II illness, cut-off point is CD4 count of 250 cells/mm³ for six months and those who have WHO stage III and IV illness, the

cut-off point is 350 cells/mm³ for six months.

There are broadly three groups of ARV medicines from which drugs are selected to constitute a HAART regimen: nucleoside reverse transcriptase inhibitor (NRTI), non-nucleoside reverse transcriptase inhibitor (NNRTI) and protease inhibitors (PIs). First line, alternate first line and second line regimes are combination of drugs from the above mentioned groups.

First line ART regimen is the initial regimen prescribed for an ART naïve patient when the patient fulfills national clinical and laboratory criteria to start ART.

CD4 monitoring and follow-up

CD4 count (cells/mm ³)	Repeat CD4 at
Registration at ART centre after HIV infection confirmed	Baseline CD4 testing
250-300 (if not on ART)	After one month of baseline test
300-350 (if not started on ART)	At 3 months
On ART (irrespective of CD4 count)	At 6 months



ART initiation guidelines

WHO clinical stage	CD4 count (cells/mm ³)
I	Treat if CD4 count <250 (If 251-350, repeat CD4 count at 4 weeks)
II	
III	Treat if CD4 count <350
IV	Treat irrespective of CD4 count



Specific Situations

- **HIV-TB co-infection (start Efavirenz-based regimen)**
 - I. Pulmonary TB and HIV: Start ART after tolerating ATT early (2-8 weeks) for patients with CD4 <350 cells/mm³ (for patients with CD4 count <50 cells/mm³, defer treatment).
 - II. Extra-pulmonary TB and HIV: Start ART after tolerating ATT as early (2- 8 weeks) for all patients irrespective of CD4 count
- **HIV and Pregnancy: Avoid Efavirenz in first Trimester.**
 - I. WHO stage I & II: Start ART at CD4 count <250 cells/mm³
 - II. WHO stage III: Start ART at CD4 <350 cells/mm³ (with strict monitoring of adverse effect due to nevirapine)
 - III. WHO stage IV: Start ART irrespective of CD4 count

Second line ART regimen is the next regimen used in sequence immediately after first line treatment has failed.

It has been noticed that patients who are on first line ART (NRTI & NNRTI) based regimen can develop toxicity to the drugs under national regimen. Single drug replacement of individual ARV (usually within the same class) refers to substitution of individual drugs for toxicity, drug-drug interactions, or intolerance, which does not indicate a second line regimen and is called Substitution.

Selection of first line regimen takes into account potency of the drug, profile of side-effects, ability to

Various drugs from three different classes

NRTI	NNRTI	PI
Zidovudine (AZT)*	Nevirapine (NVP)*	Lopinavir (LPV)*
Lamivudine (3TC)*	Efavirenz (EFV)*	Ritonavir (RTV)*
Stavudine (d4T)*	Delavirdine (DLV)	Saquinavir (SQV)
Tenofovir (TFV)*		Indinavir (IDV)
Didanosine (ddl)		Nelfinavir (NFV)
Zalcitabine (ddC)		Amprenavir (APV)
Abacavir (ABC)		Atazanavir (ATV)
Emtricitabine (FTC)		Foseamprenavir

*Drugs under the national regimen.

keep future treatment options open, ease of adherence, cost of drug, risk during pregnancy and potential of development of resistant viral

strains, and current global recommendation in all circumstances is a triple drug regimen.

First Meeting of Regional Paediatric Centre and Centres of Excellence Held

Steps for efficient rollout of paediatric second line ART and review of functioning of existing centres outlined

The first meeting of NACO's Regional Paediatric Centres (RPCs) and Centres of Excellence (CoE) in HIV care was held in New Delhi. The agenda of the meeting was to discuss and finalise technical and operational guidelines regarding rollout of paediatric second line ART; review functioning of RPCs; plan their capacity building and upgrade them to CoEs; review functioning of State AIDS Clinical Expert Panel (SACEP) at 10 CoEs; and seek ways of making them more effective.

Keeping in view long-term toxicity associated with Stavudine, it was decided to provide Zidovudine-based regimen as preferred first line ART under National Paediatric ART

Failure of first line ART would be confirmed in case of clinical failure, immunological failure and virologic failure.

guidelines, and increase a proportionate of Zidovudine-based regimen in a phased manner. It was also clarified that Zidovudine-based regimen will be initiated in all new CLHIV with Hb >9 gm/dl and those on Stavudine-based regimen with no toxicity will be continued on the same Stavudine regimen-based treatment.

Failure of first line ART would be confirmed in case of clinical failure; immunological failure (both CD4% decline changes in CD4 values with

age to be considered while assessing failure of first line ART); and virologic failure.

Discussion points

- Upgrade RPCs at par with CoEs.
- Involve CoEs and RPCs in conducting cohort studies with available data.
- CoEs and RPCs to build capacity of other ART centres through tele-medicine.
- RPCs to have linkage with child-based CCCs.
- Conduct special courses with support of State Government.

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“Gaayab” PSA Draws Attention and Records High Recall

NACO uses popular film stars to deliver messages on voluntary HIV testing

Johns Hopkins Bloomberg School of Public Health Center for Communication Programs produced two versions of a Public Service Announcement (PSA) titled “Gaayab” (which in Hindi means to vanish) for NACO, which featured two eminent Bollywood actors – Anil Kapoor and Sushmita Sen.



Sushmita Sen in a recent AIDS promotion campaign by NACO



A TV spot with actor Anil Kapoor urging people to go in for HIV testing

Kapoor, who was recently in the spotlight for having essayed a key role in the Oscar winning *Slumdog Millionaire*, and Sushmita Sen, India’s first beauty queen crowned with the Miss Universe title and an actress known to be “intelligently

beautiful”, played their part effectively in the PSA.

Shot in Mumbai and Delhi, the spot was widely aired on all major television channels including Doordarshan. Getting tested for HIV at the Government Integrated Counselling and Testing Centre (ICTC) was the main theme of the PSA. The spot holds relevance in both urban and rural settings, making people aware of a facility that allows one to get tested for HIV through a simple test.

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Meri Awaaz: A Creative Platform for High Risk Groups

Hearing your own voice was never so fulfilling as it was for HRGs

Meri Awaaz which means “My Voice” was a unique festival of voices that found an artistic and creative expression as members of HRGs came together to verbalise their feelings and emotions.

The event which was specially conceptualised and designed was held on December 15, 2009 at the India Habitat Centre in New Delhi with the support of UNDP, Delhi State AIDS Control Society and CFAR and the engagement of NACO and UNAIDS.



Transgenders put up creative performances

The festival which was led by communities (including, MSM, FSWs, IDUs and truck drivers) explored new and innovative ways of highlighting some of the issues that these groups have to face with on a daily basis in their professional and personal lives. *Meri Awaaz/My Voice* became an intimate forum where people shared personal stories of courage, strength, adversity, anguish and hope. Promoting dialogue and supporting sustainable networking between and across communities on numerous themes, it highlighted the need for more such platforms.

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National Transgender – Hijra Consultation Outlines Plan of Action

Based on six regional workshops and a National Consultation, UNDP has come up with a priority list that aims to ensure that TG/Hijras have access to HIV care and are treated as equal citizens

The transgender and hijra groups in India are among the most visible sexual minority groups in the country that continue to live in

isolation, suffering severe stereotyping in the public mind. They live at the intersection of being sexual, ethnic, gender and

Outcomes of the National Consultation

1. Definitions of marginalised communities were spelt out

“Transgender is a gender identity. It is an umbrella term for those who usually live or prefer to live in the gender role opposite to the one in which they are born. They are socially excluded and have multiple sexual partners.”

“Hijras are individuals who seek initiation (voluntary) into the Hijra community. Their ethnic profession is 'badhai' but are currently being forced into begging and sex work for survival due to prevailing socio-economic-cultural conditions. They live in accordance with community norms, customs and rituals which vary from region to region.”

2. Recommendations on HIV prevention and mitigation needs, social and legal recognition, crisis intervention strategies and interventions on gender, information and resources:

- Address gaps in NACP-III by establishing HIV sentinel sero-surveillance sites for hijras/TG at strategic locations; conduct operations research to design culturally-relevant package of HIV prevention and care interventions; provide financial support for forming CBOs run by hijras/TG; and build their capacities to implement effective programmes.
- Move beyond focusing on individual level HIV prevention activities and address structural determinants of risks, and mitigate the impact of risks by having a series of

HIV interventions - mental health counselling, crisis intervention with respect to suicidal tendencies, police harassment and arrests, support following sexual and physical violence, alcohol and drug abuse and livelihood programmes.

- Train healthcare providers to be competent and sensitive in providing STI/HIV services to hijras/TG and develop and monitor implementation of guidelines related to gender transition and sex reassignment surgery (SRS).
- Clarify ambiguous legal status of SRS, and provide gender transition and SRS services free in public hospitals.
- Implement stigma and discrimination reduction measures across settings through mass media awareness, focused training and sensitisation of police and health care providers.
- Develop action steps towards taking a position on legal recognition of gender identity of hijras/TG (civil rights such as access to health and public services, right to vote, right to contest elections, right to education, inheritance rights, marriage and child adoption).
- Open up existing Social Welfare Schemes for needy hijras/TG and create welfare schemes that address basic needs of housing and employment.
- Ensure greater involvement of hijras/TG in policy formulation and programme development.



Participant at the National Transgender Consultation meeting is being held in New Delhi

economic minorities. UNDP has recently been identified as the lead UN agency to work on the issues of sexual minorities.

As a first step in this direction, UNDP organised a national consultation on October 30, 2009 in New Delhi where members of the MSM and TG community participated along with various CBSOs.

The National Consultation outlined strengths and challenges that TG and hijras face while accessing HIV/AIDS care (barriers to care, strategies to facilitate access to care); suffering stigma, discrimination and violence faced by them, gaps in their legal, civil and political rights; difficulties in availing social security; issues related to NACP-III; and community mobilisation and strengthening.

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Getting the Strength to Walk and Live, Again

A gritty story of a man who was consigned to live as a cripple, but refused to accept that reality, and today, lives to tell his tale of recovery and hope

Raj Kumar Sharma is in his mid-30s but his wisdom belies his age. He says rather proudly that he has been through a trial by fire and can endure any amount of physical and mental stress. The transition from being an unhappy and miserable PLHIV to one who is enthused with positive energy is something he wants to share, so that others like him draw hope and inspiration to find a meaning to their existence. From being physically incapacitated – losing the functioning of his limbs and being reduced to a cripple – he is today able to walk and tell his story, in his words.

Q: Can you tell us something about yourself?

A: I have done my matriculation. I wanted to study further and take up an office job but had to leave studies due to family pressures. My father is a pharmacist in a charitable hospital and was finding it difficult to make ends meet. I did odd jobs before joining my maternal uncle’s truck business. I learnt driving a truck and understood the mechanics of heavy vehicles, and since 1999 have been a trucker.

Q: When did you realise you were HIV positive?

A: I was found HIV positive 10 years ago. I knew very little about sex and safe sex practices. Though senior truckers did advise me on the use of condoms to prevent STI, I did not learn how to use it properly. I was too embarrassed to

From being physically incapacitated – losing the functioning of his limbs and being reduced to a cripple – he is today able to walk and tell his story, in his words.

ask. The end result was that I indulged largely in unprotected sex. Unfortunately, my positive status could not be detected in time.

When my health started failing and I began to lose weight, suffering frequent bouts of diarrhoea and cough, I was taken to the hospital in Madhya Pradesh where my father worked. They just treated me for influenza, not testing me for HIV. It was later when I again went to the doctors complaining of weight loss, fatigue and chronic cough that I was confirmed to be HIV positive.

Q: Are you married?

Q: I got married in the year 2000 and it was six months after marriage that I was detected positive. My deepest regret is that I ended up infecting my wife, but the family and community thought otherwise. They thought that she was of loose moral character and that she had, like an ill omen, destroyed my robust health. It took a lot of moral and physical courage on my part to tell the truth and stand by her. But I am glad I did that.

Q: How did you manage during those tough years?

A: After minor differences with my father, we shifted to my brother’s

place in Delhi. I started working as a bus driver on the busy Ghaziabad-Noida route. The long working hours further took a toll on my health. I managed to earn enough to pay mine and my wife’s medical bills. Further deterioration in my health increased the burden of the family finances and compelled me to sell my wife’s jewellery.

Q: What was the reaction of the hospital and your family?

A: The charitable hospital in my home town shunned us and moved us from the VIP room to a spare store room. After spending a few miserable weeks there with no one visiting us, we were told to go to AIIMS in Delhi. After three months of treatment, my health and financial conditions both deteriorated and I slipped into coma. My CD4 count was “8” and I was told that I would be unable to walk again. I attempted suicide but failed. I was counselled and after months of care and positive inputs, I began to get better. I started crawling and hobbling with support. Each step that I would take, would make me believe that I could do better.

Q: How has been your experience with the Delhi Network of Positive People?

A: Joining DNP+ (Delhi Network of Positive People) gave me a new lease of life. I even got to work in the television serial “Hath se hath mila”. Here, I interacted with many people, including doctors, donors, funding

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Kalyani Gives Ranjit a Second Lease of Life

Managing HIV with grit and determination for over a decade with strength and hope drawn from the Kalyani programme

Ranjit Dubey was a strapping young lad of 29 and as a BSF jawan commanded respect, both in his battalion and home town of Hazaribagh in Jharkhand. Having participated gallantly in the Kargil war lent to his stature among friends and community. What was a picture perfect story had a disastrous setback when at a blood donation camp, he was found HIV positive. This knowledge shattered him. He feared losing his job and prospects of finding a good marital match. Once his peers got to know about him being HIV positive, they ridiculed and taunted him. Unable to bear the humiliation, he quit his job. Weakness and frequent bouts of diarrhoea made it difficult for him to hold on to jobs. Then one day on Holi, when he consumed alcohol, he found his condition deteriorating. He was admitted in the hospital. His family got to know about his status and abandoned him. Within months, he was left in a poor financial state and was a broken bitter man. An old friend advised him to visit a community care centre called Snehdeep in Sitagarh, Hazaribagh.



Kalyani is a popular health programme on television that is telecast on Doordarshan and has won many awards for its messaging on HIV/AIDS. Impressed with their scale of work, he started attending their programmes, meeting doctors and seeing HIV positive people getting better.

This was the turning point in Ranjit's life. At the community centre, he met like-minded people who gave him hope and strength. He found a job and at one of the centre's meetings, met the Kalyani team. Kalyani is a popular health programme on television that is telecast on Doordarshan and has won many awards for its messaging on HIV/AIDS. Impressed with their scale of work, he started attending their

programmes, meeting doctors and seeing HIV positive people getting better.

It was at this forum that he met his life partner Chanchala Devi. She was infected by her husband, a truck driver, who died in 2004 leaving her in a state of penury. Her in-laws threw her out along with her two children. Ranjit was willing to adopt the kids and marry her. Since their wedding in 2009, things have improved for them. Today, he is 39 years old and has been living with the HIV infection for a decade but is still not on ART. He is working actively as the head of JNP+. He and his wife take care of their diet, nutrition and exercise and see no reason why they should slow down or live under the spectre of fear and death. They feel that they owe Kalyani their second lease of life.

■ Shashank Narayan
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Getting the Strength to Walk and Live, Again

agencies, volunteers and social activists. I found out that so much was being done for HIV positive people not just in India but even globally and that I, in a small way, was also contributing to that. It made me feel worthwhile. Also, the love

and support that I got thereon, restored my faith in God and in my own self. Today I can almost walk normally, I am more able bodied and I take care of my diet and rest. I am humbled by my entire experience. I have lived through the darkest hours

and I know that they too shall pass, provided one keeps one's chin up and does the right things.

■ Aditya Singh
Technical Officer (TI)
NACO

Motivational Events Hold the Key to the Hearts of Young People

The Voluntary Blood Donation movement is an integral part of NACO's activities in its fight against HIV/AIDS. It also commemorates the National Voluntary Blood Donation Day (NVBDD) which falls on October 1, 2009, preceeding the birth date of Mahatma Gandhi, father of the nation.

A month-long national campaign was organised with the objective of raising awareness that would help wipe out the scarcity of blood and ensure availability of safe and quality blood and blood components. To give people the assurance that they can avail of safe blood in any corner of the country, at any time of the day or year, is the motto of all those working in the field of blood donation. The National Voluntary Blood Donation Day was observed by all SACS in different ways, involving all age groups, especially the youth, to spearhead the message of blood donation and to be repeat donors.

A television commercial titled "Birthday Boy" produced by BBC Worldwide Service Trust, in collaboration with NACO, was released on the occasion of the National



A snapshot of the commercial "Karke dekhiye, accha lagta Hai"

Voluntary Blood Donation Day. The hindi commercial with the tagline "Karke dekhiye, accha lagta hai" having the underlying theme of urging the youngsters for voluntary blood donation, touched the sentiments of millions of people. Numerous responses from various parts of the country have been received, appreciating the positive message it spread.

VBD Activities in Rural and Urban Gujarat

The NVBDD was observed all across Gujarat, in some places for the first time. Residents, CBOs, NGOs and corporates came together to pool in resources, lend their premises and depute their staff to organise blood donation camps of all shapes and hues. Nearly 80 organisers who had supported blood banks to hold blood donation drives that resulted in collection of more than 1500 units through camps in 2008-09 were felicitated.

A massive IEC initiative was launched with seven new posters on VBD promotion being released and widely disseminated. The flagging off of 13 blood mobile vans or Rakt Rath Yatras was a timely initiative that would reach semi-urban and rural folk. These vans covered more than 100 villages in the period

October 1 to December 31, 2009, creating awareness on VBD promotion in rural areas.

A state level function was held in Ahmedabad and was chaired by Shri Ravi Saxena, Principal Secretary, Health. At the district level, four rallies were held in Surat where more than 2,000 people participated. Seminars, training camps and competitions marked the observance in most districts. A mega blood donation camp was organised by Varachha Cooperative Bank in Surat with six blood banks resulting in the collection of 3,456 units of blood.

Bihar Joins the Nation in Scaling Up VBD Movement

Seventeen NACO supported blood banks were handed over to the Indian Red Cross Society. The combined database of both organisations helped in ensuring a healthy participation of

donors and volunteers for the special VBD camps that were held across the state from October 1 to December 31, 2009.

Superintendents of all medical colleges along with Civil Surgeons pooled in their expertise and resources to strengthen the scale at which the camps were held, personally supervising many of them. They interacted with donors, clarified their doubts and urged them to be repeat donors. People were urged to hold camps during popular festivals and celebrations and to ensure that there would never be any blood shortage in the state.

Tempo of VBD Picks Up in Chhattisgarh

National Voluntary Blood Donation Day was marked by numerous activities in the state. All district blood banks worked in conjunction

with the Raipur Red Cross Society to hold awareness talks and blood donation camps. At the state level, four mobile IEC vans were launched with detailed routing mapped out for their 30-day run in the state. Advocacy included the airing of a new television commercial and 24 newspaper advertisements in English and vernacular dailies. An orientation workshop and sensitisation meeting was also held with the Special Secretary, Health. This was attended by members of NCC, NYKS, Rotary Club and Lion's Club who gave suggestions on how to involve large groups of young people on a sustained basis. Cultural activities helped bring general residents into the blood donation drive.

Youth Told to Donate Frequently in Andamans

A voluntary blood donation camp and blood motivation camp was organised on October 1, 2009 in Port Blair where 250 students participated. Dr Wazid Ali Shah, Senior Pathologist, G.B. Pant Hospital, briefed the gathering about the importance of National Voluntary Blood Donation Day (NVBDD). He stressed that all eligible men and women in the age group of 18-60 years with weight of more than 45 kg and haemoglobin count of 13 mg were fit enough to donate blood once in three months. Students were urged to donate healthy and safe blood once in a year on important days like their birthday, anniversary or on a religious/non-religious occasion. IEC materials on HIV/AIDS/STI and blood donation were distributed

Dehradun Posts Impressive VBD Results

Colourful rallies and marches on the busy streets of Doon added novelty and interest among residents, many

of whom joined in, marching to the accompanying beats of tunes belted out by the Police Band. Awareness programmes preceded blood donation camps in each district. The state level programme which was organised in Dehradun had the Principal Secretary, Medical Health and Family Welfare as chief guest. The event was attended by college students who participated in poster and other competitions. Members of the uniformed forces turned out in large numbers with representation of the Indo-Tibetan Border Police Force (ITBP), Army and Police. More than 700 blood units were collected on VBD Day from the Doon Hospital and from the districts of Haldwani, Haridwar, Roorkee, Pauri, Kashipur, Pithoragarh, Almora and Uttarkashi.

Delhi had Impressive VBD Activities Lined Up

Delhi State AIDS Control Society's month-long campaign that ran from October 1 to December 31, 2009 had over 16 VBD camps with active involvement of NSS, NYKS and other youth organisations who committed to organising such camps on a regular basis. Public transport corporations that have a large public outreach, such as the Delhi Metro Road Corporation and DTC also said that they would mobilise people

of different age groups to participate in blood donation drives from time to time.

A well-planned publicity campaign helped reach prospective donors who turned out in numbers that were more encouraging than those in previous years. The overall feeling was that they were doing a noble activity and one that was for the larger common good. On NVBDD, newspaper advertisements in leading newspapers announced details of camps to be held on October 1 and 2. Small-sized hoardings at 250 locations (colleges, institutions, schools) in Delhi caught the public eye with motivational slogans giving basic information on VBD.

A seminar was organised on the theme of 'Catch Them Young' with talks and sessions aimed at strengthening the concept of VBD among the youth. Honouring regular donors including centurion donors was an emotional event with many repeat donors dispelling myths and talking of how their self-esteem had seen a boost.

VBD Messages taken to Naga Youth

Nagaland State AIDS Control Society joined the rest of the



A volunteer donating blood on the occasion of National Voluntary Blood Donation Day



Hon'ble Health Minister of Uttar Pradesh, Shri Anant Kumar Mishra donating blood on National Voluntary Blood Donation Day

country in observing the NVBDD on October 1, 2009 by organising a state level function in Dimapur and district level events in Kohima and Mokokchung.

Medical superintendents, medical officers and principals of colleges attended the function and addressed a mixed gathering comprising mostly of young people in Dimapur. Myths around blood donation were dispelled and an attempt made to motivate youth to don the mantle of being regular blood donors.

Certificates of Appreciation were presented to 12 institutions which have held blood donation camps during 2008-09. A slogan competition was organised by Nagaland SACS for higher secondary and college level students. The event concluded with a VBD camp where 32 volunteers stepped forward to donate blood.

A similar function was held in Mokokchung where 20 blood units were collected from voluntary donors. A VBD camp was also held at the Naga Hospital Authority, Kohima where 200 people participated. Certificates of Appreciation were

distributed to 13 institutions. More than 10 volunteers donated blood and blood grouping was done for 34 people. The purpose of the drive was to share with people the feeling of immense satisfaction and pride that regular blood donors felt, and to bring a larger number of people into this warm and gratifying community.

Ranchi Reaches Out to Rural Youth

Wanting to tap young people in the rural hinterland in a well meaning initiative was the underlying motive of the health department in Ranchi. A motivational programme was organised, wherein more than 100 boys and girls were invited from villages and semi-rural areas to come and grasp the message of VBD and to spread it in their communities. The drive resulted in a lot of unanswered questions being taken up in a logical and scientific manner, and nearly 1,000 units of blood being collected.

Sikkim's Red Ribbon Clubs Take Up the VBD Cause

Voluntary blood donation was observed in Sikkim with active

involvement of NGOs and RRCs from the east, west, south and north districts. Special care was taken to line up activities for all age groups and target audiences. Poster, essay, quiz and theatre competitions took up different aspects of voluntary blood donation and the VBD camps saw a large turnout of blood donors. A total of four VBD camps were organised in collaboration with SBTC and blood banks, and 75 units were donated by RRCs from the south and east districts.

UP to Organise Monthly Blood Donation Camps

The Uttar Pradesh State AIDS Control Society observed NVBDD on October 1, 2009 in all its 71 districts. Hon'ble Health Minister Shri Anant Kumar Mishra inaugurated the Mega Voluntary Blood Donation Camp at Dr. Ram Manohar Lohia Hospital, Lucknow and addressed mediapersons, doctors, medical staff, security forces and general public. His announcement that VBD camps will be organised on the first day of every month was met with enthusiastic response.

The event was preceded by activities that ran for a month, creating awareness and sensitisation on the need for young people to become 'Blood Donation Ambassadors'. Emphasis was also laid on residents taking it upon themselves to organise and participate in blood donation drives within their communities.

The State Government gave the cause of blood donation requisite push by bringing it up at different platforms and making it clear that this was part of their social agenda. Intersectoral meetings were held at the district level, headed by the District Magistrate. Letters were issued by the Chief Secretary to all Commissioners, District Magistrates

(DMs), Chief Medical Officers (CMOs) and Chief Medical Superintendents. Through video conferences, DMs and CMOs were instructed to launch campaigns and drives in their respective areas.

District level plans further outlined steps and media advertisements, and wide distribution of IEC material created advocacy on important facets of blood donation. On October 1, 2009 in Lucknow alone, 592 units of blood were collected and 732 registrations done. The successful voluntary blood donation drive yielded collection of nearly 2,557 units of blood and 6,642 registrations.

West Bengal Felicitates Donors and Staff

Twin celebrations marked the NVBDD in West Bengal which also commemorated the 21st Foundation Day of the West Bengal Voluntary Blood Donors Forum. A unique gesture marked the event with staff of blood banks being felicitated as the “unsung soldiers” of the blood donation movement in the state.

The Forum, through its district organisers, observed the day in multiple locations. A 46-day long campaign was inaugurated by the



Hon'ble Minister for Health and Family Welfare, Dr Surjyakanta Mishra on October 15 where he made a special appeal to people to organise blood donation campaigns, and to donate blood all through the year, but with renewed focus during the September 15 to October 31 period. He specially urged Resident Welfare Associations and corporate bodies to hold camps on their premises and mobilise different age groups and profiles of donors.

Special radio and television programmes were conceptualised and telecast/aired during this period. Outdoor publicity through hoardings was positioned at prominent public places with banners and posters highlighting different motivational messages. A 30-minute weekly programme on satellite channels

aired at prime time on television and radio generated a lot of interest with many first time donors volunteered to donate blood.

More than 200 RRCs organised workshops and camps on blood donation in the districts, demonstrating a large youth wave that was backed by political leaders.

Red Cross Society Joins TNSACS to Promote VBD

Tamil Nadu State AIDS Control Society (TNSACS) along with the Tamil Nadu State Blood Transfusion Council and Chennai AIDS Prevention and Control Society commemorated the NVBDD on October 1, 2009 at Kalivanar Arangam, Chennai at a function that was well attended by officials of the health department and local administration.

Regular voluntary blood donors were honoured at the state level function. Different awards were organised for those who had donated over 50, 75, 100 and 125 times. Training institutions, high performing blood banks and institutions that had played a vital role in creating a culture that made voluntary blood donation acceptable and a positive activity were lauded for their contribution to the cause of health and well-being. They were also complimented for spreading feelings of compassion, brotherhood and sacrifice.

In partnership with the Indian Red Cross Society, NVBDD was observed in each district of Tamil Nadu where along with conduction of blood donation camps, blood camp organisers and donors were honoured for their service to humanity.

- With inputs from State AIDS Control Societies



A skit being performed during the World AIDS Day programme in Tamil Nadu

E-governance Award for Kerala SACS Website

Online counselling invites good response from public



Kerala SACS added a feather in its cap when its official website was awarded the e-governance award for 2008, instituted by Government of Kerala. The website bagged the e-governance award in the website category and was adjudged the third best website. Website of Kerala Tourism bagged the first prize and IT Mission Kerala website became the second best website in the same category.

The Kerala SACS website www.ksacs.in was created in 2006 with the objective of making the public and targeted groups aware of the activities of KSACS and its campaign against HIV/AIDS.

Over a period of three years, the website has expanded its scope and today, it not only disseminates information on the activities of Kerala SACS but also effectively interacts with the public and PLHIV.

The Kerala SACS website www.ksacs.in was created in 2006 with the objective of making the public and targeted groups aware of its campaign against HIV/AIDS.

The site provides details of service centres functioning under Kerala SACS. It has become an effective medium to take the new developments and events at Kerala SACS to the public. The Kerala SACS website also plays an important role in dissemination of HIV prevention messages and service uptake campaigns.

The 'Online Counselling' section of the website receives a good response from users who send in their queries on a wide array of subjects. Queries related to sexual health, HIV/AIDS are responded to by a team of experts at Kerala SACS.

Keeping in mind the stigma and discrimination associated with

HIV/AIDS, which leads to a sense of hesitation amongst the public in airing doubts, the website has acted as a crucial medium to help people express doubts and seek clarifications. More importantly, it helps people to keep their confidentiality intact.

In a function held at Mascot Hotel, Thiruvananthapuram on December 8, 2009, Mr S. Ajai Kumar, Joint Director, (IEC), Kerala SACS received the award on behalf of Kerala SACS from the Chief Minister of Kerala, Mr V.S. Achuthanandan.

Chief Secretary of Kerala, Ms Neela Gangadharan presided over the function. Mr Ajay Kumar Principal Secretary, Information Technology, Mr Anand Parthasarathy, Jury Member, Mr Vishal Dhupar, Managing Director, SAARC Region, Symantec Corporation and Mr C. P. Ajumal, Faculty, Institute of Management in Government spoke on the occasion.

In his welcome address, Mr Kumar said that the winners of the Kerala State e-Governance Awards 2008 have showcased highly citizen-friendly computerisation projects that have brought in high level of efficiency and transparency in the way the government offices function to help the common man.

Noted journalist and jury member Mr Anand Parthasarathy commended the Kerala SACS website and said that it has gone beyond mere display and disseminates information with sensitivity and professional thoroughness.

■ S. Ajai Kumar
Joint Director (IEC)
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A panel of speakers during the two-day interactive programme in Karnataka

SATCOM Unites and Empowers PLHIV across Karnataka

Basic rights of PLHIV spelt out in a charter

In a unique satellite programme, representatives from 29 District Networks of HIV Positive People in Karnataka got an opportunity to extensively interact and dialogue with the policymakers about their rights and entitlements.

The two-day interactive programme on October 27-28, 2009 was aimed at facilitating 1,200 network members to participate in a common vision building exercise. It was organised by KNP+ and the district level networks in collaboration with KSAPS and KHPT. The venue was the SATCOM centre at Mysore, made operational with ISRO support in 2002 for one-way video and two-way audio transmissions.

The programme was inaugurated by Mr R. Jannu, Project Director, KSAPS who emphasised on a rights-based approach to enable PLHIV to access the services available in the state. He also drew

For children living with HIV, fulfilling their dreams of basic and advanced education were of paramount importance.

attention to the need for networks to take collective responsibility for scaling up the programme.

Mr Ashokanand, Director, Advocacy, KHPT stated that the programme's goal was to "empower the networks, enable the networks to fashion the response and exercise the right to question and seek relevant answers."

Multiple queries from the participants focusing on stigma in the healthcare set-up drew a response from Dr Srinivas, National Rural Health Mission (NRHM) who assured them that the Reproductive and Child Health (RCH) officers had been "sensitised and informed."

Women living with HIV raised concerns over their source of income in view of stigma of being single parents and having been rendered 'outcastes' by their families.

For children living with HIV, fulfilling their dreams of basic and advanced education were of paramount importance. A young boy from Davangere pointed to the higher nutritional needs of children



Participants during the satellite programme for PLHIV

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Red Ribbon Clubs Inaugurated in Goa

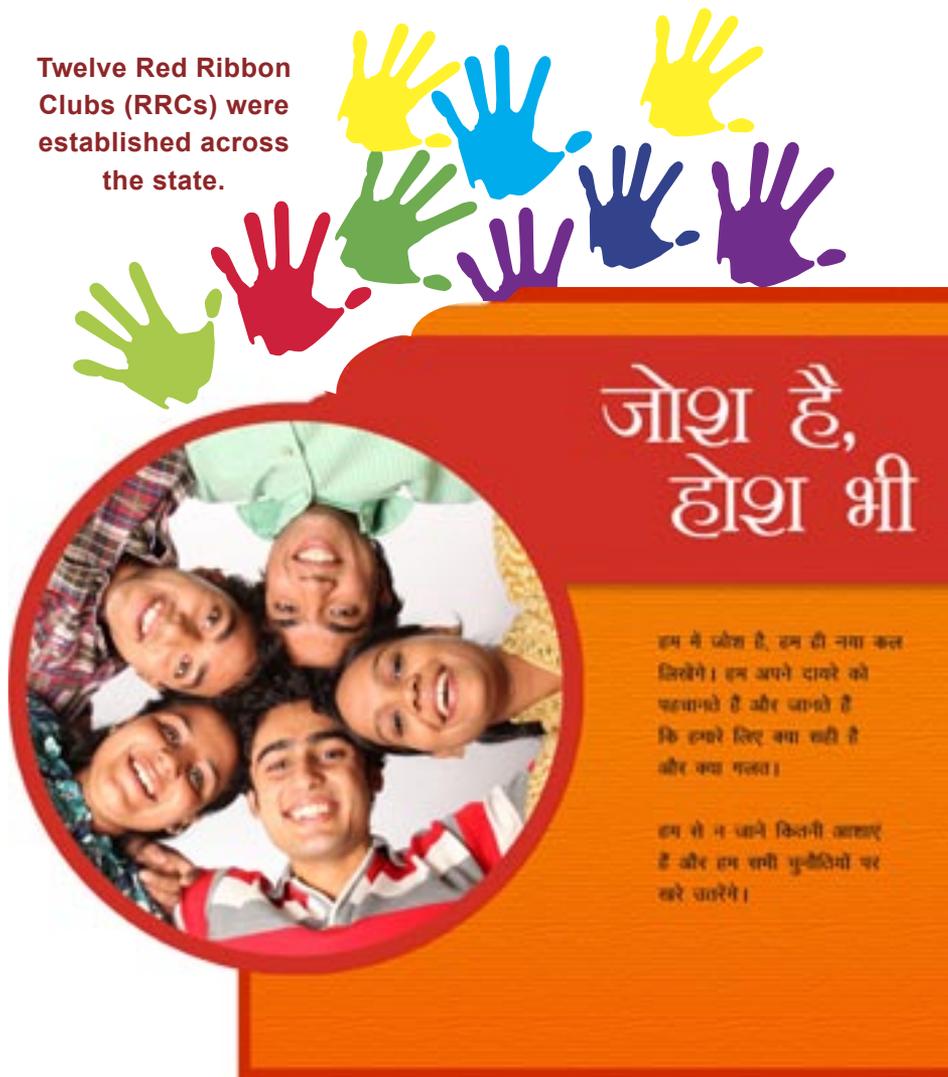
Received tremendous response from educational institutions

The months of November and December spelt a busy year end for Goa SACS. Twelve Red Ribbon Clubs (RRCs) were established across the state in various Industrial Training Institutes (ITIs), St. Andrew's Higher Secondary School, Vasco and Police Training School, Valpoi. The ITIs where RRCs were established included ITIs at Lanai, Mapusa, Bicholim, Honda, Margao, Vasco, Farmagudi, Pernem, Cacora and Canacona.

All the educational institutions showed their active involvement in the establishment of the RRCs. Students, staff and principals of the respective institutions attended sessions conducted by the Goa SACS officers where they built awareness on HIV/AIDS and elaborated on the aims and objectives of RRCs.

■ Dinantika Jha
Assistant Director (PDC)
Goa SACS
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Twelve Red Ribbon Clubs (RRCs) were established across the state.



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SATCOM Unites and Empowers PLHIV across Karnataka

on ART and asked if there was any scheme that could support his nutrition needs.

Children dialogued with officials from Sarva Shiksha Abhiyan (SSA) and the Women and Child Department on their educational prospects.

The two-day programme also created a charter which set out the basic rights of PLHIV.

In every district of the state, 35 PLHIV came together to deliberate on issues of stigma and discrimination, access to health services by PLHIV, collectivisation and network strengthening, rights and social entitlements, issues of orphans and vulnerable children, and marginalised PLHIV like FSWs and MSM. According to the members of PLHIV community from all the districts, the programme was a big step towards consolidating the collectivisation process of their community.

The programme was aptly summed up by Saroja Putham, President, KNP+ who said, "The network is not only a platform to convey our needs, air our grievances but also a mechanism to enable HIV positive people to access the available treatment, care and support services."

■ Mohan. HL
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Mainstreaming and Scaling Up Truckers Intervention in NACP-III

The National Truckers HIV Prevention Programme will be implemented through 130 Trans-shipment locations across the country through 23 SACS

NACO has recognised truckers intervention as an important component for prevention and control of HIV in India. Inspired by the programming approach of 'Kavach' in arresting the spread of HIV among vulnerable population, NACO has contracted Transport Corporation of India Foundation (TCIF) as the Technical Support Group of the truckers programme for mainstreaming and scaling up the truckers intervention in NACP-III.

Project Kavach which was initiated in December 2003 by TCIF under the grant of 'Avahan' to arrest the spread of HIV/AIDS among long distance truckers, today has focused interventions in 15 largest impact locations on major routes along national highways. The programme has recently developed a synchronised and standardised package to deliver globally proven HIV prevention services, including BCC, treatment of curable STIs and condom promotion at all these locations.

The National Truckers HIV Prevention Programme would be

Project Kavach which was initiated in December 2003 by TCIF under the grant of 'Avahan' to arrest the spread of HIV/AIDS among long distance truckers, today has focused interventions in 15 largest impact locations on major routes along national highways. The programme has recently developed a synchronised and standardised package.

implemented through 130 Trans-shipment locations across the country by 23 SACS. These objectives will be achieved through intelligent placement of services at the halt point, augmented with BCC along with provision of clinical services for treatment of STIs and condom promotion.

Objectives of the programme

- Reduce incidence of STI by promoting service uptake for STI treatment, prevention and counselling at programme-owned

What are TSLs?

TSLs are places where truckers congregate in large numbers for at least 2-3 days on a regular basis. With an average cycle time of 10-15 days, it translates into 2-3 visits per month and is usually for loading/unloading/parking.

- clinics in all intervention areas
- Increase condom usage
 - Promote safe sexual practices through BCC.

Scope of the project

- Overseeing and supporting truckers interventions as a national strategy.
- Reviewing existing interventions and using available data from IMRB survey, and the recently conducted Micro Level Planning data for state-wise expansion plan.
- Ensuring quality delivery of services in terms of STI care, condom distribution and referral to ICTC besides delivering standardised package for HIV awareness, IPC and advocacy with key stakeholders.
- Providing capacity building support to TI implementing partners, their mentoring, and regular monitoring and evaluation of various key activities against set deliverables and programme benchmarks.

■ Aditya Singh
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Fact File

- India has about 5 million truckers.
- Around 2 million (40%) truckers ply on long distance (or inter-city) routes.
- Length of time away from home, being young, sexually active and braving tough working conditions are factors that pave the way for risky behaviour.
- Long distance truckers may be driving 8,000-10,000 km in any given month.
- HIV prevalence among long distance truckers (7%) is 3.5 times higher than inner city truckers (2%).
- Overall prevalence of HIV/AIDS among long distance truckers is reportedly 4.6% as against 0.36% among general population.

UNAIDS Guidelines on Construction of Core Indicators

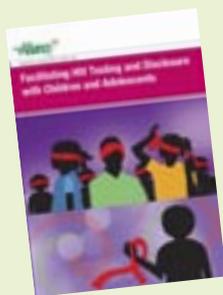
The document aims to provide key information on the core indicators that measure the effectiveness of a country's response to AIDS. The guidelines have been designed for the purpose of improving the quality and consistency of data collected at the country level. The indicators include national commitment and action indicators, national programme indicators, knowledge and behaviour indicators, and impact indicators. The indicators will also help in developing a better understanding of the global targets set in the *Declaration of Commitment on HIV/AIDS*.

For details visit:

http://data.unaids.org/pub/Manual/2009/JC1676_Core_Indicators_2009_en.pdf



Report on barriers and challenges in facilitating HIV testing and disclosure for children



This operation research conducted by Alliance India in Andhra Pradesh and Manipur targeted children in the 0-6, 7-14 and 15-18 age groups and is aimed at understanding the current barriers to the CHAHA project initiated by Alliance India in 2007. The

study focuses on identifying factors that prevent the community from seeking HIV testing of their own children along with understanding issues related to disclosure of HIV status to children. It also focuses on using the study findings in formulating practical solutions to address these issues to come up with practical solutions building linkages between policy and practice.

For details visit:

<http://www.aidsallianceindia.net/Main/ViewPublication.aspx?id=1280>

State of World Population 2009



The 2009 issue of The State of World Population links the issue of climate change to population

dynamics, poverty and gender equity. The report points to the fact that the future course of HIV/AIDS will hinge upon societies' capacities to adapt to increases not only in infectious diseases but also food and water shortages, more intense storms, and other climate-change impacts. The report emphasises on the need to empower the women to mobilise them against climate change.

For details visit:

<http://www.unfpa.org/swp/>

State of the World's Children

The 20th anniversary of the adoption of the Convention on the Rights of the Child by the United Nations General Assembly was celebrated on 20 November, 2009. The document sets international standards for the care, treatment and protection of individuals below 18. The special edition of The State of the World's Children is dedicated to examining the evolution of the Convention, progress in achieving child rights, challenges and the actions to be taken to ensure realisation of the promises for all children.

For details visit:

http://www.unicef.org/publications/index_51772.html

Missing Pieces

Missing Pieces is a report on the two-day National Consultation on HIV related needs and concerns of sexual minorities in India which was held on October 24-25, 2008. MSM and TG communities, donors, government functionaries, NACO, SACS, programme planners and implementers were part of the consultation. This report would lend to UNDP's work with NACO, UNAIDS and community representatives on an action framework for providing focused technical and financial support to NACP-III on issues around HIV and sexual minorities.

For details visit:

http://data.undp.org.in/hiv/MSM_Publications.pdf





Human Development Report 2009

The Human Development Report (HDR) 2009 – Overcoming Barriers: Human Mobility and Development – is the first HDR which explores the issue of migration and how better policies towards human mobility can enhance human development. The report advocates reduction in government restrictions on movement within and across the borders to widen human choices and freedoms. It argues for practical measures to improve prospects on arrival that could benefit both the destination communities and also the places of origin.

For details visit:
<http://hdr.undp.org/en/reports/global/hdr2009/>

Report on scaling up priority HIV/AIDS interventions in the health sector

Towards Universal Access, WHO Progress Report 2009 provides a global update on progress in scaling up priority health sector interventions for HIV prevention, treatment and care in 2008 towards internationally endorsed goal of universal access. The report indicates that although some evidence points to expansion of access to HIV interventions in many settings, population groups at high risk of HIV infection continue to face technical, legal and socio-cultural barriers in accessing healthcare services. India's free public sector antiretroviral therapy programme which began in 2004, and is accompanied by a standard national patient monitoring system based on the global patient monitoring tools recommended by WHO, finds a special mention in the report.



For details visit:
<http://www.who.int/hiv/pub/2009progressreport/en/>

Children and AIDS

Children and AIDS, the Fourth Stock-taking Report which was launched in December 2009 highlights progress made and challenges that remain in scaling up services for women, children and young people affected by the AIDS, and it calls for concerted action and continued commitments amid economic difficulties that affect all countries. The report highlights the age- and gender specific data on mothers, infants, children and young people, the current knowledge, emerging evidence and examples of what works in the global response for children, recommendations for action that can improve the well-being of children and help nations keep their commitments and the investment needs to meet the goal of universal treatment, care and support for children.

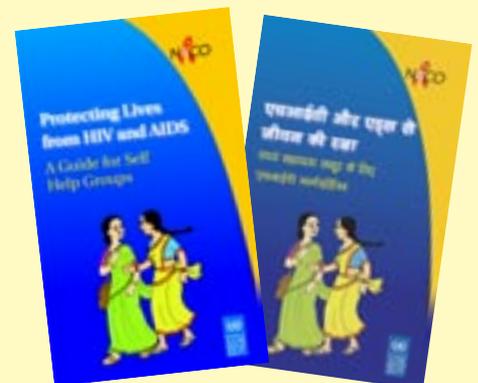


For details visit:
http://www.unicef.org/publications/index_51902.html

Protection against HIV/AIDS

A guide for Self-Help Groups (SHGs), "Protecting Lives from HIV/AIDS" is a pamphlet that gives relevant information on HIV, its spread and its prevention. It also gives details of the health facilities available in the neighbourhood that can be accessed for HIV testing, treatment and social support. The role of SHG members is elaborated and emphasised in the prevention of HIV, as well as in ensuring and protecting the rights of women and girls to bring about positive change.

For details visit:
<http://www.nacoinia.org>





RAJIV GANDHI FOUNDATION



National AIDS Control Organisation
India's voice against AIDS



Shri S. Gandhiselvan
Hon'ble Minister of State for
Health & Family
Welfare



Shri Ghulam Nabi Azad
Hon'ble Minister of
Health & Family
Welfare



Smt. Sonia Gandhi
Hon'ble Chairperson
UPA and Chairperson
Rajiv Gandhi Foundation



Dr. Manmohan Singh
Hon'ble Prime Minister



Kumar Mamata Banerjee
Hon'ble Minister of
Railways



Smt. Sheila Dikshit
Hon'ble Chief Minister
Delhi



Shri Dinesh Trivedi
Hon'ble Minister of State
for Health & Family
Welfare

Red Ribbon Express

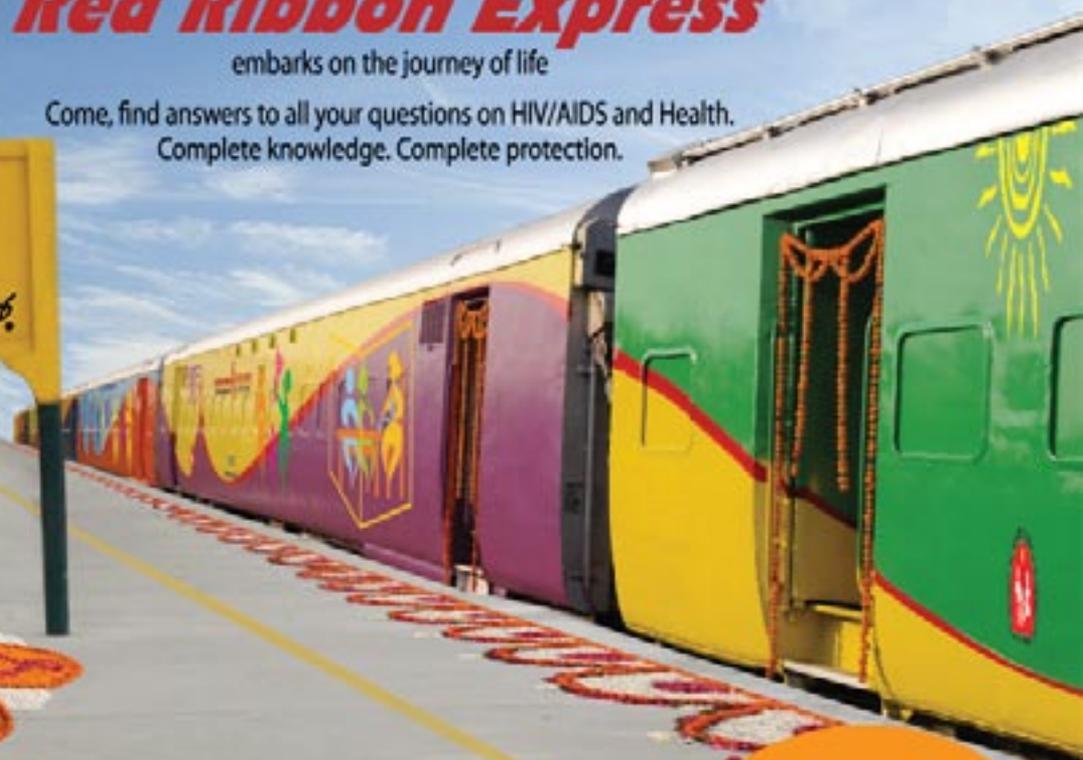
embarks on the journey of life

Come, find answers to all your questions on HIV/AIDS and Health.
Complete knowledge. Complete protection.

Uniting India against AIDS
on World AIDS Day

भारत
INDIA

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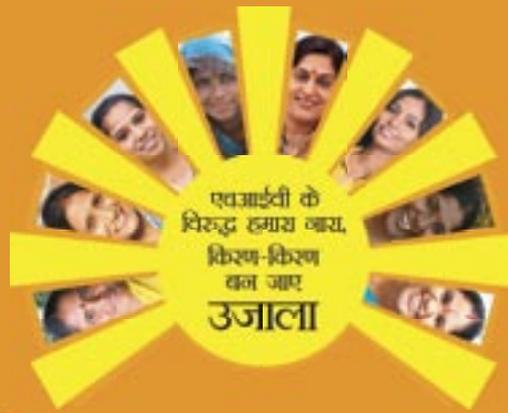
National AIDS Control Organisation in collaboration with Rajiv Gandhi Foundation proudly announces the launch of the second leg of the world's largest mass mobilisation drive against HIV and AIDS. All queries related to NRHM will be answered in the Red Ribbon Express.

Smt. Sonia Gandhi, Hon'ble Chairperson, UPA and Chairperson, Rajiv Gandhi Foundation, will flag off the Red Ribbon Express today. Shri Ghulam Nabi Azad, Hon'ble Minister of Health & Family Welfare, will preside over the function. Kumar Mamata Banerjee, Hon'ble Minister of Railways, Smt. Sheila Dikshit, Hon'ble Chief Minister, Delhi, Shri Dinesh Trivedi, Hon'ble Minister of State for Health & Family Welfare and Shri S. Gandhiselvan, Hon'ble Minister of State for Health & Family Welfare, will be the Guests of Honour.

 **Red Ribbon Express**
Uniting India against AIDS
Zindagi Zindabaad !



All are cordially invited to the exhibition.
Venue: Delhi Sadarjung Railway Station
Date: 1st December 2009
Time: 12:00 noon to 6:00 pm



Red Ribbon Express Route Map रेड रिबन एक्सप्रेस: निर्धारित मार्ग



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