

# NACO NEWS

A Newsletter of the  
National AIDS Control Organisation

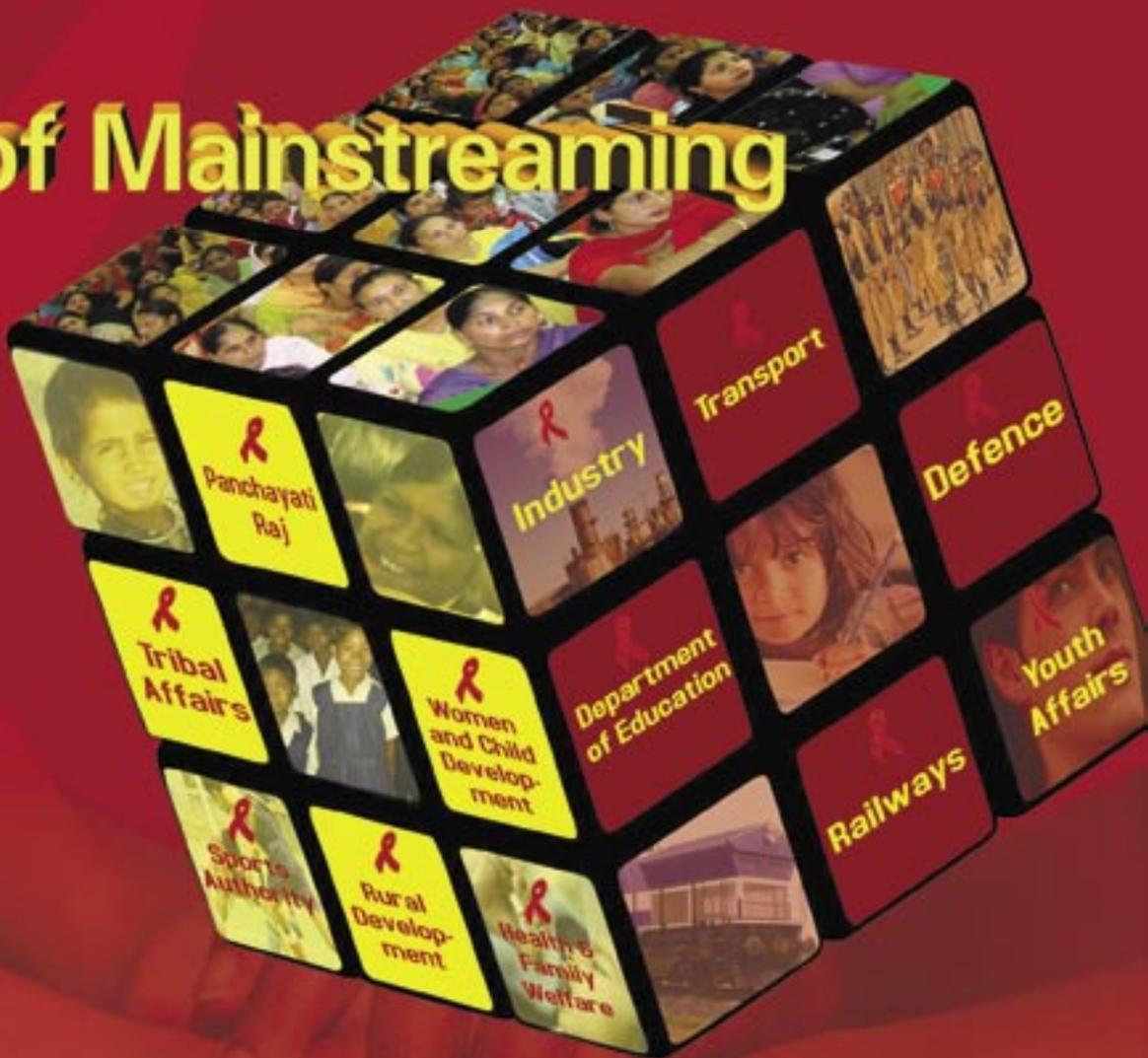
Ministry of Health and Family Welfare  
Government of India

Vol. IV Issue 3

Jul - Sep 2008

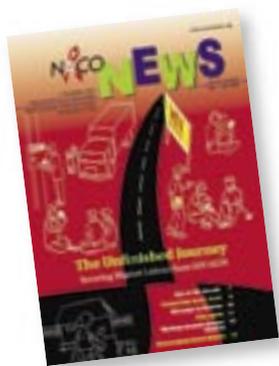
## Merits of Mainstreaming

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multi-sectoral strategy  
to take on the HIV/AIDS  
challenge



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## In the Mail



The Newsletter gives an awareness about HIV/AIDS to the society. The concept which is used in presenting it is very impressive, and makes it stand out. But I feel the language needs to be simplified for the non-technical readers to understand.

*Dr Nirupama Chayani*  
Professor and Head  
Department of Microbiology  
SCB Medical College  
Cuttack, Orissa



NACO Newsletter is not only very informative about the latest developments related to HIV/AIDS but also gives a lot of inspiration to NGOs and development workers and gives a hope that things are changing. It would be great if copies of this Newsletter are sent to all MNGOs/ FNGOs who are actively working in

the field of HIV as that is an important part of their interventions. Keep up the good work.

*Biplab Mishra*  
Secretary, PRAKALPA  
MNGO, Keonjhar



The Newsletter is a right mix of insights, case studies, interviews, opinions and information.

I am very impressed with the 'lead story' on securing migrant labour from HIV/AIDS. The detail in which it is understood and documented is fit for policy formulation. Such attempts are needed to understand the issue and also communicate the same to bring focus.

Such migration trends are possible and exist across India, within states and across it. This must provide a strong advocacy point to revisit the issue. Such micro studies and knowledge sharing is much needed and this Newsletter is successful in creating that space.

My best wishes.

*K. Mahesh Kumar*  
Manager – Communication  
Clinton Foundation

I feel the migrants article has been vividly covered, and the case study presented adds value to the in-depth work that is being undertaken by NACO and Orissa SACS. Migration and HIV is the future of prevention and control programmes under NACP-III. On the lines of the Ganjam sample, we need to take the health status, health costing, health access points, service availability and accessibility criteria into account for an overall coverage of migration programme. Otherwise it is a well covered document.

*Dr L. Saikrishna*  
Head, Social & Preventive Health  
Satyam Foundation

### Reaching through the Samachar

We are happy to announce that during the period April-June, 2008, we came up with the first ever Hindi version of NACO Newsletter which was highly appreciated. The response has been overwhelming. The Hindi version of Newsletter has helped us to reach the masses at large. We are extremely grateful to all those who helped us to make it possible.

Help us in our constant endeavour to make NACO Newsletter more participative by sending us a variety of contributions:

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

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

– Editor



### Number of patients on ART\*

NACO supported ART Centres	170575
Intersectoral Partners	2479
GFATM Round II Centres	2489
NGO Sector	474
<b>Grand Total</b>	<b>176017</b>

\*As of 30<sup>th</sup> Sep, 2008



## From the Desk of the Director General

The subject of this issue's cover story points to the single most important factor that can determine the success of India's AIDS Control Programme: mainstreaming. What is mainstreaming? It is not just another intervention or project unrolled by one or the other AIDS stakeholder group. It is much more than that. It is recognition that the epidemic can only be beaten back by a comprehensive, multi-sectoral ownership of the AIDS control mission.

From government departments to private sector companies, from civil society groups to public and private individuals, mainstreaming entails an all-round acceptance of the fact that answering to the call, and meeting the challenge of HIV/AIDS, has to go beyond token, ad hoc programmes on one special day or occasion. Rather, these have to be written into the charter of institutions and organisations. They have to become intrinsic to the normal, everyday functioning of Ministries and corporations alike.

In India, the setting up of the National Council for AIDS under the chairmanship of the Prime Minister, in 2005, was a significant milestone in the mainstreaming journey. It brought together 31 Ministries of the Government of India and seven Chief Ministers, besides public officials, private individuals and representatives of Positive People's Networks, civil society and business associations.

Why is it important to launch a strong mainstreaming programme even when numbers are low and the epidemic seems to be in check? This is because HIV/AIDS is not merely a health problem but has social and economic dimensions.

Mainstreaming and the other methods that India is using to meet the HIV/AIDS challenge were the subject of much interest at the World AIDS Conference in Mexico City held in August, 2008. There was curiosity about the new data that has emerged from India explaining that the epidemic is in control and has not made the apprehended leap from high risk groups to the society at large. Questions about the enumeration methods and data sources, and about the work NACO and its partners were doing were addressed at a special session, at which the Indian delegation made a strong presentation.

A forceful appeal was also made in Mexico by the Union Minister for Health and Family Welfare, Dr Anbumani Ramadoss, to remove or suitably amend Section 377 of the Indian Penal Code and decriminalise homosexual activity. This archaic law, going back to the mid 19<sup>th</sup> century Victorian era, is a serious roadblock in the path of NACO. It hampers efforts to reach out to Men who have Sex with Men (MSM), considered a high risk group.

There are many challenges which we can fight unitedly. Let us all resolve to work together to defeat the virus.

*Ms K. Sujatha Rao  
Additional Secretary and Director General  
National AIDS Control Organisation*



# Merits of Mainstreaming

## Putting together a multi-sectoral strategy to take on the HIV/AIDS challenge

**N**o man is an island, the old line goes. In the public arena, there is an analogue: no cause, no mission can exist in isolation. Without its acceptance by society, without a variety of institutional and individual stakeholders taking ownership of it, no health issue can be truly challenged or mainstreamed.

The Indian experience of HIV/AIDS is telling in this respect. Substantial progress has been made in prising open the silent spaces, encouraging conversation about the virus and its implications. Yet, to understand mainstreaming one has to be clear of what it entails.

Simply put, mainstreaming is recognition of the reality that HIV/AIDS is not just a medical or public health issue, to be left to doctors and scientists. It is a process that has an impact on and, therefore, necessitates response from all sectors, whether now or in the future. It has, obviously, both internal and external implications for each sector.

Analysts have drawn a distinction between mainstreaming and

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integration. The second implies an external agency that is added on to the core process. In mainstreaming, HIV/AIDS related issues are brought into a programme or policy framework as a component. They fortify rather than take away from the core objectives of the institution or organisation that is the location of mainstreaming.

### Answering the call

Mainstreaming calls for a degree of commitment in terms of action and

finance to the HIV/AIDS cause. This cannot be limited to cursorily helping out the health authorities or NACO but requires various government departments and agencies, private sector companies and civil and voluntary sector bodies taking charge of the multi-sector response to the epidemic.

Mainstreaming is particularly recommended as a sort of pre-emptive measure. The process can be classified in to two categories: internal and external mainstreaming. The internal mainstreaming is about adapting organisational policies and programmes in such a way that it reduces organisational susceptibility to HIV. The focus is on staff sensitisation and adoption of workplace policies.

The external mainstreaming entails using organisational outreach to take the prevention efforts to vulnerable groups among the general population. Through mainstreaming, technical and financial resources of the development partners are leveraged to achieve the desired results.

## Threefold path

The mainstreaming of HIV into non-health sectors is a key prevention strategy. It is aimed at making non-health constituencies AIDS competent.

That is why the broad mainstreaming goals are threefold:

- Getting prevention messages into all government offices, organised and unorganised private sector and civil society organisations, and training and sensitisation of stakeholders.



- Paying special attention to socio-economic parameters that increase vulnerability to HIV/AIDS.
- Devising a multi-sector, coordinated communication strategy.

When these three aspirations are pursued and realised in harmony, mainstreaming will gain momentum – and society’s resolve to collectively address HIV/AIDS will be translated into decisive action.

# Adding muscle to mainstreaming

## Government and political support for widespread ownership of the AIDS challenge

Perhaps the most visible symbol of the commitment of the country’s political and public leadership to the mainstreaming mission was the setting up, in 2005, of the National Council for AIDS (NCA).

Chaired by the Prime Minister – the Minister for Health and Family Welfare is the vice-chair – the NCA propels the mainstreaming process through the collective action of different ministries, private sector bodies and civil society groups.

### Across Ministries

Mainstreaming can take many simple, meaningful forms in everyday governance. Examples from Union Government Ministries, usually far removed from health issues would prove elucidative. In June 2008, the Ministry of Housing and Urban Poverty Alleviation inaugurated an “HIV Response Corner” on the

**The National Council for AIDS (NCA) propels the mainstreaming process through the collective action of different ministries, private sector bodies and civil society groups.**

Ministry’s web portal. The aim of the intervention was to highlight the causal relationship between poverty and HIV, and the impact of the epidemic on families and communities.

It also provides general information on HIV/AIDS and NACP, on accessing testing and treatment, and on reaching Positive People’s Networks and State AIDS Control Societies (SACS).

Another illustrative example comes from the Ministry of Tourism, which was part of a recent seminar on the theme of “Responsible Tourism and

HIV/AIDS”. With the Secretary, Ministry of Tourism, as chief guest, it sought to highlight the inter-relationship between the tourism industry and HIV/AIDS.

Whether it is in sensitising paramilitary forces (Home Ministry), in promoting AIDS research within the framework of the IBSA or India-Brazil-South Africa partnership (Ministry of Science and Technology) or working to spread the prevention message among rail workers (Ministry of Railways), mainstreaming has become an article of faith for numerous Union Government departments and agencies.

In the states too, the sentiment is growing (*see box*). Slowly but surely, mainstreaming is being woven into the fabric of public life and consciousness in India. For those at the forefront of the HIV/AIDS cause, that is gratifying.

## Mainland Mainstreaming Samples from the states

- The Tamil Nadu Tourism Development Corporation organised a workshop on tourism and HIV/AIDS in June. It recommended promoting appropriate messaging at tourism information offices, fairs, sites and at hotels. It also sought to build capacity among tourism professionals and stakeholders, beginning with a pilot project in Mamallapuram and Ooty.
- In Jharkhand, the State AIDS Control Society has collaborated with the International Labour Organization in workplace interventions that seek to educate working people on HIV/AIDS and its prevention. From government departments to the state police, from the employees of the State Electricity Board to the workers of the many coal mines in Jharkhand, customised workshops and programmes have been organised for different audiences.
- In Punjab, state as well as district level sensitisation workshops on HIV/AIDS, particularly aimed at Injecting Drug Users (IDUs), have been held and appreciated. The state level workshop was presided over by the Health Minister of Punjab. Civil servants and doctors, UNAIDS officials and public health professionals were present at these workshops.
- In Rajasthan, the Department of Panchayati Raj organised a series of events on the mainstreaming of HIV/AIDS in September 2008. From the monitoring of migrant labour by proposed Migrant Information Centres to welfare measures for People Living with HIV/AIDS, from holistic District Action Plans to training programmes for panchayat level officials, many innovations were designed.

India is proud of its “demographic dividend”, its large and productive working population. Yet, this has to be correlated with the disturbing fact that 90 percent of HIV infections are in the 15-49 years age group, in the prime of their working life. This makes it imperative for the private sector to become involved in HIV/AIDS mainstreaming initiatives.

An early start was made in 1985, when Larsen & Toubro launched an HIV/AIDS awareness programme for its workers, the first such by a business corporation. Yet, it is only in the past decade that the momentum has grown. In 1996, the

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Confederation of Indian Industry (CII) formed the India Business Trust for HIV/AIDS programmes.

In 2006, five public-private partnerships were formed for setting up ART centres, with business giants

such as Ballarpur Industries, ACC, Reliance Industries and Bajaj Auto coming on board. In the same year, NACO set up a unit dedicated to facilitating industry interventions.

In 2008, USAID through PSI, began to support Star Alliance towards the first group insurance scheme for people living with HIV/AIDS (PLHA). So far, 1,300 Indian companies have developed workplace HIV policies. Mainstreaming is becoming part of the enterprise.

■ Dr Hari Mohan  
Team Leader  
Mainstreaming Cell, NACO



Seminar on Responsible Tourism and HIV/AIDS

## Mainstreaming – An Update

<b>Ministry of Surface Transport</b>	
No. of truckers covered by Targeted Interventions (TIs)	31,66,218
No. of Pathik Melas organised at highways	5
<b>Ministry of Railways</b>	
Concession in 2nd Class passenger fares for AIDS patients being treated in ART centres	50%
No. of people reached by Red Ribbon Express (RRE)	62,00,000
No. of people counseled through RRE	1,15,000
No. of select resource persons trained on HIV/AIDS issues through RRE	68,000
No. of ICTCs in railway hospitals	35
No. of persons on ART at railway hospitals	1239
<b>Ministry of Sports &amp; Youth Affairs</b>	
No. of NSS volunteers who participated and were sensitised on HIV/AIDS in “Healthy Youth for Healthy India”	1,45,000
No. of students made aware of HIV/AIDS by “Healthy Youth for Healthy India”	3,50,000
Red Ribbon Clubs formed in colleges	3,350
<b>Ministry of Information and Broadcasting</b>	
No. of special interactive programmes on AIDS related issues by DFP in 22 states	3437
No. of programmes presented on AIDS related issues by Song & Drama Division	6191
No. of spots for RRE being telecast on National network	231
No. of spots on HIV/AIDS telecast by DD National and Regional Kendras on Kalyani	21708
<b>Ministry of Panchayati Raj</b>	
No. of youths sensitised as part of Panchayat Yuva Shakti Abhiyan	6118
No. of gram sabhas which held advocacy meetings and discussed HIV/AIDS issues	73,000
<b>Ministry of Labour and Employment</b>	
No. of workers from informal/rural sectors reached through programmes conducted by Central Board of Workers Education (CBWE)	6,06,308
No. of people tested positive for STD under ESIC scheme	50,165
No. of participants covered through capsule course on prevention of HIV/AIDS by V. V. Giri National Labour Institute	3,340
<b>Ministry of Social Justice and Empowerment</b>	
No. of drug addicts counseled on HIV/AIDS related issues	52,633
<b>Ministry of Human Resource and Development</b>	
No. of schools covered under Life Skills Education (LSE) Programme	1,14,345
No. of teachers trained under LSE	288,733
<b>Ministry of Defence</b>	
No. of ICTC/PPTCT centres established	20
No. of modern blood banks established	17
<b>Ministry of Home Affairs</b>	
No. of police personnel trained for conducting rapid diagnostic test	>65,000
No. of condom vending machines installed for police personnel	246
No. of condoms distributed to police personnel	270838
No. of ICTCs with rapid diagnostic test kit developed for police personnel	180
No. of persons reached through interactive session on HIV/AIDS	87,370
<b>Ministry of Coal</b>	
No. of awareness camps organised for Coal India Ltd. and the subsidiaries	146
No. of Integrated Counselling and Testing Centres (ICTCs) at various subsidiaries	62
<b>Ministry of Rural Development</b>	
No. of Self Help Groups (SHGs) trained on HIV/AIDS in different States	1,50,000

## International AIDS Conference: A Journey to Mexico

**At the XVII International AIDS Conference, India showcased its AIDS control mission**

The XVII International AIDS Conference in Mexico City (3-8 August, 2008) opened at the Auditorio Nacional amidst calls for universal access to treatment and improved funding for vaccination and microbicide trials. The Conference saw the participation of about 25,000 experts, researchers, activists and community advocates from all over the world. The opening ceremony was crowned by a rich and powerful cultural event and a series of motivational talks and speeches. The Conference was officially opened by the Mexican President, Felipe Calderon who was accompanied by the UN Secretary General Ban Ki-Moon.

On the eve of the opening ceremony, over 5000 people from all over the world gathered at the Monumento a la

Revolucion in Mexico City with balloons and banners chanting “Yes We Can!” The march for the Universal Action Now! called for global action against stigma, discrimination and homophobia. The contingent included women and Men who have Sex with Men (MSM), transgenders and heterosexuals.

The Conference attracted over 11,000 abstracts, of which more than 7500 were presented. HIV prevention emerged as the overarching theme during the deliberations, with focus on “combination prevention” in recognition that there is no “silver bullet” that is effective for prevention, but a combination of strategies need to be adopted including behaviour change communication, sex education, condoms, microbicides

and post-exposure prophylaxis (PEP). Twenty nine representatives from the health and education ministries from across Latin America and the Caribbean signed the “Prevention with Education” declaration in Mexico City, proclaiming that sexuality is to be included in every educational programme by 2010 in their countries and pledges to strengthen the skills of teachers on that specific subject.

The issue of rights of sex workers saw some emotionally charged moments. Elena Reynaga of RedTraSex, Argentina issued the stirring call for the full recognition of sex workers. The huge audience during the plenary stood up clapping when she said, “We are not the problem, we are the solution”. She said, “The evidence shows HIV prevalence has been lowered in regions such as South America, where sex work is actually recognised as “work” and sex worker organisations receive direct support”. At the same time, there was recognition of the fact that social exclusion, criminalisation, prejudice,





social hostility and lack of HIV prevention programmes for MSM are escalating new infections. Delegates at the Conference were also urged to give greater attention to children living and affected by HIV/AIDS. An estimated 2.1 million children, younger than 15 years, are living with HIV out of whom 90 percent are in the sub-Saharan countries. There was a call for family-centred approaches and social protection services to address these children. Dr. B.B Rewari from NACO shared lessons learnt from paediatric ART scale up in India where the fixed dose combinations of paediatric ARVs were made available for the first time in the world.

The Conference called for scaling up the vaccine research despite the setbacks. New treatment developments were also discussed in the Conference. These included Raltegravir, the first in a new class of drug called integrase inhibitors with few side effects (it reduces viral load

in days rather than in weeks); Selzentry, the first in a new class of oral entry inhibitors; Etravirine, a new drug in an existing class (NNRTI); Darunavir, the first real resistance proof medication (it is highly resilient against resistant virus; Bevirimat, an entirely new class of drug called maturation inhibitors (it promises fewer side effects); and a new formulation of Ritonavir which does not require refrigeration.

At the jam-packed, “Lancet Series” session on HIV prevention, India’s ICTC programme was praised as one of the most cost effective counselling and testing programmes in the world. A total of 19 oral abstracts, 18 poster discussions and 411 poster presentations were accepted from India.

The Indian delegation to the Conference was led by Union Minister for Health and Family Welfare, Dr Anbumani Ramadoss. Addressing over 300 Indian and International



## UNDP's Red Ribbon Awards

The Red Ribbon Awards are presented at the International AIDS Conference to outstanding community based organisations (CBOs) working to curtail the spread of HIV/AIDS. This year, over 550 nominations from 147 countries were received. Sanghamitra, the women collective from India was among the winners which got the award for empowering women and girls and addressing gender inequalities. Other winners included Mashhad Positive Club, Iran for providing access to treatment, care and support; Fortaleciendo la Diversidad, Mexico for promoting human rights; Centre for Popular Education and Human Rights, Ghana for promoting prevention programmes; and Consol Homes, Malawi for providing support to children orphaned by AIDS.

delegates at the India Session at the Conference, Dr Ramadoss said, “India’s dedicated focus on HIV prevention is fetching dividends. We are seeing the beginning of the stabilisation of the HIV epidemic in India. He added, “Structural discrimination against those who are vulnerable to HIV such as sex workers and MSM must be removed if our prevention, care and treatment programmes are to succeed”. Dr. Ramadoss categorically stated, “Section 377 of the Indian Penal Code, which criminalises Men who have Sex with Men, must go.” Stressing that it is not the time to be complacent, the NACO Director General, Ms K. Sujatha Rao said, “Initiatives that address the unique needs of migrants must be immediately launched to avert a potential rise of HIV infection among migrant populations.”

■ Mayank Agrawal  
JD (IEC), NACO

## Into the Heartland

### Link Workers Scheme to reach rural vulnerable groups

An innovation proposed as part of NACP-III, the Link Workers Scheme is designed to address populations with high risk behaviour. Such populations include those classified as high risk groups (HRGs) and as bridge populations. The Link Workers specifically aim at reaching out to hitherto neglected sections in rural areas. The assumption is that such groups don't have an easy access to AIDS-related messages, facilities and services as their urban counterparts do.

The Link Workers Scheme aims to provide services to rural HRGs based on district mapping. The groups it hopes to reach are:

- Female Sex Workers (FSWs) and their clients
- Men who have Sex with Men (MSM)
- Injecting Drug Users (IDUs)
- Vulnerable youth population.

Vulnerable young people may belong to the first three groups or simply be partners of migrants, mobile populations and IDUs. Persons infected and affected by HIV, facing



**The Link Workers Scheme envisions a new cadre of village level workers, both male and female, who would discuss human relations and practices of sex and sexuality, and help equip high risk individuals and vulnerable young people to challenge the epidemic.**

for instance stigma or discrimination, could also be vulnerable. The Link Workers Scheme will work among all such sections.

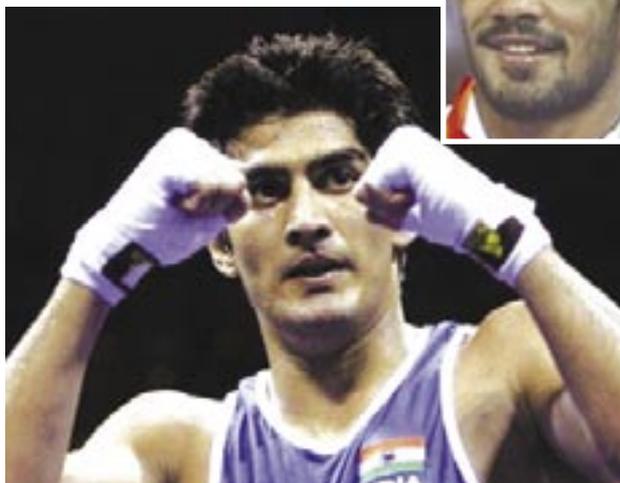
Services under the Scheme will be part of the panchayat and district level health system. The Link Workers Scheme envisions a new cadre of village level workers, both male and female, who would discuss human relations and practices of sex and sexuality, and help equip high risk individuals and vulnerable young people to challenge the epidemic.

The Scheme is being funded by a host of donors – UNDP, UNICEF, USAID, CDC and GFATM VII. It is being implemented by NGOs at the grassroots level, as per operational guidelines that are available on the NACO website. The states where the first phase of the Scheme is being rolled out are Andhra Pradesh, Chhattisgarh, Goa, Gujarat, Madhya Pradesh, Maharashtra, Manipur, Nagaland, Rajasthan, Tamil Nadu, Uttar Pradesh and West Bengal.

■ Dr Payal Sahu  
TO (TI/LWS), NACO

## Volunteering for a Cause

Heroes have greater responsibility. They are also role models for others. Two national heroes, Wrestler Sushil Kumar and Boxer Vijender Singh, who made India proud by winning bronze medal in Beijing Olympics 2008, also extended their support for the cause of blood donation. On



1<sup>st</sup> October, National Voluntary Blood Donation Day is observed across the country to encourage voluntary blood donation. TV spots and Audio spots on voluntary blood donation featuring them were aired through Doordarshan and All India Radio (AIR), to disseminate the cause to a population living far and wide.

■ Rajesh Rana  
TO (IEC), NACO

## Section 377 of IPC

### How TIs among MSM groups are hampered by the law

At the World AIDS Conference in Mexico City, Dr Anbumani Ramadoss, the Union Minister for Health and Family Welfare, made a forceful appeal for decriminalising homosexuality in India. Alluding to the Victorian-era law – which has been repealed in Britain but still exists in India, Dr Ramadoss said, “Section 377 of the IPC, which criminalises Men who have Sex with Men (MSM), must go.” He saw this Section as coming in the way of AIDS-related service delivery to the MSM community.

It is estimated that India has 2.5 million MSM population. Of this group, about 100,000 are at high risk of contracting HIV and 15 percent have already become HIV positive. Dr Ramadoss was clearly mindful of this when he



**Section 377 of the Indian Penal Code, drafted in the 19<sup>th</sup> century, commits itself to prosecuting a person who has “carnal intercourse against the order of nature with man, woman or animal”.**

explained, “MSM are our major concern. We have to contain the epidemic within this community. The number of Targeted Interventions (TIs) especially for this community is being scaled up.”

It is sometimes amazing how little is known about India’s MSM groups (*see box*) and their demography. Indeed, there are 94 community-based organisations (CBOs) for MSM today, spread across 14 states. West Bengal and Maharashtra report the highest number.

NACO’s Targeted Interventions for core high risk groups (HRGs) pay particular emphasis on MSM. The risk of HIV spreading from MSM to other groups can be best understood by telling statistics from the Behavioural Surveillance Survey 2006 – 31 percent of MSM reported having sexual intercourse with a female partner in the six months prior to the survey. The average number of female partners was 2.4.

### Understanding the MSM population

MSM and transgenders (TGs) comprise a high risk group, which is very vulnerable to HIV. However, it is important to note that not all MSM are equally vulnerable or have multiple sexual partners. Also, MSM sub-groups that engage in anal sex are more vulnerable to HIV transmission.

Members of the TG population are likely to have both multiple partners and engage in anal sex. This increases their vulnerability.

There are several sub-groups among MSM. For the purposes of TIs, these groups are defined as:

- **Kothis:** The term is used to describe males who show varying degrees of “femininity” (perhaps situational), take the “female” role in their sexual relationships with other men, and are involved mainly – though often not exclusively – in receptive anal/oral sex with men.
- **Panthis:** The term panthi is used by kothis and hijras to refer to a “masculine” insertive male partner or anyone who is masculine and seems to be a potential sexual (insertive) partner. Equivalent terms are Gadiyo (Gujarat), Parikh (West Bengal) and Giriya (Delhi).
- **Double Deckers:** Kothis and hijras label those males who both insert and receive during penetrative sexual encounters (anal or oral sex) with other men as Double Deckers. Equivalent terms are Double, DupliKothi (West Bengal) and DoParatha (Maharashtra).
- **Hijras:** Hijras belong to a distinct socio-religious and cultural group, a “third gender”. They dress in feminine attire and are organised under seven main gharanas or clans.

(Contd. on next page)

## Condom Calling

### A ringtone that urges you to use protection

In an offbeat but admittedly catchy idea, NACO and the BBC World Service Trust jointly launched an unusual condom promotion programme as part of their efforts to promote HIV prevention. Advertised on the television and radio, available by sending a text message to 5676787 or download-able at [www.condomcondom.org](http://www.condomcondom.org), this is a

Advertised on television and radio, available by sending a text message to 5676787 or download-able at [www.condomcondom.org](http://www.condomcondom.org), this is a ringtone for cell phones that beeps the condom message each time the phone rings.



ringtone for cell phones that beeps the condom message each time the phone rings.

The unique, condom-themed ringtone was such a hit that, in two days, it led to 15,000 downloads. By the end of September, barely a month after the launch, over 390,000 requests for downloading the ringtone had come in using the text message route. A further 132,000 people had downloaded the tone from the website. The website itself had received 3.5 million hits.

The response to the ringtone has been encouraging. Users and listeners found the idea of a condom-themed ringtone clever and amusing. A 40-year-old father said it was his opening for talking condoms and sex with his teenaged daughter. Media coverage has been enormous. From the front page of the Times of India to the Economist to National Public Radio in the United States, the condom ringtone is making big news.

■ Rajesh Rana  
TO (IEC), NACO

### Section 377... (Contd. from page 11)

In some states, the correlation was sharp. In Andhra Pradesh, 65 percent of MSM had had sex with women. In Mumbai, studies suggested that 18 percent of MSM had sex with more than one female partner.

Among those defined as MSM, only some are most at risk. High risk MSM/TGs are the focus of NACO's efforts to work with core HRGs. From masseurs to truck drivers, film extras to gym assistants, the MSM population covers a range of geographies and socio-economic environments. For public health

professionals working in the field of HIV/AIDS, it is crucial to locate prevention programmes in social frameworks that MSM can identify with.

It is here that the law places obstacles. Section 377 of the Indian Penal Code, drafted in the 19<sup>th</sup> century, commits itself to prosecuting a person who has "carnal intercourse against the order of nature with man, woman or animal". Other laws too prevent and hinder HIV prevention work among MSM and hijras.

For example:

- Section 292 of the Dramatic Performance Act, 1876 and Customs Act, 1962 can be used

to label the printing and importing of sex educational material as "obscene" and not "life-saving".

- Anti-vagrancy laws and local Police Acts – flowing from the Public Nuisance Act and Section 268 of the IPC – can be applied against MSM.
- The Prevention of Immoral Trafficking Act, 1986, is usually applicable to women, but can also be used to prosecute male and hijra sex workers.

■ Aditya Singh  
TO (TI), NACO

# A Protocol for Young India

## National Consultation of revised AEP toolkit takes place

On July 29, 2008, a National Consultation on the implementation of Adolescence Education Programme (AEP) was held at India Habitat Centre, New Delhi, under the chairpersonship of Ms K. Sujatha Rao, DG, NACO.

Briefing participants at the beginning of the meeting, the NACO Joint Secretary, Mr Pravir Krishn, explained the context and content of the revised toolkit and underlined the need to act decisively and implement the programme during this academic session.

The AEP is a critical intervention for India, given a third of reported HIV positive cases are among those aged 29 or below and adolescence is a particularly vulnerable age. The



National Consultation on AEP

**The AEP is a critical intervention for India, given a third of reported HIV positive cases are among those aged 29 or below and adolescence is a particularly vulnerable age.**

National Toolkit Review Committee Member – speaking for the sub-committee of academicians, psychologists, psychiatrists, educationists, communication experts,

and representatives from NGOs, NCERT, SCERT and CBSE – emphasised its importance. The Review Committee Member also explained the process that preceded the finalisation of the revised prototype of AEP toolkit, the key concerns and revisions incorporated in it and the follow-up steps now required.

In her remarks, Ms Rao sought frank feedback on the revised prototype toolkit shared by NACO. She stressed the need for wider consultations at the state level on the content, design and illustrations used in the prototype material. These consultations need to be organised immediately by the State Departments of Education, with NGOs, faith-based groups, religious leaders, teachers, parents, policy makers, politicians, educationists, psychologists, communication experts, media and so on.

Most states, while expressing their opinion about the revised prototype toolkit, suggested that it was fine in its content and design and could be adapted after making minor, state-specific alterations. The focus now moved to the state governments. They were asked to organise consultations and, on finalisation of the material, advocacy workshops and media briefings. Past experience was cited; hurdles hitherto encountered in implementation would need to be avoided.

Ms Rao categorically asked both SCERT and SACS to explore ideas for pedagogy of material transition in the class with students. Teachers, it was pointed out, tended to get transferred and sometimes lacked motivation and commitment to teach students on life skills education.

■ Bilal Naqati  
TO (IEC & Mainstreaming), NACO

## Training the Trainers

Between September 9 and 12, a Regional "Training of Trainers" Workshop on AEP was organised in Delhi. Its purpose was to build the capacity of the participants in terms of disseminating accurate information about the AEP and life skills education.

Participants from five states in the northern India – namely Uttarakhand, Punjab, Haryana, Chandigarh and UP – were familiarised with the objectives and rationale of the AEP, the revised toolkit and the key concerns addressed during its revision, the role of state and district resource persons and basics of HIV/AIDS, including the need to fight stigma and encourage young people to access counselling and testing facilities.

The meeting saw participation from 33 officials representing the Education

Departments of the 21 states, comprising teachers, parents and NGOs. Internal and external resource persons spoke on the revised AEP module, on methodologies to address issues such as gender, sexuality and values, teenage pregnancy, myths and misconceptions about HIV/AIDS, life skills and growing up.

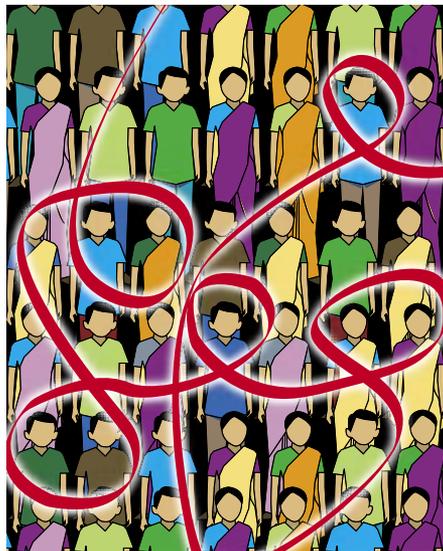
From substance abuse among young people to the principles and objectives of advocacy, the workshop discussed a gamut of issues. Dilemmas and educative protocols were presented in the form of interactive games and question-and-answer sessions. During the meeting, participants met with AS & DG. She urged them to support the adaptation, contextualisation and finalisation of toolkit at the state level without compromising on the key content.

## Mapping out Hope

### An estimation exercise of HRGs, by HRGs

Just how large is the population of high risk groups (HRGs)? In the absence of accurate numbers, scaling up the coverage among such groups under NACP-III could prove a problem. As such, NACO is conducting a “Mapping of HRGs and Migrants” exercise in 17 states – Assam, Gujarat, Jammu and Kashmir, Jharkhand, Meghalaya, Orissa, Punjab, Tripura, Maharashtra, Manipur, Nagaland, Chhattisgarh, Goa, Bihar, Madhya Pradesh and Uttar Pradesh – with the objective of mapping the core HRGs: Men who have Sex with Men (MSM), Female Sex Workers (FSWs) and Injecting Drug Users (IDUs).

The exercise aims to identify or confirm locations in states and districts where Targeted Interventions (TIs) are needed to reach those HRGs who are the most



vulnerable. It will enumerate HRG sizes, as per category. Locations of hotspots where HIV risk activities may be predominant will be marked for urgent intervention. Information and knowledge about the mobility

patterns of the HRGs within and outside the site will also be mapped.

This mapping of the HRGs is critical for programming purposes. It is important to identify the local and preferred healthcare providers visited by the HRGs and incorporate them into the HIV/AIDS control mission. Intrinsic to the mapping scheme is capacity building of the HRG members from the site – to enable them to conduct the mapping exercise themselves. This will go a long way in mobilising and empowering the HRGs.

The mapping in the 17 states is slated to be completed in October 2008. This will be followed by dissemination workshops at the state level to study and clarify the raw data. Eventually, the exercise will inform and boost the control programme among a significant AIDS stakeholder population.

■ Shweta Bhardwaj  
Senior TO (TI), NACO

## Communicate to Control

### In Kerala, I&B officials are invited to the HIV/AIDS arena

On September 2 and 3, the Kerala State AIDS Control Society (KSACS) conducted a residential workshop for senior media and communications officials attached to different departments of the Information and Broadcasting (I&B) Ministry, Government of India. Hosted in Thiruvananthapuram, the workshop was designed to enable these officials – deputed to various locations in Kerala – to identify opportunities to support the NACP-III in their day-to-day functioning.

The rationale for the workshop was a simple one – communication is an

essential ingredient for HIV/AIDS control. As such, the KSACS sought to build I&B capacities and use the available infrastructure to bolster the NACP-III. Inputs were also sought

**The rationale for the workshop was a simple one – communication is an essential ingredient for HIV/AIDS control. As such, the KSACS sought to build I&B capacities and use the available infrastructure to bolster the NACP-III.**

to develop a strategic plan. A theme and situation specific partnership between KSACS and the I&B Ministry was put in place.

The workshop was attended by 20 participants from the Directorate of Field Publicity, the Press Information Bureau, the Films Division, Doordarshan, Yojana and All India Radio. All these agencies are under the I&B Ministry. The welcome address was delivered by Dr Chandramohan, Deputy Director, KSACS. Overall, the speakers at the workshop were optimistic that an effective follow-up plan would help take the collaboration forward, and establish the essential nature of good communication to public health delivery.

■ Inputs from SACS



## Mission to God's Own Country

### Red Ribbon Express dazzles Kerala over 12 days

**T**welve days in perhaps India's most scenic and spectacularly beautiful state should be a delightful experience. So it was with hope and expectation that the Red Ribbon Express (RRE) trundled into Kerala on June 28, with its now well-known mix of HIV/AIDS prevention and care messaging, its appealing exhibits and its entourage of advocates and ambassadors.

Beginning in Thiruvananthapuram and concluding, 12 days later, in Kozhikode on July 9, the RRE's travel through the interiors of Kerala was successful in enhancing awareness about AIDS-related issues. The train was greeted with enormous and enthusiastic public participation and grabbed the media attention all along its journey.

The RRE entered Kerala from Kanyakumari, Tamil Nadu, and was formally welcomed into the state at Thiruvananthapuram's Central Railway Station.

Mr M. Vijayakumar, Kerala's Minister for Law, presided over the inaugural function at the Power

**Appropriate to a state that is world famous for its backwaters, the RRE envoys reached the water-locked Kuttanad region of Alappuzha district not by cycle or bus but in a boat caravan! For the RRE missionaries, who have covered almost every part of the nation on railway tracks and roads, using inner waterways was a different experience.**



House Terminal. Along with other dignitaries, he was introduced to the seven-coach train, with special compartments devoted to educational material on HIV/AIDS and associated facilities for counselling and medical services.

Six cultural teams left the train on cycles, to spread the message about HIV/AIDS, using local cultural idioms, in the hinterland of the railway station. Two troupes from the Song and Drama division departed too on bus caravans, to

access villages even further away and perform at cultural programmes. Woven into their performances was AIDS-relevant messaging.

From Thiruvananthapuram, the RRE travelled to and halted at Kollam, Alappuzha, Kottayam, Ernakulam, Shoranur and Kozhikode. It finally exited the state and re-entered Tamil Nadu, at Coimbatore, on July 9. A total of 51,604 people visited the RRE. Kozhikode contributed the maximum number of visitors: 13,413 in two days.

That aside, about 2,500 people in 42 batches gained HIV prevention and control training inside the RRE. Among them were government employees from Departments other than Health. Youth and women were particularly visible among those who were trained.

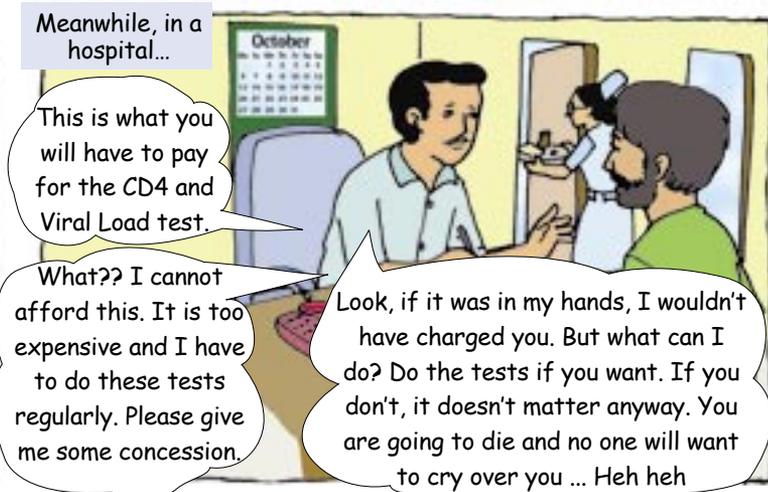
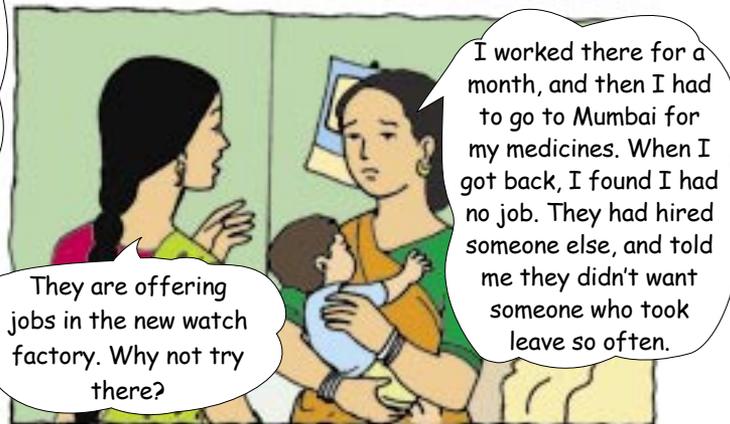
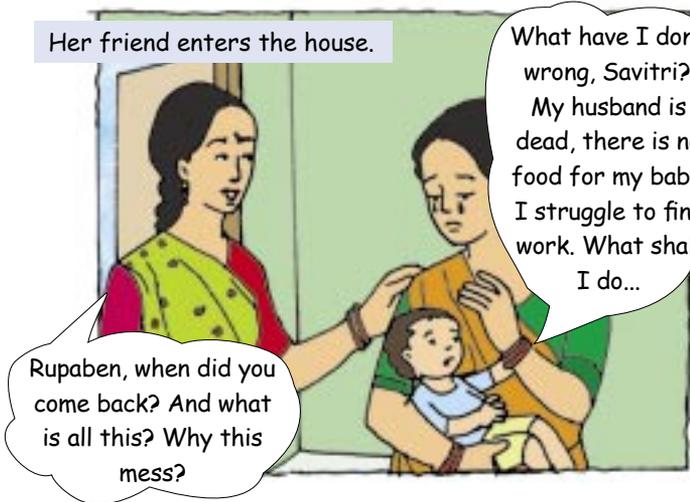
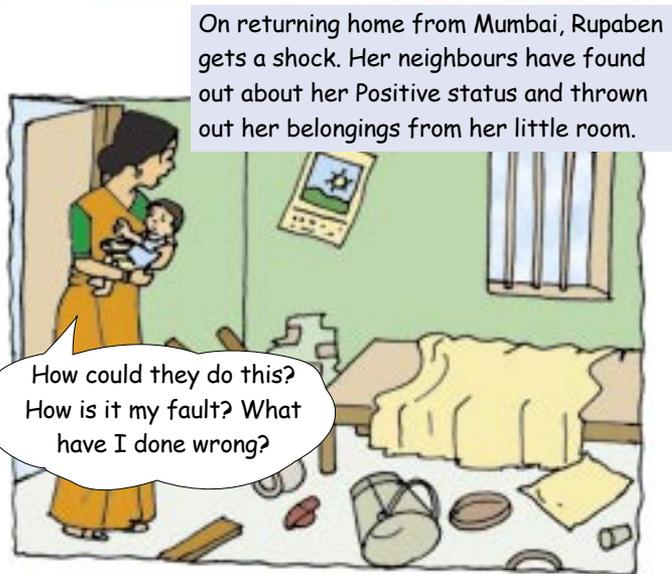
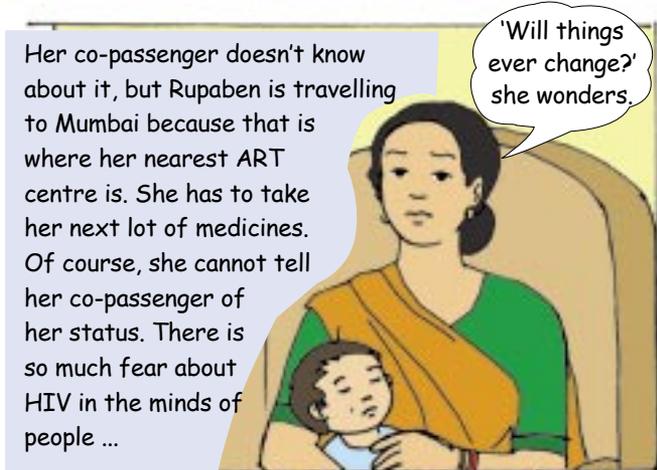
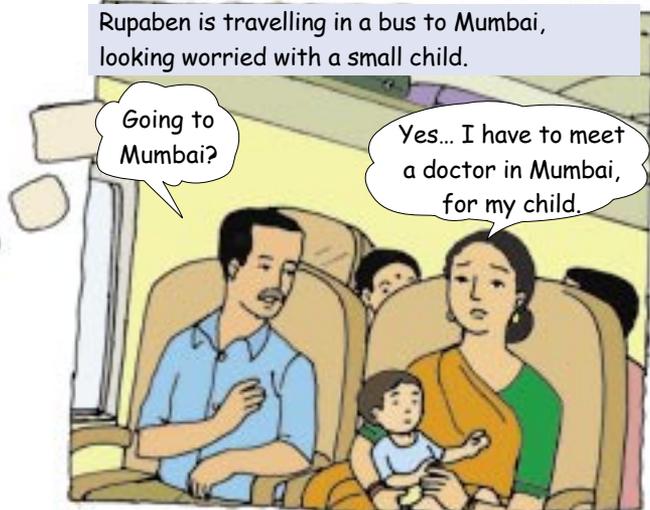
The HIV/AIDS related messages were disseminated through displays inside the train and cultural programmes performed in the rural areas and small towns by the artistes on cycles and in bus caravans. Around 230,000 people were directly reached the various prevention messages.

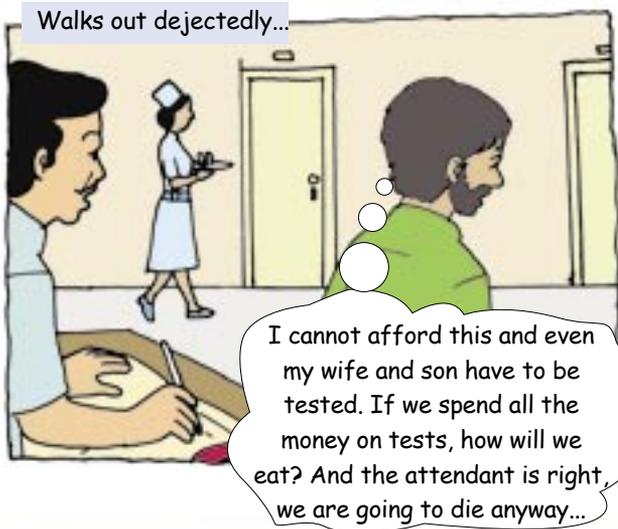
As always, there were some state-specific innovations that the RRE carried out. Appropriate to a state that is world famous for its backwaters, the RRE envoys reached the water-locked Kuttanad region of Alappuzha district not by cycle or bus but in a boat caravan! For the RRE missionaries, who have covered almost every part of the nation on railway tracks and roads, using inner waterways was a unique experience. It took the HIV/AIDS campaign up a new stream, literally.

■ Bilal Naqati  
TO (IEC & Mainstreaming), NACO

# Stories of Grit, Tales of Hope

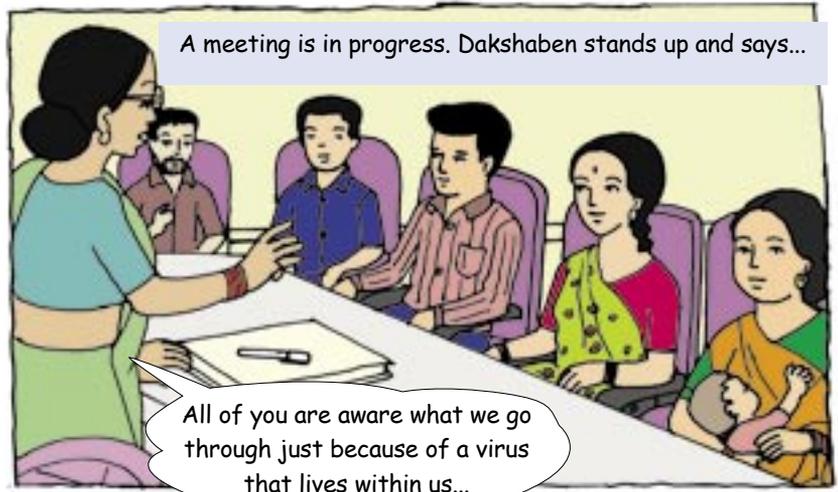
Presenting a comic strip adaptation of the success story of GSNP+





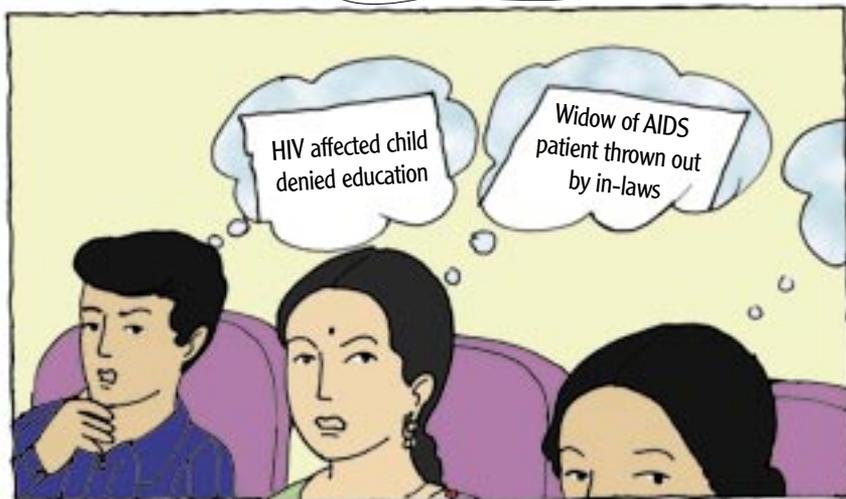
Walks out dejectedly...

I cannot afford this and even my wife and son have to be tested. If we spend all the money on tests, how will we eat? And the attendant is right, we are going to die anyway...



A meeting is in progress. Dakshaben stands up and says...

All of you are aware what we go through just because of a virus that lives within us...



HIV affected child denied education

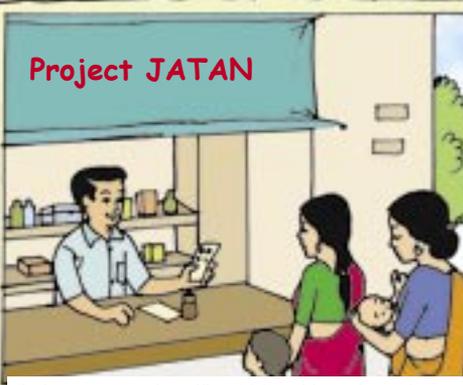
Widow of AIDS patient thrown out by in-laws



We have all worked hard to stave off these challenges, and we have done it to an extent. Things have moved, got better. I want to take you to some places and show you samples of hope and courage. Of what has been achieved...



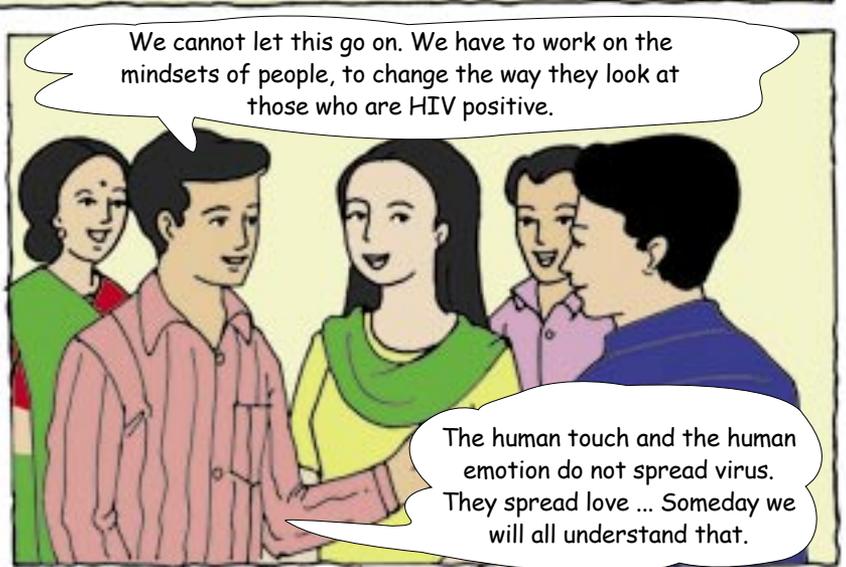
Reliance Ladies Club has provided nutrition every month to 70 infected and affected children by launching HOPE Project.



Project Jatan has identified 184 positive children in 3 months and 160 of them have been enrolled on ART.



Surat Municipal Corporation provides two rooms in SMIMER Hospital from where GSNP+ is running a Drop-in centre.



We cannot let this go on. We have to work on the mindsets of people, to change the way they look at those who are HIV positive.

The human touch and the human emotion do not spread virus. They spread love ... Someday we will all understand that.

## Scaling Up the National Response

The pamphlet “Scaling Up the National Response” is a recent publication of NACO. It covers the emerging trends in HIV epidemic, the four-pronged strategy of NACP-III, objectives and mainstreaming & decentralisation. The HIV epidemic can be dealt by following the strategy of prevention, care, support and treatment, capacity building and strategic information management. To prevent new infections in high risk groups as well as general population, targeted interventions must be scaled up. The implementation of NACO’s strategic plans is done through 38 State AIDS Control Societies. Apart from this, in the 200 high prevalence districts, NACO is establishing the District AIDS Control Units.

The challenge, therefore, is to halt and reverse the epidemic of HIV through the National AIDS Control Programme over the next five years.



## Leading a Healthy Life

“Some tips for your good health”, is a kind of time table for people living with HIV/AIDS (PLHA). It acts as a reminder for them to take their ART dose on time, consume only hygienic food and keep the surroundings clean. It has a calendar on the back, with two columns for day and night dosage. It is to be filled up by people on ART. It is available in 2 languages – English and Hindi.

## A Joint Effort

With the support of Vasavya Mahila Mandali (VMM) and the World Health Organization (WHO), NACO has developed “Paediatric ART Counselling Training Modules: Participants’ Manual and Facilitators’ Guide”. The training modules provide knowledge on paediatric counselling and attitudinal skills required by counsellors and other caregivers, and equip them with child-friendly techniques for use during the counselling sessions. These modules have been developed with the aim of developing skills among counsellors to work with children living with HIV/AIDS (CLHA). The NACO Paediatric ART Counselling Training Modules cover the specific issue of paediatric treatment and adherence for children up to the age of 12 years. Both the documents should be used jointly by the course directors and facilitators to ensure effective training.





## Targeted Interventions

NACO has always been concerned about the impact and reach of targeted interventions (TIs) among high risk groups and their partners. This led to the production of a brochure on “Targeted Interventions”. Female Sex Workers, Men who have Sex with Men and Injecting Drug Users, who form the High Risk Groups, and their partners or clients like truckers and migrants, are especially vulnerable to HIV. Hence, it becomes imperative for TIs to reach out to them at any cost, because these groups bear the multiple burdens of social stigma and criminalisation that drive them underground, isolating them from preventive services and increasing their vulnerability to HIV. It is essential to empower them through community mobilisation, creation of an enabling environment to sustain changed behaviour and practice and ownership of the processes and products of intervention.

## My ART Calendar

NACO has come up with “My ART Calendar”, with the support of the World Health Organization (WHO). It is meant for HIV positive children who are on Anti Retroviral Therapy (ART). This adherence calendar helps the child to take ART. There are 12 pages, on which the names of all 12 months are to be written. The instructions have been laid out for the counsellor/parent/caregiver/child to help the HIV positive children take their dose on time. It instructs the child to colour the box in the morning and evening after taking the ART dose. It is available in six languages – English, Hindi, Tamil, Telugu, Kannada and Marathi.



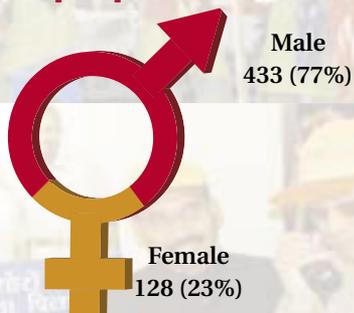
## With you, always

“Some Important Information” is a small booklet carrying complete information on healthy living for HIV positive people. It comes with the message, “you are not alone, we are with you. It is available in Hindi and English. It covers all aspects which are required to be taken by them. The information ranges from the precautions to be taken, meaning of HIV and AIDS, how to protect others from HIV, steps to fight illnesses, the meaning of ART and its use, maintain hygiene to ward off infections, how to earn a living, need for nutritious diet, clean drinking water, regular medical check-ups, right to consent, right to confidentiality, right against discrimination, right to seek employment, and much more.

For more information on the above mentioned IEC material, contact Joint Director (IEC), NACO.

# Coverage of the RRE up to 8<sup>th</sup> September, 2008

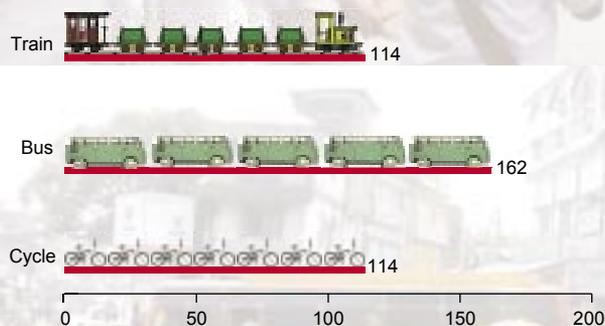
## No. of people counselled



## Population reached out (4913467)

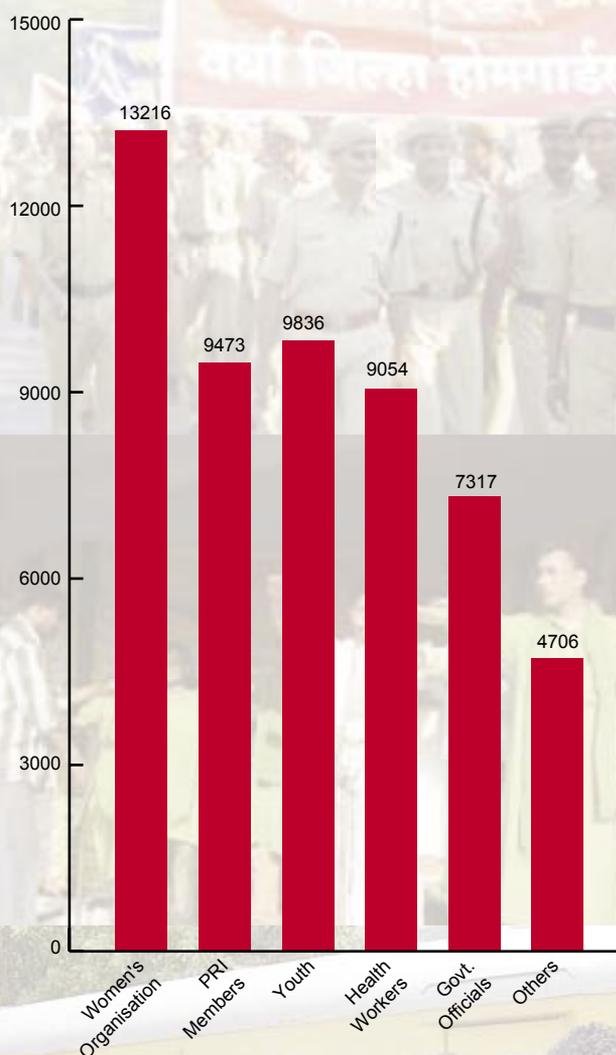


## Number of districts covered



## Total number of trainings organised

984 (Participants - 53602)



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NACO News is a newsletter of the National AIDS Control Organisation (NACO), Ministry of Health and Family Welfare, Government of India  
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Compilation, design & production: New Concept Information Systems Pvt. Ltd., New Delhi