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MAINSTREAMING AND PARTNERSHIPS

A Multi-sectoral Approach to Strengthen HIV/AIDS Response in India

National AIDS Control Programme

Deparment of AIDS Control, 2012

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Contents

ACRONYMS

AFMC	Armed Forces Medical College
AFMS	Armed Forces Medical Services
AIDS	Acquired Immuno-Deficiency Syndrome
ANC	Antenatal Care
ANM	Auxiliary Nurse Midwife
ARSH	Adolescent Reproductive and Sexual Health
ART	Anti-Retroviral Therapy
ASHA	Accredited Social Health Activist
ASSOCHAM	Associated Chambers of Commerce and Industry in India
BCC	Behaviour Change Communication
BSNL	Bharat Sanchar Nigam Limited
BSS	Behaviour Surveillance Survey
CAPF	Central Armed Police Force
CBO	Community- Based Organization
CCC	Community Care Centre
CD4	Cluster of Differentiation 4
C-DAC	Centre for Development of Advanced Computing
C-DOT	Centre for Development of Telematics
CDPO	Child Development Project Officer
CEO	Chief Executive Officer
CII	Confederation of Indian Industry
CIL	Coal India Limited
COE	Centers of Excellence
CSC	Common Services Centre
DAPCU	District AIDS Prevention and Control Unit
DCD	Development of Communication Division
DGAFMS	Director General Armed Forces Medical Services
DRDA	District Rural Development Agency
DRDO	Defence Research and Development Organization
EID	Early Infant Diagnosis
EQAS	External Quality Assessment Scheme
FBO	Faith Based Organization
FICCI	Federation of Indian Chambers of Commerce and industry
FSW	Female Sex Workers
GDP	Gross Domestic Product
GIPA	Greater Involvement of People with HIV/AIDS
HAART	Highly Active Antiretroviral Therapy
HIV	Human Immunodeficiency Virus
HRG	High Risk Group
HSS	HIV Sentinel Surveillance
ICMR	Indian Council of Medical Research
ICPS	Integrated Child Protection Scheme

ICTC	Integrated Counseling and Testing Centre
IDA	International Development Association
IDU	Injecting Drug Users
IEC	Information, Education and Communication
IFC	International Finance Corporation
IHM	Institutes of Hotel Management
IITTM	Indian Institute of Tourism and Travel Management
ILO	International Labour Organization
IRCA	Integrated Rehabilitation Centre for Addicts
ISO	International Organization for Standardization
IT	Information Technology
ITDA	Integrated Tribal Development Agency
ITDC	India Tourism Development Corporation
ITDP	Integrated Tribal Development Program
ITI	Information Technology Institute
LAC	Link ART Centre
LFA	Legislative Forums on HIV and AIDS
LWS	Link Worker Scheme
MARP	Most at Risk Population
MHA	Ministry of Home Affairs
MHRD	Ministry of Human Resource Development
MIB	Ministry of Information and Broadcasting
MNC	Multinational Corporation
MO	Medical Officer
MoHFW	Ministry of Health and Family Welfare
MoLE	Ministry of Labour and Employment
MoLJ	Ministry of Law and Justice
MoRD	Ministry of Rural Development
MoSJE	Ministry of Social Justice and Empowerment
MOU	Memorandum Of Understanding
MSM	Men who have Sex with Men
MTNL	Mahanagar Telephone Nigam Limited
NABL	National Accreditation Board for Laboratories
NACB	National AIDS Control Board
NACO	National AIDS Control Organization
NACP	National AIDS Control Programme
NAEP	National Adolescent Education Programme
NALSA	National Legal Services Authority
NCA	National Council on AIDS
NCEAR	National Council for Applied Economic Research
NCERT	National Council of Educational Research and Training
NCHMCT	National Council for Hotel Management and Catering Technology
NeGD	National e-Governance Division
NERO	North-East Regional Office
NGO	Non-Government Organization

NIC	National Informatics Centre
NIIHAR	Network of Indian Institutions for HIV/AIDS Research
NIPCCD	National Institute of Public Cooperation and Child Development
NIWS	National Institute of Water Sports
NREGA	National Rural Employment Guarantee Act
NRHM	National Rural Health Mission
NSEP	Needle-Syringe Exchange Programme
NSS	National Service Scheme
NSSO	National Sample Survey Organization
NYK	Nehru Yuva Kendra
NYKS	Nehru Yuva Kendra Sangathan
OST	Opioid Substitution Therapy
PIL	Public Interest Litigation
PIP	Project Implementation Plan
PLHA	People Living with HIV/AIDS
PLHIV	People Living with HIV
PPTCT	Prevention of Parent to Child Transmission
PRI	Panchayati Raj Institution
PSU	Public Sector Undertakings
RCH	Reproductive Child Health
RDK	Rapid Diagnostic Kit
ROSA	Regional Office for Southern Africa
RRE	Red Ribbon Express
RTI	Reproductive Tract Infections
SAIL	Steel Authority of India Limited
SATCOM	Satellite Communication
SCA	State Council on AIDS
SHG	Self Help Group
SIRD	State Institutes of Rural Development
SME	Small and Medium-Sized Enterprise
ST	Scheduled Tribe
STI	Sexually Transmitted Infections
STQC	Standardization Testing and Quality Certification
STRC	State Training Resource Center
SWAP	Sector Wide Approach
TAP	Tribal Action Plan
TDD	Tribal Development Department
TI	Targeted Interventions
TNSACS	Tamil Nadu State AIDS Control Society
TNSLSA	Tamil Nadu State Legal Services Authority
TSU	Technical Support Unit
UNDP	United Nations Development Programme
UNGASS	United Nations General Assembly Special Session
UNODC	United Nations Office on Drugs and Crime

INTRODUCTION

An estimated 2.1 million[1] people in India are infected with HIV. The epidemic is concentrated in high-risk populations, such as sex workers, men who have sex with men, transgenders, injecting drug users and clients of sex workers.

Since the first HIV case was identified in 1986, the Government of India has made sustained efforts to prevent the spread of HIV and to provide care, support and treatment to those who are already infected. In 1992, the National AIDS Control Organisation (NACO) was created to prevent and contain the HIV epidemic. This apex body, through the National AIDS Control Programme (NACP), sets out objectives and guiding principles for a phased programmatic intervention. Till 2012, it has successfully completed three phases of National AIDS Control Programme (NACP): Phase I (1992-1999), Phase II (1999-2007) and Phase-III (2007-2012).

What sets HIV apart as a growing concern is its unprecedented impact on development. The economic and social impact of HIV is not uniform, yet wherever it strikes, it affects individuals, communities and sectors, relentlessly eroding human capacity, productivity and prospects.

The 2001 UNGASS Declaration of Commitment enjoins countries to integrate AIDS responses into their development frameworks at national, sectoral and local levels. This had been reaffirmed in the 2011 Political Declaration on HIV and AIDS, by a resolution adopted at the UN General Assembly. To achieve this, key stakeholders are expected to engage in a process of mainstreaming HIV for multi-sectoral action in order to scale up the response.

This monograph serves as a resource to enable a view on scaled up response through multi-sectoral support for risk reduction and impact mitigation of HIV in India. It draws on key achievements and lessons learnt from NACP-I, - II, and – III with regard to mainstreaming. The document focuses on current response of Department of AIDS Conrol to the epidemic, including the priorities for NACP-IV and the logic that guided the development of these priorities.

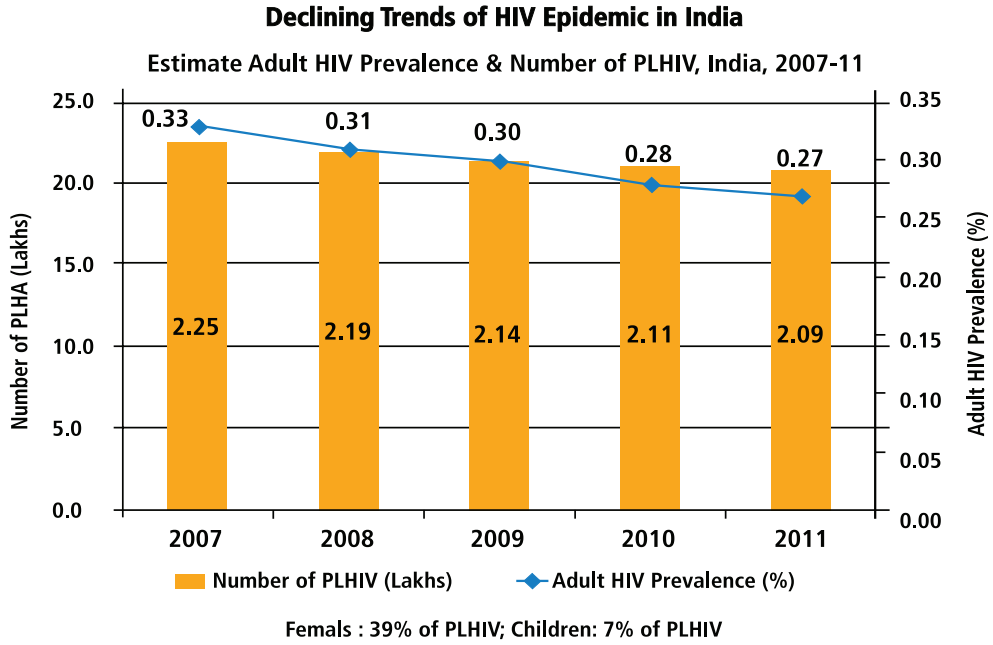
[1]NACO 2011 HIV estimates

THE HIV EPIDEMIC IN INDIA

The recent HIV estimates highlight an overall reduction in adult HIV prevalence and HIV incidence (new infections) in India. The estimated number of new annual HIV infections has declined by 57% over the past decade. It is estimated that India had approximately 1.16 lakh new HIV infections in 2011, as against 2.7 lakh in 2000. In percentage terms, the adult HIV prevalence at national level has continued its steady decline from estimated level of 0.41% in 2000 through 0.35% in 2006 to 0.27% in 2011.

All the high prevalence states show a clear declining trend in adult HIV prevalence. This is one of the most important evidence on the impact of the various interventions under the National AIDS Control Programme and scaled-up prevention strategies and this has been possible as many hitherto untouched areas were brought into the ambit of the programme and a strong evidenced-based approach including mapping of high risk populations was adopted.

However, the low prevalence states of Assam, Chandigarh, Chhattisgarh, Delhi, Odisha, Punjab, Tripura, Jharkhand, Uttarakhand, Arunachal Pradesh and Meghalaya show rising trends in adult HIV prevalence. This underscores the need for the programme to focus more on the states with low prevalence but high vulnerability.



Source: Technical Report India HIV Estimates 2012, NACO & NIMS

Fig 1: Estimated Adult HIV Prevalence and Number of PLHA, India, 2007-11

In India, disease prevalence in the general population is still very low. HIV infection is largely concentrated in the high-risk populations. The heterogeneity of the Indian epidemic is well understood with sub-epidemics of different types in different regions of the country.

Evidence shows that among different risk groups, IDUs and MSMs are increasingly becoming more vulnerable to HIV in many states. The latest HIV estimates also confirm the clear decline of HIV prevalence among FSWs in most states and at the national level, on the whole. The patterns of prevalence in different risk groups are given in Figure 2.

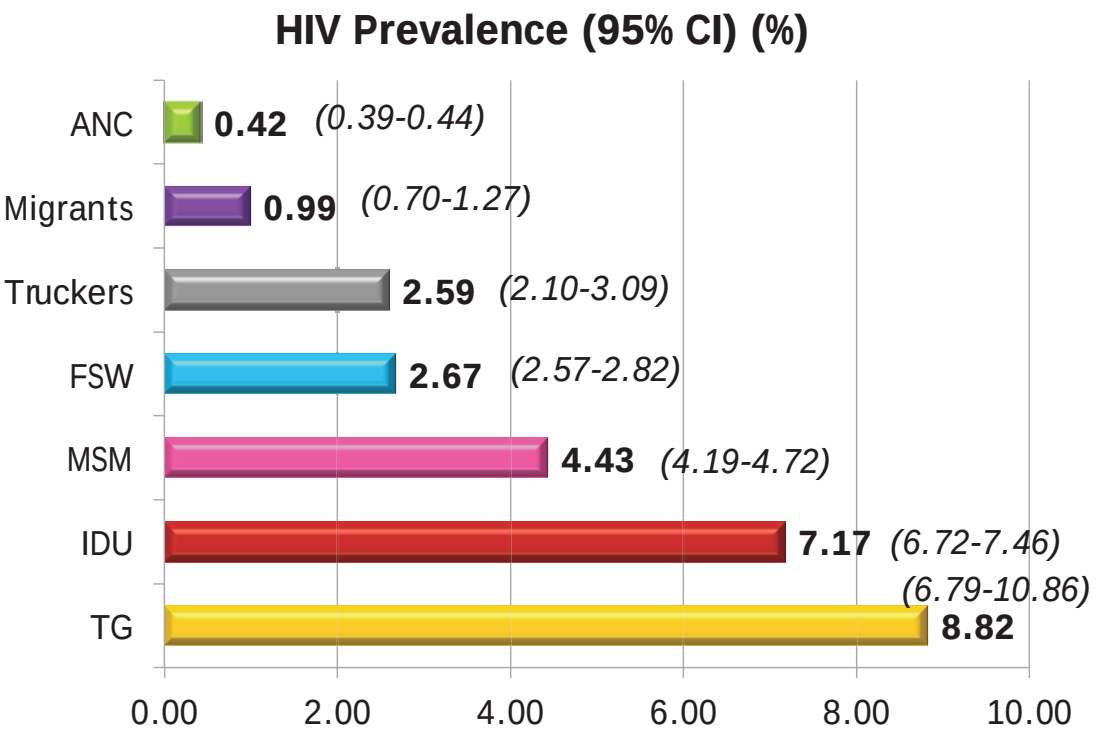


Figure 2: Pattern of HIV Prevalence (%) in different Risk Groups, India

In certain North Indian states, the possible role of migration in fueling HIV epidemics is indicated by the following observations:

- **Low levels of HIV among high risk groups (Female Sex Workers, MSMs, IDUs)**
- **Large volume of out-migration from rural areas to high prevalence areas**
- **Higher HIV prevalence among antenatal attendees in rural than urban population**
- **Higher prevalence among pregnant women with migrant spouses**

Evidence on vulnerabilities among migrants highlighted by other behavioural studies and corridor studies further corroborate this possibility.

Under NACP III, the focus shifted from national and state level to the high burden districts in the country. These districts have been classified into four categories (A, B, C and D) based on the disease burden in the general population, and prevalence in HRG and vulnerable populations. The heterogeneity of the epidemic is shown in the distribution of A, B, C, D category of districts in different states of India.

(Please refer Figure 3 on the next page)

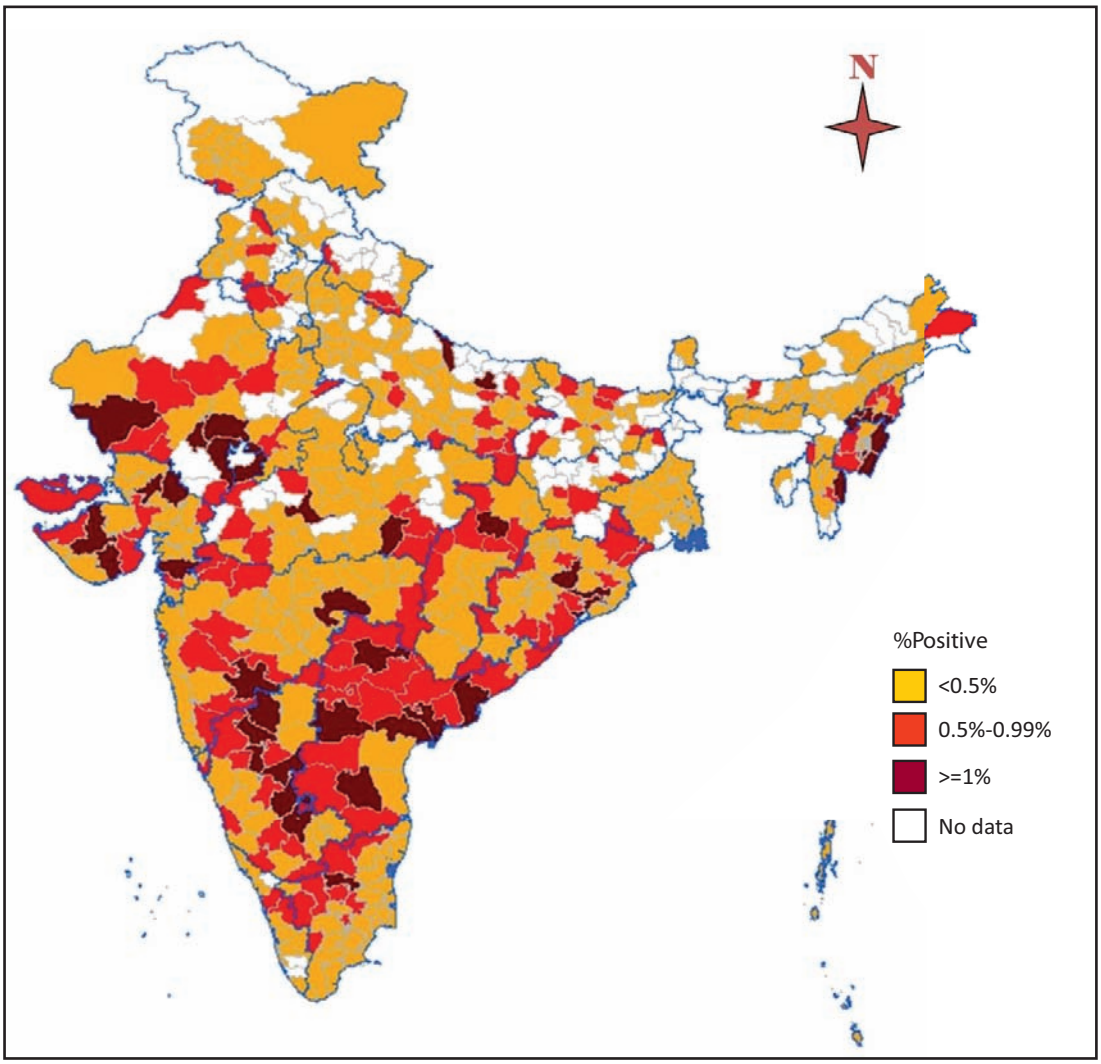


Figure 3: Geographical Scenario of the Epidemic in different parts of India

National HIV and AIDS Response in India

In India, after the first case of HIV was detected in Chennai in 1986, the virus spread rapidly across the nation in both urban and rural areas. Since then, the HIV epidemic spread rapidly in the six high prevalence states of Andhra Pradesh, Maharashtra, Manipur, Nagaland, Karnataka and Tamil Nadu.

The natural history of the HIV epidemic has played out in various forms - from the injecting drug use-driven epidemic of the North East seen in Manipur and Nagaland, to the sex work-driven epidemic in the south of India. To deal with the situation on handand to reach out to the communities at greatest risk, the Government of India took various concrete steps in the last two decades.

1985: The GOI constituted a taskforce to study the problem of HIV/AIDS in India.

1987: A National AIDS Control Programme formulated.

1991-1999: A comprehensive HIV/AIDS Control Project Phase I was launched during the VIIIth Five Year Plan with an outlay of USD 84 million with the IDA credit from the World Bank.

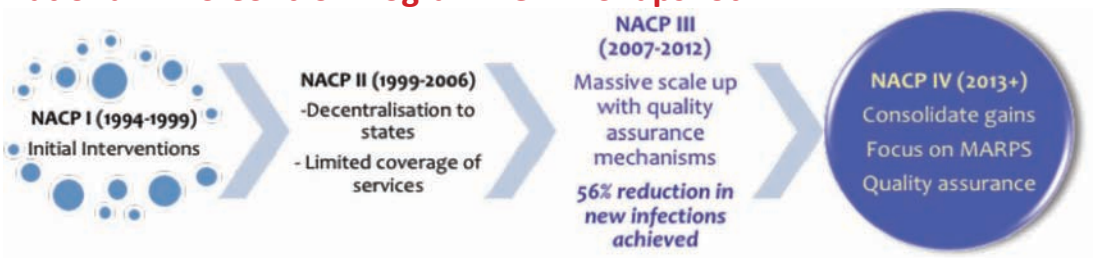
National AIDS Control Board (NACB) was constituted and an autonomous National AIDS Control Organization (NACO) was set up to implement the program in 1992.

1994-1999: NACP I was launched with the mandate of prevention of spread of HIV in the country.

1999-2006: NACP Phase II launched with an aim to reducethe spread of HIV infection in India and to strengthen India's capacity to respond to HIV epidemic on a long term basis.

2007-2012: NACP Phase III launched and implemented with an aim to halt and reverse the epidemic in India over the five years of implementation of the program. This was to be achieved by integrating programmes for prevention, care and support, and treatment, strengthening capacity and improving information management, and evidence. The level of effort envisaged under NACP III was five times more than the previous phase with specific targets set for each of the key interventions.

National AIDS Control Programme – A Snapshot

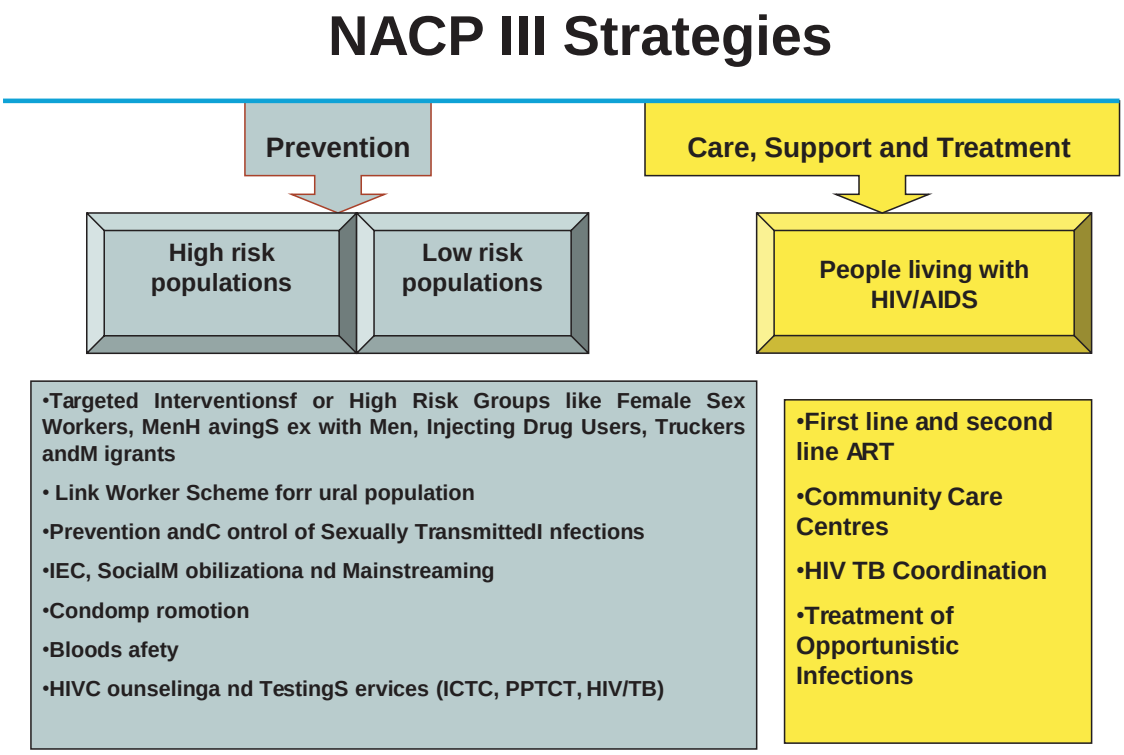


In response to the evolving epidemic, the third phase of the National Programme (NACP III) was launched in July 2007. The strategy and implementation plan was developed based on evidence, mathematical modeling, public and private sector consultations, efficient allocation of resources using package of services, participatory approaches, effective donor coordination, NGO and civil society engagement and special studies and assessments. It was a homegrown effort, yet of world class standards and was locally appropriate. The preparatory process was appraised and appreciated by a large multi-donor mission.

NACP-III aimed at halting and reversing the HIV epidemic in India over its five-year period by scaling up prevention efforts among High Risk Groups (HRG) and General Population and integrating them with Care, Support and Treatment services. Thus, Prevention and Care, Support and Treatment (CST) form the two key pillars of all the AIDS control efforts in India.

Strategic Information Management and institutional strengthening activities provided the required technical, managerial and administrative support for implementing the core activities under NACP-III at the national, state and district levels.

Package of Services Provided under NACP-III



Important strategic approaches adopted during NACP-III include:

1. Effective use of evidence for planning, prioritization and decision-making.
2. Designing interventions and systems to enable effective nation-wide scale-up of services.
3. Focus on quality.
4. Well laid out and standardized operational guidelines for every programme component covering all aspects of implementation.
5. Sixteen Thematic Technical Resource Groups comprising experts from diverse institutions and organizations advising the programme on policy decisions.
6. Maintaining a balance between focus on prevention and treatment.
7. Community involvement (HRG, PLHA) and Participatory approaches at all levels of programme planning, implementation and review.
8. Leveraging partnerships with civil society, development partners and private sector.
9. Mobilizing political will.

Key achievements during NACP-III:

1. **Targeted Interventions (TIs):** Mapping of High Risk Groups done across the country; TIs are NGO-based interventions to provide prevention services including Behavioural Change Communication, STI care, condom promotion and creating an enabling environment for the HRG. Around 1,821 TIs provide prevention services to around 81% of FSWs, 80% IDUs, 64% MSMs,40% Migrants and 57% Truckers.

Major Initiatives included:

a. Roll out of Revised Migrant Strategy with focus on service provision to migrants at source, transit and destination points covering 122 identified districts;

b. Contracting 62 Opioid Substitution Therapy (OST) centres after accreditation by the National Accreditation Board of Laboratories (NABH) and Piloting provision of Opioid Substitution Therapy (OST) in Public Health Care settings in Punjab;
c. Enhanced focus on quality of service delivery and reporting at TIs.

2. **Link Worker Scheme (LWS):** LWS is a rural-based intervention for prevention and care needs of HRGs and vulnerable population of rural areas including referral to ICTC services and STI services, condom promotion and distribution, information related to HIV prevention and related services. LWS is currently functional in 153 districts. The Scheme covered about 1,22,701 HRG, 8,99,130 Vulnerable Population and 34,033 PLHIV during 2011-12. Nearly 59% HRGs have been tested at ICTC and 58% have been referred to STI services under this intervention. This was done by establishing linkages with existing services. In order to create a sense of ownership in the community and involve the youth in fighting against HIV, 13,296 Red Ribbon Clubs and 21,170 Information Centres were established at the village level by March, 2012.

3. **STI/RTI services:** Provision of Sexually Transmitted Infections (STI) /Reproductive Tract Infections (RTI) services is aimed at preventing HIV transmission under the NACP III and Reproductive and Child Health (RCH II) programme of the National Rural Health Mission (NRHM). Enhanced Syndromic Case Management, with minimal laboratory tests, is the cornerstone of STI/RTI management under NACP III. Presently, Department of AIDS Control is supporting 1,112 designated STI/RTI clinics which are providing STI/RTI services based on the enhanced syndromic case management. 98.83 lakh STI/RTI patients were managed during 2011-12. Convergence strategy with National Rural Health Mission (NRHM) through standardized treatment protocols and common operational guidelines has also been developed.

4. **Information Education Communication:** A multi-media approach was adopted to reduce stigma and discrimination and to promote HIV/AIDS services. IEC has been a cross-cutting component of the NACP-III Project Implementation Plan (PIP). With the expansion of services for counseling and testing, ART, STI treatment and condom promotion, the demand generation campaigns for these services have been at the focus of the NACP-III communication activities. The 360 degree campaigns include messages through mass media, mid- media, outdoor and inter-personal communication channels. IEC and mainstreaming efforts have made a very significant contribution in keeping the HIV prevalence level low in the country. They are an extremely important link between various programme components and the target populations.

   Department of AIDS Control has been conducting regular thematic mass media campaigns on Television and Radio to cover issues of condom promotion, ICTC/PPTCT, STI treatment and services, stigma and discrimination, vulnerability of youth to HIV, ART, HIV-TB and blood safety. In addition, through mainstreaming with NYKS and other youth organizations, out-of-school youth have been reached. A large number of self-help groups, ASHAs, ANMs, Anganwadi Workers and PRI members have been trained/ sensitized on HIV/AIDS.

Major Initiatives included:

a. **Red Ribbon Express (RRE):** RREis the world's largest mass mobilization campaign on HIV/AIDS. It is a special exhibition train which travels across the country disseminating the messages on HIV/AIDS and general health in rural and remote areas of the country. Along with the train, special outreach programmes are organized in the villages through IEC exhibition vans and folk troupes. Department of AIDS Control has implemented two successful phases of the campaign and the third phase is currently being implemented. The first phase of the RRE was implemented during 2007–08. Thereafter, the second phase of RRE (2009-2010) was implemented in convergence with NRHM to disseminate messages on RCH, H1N1 and general health issues. The third phase of campaign was launched on 12th January, 2012 on the occasion of the "National Youth Day". Keeping in view the higher vulnerability of youth to HIV, the third phase focuses on the youth population of the country. A special coach has been designed to address youth specific issues in an interactive and youth friendly manner. The RRE has reached out to people in rural and remote areas and has also been successful in generating political support and will, across the parties, for HIV/AIDS programme. The coverage of the three phases of RRE is given in Table-1.

Table-1. Coverage during three phases of Red Ribbon Express

Activity	RRE –I	RRE-II	RRE- III Ongoing (Till 31st March 2012)
States reached	24	22	6
Halt stations	180	152	37
People reached directly	62 lakh	80 lakh	12,58,448
District Resource Persons trained	68,000	81,000	19,141
People tested for HIV	Service not provided	36,000	20,687
General Health Check-ups	Service not provided	28,000	8,640

Achievements of NACP III at a Glance:

Prevention

- Substantial scale-up for coverage of FSW, MSM and IDU through TIs.
- 70% of long distance truckers and 45% of high-risk migrants covered.
- Counseling and Testing services scaled up and 74% of the 22 million program target achieved.
- Nearly 15 million episodes of STI have been managed in partnership with NRHM.
- IEC has been scaled up through mass-media, mid-media and interpersonal communication channels.
- Nearly five billion condoms distributed/sold.
- Supply of safe blood ensured in nearly all districts of India.

Care, Support and Treatment

- Scale up of ART - nearly 400,000 PLHA on ART.
- Second line ART treatment initiated.
- Collaboration with RNTCP well established to address HIV /TB co-infections.

Capacity Building

- NACP III Implementation structures and capacities strengthened.
- Training has been provided to the large number of personnel/ institutions involved in service delivery.

SIMS

- Strategic Information Management System (SIMS) rollout started.
- Facilitated operational research.
- Program data effectively used for triangulation and planning.

The Need for a Multi-sectoral Response

HIV/AIDS epidemic if not checked in time,could have a profound impact on a country's development, economy and could lead to the destroying of the social fabric including the family safety net. The mammoth scale of the problem is beyond the reach of the health sector alone and there is an urgent need for multi-sectoral response to stabilizing the epidemic and its negative impact on the social and economic fabric of thecountry.

Given this compelling challenge, Department of AIDS Control andUNDP conducted a study in India to understand the social and economic impact of HIV. It was carried out in the six high-prevalence states[2] and examined the micro level impact of HIV/AIDS on households and the macro-level impact on sectors and economic growth[3].

Department of AIDS Control-UNDP Study 2006 Highlights:

- Increase in household spending:10% increase on health expenditure by HIV household will reduce their expenditure on education and consumption.
- Increase in health spending: 5% increase in government health spending on HIV will result in 0.67% decline in government savings and 1.16% in investment.
- Decrease in household income : Illness within the HIV household results in loss of income. 66.25% income lost when PLHIV workers were not working and 9.24% lost due to leave/absence from work.
- Unemployment: Unemployment within the HIV households increased from 3.6% to 9.8% - own illness most important reason. In the 15-60 age group, the workforce participation rate for PLHIV workers was 70.21% in comparison to 51.06% for non-HIV households.
- Borrowings increase: 46% of HIV households borrowed compared to 27% of non-HIV households.

This study firms up the argument for a multi-sectoral response to managing the epidemic and its impact. The needs in the context of HIV and AIDS are varied and complex and the above quoted study indicates that it is much beyond being a health issue.

The major challenges include: Reducing the economic impact on household and individuals by ensuring livelihood opportunities, improving access to social protection services, preventing the debt trap and improving access to legal protection services for those infected or affected by HIV.

[2]Six high prevalent states – Manipur, Nagaland, Maharashtra, Andhra Pradesh Tamil Nadu and Karnataka. The HIV prevalence (in 2006) in these states was more than 1% among the general population and more than 5% among the High Risk Groups.
[3]Socio-economic impact of HIV/AIDS in India, UNDP, 2006

As seen in the previous section of this document, through the NACP,improved access to treatment services are helping infected individuals to stay healthy and live longer. But at the same time, due to the stigma and the negative attitude prevailing in the society, many of them do not have access to sustained livelihood options, access to basic rights and improved quality of life. The Department of AIDS Control with its limited resources and reach is not in a position to expand its impact particularly focusing on improving livelihood and access to other safety nets. This requires a multi-pronged, multi-sectoral response which will ensure better use of available resources for risk reduction and impact mitigation of HIV and reducing HIV related stigma.

The epidemic pattern in the country firmly establishes the need for an expanded and broad-based response mechanism to lessen its devastating impact on virtually every sector of society.

- As per the HIV Sentinel Surveillance (HSS) 2011 report, 86% of those infected are in the age group of 15 to 49 years. This is the most productive age group and one's HIV status affects her/his opportunity for employment and sustained livelihood options. This calls for appropriate policies and actions in the world of work so that these people are not thrown out of their jobs. Those who require employment or livelihood options should have the opportunity and choices.

The operational definition of mainstreaming used by NACO "Integrated, inclusive and multi-sectoral approach [that] transfers the ownership of HIV/AIDS issues – including its direct and indirect causes, impact and response to various stakeholders, including the government, the corporate sector and civil society organizations".

- The HSS also found that, of all HIV infections in the country 39% are among women. The negative impact of HIV among women is much more acute as compared to men and this has been exacerbated given their role in society and their biological vulnerability to HIV. Very often, HIV infected women end up caring for their infected husband and do not have any care and support for themselves. Thus, there is a need to protect their rights (education, property), improve their access to care, treatment and nutritional support, access to safety net and social protection. This requires a close collaboration with sectors and ministries that work with and for disadvantaged women.

- The latest findings from HSS 2011 show that there is higher Antenatal Clinic (ANC) prevalence (Women tested for HIV in select ANC clinics) in rural areas than urban areas. The rural epidemic in the country is growing and therefore the need for collaboration between sectors, structures and systems that deal with rural development and their increased involvement in risk reduction and impact mitigation of the epidemic.

The 12th Five Year Plan in India calls for faster, sustainable and inclusive growth and this can be made possible only with integration and multi-sectoral response. There is a need to make appropriate and optimum use of resources and creatively avoid all forms of duplication and wastage.

The National response to HIV and AIDS cannot be seen in isolation and as a vertical, stand-alone effort. As the Prime Minister Dr. Manmohan Singh rightly stated."the National AIDS Control Programme must move out of the narrow confines of the health department and become an integral part of all government departments and programmes to create a national response, which alone can help reverse the epidemic". This clarion call will also help to further every ministry's mandate for nation building – by creating the right environment in the country for development.

Mainstreaming and Partnership – Strategic Approach

HIV is different from other diseases, given the nature of quick and silent spread in population groups and itssocio-economic impact beyond the sphere of health. This requires a different approach, response design, including planning, costing and budgeting. Traditional epidemic control techniques such as - compulsory testing, disinfection, quarantine and confinement, notification and criminalization of some activities by those infected (i.e. food preparation, using public transport etc.) may have been appropriate for the management of Measles, Typhoid and Tuberculosis, but are not appropriate or effective in managing HIV. Though HIV is preventable, currently there is no cure for it. It can be best described as "a chronic manageable condition". In this scenario, mainstreaming and partnership for risk reduction, social protection, access to service and stigma reduction, become key policy tools to help communities become resilient and cope better.

Mainstreaming and Partnerships in NACP III

During the course of NACP III implementation, a separate mainstreaming cell was established in Department of AIDS Control which anchored its efforts in mainstreamingHIV across the government, private and civil society sectors at the national, state and district levels. The team also provided technical support to the Ministries of Rural Development, Panchayati Raj, Tourism, Home Affairs, Urban Development and Tribal Affairs at the Centre[4]. A geographical approach was applied to the response to ensure proximity and focused effort in the most affected areas, as well as to harmonize national and local policies.

Strategy Adopted for Mainstreaming HIV during NACP III:

- Strengthening government's response to HIV through integrating HIV in the ongoing activities of all its Departments;
- Involvement of public and private sectors in HIV programmes through workplace policy and workplace intervention on HIV;
- Involvement of Civil Society Organizations for greater coverage of HIV programme ensuring community ownership;
- Capacity building of People living with HIV and facilitating access to social and legal protection through amendment of government schemes/ policies in the best interest of PLHIV.

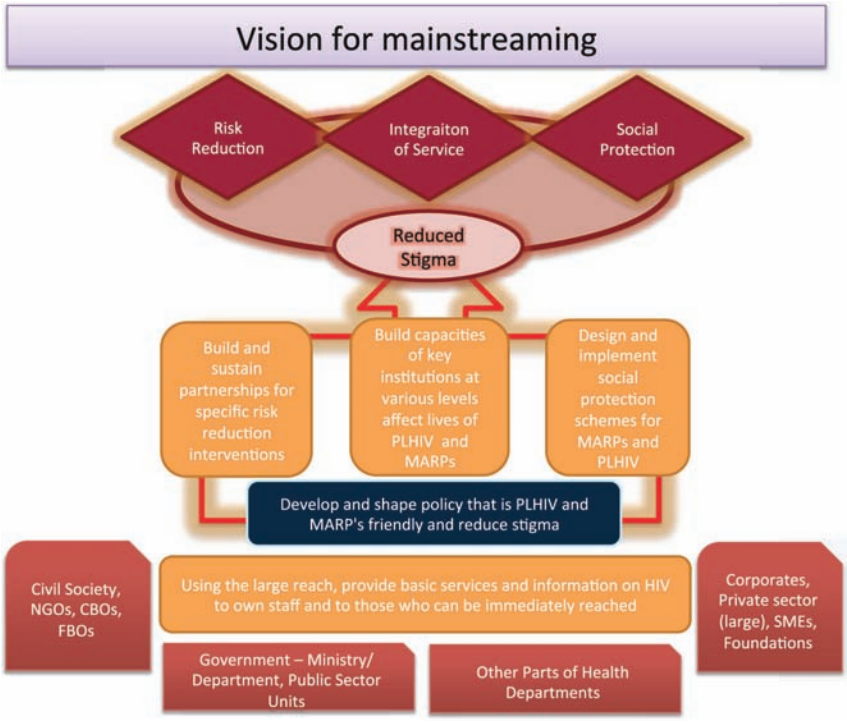
The Road Map for Mainstreaming – Way Ahead

As the next phase of the NACP rolls out, mainstreaming and social protection continue to be key elements in the programme design risk reduction and mitigate the impact of HIV among infected and affected communities.

Vision for Mainstreaming

Harmonized and coordinated multi-sectoral national response to achieve NACP goal of accelerating reversal and integrating response.

[4]Following NCA's meeting on 16th February 2006, a committee consisting 16 Ministries has been constituted. These Ministries are those, which reach out to large volumes of population including those that are most vulnerable to HIV and thus need to address HIV urgently.



Objectives and Strategies:

a) Synergies and coordinated efforts across different players to optimize resource utilization and maximize impact
b) Build capacities of key institutions at various levels which can affect lives of PLHIVs and MARPs
c) Provision of key HIV services, using existing and large reach to immediate staff and others in contact
d) Modification of policies, programmes and social protection schemes as appropriate to support needs of PLHIV and MARPs
e) Creation of an enabled environment through policies, programmeand communication

Expected outcomes

- **Enhanced reach and coverage of MARPs** and people more vulnerable to HIV
- **Expansion of health services-** There is vast health infrastructure and resources available with other ministries, which can be utilized to contribute to NACP. (improved access to larger population
- **Provision of appropriate social protection** schemes, by largely modifying existing schemes to make them more PLHIV and MARP friendly.
- **An enabled environment** where the legal, policy and living environments are conducive for the PLHIV and MARP groups to access services.
- Reduction/ elimination of stigma and discrimination faced by PLHIV and MARPS at family, community and services level.

The perspective of Department of AIDS Control behind mainstreaming HIV is based on addressing deprivations rooted in socio-economic imbalances that 'drive' the epidemic, such as poverty, gender inequality, the lack of adequate housing and sanitation and food insecurity; whilst working with bio-medical interventions like prevention and care in order to create long lasting and sustainable responses

Multi-sectoral responses, or 'integrated responses', to HIV interventions worldwide are proving to be a more effective way in dealing with susceptibility to HIV infection, as well as mitigating the burden of the disease on affected communities[5]. As articulated in various working groups consultations for planning of fourth phase(NACP IV) mainstreaming HIV is premised on six guiding principles. These include mainstreaming HIV within existing institutional structures, distinguishing mainstreaming efforts as both internal and external domains, identifying 'entry points' in sectoral activities where HIV can be targeted and encouraging partnerships with civil society groups as well as community .

[5]UNAIDS/GTZ 2002

Achievements of Multi-sectoral Response

Mainstreaming efforts within NACP focused on achieving its objectives through collaborative efforts with ministries. The approach was more on how the epidemic could likely affect the goals, objectives and programmes of the sectors these ministries represent and respond accordingly. It involved addressing HIV both within the organization and as part of its field level activities. Several initiatives were taken up by the different Ministries and organizations witch has been summarized in this chapter. Keeping in view the larger objectives of mainstreaming: risk reduction, improved access to services, social protection and stigma reduction, this chapter is organized into six larger themes around these four objectives. Information given in this chapter is mostly compiled from websites, reports and publications of various Ministries as well as data reported to Department of AIDS Control from SACS.

A) Partnership for mitigating the impact of HIV and AIDS by improving access to social and legal protection for communities infected or affected by HIV

HIV and AIDS can push people and households into poverty, in part by reducing household labour capacity and by increasing medical expenses. In some cases, HIV-related stigma and discrimination marginalises people living with HIV (PLHIV) and households affected by the disease and exclude them from essential services. The humanitarian case for taking action to prevent the spread of HIV and AIDS is in itself a compelling one. The impact is felt on income, employment, consumption expenditure (especially nutrition, education and health care) and savings. The poor households and particularly female members are more vulnerable than the male members of the households.

Therefore, partnership for mitigating the impact is important as provision of social and legal protection to communities infected and affected by HIV. Social and legal protection is a mix of policies and programmes that meet the needs and uphold the rights of the most vulnerable and the excluded. In its comprehensive form, social and legal protection measures include access to rights and entitlements which may be in the areas of nutrition, health care, safe shelter, health insurance, legal aid, travel support and so on.

In the HIV context, social and legal protection reduces the possibility of an individual becoming infected with HIV, the likely damage HIV can wreak on individuals, households and communities and enhances the efforts to expand universal access to the most hard to reach. Social protection measures become HIV sensitive when they are inclusive of people who are either at risk of HIV infection or susceptible to the consequences of HIV and AIDS. In the light of the strategic importance of social protection to mitigate the impact on people living with HIV as well as to reduce the vulnerabilities of people to infection, Department of AIDS Control works closely with government departments to identify and advocate for amendment/ adaptation of policies and schemes for social and legal protection of marginalized groups. The Ministries considered most pertinent in this regard are the following:

- **Ministry of Panchayati Raj**
- **Ministry of Rural Development**
- **Ministry of Tribal Affairs**
- **Ministry of Social Justice & Empowerment**
- **Ministry of Woman & Child Development**
- **Ministry of Housing & Urban Poverty Alleviation**
- **Ministry of Law & Justice**

a. Ministry of Panchayati Raj

Since its inception in 2004, the Ministry of Panchayati Raj is steering efforts towards three broad areas of Local Self Governance: Empowerment, Enablement and Accountability. It is playing a lead role in building/strengthening institutions, systems, processes etc. so as to ensure efficiency, transparency and accountability in the Panchayats.

Panchayats as the third tier of power in the country have been playing a critical role in the development of rural areas. Collaboration with Panchayats in this context becomes very crucial for Department of AIDS Control to scale up prevention and care activities to the rural areas. Ministry of Panchayati Raj has been collaborating with the Department in mainstreaming HIV within the Panchayati Raj agenda.

Mainstreaming effort with Ministry has resulted in issuance of directive by ministry to include two and half hour session on HIV during regular PRI training. As a result, total of 45,943 Panchayati Raj Institution (PRI) members have been trained since 2009 through the State Institutes of Rural Developments (SIRD) in several statea.

A National Campaign on HIV/AIDS Preventions, Care and Support by PRIs was launched by the Ministry of Panchayati Raj on 28th November 2007, which set on track certain initiatives. These include: publication of an information booklet on HIV/AIDS titled Gram Sandesh and guidelines on HIV response within Panchayats titledMahila EvanYuva Shakti Abhiyan. A Short film on how Panchayati Raj Institutions can address prevention, care and support of HIV/AIDS at village level has also been produced.

b. Ministry of Rural Development

Ministry of Rural Development (MoRD) acts as a catalyst effecting the change in rural areas through the implementation of wide spectrum of programmes which are aimed at poverty alleviation, employment generation, infrastructure development and social security. Ministry's main objective is to alleviate rural poverty and ensure improved quality of life for the rural population especially those below the poverty line. These objectives are achieved through formulation, development and implementation of policies and programmes.

Given the need to reach out to high risk groups and most at risk population in rural areas,the schemes and programme of this ministry at national and state level have been recognized as important platform for HIV prevention and linking with care and treatment services and providing social protection to infected and affected persons living in the rural areas. Following are some of the activities already undertaken in collaboration with MoRD.

Capacity building

- Sensitization workshops on HIV/AIDS had been organized for the officials of MoRD. Village level training manual for the benefit of swarojgaris, named 'Our Health in Our Hands' which includes a chapter on HIV/AIDS. This Manual was then distributed to the DRDAs of all the States.
- On January 28-29, 2008 National Conference of Project Directors of DRDA was held at Vigyan Bhawan. 611 Project Directors were oriented on HIV/ AIDS at the conference.
- During NACP III (2007- 2012), about 4 lakhs SHG members have been trained on HIV in the states of Andhra Pradesh, Tamil Nadu and Maharashtra to increase awareness, address stigma & discrimination against PLHIV and empower women to protect themselves.
- 2 ½ hours session incorporated in major trainings by SIRD, which is nodal agency of training of panchayat members

Facilitating social protection

- For reaching rural men and women in unorganized sector through livelihood options, a pilot for building capacity of Rozgaar Sahayaks at NREGA worksites has been implemented in Chhattisgarh and Rajasthan .
- SARAS Melas, organized both at Central and State level to promote the products of Self Help Groups (SHGs) are utilized as platform to make rural population and other visitors aware on HIV/AIDS and also market the products made by PLHIV.

c. Ministry of Tribal Affairs

The Ministry of Tribal Affairs is the nodal Ministry for the overall policy, planning and coordination of programmes for development of Scheduled Tribes. The Ministry of Tribal affairs is providing focused attention on the integrated socio-economic development of the Scheduled Tribes (ST). To this end, the Ministry of Tribal Affairs undertakes activities such as – social security and social insurance to the Scheduled Tribes, Tribal welfare planning, project formulation, research, evaluation, statistics and training. promotion and development of voluntary efforts on tribal welfare etc.

Tribal population has been one of the priority Group under NACP due to low awareness, remote location and poor access to health services, high migration, poor health seeking behaviour in most of the states. Accordingly, Department of AIDS Control jointly with Ministry of Tribal Affairs designed Tribal Action Plan (TAP) and operational guidelines for Tribal Action Plan to improve the access of tribal people to information, prevention and comprehensive care and support under NACP-III. Tribal action plan was rolled in 65 ITDAs out of total 192 ITDP areas falling in high prevalence districts. An amount of Rs. 5 lakh per ITDP has been allocated for IEC activities and for training grass root health functionaries.

Under TAP the state level workshop held for participative planning and key participants included TDD officers, TRI officers, NGOs working on Tribal issues, Ashram Shala Officers, DAPCU officers & SACS officers. Training of trainers were done to create a pool for capacity building of all personnel involved in tribal development in most of the states. Other major activities included capacity building, ITDP areas, Staff of Ashram Schools and tribal community leaders, Preparation of IEC and learning material in tribal language and folk programmes in remote areas.NACP aimed to improve the access of HIV/AIDS services in tribal areas through building the capacity of Traditional healers and non-qualified private practitioners on syndromic management and reimburse cost of travel to ART centre and incidental expenses for the attendee and a companion.

d. Ministry of Social Justice and Empowerment

Ministry of Social Justice and Empowerment (MoSJE) works towards achieving equitable treatment to such sections of society who have suffered social inequalities, exploitation, discrimination and injustice. It is the nodal ministry for the empowerment of the disadvantaged and marginalized sections of the society. Ministry plays a catalyst role in promoting voluntary action, formulating and implementing the policies to reach the marginalized communities. All the programmes are meant to prevent neglect, abuse and exploitation and provide assistance and mainstream those deprived of their rights. The Ministry has been implementing various programmes/schemes for social, educational and economic development of the target groups. Department of AIDS Control has been collaborating withMoSJE for developing policies and programs primarily for risk reduction and improving access to social protection. Following are some of the activities where joint action has happened.

- Working together to develop a Policy on Prevention of Alcoholism and Substance Use and Rehabilitation
- The ministry is providing detoxification and rehabilitation for the Injecting drug users through NGOs contracted to run the Integrated Rehabilitation Centres for Addicts (IRCA) spread across the country.
- Ministry is making efforts to improve evidence and information on the extent, pattern and trends of drug abuse in the country. A pilot survey with the help of NSSO was already carried out and similar studies are being planned with the guidance of a technical committee and Department of AIDS Control representative is part of the coordination committee for the study.

e. Ministry of Woman and Child Development

Ministry of Woman and Child Development is the nodal ministry for development and empowerment of Women and Children. Its vision for Women is “Promoting social and economic empowerment of women through cross-cutting policies and programmes, mainstreaming gender concerns, creating awareness about their rights and facilitating institutional and legislative support for ensuring access to their rights and develop to their full potential. Its mission for Children is “ Ensuring development, care and protection of children through cross-cutting policies and programmes, spreading awareness

about their rights and facilitating access to learning, nutrition, institutional and legislative support for enabling them to grow and develop to their full potential.

Ministry of Women and Child Developmenthas taken up number of initiatives for prevention of HIV infection among women and providing the support to children infected and affected by HIV and AIDS. These steps are related to policy measures, capacity building and social protection of women and children:

- A National Policy on Children and AIDS in India has been prepared by the Ministry and provision of services for 'children affected by HIV/AIDS' has been incorporated in the Integrated Child Protection Scheme (ICPS)' .
- Integration ofinformation on Prevention of Parent to Child Transmission (PPTCT) in all training programmes for CDPOs, Supervisors, Anganwadi workers and has been mainstreamed in the training curriculum by the National Institute of Public Cooperation and Child Development (NIPCCD).
- A training of trainer module has been developed for reaching out to Self help groups titled, "Shaping Our Lives: Learning to Live Safe and Healthy'. The module has been developed in English, Hindi, and also been translated in Bengali, Malayalam, Marathi, Kannada, Telugu and Gujarati. Approximately 1.5 lakh frontline workers including AWW were trained in FY 2011-12. Approximately 30,000 AWW have trained in current FY 2012-13. At least one batch of AWWs is trained in all halt station of third phase of Red Ribbon Express , which is a train being run across the country with HIV and health information and basic services.
- Towards improving the access to social protection women and children, four states (Gujarat, Tamil Nadu, Rajasthan and Orissa) have extended nutritional supplements for children and women living with HIV included under ICDS.

f. Ministry of Housing and Urban Poverty Alleviation

The Ministry of Housing and Urban Poverty Alleviation (MoHUPA) is the apex authority of Government of India at the national level to formulate policies, sponsor and support programme, coordinate the activities of various Central Ministries, State Governments and other nodal authorities and monitor the programmes concerning all the issues of urban employment, poverty and housing in the country.

Urban areas which are the driving force behind economies also tend to provide conditions favourable for spread of infections including HIV. Urbanization is fuelled by rapid migration which has been clearly identified as driver of the epidemic. There has been linkages between HIV and urban life characterized by large migratory population, clustered housing in slums and poor sanitary conditions which provide heightened vulnerability to HIV.

High population density, presence of transportation hubs and the existence of concentrated groups of vulnerable persons such as (IDUs, Sex workers, Truckers, Men who have sex with Men) provides conditions of heightened vulnerability to STI and HIV.In collaboration with Department of AIDS Control, Ministry has taken certain initial steps which are summarized below:

- Sensitization program on HIV and AIDS has been done for officials from the Ministry, 14 mayors, 7 deputy mayors, municipal commissioners, president, chief officers and president of the standing committee and other stakeholders three times.
- A special session on HIV and AIDS was facilitated at National Mayors' Conference on Urban Poverty Alleviation.
- An interactive HIV and AIDS corner has been designed and made available on the official web site of MoHUPA.
- A short 15 Minute film has been produced highlighting the correlation of urban life with HIV/AIDS and how urban local bodies can address the prevention, care and support elements at their level.
- A National Convention on HIV and AIDS for Parliamentarians, Zila Parishad Chairpersons and Mayors held on 4th and 5th July 2011 was attended by more than 100 mayors
- A draft TOT module on HIV and AIDS has been prepared for sensitization of Mayors and Urban Local Body Officials.

g. Ministry of Law and Justice

Ministry of Law and Justice (MoLJ) comprises of the Legislative Department and the Department of Legal Affairs. The Department of Legal Affairs is concerned with advising the various Ministries of the Central Government while the Legislative Department is concerned with drafting of principal legislation for the Central Government.

The Legislative Department is concerned with drafting of all principal legislation for the Central Government viz, Bills to be introduced in Parliament, Ordinances to be promulgated by the President. It also covers "Legal Aid To Poor" as per Article 39A of the Constitution of India, which provides for free legal aid to the poor and weaker sections of the society and ensures justice for all.

The National Legal Services Authority (NALSA) has been constituted under the Legal Services Authorities Act, 1987 to monitor and evaluate implementation of legal aid programmes and to lay down policies and principles for making legal services available under the Act. NALSA issues guidelines for the State Legal Services Authorities to implement the Legal Aid Programmes and schemes throughout the country.MoLJ has been involved with the National AIDS Control Program particularly facilitating access to legal protection for HIV infected and affected population. Following is a summary of some of the activities and achievements.

- National Legal Services Authority (NALSA) in partnership with UNODC ROSA organized a Colloquium on Justice Delivery in Human Trafficking Crimes for Judicial Officers, Prosecutors and Police Officers in 2008 in Vigyan Bhawan, New Delhi.
- Judicial Colloquium on "Human Rights, with special reference to HIV/AIDS & the Law" was organized by Human Rights Law Network in association with the Goa State Legal Services Authority at the International Centre, Goa in 2009
- LACs are established to address the grievances of women with regard to the legal issues. TNSACS partnered with State Legal Services Authority (TNSLSA) to implement the programme. LACs are being implemented in 16 districts viz. Namakkal, Dindigul, Madurai, Cuddalore, Tirunelveli, Villupuram, Chennai, Trichy, Dharmapuri, Krishnagiri, Salem, Theni, Thiruppur, Karur, Tuticorin and Kanyakumary. Process is on to establish LACs in the remaining districts to cover the entire state. Similar models are also in place in the state of Andhra Pradesh, Kerala, Karnataka and Madhya Pradesh.
- In February 2011, NALSA partnered with UNDP and organized the first National Seminar on Transgender and the Law
- In October 2012, NALSA has filed a PIL in the Supreme Court of India on issues of transgender person's rights, social protection and legal identity.

B) Partnerships to address Sexual &Reproductive Health issues and HIV among Adolescents & Youth

HIV prevalence among the young population (15-24 yrs) at national level is estimated at 0.11%. Unlike in adult HIV prevalence where the prevalence level among males is around 1.5 times more than among females, in young population, HIV prevalence is equal among men and women at 0.11%[6]. This highlights the need for a gender balanced approach while planning the interventions among the adolescents and youth.

In India, people in the age group of 15-29 years comprise almost 25 per cent of the country's total population. However, they account for 31 per cent of AIDS burden. It is estimated that over 35 percent of all reported HIV incidences in India occur among young people 15-24 years of age[7].Lack of access to correct information[8], tendency to experiment and an environment in which sexuality is a taboo adds to the increased vulnerability of young people.

Most young people become sexually active during adolescence. In the absence of right guidance and information at this stage they are more likely to have multi-partner unprotected sex with high risk groups. Particularly vulnerable are impoverished, unemployed, under-employed, mobile/migrant

[6]HSS NACO, 2011
[7]www.unaids.org.in
[8]Almost 73 per cent of young people have misconceptions about modes of HIV transmission (BSS 2006)

youth, adolescent girls/boys in sex work, young injecting drug users and street children as they are exposed to high risk behaviour that increase their vulnerability to HIV. Offering young people high-quality reproductive health services and ensuring that they have sound knowledge of sexually transmitted infections, will empower them in their choices and behaviours. Making such services and knowledge available early, particularly for girls, will contribute to the prevention of HIV.

Given this heightened risk of HIV among adolescents and the young people, efforts are made to comprehensively address their risk and provide appropriate information and services. The scale is huge and the requirements are high and there is a need for a quick and comprehensive response. Department of AIDS Control with its limited reach in the world of adolescent and young people require support of Ministries and organizations already actively working in these groups. Partnership for addressing the issues of HIV and SRH(Sexual &Reproductive Health) is proposed with the following Ministries:

- Ministry of Human Resource Development
- Ministry of Health & Family Welfare
- Ministry of Youth Affairs & Sports

a. Ministry of Human Resource Development

Ministry of Human Resource Development (MoHRD) is responsible for formulating the National Policy on Education and works towards the goal of nation building through planned development, including expanding access and improving quality of the educational institutions throughout the country.

Department of School Education and Literacy within the ministry is responsible for "universalization of education" and providing free and compulsory education, a right of every child, in the age group 6-14 years. TheRashtriyaMadhyamikShikshaAbhiyan has been introduced as a step to universalize secondary education in the country. It has following domains of elementary education, secondary education, adult education, vocational education and teacher education. Ministry has been involved with Department of AIDS Control through the Adolescent Education Program (AEP) for risk reduction among youth.

The Adolescent Education Programme was one of the key policy initiatives of NACP. Ministry of HRD and Department of AIDS Control collaborated to develop this school-based programme that was to be implemented across 144,409 secondary and senior secondary schools in the country. The objective was to reach out to about 33 million students across India. Under the programme, teachers and peer educators are trained, who in turn, conduct the programme amongst the student community. The programme has covered 50,570 schools so far. They have been provided reference material, which has been developed by Department of AIDS Control in collaboration with Ministry of HRD and vetted by NCERT.

b. Ministry of Health & Family Welfare

Within the framework set by the National Health Policy of 2002 and the priorities set in the successive Five Year Plans, implementation of various policies and programmes are taken up by the Ministry of Health and Family Welfare (MoHFW). The responsibility for the delivery of health care largely rests with the State Governments. Government of India plays a guiding and supportive role to strengthen the efforts of the State Governments through the MoHFW.

The Ministry of Health and Family Welfare comprises the following departments, each of which is headed by a Secretary to the government of India:-

- Department of Health & Family Welfare
- Department of Ayush
- Department of Health Research
- Department of AIDS Control

The National Rural Health Mission (NRHM), the flagship programme of the Ministry was launched in 2005 to provide accessible, affordable and accountable quality health services even to the poorest households in the remotest areas. The focus is on strengthening public health systems and reducing overall morbidity and mortality. This also includeestablishing a fully functional community owned, decentralized health delivery system with flexibility for need based planning and enhanced absorption capacity of funds.

One of the key components under the NRHM is the Adolescent Reproductive and Sexual Health (ARSH)

programme. Through ARSH steps are being taken to ensure improved service delivery for adolescents that include preventive, promotive, curative and counseling services. Further, a new scheme has been rolled out in 2011 for the promotion of menstrual hygiene among adolescent girls in the age group of 10-19 years in rural areas of 152 districts.

Department of AIDS Control which is one of the key departments within the Ministry is carrying out the mandate of AIDS prevention and control. Efforts have been made to integrate several of the services – particularly the treatment services of the National AIDS Control Program within the larger health care facilities of the health department. One of the core areas for collaboration is the Adolescent Reproductive and Sexual Health (ARSH) training of the Department of Health. Within the ARSH module, a chapter on HIV has been introduced and strong focus on reproductive and sexual health of the adolescent contributes to risk reduction in this group.

c. Ministry of Youth Affairs & Sports

The Ministry aims at optimally utilizing the creative energies of Youth by involving them in various nation-building activities. Ministry of Youth Affairs & Sports acts as a facilitator and catalytic agent to link themto other Ministries/Departments like Education, Employment and Training, Health and Family Welfare etc through structures of NSS and NYK.

Currently, NSS has more than 3.2 million student volunteers on its roll spread over 298 Universities and 42 (+2) Senior Secondary Councils and Directorate of Vocational Education all over the country. From its inception, more than 3.75 crores students from Universities, Colleges and Institutions of higher learning have benefited from the NSS activities. Nehru Yuva Kendra Sangathan (NYKS) aims to channelize the power of youth who are in the age group of 13-35 years on the principles of voluntarism, self-help and community participation. It has established a network of youth clubs in villages, where Nehru Yuva Kendras have been set up. NYKS was engaged to identify and harness youth power by forming Youth Clubs at the village level to involve them in nation building activities. The core strength of NYKS lies in its network of youth clubs. Youth Clubs are village based organizations working for community development and youth empowerment.

Department of AIDS Control has been working with both NSS and NYKS in several of its risk reduction programmes and activities. NYKS has been associated in voluntary blood donation programmes. They have been also involved as volunteers for Link Workers scheme as well as for the Red Ribbon Express in phases I,II,III. As on date, 12,890 Red Ribbon clubs have been constituted and are functional in colleges and NSS has been involved in setting up these clubs in most of the colleges.

C) Partnership for reducing the vulnerability and impact of HIV and AIDS among uniformed personnel

Spread of HIV among uniformed personnel particularly in the military services would have disastrous consequences on the external and internally security of any country. There are several factors increasing the vulnerability of uniformed personnel to HIV. Uniformed personnel all over the world are more vulnerable to HIV because of their age, because of the fact that they are staying away from their families for long durations and lastly because they are mobile and continually exposed to emotionally and physically stressful situations with low access to health services .

The category of uniformed personnel in Indian context would include

- Uniformed personnel in Military services
- Uniformed personnel in Paramilitary forces
- Unformed personnel in Police
- Uniformed personnel for Railway Protection Forces

While there is reported high risk behaviour and vulnerability within uniformed personnel, there is also a unique opportunity for reaching with HIV messages to a captive audience, given the hierarchical setting and disciplined lifestyles. The safety of personnel involved in the security of the country and its people is of great importance and cannot be compromised. Thus there has been number of initiatives undertaken by Ministry of Defense, Ministry of Home Affair and Ministry of Railways for HIV prevention and care.

a. Ministry of Home Affairs

The Ministry of Home Affairs (MHA) discharges multifarious functions, important among them being the maintenance of Internal Security. Though according to the Constitution of India, 'public order' and 'police' are the responsibilities of States, Article 355 of the Constitution enjoins the Union to protect every State against external aggression and internal disturbance and to ensure that the governance of every State is carried out in accordance with the provisions of the Constitution.

MHA has drawn an action plan for prevention of HIV/AIDS among the Central Armed Police Force's personnel and their family members. Central Armed Police Forces include seven forces under its wings. These are Assam Rifles, Border Security Forces, Central Industrial Security Forces , Indo- Tibetian BorderPolice, National Security Guard, **Sashastra Seema Bal or SSB** (Meaning: Armed Border Force)

Under the action plan following steps are being undertaken by CAPFs for prevention of HIV/AIDS:

a. Various programmes / measures are being adopted regularly and periodically in all CAPFs to create awareness among CAPFs personnel and their families. Pamphlets, leaflets and booklets on HIV and AIDS have been published to be given to the personnel and their families. Regular trainings are being given to the troops, family members through welfare centres and inclusion of HIV and AIDS in the basic training syllabus of CT/SO/Officers.

b. Within the 8 CAPF Common Training Centres (CTC), several training are conducted for prevention and awareness creation on HIV. Advance /special training is given to the doctors on management / treatment of HIV/ AIDS. Counselor are trained to impart training in HIV counseling to Staff nurses / Para medical staff & Pharmacists. 180 ICTC centers with RDK facilities in CAPFs.

c. Treatment and other services: Currently 40 centers with Elisa Reader facilities, 38 Composite Hospitals, linkages with ICTC centers located through out country for diagnostic and counseling purpose, link to the ART Centres for treatment access has been established. Internally 4 ART (Anti Retroviral Treatment) Centers have been established to provide treatment and follow up treatment to HIV/AIDS cases. Close to 1262 condom vending machines have also been installed in various CAPFs locations.

b. Ministry of Defence

Ministry of Defence is entrusted with the national responsibility of the defence of the Country. The Armed Forces Medical Services (AFMS), consisting of the Army Medical Corps (AMC), the Army Dental Corps (ADC) and the Military Nursing Services (MNS) provide comprehensive health care to the serving Armed Forces personnel, their families and dependents. In addition, Ex-Servicemen and their families are also entitled to free treatment from Services sources as per rules and so are the Para Military Organizations like Assam Rifles, Rashtriya Rifles, Coast Guard as well as the DRDO and Border Road Organization personnel, while posted in the field. Armed Forces Medical Services are also activated in aid to civil authorities during epidemics, natural calamities and internal security duties, especially in inaccessible and difficult areas. In addition to this, life saving emergency care is also provided to all civilians by the establishments of AFMS.

In order to contain its spread in the Indian army, armed forces medical services have implemented a comprehensive HIV/AIDS control system that provides an integrated, preventive, promotive and curative services for its troops. The measures include policy formulations, IEC activities, surveillance, training, coordination and research. These efforts are aimed to bring about behavioral changes to prevent HIV infection at the individual level, as well as to build capacity at the macro level to deal with the multifaceted challenges of HIV/AIDS . As an outcome of these strategies, the Indian army has managed to keep the prevalence of the infection at a low level among its personnel. Number of persons infected with HIV has declined significantly.

DGHS provides PPTCT and ART services to all the family members and troops who are identified HIV positive. They have set up Immuno deficiency centres for providing counseling and testing, services in the clinics and hospitals of the Defence, wherever the need was felt.

As part of scaling up services of antiretroviral therapy to people living with HIV AIDS, Department of AIDS Control, started Antiretroviral therapy center at AFMC. The ART center at AFMC was sanctioned and has become functional since January 2009 as a first of its kind initiative. The ART centre at AFMC is exclusively for civilians, the centre provides free drugs, counseling facilities, care and support services and state–of–the–art laboratory facilities. The center is run strictly according to the operational guidelines of Department of AIDS Control.

The research division of AFMS has undertaken following research projects on HIV and AIDS:

- To study the prevalence of metabolic syndrome in HIV infected patients on first line retroviral therapy.
- A cross sectional analytical study of cognitive function in HIV positive individuals.
- Detection of Latent TB in patients with HIV infection using quantiferon GOLD.
- Clinical profile of cognitive disorder in HIV patients on HAART.
- Clinical, Immunological and virological profile of HIV patients on second line Antiretroviral therapy.

c. Ministry of Railways

Ministry of Railways is responsible for operating and managing "Indian Railways", the premier and only rail transport organization in the country and largest rail network in Asia and the world's second largest under one management, comprising 115,000 km of track over a route of 65,000 km and 7,500 stations. IR carries about 7,500 million passengers annually or more than 20 million passengers daily (more than a half of which are suburban passengers).

Indian Railways has a well established Health Directorate divided into 16 zonal Railways. Each zone has an administrative control for health services of a Chief Medical Director (CMD). Railway health infrastructure consisting of 125 hospitals including 9 zonal Hospitals and 5 super specialty centres and nearly 586 health units providing 13,770 indoor beds. It has 2506 Medical officers and 54337 Para Medical Staff. Ministry of Railways has been involved in improving access to HIV treatment and care services as well risk reduction services. Following are some of the activities undertaken by the Ministry to mainstream HIV:

- **Red Ribbon Express project.** This is an unique project and largest social mobilization effort in the world, where a special trains runs across the country with provision of HIV information and counseling and testing services. Three phases of this project have been supported by Indian Railways
- **Provision of services to employees:** Provision of HIV testing, Cd-4/Cd-8 count testing and anti-retroviral therapy (ART) to eligible PLHIVs in railway hospitals.Counseling and testing and free distribution of condoms.
- **Monitoring HIV In railway employees:** Conducting annual sentinel survey to monitor trends of infection in railways population.
- **Travel Support to PLHIV-** 50 Percent travel concession is provided in second class fare in trains for PLHIVs to visit the ART centres.
- Services for railway medical employee- Training to gazetted and non gazetted employees of medical department of railways and provision of post exposure prophylaxis to health care personnel of railways.

D) Partnership for Improved delivery of HIV Prevention and Treatment & Care

The informal sector contributes 58.4% of the GDP. Data indicates that there are about 7.2 million migrants in India who are at risk of HIV. About 60% are in the age group of 15-39 years and 68% are highly mobile (i.e. frequently changing their place work). Evidence in India and elsewhere shows that the migrants are vulnerable to HIV due to a higher prevalence of risky sexual behavior, which results from a variety of social and economic factors as well as their work patterns (Operational Guidelines- Targeted Interventions under NACP III (Vol 2); Department of AIDS Control, Ministry of Health and Family Welfare).

Though significant steps are being undertaken by the National and State government to reach to migrant population with HIV prevention and care messages and services, much remains to be done.

This is where the industry, a major stakeholder to the migrants/informal workers community can step in, fill in the gaps, thus adding significant value to the initiative. There is a need to leverage the existing health care facilities of public and private sector organizations having health infrastructure for delivering HIV/AIDS treatment and care services to reach workers in formal and informal settings. Some of ministries having large public sector undertakings are

a) Ministry of Shipping
b) Ministry of Power
c) Ministry of Petroleum & Natural Gas
d) Ministry of Coal
e) Ministry of Steel

a. Ministry of Shipping

India is a major maritime nation by virtue of its long coast line of around 7517Kms. Ministry of Shipping has 13 major and 187 non-major ports, strategically located on the world's shipping routes. The 13 major ports are administered by the Central Government under Ministry of Shipping and minor ports are administered by the nine maritime States and three Union territories within their respective coastlines. Nearly all the major ports in India are involved in CSR programmes which encompass the sectors like health, education, employment, income and quality of life.

Population living around ports and shipyards is dependent on fishing, shipping, ship breaking and other associated trades. They mostly belong to population groups vulnerable to HIV and AIDS. Most of them are migrant from adjoining or distant areas. These include both single men involved in fishing and sailing and also single unmarried girls involved in cutting, cleaning and packaging of sea products. Ports are also the destination places of truck drivers, their helpers and porters, who bring in goods from all part of country for loading and unloading.

Ministry of Shipping jointly with Department of AIDS Control have agreed in principle to work in the 12 major ports to provide STI/HIV related information and services. A formal partnership in the form of an MOU is under discussion for providing prevention care, support and treatment services to port workers as well as the community around major ports.

b. Ministry of Power

The Ministry of Power is responsible for the development of electrical energy in the country. It is concerned with perspective planning, policy formulation, processing of projects for investment decision, monitoring and implementation of power projects, training and manpower development and the administration and enactment of legislation with regard to thermal, hydro power generation, transmission and distribution. Ministry has six PSUs and two joint venture corporations under its administrative control.

Ministry of Power handles several dam projects and employs several thousands of migrant workers. Need for risk reduction services are high in most dam sites. With its large workforce (including contract migrant workers) within PSUs and dam projects, the need for integratingHIV/AIDS in their communication, training and health services is critical.

NTPC, one of the bigger PSUs of the Ministry, has adoptedthe National Policy on HIV/AIDS and the world of work.The PSU has invested time and resources in building capacity through training of trainers on HIV/AIDS to peer educators and done awareness generation activities through its outreach programmes.

c. Ministry of Petroleum & Natural Gas

The Ministry of Petroleum and Natural Gas is entrusted with the responsibility of exploration and production of oil and natural gas, their refining, distribution and marketing, import, export and conservation of petroleum products and liquefied natural gas. It has 14 PSUs under its administrative control. These PSUs have large workforces in their field units.

With over 34,233-strong workforce, Indian Oil has been helping to meet India's energy demands for over half a century. Indian Oil is the only fortune 500 company in India. It has about 56% of market

share in Oil Industry. Indian oil is aware of its Corporate Social Responsibility. Indian Oil in it's Mission also states "To enrich the quality of life of community----" and has a policy of non-discrimination in relation to HIV/AIDS infection for employment at recruitment level, as well as training, transfer or promotion.

The company encourages peer education for awareness programme on HIV/AIDS for the employees. Housewives are approached through ladies club and the children through schoolteachers/doctors. The truck drivers & transport workers are reached through the retail outlets, spread all over the country.

These retail outlets are also good rallying point for dissemination of HIV/AIDS related messages including dispensing of condoms.

d. Ministry of Coal

The Ministry of Coal has the overall responsibility of determining policies and strategies in respect to exploration and development of coal and lignite reserves, sanctioning of important projects of high value and for deciding all related issues. Under the administrative control of the Ministry, there are two major public sector undertaking and 7 subsidiary units.

Coal India Limited (CIL) has taken a lead in implementing HIV and AIDS workplace interventions since 2004 in all subsidiaries of Coal India Limited. School level awareness programmes have also been conducted at the subsidiaries. Starting with Central Coalfields Ltd in Jharkhand in 2003, the programme expanded to all locations. CIL and its subsidiaries have also developed partnership with State AIDS Control Societies for setting up Integrated Counseling and Testing Centers within its health facilities. The Neyveli Lignite Corporation, one of the major PSUs of the Ministry, is running an Integrated Counseling and Testing Centre since 2008 in association with Tamil Nadu State AIDS Control Society and has tested and counseled more than 10,000 clients in the past four years. The Hospital of the PSU has a licensed Blood Bank for safe transfusion practices and also has a bio waste disposal system in place conforming to Government guidelines. For continuous updation of personal prevention, treatment and care of HIV patients, programmes are arranged at the hospital and nurses are also sent to programmes of Department of AIDS Control. Awareness programmes are also conducted through Red Ribbon Clubs at schools and the college and for employees at the Employee Development Centre.

e. Ministry of Steel

Ministry of Steel is working towards transforming India into a global leader in the steel sector and to enhance the Indian steel industry's position internationally. It has twelve Public Sector Undertakings under its administrative control . One of the major PSUs, i.e., Steel Authority of India Ltd. is implementing preventive health programs across all SAIL plants/units. Steel authority of India Ltd. has adopted the HIV workplace policy and has been documented as a case study by International Labour Organization

E) Partnership to reach organized and unorganized sectors

India has a working population of close to 400 million of which close to 93% are in the unorganized sector. Unorganized/Informal sector account for close to 50% of the national product[9]. In the current scenario unorganized sector is increasingly linked to organized sector and plays a critical role in the economy and livelihood of the people

> **"The unorganized sector consists of all unincorporated private enterprises owned by individuals or households engaged in the sale and production of goods and services operated on a proprietary or partnership basis and with less than ten total workers".**
> Report of the Committee on Unorganized Sector Statistics

The risk of HIV in the world of work both in organized and unorganized sector is well established. In countries with high HIV prevalence has serious impact on the supply of productive labour force and adversely affected enterprise performance and national economy. HIV and AIDS affects fundamental rights of people infected or affected by HIV by stigmatizing and discriminating them in the world of work. People who have lost job because of their infection in addition also experience ostracism and

[9]Report of the Committee on Unorganized Sector Statistics, National Statistical Commission, GoI, 2012

seclusion. Those in the unorganized sector are most vulnerable due to several factors. Most of those working in the informal sector are illiterate and poor with very limited access to information, health care services and products leading to increased vulnerability. A large number of this population migrate from their place of residence to place of work with or without families. Though not all migrants are equally at risk of HIV, studies have shown increased pattern of risk taking behavior which enhances their vulnerability to HIV.

Given the spread and scale of both organized and unorganized sector, reaching to them with quality HIV prevention, care and treatment services is a challenge. Therefore there is a need for partnership across ministries and organizations that work among both organized and unorganized sector. Department AIDS Control has already initiated steps towards partnership and joint working with the following Ministry and organizations:

- Ministry of Labour& Employment
- Confederation of Indian Industry (CII)
- Federation of Indian Chambers of Commerce and Industry (FICCI)
- The Associated Chambers of Commerce and Industry of India (ASSOCHAM)

a. Ministry of Labour and Employment (MoLE)

Ministry of Labour and Employment is one of the oldest ministries of Government of India. This Ministry works towards improving the working conditions and the quality of life of workers, regulating conditions of work and ensuring occupational health and safety of labour force. Within its mandate the Ministry also seeks to promote the welfare and provide social security to the workers both in organized and unorganized sectors. The Ministry achieves this through enactment of various labour laws, which regulate terms and conditions of service and employment of workers. At present, there are close to 44 labour related statutes enacted by the Central Government that is dealing with minimum wage, social security, accident, formation of trade unions etc. Ministry has been engaged with Department of AIDS Control for formulation of policies and risk reduction intervention in the world of work for the prevention of HIV and AIDS. Following are key areas of HIV mainstreaming efforts undertaken by the ministry.

- MoLE in association with ILO and Department of AIDS Control has prepared a National Policy on HIV/AIDS in the World of Work. The policy protects workers against discrimination at workplace, confidentiality of their status and provides access to information and services related to HIV. Ministry has already undertaken several steps towards implementation of the Policy that include issuance formal letters to different ministries and departments, conducting national workshop to orient nodal officers of various departments, trainings to states to facilitate roll out of National Policy on HIV/AIDS and the world of work.
- Since 2001 MoLE had been implementing a project – "Prevention of HIV/AIDS in the World of Work – a Tripartite Response" with the financial assistance of US Department of Labour. Through this project the National Labour Institute has organized sensitization and training over 3340 participants including labour administrators, health officials, trade union leaders, education officers, North East Social Partners, NGOs and reached.Central Board of Workers Education (CBWE) has integrated HIV/AIDS as part of the regular syllabus in its programmes. 263 education officers have been trained.
- Ministry also has provided training to 29 Assistance Commissioners at National Academy for Research and Training for Social Security.
- The ESIC Hospitals (145) and dispensaries (1400) are equipped to provide HIV/AIDS Counselling, Testing and Treatment
- V VGiri National Labour and Research Institute is established as resource centre for HIV activities.
- MoLE and ILO worked together for capacity building activities for Centre Board for Worker Education, representatives of various public and private sectors and trade unions.
- International Labour Conference of ILO at its 99th Session held in Geneva in June 2010, adopted the autonomous recommendation on "HIV/AIDS and World of work". Indian delegation led by the Union Minister to the conference strongly supported the adoption of recommendation on HIV/AIDS and world of work.
- HIV/AIDS has been excluded from the exclusion list of RashtriyaSwasthayaBimaYojana to bring PLHIVs under its ambit

F) Integrating HIV and AIDS Strategic communication for prevention, treatment and a stigma free environment

HIV and AIDS is not just a health issue but it affects all walks of life calling for a comprehensive response that cuts across various sectors. The need to reach a large number of the population and stakeholders with prevention and services related information is critical. There is a need to continue to invest in prevention and care services, in order to maintain the current level and facilitate further decrease in the number of new infections in the country the role of information dissemination continues to be crucial.

In order to maintain the current level and facilitate further decrease in the number of new infections in the country the role of information dissemination continues to be crucial. In order to reach to address the inherent and subtle vulnerabilities and risk within the general community IEC campaigns and other out reach services will be taken up by Department of AIDS Control in partnership with the following Ministries:

- Ministry of Communications & Information Technology
- Ministry of Tourism
- Ministry of Information & Broadcasting

a. Ministry of Communications & Information Technology

Communication and information technology are two of the fastest growing sectors in the world and India is positioned uniquely in both the sectors in terms of opportunity for growth and resources. At the same time, India is still to establish a mark in the high tech manufacturing space in the global context. Ministry of Communication and Information Technology focuses on making India an IT super power.

Under the Ministry of Communication and Information Technology, following are the three key departments:

1. Department of Electronics and Information Technology
2. Department of Posts
3. Department of Telecommunications

Ministry of Communication and Information Technology has the potential to play a crucial role in Information, Education & Communication (IEC) activities related to HIV/ AIDS. The focus of IEC activities is on promoting safe behaviour, reduction of stigma and discrimination and demand generation for HIV/AIDS services.

Collaboration is possible between NeGD and Department of AIDS Control to leverage the outreach programme of CSCs (Out of a total of 96411 operational CSCs, nearly 3000 CSCs in 25 states are covered under outreach scheme) as a platform for link workers of Department of AIDS Control to create awareness about HIV/AIDS at village level. Additionally, the platform would be helpful in the prevention of HIV/AIDS from mothers to child by propagation of institutional delivery for pregnant women.

NeGD is also sharing the information about co-located CSCs in Gram Panchayat so that Department of AIDS Control officials can make good use of such CSCs in AIDS campaign.

b. Ministry of Tourism

The Ministry of Tourism functions as the nodal agency for the development of tourism in the country and formulation of national policies and programmes. It plays a crucial role in coordinating and supplementing the efforts of the State/Union territory governments, catalyzing private investment, strengthening promotional and marketing efforts and in providing trained manpower resources for development and promotion of tourism in the country. In collaboration with Department of AIDS Control Ministry has succeeded in mainstreaming HIV within its work. Following are some of the activities undertaken by the Ministry:

- HIV/AIDS training programme was organized for the Chefs, taxi drivers, Dhaba owners and other unorganized sectors relating to Tourism sector under the programme of capacity building of service providers (CBSP)
- Public awareness campaign on HIV/AIDS through matches, games/plays was organized at Pushker Mela.
- ITDC, NCHMCT, 26 IHM's, IITTM and NIWS, 20 Tourist Offices (including 5 Regional Tourist Offices) in India in all the courses/programmes, the information regarding HIV/AIDS is disseminated to the students and trainees.
- Four workshops were organised on HIV/AIDS with heads of Hotel management institutes both northern and southern, and ministry officials.

c. Ministry of Information & Broadcasting

Ministry of Information and Broadcasting is a nodal body responsible for supporting, controlling and guiding the audio, visual and print media in the country. Some of the important programme components of MIB include Press Information Bureau, Department of Audio Visual Publicity, Song and Drama Division, Film Division, TV, Radio, Doordarshan, Prasar Bharti, Film and Mass Communication Institutions and Development of Communication Division.

Department of AIDS Control's multiple programs are implemented in partnership with MIB. These include Folk Media Campaign and campaigns through TV, Radio and Newspaper. For 8 years Department of AIDS Control had sponsored episodes in Kalyani Health Magazine, a regular program produced and telecasted by DCD.

Road Map for Multi-sectoral Response

HIV is a major public health problem in India with an enormous impact on human resources and economy. Even though there is a decline in new HIV cases, sustaining the impact of current interventions and provision of continued care to people living with HIV would remain a major task.

The first generation of mainstreaming strategies that were employed includes:

- Political will at the highest levels.
- Open discussion on the topic.
- Implementation of coordinated large-scale strategies, such as access to information, prevention programmes, condoms, counseling, and treatment.
- Implementation of projects targeted to most at risk and vulnerable populations is fundamental to slow the advance of the epidemic.

> **"Some of the key priority areas will be preventing new infections in hitherto low prevalence states while consolidating efforts in the high prevalence states"**
>
> **The Prime Minister, Dr. Manmohan Singh, at the Parliamentary Forum on HIV/AIDS, 2011**

For countries like India, with concentrated epidemics, second generation mainstreaming actions may help leverage the gains made in reduction of HIV. Successful HIV mainstreaming requires the optimal availability of human and non-human resources. Chief among these are sufficient skills and capacity in the partnering ministry, private sector for strategic planning, financial planning and programme management skills, as well as the financial resources needed to bankroll multi-sectoral activities. There is also a need to optimize the functionality of inter-governmental planning and coordination. This will greatly assist in realizing the effective joint planning and coordination between spheres that is essential in mainstreaming HIV. In order to further the agenda of multisectoral response to HIV, following actions are proposed.

Partnerships and Collaboration

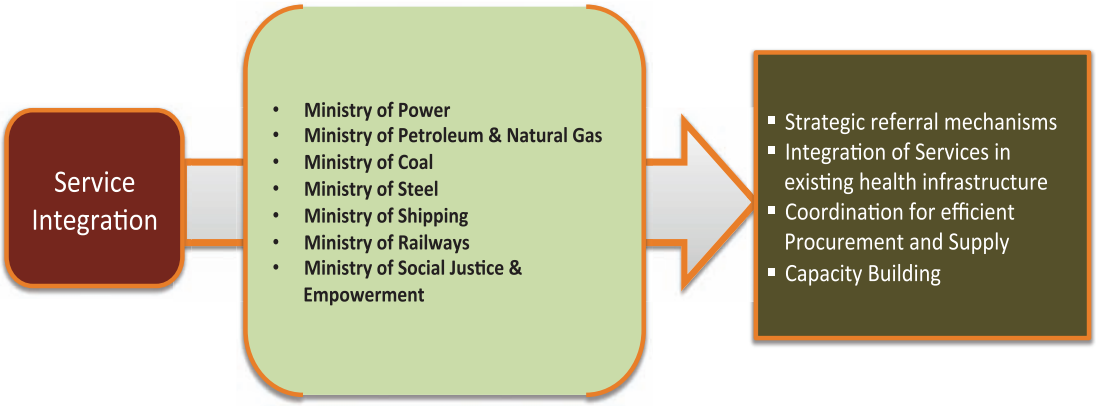
1. Formalizing partnership with the prioritized ministries to facilitate mainstreaming HIV in the development agenda of these ministries.
2. Establishing Structural Mechanisms for Partnership and collaboration. In order to avoid fragmented multi-sectoral responses and better coordination in delivering services related to risk reduction and impact mitigation, strong coordination structures between ministries and Department of AIDS Control are crucial.
3. Nodal persons from the collaborating ministries to facilitate mainstreaming of HIV within each ministry.
4. Collaborative actions towards integration of HIV in the various policies of the ministries and within its operational plan

Risk Reduction

Achieving scale and coverage for prevention of HIV, continues to be a daunting task given the scale of reach required for ensuring risk reduction services, reach to both risky and vulnerable groups in the country. What can be done through multi-sectoral response framework for risk reduction?

1. **Media/IEC Plan**: Every ministry has its media plan and including HIV within the plan will enhance the efforts to reach communities covered by the ministries with HIV prevention messages.
2. **Leveraging Human Resources of the Ministries**: Several of the ministries have large number of human resources in its various programmes right down to the villages. Eg. Anganwadi Workers of the Ministry of Women and Child Development, NYK/NSS volunteers of Ministry of Youth Affairs, Village Level Entrepreneur of Common Service Centres of E-Governance Division (Ministry of Communication and Information Technology) etc. These resources can be effectively used for information dissemination and service linkages for risk reduction.
3. **Creating Risk Reduction Platforms**: In order to reach out to risk reduction particularly among the youth, platforms such as Red Ribbon Clubs, technology based platforms such as social networking websites etc can be effectively utilized. Some of the service points like the Common Service Centre of E-Governance Division or NYKS/NSS of Ministry of Youth can become facilitating hubs for these platforms.
4. **Risk Reduction Interventions**: Particularly to reach to high risk and vulnerable communities with direct prevention services, service delivery projects such as targeted intervention can be implemented in collaboration with PSUs of the Ministries. This is particularly possible with PSUs of Ministries of Steel, Petroleum and Natural Gas, Coal etc.

Service Integration

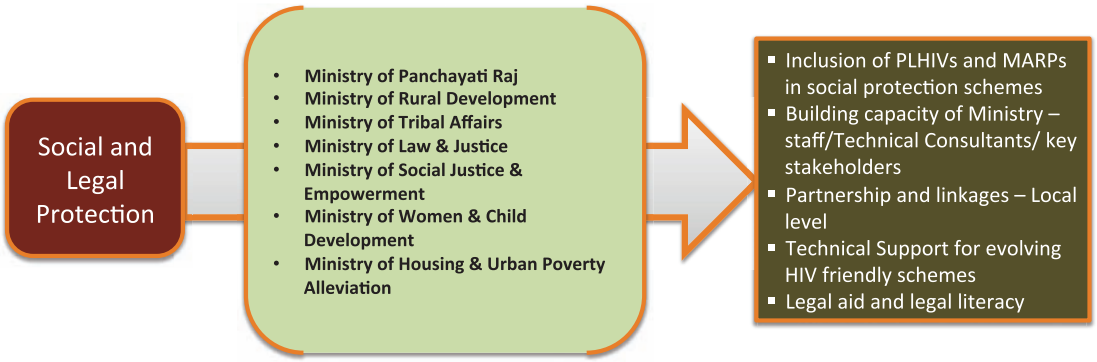


There is an increasing need for improving access to various services related to prevention, treatment and care of HIV. While Department of AIDS Control, with its limited resources, is currently providing these services; the reach is inadequate. There is a major opportunity to leverage the existing health infrastructure and other facilities of PSUs of many of the Ministries listed.

1. **Strategic Referral Mechanisms**: Cross referrals between the various service delivery points of different ministries will improve access to health care services to the persons infected or affected by HIV. If referral linkages are built between Targeted Intervention Projects of Department of AIDS Control and Integrated Rehabilitation Centre for Addicts of MoSJE, will improve access to both HIV and addiction services to high risk groups and vulnerable communities. By building similar linkages, can leverage service delivery infrastructure and improve reach coverage of target communities.
2. **Integration of Services**: Existing health infrastructure of PSUs and other entities of the ministries is a major opportunity to expand the reach of various prevention, treatment and care services. In collaboration with Department of AIDS Control, right capacity and supplies for HIV related services can be ensured in these facilities. Mechanisms should be in place to ensure quality services is reaching to the clients.

Access to Social and Legal Protection

Improved access to social and legal protection will contribute to impact mitigation, particularly for those infected or affected by HIV. This can be facilitated through collaboration between Department of AIDS Control and concerned ministries. What can be done is summarized in the diagram below:



1. **Facilitating inclusion** of the Persons Living with HIV as well as Most at Risk Population groups in various social and legal protection schemes will facilitate improving their access to various services. schemes (Eg. Inclusion in social defense programmes, NREGA, SGSY, IAY, STEP, RAY, IAY, NSAP etc)
2. Building capacity of Ministry staff/Technical Consultants/ key stakeholders on issues related to HIV so that they will be able to address the needs of the community appropriately while designing various social protection schemes. Department of AIDS Control can also facilitate providing technical support to the ministries while developing social protection schemes which are friendly to HIV infected or affected communities.
3. Linking State level departments of various ministries with State AIDS Control Societies (SACS), District AIDS Prevention and Control Unit as well as the NGOs implementing HIV programmes and collaborate for evolving appropriate inclusive schemes for people infected or affected by HIV.
4. Legal literacy sessions for the PLHIVs and MARPs to improve their awareness on legal needs and rights. Where they require legal aid support, this could be made available through existing legal aid structures.

Conclusion

After three decades of fight against HIV and AIDS, insights on the complex relationship between the epidemic and development is deepening globally. There are experiences of positive impact of multi-sectoral response to HIV, leading to visible changes in the course of the epidemic. The challenges posed by the process is huge and it is becoming more and more evident that vertical response design is not a sustainable solution to managing HIV and its related issues.

In India, mainstreaming HIV had been a focus area for the past five years and more. Mainstreaming addresses both direct and indirect aspects of HIV and AIDS, that helps in furthering appropriate response to risk reduction, improved service access and impact mitigation. Multiple efforts are needed to effectively and comprehensively move this triad agenda

While, the Department of AIDS Control contributes by developing policies, implementing strategies and up-scaling interventions; the scale and magnitude of the problem is so huge that it has serious limitation in evolving a comprehensive solution. Therefore as seen within this document multi-sectoral response to fight HIV is crucial, whereby government, political leadership, donor agencies, private sector, civil society, all come together with their respective strengths, resources and competencies to respond to the challenges of HIV and AIDS.

Department of AIDS Control, with the mandate of prevention and care of HIV in the country has moved the focus on multi-sectoral response with a view of improving capacity of different sectors to involve in the process of prevention and management of HIV. This document has tried to bring together experiences and strength of mainstreaming and partnership efforts working with various ministries in the country. It also has laid down the challenges and complexities of the road ahead and some solutions and road map.

The success and gains of the three phases of National AIDS Control Programme towards halting and reversal of the epidemic in the country cannot be lost. Therefore the need for multi-sectoral response to HIV and AIDS should become a political, policy level and structural commitment with concrete actions to further this agenda.

"The woods are lovely, dark and deep,
But I have promises to keep,
And miles to go before I sleep,
And miles to go before I sleep…."

Robert Frost.

Moving from Strength to Strength

Success stories from the field

Red Ribbon Express

The Red Ribbon Express is the world's largest moss mobilization campaign on HIV/AIDS. The campaign has completed its two, one year long, phases successfully and is ready to embark on its third journey. The Red Ribbon Express is a special exhibition train which comprises of 7 coaches. The first four coaches contain exhibition on HIV/AIDS issues and other health issues being addressed under National Rural Health Mission. One coach is dedicated to providing services such as HIV counseling and testing, general health check-up and STI treatment and another coach for training of frontline workers. Along with the train outreach activities are conducted with the help of Red Ribbon Exhibition Vans and folk troupes. It was implemented in partnership with Ministry of Railways.

The vision of the RRE project is to promote a multi-sectoral response by which HIV/AIDS could be mainstreamed within the context of overall socio-economic development rather than treating it merely a medical and public health issue. It is in keeping with this vision that converted a train into a symbol of hope, connecting people from different backgrounds and cultures to come together on one platform for an open dialogue on HIV/AIDS prevention, care, support and treatment.

While the project aimes at reaching the general population, special focus is on reaching out to youth and women in rural and semi-urban areas. At least three days before the train rolled into a station, news of its arrival is announced in the local radio, television and print media.

The first phase of the RRE was flagged of by Smt. Sonia Gandhi, Hon'ble Chairperson UPA and Chairperson, Rajiv Gandhi Foundation from Safdarjung Railway Station on December 1, 2007 i.e. World AIDS Day. During the first phase the train traveled across 22 states halting at 180 stations. The train and its outreach activities touched the lives of 6.2 million people. During its one year run over 68,000 resources person including the members of Panchayati Raj Institutions, self help groups, youth organizations, health care workers, government officials and other stakeholders were trained on board in the training coach.

During the second phase, the train traversed through the country again covering 152 stations in 22 states. This time partnership with National Rural Health Mission further strengthened the initiative and an additional coach with messages on reproductive and child health, tuberculosis, malaria and H1N1 were added. During the second phase the services were made available for the first time at the stations through mobile healthcare units. In the second phase 8 million people were directly reached about 80,000 district resource persons trained, about 36,000 people tested for HIV, 7500 treated for STI and about 24,000 people received general health check-ups.

The third phase of the Red Ribbon Express was launched on January 12, 2012 on the occasion of World Youth day by Hon'ble Minister of Health & Family Welfare, Shri Ghulam Nabi Azad. The fourth phase of the project was launched with an objective of creating awareness about HIV/AIDS, its transmission and prevention, as well as availability of services. It will also spread awareness about reproductive and child health and other communication diseases such as Tuberculosis and Malaria. During the third phase the train will traverse through 162 halt points in 25 states. The main focus of the programme during this phase is youth who are the main stay of any health programme.

As the RRE has cruised through the Indian heartland and rural and peripheral areas demystifying HIV transmission & prevention, the response had been overwhelming. The entire project is backed by a strong political support. The Chief Ministers of the States, Union and State Ministers, Members of Parliament, Members of State Legislative Assemblies, Mayors and senior officers of the State and District Administration took part in the welcome functions and led this mega campaign. They also helped in mobilizing people to visit the train. The evaluation of RRE-II shows that the comprehensive knowledge of three routes of HIV transmission, three methods of prevention, condom use, STI prevention and treatment and other services such as ICTC, PPTCT and ART was significantly higher among respondents exposed to the RRE project as compared to those not exposed to the project.

Widow Pension Scheme (Rajasthan State)

- Initiation: February 2009 (Ammended)
- Entitlement: Rs. 500 per month
- Beneficiaries: Widows
- Implementation agency: State scheme
- PLHIV benefited: 1000

SPECIAL FEATURES:

- The minimum age criterion of 40 years was relaxed to 18 for HIV widows.
- Widows who were rendered ineligible to widow pension or the same was discontinued if she had a son above the age of 25 years.
- This criterion was also laid to rest in the case of HIV widows wherein she was entitled to a lifelong pension.
- However, remarriage of widows was encouraged through an incentive, that is, a onetime grant of Rs. 15,000 in which case the widow pension ceased to continue.

PROCESS

RNP+ GOING TO SJE

When women of community began facing problems in accessing widow pension due to age bar restriction in the scheme and other documentary procedures to be followed to access the same; they approached to RNP+. The network went to Deputy Director, DSJE then to Chief Accounts Officer, DSJE and put the problem on behalf of community along with few community representatives. After rounds of meeting/discussion between the two parties, the network was asked to go to RSACS for it was an HIV related matter.

RNP+ GOES TO SMU, RSACS

The network further contacts State Mainstreaming Unit of RSACS. RSACS issues letter in this regard to SJE.

SENSITIZATION OF GOVERNMENT DEPARTMENTS

SMU and SAATHII were jointly conducting the trainings and workshops for sensitization of Government and private stake holders during that period.

DSJE FURTHER REQUESTS GOVERNMENT FOR THE AMENDMENT

The department further forwarded the request file to higher authorities in Government for the necessary action.

ORDERS RELEASED

The order regarding amendment was issued by the Commissioner and Secretary to Government on 28.02.2009.

Assistance in applying for social protection schemes through the legal aid clinics in Tamil Nadu

Mainstreaming Initiative:

- TANSACS partnered with the State Legal Services Authority and UNDP to set up Legal Aid Clinics (LAC) for PLHIVs to access free legal services in the districts.
- LACs are housed in the district ART centres
- HR at the LAC consisted of an advocate and social worker
- LAC played an important role in submitting applications for availing social protection schemes or application for land pattas in IAY.
- PLHIVs were also informed about the government schemes at the legal aid centre.
- The lead time to process the paperwork was reduced substantially and the schemes were reaching the PLHIVs within a shorter period.

Current situation:

Legal Aid Clinics, though started with UNDP support in 5 districts of the state, are presently running in 16 districts with support from TANSACS. This includes the 5 districts originally supported by UNDP, but presently being supported by TANSACS.

In the present structure, social worker is appointed for the legal aid clinics run by them in respective districts. The LAC uses the infrastructure (including space and basic furniture) provided at District hospital and is necessarily situated in proximity to the ART clinics, in order to receive referrals from ART clinics out of the PLHAs visiting the ART clinics. The DLSA has deputed lawyers to the LAC, who attend the LAC for fixed days in the week. The services of the lawyers are available to the clients of LAC free of cost and upon receipt of their complaint; they are referred by the LAC/ lawyers to the DLSA for further support in case of disputes requiring legal intervention.

Service Delivery and Linkages

- LAC in the selected districts in TN are operational with support from DLSA (through deputing advocates to LAC), and the district administration through provision of office space in the district hospital. The LAC has a full time social worker as the first point of contact and for initial hearing of complaints and for record maintenance in the LAC.

Opportunities

- The LAC has good linkage with DLSA, district administration and with the DNP in the district.
- The advocates visiting the LAC are able to verify the nature of complaint and are able to decide on the appropriate course of action for resolving these, based on the merits of the case.

- Through systemic intervention LAC is able to come out as single window system to address the grievance of most of the PLHA for legal and non legal matter. Further facilitating and linking them with different government and private social schemes.

Good practices

- Good partnership with district administration including the department of health and family welfare, Judicial (District legal services authority), and police department has been established by the LAC. Assistance was also sought from them whenever required in solving the cases.

- Good linkages with DNP: During the project initial phases of LAC, the DNP recruited the social workers and provided hand holding support to social workers for case identification and awareness generation. The support to LACs form the concerned DNP in the district continues to remain largely for linkage of PLHAs to concerned schemes

Transgender public hearings

NACO with UNDP in partnership with Center for Legal Aid and Rights has organised 4 regional public hearings on issues of transgenders –hijras. The Public Hearing on Access to Justice and Social Inclusion is a mechanism for increasing awareness and accountability towards TG-Hijra communities across India. Seen within the framework of a rights perspective, these public hearings provide the room and the safe space for the vulnerable and the unheard to raise their concerns. Three public hearings have already been held at Mumbai, Ahmedabad and Raipur covering 11 states.

JURY'S RECOMMENDATIONS

1. Recognise gender identity and expression as basic principles.
2. Appoint a welfare board and ensure PIL is filed in court.
3. State must declare a policy of non-discrimination.
4. Identify and define education, civil and political rights, inheritance and succession rights.
5. Constitute TG Commission on lines of a Women's Commission.
6. View any scheme that the government implements through lens of TG issues.

NATIONAL SEMINAR: "TRANSGENDER AND THE LAW"

The Delhi State Legal Services Authority under the aegis of the National Legal Services Authority with technical support from the United Nations Development Programme India is organising the "National Seminar on Transgender and the Law" on 5th February 2011, New Delhi.

This seminar cum sensitization programme helped crystallize issues (more importantly bring a common understanding) and will significantly bring to the fore the need for urgent and special attention to the Transgender/ Hijra community. The 600+ participants (the audience included honorable Judges from various High Courts of India, Member Secretaries of State Legal Services Authorities in India, Judicial officers, Academicians, Lawyers, and Police personnel etc) joined panel discussions on the transgender issues, the panels comprised of community representatives, subject experts (technical, medical, media and legal) and was moderated and chaired by chief justices, who summarized and give recommendations for the way forward.

National AIDS Control Organisation

India's voice against AIDS

Ministry of Health & Family Welfare, Government of India

www.nacoonline.org