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bold moves

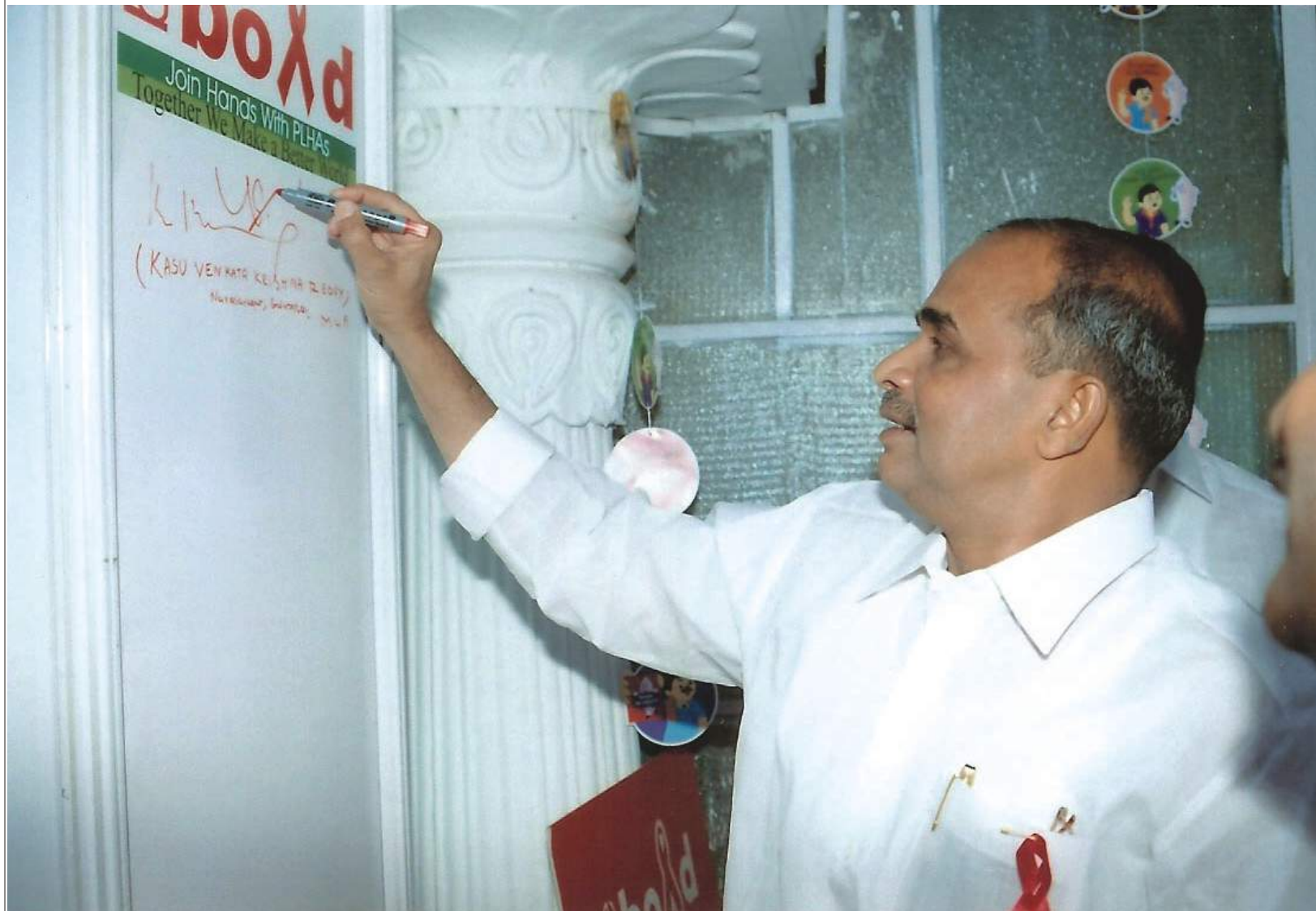


**bold**
A People's Campaign



REDEDICATION TO HYDERABAD DECLARATION

(MADE ON 7TH DECEMBER 2006)



Chief Minister Dr.Y.S. Rajasekhara Reddy addressing the Joint session of AP Legislative Assembly and Council, on HIV/AIDS

necessary care and treatment to achieve the 0/7 goals.

- Helping legal employment respect
- Dissension various with service
- Government
- Reiteration to aware prevention for sex

Bold Messages

- Be Bold to talk about HIV/AIDS
- Be Bold to get tested
- Be Bold to accept the result of the testing if tested HIV negative continue to avoid risk behaviour; if tested positive, have a positive attitude
- Be Bold to call 1097 toll free number to know more about HIV/AIDS.

(A. Ramesh Babu)
President
Telugu Network of People
Living with HIV/AIDS

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Hyderabad er 2006 as tions and a DS in the ser

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- Doctors, Be Bold to treat HIV positive patients
- Teachers, Be Bold to admit HIV positive children
- Youth, Be Bold to accept HIV positive peers
- Youth, Be Bold to say no to peer pressures and not fall prey to risky practices
- Women, Be Bold to say NO to sex without condoms

G. Asok Kumar Rao
Project Director
Andhra Pradesh State AIDS Control
Hyderabad




A People's Campaign

bold moves

Centre for Advocacy and Research

**bold
moves**

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introduction

Translating awareness into action that is what Be Bold is all about. A series of high-decibel, high-intensity, highly motivated campaigns ensured that the people have come to know about HIV-AIDS and the fact that Andhra Pradesh is among the high-prevalence states. While many people, the youth in particular, knew of HIV-AIDS and the modes of transmission, most of them treated the virus as something that would infect only others. This “Not Me” kind of attitude has presented the administrators and policy makers with a massive challenge.

While care and support and services for people living with HIV were being scaled up in an unprecedented manner, the reluctance of people to break the “Not Me” stance threatened to nullify the cumulative efforts being put in by various stakeholders to arrest and reverse the virus.

That prompted us to come up with a bold campaign that would encourage people to access the services and know their status. If the campaign was to yield the anticipated outcome, it was imperative that it needed not only a dynamic but also a pro-active leadership that provides direction in an exemplary manner. Right from the Chief Minister to chiefs of Gram Panchayats, project directors to community leaders, State-level functionaries to grassroots workers, from the top level to the bottom-most rung. From men to women to children! At every level!

Be-Bold was the message; HIV tests the medium. More tests identified more HIV+ves; got them early treatment and prevented inadvertent spreading by them; normalized the tests, thereby reducing stigma; gave better estimate of disease load for planning and resource allocation.

The decision about the campaign was made. And the rest is history. One year of the campaign is complete and what a success it is! This book is a review. A compilation of projects that are running satisfactorily. And of lives that survived, changed and improved to become part of a historical process to beat an invisible enemy.

A.K.G.
1/1/08

(Ashok Kumar)

irresistible initiatives



Why Be Bold? What did the Campaign aim to achieve

'Be Bold' was an intensive State-wide multimedia campaign to raise awareness on HIV; increase uptake of services such as testing, PPTCT, ART; reduce stigma and discrimination against people living with HIV.

"Be-Bold" Campaign was launched on 1st December, 2006. It aimed to translate awareness into action and behavioral-change; reduce stigma associated with HIV; improve health service uptake by infected people; mainstream fight against HIV/AIDS by making it a people's movement.

Be Bold Messages

The Key messages delivered through mass and mid-media by newly created cartoon mascots-ASHAIAH & ASHAKKA were aimed at

- Reducing stigma and discrimination associated with the disease
- Motivating people to come forward and get tested for HIV

It was felt that although campaigns over the years have led to high awareness about HIV, something more was needed to help people come out of the denial phase, acknowledge their own risk, access services. The 'Be-Bold' campaign was aimed to 'translate awareness into action'.

The idea was that as more and more people come forward for testing, stigma associated with testing gets reduced. Larger sample size would help in assessing the disease burden accurately and hence help in allocating funds properly.

This would also give a boost to prevention as HIV positive people would know their status and hence not spread HIV unknowingly.

Messages include

- Be Bold to talk about HIV/AIDS
- Be Bold to get tested
- Be Bold to accept the result of the test; if tested HIV negative continue to avoid risk behaviour; if tested positive, have a positive attitude toward life
- Be Bold to call 1097 toll free number to know more about HIV/AIDS

In addition, there were specific messages for different target groups

- Families to Be Bold to take care of HIV positive family members
- Doctors to Be Bold to treat HIV positive patients
- Teachers to Be Bold to admit HIV positive children
- Youth to Be Bold to accept HIV positive peers
- Youth to Be Bold to say no to peer pressures and not fall prey to risky practices

Components of the Campaign

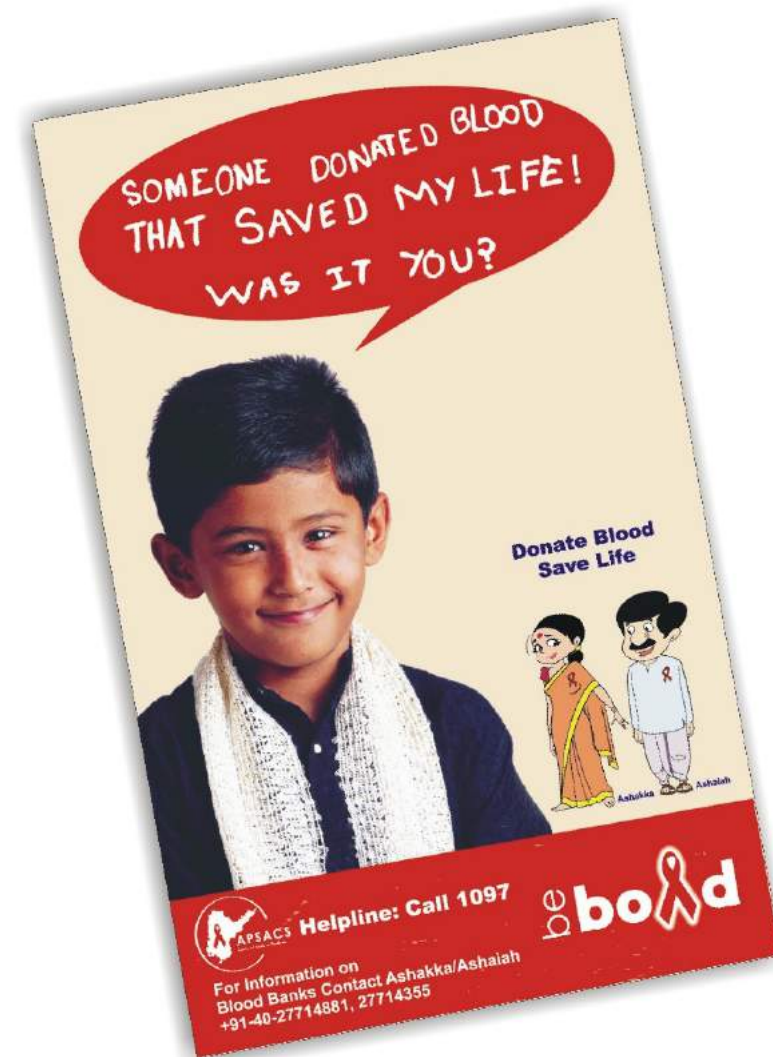
Multi-media IEC Approach

Mass media, mid-media, buses and autos were used to disseminate AIDS awareness and prevention messages. Messages were generic as well as specific to population groups. The thrust was on reaching every segment of the population. There was a lot of focus on youth and young people.

It was ensured that the messaging across all levels State, district, village was standardised.

Television soaps explored issues such as vulnerability and impact of HIV. FM radio, television music channels were widely used to disseminate messages and publicize the campaign.

Every communication message/ material was connecting the target audience to the Helpline service.



a tale of the bold



Chief Minister Dr Y S Rajasekhara Reddy and Hon'ble Speaker of the AP Legislative Assembly K R Suresh Reddy get tested for HIV.

Be Bold Campaign Outcomes Increased Uptake of Services

People have tested in large numbers. On 18th December 2006 Political leaders such as Chief Minister Dr Y.S. Rajasekhara Reddy, Speaker K. Suresh Reddy, Minister for Finance and Health K. Rosaiah, seven other Cabinet Ministers and 70 Legislators took the HIV test, laying an example to motivate others to get tested.

The number of HIV tests done in the state during the campaign till December 2007 was 16,72,075 and 1,07,417 HIV positives were identified as against 13,31,203 tested and 1,27,515 identified in six years up to 2005. The number of people on ART has increased to 25,021 from 5,280 while the number of calls to help-line has increased to 70,211 during the period up from 21315 in 2005-6 and 13824 in 2004-05.

Involvement of Police Department

The Police department was actively involved. It has encouraged its personnel to test for HIV in the 56 camps conducted across the State as part of the campaign. The Director General of Police got tested in the State-level World AIDS Day function on 1 December. All Superintendents of Police organized testing programs in their districts.

The department also issued identity cards to peer educators of HIV prevention programmes among sex workers. These peer educators could now do their duties of condom promotion, awareness of safe sexual practices and personal hygiene among sex workers with out harassment from police. This helped in increasing the condom usage among sex workers significantly, there by controlling the spread of STIs and HIV.

NACO DG Sujata Rao releasing a Braille copy of information booklet on HIV.



Solidarity towards Positive People

On 7th December 2006, more than 3,800 HIV positive people across 23 districts came together for an event organized at crafts village Shilparamam, Hyderabad. Exactly a year later, on 7th December 2007, in PLHA congregation the number of participants swelled to well over 8,000, amply reflecting the enhanced confidence levels of the HIV positive people in the state.

This was one of the largest gatherings of its kind. The 'Hyderabad Declaration' signed by the President of Telugu Network of People living with HIV, and G. Asok Kumar, Project Director, APSACS, and other partners reiterated commitment towards prevention, control, treatment, care and support for people living with HIV. Positive networks pledged to ensure that they would be responsible and ensure they do not spread the virus.

Positive people expressed solidarity in their fight against HIV/AIDS. Rema, HIV positive woman from Guntur, said "We went back from the meeting adding five more years to our life because of the

tremendous psychological boost we got in the meeting."

Red Ribbon Clubs formed

Red Ribbon Clubs with the twin objective of promoting blood donation and imparting HIV prevention education were formed in educational institutions. The focus was on life-skills education.

In an intensive drive involving University Vice Chancellors, District Educational officers, Secretaries of Education and Higher education, Red Cross, 15,087 Red Ribbon Clubs were formed across the State.

Young students of Red Ribbon Clubs participated in the World AIDS Day activities by organizing HIV/AIDS awareness and sensitization programs in their educational institutions.

Mainstreaming HIV

Realizing that the battle against HIV cannot be won unless all related departments are involved, the Government has constituted a High-level committee with Chief Minister as patron. Members include Chief Secretary, Director General of Police,

Principal Secretaries of 16 departments such as Health, Education, Rural Development, Home, Municipal Administration, Women and Child Welfare, Transport, and representatives from donor agencies and network of positive people.

A Government Order issued on 2 December 2006 re-designated the District Leprosy Officers as Additional District Medical and Health Officers (AIDS and Leprosy). The DLOs were until now informally handling HIV-related programs in the districts.

Police involvement in HIV response is growing.

The Transport department has agreed to include five compulsory questions on HIV/AIDS in its written test for renewing driving license.

Lesson Learnt

HIV tests and access to health services reduces stigma associated with HIV/AIDS. Reduction of stigma helps in curtailing the spread of HIV.

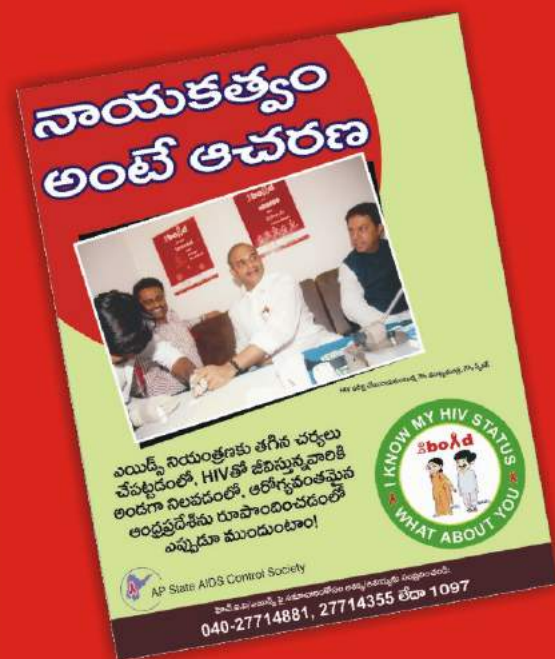
Campaign reduced stigma associated with HIV/AIDS, vindicated by increase in HIV-tests and service uptake by identified-positives.

| Year | HIV tests | HIV+ Identified | ANC HIV prevalence | Alive on ART as on Dec 31 | HIV to TB Referrals/ found TB+ | TB to HIV referrals/ found HIV+ | HIV+ deliveries assisted |
|-------------------|-----------|-----------------|--------------------|---------------------------|--------------------------------|---------------------------------|--------------------------|
| 2005 | 4,96,312 | 50,791 | 1.9 | 2,135 | 11,450/4,777 | 9,444/1,926 | 2228 |
| 2006 ¹ | 9,25,381 | 72,576 | 1.4 | 6,468 | 21,959/5006 | 16,240/2,465 | 2834 |
| 2007 | 15,42,809 | 1,00,857 | 1.1 | 25,021 | 39,247/8,973 [∇] | 25,305/3184 [∇] | 5032 |

16,72,075 tests done (107,417 HIV+ identified) in 13 months campaign from 1-12-2006
13,31,203 tests done (127,515 HIV+ identified) in SIX years between 2000 - 2005.

¹ Includes data of December 2006 also, which is part of Be Bold campaign period

[∇] Data upto November 2007



HYDERABAD DECLARATION

(MADE ON 7TH DECEMBER 2006)

Together we make a better world

HIV/AIDS is posing a serious health challenge in Andhra Pradesh with more and more people getting infected with the virus. Continuous efforts are made to face this challenge and create an enabling environment for prevention, treatment, care and support issues. To strengthen these efforts, People living with HIV/AIDS have come together to form networks to provide support, share concerns and provide assistance to lead life with dignity and quality.

At this moment of our tryst with our own destiny, through this Hyderabad Declaration by People Living with HIV/AIDS, partners and concerned citizens give ourselves a sense of direction, commitment, hope and promise to strive in unison for minimizing the spread of HIV infection, provide access to treatment, support services and create an environment conducive lead quality life with self-respect. We shall all promise and dedicate and strive to ensure that with 0/7 campaign HIV infection to the new born children is minimized and the ideal of Zero infections is achieved by 2007.

To achieve this we work towards:

PLWHAs:

- Prevention of further spread of the infection and behaving responsibly.
- Networking with people infected and affected with the virus and with their families, communities and all others who extend care and support.
- Assisting health care providers facilitating treatment, distribution of medicines and help people on treatment for adherence of treatment extended.
- Dispel myths and misconceptions relating to HIV/AIDS and extend support to people to fight against stigma and discrimination.
- Ensuring all pregnant women are tested for HIV and encourage pregnant women found HIV +ve access necessary care and treatment to achieve the 0/7 goals.
- Helping people in distress with HIV/AIDS to know their legal and human rights to live, to work for gainful employment and lead a life with dignity and mutual respect.
- Disseminating information on services available and various options provided for people infected and affected with HIV/AIDS and encourage them to access these services as peer educators.

Government and Health Care Providers:

- Reiterating commitment to prevent HIV transmission and to control its spread through information dissemination, awareness creation, encouraging people to adopt preventive behaviour and providing effective treatment for sexually transmitted infections.

- Increasing access to treatment for opportunistic infections and providing Anti Retro Viral treatment to reduce morbidity and mortality associated with the HIV infection.
- Increasing efforts to reduce the adverse social and economic impact resulting from HIV Infection by encouraging people to talk about HIV/AIDS and facilitate creation of enabling environment.
- Leading from the front for achieving the goals of 0/7 and ensure that new born children are protected from HIV infection.
- Reinvigorating the community awareness, specifically knowledge attitude and practice of high risk groups.
- Facilitating mainstreaming and integrating the activities for AIDS control and prevention in both Govt. and Non Governmental Organizations
- Increasing the access to safety of Blood and Blood products and encourage voluntary blood donation movements
- Making HIV/AIDS test routine and increase the access to counseling and testing services.
- Enhancing efforts to garner social support for management of a HIV/AIDS infected patients.
- Providing access to medical treatment of children and adults living with HIV/AIDS for opportunistic infections as well provide Anti Retro Viral Treatment.
- Bring in polices and legal frame work which would help in reduction of stigma and discrimination and also help in prevention of infection, treatment, care and support for people living HIV/AIDS.

Citizens and people with concern for HIV/AIDS: As citizens and people with concern for HIV/AIDS issues, we take this opportunity to express our committed concerns by

- Striving to reduce stigma and discrimination for people living with HIV/AIDS providing social support.
- Enhancing our efforts to promote not only awareness but concrete preventive action to stop further spread of infection by adopting responsible behaviour.
- Assisting the Government and other agencies involved in the control and management of HIV infections.
- Helping people infected and affected with HIV/AIDS to lead a life with honor, dignity and respect.

This Hyderabad declaration is proclaimed on this day of 7th December 2006 as a collective effort by all the individuals, organizations and agencies concerned with issues related to HIV/AIDS in the service of mankind.



(A. Ramesh Babu)
President
Tehugu Network of People
Living with HIV/AIDS

G.Asok Kumar I.A.S.
Project Director
Andhra Pradesh State AIDS Control Society,
Hyderabad

(Right) Union Minister of State for Health Panabaka Lakshmi getting a HIV test done. (Left) Children urge elders to take leadership initiatives and give them a HIV-free future on the occasion of World AIDS Day in Hyderabad.



0/7 Ensuring an HIV-FREE Generation



Zero by Seven Initiative -- PPTCT+ programme

The Zero by Seven Initiative has been taken up in the State since January 2007. Under this initiative, it is attempted to minimize transmission of HIV from pregnant mother to child. It will help identify HIV positive pregnant women, give support during pregnancy, ensure institutional delivery and nevirapine administration to prevent parent to child transmission. A network of positive outreach workers trained and sensitized in 80 subdivisions have identified doctors and nursing homes and support services such as ambulances to facilitate institutional deliveries.

All doctors in the PHCS and interested private practitioners were trained in conducting deliveries of HIV positive mothers. About 40,000 ANMs and 2000 doctors have been trained over two months.

'Well Baby Shows

Well Baby Shows have been organized in all districts to encourage HIV positive mothers to take care of their infants. Babies are judged on general health, feeding habits, nutritional status and HIV status.

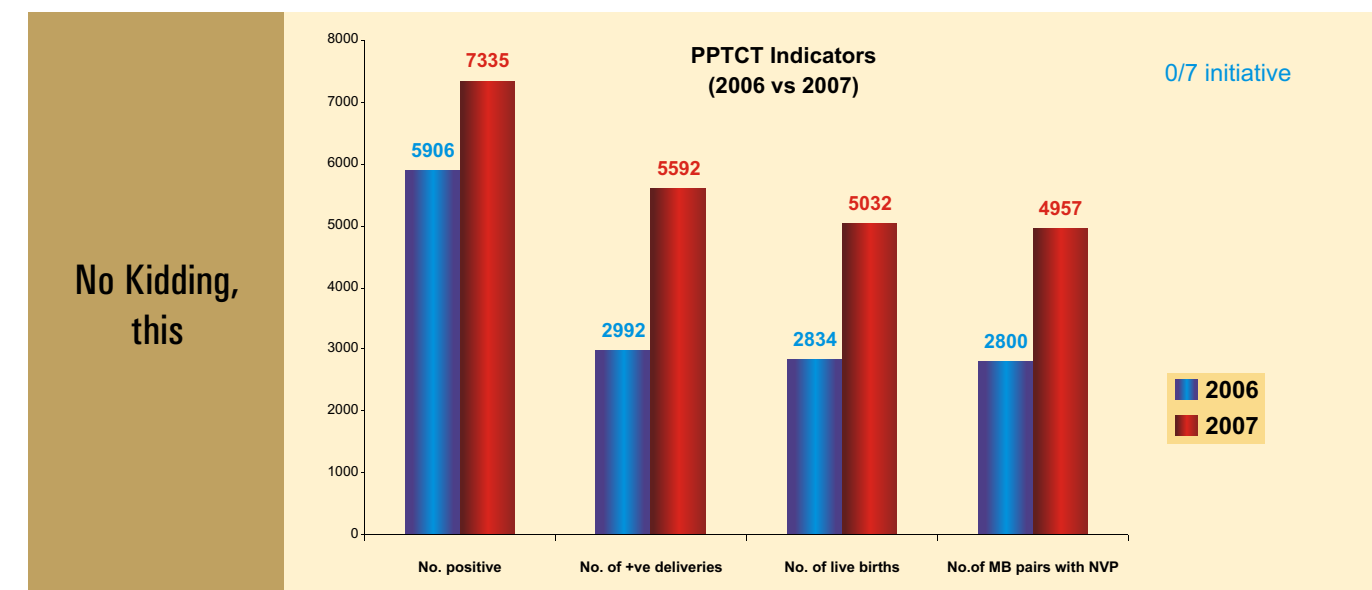
APSACS has revived Seemantham, a traditional practice of honoring pregnant women in the seventh month, with the help of outreach NGOs. HIV positive pregnant women have been honoured.

Bold Doctors' Club

Bold Doctors' Clubs have been formed in all districts. Their members are doctors who are aware and willing to treat HIV positive people. These doctors are given training to treat HIV positive patients, conduct deliveries and surgeries. They are given all necessary protective gadgets and equipment. APSACS conducted extensive meetings with officials of the

Indian Medical Association (IMA) and AP Private Nursing Homes' Association (APNA).

The 'Most HIV-friendly Doctors' in the districts were felicitated by the district administration on August 15, 2007, based on recommendation by Positive Networks.



No Kidding, this



Path to Confidence

ICTC Services

Siddhartha ICTC, Vijayawada

“I came to know about HIV a year ago and I knew I was at risk. I wanted to go for testing but was afraid. I was scared of talking to others and I felt that if I talked about it, people would suspect me. But now, I know about the need to talk about it. I went to get tested with the help of an outreach worker who explained so many things related to HIV and assured me that there was nothing to feel guilty about. I have also heard about HIV on the radio. Now, I have come out in the open. I have informed my neighbor and brought her for a test.” This is how Purnima, 28, of Kesarapally village, explained her transformation. She was waiting for her turn at an Integrated Counseling and Testing Centre (ICTC) in Krishna district.

The District has 42 ICTCs. There are three Care and Support centres at Nunna, Pedana and Ramannagudem, run in collaboration with private organizations. There has been a significant progress in the number of tests done after the 'Be Bold' campaign.

In the seven-month period after the launch of the Be Bold initiative, 43,744 tests were done in ICTCs as against 38948 done during the entire 2006.

In the district, they organized a private doctors' meeting about the epidemic, stressing on the key role they needed to play in arresting the virus. The meeting decided that all pregnant women must be counseled to take the HIV test. For all

HIV positive pregnant women, the CD4 test is made compulsory. Thus, efforts in prevention from parent to child are yielding good results. One of the key reasons for motivating more people to get tested was making institutional delivery affordable, particularly for the rural population.

“The impact of 'Be Bold' is quite striking as it helped to address the stigma and discrimination against those living with HIV. Positive people have come forward to disclose their status and overcome their inhibitions,” says Sastry, Additional District Medical and Health Officer and the district nodal officer for HIV/AIDS, Krishna.

With the experience that they have gained, the district officials are in a position to map the spread of HIV. They have identified five mandals as high risk ones where the district unit is going to take up special programs to address the concerns.

ICTC, Siddhartha College, Vijayawada

Two experienced counselors and two outreach workers joined forces with an efficient network in shaping this centre as a model one. The ICTC has a wide network that includes local NGOs, doctors and the student community. As part of the campaign, the outreach workers (ORWs) approached groups such as auto and lorry drivers' associations and organized awareness programmes. The counselor and ORWs also visited colleges and organized

campaigns. In response, many students came to ICTC for the test. When a student comes in for information, the counselor explains about HIV and AIDS and also the importance of sharing with their peers the effects of HIV, and the importance of knowing one's status. This manner of campaigning has succeeded in bringing more people for testing. When an auto driver comes for test, the counselors request him to bring his co-workers. The strategy achieved significant results.

Bold Doctors' support: There is good support from doctors who have attended awareness/knowledge building campaigns. Earlier, the response was rather poor as doctors refused to deal with HIV or to refer the patients to any centre. Now they are sending some patients to the ICTC. Srilatha, Counselor, ICCT Siddhartha College, says: “There are at least 2-3 patients that are being sent by one or the other doctor every day.” The NGOs are happy with the ICTC too. Chennupati Vidya, Vasavya Mahila Mandali, one of the prominent organizations working on the issue, says, “The ICTC's work is good and they treat the patients sensitively. We refer all the cases to the ICTC.

“There has been a welcome decline in stigma after the 'Be Bold' campaign. When we reached women through door-to-door campaign, we have seen a positive response. Those women are now sharing the info with more people.”

Path to Confidence

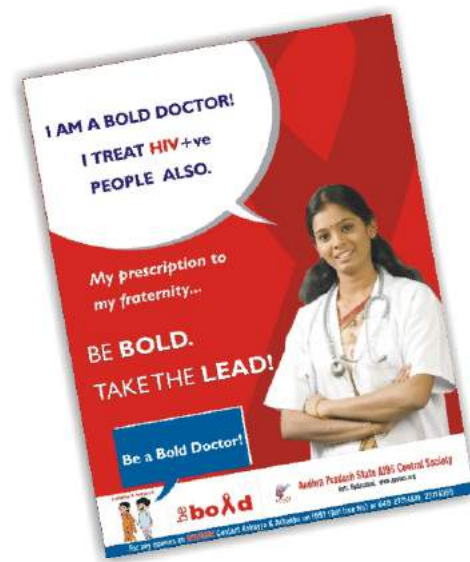


One of the important things that emerged from this interaction was that the campaign has made a lot of difference and succeeded in enhancing awareness on HIV prevention. Now there is need for home-based care and supportive system for those affected by HIV/AIDS, especially children and women. Says Dr. Sastri: "Now we are in the third phase. We need to extend services on a larger scale to people who have reached the AIDS stage."

At this centre, 5656 tests were done during 2006-07 while April-October 2007 witnessed 5875 tests.

Narayana (32), a native of the popular Buddhist village in the district, Amaravathi, is one of the beneficiaries the campaign that brought together

many stakeholders, including the grassroots political leadership. "I came to know about ICTC through our sarpanch. Five months ago I came here and discovered that I am HIV positive. The counselor at the ICTC has explained to me about the problem. I was scared when I was told about my status but after talking to the counselor and doctor, I am confident I can survive and can take care of my family," says Narayana, a semi-literate farm worker. Once his HIV status was known, Narayana did not take much time in getting his wife and two children tested. "I am so relieved that neither my wife nor children were reactive. I am really grateful to these people who gave me a lot of information and built my confidence."



Path to Confidence

VCTC, Community Health Centre, Narasannapet, Srikakulam District.

Narasannapeta is located near the National Highway and there are several high-risk areas and hot spots in this town. Migration is very high and hordes of people come here, seeking work.

Most of the people who access the services of this VCCTC are from the villages surrounding Narasannapet. Subramanyam, VCTC counselor, says he finds that the visitors to the VCCTC talk freely, share their problems and take the test. It is the impact of the Be Bold campaign, organized by outreach team and Health Volunteers in the field. Stigma has come down in the villages and since the health volunteers belong to same area, people are receptive towards them. While some come to the center along with volunteers, others go to other VCCTCs, faraway from their village, to maintain confidentiality.

The Counselor also says that the **Be bold** impact is high in all the communities and he has noted that they access the services freely. People with risk behavior come to the centre even from urban areas. NGOs, Health Volunteers, Positive Net works and even the Satya Sai CBO refer cases to the VCTC center. As part of the Be Bold campaign, the counselor himself and the staff of VCCTC & Hospital have taken the HIV test. "Whenever, we talk about HIV to others, they are asking us whether we have taken the test. I feel we should be exemplary and our effort is to support the Be Bold campaign," says Counselor, VCCTC, Narasannapet.

The VCTC staff have conducted many Awareness camps and established stalls in the local market and at important locations. They have also conducted College Talk AIDS Programme and a sizeable number of young people, including girls, got tested in this center. Another achievement of this centre is the organising of Motivation camps.



Path to Confidence



“Before Be bold campaign was implemented, people had a lot of misconceptions and fears about test. Now, knowledge levels have gone up in all categories of people, due to the impact of wide publicity through awareness programmes and good outreach work and comprehensive service deliveries. People are utilizing the services at the center and some of them are collecting condoms at VCTC center. Sarpanches, Ward members, local youth, Anganwadi workers, Auto drivers’ unions, and employees are cooperating in implementing the outreach programme.

They are taking lead role and are involved actively in the programme wherever we conduct them,” the Counselor explains.

Interaction with Outreach staff

“I regularly visit my areas and give general information to the villagers. I take support from Anganwadi workers and Health volunteers and ASHA mitra volunteers and some of the youth. Through these persons, I approach the villagers. I refer those who are willing to the VCCTC. It has been my experience that many of the villagers have a lot of doubts and misconceptions and seek

someone to clarify them. Once their doubts are cleared, I find that people open up and come for testing. And stigma naturally evaporates. Some of the villagers usually refuse to be seen talking to me since they may be viewed with suspicion. But once I tell them all about HIV-AIDs, they don’t hesitate to come to the Cente and seek advice.” This is what J. Srinivas, Outreach worker, has to say.

Another ORW G. Ramarao, has similar things to say and similar experiences to share.

Path to Confidence

Interaction with Beneficiaries:

KVY. Shanta Rao is 30 years old and has two kids. He is HIV Positive and works in a hotel, while taking ART. “I am taking service through outreach staff. Now my health is much better,” he beams.

Ch. Renuka, 27, has a daughter and makes both ends meet by making leaf plates. She accesses services through the outreach staff too.

Forty-year-old N. Ganesh is a tailor by profession. He as well as his 37-year-old wife Saviri, are HIV positive. His condition is quite critical and he had come to the VCCTC with the help of outreach workers and is right now taking services.

Integrated Counselling and Testing Centre (ICTC) - Gandhi Hospital, Hyderabad

The Gandhi Hospital has a comprehensive programme for

HIV/AIDS outreach, VCTC, PPTCT, STI clinic, ART including Pediatric ART.

Over 2006-2007, number of tests has increased rapidly.

In the first two quarters (Jan-June) number of tests done doubled. In the third quarter, number of tests increased by about on-and-a-half-times. Number of people testing positive also doubled thus indicating that prevalence level had plateaued.

OUTREACH

Monthly visitors to the ICTC has shot up by more than four times (from 120 to 500) over the last few months. Siva Prasad, counselor, ICTC says, “Awareness programmes and intensive community meetings helped increase in the number of people volunteering for tests.”

The team, comprising counselors of VCTC, PPTCT, and eight outreach

workers, collectively plans the outreach. The team first identifies the risk areas. Some of the places identified were Addagutta, Habmalibasti, Chilkaiguda, Boiguda, West Maredpally, East Maredpally, Clock Tower, Market, Warasiguda, Padmarao Nagar, Gandhinagar and Pittalbasti in Hyderabad.

Rapport was built with a key person in the area who in turn helped in reaching out to the community. For instance, the leader of a construction group near Gandhi hospital told them they organised a meeting every month. The outreach workers started attending their monthly meetings and launched the 'Be Bold' awareness programme. Adopting different strategies, they met auto drivers and lorry drivers at their addas (regular haunts). Such meetings were organised over ten months. Once a relationship was established, day-long camps were held for HIV testing. The



Path to Confidence

Path to Confidence

outreach staff went door-to-door mobilising people to come for testing. Those who were not willing to test at that time visited the ICTC since they were well informed by the Campaign.

COLLABORATION WITH NGOS

Collaboration with NGOs has been critical to the success of the Campaign. Six NGOs support the ICTC with lead NGO Lepira Society ensuring close coordination. Each day, one NGO visits the ICTC. The local NGOs also refer people to the ICTC.

SUPPORT FROM MEDICAL OFFICERS

Mahalaxmi, Counsellor, PPTCT, says Medical Officers have become extremely supportive after the 'Be Bold' campaign. "Earlier, the VCTC did not have a room to itself. It was outside the hospital premises in a patch cordoned off with a curtain. This was not appropriate for counseling. Now, the VCTC has six rooms. It is because of the Medical Officers' commitment that we have a comfortable space."

At present, the VCTC is on the fourth floor of the main building, near the in-patient wards. Mahalakshmi says this could be a deterrent for many. It will soon shift to the newly allocated six rooms in the out-patient block which makes it easy for people to visit. Siva Prasad, counselor, adds that they may need to recruit an additional female counselor to meet the added demand for services.



It takes less time now to give reports of tests. Earlier, it took up to 15 days. Today, results are given on the same day. This simplified the process in the minds of people and they are more willing to come back to take the reports.

Awareness programmes and services are helping people learn to live with HIV.

Counselors say they constantly counsel people who fall into deep depression when they come to know about their HIV status. In many cases, empathy and counseling by trained counselors results in a complete turnaround for the infected person giving him/her the will to live.

VCTC, District Hospital, Anakapalli, Visakapatnam District

Be Bold campaign has managed to change the perceptions of people towards testing, says Adinaidu, counselor at the VCTC, Anakapalli. The number of tests at the VCTC center has gone up and we tell the patients how to enhance their lifestyle. Anganwadi workers have been trained so that they can get intensively involved in the programme. These workers have referred more number of ANC cases and the new mothers give priority to HIV test. The family members ask for details of the test and spouses have been regularly visiting the Centre for information.

"Our strategy was to go to the field, contact one or two influential, key people and then make home visits only through them," Adhinaidu says. He says stigma has come down noticeably. People are willing to get tested not only in VCTCs but also private laboratories," he says. everybody "These days, students and young people boldly come for testing. We involve Riskshaw pullers, Auto drivers union, Masons and Construction workers in the awareness programmes."

CH. Madhava Rao, Outreach worker, takes his own example when he is convincing people to get a test done. "I was once referred to the VCTC center and since then I have approached risk behaviour persons. I always tell them my

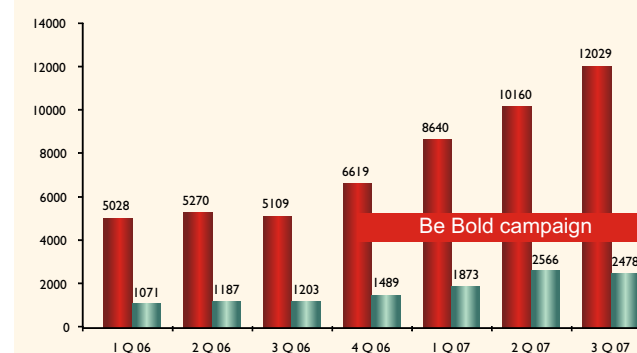
own story." He has, so far, referred 200 people to the VCTC center.

Beneficiary Interaction

SK. Karim, from Anakapalli, visited VCTC center for a HIV test, and was fortunate to turn out to be non-reactive. Now, I will refer my friends also," hesays.

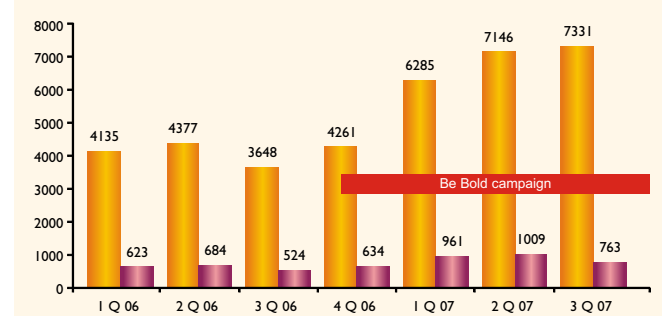
Pale Sivaji, a 35-year-old from Anakapalli, has 3 children. He works as a coolie on daily wages. He is yet to start ART but knows all about it, thanks to a health volunteer.

ICTC to RNTCP Referrals & Diagnosed TB Patients



RNTCP to ICTC Referrals & Diagnosed HIV +

RNTCP to VCTC Cross Referrals



Mothering a Cause

PPTCTs



PPTCT, Jangaon

Gaining support from the key stakeholders in the villages

The outreach staff from the Prevention of Parent To Child Transmission Centre at Jangaon, Warangal district, put in their best efforts to convince Renuka to access their service. The 20-year-old school dropout from Lingala Ghanpur village was in no mood to listen. The pregnant woman would neither say no nor heed their advice. Not ones to give up, the outreach staff sought the help of the village sarpanch. And lo! It worked instantly again emphasizing the significance of the role needs to be played by the opinion leaders in fighting HIV-AIDS.

"Pullamma and Krishna (outreach workers) did visit me for six months. I used to wonder why they should take so much interest in me. I did not say no to them but had no intention of accessing the service they advised. But when our sarpanch, Yadagiri, explained about the PPTCT+ programme and why it was important for my to-be-born child, I realized how foolish it was to have ignored their advice".

Renuka turned out to be non-reactive during her first pregnancy but tested positive during the second. "I was shocked to know the result. Despite the counselor's compassionate assurances, it was not so easy to accept the positive status. I was depressed for one month but due to the continuous visits and focused counseling, I became normal. I understood the importance of institutional delivery. My daughter and I were given neverapine drug. Later, I came to know that there are many Positives leading their lives happily despite the virus. My confidence levels increased after seeing them. I have to get my eight-month-old daughter tested now. The health condition of both my daughter and me is e good. I am getting dal, rice and oil from the organization. Now I know how to live with the virus and how to take care of my children. My neighbors do not know about my status and hence there is no problem from them. I am very happy about the services by the centre."

Pulamma, a HIV positive, associated with the PPTCT+ programme, as an outreach worker, knows about the services available in the

Mothering a Cause



volunteers and Velugu Gramadeepika members. We not only involve them in the process of outreach but also make them deal with stigma-related issues. The committee also helps us in the follow-up of positive ante-natal cases. Whenever we want to conduct awareness programmes, they make all the arrangements and mobilize people," says Haleema.

PPTCT + Intervention, Government Maternity Hospital, Nayapul, Hyderabad

The PPTCT + Programme is being implemented in 91 slums in Hyderabad since January 2006 covering a population of about 4 lakh.

During January-October 2007, 3,831 women under ante-natal care tested for HIV. In 2006, 199 HIV positive deliveries were done out of which follow up was done for 44. In 2007, the follow-up cases increased to 86.

The Project Staff comprises of a Programme Coordinator, one senior outreach worker, eight outreach workers and a social worker.

Vijayalakshmi, Programme Coordinator, says "Sixty percent of pregnant women accessing services here come from other districts. During counseling, we find that they are afraid of people getting to know

mobilizing and motivating the women to access HIV prevention services of PPTCT+ programme is immense. Of the 212 village sarpanches, 35 are concerned about HIV prevention among the villagers and are extending all possible support to the outreach staff in making the women to access services. They also play a key role in the awareness campaigns, Susane added.

Haleema, another outreach worker, echoes Susane's sentiments. "We maintain regular contacts with sarpanch, health volunteer and Anganwadi worker to make our outreach more effective and easier."

"We formed a health committee consisting of a sarpanch, a youth leader, an Anganwadi worker, a SHG leader, health

district. "I have been extending my support to the PPTCT+ project staff and health staff to organize awareness programmes on HIV-AIDS in our village. I referred four persons to ICTC and PPTCT and they were all found to be positive," says Pullamma, who had the misfortune of losing her father to AIDS.

There are many like Renuka and the outreach staff does its best to convince expectant mothers to avail their services and give birth to HIV-free children, but their efforts yield the desired results only when they get the support of local opinion leaders and influential people. "We can see a significant increase in the number of people availing of the services where village sarpanchs chip in," says V Susan, programme coordinator. Their help in



Mothering a Cause

of their status. If they are willing, we refer them to the PPTCT centres in their respective districts."

In the district, anganwadi workers, sarpanches, health volunteers, are responsible for facilitating pregnant women's access to HIV prevention services.

The PPTCT+ Programme is helping women who test positive and have a comprehensive understanding about HIV. Couples where one or both are positive are gaining confidence to manage their lives well.

Ratna Kumari, 23, Hyderabad, is a beneficiary. "I was suffering from lung infection. I had lost a lot of weight. People started suspecting I was HIV positive and soon my relatives and neighbours stopped talking to me. I got tested for HIV at Osmania hospital and it turned out that I was positive. My CD4 count was 63. The doctor immediately put me on ART. I have been under ART for the past one year. My present CD4 count is 425. I am fine now," she says.

"During my health check-ups in the Government Maternity Hospital, Nayapul, doctors referred me to the PPTCT. The staff there has been very friendly and supportive. They have advised me to come to the hospital for delivery so that they can administer nevirapine. I will definitely come to the hospital for delivery. The outreach staff has given me a lot of moral support. They also ensure confidentiality." This is the story of Swapna, another beneficiary.

Chennamma, 25, Thukkagudem has a slightly different tale to tell. "I did not get tested for HIV till just prior to the delivery. I had visited a private hospital where they did the general health check-up but did not suggest HIV. As the date of the delivery approached, my neighbours suggested that I go to the Nayapul hospital for a health check-up. Ten days before my delivery, I tested HIV positive. As suggested by the PPTCT + Programme staff, I delivered in the hospital. Both my child and I were given nevirapine. My child is now seventh

months old and his health is good. I worry about the future of my children, so I come here every month for a check-up."

Baby Show for Positive Mothers

In August 2007, Nayapul hospital organised a 'baby show' in which 51 HIV positive mothers and their children participated. The objective was to provide a platform for HIV positive women to come together and gain strength from each other. It helped other HIV positive women regain their self-confidence by meeting women who were coping well.

(ONLY MOTHERS PARTICIPATED?)

Suneetha, 28, a participant from Ganganagar of Golnaka locality in Hyderabad said, "I had never seen any other women who were HIV positive. To my utter surprise, most of them looked happy and healthy. They were not afraid to share their experiences with each other. It was a great morale booster for me. Now, I don't brood about HIV, I have learnt how to have the courage to live with it."

Kavitha, 29, from ECIL area, is an outreach worker who has been with the PPTCT + Programme since the last one year. She says, "The Well Baby Show became a milestone for HIV positive women. They saw other HIV positive women with healthy babies because they had taken special care."





Perfecting Care

Care and Support, Pedana, Krishna District

Care and Support Centre, Pedana, Krishna District

The Care and Support Centre at Pedana, is a busy place. The Centre is run by Assisi hospital with support from APSACS.

Intensive outreach work and awareness programmes as part of the 'Be Bold' campaign have increased number of people accessing services at the Centre. People come from across the district and also from neighbouring areas.

Doctor Prasanthi Mary of the Centre says that as demand for services increased, the Center responded by taking up alternative means of services such as home and community-based care and support; outreach for PPTCT programme; livelihood programmes for high risk communities.

Ever since the Centre began working, it has provided services to more than 5,600 patients.

Outreach workers conduct group awareness meetings with women and youth groups in the community. This has helped address stigma against HIV. Earlier, villagers did not allow outreach workers into their houses. They feared if they were seen talking to them, people would think they are HIV positive. Outreach workers are now welcomed into people's homes. There is a lot of debate and discussion during meetings. Those who have an inhibition asking a question in a group come to the Centre

to learn more about HIV. This has also led to an increased uptake of testing services.

A 23-year-old woman in Chinna Yadara of Machilipatnam lost her husband to some of AIDS-related illness within a month of marriage. Neighbors asked her to go for testing and she tested positive. "I felt very humiliated and I could not speak to anybody. I was afraid to come out. An outreach worker visited our house. I came to the Care and Support centre. Now, I am attending positive women's meeting every month. Now, I have become very bold I can talk about being positive, I can face society, and also create HIV awareness among other people".

A 25-year-old woman from Machilipatnam said she came to know of her HIV status when she was four months pregnant. "It is second marriage for both my husband and myself. The outreach worker took me for testing. I tested positive, while my husband is negative. I felt very nervous and even

wanted to commit suicide. The outreach worker explained to me about HIV and gave me a lot of support. As a result, my husband also accepted me. He is taking care of me and is very supportive. Now my health is good and I am taking a lot of care in food and taking medicines regularly."

The Be Bold campaign has had impact on the doctors' community as well. Earlier, doctors were hesitant to treat an HIV patient fearing their own risk. Post Be Bold, doctors have overcome their fear. Dr. Sugunamani, Machilipatnam, says "The doctors in Machilipatnam are now dealing with HIV people very sensitively. Any patient who shows symptoms is referred to the VCCTC and encouraged to go for a test. I can confidently say that discrimination among doctors towards positive people has been removed through Be Bold."

Meenakshi, 32, HIV positive, Challapally village says "My husband died of AIDS two years ago. I came to this care and support centre as I had become very



Perfecting Care

weak. Now I am on ART and my health has improved. If my husband had access to ART, he could have lived for many years.”

Durga Rao, 33, Mandaveli, was told by the doctor two months to go to the VCTC since he was not responding to other kinds of treatment. “I gave blood for testing but went off to work in Maharashtra without taking the report. After a month, I could not even walk so they sent me back home. My test result was positive. We did not know where to go, whom to approach. A few days later, an outreach worker from this care and support centre came to our home and informed us about this. My treatment has now started and they gave me medicines.”



PPTCT Outreach: The Assisi is doing outreach in 12 mandals covering all the gram panchayats. There are six outreach workers, each covering two mandals.

Arogya Avagahana Sadasuu: Outreach workers organize four meetings in a month. They explain about HIV, disseminate information about the available VCCTCs, ART centres. They approach the village stakeholders to organize these meetings with support from Anganwadi workers and Gram Panchayat President.

For approaching pregnant women in the village, the outreach worker goes to the Anganwadi teacher and takes the list of women getting ANC and PNC and visits all of them. If they have not had a HIV test, they are explained about it and referred to VCCTC. Many times, they send the woman to the VCCTC along with a health volunteer. “We convince them by saying that HIV is like any other disease. Testing of a pregnant mother can prevent infection to child. We encourage the couple to test,” says P. Saroja, Social Worker.

Outreach workers do constant follow up of women who test positive. At the time of delivery, they refer them to the Machilipatnam Area hospital. One outreach worker placed at PPTCT+, Machilipatnam takes care of the patients. Some patients directly go to the Area Hospital. Interestingly, pregnant women are good source of information about other pregnant women in the area.



Care and Support Centre, Batallapalle, Anantapur district

NGO Rural Development Trust runs a Care and Support Centre for HIV positive people at mandal headquarters, Batalapalle, 20 km from Anantapur with APSACS support. Facilities offered include Integrated Counseling and Testing Centre (ICTC), CD4 testing, Antiretroviral therapy (ART) and RNTCP linkages. Equipment for measuring viral load is also available.

RDT has a strong network in villages in the district. Its community programmes are implemented in 1545 villages in 53 of the 63 mandals in the district. Response to the outreach programme has been good. Most beneficiaries are from the

Perfecting Care

Rayalaseema region.

All medical officers at the Centre have undergone an year's training at Tambaram Hospital, Chennai. In addition to the regular medical officers, the Centre also has two Spanish doctors who work there as volunteers.

IMPACT OF 'BE BOLD'

Substantive increase in uptake of services

According to Sirappa, Director of the Care and Support Centre, uptake of testing services has increased significantly over the last one year. In 2006, 5,200 patients were counselled. In 2007, in just seven months' time, 5,400 people were counselled. Purushotham, counselor, says this is because of the intensive awareness campaigns matched with scaling up of services. However, men still outnumber women in accessing testing services.

Scaling up of services has resulted in a decline in AIDS-related deaths.

While the Centre reported 20 AIDS-related deaths a month last year, this has come down to 10 deaths a month this year.

However, the most significant impact of the Be Bold campaign is that educated people are voluntarily coming forward for testing without taking counseling at the ICTCs.

Addressing stigma and discrimination

Srinivas, an HIV positive person living in a remote village in the Narpala mandal says his wife is not infected, yet she continues to be by his side. The

community also does not discriminate. Some years ago, an HIV Positive person had been ostracized till he died in the same village. According to counselor Ramu, experience sharing by HIV Positive persons as part of the Campaign has played a critical role in reducing stigma and discrimination.

Counseling and ART gives Positive People a new lease of life

Varalakshmi, counselor, says Antiretroviral Therapy gives confidence to Positive People that they can live healthy for long. Uptake of PPTCT services has also been good. Women are taking necessary precautions, ensuring institutional delivery, taking care for follow-up of infants. About 70% HIV positive pregnant women are opting for a caesarian section, as there seems to be a general belief that a c-section can save the child from HIV.

Lakshmi Devi, 32, Anantapur town, says the counseling she received at the Care and Support Centre has given her a new lease of life. “I was very scared about HIV but now I have learnt to cope. This motivation has come because of counseling. There are many people who are suffering because of HIV. I am now helping other infected and affected people sharing our experiences with them gives me a lot of strength.” Lakshmi came to know her status four months ago when her husband was seriously ill but repeated visits to private hospitals did not yield any results. Now, at the Care and Support Centre, he is recovering well.



The Art of ART

ART and PPTCT + Centre, Guntur



The ART Center at Guntur Government hospital gets new cases every single day. Statistics say on an average, 200 people access the Centre's services every day. Of these, about 30 are first time visitors.

The Centre gets HIV positive people not just from across the district but from neighboring districts as well such as Prakasam, Nizamabad, West Godavari, Nalgonda, Kadapa and has 4,000 people on ART.

Dr. Ravinder Reddy of the Centre says there has been a sea change in people's attitude towards HIV positive people. This in turn is enabling people come out and speak about it. "Whether people disclose their status or not, they are using this service and thereby improving their health."

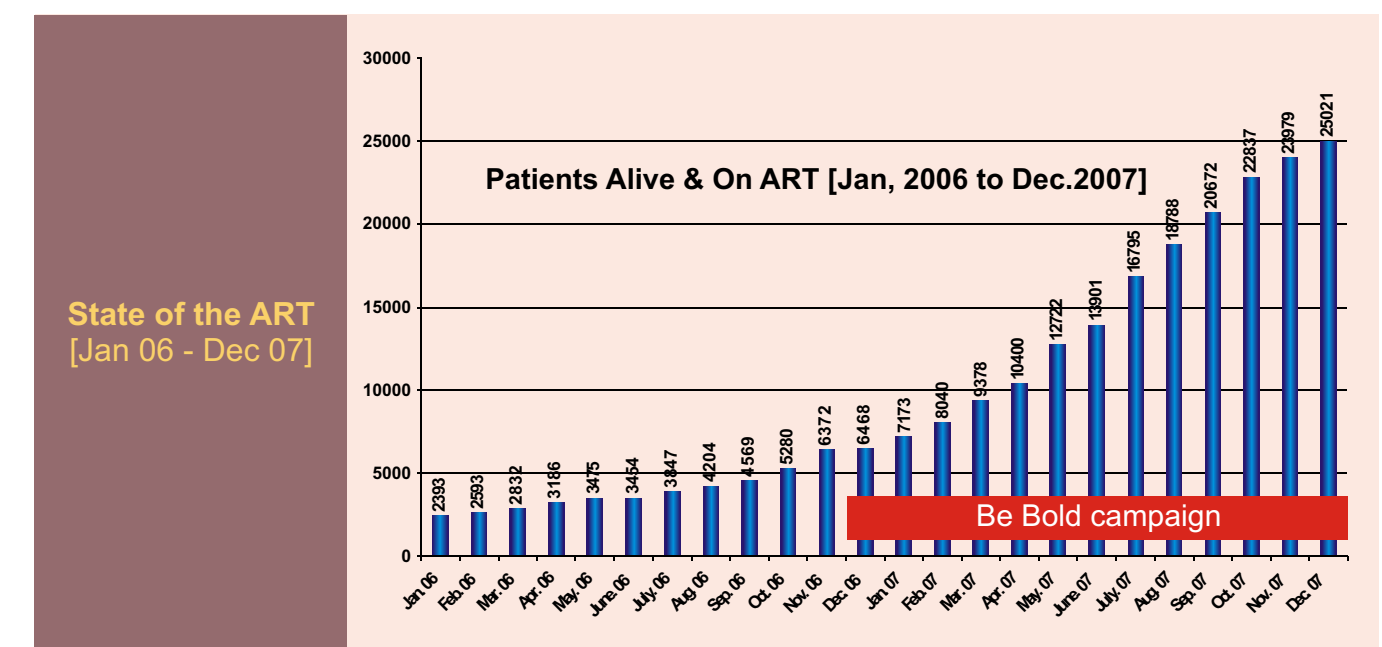
Dr. Venkat adds, "The ART Centre is a very helpful place for HIV positive people since they are often cheated by people who promise miraculous cures."

Positive people are told about HIV-AIDS and about the side effects of ART. This helps them have a clear perspective while taking a decision on ART. "They are able to talk about HIV without inhibitions," says Vijay Kumar, Counselor. Patients are also given information about NGOs working on HIV so that they can approach them for help.

Dr. Kishore, another doctor at the centre, says: "It has been our experience that proper counseling can contribute a great deal in controlling the spread of HIV."

He feels the Be Bold Campaign has helped infected people get support from their spouses. "Now an HIV positive person comes to the Centre with spouse. Earlier, spouses would leave their infected partner at the hospital door and go. There is a lot of change now. People are supporting infected partners."

Doctors at the ART Center say the training for doctors under the Campaign has helped overcome doctors' fears of treating HIV positive people. "Doctors could get complete knowledge on HIV through the 'Be Bold' clubs and training programmes. The campaign was a winner," Dr. Ravinder Reddy says. Dr. Kishore adds, "We should set an example by treating HIV positive people with dignity."



Women in White

Raja Foundation, Daddy Home, Kadapa

Beneficiaries share

Koteswari, 35, tested HIV positive an year back. Her husband died of AIDS 10 months ago. She was very weak and was unable to work. Her brother, who is also HIV positive and greatly benefited from ART, brought her to the ART center.

Rafi, 32, a visitor from Dronapuram, says: "One year back I came to know that I was HIV positive. My wife is negative. My health rapidly deteriorated. Nobody was there to look after my family. I was extremely worried about them. A health volunteer told me about the benefits of ART. I have come here with a lot of hope."

Aruna, 28, from Tenali says "My husband died one year back of AIDS. My health was in a very critical position. But now, after using ART for the last six months, I have improved a lot and keeping good health."

PPTCT+, Guntur

The Department of Gynaecology in Guntur General Hospital is the first hospital to implement the PPTCT+ programme. Earlier, all PHCs and hospitals used to refer HIV positive pregnant cases to this hospital. Dr Vasanth Kumar, Head of the Department, started doing deliveries for HIV positive women as early as 2003.

Dr. Vasanth Kumar says the Be Bold Campaign has helped increase uptake of services provided by government. "People are returning to the hospitals to collect their HIV test report indicating he/she is ready to deal with positive status, and seek treatment, care and support if need be." Under the Campaign, husbands of pregnant women were also given counseling and encouraged to go for testing.

Some of the outcomes of the Campaign are:

The Hospital has done deliveries for positive as well as negative women at the same time.



Partners of pregnant women were tested to verify they are not in the 'window period'.

The department is training final year MBBS students on HIV/AIDS and STI.

PHCs are now doing deliveries for HIV positive women. Only if it is a Caesarian, are cases are referred to the Guntur Government Hospital.

In some cases, where women test positive, husbands have to be motivated to help the woman access PPTCT services. Confidentiality remains a concern. Outreach workers constantly have to assure people about this in order to help them access services.

The PPTCT outreach programme is being taken up by three NGOs, one in each division: Rasichandamama at Tenali; Ship in Guntu and St. Xavier in Narasaraopet. The 0/7 and Be Bold campaigns are being taken to the villages through these NGOs.

In Guntur, three ORWs belonging to SHIP, each take care of 4 mandals, approach pregnant women with the help of health volunteers. They raise awareness on HIV among pregnant women and their husbands. The local self-help groups are also involved in the process.

A homeless street child fighting with stray dogs for a food packet on a railway platform. And a well-cared child with its parents in the train compartment. These are the contrasting images that convinced Raja, the founder of Daddy Home, to take up an unprecedented initiative.

"After a few days, I read news about the death of that particular street child, with a photograph in which the body had been laid next to the garbage bin. I was so moved by the incident, that I decided to set up Daddy Home."

The vision of Daddy Home is caring for homeless HIV/AIDS affected children and helpless children, whose parents died of AIDS.

"I don't like to call this an orphan home or orphan shelter or AIDS affected children's home because of the stigma attached. So, I named it "Daddy Home" which gives a feeling of family and caring of children with love and affection. I am happy when I am received with the sweet call of "Daddy" from my children and that is what keeps me going. I am getting sufficient funds from A.P. State AIDS Control Society, Hyderabad to run this home," Raja says.

After completion of one year of BE BOLD campaign

He says that the term was an excellent concept and was suggested by his Project Director. The phrase was such that it breaks the curse of stigma and

discrimination. Several eminent personalities, including the Chief Minister's son and YSR trust chairman, Y.S. Jaganmohan Reddy, visited the Home. To dispel discrimination, he shook the hands of the kids and sat with them. He also donated Rs. 9 lakh for their welfare. APSACS Project Director, G. Ashok Kumar, has adopted an affected child and the District Collector, M.T. Krishna Babu, has adopted another affected child as part of the Be Bold campaign. They sat with the children and shook hands and ate with them."

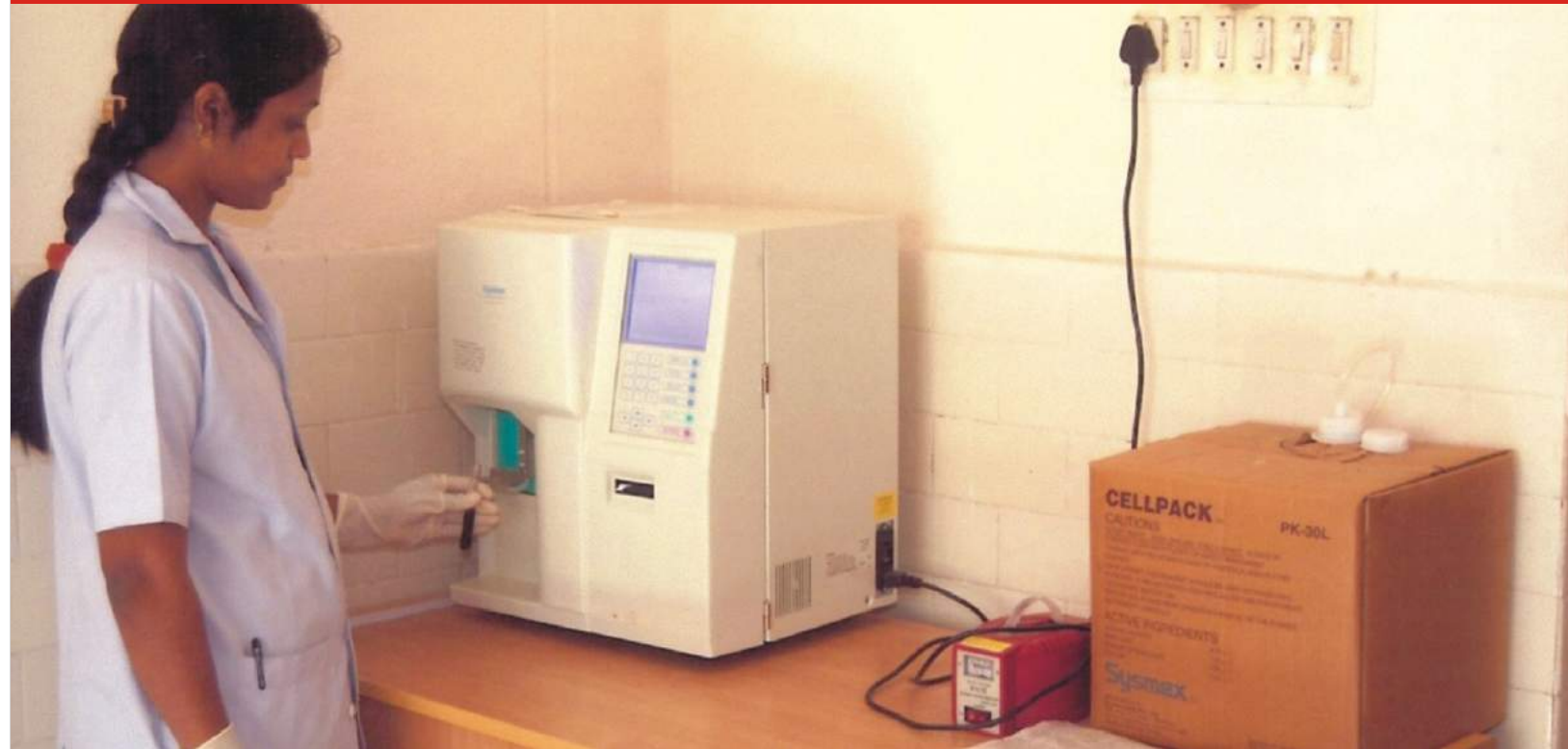
These touching moments inspired other people. Recently, the Kadapa Superintendent of Police P. Nagireddy and Zilla Parishad Chairperson Jyoti Reddy visited the home on the occasion of birthdays of all affected children on November 5.

The home, at present, has 25 affected children from the Rayalaseema districts of Anantapur, Kurnool, Chittoor and Kadapa. Affected children are not yet allowed to join any government BC/SC hostels, which is why, it is expected that the admission of children to the Home will be increase up to 50 by this March.

Raja says that at the start of Daddy Home, around 70 children were sent to the Home from the Government school, Mylavaram, due to the discrimination by the Head Mistress. 'I went to he MEO's office and lodged a complaint against the Head Mistress and sought a letter of explanation from he school regarding the stigma and discrimination. She realized the mistake and readmitted the children. I had invited the teachers prejudiced against the stigma, shaking hands and eating with them.



Women in White



"I intensely felt the need to establish a separate school to affected children, because these children are as much a part of our society as we are. After my return from the U.S., I have spent Rs. 4.20 crores to establish this home. My dream is to do something for poor children and never to give up."

The success behind this Home is 'United Spirit' and 'Team work'. "I am bold enough to break the S&D and take the children anywhere for treatment, and sensitize others in rural and urban areas, with the active participation of the affected children," Raja declares.

'In the surrounding villages due to BB camps, stigma has been considerably

reduced. main idea of establishing the home in the remote area is to provide services to the rural population that is lagging behind. Under BB campaign, we have educated and sensitized all government functionaries at the Mandal and District levels.

An inmate who is on ART, nine-year-old Sai Teja says: 'Dr. Uncle told me that I should not play out-door games like kabaddi or cricket or be running as I might get injured and blood may come out and this may infect others.' Sai Teja is studying in the third standard and hails from Edigapalli, Raichoti Mandal. He looks energetic and enthusiastic during interaction and he says always came first in his class.

Another student, Kumar, says: 'Here I am happy with the environment of love and affection shown by Father (Mr.Raja), the staff and my friends.' The nine-year-old, who is in third standard, likes jogging, and playing kabadi and cricket with friends.

The charming Sai Kumar, 10, studying in class 5, explains their routine schedule: 'We all wake up at 5.30 in the morning, and after ablutions do yoga, have breakfast and do our duties (such as cleaning the floor, gardening, removing waste etc..) And we walk 1 km to reach our school. We all go in a group of 70 and it's a nice experience. After school, we have Ragi malt with snacks (nutrition

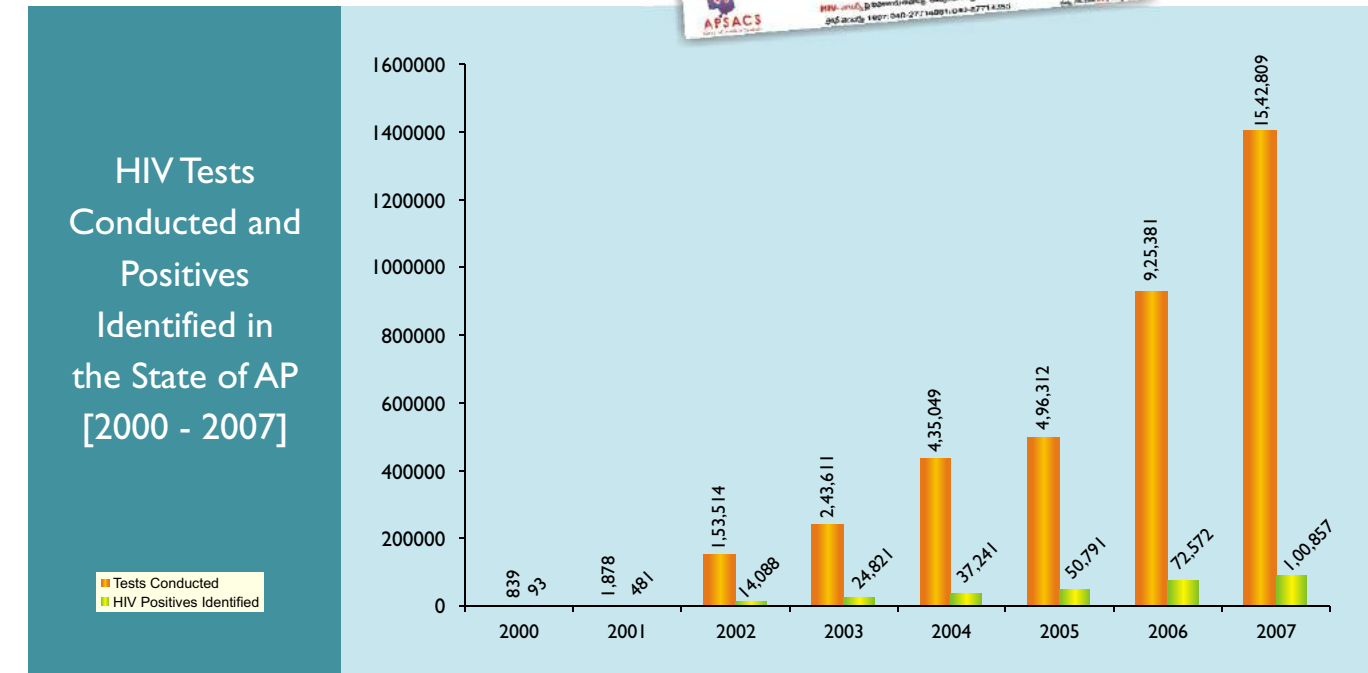
diet) and followed by duties. Before we go to sleep we study. We also have special classes for Mathematics, General Sciences and English. My Uncle brought me here as my parents are no more.' Sai says with an unwavering smile.

Ch.Mamtha, 11, a class 5 student and native of Saingam Malla village, near Raichoti, says: 'Daddy has asked me to eat well, play well, study hard and not to worry about things which hurt me and he looks after me affectionately. I am happy with my friends.'

And the care and attention have achieved what the campaign was hoping to achieve.

Following are FAQ after the BB campaign

- What is ART? Where it is available?
 - With respect of needles and syringes, people are asking, whether it is new or used?
 - Whether the ID numbers marked on blood sample will be intact?
 - Is there any possibility of ID numbers is wrongly marked on blood samples?
 - Is the blood which we get from blood bank is tested for HIV?
 - When can reactive-mother start breast feeding to baby?
 - Now, Doctors are asking to go for HIV test before going for tubectomy cases.
- ***** Addition has to be made.



'Test' Ride



Leading a Crusade

Mainstreaming HIV, Vishakhapatnam



Union Minister Oscar Fernandes, AP Minister G Vinod Kumar, Convenore, Parliamentary Forum, J D Seelam, endorsing the Hyderabad Declaration.

Vishakhapatnam district is a model in mainstreaming response to HIV. Panchayati Raj institutions, Municipality, Transport department, Police, religious institutions are coming together in the fight against AIDS. Innovative activities are taking place under the dynamic leadership of District Leprosy Officer, Dr. Rajendra Prasad.

Panchayat Raj Institution

The Panchayat Raj institution in Padmanabham mandal has become a model for the rest. The foundation of their involvement was laid when Mandal officials organized a meeting for HIV awareness in June 2007. Local MPP (FULL FORM?) D. Gopalakrishnamurthy participated in the event. He even came forward for testing. A number of other

MPTCs (FULL FORM) and sarpanches followed his example. The objective was to dispel any stigma related to HIV testing and motivate others to follow suit.

The Mandal Parishad organized a major event in a remote Gram Panchayat, Kovvada. A day-long awareness campaign was organised on the scale of a community festival. Youth were trained on HIV awareness and sent out to nearby villages to organise awareness programmes. Mandal Parishad members prepared IEC materials by mobilizing local resources. Posters, pamphlets, flexi boards, slogans were created to involve rural youth. Officials such as the local MLA, Zila Parishad chairman, DLO and other mandal level officials participated.

On the day of camp, blood donation was also organized along with HIV testing services. About 220 people attended the camp. Of these, 122 HIV tests were done; 86 people donated blood.

Bhaskar Rao, Sarpanch, Kovvada says, "Women did not come out in the beginning but we continuously motivated them. Now everybody in our panchayat knows about HIV. Our mandal Panchayat members feel that since many people are suffering from HIV it is our responsibility to prevent its spread by making people aware."

This event is an example of what the PRIs are doing in that mandal for HIV prevention. Many such activities are being organised by the PRIs in their areas. Sometimes audiovisual and films are also shown. Mr. D. Gopala krishnamurthy organized an awareness and knowledge-building workshop for all the PRIs in that Mandal. This has helped them renew their commitment to work on the issue. "We want to eliminate stigma associated with HIV. We want to clarify people's doubts and help spread awareness," he said. Rambabu, Sarpanch, Maddi, says "After attending awareness program conducted for us, I realized my social responsibility and decided along with other members to do something on it. We were influenced by our MPP"

Political leaders are not only creating awareness and encouraging people to come forward for testing but also trying to reduce stigma and discrimination by

Leading a Crusade



AP Health Minister Sambhani Chadrashankar releasing a copy of the training manual on O7 initiative

stressing that physical contact does not put people at risk to HIV. Laxmi, 28, Kovvada village delivered a baby girl three months ago. She tested positive when pregnant. The Health worker helped her in going to hospital for delivery. She says she faced no discrimination from family and community.

Mandal level officials say they are able to achieve success in the Campaign because of political support. All the departments together with MPP members organise the activities.

Transport Department

The Transport Department is actively involved in organizing awareness

campaigns. As part of Road Safety programme, it conducts awareness programmes for lorry drives, auto and taxi drivers. They have also prepared IEC materials. Till now, 92 camps have been conducted, each with 200- 600. Medical camps are also organised simultaneously along with awareness program. Drivers are encouraged to test for HIV.

(One health card is being issued to each driver, where all the required tests to be done will be written by the doctors. In that card, HIV testing would be compulsory and doctors guide them where to go for the testing. I THINK WE SHOULD DELETE THIS. HOW CAN TESTING BE MADE COMPLUSORY?)

According to Venkateswar Rao, Deputy Transport Commissioner, Vishakhapatnam, the awareness programmes organised with the help of DLO, Police Department, and NGO Population Services International (PSI) are giving good results. "The drivers group needs to learn about HIV because they are at risk," he says.

Colourful, striking wall writings on HIV/AIDS are placed at the Transport Department's central office and where people take the driving test. They have also issued public services advertisements on HIV to be telecast in cinema theatres during intermission. Venkateswar Rao, Dy. Transport Commissioner, Vizag said "By giving all this information, we have been creating pressure on the drivers. Many of them told us these awareness campaigns helped them a lot and they using the services provided by Government."

Evidence shows that not only are auto drivers going for testing themselves, they are also spreading awareness in their peer groups and taking people for testing. Sattibabu, 43, auto driver who attended this awareness programme at the Transport Office now carries pamphlets and brochures in his auto. He makes it available to people plying in his auto. He has even taken some for testing. "I feel it is my responsibility to give information on HIV to others. Many passengers ask me about it. Some need to be reassured that testing is confidential no one else will know. I have also taken many of my fellow drivers and

Leading a Crusade

their relatives for testing. My peers have named me "AIDS man" but I don't mind because many of them benefit because of me. It gives me tremendous satisfaction."

The Transport department also brings out a bimonthly newsletter for autodriver. This is used to put out case studies, clarify common doubts, provide information on services. Many of the articles are by auto drivers themselves. Distributed free to the autodriver, the newsletter is produced with support from the Police, DLO and NGO PSI. Venkateswar Rao says the newsletter has been well received by the community. "If we sensitize one auto driver, he gives that information to no less than 50."

Police Department

The Police Department has organized many health camps for awareness

building on HIV. In all Department meetings a session is allotted for HIV awareness. Family members of police personnel are also encouraged to avail testing services.

Religious Institutions

The Satya Sai Baba Trust in Sujatha Nagar has responded to the call of HIV response by distributing provisions like rice, dal, oil etc to affected people in the area. On the occasion of Satya Sai Birthday, a big get together was organised at the community hall. Provisions were distributed to affected women. The Seemantham ritual was conducted for HIV positive pregnant women.

(WHAT ABOUT CONFIDENTIALITY? DISCLOSURE IN A PUBLIC FUNCTION? HOW IS THIS ADDRESSED?)

Blood donation camps

As part of the awareness building towards social responsibility, specially among students, blood donation camps are being organized by the district officials. As part of a blood donation camp in Yellamarty B. Pharmacy College, Tharluvada, Anadapuram Mandal, 56 students donated blood and many of them attended awareness programme on HIV.

Unified response

In Vishakhapatnam district, in all the mandals the MPDOs (FULL FORM) are very active in organizing Be Bold awareness programmes. Some of them are leading from the front. For instance, the MPDO of Pendurti has also mobilized local resources to distribute clothes and provisions to affected people. One Sarpanch in the mandal has even allotted houses to HIV affected people.



AP Finance Minister K Rosaiah pushing a cart of condoms at a programme on World AIDS Day.



All for One, One for All

Ashamitra Group, Madepally Village, Eluru Rural Mandal



The Dhanalaxmi Support group of HIV positive people was formed in October 2006. Over the year, it has helped win over neighbours and convince general community to contribute in kind. They are even considering approaching government departments to address the problem of housing for positive people.

HIV positive people in the area had gone through a lot of stigma and discrimination. Vijaya, group member, says neighbors did not invite them for functions and they were isolated. Two people went to Ashamitra training and became volunteers and that became a turning point. They returned and spoke to the HIV positive people.

All for One, One for All



(NOT CLEAR what is Ashamitra? Where did they do for training? Were 2 people positive people? What did they 'speak' to the positive people? How did the group get formed? How many men, how many women?)

The group now has 12 members. They meet once a month at a common place to discuss various issues. They enquire about each other's health, visit those whose health is deteriorating and help them in cooking, administering medicines etc. They encourage each other. Being in the group has given them a new will to live.

Dhanalaxmi, 28, says she came to know her HIV status in 2000. Her husband died in 2005. She has two children, both negative. Earlier, there was nobody to talk to them. She was afraid to come out as neighbours and relatives did not accept her: "It was like a threat to us. My children and I used to cry a lot as there was nobody to share our sorrows. Now, we have this group. I feel bold to come out and speak."

Satyavathi, another member, says in the initial days when she came to know her status, she used to cry a lot. "I couldn't come out of home for two years. Today, I feel bold. Those who see me now will not

believe I was like that earlier. Today, I am able to come out and talk freely. I have no worry. All because of this group."

Taking support of HIV negative people has been very effective. The local NGO helps them in organizing awareness programmes. The group plans to create awareness on the benefits of HIV testing among the general community. Dhanalaxmi, says: "As we organized campaigns, our neighbors changed a lot. Our relatives also accept us and invite us for functions. Many of our neighbors are coming along with their children and asking us to take them for HIV testing."

All for One, One for All

This approach is yielding good results. Till now, 130 persons have gone for HIV testing. (ANY Details how many men; how many women. Did any of them test positive? Did they come to the group for help? What prompted people to test?)

One of the major achievements of the group is winning over hostile neighbors through raising awareness on issues related to HIV/AIDS. Rama says, "One

neighbour is asking me to take her for testing." People have even stepped forward to contribute foodgrain and oil for positive people every month. Rice, wheat, dal, ragulu, groundnuts, oil are collected.

Housing remains a problem for positive people as most people do not have their own residence. Whenever they suffer bad health they fear owners may ask

them to vacate. There is constant insecurity and threat. Ramana says, "Now we are planning to ask government departments to give us facilities like housing. We feel that the government has responsibility to take care of our basic needs. Together we can ask for it."





Cruising Together

Positive People'S Involvement, Kakinada, East Godavari District Coastal Network of Positive People (CNP+)

They know the pain best! And the remedies too. Along with health volunteers, Anganwadi workers, ASHA mitra volunteers and ANMs, Positive People have also played a major role in the success of the Be Bold Campaign in bringing information and services to people.

The Coastal Network of Positive People (CNP+) in Kakinada has helped increase demand for services. Infected and affected people, family members of those infected, are stepping forward to know more about care and treatment. The PPTCT+ outreach has given good results with the outreach team (FROM THE NETWORK?) doing extensive home visits. ART services are being widely used by adults and children. CNP+ staff has helped a number of children get access to Pediatric ART. Those on ART are also given nutrition support by the Network.

Pediatric AIDS

Satish, 12, has been on ART medicine since the past 3 months. He lost his father to HIV. His mother says the CNP+ staff told her about treatment and took her to the ART center. The family is also getting nutrition support from CNP+. Durga Prasad, 11, comes from Peddapuram with his mother. She says she got the information through CNP+ field staff at Peddapuram. She comes here to collect nutrition and ART for the child and constantly updates her knowledge on the issue. Navya, 12, comes from Ramachandrapuram to get nutrition support and ART.

Counseling Services

D Subba Rao, District-level Network says a lot of information sharing is done on a one-to-one basis. The Network does counseling on ART, treatment adherence, and gives psychosocial support to those infected and affected. A lot of stress is given on confidentiality.

Prevention

In addition to treatment, the Network also does HIV prevention awareness

programmes, People's response has been good among the poor sections in particular they get involved, listen attentively, clarify doubts and questions. They are interested in knowing more information and about availability of services. However, response from the affluent is still low. Stigma is higher in the middle and upper classes people fear that if they show interest in learning about HIV they may be branded as infected themselves.

ART Centre

Of about 2,000 infected people (REGISTERED AT THE CENTRE?), 500 are on ART

| | On ART | Not on ART | Total |
|---------------------|--------|------------|-------|
| Adults | 463 | 1565 | 2028 |
| Children | 42 | 96 | 138 |
| TOTAL: 2,166 | | | |

HIV at Antenatal clinics

About 60% of HIV positive pregnant women returned for delivery

| S.No. | Division | Positive pregnancies | Positive deliveries |
|-------|-----------------|----------------------|---------------------|
| 1 | Kakinada | 232 | 151 |
| 2. | Rajahmundry | 228 | 134 |
| 3. | Amalapuram | 65 | 47 |
| 4. | Peddapuram | 100 | 45 |
| 5. | Rampachodavaram | 9 | 6 |
| | Total | 634 | 383 |

(NOT SURE IF I HAVE READ THIS DATA CORRECT. PLEASE CHECK. WHAT HAPPENED TO THE REST?? SPECIALLY WHERE THERE IS A LARGE GAP. WHAT DOES IT INDICATE? HOW IS THAT BEING ADDRESSED?)

A Friendly Ear

Helpline 1097 -- Divya Disha, Secunderabad



“Call me, whenever you need a friend!” Goes the song. Telephone Helpline 1097 was launched by NGO Divya Disha in collaboration with APSACS in December 2003. Initially, it was available to callers from Ranga Reddy and Hyderabad. This was extended to Anantpur, Nalgonda, Kadapa, Kurnool, Warangal and Chittoor districts beginning March 2007.

The number of callers has steadily increased after ASHA Campaigns 1 and 2. The 'Be Bold Campaign' launched in December 2006 has popularized the service even more. Before 'Be Bold', the Helpline received 100-120 calls per day. Majority of callers were urban men and questions were mainly around modes of transmission. After 'Be Bold', number of calls has increased upto three times. The Helpline gets 300- 400 calls per day. Callers include women housewives, working women, women from minorities and young people, even school students.

(How can they say for sure minorities are using when its an anonymous caller?) While toll-free number 1097 is available only to callers from the State, the helpline also has two landline numbers. Calls come from as far as Delhi, Kashmir, even Dubai. Most questions now are around treatment, testing, STI, life after HIV. Referrals to the drop-in-centres have increased uptake of counseling services.

The toll-free Helpline service is available from 7:30 am to midnight.

Range of Callers using the service

The callers have been varied men, women, married, unmarried, urban, rural, those who have tested positive and those who want to know their risk to it. They reveal the immense need for accurate, accessible, confidential information services around HIV, as much as they indicate the need for a voice that encourages and gives hope:

Praveen, 20, a college student was worried about his risk to HIV after

having unprotected sex with his girlfriend. He called the helpline in distress: 'If I go to a doctor I need to give complete information which I cannot give. What should I do? Who will help me?'

Sunita, 36, married and living away from her husband in Mumbai, wanted to know if accepting a colleague's advances would put her at risk to HIV: What must she do to protect herself.

Rajesh, 28, an autodriver from Hyderabad had just tested positive for HIV. His wife was pregnant. He wanted to know how he could protect his wife and child; what if his wife also tested positive; would the doctor maintain confidentiality.

Be Bold Helpline Case Studies

Callers testify that the helpline gave them a new life.

K. Peddiraju, 28, East Godavari district

In 2002 I came to know I have HIV. I was depressed, I even contemplated suicide.

Before Be Bold Campaign:

- There were only 100 to 120 calls per day
- Majority of calls used to be from men
- They mainly used to ask about the modes of transmission
- Very few calls used to come from youth, women and students
- Less calls from rural areas
- Those days they used to ask about 'Asha Mitra'

Procedure of tele-counseling:

- “Namaskaram, I am Ashakka speaking to give information on HIV/AIDS. How can I help you? (Counsellor gets introduced to caller)
- Asking about confidentiality
- Asking about medical facilities
- Sharing personal information
- Getting clarifications and doubts cleared
- Counsellor provides relief through answers
- Giving information about services
- Inviting them to drop-in centre according to their willingness
- Receiving follow-up calls from the same people after sometime.

A Friendly Ear

A Friendly Ear

I discontinued my graduation. One day I visited NIMS hospital, Hyderabad where I read about the helpline on a poster. I called the number and my life took a new turn with this.

They gave me information as well as courage and hope. They called me to the drop-in centre. I was going there everyday, meeting other HIV positive people like me. Soon, I began encouraging them, giving health advice. I began working as a member of the Network of Positive People and soon married another Network member. I now have a daughter who is not HIV positive and I am leading a happy life. The Helpline 1097 has given me a new lifeline.

Janaki, 36, Buradarao village, Warangal district

Some years ago I used to work as a migrant worker while my husband worked as labour here. The masons exploited me sexually. After some years, I was working in my village when I started having symptoms of recurrent fever, vomiting, loose motions. The doctor gave many medicines but nothing worked. He got my HIV test done and I tested positive. I did not know much about HIV only that HIV positive people are stigmatized by all. I was in tears. No one in our hospital knew. Our doctor called my husband, tested him and said he was not infected.

The doctor advised me to call 1097. During that period I must have called at least 30 times in a week. I cannot forget the reassuring way they spoke to me and instilled me with courage. They spoke to the counselors of the government hospital in Warangal district and asked them to tell my husband I contracted HIV through needles. This solved my problem. Our doctor has cooperated very much. Now I am healthy physically and mentally."

Issues and Challenges

The Helpline Service has been widely publicized through IEC materials, hoardings and posters, mass media campaigns resulting in large uptake of the service. In addition, NGO Divya also conducted HIV awareness programmes for school students and slum populations to inform people about the service. Special events and anniversaries such as World AIDS Day, World Candlelight Memorial Day etc were used to popularize the service.

The service has been widely successful. Issues and challenges range from logistic to technical:

Toll free 1097 facility is available only in main centers using BSNL, thus there is a possibility of losing callers from other networks. Although caller ID is available there is no system of tracking previous calls.

There is the problem of crank callers.

After every 30 seconds calls get disconnected (1097 toll free is only for a

call). Callers continue to call again but sometimes they may not get through as all lines may be busy.

Counselor Arunajothi says access to the service depends on access to a telephone line. "We would receive a number of calls from an interior village in Nalgonda district. Children here walk 3 km to go to school. Calls suddenly stopped in March and resumed in July. When we asked the callers they said

they do not have a telephone near their house. Access to telephone can be a deterrent to using the service in other remote areas as well."

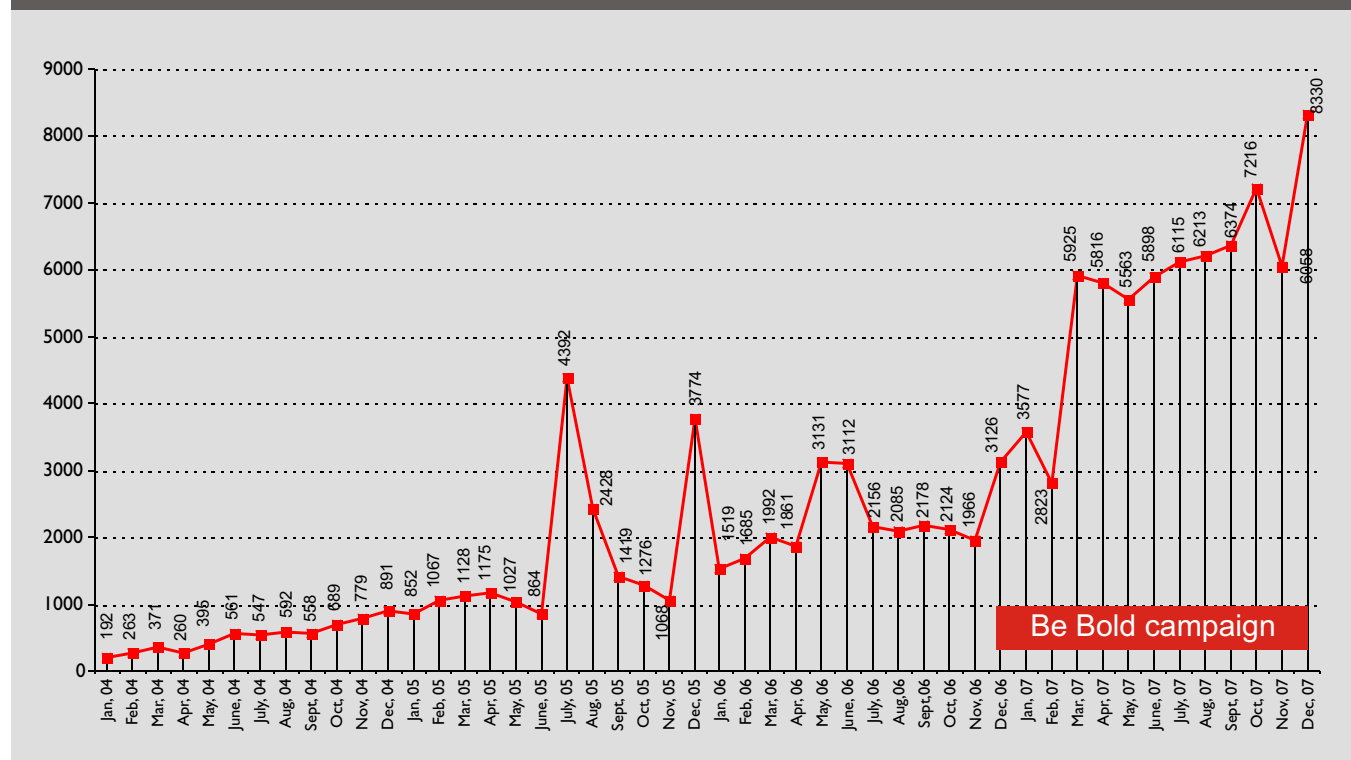
Callers need information regarding addresses for various centers where they can access services.

"We had to work hard to bring Muslim women forward since they shy away from seeking information openly," the counselor explains

Interestingly, even schoolchildren call the helpline for information as the service has been listed in textbooks. They need the information to complete classroom projects.



Trends of 1097 Help line Calls
(an indicator of Demand Generated)
(Jan 04 - Dec 07)





(Top) Union Minister Panabaka Lakshmi interacts with kids at the PLHA event on Dec 7, 2007. (Bottom Left) A HIV positive couple tie the knot in the presence of Health Minister S Chandrasekhar at the meet. (Right) Children performing on the occasion. (Extreme right) A journalist receives an award from the Health Minister.



'Bold' Positives Break Silence

POSITIVE PEOPLE'S MEET, HYDERABAD

A Positive People's meet organised at Shilparamam, Hyderabad, on 7 December 2007 brought together more than 8,000 HIV positive men, women and children from across the State.

other party leaders have concern for HIV positive people. He congratulated the State on the high institutional deliveries taking place. The gap needs to be filled further, he said, in order to bring

parent to child transmission down to zero. JD Seelam Co-Convenor, Parliamentary Forum on HIV/AIDS, emphasized that HIV positive people must lead a healthy life with nutritional food and healthy lifestyle. Those who are taking first-line ART must

“After seeing many number of positives in this state-level gathering, I feel confident and have a feeling that I can live for many years”

— Laxmi (24), Krishna district

see that the drug regimen is strictly adhered to. Positive people said meeting other positive people gave them a new hope. Presidents of Positive Networks from all districts and States such as West Bengal, Maharashtra and Kerala attended the event.

The 'Hyderabad Declaration' signed by various stakeholders present was titled 'Together we make a Better World'. The event was attended by leaders such as Dr S Shailajanath, Convenor Legislature Forum; I K Agarwal, MLA, Principal Secretary for Health, Medical and Family Welfare; G Asok Kumar, Project Director, APSACS.

In a similar event at the same crafts village venue in 2006 had about 4,000 HIV positive people. Organisers expected that post the success of the Be Bold Campaign perhaps many more positive people would need peer support.

Addressing the gathering Oscar Fernandes, Union Minister for Labour, and Convenor, Parliamentary Forum on HIV/AIDS said, “You are not alone, we are all with you.” He said President of Congress Party, Sonia Gandhi and Prime Minister Dr Manmohan Singh and all

mainstreaming HIV. Positive people took a common pledge to be responsible and become agents of HIV prevention. 'Be bold to take the lead to stop AIDS,' they said.

“I am happy that I came here. Earlier we didn't come out but now we are open and many are coming out since the programmes provided us more awareness and confidence”.

— K. Ramadevi (22) Jangareddy Gudem, West Godavari

K K Abraham, President, Indian Network of Positive People (INP+), said the 'Be Bold' campaign paves the way for

The meeting of the positive people saw a surge in solidarity as the numbers of those attended have doubled from 4000 to more than 8000 in 2007. The meet was an unequivocal indicator that PLWHA are getting bold.

Children performing on the occasion.

A journalist receives an award from the Health Minister.



Taking Charge

More than 2500 sex workers pledge to prevent HIV on International Women's Day



In what can be termed as one of the largest gathering of sex workers in Andhra Pradesh, about 2000 community members came together in a unique fashion on the occasion of the International Women's Day 2007 at Vijayawada. The highlight of the event was a pledge collectively taken by the community resolving to prevent the spread of HIV, stop trafficking, empower the next generation and improve their access to education and other entitlements.

The community members hailing from Srikakulam to Nellore, were celebrating the third year of their coming together as a collective under the Swagathi Project. "March 8 means a lot to me. Last year I was overwhelmed as I had never been part of such large gatherings. This year I am more than ready to celebrate and even share my experiences, speak about

the Drop-in-Centre, where I have learnt so many new skills that have helped me to turn my life around," said Susheela, who traveled from Nellore to be part of the community celebration.

Organized by Swagathi Project of the Hindustan Latex Family Promotion Programme Trust (HLFPPT), the Jagruthi Festival gave an opportunity to the community to showcase their talents and perform thought-provoking dance and drama.

The City of Vijayawada, known as the cultural capital of Andhra Pradesh, was the perfect venue for the community to join the mainstream celebration of the International Women's Day.

"The idea is use such festivals as instruments and tools of empowerment, enable the women to experience joy of coming together and strengthen their

commitment to change by encouraging health-seeking behaviour and collectively stopping socially exploitative practices such as child trafficking," stated Mr. B Jayakrishnan, Head, HIV-AIDS, HLPPT.

Explaining the spirit of the festival, Nagalakshmi from Tenali said "since we are here to celebrate womanhood, we decided to infuse this festival with the spirit of Mana Kosam Manam (We for Ourselves)."

In the last two years the Swagathi Project has made many gains and strides. Having empowered the community, persuaded them to lower their risk of contracting HIV, the project has now entered a phase where unless the community owns the programme and leads it, it will not be possible to ensure its sustainability and long-term success.





Women Power

POSITIVE PEOPLE'S MEET, HYDERABAD

The need to provide Indian women with a female condom has indeed been a long felt one. At a recent focus group discussion of female sex workers organized by Integrated Rural Development Scheme (IRDS) in Hyderabad Jyoti, a 26-year old outreach worker with Chaitanya Mahila Mandal spoke of how, "We first heard of the female condom four years ago. But even before that we would talk among ourselves about the concept of a female condom when clients refused to use the male condom. And think of how comfortable we would be if we had a female condom." In fact, it was two and a half years later that IRDS began providing them with free samples. And this despite the fact that the female condom was known to the world for over a decade and had been introduced in more than 110 countries with good results!

Pilot project

HLFPPT first effort to introduce the female condom was in June 2003 when it conducted a Social Acceptability Study of Female Condom in collaboration with Female Health Foundation in Andhra Pradesh, Kerala and Maharashtra. Small groups of female sex workers, men-who-have sex-with men and eligible couples were provided with free female condoms, the objective being to assess the acceptability of the female condom as an additional option to the male condom for protection



against STD/HIV infection. It found immediate acceptance among the respondents and even a willingness to pay for it if necessary. In fact, it was the women themselves who suggested that it be priced at Rs. 5 and that they would find it difficult to pay more than that. Kavitha Potturi, National Program Manager, HLPPT, recalls how the women who had been exposed to the female condom during this Study would come to the office and ask for them. And how "some among them had even stocked a huge number because they knew it would not be available when the Study was withdrawn."

Taking it forward

Buoyed by these factors HLPPT decided to take it forward and discussions were held with NACO in 2005 for procurement of female condoms from the Family Health Company in London that was producing it. Alongside it set about conducting a Project Management and Operations Study with funding from DFID to gauge social marketing among female sex workers. The Study was conducted in Andhra Pradesh and 90,000 condoms were distributed free of cost for a period of eleven months.