

AIDS BUZZ

New Delhi January 2006



Photos: Rakesh Sahai

Prayers, God & Sex

Religion and raunch mix freely at the annual Kaliyar Sareef Mela in Uttaranchal

By SADHNA MOHAN in Kaliyar

Come evening and a bevy of beautifully 'made up' women flaunts what it has among festive revellers at the little-known Kaliyar Sareef Mela in Kaliyar, a village 5 km from Roorkee in Uttaranchal.

The 'women' unleash their charms with wild abandon. A wink here, a pinch or a caress there, followed by an invite -- 'Bas 100 rupaiye loongi,' (I'll charge only Rs 100). Some minor haggling, and the deal is struck. The rendezvous point could be a tin-roofed shed or the mango-scented jungle.

Sex sold by eunuchs and men who have sex with men (MSM) appears to be a big-time activity outside the religious precincts of Saabir Paq, a Sufi saint, whose shrine attracts tens of thousands of people each April, the auspicious month of *Rabi-ul-uwval* per the Muslim calendar.

The 12th day of the month is particularly auspicious. And so crowds reach a peak here from the 11th day of the month through the 16th day. They come from various parts of North India, and even from Pakistan. There is a strong belief that Saabir Paq grants their wishes. Legend says the saint went hungry for years on end even as he distributed food to all and sundry beneath a luscious *gulnar* tree, a short distance away from the shrine. He did so because God told him to distribute food to others, without asking him to partake of it.

Walking around the venue on the 18th day of the month, one saw young and old men, businessmen and farmers, cooking chicken curry and *biryani* in mega-sized pots over wood-fire. A delicious aroma assailed the nostrils. "*Deg chadayaenge*" (we will offer this food at the shrine), "*khud khayenge aur khilayenge*" (we will eat and will also give to others), Abdullah Bhai told us as he lovingly stirred tender chicken pieces and gravy. Between 30-40 family members and friends sat around him. They had come from Sigroda, a village about 30 km away in a privately hired bus.

Nearby, a young man proposing to distribute *biryani* had to lug up the pot containing over 20 kg of the stuff on a tree, and notch it up still higher when hungry hands became obstructive and greedy.

In this atmosphere of religious fervour, men, women and entire families rub shoulders with eunuchs and MSM, who too are out in large numbers. "Nearly 50 per cent of visitors are eunuchs and MSM," a housewife from Trilokpuri, New Delhi, estimated.

Young Mukesh (name changed), of Muzaffarnagar, who sells cheap ornaments at the fair each year, has seen a spurt of sexual activity in the market. Gaudily dressed eunuchs sashay around, teasing and inviting men, and striking monetary deals.

Sunny, a fellow hawker, concurs. He too has been accosted, touched, and offered services in exchange of Rs 50 or 30. "More than 400 tents, maybe half of them occu-



Suspicious and fearful, Anjali looks away

ried by eunuchs and MSM, crop up on the adjacent grounds. The eunuchs dance and do *mujrah* (a form of dance) well into the night. They too come to offer prayers and goodies to God, but the side business is quite intense. The spin-offs are good; you can see them squandering money. We've seen them give Rs 500 notes to beggars -- they are good at heart," say Mukesh and Sunny.

They live 8-10 people to a tent. And for sex, the mango orchard opposite is a perfect getaway; so are the

NEARLY 50 PER CENT OF VISITORS HERE ARE EUNUCHS AND MSM

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Devouts flock to Saabir Paq's mazaar

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open fields next to the canal running through Kaliyar.

On a rough estimate, reveal insiders, a person could have 10-12 clients a day. The stay at Kaliyar could last a week or 10 days; some go back home for a few days and come back to camp.

Mohammad Shafir, a stage dancer who attracts viewers to *maut ka kuan* (a death well), says *kapde wale* (people in clothes—a term used to denote cross dressers) often join him on stage and are followed by young men when they leave the stage. They charge about Rs 50 from a client.

Crowds thin out by the 16th day of the month and the eunuchs and MSM reportedly leave by then. We spot only a handful of eunuchs during our visit. We try speaking to Anjali, a eunuch, who keeps averting her face and refuses to talk, fearing we are some kind of 'authority'.

Inside the *mazaar* (shrine), Aslam, a 40-year-old eunuch, who's been at Kaliyar for the past 12 days, says he's been coming to the shrine since the age of 12, when his grandfather would bring him. "Each year I have come here without fail," he says, folding his hands and pointing towards the mazaar.

He comes here to say prayers, seek peace, and do some good work. Ten years ago, when Aslam did not expect to survive a fever, he set off for Kaliyar. Halfway through he felt better, and upon reaching Kaliyar the fever vanished. All that's wrong is sorted out when one visits here, he says.

Aslam knows about AIDS and says sex is to be avoided. Leena, a Punjabi school educated eunuch from a professional background, enjoying tea with a *maulavi* (priest), is outraged at the topic of sex work. "We live in homes and do not philander. We are neither men nor women — you are referring to men, they indulge in sex," she says.

Development, Advocacy and Research Trust (DART), a community-based organisation working with MSM in Delhi and adjoining areas, that made the rounds of the fair when festivities were at a peak, found that over 1,00,000 eunuchs and MSM visited the mela. DART was seeking to ascertain eunuchs and MSM's vulnerability to sexually transmitted infections. It claims to have



Biryani prasad from the treetop

Who's the man!

As we drove back from Kaliyar, our car driver asked the peer educator accompanying us: "What would we have done if one of the Punjabi eunuchs in the shrine had become abusive?"

The peer educator, an MSM working as a peer educator with eunuchs, laughed: "You tell me, you are the *mard* (male)." The driver looked sheepish.

Our peer educator had scored a point. He was definitely a 'greater man' when it came to this issue.

"At the most, they would've threatened to go naked and I would've asked them to go ahead. You should also tell them that. Why is everyone so upset at this prospect?" laughed our escort.

contacted 1,823 eunuchs and MSM and have had 100 of them respond to written questionnaires.

In all, 72 of the 100 respondents admitted that they came to the mela for sex work. Also, 78 per cent said their last sex act was unsafe receptive anal sex. Receptive sex acts per person can theoretically far outnumber penetrative sex acts and are therefore an indicator of greater vulnerability to HIV.

Further evidence of condoms being out of favour came with 93 of the 100 respondents saying they did not use condoms in their last sex act and 48 per cent of them saying they did not use condoms because they did not enjoy sex when they had them on.

Behind the glitter of the mela at Kaliyar, risky games endangering people's lives are being played. Nowhere in the din is there a word about HIV/AIDS or condoms. An Amitabh Bachchan-Shah Rukh Khan hoarding in Urdu exhorts people to give polio drops. On the road to Kaliyar, huge advertisements on the walls invite men to improve their virility and seek treatment for sexually transmitted infections. That's all — not a line about safe sex or HIV.

Innumerable herb sellers do brisk business at the fair. They can perhaps be roped in as key persons talking to people about HIV and STIs. This could be a starting point for talking about protection and care. ●

World Bytes



Illustrations: Sheena

Feline Link to HIV Cure

Washington: A US scientist has discovered an unexpected link between cats and HIV, which could one day lead to a vaccine for the disease. Janet Yamamoto, a professor at the College of Veterinary Medicine in the University of Florida, vaccinated cats with an experimental strain of the human AIDS virus.

They appeared to be at least as well protected against the feline version of the disease as those immunised with the vaccine currently used by veterinarians, reports the science portal eurekaAlert.

Feline Immunodeficiency Virus, also known as FIV or feline AIDS, is a natural infection of domestic cats that results in an immunodeficiency syndrome resembling HIV infection in humans.

Since its discovery in 1987, FIV infection in cats has been used in vaccine studies as a small-animal model of human AIDS. Yamamoto holds the patent on the only approved vaccine available through veterinarians to protect cats against FIV.

IANAS

US FDA Nod for Aurobindo's AIDS Drug

New Delhi: The US Food and Drug Administration has given tentative approval to a drug developed by Aurobindo Pharma that prevents HIV from reproducing.

With the approval, the drug named Zidovudine — a generic liquid version of a child-friendly oral solution — can be used overseas under the US programme to fight the virus.

Zidovudine, manufactured by Aurobindo Pharma Ltd, Hyderabad, is the first tentatively approved version of the Zidovudine oral solution manufactured by GlaxoSmithKline.

PTI



Step Closer to Anti-HIV Gel

Washington: Scientists in the US are a step closer to developing a gel that they say could stop the HIV virus from infecting cells.

Led by Srinivas Rao, chief of laboratory animal medicine at the Vaccine Research Centre of the US National Institute of Allergy, scientists have genetically modified bacteria, which are normally present in the body, to make them produce a protein.

Allowing these bacteria to colonise internal body surfaces where HIV transmission can occur through sexual activities, they found promising results in mice, reports the science portal SciDev.Net.

Trials on monkeys exposed to HIV or its primate equivalent (SIV) will have to be successful before the bacteria can be tested on humans, the researchers said. Rao's team showed that the modified bacteria colonised the intestines and vaginas of mice for weeks and months, without any signs of disease.

IANAS

A Double Life

Does a married MSM parading as a eunuch in his work life face an identity crisis when referring to himself as a man or a woman?

Sure enough he does. The young person who was asked this question told me that many-a-time when his wife called out to him to attend to a phone, he responded as a woman "Main aa rahin hoon" (I am coming).

The wife is visibly agitated. "Agar tum aa rahin ho, to main yahan kya kar rahin hun" (If you are a

woman, then pray what is my role here?)

This young man goes with eunuchs, dancing, singing, clapping and demanding money to mark celebrations. He works as a peer educator with an AIDS project and is married and has a daughter.

When eunuchs come to his house to call him out, the wife pokes fun at him. "Your *saheliyaan* (a term denoting a girl's girl friends) are here.

She knows he works for eunuchs as a peer educator. What she doesn't know is that he is one of them, in the sense that he goes with them to give *badhai* (dance and collect money).

Ignorance Condemns CONDOMS

Condoms slip as social marketing flounders in and around Gujarat's capital

By D RANA in Gandhinagar



Photos: Dharmendra

None of these men has ever spent money on condoms. They have no knowledge about HIV or AIDS

Condom kya hai, ise Hindi mein kya kehte hain? (what is a condom, what is it called in Hindi) is what Hitesh, 24, asks. Married for two years, with no children, he earns about Rs 2,000 a month and lives in Ramdev Vasavat Mandal, a slum barely a kilometre from Gujarat's capital Gandhinagar.

Hitesh, a graduate, knows about AIDS (even its full form) and explains it can be caused through contact with multiple sex partners, blood transfusion and shaving cuts. But the word 'condom' stumps him. When 'Nirodh' is mentioned, he immediately relates to it. "I have never bought or worn a condom and don't know its use — maybe they use the sperm for some experiment," he says.

Startling revelations about AIDS and condoms are made as one goes around this *Marwari* (a Rajasthani community) colony. Ramesh Kumar Ponchal, 24, the village teacher, again a graduate, knows AIDS is a "*sankraman rog*". "You can get it from 'bad women', blood transfusion and sharing towels, apart from shaving blades", he points out.

"No one uses condoms here — a colony of some 400 houses — even for family planning, leave aside the talk of prevention of any disease". He adds, "95 per cent of the married men here (all daily wage earners grossing between Rs 50-100 a day) have sex outside marriage." There are no secrets among the men here, who, rather than sleep in electricity-bereft homes, sit out talking late into the night.

Pura Ram, 25, a driver, thinks that AIDS makes one "weak" and a "*goli*" (pill) given by a doctor can again energise a man. He is married and has a daughter. He has no hesitation in saying that he became sexually active at the age of 15 and since then has had sex "with some 25-30 girls and 6-7 men". He has no fear of AIDS and thinks sex while wearing a condom is useless. "Better to masturbate," he states.

Ramesh Saraji Marwari, 19, is unmarried, and has had sex with two girls and three boys. He works across a petrol pump and repairs tyres. "I have used condoms two or three times as they are freely available in a box at the Indian Oil Corporation pump," he states. Asked about AIDS, he states, "*Yeh garmi hai*" (heat in the body).

What Ramesh says next is startling. He says, as a teenager, he had a lot of pimples (heat of the body), and was advised "by a doctor in Rajasthan to have sex with a female donkey". "I have had sex with a female donkey some 20 times, and it takes care of all the excessive heat in the body," he declares. The other Rajasthani boys surrounding him agree that "sex with a '*gadhi*' is very good". They all feel it is an antidote for any sexual disease, including AIDS.

The older men in the colony have no idea about AIDS, or condoms for that matter. "We work, eat and go home," says Karnaji Narsiji Marwari, 51, a rickshaw puller in Gandhinagar for the past 18 years.

Bhawar, alias Chotu, a domestic servant, who has studied up to Class V, is aware of AIDS and the use of condoms. "We watch on television, but I have never used a condom," he says. "We will not spend any money for prevention even though we may have to spend Rs 5,000 for curing a disease. For us buying 200 gms of milk for Rs 3.50 is more important than buying a condom, as we can make four cups of tea with it," he adds.



Young Ramesh at work at the tyre repair shop

"NO ONE USES CONDOMS IN THIS COLONY OF SOME 400 HOUSES"

Interestingly, none of the people spoken to in this colony of some 800 sexually active males and females seemed aware that AIDS is a dreaded disease with no cure at present. Many said that back in Rajasthan, nurses used to visit their homes and distribute Nirodh. "We used to give them to children to play, they used them as balloons," was the common refrain.

According to a BBC report, there are probably 150 million living in slums in India, comprising almost 15 percent of the population. Government AIDS prevention programmes have so far focused exclusively on high-risk groups such as sex workers, intravenous drug users and men who have sex with men (MSM).

As to the availability of condoms, in Gandhinagar, only one chemist shop in Sector 22 stored Deluxe Nirodh and Zaroor, the lower-end condoms. Most of the others did not have Deluxe Nirodh. Interestingly, the prices of both these brands went up in the last week of January. Earlier, Deluxe Nirodh used to cost Rs 2 for 5 pieces, now it costs Rs 3. The Zaroor brand, which used to sell 10 pieces for Rs 10, now gives only 7 for the same price.

The majority of chemists stored what they called "market" brands, which were more in demand. In Ahmedabad too the story was the same. A chemist near the university said, "There is no demand for lower-end condoms here".

In Pethapur village, 10 km from Gandhinagar, however, the reverse was true. The chemist stored only Zaroor. For the village population of 20,000 he sold 200 pieces per month. Ironically, the Zaroor poster outside the shop said "Put It On" in Gujarati, an English phrase that would have no meaning for the villager.

DKT India, doing the social marketing for Zaroor in Gujarat, sold 7.5 million pieces between January and December 2004, according to Mr Subramaniam Iyer, State Programme Manager, DKT India. Even so, we are still a long way from "No Condoms, No Sex" scenario. The condom is still out of reach of a vast marginalised majority. Social marketing (marketing used to 'sell' social behaviours

to benefit society) needs to spread out much more and Nirodh, which is easily identified by a majority of people, needs to be made easily available. The fact that Deluxe Nirodh, which has over 40 per cent of the condom social market share, has not even undergone a packaging change in the past two decades, speaks volumes about how well its been marketed.

Experts point out that social marketing of condoms in India has always been much short of the classical definition of the term. Principles of marketing in terms of demand generation, market segmentation, etc. have never been applied. Social marketing organisations have consciously kept away from rural markets as they are less economically viable.

"The benefits of social marketing have hardly been visible in terms of making condoms more accessible to hard-to-reach populations. Social marketing programmes have been donor-driven and restricted to specific programme areas with little or no monitoring structure to measure long-term impacts in terms of demand generation and behaviour change," they add.

On the same note, a working group constituted by the National AIDS Control Programme-III design team to suggest a national condom strategy has pointed out that though India's condom manufacturing capacity increased significantly over the past decade, the condom market stagnated at 1.6 billion pieces a year, of which 550 million pieces are socially marketed and 800 million are supplied free. •

(About 25 people were interviewed in this survey and more than 20 chemist shops visited)



"I tell you I've NEVER heard of anti-AIDS jeans!"

Illustration: Dhir
Concept: Niru Singh

MOST SHOPS DO NOT HAVE DELUXE NIRODH



Dear Reader,

From little-known Kaliyar in Uttaranchal to Kochi in Kerala - this issue of AIDS BUZZ takes you cross-country to bring you face to face with events that impact AIDS. It also takes you to an urban slum on the outskirts of Gandhinagar and gets to you the voices of young men living there. Unlike other issues, this one does not focus on a particular state but visits quite a few.

As promised, we try to keep you abreast of what's new and happening in the AIDS field. Trends in the making, practices to be watched and learned from and strategies that merit a second look - all the 'vitals' an AIDS programme should reckon with are presented in this newsletter that hopes to provide a space linking key stakeholders fighting the AIDS epidemic in India.

It is our endeavour to bring you news from the field that you can use. The key stakeholders we are reaching out to initially are state AIDS control societies (SACS) and their NGO partners, government institutions, academic institutions and individuals active in the AIDS arena.

AIDS BUZZ hopes to provoke you to think anew and take stock of relevant information. It exposes you to interesting on-the-ground initiatives all over the country and the world. At present, Indian states, as large as entire European countries, aren't really in the know of what works or does not work in their adjacent states. Unique approaches or processes that have yielded good results in a state are not known about in another.

We are focusing on documenting state-level work, as well as initiatives at NACO. In a sense, the newsletter seeks to be the interface between NACO, SACS, NGOs and various stakeholders so that all are better informed about one another. It seeks to be the channel that links information to key players, bringing stories of action from one place to another.

Your feedback is invaluable to us. We reproduce below your letters and the responses to our feedback forms and invite you to write in about developments you'd like us to take notice of. Feel free to contribute to AIDS BUZZ, a melting pot of thought aiming to stimulate an informed response to AIDS.

Wishing you a happy new year !

Sadhra Motan

Editor-in-Chief

World Bytes

Frog Slime Blocks HIV?

Washington: The compounds secreted by the skin of small tropical frogs are potent blockers of HIV infection, says a new study.

Amphibian skin has long been favoured in folklore for its medicinal properties. Derya Unutmaz, Louise A. and other researchers from the Vanderbilt University Medical Centre in Nashville, Tennessee, investigated whether frog peptides (proteins) act against any human viruses.

They screened 15 anti-microbial peptides from a variety of frog species for their ability to block HIV infection of T cells, the immune system cells targeted by HIV, reports the science portal Science a Go Go.

They found several that inhibited HIV infection without harming the T cells.

They observed that the peptides appear to selectively kill the virus, perhaps by inserting themselves into the HIV outer membrane envelope and creating "holes" that cause the virus particle to fall apart. "We like to call these peptides WMDs - weapons of mass destruction," said Unutmaz. The researchers plan imaging how the peptides work, screening additional frog peptides for activity, and testing peptides on a mucosal cell system.

"If we are able to learn the mechanisms these peptides are using to kill HIV, it might be possible to make small chemical molecules that achieve the same results," Unutmaz said.



IANAS

LETTERS

Thank you so much for sending me a really good issue of AIDS BUZZ (the Asia-Pacific special edition). Your anecdotes, especially the confusion at Kobe station when a part of the group could not get down from the train, were very interesting.

I have been associated with NACP III as a consultant for facilitating workshops on Project Implementation Plans (PIPs).

Dr Sudhir Varma, IAS

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This is to inform you that we are a voluntary organisation serving mankind since 1977. We find AIDS BUZZ an excellent newsletter and hope that it expands in the near future. I would request that an interactive discussion be held through your magazine on the pros and cons of the workplace policy of ILO. Also, I would like to have my copy of AIDS BUZZ delivered at my home address.

Tarak Datta

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Thank you for sending me a copy of AIDS BUZZ. Several members of our organisation read it. I would like to suggest that your newsletter give information about the symptoms of HIV and opportunistic illnesses as it will help people diagnose their illness as soon as possible and take treatment at the earliest.

Rev. Fr Varghese Palathingal

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AIDS BUZZ helps our organisation of more than 30 members to know about the latest and current incidents occurring in the AIDS field. Undoubtedly, it helps to give more information to those working in this field and also enables them to share this information with other stakeholders. The newsletter gives us ideas that help generate information, education, and communication (IEC) materials for high-risk persons. It also suggests ways of reducing stigma and discrimination.

Koorkkanam Rabeman

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More than 10 people in our organization have read AIDS BUZZ. All the articles in the newsletter are very good.

After going through more issues of AIDS BUZZ, I will send in write-ups. I have gathered some amount of experience from our AIDS intervention programme in rural areas.

Pijush Adhikary

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Magic at Her Fingertips

Having a friend turn HIV-positive led Usha to know all about AIDS

By SADHNA MOHAN in New Delhi

Her nimble fingers work magic. She kneads, rolls and presses just so... plumping out all tension from your body. You're right — she is a masseur par excellence.

But Usha Rani carries another kind of magic — complete knowledge about AIDS — on her fingertips too. And she has no problem clearly articulating the routes of HIV transmission if asked to do so.

Her clear grasp of HIV/AIDS aroused my curiosity as I quizzed and drove her to a suitable bus stop on my way to work. How did this 50-something woman living in Uttam Nagar, a modest locality in West Delhi, know so much?

Her knowledge, I found, was based on experience. She had personally known and cared for a young man living with the virus, way back in 1994.

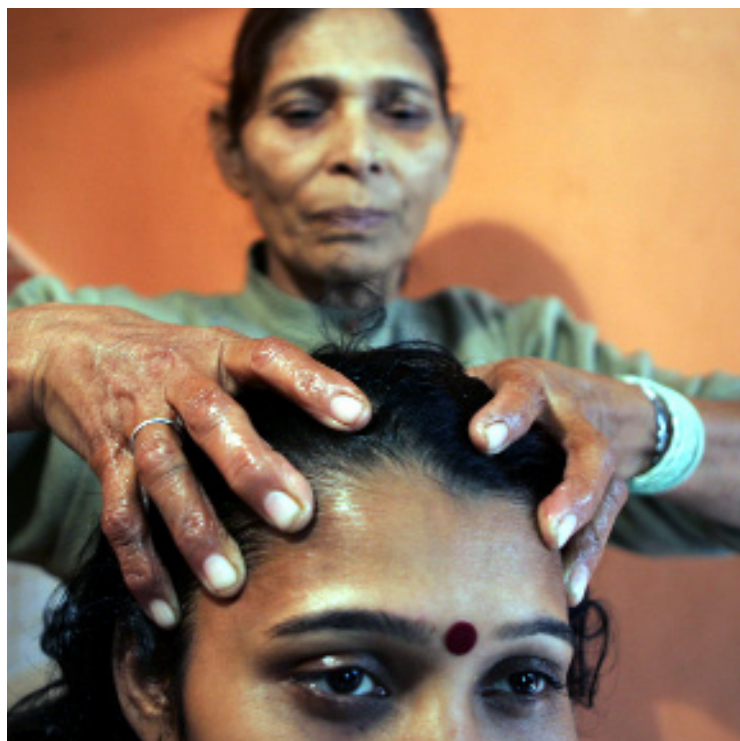
He was a home guard posted in the Kalkaji police station in South Delhi — an over 6-foot tall, well-built Gujjar from Haryana. He lived in Govindpuri, and at that time Usha's family lived in the neighbourhood.

The local grapevine had it that this 30-plus man was intimate with a number of women. In fact, he was seeing a woman living next to Usha's house and his frequent visits to that home led to his acquaintance, and subsequent friendship, with Usha's family.

"I saw a person in the pink of health run a fever for a few days and finally reach a point where he couldn't even get up on his feet. End-stage tests revealed he had AIDS," she reminisces.

This did not stop her from having him over to eat her speciality chicken and mutton dishes. "He loved chicken and mutton that I cooked and would even request for it. I would invite him over for a bite every now and again," says Usha. A lot of people in the locality, however, stopped interacting with him.

When she first found that



the man had AIDS, she didn't know much about the condition though she'd read and heard about doctors refusing treatment to people with AIDS. She'd also seen posters at hospitals and crossings asking people to protect themselves against AIDS but she didn't know what AIDS was.

Usha decided to find out more. She saw advertisements and read up the Hindi newspaper she subscribed to and found HIV didn't spread by talking or sharing food and utensils. And the friendship continued as before.

In 1997 the man died in his village. He was a good man, who spoke from the heart and helped others with money loans, etc. He would sit and talk for hours, remembers his friend.

Usha is a pretty strong advocate for protection against HIV. A man, she says, should protect himself and be faithful to his health in order to be faithful to his wife and children. Equally, she adds, women too have huge sex desires and need to safeguard themselves. ●

"HE RELISHED CHICKEN AND MUTTON THAT I COOKED"

World Bytes

AIDS On The Comeback In Thailand

Bangkok: The man behind Thailand's success in controlling HIV says the country of 63 million has returned to the days of ignorance and the disease is making a deadly comeback.

Mechai Viravaidya, widely known as Mr Condom, believes there were 25,000 new infections last year, well over the official figure of 19,000.

While that is much less than the 143,000 infections the government counted in 1991, Mechai, who is conducting a second AIDS awareness campaign, says the number is growing fast because of unprotected sex, especially among young people. Only 20 to 30 per cent of young people use condoms consistently, he says.

"The government budget, the Prime Minister's abdication from the role, and the consequent weak public education programme are responsible for the situation," he adds.

AP



The Making of NACP III

NACO to be catalyst in phase III of National AIDS Control Programme (NACP), emphasis on prevention and integration with the RCH programme

By Shree Venkatram in New Delhi

The very process of putting together Phase III of the National AIDS Control Programme (NACP) has brought in many changes, the main being the shift in National AIDS Control Organisation's (NACO) role from an implementer to a programme catalyst.

The man who initiated the process, former NACO chief Dr S Y Quraishi, is fond of drawing an analogy: "NACO is now a conductor of an orchestra instead of a player!"

The other big change, a sure departure from norm, has been the significant role played by civil society in the formation of a government programme. Fourteen sub-groups were set up to debate and discuss various issues — of decentralisation, research, prevention, HIV surveillance, communication and advocacy, condom programming, monitoring and evaluation, interventions and so on. People from various walks of life gave suggestions on how they wanted the AIDS policy to be shaped.

The process started a year ago. Doctors, health professionals, bureaucrats, academicians, religious leaders, media persons, representatives of people living with HIV, marginalised and vulnerable groups, NGOs working in the field, UN organisations and donors met on common platforms to chalk out a programme that aims at checking and significantly reducing HIV incidence in the country over the next five years, providing care and tackling discrimination of those infected.

An e-consultation was launched providing space for people to write in what they felt were the significant achievements and failures of NACP II and give their recommendations for the national policy for the next five years. Mr E Mohamed Rafique, who managed the e-consultation says, "It also offered anonymity to those who did not wish to reveal their names."

The e-consultation was facilitated through 'Solution Exchange', a new initiative of the United Nations Country Team in India that offers communities of development practitioners a forum where they can provide and benefit from each other's experience.

The recommendations from the various meetings and the over 300 responses generated by the e-consultation were considered by the five-member technical and design team headed by an IAS officer, Mr RK Mishra.

A draft strategic framework of NACP III was drawn up and placed before representatives of a diverse group of civil society organisations, including those working with the most vulnerable and marginalised sections, at a two-day meeting in November held by India HIV/AIDS

Alliance and NACO, supported by Resource Centre for Sexual Health and HIV/AIDS.

The participants broke up into six groups to look at different aspects of the framework — prevention among high-risk groups and vulnerable populations, care and support, capacity development, monitoring and evaluation and programme management and governance. They identified gaps and presented recommendations to members of the design team who were present.

It was felt that there should be a representative body of civil society with whom NACO could interact on a continuing basis for the finalisation of NACP III. An ad-hoc committee was set up to develop such a body at the district, state and national levels. It was also given the responsibility of communicating the outcome of the consultation to the wider community.

At present, the states are in the process of finalising their implementation plans. The exercise is expected to take till December 2005. The strategic framework will then be revised. Other procedures, like the appraisal by the World Bank will follow and the implementation of NACP III will begin in May 2006.

NACP III will have four objectives — to prevent new infections, provide care, support and treatment, restructure and strengthen capacities of national, state and district level units, and strengthen monitoring and evaluation mechanisms at all levels.

It will focus on prevention in a big way. It looks at it this way — 99 per cent of Indians are HIV free, and the programme has to work to keep them that way.

During NACP II adequate emphasis was not placed on prevention programmes for men who have sex with men (MSM), intravenous drug users (IDUs) and transgender groups in spite of them being highly vulnerable. NACP III has an added emphasis on these groups and a special focus on youth.

The focus will also be on vulnerable states- the BIMARU states for example, which have poor health indicators.

NACP III will aggressively promote the condom. The number of outlets in rural and urban areas and retailers trained in social marketing will be increased. Thicker condoms and lubricants will be made available for MSM and a stringent control over quality will be maintained.



The programme will give priority to integrating HIV/AIDS with the Reproductive and Child Health (RCH) programme. So far there has been no link between the two. Efforts will be made to converge them by having common training for the staff. HIV/AIDS clinical services will become an essential part of the RCH programme.

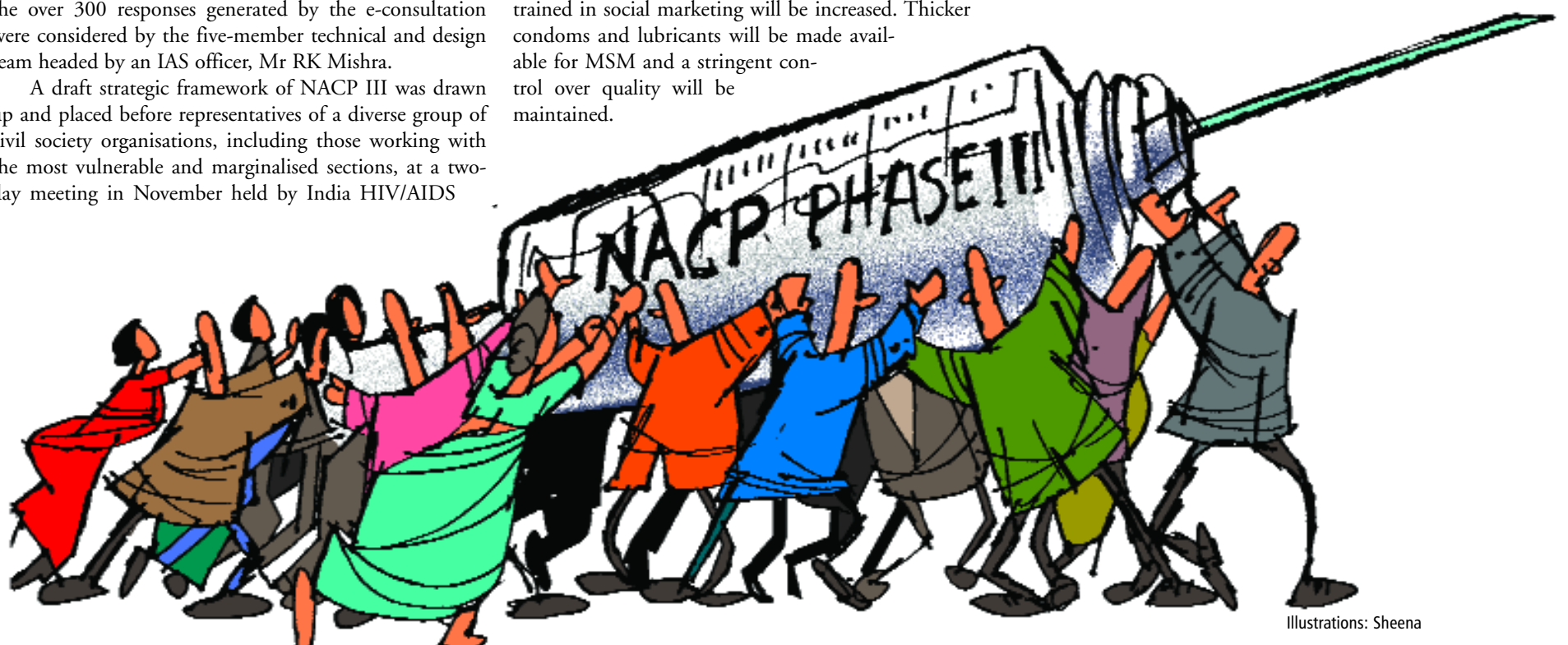
At present, there are 670 voluntary counselling and testing centres (VCTCs). The integration will lead to VCTCs becoming available in the 30,000 primary health centres and community health centres in the country and also help address the issue of stigma and discrimination at the neighbourhood level.

In fact, district-level structures similar to state AIDS control societies will come up aiding the decentralisation of the programme, an issue that has come up time and again.

A single nationwide strategic information, monitoring and evaluation system is planned. It will have appropriate standards on measuring performance, analysing variances, identifying bottlenecks and taking corrective action. And for this, staff has to be appropriately trained. Capacity building is thus an important area under NACP III.

The putting together of NACP III has been a massive planning exercise that is still on. It has provided space for all voices to be heard. There have been hundreds of suggestions. As Mr Mishra puts it, "The team has considered each one, but only those that can be implemented have been accepted."

A massive scaling up of funds is on the cards. An estimated Rs 7,500 crore is required to implement it over the next five years. In comparison, NACP II had a budget of Rs 2,000 crore over seven years. ●



Illustrations: Sheena

PEOPLE FROM VARIOUS WALKS OF LIFE SUGGESTED HOW THEY WANTED THE AIDS POLICY TO BE SHAPED



Us n 'em No More

**CONCERNS ARE DISCUSSED FREELY AND
EVEN ADDRESSED BY THE AUTHORITIES**

Partners All - NGOs and Government share an equal platform at the PFK meet in Kerala

By JEEMON JACOB in Kochi

She was angry and sad. And she was going to make no bones about it. The fact that she had the ears of the state's top-level AIDS brass did not make her mince words. On the contrary, it provided the perfect impetus to let out emotions full-steam.

P B Bindu, General Secretary of Council of People Living with HIV/AIDS in Kerala (CPK+), was fiercely candid at the sixth annual meeting of Partners Forum Kerala (PFK) in Kochi in May. "Even today, the major issue facing us is stigma at every level of social interaction - in healthcare and job settings and also at the family level. Nobody cares for HIV-positive people. Even NGOs are reluctant to appoint positive people as staff members against the posts of 'positive speakers'. It is a shame for us," she said.

Many of the 360 'partners' — representatives of 53 NGOs involved in targeted interventions (TIs) in the state, Project Support Unit (PSU) members, and, most significantly, officials of Kerala State AIDS Control Society (KSACS) — who had gathered to share their views and facilitate a change in society's responses to HIV/AIDS agreed with her.

A spirit of openness and equal ownership of the AIDS programme between the Government and NGOs characterised the meet. Concerns were discussed freely and, more importantly, addressed by the authorities.

Said a 24-year-old positive youth participant, "We are

being exploited by quacks, doctors and officials. They are making money while our lives are doomed in darkness." He, however, added that his life had changed after he came to CPK+. "I found lots of people who love me and talk to me. Now I feel better," he said. CPK+, which was started in Kochi in 1999 to work with positive people, has a membership of 700 positive people in the state today.

His suggestion that PFK should help people living with HIV/AIDS to form self-help groups to improve the quality of their lives was one of the many suggestions discussed and debated during the meeting, which was also attended by 11 participants from Uttar Pradesh, Bihar and Madhya Pradesh.

Harassment of commercial sex workers (CSWs) and men who have sex with men was another issue brought up by some partners. In response, N R Manilal, NGO Advisor to KSACS, said that KSACS would launch a media campaign to sensitise people in this regard. He further added that KSACS also had plans of economically, legally and socially supporting positive people who were being discriminated against.

A variety of other issues too came up during the three-day meeting. For instance, in view of the strong panchayati raj system in the state, the significance of tying up with local government agencies for popularising and sustaining sexual health initiatives was reiterated by K P Ali, Project Director, Rural Development Society, Thamarassery.

But Ali maintained that many government departments, such as education and police, were not ready to own sexual health programmes and this needed the intervention of

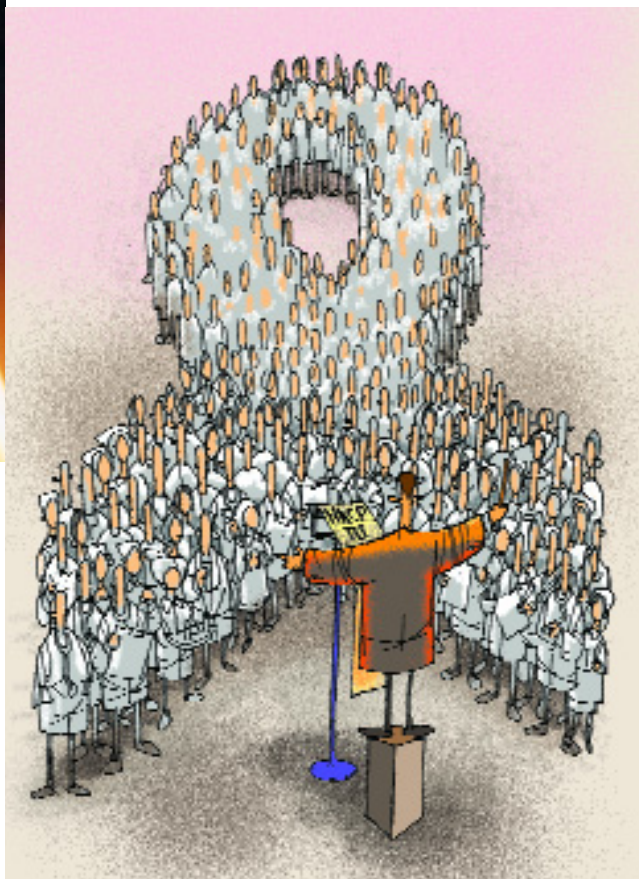


Illustration: Sheena

KSACS. Dr Rajan Khobragade, Project Director, KSACS, assured that he would discuss this issue with other departments and ensure cooperation and better coordination.

At another level, some partners objected to KSACS insisting on a 10 per cent contribution from NGOs working in TIs. This was 'unfair', according to them, as NACO did not require such contributions in other states. Khobragade agreed to abolish this precondition. Boban Kizhakkethara, Secretary, PFK, drew the attention of KSACS officials and PSU members to the fact that those employed in projects had not been paid since last April as NGOs' performance had not been evaluated by PSU. In response, Khobragade instructed PSU to complete the evaluation at the earliest and not to delay the payment of salaries.

Other positives too emerged from the meeting. For starters, Bindu highlighted the fact that mindsets about HIV positive people were changing slowly. "Earlier, hotels refused to give us space for meetings and training sessions. We don't face such a situation anymore," she said.

Then K O Joseph, President of CPK+, said his organization would join PFK. CPK+ had earlier shied away from joining hands with PFK because its revolutionary, trade unionist approach of uniting positive people in the state differed dramatically from the mode of cooperation followed by PFK.

Remarkable initiatives, such as the takeover of a sex worker programme by a community-based organisation, Vanitha, from an NGO in Kozhikode, were showcased. Vanitha began organising CSWs in 1998 and initiated a range of activities to generate HIV/AIDS awareness. These semi-literate women pooled their savings and bought seven cents of land in Shanti Nagar. Today, Vanitha has 200 members, mostly from the 25-45 years age group. The organisation has an office and runs a clinic and a telephone booth. For a one-time membership fee of Rs 10, members can avail the services of the doctor attached to the clinic and undergo periodic check ups. Income-generation schemes have been introduced and the society distributes gas cylinders and runs a phenol-making unit, a tailoring unit and a brick-baking unit.

"This is the first time that a community-based organisation (CBO) of primary stakeholders has replaced an NGO," P K Manojkumar, Partnership Officer, working with Hindustan Latex Limited Family Planning Promotion Trust (the project support unit of KSACS) in Kozhikode, said.

Sharing her story of success with others was a big high for Chandrika, President, Vanitha. "I feel empowered. PFK has motivated us to perform better," she told this reporter. The platform of recognition provided by PFK appears to spur people on.

Little wonder then that states like Gujarat and Andhra Pradesh are using the PFK model to deal with issues of HIV/AIDS. ●



US AIDS Plan Could Derail India's AIDS Policy

New Delhi: The US global anti-AIDS programme — President's Emergency Plan for AIDS Research (PEPFAR) — has run into opposition in India for its restricting clauses and a fear that it could derail the national policy on AIDS prevention.

Discussions at the Planning Commission suggest that India would follow Vietnam and Brazil in rejecting PEPFAR as the relief programme comes with conditionalities inspired by values of anti-prostitution and abstinence that run counter to the national AIDS policy.

Chaired by Planning Commission member Syeda Hameed, these sessions included civil society officials, international agencies, legal experts, researchers and doctors.

The warnings centre around the legal framework of PEPFAR, which will exclude a large number of programmes already part of the AIDS battle.

PEPFAR seeks a pledge from beneficiaries that they are opposed to legalising prostitution. The fear is that this would end up disqualifying one of the most effective anti-AIDS programmes with sex workers — Sonagachi project in Kolkata — and the rights-based approach seeking to empower them.

Abstinence as prevention strategy, it is said, would fly in the face of the national strategy, which offers the youth choices of being faithful and using condoms. PEPFAR mandates preferential funding of 33 per cent of the total funds for promoting 'abstinence — only until marriage.'

PEPFAR offers 'priority funding' for faith-based organisations. It also exclusively mandates the use of FDA-approved drugs and does not necessarily recog-



Illustrations: Sheena

nise WHO-authorised generic drugs on which the national programme is based. The hit will be taken by Indian companies Cipla and Ranbaxy and create an advantageous playing field for U S manufacturers.

The Times of India, Mumbai

Plan Panel Moots Legalising Homosexuality, Prostitution

The Planning Commission has pitched for legal sanctity to prostitution and homosexuality. Fear of legal action pushes underground sex workers and homosexuals. It, the Planning Commission says, puts them out of the reach of 'social interventions' to check the killer disease, which is threatening to take epidemic proportions.

HIV+ Can Now Get Jobs in K'taka



Bangalore: In a landmark judgement, Karnataka Administrative Tribunal (KAT) has held that a person who tests HIV positive is also eligible for government jobs, including the post of police constable.

A division bench of the tribunal comprising its Chairman Justice A V Srinivasa Reddy and Administrative Member P Kotilinganagoud passed the order while allowing an application filed by R Ramesh Rao of Shimoga.

Rao was provisionally selected for the post of police constable (Civil) in Shimoga district in 1999 and his selection was subject to the results of his physical and blood tests.

However, his selection was cancelled after he tested positive for HIV. This was done on the basis of a circular issued by the DG and IGP in 1994 declaring HIV-positive people unsuitable for the post of police constable. The tribunal found this circular unconstitutional and quashed it.

"That a citizen testing HIV positive would be unsuitable to civil services is hereby declared violative of articles 14 and 16 of the Constitution and therefore held illegal and unconstitutional. Hence it is quashed and set aside," said Kotilinganagoud.

While upholding Rao's petition, KAT has ordered the state DGP and IG to appoint Rao as a civil constable with retrospective effect and directed the state government to issue necessary instructions to all its appointing or recruiting agencies to avoid denial of government jobs to HIV-positive people as the apex court has already upheld their rights.

ANI

ANNOUNCEMENT

NACO's National Conference on Research in HIV&AIDS, scheduled for 10-13 Jan, has been postponed to 9-12 April. For further information, log on to www.nacoresearchconference2006.com

2nd Short Course on Design and Evaluation of Behaviour Change Programmes in Reproductive and Sexual Health organised by Child In Need Institute and London School of Hygiene and Public Health to be held at Kolkata from 13-18th Feb 2006. For more information contact: Priyanka Jha (Course Coordinator) Tel: +91 9830501955

AIDS Virus Weakening by Next Generation?

London: The AIDS virus may be getting less powerful, researchers say. A team at the Institute of Tropical Medicine in Antwerp, compared HIV-1 samples from 1986-89 and 2002-03. They found the newer samples appeared not to multiply as well and were more sensitive to drugs — some other studies argue that they are becoming more resistant.

The researchers, writing in the journal *AIDS*, stressed their work in no way meant efforts to prevent HIV should be scaled down. Researcher Dr Eric Artz said: "This was a very preliminary study, but we find a pretty striking observation in that the viruses from the 2000s are much weaker than the viruses from the 80s. Maybe in another 50 to 60 years we might see this virus not causing death," he added.

Keith Alcorn, senior editor at the HIV information charity NAM, said it had been thought that HIV would increase in virulence as it passed through more and more human hosts.

But the latest study suggested the opposite is actually true. "What appears to be happening is that by the time HIV passes from one person to another, it has already toned down some of its most pathogenic effects in response to its host's immune system," he said.

"So the virus that is passed on is less 'fit' each time. This would suggest that over several generations, HIV could become less harmful to its human hosts."

BBC News Service



Vaccine on the Anvil: Kalam

New Delhi: India will come out with an anti-HIV vaccine in three to five years, President A P J Abdul Kalam said recently, but asked the medical community to try and complete the job in the next two years.

Addressing the closing of an India-Africa project partnership conclave here, he said "the HIV vaccine (tgAAC09) is now undergoing phase-I trials for safety and immunogenic assessment at National AIDS Research Institute (NARI), Pune." This vaccine, a recombinant vaccine containing six genes from the HIV I-C strain, has been developed by scientists from the National Institute of Cholera and Enteric Diseases in collaboration with NARI and the US' Therion Biologics, he added.

Another candidate vaccine against the sub-type C virus that is most pronounced among Indian patients, the Adeno-Associated Virus (AAV)-based vaccine developed by Targetted Genetics Corp, USA, was in an advanced stage of test in different parts of the world, he said.

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