ASSAM STATE AIDS CONTROL SOCIETY

सत्यमेव जयते
Government of Assam
Department Health and Family Welfare

National AIDS Control Organisation
India's Voice against AIDS
Ministry of Health & Family Welfare, Government of India
www.naco.gov.in

জিজ্ঞাসা...

JIGYASA

…To know about HIV/AIDS

ASSAM STATE AIDS CONTROL SOCIETY
KHANAPARA, GUWAHATI


সঞ্চালকৰ কার্যালয়
অসম ৰাজ্যিক ৰক্ত সংৰচণ পৰিষদ
ASSAM STATE BLOOD TRANSFUSION COUNCIL
KHANAPARA, GUWAHATI - 781022, ASSAM


TRANSFUSION COUNCIL
781022, ASSAM


Two Day State Level Training of Trainers
for State Resource Pool for various IEC
Mainstreaming Activities


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1st December 2022
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Assam State AIDS Control Society
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ড° হিমন্ত বিশ্ব শর্মা
Dr. Himanta Biswa Sarma

মুখ্যমন্ত্রী, অসম
Chief Minister, Assam

सत्यमेव जयते

Dispur
21 Kārtikaḥ, 1429 Bhaskarabda
8th November, 2022

MESSAGE

It gives me immense pleasure to know that Assam State AIDS Control Society, under the aegis of Government of Assam's Health & Family Welfare Department, is launching a handbook titled *Jigyasa— To know about HIV/AIDS* on the occasion of World Aids Day on December 1, 2022.

The Government of India has been implementing the National AIDS Control Programme (NACP) as a central sector scheme with the aim of tapping the spread of the dreaded HIV/AIDS. Launched in the year 1992, NACP can be said to have been quite successful in fulfilling its envisioned role. For the past few years there has been a declining trend in number of new AIDS cases in the country. Assam State AIDS Control Society, as the nodal agency to implement NACP in the State, deserves special mention for diligently and sincerely fulfilling its obligations towards the battle against the scourge of HIV/AIDS. I am sure in days to come, and with concerted efforts from all quarters, the number of detection of new cases in the country in general and Assam in particular will witness further downward spiral.

I am certain *Jigyasa — To know about HIV/AIDS* will be of immense help to the general public, healthcare professionals, among others. It would be a useful handbook in making its intended target readers aware of the measures to be adopted for its prevention and treatment. I congratulate Assam State AIDS Control Society for the efforts in preparing the lucid handbook, which is the first of its kind in the state of Assam.

I also extend my best wishes to everyone associated with Assam State AIDS Control Society for successful conclusion of World AIDS Day.

(Dr. Himanta Biswa Sarma)

Keshab Mahanta

सत्यमेव जयते

MINISTER
Health & Family Welfare Dept.
Medical Education & Research Dept.
Science,Technology & Climate Change Dept.
Information Technology Department

MESSAGE

HIV/AIDS is a manageable disease now-a days. The fear factor associated with the disease has considerably reduced now. This has been possible due to the tremendous and in depth intervention of National AIDS Control Organisation, Ministry of Health &Family Welfare, Government of India through Assam state AIDS Control Society.

Assam State AIDS Control Society (ASACS) is implementing the National AIDS Control Programme (NACP) in Assam through various health facilities, educational institutions, Non-Government Organisation (NGOs) etc., throughout the state for prevention and treatment services to the People Living with HIV/AIDS.

I am happy to know that Assam State AIDS Control Society (ASACS) is publishing a comprehensive handbook of information on HIV/AIDS called **" JIGYASA- To know about HIV/AIDS"** which will be a standard for the society to know about HIV and its prevention, treatment and corresponding facilities and services as awareness is the key to prevention of HIV/AIDS.

This will also showcase the various schemes adopted by Government of Assam for the welfare of the People Living with HIV/AIDS. This is the first of its kind in the state of Assam.

I convey my heartiest congratulations to Assam State AIDS Control Society for the initiative and wish them all the very best to achieve the approved objective.

(Keshab Mahanta)

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India with UNAIDS, is committed to achieve its Fast Track Targets of 95-95-95. These aim at ensuring that 95% of those who are HIV positive in the country know their status, 95% of those who know their status are on treatment and 95% of those who are on treatment have durable viral load suppression. Ensuring achievement of the first 95 is a herculean task that is essential in reaching the desired goal. Various initiatives are implemented by the National AIDS Control Program (NACP) through Assam State AIDS Control Society (ASACS) in our state to improve the overall quality care and treatment services, to enhance the adherence and retention of HIV infected individuals on Anti-Retroviral Treatment (ART) as well as viral load suppression.

To achieve the first 95, it is essential to generate awareness of the infection among the masses so that more and more people are equipped with the knowledge of prevention to contraction of HIV/AIDS.

It gives me immense pleasure to know that the ASACS has taken initiative to launch the first book on HIV services under NACP named **"JIGYASA…To know about HIV/AIDS".** This is a major step towards reaching out to the masses and to unfurl myths and misconception on HIV/AIDS within the society. It provides information on HIV/ AIDS, including prevention and control measures, availability of service facilities, and how an individual will manage himself with HIV. ASACS is trying to illustrate the information with the help of a story that is an interaction with all component heads by *Jigyasa – the protagonist,* so that it can attract a wide range of audience.

This book will surely help in generating awareness amongst the people and will help in achieving the common goal.

I congratulate the ASACS for the efforts involved in preparing the first of a kind of handbook on HIV/AIDS in Assam.

Avinash Joshi

Pomi Baruah, ACS
Project Director

ASSAM STATE AIDS CONTROL SOCIETY
Khanapara, Guwahati

Foreword

The idea for the publication of the book "JIGYASA…To know about HIV/AIDS", came to my mind during a meeting with my colleagues, immediately after I had joined the Assam State AIDS Control Society as Project Director in July, 2022. During the numerous briefings by the component heads, on the various aspects of the National AIDS Control Program (NACP) activities, I realized the magnitude of the program, which has sought to encompass all sections of the society, the new born - adolescent - young adults - adults and envisaged convergence with various other agencies such as the National Health Mission, Vertical programmes (like NTEP, NVHCP), Education Department, Social Justice and Empowerment, Home and political and Judiciary departments, Non-Governmental Agencies and various partner agencies.

According to the India HIV estimates 2021, Assam (0.09%) is one of the low prevalent states in India (0.21), however Assam is surrounded by three highest prevalent states i.e., Mizoram (2.70%), Nagaland (1.36%) and Manipur (1.05%). Also, the annual new HIV infection in the state of Assam has increased by 26.2% in 2021 in comparison to 2010. In the current year, it is seen that HIV infections are spreading amongst the youth, specially IDUs. This book attempts to give the current picture of the HIV trend in the State, the initiatives and measures adopted by Assam State AIDS Control Society for implementation of the NACP in the State under the guidance of National AIDS Control Organization (NACO) and Health & Family Welfare Department, Government of Assam.

This book, which is first of its kind in the State, aims to create awareness amongst the readers about HIV/AIDS, through the conversations of the main protagonist, a college student, named Jigyasa, with the various stakeholders. It is hoped that the simple yet lucid style of the book will encourage one and all to go through its pages.

Here I would like to place on record my sincere gratitude to Hon'ble Chief Minister, Dr Himanta Biswa Sarma, for his support and guidance, to Hon'ble Health Minister, Shri Keshab Mahanta, for being a constant source of encouragement for the entire ASACS family, to the Principal Secretary, Health & Family Welfare Department, Shri Avinash Joshi, IAS, for his valuable counsel and instruction. We are grateful and thankful to the NACO team for guiding the ASACS family as and when required.

I extend my humble gratitude to the ASACS team, who have worked tirelessly to complete the task assigned to them in such a short notice. Dr Ravikar Singh, Smt. Rashmi Rekha Bhuyan, Rajib Sarma, Mehbub Rehman Sarkar, Ranjanjyoti Deka, Dipshikha Talukdar Haloi, Manab Surjya Das, Shri Sanjib Kumar Kalita and others all, who have contributed in this endeavor. It is expected that the information contained in this book will go a long way in busting myths about HIV/AIDS and in generating awareness amongst the readers.

(Pomi Baruah)

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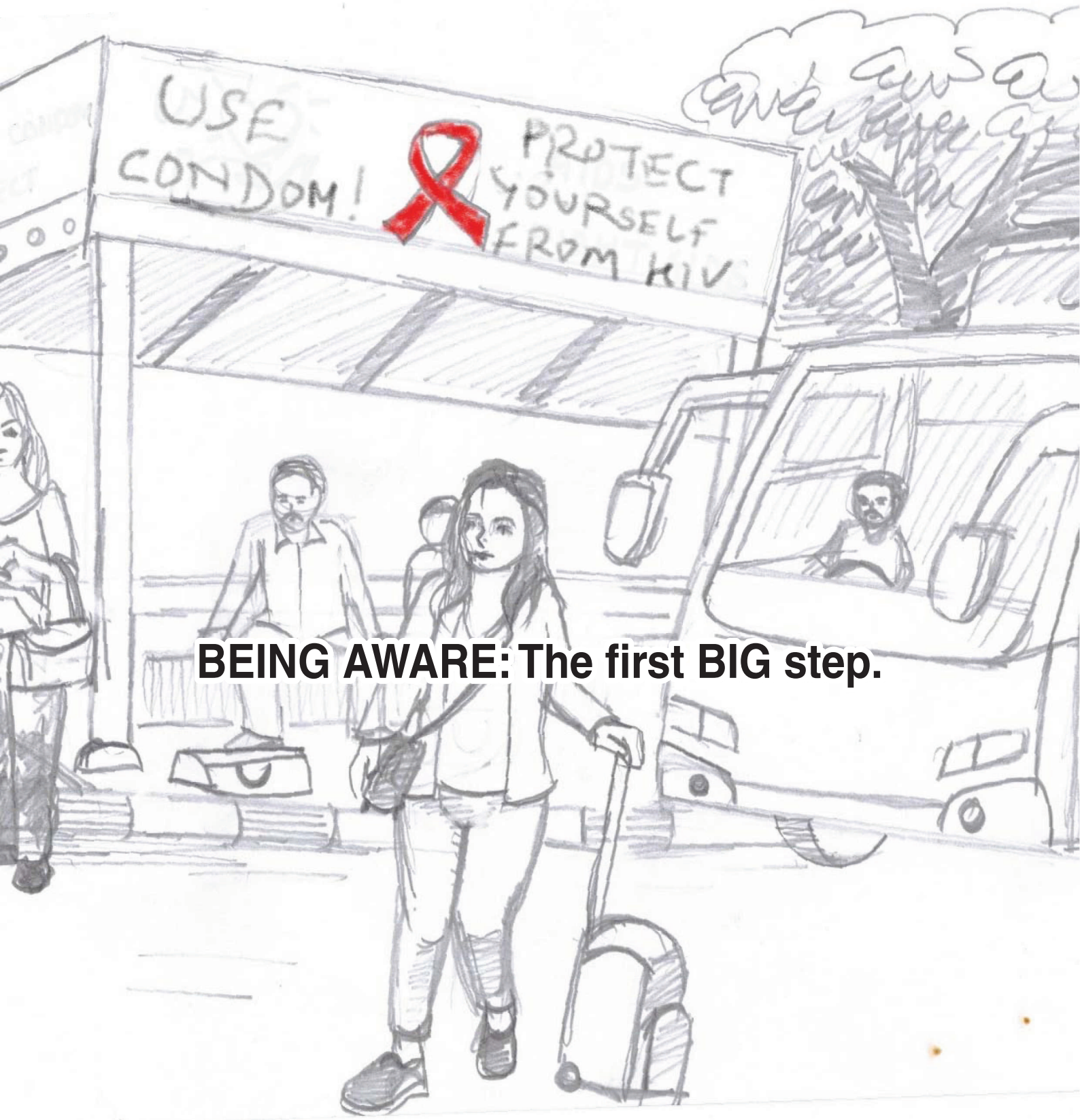
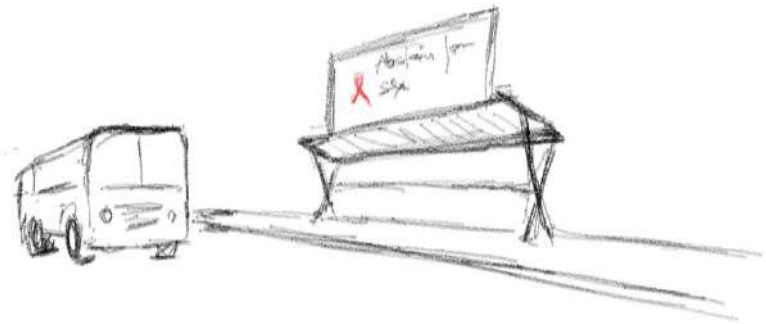
ABBREVIATION	FULL FORM
AEP	ADOLESCENT EDUCATION PROGRAM
ART	ANTI RETROVIRAL THERAPY
CSC	CARE & SUPPORT CENTER
DIC	DROP-IN-CENTRES
FIDU	FEMALE INJECTING DRUG USER
HRG	HIGH RISK GROUPS
IDU	INJECTING DRUG USER
IEC	INFORMATION, EDUCATION AND COMMUNICATION
LAC	LINK ART CENTRES
NACP	NATIONAL AIDS AND STI CONTROL PROGRAM
OST	OPIOID SUBSTITUTION THERAPY
PEP	POST EXPOSURE PROPHYLAXIS
PLHIV	PEOPLE LIVING WITH HIV
PPP	PUBLIC PRIVATE PARTNERSHIP
RRC	RED RIBBON CLUB
SA-ICTC	STAND ALONE INTEGRATED COUNSELLING AND TESTING CENTRES
SDNS	SECONDARY DISTRIBUTION OF NEEDLE AND SYRINGE CENTRES
TI	TARGETED INTERVENTION
OI	OPPORTUNISTIC INFECTION



BEING AWARE: The first BIG step.

1

One fine morning Jigyasa, a BA first year student, was waiting for her college bus when an unusual signboard caught her eyes. The signboard did not advertise any product or service, endorsed by celebrities. It rather carried a social message with a prominent **Red Ribbon** sign on it.

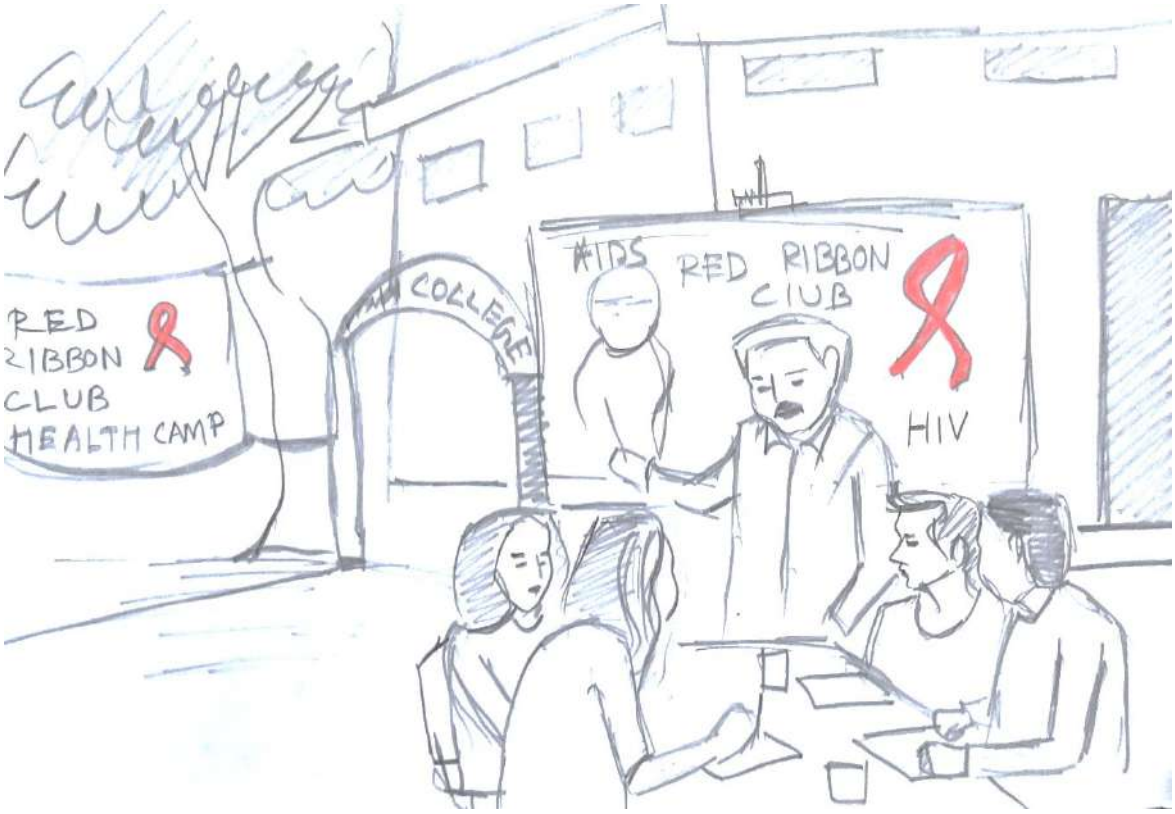


"Use condom ! Protect yourself from HIV", she read. "Hmm... what does this mean?" she thought. In a confused state of mind, she reached her college. She had so many unanswered questions

in her mind over what she saw on the billboard. These questions unsettled Jigyasa.

❖

Jigyasa reached her college on time as usual. Her college exuded an amazing energy and chaotic warmth that she loved so much. However, today the vibe was different. She saw quite a number of her friends surrounding the common notice board. She peeped through the crowd and saw the same strange Red Ribbon symbol, which she had seen on the billboard at the bus stop.



Extremely curious now, she reached out to the tall gentleman, who sat on a chair near the notice.

"*What is this, Sir?*", She asked the gentleman politely.

"*Oh! It's a notice for the Red Ribbon Club meeting*" he replied affably.

"*Yeah, I got that! But what is this meeting all about?*" she asked again, a tad irritated.

"*You have to attend to know it better,*" he replied with a smile and took off towards the auditorium.

Taking a cue from his words, Jigyasa decided to attend the Red Ribbon club meet in the auditorium in the afternoon.

❖

The Meeting

The Speaker greeted all the youngsters and initiated the discussion with the basics of HIV/AIDS. He stated that HIV is a viral infection caused by the human immunodeficiency virus (HIV). This infection is transmitted through infected blood, unprotected sex, by sharing needles and from an infected mother to her child. He talked about the importance of knowing one's HIV status, as early intervention and treatment can go a long way in helping an HIV positive person lead a normal life. Although there is still no cure for HIV, the existing mode of treatment known as ART (antiretroviral therapy) is highly effective and the HIV positive client can manage a healthy life if he takes ART on a regular basis religiously. Test and treat model is the answer to a healthy life, he emphasized.

Finally, the Speaker addressed the role of the youth in creating awareness and the importance of knowing the risk factors, the symptoms and the preventive measures. The Speaker patiently took all the questions from the eager participants. He reiterated the means of reducing the risk of contracting HIV mainly through the use of barriers like condoms, testing pregnant women and the general population at regular intervals.

Jigyasa was engrossed in the whole discussion. The Speaker had her undivided attention. She was able to connect to every word that the Speaker uttered. She could connect his words to what she saw written on the billboard at the bus stop.

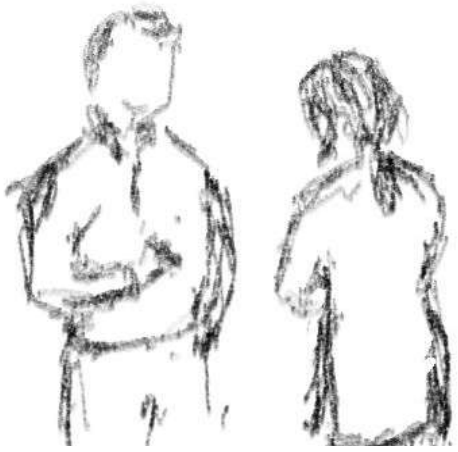
Once the session was over, Jigyasa went up to the Speaker.

"Sir, thank you for that very informative session. Now I know what the RRC or the Red Ribbon Club is all about. I also have a basic understanding of the HIV infection."

"Great! Hope you've been able to learn something from it," said the Speaker.

"Yes Sir," she replied. "But, now I'm more curious to know how the world is fighting against this infection".

"There are plenty of books on the subject. I suggest you use the power of the internet for this." The speaker smiled.



"Thank you, Sir, but I would like to stay connected with you to know more on this subject?" Jigyasa acknowledged.

"You are most welcome dear, also if you are really interested, you may like to visit the Assam AIDS Control Society. The officials there can answer all your queries. You may also call the HIV helpline 1097 for additional information,". said the Speaker.

"Sure, I will do that," Jigyasa quipped although she was very uncertain about what she was saying or doing.

Box 1. HIV & AIDS

What is HIV?

HIV is an infection caused by the Human Immunodeficiency Virus.

What is AIDS?

AIDS (Acquired immunodeficiency disease syndrome) is a syndrome caused when the immunity level are so low, due to HIV infection, that the body is not able to defend itself from common infection like flu etc. this causes a basket of infection infecting an individual.

Are HIV positive and AIDS, the same?

After infecting from HIV, the virus takes time to overpower the person's natural immunity. When HIV reduce the immunity cells to a certain low level so that any common infection can be a life-threatening situation, it is then called as AIDS. This time period varies according to general level of individual.

What causes HIV infection?

Later that day Jigyasa used google to understand the world's response to HIV infection. She came to know that fighting HIV transmission and ending HIV as an epidemic is an international target for Sustainable Development Goals (SDG), by 2030.

Google also helped her to understand how the world initially responded to HIV and how an organization like UNAIDS is a consistent force in the fight against HIV/AIDS. UNAIDS provided the 95:95:95 goals to achieve the SDG 2030 goal of eliminating HIV and the global epidemic.

She also came to know that a national body called NACO (**National AIDS Control Organization**) is the premier agency for HIV/AIDS Prevention and Control in the country. NACO works through their state-level counterparts known as **State AIDS Control Societies (SACS).**

Nationally, NACO responds to the HIV/AIDS epidemic through National AIDS Control Program (NACP). Till now, 4 phases of the NACP are over and the 5th phase is on a roll. Through NACPs, India has been able to achieve great success in controlling the epidemic in the country, but still, there are lots of miles to travel.

While reading all this on the internet, Jigyasa's curiosity ignited more.

Box 2. Sustainable Development goals

The 2030 Agenda for Sustainable Development, adopted by all United Nations Member States in 2015, provides a shared blueprint for peace and prosperity for people and the planet, now and into the future. At its heart are the 17 Sustainable Development Goals (SDGs), which are an urgent call for action by all countries - developed and developing - in a global partnership. They recognize that ending poverty and other deprivations must go hand-in-hand with strategies that improve health and education, reduce inequality, and spur economic growth – all while tackling climate change and working to preserve our oceans and forests.

How SDG is related to HIV/AIDS?

Target 3.3 of Goal 3 (ensure healthy lives) of the SDGs directly address about ending HIV/AIDS and global epidemic by 2030.

While UNAIDS takes other goals like Goal 1 (end poverty), goal 2 (end hunger), Goal 4 (ensure quality education), Goal 5 (Achieve gender equality), Goal 8 (promote economic growth), Goal 10 (Reduce inequality), Goal 11 (make cities safe and resilient) Goal 16 (promote peaceful and inclusive societies) & Goal 17 (strengthen means of implementation) as means to achieve the global target 3.3.

For more information Visit https://sdgs.un.org/goals or Scan.

"How do these strategies work in real-world scenarios?" she thought.

For a better understanding, she made up her mind that it is better to visit Assam State AIDS Control Society to understand more about the program.

❖

Conversation with the IEC Officer

Jigyasa visits the Assam AIDS Control Society in *Khanapara* Guwahati. She has taken the appointment with Rajib Sarma, IEC I/C and Assistant Director, (Documentation & Publicity).

"Hello Sir, my name is Jigyasa, I called you yesterday", said Jigyasa.

"Hello Jigyasa, I was expecting you. Our RRC team member informed me before about you." greeted Mr Rajib.

"Last week, while taking the bus to college, I have seen a billboard at the bus stop that explained about HIV/AIDS. Later on, that day I attended a Red Ribbon Club meeting. Now, I'm really curious how Govt. of Assam is working on fighting against HIV/AIDS?" said Jigyasa.

"It's great that a young girl like you is curious to know about HIV, if more people like you are interested in knowing about HIV, we will surely create an atmosphere where more people will talk about HIV and more the people talk, the more they know, as knowledge is key in preventing the spread of HIV," I/C IEC replied.

"Let me explain to you"

The billboard that you've seen on the bus stop is a part of our vast HIV/AIDS awareness Program. The Govt. of Assam through ASACS wants to create HIV awareness among the masses, its causes, its preventive measure and to get tested as you know there are no clear

symptoms for HIV and testing is the only way to know about the status. These all are part of **IEC**.

"What is IEC?" asked Jigyasa.

IEC stands for information, Education, and Communication. Information, Education, and Communication (IEC) is a public health system approach aiming at changing or reinforcing health-related behaviors in a target audience, concerning a specific problem within a pre-defined period, through communication methods and principles.

For HIV, we have the National AIDS Control Program (NACP). Starting in 1992, the NACP, through its 5-year phases, has worked tremendously well in providing an evidence-based approach to HIV prevention, control, and treatment. Through concerted implementation of the NACP India has achieved success in the past years and is currently in a position to target the elimination of HIV/AIDS as a global epidemic.

"Have you read about HIV on the internet?" AD IEC asked.

"Yes Sir, to some extent", replied Jigyasa.

"Oh, then you must be aware of factors of HIV transmission. Transmission can happen by the means of

- **Unprotected Sex with HIV-infected individuals,**
- **HIV - infected blood,**
- **HIV-infected syringes, and from**
- **HIV-infected mother to baby.**

Activities related to these are called Risk factors. For e.g., a substance abuser has a high frequency of syringe and needle contact due to the number of times he is using syringes to inject drugs. If that high number of incidents is also associated with sharing of syringes or needles with other drug abusers, then he has a very high frequency of contracting HIV, as some of the fellow needle users might have got the infection and they are not aware of it yet."

"Therefore, it becomes essential to make people aware of the risks associated with needle sharing."

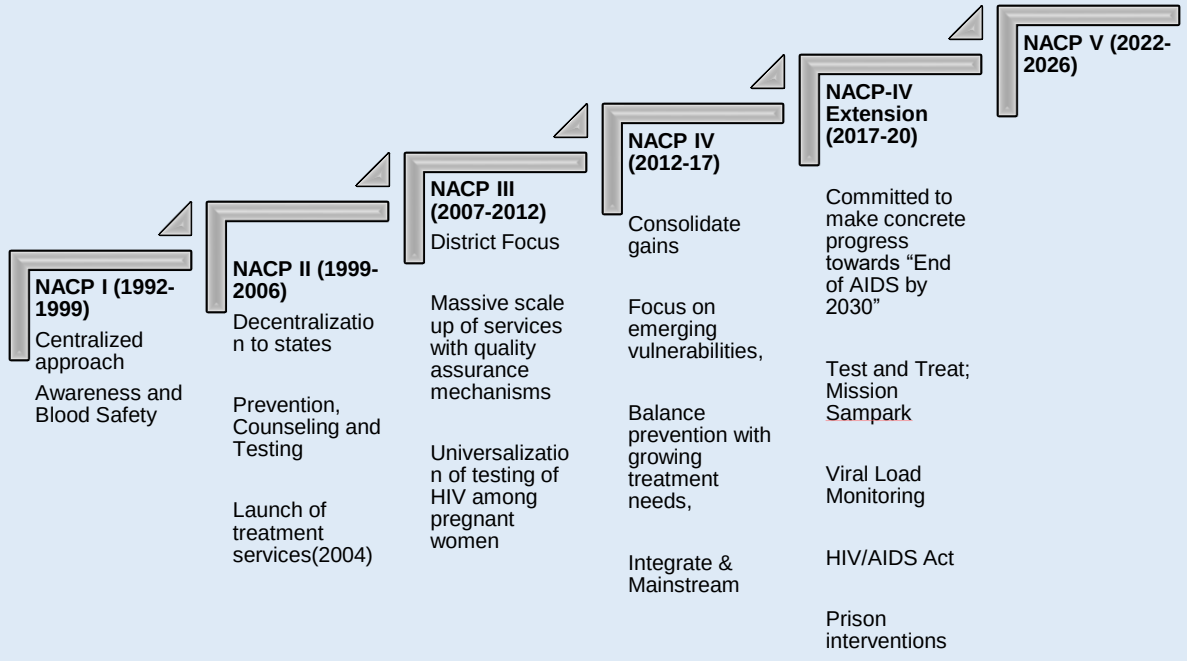
"Now, if a person has knowledge that he is involved in some kind of High-Risk activity, can you suggest to me what he/she needs to do?" asked AD IEC.

Box 3. National AIDS control Program (NACP)

The National AIDS and STD Control Program (NACP), launched in 1992, is a Central Sector Scheme fully funded by the Government of India is being implemented as a comprehensive Program for prevention and control of HIV/ AIDS in India. Over time, the focus has shifted from raising awareness to behaviour change, from a national response to a more decentralized response and to increasing involvement of NGOs and networks of People living with HIV (PLHIV).

Till now IV phases of NACP has been completed and Fifth phase is on roll. The NACP Phase-V will take the national AIDS and STD response till Financial Year 2025-26 towards the attainment of United Nations ' Sustainable Development Goals 3.3 of ending the HIV/AIDS epidemic as a public health threat by 2030 through a comprehensive package of prevention, detection and treatment services.

For more information visit http://naco.gov.in/ or scan



"I don't know Sir," replied Jigyasa, honestly.

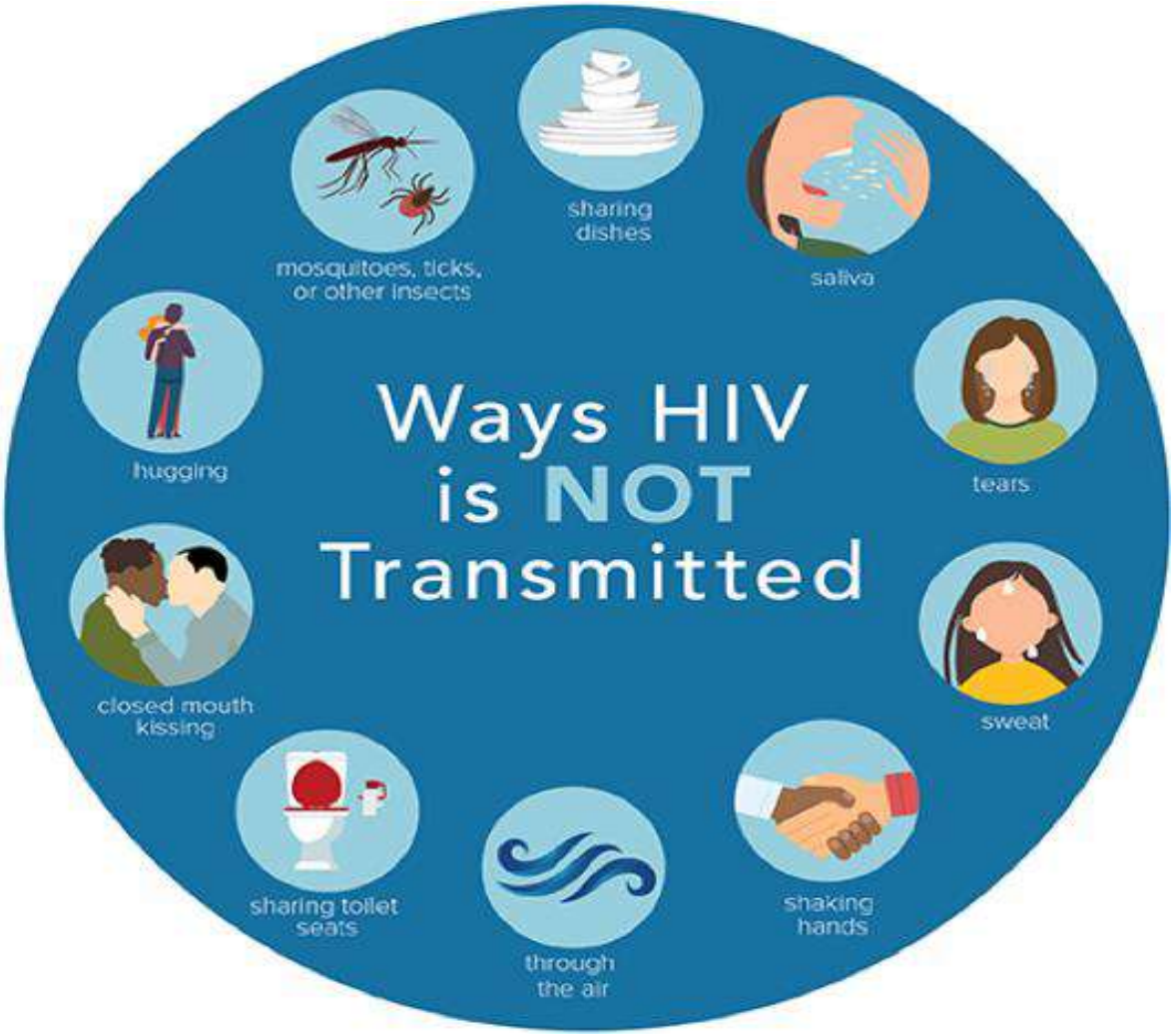


Figure 1. Myths related to HIV

"That is why one needs to know where one is required to get tested and where he/she can get tested. This is what IEC does," explained AD IEC.

"What if someone even after knowing he is at risk is still unwilling to come for treatment?" Jigyasa was curious to know now.

"Could you tell me the reason why someone would not like to come?" AD IEC understood her query but wanted to know her understanding.

"I mean I have heard about HIV before; people say it's a deadly disease and usually happens to people with bad habits," Jigyasa replied.

"This is a myth, and that's why people have reservations regarding testing for HIV. HIV is more of a social disease and people usually associate it with the character, social values, or morals of an individual," AD IEC replied.

He further added, "***HIV can happen to any individual and all of us are, at some point, at risk of contracting HIV. It is the knowledge of the infection, its transmissions, and preventive methods & actions that protect us.***"

Living with HIV is not a curse, there is a stigma associated with HIV positive tag and people are afraid of it and therefore many individuals are therefore, reluctant to know their status.

"Then how do we fight against HIV, if we don't know the real picture", Jigyasa asked innocently.

"To know about this, you first need to know how we work."

"Let me explain to you," said AD IEC.

The NACP program works on the following components-

- **Prevention**
- **Care and support**
- **Strategic information**
- **Systems strengthening**

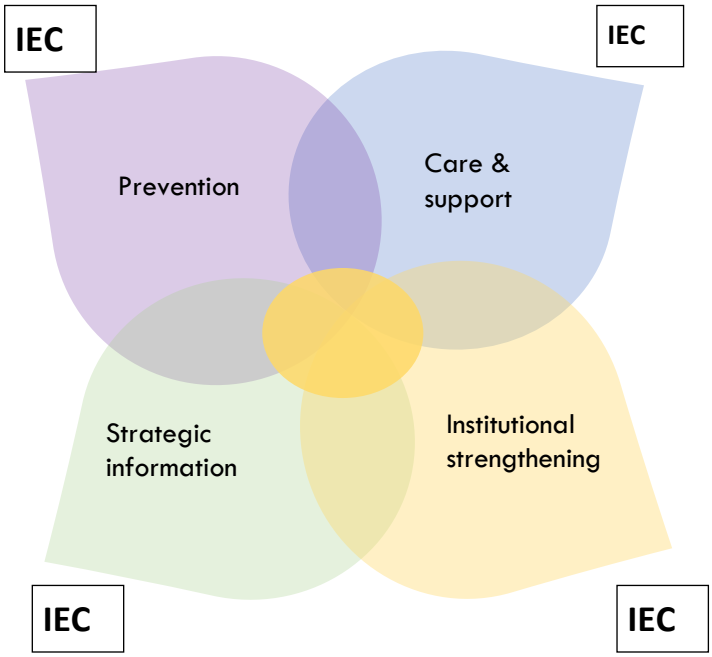


Figure 3. NACP components & IEC

(Showing above the petal of a flower with IEC as its wind dispersing the fragrance of all Petals)

IEC helps all these components by creating awareness and knowledge amongst the HIV-positive as well as HIV-negative populations. IEC component creates awareness amongst the population about-

- Infection & associated risks
- Preventive measures & risk reduction
- Public health services available
- Other support services are available.

"Wow, that's interesting. Could you please help me with how we create enough awareness amongst populations," Jigyasa asked excitedly, she could now slowly understand the vast work of HIV prevention and control!

"Sure, let me explain."

Box 4. Components of NACP

Prevention

- Creating awareness about the infection and preventive measures.
- Providing screening and testing Services.
- Harm reduction and promoting safe methods like Condoms.

Care & support

- Providing treatment to HIV positives i.e., ART therapy e.g., ART /ART Plus /Link ART Centers.
- Care Support Centers

Strategic Information

- Data management for effective decision making.
- HIV Sentinel Surveillance
- Research

Institutional Strengthening

- Program and Finance Management
- Staff Recruitment
- Capacity Building
- Procurement

IEC activities under NACP in Assam

Information Education Communication (IEC) are integral part of the HIV Program and the goal of IEC is to create 100 per cent awareness on HIV amongst the masses. The objective of IEC is to create awareness on varied aspects of HIV prevention and treatment by dissemination of HIV messages through various mediums of communication viz Mass Media, Social media, Outdoor Media, Mid (Folk) Media, Events, Campaigns, Sensitization/Awareness Meetings & Workshops with target groups.

A. Mass Media: In order to enlighten the masses and disseminate messages on HIV prevention and treatment, Mass Media viz Television, Radio, Newspapers are extensively used in the form of live talk shows, audio/video spots, scrolls etc.

B. Outdoor Media: The Outdoor Media mainly comprises hoardings at strategic locations, information panels, information boards at service centres (ICTC, STI Clinics, ART Centres etc) and colleges and universities. Hoardings on HIV and its varied aspects are placed at important locations in every district across the state. Likewise, information panels and boards are placed at health and educational institutions.

C. ICT & Social media

Assam State AIDS Control Society (ASACS) uses social media extensively and has its presence in official facebook page, twitter, instagram & you tube. Information Communication Technology (ICT) is also used in the form of disseminating HIV messages through Mobile SMS and online competitions viz quiz, poster making competitions, short film making competitions etc.

D. Mid Media: Mid Media communication reaches out to groups of people through local media formats.

i) Folk Campaign

In Assam there are varieties of folk forms which are very popular amongst the masses. Out of the various folk forms, three types of folk forms are used a) Natika b) Puppetry c) Ojapali for dissemination of HIV messages amongst masses.

ii) IEC Exhibitions

During various festivals like Raas Festivals, Durga Puja, Bihu festivals, IEC stalls are placed at the festival venue along with other IEC activities.

iii) IPC Health Camps for Truckers and Migrants

IPC health camps and awareness meetings are conducted with truckers and migrants in HIV vulnerable districts with the help of TI NGOs. Every year 5 to 7 districts are selected where apart from the service delivery sensitization meetings are conducted at the camps with the involvement of the stake holders.

iv) Events

As part of awareness activities, various events are observed. They include:

1. World AIDS Day (December 1)

2. International Youth Day (August 12)

3. National Youth Day (January 12)

4. International Day Against Drug Abuse & Illicit Trafficking (June 26)

5. World Blood Donor Day (June 14)

6. National Voluntary Blood Donation Day (October 1)

E. IEC Campaigns

i)Multi-Media Campaign

This campaign is designed to create HIV awareness through music. This campaign is a part of Northeast Multi-Media Campaign where every state in the Northeast conducts HIV campaign through music. Assam conducted 3 multi-media campaigns throughout the state.

ii) **360 Degree Campaign in HIV vulnerable districts**

Every year a 360-degree campaign on HIV awareness is conducted in vulnerable district/districts of Assam with involvement of stakeholders and using all mediums of communication.

F. Youth Intervention

i) Red Ribbon Clubs

The Red Ribbon Club is a voluntary on-campus intervention program for students in educational institutions. It is a movement started by the Govt of India in educational institutions through which students will spread awareness on HIV/AIDS. It is initiated and supported by the

state AIDS control societies and implemented through multi-sectoral collaboration, particularly, using the services of cadre officers of the State's National Service Scheme (NSS). In Assam there are 239 RRC Colleges

ii) **Red Ribbon Quiz:**

Red Ribbon Quiz is conducted amongst college students throughout the state by dividing the state into 4 zones. The winning teams compete at the state-level RR Quiz and this is followed by participation at the regional level RR quiz competition.

iii) **Short Film Making competition**

Short Film Making competition on HIV and its varied aspects are organized amongst college students and winners are awarded with attractive prizes.

G. Adolescence Education Program

Adolescent Education Program (AEP)'s objective is to ensure that all students in classes IX-XI have adequate and accurate knowledge about HIV in the context of life-skills. Every year 500 nos of schools are covered under AEP. The Program is implemented in districts through District Institute of Education & Training (DIET).

"Thank you for explaining all this to me. But I still have a doubt."

"You have said that there are groups of people who are at higher risk than others, what about them? They usually are the ones who are always in the back rows of public systems?" asked Jigyasa.

"Very nice, Jigyasa. They are known as the high-risk groups. For these groups, we have a targeted intervention program specially designed to reach these hard-to-reach population. But to answer your questions, I might not be the right person. You can meet with the Assistant Director of Targetted Intervention (TI) Division."

"Can I meet her now?" asked Jigyasa impatiently.

"Yes, for sure," replied AD IEC.

❖

Adolescent Education Program meeting with DIET

Skit and Folk media

" Music For Life " Concert and competition for HIV/AIDS awareness.

World AIDS day celebration with Hon' ble Health minister

REACHING THE UNREACHED

2

After Having a fruitful discussion with AD IEC, Jigyasa visits the TI division and Met with Assistant Director Targeted Intervention (TI).

“Hello, Mam” Jigyasa greeted her

“Hello Jigyasa, AD IEC told me about you.” AD TI greeted her too.

“Yes mam, I have had some queries for you.”

“Mam, I understand that there are communities who are at higher risk than others to contract HIV. Why is that?” Jigyasa asked.

“Jigyasa there are communities who have a particularly higher risk of HIV infection due to the higher frequency of riskier activities. We call these HIGH-RISK GROUPS or HRGs.” AD TI look impressed with Jigyasa’s eagerness to learn.

“Why do they have a higher risk? I mean why can't they reduce their risk behaviour” Jigyasa asked curiously.

“It is not as easy as it seems Jigyasa, many of such communities have their livelihood associated with such high-risk activities”. Replied AD TI.

Jigyasa seemed confused, AD TI observed her confusion and replied patiently.

“Ok, let's take an example. A woman who is a Female sex worker (FSW) depends for her livelihood on the client. She has a higher risk of HIV since she has multiple partners but it is hard to change her life style as she is dependent on the earnings she gets from her profession.”

“Let us take another example, a truck driver spends majority of his time away from family, on the Roads, to deliver goods across the nation and keep the economy moving. But for the truck driver himself, staying away from home lead to the feeling of loneliness. This, sometimes, result in visits to brothels, substance abuse, sexual relations with other males.”

“Jigyasa, can you guess why they are susceptible to HIV?” asked AD TI.

"Maybe less awareness! I also have learned through AD IEC that there are many Myths associated with HIV which cause fear among people" Jigyasa replied.

"Yes! you are partially correct".

"I now understand these High-Risk Communities, but I fail to understand why they do not get themselves tested?" Jigyasa questioned.

"Jigyasa, the communities we are talking about are the marginalized sections of society. They have fewer opportunities as compared to others in terms of education, means to earn a better livelihood, and access to the services available. Additionally, these groups live in closed communities where they shared values and beliefs. A lot of myths surrounding HIV/AIDS, stigma, and perceptions surround these communities that make them more vulnerable to HIV. Therefore, it becomes essential to target these communities for better reach. This is the work of the Targeted Intervention (TI) division" AD TI replied.

Box 5. Stigma, Discrimination and Marginalization

"Stigma is a social process of devaluing a person, beginning with marking or labelling someone's differences, then attributing negative values to those differences".

"Discrimination is unfair and unjust treatment of an individual on the basis of a real or perceived characteristic".
Like-

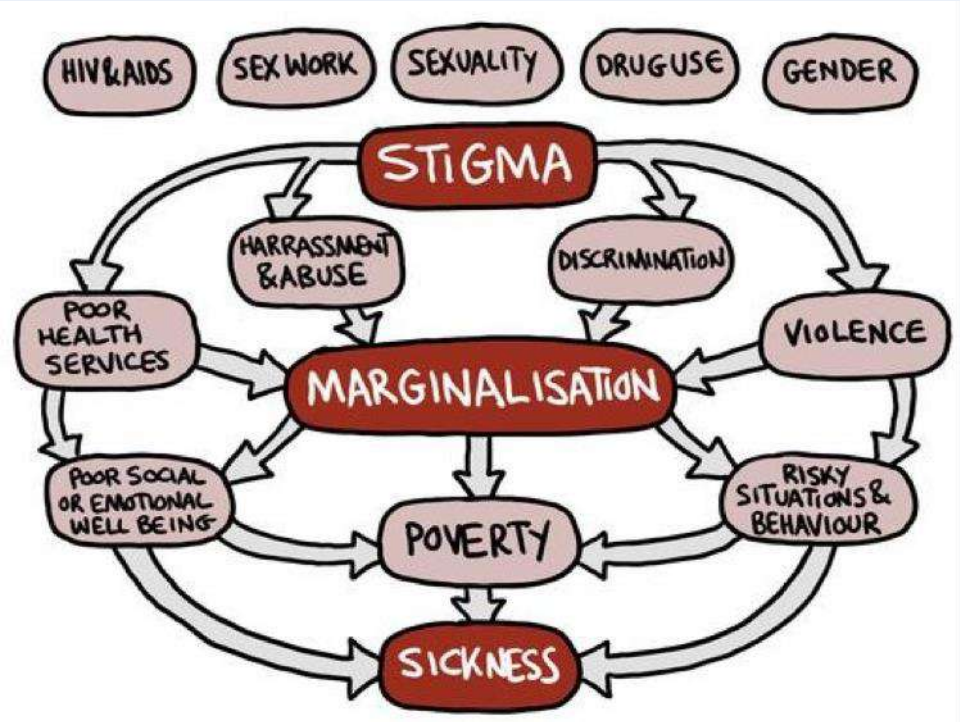
- •HIV status
- •Age
- •Race & ethnicity
- •Gender identity
- •Sexual orientation
- •Housing situation
- •Immigration status
- •Criminal record

Discrimination can be experienced at individual, facility, community or national level.

Marginalization means when a certain person or a sect of people are made to feel of less important, by those in power. Marginalized persons are forced to the periphery or the edge of society. This, in turn, robs them of the facilities and opportunities enjoyed by the non-marginalized sections of society.

Vulnerability is the state in which populations/groups/individuals are at greater risk of poor physical and social health status. They are considered vulnerable because of disparities in physical, economic, and social health status when compared with the dominant population.

People are said to be in a state of vulnerability if their living conditions are prone to shifting factors which would place them at risk of contracting HIV.



(Source: IAPAC stigma training e-course module 1 – HIV Human Rights)

Jigyasa asked, "So who are these communities - FSW, truckers….and?

AD TI explained….

There are three kinds of typologies

- ✓ The "general" Population has lower risk as they have comparatively lower exposure to risks involving HIV.
- ✓ The core HRGs or High-Risk groups are the communities that have a higher risk of contracting HIV due to their higher frequency of risk activities. They are-
  - FSW (Female Sex workers)
  - Transgenders (TG)
  - MSM (men having sex with men)
  - Injectable drug users (IDUs include female injectable drug users FIDUs)

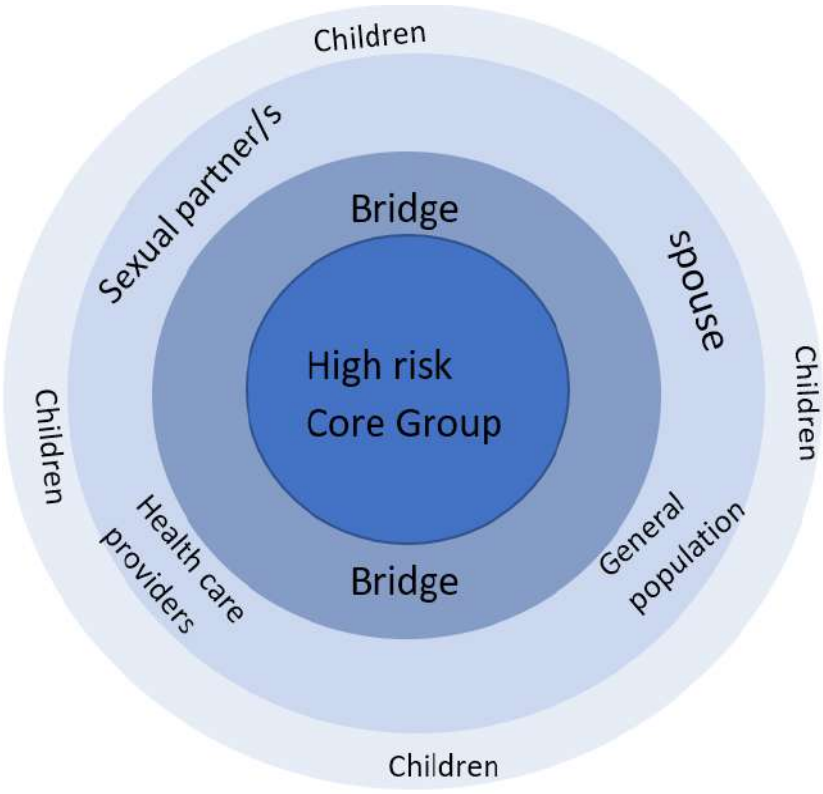


Figure 4. Circle of HIV transmission from HRG to General population

These are usually closed community groups in nature and therefore there is less chance of transmission to other populations.

- ✓ The third group, however, has close connections with both HRGs and "general" populations and therefore is at risk of transmitting HIV infection from High-risk groups to low-risk populations. They are known as Bridge populations. They are-
  - Truckers
  - Migrants

"So how do we help these communities fight HIV?" Asked Jigyasa.

"Let me explain to you the Targeted intervention program."

-Targeted Intervention (TI) program is one of the most important prevention strategies of the NACP (National AIDS Control Program). People from high-risk communities are engaged to deliver services and act as agents of change (peer-educators/peer leaders). This Community-centric approach coupled with linkages for services and provision of commodities is the key pillar of TI program.

With the recent revamping of TIs, there has been a significant increase in HIV testing, care support & treatment strategies.

- On the basis of mapping and estimates of high-risk groups (IDU, H/TG people, MSM and FSW) & Bridge Population (Truckers and Migrants), TIs were started in defined geographies to provide preventive services through Social and Behaviour Change Communication (SBCC) and distribute commodities like condoms, lubricants and Needles & Syringes. In addition, they provided management of abscess & STIs along with linkage to OST Centers, testing and treatment facilities for HIV & syphilis.

Main focus of Targeted Intervention program:

- The intervention is for people within the community who are most at risk of HIV and STI infection. Through TI HRGs are targeted to change high risk behavior and adopt safer practices and not the identity.
- Involving the community and their issues within the broader frame work of interventions are adapted to be culturally and socially appropriate to the target audience.
- Acknowledge that barriers to accessing health-care services exist for some populations within communities.
- Acknowledge that people who are at risk of HIV infection are often marginalized from.

- The whole structure of TI was conceptualized keeping communities at the centre where services are provided to the community by the communities and an enabling environment is created to uplift the communities and reduce stigma and discrimination.

"TI Projects are usually run by the ASACS empaneled organizations / NGOs. The NGOs work for different typologies of High-risk group community for HIV preventive services. These NGO are selected by vigorous process of scrutiny and are regularly monitored.

In Assam, we have a total of 52 TI-NGOs providing services to the needy".

Under TI we provide

- Commodities and services provided through the TI
    - Needle/syringe exchange Program (NSEP) to cover 80% of the IDU population
    - Free condoms (to 100% of population)
    - Opioid substitution therapy (OST) to at least 20% of the population services
- Community outreach
- Primary health care for abscess and wound management, STI treatment
- Drop-in Centre (DICs)
- HIV prevention counselling
- Structural Interventions: for enabling environment - Advocacy & Community mobilisation
- Linkages with other services for TB treatment, HIV testing, ART, Viral Load, OI management, HCV treatment etc.
- Linkages with other key health services to provide Drug Treatment, Reproductive health services for drug using women and women who have male injecting partners, Psychosocial support and counselling, Linkages with other departments, Vocational training/income generation efforts, Social and legal support services, Access to other government department services (e. g., BPL, nutritional supplements).

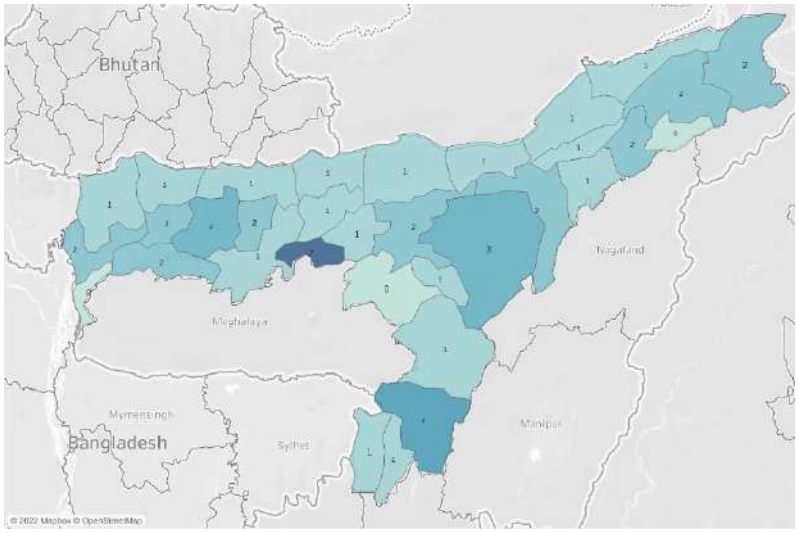


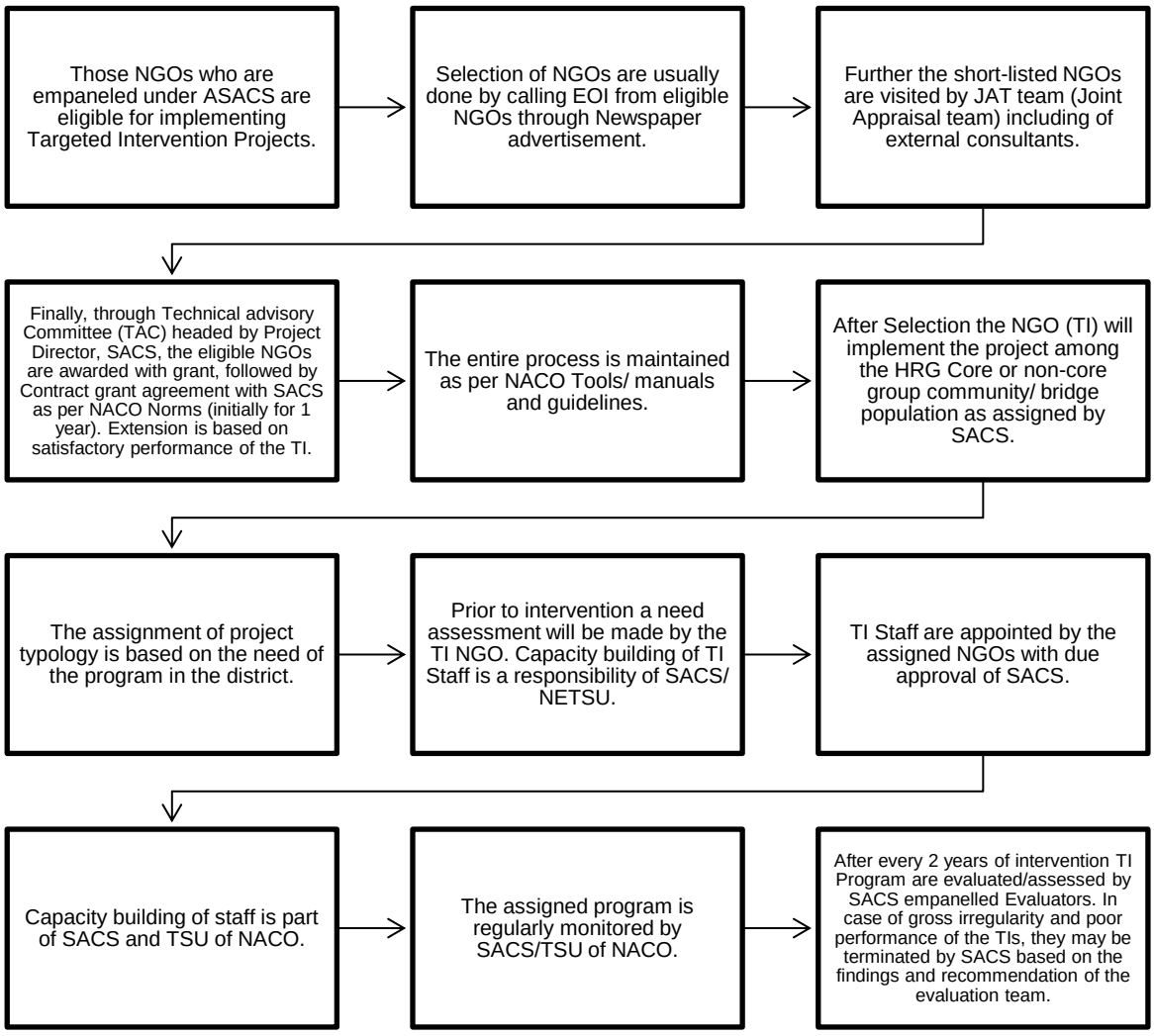
Figure 5. No. of TI -NGOs in Assam District-wise

- Also, as per direction of Hon'ble supreme court and Govt. of Assam, dry ration kits, AADHAR cards and Voter ID cards are being provided to the TI beneficiaries mostly to the Female Sex workers from the Covid Pandemic period with effect from 2021-22 till now.

"Mam, what is Needle Syringe Exchange Program?" Jigyasa was curious.

"Jigyasa, under NACP, Harm Reduction is a concept where we try to reduce the risk of an individual, to contraction to HIV, by reducing the risk he is involved in. like for e.g., for an Injectable drug user, the risk is needles and syringes he is using for drugs. As we have

Box 6. How NGOs are Selected to run the TI Projects



discussed earlier if IDUs share needle then there is very high risk involve of transmission of HIV. To reduce this NACO introduced the NEEDLE SYRINGE EXCHANGE PROGRAM (NSEP)."

"So, what other activities we do for HARM REDUCTION?"

"that's a very good question, as we have discussed NEEDLE EXCHANGE is one. Where we provide fresh Needles and syringes to the IDUs which reduce the need from sharing needles and syringes. Apart from that we do-

- Providing information & education
- Providing means i.e., commodities – clean Needles & syringes, condoms and health services on related service
- Providing enabling environment where the safer practices can happen like safe sexual practices for e.g., using condoms and other barrier methods during sexual activity.

- **Provide treatment options such as, OST (Opioid substitution Treatment) to stop injecting, stabilization; and involving family for care & support for maintaining drug free life."**

"Mam, what is OST?" Jigyasa was confused due to so many terms.
AD TI explained.

> ***"Opioid substitution therapy (OST) is a type of harm reduction initiative that offers people who are dependent on opioids (such as heroin) an alternative, prescribed medicine – most typically methadone or buprenorphine – which is swallowed rather than injected. OST is substitution of the drug user's primary drug of use with a medically safer drug i.e., from unsafe injecting practices to safe non-injecting route (Oral/ Sublingual)."***

"Oh! so how is the status of OST in ASSAM mam?"

"At present in Assam 6 numbers of OST centres are functional under Assam State AIDS Control Society, who are rendering services to the Injecting Drug Users. Another OST center at AMCH, Dibrugarh is going to start very shortly.

Another 4 numbers of Satellite OST Centers are on board who are working under mother OST centers."

Name of the OST Center	
OST Center, Gauhati Medical College & Hospital.	*Kamrup*
OST Center, Diphu Medical College, Diphu	*Karbi Anglong*
OST Center, Silchar Medical College &Hospital,Silchar	*Cachar*
OST Center, Swahid Kushal Konwar Civil Hospital	*Golaghat*
OST Center, B.P Civil Hospital.	*Nagaon*

OST Center, Assam Medical college and Hospital	*Dibrugarh*
List of Satellite OST Centers	
Dholai Block PHC	*Cachar*
Central Jail, Guwahati	*Kamrup*
Morigaon District Sumala Mahila Sangha, NGO TI	*Morigaon*
Brahmaputra Healthcare Society, NGO TI	*Kamrup (M)*

Box 7. Opioid Substitution Therapy (OST)

Opioid substitution therapy (OST) is a type of harm reduction initiative that offers people who are dependent on opioids (such as heroin) an alternative, prescribed medicine – most typically methadone or buprenorphine – which is swallowed rather than injected.

OST is substitution of the drug user's primary drug of use with a medically safer drug i.e., from unsafe injecting practices to safe non-injecting route (Oral/ Sublingual).

- Is a medical intervention
- Includes following medicine:
- Buprenorphine (available in India),
- Methadone (Available in specific sites, India)

Administration of buprenorphine sublingually (under the tongue); Doses used in OST are not available in pharmacies and regulated under the Narcotic Drugs and Psychotropic Substances (NDPS) Act, it can be dispensed only in approved centres.

Major Key Benefits of OST Treatment:

- Reduction in injecting behaviour
- Improved adherence for other treatment, especially treatment for HIV, tuberculosis and viral hepatitis
- Reduction in opioid use
- Reduced overdose related deaths
- Reduction in criminality – decreased violence, demand for money, less theft & petty crime
- Reduction in domestic violence
- Improved childcare and family ties
- Improved productivity – responsible citizen

Eligibility Criteria for OST:

Inclusion criteria:

- Diagnosed case of opioid dependence with injecting drug
- 18 years of age
- Attempted detoxification before & injecting for long duration (hard core injectors)
- Willing to provide informed consent.

Exclusion criteria:

- Severe medical illness
- Established history of severe side effects to OST drugs (Buprenorphine & Methadol).
- Concomitant use of other drugs.
- Unable/incapable to provide informed consent

"***Mam, what services do the TI NGOs provide?"*** Jigyasa questioned.

1

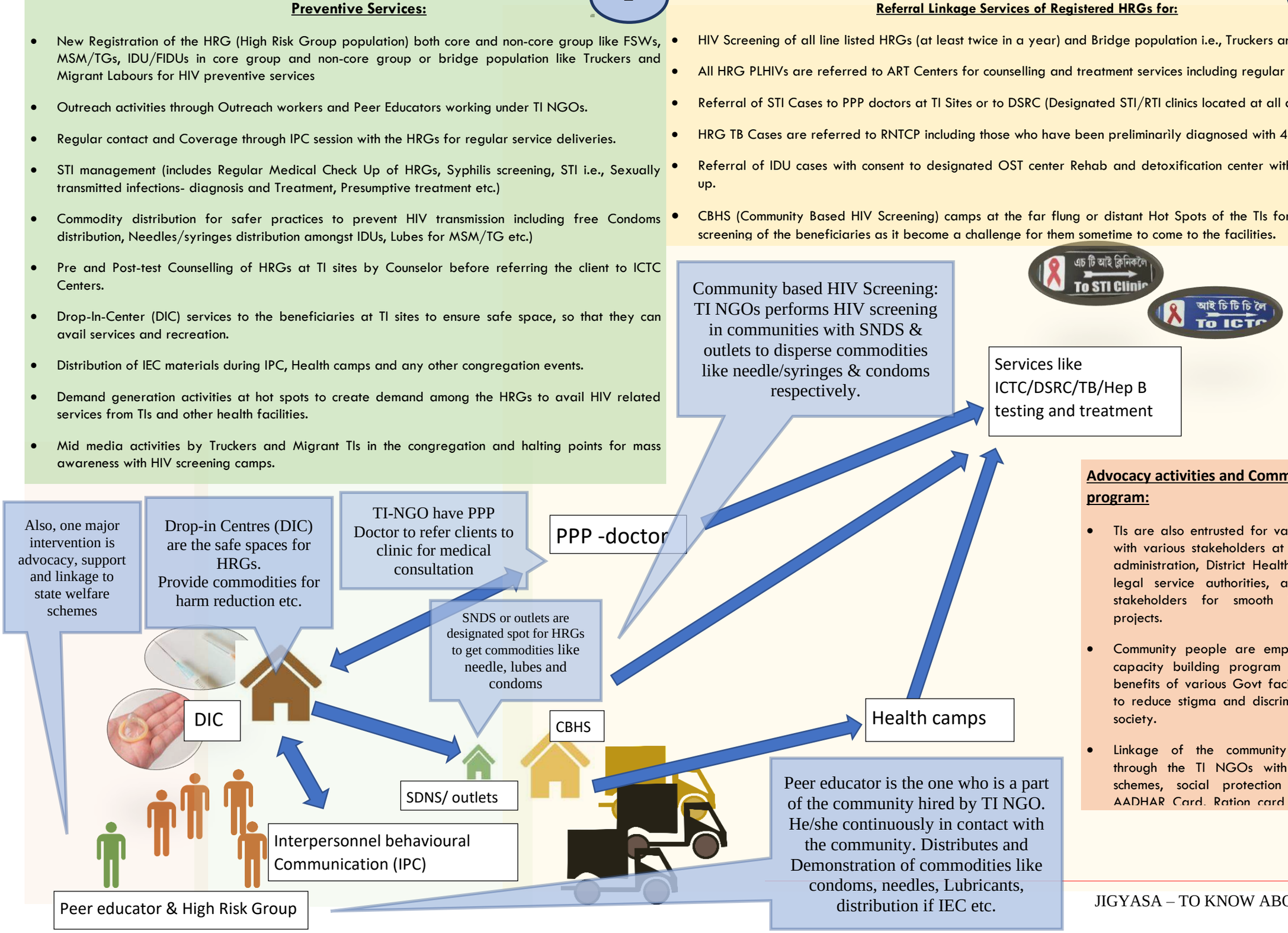
Preventive Services:

- New Registration of the HRG (High Risk Group population) both core and non-core group like FSWs, MSM/TGs, IDU/FIDUs in core group and non-core group or bridge population like Truckers and Migrant Labours for HIV preventive services
- Outreach activities through Outreach workers and Peer Educators working under TI NGOs.
- Regular contact and Coverage through IPC session with the HRGs for regular service deliveries.
- STI management (includes Regular Medical Check Up of HRGs, Syphilis screening, STI i.e., Sexually transmitted infections- diagnosis and Treatment, Presumptive treatment etc.)
- Commodity distribution for safer practices to prevent HIV transmission including free Condoms distribution, Needles/syringes distribution amongst IDUs, Lubes for MSM/TG etc.)
- Pre and Post-test Counselling of HRGs at TI sites by Counselor before referring the client to ICTC Centers.
- Drop-In-Center (DIC) services to the beneficiaries at TI sites to ensure safe space, so that they can avail services and recreation.
- Distribution of IEC materials during IPC, Health camps and any other congregation events.
- Demand generation activities at hot spots to create demand among the HRGs to avail HIV related services from TIs and other health facilities.
- Mid media activities by Truckers and Migrant TIs in the congregation and halting points for mass awareness with HIV screening camps.

2

Referral Linkage Services of Registered HRGs for:

- HIV Screening of all line listed HRGs (at least twice in a year) and Bridge population i.e., Truckers and Migrants.
- All HRG PLHIVs are referred to ART Centers for counselling and treatment services including regular follow up.
- Referral of STI Cases to PPP doctors at TI Sites or to DSRC (Designated STI/RTI clinics located at all district hospitals.
- HRG TB Cases are referred to RNTCP including those who have been preliminarily diagnosed with 4S symptoms.
- Referral of IDU cases with consent to designated OST center Rehab and detoxification center with regular follow up.
- CBHS (Community Based HIV Screening) camps at the far flung or distant Hot Spots of the TIs for the doorstep screening of the beneficiaries as it become a challenge for them sometime to come to the facilities.



3

Advocacy activities and Community mobilization program:

- TIs are also entrusted for various Advocacy activities with various stakeholders at District level like district administration, District Health societies, NHM, District legal service authorities, and with all associated stakeholders for smooth implementation of the projects.
- Community people are empowered through various capacity building program so that they can avail benefits of various Govt facilities and work together to reduce stigma and discrimination prevailed in the society.
- Linkage of the community people/ beneficiaries through the TI NGOs with various Govt. support schemes, social protection schemes, provision of AADHAR Card, Ration card etc to the beneficiaries

"Mam, I'm really impressed to know how TI works for the communities at risk. Wish I could able to see their work" Jigyasa was overwhelmed by the work of the TI-NGOs and how they support the fight against HIV.

"You can! let me take you to one of our NGOs in the field tomorrow" replied AD TI after seeing Jigyasa's excitement.

"That's wonderful mam, will meet you tomorrow then" Jigyasa Replied.

Visit to a TI NGO camp

The next day, AD TI accompanied Jigyasa to a TI-NGO field camp. There were so many things happening Jigyasa was awed.

"Mam, I'm not able to understand what is going around?" she said.

"Don't worry I'll explain it to you" AD TI replied.

The camp has two activities, AD TI explained-

- Group & individual counselling
- HIV and other ailments screening

"Yesterday we discussed that these High -risk communities have their own common beliefs, values, and fears".

"Yes, I remember Mam" Jigyasa Replied.

"If you can see we have 'peer educator' or the agents of change. They are an integral part of the community therefore when they take the ownership of changing the 'Behaviours' of the community, the community listens". AD TI was speaking with pride.

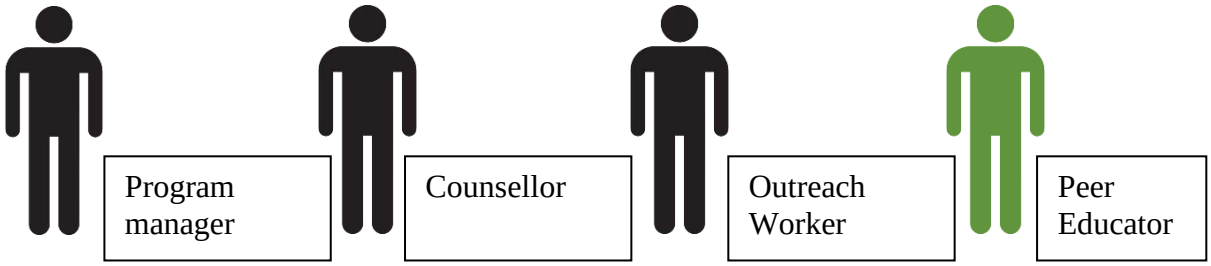
“We have Counsellor and outreach workers also in the camp providing the necessary support.”

“Interventions like this help us to understand the issues within the groups, invent ways to tackle them, and maintain trust between us and the communities”.

“Has this intervention been successful?” Jigyasa wanted to know, though it sounds like a very noble idea she was uncertain about the effectiveness of the intervention.

“Let me take you to the Program manager he will tell you the effectiveness of the program”

AD TI let Jigyasa meet the team of the TI-NGO. They are dedicated staff who work in the field to ensure participation from target groups and communicate with them.



“Hello Jigyasa ji.” Program manager greets Jigyasa.

“Hello Sir. Could you please help me understand this camp working” Jigyasa requested.

“Sure, this camp has been set in a Hotspot area for Female Sex workers. we are screening them for HIV, STI and other ailments.” Program Manager looks excited to share his story. He introduces his team to Jigyasa.

“Our Peer educator, who is an integral part of community, meet with the community and have discussion about HIV, STIs, safe sexual practices, healthy choices etc. the purpose is to create an enabling environment for the community to choose safer, healthier and less harmful options like asking clients to use Condom during visits.”6

"Outreach workers are our backbone. They continuously communicate with the Peer educator and provide commodities like lubes, condoms and needle-syringes, in case of IDUs, to the peer educator. Sometimes they provide these commodities to the outlets for HRGs to pick up."

"I'm sorry, 'Outlets'?" Jigyasa asked.

Program Manager explains, "Yes! Outlets, or SDNSs, in case of IDU, are places for the High-Risk groups to collect commodities like Condoms, Lubes, Needles and Syringes for their or any other community member's use. These outlets help in creating networks and easy access points for Harm Reduction intervention."

"Further, at regular time intervals or whenever Peer educator believes he consults to the Outreach Worker and requests for a camp to be scheduled. In camps like this, Private Practioner Doctor (PPP Doctor) having the community's acceptance is available with Counsellor and ORW to provide consultation about their health, screen & Refer for HIV, STI, TB, Hep -B etc."

"Can't it be risky for High-Risk Groups? I mean everybody can identify them if they are visiting the camp in open." Jigyasa questioned.

"We usually allow people other than community to also access the camp so that HRGs can fearlessly visit the camp in complete anonymity." Program Manager cheerfully explained.

"Sir, suppose if even after taking proper precaution some mishap happens, like-

- While using a condom, the condom breaks.
- While on a surgery, someone accidentally prick of needle or blade.

"Then what?" Jigyasa was curious to know.

AD TI interrupted and said, "That's a very essential Question, Jigyasa. If someone believes he or she is accidentally exposed to HIV, then, they can take Post- exposure Prophylaxis (PEP) immediately within two hours or maximum within 72 hours. The PEP is available in all ICTC centers throughout the country. This PEP is a 28 days course which one must take with 100%

adherence. The PEP is free for all health professionals (both govt. and Private) and victims of sexual abuse. Apart from this, if anybody is exposed, they can purchase it from local market while consulting it with any of the medical officers in any ICTC and ART centres."

"That's great Mam, I cannot stop thinking of jail inmates. Aren't they a vulnerable group, are we doing anything to provide services to them?" Jigyasa asked.

"Wow! I'm happy that you able to think like this Jigyasa. Proudly, in Assam, we have started the Prison and other closed-space interventions. With convergence from the Dept of Home affairs, Govt. of Assam and support from YRG care, we are having camps inside prison and other closed settings where we provide counselling, screening, ART dispensation and OST services".

"Thank you, Mam, for the time and effort you have made to explain all the activities to me" Jigyasa was very happy and satisfied with the Govt. effort to reach a population that is marginalized.

"That's great Jigyasa", AD TI replied. "But mam, as PO Sir has told the Camps only does the screening, what does it mean?".

"In camps, we do screening tests only. As we have already discussed that HIV is associated with social stigma and therefore it is essential that the client be are handled well. Integrated Counselling and testing centers or ICTCs provide essential counseling and hand-holding before the test so that the client can handle the result of the test." Replied AD TI.

"ICTCs have specialized and professionally trained Counsellors, who can handle different clients, empathize with their situations, are non-judgmental, and provide correct and clear communication to the client. I advise you to visit the Basic services Division in ASACS for further information. Assistant Director, BSD there will be able to help you resolve your query".

"Sure mam" Jigyasa Replied.

Box 8. *Kanchan's* Story

This story is purely based on a true life of an FSW who struggled hard to live a normal life.

Kanchan (name changed) a 15-year-old girl living in a patriarchal society, who is forced to get married at an early age. She got married to a man who is 20 years older than her. After being married, soon she became a mother of two children, and she was living happily in her life. Soon her life had turned a tragic end as her husband passed away. At a very young age, she became widow and was left with two small kids. As days passed by her life is becoming hard as she finds difficult in feeding her kids alone, and all her savings were coming to an end. And being single and young, people try to take advantage but she was strong enough to protect herself along with her kids. She got no work due to lack of education and being a single lady. As there's a saying, when life hits you hard you go in a dark corner. After receiving no support from her family and her nearby people, and seeing her conditions and how to feed her kids, she entered the world of prostitution and worked as a sexual worker. In return of that the money that she used to get she feeds her child and started their schooling too. For her kid's better future, she needs more money and she contacted more clients for which she bears physical pain and torture gets injured every day. She cries every night and thinks of dying but the faces of her kids don't allow her to do that and she struggles more to survive in life. As days spent by, she became famous as a commercial sex worker due to which it is not possible for her to return to her normal life.

It was later known about her condition and registered to our TI NGO through peer educator. We did an HIV test on her, but unfortunately, she was tested **reactive**, and then we took her to ICTC for a confirmatory test and the result was **positive**. Then we did her a post-test counselling and also announced her the result and linked her to the ART Centre. After that her medication started and we then supported her in stabilizing her mental condition as she was totally depressed by this news. Her Adherence was very good as she never missed a day in taking her medicines and is still continuing it now her disease has been suppressed too less harmful.

After recovering she decided of starting a new life and asked her to help her in settling up her business of selling clothes, and we had helped her. She never left our contact and through her we were able to link a number of HRGs in our TI and along with us she too provides services such as condom distribution, teach people about STI and also ways through which people can avoid HIV and also unsafe sex. She is also working as a gatekeeper under which a number of FSWs are working because she knows and has seen the need of money and the level of income has now increased so the standard of living has now changed. They all started a good quality of life and maintained safe sex.

Her children had grown up and got admission in a good college and she is earning a good amount of money and living a happy and healthy life.

-TI NGO (ASHA WCDS)

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Prison and other closed settings services

India HIV sentinel surveillance (2019) reported HIV prevalence of 2.1% among prisoners, nearly eight times higher than in the general population. Mizoram had as high prevalence of 21% followed by Punjab (7%) and Assam (4.4%). Data indicates-

- Less than half (47%) of total inmates were ever tested for HIV
- 57% of HIV + inmates were aware of their status
- 70% (536/762) of HIV+ inmates were on ART
- Only 29% reported to be tested in the last 12 months.
- One fourth (26%) of sampled inmates had comprehensive and correct knowledge about HIV/AIDS.

Despite the successes, there are gaps and challenges that remain to be addressed, which include the following.

- High turnover of prison population
- Absence of IRCA/DDAP centers in prisons.
- Post-release linkages.
- Reaching out to inmates living in homes and beyond district jails.
- Mainstreaming interventions into prisons department and WCD.

Based on NACO Guideline, Assam State AIDS Control Society (ASACS) in consultation with National AIDS Control Organization (NACO) and PLAN India YRG Care GFATM Program has developed a state level implementation plan for Assam covering all the existing 31 prisons (6 central Jail, 22 District Jails, 1 Special Jail, 1 Open Air Jail, 1 Sub Jail) and identified OCS Home Interventions in Assam.

Following are the broad program activities and sub-activities for each of the intervention proposed under PLAN India YRG CARE GFATM Prison & OCS Intervention Program:

Scale-up HIV, TB, STI and viral hepatitis intervention for incarcerated populations at prisons & closed settings in 5 East and 8 North East states of India

- Capacity building training of prison officials, medical and paramedical service providers
- Provide customised service delivery models to deliver an integrated package and Increase HIV testing among incarcerated individuals and link them to treatment services
- Post-release linkages for PLHIV
- Develop specific IEC material packages for prisons and closed settings
- Pilot new models
- Develop real-time monitoring systems for data collection of prisoners
- State and regional level review meetings in the states where the Program is being implemented by VHS
- National level experience sharing and learning workshop
- Leverage oversight committees at district, state and national levels

CONFIRMING AND COMMUNICATING

3

Jigyasa returned to ASACS office in the following week. During the last discussion held with AD TI on Targeted Intervention, she understood how Government put efforts in reaching hard-to-reach groups. However, she was confused as TI NGO only does screening tests and wanted to know the steps afterward, AD TI advised her to meet Assistant Director, Basic Services Division (BSD) for clarification regarding her concern.

"Hello mam, good morning" Jigyasa greeted.

"Hello, Jigyasa" AD BSD Greeted her too.

"Mam, last week I was with AD TI mam on the field to observe how the TI NGOs activities happen in-ground and it was a memorable conversation. But I was curious to know what happens after that? Like when any person has screened 'reactive' at Community level or in the screening points." Asked curious Jigyasa, she is now very involved in the journey of a reactive client.

"Very nice, Jigyasa, you have shown your interest in the functioning of the HIV program." AD BSD replied cheerily.

"When a client is 'reactive' at the screening point, they are required to be confirmed of their HIV status, this is where they need to visit a HIV Counselling and Testing Services (HCTS) Confirmatory center."

"What is HCTS Confirmatory Center?" Jigyasa asked.

"HCTS Confirmatory centers, are called integrated counselling and testing centers. These centers provide confirmatory testing and counselling services for HIV. Currently, in Assam, we have a total of 110 HCTS Confirmatory centers present in all Medical College and Hospitals (MCH), District Hospitals (DH), some Community Health Centers (CHC), and two Private Hospitals in Guwahati". AD BSD Replied, further adding.

"When any client is screened as 'reactive' at any screening facility, be it a camp, hospital, blood banks or any other HIV screening facility, that Client need to visit HIV Counselling and Testing Services (HCTS) Confirmatory center for confirmation of his/her HIV status." **AD BSD emphasized.**

There are three possibilities,

Possibility one

The client is HIV positive, to which we counsel the client and link to further treatment.

Possibility two

The client is HIV negative, to which we provide counselling so that he is aware of risks in future.

Possibility three

The client is negative but is in **'window period'**, then to which we assess about his/her risk and recall if necessary.

"Mam, can I ask why we require HCTS Confirmatory centers, why can't screening camps provide testing and confirmation to a client? I mean. wouldn't it be easier for everyone involved?" Jigyasa was curious.

Let me ask you something dear; before coming to your point about HIV. Was it easy for you to talk about HIV?" AD BSD asked.

Window Period

The normal HIV blood tests detect the presence of antibodies in human body, which take about 6-12 weeks (up to 6 months in some cases) after infection to form in the body in detectable quantity. This period is called the window period. During this period the HIV status does not show in the test but the person can infect others.

"No mam, I had some unease about HIV and people with HIV and also I thought that people might judge me if I discuss about HIV." Jigyasa replied shyly.

AD BSD explained, "now you understand, people are afraid to talk about HIV, mostly because it is associated with the social stigma and discrimination, hence expecting them to get tested and accepting a positive result in a casual way like any other medical investigation is difficult.

HIV Counselling and Testing Services (HCTS) Confirmatory Centre

An ICTC also known as HCTS Confirmatory Centre is a place where a person is counselled and tested for HIV, of his own free will or consent and as advised by a medical provider if it is indicative. The main functions of an ICTC are:

- Conducting HIV diagnostic tests.
- Providing basic information on the modes of HIV transmission, and promoting behavioral change to reduce vulnerability.
- Link people with other HIV prevention, care and treatment services.

ICTC is located in the General OPD, Microbiology, or Obstetrics and Gynaecology Department of a medical college or a District Hospital or in a Maternity Home where the majority of clients can access counselling and testing services.

Scan to check facility near you:

Stand Alone ICTC (SAICTC)	•Here, depending upon the client load, one or two Counsellor and Lab. Tech are appointed under ASACs to provide confirmatory HIV counselling and testing services. •All services provided at ICTC are free of cost. •Client Consent is mandatory for HIV confirmatory test. •All services are provided to the client in full confidentiality •In Assam, we have a total of 106 SA-ICTCs
Mobile ICTC	• ASACS has 2 nos. of Mobile ICTCs at Kamrup (M) and Golaghat district. These mobile ICTCs move on demand to the remote areas and hard to reach areas. Mostly Tea Garden areas and Central/ District Jails are covered by these Mobile ICTCs and provided HIV Counselling confirmatory testing. •Mobile ICTC, *Golaghat* is covering Golaghat, Jorhat, Sivasagar and part of Karbi Anglong and Nagaon District. •Mobile ICTC, Kamrup (M) covers Kamrup, Kamrup(M), Morigaon, Darrang, Udalguri and even once it was sent to Cachar district to carry out HIV services across the districts.
Facility Integrated Counselling and Testing Centre (FICTC)-	•Here only HIV screening services are provided through single rapid test and one ANM/ GNM and one Lab. Tech from the Health Institution is trained under ASACS for HIV Counselling and Testing purpose. •In Asaam, we have a total of 341 F-ICTCs.
Public Private Partnership ICTC (PPP ICTC)-	•PPP ICTCs are established in some private Hospitals/ Nursing Homes. These centres works mostly as screening facility where one nursing staff and one Lab. Tech from the private Hospital is trained under ASACS for HIV Counselling and Testing purpose. •A total of 2 PPP-ICTCs confirmatory facilities in the State.

"We have seen how much mental, physical, and psychological impact an HIV-positive result can bring. Not just for the individual, but HIV-positive results can have huge social implications for the families of the client. There were cases of discrimination and harassment, not just for the clients but their families too. Therefore, the process of HIV testing and disclosure of result must be carried out professionally and confidentially."

"Jigyasa, do you know about the 95:95:95 targets which is adapted by the Govt. of India?"

"I know, but it would be great if you could elaborate me further." Jigyasa requested.

AD BSD explained-

"***Sustainable Development Goal 3 (SDG 3 - health for all) target 3.3 aims to eliminate HIV/AIDS as a global public health threat by 2030. To achieve this, the Joint United Nations Program on HIV/AIDS (UNAIDS) demands a Fast-track target approach of 95:95:95; that by 2026. This aims at ensuring that 95% of those who are HIV positive in the country know their status, 95% of those know their status are on treatment and 95% of those who are on treatment have durable viral load suppression so that their immune system remains strong and the likelihood of HIV transmission is greatly reduced."***

To achieve the UNAIDS targets, ICTC stands as the key pillar. ICTC is the confirmatory point for the clients, nodal points for convergence with other services like TB and Hepatitis B, as a resource center for the information regarding HIV in the district and center for referral and follow-up."

"Now I understood, please tell me how we get our people tested?"

"Let me explain to you" AD BSD replied.

"Do you know the factors associated with HIV transmission?" AD BSD asked Jigyasa.

"YES!"

- ✓ **"Unprotected Sex with an infected individual."**
- ✓ **"Sharing of needle and syringes with infected individuals"**

- ✓ **"Infected Blood and Organ transfusion/transplantation"**
- ✓ **"And from infected mother to newborn child"** Jigyasa reiterated.

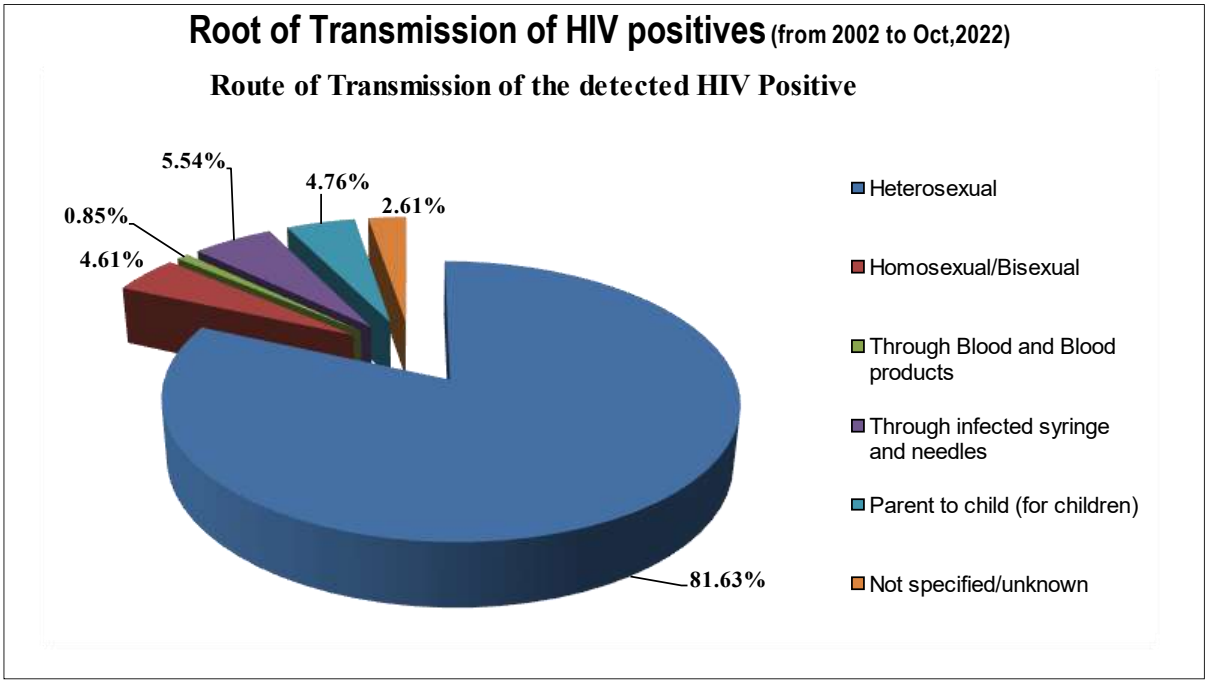


Figure 6. Routes of transmission of HIV

"Good! do you know in all, heterosexual route is the most common mode of transmission, followed by homosexual and needle sharing." AD BSD explained.

"Especially in Assam, we are finding a huge number of HIV cases among Injecting Drug Users (Male & female IDUs). This is a serious issue we are facing today; behavioral change and optimized counselling is essential to handling this tricky task."

"This is why we need a system of Screening facilities like what you have seen with AD TI in the TI NGO camp visit and confirmatory facilities with a specialized professional counsellor who can not only handle cases but also change the life of the PLHIVs in empowering them for better life choices".

The HCTS Confirmatory cum ICTC centers are the **nodal centers** for HIV confirmatory testing; we have two kinds of client

- Client initiated
- Provider initiated.

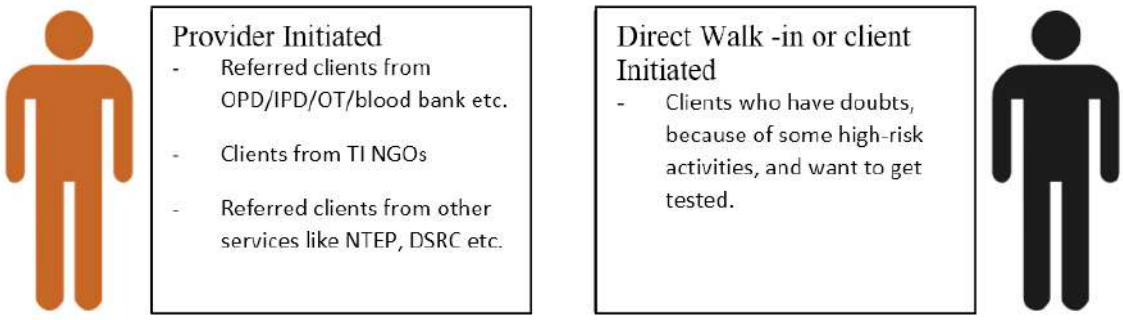


Figure 7. Types of clients

"How do we ensure the ICTC test is a reliable one? I mean these are the confirmatory centres, and HIV is a serious matter." Jigyasa asked.

"Jigyasa, we follow the National AIDS Control Organisation (NACO) stated protocol for HIV testing. NACO has created a very rigorous algorithm to test for HIV and have done a lot of research on it. The reliability of tests is very high, so that false diagnosis can be prevented." AD BSD replied.

"Also, our Labs are NABL certified and we continuously do quality control checks to ensure our testing is of highest standards."

"Mam, you have said that ICTC has staff of only a Laboratory Technician and a Counsellor. How this small staff can provide testing for such a huge population. I mean I can assume that achieving 95:95:95, we must be requiring a very high number of screening and testing?" Jigyasa had seen the Covid situation and was contemplating the idea of HIV.

"Absolutely correct, this is why we have a system of screening at various levels."

"That's great mam… suppose if I go as a client tomorrow to an ICTC Center, then I'm a 'Client initiated' case since I'm going directly to visit an ICTC without any referral. Will they test me directly? What will happen if I'm anxious, nervous?" Jigyasa asked AD BSD.

"For your question, 'Yes' you will be a 'Client initiated' case. For the other part of your question, why don't you come with me tomorrow on an ICTC center where I will show you how the process works. Additionally, you will meet the staff of the ICTC and ask your queries there directly."

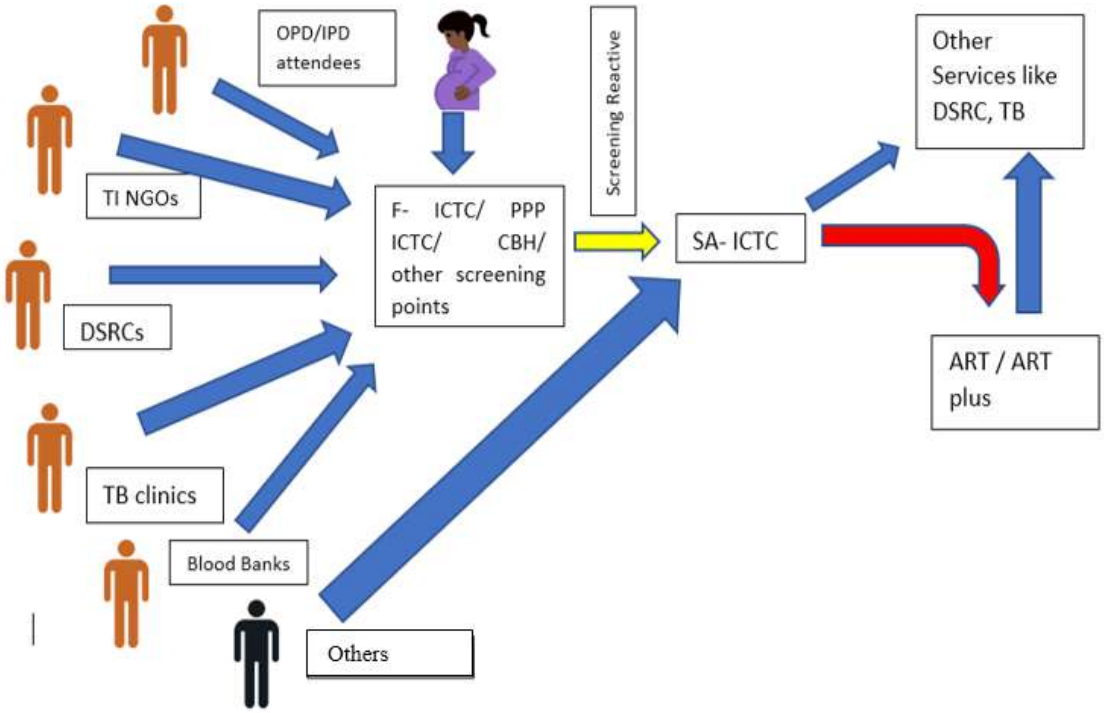


Figure 8. Client cascade

"Absolutely great, you all are helping me so much in understanding the Program, thank you", Jigyasa was overwhelmed.

❖

A visit to ICTC

In the next day AD BSD took Jigyasa to ICTC located in Tula Ram Bafna Civil Hospital. Tula Ram Bafna Civil Hospital is situated in the Kamrup District. Arriving early in the morning, Jigyasa found a rush in the hospital as well as in the ICTC center.

"Thank you for bringing me here mam," Jigyasa said.

"It's all my pleasure Jigyasa, let me introduce you to the staff. The ICTC is composed of a Counsellor and a Lab technician." AD BSD said while introducing the Counsellor and Lab technician to Jigyasa.

"Hello mam" Jigyasa greeted the Counsellor.

"Could you please help me to know how do you provide services to the client in ICTC?"

The Counsellor greeted Jigyasa and explained.
"This is the Integrated Counselling and Testing Center TRB CH. You must be aware that this is the Confirmatory facility for HIV."
"We have two types of Clients visiting here. Either they come here directly which we call as Client-initiated or are referred by some screening facility, which we call as provider-initiated." Counsellor further explained.

"When a client visits our ICTC center, we first greet him/her, let him/her at ease, and provide counselling before the test, known as Pre-test counselling. In the pre-test counselling we try to develop a rapport with the person so that he/she is comfortable with us and try to gauge how much the person is in risk of HIV contraction. This is known as 'Risk assessment'. If the person is comfortable to move ahead then only, we perform the HIV test, otherwise we defer it to some other day."

Later, we call the person to disclose his/her Result, at this stage also we provide counselling to both positive and negative clients. After which we refer the client to ART centre or other referral services"

Figure 9. Client flow

"Mam, how much do we charge clients for HIV tests? I mean… is it affordable??" asked Jigyasa.

"***All services related to HIV, including test and treatment are free of cost and are available at all Govt. Hospitals.***" the Counsellor assured Jigyasa.

"Why is counselling required before and after HIV Test?" Jigyasa asked.

The Counsellor replied-

"HIV is still associated with Social Stigma; People are afraid of the test as they are afraid of the result. Counselling before test or Pre-test counselling helps to create a rapport between the client and the counsellor provides correct information about HIV, STI, its transmission and prevention to the client, and allows the counsellor to access the risk level of the client."

She further added,

"Post-test counselling is essential to help the client cope up with the result. We provide psychosocial support to the client to absorb the reality of HIV-positive results. There are outbursts of anger, denial, and negative emotions as it is not easy to hear that he/she is HIV positive. We here, not only provide support in coping with the result but also support the client in planning his/her next steps."

"All this, on the same day?!" Jigyasa questioned.

"We try to provide results on the same day. However, there are situations when a client is not ready for accepting the test result or not comfortable or due to any other reason, then we defer it to another day based on the comfort of the client."

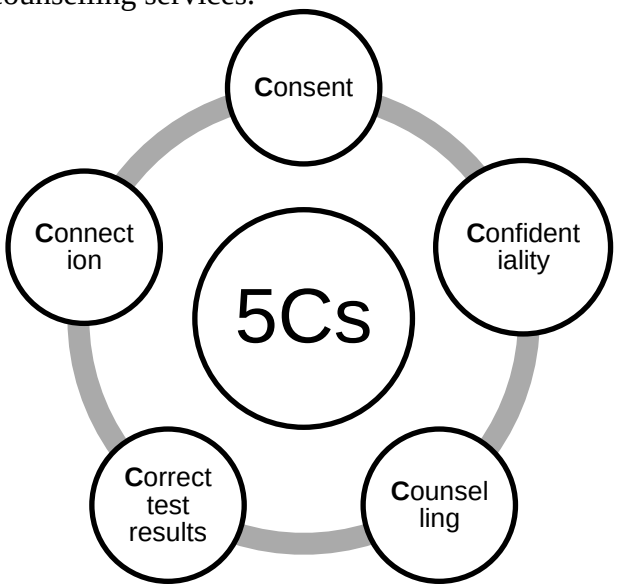
"Mam if someone is at an emotional breakdown after results, it must be hard for you to handle. Do you call their families then?" Jigyasa was imagining how difficult it could be to hear the result for the first time.

Pre-test counselling points while screening the individual

- Provide information on HIV and AIDS: what is HIV, what is AIDS, window period, route of transmission, prevention message, care, support and treatment services
- Explain the benefits of HIV testing
- Assure the individual that the test result and any information shared will be kept confidential
- Explain that the individual has the right to opt out of HIV testing and this will not affect their access to any other health-related services
- Obtain informed consent and document it in the relevant register
- Risk assessment of the individual
- Provide information on genital, menstrual and sexual hygiene
- Demonstrate the use of a condom using a model
- Provide information on spouse /sexual partner testing
- Conduct symptomatic screening for STI/RTI: Genital discharge/genital ulceration/swelling or growth in the genital area/ itching in the pubic area/ burning sensation while passing urine/ lower abdominal pain/ menstrual irregularities/ bad obstetric history
- Conduct symptomatic screening for tuberculosis (TB)
- Extend the opportunity to the individual to ask and clarify doubts.

5Cs

Five Cs are essential for HIV testing and counselling services.



"Absolutely not" the counsellor replied swiftly.

"What!!! Why?" Jigyasa was confused.

AD BSD Then explained-

"There are five major Pillars of HIV testing services; Consent, Confidentiality, Counselling, Correct Results, and Connection. HIV confirmatory testing is a voluntary service and we respect the Client's consent of whether he /she is willing to perform the HIV test after Pre-test Counselling. All information shared is confidential between client and counsellor and under no circumstances, apart from a few exceptions, we disclose the information regarding our client to anyone, even their spouse or families. Normally we encourage & support the client to disclose his/her status to at least one of family member e.g., spouse/sexual partner."

"Jigyasa, can you observe that the counselling chamber has drapes and is fully audio-visually protected," AD BSD asked and to which Jigyasa replied positively.

"This is to ensure the privacy of the Client-Counsellor conversation."

"Now I understood!! protecting the identity and the information of the client is necessary as HIV has so much stigma in society." Jigyasa reiterated what she understood.

"Perhaps, yes" AD BSD Replied.

"Unfortunately, even after so much awareness by the Govt across the world and India, there is still a lot of stigmas for HIV in the society which leads to discrimination against the people living with HIV/AIDS (PLHIVs). That is why in 2022, the theme of world AIDS day is - **EQUALIZE."**

Jigyasa suddenly remembered the billboard she saw at the bus stop and now she can fully connect the message.

She asked the Counsellor.

"What else do we do here? Is it only HIV counselling and testing, as much I know HIV leads to low immunity level and a person gradually becomes susceptible to other diseases?"

"Very good question, here we not only test clients for HIV but also screen clients for TB, STIs, Hepatitis B & C and other ailments". Counsellor replied.

"What is STI?" Jigyasa asked.

"STIs are Sexually Transmitted Infections, these are infections transmitted through the Sexual routes. STI increases the risk of HIV infections. So, it is essential to screen the client for any STI. STIs are 100% curable and clients get free medications from Govt. hospitals. Every Govt. district hospital and Govt. medical college hospital has a DSRC clinic where the client gets tested and is treated for STIs."

STI and DSRC

- Sexually Transmitted Infections (STI)/Reproductive Tract Infections (RTIs) are closely associated with the acquisition and transmission of HIV infection. First, the presence of STI infection indicates engagement in high-risk behaviors (like having multiple sexual partners and engaging in sex without condoms) which are also closely linked with HIV transmission. Further STI/RTI infections increase the risk for HIV transmission through ulcers causing mucosal disruption as well as inflammation enhancing recruitment of HIV target cells to the genital tract. Because of this, the management of STI/RTI is a key component of the AIDS response under the NACP and is integral to the attainment of SDG 3.3 of ending the epidemics of AIDS by 2030.
- Under NACP, DSRCs situated at government health care facilities at district and above levels, are key service delivery centres for STI/ RTI management.
- As of now, there are 29 DSRCs, also known as "Suraksha Clinics" are established and functioning in the Medical Colleges and District Hospitals of Assam.
- STI/RTI services at the below district level are provided by National Health Mission (NHM).
- The TI NGOs under ASACS also provided STI/RTI services to the HRG population at their own clinic or by PPP doctors.
- One Regional STI Training Research and Reference Laboratory (RSTRRL) is functioning at GMCH for the NE States and one State STI Reference Centre (SRC) is functioning at SMCH for the state of Assam for STI Research and EQAS. One TO & 2LTs at RSTRRL and one LT at SRC are appointed by ASACS.

Scan to check facility near you:

"What about TB, is it also diagnosed here? Its treatment?" Jigyasa was curious.

"For TB, we do a thorough Screening of clients, we use a 10-points screening tool to assess the client and refer him/her to DMCs or CBNAAT centre under NTEP for TB testing, if necessary, in govt. Hospital.

"Mam, is **HIV test mandatory in any situation**?" Jigyasa asked AD BSD.

"Yes, Screening of HIV for Pregnant women, Blood donation, and patients undergoing surgery is indeed mandatory. Later the confirmation can be done at ICTCs". AD BSD replied.

"Why so mam?"

"***You must be aware of the 4 Factors of HIV transmission. Through infected blood and blood products, unprotected sex, sharing needles, and through infected mother to child. It is, therefore, essential to protect others from contracting HIV infection, like in case of pregnant women – the newborn child, in case of surgery – healthcare providers like nurses and surgeons, etc.***"

"Testing so many Pregnant women must be a tedious task. isn't it mam?"

"Yes, and this is why Assam State AIDS control Society join hands with National Health Mission (NHM). NHM, Assam provide us Rapid Testing kits and Human Resource for testing Pregnant women at the earliest, during first trimester, through Village Health, Sanitation and Nutrition Day (VHSND) all over the state. We are one of the earliest states to implement Dual screening of HIV as well as Syphilis at the VHSND level for the elimination of mother to child transmission."

"Is it? Can a newborn child be saved from HIV?"

"Yes!! If the mother has been timely diagnosed with HIV and is taking a regular course of ART medication, the unborn child can be saved from HIV. Although, after birth care and regular testing of the baby is required to fully exclude the risk of HIV."

"I did not get it, mam?"

AD BSD asked the counsellor to explain further-

"HIV virus in a new born child can pass from an HIV positive mother to baby during pregnancy, during delivery of the baby, or post-delivery through Breastfeeding. Therefore, the mother must be early diagnosed for HIV so that she takes ART medication for sufficient time to suppress viral load. This reduces the chance of virus transmission from mother to baby during and after delivery. But, to be sure, we regularly test babies for HIV till the age of 18 months to confirm its status."

"You have said through breastfeeding. Why any mother will breastfeed a baby if there is a chance of HIV transmission?" Jigyasa was confused, this doesn't sound right.

"That's a very important question. The simple answer to it is 'Yes, breastmilk has presence of HIV virus and there is a chance of transmission from mother to baby. Having said so, the chance of HIV transmission from breastmilk is very low and breastmilk provides very essential proteins and other nutrients for the baby, without it, the survival chance of the baby is low, deficiency of which could lead to life-threatening situations for the baby like diarrhea or pneumonia. Therefore, the benefits of breastfeeding outweigh the risk involved."

"Can't we provide such nutrients from outside... I mean isn't there something available in the market?" Jigyasa asked.

"Yes, is it known as Replacement Feeding and it does perhaps eliminate the risk of transmission of HIV after birth. However, it deprives the baby of very essential immunity factors." Counsellor replied.

"What?" Jigyasa was totally confused.

"Yes, the newborn has virtually no immunity and is dependent on mothers' milk for his initial life. Mother's first milk known as colostrum has a very high quantity of antibodies. These help the baby in fighting infection in his early life till own body starts producing them. Hence, more emphasis is put on **Exclusive breastfeeding.**"

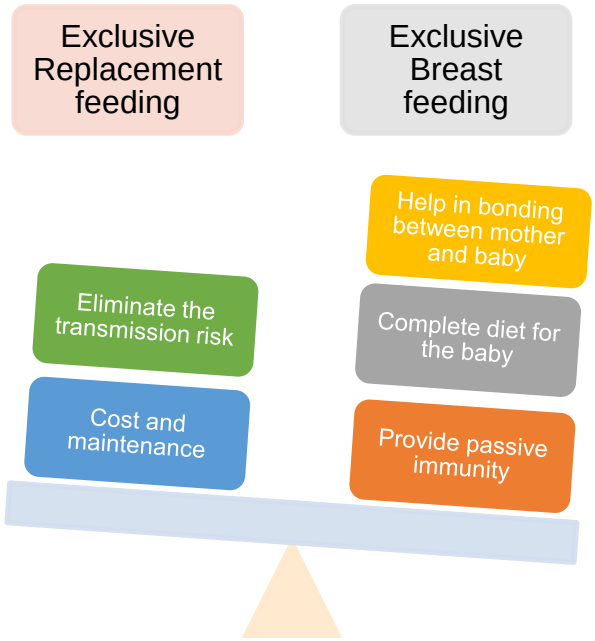


Figure 10. Benefits of Breastfeeding

AD BSD added

"Also, Jigyasa, whenever planning for feeding practices, parents need to be provided full information regarding the replacement feeding as it should be affordable, feasible, available, acceptable, and sustainable for them. The decision for feeding practices should not be an emotional decision but a practical one.

That is why, although the final decision lies with the parents, we always prefer the clients to go for exclusive breastfeeding as the benefits outweigh the risks involved, provided the mother continues the ART."

"So, are there any examples when we were able to protect any child from HIV even after the mother breastfed the baby," Jigyasa asked, she has doubts that breastfeeding will protect the child from HIV?

"We have plenty of examples Jigyasa. This is a tried and tested intervention" AD BSD replied.

A Case in TRB ICTC - Mother saved her child from HIV

"A women detected positive in a private laboratory in Guwahati. Doctor (in-charge) of the laboratory sent the case to our ICTC TRB for confirmation. She was confirmed positive at our ICTC. But her husband was tested Negative. After knowing the test result, she was in an emotional breakdown. But her husband was very supportive. He assured her at that time that though he is negative he will never blame her that her character was bad. He loved her too much. He assured that he will bring her to ART center for treatment. His love never faded even after knowing the test result. He gave her utmost care. Because of his love and care she continued medicine regularly.

After one year of continues care and follow up, she conceived. Her adherence to ART medicine was very good. She delivered a baby boy in a private Hospital. NVP syrup (ARV prophylaxis) administered to the baby for 6 weeks. As the mother was taking medicine regularly (for one year) EID result of the baby was negative. She reduced breast milk after 6th month.

Later, Husband tested Negative in HIV test afterwards, while we were worried physical relation was happened without using condom to conceive. 18-month confirmatory test report of the baby was negative.

Now they are very happy family. They are living with her parents; baby is now grown up with a very good health condition."

Husband of the woman is a government employee. He is giving support to her.

- Counsellor, ICTC TRB hospital.

"The most important thing is the support of the family in this situation. The mother requires attention and emotional support from the family in taking care of herself and the family."

"Mam, need to ask this, but we have discussed that a lot of people who are at risk of HIV are from the vulnerable population, there might be chances that they are illiterate also, how will they get here??"

"All the HRGs are accompanied by the developmental partner, apart from it, if anyone, be literate or illiterate, wants to visit the ICTC, they just need to follow this sign" AD BSD points at the logo.

Figure 11. ICTC Direction board

"How do development partners help in this?"

"Development partners support us in providing the optimal care at the highest quality possible to the client. There are gaps in services delivery like following up of the clients, accompanying client to the service center where the ASACS staff cannot provide services. Here, our development partners support us."

"We have Partners like UNICEF, AHANA, VIHAAN, NetReach, YRG care etc. which support us in planning, implementing and monitoring of the Program, so that our standard of quality of care is of highest level."

"While UNICEF provide technical support for systems strengthening, other organizations like NetReach, VIHAAN, AHANA, YRG provide field level support in service delivery."

"Thank you for explaining all this mam. I'm wondering how devastating it would be to know the positive status after the test."

"Off course!! it is somewhat a shock, but our counsellors are trained in handling all the emotional outbursts of clients and provide them the psychological support they require during this time."

AHANA Project in Assam

AHANA Project is a civil Society initiative to strengthen ongoing PPTCT Services in Public Sector in selected districts in India. Plan International (India Chapter) as a principal recipient (PR) implementing it through sub recipients (SR) under Global Fund Grant during the period October 2015-December 2017. AHANA means the First Ray of the Sun. So, it works with an objective to provide additional support to the NACO implemented Program i.e., Prevention of Parent to Child Transmission of HIV which is now elimination of vertical Transmission of HIV and Syphilis (EVTHS) and successful implementation of Early Infant Diagnosis Program. AHANA support in early screening, detection and linkage of positive pregnant women to ART services and Early detection of babies born to HIV positive mother via comprehensive support and follow up.

In AHANA Phase-III, the sub recipients (SR) have changed and Plan India has started implementing AHANA project in Assam through National Coalition of people Living with HIV in India (NCPI+) in Eight states of NE (Assam, Arunachal Pradesh, Meghalaya, Manipur, Mizoram, Nagaland, Tripura & Sikkim).

In Phase-II & III strengthen ongoing PPTCT Services in Public & Private Sector in 33 districts of Assam, Total Private sector mapped 222, Assessed 215, Eligible 199 & Engaged 197 till Sep, 2022. In Assam District EMTCT committee has been formed & all the committee members have orientated on EMTCT & PPTCT in 20 nos. districts & in rest of the districts will be completed within December, 2022.

Further information pls visit: https://asacs.assam.gov.in/schemes/ahana-project
Or Scan:

"***But HIV is not a death sentence anymore. Recent advancement in Anti-Retroviral Medication (ART) is so effective that it arrests the viral growth further in the body, helping the client live a healthy, positive and happy life".***

"I think you should meet with the Assistant Director of the Care, Service and Treatment division".

"Thank you, mam. I sure will come back to meet AD CST Sir" Jigyasa Replied.

❖

CARE, SUPPORT & TREATMENT

4

Jigyasa had her last discussion with Assistant Director BSD and discussed how testing and screening for HIV work. There she got to know about the Treatment services ASACS provides with the help and guidance of NACO. AD BSD advised her to meet with AD CST to get a good idea of how care and support services work.

AD CST called Jigyasa to the ART center in GMCH, Guwahati; where he was on a monitoring visit. Jigyasa reached GMCH in, Early morning.

"Good morning, Sir" Greeted Jigyasa.

"Good morning, Jigyasa, I hope you haven't had any difficulty in locating the ART center here?" AD CST Asked.

"No Sir, I have followed the signboard available to reach here.

"Sir, I was having a discussion with the AD BSD about living with HIV. And she told me that modern medication has changed the perception of living with HIV." Jigyasa questioned.

"Yes! Modern ART medication is so effective that it has, in laymen's terms, Made HIV just like any other chronic illness." AD CST answered.

"Could not get it, Sir." Jigyasa was confused.

"Let me explain to you from the beginning." AD CST was excited to explain.

"The ART services started in 2004. Initially, we had criteria of CD4 count for administering the ART medication in PLHIVs."

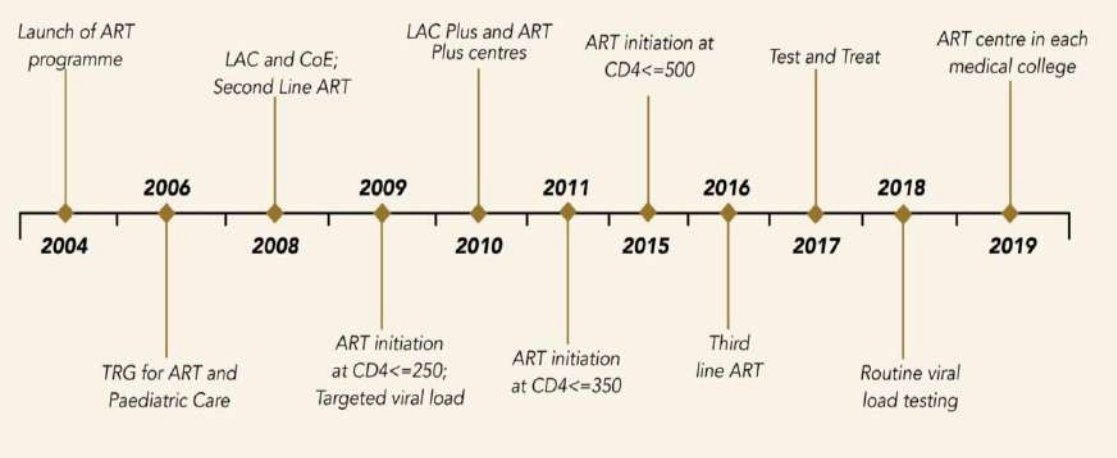


Figure 12. Evolution of ART services

"I'm Sorry, what is CD4 Sir?" Jigyasa Asked.

"Jigyasa, you must be knowing now that HIV affects the immunity system of the body and slowly weakens it. CD4 are a special type of immune cells which specifically attacked by the HIV virus to commit this task" AD CST explained, further adding.

"Therefore, A person infected with HIV, with no treatment in place, his CD4 cell number, gradually, starts reducing. And eventually, after some considerable time, to a such low level that his immunity is severely compromised, at that situation, the person is vulnerable to all diseases and any common infection can be potentially fatal to the person, this condition is known as AIDS."

"So, initially ART medication was provided to individuals who have a CD4 count less than or equal to 250 cell/mm3 in blood. Later on, gradually it increased to 350 and then 500 cells per millimeter cube. In 2017, NACO came up with the guideline of 'Test and Treat Policy' i.e., all those positive at an ICTC center are essentially linked to ART to start the ART medication irrespective of CD4 count."

"Ok Sir" Jigyasa was grasping all information like a sponge.

"So here you are in the ART center, we take all HIV-positive individuals and provide them with ART medication."

"Meet the staff of ART center, we have a medical officer, Counselor, Nurse, Lab technician, Pharmacist, Data Manager and Care Coordinator" AD CST introduced the staff to Jigyasa.

"Thank you for your explanation, Sir, but need to ask this, Sir does the Current ART medication is effective enough?" Jigyasa doubted the effectiveness as she heard before that HIV is a death sentence.

"Yes Jigyasa, modern ART medications are, in laymen's terms, miraculous. They arrest the Virus growth and reduce the Viral Load in the body to a such low level that after regularly taking ART medication and adhering to all instructions provided by the medical officer and counselor, the Virus is not detectable in the blood samples collected. We call it TND (Target not detected)" AD CST explained and is excited to see Jigyasa taking so much interest in this.

"Could you elaborate on what exactly is ART Sir?" Jigyasa has no idea, what this ART is.

ART means **Anti-Retroviral Therapy**.

The Anti Retro Viral therapy involves medicines which specifically attacks the virus and slow its progression. The anti-retroviral therapy for HIV treatment involves taking medicines as prescribed by a health care provider. ART treatment reduces the amount of HIV in the body and helps to stay healthy.

"Do they cause side effects or any damage to the body?"

Jigyasa, HIV treatment can cause initial side effects in some people. However, not everyone experiences side effects. The most common side effects are:

1. Nausea and vomiting
2. Diarrhea
3. Difficulty sleeping
4. Dry mouth
5. Headache
6. Rash
7. Dizziness
8. Fatigue

"I have seen Billboards on streets from ASACS suggesting to take ART daily, is it essential to take ART daily?"

Yes, it is necessary to take ART daily and on time, because the medicine works in the body to

HIV treatment reduces the amount of HIV in the blood (*viral load*).

- Taking your HIV medicine as prescribed will help keep your viral load low.
- HIV treatment can make the viral load very low (*viral suppression*). Viral suppression means having less than 200 copies of HIV per milliliter of blood.
- HIV treatment can make the viral load so low that a test can't detect it (*undetectable viral load*).
- If your viral load goes down after starting HIV treatment, that means treatment is working. Continue to take your HIV treatment as prescribed.
- If you skip your HIV treatment, even now and then, you are giving HIV the chance to multiply rapidly. This could weaken your immune system, and you could become sick.
- Getting and keeping an undetectable viral load (or staying *virally suppressed*) is the best way to stay healthy and protect others.

HIV treatment prevents transmission to others.

- If you have an undetectable viral load, you will not transmit HIV through sex.
- Having an undetectable viral load likely reduces the risk of HIV transmission through sharing needles, syringes, or other injection equipment (for example, cookers), but we don't know by how much.
- Having an undetectable viral load also prevents perinatal transmission. If a person with HIV takes their HIV medicine as prescribed throughout pregnancy and childbirth and gives HIV treatment to their baby for 4 to 6 weeks after birth, the risk of transmission can be 1% or less.
- Having an undetectable viral load greatly reduces the risk of transmitting HIV through breastfeeding but doesn't eliminate the risk. The current recommendation in the United States is that parents with HIV should not breastfeed their babies.

Taking your HIV medicine as prescribed helps prevent drug resistance.

- Drug resistance develops when people with HIV don't take their pills as prescribed or miss their shots. The virus can change (mutate) and may limit your options for successful HIV treatment.
- If you develop drug resistance, it will limit your options for successful HIV treatment.
- Drug-resistant strains of HIV can be transmitted to others.

reduce viral load and enhance CD4 count. This can help the client to live a healthy life.

The ART medication should be taken on same time-every day, because every ART medicine has a specific duration of action and failing which the client may develop drug resistance.

"Ok understood Sir. Then why do we have so many staff in the ART center? Why can't we have only a pharmacist dispensing medication." Jigyasa was imagining ART as like a local Drug shop.

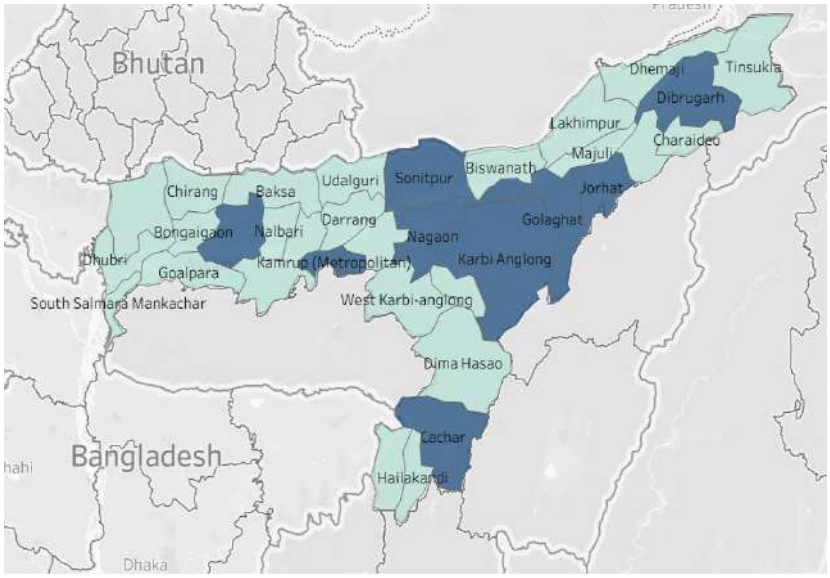


Figure 13.Districts where ART centers located

"ART center is not merely a drug dispensation center Jigyasa."

"Let me explain to you what we do and how we do here"

"The Government of India launched free ART on 1st April 2004 at 8 centers under the second phase of the NACP. Since then, the program has come a long way. In Assam, the first ART Centre was established at GMCH in 2005. We have a total of 9 ART centers in Assam, which provides ART services. Out of the 9 ART centers are, 7 ART centres are located in 7 Medical Colleges, 1 at BP Civil Hospital, Nagaon and 1 at SKK Civil Hospital, Golaghat. The decentralization of services has been achieved through the establishment of Link ART Centres (LAC) and LAC plus Centres. In Assam, 1 Link ART Plus and 7 Link ART Centers are functioning."

"ART Centre at GMCH and SMCH is called ART Plus Centre as the Second Line ART treatment is provided there to the needy patients."

Scan to check facility near you:

"Moreover, we have established 6 ART Dispensation Centres (ART-DC) at 6 Central Jails

in Assam which provides ART services to the jail inmates who are HIV positive. These ART-DCs are linked with the Nearby ART Centes for service delivery".

"In the ART Centres, each staff has a specific responsibility to perform. Hence responsibility wise specific staff has been deployed at the ART Centres"

"What is this ART plus, LAC and LAC plus Sir?" Jigyasa Asked.

"The concept of ART plus centre has evolved to expand the access to 2nd Line ART treatment. Selected ART centres across the country have been identified as ART Plus centres. These ART plus centres have been capacitated to conduct SACEP (State AIDS Clinical Expert Panel) to review PLHIV for second line/third line ART (both adults and paediatric) following the standard referral procedure."
Moreover, ART is provided through decentralized sites set up near the patient's residence. These sites could be sub-district hospitals/ rural hospitals, community health centres, primary health centres, opioid substitution therapy centres, prisons, care and support centres, targeted intervention sites, other sites at NGOs/ CBOs/ CSOs.

Link ART centres in the public health facilities are set up to make ART accessible near the patient's residence through the widespread network of public health care infrastructure across the country. These sites provide convergent, decentralized ART dispensation and comprehensive care to stable PLHIV while decongesting the crowded ART centres and integrating HIV care into general health systems. This model enables PLHIV to save transportation cost, loss of daily wage, and waiting time in hospitals to access ARV medication and help in reducing the burden of travel to far away ART centres. Through this model, PLHIV can receive ARV closer to their residence which helps improving their adherence and retention in care.

With the adoption of 'treat all' policy in 2017, all PLHIV need to be initiated on ART at the earliest after diagnosis or as soon as possible based on other considerations such as concurrent opportunistic infections (OIs). Therefore, LAC plus scheme is being revised to expand the scope to include ART initiation. LAC Plus centres shall also be authorized to initiate ART after written approval from NACO/SACS. This will help in integrating HIV care into

general health system; making ART more accessible and convenient to PLHIV; bridging the gap between HIV testing and treatment services.

"So, when a person is detected positive, he is referred to the nearest ART center of his choice. This is to ensure that the PLHIV faces no issues in regularly visiting the ART and taking medicines. To effectively monitor this, we provide a triplicate slip. This slip has three forms of the same information, where one stays with the ICTC center, one with the client and the third has to be submitted by the client to the ART center referred. Once the client has arrived, we register after receiving the slip, then provide counseling on the next procedure to follow. After which, **baseline testing** is required."

"What is baseline test, Sir?"

Baseline test is a comprehensive clinical and laboratory assessment that is required for all PLHIV. This helps to determine:

1. WHO clinical stage of the HIV infection and to identify the **PLHIV with advanced HIV disease**
2. Need for OI prophylaxis
3. Optimal ART regimen
4. Psycho social and nutritional needs

The following steps should be followed for initial evaluation of PLHIV:

Step 1: Clinical assessment and history

Step 2: Physical examination

Step 3: Baseline laboratory evaluation

Step 1: Clinical assessment and medical history

Assessment and history taking should include:

- 4 symptom screening for TB (**Adults and adolescents:** fever, cough, weight loss, night sweats; **Children:** fever, cough, poor weight gain, h/o contact with a TB patient)
- Any persistent symptoms-headache, poor concentration, seizures
- General medical history for comorbid conditions–diabetes, hypertension etc.

- History of tuberculosis in past/family
- Any prior exposure to ARVs in the past
- Any sexually transmitted infection (STI)
- HIV risk behaviour–multiple partners, key populations, injecting drug use
- Substance abuse–alcohol, tobacco, oral or injecting drugs
- Pregnancy and contraception
- Allergies/medication/vaccines
- Nutritional status
- Psychosocial assessment

Step 2: Physical examination

It is essential to conduct a thorough physical examination for clinical staging and screening. A detailed physical examination should be done at the first visit which should include measurement and recording of vital signs (temperature, pulse rate, blood pressure, respiratory rate), body weight and height (paediatric). Besides this a detailed examination of the oral cavity, lymph nodes, skin, genital ophthalmic and systemic examination need to be carried out.

Step 3: Baseline laboratory work up of PLHIV

The following are the essential/mandatory tests for all patients registering in HIV care

- Haemogram/CBC
- Fasting blood sugar

Additional tests in the baseline as per the physician's decision

- Symptoms and signs directed investigations for ruling out opportunistic infections, including M. tuberculosis by testing sputum/appropriate specimen by molecular diagnostics (nucleic acid amplification test-NAAT) for TB (CBNAAT/TrueNAT) and/or other required investigations
- Complete LFT (liver function test) for those being initiated on ATT and for patients with Hepatitis B or C coinfection
- USG whole abdomen
- Rk 39 strip test to confirm or rule out leishmaniasis in PLHIV having fever >2 weeks' duration, hepatosplenomegaly and pancytopenia residing in or h/o visit to endemic areas (Bihar, eastern Uttar Pradesh, Jharkhand and West Bengal)
- Pregnancy test (if applicable) •For women, cervical PAP smear / visual inspection with acetic acid (VIA) or other method of cervical cancer screening
- Lipid profile (if available)
- HBsAg and anti-HCV antibodies (especially for key populations and high-risk groups) (if available)
- Fundus exam for those with CD 4 count≤100 cells/mm^3 (if available).
- VDRL (if available).
- Anal PAP smear for MSM (if available).
- Serum bilirubin, ALT (SGPT)
- CD4 count
- Urine for routine and microscopic examination
- X-ray chest PA view (digital, if possible)

- Blood urea, serum creatinine

"Sir if due to any reason, if test/s could not be performed in due time, does it affect the ART medication?"

"Jigyasa, though all tests mentioned are necessary and preferably should be done, ***non-availability/non-feasibility of any of above tests should not delay the initiation of ART"*** AD CST cleared this doubt.

"Okay!" Jigyasa was surprised.

"After the baseline assessment, if everything seemed ok, then the client is started with the first line of ART at ART centre. Counselling for adherence, nutrition, usual side effects while starting Art is discussed with the client."

"But what if someone is not taking medications properly and is not telling this to the counselor. I mean…due to fear of side effects" Jigyasa Asked curiously.

"This is why we usually favor that at least one of the family members, preferably spouse or partner or leader of the group, in case of high-risk community, as a monitoring person. But this requires the client to disclose their status which is subjective."

"During the First three months we take a close look at the client medication adherence and general health. If all seems going in good direction i.e, general health improving and ART adherence 100%, then we enroll the client in Multi Month Dispensation (MMD) system where the client can take medication for three months at once from ART centres. This help client as it reduces the burden of visiting the ART center monthly. Although it is always advisable to visit ART center as much as possible."

"Sir, all these tests and the ART medication must have cost a good fortune, how does the HIV positive manage." Jigyasa

"Jigyasa, all the medications of ART are provided free of cost in the 'test & treat' policy of NACO."

"Apart, we have Govt. of Assam schemes to the people living with HIV which supports them in their lives. like the Widow scheme, Reimbursement scheme, schemes for the orphans of HIV positives, etc."

"Also, we have a total of 3 Care & Support Centres (CSCs) facilitate access to essential services, thereby increasing treatment adherence and reducing stigma and discrimination."

"Sir, what are Care and support centers?"

"Under NACP IV, Care & Support Centers (CSCs) are established and linked to ART centers to improve the quality & survival of life of PLHIV. The CSCs serve as a comprehensive unit for treatment support for retention, adherence, positive living, psychosocial support, referral, linkages to need-based services, and providing an enabling environment for PLHIV. This will be part of the national response to meet the needs of PLHIV, especially those from the high-risk groups, and women and children infected and affected by HIV. CSCs are run by civil society partners including District Level Networks (DLN) and non-government organizations (NGOs)."

Figure 14. Services provided by CSCs

The goal of CSC is to improve the survival and quality of life of PLHIV. Major objectives of CSC are as follows:

- Early linkage of PLHIV to care, support and treatment services
- To improve treatment adherence and education for PLHIV
- To leverage positive prevention activities
- To improve social protection and wellbeing of PLHIV

"So, who is taking care of Care and support centers in Assam Sir?"

For more information, visit: https://asacs.assam.gov.in/schemes/vihaan
Or Scan

"It's the VIHAAN project under Alliance India- a development partner of NACO is taking care

Important Services Provided by Care and Support Centres:

Broadly, the following services are being provided by care and support Centres:

Counselling Services:

counselling support is provided on a wide-range of issues (psycho-social support, disclosure of HIV status, treatment education and adherence, positive living and positive prevention, nutrition, sexual and reproductive health issues such as family planning and pregnancy, discordant couples, home based care) through one-to-one counselling or couple/family counselling. Children and adolescents living with HIV are also be provided counselling services on HIV status disclosure, ART adherence, personal hygiene, eating healthy and hygienic food, coping with emotions etc. Counselling services are available at the CSC through trained counsellors and messages are reinforced in the field through outreach workers and peer counsellors.

Outreach services:

These services include follow up of PLHIV for treatment adherence, repeat CD4 testing; tracking Lost to follow-up (LFU) & MIS cases, and motivating family members for HIV testing; reinforcing counselling messages; and providing/facilitating home-based care.

Referrals and linkages:

Another important service provided by the CSC is the establishment of linkages and provision of referrals to various service providers in the area for addressing medical and non-medical needs. The PLHIVs are also supported to access and avail social entitlements and social welfare schemes.

Advocacy and communication:

To create an enabling environment and access to services without stigma and discrimination, CSC supports the PLHIV through various advocacy initiatives at local, state and national levels. A discrimination response team is set up at the CSC level to respond to incidents of denial of services reported in the area due to discrimination. Quarterly advocacy meetings with various stakeholders and media advocacy events are planned to influence policy.

Support group meetings:

Support group formation is aimed at providing a platform for PLHIV to share their concerns and learn from each other. Regular support group meetings are organized and information on various themes are provided to build skills of PLHIV to lead quality life.

Vocational Training and Life Skill Education:

One of the important service of CSC is to provide life skill education and vocational training to the clients with special emphasis on women and youth. Theoretical aspects of life skills are incorporated into the ongoing educational and training components and the vocational training is provided through linkages with vocational training institutes under government departments as well as corporate sectors. The clients are also linked to various income generation activities available in the area.

Training on Home Based Care Services:

PLHIV and their care givers in the family are trained on basic infection control practices at home, management of general ailments and minor infections at home, and identification of signs and symptoms of health issues requiring immediate medical care. Clients are provided with information about the nearest available health care facilities and importance of good health seeking behaviour

of the CSCs."

"Sir, don't you think if people will be sometimes apprehensive in coming to ART centers. I mean… if somebody sees them at govt. Hospital in an ART center?" Jigyasa asked.

"Yes. The ART Centres established in the Govt. Hospitals are committed to provide the best service to the People Living with HIV/AIDS maintaining utmost confidentiality of the status of the patients.

Govt. of Assam is also providing budgetary financial support for the welfare of PLHIVs in various aspects and implementing through Assam State AIDS Control Society.

"That is wonderful Sir." Jigyasa was overwhelmed.

"Indeed" AD CST nodded his head positively.

"But is it enough Sir?" Jigyasa still has questions.

"Could not understand your question, Jigyasa" AD CST questioned.

"I mean Sir, providing support like financial, or free medicines etc…is it enough, I believe the Person with HIV or PLHIV, as you suggested, should have equal earing opportunities so that he can sustain his life. As ART are the wonder drug which have virtually eliminated HIV as a "death sentence" infection, shouldn't we, as a society, embrace People living with HIV as all of us, as 'regular' people and let them have equal chances to earn, sustain with dignity and humility?" Jigyasa Asked.

"I'm 100% agree with you, Jigyasa. HIV is not a death sentence anymore and people with HIV have as equal rights to work and sustain use their rights as any other citizen" AD CST replied.

“But AD BSD and AD TI told me that, PLHIVs face a lot of discrimination. Who responsibility to keep that in check or at least set accountability.” Jigyasa asked

“Jigyasa, that is a very good question. HIV act 2017, positively address these issues. I think you should meet Assistant Director, GIPA & mainstreaming. He is the responsible and the best among us to explain this to you.” AD CST advised.

❖

Govt. Of Assam schemes for the HIV positive testing and medication

Government of Assam has the following welfare schemes for People Living with HIV /AIDS (PLHIV) which are being implemented through Assam State AIDS Control Society, Health & Family Welfare Department: -

1. **Re-imbursement of Transportation, Investigation and Medicine Cost to people Living with HIV/AIDS (PLHIV)**: The PLHIVs who are registered in the ART Centres of Assam visiting ART Centres for investigation, treatment and collection of medicines are entitled for re-imbursement of the transportation cost (to and fro) as per approved ASTC fare chart.
   All the baseline as well as the follow up investigations for HIV treatment are free of cost to the PLHIVs and the cost of investigations is re-imbursed by the ART Centres to the concerned health institution.

   Moreover, cost of medicines procured by the PLHIVs (in case there is no supply of a particular drug by NACO) is re-imbursed by the ART Centres. The ART Centres as well as Assam State AIDS Control Society procures some necessary drugs as emergency procurement to fulfil the need of the PLHIVs.

2. **Financial Assistance to HIV infected/affected Widows**: The widows who have lost their husbands due to HIV/AIDS are entitled for One Time Ex-gratia of Rs. 1.0 lakh. Till date 601 widows have been benefitted under the scheme.
3. **Special Care Home for HIV Infected Children**: One Special Child Care Home namely, Kasturi Child Care Home (KCCH) is running at Suruj Nagar, Six Mile, Guwahati. Presently 28 nos. of children infected and affected with HIV/AIDS are residing in the Child Care Home. All the recurring costs for running the special child care home are incurred under the scheme.

The following new welfare schemes for PLHIVs have been undertaken by Assam State AIDS Control Society: -

1. **One Time Fixed Deposit for Children infected with HIV/AIDS and lost both the parents**: - The children of Assam less than 18 years of age who are infected with HIV/AIDS and have lost both of their parents or where at least one of the parents died due to HIV/AIDS will be provided with one-time financial assistance of Rs. 1.0 lakh as Bank Fixed Deposit.

   The children will be able to withdraw the money after completion of 18 years of age.

2. **Skill Development:** Those who are infected/affected with HIV/AIDS and not attained the age of 25 years will be provided vocational training under Skill Development Department as per the eligibility criteria. The expenditure will be incurred for such vocational training in Govt. institutions within Assam will be provided by Assam State AIDS Control Society with the financial grant of Govt. of Assam under the scheme.

INCLUSION, MAINSTREAMING & PROTECTION AGAINST DISCRIMINATION

5

Jigyasa visits AD IEC to thank him and say goodbye. It was a great experience, but yet there is one thing that still stuck with her. Although, the govt. is working so much on ensuring that the People living with HIV receive the right services, free of cost and at right time. But these are all within the perimeter of the state like Govt. hospitals, govt. supported and approved NGOs etc. what about the outside world, who ensures that there is no discrimination against any PLHIV there?
With these thoughts in mind, she went to AD IEC.

"Good morning, Sir."

"Good morning, Jigyasa." AD IEC was happy to see Jigyasa back in the office.

"Sir I came to thank you for this fascinating journey"

"Glad that I was of great help to you Jigyasa." AD IEC replied with smile.

"Sir, I have seen that the support extended to PLHIV is confirmed to our premises like govt. Hospitals, WCD dept. prisons and Govt. supported NGOs. What about the outside world? How we ensure that there is no discrimination against a PLHIV in other places? Like workplaces, schools, public gatherings, etc.?".

"Jigyasa, AD GIPA is here, let me introduce him to you. He is the Assistant Director GIPA and In-charge, Mainstreaming Division. AD IEC introduced AD GIPA to Jigyasa. He will explain you further.

"Hello, Sir" Greeted Jigyasa.

"Hello, Jigyasa we were discussing about your visit." Greeted AD GIPA.

"And as far as your questions are concerned, let me explain to you step by step" AD GIPA said.

"India has the third largest number of people living with HIV/AIDS (approx. 24.01 lakh). HIV is not driven only by a medical aspect but many socioeconomic factors affect the cause and consequence of HIV."

"HIV in India is more than three decades old and India's HIV Prevention Program has been successful in halting and reversing the tide of the epidemic. The adult prevalence has come down from approx. 0.32% in 2010 to 0.21% in 2021, as per the recently released, India HIV Estimation 2021 Factsheet (15–49 years).

"***But unfortunately, the ugly stories of Discrimination and stigma by the PLHIV community keep popping up.***"

All the AIDS Control Society in the country considers the necessity of responding to any discrimination faced by any individual, may it be a PLHIV or a HRG who are related with us. To respond to such instances of discrimination, the Network of Positive community are in place in every state and likewise in Assam we have Assam Network of Positive People who dedicatedly work for the People living with HIV in Assam. We also have District Level Network in Dibrugarh and six more district level network will be on board by next financial year i.e., 2023-24.

Assam Network of Positive People (ANP+)

Assam Network of Positive People is a non-government, non-profit making organization working for the people living with HIV/AIDS in Assam since 2003. The network constituted on 12th August'2003 with the help of Indian Network for People Living with HIV with only five members with a primary objective to provide support to all people living with HIV/AIDS in the state of Assam. To eradicate the discrimination with the HIV+ people is another vital agenda of our network.
After initiating the network, ANP+ have registered it under the society's registration act 1860 in the month of June'2004.

Visit https://anpplus.in/web/ for more information or scan this.

These networks represent the community and any issues raised by them are addressed in the best possible way immediately. and whenever the matter needs the intervention on SACS, the GIPA (Greater Involvement of People Living with HIV AIDS) who is the official PLHIV representative in the State HQ ensures the matter is addressed administratively. The GIPA works out state specific GIPA strategies and operationalize them.

The GIPA supports the State Level Network and District Level Network for their Involvement in various decision-making bodies as a part of the strategy and as a member of various Technical Resource Groups (TRG) to facilitate Capacity Building of PLHIV networks to develop state specific GIPA implementation plan.

Furthermore, in order to engage the community at all levels the National AIDS Control Program NACP recognizes the need for community-engaged responses as key to elimination of HIV/AIDS related stigma and discrimination. NACP Phase-V will institutionalize the community engagement and meaningful participation at the most granular level in the form of community system strengthening (CSS).

CSS will catalase the improved health outcomes of NACP specifically through strengthening targeted interventions (TI) program, advocacy and rapid response reducing stigma and discrimination, enhancing treatment literacy, greater involvement of communities in decision making and finally developing structured systems of community-led monitoring (CLM).

"Sir, is it the responsibility of the State AIDS Control Society and the Network of positive people only to respond to such inhuman act against the PLHIV?" Jigyasa Questions

"No Jigyasa," replied AD GIPA.

"Laws are imperative to protect the rights of people against any misdeed by any person, institution, and also the state itself. That is why "***The Human Immunodeficiency Virus and Acquired Immune Deficiency Syndrome (Prevention and Control) Act, 2017".*** *it* is an important milestone in protecting the rights of a PLHIV and is the first of its kind in South Asia. South Africa and Nigeria have also passed laws banning certain form of discrimination against People Living with HIV (PLHIV).
The HIV/AIDS Bill 2014 was passed by the Rajya Sabha on 21st March 2017 and by the Lok Sabha on 11th April 2017. The Bill received Presidential Assent on 20th April 2017 and

subsequently was notified on e-gazette on 21st April 2017. The Act has come into force since 10th September 2018.

The Act safeguards the rights of people affected and infected by HIV. The provisions of the Act address HIV-related discrimination strengthening the existing program by bringing in legal accountability and a formal mechanism for inquiring into complaints and redressing grievances in the form of a Complaints Officer at Establishments and Ombudsman at State level. The Act also provides for informed consent and confidentiality in respect of testing and treatment of PLHIV.

"Ok, so there is a law that protects the right of PLHIV against discrimination." That's Wonderful

"YES!!" AD GIPA Replied cheerfully.

"Do you want to know more about the Act? Jigyasa!"

"Oh Yes Sir; I will be honored." Jigyasa overjoyed.

"First of all; let me explain you What exactly the Act support and provides?" Says AD GIPA he then explained.

The Act Addresses stigma & discrimination
It Create an enabling environment for enhancing access to services
Ensures to availability of free diagnostic facilities and Anti-Retroviral Therapy to PLHIV
It Promote safe workplace in healthcare settings to prevent occupational exposure
Strengthens system of Grievance redressal

However, the Act focuses more:
Primarily on correctional in nature instead of penalizing people. Thus, there are very few provisions which draw penalty. The Correctional measures include withdrawal and rectification of wrong acts, counselling of the violator, placement at an NGO and social work. The purpose is to bring behavioural change and a gradual shift towards a positive outlook for PLHIV.

"To explain you further"

1) Addresses Stigma and Discrimination

One Can hold public or private offices without any discrimination.
Every individual has the Right to reside, purchase, rent or occupy property
There's zero tolerance against discrimination in terms of denial or termination from employment.
HIV test cannot be a pre-requisite for obtaining employment/education/ healthcare services
One can have access to goods, accommodation, service, facility benefit etc. without any discrimination

2) Promotion of Strategies of RISK Reduction especially for Health Care Providers

People involved in the following activities cannot be held criminally or civilly liable for such actions or be prohibited, impeded, restricted or prevented from implementing or using the intervention
Drug substitution and Drug Maintenance by facilities
Use and distribution of Safer Sex tools, including Condoms by Health Promoters
Provision of comprehensive Injection Safety Requirements
Information, Education and Counselling services relating to Prevention of HIV and Safe Practices

3) Safeguarding rights of PLHIV & those affected by HIV

Informed consent- as a pre-requisite for HIV testing
Disclosure of HIV status- No person can be compelled to disclose status
Safeguards the property of HIV-affected children & provides for recognizing the guardianship of older siblings.
Safeguards the right of every HIV infected person to reside in shared household and enjoy the facilities of the household

4) Ensure to Provide SAFE WORKING environment

To ensure a safe working environment in establishments engaged in healthcare services and also those where there is a significant risk of occupational exposure to HIV
Provides for data protection Guidelines for confidentiality of data & HIV and AIDS Policy for the establishments

5) For Persons in care or custody of State

Have the right for HIV prevention, counselling, testing and treatment services in accordance with the guidelines issued in this regard

Persons convicted of a crime

Persons serving a sentence

Persons awaiting trial

Person detained under preventive detention laws

Persons under the care or custody of the State under the Juvenile Justice (Care and Protection of Children) Act, 2000

The Immoral Traffic (Prevention) Act, 1956

Any other law and persons in the care or custody of State run homes and shelters.

6) Grievance Redressal Mechanism

Every state has Ombudsman designated or appointed

In Assam All the five Divisional Commissioners are the designated Ombudsman and are onboard now since 12th August 2022.

The Ombudsman once receives a complaint either in writing, or by phone or Email made by any person, will inquire into the violations of the provisions of this Act, in relation to acts of discrimination mentioned in section 3 and in relation to healthcare services

Apart from the Ombudsman Grievance Redressal Mechanism, the Govt. of India through the guidance in the Act has issued directives to all departments to have Complaint Officer designated and for establishments of more than 100 persons (20 in case of healthcare settings) it is mandatory to have the Complaint Officer being designated by the Department/ Organization.

The Complaint Officer shall dispose off complaints of violations of the provisions of this Act in the establishment and will report to the Govt. of India Directly bi annually.

7) The Punitive Provisions of the Act

For contravention of Section 4- Propagation of hatred or physical violence:

Imprisonment (3months-2 years) or Fine upto Rs1,00,000/- or both

Failure to comply with orders of the Ombudsperson:

Fine upto Rs10,000/- In case failure continues –upto Rs 5,000/- each day

Penalty for breach of confidentiality in legal proceedings:

Fine which may extend to Rs. 1,00,000/-

"What is Stigma & discrimination, could you please elaborate Sir?" Jigyasa questioned curiously.

AD GIPA smiled and spoke.

"Ok, so let me explain in a nut shell for you"

"Stigma can be defined as-

Shame and dishonor surrounding a situation which is unacceptable and against the basic norms, values and ideals of the society/community. It varies in magnitude from being benign to vehement but each one has a wider ripple effect."

"While Discrimination means any act or omission which directly or indirectly, expressly or by effect, immediately or over a period of time, —

(i) Imposes any burden, obligation, liability, disability or disadvantage on any person or category of persons, based on one or more HIV-related grounds; or

(ii) Denies or with holds any benefit, opportunity or advantage from any person or category of persons, based on one or more HIV-related grounds, and the expression "discriminate" to be construed accordingly."

Stigma is expressed in various forms like language, gestures, behaviour, denial of services, harassment, violence etc. Stigma can be broadly characterised into external and internal stigma; the former includes the societal perception while the later defines self-perception and both can stem out of the socio-cultural milieu and engrained value systems.

According to Integrated Biological and Behavioural Surveillance (IBBS), 2014-15, 46% Injecting Drug Users (IDUs) have reported to have been treated disrespectfully by family, friends, neighbours etc.

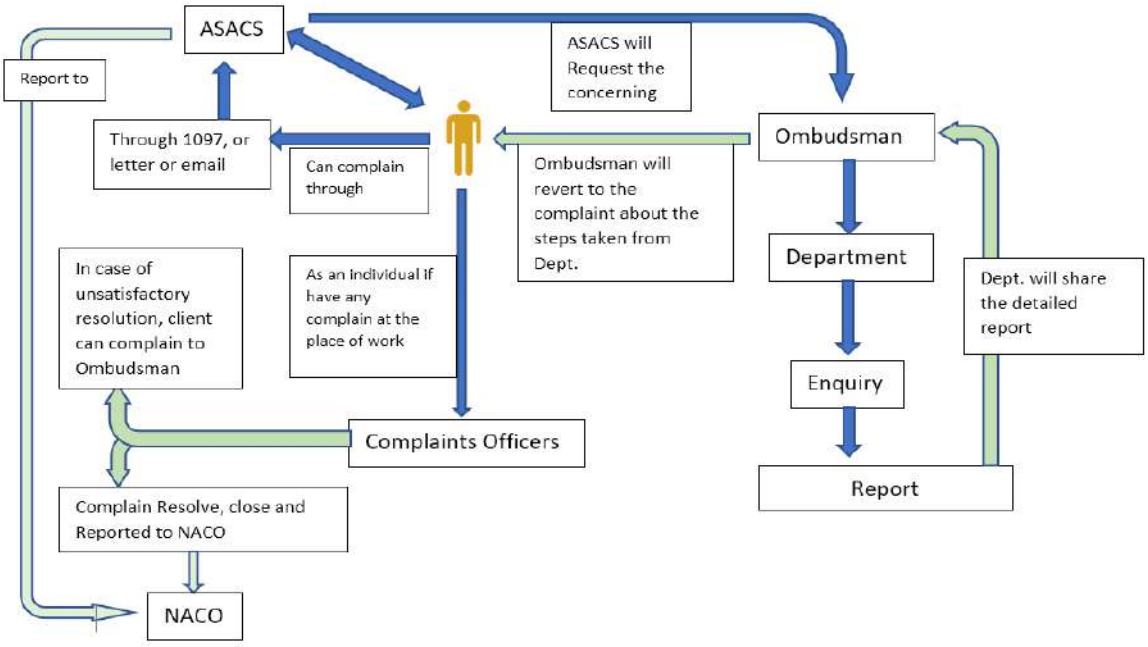
The socio-cultural norms prevailing in the society considers sex as a taboo. As the predominant route of HIV transmission in India is through the sexual route, society has a tendency to negatively morally appraise the person with HIV.

Research by the International Centre for Research on Women outlines the possible consequences of HIV-related stigma as:

- Loss of income and livelihood
- loss of marriage and childbearing options.
- poor care within the health sector.
- withdrawal of care-giving in the home.
- loss of hope and feelings of worthlessness.
- loss of reputation.

HIV and AIDS Act, 2017 has out-rightly prohibited discrimination against HIV affected and infected population. People living with HIV cannot be denied employment on the basis of their HIV status. HIV test cannot be the basis for expulsion of PLHIV from job. Healthcare providers are also prohibited from discriminating positive patients.

"What about the Grievance redressal Mechanism?"



"Sir what if a PLHIV is illiterate or has no access to means of Grievance Redressal?

"In such Situation, a person can contact the members of the Network of Positive People to write, type or email on their behalf"

"If they are comfortable to speak on telephone than they can call the contact number available on our website (see annexure) to reach the Ombudsman. Whatever they speak will be briefly documented and the complaint format will be filled up by the designated focal person in the office of the Divisional Commissioner as the divisional commissioner is the ombudsman. The form will be signed by the Focal Person before putting it forward to the

Rama's Story

A story to demonstrate the process and role of ombudsmen, to describe the importance of requirement of HIV Act.

Rama is from the Tea Garden area of *Doom Dooma* Tinsukia district, an orphan since birth and brought up by her aunt who is a tea plucker to support the livelihood of Rama as well as three of her own children. Rama never saw the gate of the school as she was busy taking care of the house and by the time, she was 15 years she too started working with her aunt to support financially. No wonder she is an adult by now and started getting attracted to 28 years old Mohan who works in the same garden. They married and started a new life.

Rama proudly says He is my Husband and this is our house and I am his wife. As she knows how it is to be an orphan all her life.

Everything was fine until the day Mohan was admitted to the hospital and died of TB. As she was illiterate, she was just the caretaker only but her neighbours finished all the medical formalities.

To the shock of her life, she was debarred from the formalities of cremation of her husband by the villagers and was thrown out of 0the village with bad comments. She couldn't understand why and what actually happened. Later she was told that the villagers and her In-laws has made her responsible for the death of her husband and also has questioned her character as her husband is HIV positive. She was shaken and was completely left with no words but to keep silent as she didn't even know what is HIV?

As the matter was publicly discussed, she was referred to the ICTC for test by the AASHA worker, where she was tested positive. Now she had no home, no work, no family and no supportive villagers where she can share her feelings with. She was depressed, Hungry and despair. One of the ICTC Counsellor reported the issue of discrimination to ASACS. The team of CST Division and GIPA immediately responded and visited to meet the village heads. Head a day long discussion but futile. They all understood everything but still didn't want to accept her in the village.

The matter was placed to the Ombudsman for necessary intervention. The ombudsman issued strict instructions to the Deputy Commissioner as well as to the Head of the village for a general meeting without naming the person so to sensitize the village on acceptance of anyone with any health issues and also as per the instruction of the HIV AIDS Act was discussed.

Now that the person has sufficient administrative support in the district, the villagers started accepting Rama and as she started her medicines from the ART centre and is strictly adhered to the regimen, she is healthy and happy.

Ombudsman for necessary action."

"But if there is no complaint authority? or if authority is vacant or they are unaware of the process?

As per the directives in the Assam Rule on HIV AIDS Act 2017 which was released on 15th June 2021, if the Ombudsman position is vacant or is in leave for more than a month than the Ombudsman of the adjacent division will automatically be responsible to take over the charges during the period of absence.

The ombudsman is not a person but the chair, hence the process will be understood by any person who holds the position.

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Jigyasa stayed in the Assam State AIDS Control Society for a while, AD GIPA insisted her to meet M&E officer and the project Director of the Assam State AIDS Control Society. During lunch, she had the chance to interact with the AD GIPA.

"Sir, I got how HIV Act safeguard PLHIVs against discrimination. But then, is the act only enough for a PLHIV, don't you think there is something to be done for societies to understand and cope better with PLHIVs, I mean… ?" Jigyasa was not able to articulate it better.

"Yes, we do. This is role of **Mainstreaming.**"

"What is **Mainstreaming**?" Jigyasa asked curiously.

AD GIPA says "HIV/AIDS is not a mere health issue as its occurrence is influenced by a number of socio-economic elements. Health interventions alone, therefore, cannot lead to prevention. HIV prevention requires a concerted collaborative effort from all departments, institutions or

organizations in public life through their work and Programs. An "Integrated, inclusive and multi-sectoral approach which transfers the ownership of HIV/AIDS issues to various stakeholders, including the government, the corporate sector and civil society organizations" is much needed.

The focus of all organizations in mainstreaming is to adapt their core business to respond to the challenges of HIV/AIDS. Though HIV is preventable, currently there is no cure for it. It can be best described as "a manageable condition". In this scenario, mainstreaming and partnership for risk reduction, social protection, access to service and stigma reduction, become key policy tools to help communities become resilient and cope better.

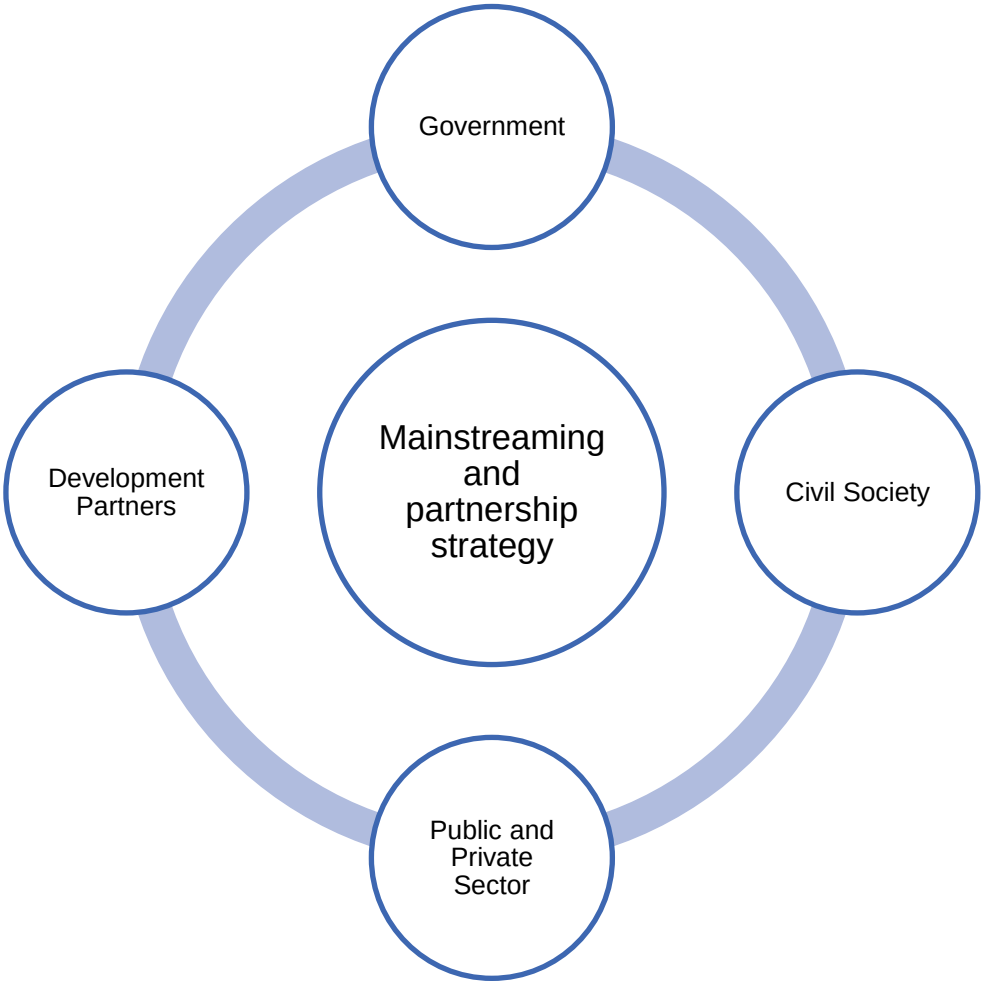
Mainstreaming intends to Strengthen government's response to HIV through integrating HIV in the ongoing activities of all its departments; Involvement of public and private sectors in HIV Programs through workplace policy and workplace intervention on HIV; • Involvement of Civil Society Organizations for greater coverage of HIV Program ensuring community ownership;

- Capacity building of People living with HIV and facilitating access to social and legal protection through amendment of government schemes/ policies in the best interest of PLHIV

There are four key constituents for mainstreaming and partnership strategy.

- Government: This includes key Ministries and Departments (Central, State, District, Block levels, including convergence with other departments within Health Ministry) Public Sector Undertakings, Panchayati Raj Institutions, Urban Local Bodies, Armed forces, Police and Paramilitary forces, Railway Protection Force, Judiciary, Parliament/legislature, Statutory Authorities/Regulatory Bodies, Central and State-owned universities, laboratories and special bodies (such as ICMR, CSIR, DRDO).

- Civil Society: This includes Not-for-profit organizations, Community Based Organizations, Faith Based Organizations, and positive networks of people living with HIV, Local self-governance units at the grassroots level in rural and urban setting are also included in this category.
- Public and Private Sector: This includes industries of Public and Private Sectors, Employer Organization Small and Medium Enterprises (SMEs), and CSR Foundations



- Development Partners- Development partners at national and state level such as World bank, GFATM, DFID, UNAIDS, UNDP, UNICEF, ILO, UNFPA, UNWOMEN, BMGF etc.

The Three most important steps of mainstreaming are:

a) Mainstreaming for prevention by Providing information on HIV/AIDS to own staff and those who can be immediately reached through the outreach Programs
b) Mainstreaming for scaling up of HIV/AIDS services through Integration of HIV/AIDS/STIs with the existing health systems of other Ministries
c) Mainstreaming for Social protection; through Partnership for mitigating the impact of HIV and AIDS by improving access to social and legal protection for communities infected or affected by HIV

"So, this is how the AIDS Control Societies works together with all the other people. That's amazing Sir; but I am curious to know what all you have done so far in this regard?" Asked Jigyasa.

"It's good that you are analysing step-by-step procedures of the organisation Jigyasa; wait I will brief you about what we are doing in this regard" AD GIPA replied.

"Sure Sir", Jigyasa was happy to listen what AD GIPA has to say.
First of all, as you know that the entire Program aims at the people who are HIV Positive and as we have the people registered with us, so we ensure everyone is reached out every year through our centres, we meet them, we choose different topics like Adherence, Social Protection, Healthy Life with HIV or HIV AIDS Act 2017 etc. and this activity is conducted through the GIPA activity. The members from the Positive Network are closely involved, sensitised with updated information on the treatment and as a result there's a lot of changes observed among the PLHIV community.

The level of depression and despair has drastically gone down as on date as compared to the initial years during 2002-2004. People have not only analysed but also have witnessed the benefits of the ART treatment and have started to think beyond. Some started family after proper counselling through the Prevention of parent to Child Program (PPTCT) some have married even with a HIV negative partner after proper counselling and consent of no objection. Because of the test and treat policy that NACO has adopted the severity of an infected person towards AIDS (Stage 3 or 4) has gone down and as a result people have started to consider being HIV Positive is very normal.

Our counsellors are also much benefitted with the test and treat policy as the success of the treatment reflects on their counselling.
Furthermore, we have also disseminated the information about Grievance Redressal Mechanism and distribution of Complaint form to needy PLHIV through the ART centre so that everyone is aware about their rights.

To ensure people from every sector join hands together and support the HIV Program because HIV is not restricted to any particular type of people ASACS have implemented the Joint Working Group for Mainstreaming, so that everyone can be covered
We also have district wise legal expert designated as resource person who will take sessions on HIV AIDS Act 2017 and Complaint Officer Module and also will support for any legal issues of PLHIV

So far, we have 14 nominated officials of various departments as complaint officers. These officials have been trained and official orders have been issued from our end. The next batch training will be conducted in due course. (*list available in annexures)

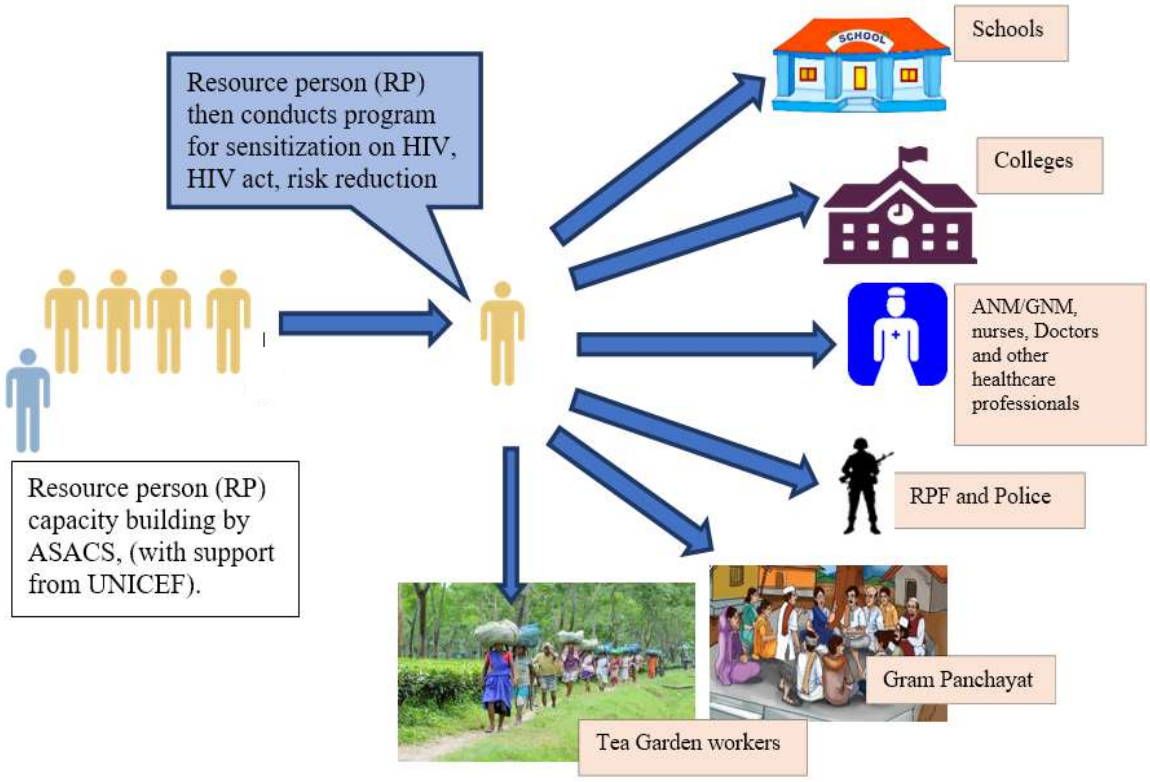
Assam State AIDS Control Society (ASACS) has formed State Level Resource Pool of experienced Doctors and Nurses who will be responsible for taking sessions on HIV/AIDS, Anti-Retroviral Therapy and issues related to self-stigmatisation of People Living with HIV/AIDS (PLHIV) and discrimination caused by Health Professionals during their treatment in their respective institutions for the final year batch.

With the aim to Reach out to every child through activities of Red Ribbon Club (RRC) and Adolescent Education Program (AEP) ASACS is conducting regular activities in Schools and colleges and were able to sensitize and aware students as well as teachers and the best part is that this activity will be conducted every academic year with the students of class X to X11 in schools and 3rd year students in al colleges

Assam State AIDS Control Society has formed team of district wise resource persons who have been trained and nominated as Official Resource Person under Assam State AIDS Control Society, with support from UNICEF, to sensitize and create awareness on updates of HIV AIDS treatment among all the people of Assam. To ensure the delivery of accurate and updated information directly, these nominated RP are consistently trained and kept in close communication.

They conduct Programs in Schools, Colleges, Tea Gardens, Construction Sites, Coal Mining Sites, Industries, In Medical Units with Para medical Staffs, ASHA workers, ANM, GNM, Defence and armed forces, Police academy, the Gram Panchayat members, Railway Officials, RPF Personal, Vendors and Porters and the list goes on.

They are paid directly by ASACS after successful completion of any Program.
They are also joined by the Adolescents counsellors of NHM in all the activities of Schools and colleges.



The District AIDS Control Officer (DACO) under Assam State AIDS Control Society (ASACS) are the one who closely monitors all the activity in the district based on their Capacity and Responsibilities

We have also integrated for setting up of various services on HIV/AIDS in Public Sector Units (PSU) of Assam and have submitted proposal for support through CSR activities.

We have Incorporated session on HIV/AIDS in training sessions through SIRD for all the PRI members

All the private hospitals of Assam had been sensitized on HIV AIDS Act 2017 and National HIV testing Guidelines laid down by NACO

Assam State AIDS Control Society, are hereby designated as "Focal Person" for their respective districts to respond, guide, counsel and to document the written grievances of any People Living with HIV PLHIV of their respective district and the District Legal Service Authority has nominated Resource person for legal literacy of all the peripheral unit of each district.

With the support of the Home Department all the Prison inmates were reached out through Prison Intervention Program. Sensitisation workshop and HIV and STI testing camp for prison Inmates on a regular basis in all Central, District, Special and Open-Air Jails of Assam and for all prison Inmates are conducted every quarter with the help of Resource person, CBHT team from our TI NGO and supervised by DACO.

With the support of Assam State Legal Service Authority, Legal Protection services through ASLSA /DLSA to respond to various Legal issues of People Living with HIV AIDS (PLHIV) in Assam was extended.

"Oh, this is great! Don't know this much is happening in the mainstreaming" Jigyasa was overwhelmed.
"I'm glad that you liked it, serving the people is our duty." AD GIPA looked satisfied.
"Let me take you to the M&E officer, he will explain you further how much we have achieved till now in Assam State AIDS Control Society." AD GIPA replied.
"Thank you, Sir" Jigyasa Replied.

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COMMITING TO THE GOAL

6

AD GIPA took Jigyasa to meet the Project Director. The Monitoring and Evaluation officer was also present in the office.

“Hello mam, meet this young girl, Jigyasa. She is with Assam state AIDS control Society for some time, learning about how we work in prevention, control of HIV/AIDS and care of people living with HIV/AIDS”.

“Good evening mam” Jigyasa greeted.

“Good evening, Jigyasa. It is great to see young people like you passionately involve in knowing about our program. That gives us the satisfaction and joy of working for the society.” Project Director happily greeted Jigyasa too.

“I’m totally Honoured mam” Jigyasa was feeling grateful till now.

“So, how do find our work” Asked Project Director.

“It is, at same time, overwhelming and satisfying.” Jigyasa replied honestly.

“Why so?” Project Director asked.

“Mam, State is doing so much to ensure that enough awareness for HIV/AIDS is spread among masses, simultaneously prevention and care of People living with HIV/AIDS is happening. Protecting the rights of PLHIVs and making their livelihood sustainable by converging with different departments.”

“Great that you have learned so much.” Project Director.

“Mam, I want to know how much is the impact of National AIDS control Program? What is the current scenario?”

"That is a good question, our monitoring officer is here. Let me introduce you to him." Project Director introduced Jigyasa to Monitoring and Evaluation officer.

"Hello Jigyasa, nice to meet you." M&E officer said.

"Hello Sir, nice to meet you too Sir. As I was speaking to mam about the current scenario of HIV/AIDS. could you please explain further." Jigyasa greeted.

"Sure, do you know about 95-95-95 Targets?"

"Yes Sir, AD BSD mam have explained it to me, UNAIDS Fast-track target approach of 95:95:95; that by 2026, 95% of people living with HIV know their HIV status, 95% of people who know their status are receiving treatment and 95% of people on HIV treatment have a suppressed viral load so their immune system remains strong and the likelihood of their infection being passed on is greatly reduced." Jigyasa reiterated what she learned with AD BSD.

"Great! so have decent knowledge about National AIDS and STI control Program." M&E officer said, "Take a look at this factsheet."

HIV/AIDS Epidemic Scenario: Global, India and Assam

Indicator	Global (2021)	India (2021)	Assam (2021)
People living with HIV (All ages)	38.4 million	24,01,284	25,073
New HIV Infections (All ages)	1.5 million	62,967	2079
PLHIV alive on ART	28.7 million	14,94,143	10765*

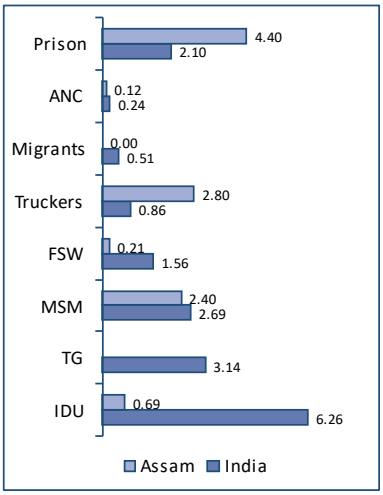
** As on Oct 2022*

India

- ✓ Low Prevalence Country (0.21%); Concentrated epidemic
- ✓ 3rd Largest No. of PLHIV in the world
- ✓ Female: 45% of PLHIV; Children: 3% of PLHIV

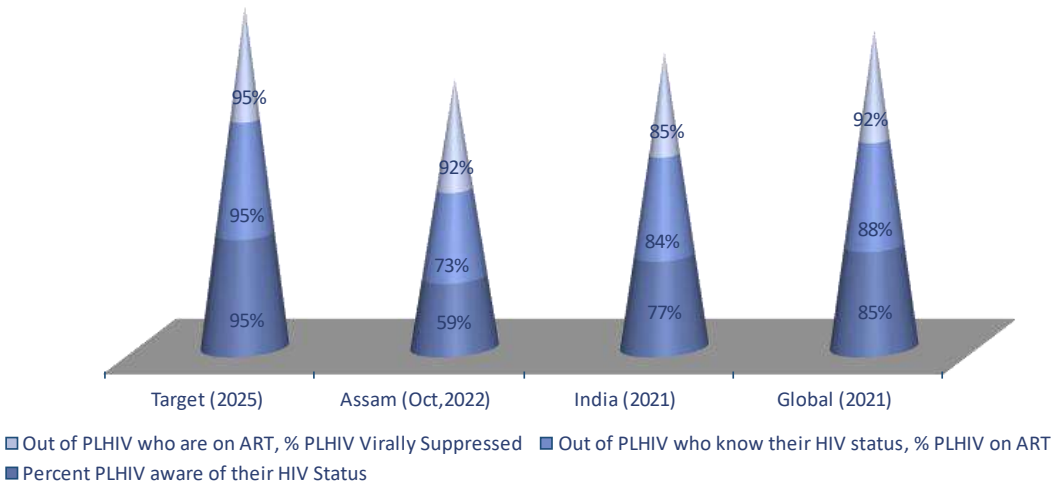
Source: UNAIDS HIV Fact Sheet 2022 and India HIV Estimates 2021 Factsheet

HIV Prevalence (%) in different population groups (India and Assam)

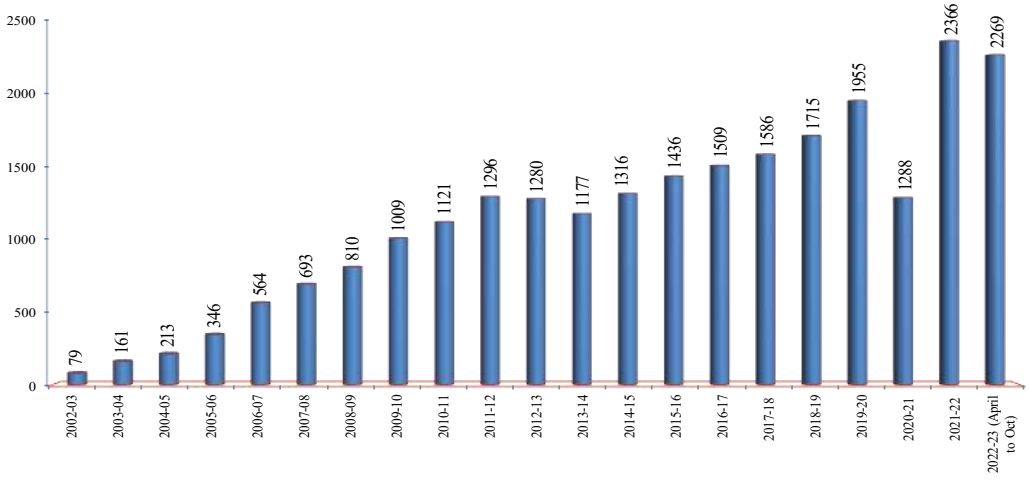


Source: NACO HIV Sentinel Surveillance Report 2017, 2019

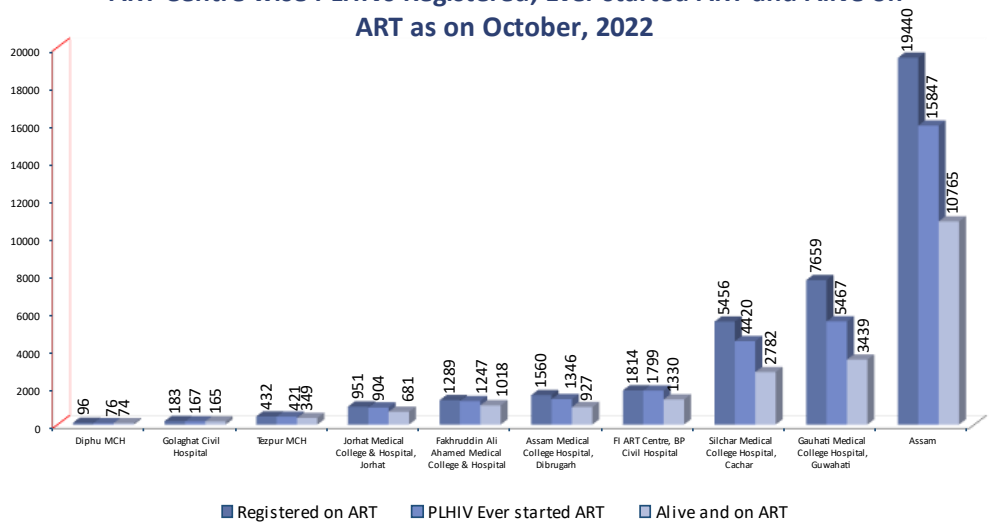
Fast Track Targets (95-95-95): State vis-à-vis National Scenario vis-à-vis global average



Year wise detection of HIV Positives in Assam



ART Centre wise PLHIVs Registered, Ever started ART and Alive on ART as on October, 2022



"According to UNAIDS estimation of 2022, there are a total of approximately 38.4 million people living with HIV/AIDS (PLHIV) with 1.5 million new infections. 28.7 million are currently on the ART. In India, according to HIV estimates 2021 by NACO, approximately 24 lacs PLHIV with 62,967 new infections. A total of 14,94,143 PLHIVs are on ART."

"Sir what is the situation in Assam?"

"In Assam, we have an estimation of 25,073 PLHIVs according to HIV estimates 2021. Till Oct 2022, 10,765 are on ART. We have 2079 new infections in the year 2021. Highest prevalence is among the prison population, truckers and Men having sex with men (MSM). Injecting Drug users (both IDUs and FIDUs) are a rising concern population followed by Female Sex workers (FSW), and pregnant Women (ANC)."

M&E Officer further added, "Comparing to the 95-95-95 targets of UNAIDS, our national and state first 95 is still on the lower side i.e., we haven't been able to detect all possible HIV infected people."

"This is concerning Sir! What we have done to prevent this and improve our status?"

"Jigyasa, we have conducted extensive testing in the state to capture those who are HIV positive but yet to know their status."

"Yes, Sir I can see that with increasing nos. of Positive detection. But there is a decrease in 2020-21." Jigyasa questioned.

"Yes Jigyasa, as much we are increasing our capacity to testing population, still in 2020-21, due to global pandemic, all of our staff were engaged in the Covid care duty and therefore HIV services were severely hampered. But now, we are fully functional and able to reach out to more and more Positive people and link them to our ART and other services."

"Oh, Sir if there are people who are yet to know their status of people i.e., who are positive and still not linked to ART services, why don't we take help from other dept. and services to track? I remember in COVID, Govt. use to track patients through Apps and municipalities."

"Jigyasa, HIV data is very sensitive and utmost care needs to be taken while handling the information regarding HIV positive. As per HIV act 2017, we cannot disclose the information of PLHIV without consent. However, if anyone wants statistical information regarding number of positive cases, they can request to NACO/SACS as per data sharing guidelines of NACO." M&E officer explained.

"Oh, understood Sir, how Assam state AIDS control Society is planning for the achieve commitment of this global goal of 95-95-95." Jigyasa asked to both.

"Hmmmm… now we are talking business. During the previous year our services affected due to the pandemic. This year itself, ASACS has taken a number of steps to ensure we able to achieve our commitment for the global goal. Our Project Director mam can tell you about this."

Project Director then explained-

"Jigyasa, in wake of the increasing trend of HIV in the state, we came up with a number of initiatives like-

- Index testing has been started. As on Oct, 2022, 1st 95 have been improved up to 59% from 52% in April, 2022.
- To minimize the gap between HIV positive prison inmates and linking with ART services, ART Dispensation Centres have been established in 6 Central Jails of Assam. Similar facilities will be implemented in the district jails also.
- Joint monitoring visits are conducted by ASACS officials and special monitoring visits by PD, ASACS.
- Joint review of all the NACP facilities have been started district wise where HIV detection is increased significantly in recent times.
- A campaign titled, "**Know about HIV: Donate blood voluntarily**" is going on in more than 300 Govt colleges/educations institutions across Assam. The campaign was inaugurated by Hon'ble Health & FW Minister on International Youth Day.
- To increase mass awareness, use of outdoor media such as exterior bus branding, train branding, and railway stations branding, 360-degree campaign in vulnerable districts, college campus branding, video Spots in movie theatre are in the offing.

- Intensive awareness on HIV is being done through Social Media viz facebook, twitter, instagram and You-tube.
- HIV awareness is presently being done through RRCs in Govt colleges and through AEP in Govt HS schools through District Resource Pool. An MoU will also be signed with Education Department to ensure that the private educational schools and colleges are also covered under RRCs & AEP.
- State Resource Pool and District Resource Pool are creating HIV awareness workshops in different departments and institutions.
- District wise targets provided to all ICTCs/PPTCT and regular review of the monthly achievement of counsellors and LTs.
- District AIDS Control Officer's have been sensitized to conduct monthly Co-ordination meeting with all the NACP facilities within the district using key Performance Monitoring Sheet for effective monitoring and course correction Counsellors have been engaged in awareness as well as outreach Program to increase the coverage.
- Branding of ART Centres will be done to ensure a patient-friendly environment.
- TI NGOs are engaged in tracking of LFUs among the HRGs.
- Govt. Schemes for the welfare of PLHIVs have been publicizing through IEC branding at the NACP facilities as well as Social Media.
- Assam SACS with the support from State Govt. is going to establish 10 OST dispensing centres in the district hospitals.
- Branding of OST Centres will be done to create a client-friendly environment.
- Reduce Linkage Loss through Camp Approach.
- ART initiation through TIs at DIC or at Sub DIC.
- Intensive counselling will be done amongst the prison inmates especially under trial inmates to ensure ART adherence after they go out from prisons.

"Great Mam, and Thank you Sir." Jigyasa truly was awe struck by the commitment of the state to achieve the global goal.

"So, Jigyasa having being here with all of us and learning the program in-depth with all officers. What is your plan in our common goal." Project Director asked. Jigyasa bamboozled by this question.

Project Director saw Jigyasa confused, she then explained.

"Yes! You are a part of our team." Project Director Replied.

"Mam, that is so gratifying. I was wondering, if I could join the Red Ribbon Club and be an active Speaker in the college events and University festival to raise awareness among the youth of Assam."

"This is, now, my fight against the Global Epidemic."

"Very good, Jigyasa. I appreciate your commitment. It is heart-warming to see youth of Assam involving with us in this Fight." Project Director Said.

Jigyasa left Assam SACS with lots of memories and knowledge to share with the world.

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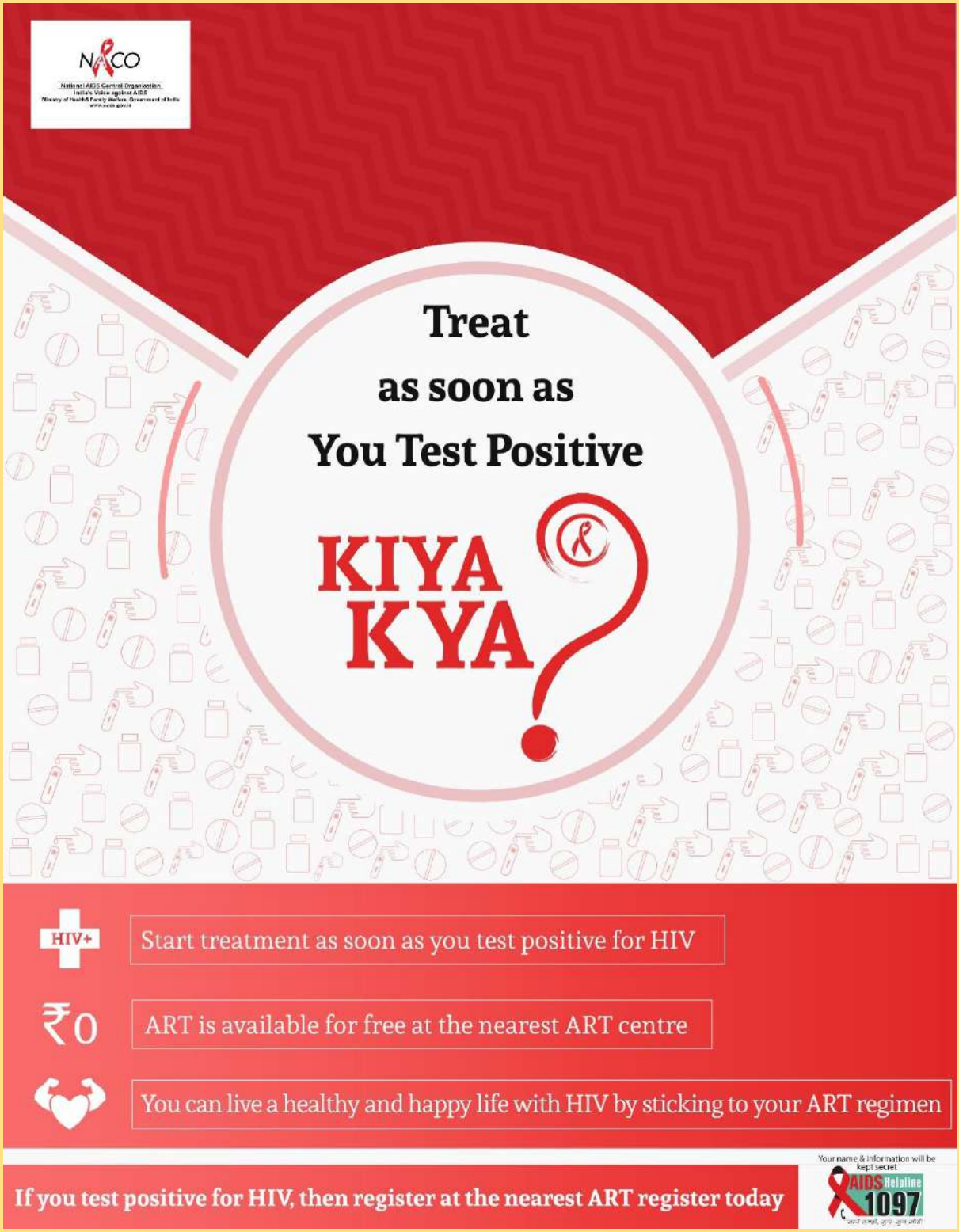
NACO
National AIDS Control Organisation
India's Voice against AIDS
Ministry of Health & Family Welfare, Government of India
www.naco.gov.in
Treat
as soon as
You Test Positive
KIYA
KYA
HIV+
Start treatment as soon as you test positive for HIV
₹0
ART is available for free at the nearest ART centre
You can live a healthy and happy life with HIV by sticking to your ART regimen
If you test positive for HIV, then register at the nearest ART register today
Your name & information will be kept secret
AIDS Helpline
1097

Annexure:

FAQs:

Q. What is HIV?
Ans. HIV stands for Human Immuno-deficiency Virus. HIV after entering the human body gradually destroys the immune system, i.e. the ability to fight infections/diseases.

Q. What is AIDS?
Ans. AIDS stands for Acquired Immune Deficiency Syndrome. It is the later stage of HIV infection. It is a condition in which a group of symptoms appear as the immune system becomes very weak. It can take around 8-10 years from the time of HIV infection to the stage of AIDS. HIV infected people can lead symptom–free and productive lives for years.

Q. Do all people with HIV have AIDS?
Ans. No. Being diagnosed with HIV does not mean a person will also be diagnosed with AIDS. Healthcare professionals diagnose AIDS only when people with HIV infection begin to get severe opportunistic infections (OIs), or their CD4cell counts fall below a certain level.

Q. How do people get infected with HIV?
Ans. HIV can be transmitted through: Unprotected sex with an HIV infected person; Transfusion of HIV infected blood or blood products; Sharing of needles contaminated with HIV infected blood; and from HIV infected mother to her baby – during pregnancy, during birth or after delivery through breast milk.
Apart from the above modes of transmission, HIV doesn't spread by any other way, HIV doesn't spread through ordinary social contact; for example by shaking hands, traveling in the same bus, eating from same utensils, by hugging or social kissing etc.

Q. Why the HIV/ AIDS epidemic is considered so serious?
Ans. HIV generally affects people at the most productive age, leading to premature death thereby severely affecting the socio-economic structure of whole families, communities and countries.
Secondly, HIV infection goes unnoticed in the initial years because it is not symptomatic in the initial phase. Thus, early detection, treatment and management get tough. This is the reason why HIV / AIDS is often called a silent killer.
A considerable amount of stigma and discrimination is associated with AIDS, which creates hindrance in prevention as well as care and support efforts. And, because HIV spreads mostly through sexual contact which being very personal and private affair, it becomes difficult to address it.

Q. Can I get HIV from getting a tattoo or through body piercing?
Ans. A risk of HIV transmission does exist if instruments contaminated with blood are either not sterilized or disinfected or are used inappropriately between clients. It is recommended that instruments that are intended to penetrate the skin be used once, then disposed of or thoroughly cleaned and sterilized. Personal service workers who do tattooing or body piercing should be educated about how HIV is transmitted and take precautions to prevent transmission of HIV and other blood-borne infections in their settings. If you are considering getting a tattoo or having your body pierced, ask staff at the establishment what procedures they use to prevent the spread of HIV and other blood-borne infections, such as hepatitis B virus.

Q. Why is injecting drug use a risk for HIV?
Ans. At the start of every intravenous injecting episode, blood from the vein is drawn in for confirmation and thus blood is introduced into needles and syringes. HIV is present in large quantity in the blood of a person infected with the virus. The reuse of a HIV infected blood -contaminated needle or syringe by another drug injector (sometimes called

"direct syringe sharing" has some quantity of the HIV infected blood present in the hollow of the needle and the base of the syringe cylinder. Hence the reuse of such needles and syringes carry high risk of HIV transmission or any other blood borne virus when pushed into the blood stream of the next user.
In addition, using some unsterilised medical equipment can pose a risk of spreading HIV.
"Street sellers" of syringes may repackage used unsterilised syringes and sell them as sterile syringes. For this reason, people who continue to inject drugs should obtain syringes from reliable sources of sterile syringes, such as pharmacies and NGOs implementing IDU-Targeted Intervention under NACP. It is important to know that sharing a needle, syringe or any other injecting paraphernalia for any use, including skin-piercing and injecting steroids, can put one at risk for HIV and other blood-borne infections.

Q. Will I get HIV from anal sex?
Ans. Yes, it is possible for either sex partner to become infected with HIV during anal sex. HIV can be found in the blood, semen, pre-seminal fluid, or vaginal fluid of a person infected with HIV virus. In general, the person receiving the semen is at greater risk of getting HIV because the lining of the rectum is thin and may cause tear of anus and penis thus may allow the HIV virus to enter the body during anal sex. However, a person who inserts his penis into an infected partner also is at risk because HIV can enter through the urethra (the opening at the tip of the penis) or through small cuts, abrasions, or open sores on the penis.
Having unprotected (without a condom) anal sex is considered to be a very risky behavior. If people choose to have anal sex, they should use a latex condom. Most of the time, condoms work well. However, condoms are more likely to break during anal sex than during vaginal sex. Thus, even with a condom, anal sex can be risky. A person should use a water-based lubricant in addition to the condom to reduce the chances of the condom breaking.

Q. How effective are latex condoms in preventing HIV?
Ans. Studies have shown that latex condoms are highly effective in preventing HIV transmission when used correct and consistently. These studies looked at uninfected people considered to be at very high risk of infection because they were involved in sexual relationships with HIV-infected people. The studies found that even with repeated sexual contact, majority of those people who used latex condoms correctly and consistently did not become HIV infected.

Q. How can I avoid being infected through sex?
Ans. By abstaining from sex; or
By having a mutually faithful monogamous sexual relationship with an uninfected partner; or
By practicing safe sex (Safe sex involves the correct use of a condom during each sexual encounter and also includes non-penetrative sex.

Q. I had sex with someone and the condom broke. I think I could be at risk for HIV? What should I do?
Ans. If within 72 hours since the condom broke, you may be able to take medication that could keep you from getting infected with HIV, even if your partner is HIV-positive. Call your doctor or your local health department immediately and ask about Post-Exposure Prophylaxis, or PEP. If it's been longer than 72 hours, PEP will not protect you from HIV, and you will need to explore HIV testing options. In most cases, you will have to wait at least 6 weeks after a possible exposure before an HIV test can provide accurate results Window Period).

Q. How does a mother transmit HIV to her unborn child?
Ans. An HIV-infected mother can infect the child in her womb through her blood. The baby is more at risk if the mother has been recently infected or is in an advanced stage of AIDS. Transmission can also occur at the time of birth when the baby is passing through the mother's genital tract. Transmission can also occur through breast milk.

Q. Can HIV be transmitted through breast-feeding and what can be done?
Ans. Yes. The virus has been found in the breast milk in low concentrations and studies have shown that, 10 to 15% children born to HIV-infected mothers can get HIV infection through breast milk. Breast milk, however, has many substances in it that protect an infant's health. The benefits of breast-feeding for both mother and child are well recognized and as effective ARV drugs are available, it is now recommended to all HIV positive mothers to continue breastfeed their infant.
Q. How can HIV transmission through blood transfusion be prevented?

Ans. **Donor's responsibility:** Only healthy persons must enrol as blood donors. Anyone at risk for HIV/ AIDS or already positive for HIV or other TTI should permanently defer himself from donating blood. In case a person at risk donates blood at the blood bank or in a blood donation camp, he can ask the blood bank staff to exclude his unit for transfusion using the provision of "Confidential Unit Exclusion". For details, refer to the Guidelines on Blood Donor Counseling of NACO/NBTC.
Blood Bank's responsibility: Blood Bank should select only healthy persons from low-risk population to donate blood. All donated blood units must be screened for five Transfusion Transmitted Infections (TTI), i.e., HIV, HBV, HCV, Malaria and Syphilis in accordance to the provisions in the Drugs and Cosmetics Act and rules thereof. Though the Blood Bank conducts mandatory screening for these five infections, there is a small chance especially among multi-transfused patients of getting blood borne infection due to blood donation during window period. This risk can be minimized through phase out of replacement blood donation and increasing reliance on Repeat Voluntary non-remunerated Blood Donors. NBTC now encourages the use of higher technologies like Fourth Generation ELISA, CLIA and NAT for enhancing the sensitivity of blood screening for donated blood. Adequate stocks of safe tested blood must be available with the blood bank in accordance to requirements.
Clinician's responsibility: Blood or blood components must be prescribed only when actually indicated and transfused only when absolutely necessary. Guidelines for appropriate clinical use of blood/ components must be followed, with proper bedside practices and documentation. Blood and Blood Components should only be sourced from licensed blood banks/ approved blood storage centres.
Recipient's responsibility: Blood and Blood Components should only be sourced from licensed blood banks/ approved blood storage centres and transfused only with a proper medical prescription and supervision of a Registered Medical Practitioner.

Q. What is the window period?
Ans. The normal HIV blood tests detect the presence of antibodies in human body, which take about 6-12 weeks (upto 6 months in some cases) after infection to form in the body in detectable quantity. This period is called the window period. During this period the HIV status does not show in the test but the person can infect others.

Q. Can I get HIV from kissing on the cheek?
Ans. HIV is not casually transmitted, so kissing on the cheek is very safe. Even if the other person has the virus, your unbroken skin is a good barrier. No one has become infected from such ordinary social contact as dry kisses, hugs, and handshakes.

Q. Can I get HIV from open-mouth kissing?
Ans. Open-mouth kissing is considered a very low-risk activity for the transmission of HIV. However, prolonged open-mouth kissing could damage the mouth or lips and allow HIV to pass from an infected person to a partner and then enter the body through cuts or sores in the mouth. Because of this possible risk, the CDC recommends against open-mouth kissing with an infected partner.

Q. Can I get AIDS from sharing a cup or shaking hands with someone who has HIV or AIDS?
Ans. HIV is found only in body fluids, so you cannot get HIV by shaking someone's hand or giving them a hug (or by using the same toilet or towel). While HIV is found in saliva, sharing cups or utensils has never been shown to transmit HIV.

Q. Can HIV be transmitted through an insect bite?
Ans. No, Insects cannot transmit HIV. Research has shown that HIV does not replicate or survive well in insects. HIV does not reproduce or live in the mosquito's saliva. HIV is a fragile virus that does not live outside the human body.

Q. Is there a connection between HIV and other sexually transmitted infection?
Ans. Yes. Sexually Transmitted Infection (STI) can increase a person's risk of becoming infected with HIV five to eight times more. The STI causes ulcers or discharge from genitalia, STI increases the chance of acquiring and transmitting the chance of HIV infection.
If the Sexually Transmitted infection causes irritation or ulcer of the skin, it makes it easier for HIV to enter the body during sexual contact. Even when the STI causes no breaks (discharge) or open sores, the infection can stimulate an immune response in the genital area that can make HIV transmit more easily.

Q. Why is early and complete treatment of STI important?
Ans. A patient with STI is at increased risk (5 to 8 times) of acquiring and transmitting HIV infection. Early diagnosis and treatment of STI helps in curing the STI and reducing the transmission for risk of HIV infection to the sexual partner. Besides, early treatment of STI also prevents infertility and ectopic pregnancies.

Q. What are Sexually Transmitted infections? What are their symptoms in men & women?
Ans. Sexually Transmitted Infections (STI)/ Reproductive Tract Infections (RTI) are defined as any infection that spread primarily through person to person sexual contact and any infection that are located in reproductive tract.
STI symptoms in men
Discharge or pus from the penis Sores, blisters, Rashes or boils on the penis, Lumps on or near the genital area or penis swelling in the genital area, Pain or burning during urination, itching in and around the genital area
STI symptoms in women
Pain in the lower abdomen, Unusual and foul smelling discharge from the vagina, Lumps on or near the genital area, Pain or burning during the sexual intercourse,Itching in and around the genitals, Sores, blisters, Rashes or boils around the genitals. Women are more susceptible to infections. Correct and Consistent use of condom is the best way to prevent infection and it's also important to take the full course and only stop medicines when told by doctor only. Get your partner also tested for STIs.

Q. Is there a treatment available for HIV/AIDS?
Ans. While there is no cure, effective Anti-Retroviral Treatment (ART) drugs are available which can prolong the life of an HIV positive person, thus enhance the quality of life as well. Patient has to take life long treatment once initiated on ART. It is freely available at ART centres across India.

Q. Why should young people be concerned about HIV/AIDS?
Ans. The reasons for the important role of young people depend upon several factors:
A major proportion of HIV infection occurs in young people
Young people are at a high risk of acquiring sexually transmitted infections, including HIV if they experiment with sex or drug as a part of their growing up.
Young people can communicate better with other young people than older people can. This means their role as peer educators and motivators cannot be taken by other people.
Young people have the enthusiasm, energy and idealism that can be harnessed for spreading the message of HIV/AIDS awareness and responsible sexual behaviour.
Young persons can spread the message not only to their peers and to younger children, but also to their families and the community.
Young persons can ideally serve as role models for younger children and their peers.

Q. Why is it important to tell people to fight AIDS & not people living with HIV/AIDS?
Ans. This is important because AIDS has produced an unprecedented negative reaction from people.
It has produced reaction of fear, hostility and prejudice.
Sometimes people with HIV/AIDS have been evicted from their lodgings and rejected by their family or friends.
Consequently, people with AIDS are afraid to tell others about their condition for fear of victimization
Reaction such as these are mostly due to ignorance
Education on how AIDS is transmitted and how people can protect themselves is the most important means of reducing the spread of AIDS.
Moreover, the facts that HIV is not transmitted through casual and social contacts including sharing of clothes and utensils, eating together, sharing the toilets, playing together, touching, hugging, is reinforced and the fear and stigma associated with HIV can be dispelled.

Q. What support can I give a person who is living with HIV/AIDS?

Ans. It is important that we help a person living with HIV/AIDS to remain strong in the body and mind, as this helps greatly to increase their life expectancy and the quality, by delaying the disease progression.
We can offer support by:
Joining in the fight against reducing HIV/AIDS related Stigma and discrimination.
Providing a balanced and nutritious diet
Ensuring that the person stays active and economically productive
Accepting the person along with the illness so that he or she maintains a positive self-image by feeling wanted and loved
Providing the necessary care and affection and support to the family
Helping neighbours, friends and relatives to understand the nature of the illness and the care and precautions required.

Q. How can we win the war against HIV/AIDS?
Ans. It is important to realize that AIDS is the concern of each one of us as anyone of us is at risk. By sharing and spreading correct facts and positive attitudes we can ensure the safest protective behaviour possible.
We can do this by: Sharing our knowledge and facts about AIDS with all the members of the family Realizing our responsibility to spread the knowledge about AIDS in our community, helping people understand the care and precautions required to avoid the spread of the disease, helping people realize that there is no risk attached to caring for a person with AIDS at home provided that sensible household hygiene measures are taken and by creating an enabling environment for PLHIV at workplace.

Q. Can we assume responsibility in preventing HIV infection?
Ans. Both men and women share the responsibility for avoiding behaviour that might lead to HIV infection. Equally, they also share the right to refuse sex and assume responsibility for ensuring safe sex. In many societies, however, men have much more control than women to over when, with whom and how they have sex. In such cases, men need to assume greater responsibility for their actions.

Q. What is Tuberculosis (TB)?
Ans. Tuberculosis (TB) is an infectious disease caused by a Bacterium, Mycobacterium tuberculosis.
How is tuberculosis caused?
Ans. TB is spread through the air by a person suffering from TB. A single patient can infect 10 or more people in a year if not treated.

Q. What are the symptoms of tuberculosis?
Ans. Cough for two weeks or more, sometimes with blood-streaked sputum Fever, especially at night>=2 weeks. Weight loss, Night sweat
TB usually affects the lungs, but it sometimes affects other parts of the body. TB can cause death if not treated with medicine. People don't know they have TB infection unless they have been tested for TB.

Q. What is relation between TUBERCULOSIS AND HIV?
Ans. HIV is the strongest risk factor for tuberculosis among adults. Tuberculosis is the most prominent opportunistic diseases to develop amongst persons infected with HIV. HIV debilitates the immune system increasing the vulnerability to TB and increasing the risk of progression from TB infection to TB disease. People with TB are also susceptible to HIV infection.TB is entirely curable with a full course of treatment, which is freely available up to the Primary Health centres, including ART centres in the country.

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WARRIORS OF HIV IN THE FIELD

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