

Supporting Community Action on AIDS in India

2007
Annual Report

Stories of Hope



The India HIV/AIDS Alliance, established in 1999 is an extension of the International HIV/AIDS Alliance Secretariat in UK

Our mission

The mission of the International HIV/AIDS Alliance is to support communities to reduce the spread of HIV and to meet the challenges of AIDS. We are working to prevent HIV infection; improve access to HIV treatment, care and support; and lessen the impact of HIV and AIDS worldwide, particularly among the most vulnerable and marginalised.

Our vision

The vision of the International HIV/AIDS Alliance is of a world in which people do not die of AIDS. For us, this means a world where communities have brought HIV under control by preventing its transmission, and enjoy better health through access to comprehensive HIV prevention, care, support and treatment services.

Contents



Strategic Progress

6



The Path of Prevention

9



Cared from the Community

11



Vibrant Voices

15



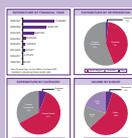
Alliance Building

17



Resource and Publications

20



Financial Summary

22



Director's Note

2007 was a turning point for the HIV/AIDS epidemic: a new model for estimating HIV prevalence led to a downward revision of the number of people living with HIV globally, in part driven by significant revised estimates for India. However, 2007 was as significant in India for the substantially increased momentum and voice of civil society networks and organisations in advocating for their right to participate in the response. This has been met with an increased commitment from the Government and the donor community to addressing the challenges of achieving universal access to HIV prevention, care and treatment, with the closer involvement of civil society and the communities, and in particular, populations which are most marginalised and the most vulnerable.

The India HIV/AIDS Alliance was created in 1999 to scale up the International HIV/AIDS Alliance's efforts to support community action on AIDS in developing countries. Over the last 8 years in India, we have worked towards this mission, continuously growing in terms of our partnerships, our funding, and our impact at community level. The last 12 months have been particularly significant for the Alliance. The selection of the Alliance's India Secretariat as a Principal Recipient for the Global Fund has provided an unprecedented opportunity to participate in national level policy and programme development, and to be able to better represent community voices in different fora, building on the achievements, experience from the field and best practice, resulting from being a truly diverse partnership.

The Alliance's focused prevention programme in two regions of Andhra Pradesh has now reached almost 70% of estimated key population communities (i.e. populations most vulnerable or 'at risk' from HIV infection including sex workers, men who have sex with men and injecting drug users) - and is the largest such programme, in terms of coverage, within the Alliance global family. Our care and support programme reached around 60,000 adults and children living with and/or affected by HIV/AIDS in 2007, a significant increase compared with the previous 12 months. We have also worked closely with Indian government agencies and public institutions in 2007 to influence and determine policy – including a unique public-private-community partnership with the State AIDS Control Society and district hospital in Karimnagar district to facilitate access to ART for key populations living with HIV, with significant potential to scale-up the model to other districts. For these achievements – and many more, I would like to take this opportunity to acknowledge the continuing efforts and commitment of our Lead Partners, their networks of implementing partners, and of course, the communities with whom we work.

All our work and impact has been made possible by the generous support and contributions of our donors – specifically in 2007, the Bill and Melinda Gates Foundation, the Abbott Fund and the Global Fund. With this support, we are proud to have been able to have contributed to the national programme in India, which has clearly achieved. But, in 20 years of trying to meet the challenges of HIV, the response continues to miss the most marginalised and vulnerable communities. Reaching and involving them is the key to a successful HIV response – and is both a strategic priority for the Alliance over the next 3 years and for the national programme, in which the Government envisages that targeted interventions will be taken over by key population communities themselves by the end of NACP-III.

This will be both a challenge and an opportunity to increase the scale and coverage of our activity to reach more communities with broader HIV interventions.

Dr Fiona Barr
Country Director
India HIV/AIDS Alliance

The Alliance in India

The International HIV/AIDS Alliance is a global partnership of nationally-based organisations working to support community action on AIDS in developing countries. These national partners help local community groups and other non-government organisations to take action on AIDS, and are supported by technical expertise, policy work and fundraising carried out across the Alliance.

Our vision is of a world in which people do not die of AIDS. For us, this means a world where communities have brought HIV under control by preventing its transmission, where they enjoy better health and a higher quality of life through access to comprehensive HIV prevention, care, support and treatment services.

Established in 1999, the India HIV/AIDS Alliance comprises a country-based Alliance Secretariat in New Delhi, five lead partner organisations (known as Linking Organisations within the global Alliance) and their networks of over 100 community-based non-governmental organisations (NGOs) or/and community-based organisations (CBOs) across five states – Andhra Pradesh, Tamil Nadu, Manipur, Maharashtra and Delhi. The Alliance's project

office in Hyderabad is to be formally launched in April 2008 as the fifth lead partner (or Linking Organisation) of the Alliance in India, Alliance for AIDS Action. The Alliance has also been working closely with two state partners, one in Manipur and one in Punjab.

In 2007, the Alliance supported over 120 community-based projects through its NGO and CBO partners to prevent HIV infection; improve access to HIV treatment, care and support; and lessen the impact of HIV and AIDS, including reducing stigma and discrimination, particularly among the most vulnerable and marginalised communities key to the epidemic – such as sex workers, men who have sex with men (MSM), injecting drug users (IDUs) and adults and children living with and/or affected by HIV and AIDS.

With funding from the Global Fund To Fight AIDS, Tuberculosis and Malaria (GFATM), awarded to the Alliance in July 2007, the partnership in India has been broadened to include two new project-based lead partner relationships with two external organisations and their networks of implementing NGO partners.

LEAD PARTNERS OF THE INDIA HIV/AIDS ALLIANCE

In Delhi and in Maharashtra:

Mamta Health Institute of Mother and Child

Andhra Pradesh:

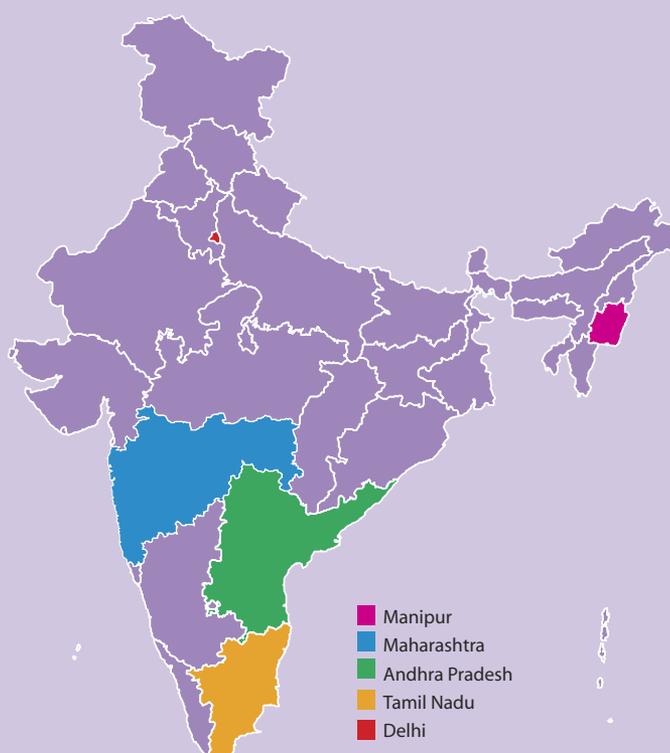
Vasavya Mahila Mandali
Lepra Society
Alliance for AIDS Action

Tamil Nadu:

Palmyrah Workers Development Society

State Partner in Manipur:

Social Awareness and Service Organisations



Strategic Progress



The International HIV/AIDS Alliance has identified four Strategic Directions that determine what the Alliance does and how it does it. In India, they have been adapted based on the community needs. Alliance works towards achieving these strategic directions through its programmes and projects in the community and through its policy and advocacy work.

Strategic Direction 1

Increase coverage of effective community focussed HIV/AIDS action

- ◆ The Alliance's Secretariat in Delhi was selected as a Principal Recipient for the Global Fund Round 6. Working in partnership with the Government, the Alliance's consortium project will deliver home and community-based care and support to children and families living with and/or affected by HIV and AIDS. In the first 6 months, almost 3,000 children were registered and over 1,700 received support in terms of nutrition, health, ART and education.
- ◆ The Alliance in India continued to expand the reach of its existing home and community based care and support programme with support from the Abbott Fund, 60,376 people were reached

in 2007 (17,393 adults and children living with HIV, 19,193 children affected by HIV and AIDS, and 23,790 family members living in households affected by AIDS)

- ◆ The care and support programme for injecting drug users (IDUs) and their family members was identified as a major area for strategic development over the next 3 years. The Alliance has worked in the North East since 2004 and its partner, SASO, is now reaching over 2,400 IDUs, spouses/partners of male IDUs. It reached 2,485 IDUs, spouses of male IDUs and children affected by drug use.
- ◆ With ongoing support from The Bill and Melinda Gates Foundation's Avahan Initiative, the Alliance has continued to scale up its focused prevention programme in Andhra Pradesh during 2007, with significant impact. The programme expanded to work in all 14 districts of the Telangana and Rayalseema regions of the state, reaching over 50,000 of the total estimated 75,000 key population community members identified in 2007 – sex workers, men who have sex with men and injecting drug users - in addition to people living with HIV. The number of sites also significantly increased to 141 from 71 in 2007. Support to key population communities include service provision and outreach work through a network of 94 Mythri STI clinics and 103 Mythri drop-in centres, supported by over 1,200 peer educators and outreach workers, 62 doctors, 59 ANMs and 53 counsellors.



Strategic Direction 2

Strengthening the leadership and capacity of civil society to enable to respond to HIV/AIDS by, for instance, investing in sustainable technical skills

- ◆ A new strategy to address the challenges faced by key populations in advocating against police harassment, stigma, discrimination and access to social services was developed in the Avahan initiative in South India. Alliance for AIDS Action enabled KPs to form Core Advocacy Groups involving community members at all levels building their skills and empowering them to take action, with key population leadership at the core. At present, a total of 76 Community-Based Organisations (CBOs) are working in Andhra Pradesh.
- ◆ As a result of the Sexual and Reproductive Health and HIV (SRH/HIV) Integration Programme, In Thirunelveli in Tamil Nadu, 15 support group members were linked with the Handicraft Board for vocational training. The Board will market the material produced by this group after getting the training and will also give loans to group members.
- ◆ Twenty support-group members from Tirunelveli, Madurai, Dindigul and Coimbatore districts contested in the local body elections (in January 2007) in Tamil Nadu. All of them told that after joining the support group initiated by the SRH/HIV Integration Project team, they got confidence to contest in the elections. Now, the elected community support-group members can influence the Panchayat budget for more services to women on SRH and HIV.
- ◆ Eleven members from the India HIV/AIDS Alliance attended the 8th International Congress on AIDS in Asia and the Pacific in Colombo, Sri Lanka held in August, 2007 and gave presentations on various subjects. The unique aspect of these presentations was that community representatives Female Sex Workers (FSWs), People Living with HIV/AIDS (PLHIV) and Men who have Sex with Men (MSM) facilitated the presentations on the effective method to reach services to home based sex workers,



impact of Community Led Advocacy Model to effectively address issues of Advocacy and on Impact of magnet theatre performances by community members.

Strategic Direction 3

Influence the national and international policy and financial environment to enable more effective civil society responses to HIV/AIDS

- ◆ The Alliance was a member of the Technical Working Group, constituted by the National AIDS Control Organisation (NACO), to draw up National Operating Guidelines for Working with Children and HIV/AIDS. Resulting from this group was the first policy framework for children and HIV/AIDS, launched in July 2007.
- ◆ The Alliance participated in Global AIDS Week of Action for the first time in 2007 to demand stronger response, greater accountability and more resources for the fight against HIV/AIDS. The Alliance, in collaboration with civil society groups, celebrities and PLHIV, submitted a memorandum requesting the government to work towards achieving universal access to essential medicines for PLHIV.
- ◆ On 20th of September 2007, the first anniversary of UNITAID, Alliance India in collaboration with



“Alliance’s strategy of capacity building in Home and community based HIV and AIDS care and support in Andhra Pradesh led to effective and quality programme by promoting community ownership among children and adults”, Rashmi Goparaju, Executive Director, VMM.

other civil societies urge the Government of India to fast track the process and announce its willingness to be part of this important global breakthrough initiative. The Alliance in collaboration with other civil society organizations formed a consortium and send a letter to the Prime Minister to urge the Government of India to become a signatory to UNITAID.

- ◆ The India HIV/AIDS Alliance became a founding institutional member of the new Indian Harm Reduction Network in 2007, registered as a Society in India with the aim of bringing together organisations and individuals working in the area of IDU programmes.
- ◆ The Alliance in Delhi formed a group who organise an adolescent focused event on December 4, 2007, at Ansal Plaza. The event was hosted in collaboration with UNESCO, Save the Children, PLAN, CARE, Red FM and Modicare Foundation – thus creating a unique synergy between United Nations agencies, international and national NGOs, business houses and media organisations.

Strategic Direction 4

Build up an alliance of national linking organisations working effectively together

- ◆ The Alliance partnership in India has continued to expand. At the start of 2007, it comprised of the India Secretariat in Delhi, four lead partners (Mamta, VMM, PWDS and Lepra Society), an Alliance project office in Hyderabad, and a state partner in Manipur. A decision to evolve the project office into a new independent organisation was made in 2006. Legal and statutory processes for the new Society continued in 2007, and the new partner, Alliance for AIDS Action (AAA) was launched in April 2008. With Global Fund support, the Alliance initiated programme implementation in one new State, Maharashtra in 2007.
- ◆ Exchange and learning visits took place between Alliance Myanmar and Alliance for AIDS Action, Andhra Pradesh with an objective to derive learning from the implementation of the prevention programme for Key Populations, especially female sex workers. The visit was to see the process of programme implementation and replicate approaches, methods and/or processes in their respective intervention sites.
- ◆ The India HIV/AIDS Alliance cleared the bid to be the Technical Support Hub for the Asia region. Using its staff and LO capacities, it will provide support to our Alliance partners in the region in technical thematic programming and in organisation and institutional areas.
- ◆ The Alliance is a part of Global Fund support group and attended financial management workshop and provided technical support to the Alliance lead partners on financial management to facilitate lesson sharing and support rapid skill building.
- ◆ The India HIV/AIDS Alliance with its lead partners has worked on the new strategic directions (Impact 2010 - Strategic Framework 2008-2010) to make a demonstrable contribution to curbing the epidemic and ensuring universal access to comprehensive HIV services that is recognised by National Governments and international players.

The Path of Prevention

In Andhra Pradesh, the Alliance intervention covers 14 districts, 36 NGOs and 141 sites. In 2007, it identified 75,000 KPs of whom 71,827 KPs have received at least one service of HIV prevention services.

Andhra Pradesh is one of India's high-prevalence HIV states. Across its Rayalaseema and Telangana regions, Alliance India provides key strategic and programme leadership for the Frontier Prevention Programme (FPP) and for Avahan (the India AIDS Initiative). Both these are supported by the Bill and Melinda Gates Foundation and work under the overall guidance of the Andhra Pradesh State AIDS Control Society (APSACS).

The Alliance engages with key population (KP) groups such as sex workers, men who have sex with men (MSM) and injecting drug users (IDUs) in addition to people living with HIV. In 2007, the Alliance identified over 75,000 KP members or



Reaching those most vulnerable to HIV is a priority for the Alliance prevention programme. In Andhra Pradesh, it aims to slow the spread of the pandemic

KPs with the help of 894 peer educators and 312 outreach workers. In all, 62 doctors, 59 ANMs and 53 counsellors are working with the programme. The programme includes STI prevention and treatment services (including condom promotion), behaviour change communication combined with community mobilization, leadership training and empowerment.

That Community Feeling



The Alliance works in partnership with communities. From policy development to programme roll-out, at all stages the community takes the lead

The Alliance and local partner NGOs together provide capacity-building support to Core Advocacy Groups (CAGs) that create an enabling environment to address HIV/AIDS issues. In Andhra Pradesh 13 CAGs are active, typically led by the community (FSWs, MSM/transgenders, PLHIV) that cover all sites and every hotspot in a given district. At the hotspot level, 24-hour response teams are functional to address issues of extortion, violence and discrimination. Response team members are trained in advocacy skills, including negotiation and resolving issues, stigma and extortion among vulnerable groups, rousing public interest and promoting prevention.

The CBO casebook

The consistent interaction among the KPs through the network of services provided by Mythri clinics/ drop-in centres motivated them to create common forums. The common forums, over a period of time, crystallised into CBOs (Community Based Organisations). Among the issues tackled by CBOs are self-identity, preventive measures to combat STI/HIV, and food and livelihood issues. At present, 76 CBOs (registered and un-registered) are functional and have mobilised 13,000 community members who feel their voice is finally being heard.

The formation of the CBO Adarsha Jyothi Sri Mahila Sangham has facilitated the coming together of 15 FSWs and start a savings kitty contributing Rs 100 each a month. After accumulating a corpus of Rs 30,000, the group approached the local branch of Andhra Bank for a loan.

The manager released loans for micro-enterprises

like tea stalls and small shops. This increased alternative livelihood options for the sex workers' collective. The members are thinking big: "We plan to start a hotel in the future."

There is power and strength in numbers. Sustained advocacy with officials in the Education Department has led to many children of FSWs being admitted to schools. Complaints against police violence are more strongly articulated. Uniform services are ensured for sex workers at every site. This is important as they tend to be a mobile group. Some CBOs have begun the practice of counselling sex workers arrested during police raids.

"When I was introduced to this project, I was hesitant to declare that I am a sex worker and an HIV positive person. I went back thrice but finally plunged into it," recalls Chittemma, an FSW who is also an outreach worker in Khammam district. She is also known as the 'Balloon Lady', because of the condoms she carries with her all the time.

How has the formation of CBOs among FSWs in Andhra Pradesh helped the battle against HIV/AIDS? Listen to one FSW:

"When the programme started, we never believed that it could actually achieve anything. When we (the community members) were encouraged to form a CBO, we bluntly refused. Some of us said we would work only for a salary! And when we started our outreach work in the community, some people started stigmatising us, accusing of encouraging promiscuity by promoting condoms.

When we contacted district officials to sort this out, they did not listen to us. We felt humiliated and dejected, and then we realised that we needed to mobilise and involve the community. We realised we had to form our groups, our CBOs, as none of us could make a difference working alone."

Cared from the Community

As more and more people come to know their HIV positive status, there is an increased need and priority for providing related care, support and treatment. The Alliance believes that family and community support to an individual is key to reducing the impact of AIDS. When linked with prevention initiatives, this approach can also be integral to combatting poverty, stigma and discrimination for those living with and/or affected by HIV and AIDS.

Since 2000, the Alliance in India has focused on community-driven approaches to care and support for people living with HIV (PLHIV). Its pioneering home and community-based care and support programme has been implemented by Alliance Linking Organisations Or Lead Partners - Mamta Health Institute for Mother and Child (Delhi), Vasavya Mahila Mandali (Andhra Pradesh), Palmyrah Workers Development Society (Tamil Nadu), and Social Awareness Service Organisations (SASO, state partner in Manipur).



“The Association with the Alliance has been an opportunity for PWDS to understand HIV/AIDS with a larger development perspective and to mobilise communities to participate not only in intervention processes but also to demand services as their rights”

Reji Chandra, Executive Director,
PWDS, Tamil Nadu



The Alliance’s home and community-based care and support programme in Tamil Nadu identified stigma and discrimination, food security and nutrition as key issues to be addressed in the community. Self-help groups (SHGs) under the auspices of an NGO called the Society for Rural Development and Protection of Environment (SRDPE) sat down with PWDS and formulated the “Handful of Rice” idea.

All community members were asked to keep a special container at home and place a handful of rice in it every day. Every fortnight, the rice was pooled at an SHG meeting and distributed amongst the most disadvantaged HIV/AIDS affected families in the community. This model has since been replicated across Tamil Nadu and Andhra Pradesh states by the Alliance’s implementing NGO partners.

Learning from earlier best practices and experiences in Southern India, the Alliance began working in the North East in the state of Manipur in 2004. The approach aimed to integrate a similar package of HIV care and support for injecting drug users living with HIV, their caregivers and families – but with existing harm reduction programming. Supported by the Alliance’s own funds since 2004, the project has been a successful partnership with SASO, contributing not only to increased service delivery and improving access to treatment and care for IDUs living with HIV but also to a greater understanding and awareness of the needs and support required by drug users within the broader community, a major factor in helping to break down stigma and discrimination.

A wish called CHAHA



CHAHA, meaning “a wish” in Hindi, is also an acronym for ‘Children Affected by HIV/AIDS – Health and Happiness for All’ and a new initiative of the Alliance in 2007. The success and the foundations of the Alliance’s care and support programme, notably the innovative approaches being taken by the Lead Partners in working with children and families affected by HIV and AIDS, were instrumental in the selection of the Alliance’s Secretariat in Delhi as a civil society Principal Recipient for Round 6 of the Global Fund – only the second such partnership in India.

The Global Fund-supported CHAHA project was launched in July 2007 in 40 districts of four states – Andhra Pradesh, Manipur, Maharashtra and Tamil Nadu. Eight sub-recipients (SRs), or Lead Partner organisations, have taken the project to the grassroots through supporting a network of 54 implementing NGO partners (iNGOs) across 59 sites in districts classified by the Government to have the highest HIV prevalence. Over the next five years, the CHAHA project aims to extend care and support services to 64,000 children living with and/or affected by HIV and AIDS, and their families, especially households headed by single mothers.

The initial six months since CHAHA was launched have focused on identifying children living with and/or affected by HIV and AIDS. This has been done through direct contact, referrals from Integrated Counselling and Testing Centres (ICTCs), Primary Healthcare Centres (PHCs), PLHIV networks, CBOs and community-based self-help groups. Support groups of children for children were formed to address psycho-social and other support needs effectively provided by peers. Home visits and counselling sessions were also carried out by newly recruited and trained outreach workers and counsellors to help families and children deal with day-to-day issues relating to their situation as well as to provide nutritional and educational support.

To address long-term sustainability and ownership of the project and its initiatives, efforts have been made by the CHAHA iNGOs to develop additional referral linkages with key “gatekeepers” at the community level. This has included Panchayat Raj (local community government) officials, religious leaders and government workers in different health facilities (ART centres, ICTC centres and PHCs). In communities, especially those who have not previously been involved in large-scale delivery of care and support interventions, community mobilisation activities – such as one-to-one interactions in the home, street plays and group meetings – have been used to create awareness and to try to break down barriers, myths and misconceptions about living with HIV, and in doing so reduce stigma and discrimination.

Durga – Back on her feet

Pydi Durga, aged 31, from Prasadampadu village of Vijaywada rural mandal in coastal Andhra Pradesh is a single mother, widowed in 2006 when her husband died from an AIDS-related illness. She found out she was also HIV-positive just before her husband died. She has two children, a son, Nagaraju aged 7 and a daughter, Devi aged 13; fortunately neither of whom are HIV-positive. However, already abandoned by her in-laws, Durga faced further stigma and discrimination from her community who pushed the family to live beside swampy ground and the two children were forced to leave school on account of her HIV status. She gradually became very sick and was unable to buy medicine for her family and even basic food for her family as she had virtually no income: the sewing machine she had once used to generate income was also broken and she was too sick to seek alternative work.

Outreach workers from Deepthi Socio Educational Society (DSES), an NGO partner of Vasavya Mahila Mandali initially identified October 2007 and encouraged her to go to the government ART centre where she was immediately put on ART treatment. Her health has gradually improved and, since the start-up of the CHAHA project, the NGO staff has been able to provide additional care and support for Durga's family. In less than six months of the project, the DSES staff have persuaded the local school to re-admit the children and provided educational support that pays for their fees, schoolbooks and uniform – and have persuaded the school to give their daughter a part-time job in the early mornings to sweep the classrooms, generating extra income for the family without compromising on her schooling. NGO staff says that the nutritional support including information on how to cook well with local ingredients has really helped provide an extra addition to their diets. They all feel fit and healthy again. A small loan of Rs. 1000 (US\$32.25) has also been provided to Durga to repair her sewing machine: she now has a thriving small business recycling and sewing up industrial rice bags to sell in bulk to local businesses. Success has been so fast that she has even had to take on an employee to help meet the demand. Above all, Durga says, that just having this small investment from the NGO as well as the care and attention from her outreach worker has made her feel happy and confident for the future, particularly for her children. The community no

longer distance themselves from her and once again, the other children in the village come round to their house to play. Now, she is providing livelihood to a women to run her income generation programme by giving Rs.20/- per day.



STARTing up

START AP is an innovative project initiated by Alliance for AIDS Action, Andhra Pradesh, in partnership with Andhra Pradesh State AIDS Control Society (APSACS) and the district hospital, Karimnagar for strengthening ART services in the district. The goal of the project is to develop a partnership model (Government and Civil Society) for an integrated response to HIV-prevention, treatment and care in the Karimnagar district of Andhra Pradesh.

The objective of this project is to ensure equitable access of ARV for marginalised groups, MSM and FSW while linking the prevention programme in the district with community mobilisation of marginalised populations and general populations for ART services.

The project further aims to build capacities of support groups and peer-counsellors and build linkages

between Mythri Centre, ART centre and Positive networks and other organisations working on issue of HIV and AIDS.

The ART centre in Karimnagar has been relocated and renovated to make it more accessible, comfortable and friendly for PLHIV. A part-time pathologist, community liaison person and other support staff have been appointed. A new drop-in centre has been opened for community members visiting the ART facility.

In the first phase of the programme doctors were trained in essential AIDS care. Now a referral system is being established in partnership with APSACS to ensure treatment compliance and reduce dropouts. Efforts are also being extended to strengthen community mobilisation through outreach workers and peer educators.



Vibrant Voices

Basic HIV prevention, treatment and care and support services are not accessible to the most marginalised populations. Policy changes are needed to increase access, fight stigma and discrimination. In 2007, this goal led to the Alliance establishing its India Policy and Communications Department.

The Alliance in India is committed to working with other civil society partners towards a coordinated, wide-ranging and multi-sectoral response to HIV and AIDS. Key to its goal of ensuring universal access to HIV-related services is the integration of such programmes into wider poverty reduction and development processes. This initiative can best be termed HIV/AIDS mainstreaming, or the Greater Involvement of People Living with AIDS (GIPA).

As part of this approach, the Alliance also addresses the integration of HIV and sexual and reproductive health needs of women and men – especially those from key populations – and strengthening community health systems as necessary for increasing access, expanding coverage and advocating optimum financing for judicious HIV programming for most marginalised populations. These are among the advocacy and policy issues highlighted by the Alliance.

The Global AIDS Week of Action in 2007 was an opportunity for the Alliance and other civil society partners in India to demand stronger response, greater accountability and more resources for the fight against HIV and AIDS. The Alliance, in



collaboration with civil society groups, celebrities and PLHIV, submitted a memorandum requesting the government to work towards achieving universal access to essential medicines for PLHIV.

The mainstreaming mantra

Integrating HIV/AIDS services into the Indian Government's flagship public health programmes.

National AIDS Control Programme (NACP III) provides an important focus on the need to take a mainstreaming approach and to explore opportunities to contribute and work within the Government's National Rural Health Mission (NRHM) as it evolves to take on responsibility for AIDS control and reproductive and child health programmes. Realising the importance of mainstreaming across key Government ministries, the Alliance has taken an initiative to take the mainstreaming process forward with focus on the role of civil society organisations.

The India HIV/AIDS Alliance conducted a consultation on Mainstreaming HIV with Palmyrah Workers Development Society (PWDS), its Lead Partner in Tamil Nadu on December 7, 2007. The consultation was planned to develop a common understanding among our partners regarding how to address HIV in a holistic way. The discussions in the consultation were fruitful as the participants mapped the resources at district level in order to work together towards mainstreaming HIV. The consultation led to an action taken by PWDS that they will pilot mainstreaming HIV activities with one INGO.





Enhancing capacity

Building up partnerships, ensuring more effective functioning

Alive to the significance of advocacy in influencing policy decisions and programmes to ensure protection of rights of PLHIV, the Alliance organised advocacy workshops in Tamil Nadu, Andhra Pradesh and Manipur for developing capacities of LOs and iNGOs to plan, initiate, integrate and reinforce advocacy work within their programmes. These workshops helped in planning strategies for elimination of stigma and discrimination, enhancing accessibility, availability and affordability in terms of information, counselling, prevention, testing and treatment to individuals infected and affected by HIV/AIDS.

The Alliance partners have demonstrated knowledge and skills acquired from the workshops in advocating issues related to access to treatment, rights of the PLHIV, denial, stigma and discrimination, entitlement to different schemes, lack of income generating projects and nutrition support for PLHIV. They have also benefited in terms of being able to influence stakeholders on problems of PLHIV through meetings, lobbying, memoranda, media efforts, and by involving KPs in the advocacy interventions.

The male gaze

Sexual and reproductive health needs of males at-risk

Research into the sexual and reproductive health needs of men is limited compared with that on women. While HIV-related sexual risk behaviour has been studied and documented among various sub-groups of men in India (MSM, for instance), limited or no holistic data exists on the availability of SRH services for men in general. There is little clarity on whether these services are accessible and used, how access and use can be enhanced, whether by removing personal and structural barriers or otherwise.

The India HIV and AIDS Alliance, in partnership with NGOs and CBOs, conducted a research study in five states – Delhi, Manipur, Maharashtra, Tamil Nadu and Andhra Pradesh. The purpose of this study was to explore and understand the SRH needs of marginalised groups of men as well as identify the barriers to access and utilisation of SRH services. Various sub-groups of males participated in the study – migrants in slums, MSMs, male-to-female transgender/transsexual people (hijras).

The study will contribute to building an evidentiary base for designing appropriate policies and programmes to meet the SRH needs of various sub-groups of men. This will go a long way in filling a vital gap in India's HIV and AIDS control programme.



Alliance Building



December 1 is World AIDS Day. The range of activities the Alliance and its partners undertook across India to mark the event in 2007 spoke for its entire programme

The Alliance India in Delhi took the lead in organising an adolescent focused event on December 4, 2007, at Ansal Plaza. More than 700 school-going and out-of-school adolescents participated in this flagship World AIDS Campaign function and took a pledge to stop AIDS.

The event was hosted in collaboration with UNESCO, Save the Children, PLAN, CARE, Red FM and Modicare Foundation – thus creating a unique synergy between United Nations agencies, international and national NGOs, business houses and media organisations. It was a particularly effective means of reaching out to adolescents and children.

Adolescents, many from government and private schools, expressed their opinion on “sex education” in the public event. They emphasised the need for such education, given the reality of HIV. They also committed themselves to ending all forms of discrimination against PLHIV.

The Alliance India partner MAMTA Health Institute for Women and Children observed World AIDS Day by hosting an interaction between children living and/or affected by HIV and AIDS and officials of the Delhi State AIDS Control Society and the Indian Ministry of Health and Family Welfare. Children shared their problems and officials were sensitised through this programme.

“We may be informed about sex but we need to be educated about it” – A class XI schoolboy at the Alliance World AIDS Day event in Delhi

Cultural segments – from a rock band’s performance to a magic show to a skit performed by out-of-school children – marked the event. All through, the theme of HIV/AIDS and messaging appropriate to fighting stigma and discrimination, educating the audience about HIV/AIDS and urging the protection of the dignity of children living and/or affected by HIV and AIDS was adhered to.



Little steps in hope

In Andhra Pradesh, children renew the AIDS pledge

In Hyderabad, the capital of Andhra Pradesh, a consortium of GFATM sub-recipients comprising VMM, Lepra, PLAN and AAA participated with the State AIDS Control Society in the state-level event on World AIDS Day. Children associated with iNGOs wore red and lined up in a ribbon formation. They took a pledge before the state's Chief Minister, Dr Y.S. Rajashekhara Reddy, at the city's Jubilee hall. Children also took part in a cultural event held in Hyderabad's Bal Bhavan (Children's Abode).

In line with this year's World AIDS Day theme, "Leadership", all organisations under the CHAHA rubric in AP put up an exhibition where they exhibited art works made by children. These artworks depicted methods of transmission, precautions to be taken, positive living, care and support measures, stigma and discrimination.

The Chief Minister visited the stalls. VMM stall, exhibiting pictures of the Hope Project and capturing the emotions of children and by children was particularly appreciated. VMM also put together a mobile exhibition with a display of IEC material and publications on home/community based HIV/AIDS care and support.

Children's pledge on World AIDS Day

- We, the children, have a right to live
- Your actions today determine our tomorrow
- We aspire to a world free from abuse, trafficking, inequalities, stigma and discrimination
- We too have a right to information about ourselves and the world around us
- We look towards a secure world with access to food, shelter, clothing, health and education
- Give us an HIV-free world to live in
- On this World AIDS Day, we appeal to all elders to take the lead to ensure a safe and secure future

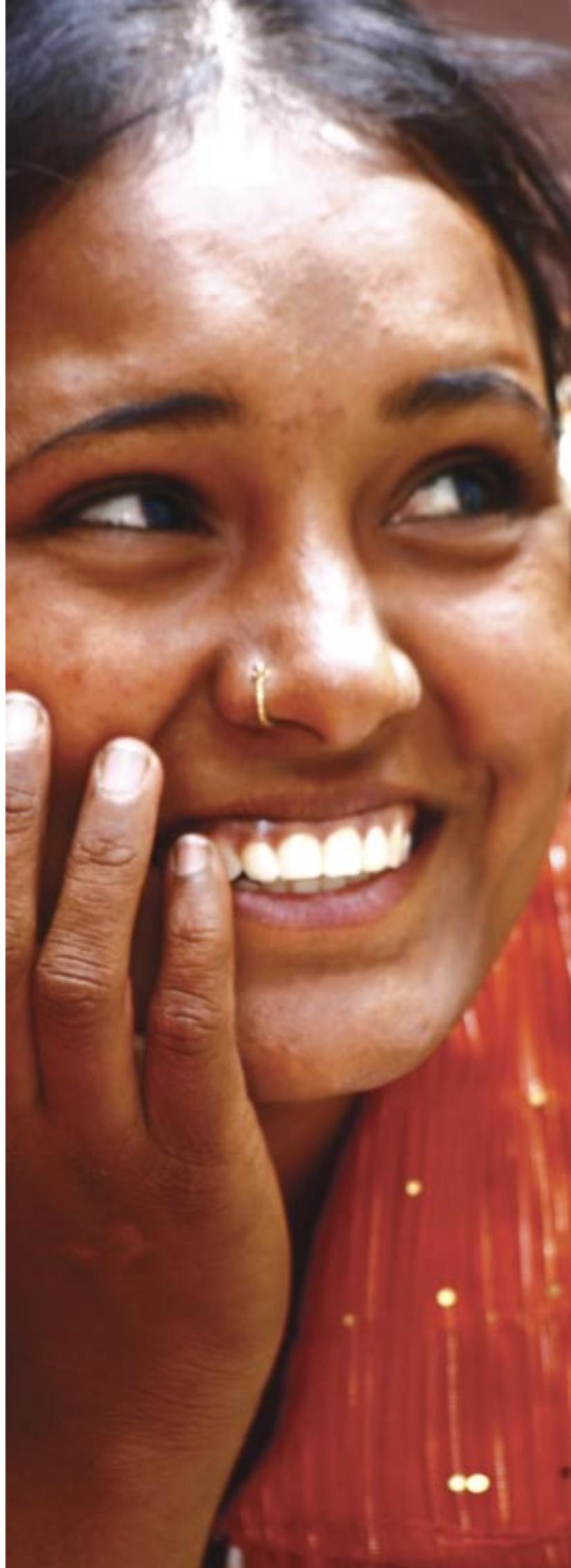
Out of harm's way

In Manipur, a focus on IDUs and safeguarding them

In Manipur, the Alliance's state partner SASO observed World AIDS Day with a four-day campaign that comprised different outreach and programmatic interventions – campus talks, to win over students and the young; distribution of nutrition supplements to PLHIV; a workshop on harm reduction.

The campaign began on November 30, 2007, with SASO teams travelling to institutions in Imphal East, Imphal West and Thoubal districts to interact with young people such as students. It was very encouraging to learn that most of the youth who turned up for the events already had an understanding of HIV/AIDS issues and transmission and prevention mechanisms.

On December 1, SASO called an informal gathering of PLHIV. After the nutrition distribution exercise, chosen individuals shared their experiences and spoke of the positive changes in their lives. The campaign concluded with a workshop on harm reduction, the salient feature of which was a discussion on the Needle Syringes Exchange Programme (NSEP) and Substitution Therapy in the context of HIV prevention. It recommended reviewing the state AIDS control policy to identify gaps in order to enhance the efficiency of harm reduction programmes.



Resource and Publications

Breaking New Ground, Setting New Signposts: A Community Based Care and Support Model for Injecting Drug Users Living with HIV, The SASO-Alliance Experience: The publication describes the Alliance's and SASO's (Alliance's partner NGO in Manipur) combined efforts in providing comprehensive harm reduction and care and support services to IDUs living with HIV and their families in Manipur, with an emphasis on female IDUs.

Nutritional Support and Health outcomes in the context of HIV and AIDS: is a report on the impact of nutritional support on the health and quality of life of people living with HIV in home and community-based care and support programmes in the states of AP and TN in India.

Banking Options for Children in Situations of Vulnerability, Compounded by HIV/AIDS: is an outcome of a study conducted in the three Indian states - Delhi, AP and TN. The study report aims to stimulate and facilitate further discussion on the feasibility of banking options for orphans and vulnerable children (OVC).

Young Children and HIV: a briefing note, is a version of the Building Blocks: Africa-wide briefing note on Young Children and HIV, and is meant for the NGO/CBO workers. It has been adapted to make it relevant to the Indian setting, using case studies from India and Africa, and is organised under two sections – first, about both children living with and affected by HIV, and second, about children living with HIV.

The three toolkits: Advocacy in Action, Parrot on your shoulders, and Communicating & Documenting HIV/AIDS work, were translated and adapted into Hindi and Tamil languages for the use of the partner NGOs.

Foretelling the Crisis: HIV/AIDS, Sexual and Reproductive Health and Women in India - A report based on a Knowledge, Attitudes and Practices (KAP) Survey 2006, is an analytical report on the findings of the KAP survey conducted in five of the

six States where the SRH and HIV/AIDS integration programme was implemented.

Stories of Significance Redefining Change: An assortment of community voices and articulations is an evaluation report of the SRH and HIV/AIDS integration programme. The evaluation was conducted by means of 'Most Significant Change', a participatory evaluation technique. The report also contains new insights for the purpose of learning for future programming in relation to HIV/AIDS programming for women.

Unheard, Unsung, But Not Unaware: We are determined to raise our voices is a collection of case studies of women target groups including those of outreach workers and peer educators working for the SRH and HIV/AIDS integration programme.

Common Cause, Collective Strength: Findings of an evaluation of support groups of women and children living with and/or affected by HIV/AIDS in three Indian States, an assessment report, highlights the impact of support groups of women and children in Tamil Nadu, Andhra Pradesh and Delhi States.

Theatre Campaign Raising Community Awareness on Sexual and Reproductive Health & HIV/AIDS: is a documentary film capturing entire process of the theatre campaign that was conducted in Amritsar (Punjab State) and Bhubaneswar (Orissa State), two of the intervention areas for the programme on SRH & HIV/AIDS Integration. The film depicts how mass awareness on SRH and HIV/AIDS was built, which will be a useful resource for civil society organisations, CBOs and individuals working on or interested in the issues of SRH and HIV/AIDS integration at the community level.

Sexual and Reproductive Health and HIV/AIDS Integration: is a compilation of resources, especially the IEC/BCC materials produced by Alliance India and its partner NGOs.

For these and more publications of India HIV/AIDS Alliance, please visit our Virtual Resource Centre: Setu: www.aidsallianceindia.net

The India HIV/AIDS Alliance in 2007

Lead Partners (& Linking Organisations of the Alliance), State Partners* and Project Lead

Partners**

Lepra Society
 Mamta Health Institute for Mother & Child
 Palmyrah Workers Development Society (PWDS)
 Vasavya Mahila Mandali (VMM)
 Alliance for AIDS Action (AAA) from April 2008¹
 Social Awareness Service Organisation (SASO)*
 Catholic Relief Services**
 Plan India**

Lepra Society - Implementing NGO Partners

Divya Disha
 Gram Abhyudaya Mandali (GRAM)
 Hyderabad Leprosy Control & Health Society (HLCHS)
 Lepra Society – Health in Action
 Lepra Society – ROAP
 Lepra Society – SPANDANA
 Peoples Action for Creative Education (PEACE)
 Ravicherla Integrated Development and Education Society (RIDES)
 Sri Tarakarama Rural & Urban Development Organisation
 Women's Organisation for Rural Development (WORD)

MAMTA – Implementing NGO Partners

Bhartiya Adimjati Sevak Sangh
 Child Survival India
 Navjyoti Delhi Police Foundation
 Maharashtra Network of Positive People (MNP Plus)
 Janhitay Mandal
 Prayatin
 Rashtriya Sant Tukado Ji Maharaj Shikshan Va Arogya Prasarak Mandal
 Sahara House
 Salaam Baalak Trust

PWDS – Implementing NGO Partners

Anbalayam Trichy
 Association for Integrated Rural Development, Ramanathapuram (AIRD-R)
 Association for Integrated Rural Development, Valliyoor (AIRD-V)
 Association of Arulgam Hospice, Dindigul (Arulgam)
 Blossom Trust
 Centre for Action & Rural Education –CARE
 Centre for Social Reconstruction (CRS)
 Chevalier J.L.P Roche Victoria Memorial
 Community Action for Social Transformation (CAST)
 DATA-PWDS Neera Coordinator Centre
 GRAMIUM
 Imayam Social Welfare Association
 Native Medicare Charitable Trust (NMCT)
 Peoples Association for Community Health Education Trust
 PWDS-Alliance HIV/AIDS Care & Support Project
 Rural Education for Development (RED)
 Scientific Educational Development for Community Organisation (SEDCO)
 SEVA NILAYAM
 Society for Rural Development and Protection of Environment (SRDPE)
 Society For Serving Humanity (SSH)
 The Salvation Army Catherine Booth Hospital (CBH)
 Village Reconstruction and Development Project (VRDP)
 Women's Organisation in Rural Development (WORD)

VMM – Implementing NGO Partners

Action for Integrated Rural & Tribal Development Social Service Society (AIRTDS)
 Annamma School for Hearing & Physically Handicapped and Baby Care Centre
 Association for Rural Development and Action Research (ARDAR)
 Byrraju Foundation
 Green Vision
 Gramasiri Rural Activities in National Development Society (GRAND)
 Kolleru Rural Development Service Organisation (KRDSO)
 Lions Family Welfare Planning Trust
 Mahatma Gandhi Memorial Medical Trust
 Mahila Mandali
 Needs Serving Society

Rotary Community Service Trust
 Sanghamitra Service Society
 SHADOWS
 St. Pauls Trust
 Swarajya Abhyudaya Seva Samithi (SASS)
 Vasavya Mahila Mandali
 Youth Club of Bejjipuram

Alliance for AIDS Action - Implementing NGO Partners

Action For Girijan Development
 Action for Integrated Rural and Tribal Development Social Service Society
 Adilabad Leprosy Eradication Project (ADILEP)
 Adoni Area Rural Development Initiatives Programme (AARDIP)
 Association for Needy and Kindle the Illiterate Through Action (ANKITA)
 Centre for Rural Action (CERA)
 Chaitanya Educational and Rural Development Society (CERDS)
 Chaitanya Rural Education and Development Society
 Gamana
 Gram Nava Nirmana Samithi,(GNNS)
 Human and Natural – Resources Development Society
 Jagruthi
 Lepra Society – HYLEP
 Lodi Multipurpose Social Service Society
 Mission to Encourage Rural Development in Backward Areas (MERIBA)
 Modern Architects for Rural India (MARI)
 People's Action for Social Service (PASS)
 People's Action In Development (PAID)
 People's Action for Creative Education (PEACE)
 Rural Education And Community Health (REACH)
 Rural Reconstruction Society (RRS)
 Self Help Employed Welfare Society (SEWS)
 Serve Train Educate People's Society (STEPS)
 Shanti Educational Society (SES)
 Sneha Society For Rural Reconstruction
 Socio-Economic & Cultural Upliftment In Rural Environment (SECURE)
 Womens Organisation for Rural Development (WORD)

SASO – Implementing NGO Partners

Manipur Network Of Positive People (MNP+)
 Manipur Voluntary Health Association (MVHA)
 Sneha Bhawan
 The Dedicated People's Union

Catholic Relief Services – Implementing NGO Partners

Centre for Education and Empowerment of the Marginalised (CEEMA)
 Jeevan Vikas Sanstha, Amravati
 Karunya Trust/Sanhome Trust of Kalyan
 Kripa Foundation
 Madurai Multipurpose Social Service Society
 Nagpur Multipurpose Social Service Society
 Poona Diocesan Social Service Society
 Sangli Mission Society
 Trichirapally Multipurpose Social Service Society
 Thiruvanamali Social Service Society
 Kripa Foundation- Vasai Region AIDS Control Society (VRACS)

Plan India – Implementing NGO Partners

AASARA
 Action For Development
 Arthik Samata Mandal (ASM)
 Chaitany Jyoti Welfare Society (CJWS)
 Community Aid and Sponsorship Programme (CASP)
 Committed Communities Development Trust (CCDT)
 Society for HELP Entire Lower and Rural People (HELP)
 GUIDE
 Janakalyan Welfare Society (JWS)
 Rural Educational Ecumenical Development Society (REEDS)
 Sanghamitra
 Social Activities for Rural Development Society (SARDS)
 Society For Women's Awareness And Rural Development (SWARD)
 Sruthi Voluntary Organisation Society
 Stree Sakthi Sanghatana (SSS)
 Visakha Jilla Nava Nirmana Samithi (VJNNS)

¹ India HIV/AIDS Alliance, Andhra Pradesh office has become Alliance for AIDS Action, a separate Linking Organisation of India HIV/AIDS Alliance from April 2008. * State Partner, ** Sub Recipients with CHAHA programme

Financial Summary

The income of the India HIV/AIDS Alliance grew significantly in 2005-06 and 2006-07 and we would like to thank all our donors for showing this level of commitment for our work.

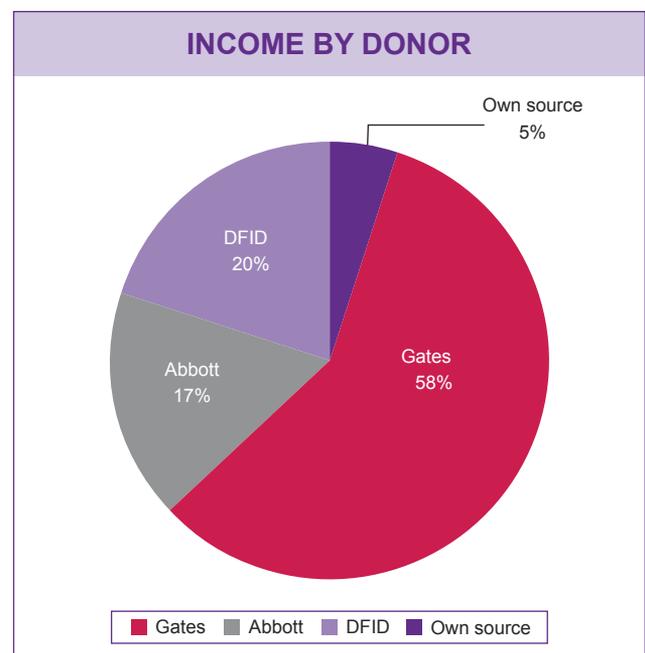
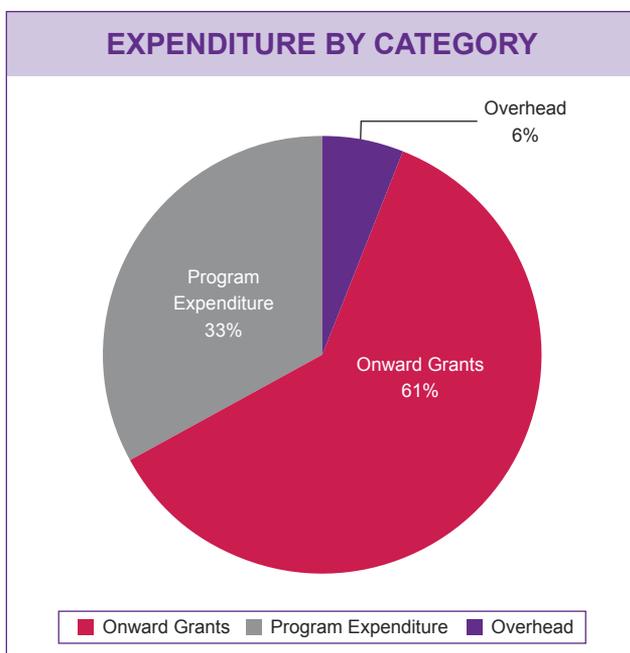
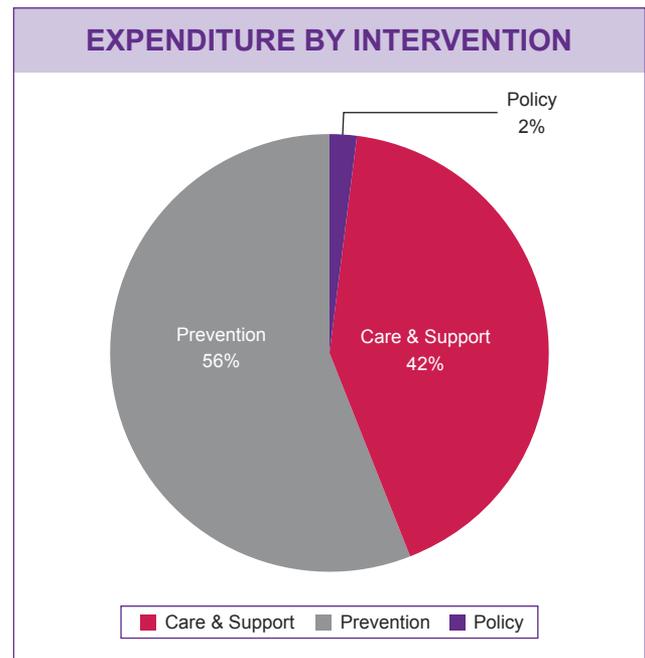
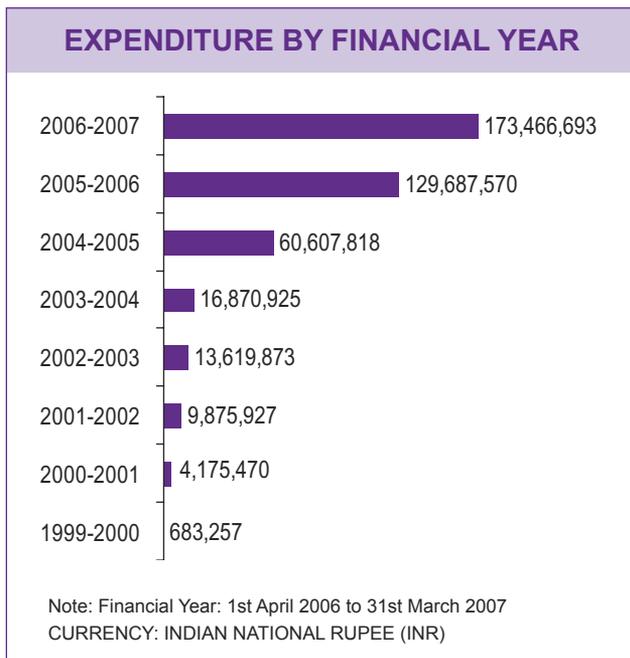
Expenditure at the end of 2006-07 had reached more than INR 170 million (US\$ 4.25), allowing the Alliance to increase grants to partner organisations by 61% during 2006-07.

The majority of funding has come from restricted sources for specific projects, particularly in-country

funding, while the proportion of flexible funding that the Alliance has received from its International Secretariat has decreased over time.

The increased funding has helped us to expand our programme coverage, build capacity and influence policy. To ensure that the Alliance and its partner organisations are able to carry out more comprehensive HIV/AIDS programming over the next three years, mobilising new resources, particularly unrestricted strategic funding, remains a priority.

Expenditure by Category



Our Trustees

- Bai Bagasao (Philippines) is the Asia Pacific Leadership Forum (APLF) Manager in the UNAIDS Regional Support Team, Asia and the Pacific. She was formerly Founding Chair of the Board of PHANSP, the Alliance linking organisation in the Philippines.
- Alvaro Bermejo (Spain) is the Executive Director, International HIV/AIDS Alliance. Prior to his appointment as Alliance Executive Director, Dr Bermejo was Director of the Health and Care Department of the International Federation of Red Cross and Red Crescent Societies.
- Fleur Fisher (UK) is the Vice-Chair of the Alliance Board. She is also the Chair of the British Medical Association Foundation on AIDS, and the Former Head of Ethics, Science and Information at the British Medical Association.
- Peter Freeman CBE (UK) is the Chair of the Alliance's Audit Committee. Before he retired from the UK Department for International Development, he held a number of senior positions, including Director of Multilateral Aid, Director for Africa and Director of Finance and Aid Policy.
- Callisto Madavo (Zimbabwe) is Chair of the Alliance Board. He trained as an economist and joined the World Bank in 1979. Between 1996 and 2005 he was Vice President for the Africa region, responsible for directing Bank activities in 25 sub-Saharan African countries.
- Nafis Sadik (Pakistan) served as Executive Director of the United Nations Population Fund, with the rank of Under-Secretary-General, from 1987 to 2000. A physician by training, she is currently the UN Secretary-General's Special Envoy for HIV/AIDS in Asia and the Pacific.
- Steven Sinding (USA) was formerly director general of the International Planned Parenthood Federation and is a professor at Columbia University. Prior to his time at IPPF, he was director of the Population Sciences programme at the Rockefeller Foundation.
- Fatou Sow (Senegal) is Chair of the Department of Social Sciences at the Institut Fondamental D'Afrique Noire, Université Cheikh Anta Diop.
- Jens Van Roey (Belgium) has long experience in health care at district level in resource-poor settings, and for many years has been active as a technical advisor on HIV/AIDS programmes at community, national and international level. He is currently Medical Advisor for HIV/AIDS to the Médecins Sans Frontières Access Campaign.
- Jacqueline Rocha Côrtes (Brazil) is a member of UNAIDS' Programme Coordinating Board, a steering committee member of the World AIDS Campaign, and a member of Cidadãs Posithivas, a Brazilian positive women's group. She is actively involved with the Brazilian Network of People Living with HIV/AIDS (RNP+), the National Movement of Women living with AIDS (MNCP+), and the Latin American and the Caribbean Movement of Women Living with AIDS (MLCM+).

Thank You

The Bill and Melinda Gates Foundation

Abbott Fund

Global Fund To Fight AIDS, Tuberculosis and Malaria

Department for International Development (UK)

Government of India National AIDS Control Organisation (NACO)

State AIDS Control Societies (SACS) in Andhra Pradesh, Maharashtra, Tamil Nadu, Manipur and Delhi States

UNAIDS



A global partnership:
International HIV/AIDS Alliance
Supporting community action on AIDS in developing countries



Alliance for AIDS Action
www.allianceforaidsaction.org



Lepra India
www.lepraindia.org



MAMTA
Mamta - Health Institute
for Mother & Child
www.mamta-himc.org



Palmyrah Workers
Development Society
www.pwds.org



Vasavya
Mahila Mandali
Vasavya Mahila Mandali
www.vasavya.com

To order copies of this document,
please email: info@allianceindia.org or
write to:

India HIV/AIDS Alliance Secretariat
Third Floor, Kushal House,
39 Nehru Place, New Delhi - 110019
Phone: +91-11-41633081
Fax: +91-11-41633085
Website: www.aidsalliance.org
Setu Virtual Resource Centre:
www.aidsallianceindia.net