Welcome to the very first edition of the ‘Mythri e-Update’ – a new publication from the Alliance India Andhra Pradesh team and its NGO and CBO partner organizations!

The e-Update, to be published quarterly, aims to share our work across the Rayalaseema and Telangana regions of Andhra Pradesh – highlighting the successes and lessons learned through a community lens. In this first issue, we have made an attempt to provide an overview of our work, including human interest stories and updates on events and best practice.

2007 has been a significant year for us in Andhra Pradesh. With on-going support from the Bill and Melinda Gates Foundation, we have scaled up our targeted prevention activities across all 14 districts in the 2 regions and are now reaching over 73,670 sex workers, men who have sex with men and injecting drug users as well as people living with HIV. Recognizing the growing need to integrate our prevention work with providing care, support and access to treatment, we have also initiated two significant new initiatives in three districts (Khammam, Warangal and Karimnagar) in close collaboration with the AP State AIDS Control Society (APSACS) and other civil society organizations. In particular, our programmatic interventions in these districts include support to children affected and/or living with HIV and AIDS, supported by the Global Fund.

However, to make this e-Update a success in future, we need help from YOU!

Please send us articles, information, photos, and any other tidbits that you would like to share each quarter. We welcome all comments and suggestions for future direction.

Message From the Team

Inside This Issue

<table>
<thead>
<tr>
<th>IDU Intervention at Tirupathi</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV Sentinel Surveillance—2006</td>
</tr>
<tr>
<td>START AP</td>
</tr>
<tr>
<td>Wind Beneath Wings - Experience of an Out-reach worker</td>
</tr>
<tr>
<td>Lottery system – Practice to emulate</td>
</tr>
<tr>
<td>CHAHA Project</td>
</tr>
<tr>
<td>Summary of the study on Condom usage</td>
</tr>
<tr>
<td>Fact sheet of AIAP</td>
</tr>
</tbody>
</table>
IDU Intervention at Tirupati

PASS, an implementing partner NGO, is working with 215 IDUs (Injecting Drug Users). Majority of the IDUs inject pharmaceutical drugs like Fortwin, Pentadiene, etc. The profile of the IDU ranges from rickshaw pullers through daily wage earners to beggars.

During 2007, outreach pack containing a syringe, a small pack of biscuits and an alcoholic swab to use at the injected point was introduced and the response was encouraging. Later it was observed that not all the IDUs require biscuits and thus it was decided to provide two varieties viz. packs with and without biscuits. Cost of one syringe, a small pack of biscuits and swab is around Rs 5/-.

To improve the needle syringe programme, syringe gap analysis was carried out mapping all the IDUs’ requirement of syringes. This has helped the ORWs (Out Reach Workers) and PEs (Peer Educators) to scientifically distribute the syringe packs. To enhance the needle syringe distribution, community friendly persons (such as tea stall owners, hawkers etc) were identified and motivated to store the needle syringes with them. Separate clinic timings for the IDUs during the year were also introduced.

Another important aspect of IDU programme is de-addiction. Interface with PASS-operated de-addiction centre (supported by the Government of India) has been strengthened during 2007. It took a lot of time for the IDUs to opt for de-addiction and to sustain. Outreach staff (almost all IDUs) was sent for an exposure visit to Sahai Trust and TTK foundation at Chennai. The results were inspiring. After the visits some of the IDUs opted for de-addiction.

PASS now plans to strengthen the OR team skills by introducing the IPC (Inter Personal Communication) methods to effectively interact with the IDUs.

HIV Sentinel Surveillance-2006

HIV Prevalence among High risk groups

- STD – 24.4%
- Female Sex Workers (FSW)– 8.84%
- Men who have sex with men (MSM) - 10.25%
START AP Programme

This is an innovative project in partnership with APSACS and District hospital at Karimnagar for providing quality Anti Retroviral Therapy (ART) services to Persons Living with HIV/AIDS (PLHIVs).

To achieve this, District ART Center at Karimnagar has been relocated and renovated to make it more accessible, comfortable and friendly for PLHIVs. A part time pathologist, community liaison person and other support staff have been appointed. A new drop in center has also been opened for the community member’s visiting the ART centre.

Under the programme, the first phase of training of doctors in Essential AIDS Care was completed in the month of September. Now, a referral system is being established in partnership with APSACS to ensure treatment compliance and reduce dropouts.

The project is currently in the process of identifying a referral lab for Viral Load Testing, patients for second line ART and formation of a Multi-Stakeholder Coordination Committee. Efforts are also being extended to strengthen community mobilization through outreach workers and peer educators.

Wind Beneath Wings

The battery of Out Reach Workers at Warangal’s Lodi Multi-Purpose Social Service Society (LODI) are a busy lot. Their schedule is hectic, intensive and incredibly draining—emotionally and physically. The main focus of the initiative is PLHIVs.

“Sometimes, we are dead on our feet, our voices would have gone hoarse. Yet, there is nothing else we’d rather do,” says Manisha, Clinic Administrator, who spends her entire day talking to people.

Apart from being positive, all these women have something in common. They have all lost their husbands to HIV and are mothers of two kids—at an age when most women across the world would be just toying with the idea of marriage. Married in early teens, mothers in late teens, widowed and positive by early twenties – this is the heartbreak story of hundreds of young women across Warangal district. And as the girls started collapsing under the weight of adversity, responsibility and helplessness, the Frontiers Prevention Project (FPP) gave them wind beneath their wings.

Anita is an ORW from Hanumakonda, working with the Project for the past year or so. The petite, doe-eyed girl’s calm visage hides unimaginable trauma and agony. Married when she was 14, Anita was harassed by her in-laws for failing to produce a child even two years after marriage. When they sought infertility treatment, Anita noticed that her husband refused to take the drugs. He was depressed and barely spoke to anyone and even attempted suicide. When pressurized, he revealed that he was positive. Deterioration was rapid and he died in 2004 when Anita was 19.
Denied any share in property or even the insurance claim, Anita is now gearing to challenge her in-laws in court. "My experience makes me think, what is most important is making a woman economically empowered. To me, personally, the aim of this project is to ensure that a woman does not fall into that vicious circle," Anita says.

Another story that brings to fore the adversity that the team members faced in their personal lives is that of Lata. Working as clinical attender for the past four months, Lata was married off when she was 19 to a 45-year-old widower. He needed a companion and Lata’s parents needed to get rid of her. And she became a mother within two years. At no point of time was HIV mentioned. One day he fell very ill and was rushed to Hyderabad from Warangal, while his sister took care of him. Even then Lata did not realize something was wrong. She was convinced it was some evil eye that’s made him sick and kept a fast outside the hospital for 12 days. On the 13th day, he died.

The doctor at the hospital, who met her for the first time after the man died, informed her in no uncertain terms to get tested and have the kid tested too. Both of them turned out to be positive.

“I was not prepared for anything. Not life. Not HIV. Not widowhood. Now I am learning. It is a great solace working here,” she says.

What is most impressive is the way the team has set aside its own crisis, and rose to the occasion whenever they needed to deal with someone else’s crisis.

They recall the case of a teacher from Warangal who was so depressed that he attempted suicide. The patient counseling and support from the team helped him so much that he is now among the regular attendees at the DIC and himself an expert counselor.

Another case is that of the wife of an auto driver who desperately fought to save her husband but was crestfallen when she failed to do so. She attempted suicide but later picked up courage to face the problem and the will to live after she started attending the clinic. At 23, she is convinced that the project will take care of her three-year-old daughter when she dies.

A majority of them drop out of school because of early marriage. Barely equipped for an independent life, these women are beginning their lives virtually from the scratch. Lack of education, lack of life skills, lack of direction, lack of guidance, their tragedy is perpetuated by HIV. And this is where FPP is making a difference.
How Lottery system is changing lives

Avahan project promoted sex workers Community Based Organization (CBO) - Prema Sangam Mahila Mandali, registered in May ’06, with 700 sex workers, started Peer Education (PE) process for STIs treatment and Behavior Change Communication (BCC).

After many consultations CBO members hit upon a novel idea to increase the participation of Female Sex Workers (FSWs), including secret sex workers, through a lottery ticket system. Printed lottery tickets were distributed to all Female Sex Workers by PEs and were asked to drop their tickets whenever they visit the clinic for a thorough diagnose during the quarter. On a fixed date, winner is announced and is given an award for Best Health Seeking Behavior sex worker for that quarter. This initiative has not only facilitated the high turn out among FSWs to access clinical services, it has also encouraged their peers to avail healthcare facilities.

This initiative contributed in an increase in regular check-ups.

CHAHA Project

India HIV/ AIDS Alliance is one of the principal recipients of the HIV/AIDS Component India Round 6 of Global Fund along with National AIDS Control Organization and Population Foundation of India (PFI). This programme is implemented all over the country under the name, “CHAHA”.

The CHAHA Project focuses on children and women who need access to treatment, care & support services. It also looks at comprehensive care & support services for children living with or affected by HIV/AIDS. Mainstreaming service availability for children will also be achieved through working with other departments, such as Women & Child Development, Social Justice & Empowerment and Rural Development.

The Core service delivery areas of the CHAHA Project are

- Providing care and support services for children living with HIV/AIDS & those affected by HIV, including orphans & vulnerable children.
- Creating a supportive environment: Stigma reduction in different setting
- Developing information systems & conducting operational research

The Project was initiated in July 2007 in Warangal, Karimnagar and Khammam Districts through LODI, Reach and Jagruthi respectively, the implementing NGOs (iNGOs). The Project has so far reached to 145 children.
Summary of the study on Condom usage

India HIV/AIDS Alliance Andhra Pradesh, commissioned a study on "Issues influencing scaling-up replicate and social market of special Mythri condoms promoted by HIV/AIDS Alliance Andhra Pradesh" with prime objectives of understanding the issues related to usage and comparability of Mythri Condoms vis-à-vis other brands and the feasibility of social marketing with CBOs.

Following are the key indicators that were observed from the study conducted in 10 sites of 8 districts where iNGOs of Alliance are operative.

- Most FSWs and MSWs, with whom the study was conducted, reported that they were not comfortable with the pricing of the Mythri brand especially when Nirodh is available free of cost.
- Quality of Mythri condoms is also unsatisfactory especially in comparison to the other brands available in the market (especially of colors and perfumes).
- Marketing and brand image of Mythri condoms is very low and thus the reluctance to use especially among FSWs and their clients.
- Mythri condom pack is not attractive and comfortable to carry.
- Since MSMs do not require condoms, their preference is 3 water based lubricants with one condom.
- Major challenge for CBOs is promoting the Mythri brand while Nirodh is available free of cost at accessible outlets.

Fact Sheet of AIAP

- 36 NGOs and 3 grants
- 14 districts of Telangana and Rayalaseema
  —141 Sites (mandals)
- Core Advocacy Groups active in 13 districts
- 894 Peer Educators + 309 Out Reach Workers
- 64 Static “Mythri” clinics + 22 Satellite & Mobile Clinics
- 54622 working Key Population
- 12,033,314 condoms were distributed during this year (Jan-Oct,2007)
- 23729 STI episodes were treated through Mythri Clinics
- 76 CBOs have been formed
- 145 children have received Care & Support services through CHAHA project