

FIGHTING HIV AIDS IN RURAL INDIA

Trainers Manual



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Session I – An Introduction to Panchayati Raj

Learning Objectives and Training Methods: On completion of this module, the participants will have the knowledge of:

- Panchayat Raj System and its functioning
- Importance of Panchayati Raj
- Powers, responsibilities of the Panchayats
- Schemes related to Health and Family Welfare

The participants will be trained by lecture method and question and answer method. At the end of the module few questions have been given which will help in assessing the understanding levels of the participants

Importance of Panchayati Raj and Seventy-third Constitutional Amendment

- Panchayats in India are age-old institutions for governance at village level.
- On April 24 1993, Seventy-third Constitutional Amendment was introduced, which is popularly known as Panchayati Raj Act.
- This a landmark day in the history of Panchayati Raj in India as on this day the Constitution (Seventy-third Amendment) Act, 1992 came into force to provide constitutional status to the Panchayati Raj institutions.
- Through this act, Panchayati Raj institutions were strengthened as local government organizations with clear areas of jurisdiction, adequate power, authority and funds commensurate with responsibilities.
- These are now the grass-roots institutions of self-government. They are the vehicles of providing social justice and economic empowerment of rural India.

Salient Features of the Seventy-third Constitutional Amendment Act

- The introduction of Panchayati Raj signified the beginning of a new era of participatory development and laid the foundation of 'democratic decentralization' to:
 - Promote People's participation in rural development programmes
 - Provide an institutional framework for popular administration;
 - Act as a medium of social and political change;

- Facilitate local mobilization; and
- Prepare and assist in the implementation of development plans.

Structure of Panchayats

- The Constitution provides for a uniform 3- tier structure of Panchayats for the entire country, except for small states having a population below 20 lakhs, which have a two-tier system (village and district).
- The District Panchayat forms the apex institution at the district level.
- Block Panchayats are the intermediate tier of the Panchayati Raj institutions
- Gram Panchayats are the lowest tier of the Panchayati Raj institutions. They have responsibilities of civic administration with independent power of taxation.

District Panchayat	At the district level
Intermediary Panchayat	At the block level
Gram Panchayat	Group of villages notified as a gram Panchayat

All the three tiers of Panchayats remain accountable and answerable to the Gram Sabha.

Powers and Responsibilities of PRIs

- Preparation of plans for economic development and social justice.
- Implementation of schemes for economic development and social justice in relation to 29 subjects given in Eleventh Schedule of the Constitution.
- To levy, collect and appropriate taxes, duties, tolls and fees.

Functions of the Panchayats

Important functions entrusted to the Panchayats are:

- Agriculture including agriculture extension
- Land improvement and soil conservation
- Minor irrigation, water management and watershed development
- Animal husbandry, dairying and poultry

- Fisheries
 - Social forestry and farm forestry
 - Minor forest produce
 - Small scale industries including food processing industries
 - Khadi village and cottage industries
 - Rural housing
 - Drinking water
 - Fuel and fodder
 - Road, culverts, bridges, ferries, waterways and other means of communication
 - Rural electrification including distribution of electricity
 - Non-conventional energy sources
 - Poverty alleviation programmes
 - Education including primary and secondary schools
 - Technical training and vocational education
 - Adult and non-formal education
 - Libraries
 - Cultural activities
 - Market and fairs
 - Health and sanitation, including hospitals, primary health centres and dispensaries
 - Family welfare
 - Women and child development
 - Social welfare including welfare of the handicapped and mentally retarded
 - Welfare of the weaker sections and in particular of the scheduled castes and scheduled tribes
 - Public distribution system
 - Maintenance of community assets.
- Of these several functions, many are related to health, family welfare and population stabilization. The XI schedule includes Family Welfare, Health and Sanitation, (including hospitals, primary health centres, and dispensaries) and the XII schedule includes Public Health.
 - Thus the possible realm of influence of the Panchayats extends over a significant proportion of public health issues.

- The Gram Sabha¹ is the most powerful foundation of decentralized governance. A vibrant and enlightened Gram Sabha is central to the success of Panchayati Raj system. Thus, Gram Sabha, if empowered has the potential to act as a community level accountability mechanism to ensure that the functions of the village Panchayat in the area of public health and family welfare, actually respond to people's needs.
- Participation in Gram Sabha increases to representation, leads to empowerment, empowerment has impact on the distribution of benefits which directly or indirectly impacts on the well being and quality of life of the people. In this way, it can play a very significant role in addressing the health issues of women, children, and adolescents within its Panchayats.

Schemes routed through the Panchayats for improvement of health

The Seventy-third Constitutional amendment gave significant powers to the *Panchayats* to intervene in improving the health and family welfare of its people. The Panchayats now have an entire gamut of functions under them that leads to a healthy setting.

However, it is now being increasingly realized that the HIV/AIDS is not just a health issue, it has social implications too. Therefore, it is now well recognized that the bio-medical approach has not been very successful in treating some of the health problems. Rather, it is being realized that the Panchayats have the potential to address the social determinants of health through their active involvement with their community. This will increase community's understanding about the issues of health especially HIV/AIDS, family welfare, women and children etc. Therefore, HIV/AIDS cannot be tackled by just improving the health facilities and creating VCTC centre and health infrastructure. It can be reduced by improving the socio-economic condition by providing secure livelihood to its people.

The favourable policy environment to engage PRIs in improving health and family welfare is now backed by National and State level programmes. Some of the functions given to the Panchayats, which indirectly address the issue of HIV/AIDS, are drinking water, poverty alleviation programmes, health and sanitation, including hospitals, primary health

¹ Gram Sabha is a body consisting of persons registered in the electoral rolls of a village or a group of villages which elect a Panchayat. The Gram Sabha will be discussed in detail in Module 2.

centres and dispensaries, family welfare, women and child development. The specific schemes that are routed through the Panchayats are:

1. Drinking water and sanitation: 'Swajal Dhara'
2. Pradhan Mantri Gram Sadak Yojana (PMGSY)
3. Sampoorna Grameen Rozgar Yojana (SGRY)
4. Total sanitation Campaign (TSC) functioning under Central Rural sanitation Programme (CRSP)
5. Integrated wastelands Development Programme (IWDP) functioning under *Desert Development Programme (DDP)* and Drought Programme Areas Programme (DPAP).

These programmes aim at not only reducing health problems, but also address the larger issues of livelihood, migration, and overall welfare of the villages. These programmes are designed to integrate health and family welfare and related interventions and address health from a holistic preventive, promotional and curative viewpoint.

- It may be concluded that the main aim of 73rd constitutional Amendment Act is there should be participation of the people for their own development. For so many years, the voices of socially and economically backward people (women, scheduled castes, scheduled tribes) who constitute a major portion of our population were unheard. 73rd constitutional amendment act ensures that participation and decision-making should not be confined to the upper class society.
- Only people's representatives can understand the problems faced in their villages and by the people.
- 73rd amendment by giving decision-making powers to the people, can lead to development provided the representatives understands the responsibilities and take it up in a serious way and are trained in a proper way.
- Effective and meaningful functioning of these bodies would depend on active involvement, contribution and participation of its citizens both male and female. Gandhiji's dream of every village being a republic and Panchayats having powers has been translated into reality with the introduction of the three-tier Panchayati Raj system to enlist people's participation in rural reconstruction. April 24, 1993

Importance of Gram Sabha in Health and Family Welfare

The Constitution's 73rd Amendment has made the village council, the *Gram Sabha*, into a very powerful tool. However, when we examine the provisions of the state Act, and the field reality, we find that the Gram Sabhas are not playing their expected role to address the health issues within their community. Their discussions are focused on development issues like construction of roads, electricity etc. Health is given a low priority. It is therefore necessary for the Gram Sabhas to understand the importance of health particularly HIV/AIDS.

HIV/AIDS is not just a health problem, it has social implications too. Socio-economic factors such as gender inequality, poverty and livelihood issues, which are key causes of high mobility and migration of people and trafficking of women and children, contribute in a big way to the spread of HIV/AIDS. Therefore, Gram Sabhas can play a very vital role in curbing the spread of HIV/AIDS at community level. However, it will be successful only if it is directly linked with issues affecting their livelihoods like migration, poverty, trafficking etc. An effective way of doing this is by facilitating free access to public information on local development programmes and activities. However, the larger role of Panchayats to address this issue will be dealt with in the session IV.

Question and Answers

1. When was the Seventy-third Constitutional Amendment introduced
2. What are the salient features of the Seventy-third Constitutional Amendment
3. Why are Panchayats considered important to address the issue of HIV/AIDS
4. Which are the important schemes of Government of India which have been routed through the Panchayats
5. What are the sources of income of the Panchayats
6. How many subjects have been assigned to the Panchayats? List as many as possible.

Session II – An Introduction to HIV AIDS (Part I)

Learning Objectives and Training Methods: On completion of this module, the participants will have an understanding of:

- HIV and AIDS
- Modes of transmission
- Myths and misconceptions about HIV/AIDS
- Importance of Panchayats in addressing this issue

The participants will be trained by lecture method, and question and answer method and story-telling. At the end of the module few questions have been given which will help in assessing the understanding levels of the participants

Where did HIV/AIDS come from?

The word HIV stands for Human immune deficiency virus and AIDS stands for Acquired immune deficiency syndrome. Although there are lots of discussions about the roots of HIV/AIDS, until now, there is no conclusion. Some people say that the virus was made in a laboratory by accident. Some say that the virus existed for a long time in the forests of Central Africa and that it was transmitted through interaction between monkeys and people. However, there is no total certainty about the source of HIV/AIDS.

Actually the above are just theories and for now, it is not too important to know where the disease comes from and who discovered it. The most fundamental thing is to know that this disease has spread into all countries in Africa. And that we must protect ourselves, because there is neither a cure nor a vaccination against it

Some Facts

- Globally an estimated 2.9 million people have lost their lives to AIDS.
- More than 380000 children under the age of 15 years have lost their lives to this epidemic
- It is estimated that more than 39.5 million people worldwide are living with HIV.
- Of the total people living with HIV, 17.7 million (45%) are women and 2.3 million (6%) are children below 15 years of age.

- Since the mid 80's, the proportion of AIDS cases among women has more than tripled, from 7 % in 1985 to 27 % in 2004.
- In 2006, 4.3 million new HIV infections occurred globally approximately 12,000 each day.
- About two-thirds of all the people estimated to be living with HIV reside in Africa. 24.7 million People living with HIV are in Sub-saharan Africa.
- 7.8 million People are living with HIV in South and South-East Asia. Approximately 5.7 million people are living with HIV in India.
- AIDS is caused by a very small germ, which is called HIV (Human Immuno Deficiency Virus). It is so small that we cannot see it with our naked eyes.
- AIDS is a fatal disease, which destroys the ability to fight other infections by weakening the immune system. Once the virus enters the body, it starts destroying the immune system. Due to this, the body cannot fight the germs and causes illnesses like common cold, diarrhoea etc. Patient ultimately dies over a period of time.
- AIDS generally occur in different phases. In the first phase, people get infected with HIV. In this stage there are no visible signs to show that the person is affected. During this stage they can pass on the virus to another person.
- During the second phase, one develops full-blown AIDS. The person starts getting ill more easily. The immune system is weak and cannot fight the infection effectively.
- In the final phase the immune system collapses.
- AIDS itself does not kill people. They usually die from other infections like cold, diarrhoea, pneumonia or TB.

***H.I.V.** is Human Immunodeficiency virus. It leads to AIDS, although the timescale is variable, and depends upon numerous factors, including: treatment regimes; infections to which the person is exposed. Essentially, HIV attacks and disables a group of cells in the immune system, the CD4 cells. These are necessary for defending the person against cell mediated infections (e.g. TB).*

***A.I.D.S.** is Acquired Immune Deficiency Syndrome. A term used to describe the presence of specific infections that indicate end stage immune system breakdown. The onset of AIDS is manifested by the appearance of 2 major opportunistic infections: Kaposi's sarcoma and pneumocystis carinii pneumonia (P.C.P.).*

Symptoms of HIV/AIDS

AIDS can be suspected if the person has one or the following symptoms:

- Persistent cough for more than a month not related to smoking or other causes
- Itchy skin rashes
- Sores all over the body
- Swollen lymph glands
- More than 10 per cent loss of weight
- Persistent fever for more than a month
- Persistent severe fatigue
- Persistent diarrhoea for more than a month

Some Questions on HIV AIDS

To answer the questions circle the response you think is most correct.

1. What is the complete term for AIDS & HIV?

2. Which of the following is a way HIV can be transmitted?

- (a) Having unprotected sexual intercourse with an infected partner
- (b) Donating blood
- (c) Using public toilets

3. You can get HIV from:

- (a) Mosquito bites
- (b) Sharing food
- (c) Hugging someone with AIDS
- (d) All of the above
- (e) None of the above

4. For which of the following purposes do people share needles:

- (a) Tattooing
- (b) Steroid injections
- (c) Injecting drugs
- (d) Ear piercing
- (e) All of the above

5. One can generally identify a person with HIV infection by looking at him/her.

True False

6. Anyone who has unprotected sexual intercourse is at risk of HIV infection.

True False

7. A pregnant woman infected with HIV might pass the infection to her unborn child.

True False

8. Using an un-sterilized injection needle may spread HIV infection.

True False

9. Tested blood should be used for transfusion.

True False

10. The primary modes of transmission of HIV are:

1. _____
2. _____
3. _____
4. _____

11. The main ways of preventing HIV transmission are:

1. _____
2. _____
3. _____
4. _____

12. AIDS is primarily seen in which of the age groups:

- (a) 0-5 yrs
- (b) 6-14 yrs
- (c) 15-49 yrs
- (d) 50-70 yrs

13. Condoms, when properly used, can help protect you from HIV.

True False

14. AIDS can be cured if detected early.

True False

15. Would you send your child to school if you knew that the teacher was HIV positive?

Yes No

16. Mention three common STIs.

1. _____
2. _____
3. _____

17. How can you prevent STI transmission?

18. If one has STI, the chances of getting HIV infection are high.

True False

1. Women are more at risk of getting HIV infection through sexual intercourse.

True False

Modes of Transmission of HIV/AIDS

There are only three ways to get AIDS

Unprotected sex

- This is the most common method for the spread of AIDS. When a man or a woman has sex with another man or a woman who is either HIV positive or a patient of AIDS, the person is at the risk of getting HIV.

Contact with Infected blood

- Syringes and needles used for taking drugs or tattooing that are not sterilized properly carry HIV infection.
- An open wound which comes into contact with the blood of an HIV positive person.
- Transfusion of infected blood

Mother to baby transmission

- HIV mothers can pass the infection to their unborn. Disease can be transmitted during pregnancy or child birth because of contact with blood or during breast-feeding.

HIV cannot be transmitted by

- The HIV virus is not spread by embracing or kissing (social)
- Touching hand shaking or hugging with an HIV infected person does not spread the virus
- The virus is not spread by sharing bathroom or toilet with an HIV infected person
- Contact with the Cough, saliva or sneezing by the infected person does not spread the virus.
- HIV does not spread by Eating together or sharing same utensils
- Sharing the same Swimming pool or source of water for bathing does not spread HIV.
- The virus does not spread by Sharing clothes with an infected person

- Unlike some other communicable diseases Mosquito bite, Insect bite or houseflies do not spread the virus.
- Caring is the most important aspect of rehabilitation of HIV AIDS patients. Providing patient caring does not spread the Virus.

Myths and Misconceptions related to HIV/AIDS

- **HIV is the same as the AIDS:** This couldn't be further from the truth. HIV is a virus and AIDS is a collection of illnesses. Knowing the difference between the two is a very important part of understanding.
- **HIV can be transmitted on physical contact:** This statement is partly true. However, it should be strictly noted that HIV or AIDS is not transmitted through tears, sweat, saliva, by shaking hands, sharing clothes, rooms or meals, or by nursing an HIV/AIDS patient.

The evidence shows that HIV is not spread through touch, tears, sweat, or saliva. You cannot catch HIV by:

- *Breathing the same air as someone who is HIV positive*
- *Touching a toilet seat or doorknob handle after an HIV-positive person*
- *Drinking from the same source of water*
- *Hugging, kissing, or shaking hands with someone who is HIV positive*
- *Sharing eating utensils with an HIV-positive person*
- *You can get it from infected blood, semen, vaginal fluid, or mother's milk.*

- **HIV only affects homosexual men and drug users:** HIV can infect anyone - heterosexual as well as homosexual men and women, babies, teenagers and old people.
- **I can get HIV from mosquitoes:** Because HIV is spread through blood, people have worried that biting or bloodsucking insects might spread HIV. Several studies, however, show no evidence to support this -- even in areas with lots of mosquitoes and cases of AIDS. When insects bite, they do not inject the blood of the person or animal they have last bitten. Also, HIV lives for only a short time inside an insect.
- **We both have HIV, we don't need contraceptives/precautions:** Not true. Experts are seeing more and more incidences of re-infection, making HIV treatment even more difficult.

Practicing safer sex -- wearing condoms or using dental dams -- can protect you both from becoming exposed to other strains of HIV

- **People over 50 don't get HIV:** Don't bet on it. People over 50 make up a rapidly growing segment of the HIV population.
- **My family doctor can treat my HIV:** Experts believe that given the complexities of HIV care, only HIV specialists should manage patients infected with the virus.
- **If I'm receiving treatment, I can't spread the HIV virus:** When HIV treatments work well, they can reduce the amount of virus in your blood to a level so low that it doesn't show up in blood tests. Research shows, however, that the virus is still "hiding" in other areas of the body. It is still essential to practice safe sex so you won't make someone else become HIV positive.
- **HIV can be cured:** While many make claims of miraculous cures, the sad truth is there is no cure so far for the HIV. Be careful of quacks offering cures and miracles. If it sounds too good to be true it probably is. While progress is being made, vaccine development is not without its challenges and difficulties. Many experts feel we are still many years away from an effective HIV vaccine.

Yes, antiretroviral drugs are improving the lives of many people who are HIV positive. However, many of these drugs are expensive and produce serious side effects. None yet provides a cure. Also, drug-resistant strains of HIV make treatment an increasing challenge

- **I have just been diagnosed, am I going to die?** This is the biggest myth of all. People are living with HIV longer today than ever before. Treatment programmes and a better understanding of HIV allow those infected to live normal, healthy and productive lives.

In the early years of the disease epidemic, the death rate from AIDS was extremely high. But today, antiretroviral drugs allow HIV-positive people -- and even those with AIDS -- to live much longer. In fact, from 2000 to 2004, the number of people living with AIDS increased by 30%.

Understanding Gender and Sex

Sex = male and female

Gender = masculine and feminine

So in essence:

Sex refers to biological differences between men and women.

Gender refers to the socially constructed roles, behaviour, activities and attributes that a society considers appropriate for men and women.

Gender and HIV/AIDS

- Gender-based inequalities contribute significantly to the vulnerability of young girls and women to HIV/AIDS. Because of their low status, women and girls are not in a strong position to negotiate for safer sex. Men have more status and power which, in turn, influences their personal and sexual behaviour. Gender norms blame women for being responsible for spreading HIV and often assume that if a woman has acquired HIV, it is because of her “immoral” behaviour. In addition, voluntary counselling and testing (VCT) programs have often targeted women, especially for the prevention of mother-to-child transmission.
- Women are tested first and are frequently the first ones to be identified with HIV-positive status. Thus, these programs have unintentionally exacerbated the stigmatizing view that women are responsible for the spread of HIV. In the context of decision making related to reproductive choices, HIV-positive women may also face negative judgment by community members and health care providers related to being sexually active and their desire to have children.

Given this situation of women, it is important to understand what these gender imbalances are. It is also important to recognise the role that men can and should play in redressing these imbalances and in reducing women’s vulnerability to HIV. The following points clearly bring out the relationship between HIV/AIDS and Gender.

Gender Norms and HIV/AIDS

- Gender norms inhibit knowledge and decreases ability to negotiate safer sex. Women and girls are less knowledgeable and generally have limited access to relevant information and services. They therefore, remain poorly informed about sex, sexuality, and reproduction.
- Traditional gender norms lead to denial, stigma, and discrimination.
- Gender norms affect access to accurate prevention information, power to negotiate consistent and correct condom use, and, if living with HIV/AIDS, access to treatment, care, and support. The limited access to accurate, non-stigmatizing prevention information increases vulnerability for HIV infection.

- In most cultures, condom use is perceived to be in direct conflict with procreation and thus, women become more vulnerable to HIV/STI transmission.
- Boys and men sometimes remain uninformed about HIV/STI prevention because admitting their lack of knowledge in this area could be considered as a weakness.
- Use of alcohol and drugs increase the likelihood of gender based violence and limit the ability to negotiate safer sex

Gender Roles in Households and Communities

- Within households, men often control decisions regarding use of household resources, which may make it difficult for women to access the resources they need.
- Women may have limited mobility due to community norms that preclude women from leaving their household
- Men's health is often given more importance and the resources are devoted to meet his needs.
- Women may have difficulty accessing health care services as they may have to seek approval or permission from their partners to even visit a clinic without the permission or approval of their partner (Gupta, et al., 2002; Gupta, 2002).
- In the context of HIV/AIDS, women's burden of care has increased, with women and girls generally assuming the primary burden of care for PLWHA.
- Gender norms assign women and girls the primary role of care-taker. The increased burden of care limits women and girls access to productive resources.

Linkage between Gender, livelihood issues, poverty, migration and HIV/AIDS

- Social and economic inequalities between men and women tend to increase women's vulnerability to HIV/AIDS. Differential gender patterns in employment and income increase their vulnerability.
- Women generally have limited access to employment and income. Lack of access to productive resources, lack of educational and economic opportunities may cause women to exchange sex for material goods.

- Young women, too, are increasingly migrating for employment and face particular risks. As young migrating women may not have the skills needed in formal work sectors, they may be more likely to turn to sex work for income.
- Livelihood options are as such scant in India – especially rural India. Large sections of the population are dependent on agriculture which does not provide enough resources throughout the year. As a result of this, large sections of population have to migrate in search of work. These groups of men and women become a highly vulnerable group as far as HIV AIDS is concerned. Lack of awareness on the issue increases their vulnerability manifold. Such migrant workers are in environments that increase their vulnerability to HIV through unprotected sex with female or male sex workers or injecting drug use with contaminated needles.
- In some cases, depending on the economic situation of the community and family, the family members left behind may have to engage in sex work to support themselves. Commercial Sex workers are another section of the society which is vulnerable to HIV/AIDS. Often poverty pushes women into prostitution as a source of livelihood. Since they have multiple sexual partners, their vulnerability becomes very high. While there are efforts in educating sex workers in urban areas, it has been seen that there are some very poor pockets of families in rural India which has taken up prostitution as a source of livelihood.

Question answer round

Q: What is the difference between AIDS and HIV?

A: HIV is the virus that causes the disease AIDS. AIDS is the group of illnesses acquired when the immune system is unable to defend against infection. AIDS is the terminal stage of infection by the HIV. In the early stages of HIV infection, infected person look and feel totally well. Only when the immune system gets impaired do they begin to feel ill. The time between infection with HIV and becoming ill with AIDS may range from 2-10 years or even longer.

Q: Can donating blood put you at risk of HIV infection?

A: When you donate blood, blood is removed from your body not put into it. Remember you cannot get the HIV unless infected blood enters your body. You can easily avoid this by ensuring that only disposable needles and IV sets are used during blood donation.

Q: What is 'Window period'?

A: The blood test to detect HIV in the body (ELISA TEST) doesn't become positive immediately after the entry of virus into the body. It takes between 1-3 months (maximum 6 months) for this test to become positive. This time between entry of virus into the body and the blood test becoming positive is known as 'Window period'. The person is infectious i.e. able to transmit the virus during window period.

Q: Can I get AIDS virus in a barbershop?

A: Chances of getting infected with HIV in a barber's shop are extremely rare. However, it is best to ensure that the barber uses a new blade while shaving you. Also make sure all his equipment- scissors, razors etc. are clean and dry before he uses them

Q: Can I share a toilet with someone who has AIDS?

A: Definitely. You cannot get and HIV infection from a toilet, public or private, clean or dirty. The AIDS virus cannot survive outside the bodily fluids or in the hope for very long.

Q: Can I get the AIDS virus through kissing?

A: While dry kissing in which there is no exchange of body fluids is safe, there is some risk of HIV infection being transmitted through deep kissing particularly if some has got bleeding gums or cuts and sores in the mouth.

Q: Can I get HIV from a mosquito bite?

A: No, it is not possible to get HIV from mosquitoes. While sucking blood from someone mosquitoes do not inject blood from any previous person. The only thing that mosquito injects is saliva, which act as a lubricant and enables it to feed more efficiently.

Q: Can I become infected with HIV through biting?

A: Infection with HIV in this way is unusual. There have only been couple of documented cases of HIV transmission resulting from biting. In these particular cases severe tissue tearing and damage were reported in addition to the presence of blood.

Q: Is there a risk of HIV transmission when having a tattoo?

A: If instruments contaminated with blood are not sterilized between clients there is a risk of HIV transmission. Hence, one should insist on use of sterilized or disposable needles before tattooing.

Q: Am I at risk of becoming infected with HIV when visiting the doctor's or dentist's?

A: Transmission of HIV in a healthcare setting is extremely rare. All doctors are supposed to follow infection control procedures call universal precautions when caring for any patient. They are designed to protect both patients and doctors from the transmission of HIV.

Insist your doctor or dentist to follow these precautions while giving care to you.

Q: If an employee has HIV, should he or she be allowed to continue work?

A: Yes, HIV remains dormant in an infected person's body for many years. Workers who have no symptoms associated with AIDS should continue to work, and should be treated no differently from other workers. Those with AIDS or AIDS-related illness should be treated in the same way as any other employees who are ill; In fact, this attitude will go far in helping curb the menace of AIDS.

Q: Can oral sex cause AIDS?

A: Oral sex (mouth or tongue touching genitals) may carry risk of HIV infection especially if there are cuts or sores present in the mouth or on the genitals.

Q: Are condoms the only answer to safe sex?

A: No. While good quality lubricated condoms reduce the risk of HIV and STD infections, no condom can be said to be absolutely safe. Condoms can tear or have microscopic holes which make them ineffective. The only safe sexual behaviour is to have a mutually faithful sexual partner, who is not infected with HIV, or to practice sexual abstinence.

Q: How will I be sure that my future marriage partner is not infected with HIV?

A: In India, where most marriages are "arranged" and future partners have little interaction before marriage, this is a difficult predicament. The only way to be certain of a person's HIV status is through a blood test. So nowadays it is advisable to do an HIV test before marriage rather than matching janam-kundli of a couple.

Q: How should an HIV – infected person cope with his / her condition?

A: While testing HIV positive is a traumatic experience, it is important to learn how to cope. A good counsellor, friend or family member with whom one can share anxieties and fears is helpful. One should follow a healthy lifestyle and eat nutritious, balanced meals. Responsible sexual behaviour is critical – remember condoms are not 100 % safe. An HIV positive woman should know the risks of getting pregnant. Financial planning for the future will reduce stress.

Q: Why do people who are infected with HIV eventually die?

A: When people are infected with HIV, they do not die of HIV or AIDS. These people die due to the effects that the HIV has on the body. With the immune system down, the body becomes susceptible to many

infections from the common cold to cancer. It is actually these particular infections and the body's inability to fight the infections that cause these people to become so sick, that they eventually die.

Q: Are all the children born to HIV infected mother infected with HIV?

A: No. about one-third of children born to HIV positive mothers become infected with HIV. However nowadays if one gives anti HIV drug AZT to these mothers during pregnancy and labour and then to newborn child this risk of infection can be reduced considerably.

Q: What is the truth about the AIDS cure claims published daily in the newspapers?

A: Traditional medical practitioners tend to believe that they can cure AIDS by giving immunopotentiating drugs. Due to lack of knowledge about conducting clinical trials scientifically, hasty conclusions are drawn on simple outcome measures such as weight gain or feeling of well being. Such improvements are dubbed as AIDS cure claims. Many AIDS cure claims tend to get published in the newspapers in India. Unfortunately, these claims are not based over adequate scientific evidence and they are just made to extract money from these poor sufferers. HIV / AIDS patients in search of hope tend to get easily attracted towards such claims and take the treatment. However there is no scientifically documented approach to AIDS cure as of today in any of medical sciences as yet in the world. HIV infected individuals should not get misled by such claims

Session III – An Introduction to HIV AIDS (Part II)

Learning Objectives and Training Methods: On completion of this module, the participants will have an understanding of:

- Stigma, Discrimination and its consequences associated with HIV/AIDS
- Vulnerability in HIV AIDS, the groups most at risk
- Anti-retroviral Therapy and HIV AIDS
- Status of HIV AIDS in their respective state

The participants will be trained by lecture method, and question and answer method and discussions. The aspect of Stigma can also be dealt with by conducting a simulation exercise.

Stigma Associated with HIV AIDS

The main problem faced by with PLWHA is stigma and discrimination. It is well documented that people living with HIV and AIDS experience stigma and discrimination on an ongoing basis. This impact goes beyond individuals infected with HIV to reach broadly into society, both disrupting the functioning of communities and complicating prevention and treatment of HIV. Stigma and discrimination affects the individual and the community in the following ways:

1. Stigma restricts the desire to know one's own status, thus delaying testing and accessing treatment.
2. At the individual level, it undermines the person's identity and capacity to cope with the disease.
3. Fear of stigma and discrimination limits the important potential sources of support, such as family and friends.
4. Stigma and discrimination leads to behavioural change.

In our country people living with HIV and AIDS are often seen as shameful. In places the infection is associated with minority groups or behaviours, for example, homosexuality, In some cases HIV/AIDS may be linked to 'perversion' and those infected will be punished. Also, HIV/AIDS

is often seen as the result of personal irresponsibility. HIV and AIDS are believed to bring shame upon the family or community.

Factors which contribute to HIV/AIDS-related stigma

- HIV/AIDS is a life-threatening disease
- People are scared of contracting HIV
- The disease's is associated with behaviours (such as sex between men and injecting drug-use) that are already stigmatised
- People living with HIV/AIDS are often thought of as being responsible for becoming infected
- Religious or moral beliefs lead some people to believe that having HIV/AIDS is the result of moral fault (such as promiscuity or 'deviant sex') that deserves to be punished.

Sexually transmitted diseases are well known for triggering strong responses and reactions. In the past, in some epidemics, for example TB, the real or supposed contagiousness of the disease has resulted in the isolation and exclusion of infected people. In most states HIV/AIDS is viewed

- As punishment (e.g. for immoral behaviour)
- As a crime (e.g. in relation to innocent and guilty victims)
- As war (e.g. in relation to a virus which need to be fought)
- As horror (e.g. in which infected people are demonised and feared)
- As otherness (in which the disease is an affliction of those set apart)

Women – most stigmatised

The impact of HIV/AIDS on women is particularly acute. In most states of our country, women are often economically, culturally and socially disadvantaged and lack equal access to treatment, financial support and education. Women are also mistakenly seen as the transmitters of sexually transmitted diseases including HIV/AIDS. Together with traditional beliefs about sex, blood and the transmission of other diseases, these beliefs provide a basis for the further stigmatisation of women within the context of HIV and AIDS. There are numerous examples in India where the husbands who infected them may abandon women living with HIV or AIDS. Rejection by wider family members is also common.

Stigma and Discrimination at Families

In the majority of developing countries, families are the primary caregivers to sick members. There is clear evidence of the importance of the role that the family plays in providing support and care for people living with HIV/AIDS. However, not all family response is positive. Infected members of the family can find themselves stigmatised and discriminated against within the home. Within the family, often PLWHA are treated as 'untouchables'. Even the family which is supportive to the PLWHA, the society at large tend abandon such families.

Inaccessibility to Employment Opportunities

PLWHA often find it real hard to find a source of livelihood. The moment people in the organisation know about it, the person is either terminated from the services or is treated in such a manner that he/she is forced to leave. While HIV is not transmitted in the majority of workplace settings, the supposed risk of transmission has been used by numerous employers to terminate or refuse employment. There is also evidence that if people living with HIV/AIDS are open about their infection status at work, they may well experience stigmatisation and discrimination by others.

Inaccessibility to Health care

Many reports reveal the extent to which people are stigmatised and discriminated against by health care systems. Patients are often refused admission in the hospitals. Even the hospital staff discriminates such patients from the other patients. Treatment is withheld to the patients. Suspected cases are tested of HIV without consent. There are also incidences of lack of confidentiality and denial of hospital facilities and medicines to the patients. Lack of confidentiality has been repeatedly mentioned as a particular problem in health care settings. Many people living with HIV/AIDS do not get to choose how, when and to whom to disclose their HIV status. In some hospitals, signs have been placed near people living with HIV/AIDS with words such as 'HIV-positive' and 'AIDS' written on them.

Vulnerable factors for HIV/AIDS

Some of the factors that contribute to high vulnerability for HIV/AIDS are:

- **Biological Vulnerability**
 - Physiological difference in the genital tract makes females more vulnerable to contract STD.
 - Many men and women suffer from asymptomatic STD, which are not diagnosed or treated.

- Presence of untreated STD in both men and women enhances the risk and facilitates HIV transmission.
- Women, being the receptive partner, run a greater risk of acquiring HIV through unprotected sexual intercourse.

- ***Economic Vulnerability***

Economic factors, such as poverty increases the risk of HIV mainly in the following ways:

- Poverty and lack of better resources lead many unmarried women to exchange sexual favour for economic survival
- Trafficking along the major national roads or national and state highways because of the presence of male transport workers who often have a number of different sexual partners. Women live along the busy interstate routes on national highways and take up prostitution as a means of coping with poverty. Such areas also often have a higher number of sex workers.
- Malnutrition, uncontrolled fertility, complication during child-birth, poorly performed abortions directly increases the risk through unmonitored transfusion of blood.
- Sex-workers are among the most vulnerable because have so many sexual partners and they are sometimes forced to have sex by clients who refuse to use condoms. They also often work in areas where there is a mobile population.
- Criminals themselves are a vulnerable group because of spending time in prison and drug use.
- Areas facing with natural calamities like flood, drought or war may result in high rate of violence, especially trafficking and rape.
- Women are more vulnerable to AIDS than men. In areas where women do not have the power and status to say no to unsafe sex with their partners, the incidence of AIDS is much higher.

- ***Socio-cultural Vulnerability***

- In women STD is generally asymptomatic and many women are unaware that they need to seek treatment.
- Lack of awareness and work responsibilities restrict villagers to visit an STD clinic. Therefore, many prefer self-medication rather than going to a reputed STD clinic.
- Women in India have no or little control over decisions relating to sexuality, nor do they have control over sexual behaviour over their

male partners or the use of condoms for the prevention of STDs or pregnancy.

- Violence involving sexual assault also carries risk of STD and HIV infection.
- Prevalence of huge and diverse risk group including female workers, intravenous drug users, ante-natal mothers, truck drivers, pilgrims and tourists.
- Inhibition towards sex education
- Inadequate surveillance centre for monitoring the prevalence of HIV infection.
- The physical and the social environment in which the people live increase their vulnerability to HIV/AIDS.
- In areas where polygamy is a common practice or where social custom allows a high number of different partners for men the incidence of HIV/AIDS is much higher.

- ***People most at risk***

Anyone can get AIDS, but some people are more vulnerable because of their risky lifestyles. The most vulnerable groups are:

- Young women between 15 and 30 years of age
- Sexually active men and women who have more than one partner
- Migrant and mine workers
- Transport workers and truck drivers.
- Sex workers
- Drug users who share needles

Anti-retroviral Therapy and HIV AIDS

What is Antiretroviral Therapy (ART)

Antiretroviral drugs slow down the replication of HIV. When antiretroviral drugs are given in combination, HIV replication and immune deterioration can be delayed, and survival and quality of life of the PLWHA can be improved.

The advent of antiretroviral drugs in the late 1980s began a revolution in the management of HIV. The primary aim of antiretroviral treatment strategies is to suppress viral replication. Successful outcomes on this parameter restore the balance within the immune system, slow or halt disease progression, prevent drug resistance and improve quality of life.

Patients receiving these regimens are less likely to develop opportunistic infections including TB and require fewer admissions to hospital than patients with untreated disease. Combination antiretroviral therapy (ART) leads to reduction in plasma HIV RNA level (viral load) and rise in CD4 counts with at least partial restoration of immune function. Combination therapy also significantly slows the progression of HIV-1 disease. The primary aim of antiretroviral treatment strategies is to suppress viral replication.

Three groups of ARV drugs have been tried, tested and found successful in interrupting viral replication. The use of one or two drug combinations promotes rapid development of resistant strains of HIV and renders the therapy ineffective. Over the past 5-6 years, compelling epidemiological and clinical evidence demonstrates that with strict adherence, the use of combination or three drugs leads to sustained viral suppression for several years.

Government Initiatives

National AIDS Control Organisation (Government of India) has prepared elaborate guidelines for implementation of ART in the country. Government of India has been actively supporting the care and support of People Living with HIV/AIDS (PLWHA) by

1. Provisioning essential drugs for management of opportunistic infections;
2. Bringing centre-stage the HIV-TB co - infection through linkages with the TB control programme for free treatment of TB among people living with HIV/AIDS;
3. Initiating intensive advocacy and sensitization among doctors, nurses and paramedical workers to prevent discrimination, stigmatization and denial of services;
4. Initiating training workshops for clinicians and practitioners, on the clinical management of HIV/AIDS and the rational use of antiretroviral drugs;
5. Establishing district level voluntary counselling and testing centres in a phased manner;
6. Providing antiretroviral in the prevention of parent to child transmission programmes cosponsored by UNICEF;
7. Provisioning of antiretroviral in the current interventions in cases of post-exposure prophylaxis to health care providers in all Govt. hospitals;

8. Supporting the setting up of community care centres for PLWHAs;
9. Supporting PLWHA networks to open drop-in-centres; and
- 10.Reducing import and excise duties on antiretroviral drugs in India, and encouraging states to reduce sales tax levies, as well.

Till recently in India, ART delivery had been provided largely through the private sector. Some public sector provision is made through the Central Government Health Scheme (CGHS), Employees State Insurance Corporation (ESIC), the Armed Forces Medical Services, the Railways, as well as through the national AIDS control programme via the interventions on prevention of parent to child transmission, and the post-exposure prophylaxis.

Cost of Therapy

A full course of first line fixed dosed combination ARV drugs costs a patient approximately Rs. 1200- 1500 a month, the costs of monitoring therapy with viral load tests, haematological parameters and CD4 counts increases the costs to about Rs. 2,000 a month, per patient. The inclusion of protease inhibitors (PIs) for second line ARV therapy may increase the costs of ARV therapy to 2-3 folds of the first line regimens.

Where is ART Available

Government hospitals identified for the initial launch of antiretroviral treatment in consultation with the State AIDS Control Societies are:

- a) Sir JJ hospital, Mumbai, Maharashtra
- b) Institute of Thoracic Medicine and Chest diseases, Tambaram, Chennai
- c) Regional Institute of Medical Sciences (RIMS), Imphal, Manipur
- d) Bangalore Medical College Hospital, Bangalore, Karnataka
- e) Osmania Medical College Hospital, Hyderabad, Andhra Pradesh
- f) Ram Manohar Lohia (RML) Hospital, New Delhi
- g) LNJP Hospital, New Delhi
- h) District Naga Hospital, Kohima, Nagaland

A listing of the additional 17 hospitals, where ART centres are being located is:

- Madras Medical College , Chennai, Tamil Nadu
- District Hospital , Nammakal, Tamil Nadu
- Government Medical College , Madurai , Tamil Nadu

- Government Medical College , Vizag, Andhra Pradesh
- Government Medical College , Guntur , Andhra Pradesh
- Government Medical College , Sangli, Maharashtra
- B J Medical College , Pune, Maharashtra
- Government Medical College , Nagpur , Maharashtra
- Karnataka Medical College , Hubli, Karnataka
- Mysore Medical College , Mysore , Karnataka
- Jawaharlal Nehru Hospital , Imphal, Manipur
- Government Medical College , Ahmedabad, Gujarat
- Government Medical College , Panaji, Goa
- PGIMER, Chandigarh , Punjab
- Calcutta Medical College , Kolkatta
- SMS Hospital ,Jaipur, Rajasthan
- Banaras Institute of Medical Sciences, Varanasi

Some Pros and Cons

The positive effects of Antiretroviral Therapy on HIV transmission are slow transmission through:

1. Reduction in infectiousness. ART lower viral loads and may therefore lower the risk of transmission by sexual contact ;
2. Encouraging prevention, especially diagnostic testing. ART may increase the uptake rates of prevention activities, particularly voluntary counselling and testing

There are also risks of increased transmission in using ART. The negative effects of ART on HIV transmission are speed transmission through:

1. Selection for resistance: Partial or incomplete adherence to ART selects resistant strains of the virus, which can then be transmitted.
2. Longer duration of infectivity: The longer lifespan of people with HIV/AIDS on ART also means that the risk of HIV transmission to family and communities is extended.
3. "Dis-inhibition" effect for People on ART and HIV positives and negatives in the surrounding community: Due to the availability of treatment for HIV, people may engage in more risky behaviours than they would if ART was not available.

Government Structures for Addressing the Issue

National AIDS Control Organisation (NACO)

Soon after reporting of the first few HIV/AIDS cases in the country in 1986, Government recognised the seriousness of the problem and took a series of important measures to tackle the epidemic. By this time AIDS had already attained epidemic proportion in the African region and was spreading rapidly in many countries of the world. Government of India without wasting any time initiated steps and started pilot screening of high risk population. A high powered National AIDS Committee was constituted in 1986 itself and a National AIDS Control Programme was launched in year 1987.

National AIDS Committee

To formulate strategy and plan for implementation of prevention and control of HIV/AIDS in the country, Ministry of Health & Family Welfare constituted a National AIDS Committee in Year 1986, under the chairmanship of the Union Minister of Health and Family Welfare with representatives from various sectors. The committee was formed with a view to bring together various ministries, non-Government organisations and private institutions for effective co-ordination in implementing the programme. The committee acts as the highest-level deliberation body to oversee the performance of the programme and to provide overall policy directions, and to forge multi-sectoral collaborations.

During the initial years the programme focussed on generation of public awareness through more communication programmes, introduction of blood screening for transfusion purpose and conducting surveillance activities in the epicentres of the epidemic.

Medium Term Plan for HIV/AIDS Control

In year 1989, with the support of World Health Organisation (WHO), a medium term plan for HIV/AIDS Control was developed. Project documents for the implementation of this plan were developed and implemented in 5 states and UTs which were most affected namely Maharashtra, Tamil Nadu, West Bengal, Manipur, and Delhi. Initial activities focused on the reinforcement of programme management capacities as well as targeted IEC and Surveillance activities. Actual preventive activities like implementation of education and awareness

programme, blood safety measures, control of hospital infection, condom promotion to prevent HIV/AIDS, strengthening of clinical services for both STD and HIV/AIDS gained momentum after 1992.

State Level Programme Strengthening

In order to strengthen the programme management at the state level, the state Governments have established their own managerial organisations which include state AIDS control societies (formerly, State AIDS cells), technical advisory committees and empowered committees as per the guidelines of the strategic plan.

Empowered Committee

At the state level, an empowered committee has been constituted by the states either under the chairmanship of chief secretary or additional chief secretary at par with the National AIDS Control Board at central level. This committee takes the policy decisions for implementation of the HIV/AIDS control programme in the respective states and approve administrative and financial actions which otherwise would have been approved by the state department of finance.

State AIDS Control Societies

State AIDS Cells were created in all the 32 States and UTs of the country for the effective implementation and management of National AIDS Control Programme. However over the period of time it was realised that due to many cumbersome administrative and financial procedures, there was delay in release of financial outlay sanction by Government of India due to which the implementation of the Programme at different levels suffered. In order to remove the bottlenecks faced by the programme implementation at State level, Ministry of Health and Family Welfare advised the State Governments/Union Territories to constitute a registered society under the chairmanship of the Secretary Health. The society should be broad based with its members representing from various ministries like social welfare, Education, Industry, Transport, Finance etc. and Non Government Organisations. On an experimental basis Tamil Nadu AIDS Control Society was created which was followed by Pondicherry. Successful functioning of these societies led to the Government of India to advise other states to follow this pattern for implementation of the National AIDS Control Programme.

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Session IV – Role of Panchayati Raj Institutions

Learning Objectives and Training Methods: On completion of this module, the participants will have the knowledge of:

- Role of Panchayats and Gram Sabha in addressing HIV/AIDS issue
- Prepare a plan of action for one year for addressing HIV AIDS
- Implementation of flagship programmes for addressing HIV AIDS

The participants will be trained by lecture and group discussion method. After the lecture and the group discussion, the participants should given an exercise of preparing a plan of action for the next one year.

Constitutional Provision for Role of Panchayats

Panchayats have powers and responsibilities to manage 29 subjects ranging from livelihood to health and family welfare (as per the XI Schedule). They are designed to promote health from a holistic (preventive, promotional and curative) perspective by addressing the larger issues are livelihood, migration and overall development of the rural population.

The 11th schedule of the constitution listed several functions to be undertaken by the Panchayats .These functions are mainly related to infrastructure development, social development and economic growth .The 11th finance commission took the initiative of classifying the functions listed in the 11th schedule of the constitution It classified the constitutionally mandated functions as core functions, Welfare functions, Agriculture & allied function and economic function. Specific sub-functions under each of the broad category may be summarized as follows:

Core Functions	Welfare functions	Economic functions	Agriculture and allied functions
<ul style="list-style-type: none"> • Drinking water • Health and sanitation including hospitals, primary health facilities and dispensaries. • Road, culvert, bridges & 	<ul style="list-style-type: none"> • Rural housing, • Non-conventional energy • Poverty Alleviation program • School education • Adult and non formal education • Family welfare • Women and child development • Welfare of the 	<ul style="list-style-type: none"> • Tax collection on property and housing • Many optional taxes like bus stand fees, 	<ul style="list-style-type: none"> • Agriculture and agriculture extension • Land development, land reforms, soil conservation etc. • Minor irrigation, watershed ,water management etc • Fisheries • Social and Farm forestry including

Core Functions	Welfare functions	Economic functions	Agriculture and allied functions
waterways and other means of communication. <ul style="list-style-type: none"> Maintenance of the community assets. 	weaker section like scheduled caste and scheduled tribes <ul style="list-style-type: none"> Public distribution system. 	user charges for drainage etc.	minor forest produce <ul style="list-style-type: none"> Khadi village and cottage industries. Fuel and fodder Markets and fair

It is apparent from the above list that Panchayats, amongst all the developmental function is entrusted with a range of subjects with inter-sectoral linkage with Health, like water & sanitation, women & child development, Family welfare etc.

In the context of health and family welfare, PRIs at the grassroots level can be very effective means in addressing various health problems including HIV and AIDS. Now, elected women representatives also take an active role in organizing health camps; encourage women to access safe delivery, and monitor attendance of doctors at the Primary Health Centres (PHCs). Thus this Amendment enables the village community to be active participants in the formulation, implementation and evaluation of the developmental plans to ameliorate the health problems in their villages.

Why involve Panchayats to address HIV and AIDS

As per NACO's data for 2000-2005, 58.7% of India's HIV epidemic is in the rural areas. This increase in the incidence of HIV and AIDS among the rural population, resulting in the spread of the epidemic from the high risk group to the general population, is a dangerous trend because of unstoppable migration continuing from rural India to the urban clusters.

Determinants like poverty, migration, natural calamities, ignorance, gender disparities and limited access to health care, presence of opportunistic infections particularly TB, poor personal hygiene leading to RTIs and sexually transmitted infections (STIs) contribute in a big way to the spread of HIV. In addition, social stigma and discrimination are observed to be high in smaller settlements due to intense social networks. Therefore, PLWHAs hesitate to come forward for diagnosis and subsequent treatment.

Thus the socio-economic, political and cultural factors of vulnerability and the cross-border nature of the epidemic demand a local approach to tackle the epidemic. Many of the issues, such as trafficking of women, use of narcotic drugs, commercial sex work etc., go beyond the national borders and require multi-sectoral and integrated local response to the epidemic.

HIV and AIDS are not just a health issue; it has social and economic implications too. Recent studies have shown that bio-medical approach has not been very successful in treating the problem of HIV and AIDS. In such a situation, the wide-ranging network of the Panchayati Raj system which extends up to families in the farthest areas has the potential to make a difference to the epidemic situation in the country and improve the quality of life of those living with HIV or AIDS.

The PRIs have the capacity to carry out their core functions of local service delivery and local economic development. With the decentralized power regime in administering and delivering social and economic functions, the PRIs can now strengthen the existing health infrastructure and activities, create a positive environment to minimize the stigma attached to it, rehabilitate PLWHAs and ensure better access to health care and education. Panchayats are the closest to community and to those affected by HIV and AIDS, and therefore, given their critical role in co-ordination, management and consolidation of the local development plans, they are well placed to influence the HIV and AIDS response at the decentralized levels in rural areas.

What Can Panchayats Do?

Broadly the role of Panchayats can be classified as

- General Awareness about STIs, HIV and AIDS
- Increasing Access of Available services for HIV and AIDS, STIs and other related opportunistic infections
- Protection of Rights of PLWHA
- Fight Stigma and social discrimination

NACO has classified some states as high and medium risk states. All the other states and union territories are classified as low risk states. The most important role of the Panchayats is to ensure preventive measures. This can be achieved by raising general awareness and counselling of the high risk groups within the Gram Sabha. However in the high and medium risk states, the role of the Panchayats goes beyond mere awareness generation. Some of the important roles that the Panchayat can play in different categories of states are as mentioned in the section below.

States	Prevalence
Maharashtra, Tamil Nadu, Manipur, Andhra Pradesh, Karnataka, New Delhi, West Bengal and Andhra Pradesh	High
Gujarat, Goa and Pondicheri	Medium
All other States and Union Territories	Low

Different Tiers of Panchayats in different states can undertake several activities to address the situation. The role of different tiers of panchayats according to the prevalence of HIV AIDS in the states is given in the following sections

Role of Panchayats in High Prevalence States

Role of Gram Panchayat in HIGH Prevalence States	
Role	Activities
Awareness Generation	<ul style="list-style-type: none"> • Discuss during Panchayat Meetings • Discuss in Gram Sabha meetings • Disseminate information through notice boards/ distribution of pamphlets etc • Counselling to high risk groups • Advice Gram Sabha on rehabilitation of PLWHA in the Gram Sabha • Organise street plays, kala jatthas etc by engaging local youth • As a preventive measure encourage people to get tested for the virus • Sensitise the community about HIV/AIDS and other related co-infections like Tuberculosis, STIs etc by organizing periodical health camps • Promote usage of Condoms, abstinence from prostitution, drugs usage
Access of Available services	<ul style="list-style-type: none"> • Coordinate in preparation of a database (with the addresses and timings) of the available ICTCs in the area • Provide list of ART, ICTC centres through notice boards
Protection of Rights	<ul style="list-style-type: none"> • Ensure that PLWHA gets his / her entitlements as any other Gram Sabha member

Role of Gram Panchayat in HIGH Prevalence States	
Role	Activities
PLWHA	<ul style="list-style-type: none"> • Ensure that the Health Centres take care of patients with AIDS Involve NGOs and civil society representatives to protect the rights PLWHA • Advocate for compulsory registration at the time of marriage and birth. • Form block level network of PLWHA
Fight Stigma and social discrimination	<ul style="list-style-type: none"> • Ensure that no person is devoid of entitlements with regard to opportunity to work or benefits access different schemes. • Ensure admission of those children living with HIV and AIDS or those born to parents living with HIV and AIDS in schools. • Discuss the myths and misconception about HIV AIDS in Gram Sabha • Ensure inclusiveness and meaningful involvement of PLWHAs by nominating them as members of various committees in the panchayat.

Role of Intermediary Panchayats in HIGH Prevalence States	
Role	Activities
Awareness Generation	<ul style="list-style-type: none"> • Discuss during Block Health Committee meetings • Initiate Awareness generation programmes for Block SHC and CHCs • Regularly appraise District Panchayat with the situation in the block • Use public platforms for generating awareness • Spread awareness on rehabilitation programmes launched by the Government
Access of Available services	<ul style="list-style-type: none"> • Block level Panchayats can inform the gram Panchayats and the local people about the various IEC tools, ICTCs available in their area • Ensure blood banks keep tested blood • Keep records of the status of the epidemic in a systematic manner and share it with district panchayat
Protection of Rights of PLWHA	<ul style="list-style-type: none"> • Ensure that the Health Centres take care of patients with AIDS Involve NGOs and civil society representatives to protect the rights PLWHA • Advocate for compulsory registration at the time of marriage and birth. • Form block level network of PLWHA
Fight Stigma and social discrimination	<ul style="list-style-type: none"> • Facilitate admission of those children living with HIV and AIDS or those born to parents living with HIV and AIDS in schools. • Campaign for dispelling myths and misconceptions on HIV AIDS. • Ensure inclusiveness and meaningful involvement of PLWHAs by nominating them as members of various

Role of Intermediary Panchayats in HIGH Prevalence States	
Role	Activities
	<p>committees in the block.</p> <ul style="list-style-type: none"> • Ensure that Panchayat officials and elected representatives interact with PLWHAs to reduce stigma and discrimination.

Role of District Panchayats in HIGH Prevalence state	
Role	Activities
Awareness Generation	<ul style="list-style-type: none"> • Collect authentic literature and disseminate it to Intermediary and Gram Panchayats • Sensitize the District hospitals on HIV AIDS • Discuss and take stock of the situation during the district health committees meeting • Engage with district media to spread awareness on the issue • Ensure proper implementation of government and NGO led rehabilitation programme • Organise workshops/ trainings by SACS and other competent organisations on the issue
Access of Available services	<ul style="list-style-type: none"> • Block level Panchayats can inform the gram Panchayats and the local people about the various IEC tools, ICTCs available in their area • Ensure blood banks keep tested blood • Ensure proper care is given to patients at the district hospitals • Develop reporting formats and ask Block and Gram Panchayats to report the status regularly
Protection of Rights of PLWHA	<ul style="list-style-type: none"> • Organise public meetings to create awareness about the rights of HIV positive persons • Involve NGOs and civil society representatives to protect the rights PLWHA • Advocate for compulsory registration at the time of marriage and birth. • Ensure protection of civil rights of HIV positive women, such as the right to live in the matrimonial home; the right to be protected from an abusive husband; the right to compensation and maintenance. • Advocate for reforming laws and legal support services, focusing on anti-discrimination and the rights of women, children and marginalized groups. • Form district level network of PLWHA
Fight Stigma and social discrimination	<ul style="list-style-type: none"> • Ensure that no person loses his/her job or is denied employment because of being HIV positive. • Facilitate admission of those children living with HIV and AIDS or those born to parents living with HIV and AIDS in schools. • Facilitate Panchayats at all to play an important role in dispelling myths and misconceptions about HIV and AIDS by organizing group meetings and discussing the issue of HIV and AIDS along with their regular agenda.

Role of District Panchayats in HIGH Prevalence state	
Role	Activities
	<ul style="list-style-type: none"> • Ensure inclusiveness and meaningful involvement of PLWHAs by nominating them as members of various committees in the district. • Ensure that Panchayat officials and elected representatives interact with PLWHAs to reduce stigma and discrimination.

Role of Panchayats in Medium Prevalence States

Role of Gram Panchayat in MEDIUM Prevalence States	
Role	Activities
Awareness Generation	<ul style="list-style-type: none"> • Discuss during Panchayat Meetings • Discuss in Gram Sabha meetings • Disseminate information through notice boards/ distribution of pamphlets etc • Sensitise Gram Sabha on the need for rehabilitation • Make information available of the testing centres located nearby • Sensitise the community about HIV/AIDS and other related co-infections like Tuberculosis, STIs etc by organizing periodical health camps
Access of Available services	<ul style="list-style-type: none"> • Coordinate in preparation of a database (with the addresses and timings) of the available ICTCs in the area
Protection of Rights of PLWHA	<ul style="list-style-type: none"> • Sensitise Gram Sabha on the need for rehabilitation of PLWHA • Ensure that the Health Centres take care of patients with AIDS • Advocate for compulsory registration at the time of marriage and birth. • Ensure protection of civil rights of HIV positive women, such as the right to live in the matrimonial home; the right to be protected from an abusive husband; the right to compensation and maintenance.
Fight Stigma and social discrimination	<ul style="list-style-type: none"> • Ensure that no person is devoid of entitlements with regard to opportunity to work or benefits access different schemes. • Ensure admission of those children living with HIV and AIDS or those born to parents living with HIV and AIDS in schools. • Discuss the myths and misconception about HIV AIDS in Gram Sabha

Role of Intermediary Panchayat in MEDIUM Prevalence Panchayat	
Role	Activities
Awareness Generation	<ul style="list-style-type: none"> • Discuss during Block Health Committee meetings • Initiate Awareness generation programmes for Block SHC and CHCs • Regularly appraise District Panchayat with the situation in the block

Role of Intermediary Panchayat in MEDIUM Prevalence Panchayat	
Role	Activities
	<ul style="list-style-type: none"> • Use Public Platforms for awareness generation. • Spread awareness on rehabilitation programmes launched by the Government
Access of Available services	<ul style="list-style-type: none"> • Block level Panchayats can inform the gram Panchayats and the local people about the various IEC tools, ICTCs available in their area • Ensure blood banks keep tested blood • Ensure proper database maintenance
Protection of Rights of PLWHA	<ul style="list-style-type: none"> • Ensure that the Health Centres take care of patients with AIDS • Advocate for compulsory registration at the time of marriage and birth. • Ensure protection of civil rights of HIV positive women, such as the right to live in the matrimonial home; the right to be protected from an abusive husband; the right to compensation and maintenance.
Fight Stigma and social discrimination	<ul style="list-style-type: none"> • Campaign for dispelling myths and misconceptions on HIV AIDS • Facilitate admission of those children living with HIV and AIDS or those born to parents living with HIV and AIDS in schools. • Ensure inclusiveness and meaningful involvement of PLWHAs by nominating them as members of various committees in the block. • Ensure that Panchayat officials and elected representatives interact with PLWHAs to reduce stigma and discrimination.

Role of District Panchayat in MEDIUM Prevalence States	
Role	Activities
Awareness Generation	<ul style="list-style-type: none"> • Discuss with the district hospital and district health committee on the issue. • Engage with district media to spread awareness on the issue • Spread awareness on the rehabilitation programmes • Collect and disseminate information from SACS and other such organisations
Access of Available services	<ul style="list-style-type: none"> • Block level Panchayats can inform the gram Panchayats and the local people about the various IEC tools, ICTCs available in their area • Ensure blood banks keep tested blood • Develop reporting formats and ask Block and Gram Panchayats to report the status regularly
Protection of Rights of PLWHA	<ul style="list-style-type: none"> • Advocate for compulsory registration at the time of marriage and birth. • Ensure protection of civil rights of HIV positive women, such as the right to live in the matrimonial home; the right to be protected from an abusive husband; the right to compensation and maintenance. • Help in the formation of district level network of PLWHA

Role of District Panchayat in MEDIUM Prevalence States	
Role	Activities
Fight Stigma and social discrimination	<ul style="list-style-type: none"> • Ensure that no person loses his/her job or is denied employment because of being HIV positive. • Facilitate admission of those children living with HIV and AIDS or those born to parents living with HIV and AIDS in schools. • Proper information dissemination on the myths and misconceptions about HIV and AIDS • Ensure inclusiveness and meaningful involvement of PLWHAs by nominating them as members of various committees in the district.

Role of Panchayats in Low Prevalence States

Role of Gram Panchayat in LOW Prevalence State	
Role	Activities
Awareness Generation	<ul style="list-style-type: none"> • Discuss during Panchayat Meetings • Discuss in Gram Sabha meetings • Disseminate information through notice boards/ distribution of pamphlets etc • Make information available of the testing centres located nearby • Sensitise the community about HIV/AIDS and other related co-infections like Tuberculosis, STIs etc by organizing periodical health camps
Access of Available services	<ul style="list-style-type: none"> • Coordinate in preparation of a database (with the addresses and timings) of the available ICTCs in the area
Protection of Rights of PLWHA	<ul style="list-style-type: none"> • Sensitise Gram Sabha on the stigma and social discrimination faced by PLWHA
Fight Stigma and social discrimination	<ul style="list-style-type: none"> • Discuss the myths and misconception about HIV AIDS in Gram Sabha

Role of Intermediary Panchayats in LOW Prevalence states	
Role	Activities
Awareness	<ul style="list-style-type: none"> • Discuss during Block Health Committee meetings • Initiate Awareness generation programmes for Block SHC and CHCs • Disseminate updated information to the gram panchayats
Access of Available services	<ul style="list-style-type: none"> • Ensure blood banks keep tested blood
Protection of Rights of PLWHA	<ul style="list-style-type: none"> • Ensure proper information dissemination on the rights of PLWHA
Fight Stigma and social discrimination	<ul style="list-style-type: none"> • Campaign for dispelling myths and misconceptions on HIV AIDS

Role of District Panchayat in LOW Prevalence States	
Role	Activities
Awareness	<ul style="list-style-type: none"> • Organise awareness generation campaign • Engage with local media to raise awareness on the issue
Access of Available services	<ul style="list-style-type: none"> • Ensure blood banks keep tested blood
Protection of Rights of PLWHA	<ul style="list-style-type: none"> • Organise public meetings to create awareness about the rights of HIV positive persons
Fight Stigma and social discrimination	<ul style="list-style-type: none"> • Engage with different media print and electronic to spread awareness on Myths and Misconceptions of HIV AIDS • Organise sensitisation workshops for different levels of panchayat representatives

Panchayats can also take charge of registering births, deaths, migration and marriage as HIV and AIDS is closely inter-related to these issues. This will help to a great extent in curbing trafficking and thereby reducing vulnerability. Birth registration (which is a legal process) issue links the questions around abandoned children, refugee children, children of single mothers, trafficked children, migration, child labour, female foeticide, child marriage. The government has delegated this responsibility to Panchayats as the local self government is most suited to execute this job. Any welfare measure or policy of the government will not be able to deliver benefits, in the absence of authentic information and data of its population. The demand from schools for birth certificates has forced parents to take birth registration seriously.

Integration of HIV concern with Central and State schemes

- Help gram Panchayat in selecting on the basis of the local situation, a package of programme and activities to be implemented in their village.
- Sensitise ANMs, ICDS functionaries and local health professionals to educate women on HIV/AIDS transmission, prevention and care along with their routine health programme.
- Ensure that the Panchayats play a constructive role in ensuring nutritious and appropriate health care to particularly women and children.
- Advocate for the integration of the HIV/AIDS programme in the existing health programme of central and state government.

- Advocate for inclusion of HIV/AIDS specific prevention and care components in the district development plans along with available budget allocation.
- Ensure that along with other developmental reports Panchayats provide periodical reports to the District Panchayats on the initiatives undertaken for prevention of HIV/AIDS in their area.
- Encourage the government to coordinate their action for addressing HIV/AIDS across various ministries, NGOs, and communities to promote a supportive environment for groups vulnerable to HIV/AIDS
- Enabling resource allocation for addressing critical underlying socio-economic factors of the epidemics.
- Ensure that the schemes are implemented vigorously through proper co-ordination and motivation of officials, NGOs in the field and individuals involved in prevention work.

Implementation of Flagship programmes for addressing HIV AIDS

The 29 subjects mentioned in the XI Schedule are implemented with the help of a number of schemes which are routed through the Panchayats under the “flagship programmes”. These programmes are designed to integrate health and family welfare and related interventions and address health from a holistic viewpoint.

The favourable policy environment to engage PRIs in addressing HIV and AIDS is backed by the flagship programmes for local development like NREGS, National Rural Health Mission (NRHM) and other rural development scheme.

Lack of employment opportunities has resulted in mass exodus of people from rural to the urban areas. People are migrating in search of livelihood outside their villages. Very often, it is the men who migrate leaving their families behind and migration makes them vulnerable to opportunistic infections and increases the risk of contracting HIV and AIDS. Men being away from the secure environment of the family may often enter into relationships with other women and indulge in risky behaviour. When they come back to their respective villages they pass on the infection to their spouses.

Caught in the vicious circle of poverty, many women also migrate in search of jobs. For them, sex work is often the only means of earning a

livelihood and maintaining the family. In such a situation, they are often caught in trafficking and become vulnerable to HIV and AIDS.

Poverty is directly related to nutritional status and health seeking behaviour. Low nutritional status often makes the poor vulnerable to a host of deficiency diseases and opportunistic infections. This makes them more vulnerable to contracting STIs including HIV. The poor also have less access to health care and therefore many of the STIs remain untreated.

It is noteworthy that the Central government has finally recognized the pivotal role of Panchayats in ownership, control and management of public health services. The following section outlines the roles and responsibilities of Panchayats, with regards to the implementation of NRHM and NREGA but also more broadly with implementation of other health interventions and initiatives, their inter-linkages with the existing health delivery infrastructure at the Panchayat level.

Under the NRHM, reproductive health issues have a special significance for HIV and AIDS. Women are at a greater risk of contracting HIV for biological, economic and social reasons. Therefore, the following areas can address the issues of HIV and AIDS:

- RTI/ STI Management
- Condom Promotion
- Voluntary Counselling and Testing
- Prevention of parent to child transmission
- Behaviour change communication
- Blood safety
- Training and management of information systems

Role of Panchayats in NRHM

- Panchayats will select ASHA from the village and will be responsible for preventive and promotional health, which includes:
 - Delivery of health services
 - Assistance and guidance to women to access the health facilities for anti-natal care, institutional delivery, post-natal care.
 - Counselling on nutrition and family planning services.

- Provide contraceptives and educate teenage and adolescent girls about sex and related issues including HIV and AIDS. This calls for special mention here due to prevailing gender norms.
- SHGs have the responsibility of supervising the work of ASHA and distribution of medicines etc.
- The PRI can take on the task of making the health care system at the grassroots more accessible and more transparent. It provides an opportunity for mobilizing community leaders, mahila mandals (local women's groups), and village health workers to organize themselves for emergency referrals.
- The ASHA and the anganwadi worker under the guidance of auxiliary nurse mid-wife (ANM) and the village health and sanitation committee of the Gram Sabha can mobilize and educate the community and increase awareness on determinants of health such as nutrition and basic sanitation and hygienic practices.
- The ASHA will assist the Gram Sabha in preparing village health plan to reflect the specific demographic and epidemiological needs at the village level.
- Panchayats also have the power to appoint the ANM and also to remove her if she does not perform her duties properly. The ANM can be provided with good training so that at the time of delivery, the new born does not get infected with HIV on account of some lapse.

Role of Gram Sabha in reducing the incidence of HIV and AIDS

The Gram Sabha is the most powerful foundation of decentralized governance. A vibrant and enlightened Gram Sabha is central to the success of Panchayati Raj system. Thus, Gram Sabha, if empowered has the potential to act as a community level accountability mechanism to ensure smooth functioning of the village. Two important areas where Gram Sabhas can take a lead role are:

- Gram Sabha can play an important role in selecting the intended beneficiaries and the marginalized groups for National Rural Employment Guarantee Scheme (NREGS), Swarna Jayanti Swarozgar Yojana (SJSRY) and other local development programmes to provide secure livelihood options to the villagers and consequently reduce migration. Along with that, the selection

of beneficiaries for Indira Awas Yojana (IAY). Widow Pension, Old age pension and distribution of rice through Antodaya scheme came under the purview of Panchayats.

- The elected members of the Panchayats in consultation with the Gram Sabhas are expected to chalk out their health agenda (both long term and short term) of their respective areas.
- Gram Panchayat can consolidate their agenda and forward it to the intermediate Panchayat. District Panchayats can approve the plans.

Thus, Panchayats are expected to play an important role in the overall development agenda of the area in consultation with the Gram Sabhas. Recently, Right to Information (RTI) Act has been enacted to strengthen the power of villagers to know the details of the development policies as envisaged at the higher levels.

Plan of Action for One year

- Divide the large group into smaller groups of 4-5 participants each
- Ask the groups to prepare a plan of action for the next one year
- The plan should include how the Panchayats would ensure
 - Awareness generation
 - Database maintenance of help available
 - Engaging Gram Sabha
 - Engaging block and district Panchayats
 - Engaging the district administration in helping address the situation

Annexure 1

Further readings and reference materials for the trainers

S. No	Name of the reference material	Offline / Online availability
1	HIV & psychiatric disorders	http://medind.nic.in/iby/t05/i4/ibyt05i4p451.pdf
2	Quality of life in HIV subtype C infection among asymptomatic subjects and its association with CD4 counts and viral loads – a study from South India	http://www.springerlink.com/index/84J8644Q77KUV440.pdf
3	Facing the challenges of HIV/AIDS and STDs-a gender based response'	JAGORI C-54, South Extension Part-II, New Delhi 110049 Tel: 91-11-6257015 Fax: 91-11-6253629
4	Aids Care Manual - Christian AIDS/HIV National Alliance (CANA)- India	Christian AIDS/HIV National Alliance Post Box 8826, Vasant Vihar New Delhi-57 E-mail cana@ndf.vsnl.net.in
5	Some Important Chapters of a Training Curriculum on VCT	http://www.nacoonline.org/publication/trainingcurriculum.pdf
6	HIV/AIDS Counselling Training Manual for Trainers	http://www.nacoonline.org/publication/7.pdf
7	Specialists Training and Reference Module	http://www.nacoonline.org/publication/9.pdf
8	HIV and TB (A Guide for Counsellors)	http://www.nacoonline.org/publication/10.pdf
9	HIV/AIDS Hand Book For Counsellors	http://www.nacoonline.org/publication/11.pdf
10	HIV - TB Co-infection - A Guide for Medical Officers.	http://www.nacoonline.org/publication/12.pdf
11	Partnering with NGOs: List of NGO Partners of NACO/SACS	http://www.nacoonline.org/publication/13.pdf
12	Reaching Out: A Training Manual for Building Communication Outreach Workers	http://www.nacoonline.org/publication/reachingout.pdf
13	Communication about STDs/AIDS: How to Adapt, Develop and Use IEC Materials	http://www.nacoonline.org/publication/communication_aboutAIDS.pdf
14	Planning for HIV/AIDS Communication	http://www.nacoonline.org/publication/planning_hiv.pdf
15	Chalo Khatare Ko Vardaan Banaye - A Book on HIV/AIDS and Youth (Reprinted 2001)	National AIDS Control Organisation 9th Floor, Chandralok Building 36, Janpath, New Delhi 110001 Tel: 23325343, 23731774, 23731778 Fax: 23731746 E-Mail info@nacoonline.org
16	STD/HIV/AIDS for Rural Health Workers- Flip charts	National AIDS Control Organisation 9th Floor, Chandralok Building 36, Janpath, New Delhi 110001 Tel: 23325343, 23731774, 23731778 Fax: 23731746

S. No	Name of the reference material	Offline / Online availability
		E-Mail info@nacoonline.org
17	National Training Module on Prevention of Mother to Child Transmission of HIV	National AIDS Control Organisation 9th Floor, Chandralok Building 36, Janpath, New Delhi 110001 Tel: 23325343, 23731774, 23731778 Fax: 23731746 E-Mail info@nacoonline.org
18	Draft Flow - charts on management of STIs through Syndromic Approach	http://www.nacoonline.org/publication/flowcharts.pdf
19	Draft STI Treatment Guidelines	http://www.nacoonline.org/publication/stiguuidelines.pdf
20	Living Well with HIV AIDS	http://www.fao.org/DOCREP/005/Y4168E/Y4168E00.HTM
21	ACT Now	http://www.unifem.org/attachments/products/ActNow_eng.pdf
22	Management of Sexually Transmitted Diseases at District and PHC Levels	http://www.youandaids.org/unfiles/Management%20of%20Sexually%20Transmitted%20Diseases.pdf
23	Let's Talk About HIV Counselling and Testing – Facilitator's Guide	http://www.searchitech.org/pdf/db-51004.pdf
24	AIDS in South Asia -- Understanding and Responding to a Heterogeneous Epidemic- World Bank	http://www.go2itech.org/pdf/p06-db/db-50995.pdf
25	Caring for Someone with HIV/AIDS: A Home-Based Care Handbook Project Concern International, International Training and Education Centre on HIV	http://www.go2itech.org/itech?page=co-05-03
26	An Introduction to Promoting Sexual Health for Men Who Have Sex with Men and Gay Men: A Training Manual	http://www.go2itech.org/pdf/p06-db/db-50233.pdf

Annexure 2

Pre and Post Training Evaluation Questionnaires

Pre Training Questionnaire

Session	Topic	Questions that may be asked to the participants
Session 1	Introduction to Panchayati Raj	What are the three tiers of Panchayati Raj Institutions?
		Is there any role of Panchayats in addressing health issues?
		Does Health arise in the gram Sabha meetings?
		Can health issues be addressed through Gram Sabha and Panchayat meetings?
Session 2	Introduction to HIV AIDS	Full form of HIV and AIDS
		How can HIV be transmitted?
		Are women more at risk than men? How?
		Does livelihood options have anything to do with HIV AIDS?
Session 3	Introduction to HIV AIDS	Should HIV positive children be allowed to attend the same school as other children?
		Should the HIV positive person in the village remain in the village?
		Kind of people who are most at risk
		Does HIV means Death?
		Is there any cure for HIV AIDS?
		How would you describe your state with regard to HIV Prevalence (High/Medium/Low)?
Session 4	Role of Panchayats in combating HIV AIDS	Can Panchayats make a difference in the lives of PLHA?
		Where are HIV positive cases concentrated - Rural areas or Urban areas?

Post Training Questionnaire

Session	Topic	Questions that may be asked to the participants
Session 1	Introduction to Panchayati Raj	When was the Seventy-third Constitutional Amendment introduced?
		What are the salient features of the Seventy-third Constitutional Amendment?
		Should Health related issues be discussed in Gram Sabha. If yes, what kind of issues can be taken up?
		Why Panchayats are considered important to address the issue of HIV/AIDS?
		Which are the important schemes of Government of India which have been routed through the Panchayats?
		What are the sources of income of the Panchayats?
		How many subjects have been assigned to the Panchayats? List as many as possible?
Session 2	Introduction to HIV AIDS	Difference between HIV and AIDS
		How can HIV be transmitted and how can it not be transmitted?
		How are women more at risk in receiving the virus?
		How do livelihood options increase vulnerability towards HIV AIDS?
Session 3	Introduction to HIV AIDS	Who are most vulnerable as far as HIV AIDS is concerned?
		Why does an HIV positive person needs to be rehabilitated?
		How can an HIV positive person be rehabilitated?
		What is ART?
		Whom can you contact for more information on HIV AIDS in your state?
		How would you describe your state with regard to HIV Prevalence (High/Medium/Low)?
Session 4	Role of Panchayats in combating HIV AIDS	What can panchayats do to raise General Awareness in High/medium/low prevalence state?
		How can panchayats ensure access of available services for HIV and AIDS?
		What role can panchayats play in protecting the Rights of PLWHA?
		What can panchayats do in reducing the stigma and social discrimination faced by PLWHA?
		How can Government flagship programmes and schemes be implemented to address the HIV AIDS situation?