Operation Manual

AIDS Awareness & Sustained Holistic Action (AASHA) Campaign - II

2 –31, May 2006

HIV/AIDS is the new global emergency. The gravity of the epidemic is high and this demands a collective effort on the part of the different stakeholders to come together as one force in meeting this emergency.

As a part of its efforts to meet this emergency, the Government of Andhra Pradesh launched an intensive campaign – AASHA (AIDS Awareness & Sustained Holistic Action) – aimed at 100% awareness on HIV/AIDS and improve the access and quality of service delivery in July 2005. I appreciate the people's representatives, government machinery, NGO partners and community based organisations in their excellent cooperation and support to the campaign.

There is need to sustain the efforts and reverse the epidemic. Therefore, Government intends to launch AASHA – II from 2nd to 31st May 2006.

The campaign aims to move from community participation to community ownership. The mantra is to bring all the different stakeholders together as one force in facing the challenge.

This manual is intended to provide an understanding of the strategy adopted by the Government and provide a road map for carrying forward the programme by the different stakeholders.

As AASHA is the flagship programme of the Government of Andhra Pradesh to meet the challenge, I request the different stakeholders to come and join as one force.

Let us all come together, be proactive and take collective action towards making Andhra Pradesh AIDS free.

Chief Minister
Government of Andhra Pradesh

Message of Hon'ble Minister, HM&FW

HIV/AIDS has emerged as the new global challenge that has the potential to wipe out decades of progress and adversely impact socio-economic development of a nation. Andhra Pradesh has been identified as one of the states with the highest prevalence of HIV/AIDS in India. Of the total positive persons in the country close to 20% are in Andhra Pradesh alone.

This indicates a challenging situation for the state and calls for collaborative efforts of all stakeholders to impact this alarming trend of HIV. The AASHA –I campaign resulted in an increased awareness in women and youth, and reduced stigma and discrimination towards people living with HIV/AIDS. The success of AASHA lies in the people's readiness for such initiatives and willingness to respond.

However, given the gravity of the issue and the gaps between knowledge and action, there is need to intensify efforts based on experience from the last campaign. The emphasis now needs to be on greater role of the community. Hence, AASHA II is designed with a community centered approach.

AASHA-II campaign will focus on normalizing HIV/AIDS testing and encouraging all persons in the sexually active population to know their HIV status – irrespective of their risk behaviour.

The campaign would involve intensive awareness activities through special gram sabhas in every village, special health camps, door-to-door visits by AASHA Mitras', kalajhata performances, screening of HIV film, mobile publicity through AASHA vahani caravans among others. Service delivery would also be strengthened through integration of all HIV service points and provision in one place and expansion to the primary health care level. This strategy aims at de-stigmatizing HIV/AIDS related services – and making it a place where all people can and should avail services.

This manual sets out a detailed action plan for the campaign activities to be conducted from 2nd to 31st May 2006. Strategy components can be tailored depending on the specifics and the unique features of the district.

The need of the hour is timely and collective action and I hope for a greater participation of all stakeholders to ensure that Andhra Pradesh sets a model in reversing the epidemic.

Minister for Finance & HM&FW,
Government of Andhra Pradesh

This is the campaign strategy document of the Government of Andhra Pradesh prepared to achieve one of the major health objectives of the government towards controlling the HIV/AIDS epidemic in the State. The strategy focuses on increasing awareness on the proximity of the disease to the people, improving service delivery options and enhancing community ownership of the programme.

This document is prepared by the Centre for Good Governance, Hyderabad in association with the Andhra Pradesh State AIDS Control Society.

The manual is intended to provide a broader framework and is not to be considered as a common blue print for action. Activities should be planned to address the local level realities and care must be taken to address specificities unique to the particular district.

Contents

Glossary of terms

AASHA	AIDS Awareness & Sustained Holistic Action
AIDS	Acquired Immuno -Deficiency Syndrome
ANC	Antenatal Clinics
ANM	Auxiliary Nurse Midwife
AP	Andhra Pradesh
APEP	AIDS Prevention Education Programme
APSACS	Andhra Pradesh State AIDS Control Society
AWW	Anganwadi Worker
CBO	Community Based Organisations
CHC	Community Health Centre
CSW	Commercial Sex Workers
HIV	Human Immuno - deficiency Virus
IEC	Information, Education and Communication
MSM	Men having Sex with Men
NACO	National AIDS Control Organisation
NGO	Non Government Organisations
NRP	Non Regular Partner
OI	Opportunistic Infection
PHC	Primary Health Centre
PLWHA	People Living With HIV/AIDS
PPTCT	Prevention of Parent to Child Transmission
RTI	Reproductive Tract Infection
SHG	Self Help Group
STD	Sexually Transmitted Diseases
STI	Sexually Transmitted Infection
VCTC	Voluntary Counselling and Testing Centres
VO	Village Organisation

Executive Summary

Over the last decade, HIV/AIDS has emerged as a serious global challenge having grave implications for the future economic and social development of our world. The absence of curative measures for the disease, the rapidity of its spread and its impact on the adult working population are factors that make HIV a major health and development challenge. As of 2004, there are 51.3 lakh HIV positive cases in India, which means that nearly 1/9th of all HIV positive people worldwide live in India. Within the country there are wide disparities of prevalence of HIV between urban and rural areas, and across states.

Andhra Pradesh is facing a serious HIV epidemic. AP is one of the high-prevalent states in India (based on the NACO 2005 Sentinel Surveillance) and has reported a significant increase in the prevalence rates during the last round of sentinel surveillance. The state HIV prevalence rates of 2% among urban antenatal clinic attendees and 22.8% among STD clinic attendees is the highest in the country, and is home to nearly 20% of all HIV positive people in India, estimated as 10 Lakh PLWHAs in Andhra Pradesh alone. The state is thus faced with a challenging situation as HIV is becoming a generalised epidemic – implying that the HIV infection is no longer restricted to high risk groups like sex workers, MSMs, truckers etc but has penetrated into the general population. Given the exponential growth trends[1] of the epidemic and the potentially devastating impact it can have on socio-economic development indicators sustained focused action to control the spread of the disease has become a state priority.

HIV/AIDS is a development issue, not just a health issue. Its impact extends well beyond typical health indicators (e.g. infant mortality rate, life expectancy and death rate) to key development indicators (e.g. per capita income, literacy and GDP growth rates). As it mainly impacts the 15-49 age group, if left unchecked HIV/AIDS can decimate the most economically productive segment of society. Recognising the devastating nature of HIV, an effective response to the epidemic necessarily requires sustained and concerted efforts from all sections of society, including government, non-government, private and civil society.

In response, the Government of Andhra Pradesh launched a flagship programmes aimed at 100% awareness through an intensive campaign during the month of July 2005 titled ***AASHA – AIDS Awareness and Sustained Holistic Action***. The success of this programme lies in its ability to garner support from different stakeholders and mount a collaborative response to the situation. The campaign has made significant progress as indicated by the increase in voluntary testing and counselling, reduced stigma and discrimination for PLWHAs and enhanced dialogue

[1] For example, HIV prevalence rates in South Africa shot up from 4% to 23% within five years

on HIV/AIDS in various forums across the state. However, the true essence of AASHA is not in one campaign alone, the July campaign signifies the start of a movement and it is now time to take it to the next level in order to sustain the efforts and intensify the response against HIV.

The AASHA – II campaign focuses on engaging all sections of society in a partnership mode wherein all players feel a sense of ownership and are equally committed to achieving the objectives of the programme. The foundation of the AASHA –II campaign is on ***bridging the gap between knowledge and action*** on one hand, and ***moving from community participation to community leadership*** on the other. For sustained and holistic action against HIV/AIDS it is essential that the community takes a more proactive role in the process.

AASHA-II emphasises the need for collective action against the spread of HIV/AIDS and involves greater role of Panchayati Raj and Municipal Bodies, CBOs and youth groups. The month long intensive campaign from 2nd– 31st May 2006 aims to deliver the message of the HIV/AIDS into every home by a member of the community. The approach therefore involves spreading awareness, not through an 'outsider' but through a person who is well known in the village and is perceived as one of their own. The primary objective of the campaign is to call for action from every individual to work for the cause of HIV/AIDS.

The campaign broadly involves two components – generating universal awareness through community ownership, and enhancing access to HIV/AIDS services through an integrated approach of service delivery. The campaign involves various forms of communication to get the message across to the people. These include special Gram Sabhas in every village, screening of films on HIV in all cinema theatres, Kalajathas, caravans, street plays, use of print and electronic media amongst others. However, increased awareness has also translated into increased demand for HIV related services. As part of the campaign efforts would be made to integrated HIV related services so as to simplify the process of accessing services, reduce stigma, and normalize HIV into the health sector. This integrated approach would involve a common branding of all HIV service points with the now well known name – AASHA. New centres would be set up at the primary health care level to improve accessibility of counselling and testing, as well as ARV treatment at the teaching hospital level.

A planned, synergistic approach across all partners, with the community taking the lead is the way forward. This form of collective action would have a multiplier effect on the desired outcomes of the campaign.

Taking AASHA forward……..

Do You Know…

- It took only **5 years** for the epidemic to spread from **4% to 23%** in South Africa
- Botswana lost **26 years of life expectancy** in 10 years due to HIV/AIDS
- Botswana recorded **40% increase in Infant Mortality Rate** due to HIV/AIDS

Do You Know…

1/9th of the Global HIV infections are in India

- HIV Prevalence rate in India is 0.91%
- HIV is a generalised epidemic in seven states in India – Andhra Pradesh, Maharashtra, Tamil Nadu, Karnataka, Nagaland, Manipur and Mizoram

Which State in India has the highest prevalence rate of HIV in ANCs & STD clinics – **Andhra Pradesh**

- Nearly 20% of the national infections are in Andhra Pradesh
- HIV prevalence in Urban ANC sites is 2% and rural ANC sites is 1%
- HIV prevalence in STD clinic attendees is 22.8%
- Sexual transmissions account for 88% of the infections
- 92% infections are in the age group of 15-49 years
- 20 out of 23 Districts report above 1% HIV prevalence in urban ANC sites
- 13 districts report above 2% HIV prevalence in urban ANC sites

Why?

- High prevalence of **sex with Non Regular Partners** - 19% in Men and 7% in Women
- Low **Condom use rate** with Non Regular Partners – 25% (National Average – 32%)
- High prevalence of **STIs** both among men & women – 7%
- High trafficking of girls

Which population segments are most vulnerable to the disease? –

Young people and working adults 19-49 age groups

Do You Know…

That Thailand contained the HIV epidemic even after prevalence levels crossed 2% of HIV through a massive multi-sectoral and multi-pronged approach

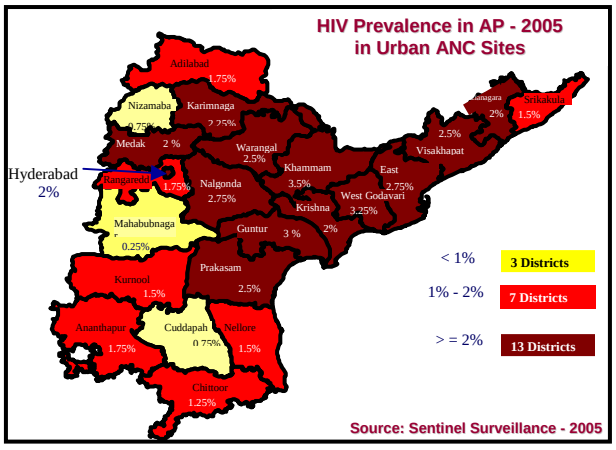
Introduction

The HIV/AIDS epidemic is growing at an alarming rate in several states in India. The disease has spread to all parts of the country, and seven states have been identified as high prevalence states - Andhra Pradesh, Maharashtra, Tamil Nadu, Karnataka, Nagaland, Manipur and Mizoram. These states account for nearly eighty percent of all reported AIDS cases in India. Globally too, the AIDS epidemic is proving to be the greatest challenge facing the world. As per UNAIDS the number of People Living with HIV/AIDS (PLWHA) in the world is estimated to be 4.3 crore in 2005. Presently around 51 Lakh PLWHAs are in India and estimates indicate that of this close to ***10 lakh positive persons are in Andhra Pradesh alone***.

In response, the Government of Andhra Pradesh launched a month long campaign in July 2005 – called AASHA - aimed to achieve 100% awareness towards the epidemic in the general population especially amongst the rural women and the youth. The objective of the campaign was to create awareness and reach out to the vulnerable population and increase the perception of self - risk. AASHA – AIDS Awareness & Sustained Holistic Action signified the effort to bring about universal understanding of the HIV/AIDS situation and called for action from all members of society to help reverse the process. Among several other social and economic factors it was observed that lack of awareness and inadequate/ improper information of the causes and preventive measures played a significant role in the spread of the disease. Hence it was felt that information and communication if used effectively can become a strong point in creating awareness and in curtailing the spread of the disease. The impact of the campaign has been phenomenal and there is consensus from all groups on the need to intensify efforts towards the cause. It is now time to take the next step towards enhancing community ownership and leadership and mainstreaming HIV/AIDS – this is the focus of AASHA-II.

State scenario

HIV/AIDS poses a serious threat to the development of Andhra Pradesh. The State has the highest prevalence rate of HIV/AIDS in the country having recorded 2% prevalence in the low risk general adult population, represented by women attending antenatal clinics (urban) and 22.8% in the high risk population, represented by patients at STD clinics. The high prevalence in antenatal cases is an



indication that the disease is no longer restricted to specific groups of population with high risk behaviour but has transcended into the general population. 20 districts in the State recorded a HIV prevalence of 1 percent or more among women who attended antenatal clinics.[2] A 1% rate in the general population can be achieved only when the prevalence exceeds 5% in the core group or high risk population. This clearly indicates the extensive spread of HIV from the typically high risk group (people with risky behaviour) to the low risk groups and general population. HIV has now become a ***generalized epidemic*** in the State.

92% of infections are in the age group of 15-49 years. As the people in this age group are also the most economically productive group of the population, HIV has severe economic repercussions if not controlled and allowed to spread at the existing pace. It adversely affects the economic, social, psychological and health status of infected individuals and their families. The phenomena of double orphans (both parents have deceased) as a result HIV/AIDS is soon becoming a growing concern for the State.

In Andhra Pradesh, as at the national level sexual activity is the primary transmission mode of HIV. Data from VCTCs for April 2004-05 shows that the predominant mode of transmission reported by HIV positive cases is sexual route (88.51%). Infection through blood transfusions and infected syringes is less than 2%.

Why Andhra Pradesh?

Andhra Pradesh has consistently recorded a high prevalence rate of HIV. Multiple reasons underlie this phenomenon. The factors contributing to the rapid growth of the epidemic are identified in the box below. In comparison to national averages, Andhra Pradesh comes out higher on most specific parameters which account for high prevalence rates of HIV.

Sex with non regular partners is a major factor that accounts for high prevalence rates. In Andhra Pradesh 19% of men and 7% of women reported sex with non regular partners (NRP). This is substantially higher than the all India average of 12% of men and 2% of women. In few coastal districts of AP, these rates are even higher. For instance in Guntur 38% of married men and 10% of married women reported sex with NRPs.

Factors for rapid growth of epidemic

- High prevalence of sex with non-regular partners – 19% in men and 7% in women
- High prevalence of STI in men and women – 7%
- Low condom use rate with NRPs– 25%
- Delay in initiating targeted programmes
- Large number of migrant populations
- High trafficking of girls
- Strong traditional sexual networks
- Vast network of national highways

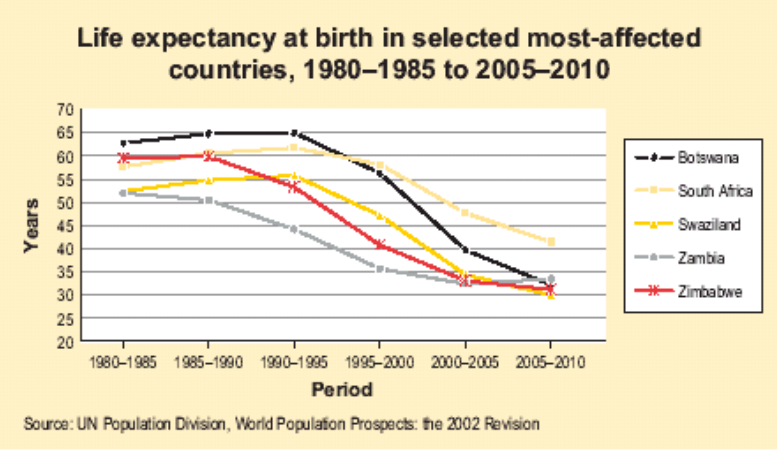
[2] Refer Annexure 6 for district wise HIV prevalence

This is compounded by the high prevalence of STIs in both men and women, and low condom use rate with non regular sex partners. The national average of consistent condom use rate with NRPs is 32% while in Andhra Pradesh it is only 25%. Recent studies also indicate high risk behaviour in the youth. The average median age for first sexual experience is 16 yrs in the state which indicates the high vulnerability of youth to HIV. Behavioural Sentinel Surveillance conducted in 2004 indicates that of the male university students surveyed 14% had sexual relations with a non regular non commercial partner in the six months preceding the survey.

International experience – impact of HIV AIDS

A global comparison indicates that India has the largest number of people living with HIV outside of South Africa. As per a UNAIDS-ADB study, a localized HIV epidemic, such as in AP can have serious health and economic consequences even if the national prevalence is relatively low. For instance in South Africa, once HIV became a generalized epidemic (that is greater than 1 % in general population) in 5 years the prevalence increased from 4% to 23%.

Once the epidemic reaches this stage it is extremely difficult to contain. UNDP report shows that in Botswana after 15 years of detecting the first case of HIV, around 28% to 36% of the sexually active population (age group 15 to 49 years) was infected. These alarming trends gain greater importance when considered in the light of the widespread impact of HIV on the life of infected and affected people. The impact of HIV is not restricted to health indicators but extends to the entire development process of the state. Decades of development can be wiped out in a span of a few years due to HIV/AIDS. As an illustration of this fact, is the figure below that shows the negative contribution of HIV on average life expectancy in some Sub-Saharan Africa countries over a period of fifteen years (1990-2005).



The life expectancy in Botswana dipped from 65 years in 1992 to 39 years in 2003 and is further expected to drop to 32 years by 2010. The demographic structure of the country shows

'missing generations' – where both parents have been infected and died, leaving behind a large number of double orphans with increased burden of household responsibility. This has adverse effects on not only the economic situation of the individual families but the entire state and nation. ***The experience of countries like Botswana is an indication of the potential devastation that the epidemic can cause in wiping out the gains made in development.***

Initiatives to control HIV AIDS in Andhra Pradesh

The focused approach adopted by APSACS and its partners for preventing HIV infection has been through the following basic strategies-

- Targeted interventions for high-risk behaviour populations
- Awareness and behaviour change communication interventions for general population
- Quality service delivery of HIV/AIDS related services such as testing, counselling, treatment and care

Working with key population groups who are at higher risk of contracting and transmitting HIV/AIDS remains a corner-stone of the state's HIV response. Andhra Pradesh's response to the HIV/AIDS epidemic in the last 5 years includes 110 targeted interventions/projects for high risk populations (like sex workers, truckers, MSMs migrant population, prison inmates etc), provision of STI services, condom promotion, IEC programmes and activities, blood safety and voluntary donation programmes, voluntary counselling and testing centres, prevention of parent to child transmission, school AIDS education programme, College Talk AIDS programme, Women's awareness programmes through SHGs, awareness programme or adolescent girls, youth programmes, capacity building of police personnel, work place interventions, training of medical and paramedical personnel, setting up of care and support centres, facilitating PLHA networks, and provisioning of ARV drugs. Special programmes like the AASHA campaign have also led to significant improvements in the awareness levels and confidence building of PLWHAs.

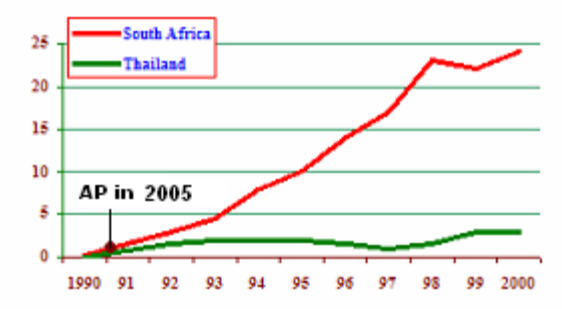
There are several partner organizations who have contributed to the prevention, care and support initiatives. State Government departments such as School/Higher Education, Youth Services, Women and Child Welfare, Family Welfare, Prisons, Rural development, Media units including Song and Drama division, DFP, AIR, Doordarshan, I&PR, local bodies like - PRI, ZP among others. Other private UN, Bilateral and NGO organisations who are working in partnership include PSU of HLFPPT, Swagati project of BMGF, UNICEF, PSI, CARE, PLAN, CHAI, Lepra, Alliance, PATH, Red Cross, IMA, AP Partners Forum, NGOs and CBOs and many others.

The Challenge remains…

Given the prevalence of HIV in general population, the magnitude of the problem and the increased awareness it is critical to take the next step towards control of the disease with greater ownership at the community level and mainstreaming HIV into efforts focused on development. Increase in awareness levels alone will not have the desired impact on the epidemic. There is need to ensure people translate this awareness into appropriate action.

Effective behaviour change programmes can greatly reverse the trend of the rising HIV epidemic. Lessons from South Africa and Thailand clearly show that while Thailand has been able to curb the spread of HIV during the decade of 1990-2000, in South Africa the percent of infected has risen from 0.25% in 1990 to 24% in 2000. The primary factors accounting for Thailand's success is the ***multi-pronged and multi-sectoral strategy*** adopted by the Government, including aggressive condom promotion and STI treatment programmes.

HIV/AIDS in South Africa and Thailand:
Effect of Behaviour Change Programmes - Percent of infected



Source: UNAIDS

The graph above depicts the relative position of the AP epidemic and it is apparent that Andhra Pradesh has a window of opportunity during the next 2-3 years to mount a response that can contain the epidemic and reverse the trends.

AASHA Campaign

The AASHA – AIDS Awareness and Sustained Holistic Action – campaign, an intensive month long awareness campaign, is an initiative to increase peoples' knowledge of the disease, its causes and related precautions, encourage behaviour change and motivate community action. The focus of the campaign is two fold - ensuring availability of authentic information and improving quality and access of HIV/AIDS related services. The campaign aims at changing the pattern of risky behaviour of people in the state and increase risk perception of every citizen, especially the youth. AASHA is a flagship programme of the Government of Andhra Pradesh involving interdepartmental and intersectoral coordination and public private partnership in a concerted effort towards HIV control and prevention.

The first phase of the AASHA campaign was conducted in July 2005. The month long campaign involved intensive efforts at all levels – state, district, mandal and village – to achieve the target of 100% HIV/AIDS awareness in the population. The primary objective of the campaign was to ensure that every individual became aware of the proximity and risk of HIV/AIDS to themselves and in response adopted safe and responsible behaviour. Partnership was the hallmark of the campaign wherein different players – public representatives, NGO/CBO bodies, departmental units of the government, private and corporate sector and media worked in tandem to achieve the common goal of reducing the spread of the epidemic.

The campaign involved an intensive communication strategy implemented by leveraging all the existing mass media channels, supported by on ground activities like mobile caravans, Special Gram Sabhas, folk performances and door-to-door campaign under the unified brand name – AASHA.

Impact of AASHA Campaign

The campaign was extremely successful and has led to greater support from different groups for the programme, increased awareness at the grassroot level and increased access to quality service delivery.

The campaign led to greater involvement of positive persons in prevention and care programmes and reduction of stigma and discrimination. ***1200 PLWHAs were trained*** and worked as positive speakers during the campaign. Post campaign feedback from positive persons indicated an increase in confidence, ability to deal with their situation better, a more optimistic approach to life and greater acceptability in society. This is also seen in the tremendous increase in PLWHA networks from 4 prior to the campaign to the present 18 functional networks.

A comparison of the quarterly reports prior to and post the campaign month highlight an ***increase in the number of persons counselled and tested at VCTCs*** and a significant increase in walk-in cases at the centres. This is indicative of the impact of the awareness activities on the general population resulting in significant increase in the number of people voluntarily coming forward to avail services. There is wider acceptability of the vulnerability of an individual to the disease. Persons accessing Care and Support Services and on ARV treatment also increased.

The basic plank of the campaign was the partnership approach focused on mainstreaming HIV and its recognition as a development issue. This was significantly achieved as seen by the wide representation of different groups in the campaign from political groups to youth volunteers. A total number of ***12,261 Peoples' Representatives including Mandal Praja Parishads (MPP), Zilla Parishad Territorial Constituencies (ZPTC), Mandal Parishad Territorial Constituencies (MPTC), 180 MLAs including Hon'ble Chief Minister, 10 Hon'ble Ministers and 30 Hon'ble MPs and 1,54,841 NSS and Literacy Volunteers*** participated in the campaign.

The first step towards mainstreaming of HIV has been seen with the District/ Mandal Samakyas taking up responsibility for training of the ***village volunteers – AASHA Mitra.*** In the months following the campaign they have trained ***nearly 1.6 Lakh volunteers***. These volunteers, four per village, were selected and trained to become the spokesperson and links between the community and the service providers and will take on the role of ensuring sustained action at the village level.

The campaign also resulted in kick starting an increased dialogue on HIV/AIDS at various forums across the state, including greater involvement of celebrities, educationalists etc.

> One of the breakthroughs of the AASHA Campaign has been the public recognition that HIV/AIDS response requires – **individual and collective ownership.**
>
> In Vijayawada, women lecturers from the Sidhartha Mahila College pledged to support education for 20 HIV Positive children up to Standard 10.

This is however only the beginning and there is a long way ahead to control the spread of the infection and ensure awareness is translated into behavioural change and adoption of safe practices and knowledge is reflected in reduced stigma and a better living for all AIDS infected and affected persons.

This can only be achieved by ensuring a sustained effort and by taking forward the success of the first phase of the campaign forward to reach the ***ultimate goal of an AIDS free state***.

Taking AASHA forward …

The foundation of the AASHA campaign which was laid in July 2005 represents the first collaborative effort of the different stakeholders coming together to intensify HIV/AIDS awareness in the general population. While it began in a campaign mode it is not expected to remain as an isolated event that is undertaken periodically. The concept of AASHA, as denoted by its full form – AIDS Awareness and Sustained Holistic Action - is expected to signify the continuous and joint efforts of all stakeholders to reverse the epidemic. As mentioned earlier the efforts of the Government and all its partners towards control of HIV has resulted in an increase in general awareness levels and reduced stigma and discrimination of PLWHAs. However, moving ahead in order to sustain the efforts and have a long term impact there is need to build community ownership and mainstream HIV across various developmental programmes/initiatives.

The AASHA –II Campaign therefore aims at taking forward these initiatives with a focus on moving from community participation to community ownership.

In order to achieve this, following the AASHA-I campaign the strategy adopted focused on capacity building of the community at various levels to help them take on the new role as leaders of the HIV/AIDS programme. The initial steps towards this were put in place with the training of 4400 Mandal Team members by APARD. Each Mandal Team trained 4 AASHA volunteers in each village, which included two from women groups, a youth group leader and the Literacy Prerakh. In this manner, a total of 1.6 Lakh AASHA volunteers have been trained across the state. The training broadly focused on modes of transmission, methods of prevention, common myths and misconceptions, role of women/youth groups in HIV prevention, service availability, and signs and symptoms of RTI/STI. 300 PLWHAs were also trained as PPTCT outreach members to reach out to pregnant women in rural and remote areas and encourage HIV testing as a part of antenatal care. This resulted in creating a pool of individuals, with the necessary skills and authentic information, to assist in taking forward the next phase of the campaign.

Objective of the campaign

The specific objectives of the campaign are:

- bringing about community action and leadership for the programme and facilitating the process whereby the community themselves develop plans to make their village AIDS free;
- encourage all sexually active population, especially the pregnant women and their spouses, to know their HIV status;

- intensify condom promotion – through recognition of condoms as a dual protection for family planning and HIV/AIDS prevention, and improve access in village and hotspots;
- strengthen the convergence amongst different government departmental units and non-government sector towards achieving the long-term objective of reversing the epidemic.

Approach to the campaign

As mentioned the focus of the campaign is to put the community at the centre of all activities and bring about collective action in the prevention of HIV/AIDS. In this process the ***local Panchayati Raj and Municipal bodies, CBOs such as Mandal Samakyas and Youth Groups*** need to play a proactive role. The trained AASHA volunteers would provide the crucial link between the people and service providers in the rural areas and social workers and active members of APUSP would provide the same for the urban areas. They would be the source of authentic information and facilitate access to services at the grassroot level.

The broad strategies adopted for the implementation of the campaign are:

- adoption of 'opt out' strategy for normalizing of HIV counselling and testing especially for pregnant women;
- mobilising community leadership and greater role of the community in all programme activities;
- integration of service delivery points with a common branding to reduce ambiguity and provide all HIV/AIDS and STI services in one place;
- expansion of service delivery units – for counselling and testing services at the primary health level at PHC and CHCs – and for ARV treatment at medical colleges/ teaching hospitals;
- intensive condom promotion focusing on the multiple benefits for family planning, spacing, HIV and STI prevention;
- use of mass media and interpersonal communication tools to deliver the message;
- heightened role of PLWHAs as peer educators and through medium of experience sharing.

Non negotiables

Messages on HIV AIDS have to be clear and consistent. Only trained members of the team would speak on HIV AIDS in gram sabha;

PLWHA provide a face to the epidemic. Sensitivity towards PLWHA has to be of paramount importance.

'Opt Out' Strategy – new approach to voluntary counselling and testing

There are broadly two approaches used for HIV testing: opt-in and opt-out testing. Both involve providing information about HIV, including the risks and benefits of testing, however the difference between the two primarily is:

- An opt-in testing strategy focuses on providing the person HIV information (pre test counselling) and encouraging him/her to take the test. In this approach after all the information is provided the person is specifically asked whether s/he agrees to the test; whereas
- An opt-out testing strategy implies that HIV testing is part of routine health screening, for example in case of antenatal testing the pregnant woman is informed that HIV testing is part of the normal antenatal check-up for a healthy baby. The person is provided HIV information and is informed that it is part of the standard tests, like urine, blood sugar, blood pressure etc, but if she wants she can decline the test.

Therefore the approach with the opt-out strategy is primarily one where ***HIV testing is perceived as a normal test*** and only those who specifically do not want it can decline. This strategy would also help in reducing the stigma attached to HIV testing, as usually perception is that only those with risk behaviour need to get tested. The focus now is on ***encouraging all sexually active population (age group 15-49 years) to know their HIV status*** just like any other routine health check-up.

Specifically in case of Antenatal Care testing the Opt-Out strategy is preferable as it helps normalize HIV testing and makes the test a routine ANC component. It is also likely to increase the number of women who are tested for HIV.

Urban area strategy

The impact of the first phase of AASHA was more pronounced in the rural area, however as there is a large section of the vulnerable population residing in urban areas such as slum population, migrants, industrial workers, company employees etc there is need to cover these groups under a holistic strategy.

The urban area strategy would focus on Municipal Bodies taking the lead of the programme and ensuring that awareness activities are undertaken in all wards in their operational area during the campaign month. A ward would be taken as a unit to ensure that slum dwellers, informal sector workers, construction workers etc are covered by the programme, In all of the urban municipalities a core group comprising of the Municipal Commissioner, APUSP functionaries, and social worker, would conduct the awareness programme in one slum area every day (preferably

in the evening to cover larger groups of people) of the campaign month. This would involve addressing the people with special focus on women groups, and youth groups on HIV/AIDS and the importance for every person to know their status. They should also identify areas with high migrating population and take up special programmes to increase their awareness. Additional attention should be given to employees of the transport sector and sanitation staff.

In the formal sector the aim is to mainstream HIV/AIDS awareness programmes in the industries and companies. During the month a one day awareness session would be conducted in every industry. Interventions in industries would be facilitated by Confederation of Indian Industry (CII). In companies, talk shows, seminars and competitions on HIV/AIDS would be organised as part of the campaign activities and the youth would be encouraged to get tested, be aware of the risk and adopt safe practices. Special focus would be given to the information technology, hospitality, tourism, and transport sector to take up awareness campaigns for their functionaries.

Studies indicate that young people are extremely vulnerable to HIV and perception of self risk continues to be low. In order to reach this group in urban areas IEC material would be displayed at frequently visited locations such as malls, music shops, coffee shops etc. As colleges are on vacation during the month of May special summer camps would be conducted by urban youth groups like YMCA, NYK focusing on health, HIV/AIDS and other social issues.

At known hotspots such as – cinema theatres, market yards, bus stands, railway stations, parks, tourist spots, taxi stands, awareness programmes would be conducted with peer educators.

Rural area strategy

In the villages the campaign would be led by the Village Committee (Refer Page 39). The trained volunteers – AASHA Mitras would facilitate the implementation of the programme with support from the mandal team. The campaign broadly involves two components at the village level – an exclusive intensive awareness campaign on one day of the campaign month; and continuous awareness activities through media, IEC displays, and interpersonal communication throughout the month.

In each village a ***Special Gram Sabha on HIV/AIDS*** would be organised during the campaign month. Experience from AASHA-I indicates that in order to maximise the outreach to people the programme should preferably be conducted in the evening. During the planning process mandal team should also identify important satellite villages where it would be necessary to hold an additional Gram Sabha as all the people may not travel a great distance to come to the main village. Prior to the Gram Sabha trained kalajhata teams would perform and announcement of the

Outline for Special Gram Sabha

- Play CDs/Conduct kalajatha programme in village day before the commencement of Gram Sabha
- Organise IEC exhibition at the location of the Gram Sabha
- Hand over Chief Minister's letter and IEC material to Sarpanch by Mandal Team Leader at the Gram Sabha
- Sarpanch reads aloud CM's letter during the Sabha
- Mandal team members (one health and one non-health person) speaks on prevention of HIV AIDS
- Sharing of experiences by teachers and youth,
- Sharing of experience by women group leaders/VO leader/AWW
- Sharing of experience by PLWHA
- Screening of HIV AIDS film and advertisements
- Sarpanch and other dignitaries give AASHA volunteers the *'AASHA Mitra'* badge
- Address by Sarpanch (MO and APMO to brief sarpanch and help him in making the address)
  - Scenario in the village
  - Any deaths due to HIV AIDS in the village
  - Risk behaviour
  - What trained AASHA volunteers have done in the village
  - His plans to make the village AIDS free
- Sarpanch hands over CD to the cable operators and IEC material to the AASHA Mitras (Volunteers) for display in public place

schedule of the Gram Sabha would be made by beat of tom-tom. The outline for the Gram Sabha is indicated in the box below.

In the Agency area (tribal area) there is need to focus on shandies and ensure kalajhata programme are conducted once a week at all major shandies. If there is a sub-centre building, PHC, hospital or dispensary ANC screening can also be conducted at the shandy in collaboration with the mobile medical team and the counsellor and lab technician of the CHC.

Besides the one day event the Village Committee would ensure that the following activities are conducted in the village throughout the month:

- awareness session organised, at least twice in the campaign month in all women and youth group meetings (and spouses), where the trained AASHA volunteer would explain about HIV/AIDS using the flip books;
- door-to-door visit and distribution of AASHA pocket books;

- screening of film by dish antenna;
- organise awareness sessions for men with help from the women SHGs and youth groups;
- identify vulnerable groups such as migrant population, people working in transport sectors, persons frequently attending shandies/ ports etc and encourage them to know their HIV status;
- special focus on youth and motivate them to take active part in campaign activities like door-to-door visiting, gram sabha etc
- Anganwadi Worker (AWW) facilitated by trained volunteer would hold a meeting with adolescent girls and mothers of children attending the anganwadi;
- Involvement of religious leaders and addressing people through religious meetings, and at religious areas such as madrasas etc;
- Display of IEC material at barber shop, Kirana shop, bus stop, stickers at phone booths with telephone number for HIV/AIDS information;
- Identify the best location, such as kirana shop, barber shop, anganwadi centre, VO building, youth group community hall etc for provision of condoms and ensure adequate availability;
- Formal inauguration of two AASHA centres for women and men respectively.

The Campaign Strategy Matrix (page 28) provides a detailed list of activities to be taken up at the district, mandal, ward and village level.

Integrated Counselling and Testing Centres - enhancing access to service delivery

A holistic approach to dealing with HIV/AIDS signifies the benefit of adopting an integrated approach to provision of all HIV/AIDS related services. Providing all services in one place also reduces the stigma attached to any one group and portrays the image that the services are common and for all groups to avail – irrespective of risk behaviour.

The focus is on providing a basic minimum standardised and homogenous set of HIV/AIDS related services (testing, counselling, treatment, referral and outreach) of assured quality at all public healthcare institutions across the state. An integrated **one-stop-shop approach** (except at the Teaching hospital level) for provision of HIV/AIDS and STI services is planned. The present single service points such as VCTC, PPTCT or STD clinic would be merged at one place in the health institution and the “integrated” clinic would be strengthened to cover all HIV/AIDS services.

The services at the Integrated Counselling and Testing Centres (ICTC) include -

- Information on HIV/AIDS and early testing, and information on how to stay HIV negative throughout one's life;
- Diagnosis for STDs, major Opportunistic Infections (OI) and HIV testing;
- Counselling services - prevention of parent to child transmission, pre and post test, couple counselling, safe sex, condom promotion, psycho-social support, partner treatment, adherence to full course treatment etc
- Treatment of OI, HIV/TB co-infection and STD;
- Community Outreach programme, conducted by nurse practitioner and PLWHAs as peer counsellors for follow-up care and support;
- Referrals to higher centre for specialized medical care and support;
- Linkages with TB centres to facilitate referral of PLWHAs with Tuberculosis for diagnosis and treatment;
- Provision of condoms

Experience from the field also indicates a high level of ambiguity in the general population in regard to the acronyms of the different service points such as PPTCT, VCTC, STD etc. In order to ensure recognition of service delivery units a common brand name – **AASHA Clinic** will be used for all HIV/STI related service units in Andhra Pradesh.

As part of the campaign the following new service units would be set up:

- ***260 AASHA Clinics*** – integrated centres – in Primary Health Centres (PHC) and Community Health Centres (CHC);
- ***9 ARV centres*** in medical colleges and teaching hospitals;
- ***New care and treatment centres*** providing HIV services in the private sector, in a public private partnership mode.

Mass media and Interpersonal communication

The campaign would utilise various forms of communication (listed in the box below) to get the message across to all sections of the society – rural and urban. Specific strategies have been adopted to ensure that people in urban slums, rural and unreached areas are covered by the programme. Traditional forms of communication such as folk drama, songs and dances, and Kalajathas would be supplemented with modern techniques of print and electronic media. **Special Gram Sabhas,** focused on HIV/AIDS would be used as a mechanism of reaching out to the people. These would be conducted in every village and habitation during the month.

Spread of information through…..	
– Gram Sabha	– Kalajathas, street plays, skits etc
– Cinema Theatres	– Hoardings on highways
– Cable networks	– Exhibitions
– Private and Government TV Channels	– Health facility centres
– All India radio	– Wall/rock writings, posters
– Newspaper	– Handouts/ pamphlets/ pocket books
– Tele-counselling number	– AIDS information centres
– AASHA Vahani caravans	– Seminars and workshops
– Rallies	– Competitions
– Paintings on busses	– Film on HIV/AIDS

As part of the launch, a 3 minute **film on HIV/AIDS** would be released and screened in every cinema theatre in the state in all shows. It is expected that following the month long campaign, cinema theatres would continue to screen the film in the interest of the public. In remote and inaccessible mandals/areas kalajatha teams will perform live. In other places CDs supplied could be used.

AASHA Vahani Caravan Campaign was launched as part of the closing day ceremony of the first AASHA campaign. In the present campaign each district would be allotted one Vahani and the district committee would develop the route map ensuring all major towns and shandies (especially in tribal area) are covered.

Materials supply

APSACS has already allotted certain STD drugs to all the districts. DLOs have to lift the drugs from the central stores of the APHMHIDC and distribute them to the STD clinics, CHCs and PHCs (where HIV services are provided). Some more drugs will be procured and supplied shortly by APHMHIDC. Banners, flags, posters, handbook for gram sarpanchs and government functionaries on HIV/AIDS, pocket books for distribution in grama sabha, 3 minute film on HIV/AIDS along with advertisement spots, one audio cassette, will be provided by APSACS. Pamphlets, leaflets, public address systems, VCD players etc, identified in the mandal team activities, have to be procured locally.

Role of Partners

Partnership is the strength of the campaign. It is the basic premise on which the campaign is envisaged. The partners are a mix of government, media, NGO, CBO and elected local bodies. Partners would work in close conjunction with synergistic relationship and mutually cooperative approach for managing and implementing the programme.

The campaign strategy matrix (page 28) provides a comprehensive picture on the roles and responsibilities of the different partners at the different levels. All partners are expected to follow the manual in the execution of the campaign activities. For instance, public representatives would provide strong leadership to the programme, and the different government units would provide support in reaching the people through all its programmes and schemes. NGOs and CBOs would work together with the administration and the public representatives by using the comparative advantage of working closely with the local community. The district and municipal administration along with existing parastatal and statutory bodies at the different levels would also support the programme.

Role of public representatives

The elected representatives, at different levels along with the local bodies, provide both the strategic management support to the campaign and help in actual implementation of the programmes. Following the introductory meeting with all partners the campaign would be launched by the Hon'ble Chief Minister of the State. Core group of the Legislators' forum on HIV AIDS would advocate for strategic leadership and ownership by all the public representatives to the whole programme. This forum would ensure leadership by the Legislators at the constituency level.

At the Gram Panchayat level the Sarpanch would lead the campaign. The Sarpanch and the Gram Panchayat members in collaboration with the CBOs have a vital role in making the community understand the gravity of the epidemic and mobilise the community for HIV prevention.

Role of government units

The basic premise of the campaign is to work in partnership - with both government units/players as well as with other players. So far the initiatives on HIV/AIDS have been steered by the APSACS of the Health Medical and Family Welfare Department, and it is perceived to be only a health issue. However, since HIV/AIDS has become a development issue with huge socio-economic costs to the society, it is necessary to have meaningful integration of HIV/AIDS in the programmes/schemes of all the departments of the government. This campaign is therefore envisaged to be developed by working in close partnership with the other departments of the government. The basic strategy is to use the resources of the departments in the actual implementation of the campaign programme at the cutting edge level – the local level, and make HIV/AIDS awareness a component of all the programmes, policies, schemes of the respective departments. The focus is on increasing awareness in a concerted fashion by creating more avenues for making the message reach the common citizen.

The programme envisions intragovernmental partnerships and interinstitutional partnerships i.e. Intra governmental partnerships refer primarily to the partnerships both among the departmental units of the HMFW department and among the different departments of the government. Inter institutional refers primarily to the 'third sector'- i.e. NGOs, CBOs etc. and the private sector's role in the programme. The underlying idea is to ensure mainstreaming of HIV awareness and prevention programmes in all developmental efforts.

Intra-government Partners

– Department of HM &FW	– Department of Panchayti Raj and Rural Development
– Department of School Education	– Department of Industries
– Department of Higher Education	– Department of Tribal Welfare
– Department of Youth Services	– Department of Minorities Welfare
– Department of Tourism	– Department of Municipal Administration and Urban Development
– Department of Home (Police & Prisons)	– Department of Revenue
– Department of Women and Child Development	– Department of Information and Public Relations
– Department of Backward Class Welfare	– Department of Forests
– Department of Social Welfare	– Department of Transport
– Directorate of Song and Drama (GoI)	– Directorate of Field Publicity (GoI)

Departments like Rural Development, School Education and Higher Education have already integrated components of HIV AIDS in their departmental programmes and schemes. However, given the widespread impact of the epidemic in the state it is deemed necessary to have an integrated approach involving all departments to work together to reduce the socio-economic impact of HIV AIDS.

Role of Community Based Organisations

Community ownership of HIV/AIDS prevention programmes is essential to the control of HIV. The campaign envisages an important role for the CBOs as a stepping stone to achieving widespread community acceptance and participation. These partners would include PLWHA network, women self help groups, youth groups, mothers' committees, Indira Kranti Padhakam (IKP), Rajiv Yuva Shakti groups, watershed committee members, VOs, faith-based organisations, Van Samraksha Samithi, Gopal Mitra group, Rythu Mitra group etc.

Positive speakers (PLWHA) have a major role to play in bringing about behavioural and attitudinal changes in the society. They have the potential to influence people, especially the youth in terms of their thinking and perception of risk to the disease. As part of the campaign, positive speakers would actively participate in all community based activities such as the Gram Sabhas, to advocate prevention of AIDS and help people understand the consequences of risky behaviour.

Role of nongovernmental units

NGOs have a comparative advantage in terms of operations at the local level and a close relationship with the community. They have the capacity to offer tailor-made community specific programmes. Their role in the campaign is perceived to include implementation and management of community based programmes such as Kalajathas, caravans, skits, street plays, rallies, competitions among others and provide support to the campaign by contributing to development of IEC materials, process documentation, and training and capacity building support to local units. They would also actively advocate for the cause and provide media support to the campaign.

It is envisaged that similar to the acceptance of HIV as a cross cutting issue in the government sector, the non-government units would also adopt this concept and integrate HIV awareness and prevention programmes in all their development efforts.

Key NGO Partners

– Bill & Melinda Gates Foundation (BMGF)	– Hindustan Latex Family Planning Promotion Trust (HLFPPT)
– Population Services India (PSI)	– Project Support Unit (PSU)
– Centre for Advocacy and Research (CFAR)	– Condom Promotion Programme (CPP)
– Care and Support Centres of APSACS	– Lepra India
– AP Partners Forum (APPF) of APSACS	– Catholic Health Association of India (CHAI)
– Centre for World Solidarity (CWS)	– Care
– UNICEF	– Indian Medical Association (IMA)
– AP Mahila Samatha Society	– Indian Red Cross

Institutional Mechanism for campaign management

For effective implementation and management of the campaign at all levels it is proposed to establish Steering Committees at the State, District and Mandal levels. These committees would involve representation from all partner groups to ensure ownership and leadership of the programme. The strategy matrix identifies the roles of each of the committees during the different

phases of the campaign – preparatory and campaign. As part of the pre-launch activities it is expected that the committees would conduct a meeting with all members as per the agenda identified below for each committee respectively.

The ***State Steering Committee*** would be chaired by the Chief Secretary, Government of Andhra Pradesh and convened by Principal Secretary, HM &FW Department. The committee is required to provide strategic leadership to the campaign and ensure integration between government departments and all partners at all levels.

Agenda for State Steering Committee Meeting

1. broad overview of the programme and the need for partnership approach – among the departments, NGOs, private sector to the whole process;
2. campaign strategy and action plan;
3. district specific strategy plans to guide local officials;
4. support the partners in drawing up of plans for the campaign by pooling the resources across the State on the basis of the need of the districts;
5. setting up of Campaign Core Committee for implementation and management.

The ***District Steering Committee*** would be chaired by the District Collector. The Joint Collector would be the Vice-Chair and District Medical & Health Officer (DM&HO) would convene the meeting.

Agenda for District Steering Committee Meeting

1. explain the scenario and details of the campaign;
2. appointment of the constituency level special officers;
3. assign roles and responsibilities for each of the committee members as per the campaign strategy;
4. Issue of instructions for screening of the messages and films in all theatres and through all cable networks during the campaign;
5. finalization of mandal wise kalajatha teams
6. training of kalajatha teams by the master trainers;
7. finalise route map for AASHA Vahani caravan ensuring it covers all major towns, shandies, pilgrim places etc;
8. prepare district action-plans for the campaign involving peoples' representatives, government functionaries and key partners as specified in the activity matrix;
9. setting up of Campaign Control Room

The ***Mandal Steering Committee*** would be chaired by the MLA, co-chaired by MPP and convened by the Mandal Development Officer (MDO). The role of this committee is to ensure effective implementation of all campaign activities in the mandal and panchayat levels. For this a Mandal team has to be constituted to visit each of the gram panchayats and habitations as per the schedule. In addition to the public representatives, the mandal team would consist of MDO, MRO or his/her representative, medical officer of PHC, CDPO or supervisor of ICDS, MEO, MLO, APMO/DPMO of leprosy programme, APM of IKP, trained nodal teacher. MDO will coordinate the programme and ensure only trained persons speak on HIV AIDS. MRO and MDO could play a role in identification of eligible NFBS beneficiaries and economic support programmes from among the HIV affected/infected families.

Agenda for Mandal Steering Committee meeting

1. explain the scenario and details of the campaign;
2. assign roles and responsibilities for each of the committee members as per the campaign strategy;
3. draw village-wise schedule for conduct of the Kalajatha programmes and Gram Sabhas duly mentioning the time and venue;
4. campaign and communicate the schedule to all the concerned;
5. conduct advocacy meetings at the mandal level with all the concerned;
6. ensure screening of the messages and films in all theatres and through all cable networks during the campaign.

The ***Village committee*** would be chaired by the Sarpanch and convened by the Panchayat Secretary. Their role would involve conducting the special Gram Sabhas and other awareness programmes (as indicated in the rural strategy section of the Manual), setting up of the HIV/AIDS information centre and condom depots in the village among others.

Campaign Strategy Matrix

	Preparatory Phase	Campaign Phase
STATE		
People representation forums		
Core group of Legislators forum	– Core group meeting – Hold meetings with the MRO, MDOs, Gram Sarpanchs, NGOs, religious leaders, bankers, local industry representatives, college and school management etc in the respective constituencies	– Launch and lead the campaigns in the respective constituencies
State Executive Committee Sarpanch Association	– Advocacy with all Sarpanchs for their leadership and support for the campaign in their respective Gram Panchayats	– Coordinate and facilitate effective participation of all Gram Panchayat Sarpanchs in the campaign
Government		
Andhra Pradesh State AIDS Control Society (APSACS)	– State AIDS Council meeting – Meeting of Steering Committee chaired by Chief Secretary (Page 23) – Develop campaign strategy – Designate officers to each of the districts to ensure proper planning and implementation – Develop, print, procure and produce campaign IEC material – Procurement of drugs, HIV test kits& equipment for new centres – Recruitment of counsellors and nurses for new centres – Training of doctors, paramedical staff & counsellors – Finalization of AASHA Vahani and mobile publicity units – Train positive speakers and kalajatha	– Launch of the campaign by the Hon'ble CM – Liaise with the district collectors for conduct of the campaign – Ensure proper implementation – Ensure supplies – Ensure proper functioning of the control room – Daily reports on the campaign

	Preparatory Phase	Campaign Phase
	teams; – Meeting with DM&HO, DCHS and DLO – Setting up campaign control room for monitoring & supervision – Release of funds to district	
Directorate of Health (DH)	– Fill vacancies of DLOs – Issue orders for participation of DM&HO and all staff in the campaign – Training of doctors for all new counselling and testing centres	– Ensure effective implementation of the campaign and close monitoring of the campaign activities – Opening of the new counselling and testing centres
Andhra Pradesh Vaidhya Vidhan Parishad (APVVP)	– Training of doctors – Setting up of new counselling and testing centres – Instruction for improved service delivery – Positioning of trained doctors	– Opening of new counselling and testing centres – Ensure proper service delivery in VCTC, PPTCT, STD clinics and treatment of all referral cases on priority basis – Ensure display of IEC material
Commissionarate of Family Welfare (CFW)	– Instructions to all family welfare functionaries to participate and support campaign – Ensure availability of STI & RTI drugs and condoms in PHCs, UHCs and FRUs	– Ensure participation of all functionaries and proper implementation of the campaign – Promote aggressive condom promotion in all family welfare programmes – Ensure inclusion of component on AIDS in regular behaviour change programmes
Directorate of Medical Education (DME)	– Instructions to functionaries to participate and support campaign – Display of IEC material in all hospitals	– Ensure launch of 9 new ARV centres – Ensure proper service delivery in VCTC, PPTCT, STD clinics – Ensure treatment of all referral cases on priority basis
AYUSH	– Display of IEC material in all AYUSH medical colleges and pharmacies	– Ensure full participation of all functionaries in campaign

	Preparatory Phase	Campaign Phase
Rural Development Department	– Issue advice to Zilla and Mandal Samkyas and Village Organisations to proactively participate in the campaign – Issue of order on giving NFBS on priority to widows of persons who died of AIDS – Ensure implementation of GO MS No. 94 of RD Dept (dated 29.3.05) for giving economic support schemes to AIDS affected families, especially widows	– Ensure effective participation of all functionaries; watershed groups, women groups and VOs to lead the campaign – Disbursement of the NFBS cheques and sanction of self employment loans to widows of persons who died of AIDS
Tribal Welfare Department	– Issue of instructions to all POs, ITDA for their leadership in AASHA campaign – Identify all shandy places and plan for kalajhata performances and AASHA Vahani (mobile caravans) campaign	– Ensure participation of all tribal welfare department /ITDA functionaries including trained teachers and NGOs working in tribal areas, in the campaign – Ensure AASHA programme (kaljhata performances, HIV testing for ANCs, AASHA vahani programme etc) at all shandies – Ensure involvement of all IKP, health, adult education and tribal welfare functionaries in AASHA programme at shandies – Display of IEC material at all shandies on all shandy days
Women Development and Child Welfare Department (WD&CW)	– Issue of instructions to all functionaries, especially CDPO, supervisors & AWW for their participation – Plan for 12 new orphan homes	– Opening of 12 new orphan homes
Department of Home (Police and Prisons)	– Issue of instructions to all police officials at all levels asking for support for HIV prevention programme – Plan for HIV prevention programme for police functionaries and in all prisons	– Participation in meetings with programmes with NGOs and key population groups to support HIV prevention activities in the district – Hold district level workshops for police functionaries

	Preparatory Phase	Campaign Phase
		– Take up HIV prevention programmes for the APSP, Greyhounds, AR etc – Conduct HIV prevention programmes among prison inmates and their families
Andhra Pradesh Film Theater Television Development Corporation (APFTTDC)	– Issue orders for compulsory screening of HIV film in all theaters in all shows throughout the month	– Ensure screening of films throughout campaign month
Youth Services Department and Nehru Yuvak Kendra (NYK)	– Advice all youth groups (NYK, Rajiv Yuva Shakti , Ambedkar Yuvajana Sangams, for their participation in the campaign – Advice all trained AASHA volunteers/ peer educators to proactively participate and lead programme	– Ensure full participation of all youth groups – Monitor the programme
Social Welfare Department	– Issue of instructions to all functionaries for their full participation in the campaign	– Ensure full participation and support of all functionaries
Backward Welfare Department	– Issue of instructions to all functionaries for their full participation in the campaign	– Ensure full participation and support of all functionaries
Minorities Welfare Department	– Issue of instructions to all functionaries for their full participation in the campaign	– Ensure full participation and support of all functionaries
MA&UD Department	– Issue of instructions to Municipal Commissioners and USP functionaries for their full participation in the campaign – Issue instructions to all Commissioners to develop a schedule for campaign activities to cover all wards – Plan for launch of campaign in each municipality	– Launch the campaign in each municipality involving the Hon'ble MLAs, Municipal Chairman/Mayors and Ward members/Corporators – Ensure conduct of AIDS awareness campaign in all municipal slums, railway stations, bus stands, municipal offices, theatres, e-seva kendras,

	Preparatory Phase	Campaign Phase
		– Conduct HIV awareness programmes among women SHGs and youth groups throughout the month as per schedule
School Education Department	– Issue of instructions to all functionaries, DEOs, Deputy DEOs, MRPs, MEOs, MLOs, nodal teachers and Literacy Prerakhs for involvement in the campaign	– Ensure participation of all functionaries – Promote non-discriminatory admission practices for HIV infected children in schools
Higher Education Department	– Issue of instructions to all functionaries, especially all NSS units to conduct special camps on HIV /AIDS – Advice all NSS officers to participate	– Ensure participation of all NSS officers in campaign – Conduct NSS camps on HIV awareness in the villages
Transport Department & APSRTC	– Ensure support for promotion and campaign – Advice all Deputy Commissioners, RTOs, MVIs to organize HIV/AIDS programmes for lorry drivers, truckers, auto drivers, tempo drivers, taxi, bus drivers with focus on the driving schools – Issues instructions to all auto, truck, lorry, bus drivers etc to paint HIV messages on all vehicles	– Conduct IEC programmes for all drivers – Ensure display of IEC material at bus terminals – Ensure screening of HIV messages on CC TVs and announcements through public address system – Ensure painting of HIV messages on all vehicles
Information and Public Relations Department	– Ensure support for promotion and campaign – Issue instructions to the DPROs for media coordination, briefing and promotion	– Implementation of HIV awareness campaigns through mobile units
Forest Department	– Issue instructions to all functionaries and VSS for participation in campaign	– Ensure participation of functionaries and VSS members in the campaign
Tourism Department	– Ensure cooperation for promotion and support to campaign – Advice entire hospitality sector to conduct HIV awareness programmes for	– Display of IEC material at guest houses, tourist information centres, tourist places, tourism buses etc

	Preparatory Phase	Campaign Phase
	– all functionaries and display IEC material at all bars, pubs, resorts, restaurants etc	– Display IEC material at all pubs, bars, resorts, restaurants etc
Panchayati Raj Department	– Issue instructions to CEO – Zilla Parishad to involve all functionaries – MDOs, EO Panchayats, Village Secretaries, in the campaign – Issue instructions to all village panchayats to hold special Gram Sabhas on AIDS awareness as part of the campaign – and include all members of WSC, SHGs, IKP groups, AWW, mothers committees, Rajiv Yuva Shakti and youth groups, Gopal Mitra and Ryttu Mitra members	– Ensure implementation of the special Gram Sabhas on HIV/AIDS as per the schedule – Ensure participation of all MDOs, Village Secretaries etc
Revenue Department	– Issue instructions for full participation of all functionaries	– Ensure participation of all the key functionaries
Industries Department	– Issue instructions for implementation of GO on mandatory HIV prevention interventions in all industries, especially focused on mines, quarries, cement factories, call centres etc	– Ensure conduct of awareness programmes in all the industries – Organize talk shows on HIV in major industrial clusters/ companies
Labour Department	– Ensure implementation of GO on mandatory HIV prevention interventions in all industries, especially focused on mines, quarries & cement factories	– Ensure conduct of awareness programmes for all workers
NGOs & International Organisations		
BMGF & partners (PSI, CFAR)	– Media advocacy (CFAR) – Provide Heroes project spots in Telugu – Communication strategy for male clients (PSI) – Provide STI drugs to key clinics (PSI) – Provide IEC material (PSI)	– Step up advocacy programme with media – Transmission of messages for male clients through TV and film (PSI) – Organize Kalajhata programmes in urban hotspots (PSI)

	Preparatory Phase	Campaign Phase
		– Work in coordination with Police Department on HIV awareness of auto drivers, hotel boys, industrial workers, ricksaw pullers, tempo truck drivers, taxi drivers etc.
HLFPPT – PSU & CPP	– Develop Communication strategy for AASHA campaign and condom promotion – Develop schedule of activities to be undertaken at identified hotspots – Plan for taking up major campaign on condom promotion – Plan for installation of new condom vending machines – along highways, petrol pumps, rest stops etc – Issue instructions to all functionaries, NGOs to participate in campaign	– Ensure conduct of activities in all hotspots as per schedule – Installation of condom vending machines – Ensure participation of all partner NGOs
Care and Support Centre Partners of APSACS	– Plan for taking up AASHA campaign in all their operational areas involving all functionaries	– Conduct of special health camps and AASHA campaign by all their functionaries – Conduct special camps at PHCs for HIV counselling and testing with special focus on pregnant women and their spouses
AP Partners Forum (APPF) of APSACS	– Finalize list of peer educators for taking up programmes in urban slums and migrant workers concentrated sites; – Advice all partners to take up HIV programmes in all other programmes not funded by APSACS; – APPF members and all the peer educators will take up the campaign in urban areas in coordination with the district and municipal administration. All the functionaries to be involved.	– Intensive and active participation in urban slums and their respective areas of operation

	Preparatory Phase	Campaign Phase
Lepra India	– Plan for involving all staff members in the district plan preparation – Extend technical support and training of positive speakers in all their operating districts – Select and train new counsellors and lab technicians in new counselling and testing centres – Plan for operationalisation of new HIV counselling and testing centres – Plan for placing District Project Management teams in each of the selected districts	– Use Lepra IEC vans for the campaign – Position technical officers for ensuring proper conduct of the programme – Coordinate with district administration and ensure the opening of 260 new service centres – Ensure involvement of all Lepra functionaries in the campaign – Conduct special camps at PHCs for HIV counselling and testing with special focus on pregnant women and their spouses – Operationalisation of new HIV counselling and testing centres
CHAI	– Advocacy with the 'faith' based organisations – Advice all member organizations to participate in the programme/campaign – Advice member organizations for home based care – Plan for operationalisation of new HIV counselling and testing centres – Advice member organisations to conduct special health camps	– Organize regional events of 'faith' based organizations – Ensure participation of all member organizations – Ensure step-up of home based care services by member organizations – Conduct special camps at PHCs for HIV counselling and testing with special focus on pregnant women and their spouses – Operationalisation of new HIV counselling and testing centres
CARE	– Advice functionaries/ partner NGOs for involvement in the campaign and preparatory activities in the districts	– Involve all functionaries in campaign
CWS	– Advice all its partners for active involvement in the campaign; – Furnish list of trained DRPs/ SRPs to	– Ensure active participation of all partners – Organize kalajathas in their

	Preparatory Phase	Campaign Phase
	mandal committee and advice them to participate in the campaign; – Identification of trained Kalajatha teams on HIV/AIDS;	areas of operation on HIV AIDS – Conduct special HIV awareness programmes in operational area of member organizations
Indian Red Cross	– Motivate youth red cross volunteers and blood bank functionaries for active participation – Participation of trained Red cross volunteers	– Ensure participation of all volunteers and functionaries
Indian Medical Association (IMA)	– Advocacy with all members for involvement in the campaign	– Participation of all members – Service provision to PLWHAs – Display of material in all private hospitals and clinics
AP Mahila Samatha Society	– Furnish list of trained DRPs/SRPs to mandal committee and advice all Sanghas to take up campaign activities – Plan for conduct of Kalajatha performances in their operational areas	– Ensure participation of all their functionaries/ Sangha Members in the campaign – Conduct kalajatha performances – Organize special health camps in coordination with the HIV counselling and testing centres with focus on pregnant women and their spouses
UNICEF	– Advice functionaries for involvement in the campaign and preparatory activities in the districts	– Involve all functionaries in campaign – Provide technical support to APSACS

DISTRICT		
District Steering Committee – Collector (Chair) – Joint Collector (Vice-Chair) – CEO – Zilla Parishad – DM&HO (convenor) – District Leprosy Officer (DLO) – District Coordinator of Hospital Services – POs – of Health Department – District Education Officer – APC - SSA – Project Director – DRDA – Project Director - NCLP – Project Director - DWMA – Project Director – WD&CW – President & Secretary, Zilla Samakyas – Representative of Police Dept – District youth welfare officer – ED – SC corporation – District Coordinator – NSS – NYK coordinator – DD – Adult Education – RJD – Higher Education – Field publicity officer – District Public Relations Officer – Chief Planning Officer – RDOs – Municipal commissioners – President/ Secretary, District Chapter – IMA – Indian Red Cross Society representative – Key NGO working in district – NGOs in HIV care & support – Reps of PLWHA network – Lead District Manager, Banks	– District steering committee meeting following agenda (Page 26) – Develop district specific strategy in consonance with manual – Develop schedule for campaign – Constitute a control room in the Collectorate for the campaign – Hold advocacy meeting with MPs, MLAs Zilla Parishad members, to explain the campaign strategy – Media advocacy meeting – Meeting with all MDOs, MROs, MEOs, MOs, APMOs, MLOs, – Issue instructions for mandal teams and developing mandal level plans – Issue orders for compulsory screening of film on HIV/AIDS in all theatres for all shows – Organize training programmes for kalajatha teams and attach one team to each mandal team – Finalise AASHA Vahani route map – Plan and finalise district level launch activities – Finalise bus routes, painting of busses, and hoardings as per numbers allotted (Annexure 9) – Release of required budgets to mandal officers and duly communicate guidelines for meeting expenditure – Posting of senior district officers as constituency special officers to plan, implement, supervise and monitor campaign activities – Distribute IEC material to mandal teams	– Launch campaign at district level – Ensure its launch in all mandals – Ensure start of newly sanctioned HIV counselling and testing centres in the district – Ensure conduct of campaign in all mandals as per the guidelines and schedule drawn – Display of IEC material in all district, mandal, village level offices – Set up of AIDS information centres and condom depots at strategic locations – Verify and ensure screening of HIV films in all theatres in all shows during the entire month – Closely monitor campaign activities and send daily reports to State control room (Annexure 2) – Ensure conduct of AASHA vahani caravan campaign as per schedule

MANDAL		
Mandal Steering Committee – Hon'ble MLA (Chair) – Mandal Praja Parishad (MPP) (Co-chair) – Mandal Development Officer (MDO) - convenor – ZPTC representative – Mandal Revenue Officer (MRO) – Medical Officer (MO – PHC) – Mandal Literacy Officer (MLO) – Superintendent – CHC/ Area hospital – APM (IKP) – Assistant Paramedical Officer – Mandal Education Officer (MEO) – Trained Mandal Team – President & Secretary, Mandal Samakya (IKP) – Nodal school teachers – Nodal government college teachers – Project Implementation Agency – District Watershed Management Association – Child Development Project Officer – NGOs working in area – Service area bankers – Local NSS program officer	– Hold mandal level steering committee meeting with standard agenda (Page 27) – Develop mandal specific strategy as per the guidelines in the manual – Develop village-wise schedule for conduct of the campaign – Communicate schedule to Sarpanch and Gram Panchayat members, MPTC & ZPTC members, MPP and advice village secretaries to inform villagers through beat of tom-tom – Print campaign schedule pamphlets and distribute in advance to Mandal Samakyas, VOs, youth groups and literacy volunteers – Hold advocacy meeting under chairmanship of Hon'ble MLA (in absence of MLA with MPP) to explain the epidemic scenario and campaign objective/activity/ outcome/ schedule to Sarpanchs, MPTCs, ZPTCs, village secretaries – Hold press meeting – Plan and finalise mandal level launch activities	– Launch campaign at mandal level – Distribution of IEC material – including CDs to cable TV networks and ensure daily telecast of messages and film in campaign period – Conduct special health camps for HIV counselling and testing with focus on pregnant women and their spouses – Organize Candlelight Memorial Day on 21st May (3rd Sunday) in all villages and mandal headquarters – Refer cases to CHCs/ area/ district hospital where required – Closely monitor campaign & send daily reports to District control room (Annexure 2) – Distribution of NFBS cheques to widows of persons died of AIDS – Display of IEC material at public buildings – MRO office, courts, banks, PHCs, sub-registrar office – Ensure screening of HIV films in all theatres at all shows during the month – Set up AIDS information centre & condom depots – 'Closing day' programme – formation of AIDS awareness clubs, red ribbon human chain, rallies, administration of pledge

VILLAGE		
Village Committee – Sarpanch (Chair) – Panchayat ward members – Panchayat Secretary (convenor) – Mandal Parishad Territorial Constituency (MPTC) – AASHA Mitra (Volunteers) – President & Secretary, Village Organisation (IKP) – Anganwadi worker (AWW) – Auxillary, Nurse Midwife (ANM) – Women SHG leaders & members – Youth group leaders – School teacher – Van Samraksha Samithi (VSS) members – Watershed committee members – Mothers committees	– Hold pre-campaign meeting of village committee on HIV/AIDS – Announce schedule of special gram sabhas in advance by distribution of pamphlets and beat of tom-tom – Plan for satellite special gram sabhas in smaller localities – Wall/rock paintings – Identify location for AIDS information centre (AASHA kendram) and condom depot such as community hall, Gopal Mitra building, literacy centre, WSE building, panchayat office, IKP/DWACRA building etc – Develop schedule for conducting HIV programmes for each of the Women SHG, Youth Groups, Mother's Committees, Ballika Sangams, Gopal Mitra Sangams, VSS members etc – Plan for door-to-door visits by Village Committee members with advance intimation to villagers by beat of tom-tom – Ensure distribution of CDs to the dish antenna for screening of HIV film	– Conduct Grama Sabhas on the designated date as per schedule given by mandal team, and following the outline included in the manual (Page 19) – AASHA volunteers would be given 'AASHA Mitra' badges – Ensure HIV awareness programme for all the women groups, watershed groups, youth groups, farmers groups, Gopal Mitra groups, VSS, nodal teachers, AWW, literacy volunteers, village organizations, all the ward members, MPTC member etc in the Gram Sabha – Display of the IEC materials at all important places of the Gram Panchayat habitations – Opening of HIV/AIDS information centre and condom depot in the village – Screening of messages and films on HIV/AIDS in the cable TV networks

Annexures

Annexure 1

Checklist - District level units

Activities	*Yes*	*No*
Develop district specific strategy in consonance with manual		
Develop schedule for campaign		
Constitute a control room in the Collectorate for the campaign		
Hold advocacy meeting with Zilla Parishad chairman, MPs MLAs to explain the epidemic scenario and awareness campaign		
Media advocacy meeting		
Meeting with all MDOs, MROs, MEOs, MOs, APMOs, MLOs		
Issue instructions for mandal teams and developing mandal level plans		
Issue orders for compulsory screening of film on HIV AIDS in all theatres for all shows		
Organize training programmes for kalajhata teams and attach one team to each mandal team		
Finalise route map for AASHA Vahani		
Release of required budgets to mandal officers and duly communicate guidelines for meeting expenditure		
Posting of senior district officers as constituency special officers to plan, implement, supervise and monitor campaign activities		
Distribute IEC material to mandal teams		
Plan and finalise district level launch activities		

Checklist – Mandal level units

Activities	*Yes*	*No*
Hold mandal level steering committee meeting with standard agenda		
Schedule to Sarpanchs, MPTCs, village secretaries		
Hold advocacy meeting under chairmanship of Hon'ble MLA (in absence of MLA with MPP) to explain the epidemic scenario and campaign objective/activity/ outcome/		
Communicate schedule to Sarpanch and Gram Panchayat members, MPTC members, MPP and advice village secretaries to inform villagers through beat of tom-tom		
Print campaign schedule pamphlets and distribute/ paste in important places		
Develop village-wise schedule for conduct of the campaign		
Constitute mandal teams and organize trainings		
Develop mandal specific strategy as per the guidelines in the manual		
Hold press meeting		
Plan and finalise mandal level launch activities		

Annexure 2

Detailed Village-wise Daily Report

(to be provided by mandal teams to district control room)

Name of the District - _____

Name of the Mandal - _____

Name of the Gram Panchayat - _____

Date (dd-mm-yy) - _____

Number of special Gram Sabhas held – (specify name of village/ habitation) – _____

_____

IEC exhibitions held (yes/ no) - _____

Number of Kalajathas performed - _____

Whether messages/ films screened by local cable network (yes/no) - _____

Whether HIV film screened in cinema theatres (yes/no) - _____

Number of people attended special gram sabhas - _____

Male - _____

Female - _____

Number of CBOs attended special gram sabhas – _____
(tick which groups attended)

IKP - _____

Watershed Committee - _____

Rythu Mitra - _____

Gopal Mitra - _____

Youth Groups - _____

Vana Samrakshana Samiti - _____

Others (specify name) - _____

MP/ MLA/ any other VIPs who have attended the Grama Sabha (please specify name) –

_____

Number of volunteers participated - _____

NSS volunteers - _____

Literacy volunteers - _____

AIDS information centre opened in village – Number - _____

Place - _____

Condom depots opened in village – Number - _____

Place - _____

Number of wall/ rock paintings completed - _____

Whether village committee on HIV/ AIDS formed (yes/no) - _____

Number of NFBS cheques disbursed in Grama Sabha - _____

Number of beneficiaries identified for ESS - _____

Number of loans sanctioned to widows - _____

Number of cases referred to STD clinics, VCTCs, PPTCTs, ARV Centres - _____

List any special programmes for HIV prevention initiated by the village panchayat (please specify)

_____

_____

_____

_____

Signature of Sarpanch - _____

Cumulative Mandal Daily Report

(to be provided by mandal teams to district control room)

Name of the District - _____

Name of the Mandal - _____

Date (dd-mm-yy) - _____

Total number of villages where special Gram Sabhas held till date – _____

Total number of IEC exhibitions held till date - _____

Total number of Kalajathas performed till date - _____

Total number of villages in which messages/ films screened by local cable network - _____

Total number of villages in which HIV film screened in cinema theatres - _____

Total number of people attended special Gram Sabhas - _____

Male - _____

Female - _____

Total number of CBOs attended special Gram Sabhas – _____

Number of villages where each group attended the special Gram Sabha -

IKP - _____

Watershed Committee - _____

Rythu Mitra - _____

Gopal Mitra - _____

Youth Groups - _____

Vana Samrakshana Samiti - _____

Others (specify name) - _____

Total number of MP/ MLA/ any other VIPs who have attended the Grama Sabha –

_____

Total number of volunteers participated - _____

NSS volunteers - _____

Literacy volunteers - _____

Total number of AIDS information centre opened in the mandal - _____

Total number of condom depots opened in the mandal - _____

Total number of wall/ rock paintings completed - _____

Total number of village committees on HIV/ AIDS formed- _____

Total number of NFBS cheques disbursed in Grama Sabha - _____

Total number of beneficiaries identified for ESS - _____

Total number of loans sanctioned to widows - _____

Total number of cases referred to STD clinics, VCTCs, PPTCTs, ARV Centres - _____

Total number of special programmes for HIV prevention initiated by the village panchayat (please specify)

_____

Signature of Mandal Development Officer - _____

Cumulative District-wise Daily Report

(to be provided by district teams to state control room)

Name of the District - _____

Date (dd-mm-yy) - _____

Total number of mandals where special Gram Sabhas held till date – _____

Total number of IEC exhibitions held in the district till date - _____

Total number of Kalajathas performed in the district - _____

Total number of mandals in which messages/ films screened by local cable network - _____

Total number of mandals in which HIV film screened in cinema theatres - _____

Total number of people in the district who attended special Gram Sabhas - _____

Male - _____

Female - _____

Total number of CBOs attended special Gram Sabhas – _____

Number of mandals where each group attended the special Gram Sabha -

IKP - _____

Watershed Committee - _____

Rythu Mitra - _____

Gopal Mitra - _____

Youth Groups - _____

Vana Samrakshana Samiti - _____

Others (specify name) - _____

Total number of MP/ MLA/ any other VIPs who have attended the Grama Sabha –

_____

Total number of volunteers participated in the district - _____

NSS volunteers - _____

Literacy volunteers - _____

Total number of AIDS information centre opened in the district - _____

Total number of condom depots opened in the district - _____

Total number of wall/ rock paintings completed - _____

Total number of village committees on HIV/ AIDS formed- _____

Total number of NFBS cheques disbursed in Grama Sabha in the district - _____

Total number of beneficiaries identified for ESS in the district - _____

Total number of loans sanctioned to widows in the district - _____

Total number of cases referred to STD clinics, VCTCs, PPTCTs, ARV Centres in the district –

_____

Total number of special programmes for HIV prevention initiated by the village panchayat in the district (please specify)

_____

Signature of DM&HO - _____

Annexure 3

Parameters for awards to Panchayat

1. attendance in special Gram Sabha on HIV AIDS;
2. establishment of AIDS information centre;
3. formation of AIDS prevention champion teams with names of team members;
4. formation of AIDS awareness club;
5. number of cases referred to HIV counselling and testing centres during the campaign period;
6. number of condoms distributed and establishment of condom depots;
7. number of wall/rock writings;
8. special programmes initiated by the village panchayat, in schools, youth women SHGs, VOs, watershed committees etc. please specify
9. number of screenings of film on HIV AIDS on cable TV;
10. special support offered to the HIV AIDS affected families, if any

Parameters for awards to Mandal

1. if all the villages along with major habitations covered in the mandal;
2. whether all theatres have screened HIV film in all shows through out the month;
3. whether cable TV operators have screened film on HIV AIDS during the prime time;
4. number of persons referred to VCTCs;
5. number of referral cases treated for STIs/RTI;
6. number of AIDS awareness clubs formed;
7. number of NFBS cheques distributed;
8. number of places where IEC material displayed, with details of important ;
9. number of positive speakers participated in the campaign;
10. number of NSS volunteers participated.

Annexure 4
VCTCs in Andhra Pradesh

Sl. No.	District	Name of the VCTC
1	Adilabad	AH, Bhainsa
2	Adilabad	AH, Manchiryal
3	Adilabad	CHC, Asifabad
4	Adilabad	CHC, Bellampalli
5	Adilabad	CHC, Khanapur
6	Adilabad	CHC, Nirmal
7	Adilabad	CHC, Siripur
8	Adilabad	CHC, Utnoor
9	Adilabad	DH, Adilabad
10	Anantapur	AH, Gunthakal
11	Anantapur	AH, Kadiri
12	Anantapur	CHC, Dharmavaram
13	Anantapur	CHC, Gooti
14	Anantapur	CHC, Madakasira
15	Anantapur	CHC, Penakonda
16	Anantapur	CHC, Rayadurg
17	Anantapur	CHC, Singanamala
18	Anantapur	CHC, Tadiparthi
19	Anantapur	CHC, Urvakonda
20	Anantapur	DH, Hindupur
21	Anantapur	GGH, Anantapur
22	Chittoor	AH, Kuppam
23	Chittoor	AH, Madanapalli
24	Chittoor	AH, Pallamner
25	Chittoor	AH, Srikalahasthi
26	Chittoor	CHC, Chandragiri
27	Chittoor	CHC, Pilaru
28	Chittoor	CHC, Puttur
29	Chittoor	CHC, Satyaveedu
30	Chittoor	CHC, Tamballapalli
31	Chittoor	CHC, Vayalpadu
32	Chittoor	DH, Chittoor
33	Chittoor	SVMC, Tirupathi
34	Cuddapah	AH, Proddutur
35	Cuddapah	AH, Pulivendula

Sl. No.	District	Name of the VCTC
36	Cuddapah	CHC, Badwal
37	Cuddapah	CHC, Jammalamadugu
38	Cuddapah	CHC, Kamalapur
39	Cuddapah	CHC, Lakkireddypalli
40	Cuddapah	CHC, Midukur
41	Cuddapah	CHC, RailwayKodur
42	Cuddapah	CHC, Rajampeta
43	Cuddapah	CHC, Rayachoti
44	Cuddapah	DH, Cuddapah
45	East Godavari	AH, Amalapuram
46	East Godavari	AH, Ramachandrapuram
47	East Godavari	AH, Tuni
48	East Godavari	CHC, Eleswaram
49	East Godavari	CHC, Kottapeta
50	East Godavari	CHC, Peddapuram
51	East Godavari	CHC, Prettipadu
52	East Godavari	CHC, Rajolu
53	East Godavari	CHC, Rampachodavaram
54	East Godavari	DH, Rajahmunndry
55	East Godavari	RMC, Kakinada
56	Guntur	AH, Bapatla
57	Guntur	AH, Narsaraopet
58	Guntur	CHC, Amaravathi
59	Guntur	CHC, Chilakaluripet
60	Guntur	CHC, Macherla
61	Guntur	CHC, Repalle
62	Guntur	CHC, Sattenapalli
63	Guntur	DH, Tenali
64	Guntur	GMC, Guntur
65	Hyderabad	AH, Golkonda
66	Hyderabad	AH, Malakpet
67	Hyderabad	AH, Nampalli
68	Hyderabad	AH, Vanasthalipuram
69	Hyderabad	CHC,, Barkas
70	Hyderabad	Chest Hospital
71	Hyderabad	DH, Kingkoti
72	Hyderabad	Dist. Police Hospital, Amberpet
73	Hyderabad	Feaver Hospital

Sl. No.	District	Name of the VCTC
74	Hyderabad	Gandhi Hospital
75	Hyderabad	IPM
76	Hyderabad	OGH
77	Hyderabad	Red Cross, Gaddiannaram
78	Hyderabad	SCR Hospital, Lalaguda
79	Karimnagar	AH, Jagithyal
80	Karimnagar	AH, Ramagundam
81	Karimnagar	AH, Sirisilla
82	Karimnagar	CHC, Mahadevapur
83	Karimnagar	CHC, Manthani
84	Karimnagar	CHC, Metpalli
85	Karimnagar	CHC, Peddapalli
86	Karimnagar	DH, Karimnagar
87	Khammam	AH, Bhadrachalam
88	Khammam	AH, Kothagudem
89	Khammam	CHC, Madhira
90	Khammam	CHC, Penuballi
91	Khammam	CHC, Sattupalli
92	Khammam	CHC, Yellandu
93	Khammam	DH, Khammam
94	Krishna	AH, Gudivada
95	Krishna	AH, Nuziveedu
96	Krishna	CHC, Avanigadda
97	Krishna	CHC, Gannavaram
98	Krishna	CHC, Jaggaiah peta
99	Krishna	CHC, Kaikalur
100	Krishna	CHC, Mailavaram
101	Krishna	CHC, Nandigama
102	Krishna	CHC, Tiruvuru
103	Krishna	CHC, Vuyyuru
104	Krishna	DH, Machilipatnam
105	Krishna	GGH, Vijayawada
106	Krishna	South Central Railway, Vij.
107	Kurnool	AH, Adoni
108	Kurnool	CHC, Allagadda
109	Kurnool	CHC, Banaganapalli
110	Kurnool	CHC, Dhone

Sl. No.	District	Name of the VCTC
111	Kurnool	CHC, Ymmiganoor
112	Kurnool	DH, Nandyal
113	Kurnool	GGH Kurnool
114	MBNR	AH, Gadwal
115	MBNR	AH, Nagarkurnool
116	MBNR	AH, Narayanpet
117	MBNR	AH, Wanaparthi
118	MBNR	CHC, Allampur
119	MBNR	CHC, Badepalli
120	MBNR	CHC, Kalwakurthy
121	MBNR	CHC, Shad Nagar
122	MBNR	DH, Mahabubnagar
123	Medak	AH, Medak
124	Medak	CHC, Andole Jogipate
125	Medak	CHC, Dubbek
126	Medak	CHC, Gajwal
127	Medak	CHC, Narayankhed
128	Medak	CHC, Narsapur
129	Medak	CHC, Sadasivpet
130	Medak	CHC, Zahirabad
131	Medak	DH, Sangareddy
132	Medak	MCH, Siddipet
133	Nalgonda	AH, Bhongir
134	Nalgonda	AH, Miryalaguda
135	Nalgonda	AH, Suryapet
136	Nalgonda	CHC, Devarakonda
137	Nalgonda	CHC, Huzurnagar
138	Nalgonda	CHC, Nakerekal
139	Nalgonda	CHC, Ramannapet
140	Nalgonda	DH, Nalgonda
141	Nellore	AH, Gudur
142	Nellore	AH, Kavali
143	Nellore	CHC, Sullurpet
144	Nellore	CHC, TB Hospital, Nellore
145	Nellore	CHC, Venkatagiri
146	Nellore	DH, Nellore
147	Nizamabad	AH, Banswada

Sl. No.	District	Name of the VCTC
148	Nizamabad	AH, Bodan
149	Nizamabad	AH, Kamareddy
150	Nizamabad	CHC, Armmor
151	Nizamabad	CHC, Varni
152	Nizamabad	CHC, Yellareddy
153	Nizamabad	DH, Nizamabad
154	Prakasam	AH, Cheerala
155	Prakasam	AH, Kandukur
156	Prakasam	AH, Markapur
157	Prakasam	CHC, Cumbum
158	Prakasam	CHC, Darisi
159	Prakasam	CHC, Giddalur
160	Prakasam	CHC, Kanigiri
161	Prakasam	DH, Ongole
162	Rangareddy	AH, Kondapur
163	Rangareddy	CHC, Chevalla
164	Rangareddy	CHC, Ghatkesar
165	Rangareddy	CHC, Ibraheempatnam
166	Rangareddy	CHC, Marpalli
167	Rangareddy	CHC, Medchal
168	Rangareddy	CHC, Vikarabad
169	Rangareddy	DH, Tandur
170	Srikakulam	AH, Palakonda
171	Srikakulam	AH, Tekkali
172	Srikakulam	CHC, Kotabommali
173	Srikakulam	CHC, Narsannapet
174	Srikakulam	CHC, Palasa
175	Srikakulam	CHC, Pathapatnam
176	Srikakulam	CHC, Rajam
177	Srikakulam	CHC, Sompeta
178	Srikakulam	DH, Srikakulam
179	Vizag	AH, Narsipatnam
180	Vizag	AMC, Visakhapatnam
181	Vizag	CHC, Aganampudi
182	Vizag	CHC, Araku
183	Vizag	CHC, Chodavaram
184	Vizag	CHC, Paderu

Sl. No.	District	Name of the VCTC
185	Vizag	CHC, Yelamachali
186	Vizag	DH,Anakapalli
187	Vizag	INHS Kalyani
188	Vizianagram	AH, Parvathipuram
189	Vizianagram	CHC, Bhogapuram
190	Vizianagram	CHC, Gajapati Nagaram
191	Vizianagram	CHC, S.Kota
192	Vizianagram	CHC, Saluru
193	Vizianagram	DH, Vizianagaram
194	Warangal	AH, Mahabubabad
195	Warangal	CHC, Eturunagaram
196	Warangal	CHC, Mulugu
197	Warangal	CHC, Narsampet
198	Warangal	CHC, Parkkal
199	Warangal	CHC, TB Hospital, Warangal
200	Warangal	CHC, Wardannapeta
201	Warangal	DH, Jangaon
202	Warangal	KMC, Warangal
203	West Godavari	AH, Tadepalligudem
204	West Godavari	AH, Tanuku
205	West Godavari	CHC, Bhimavaram
206	West Godavari	CHC, Chintalapudi
207	West Godavari	CHC, Kovvuru
208	West Godavari	CHC, Narasapuram
209	West Godavari	CHC, Palakollu
210	West Godavari	DH, Eluru

PPTCT Centres in Andhra Pradesh

Sl. No	District	PPTCT Centres
Teaching Hospitals (14)		
1	Anantapur	Govt. General Hospital
2	Chittoor	Govt. Maternity Hospital, Tirupati
3	East Godavari	Govt. General Hospital, Kakinada
4	Guntur	Govt. General Hospital
5	Hyderabad	Gandhi Hospital, Musheerabad.
6	Hyderabad	Govt. Maternity Hospital, Nayapul
7	Hyderabad	Govt. Maternity Hospital, Sultan Bazar, Koti.
8	Hyderabad	Niloufer Maternity Hospital, Red Hills
9	Krishna	Govt. General Hospital, Vijayawada
10	Kurnool	Govt. General Hospital
11	Visakhapatnam	King George Hospital
12	Visakhapatnam	Victoria maternity Hospital
13	Warangal	C.K.M. Maternity Hospital, Mattwada
14	Warangal	Government Maternity Hospital, Hanumakonda
District Head Quarter Hospitals (23)		
15	Adilabad	District Head Quarters Hospital
16	Anantapur	District Head Quarters Hospital, Hindupur
17	Chittoor	District Head Quarters Hospital
18	Cuddapah	District Head Quarters Hospital
19	East Godavari	District Head Quarters Hospital, Rajahmundry
20	Guntur	District Head Quarters Hospital, Tenali
21	Hyderabad	Mamidipudi Nagarjuna Area Hospital, Malakpet
22	Karimnagar	District Head Quarters Hospital
23	Khammam	District Head Quarters Hospital
24	Krishna	District Head Quarters Hospital, Machilipatnam
25	Kurnool	District Head Quarters Hospital, Nandyal
26	Mahaboobnagar	District Head Quarters Hospital
27	Medak	District Head Quarters Hospital, Sanga Reddy
28	Nalgonda	District Head Quarters Hospital
29	Nellore	Govt. Maternity Hospital
30	Nizamabad	District Head Quarters Hospital
31	Prakasam	Govt. Maternity Hospital , Ongole
32	Rangareddy	District Head Quarters Hospital, Tandur
33	Srikakulam	District Head Quarters Hospital
34	Visakhapatnam	District Head Quarters Hospital, Anakapalli
35	Vizianagaram	Dist H. Qtr. Hospital Maharani-Gosha Hospital

Sl. No	District	PPTCT Centres
36	Warangal	Area Hospital, Janagaon
37	West Godavari	District Head Quarters Hospital, Eluru
Area Hospitals (50)		
38	Adilabad	Area Hospitals, Bhainsa
39	Adilabad	Area Hospitals, Mancherial
40	Anantapur	Area Hospitals, Guntakal
41	Anantapur	Area Hospitals, Kadiri
42	Chittoor	Area Hospitals, Kuppam
43	Chittoor	Area Hospitals, Madanapalli
44	Chittoor	Area Hospitals, Srikalahasti
45	Cuddapah	Area Hospitals, Proddatur
46	Cuddapah	Area Hospitals, Pulivendula
47	East Godavari	Area Hospitals, Amalapuram
48	East Godavari	Area Hospitals, Ramachandrapuram
49	East Godavari	Area Hospitals, Tuni
50	Guntur	Area Hospitals, Bapatla
51	Guntur	Area Hospitals, Narsaraopet
52	Hyderabad	Area Hospitals, Golconda
53	Hyderabad	Area Hospitals, Nampally
54	Hyderabad	Area Hospitals, Vanasthalipuram
55	Karimnagar	Area Hospitals, Jagityal
56	Karimnagar	Area Hospitals, Ramgundam
57	Karimnagar	Area Hospitals, Sircilla
58	Khammam	Area Hospitals, Bhadrachalam
59	Khammam	Area Hospitals, Kothagudem
60	Krishna	Area Hospitals, Gudivada
61	Krishna	Area Hospitals, Nuziveedu
62	Kurnool	Area Hospitals, MCH, Adoni
63	Mahabubnagar	Area Hospitals, Gadwal
64	Mahabubnagar	Area Hospitals, Nagarkurnool
65	Mahabubnagar	Area Hospitals, Narayanpet
66	Mahabubnagar	Area Hospitals, Wanaparthy
67	Medak	Area Hospitals, MCH, Siddipet
68	Medak	Area Hospitals, Medak
69	Nalgonda	Area Hospitals, Bhongir
70	Nalgonda	Area Hospitals, Miryalaguda
71	Nalgonda	Area Hospitals, Suryapet
72	Nellore	Area Hospitals, Gudur

Sl. No	District	PPTCT Centres
73	Nellore	Area Hospitals, Kavali
74	Nizamabad	Area Hospitals, Banswada
75	Nizamabad	Area Hospitals, Bodhan
76	Nizamabad	Area Hospitals, Kamareddy
77	Prakasam	Area Hospitals, Chirala
78	Prakasam	Area Hospitals, Kandukur
79	Prakasam	Area Hospitals, Markapur
80	Rangareddy	Area Hospitals, Kondapur
81	Srikakulam	Area Hospitals, Palakonda
82	Srikakulam	Area Hospitals, Tekkali
83	Visakhapatnam	Area Hospitals, Narsipatnam
84	Vizianagaram	Area Hospitals, Parvathipuram
85	Warangal	Area Hospitals, MahabubaBad
86	West Godavari	Area Hospitals, Tadepalligudem
87	West Godavari	Area Hospitals, Tanuku
Private Medical Colleges (8)		
88	Guntur	Katuri Hospital and Medical College
89	Guntur	NRI Hospital and Medical College- Chinakakani
90	Hyderabad	Andhra Mahila Sabha- Durgabai Deshmukh Hospital and Research Centre
91	Hyderabad	Princess Esra Hospital- Deccan Medical College
92	Karimnagar	Prathima Hospital and Medical College- Nagunoor Road
93	Khammam	Mamatha Hospital and Medical College
94	Mahabubnagar	SVS Hospital-SVS Medical College-Enugonda
95	Rangareddy	Medicity Hospital-Ghanpur
NGO Centres (2)		
96	Anantapur	Rural Development Trust
97	Guntur	St. Xavier's Hospital, Vinukonda
Lepra Units (4)		
98	Krishna	CHC, Avanigadda
99	Krishna	CHC, Gannavaram
100	Krishna	CHC, Kaikalur
101	Krishna	CHC, Rajivnagar (U)
Private Hospitals (2)		
102	Krishna	Jeevandhara Hospital, Vemulavada
103	Krishna	Nirmala Hospital, Suryapet
104	Nizamabad	Jeevandan Hospital, Yellareddy
105	Warangal	Arogya Matha Udumala Hospital, Yashwanthpur, Jangaon

STD Clinics in Andhra Pradesh

Sl.No	Name of the STD Clinics	District
1	Dist Headquarter Hospital*	Srikakulam
2	Tekkali (Area Hospital)	Srikakulam
3	Palakonda (Area Hospital)	Srikakulam
4	Dist Headquarter Hospital*	Vizianagaram
5	Parvathipuram(Area Hospital)	Vizianagaram
6	King George Hospital*	Visakhapatnam
7	Narsipatnam(Area Hospital)	Visakhapatnam
8	Anakapalli(Area Hospital)	Visakhapatnam
9	Govt. General Hospital, Kakinada*	East Godavari
10	Dist Headquarter Hospital, Rajahmundry*	East Godavari
11	Amalapuram(Area Hospital)	East Godavari
12	Ramachandrapuram(Area Hospital)	East Godavari
13	Tuni(Area Hospital)	West Godavari
14	Dist Headquarter Hospital,Eluru*	West Godavari
15	Tanuku(Area Hospital)	West Godavari
16	Tadepalligudem(Area Hospital)	West Godavari
17	Govt., General Hospital	Krishna
18	Dist Headquarter Hospital,Machilipatnam*	Krishna
19	Nuziveedu(Area Hospital)	Krishna
20	Gudivada(Area Hospital)	Krishna
21	Govt. General Hospital*	Guntur
22	Tenali (DHQ)	Guntur
23	Bapatla(Area Hospital)	Guntur
24	Narsaraopet (Area Hospital)	Guntur
25	Dist Headquarter Hospital, Ongole*	Prakasam
26	Chirala(Area Hospital)	Prakasam
27	Markapur(Area Hospital)	Prakasam
28	Kandukur(Area Hospital)	Prakasam
29	Dist Headquarter Hospital*	Nellore
30	Gudur(Area Hospital)	Nellore
31	Kavali(Area Hospital)	Nellore
32	SVRR Hospital,Tirupathi*	Chittoor
33	Dist. HQ Hospital *	Chittoor
34	Kuppam(Area Hospital)	Chittoor
35	Madanapalli(Area Hospital)	Chittoor
36	Srikalahasti (Area Hospital)	Chittoor
37	Govt., General Hospital(DHQ)	Anantapur

Sl.No	Name of the STD Clinics	District
38	Kadiri(Area Hospital)	Anantapur
39	Hindupur(Area Hospital)	Anantapur
40	Guntakal(Area Hospital)	Anantapur
41	Dist Headquarter Hospital*	Cuddapah
42	Pulivendula(Area Hospital)	Cuddapah
43	Proddatur(Area Hospital)	Cuddapah
44	Govt. Gen Hospital*	Kurnool
45	Nandyal (DHQ)	Kurnool
46	Adoni(Area Hospital)	Kurnool
47	Dist Headquarter Hospital*	Mahabubnagar
48	Gadwal(Area Hospital)	Mahabubnagar
49	Narayanpet(Area Hospital)	Mahabubnagar
50	Nagarkurnool(Area Hospital)	Mahabubnagar
51	Wanaparthy(Area Hospital)	Mahabubnagar
52	Dist Headquarter Hospital,Sangareddy*	Medak
53	Medak(Area Hospital)	Medak
54	Siddipet(Area Hospital)	Medak
55	Dist Headquarter Hospital*	Nizamabad
56	Kamareddy(Area Hospital)	Nizamabad
57	Banswada(Area Hospital)	Nizamabad
58	Bodhan(Area Hospital)	Nizamabad
59	Dist Headquarter Hospital*	Adilabad
60	Bhainsa(Area Hospital)	Adilabad
61	Mancherial(Area Hospital)	Adilabad
62	Dist Headquarter Hospital*	Karimnagar
63	Civil Hospital, Jagitial*	Karimnagar
64	Sircilla(Area Hospital)	Karimnagar
65	Ramagundam(Area Hospital)	Karimnagar
66	MGM Hospital*	Warangal
67	MahaboobaBad. (Area Hospital)	Warangal
68	Jangaon(Area Hospital)	Warangal
69	Dist Headquarter Hospital*	Khammam
70	Kothagudem(Area Hospital)	Khammam
71	Bhadrachalam(Area Hospital)	Khammam
72	Dist Headquarter Hospital*	Nalgonda
73	Suryapet(Area Hospital)	Nalgonda
74	Kamala Nehru hospital*	Nalgonda
75	Miryalaguda(Area Hospital)	Nalgonda

Sl.No	Name of the STD Clinics	District
76	Bhongir(Area Hospital)	Nalgonda
77	Gandhi General Hospital, Secunderabad*	Hyderabad
78	Osmania General Hospital, Secunderabad*	Hyderabad
79	Vanasthalipuram(Area Hospital)	Hyderabad
80	Nampally(Area Hospital)	Hyderabad
81	Malakpet(Area Hospital)	Hyderabad
82	King Koti (DHQ)	Hyderabad
83	Golconda(Area Hospital)	Hyderabad
84	Tandur (DHQ)	Ranga Reddy
85	Kondapur(Area Hospital)	Ranga Reddy

Annexure 5 - Government Orders

GOVERNMENT OF ANDHRA PRADESH
ABSTRACT

HIV/AIDS – Construction of HIV/AIDS Cell with a Senior Officer as the Nodal Officer in the key departments for mainstreaming HIV/AIDS – Orders – Issued

HEALTH MEDICAL & FAMILY WELFARE (L2) DEPARTMENT

G.O.Ms.No.610 **Dated: 28.12.2005**

Read the following:-

1. Minutes of the meeting held in the chambers of Hon'ble Chief Minister on 8-11-2005on Health Sector reforms
2. From the PD, APSACS, Hyd., Lr.No. 77/AIDS/05/dt. 17-11-05

* * *

O R D E R:

HIV/AIDS poses a major challenge to the development of the state. A mature HIV/AIDS epidemic can wipe out all the gains made by the state in increasing life expectancy and reducing morbidity and mortality among mothers, infants and youth. It affects the population at the most productive age. It swells up the numbers of orphans and destitutes in the society. The growth of the epidemic is primarily determined by the heterosexual behaviour. The main contributory factor to the growth of the epidemic in the state are high prevalence of paid sex, vast network of national highways passing through the state, high incidence of STDs both in men and women, proportionately lower rates of consistent condom use and high number of migrant population.

2. Government after a close examination of the issues involved, have felt that the State's response to HIV/AIDS has to be multi-sectoral and cannot remain as a mere Programme activity of the Health Department. All Departments of Government need to have a clear agenda for preventing and controlling the spread of HIV/AIDS. Key departments like Women & Child Welfare, Youth Services, Panchayati Raj, Urban Development, Industries, Mining and Labour, Tourism, Education (Higher & School), Police, revenue, Rural Development, Transport, Roads & buildings, Irrigation, Agriculture, Animal Husbandry, Forestry, SC, BC, Tribal, Minority Welfare and I&PR need to have a clear Action Plan for inclusion of HIV/AIDS as an integral part of their training, education, awareness and extension programme.

3. In the meeting held on 8-11-2005 in the chambers of the Hon'ble Chief Minister on Health sector reforms, a decision was taken to constitute HIV/AIDS cell with a Senior Officer as nodal officer in each of the key departments for effective implementation.

4. In view of the decision taken in the above meeting, the Govt. after careful examination of the matter, have decided to constitute HIV/AIDS cells in each of the key departments listed above.

5. All the departments mentioned in the address entry shall execute a HIV/AIDS cell with a senior officer as a nodal officer in the respective departments immediately for mounting an effective response in the departments and communicate the names of the nodal officers to the A.P. State AIDS Control Society. The Principal Secretary/ Secretary of the Department shall ensure effective integration of promotive and preventive action in reference to HIV/AIDS and review the implementation of these initiatives every month. Chief Secretary will review the progress every quarter for submission of report to the A.P. State AIDS Council constituted under the Chairmanship of the Hon'ble Chief Minister.

6. All the Special Chief Secretary/ Principal Secretaries/ Secretaries are requested to follow the instructions scrupulously.

(BY ORDER AND IN THE NAME OF THE GOVERNOR OF ANDHRA PRADESH)

T.K. DEWAN
CHIEF SECRETARY TO GOVERNMENT

To
The Principal Secretary/ Secretary to Government
Women Development & Child Welfare, Youth Services & Sports, Panchayati Raj, Municipal Administration & Urban Development, Industries, Mining and Geology, Tourism, Education (Higher/School), Home, Revenue, Rural Development, Transport, Roads & Buildings, Irrigation, Agriculture, Animal Husbandry, ES&T, Tribal Welfare, Minority Welfare Departments
The Project Director, A.P. State AIDS Control Society, Koti, Hyderabad.

Copy to:
The PS to Chief Secretary
The PS to Special Secretary to Hon'ble Chief Minister
The PS to Minister for Health, Medical & Family Welfare Department
The PS to Principal Secretary to Government,
Health, Medical & Family Welfare Department
Sf/Sc

// Forwarded by Order //

SECTION OFFICER

GOVERNMENT OF ANDHRA PRADESH
ABSTRACT

HIV/AIDS - Health Sector Reforms - Meeting held on 8-11-2005 in the chambers of the Hon'ble Chief Minister – Inclusion of HIV/AIDS as part of all the programs and gram sabha agenda item of Gram Panchayats – Orders - Issued.

HEALTH MEDICAL & FAMILY WELFARE (L2) DEPARTMENT

G.O.Ms.No.613 Dated: 30.12.2005

Read the following:-

1. Minutes of the meeting held in the chambers of Hon'ble Chief Minister on 8-11-2005on Health Sector reforms
2. From the PD, APSACS, Hyd., Lr.No. 77/AIDS/05/dt. 17-11-05

* * *

O R D E R:

A review meeting of HIV/AIDS programmes was taken up by the Hon'ble Chief Minister on 8-11-2005. it is felt that the State's response to HIV/AIDS has to be multisectoral and cannot be perceived as a mere health issue to be handled by the Department of Health alone. All Departments of Government need to have a clear agenda delineating steps to be taken for the prevention and control of HIV/AIDS. It is also felt desirable that local bodies like Gram Panchayats & Municipal Bodies need to take the lead role in orchestrating an effective community response for HIV prevention and control..

2. Government after careful examination of the matter, have decided to include HIV/AIDS as part of all the Governmental programmes at grassroot level and a mandatory agenda item in gram sabhas to be held by Gram Panchayats and Municipal Councils/ Corporations in the State.

(BY ORDER AND IN THE NAME OF THE GOVERNOR OF ANDHRA PRADESH)

T.K. DEWAN
CHIEF SECRETARY TO GOVERNMENT

To
The Principal Secretary to Government
Panchayati Raj & Rural Development Department,
The Principal Secretary to Government
Municipal Administration & Urban Development Department,
The Project Director, A.P. State AIDS Control Society, Koti, Hyderabad.
Copy to:
The PS to Chief Secretary
The Commissioner, Panchayati Raj Department, Hyderabad
The Director of Municipal Administration Department, Hyderabad
The PS to Special Secretary to Hon'ble Chief Minister
The PS to Minister for Health, Medical & Family Welfare Department

SF / SCs.

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SECTION OFFICER

GOVERNMENT OF ANDHRA PRADESH
ABSTRACT

Constituting A.P. State AIDS Council – Orders -Issued.

HEALTH MEDICAL & FAMILY WELFARE (L2) DEPARTMENT

G.O.Ms.No.02 Dated.03.01.2006

Read the following:

1. Rc. No. T-11011/6/2004-NACO(Admin), NACO, Ministry of H&FW, GOI, dt. 21-6-2005 on constitution of National Council on AIDS
2. Minutes of the meeting held on 8-11-2005 in the chambers of Hon'ble Chief Minister on Health Sector reforms
3. From the PD, APSACS, Hyd., Lr.No. 77/AIDS/05/dt. 17-11-05

****

O R D E R:

A meeting was held on 8-11-2005 in the chambers of Hon'ble Chief Minister on Health Sector reforms. Detailed discussions were held in the meeting on the issues pertaining to Medical Education, AP Vaidya Vidhana Parishad, Health and HIV/AIDS. One of the decisions taken in the meeting was the constitution of State AIDS Council on the lines of the National AIDS Council under the Chairmanship of Hon'ble Chief Minister with Ministers of key Departments, Donors and Civil Society representatives as members.

2. In order to reiterate the States commitment to prevent the spread of HIV and to facilitate a strong multisectoral response to combat it effectively, Government hereby, constitute the AP State AIDS Council with the Hon'ble Chief Minister as Chairman and members drawn from the Council of Ministers, Donors & Civil Society organisations as members.

3. The functions and composition of the said Council are indicated below:

1. To provide policy direction to the HIV/AIDS programmes

2. To mainstream HIV/AIDS in all departments by considering it as a development challenge and not merely a public health problem and review inter sectoral action periodically

3. To mount a multi sectoral response to HIV/AIDS in the State in partnership with the Civil Society organisations and donors.

4. Government after careful examination of the matter, hereby constitute a AP State AIDS Council with the following as Members:

1.	Hon'ble Chief Minister	:	Chairman
2.	Hon'ble Minister for HM&FW	:	Vice – Chairman

Hon'ble Ministers of Key Departments:

3.	Minister for Finance	:	Member
4.	Minister for Home	:	Member
5.	Minister for Industries	:	Member
6.	Minister for R.D.	:	Member
7.	Minister for WD&CW	:	Member
8.	Minister for Youth Affairs & Sports	:	Member

9. Minister for Agriculture : Member
10. Minister for Panchayat Raj : Member
11. Minister for Tourism : Member
12. Minister for Municipal Administration : Member
13. Minister for Tribal Welfare : Member
14. Minister for Transport : Member
15. Minister for Higher Education /School Education : Member

Donor Organisations representatives:

16. Director, Avahan India AIDS Initiative of Gates Foundation
17. State Representative, UNICEF

People's Representatives

18. Convenor, Legislators' Forum
19. Representative of AP State Panchayat Sarpanches Association
20. Representative from the State Municipal Chairperson's Association

Representatives from Civil Society:

21. One Representative from film industry
22. One Representative from corporate sector
23. One/ Two Representative from Media (print/electronic)
24. Two NGO representative from HIV/AIDS sector
25. PLWHA network representative
26. Two experts on HIV/AIDS – ASCI
27. Two NGOs drawn from Development Sector – RD, WD&CW
28. One Representative drawn from Women SHGs
29. One Representative drawn from Trade Unions

Member Secretary

30. Principal Secretary to Govt., HM&FW Department

5. The AP State Council will meet three times a year and review the project. AP State AIDS Control Society will provide Secretarial support to the State AIDS Council

6. The expenditure on TA/DA of the non-official members of the AP State AIDS Council for attending the meeting will be regulated in accordance with the instruction issued by the Govt. of India from time to time and met out of the budget of AP State AIDS Control Society allocated by National AIDS Control Programme. However, the official members will draw their TA/DA for attending the meeting of the State AIDS Council from the same head of account from which they draw their salary.

(BY ORDER AND IN THE NAME OF THE GOVERNOR OF ANDHRA PRADESH)

T.K. DEWAN
CHIEF SECRETARY TO GOVERNMENT

To
The Project Director, A.P. State AIDS Control Society, Hyderabad.
The All concerned through Project Director,
A.P. State AIDS Control Society, Hyderabad.

Copy to:
The Pay and Accounts Officer, AP, Hyderabad
The Special Secretary to Chief Minister
The PS to Chief Secretary
The PS to Minister (Fin & Health)
The PS to Principal Secretary to Government
Sf/ Sc

// FORWARDED :: BY ORDER //

SECTION OFFICER

GOVERNMENT OF ANDHRA PRADESH
ABSTRACT

HIV/AIDS – Making workplace interventions mandatory in certain key sectors having large number of mobile/migrant population – Orders - Issued.

HEALTH MEDICAL & FAMILY WELFARE (L2) DEPARTMENT

G.O.Ms.No.03 Dated: 03.01.2006

Read the following:-

1. Minutes of the meeting held on 8-11-2005 in the chambers of Hon'ble Chief Minister on Health Sector reforms
2. From the PD, APSACS, Hyd., Lr.No. 77/AIDS/05/dt. 17-11-05

* * *

O R D E R:

HIV/AIDS poses a major challenge to the development of the state. A mature HIV/AIDS epidemic can wipe out all the gains made by the state in increasing life expectancy and reducing morbidity and mortality among mothers, infants and youth. It affects the population at the most productive age. It swells up the numbers of orphans and destitutes in the society. The growth of the epidemic is primarily determined by the heterosexual behaviour. The high prevalence of paid sex, vast network of national highways passing through the state, high incidence of STDs both in men and women, proportionately lower rates of consistent condom use and high number of migrant/mobile population are factors contributing to the rapid growth of the epidemic.

2. In view of the high vulnerability of the migrant/mobile population to HIV/AIDS it is decided to make HIV/AIDS interventions in all the sectors listed below mandatory.

1. Tourism
2. Transport
3. Industries – Large, medium, small scale industries
4. Mines/Quarry
5. Police & Paramilitary forces
6. Entertainment industry
7. IT sector
8. All Educational Institutions providing secondary and Higher Education

3. Accordingly, Government hereby direct that the departments mentioned above, issue necessary orders for implementation of HIV/AIDS prevention interventions as mandatory in their respective sectors/fields.

(BY ORDER AND IN THE NAME OF THE GOVERNOR OF ANDHRA PRADESH)

T.K. DEWAN
CHIEF SECRETARY TO GOVERNMENT

To
The Principal Secretary/ Secretary to Government
Tourism, TR&B (Transport), Industries, Mines & Geology, Home Department,
The Director, Board of Intermediate Education, Hyderabad
The Director of Health, Andhra Pradesh, Hyderabad
Copy to:
The PS to Special Secretary to Hon'ble Chief Minister
The PS to Chief Secretary to Government
The PS to Hon'ble Minister for Health, Medical & Family Welfare Department
The PS to Principal Secretary to Government
SF / SCs.

// Forwarded by Order //

SECTION OFFICER

Annexure – 6

District wise Trends in HIV Prevalence in Urban Antenatal Clinic - 1998 - 2005										
S.No	**District**	**Sentinel Site Location**	**HIV Prevalence %**							
			1998	**1999**	**2000**	**2001**	**2002**	**2003**	**2004**	**2005**
1	KHAMMAM	Area Hospital, Kothagudem					0.25	1.50	2.00	3.50
2	WEST GODAVARI	District Hospital, Eluru					2.25	2.00	2.75	3.25
3	GUNTUR	Guntur Medical College	2.75	4	3.5	5.25	2.25	3.75	3.50	3.00
4	EAST GODAVARI	Rangaraya Medical College, Kakinada	2	2	2	4	3.00	2.50	3.00	2.75
5	NALGONDA	District Hospital					1.75	1.50	2.25	2.75
6	PRAKASAM	District Hospital, Ongole					3.50	3.00	4.00	2.50
7	VISAKHAPATNAM	District Hospital, Anakapally					0.50	1.00	1.50	2.50
8	WARANGAL	Kakatiya Medical College			1.25	1.5	6.75	1.50	2.25	2.50
9	KARIMNAGAR	District Hospital					1.50	2.00	3.50	2.25
10	HYDERABAD	Gandhi Medical College	1.5	0.5	2	0.5	1.50	1.00	0.75	2.00
11	KRISHNA	District Hospital, Machilipatnam					2.25	1.75	2.25	2.00
12	MEDAK	District Hospital, Sangareddy					1.25	0.50	1.00	2.00
13	VIZIANAGARAM	District Hospital				1.25	1.00	1.25	1.75	2.00
14	ADILABAD	District Hospital				1.25	0.75	0.75	0.75	1.75
15	ANANTHAPUR	Anantapur Medical College				2	1.25	1.25	1.75	1.75

16	RANGAREDDY	District Hospital, Tandur					1.00	0.50	0.50	1.75
17	KURNOOL	Kurnool Medical College			1.25	0.75	0.50	0.50	0.75	1.50
18	NELLORE	District Hospital					1.00	2.50	2.75	1.50
19	SRIKAKULAM	District Hospital					0.75	1.00	0.75	1.50
20	CHITTOOR	District Hospital			2	1.75	1.00	1.50	1.25	1.25
21	CUDDAPAH	District Hospital					1.75	2.50	2.75	0.75
22	NIZAMABAD	District Hospital					1.25	1.25	2.25	0.75
23	MAHABUBNAGAR	District Hospital					0.25	0.25	0.75	0.25

HIV prevalence in ANCs is a proxy for general population in the age group of 15-49 years

Annexure - 7

District wise Trends in HIV Prevalence in Antenatal clinics in First Referral Units - 2003 to 2005					
Sl. No	**District**	**Sentinel site location**	**HIV Prevalence %**		
			2003	**2004**	**2005**
1	Prakasam	Area Hospital, Chirala	**2.50**	**1.75**	**3.25**
2	West Godavari	CHC, Bhimavaram	**2.50**	**2**	**3**
3	Guntur	Area Hospital, Narsaraopet	**2.75**	**1.5**	**2.5**
4	Nizamabad	Area Hospital, Kamareddy	**1.75**	**1.75**	**2.5**
5	East Godavari	Area Hospital, Ramachandrapuram	**3.00**	**1.75**	**2.25**
6	Khammam	Area Hospital, Bhadrachalam	**N.A.**	**2**	**2.25**
7	Chittoor	Area Hospital, Srikalahasti	**1.50**	**2**	**2**
8	Krishna	Area Hospital, Nuzividu	**1.25**	**1.5**	**1.5**
9	Vizianagaram	Area Hospital, Parvathipuram	**0.75**	**0.5**	**1.25**
10	Adilabad	Area Hospital, Mancherial	**1.50**	**0.25**	**1**
11	Anantapur	Area Hospital, Guntakal	**0.75**	**1.25**	**1**
12	Nalgonda	Area Hospital, Bhongir	**0.75**	**0.75**	**1**
13	Nellore	Area Hospital, Kavali	**0.50**	**2.25**	**0.75**
14	Warangal	Area Hospital, Jangaon	**1.00**	**1.25**	**0.75**
15	Medak	CHC, Narsapur	**N.A.**	**0.5**	**0.72**
16	Karimnagar	Area Hospital, Jagitial	**1.00**	**1.5**	**0.57**
17	Cuddapah	Area Hospital, Rajampeta	**1.25**	**1.25**	**0.5**
18	Visakhapatnam	CHC, Aganampudi	**2.25**	**0.75**	**0.5**
19	Mahbubnagar	Area Hospital, Gadwal	**0.50**	**0.75**	**0.25**
20	Srikakulam	Area Hospital, Tekkali	**0.75**	**1**	**0.25**
21	Kurnool	Women & Child Hospital, Adoni	**0.25**	**0.25**	**0**

HIV prevalence in ANCs is a proxy for general population in the age group of 15-49 years

Annexure - 8

Trends in HIV Prevalence in STD Clinics in the State - 1998-2005									
S.No	District	Sentinel site location	HIV Prevalence %						
			1998	1999	2000	2001	2002	2003	2004	2005
1	Hyderabad	Osmania Medical College	34.8	27.6	32	41.6	31.60	36.00	36.00	32.40
2	Visakhapatnam	Andhra Medical College	21.6	29.5	30	38.4	35.60	29.60	35.60	32.00
3	Khammam	District Hospital				14.8	12.80	10.00	16.00	31.20
4	Krishna	Government General Hospital, Vijayawada					33.20	28.80	29.60	26.40
5	Warangal	MGM Hospital					40.40	19.60	31.20	23.74
6	Chittoor	S V Medical College, Tirupati	9.6	30	23.6	12.9	39.20	38.00	31.20	22.80
7	Karimnagar	Area Hospital, Ramagundam					3.75	4.80	5.60	20.40
8	Prakasam	District Hospital, Ongole					12.80	17.20	14.40	19.60
9	Kurnool	Government General Hospital					9.20	17.60	7.20	15.20
10	East Godavari	District Hospital, Rajahmundry					30.40	24.80	16.40	14.80
11	Medak	District Hospital, Sangareddy					3.20	2.00	6.00	4.00

HIV prevalence in STD Clinic attendees is a proxy for high-risk group.

Annexure – 9

District wise list of number of buses hired

Sl. No.	District	No. Of Buses	Authorized Agency
1	West Godavari	30	UNIADS
2	Khammam	30	UNIADS
3	Prakasam	30	UNIADS
4	Guntur	30	UNIADS
5	East Godavari	30	UNIADS
6	Hyderabad	30	Prtithvi
7	Nalgonda	30	Mahaveer
8	Krishna	30	UNIADS
9	Nizamabad	30	UNIADS
10	Vizianagaram	30	UNIADS
11	Warangal	30	UNIADS
12	Chittoor	20	UNIADS
13	Visakhapatnam	20	UNIADS
14	Medak	20	Mahaveer
15	Kurnool	30	Suresh Advertisers
16	Anantapur	35	Suresh Advertisers
17	Kadapa	35	Suresh Advertisers
18	Nellore	20	UNIADS
19	Rangareddy	20	Mahaveer
20	Adilabad	20	UNIADS
21	Srikakulam	20	UNIADS
22	Mahabubnagar	20	Mahaveer
23	Karimanagar	20	UNIADS
Total		**610**	

District-wise allotment of permanent hoardings and AASHA film

Sl. No.	District	No. Of Hoardings	No. of theatres in the district	No. of AASHA film prints being sent
1	West Godavari	100	168	168
2	Khammam	100	66	66
3	Prakasam	100	107	107
4	Guntur	100	173	173
5	East Godavari	100	197	197
6	Hyderabad	100	121	121
7	Nalgonda	100	69	69
8	Krishna	100	164	164
9	Nizamabad	100	54	54
10	Vizianagaram	100	64	64
11	Warangal	100	50	50
12	Chittoor	50	116	116
13	Visakhapatnam	50	109	109
14	Medak	50	38	38
15	Kurnool	50	82	82
16	Anantapur	50	90	90
17	Kadapa	50	87	87
18	Nellore	50	92	92
19	Rangareddy	50	22	22
20	Adilabad	50	30	30
21	Srikakulam	50	55	55
22	Mahabubnagar	50	44	44
23	Karimanagar	50	63	63
Total		**1700**	**2031**	**2031**