ESTIMATES OF HIV/AIDS IN KARNATAKA STATE

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Why are estimates of HIV infection important?

- To ascertain the burden of infection in the community
- To devise strategies for HIV/AIDS management
- To assess the impact of interventions at later date.

What are the current estimates of HIV infection in Karnataka?

- The current estimates for HIV infection in the State range from 150,000 to 295,000 HIV infected individuals within the state
- These estimates have been arrived at using three different calculations;
  - (i) Based on UNAIDS estimates
  - (ii) Based Sentinel Surveillance (ANC and STD clinics) in Karnataka in 1999

Calculations based on UNAIDS estimates

- UNAIDS estimates for India = 3.5 million
  (No. HIV Infections by end of 1999)
- Karnataka accounts for 5% of total population within the country. 5% of 3.5 million = 175, 000
- Current estimates of HIV infection in Karnataka is therefore 175, 000

Extrapolation from country's estimates can be fallacious since the progression of the epidemic varies from state to state

How reliable are these estimates?

- Reliability depends on the number of rounds of surveillance conducted in any region
- The adherence to the Surveillance protocol i.e.number of samples screened (n=400 for ANC and n=250 for STD)
- All the data for the estimates come only from the Government sector - what about cases seen the private sector??

What then are the true estimates of HIV infection in Karnataka?

The truth lies somewhere in between the estimates arrived at by three means i.e.

1. Back calculation form UNAIDS country's estimates- i.e. 175,000
2. Calculations based on ANC surveillance data in the State-i.e.153,750
3. Calculations based on STD surveillance data within the state; i.e. 295,550

Calculations based on Sentinnel Surveillance

STD Clinic Surveillance

- Surveillance data of 1999 - Hubli 23.8%, Bellary 14.06%, Mysore8.4% and Bangalore 16.79%
- Average for the State in the year 1999 = 15.76%
- Karnataks's total Adult population = 15 millions
- Karnataka's STD population = 1.86 millions(12.4% of $15X10^6$)
- Karnataka's HIV infected pouplation = 15.76% of $1.86 X 10^6$
- Karnataka probably has 295,550 HIV infected individuals

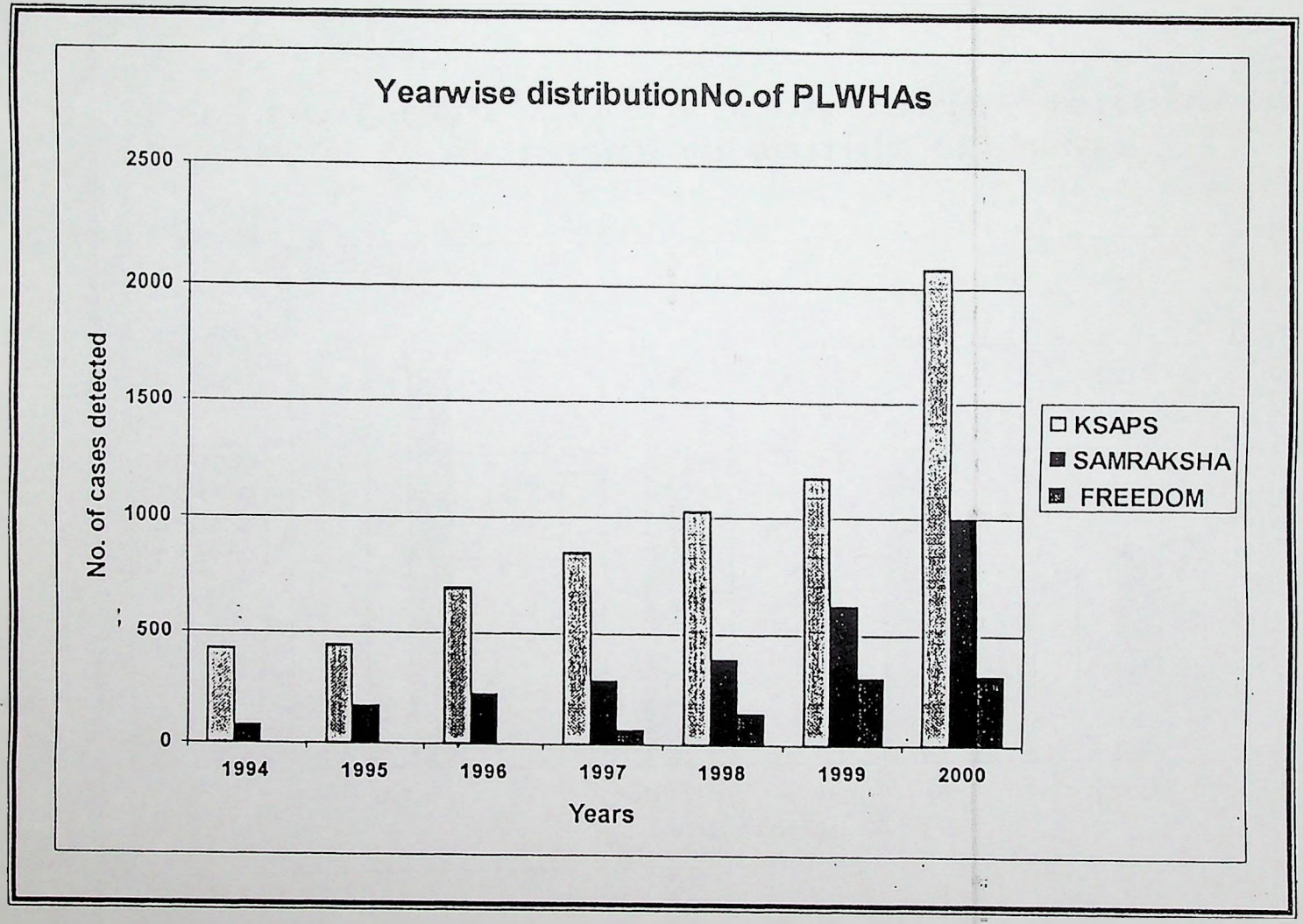
Can be fallacious because surveillance includes only those attending STD clinics - HRB population.

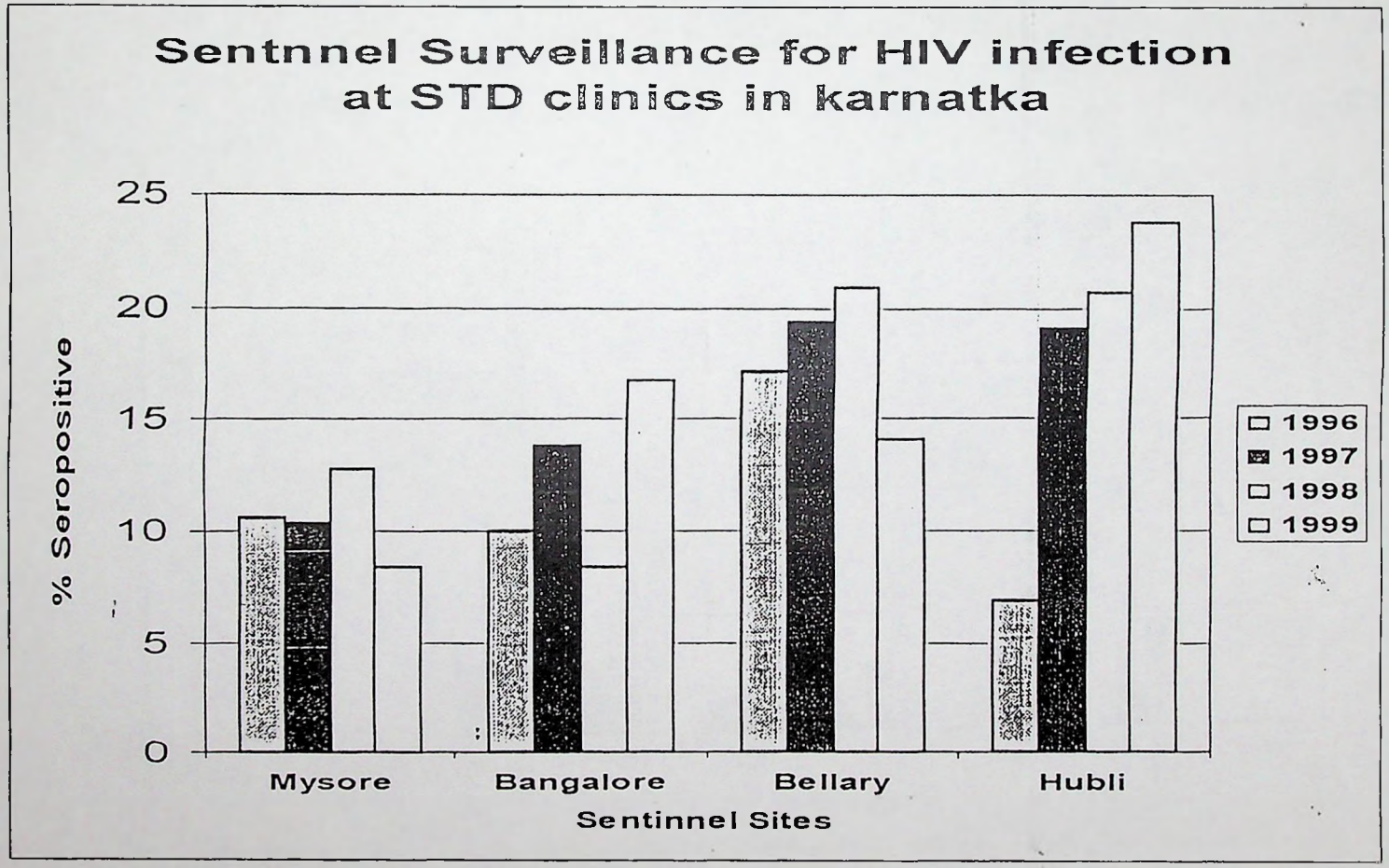
Calculations based on Sentinnel Surveillance

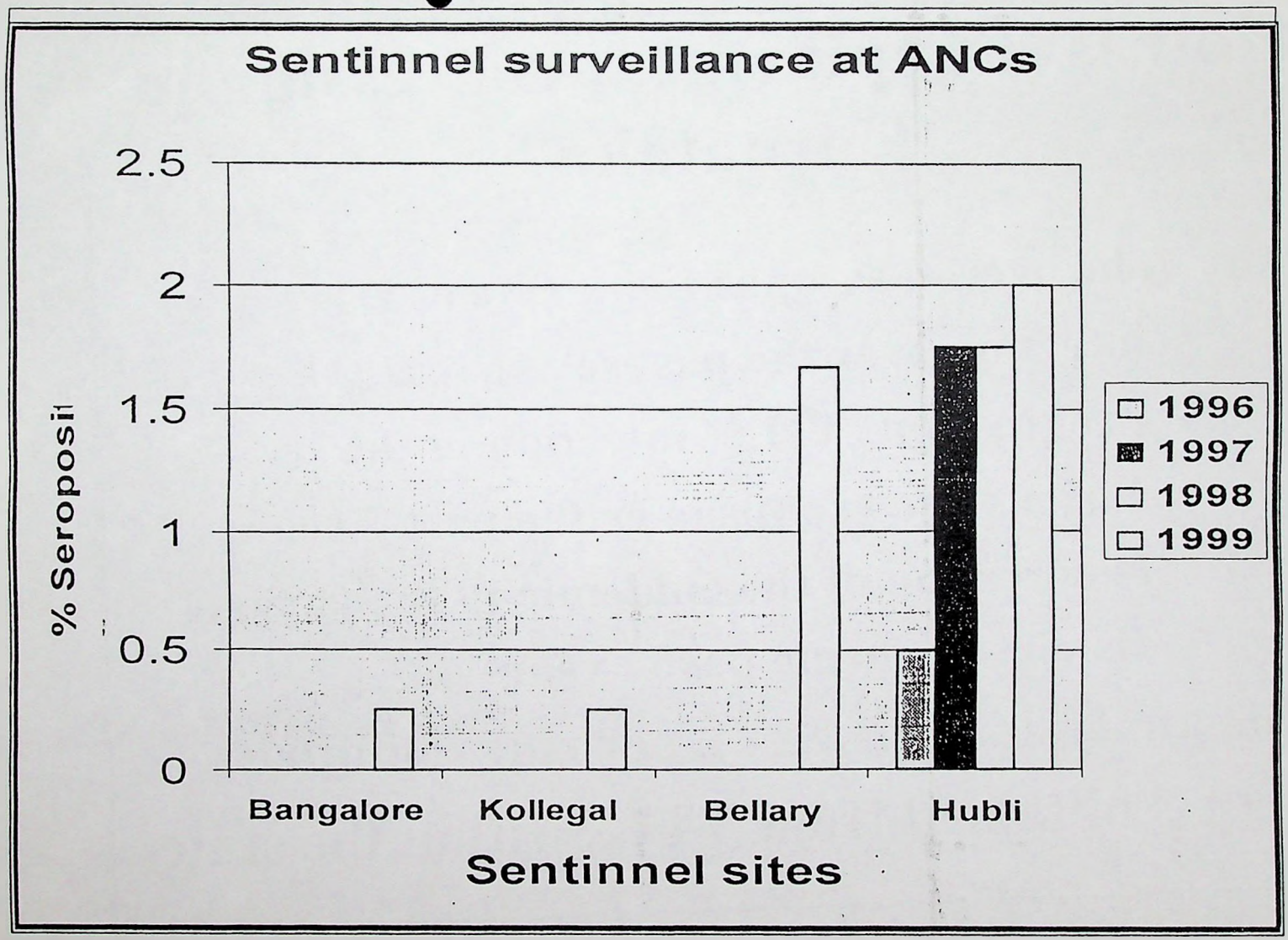
Antenatal Clinic Surveillance

- Surveillance data of 1999 - Hubli 2%, Bellary 1,67%, Kollegal 0.25% and Bangalore 0.25%.
- Average for the State in the year 1999 = 1.025%
- Karnataks's total population = 50 millions
- Karnataka's sexually active adult population =15 millions
- Karnataka's HIV infected pouplation = 1.02% of 15 X 10^6
- Karnataka probably has 153,750 HIV infected individuals

Can be fallacious because surveillance includes only women who attend ANCs and not all adults.


Yearwise distributionNo.of PLWHAs
No. of cases detected
2500
2000
1500
1000
500
0
1994
1995
1996
1997
1998
1999
2000
Years
KSAPS
SAMRAKSHA
FREEDOM


Sentnnel Surveillance for HIV infection
at STD clinics in karnatka
% Seropositive
25
20
15
10
5
0
Mysore
Bangalore
Bellary
Hubli
Sentinnel Sites
1996
1997
1998
1999

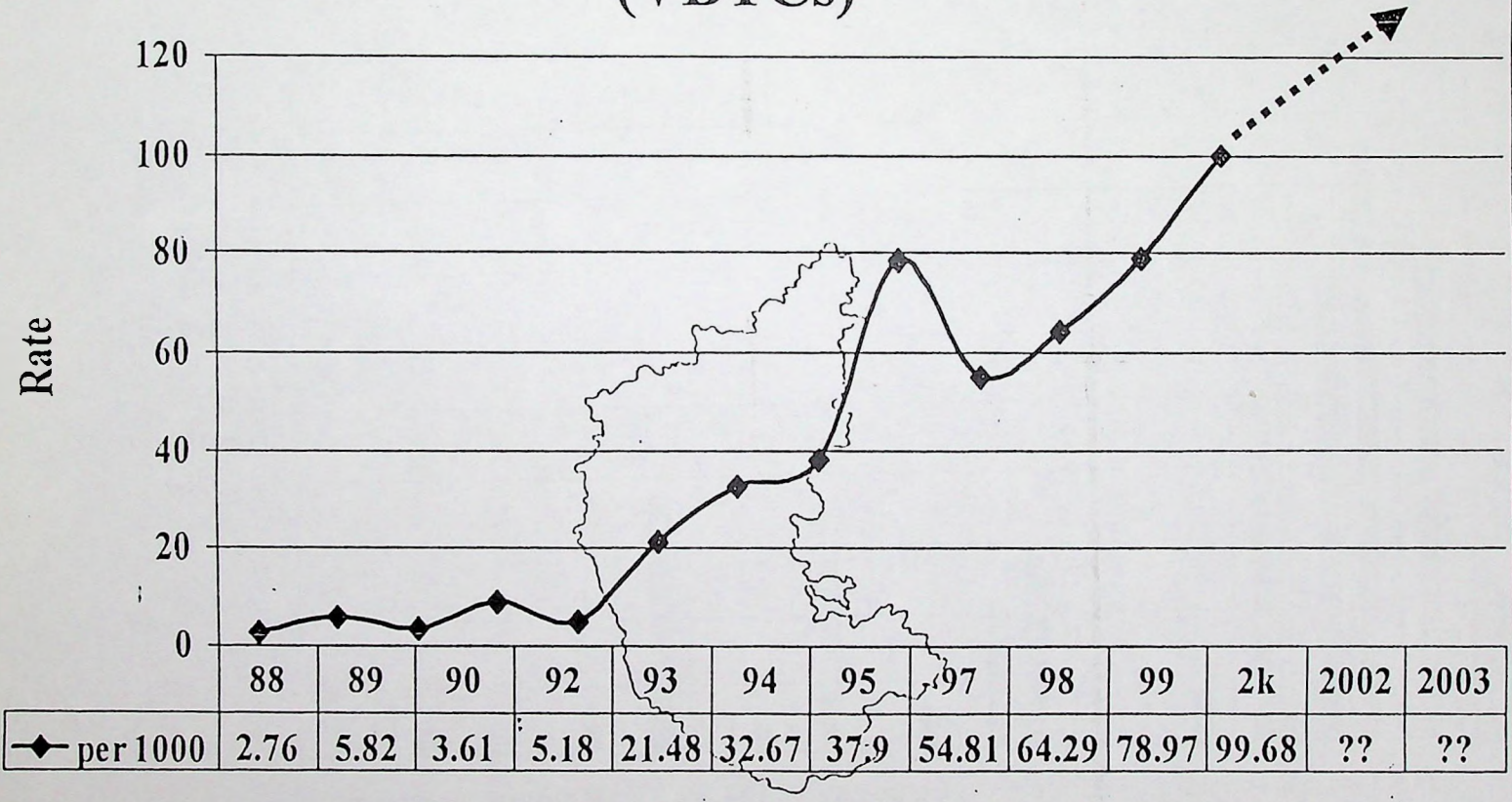

Sentinnel surveillance at ANCs
2.5
2
1.5
1
0.5
0
% Seroposi
1996
1997
1998
1999
Bangalore
Kollegal
Bellary
Hubli
Sentinnel sites

How is the epidemic progressing in Karnataka?

1. The overall seropositivity rate of HIV infection over the past seven years
2. Progression of HIV infection in the various age groups over the past 7 years
3. Progression of the epidemic in the various districts over the past 7 years

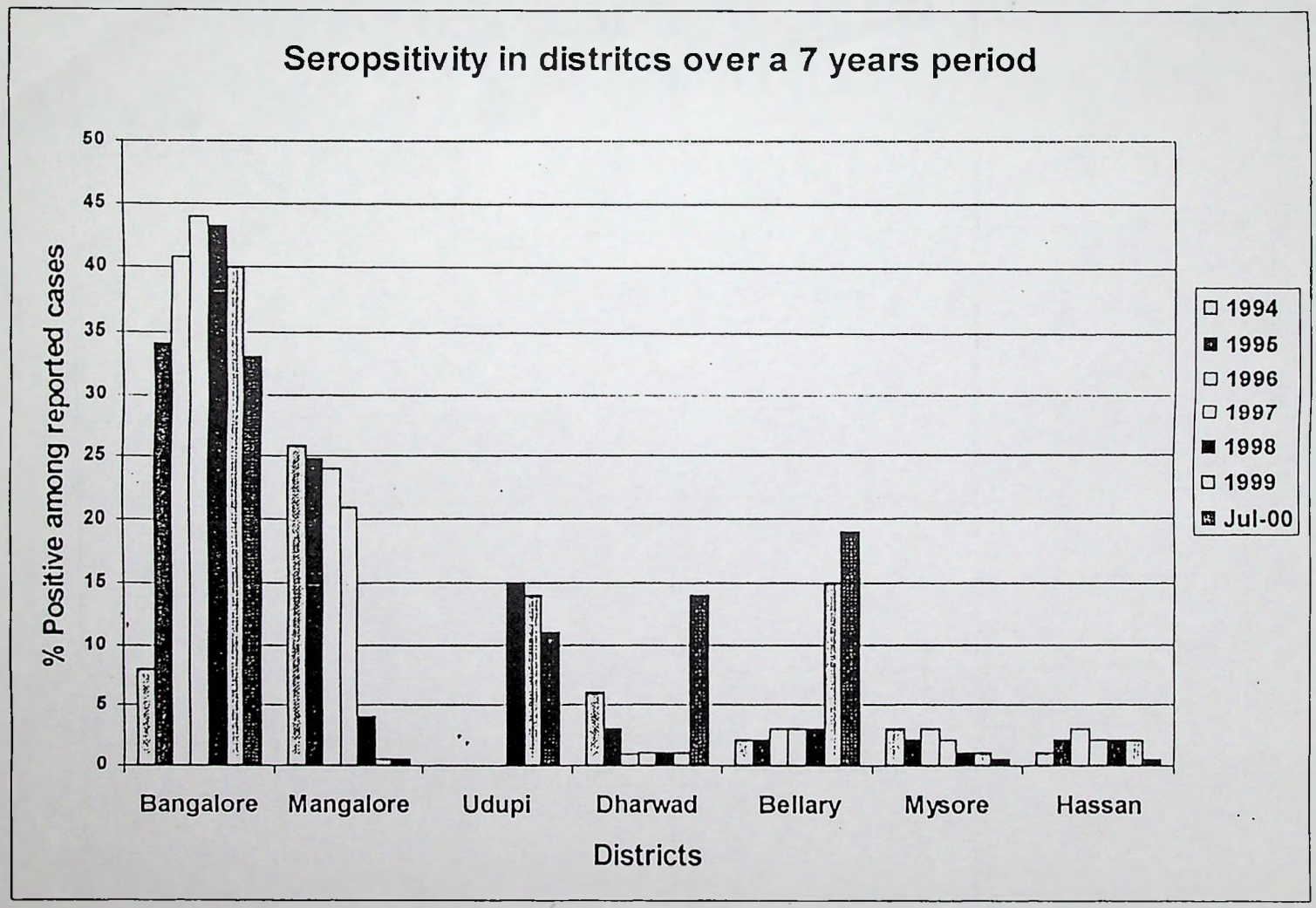
This analysis is based on serosurveillance reports obtained from VTCs within the state

RATE OF GROWTH OF SEROPOSITIVITY (VBTCs)

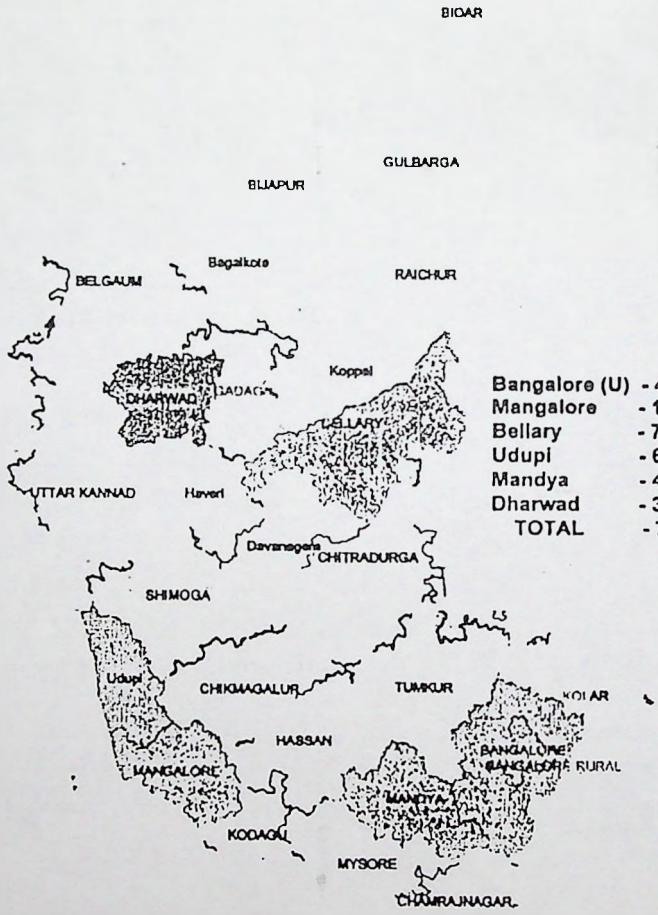


	88	89	90	92	93	94	95	97	98	99	2k	2002	2003
per 1000	2.76	5.82	3.61	5.18	21.48	32.67	37.9	54.81	64.29	78.97	99.68	??	??

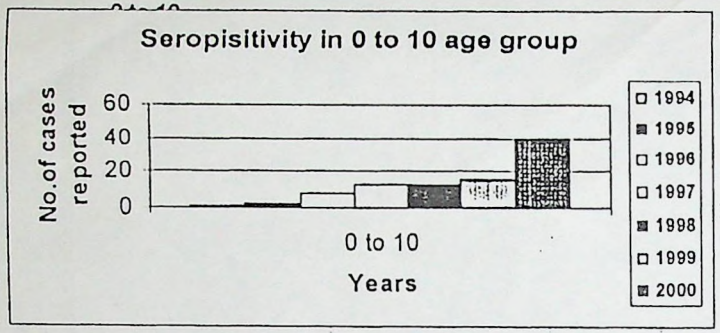
3 VBTCs TILL 98, 4 VBTCs IN 99, 5 VBTCs IN 2000

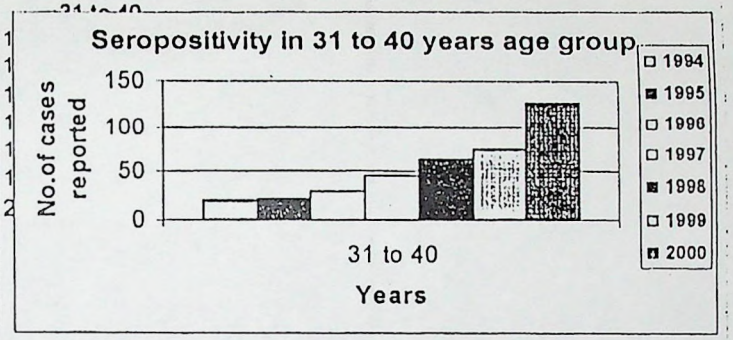

Seropsitivity in districts over a 7 years period
% Positive among reported cases
50
45
40
35
30
25
20
15
10
5
0
Bangalore
Mangalore
Udupi
Dharwad
Bellary
Mysore
Hassan
Districts
1994
1995
1996
1997
1998
1999
Jul-00

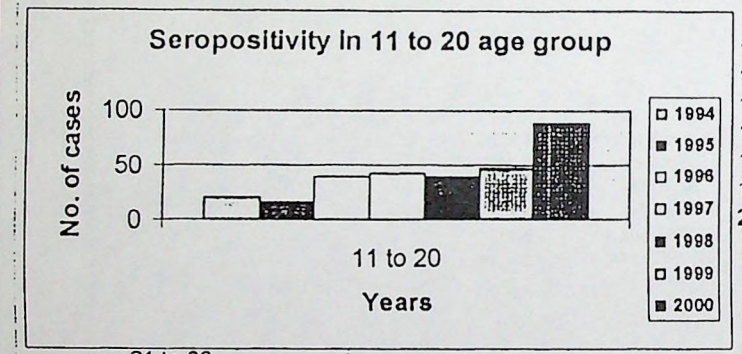
HIGH PREVALENCE DISTRICTS FOR HIV

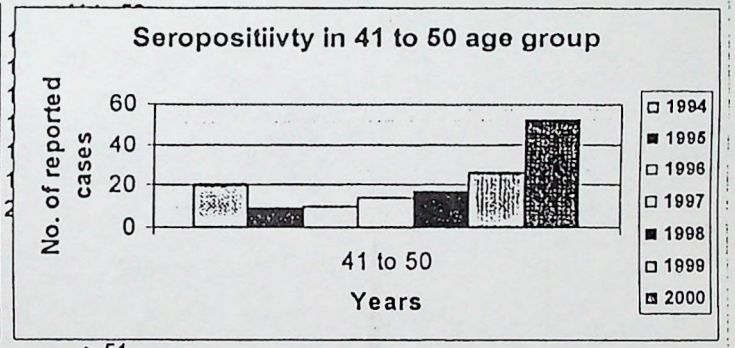


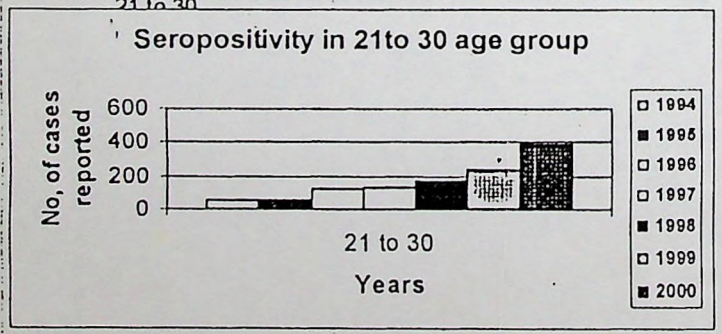
Bangalore (U)	- 40.5%
Mangalore	- 11.3%
Bellary	- 7.3%
Udupi	- 6.4%
Mandya	- 4.1%
Dharwad	- 3.7%
TOTAL	- 73.3%

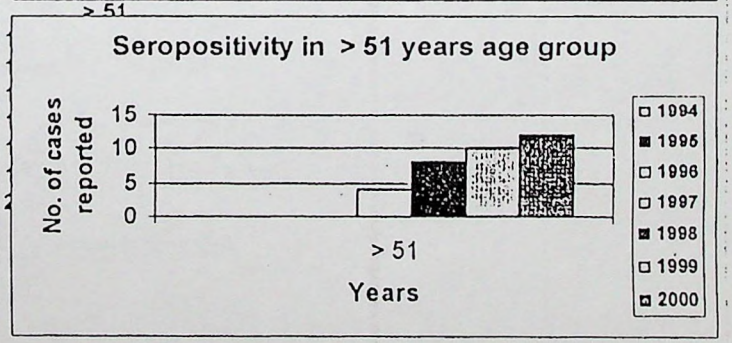

Seropisitivity in 0 to 10 age group
No.of cases reported
60
40
20
0
0 to 10
Years
1994
1995
1996
1997
1998
1999
2000


Seropositivity in 31 to 40 years age group
No.of cases reported
150
100
50
0
31 to 40
Years
1994
1995
1996
1997
1998
1999
2000


Seropositivity In 11 to 20 age group
No. of cases
100
50
0
11 to 20
Years
1994
1995
1996
1997
1998
1999
2000


Seropositiivty in 41 to 50 age group
No. of reported cases
60
40
20
0
41 to 50
Years
1994
1995
1996
1997
1998
1999
2000


Seropositivity in 21to 30 age group
No, of cases reported
600
400
200
0
21 to 30
Years
1994
1995
1996
1997
1998
1999
2000


Seropositivity in > 51 years age group
No. of cases reported
15
10
5
0
> 51
Years
1994
1995
1996
1997
1998
1999
2000

FEMALES

Prevention and Care Dynamic of Systems for Delivering HIV/AIDS Care and Support

Intervention Benfi	Immediate Beneficiary	Primary Benefit	Mitigating Effect	Prevention
Build and improve Linkages and referra Systems among HIV/ AIDS service Organisations and Other services, Including TB control And primary health care	Pople living with HIV/AIDS	Comprehensive care is provided	Improves health of PLWHAs by ensuring access to a wider range of care services for HIV/AIDS related illnesses	Family and community receive HIV prevention education.

DIS 2c.

Lib – HIV/AIDS in Karnataka file
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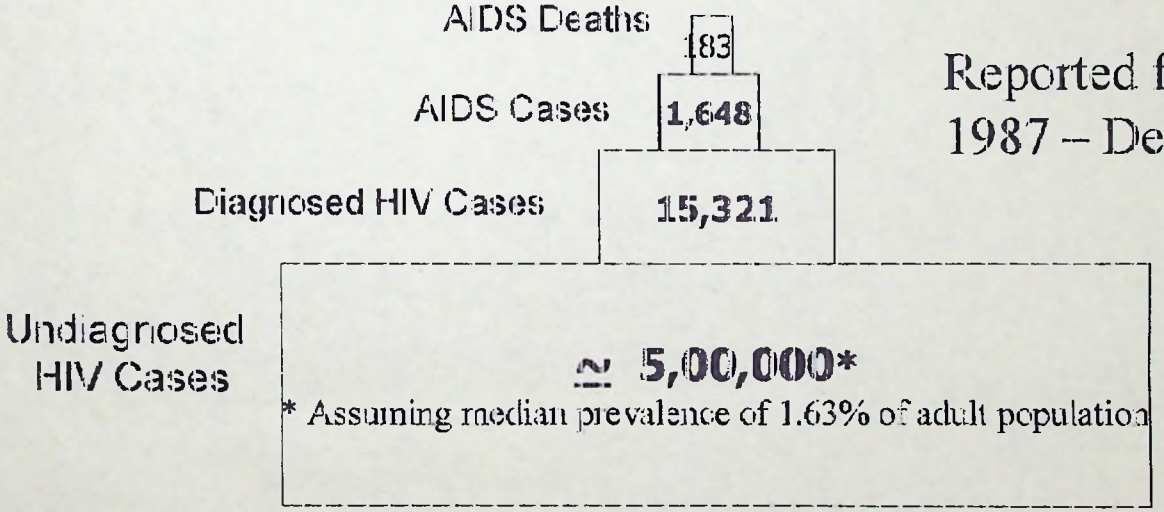
Karnataka Burden of Disease -- Crude Estimates



Reported figures:
1987 – Dec 2002

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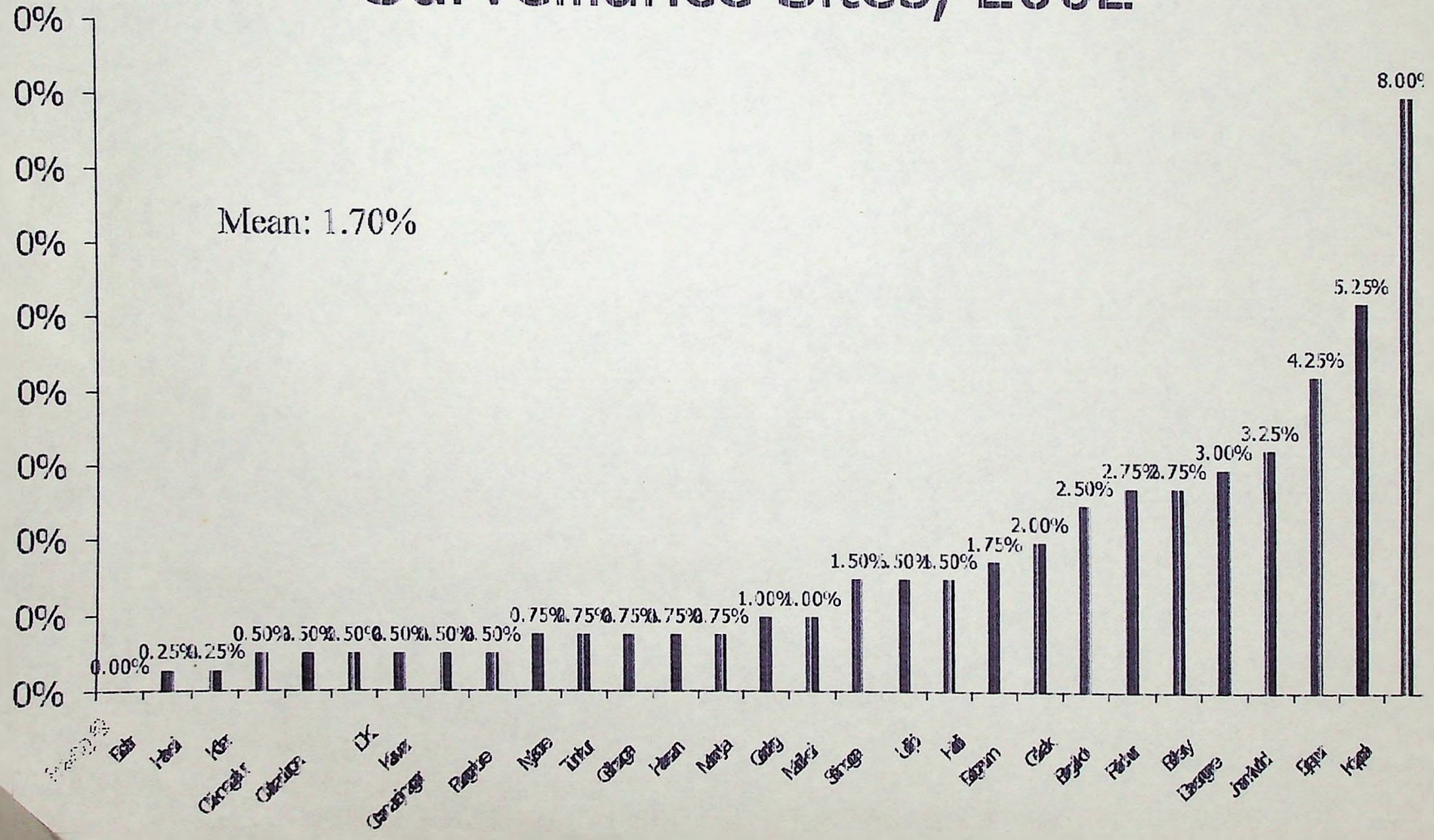
HIV Prevalence at ANC Clinic Sentinel Surveillance Sites, 2002

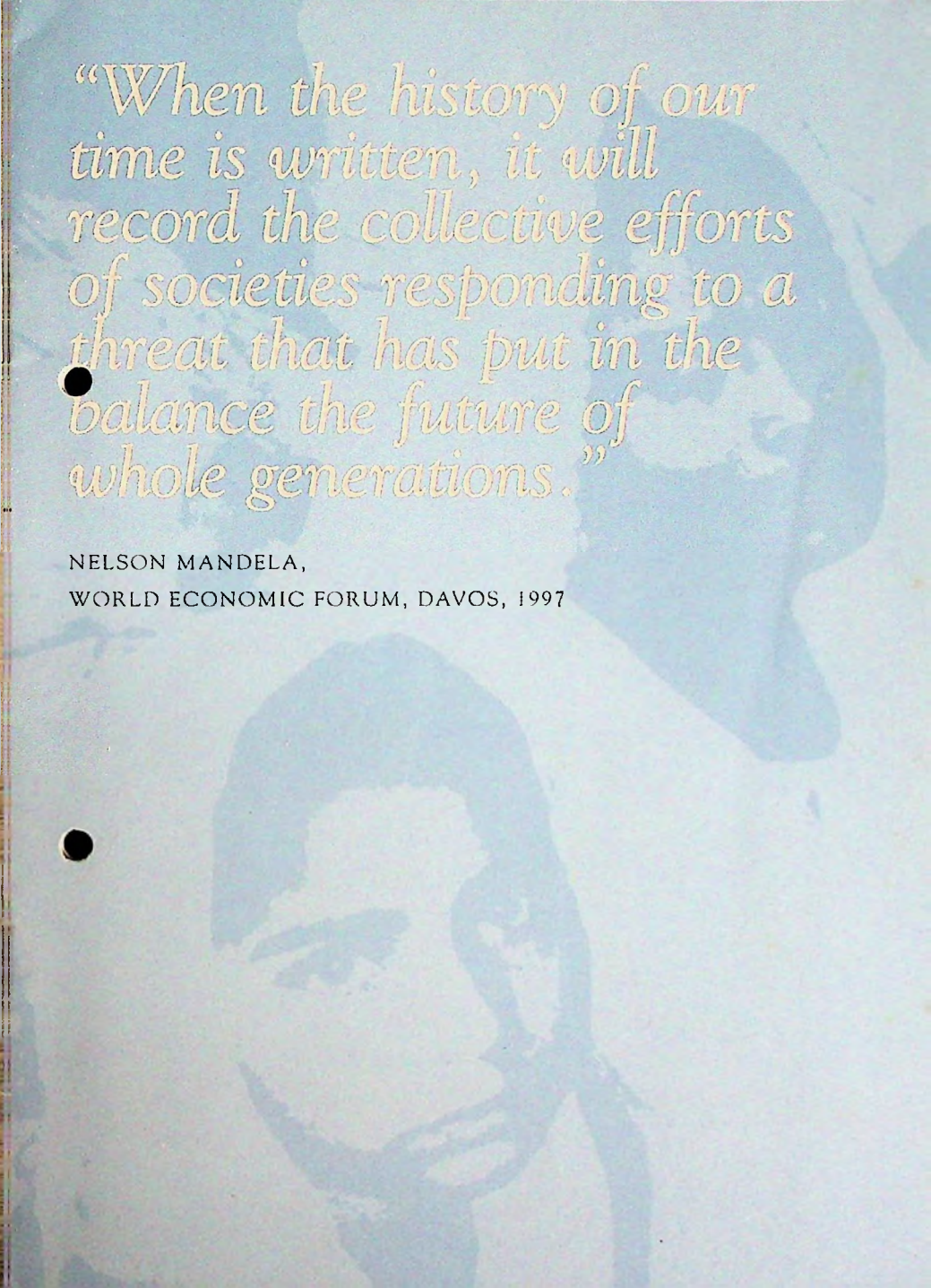


india-canada collaborative HIV/AIDS project

ichap

FUNDED BY THE CANADIAN INTERNATIONAL DEVELOPMENT AGENCY


approach followed by ichap
Intersectoral collaboration
Evidence-based planning
Gender equity
Community participation
Involvement of PLWHAs
Sustainability
August 2002



"When the history of our time is written, it will record the collective efforts of societies responding to a threat that has put in the balance the future of whole generations."

NELSON MANDELA,
WORLD ECONOMIC FORUM, DAVOS, 1997

about ichap

India today has an estimated four million people living with HIV/AIDS. In view of the rapid escalation of the epidemic, it is predicted that the country will soon have the largest population of people with HIV in the world. Given an already overburdened health system, and the cumulative effects of poverty, ignorance and inequities of class and gender, the HIV/AIDS epidemic threatens to erode every gain in the fields of education, health and development.

Recognizing the enormity of the threat posed by HIV/AIDS, the Canadian International Development Agency (CIDA) has made a commitment to provide assistance to the Government of India for HIV/AIDS prevention and control.

Established in early 2001, the India-Canada Collaborative HIV/AIDS Project (ICHAP) is a five-year project funded by CIDA. ICHAP provides technical assistance to national and state-level governmental and non-governmental organizations in the project states of Karnataka and Rajasthan.

ICHAP is implemented by a Canadian Executing Agency, a consortium comprising the University of Manitoba, Mascen Consultants and Proaction – Partners for Community Health. The project works with and through its local partners – the

Karnataka State AIDS Prevention Society (KSAPS) and the Rajasthan State AIDS Control Society (RSACS). Other key stakeholders include NGOs, research institutions, the public health system, media and the corporate sector.

mission

The project aims to mitigate the impact of the HIV/AIDS epidemic on vulnerable individuals and groups by strengthening the institutional capacity of key stakeholders in the planning, designing, implementation and evaluation of programme initiatives.

Sensitizing and mobilizing communities to address HIV/AIDS: a community meeting in Bagalkot district, Karnataka

goals

- Strengthen the institutional capacity of the National AIDS Control Organization (NACO), state AIDS societies and a range of other organizations for prevention, care and support relating to HIV/AIDS.
- Develop and pilot innovative programme models through Demonstration Projects whose success can be replicated and upscaled for larger impact.

a comprehensive, integrated approach

The ICHAP model rests on a strong foundation of data gathering and capacity building that support the planning and implementation of programme 'pillars'.

The key principles underpinning ICHAP's programmes are:

- Intersectoral collaboration
- Evidence-based planning
- Gender equity
- Community participation
- Involvement of people living with HIV/AIDS (PLWHAs)
- Sustainability

project states

ICHAP's programmes are based in two states: Karnataka and Rajasthan. There is a strong rationale for capacity building and expanding HIV programming in both states. The prevalence of HIV is high in Karnataka (as is the case with some other southern states), with the epidemic having reached all corners of the state. While Rajasthan has a relatively lower HIV prevalence, its poor social, health and development indicators, significant migratory population and deeply entrenched traditional rural sex work, render it extremely vulnerable to the epidemic. Programme interventions in the state at this point would play a critical role in controlling the progression and impact of the epidemic.

"Experience has shown that the best way to respond to this challenge is to act locally and collaborate globally."

PRIME MINISTER ATAL BIHARI VAJPAYEE,
PARLIAMENTARY MEET ON HIV/AIDS,
VIGYAN BHAVAN, NEW DELHI, 2002

capacity building

ICHAP helps to build the institutional capacity of both KSAPS and RSACS and their partners in planning, implementation and monitoring programme interventions. An assessment of training needs is currently underway in both states.

communication and media advocacy

Communication is an integral part of efforts for the prevention and control of HIV/AIDS and supports other programme areas such as management of sexually transmitted infections (STIs), voluntary counselling and testing (VCT), focussed interventions and strategies such as condom promotion.

ICHAP works with KSAPS and RSACS to develop a multi-pronged, synergistic communication strategy. The strategy involves three approaches: increasing knowledge, changing attitudes and supporting individuals and communities to adopt HIV-preventive behaviours (*behaviour change communication*); and creating an enabling environment that includes access to quality services, supportive policies and positive social norms, through *media advocacy* and *social mobilization* of a wide range of partners.

Listening to voices at the grassroots: Women discuss problems relating to migration in their communities. Jhunjhunu district, Rajasthan

Strategic interventions for communication include mass media campaigns and capacity-building workshops for journalists and radio/television producers in HIV/AIDS reporting and production of "infotainment" programmes respectively. ICHAP will also use information technology (IT) and develop innovative, participatory and indigenous approaches to communication, especially for rural, non-literate populations.

focussed prevention

Addressing the specific needs of populations that are especially vulnerable to HIV/AIDS such as sex workers and migrants, as well as those of people living with HIV/AIDS (PLWHAs), is critical. NGOs serve as crucial links for working within such communities. Strengthening existing partnerships with NGOs, increasing the number of NGOs and their coverage of vulnerable populations, and expanding geographic reach are important considerations.

ICHAP works with KSAPS and RSACS to develop a proactive system of NGO selection, support and management. This includes

prioritizing interventions, assessing NGO capacity and establishing partnerships, capacity building, monitoring and evaluation.

voluntary counselling and testing

Voluntary Counselling and Testing Centres (VCTCs) provide a safe and confidential environment where people can receive non-judgmental counselling on HIV vulnerability and prevention issues, consider undergoing HIV testing on an informed consent basis, and receive post-test counselling, referrals and support. These centres, therefore, also serve as a critical entry point for addressing issues relating to HIV/AIDS care and support.

It is proposed to increase the number of VCTCs in both Karnataka and Rajasthan to ensure that every district has a functioning VCTC. ICHAP will provide ongoing comprehensive training to VCTC staff in all district hospitals to encourage quality counselling and support. In addition, VCTCs will strengthen community resources and initiatives for rehabilitation, legal aid, institutional and home-based care.

management of sexually transmitted infections (STIs)

As in all other countries, sexual contact constitutes the main route of HIV transmission in India, accounting for 83 percent of all HIV infections. The presence of an STI not only increases the biological risk of acquiring or transmitting the virus, but is also an indication of the person's social and personal vulnerability to HIV. Management of STIs is therefore a critical intervention for the prevention and control of HIV/AIDS.

It is planned that by 2003 every district in Karnataka and Rajasthan will be equipped with at least one health centre specializing in STI services. ICHAP will strengthen facilities and infrastructures at the district, block and taluka levels and train health providers to offer quality, non-judgmental, client-friendly services.

Addressing women's vulnerability to HIV/AIDS is a fundamental concern for the project

piloting innovations: the demonstration projects

Piloting innovative demonstration models is a unique feature of ICHAP. The experiences and lessons learned will be used to upscale and replicate these models. ICHAP has taken a strategic decision to locate these projects in rural and urban areas that are characterized by a rapid progression of the HIV epidemic and a relative lack of programming interventions. Focussed research studies are underway to determine and understand specific local needs relating to HIV/AIDS.

KARNATAKA

- District demonstration projects, including one in Bagalkot featuring an intensive community-based rural HIV/AIDS prevention model, and one in the more urbanized district of Dharwad with an integrated district-level centralized model.
- A state-wide rural female sex work intervention project.
- An integrated state HIV/AIDS prevention and care project for urban populations.

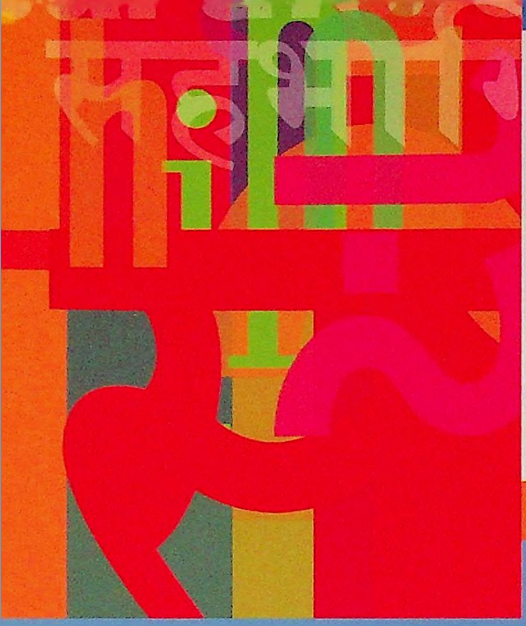
RAJASTHAN

- A community-based participatory model for two clusters of districts characterized by high rates of migration among rural men and their families.
- A community-based participatory approach for addressing traditional rural sex work among women in two district clusters.
- A model for care and support based on a prevention-care continuum.

Building the capacity of communities to assess and map resources for HIV/AIDS prevention and care: a training session in Dharwad district, Karnataka

"We must give hope to those infected with HIV, enabling them to plan for life instead of preparing for death."

UNITED NATIONS SECRETARY GENERAL KOFI ANNAN
WORLD HEALTH ASSEMBLY, GENEVA, 2001



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~~DIS-2C.~~
DIS-2p.

An evolving response to the HIV-AIDS epidemic in Karnataka State, India

This relatively new health and social problem was recognised in India in 1986 and in Karnataka in 1988. The first AIDS Surveillance Centre was set up in Bangalore Medical College in 1987 with technical guidance from the Indian Council of Medical Research. During 1989-94 the Blood Safety Programme, assisted by Government of India, initiated the modernization of the blood banking system in Karnataka. The State AIDS Cell was established in 1992. From 1992-1998, Phase I of the National AIDS Control Programme (NACP) was implemented with World Bank assistance through, NACO (National Aids Control Organisation), Government of India. Under this programme 10 zonal blood testing centres were established and 51 blood banks (37 government, 15 private) were modernized. Sectoral Surveillance was carried out through 7 STD clinics and one antenatal clinic. Three Voluntary Blood Testing Centres (VTCs) were set up. Training of doctors and paramedical workers was conducted. Health education and IEC programmes reached out to communities using a variety of media. STD clinics have been strengthened. The Karnataka State AIDS Prevention Society (KSAPS) was registered . Phase II of the AIDS Control Project was launched in December 1999 for a 5 year period till 2004, with World Bank Assistance. It aims to reduce the spread or transmission of HIV infection in the State and to strengthen capacity to respond to HIV/AIDS on a long-term basis.

NGOs have been active, particularly in Bangalore. Three NGO's provide care and support to People Living With AIDS (PLWA's) in Bangalore (one also has a home based care programme), one for women in Chickmangalur while another is being established in February, 2001 in Mangalore. A well women clinic is run by an NGO in Bangalore; two other NGOs work with CSWs in Bangalore and Belgaum. Other NGOs work with preventive education in schools and industries in and around Bangalore; and with truckers in Raichur, Bangalore and Mangalore. Two networks namely the AIDS Forum Karnataka (AFK) and the Karnataka Network for People Living with HIV/AIDS (KNP+) have been formed. Another NGO network, CHAIKA has undertaken sensitization and training programmes for its member institutions (over 300) working in different districts. A few mission and private hospitals provide testing and inpatient facilities for HIV positive patients who need medical care. Training of counsellors for HIV-AIDS is also carried out. Other NGO's include

HIV/AIDS work as part of their overall health work. For instance HIV/AIDS awareness is part of womens health empowerment training programme. The National Law School University of India takes an active part in legal and ethical aspects of HIV/AIDS.

Thus over the years a slow but sure response to the HIV epidemic has evolved in Karnataka. Efforts are however inadequate and slow in respect of the rapidly increasing trends in infection rates, the spread of the infection into the general community and evidence regarding growing vertical mother to child transmission.

There is need for

a. diagnostic facilities in each of the 27 districts to run as Voluntary Testing Centres with counsellors and social workers.

b. provision of facilities for care of AIDS patients who may not be able to live with their families.

c. treatment for opportunistic infections, particularly TB. This should be integrated with general health care services.

d. provision of antiretroviral therapy at low cost. The state / country could use provisions under WTO for indigenous production which would lower costs Prevention Therapy to protect against mother to child transmission needs to be more widely available.

e. management and Prevention of sexually transmitted diseases

f. training of networking for home based care, including use of herbal medicine and other systems of healing with back-up support from referral hospitals.

g. promotion of healthy lifestyles among positive persons

h. preventive education among different groups, children, adolescents, womens groups.

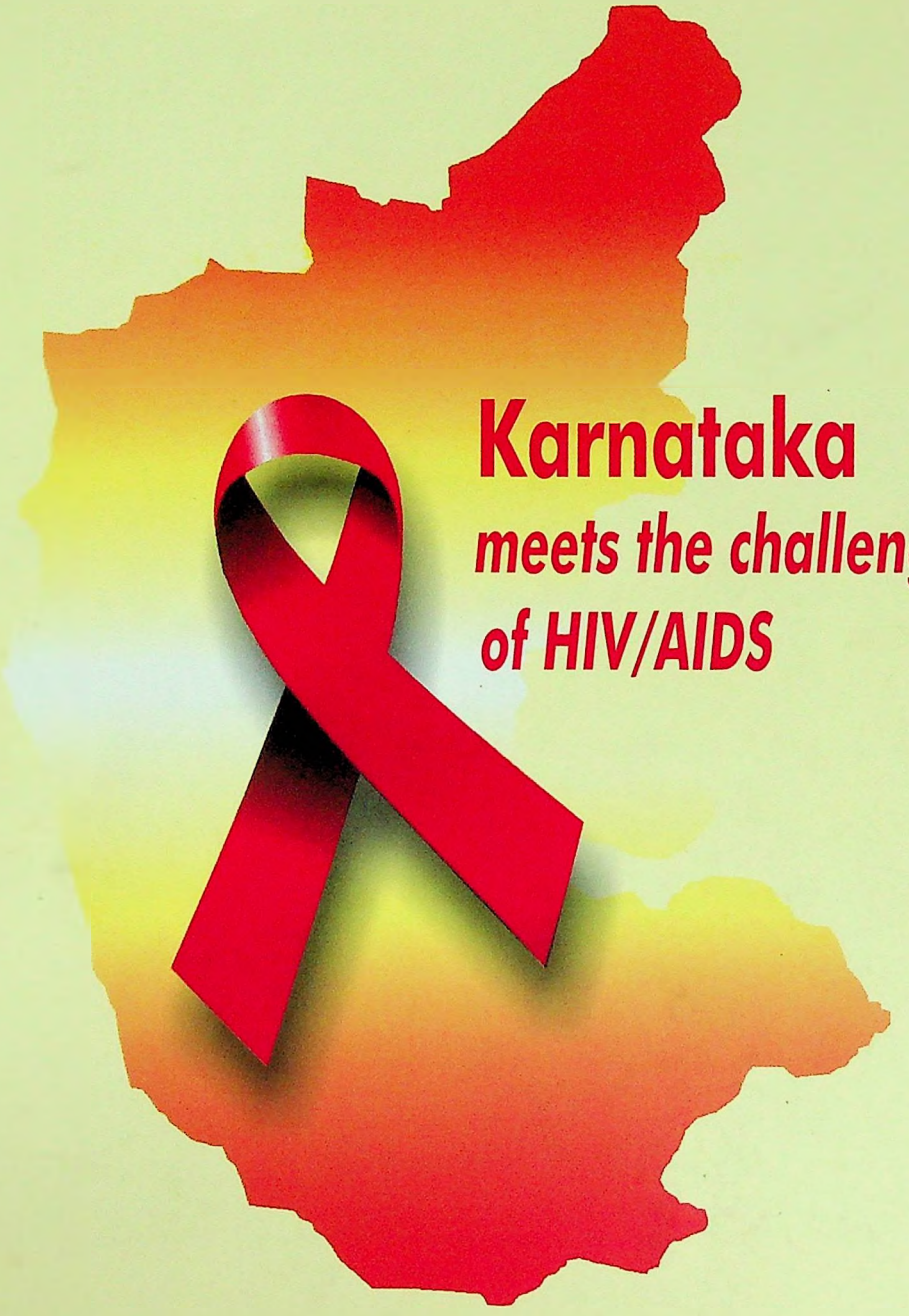
caring for carers.

---

need for review /oral / nutritional.

1. epidem.
2. response — govt
NGO
church.
3 need a) work & govt, networking.
b) ↑ speed of response.
c) get church more involved - parishes not involved
- get more involved @ church, hierarchy / Bishop
CBCI, dioceses
- code policy for staff who are HIV +ve.

DIS-2P.



Karnataka
meets the challenge of HIV/AIDS

Karnataka State AIDS Prevention Society, Bangalore

March 2002

HIV/AIDS - Karnataka

United Nations General Assembly
Twenty-sixth Special Session

Declaration of Commitment on HIV/AIDS
Wednesday 27th June 2001, New York

By 2003, ensure the development and implementation of multisectoral national strategies and financing plans for combating HIV/AIDS that:

- address the epidemic in forthright terms: confront stigma, silence and denial.
- address gender and age-based dimensions of the epidemic.
- eliminate discrimination and marginalization.
- involve partnerships with civil society and the business sector and the full participation of people living with HIV/AIDS, those in vulnerable groups and people mostly at risk, particularly women and young people.
- are resourced to the extent possible from national budgets without excluding other sources, inter alia international cooperation.
- fully promote and protect all human rights and fundamental freedom, including the right to the highest attainable standard of physical and mental health.
- integrate a gender perspective: and address risk, vulnerability, prevention, care, treatment and support and reduction of the impact of the epidemic and
- strengthen health, education and legal system capacity.

By 2003 integrate HIV/AIDS prevention, care, treatment and support and impact mitigation priorities into the mainstream of development planning, including in poverty eradication strategies, national budget allocations and sectoral development plans.

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FOREWORD

With over 1% of its adult population estimated to be HIV positive, Karnataka is now bracketed with the other high prevalence states of Maharashtra, Andhra Pradesh, Tamil Nadu, Manipur and Nagaland. According to Government of India estimates, Karnataka has an estimated 300,000 of the four million people living with HIV/AIDS in the country.

The Karnataka State AIDS Prevention Society (KSAPS) has been in the forefront in facing this unprecedented epidemic that threatens to slow down economic growth and reduce life expectancy. The Government of Karnataka led by its dynamic Chief Minister, Shri S.M. Krishna, has been quick to respond to the challenge. Realising the gravity of the situation, the Chief Minister has been personally monitoring the HIV/AIDS prevention strategies. Due to his initiative, the Canada-Indian HIV/AIDS collaborative project has taken off and Voluntary Counselling and Testing Centres are being established in all the districts of the state. He has also recently taken the responsibility of becoming the Chairman of the Project Governing Board of KSAPS, the first State AIDS Control Society in the country with the Chief Minister himself directing its activities.

The Minister of Health and Family Welfare, Dr. Maalaka Raddy, has been a constant source of encouragement to KSAPS and he has personally led rallies and jathas to spread HIV/AIDS awareness. The Minister of State for Medical Education, Smt. Nafees Fazal has inspired all the Medical colleges in the state to redouble their efforts, especially in the areas of testing, training, surveillance and research. KSAPS has taken a number of major steps to rapidly upscale its efforts – an effort that is being guided by Shri A.K.M. Nayak, Principal Secretary Health and Family Welfare, Government of Karnataka who also serves as Chairman of the KSAPS Executive Committee.

This booklet traces Karnataka's steady and measured response to the HIV/AIDS epidemic. It also profiles KSAPS' main activities and its future plans. KSAPS is working closely with NGOs, the private sector, other government departments and the media. We hope this publication will serve to inform as well as enthuse all concerned citizens in the state in our common battle against this epidemic.

G. V. Krishna Rau
Commissioner
Health & Family Welfare Services and
Project Director, KSAPS

Sri. S. M. Krishna
Chief Minister of Karnataka

MESSAGE

The first case of AIDS was detected in Karnataka as far back as 1988. The crippling effect of ignorance, prejudice and discrimination has made the fight against this seemingly uncontrollable epidemic even more complex. The fatal nature of AIDS, the stigma attached to it, its association with condemned behaviour, has produced a devastating and cruel scenario. HIV/AIDS was until recently assumed to be confined to urban centres and certain high-risk groups. The situation has changed rapidly, necessitating a more radical and broad-based approach with a holistic set of multi-sectoral interventions.

Combating the HIV/AIDS epidemic has become the Government's foremost priority and we are addressing this as a major development issue. The Government has already taken up several measures to control the epidemic and I appeal to all sections of Society - Government, NGO groups, private sector and all concerned citizens to support the Government's efforts.

S. M. Krishna

Dr. A. B. Maalaka Raddy,
Minister of Health & Family Welfare,
Government of Karnataka

MESSAGE

HIV/AIDS affects the most economically productive age group of 20-40 years. At the state level it can adversely impact the economy and at the individual level it can lead to increased poverty among the already poor sections of the community. Its association with risky sexual behaviour has led to stigmatization and consequent social impact. This socio-economic dimension makes it a development issue.

Karnataka is facing perhaps its biggest challenge. The Government of Karnataka has taken major steps in the last year to combat the HIV/AIDS epidemic. It has integrated HIV/AIDS programmes with primary health care and all levels of services. Targeted interventions through carefully selected NGOs have been taken up in all the high prevalence districts and among all high-risk groups. General awareness activities have been stepped up, using all forms of media, including jathas and rallies. Blood banks have been modernized and testing facilities expanded. Surveillance activities are being strengthened in all parts of the State. STDs/RTIs are being treated at Family Health Awareness campaigns. All sectors and departments are being involved.

Along with prevention activities, facilities for effective management of opportunistic infections are being extended to all government hospitals. Care and support institutions are being opened in selected centres of the State.

I appeal to all sections of the society to join together to tackle the epidemic. Let the epidemic not overtake us. The Government will leave no stone unturned to ensure that all necessary measures are taken to prevent and control the epidemic.

Dr. A. B. Maalaka Raddy

Dr. G. Parameshwar
Minister of State for Higher Education
& Medical Education,
Government of Karnataka

MESSAGE

The Challenge of HIV/AIDS needs to be faced boldly. College students are especially vulnerable. Universities and Colleges should take full advantage of the "University Talk on AIDS" and similar programmes to educate the student community so that they behave responsibly. The medical community in general and the medical colleges in the state have an important role to play.

Medical Colleges should take the lead in ensuring professional counselling and testing services. There should be prompt treatment of opportunistic infections in HIV infected persons. Hospital personnel at all levels need to be imparted training. Surveillance centres at medical colleges should expand their activities and publicly share information so trends of the HIV infection are widely disseminated.

Measures to prevent mother to child transmission need to be introduced immediately. The Pilot Project at Vani Vilas Hospital has already shown encouraging results; we must ensure that new born children are not transmitted the virus from their mothers.

Private medical institutions need to ensure there is no stigma or discrimination in dealing with HIV infected persons. Anti-retro viral drugs have proved to be quite effective in lowering the rate of progression of the infection and private practitioners need to prescribe these drugs in a rational and cost-effective manner.

I am sure, that with the combined efforts of all sections of society, the HIV/AIDS epidemic will be tackled effectively.

Dr. G. Parameshwar

The HIV/AIDS Epidemic : Situation at a glance

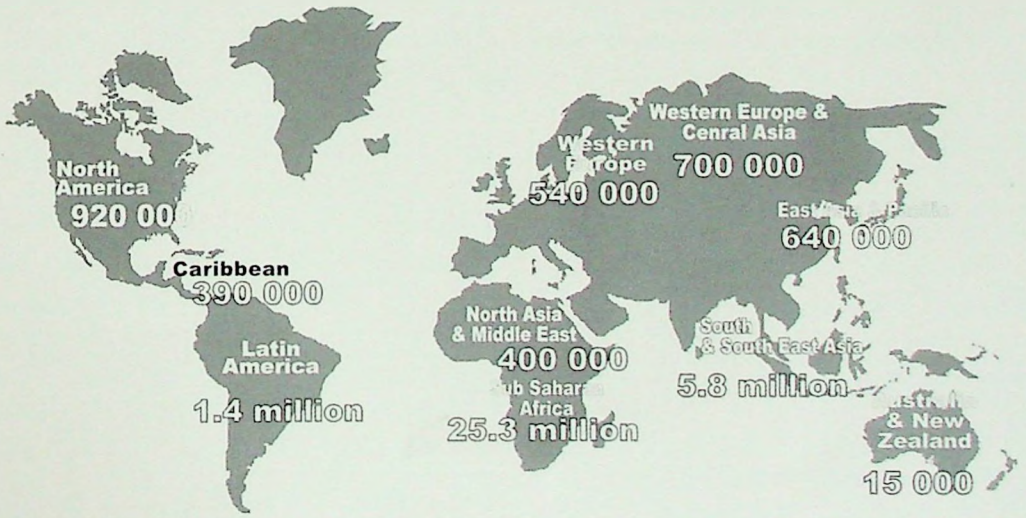
The Global scenario

- The HIV pandemic continues to spread rapidly. 15,000 new HIV infections occurred every day in 2000.
- The spread is unequal around the world. 95% of the global total of infected individuals live in developing countries.
- Half of new infections are in young people below 25 years and 10% of the newly infected are under 15 years of age.
- Rates of infection are increasing in women. They now represent 43% of all those over 15 years living with HIV/AIDS. 90% of infected women currently live in developing countries.
- AIDS has risen to be among the top four killer diseases worldwide - second among infectious diseases. 3 million people died of AIDS in 2000.

The India situation

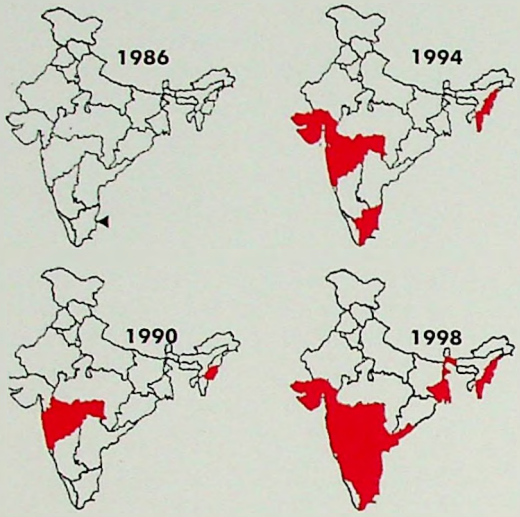
- HIV prevalence in India doubled over the last four years resulting in India having the highest number of HIV infections in the world - 3.86 million Indians.
- In Andhra Pradesh, Tamil Nadu, Karnataka, Maharashtra, Manipur, Mizoram, Nagaland, HIV prevalence has reached over 1% among the adult population. In most other parts of the country, the overall levels of HIV are still low, though male migration, adverse gender norms, weak infrastructure makes these states especially vulnerable to rapid spread of the infection.
- 89% of reported cases are in the sexually active and economically productive age group of 18-40 years. Over 50% of all new infections take place among young adults below 25 years. 21% of new HIV infections are among women - a majority of whom do not have any other risk factor other than being married to their husbands. Nearly 22,837 newly born children are infected and about 15,072 have died due to HIV/AIDS.

Adults and children estimated to be living with HIV/AIDS as of end 2000



Total : 36.1 million

INDIA - a Rapidly Evolving HIV Epidemic 1986-1998



1986 - First case of HIV detected in Chennai.

1990 - HIV levels among High Risk Groups like Sex workers and STD clinic attendants in Maharashtra & amongst injecting Drug Users in Manipur reaches over 5%.

1994 - HIV no longer restricted to high risk groups in Maharashtra, but spreading into the general population.

1994 - HIV also spreading to the states of Gujarat and Tamil Nadu where HRGs have over 5% HIV prevalence.

1998 - Rapid HIV spread in the four large southern states, not only in high risk groups but also, among the general population where it has reached over 1% (up to 3% in states like Andhra Pradesh).

1999 - India has an estimated 3.6 million HIV infected persons

All Indian states have reported HIV cases

Surveillance for AIDS cases in India

(Since inception 1986-31st March 2002

AIDS cases in india	Cumulative
Males	25931
Females	8431
Total	**34362**

Risk/Transmission Categories	No. of cases	Percentage
Sexual	29076	84.62
Perinatal transmission	816	2.37
Blood and blood products	1087	3.16
Injectable drug users	1107	3.22
History not available	2276	6.62
Total	**34,362**	**100.00**

Age group	Male	Female	Total
0 - 14 yrs.	805	512	1317
15 - 19 yrs.	8756	3974	12730
30 - 44 yrs.	14224	3394	17618
> 45 yrs.	2146	551	25694
Total	**25931**	**8431**	**34362**

(upto Dec. 2000)

National Aids Control Programme : India Aids Cases in India (Reported to NACO) (As on 31st March, 2002)

S.No	State	AIDS Cases
1	Andhra Pradesh	1316
2	Assam	149
3	Arunachal Pradesh	0
4	A & N Islands	20
5	Bihar	103
6	Chandigarh (UT)	470
7	Delhi	660
8	Daman & Diu	1
9	Dadra & Nagar Haveli	0
10	Goa	77
11	Gujarat	1465
12	Haryana	189
13	Himachal Pradesh	91
14	Jammu & Kashmir	2
15	Karnataka	1337
16	Kerala	267
17	Lakshadweep	0
18	Madhya Pradesh	759
19	Maharashtra	7045
20	Orissa	82
21	Nagaland	235
22	Manipur	1095
23	Mizoram	20
24	Meghalaya	8
25	Pondicherry	157
26	Punjab	135
27	Rajasthan	394
28	Sikkim	4
29	Tamil Nadu	16677
30	Tripura	0
31	Uttar Pradesh	506
32	West Bengal	831
33.	A. bad Mun. Corp.	267
	Total:	**34362**

HIV infection in India - State-wise prevalence - 2000	
Group	**States**
Group I - High prevalence States (more than1% of ante-natal mothers and over 5% of STD patients positive for HIV)	Maharashtra, Tamil Nadu, Karnataka, Andhra Pradesh, Manipur & Nagaland
Group II - Moderate prevalence States (5% of STD Patients and less than 1% of ante-natal mothers positive for HIV)	Gujarat, Goa and Pondichery
Group III - Low prevalence States	All other States

- Nearly 85% of all new infections are through sexual transmission, 2-3% through perinatal transmission, 3.2% through injecting drug use (IDU), and another 3-1% through blood transfusion and blood product infusion and others will constitute 6-4%.
- The worst is yet to come. The experience world-wide has been that unless the epidemic is fiercely combated, HIV prevalence rates can rise to over 10% of the adult population in a very short span of time.

HIV/ AIDS and development

Globally HIV/AIDS is currently perceived as a developmental issue rather than a mere public health problem. This is because HIV/AIDS affects adults in the reproductive age group thereby changing the demographic structure of the community. Consequently, many African countries have experienced sharp declines in their National Income. HIV/AIDS is also increasingly associated with poverty and is inseparable from issues such as unemployment and migration. Women are especially vulnerable to HIV infection due to biological, social and economic reasons. During the past decade HIV has also not spared children who are increasingly affected and infected by these virus, leading to increase in infant/ child mortality and morbidity

The Karnataka scenario

Karnataka has a total area of 1.92 lakh Sq. Kms., with a population of 52.7 million. The density of the population in the state is 275 per Sq. Km. The sex ratio is 964 females for 1000 males. The crude birth rate is 22 and the crude death rate is 7.5, both of which are well below the national average. The state has 2624 health institutions, including 1676 primary health centres. Sixty seven per cent of the population is literate, with male literacy being 76% and female literacy at 57%. (Population and literacy figures are taken from the 2001 census population totals.)

AIDS prevention and control measures were initiated in the State in 1987 under the technical guidance of Indian Council of Medical Research and one AIDS Surveillance centre was established in the department of Microbiology, Victoria Hospital, Bangalore Medical College. The first HIV sero-positive individual was detected in the State during 1988 and the first AIDS case was also reported during the same year. Subsequently, with financial assistance from Government of India, the Blood Safety programme commenced in 1989 and action initiated for strengthening and modernization of the blood banking system in the State.

The State AIDS Cell was established in the Directorate of Health and Family Welfare Services, in May 1992. The Cell implemented the World Bank assisted Phase-1 Project with financial assistance and technical cooperation of the National AIDS Control Organisation (NACO), Government of India during the period 1992-1998.

HIV/AIDS - Basic Facts

What is AIDS?

AIDS stands for **Acquired (A) Immune (I) Deficiency (D) Syndrome (S).** The immune system defends the body against infections and diseases. AIDS is a medical diagnosis for a combination of symptoms, which results from a breakdown of the immune system. A virus causes the immune deficiency. This deficiency is **'Acquired'** which means that it is obtained or received by a person and is something which does not ordinarily exist within one's body. **'Immune Deficiency'** means that there is a deficiency in the immune system or that the immune system is weakened. AIDS is a **'Syndrome'** which means it is not one particular isolated disease but one which has a variety of symptoms leading to various disorders and a set of diseases.

What causes AIDS?

AIDS is caused by a virus Known as Human (H) Immunodeficiency (I) Virus (V). HIV weakens the body's defence system or immune system.

What is the immune system?

In healthy individuals, infections are kept at distance because of an array of defenders, which constitute the immune system in the body. The most important constituents of the immune system are white blood cells, which are present in the blood. These cells fight and destroy any infection-causing bacteria and viruses that may enter the body, and thus protect the body against disease.

How does HIV weaken the immune system?

HIV directly attacks the white blood cells. It enters and stays inside the basic genetic material (DNA) of the cells. Then it multiples and attacks other white blood cells. Slowly, the number of white blood cells in the body is reduced and the immune system is paralyzed. HIV remains practically immune to counter attacks, since it hides inside the very cells that are supposed to attack the viruses.

What does HIV positive mean?

When an individual is said to be HIV positive, it means that the person is infected with HIV. However, the person may not have AIDS, that is, he/she may not have developed the signs and symptoms of AIDS.

What happens when a person is infected with HIV?

When a person is infected with HIV, he/she does not show any external signs of the infection until the progression to AIDS which can take anything from six months to 10 years or more. On an average 50% of those infected take about 8 years to progress to AIDS. Till such time, he/she may continue to appear normal and healthy but can infect others.

Does HIV positive mean a person has AIDS?

A person infected with HIV initially be perfectly healthy but will eventually develop AIDS. A person infected with HIV is said to have AIDS when his/her immune system is totally destroyed: he/she does not respond to treatment and opportunistic infections invade his/her body.

Can you identify an HIV positive person by looking at his/her face?

It is not possible to do so.

How long does it take for the presence of HIV to be revealed after the virus has entered the body?

It takes about six weeks to three months to detect the presence of HIV infection in the body.

What are the body fluids in which HIV is commonly found?

HIV is known to be present in all the body fluids and blood. It is present in small (non-infective) quantities in body fluids other than semen, vaginal and cervical secretions.

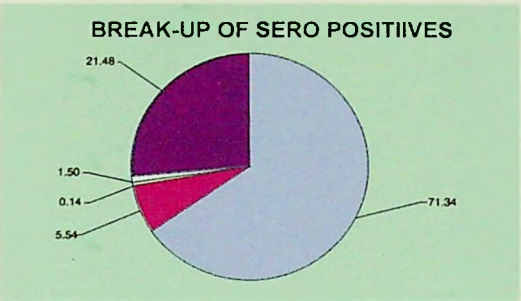
How does a person become infected with HIV?

HIV is transmitted through the blood or sexual secretions (semen, vaginal or cervical secretions). There are four ways or routes of transmission of the virus:

1. Penetrative sexual intercourse with an infected person. This is the commonest route of transmission.
2. Transfusion of infected blood. The chances of getting infected are 90%. Infected blood directly transfers HIV into the blood stream.
3. Use of non-sterile, HIV infected or contaminated syringes and needles. This is common among drug users.
4. An infected mother to her unborn child. There is a 30% chance that the child will be infected.

Modes of transmission in Karnataka.

The most common route of HIV is through heterosexual sex. It accounts for nearly 80% of the world's AIDS cases.



Route of Transmission	Sero-Positive	Percent
- Sexual	8,263	71.34
- Through Blood and Blood products	642	5.54
- Through infected syringes and Needles	16	0.14
- Perinatal Transmission	174	1.50
- Others (including suspected ARC / AIDS)	2,488	21.48
As on 31-03-2002 **Total**	11,583	100.00

Do all types of sexual intercourse carry the same risk of transmitting HIV?

HIV can be spread through unprotected sexual intercourse. The ranking in order of risk is as follows:

- Anal intercourse carries the highest risk. During such an act, the possibility of wear and tear is great. This provides an opportunity for the virus to enter the body easily. Also, the risk of condom breakage is high during anal sex.
- Vaginal intercourse

How is HIV spread from a mother (infected with HIV) to her unborn child?

Babies may acquire the virus from their mother while still in the uterus, most commonly during the last three months of pregnancy, during labour and delivery, or through breast milk.

How can you not get the HIV virus?

HIV cannot be transmitted by:

- Casual contacts such as kissing, shaking hands, sharing cups etc,
- Donating blood.
- Masturbation,
- Using public toilets, swimming pools, community showers, saunas,
- Medical treatment in hospitals, in doctor's and dental clinics and in all therapy situations where normal rules of hygiene and infection control are maintained.
- Caring for people living with AIDS victims.

How can one protect oneself from AIDS?

Since a major route of transmission is sexual intercourse, one can protect oneself from HIV/AIDS in the following ways:

- Have sexual intercourse with only one faithful partner.
- Use a condom in all types of penetrative sex.
- If one uses needles, syringes or other instruments that pierce the skin, make sure these are sterile.
- Make sure blood is tested before transfusion. Use blood that is certified anti-HIV non-reactive.
- Avoid pregnancy if infected with HIV.

How is the presence of HIV detected?

There are different tests to detect the presence of HIV. The ELISA test was till recently, the simplest and least expensive. There are now easy simple and rapid (ESR) tests such as saliva and finger prick tests, which enable almost immediate results. All test results should be confirmed through 3 ELISA tests.

What do the tests for detecting HIV show?

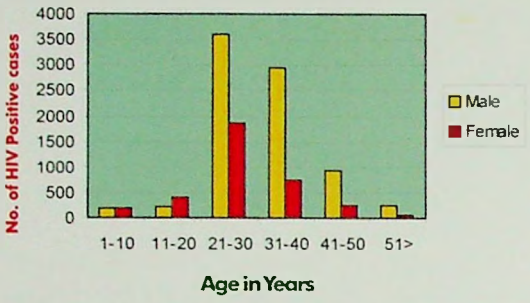
The tests tell us whether antibodies against HIV are present in the blood at the time of testing. However, they cannot tell us whether the person can get infected or not in the future. This means that even if the test is negative, the person still has to take preventive measures.

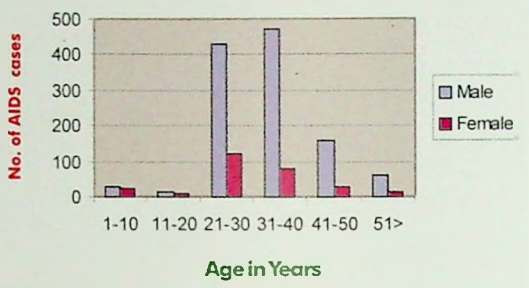
What are the limitations of these tests?

Normally, the body requires six weeks to six months to produce antibodies after the entry of HIV. Therefore, if the blood is tested before antibodies have been formed, the test results would show a 'false negative'; i.e. antibodies are not detected as have one more. This period is called the 'window period'. In such case, the test will have to be repeated after three months to confirm the presence or absence of HIV.

How did HIV originate?

No one knows for sure about the origin of HIV. What matters is that it is now present in India and is fast spreading. One has to learn to protect oneself from HIV.





Phase-I of the National AIDS Control Programme (1992-1998)

1. Blood safety

Blood Safety was accorded top priority by Karnataka and 10 zonal Blood Testing Centres were established in the state during Phase-I. 52 Blood Banks, including 37 in the government sector and 14 in the private sector were modernized.

The Government of Karnataka has taken full responsibility for making safe blood available to anyone who needs it. Karnataka has to meet several challenges presented by the existing blood transfusion services in order to ensure blood safety. Though there are now a total of 120 licensed blood banks in Karnataka today, there continues to be regional inequalities as well as difficulties in obtaining blood at a few peripheral hospitals. Inadequate voluntary blood donation has led to a large dependence on replacement donors. Another important challenge is the sub-optimal and irrational use of blood. A recent study revealed that as much as 72% of adult transfusions and 49% of child transfusions were inappropriate.

Therefore, there is a need for rationalization and centralization of blood bank services. Small blood banks can act as blood collection centres, while component separation and screening for Transfusion Transmissible Diseases (TTD) can be done at bigger blood banks which will ensure quality as well as economic viability.

Education, training and cadre development backed by evaluation and accreditation of the blood banks/ testing centres, to ensure quality of TTD screening needs to be implemented. Increasing voluntary donation and retention of donors should be the single most important agenda along with steps to ensure correct rational and optimum use of blood collected.

2. Surveillance

Apart from the surveillance centre located at the Department of Microbiology, Bangalore Medical College and Victoria Hospital in 1987, two additional AIDS Surveillance centres were established in 1992 at the Department of Neurovirology, National Institute of Mental Health and Neuro Sciences (NIMHANS), Bangalore and at the Department of Microbiology, Kasturba Medical College, Manipal. Sentinel Surveillance was initiated in the State among STD patients and ante-natal mothers.

3. NGO activities

The State has been fortunate to be endowed with highly committed NGOs who have initiated and carried out excellent work in various spheres of HIV/AIDS, some of which have been trendsetters for the entire country. A glimpse of some of the NGO activities carried out in Phase-I is provided below:

(i) **Intervention among Commercial Sex workers of Bangalore**. Unlike in other metros and major cities in the country, Bangalore does not have organised "red light areas". An NGO from Bangalore has been carrying out HIV prevention programmes for sex workers in Bangalore since 1993. Similar work was also initiated by another NGO in Belgaum District.

(ii) **Care and Support**: Three NGOs have established excellent networking with major Government and private hospitals in Bangalore resulting in the provision of high quality care and support to people living with HIV/AIDS (PLWHAs).

(iii) **The Well Women's Clinic Concept:** A Well Women's Clinic was established by an NGO in Bangalore. This clinic caters to women's reproductive health needs and focuses on early detection and management of Reproductive Tract Infections (RTI). This is supplemented by counseling services.

(iv) **Truckers programme:** NGOs in Bangalore have initiated an awareness and prevention programme for truckers and their helpers at Bangalore and Mangalore since 1994.

(v) **KNP+:** The Karnataka Network for People Living with HIV/AIDS (KNP+) was registered in September 1998 and is actively involved in advocacy for PLWHAs.

4. Strengthening of STD Clinics

STD clinics across the State in various districts have been strengthened by providing drugs, better facilities for diagnosis as well as training of STD specialists and para-medical staff in HIV/AIDS diagnosis, management and counselling.

5. IEC activities:

A large number of IEC activities were undertaken during Phase-I in the State. They included those sponsored by the State AIDS Cell as well as those sponsored by NGOs. These activities were: development of TV spots and radio jingles, World AIDS day and Voluntary Blood Donation day celebrations, development and staging of street plays in regional languages, media programmes in schools and colleges and sensitization workshops conducted for elected representatives and Zilla Panchayat members at the district level. An NGO in Bangalore has set up a HOTLINE for telephone counselling.

6. Training activities

The State AIDS Cell initiated training activities in 1992 and has been carrying them out on a regular basis for various categories of personnel, including District Health and Family Welfare Officers and District Surgeons, Faculty Members of government and private Medical Colleges, STD Specialists, Medical Officers of STD clinics and Paramedical Staff of all District Level STD Clinics, Faculty Members of Health and Family Welfare Training Centres, Health care Providers, NGOs, Hospital administrators, Zilla Parishad Members, Dental Surgeons, ESI Doctors, School Teachers, Truck drivers etc.

Training programmes conducted during 2001-2002

Training programme	Number trained
1. Govt. Dental College, Dental Surgeons	42
2. KIMS Hubli : Specialists Training	157
3. Vani Vilas Hospital, Bangalore	
a) Specialists Training	218
b) Paediatricain Training	80
c) PMTCT Staff of Medical Colleges	40
4. College of Nursing : Staff Nurses	561
5. NIMHANS, Bangalore	
a) Blood bank officers training	24
b) Blood bank technicians/Staff Nurses	33
c) EQAs programmes	32
d) EQAs programme VCTC	6
e) AIDS Management / ART	23
6. Mysore Medical College, Mysore Paramedical staff	41
7. School AIDS Education for NGO's	40
8. Dist. AIDS Nodal Officer/DHO's by NACO at Hyderabad	10
9. Principal / Dean of Medcial Colleges & Superintendents of major Hospitals	50
10. Kasturba Medical College, Manipal	
a) Medical Officers Training	118
b) Specialists Training	102

7. The Karnataka State AIDS Prevention Society (KSAPS) - The second in the country

The State set up the Karnataka State AIDS Prevention Society (KSAPS) in 1997, the first to do so after Tamil Nadu. The establishment of the Society has given a fillip to AIDS prevention and control activities in the State.

VULNERABLE POPULATIONS

The marginalised sections of our society are most vulnerable to HIV/AIDS and its consequences. Though poverty is a factor, very often risk behaviour is related to other factors.

Women

Biological (physical), social, cultural, economic factors and gender inequalities make women more vulnerable to HIV/AIDS.

Children

In the coming years, as HIV infections increases, large percentages of children will be orphaned or infected by HIV themselves.

Adolescents

Despite quite a high degree of awareness about HIV/AIDS, the knowledge is not translated into responsible (sexual) behaviour because of misinformation and myths and a feeling that "this will not happen to me".

Migrant workers and others

Who stay away from their homes and family for long periods of time are more vulnerable to HIV infection. Other vulnerable groups include resident of insitutions such as jails especially because of a high incidence of homosexual activity. Studies carried out in various parts of India have shown that STD clinic attendees have a high incidence of HIV infections (5 - 30%).

Commercial Sex workers

They are the most vulnerable group for HIV infection. In Karnataka, sex work is not organized like in Maharashtra and Calcutta.

Alcohol Users / Abusers

Several studies in Karnataka and elsewhere have found a significant link between alcohol use and abuse and sexual risk behaviour.

Implication/Significance of the HIV/AIDS trend in Karnataka

- The number of HIV infected individuals is showing a steady increase in the last ten years.
- The number of HIV infected women is on the rise. 1-2% of women attending antenatal clinics are infected. This is indicative of HIV infection in the "general population". Most of these women report sexual contact with a single partner - their husbands. This points to the urgent need for adoption of safer sex practices among all sections of the society.
- The rate of infection among STD (Sexually Transmitted Diseases) clinic attenders is also increasing. This shows the high rate of infection among people with "high risk" behaviour. STDs/RTIs need to be identified and treated and safer sex practices adopted.
- Number of deaths due to AIDS is on the rise. This shows that the epidemic has progressed considerably. It calls for care and support services for people with HIV infection. This is essential to improve the quality of life of people with HIV infection and to prevent transmission.
- The number of children born with HIV infection is on the rise as would be expected with increase in the number of infections in women. As there are effective drugs to control mother to child transmission, there is urgent need to identify and treat pregnant women who are HIV positive.

Phase-II of the National AIDS Control Programme : Current status

Phase -II of the National AIDS Control Project (NACP) was officially launched by NACO in December 1999. This Phase is supported by World Bank assistance for a period of five years from 1999 to 2004.

Broad objectives of the Phase - II AIDS Control Project in Karnataka

(i) To reduce the spread of HIV infection in the State.

(ii) To strengthen the State's capacity to respond to HIV/AIDS on a long-term basis.

Specific project objectives

- To keep HIV prevalence rate below 3% in the adult population in Karnataka.
- To reduce blood borne transmission of HIV to less than 1%.
- To attain awareness level of not less than 90% among the youth and others in the reproductive age group.
- To achieve condom use of not less than 90% among high risk behaviour groups.

Programme Components

Component-I : Priority Targetted Interventions

This includes interventions among high risk groups involving non-governmental organisations including condom promotion. The STD/RTI services will be strengthened with continued support for existing 35 STD clinics.

Component-II : IEC, Blood Safety, Voluntary Counselling and Testing Centres

a) Information, Education and Communication activities are undertaken by utilising print media, electronic media and folk media to create awareness on HIV/AIDS/STI prevention and control in the community.

b) The Blood Safety programme is an important sub-component under component-II of National AIDS Control Programme. It mainly focuses on complete blood transfusion safety and reduction of HIV transmission through blood and blood products. Operationally the project interventions seeks to achieve HIV transmission of <1% by the end of project period.

Mandatory Testing of Blood Units

All blood units collected by all the blood banks in the State by voluntary / replacement donation are subjected to following mandatory tests to prevent transmission of infectitious diseases:

- HIV
- Hepatitis B
- Hepatitis C
- VDRL
- Malaria

Nearly 2,63,474 blood units were collected by all the blood banks in Karnataka during 2001, out of which nearly 5958 blood units were tested positive for above tests, hence rejected.

Apart from setting up of blood banks, blood component separation facility, the programme aims at promoting voluntary blood donation, training of Blood Bank Medical Officers and Blood Bank Lab Technicians of mandatory testing (HIV, Hepatitis-B, HCV, VDRL, & Malaria), rational use of blood products, quality parameters, universal precautions, prophylaxis drugs, and others. Karnataka State Blood Transfusion Council has been established during July 1996. Under NACP-II programme, NACO will continue to assist 52 blood banks and 5 blood component separation facilities. All together there are 120 licenced Blood Banks are existing in Karnataka comprising of 31 Government Blood Banks at Govt. hospitals, 5 at Government of India hospitals, Public Sector, and Autonomous institutions, 41 Private hospitals Blood Banks, 24 Private Blood Banks, and 19 Voluntary Blood Banks.

c) The existing six Voluntary Counselling and Testing Centres will be continued and in addition 22 new Voluntary Counseling and Testing Centres are being established at District level hospitals with facilities for counselling services and HIV testing. This includes provision of salary for lab technician and counsellors including supply of consumables and equipment.

Component-III - Low cost AIDS Care and Support

This includes establishment of low cost community care centre/hospices to provide care and support for terminally ill AIDS patients. The existing three low cost care centres will be continued and new centres established. The major hospitals and district level hospitals will be strengthened by providing medicines for management of HIV/AIDS cases with opportunistic infections etc.,

Programme Management, Institutional Strengthening, Operational Research and Research & Development and Training Programme.

The HIV sentinel surveillance will be continued at 18 identified HIV sentinel sites (8 high risk groups - of STD clinic, Drug De-addiction centre and 10 low risk groups - ANC clinics). HIV surveillance is taken up to know the trends of infection over a period of time in a particular group as per the NACO approved protocol. The AIDS case surveillance and the STD surveillance activities will be continued.

The monitoring and supervision of the implementation of various component activities will be taken up at District level and State level by KSAPS, this includes operational increment cost and salary of staff. The feasibility study of AZT trial for prevention of mother to child transmission intervention will be continued. The training programme for Medical Officers, Specialists, Staff Nurses and all category of staff in the Health & FW Department and Medical Education Department will be continued as an ongoing programme including training of private doctors with the involvement of IMA and ISM Doctors and Dentists.

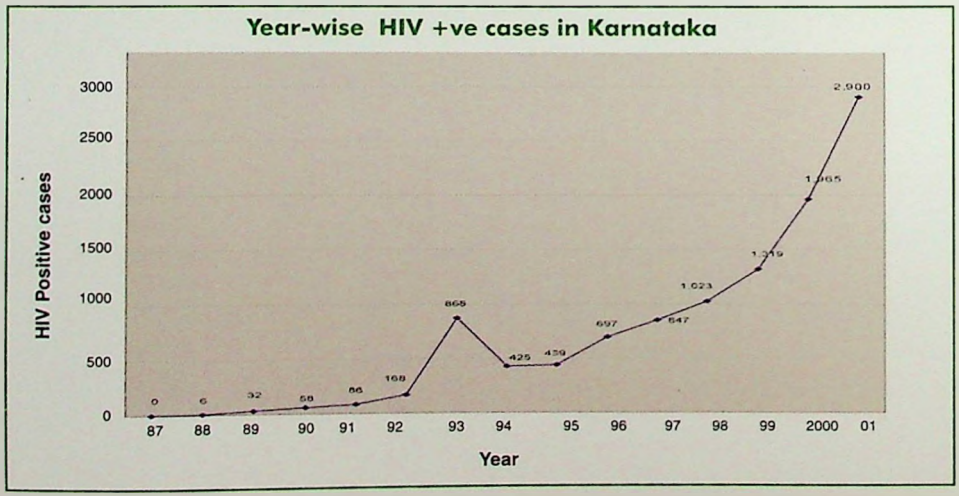
Component-V : Intersectoral Collaboration and School AIDS Education programme

The activity under this component will be taken with the involvement of non-governmental organisations to ensure Intersectoral Collaboration among government and public sector undertakings including industries and factories on AIDS prevention and control by way of social mobilisation and advocacy workshops. The school AIDS education will be planned at the District level with the involvement of District AIDS Prevention Committee and Education Department in schools and colleges.

High Prevalence Districts

The following Districts in Karnataka State are identified as **HIV high prevalence Districts:**

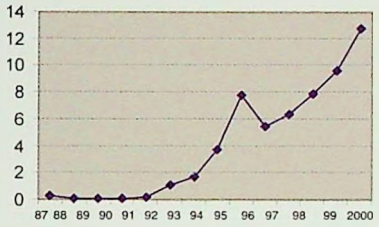
1. **Bangalore Urban**
2. **Bellary**
3. **Belgaum**
4. **Bijapur**
5. **Chamarajanagar**
6. **Dharwad**
7. **Dakshina Kannada**
8. **Gulbarga**
9. **Mysore**
10. **Udupi**



Current situation of HIV/AIDS in Karnataka

Surveillance activities for HIV infection were initiated in the State in 1987. As on the end of March 2002, a total of 4,65,988 samples have been tested for HIV and amongst these 11583 found to be HIV positive. This gives a cumulative sero-positive rate of 24.90 per thousand samples tested. However, it must be noted that cumulative sero-positivity rates can be highly misleading. Therefore, the annual increase in HIV infection as determined by sero-surveillance has been analyzed from 1987 to 2000 and presented in the figure below.

Rate of seropositivity
(Voluntary Counselling & Testing Centres)



Summary of trends

- The current estimates of HIV infection in Karnataka is 3 lakh cases.
- HIV / AIDS epidemic is progressing at a rapid rate in Karnataka especialy in the younger age groups.
- Although the epidemic has spread to all the 27 districts of the state, the density of PLWHAS at present seems to be "relatively" more in ten districts.

CARE AND SUPPORT

i) Surveillance and Voluntary Testing

Voluntary Testing coupled with counselling is a vital component of any care and support programme. The recent Karnataka experience during Phase-II has indicated that provision of Voluntary Counselling Testing Centres (VCTCs) in the districts increases case detection - Bellary and Hubli-Dharwad districts are reporting HIV infection to a greater extent after VCTCs were established at these districts in 1999.

The State has decided to establish Voluntary Counselling and Testing Centres (VCTCs) in each of the 27 districts. Six are already operational (two in Bangalore) and facilities in 22 new centres established during 2002-03.

Existing Voluntary Counselling and Testing Centres (VCTCs) in Karnataka.

1. Department of Microbiology, Victoria Hospital, Bangalore.
2. Department of Nuero Virology, NIMHANS, Bangalore.
3. Department of Microbiology, Kasturba Medical College, Manipal,
4. Department of Microbiology, VIMS, Bellary.
5. Department of Microbiology, Karnataka Institute of Medical Sciences, Hubli.
6. Department of Microbiology, Kasturba Medical College Hospital, Mangalore.

ii) Continuum of care

Strategies for the management of opportunistic infections (OIs) need to be addressed as it improves the quality of life of PLWHAs since investment in HIV/AIDS care has important spin-offs for prevention, in much the same way that prevention measures such as voluntary HIV counselling and testing can result in improved access to care. Uganda, a developing country, that has invested in a comprehensive care and support programme is already reaping rich benefits from such investment.

Providing care and support to PLWHAs can break through the denial about HIV by their talking with friends and neighbours and reducing the discomfort associated with the subject. Moreover, it empowers care providers to demonstrate in the community that there is no reason to fear becoming infected through everyday contact and thus help dispel misguided beliefs about HIV transmission. Above all, providing diagnosis and treatment for opportunistic infections, especially tuberculosis and sexually transmitted diseases that are common among people with HIV, also help decrease its spread among the general population.

In the area of care and support, KSAPS is largely playing an advocacy role. KSAPS works with various nodal agencies consisting of NGOs who are involved in specific activities that complement the overall objectives of the state's AIDS prevention plan. The care and support team will link up to the various districts

with the help of sub-nodal agencies in the NGO, Government sectors from various districts, talukas and panchayats. KSAPS and the nodal agencies are now taking measures to de-centralise services. KSAPS has an integrated approach which encompasses the entire spectrum of services, like medical, testing, psychological, social, training of trainers, short stay/long stay homes, palliative/hospice care, various intervention and generalized awareness programmes, education/other prevention activities including sensitization programmes. Legal representation and advocacy are all incorporated as part of the care and support units. The Care units are in turn linked to other services within the health and development sectors. KSAPS proposes to work closely with various nodal agencies to build capacity and consolidate the Bangalore Model of Care and Support.

There is need to motivate and empower existing health care facilities such as medical college hospitals/district hospitals to treat Opportunistic Infections (OIs) by providing support for management of OIs. To begin with, it is proposed to set up low cost Care and Support facilities centred around a hospital in the high prevalence districts within the next one year. These facilities would be within the existing health care facility and not independent of them. This would be followed up by setting up additional facilities in a phased manner at each district on a need-based basis.

iii) Opportunistic Infections

Tuberculosis is the most common OI seen in PLWHAs and accounts for about 80% of all OIs. It is therefore important to integrate the Revised National TB Control Programme (RNTCP) with the NACP.

iv) Management of STD / RTI

STD/RTIs are the most common risk factor for acquiring HIV infection. STD/RTI management is therefore an important component for the NACP. To enable more women and their partners to access STD/RTI facilities, integration of NACP with the RCH program is vital. The implementation of such a strategy will be achieved by addressing the following issues:

(a) Providing training and integrating the syndromic management protocols for STD/ RTI into the RCH training programme,

(b) Using the RCH staff for disseminating HIV/AIDS awareness and safer sexual behaviour practices,

(c) Propagating the concept of "Well Woman Clinic" based on the Bangalore model.

The NIMHANS initiative

A multidisciplinary group chaired by the Director, has been functioning at the National Institute of Mental Health and Neuro Sciences (NIMHANS), since 1989. The following services are provided:

Clinical Services

- Neurology - treatment of opportunistic infections
- Psychiatry - HIV in psychiatric and de-addiction patients
- Neuro-surgery - surgical interventions
- Autopsies - largest series of HIV/AIDS autopsies

Counselling Services

- Pre and post, couple and family counselling since 1993.
- Referrals from Hospitals and Care facilities
- Risk reductian counselling

Laboratory Services

- HIV diagnosis since 1989
- Sentinel surveillance since 1992
- Development and evaluation of Testing Kits
- CD4 Counts

Training and Education

- Training health personnel
- Development of educational materials
- Advocacy
- Behavioural research
- Networking
- Consultancy
- Members of Technical Resource Groups

Phone: 6995157 / 6995128
Contact persons : **Dr. V. Ravi,** Additional Professor, NIMHANS
Dr. Jayashree Ramakrishna, Additional Professor, NIMHANS
E mail : vravi@nimhans.kar.nic
jramakrishna@nimhans.vsnl.com

v) Family Health Awareness Campaigns (FHAC)

The tremendous success of the Family Health Awareness Campaigns conducted during the Phase-II of NACP in the State, has provided insights into the benefits of such an approach. Therefore, KSAPS is adopting strategies for "institutionalizing" this concept as well as providing a modicum of continuity to enable integration into the existing Health and Family Welfare structure. This is proposed to be achieved by providing "Well Woman Clinic Services" at taluk level hospitals.

COLLABORATIONS

Large multi sector collaborations are needed for upscaling and incresing coverage while maintaining quality of interventions. Some immediate areas identified for collaboration are:

1. **Inter-State collaboration on migration**

   Maharashtra, Andhra Pradesh, Tamil Nadu and Karnataka - both governments and NGOs from these states - need to have close collaboration. This would require migration mapping and evolving a uniformity of approach across states. This should draw upon work being done on cross-border migration in Thailand and the North-East.

2. **Media-Corporate sector-NGO collaboration for media plan and implementation**

   The media plan needs to be a five-year plan sustained and supported by all the KSAPS awareness activities, with collaboration with professional media groups, corporate sector and NGOs.

3. **Research Collaborations among institutes, NGOs and KSAPS**

   Closer collaborations need to be established among research institutes, private research agencies, NGOs and KSAPS to identify information needs for the next five years. While some research will continue to be empirical, specific research should be commissioned on securing the knowledge based for evidence-based planning. Action research should also be planned in institutes as 5-year perspective studies.

4. **Partnerships in condom promotion, male sexual health and women's reproductive health**

   Collaboration among different stakeholders in condom promotion is critical. The condom

Prevention of Mother to Child Transmission (PMTCT)

- Transmission of HIV from Mother to Child is one of the principal source of infection among children of age less than 15 years.
- Sentinel Surveillance has revealed that the incidence of HIV infection among pragnant women in Karnataka is about 2.1%. As the infection raises in the community, risk of Mother to Child Tranmission of HIV raises, hence PMTCT program is on the priority programs of NACO.
- Vani Vilas Hospital, Bangalore, is identified as centre of excellence for imparting training in Karnataka.
- Encouraged with the results, PMTCT program has been extended to all the Medical College Hospitals and District Hospitals.
- 21 teams from all the medical colleges have been already trained. Each team consists of Gynaecologist, Child Specialist, Microbiologist, Physician and Community Medicine Specialist.
- During 2002-03 in districts where there are no Medical Colleges, similar teams from district hospitals will be trained.
- In Karnataka, 12 lakhs pregnancies are estimated per year, 26000 pregnancies are expected to be in HIV positive women, out of which about 30% vertical transmission from Mother to Child may result in 7800 Children being born with HIV infection.
- Administration of Nevirapine, single oral dose to HIV positive pregnant women during labour and for the newborn immediately after birth is expected to prevent transmission of HIV in about 30%.
- UNICEF has agreed in principle to bear the cost of drugs.

promotion collaboration in Tamil Nadu, which was a collaboration between state managed APAC, marketing and market research consultants, condom manufacturers and NGOs has proved to be a great success, raising Tamil Nadu's market share of condoms from 14% to 31% of the national total.

Condom promotion has been the single most effective intervention in HIV prevention the world over. Aggressive condom promotion should be taken up through a variety of strategies. The state aims at increasing its market share of condoms from 6% to 15% of the national total in the next two years.

5. **Collaboration with women's movements and NGOs working with women**

Involvement of women's movements, especially women's Health advocates need a collaborative approach which is multi-agency and multi-sectoral.

6. **Collaboration with multi-lateral agencies**

Both Phases, viz. Phase-I & Phase-II, of Karnataka's programme has been funded by World Bank through NACO. While this will continue to be the main funding source, there are many multi-lateral agencies that have a rich experience of collaboration with AIDS prevention strategies across the globe. Their expertise and reservoir of case studies of what has worked and what has not, will be made use of to the maximum extent. The entire group of UN agencies, for example, can provide just the right support in areas of training, programme monitoring as well as advocacy. The state government will also continue to explore complementary bilateral funding sources and look for collaboration with such agencies.

7. **Collaboration among NGOS**

NGOs, doctors from major hospitals caring for PLWHAs and the KSAPS have together recently constituted an informal forum called "AIDS Forum Karnataka" (AFK) to facilitate monitoring of intervention activities. Similarly, several of KSAPS' partner NGOs have formed the Network for AIDS prevention. Such kinds of networking need be strengthened and supported.

HIV AND TUBERCULOSIS

- In India, there are an estimated 3.86 million persons are infected with HIV.
- In India, estimated that 50-60% of HIV positive persons will develop TB.
- 1/3rd of global Tuberculosis (TB) cases are in India.
- Every year 20 lakh people develop TB in India, out of which, 8 lakhs are infectious.
- TB is the most commonest opportunistic infection in HIV positive persons.
- TB is the first manifestation of AIDS in > 50% of HIV + ves in developing countries.
- Even in HIV / AIDS patients, Tuberculosis can be cured.
- Treatment for TB is provided free of cost in all Govt. health care facilities.
- Curing TB in HIV/AIDS patients will improve quality of life, and prevent further TB transmission to other family members.

India - Canada HIV/AIDS Project (I-CHAP)

The Canadian International Development Agency (CIDA), have come forward to support implementing HIV/AIDS prevention project as a bilaterial funding agency in the states of Karnataka and Rajasthan in the country. Their main focus is on enhancing capacity development, epidemiological surveillance, targeted interventions, prevention and control of sexually transmitted diseases, care and support and operational research. This project will also take up executing demonsiration projects for HIV/AIDS, focusing mainly on the northern and rural parts of the state. For designing the project, CIDA has identified a Canadian Agency comprised of the following organisations :

1. University of Manitoba (Winnipeg, Canada)
2. Pro-action - Partners for Community Health, Inc. (Montreal, Quebec)
3. Mascen Consultants, Inc. (Ottawa, Canada)

The project will be implemented initially for a period of five years. The Government of India and Government of Canada officially signed and approved the project on 7th February 2001.

The CIDA Project has two main components

1. Capacity building
2. Model Programming (Demonstration Project)

As a first step in Project implementation, an intensive consultative process has been undertaken with KSAPS and key implementing partners at the state and district levels, to identify the activities and the priorities for the Project. In addition, a detailed first Annual Work Plan has been developed that will set the course for the Project activities over the coming year. This Work Plan has been presented to the Project Steering Committee for final approval. On this basis, a joint Action Plan for Karnataka State will be developed through partnership with KSAPS. A key component of I-CHAP's Action Plan is to develop innovative HIV prevention and care programs for rural populations, especially in Northern Karnataka. In this regard, community-based programs are beging initiated in Dharwad and Bagalkot Districts, in collaboration with local government and non-governmental organizations and institutions.

Key Action Points in the HIV/AIDS Management Strategy of Karnataka

1. Integration of HIV/AIDS program with the Health and Family Welfare Services - Eg. Revised National TB Control Program (RNTCP) and Reproductive and Child Health (RCH), as well as general health care.
2. Capacity building at various levels in the State - KSAPS , Departments of Health & Family Welfare, Education , Women and Child Development and NGOs.
3. Condom promotion within the State through multi-sectoral collaboration involving KSAPS-NGOs and condom manufacturers - Market Research Agencies.
4. A comprehensive media campaign for awareness utilizing professional agencies.
5. Shift in emphasis by focusing on the general population, along with continuing to concentrate on targeted interventions (TI's) among "high risk" groups.
6. Strengthen and establish State-Private sector collaboration with NGOs, private medical institutions and professional bodies such as IMA, FOGSI etc.
7. Establish Voluntary Counselling and Testing Centres in all districts.
8. Focus on youth, both in the organized sector (such as schools, colleges etc.) and the unorganized sector.
9. Care and support programmes to focus on treatment of opportunistic infections (OI's) and management of sexually transmitted diseases (STDs) and reproductive tract infections (RTI's).
10. Providing continuum of care.
11. Risk reduction among alcohol dependents.
12. Involvement of People Living With HIV/AIDS (PLWHAs) in management of HIV/AIDS programmes.
13. Inter-sectional co-ordination within Government departments and agencies.
14. Decentralization from KSAPS to districts. Launching of district action plans in all the ten high prevalence districts.
15. Set up monitoring and evaluation system.
16. Create a specialized cell to address legal and ethical issues.

TABLES

Table 1: Approved Action Plan of NACO and Expenditure by KSAPS from1.4.2001 to 31.3.2002.

(Rs. in lakhs)

Component	Approved Action Plan of NACO for the year 2001-2002	Total of Component wise Expenditure from 1.4.2001 to 31.3.2002
Component -I Priority Interventions	199.45	126.39
Component -II Preventive Intervention for General Community	613.99	545.19
Component -III Low cost AIDS care	123.80	59.56
Component -IV Institutional Strengthening	136.37	115.73
Component -V Inter-sectoral Collaboration	10.00	-
Total	**1083.16**	**856.87**

Table 2 : Year-wise blood samples screened for HIV +ve

Year	Blood Samples	Blood samples found			Death due to AIDS
		HIV + ve	%	AIDS cases	
1987	913	0	0	0	0
1988	2,264	6	0.27	2	2
1989	25,928	32	0.12	1	1
1990	48,348	58	0.12	1	1
1991	66,828	86	0.13	1	1
1992	1,02,336	168	0.16	2	2
1993	76,237	868	1.14	9	9
1994	24,209	425	1.75	15	13
1995	11,583	439	3.79	12	12
1996	8,877	697	7.85	22	7
1997	15,452	847	5.48	58	17
1998	15,912	1,023	6.43	44	12
1999	16,702	1,319	7.90	200	20
2000	20,490	1,965	9.59	446	19
2001	24,051	2,900	12.06	541	27
March 2002	5,858	750	12.80	88	3
Total	**4,65,988**	**11,583**	-	**1442**	**146**

Table 3 : District-wise HIV+ve cases, AIDS cases, Death due to AIDS in Karnataka

Sl. No.	Division / Districts	March 2002		
		HIV +ve	AIDS cases	Death due to AIDS
BANGALORE DIVN.				
1.	Bangalore (U)	3707	251	36
2.	Bangalore (R)	261	15	5
3.	Tumkur	227	28	2
4.	Shimoga	220	57	3
5.	Chitradurga	148	14	2
6.	Davangere	61	24	0
7.	Kolar	234	28	4
MYSORE DIVN.				
8.	Mysore	149	15	5
9.	Chamarajnagar	8	3	0
10.	Mandya	341	36	5
11.	Mangalore	917	19	9
12.	Udupi	709	222	14
13.	Madikeri	16	4	1
14.	Chikmagalur	110	24	3
15.	Hassan	141	16	2
BELGAUM DIVN.				
16.	Belgaum	141	19	1
17.	Bijapur	130	3	0
18.	Bagalkote	52	13	1
19.	Dharwad	1043	283	18
20.	Haveri	110	29	1
21.	Gadag	107	37	1
22.	Karwar	267	83	7
GULBARGA DIVN.				
23.	Gulbarga	74	7	3
24.	Raichur	206	21	5
25.	Bidar	8	2	2
26.	Bellary	1293	50	0
27.	Koppal	79	12	0
KARNATAKA TOTAL		**10,759**	**1315**	**130**
1.	**Other States**	808	134	12
2.	**Foreigners**	16	4	4
GRAND TOTAL		**11583**	**1442**	**146**

Table 4 : HIV Sentinel surveillance, Karnataka

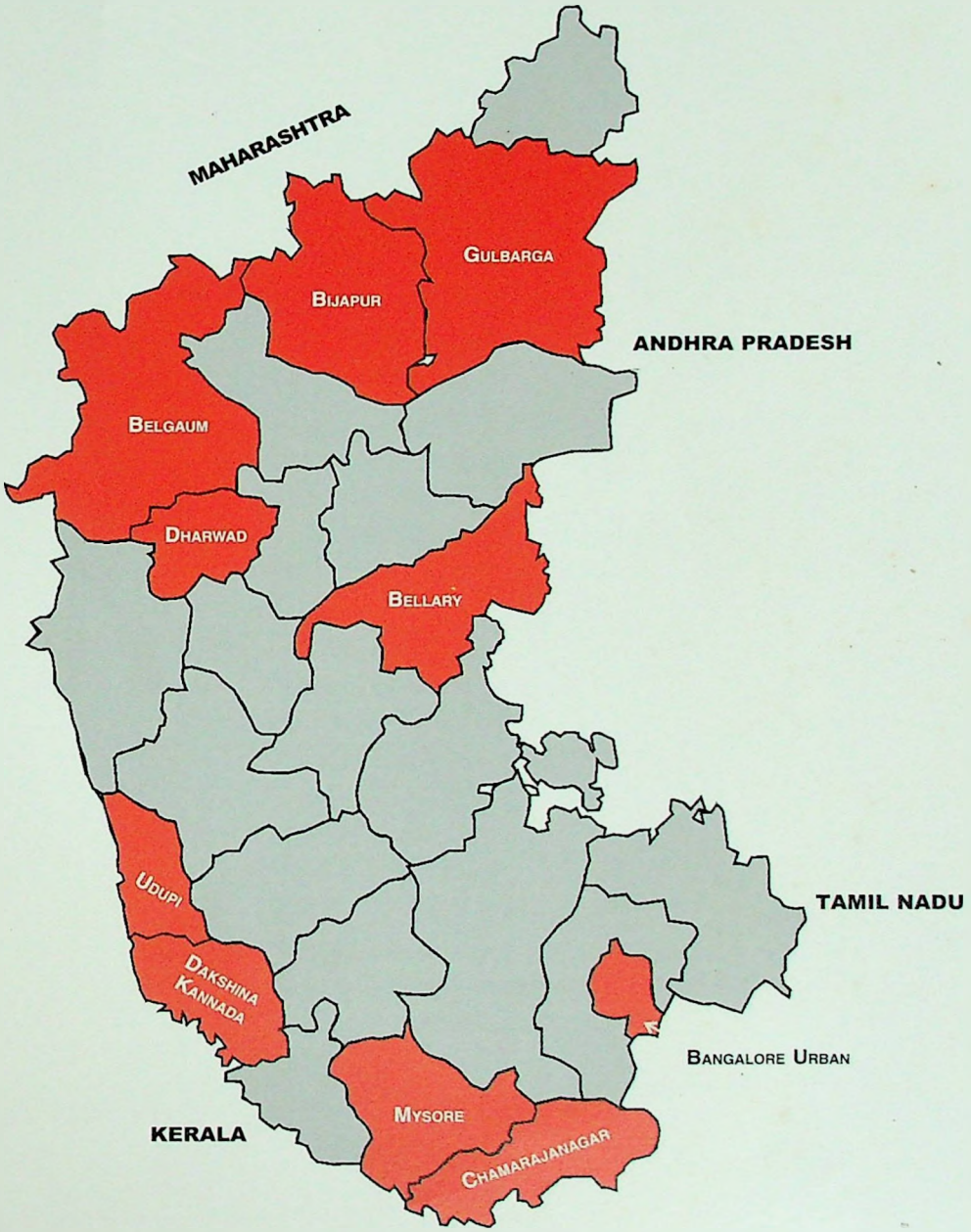
Period of survey : from 01-08-2001 to 31-10-2001

Sl. No.	Name of Sentinel Site	Sentinel Group	Number Tested	Number Positive	% Positive
1.	Victoria Hospital, Bangalore	STD	250	37	14.80
2.	K. R. Hospital, Mysore	STD	250	33	13.20
3.	Kasturba Medical College, Mangalore	STD	250	60	24.00
4.	Karnataka Institute of Medical Sciences, (K.I.M.S.) Hubli	STD	250	41	16.40
5.	District Hospital, Belgaum	STD	250	58	23.20
6.	District Hospital, Gulbarga	STD	250	29	11.60
7.	Vijayanagar Institute of Medical Sciences, (VIMS), Bellary	STD	250	41	16.40
8.	NIMHANS, Bangalore	IVDC	250	5	2.00
9.	District Hospital, Chamarajnagar	ANC	400	11	2.75
10.	Vanivilas Hospital, Bangalore	ANC	400	8	2.00
11.	District Hospital, Hassan	ANC	400	4	1.00
12.	District Hospital, Udupi	ANC	400	3	0.75
13.	District Hospital (Women & Children Hospital) Davangere	ANC	400	5	1.25
14.	Karnataka Institute of Medical Science (K.I.M.S.) Hubli	ANC	400	4	1.00
15.	District Hospital, Bijapur	ANC	400	13	3.25
16.	District Hospital, (VIMS), Bellary	ANC	400	1	0.25
17.	District Hospital, Raichur	ANC	400	11	2.75
18.	District Hospital, Bidar	ANC	395	2	0.50
19.	Karnataka Institute of Medical Sciences (K.I.M.S.) Hubli	ANC 15-24 Year	400	00	0.00

NGO Partners of Karnataka State AIDS Prevention Society

Sl. No.	Name of the NGOs	Target Group	Contact person	Telephone No.	Tele Fax
1	**Bhoruka Charitable Trust,** C/o. Transport Corporation of India Ltd., No. 57/58, 2nd Cross Kalasipalayam New Extension, Bangalore-560 002.	Truckers	Dr. Surya Prakash	2291738	2223857
2	**Gramaswarajya Samithi,** Ullalu, Kengeri Upanagara, Kodigenahally Panchayat, Yeshwanthpur Hobli, Bangalore	Migrant Labourers	Mr. Sudha Guru	5351756	5551086
3	**Citizens Alliance for Rural Development & Training Society,** Shanti Sadan, University Road, Thokattu, Mangalore-574 183.	Migrant Labourers	Mr. Bhagvan Das	0824-431215	437731
4	**Society for People's Action for Development,** Flat No. 1/B, Orient Manor, 15, High Street, Opp. ITC Factory Gate, Cooke Town, Frazer Town, Bangalore.	Commercial Sex Workers	Mr. Vijaykumar	5461920	5461920
5	**Janodaya Trust,** No. 3, Marappa Block, J.C. Nagar, Bangalore-560 006.	Prisoners & CSWs	Ms. Santosh Waz	3332564	3430155
6	**Bangalore Oniyavara Seva Coota (BOSCO),** No. 91, 'B' Street, 6th Cross, Gandhinagar, Bangalore-560 009.	Street Children	Fr. Robinson	6524138	2286572
7	**Samuha-Samsraksha,** No. 268, 1st Main, Defence Colony HAL 2nd Stage, Bangalore-560 038.	Sex Workers	Ms. Sangamitra Iyengar	2238297	2993710
8	**Jagruthi,** Jyothi Complex, C-3, 2nd Floor, 134/1, Infantry Road, Bangalore-560 001.	MSM & Transsexuals	Ms. Renu Apachu	2860346	-
9	**SURAKSHA,** No. 461, 1st Floor, 1st Block, 3rd Stage, Basaveshwarnagar, Bangalore-560 079.	Migrant Labourers	Ms. Harini Kakkeri	3223669	-
10	**Karnataka Integrated Development Services (KIDS),** Kalmutt Building, Tikare Road, Dharwad.	Truckers	Ms. Pankaja	0836-744196	-
11	**Karnataka Network for PLWH/A,** No.113, I Floor, 15th Cross, 8th Main, Wilson Garden, Bangalore-560 030.	PLWHA	Mr. Elango	2120409	2120410
12	**Asha Foundation,** P.B. No. 2407,Bangalore-560 024.	Telephone Counseling	Dr. Glory Alexander	5480548, 5481097	3333408
13	**Prajna Counselling Centre,** Falnir Road, Kankanadi, Mangalore.	Migrant Labourers & Slum People	Dr. Hilda Rayappa	432682	-
14	**Ujwala Rural Development Service Society,** Naresh Anand Nivas, Jadar Galli, Bijapur-586104.	Commercial Sex Workers	Ms. Sunanda Talabandi	28352-57136	-
15	**Truck Workers Welfare and Charitable Trust,** No. 36, Pampamahakavi Road, Chamarajpet, Bangalore.	Truckers	Mr. Chenna Reddy	6678030 6678526	
16	**Bhoruka Charities,** 48, Lavelle Road, Bangalore-560 001.	Truckers	Mr. Krishna Madhav	2272271, 8510291	8510365
17	**Belgaum Integrated Rural Development Society,** Naganur, Dist. Belgaum.	Truckers	Mr. R.M. Patil	08332- 84678	-
18	**Asha Kiran Charitable Trust,** Mahaveer Hospital, 119D, 14/A, Bamboo Bazaar, New Sayyaji Rao Road, Mysore-570 021.	Care & Support	Dr. Mathi	493985	510688
19	**Freedom Foundation,** 180, Hennur Cross, Bangalore-560 043.	Care & Support	Mr. Ashok K. Rau	5440134, 5449766, 5440135	2215513
20	**Snehadaan,** Caremelaram Post, Sarjapur Road, Ambedkar Nagar Bangalore - 560 035.	Care & Support	Br. Luca Fr. Jayan	2215513, 8439516	-
21	**Snehasadan,** Mulur Village, Kinni Kambli Post, Via Mangalore.	Care & Support	Mr. Eugene Rent	0824-213959 0824-211470	
22	**Freedom Foundation** Bellary Project	Commercial Sex Workers	Mr. Ashok K. Rau	5440134 5449766, 5440135	Tele Fax 5449766
23.	**Freedom Foundation** Udupi Project	Care & Support			

HIV/AIDS high prevalence districts in Karnataka



The Red Ribbon

The Red Ribbon is the international symbol of AIDS awareness.

It is worn to demonstrate care and concern for HIV and AIDS. It is also a symbol of hope that the search for a vaccine and cure to halt the suffering will be successful.

It can be worn on any day of the year but especially on World AIDS Day - December 1. That day, throughout the world people wear the red ribbon to show their support to the cause of HIV/ AIDS prevention.

Karnataka State AIDS Prevention Society

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HIV/AIDS Surveillance in India

(as reported to NACO)
As on 31st May, 2003

AIDS CASES IN INDIA	Cumulative	This Month
MALES	39137	2531
FEMALES	13618	1028
Total	**52755**	**3559**

RISK/TRANSMISSION CATEGORIES

	No. of cases	Percentage
Sexual	45131	85.55
Perinatal transmission	1443	2.74
Blood and blood products	1389	2.63
Injectable Drug Users	1304	2.47
History not available	3488	6.61
Total:	**52755**	**100.00**

Age group	Male	Female	Total
0 - 14 yrs	1243	772	2015
15 - 29 yrs.	12159	6262	18421
30 - 44 yrs.	22733	5829	28562
> 45 yrs.	3002	755	3757
Total	**39137**	**13618**	**52755**

Lib - India AIDS file
Jw
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S. No.	State/UT	AIDS Cases
1	Andhra Pradesh	3707
2	Assam	171
3	Arunachal Pradesh	0
4	A & N Islands	27
5	Bihar	152
6	Chandigarh (UT)	710
7	Delhi	801
8	Daman & Diu	1
9	Dadra & Nagar Haveli	0
10	Goa	171
11	Gujarat	2587
12	Haryana	271
13	Himachal Pradesh	112
14	Jammu & Kashmir	2
15	Karnataka	1690
16	Kerala	267
17	Lakshadweep	0
18	Madhya Pradesh	996
19	Maharashtra	9234
20	Orissa	82
21	Nagaland	329
22	Manipur	1238
23	Mizoram	49
24	Meghalaya	8
25	Pondicherry	157
26	Punjab	231
27	Rajasthan	702
28	Sikkim	8
29	Tamilnadu	24667
30	Tripura	6
31	Uttar Pradesh	921
32	West Bengal	930
33	Ahmedabad M.C	267
34	Mumbai M.C	2261
	Total:	**52755**

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D15-2P-

"CIRCLES OF HELP"
A Practical, Relevant, Do It- Yourself Approach

Practicing HIV/AIDS care in Karnataka

Resource mapping for different types of services in public, voluntary and private sector

Prepared by Dr Rajkumar Natarajan, MPH

INTRODUCTION

Human immunodeficiency virus (HIV) is an epidemic causing disease and death across the globe. Since it is global, HIV can be called a pandemic.
AIDS has already taken a terrible human toll, not only among those who have died but also among their families and communities. Short of an affordable cure, this toll is certain to rise. Ninety percent of HIV infections are in developing countries, where resources to confront the epidemic are most scarce. AIDS is clearly taking an immense and growing human toll. The disease is catastrophic for the millions of people who become infected, get sick, and, in stark contrast to the recent hopeful news of treatment breakthroughs, die. It is also a tragedy for their families, who, in addition to suffering profound emotional loss, may be impoverished as a result of the disease. Because AIDS kills mostly prime-age adults, it increases the number of children who lose one or both parents; some of these orphans suffer permanent consequences, due to poor nutrition or withdrawal from school. Primary prevention of infection in young adults would result in parents living longer and there being fewer orphans and a well functioning, appropriate, and accessible Voluntary counseling and testing service is very essential for a successful Mother to child transmission prevention (1). Numbers cannot begin to capture the suffering caused by the disease. Each infection is not only a personal tragedy causing human suffering, but also hampers the economic growth through diversion of investments, deficit-creating pressures on public resources, and loss of adult labour and productivity. It was estimated that in the 1990s AIDS reduced Africa's per capita annual growth by 0.8% (2). In low-income countries in particular, many urgent problems compete for scarce skills and resources.

In India, it is difficult to estimate the exact prevalence of HIV because of the varied cultural characteristics, traditions and values with special reference to sex related risk behaviors. It is no different in Karnataka, the official figure shows 300,000 people infected with HIV that causes AIDS. With over 1% of its adult population estimated to be HIV positive, Karnataka joins the other high prevalence states like Andhra Pradesh, Tamilnadu, Manipur and Nagaland (3). The prevalence of the infection in all parts of the country highlights the spread from urban to rural areas and from high risk to the general population. Migration of labor, low literacy levels leading to low awareness, gender disparities, prevalence of sexually transmitted diseases and reproductive tract infections are some of the factors attributed to the spread of HIV/AIDS. HIV infection and AIDS are still associated with high degree of discrimination and stigmatization. The implications of a positive test go well beyond those related to physical and mental health and may involve the loss of employment, medical and social benefits, friends, family and freedom of movement.

All the estimates of illness prevalence are mere estimates with no accuracy with very limited HIV testing facilities available. Most of these people will not have the symptoms but they will eventually have them over a period of time. A large majority of them do not know that they have HIV infection but they can pass the virus to other people. Although the HIV sentinel surveillance data has been primarily used for monitoring the trends i.e. to assess how rapidly HIV infection increases or decreases over time in different groups and areas, it can also provide an estimate of the total burden of HIV infection in Karnataka. Sentinel surveillance were taken up in 14 sites from 1st August to 31st October 1999 and 17 NGOs were funded by Karnataka State AIDS Prevention Society between 1999 and 2000 (4). Currently there are 6 voluntary counseling and testing centres (VCTC) in the State and an unfulfilled promise of having additional 23 VCTCs by August2001 (5).

In the WHO booklet, 1998, a step-by-step approach has been outlined for a comprehensive HIV/AIDS care with voluntary counseling and testing as an entry point in the continuum of comprehensive care, pre and post test counseling, partnership building between providers (clinical, social, support groups) etc (6). But, scarce resources for testing, counseling and care providers is compounded by the fact that there is an absence of comprehensive information on access to help. There is an urgent need to information expressed by various groups including the PLWAs in Karnataka, the KNP+ (7). Time and again there has been a lot of stress placed on the need to build and improve linkages and referral among

HIV/AIDS services, organisations and other services, which would benefit the PLWAs. There is also an emerging need for an effective networking among NGOs to be more collaborative than competitive in this fight against HIV/AIDS. There are some NGOs, who are extremely committed, there are also some new NGOs that have been created with increased flow of money and do not implement what they promise (8).

The access to information, a collaborative effort from every sector with potential and committed partners to tackle this epidemic is very important before this becomes a dangerous public health problem.

Community Health Cell (CHC) & AIDS

CHC is a community health professional resource group involved in promoting the community paradigm in health action, training, research, policy, action and advocacy on key public health problems in the State of Karnataka and in the country. Over the past few years, CHC has been getting involved in the HIV/AIDS issue incrementally.

- Dr. Thelma Narayan (TN) and Dr. CM Francis (CMF) have supported CHAI (Catholic Health Association of India) to evolve a HIV/AIDS policy for their Institutional members.
- TN is member of CIATF (Caritas International AIDS Task Force) that has been exploring the social challenges of HIV/AIDS and the role of faith based NGOs and others.
- CHC team members Dr. James P J and Dr. Deep Joseph have provided technical support to AIDS hospices in Bangalore- Snehadan and Ashakiran.
- The CHC library and documentation center produced a bibliography of Resources and Information on AIDS in 1994 as a special preparation for the "Consortium on formulation of CHAI policy on AIDS".
- TN attended the preparatory and final meeting of the UN General Assembly Special Session on AIDS in May-Jun 2001 at UN- HQ in New York.
- CHC has been supportive of AIDS Forum Karnataka as a member of civic society and participated in the campaign and training programmes.
- CHC has been on the governing body of INSA- that has been involved with HIV/AIDS related training programmes in schools and colleges for years.

Objective

The main objective is to provide information in the form of a resource directory about the existing facilities for test, counseling and care throughout the State of Karnataka.
Holistically speaking, the goal is to help all people living with HIV and AIDS develop the ability to make the best of their fight with HIV disease, and to provide them with the invaluable tools of knowledge and power.

Methodology

The resource directory will compile a list of all the Organisations and voluntary care givers, testing centers in public, voluntary and private sectors providing service at different levels in Karnataka. The resource directory will contain information on professional organisations, semi-professional and non-professionals.

Background

The "Circles of help" is a resource directory with a view to include public, voluntary and private organisations and individuals who have interest in, or activities specifically related to HIV/AIDS. The primary intent of the resource directory is intended for use as a reference to individuals seeking HIV/AIDS services and providers. The directory will also provide

information to Doctors and other health workers to identify the major signs (WHO classification for HIV/AIDS) in the form of a flow chart. The resource directory will hopefully help individuals and communities by bringing people and services together through information, referral, counseling and training.

The resource directory will be broadly categorized as:

- Diagnostic facilities
- Counseling centers
- Care givers: includes health care facilities (hospitals, nursing homes or health centers in public, private or voluntary) and NGOs.
- Health education providers
- Human rights activist and lawyers
- Internet resources and AIDS- Educational materials
- Self help groups (PLWAs), groups involved in Rehabilitation and income generation activities for those infected with HIV.

The resource directory is expected to serve as a useful handbook for many groups of people, for example:

Individuals suspected to have acquired HIV infection or tested positive for HIV.

Doctors (public, voluntary or private), nurses and other health workers in rural and urban areas who may recognize the symptoms early or direct the suspected to the nearest testing facility.

The testing centers may use it as a useful tool to guide individuals to pre and post test counseling and care.

Networking and Information exchange opens up avenues for new ideas, contacts, information and support among NGOs or NGOs and Government. For instance, Organisation working with Women and Children may approach other organisations working on children of parents with HIV/AIDS for assistance or support.

Community health workers, Schools and colleges may find it a useful resource to contact organisations providing education and training etc.

"Circles of help" believes that a well-informed person is better able to gain access to the full range of available treatment options and resources and is better equipped to make decisions.

Funding Required

- ***Identifying*** care and service providers in private, public and voluntary sectors· Funds required for local travel and other ways of identifying potential partners in other parts of Karnataka. It may also be necessary to have a few persons to collect information from outside Bangalore

Budget for 3 months

a)Local travel @ Rs 100 a day 5 days a week Out station @ Rs 7000/ areax7	Rs 6000 Rs 4900
b)Allowance for Identified person i.e. District Volunteer (under miscellaneous) @Rs 2000/ month	Rs 6000
a)Telephone @ 10 local calls & one STD call a day (Rs 1.50 local & Rs 15 STD)	Rs 1800
b) Others. Fax, postage etc @ Rs 500/month	Rs 1500
Stationary and Secretarial help @ Rs 1000/ month Part-time	Rs 4000

- ***Communication (Telephone, Fax, postage, photocopying etc), Office Support to Collate*** the information, ensuring Completeness and avoiding duplication & ***Preparation of Manuscript.***

- ***Funds for two (half a day-50 persons approx) meetings*** in Bangalore to evolve an informal network of sharing, learning and reviewing the draft manuscript before publication.

☐ *Based on availability (may not incur any cost)*

- ***Printing And Publication***
  @ Of Rs 20 per copy.
  Numbers based on infra structure of health care
  In Karnataka (8) and (9).
  1. Primary health centers (PHCs) 1676
  2. Community health centers (CHCs) 252
  3. Sub-centers : 8143

4. Government Hospitals: 177
   Includes District, teaching, Major specialized, General & Maternity.

5. Non- Governmental: 1709
   Includes Individual, Partnership, Charitable trust, Registered Society, Religious Mission and Limited Company.

6. Other Systems of Medicine: 93
   Includes Ayurveda, Unani, Homeopathy, Nature cure, yoga and Siddha

7. NGOs 500

Advocacy:

Well-designed Posters to promote the resource directory- 3000
Only to government and
Non- governmental hospitals.
(1709+177+extras)

Distribution of the resource directory among all PHC's,CHC's,Subcentres, district hospitals and private practioners (Identified through I M A and other sources) through a proper delivery system to ensure promptness and reliability.

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Dr. Sharad M. Tanga

M.B.B.S., M.S., F.I.C.S.

CANCER & GENERAL SURGEON

Behind KSRTC Guest House, Garden Road, GULBARGA - 585 102
Ph.: 08472 - (H) 20671 - (R) 30900 - E-mail : sharad_mt@vsnl.com

- President, Rotary Club of Gulbarga (2001-2002)
- Asst. Professor of Surgery, M. R. Medical College, Gulbarga
- R.I. Dist. 3160, Chairman, AIDS Awareness
- Treasurer, ASI - Karnataka State Chapter - 2001-2003

Government of Karnataka - Health Policy on AIDS: Views

AIDS has received good attention from the Government in last 18 months only, when compared to the thought given earlier.
This has given dividends. AIDS Awareness dissemination has increased many folds.
The inherent propensities to spread like a wildfire in Heterosexual transmission; and the gratifying results in terms of Awareness makes it mandatory to give a considered thought to reassess the existing Health Policy and emphasize a sustained campaign against AIDS.

HIV has become a public health problem. One among every 100 people in Karnataka are estimated to be infected with HIV. Villages and cities are wiped off in Africa due to AIDS. That situation would not be far away in India.
The disease is no longer restricted to the high-risk group e.g. Commercial Sex worker, Lorry drivers and I.V drug abusers. Glaringly, disease has made inroads to the middle class households.
New targets need to be adopted for a campaign to halt and start reversing the AIDS epidemic.
The figures given out by the Karnataka State AIDS Preventive society in its monthly update on HIV infection in Karnataka is abysmally low. The No. Of HIV positive cases in the month of June is given to be 296 and in a period of 14 years from 1987 to May 2001 it is slated to be 9010. It's just unacceptable!

Comparison of African and Indian Status

India	Africa
Developing Country	Developing country
Heterosexual mode of transmission	Heterosexual mode of transmission

"Zimbabwe considers double burial as AIDS bites hard." It has one of the highest rates of infection the world, with one in five people believed to have the virus that causes AIDS. That situation is not too distant for India needs prominence.

It's leadership that will ultimately be the driving force that will reverse and eventually halt the devastation of this epidemic.
The declaration at the last September's U. N. Millennium summit, made a commitment to stop the spread of HIV/AIDS by 2015.
Many are divided on what should get the lion's share of funds and attention – **treatment or prevention.**

AIDS file Karnataka/AFK

Key objectives:

1. To prevent the disease spreading further, above all by teaching young people how to avoid it {15-24 years}.
2. We must stop the cruelest infection of all – those from mother to child.
3. We must bring care and treatment within reach of all those infected. This is not an alternative to prevention, but an essential complement to it, since people will be more willing to take HIV tests when they know there is hope of treatment.
4. We must protect those whom AIDS has left most vulnerable starting with the orphans.

Prevention: Remedial Action

Though the disease was detected in High-risk group in developed countries, it is no longer a menace. In developing countries, ignorance has helped spread the infection at an alarming pace. *Don't let anyone die of ignorance*. HIV cannot be cured but can be prevented. It's a classic situation where prevention by education has a Herculean task to play.

Prevention is cheaper because it mainly involves changes in behavior to promote abstinence, one sex partner, delaying the age of sexual relation, or safe sex with condoms.

- Sex Education in school Curricula.
- Success of the Institution of Family.
- Media's crucial role as an educating partner.
- Political Commitment.
- Society's active participation in checking the scourge.
- Concerted efforts by Government agencies, Medical Profession, NGO's, , UN Agencies and private sector.

Treatment of AIDS:

As of now, AIDS has become a manageable disease with drugs, which can be made available at affordable prices [Generic form]

Over a long period of time, Anti retro viral drug should be initiated by a state- run universal and free programme that provides HIV therapy. The 4-lakh people infected in Karnataka [4 million Indians] now infected with HIV cannot be abandoned to a wasting death when an affordable therapy is available.

Home health care for AIDS patient should be stressed.

World AIDS Conference declaration aptly summarizes – 'There is no end in sight to the AIDS Pandemic. But, by working together we have the power to reverse its tide. Science will one day triumph over AIDS, just as it did over Small pox. Curbing the spread of HIV will be the first step. Until then, reason, solidarity, political will and courage must be our Partners'.

Dr. Sharad M.Tanga, MS; FICS
Asst. Professor of Surgery,
R.I.District 3160,
Chairman, AIDS Awareness.

Garden Road,
Gulbarga – 585 102.
Sharad_mt@vsnl.com

Encl: Pamphlets used by us.

ರೋಟರಿ ಜಿಲ್ಲಾ 3160 – ಏಡ್ಸ್ ಎಚ್ಚರಿಕೆ ಕಾರ್ಯಕ್ರಮ
Rotary District 3160 - AIDS Awareness Programme

ಸಾರ್ವಜನಿಕರಿಗೆ ಎಡ್ಸ್ ಶಿಕ್ಷಣ
(AIDS Education for public)

ಎಚ್.ಆಯ್.ವಿ. ಗೆ ಚಿಕಿತ್ಸೆಯೇ ಇಲ್ಲ.
ಎಚ್.ಆಯ್.ವಿ. ಯನ್ನು ತಡೆಗಟ್ಟಲು ಸಾಧ್ಯ.
ಎಚ್.ಆಯ್.ವಿ. ಯ ಅಜ್ಞಾನದಿಂದ ಯಾರನ್ನೂ ಸಾಯಿಸಕೂಡದು.

ಏಡ್ಸ್‌ದಿಂದ ತಪ್ಪಿಕೊಳ್ಳುವುದು ಹೇಗೆ ?

1. ನಿರೋಧಗಳನ್ನು ಬಳಸುವುದು
2. ಬಳಸಿ ಎಸೆವ ಜೇರ್ಕೊಳವಿ (ಸಿರೇಂಜ) ಮತ್ತು ಸೂಜಿಗಳನ್ನು ಬಳಸುವುದು
3. ಬಹು ಸಂಗಾತಿಗಳ ಸಹವಾಸದಿಂದ ದೂರವಿರುವುದು
4. ಎಚ್.ಆಯ್.ವಿ. ಮುಕ್ತದ ರಕ್ತವನ್ನು ಬಳಸುವುದು
5. ಲೈಂಗಿಕ ಸಂಪರ್ಕತ ರೋಗಗಳಿಗೆ ತಕ್ಕ ಚಿಕಿತ್ಸೆ ಪಡೆಯುವುದು
6. ಮಾದಕ ಚುಚ್ಚು ಮದ್ದುಗಳಿಂದ ದೂರವಿರುವುದು

ಎಚ್.ಆಯ್.ವಿ. ಈ ಕೆಳಗಿನ ಕಾರಣಗಳಿಂದ ಹಬ್ಬಕೂಡದು

1. ರೋಗ ಸೊಂಕಿತರು ಬಳಸಿದ ಪಾತ್ರೆಗಳಲ್ಲಿ ನೀರು ಕುಡಿಯುವುದು, ತಿಂಡಿ, ತಿನಸು ತಿನ್ನುವುದು, ಊಟ ಮಾಡುವುದು.
2. ಶೌಚಾಲಯದಲ್ಲಿ ಪಾಲುಗೊಳ್ಳುವುದು.
3. ಹಸ್ತ ಲಾಘವವನ್ನು ಮಾಡುವುದು
4. ಅಪ್ಪಿಕೊಳ್ಳುವುದು
5. ರಕ್ತ ದಾನ ಮಾಡುವುದು
6. ರೋಗ ಸೊಂಕಿತರೊಡನೆ ಕೆಲಸ ಮಾಡುವುದು
7. ಎಚ್.ಆಯ್.ವಿ. ಅಥವಾ ಏಡ್ಸ ಸೊಂಕಿತರು ಬಳಸಿದ ಈಜುಗೊಳದಲ್ಲಿ ಈಜಾಡುವುದು
   (ಶರೀರದ ಮೇಲಿನ ಗಾಯಗಳನ್ನು ಸೀಳುಗಳನ್ನು ಪ್ಲಾಸ್ಟರದಿಂದ ಮುಚ್ಚಿ ಭದ್ರಿಸಿರಬೇಕು)
8. ಎಚ್.ಆಯ್.ವಿ. ಅಥವಾ ಏಡ್ಸ ಸೊಂಕಿತರೊಡನೆ ಆಕಸ್ಮಿಕವಾಗಿಯಾಗಲಿ, ಸಮಾಜೀಕರಣಕ್ಕಾಗಿ ಆಗಲಿ ಜೊತೆಯಲ್ಲಿರುವುದು (ಎಚ್.ಆಯ್.ವಿ. ಸೊಂಕಿತರಿಗೆ ಹೆಚ್ಚಿನ ಕಾಳಜಿ ಮತ್ತು ಬೆಂಬಲಗಳ ಅವಶ್ಯಕತೆ ಇದೆ.)
9. ಸೊಳ್ಳೆ ಕಚ್ಚುವದರಿಂದ

– ಡಾ|| ಶರದ ಎಂ. ತಂಗಾ

AIDS cannot be cured
AIDS can be prevented
Don't let anyone die of ingorance

How to avoid AIDS

1. Use Condoms
2. Use of disposable syringes and needles
3. Avoid multiple partners
4. Use of HIV free blood
5. Proper treatment of sexually transmitted diseases.
6. Avoid injectable drug abuse

AIDS does not spread by

1. Drinking water or eating food from the same utensils used by the infected person
2. Sharing Toilet
3. Shaking hands
4. Hugging
5. Donating blood
6. Working with people who are HIV infected
7. Swimming in pools used by the people with HIV/AIDS (cuts and sores over the body should be covered with plaster)
8. Socializing or casually living with people with HIV/AIDS (HIV infected individuals need more care and support)
9. Through Mosquito bite

Dr. Sharad M. Tanga
R.I. District 3160
Chairman, AIDS Awareness

Please read and display it somewhere for the benefit of others.

Programme organized by : Rotary Club of

President

Secretary

KARNATAKA

Karnataka

D15-2P.

		Society for People's Action for Development (SPAD)						Samuha Samraksha					
1	Name and Address	Society for People's Action for Development (SPAD) Flat No. 1-13 Orient Manor, 15 High Street Cooke Town, Frazer Town Post Bangalore - 560 005						Samuha Samraksha No. 71/1, Harris Road, Benson Town, Behind ISI Bangalore -560 046					
2	Name and Address of the Chief Functionary	Augustine C Kaunds (President) Society for People's Action for Development (SPAD) Flat No. 1-13, Orient Manor, 15, High Street Cooke Town, Frazer Town Post Bangalore - 560 005						Sangamitra Lyenagar Director No. 71/1, Harris Road, Benson Town Behind ISI Bangalore -560 046 Tel : 2238397 Fax : 2093710 E-mail: smraksh@yahoo.com					
3	Type of Project Undertaken	Targeted Intervention						Targeted Intervention					
4	Target Group Covered	Commercial Sex Workers						Commercial Sex Workers					
5	Area of Operation (District Name)	Kalasipalyam, Chamarajpet, Mysore Road						Bangalore (Majestic, K.R. Market, Shivaji Nagar, Chamarajpet)					
6	Year of Initiation	1999						2000					
7	Amount Sanctioned to the NGO (in Rupees)	1997-1998 Rs.	1998-1999 Rs.	1999-2000 Rs.	2000-2001 Rs.	2001-2002 Rs.	Current Year (2002-2003) Rs.	1997-1998 Rs.	1998-1999 Rs.	1999-2000 Rs.	2000-2001 Rs.	2001-2002 Rs.	Current Year (2002-2003) Rs.
		-	-	305000	300000	1017600	1098130	-	-	533012	228200	302591	-

		Ujwala Rural Development Service Society						Freedom Foundation					
1	Name and Address	Ujwala Rural Development Service Society (URDSS) Jadar Gali, Shanthinagar Bijapur- 586104						Freedom Foundation No. 180 Hennur Cross Bangalore- 560043					
2	Name and Address of the Chief Functionary	Sunandana V. Tolabandi Programme Co-ordinator Ujwala Rural Development Services Society (URDSS) Jadar Gali, Shanthinagar, Bijapur - 586104						Ashok K Rao Executive Trustee Freedom Foundation No. 180 Hennur Cross Bangalore- 560043					
3	Type of Project Undertaken	Targeted Intervention						Targeted Intervention					
4	Target Group Covered	Commercial Sex Workers						Commercial Sex Workers					
5	Area of Operation (District Name)	Bijapur						Bellary (Bus Stand, Railway Station, Cowl Bazar, Siraguppa, Sindhanur)					
6	Year of Initiation	2001						2001					
7	Amount Sanctioned to the NGO (in Rupees)	1997-1998 Rs.	1998-1999 Rs.	1999-2000 Rs.	2000-2001 Rs.	2001-2002 Rs.	Current Year (2002-2003) Rs.	1997-1998 Rs.	1998-1999 Rs.	1999-2000 Rs.	2000-2001 Rs.	2001-2002 Rs.	Current Year (2002-2003) Rs.
		-	-	-	512100	423000	-	-	-	-	90658	1411500	-

		Jagruthi						Bhoruka Charitable Trust					
1	Name and Address	Jagruthi Jyothi Complex C-3 IInd Floor No. 134/1 Infantary Road, Bangalore – 560 001						Bhoruka Charitable Trust Transport House No. 57/58, 2nd Cross, Kalasipalyam, New Extention Bangalore 560 002					
2	Name and Address of the Chief Functionary	Renu Appachu Director Jagruthi, Jyothi Complex, C3, II Floor No. 134/1 Infantry Road, Bangalore - 560 001 Tel. : 080-2860346						Dr. Surya Prakash Program Manager Bhoruka Charitable Trust, Transport House No. 57/58, 2nd Cross, Kalasipalyam, New Extention Bangalore 560 002					
3	Type of Project Undertaken	Targeted Intervention						Targeted Intervention					
4	Target Group Covered	Men Who Have Sex with Men						Truck Drivers					
5	Area of Operation (District Name)	Bangalore						Bangalore (NH4, Tumkur Raod, APMC Yard and Devraj URs Truck Terminal)					
6	Year of Initiation	1999						2001					
7	Amount Sanctioned to the NGO (in Rupees)	1997-1998 Rs.	1998-1999 Rs.	1999-2000 Rs.	2000-2001 Rs.	2001-2002 Rs.	Current Year (2002-2003) Rs.	1997-1998 Rs.	1998-1999 Rs.	1999-2000 Rs.	2000-2001 Rs.	2001-2002 Rs.	Current Year (2002-2003) Rs.
		-	-	150000	150000	605800	405250	-	-	-	-	1286588	-

		Truck Workers Welfare & Charitable Trust (TWCT)						Citizen's Alliance for Rural Development and Training Society (CARDTS)					
1	Name and Address	Truck Workers Welfare & Charitable Trust (TWCT) No. 2, 1st Cross, Chickkanna Garden Shankarapuram, Bangalore-560 018						Citizen's Alliance for Rural Development and Training Society (CARDTS), D. No. 10-150, D'souza Villa, Behind Sheetal Apartment, Near Mahakali Temple, Ujjodi Post, Kankandy, Mangalore-0575002					
2	Name and Address of the Chief Functionary	D. Channa Reddy Managing Trustee Truck Workers Welfare & Charitable Trust (TWCT) No 2, 1st Cross, Chickkanna Garden Shankarapuram, Bangalore-560 018						Bhagavandas M. (President) Citizen's Alliance for Rural Development and Training Society (CARDTS), D. No. 10-150, Disouza Villa, Behind Sheetal Apartment, Near Mahakali Temple, Ujjodi Post, Kankandy, Mangalore-0575002					
3	Type of Project Undertaken	Targeted Intervention						Targeted Intervention					
4	Target Group Covered	Truck Drivers						Truck Drivers					
5	Area of Operation (District Name)	Bangalore - Byattarahalli, Bommannahalli, Attibele						Tumkur - Kyapasandra to Nelamangala					
6	Year of Initiation	2002						2002					
7	Amount Sanctioned to the NGO (in Rupees)	1997-1998 Rs.	1998-1999 Rs.	1999-2000 Rs.	2000-2001 Rs.	2001-2002 Rs.	Current Year (2002-2003) Rs.	1997-1998 Rs.	1998-1999 Rs.	1999-2000 Rs.	2000-2001 Rs.	2001-2002 Rs.	Current Year (2002-2003) Rs.
		-	-	-	-	-	569109	-	-	-	-	417150	-

		Srikanth Education Society						Bhoruka Charitable Trust (BCT)					
1	Name and Address	Srikanth Education Society Prema Nilaya, Near Stadium Devraj Urs Road Vidya Nagar, Hassan – 573201 Tel. : 08172-69445 Fax : 50991						Bharuka Charitable Trust Transport House, No. 57/58, 2nd Cross, Kalasipalyam New Extension, Bangalore-560 002					
2	Name and Address of the Chief Functionary	Leela Sampige Srikanth Education Society Prema Nilaya, Near Stadium Devraj Urs Road Vidya Nagar, Hassan – 573201 Tel. : 08172-69445 Fax : 50991						Dr. Surya Prakash, (Programme Manager) Bhoruka Charitable Trust, Transport House No. 57/58, 2nd Cross, Kalasipalyam New Extension, Bangalore-560 002 Tel.: 2291738/2222311 Fax : 2224393 e-mail: bctbng@bgl.vsnl.net.in					
3	Type of Project Undertaken	Targeted Intervention						Targeted Intervention					
4	Target Group Covered	Truck Drivers						Truck Drivers					
5	Area of Operation (District Name)	Hassan (NH 48)						Devanagunti off Hoskete					
6	Year of Initiation	1999						1999					
7	Amount Sanctioned to the NGO (in Rupees)	1997-1998 Rs.	1998-1999 Rs.	1999-2000 Rs.	2000-2001 Rs.	2001-2002 Rs.	Current Year (2002-2003) Rs.	1997-1998 Rs.	1998-1999 Rs.	1999-2000 Rs.	2000-2001 Rs.	2001-2002 Rs.	Current Year (2002-2003) Rs.
		-	-	767225	-	-	-	-	-	100000	400000	518500	878160

		Society for People's Action for Development (SPAD)						Karnataka Integrated Development Services (KIDS)					
1	Name and Address	Society for People's Action for Development (SPAD) Flat No. 1-13 Orient Manor, 15 High Street Opp ITC Factory Gate Cooke Town, Frazer Town, Bangalore- 560 005						Karnataka Integrated Development Services(KIDS) Kalmath Building Tikare Road, Dharwad 580001					
2	Name and Address of the Chief Functionary	Augustine C. Kaunds (President) Flat No. 1-13, Orient Manor, 15 High Street, Cooke Town , Frazer Town, Bangalore- 560 005 Tel : 080-5461920 Fax: 5461920 E-mail : spadorg@satyam.netin						Pankaja Kalmath (Executive Director) Karnataka Integrated Development Services (KIDS) Kalmath Building, Tikare Road, Dharwad 580001 Tel.: 0836-740847/744196 Fax: 2120410/2120409 E-mail: kids-dharwad@hotmail.com					
3	Type of Project Undertaken	Targeted Intervention						Targeted Intervention					
4	Target Group Covered	Truck Drivers						Truck Drivers					
5	Area of Operation (District Name)	Kalasipalyam, Chamarajpet, Mysore Road and Battarahalli (NH-4)						Dharwad, Old Dharwad District, NH4 State, Highway, 290 km and 130 km Tegur to Ranibennur, Khalgatgi to Gadag.					
6	Year of Initiation	2001						1999					
7	Amount Sanctioned to the NGO (in Rupees)	1997-1998 Rs.	1998-1999 Rs.	1999-2000 Rs.	2000-2001 Rs.	2001-2002 Rs.	Current Year (2002-2003) Rs.	1997-1998 Rs.	1998-1999 Rs.	1999-2000 Rs.	2000-2001 Rs.	2001-2002 Rs.	Current Year (2002-2003) Rs.
		-	-	-	-	1604000	-	-	-	650000	826150	872640	-

		Bhoruka Charities						Belgaum Integrated Rural Development Society (BIRDS)					
1	Name and Address	Bhoruka Charities No. 48, Lavelle Road, Bangalore 560001						Belgaum Integrated Rural Development Society (BIRDS) Gokak Taluk, Belgaum District, Karnataka - 591 319					
2	Name and Address of the Chief Functionary	Krishana Madhav (Director) Devendra Kattimani (Project Coordinator) Bhoruka Charities, No. 48, Lavell Road, Balgalore - 560 001						R. M. Patil Executive Director Belgaum Integrated Rural Development Society (BIRDS) Gokak Taluk, Belgaum District, Karnataka - 591 319					
3	Type of Project Undertaken	Targeted Intervention						Targeted Intervention					
4	Target Group Covered	Truck Drivers						Truck Drivers					
5	Area of Operation (District Name)	Gulbarga, Gunj						Belgaum-NH4, 150 km, NH 4A 53 km					
6	Year of Initiation	2001						2001					
7	Amount Sanctioned to the NGO (in Rupees)	1997-1998 Rs.	1998-1999 Rs.	1999-2000 Rs.	2000-2001 Rs.	2001-2002 Rs.	Current Year (2002-2003) Rs.	1997-1998 Rs.	1998-1999 Rs.	1999-2000 Rs.	2000-2001 Rs.	2001-2002 Rs.	Current Year (2002-2003) Rs.
		-	-	-	396900	248900	-	-	-	-	333900	1067580	-

		Suraksha						Citizen Alliance for Rural Development & Training Society (CARDTS)					
1	Name and Address	Suraksha No. 76, 2nd Stage Kamalanagar, Bangalore – 560 079						Citizen Alliance for Rural Development & Training Society D.No. 10-150, D'souza Villa, Behind Sheetal Apartment, Near Mahakali Temple, Ujjodi post, Kankanady, Mangalore - 575 002 Tel. : 0824-431215 Fax : 437731					
2	Name and Address of the Chief Functionary	Leela Sampige Suraksha No. 76, 2nd Stage Kamalanagar, Bangalore – 560 079						Bhagavandas M (President) Citizen Alliance for Rural Development & Training Society D. No. 10-150, D'souza Villa, Behind Sheetal Apartment, Near Mahakali Temple, Ujjodi post, Kankanady, Mangalore - 575 002 Tel. : 0824-431215 Fax : 437731					
3	Type of Project Undertaken	Targeted Intervention											
4	Target Group Covered	Migrants						Targeted Intervention					
5	Area of Operation (District Name)	Chandranagar, Part of Kasturba Government School Area						Migrants Mangalore					
6	Year of Initiation	1999											
7	Amount Sanctioned to the NGO (in Rupees)	1997-1998 Rs.	1998-1999 Rs.	1999-2000 Rs.	2000-2001 Rs.	2001-2002 Rs.	Current Year (2002-2003) Rs.	2000 1997-1998	1998-1999	1999-2000	2000-2001	2001-2002	Current Year (2002-2003)
		-	-	200000	300000	609764	566819	Rs.	Rs.	Rs.	Rs.	Rs.	Rs.
								-	-	604000	520800	612854	-

		Prajna Counseling Centre						Grama Swaraj Samithi (GSS)					
1	Name and Address	Prajna Counseling Centre Falnir Road Kankanady, Mangalore - 575002						Grama Swaraj Samithi (GSS) No. 139/7, Domulur Layout Bangalore - 560 071					
2	Name and Address of the Chief Functionary	Prof. Hilda Rayappa (Director) Prajna Counseling Centre Falnir Road, Kankanady, Mangalore-575 002 Tel: 0824-432682 E-mail : prajnacc@bir.vsnl.net.in						Sudha Guru (Project Co-ordinator) Grama Swaraj Samithi (GSS) No. 139/7, Domulur Layout, Bangalore - 560 071 Tel.: 5544245, 5351756, Fax : 5551086 E-mail : gss2000@satyam.net.in					
3	Type of Project Undertaken	Targeted Intervention						Targeted Intervention					
4	Target Group Covered	Migrants						Migrants					
5	Area of Operation (District Name)	Mangalore						Upanagar, Kodigenahalli Panchayat, Yeshwanthpur Hobli, Bangalore urban					
6	Year of Initiation	2001						1999					
7	Amount Sanctioned to the NGO (in Rupees)	1997-1998 Rs.	1998-1999 Rs.	1999-2000 Rs.	2000-2001 Rs.	2001-2002 Rs.	Current Year (2002-2003) Rs.	1997-1998 Rs.	1998-1999 Rs.	1999-2000 Rs.	2000-2001 Rs.	2001-2002 Rs.	Current Year (2002-2003) Rs.
		-	-	-	240300	416600	-	-	-	-	600000	380800	625615

		Bangalore Oniyawara Seva Coota (BOSCO)						Asha Kiran Charitable Trust					
1	Name and Address	Bangalore Oniyawara Seva Coota (BOSCO) No. 91, B Street 6th Cross Gandhi Nagar Bangalore 560 009						Asha Kiran Charitable Trust Mahaveer Hospital, No. 119 D, 14/A Bamboo Bazar, (Near Sunanda Agarbatti Factory) New Sayyaji Rao Road, Mysore- 570021					
2	Name and Address of the Chief Functionary	Fr. Varghese Koothungal (Executive Director) No. 91, B Street 6th Cross Gandhi Nagar Bangalore 560 009						Dr. S.N. Mothi (Chairman) Mahaveer Hospital, No. 119 D, 14/A Bamboo Bazar, New Sayyaji Rao Road, Mysore- 570021 Tel.: 0820-493985 Fax : 510688 E-mail: mayoral@vsnl.com, ashakirana@eth.net					
3	Type of Project Undertaken	Targeted Intervention						Care & Support (Community Care Centre)					
4	Target Group Covered	Street Children						People Living with HIV/AIDS					
5	Area of Operation (District Name)	Bangalore						Mysore					
6	Year of Initiation	1999						2001					
7	Amount Sanctioned to the NGO (in Rupees)	1997-1998 Rs.	1998-1999 Rs.	1999-2000 Rs.	2000-2001 Rs.	2001-2002 Rs.	Current Year (2002-2003) Rs.	1997-1998 Rs.	1998-1999 Rs.	1999-2000 Rs.	2000-2001 Rs.	2001-2002 Rs.	Current Year (2002-2003) Rs.
		-	-	359000	317000	723100	371565	-	-	-	779496	779496	-

1	Name and Address	Freedom Foundation No. 180 Hennur Cross Bangalore 560043						Snehasadan St. Camillus Rotary, Rehabilitation Centre, P. O. Kinnikambla, Gurupur, Mangalore - 574151					
2	Name and Address of the Chief Functionary	Ashok K Rau Executive Trustee Freedom Foundation No. 180 Hennur Cross Bangalore 560043						Fr. Joshy K. (Director) Snehasadan St. Camillus Rotary Rehabilitation Centre P.O. Kinnikambla, Gurupur, Mangalore - 574151					
3	Type of Project Undertaken	Care and Support (Community Care Centre)						Care and Support (Community Care Centre)					
4	Target Group Covered	People Living with HIV/AIDS						People Living with HIV/AIDS					
5	Area of Operation (District Name)	Bangalore						Mangalore					
6	Year of Initiation	2001						2001					
7	Amount Sanctioned to the NGO (in Rupees)	1997-1998 Rs.	1998-1999 Rs.	1999-2000 Rs.	2000-2001 Rs.	2001-2002 Rs.	Current Year (2002-2003) Rs.	1997-1998 Rs.	1998-1999 Rs.	1999-2000 Rs.	2000-2001 Rs.	2001-2002 Rs.	Current Year (2002-2003) Rs.
		-	-	-	683550	1215000	-	-	-	-	779496	1386996	-

		Snehadaan						Freedom Foundation					
1	Name and Address	Snehadaan St. Camillus Home of Charity Sarjapura Road, Ambedkar Nagar, Carmelaram Post Bangalore - 560 035						Freedom Foundation No. 180, Hennur Cross, Bangalore-560043					
2	Name and Address of the Chief Functionary	Fr. Baby Illickal (Procurator / Administrator) Snehadaan, St. Camillus Home of Charity Sarjapura Road, Ambedkar Nagar, Carmelaram Post Bangalore - 560 035						Ashok K. Rau Executive Trustee Freedom Foundation No. 180, Hennur Cross, Bangalore-560043					
3	Type of Project Undertaken	Care and Support (Community Care Centre)						Care and Support (Community Care Centre)					
4	Target Group Covered	People Living with HIV/AIDS						People Living with HIV/AIDS					
5	Area of Operation (District Name)	Bangalore						Bellary					
6	Year of Initiation	2001						2001					
7	Amount Sanctioned to the NGO (in Rupees)	1997-1998 Rs.	1998-1999 Rs.	1999-2000 Rs.	2000-2001 Rs.	2001-2002 Rs.	Current Year (2002-2003) Rs.	1997-1998 Rs.	1998-1999 Rs.	1999-2000 Rs.	2000-2001 Rs.	2001-2002 Rs.	Current Year (2002-2003) Rs.
		-	-	-	1508496	559209	602567	-	-	-	760000	1215000	1215000

		Freedom Foundation						Karnataka Network for People Living with HIV/AIDS					
1	Name and Address	Freedom Foundation No. 180, Hennur Cross, Bangalore-560043						Karnataka Network for People Living with HIV/AIDS No. 113, 1st Floor, 8th Main, 15th Cross, Wilson Garden Bangalore – 560 030					
2	Name and Address of the Chief Functionary	Ashok K. Rau Executive Trustee Freedom Foundation No. 180, Hennur Cross Bangalore-560043						Elango (Project Co-ordinator) Karnataka Network for People Living with HIV/AIDS No. 113, 1st Floor, 8th Main, 15th Cross, Wilson Garden Bangalore – 560 030 Tel.: 080-2120409 Fax: 2120410 E-mail : knpplus@vsnl.net.in					
3	Type of Project Undertaken	Care and Support (Community Care Centre)						People Living with HIV/AIDS Network & Drop-in Centre					
4	Target Group Covered	People Living with HIV/AIDS						People Living with HIV/AIDS					
5	Area of Operation (District Name)	Udupi						Bangalore					
6	Year of Initiation	2002						2000					
7	Amount Sanctioned to the NGO (in Rupees)	1997-1998 Rs.	1998-1999 Rs.	1999-2000 Rs.	2000-2001 Rs.	2001-2002 Rs.	Current Year (2002-2003) Rs.	1997-1998 Rs.	1998-1999 Rs.	1999-2000 Rs.	2000-2001 Rs.	2001-2002 Rs.	Current Year (2002-2003) Rs.
		-	-	-	-	-	1948740	-	-	300000	355000	460000	-

		Asha Foundation											
1	Name and Address	Asha Foundation No. 58, SBM Colony 3rd Main Anand Nagar Bangalore – 560 024											
2	Name and Address of the Chief Functionary	Dr. Glory Alexandar Chairperson Asha Foundation No. 58, SBM Colony, 3rd Main Building, Anand Nagar Bangalore 560 024											
3	Type of Project Undertaken	Tele-counseling											
4	Target Group Covered	General Public											
5	Area of Operation (District Name)	Bangalore											
6	Year of Initiation	1999											
7	Amount Sanctioned to the NGO (in Rupees)	1997-1998 Rs.	1998-1999 Rs.	1999-2000 Rs.	2000-2001 Rs.	2001-2002 Rs.	Current Year (2002-2003) Rs.						
		-	-	55000	386341	333000	-						