



## Starting HIV/AIDS mainstreaming in Andhra Pradesh, India

### The case of Centre for World Solidarity

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India has an estimated 5.1 million people living with HIV/AIDS (PLWHA). The burden of AIDS cases is beginning to be felt in the states that were affected first. HIV is a generalized epidemic in seven states, among which Andhra Pradesh (AP) is second-most affected. The state is in the southeast of the country with a population of 76.2 million and has one of the fastest growing HIV/AIDS prevalence rates in the sub-continent. Its antenatal care rate was 2% in 2004 and the National AIDS Control Organization (NACO) estimated that there were around 568,000 PLWHA in the state. Eighty-eight percent of the infections occur through sexual transmission.

HIV/AIDS thus is a growing concern for AP. The AP State AIDS Control Society (APSACS) is working across the state in controlling the epidemic and caring for the infected. Despite best efforts and scale up of operations, the epidemic continues to grow. There is a need to step up efforts and increase the sense of urgency in addressing the problem. Many development agencies are working flat out to combat HIV/AIDS in the state. One of them is Centre for World Solidarity (CWS). We are currently facilitating various development programmes to empower the vulnerable rural communities, particularly women, dalits ('untouchables'), tribal people and other minorities, through

300 grassroots NGOs in the states of AP, Bihar, Orissa, Jharkhand and Tamil Nadu. Our partners at the grassroots are provided with skills, perspective and financial resources to empower the rural communities to assert their socio-economic and political rights.

The organization is driven by the belief that HIV/AIDS – being a development problem and not just a health issue – should not be addressed only by (health) specialists or scientists but should be treated as a cross-cutting issue to be tackled through development programmes. There is an urgent need to start mainstreaming efforts so that the spread of HIV can be curtailed and the associated stigma and discrimination minimized.

### Internal and external mainstreaming

With this belief, CWS initiated mainstreaming processes with the support of our board and partners. The process started

with an internal mainstreaming effort, comprising orientations on HIV/AIDS for CWS staff, workshops, circulation of materials, development of a workplace policy, and documentation of case studies of PLWHAs from the general population to understand the dimensions related to development and human rights (see the story of Sriramulu on p. 7).

Simultaneously, the external mainstreaming process started through a partnership and collaboration with APSACS. We felt it was important to work with, and stimulate, the government to create an enabling environment for external mainstreaming. APSACS was also keen to collaborate since it believed that CWS would be able to reach out to the general population.

The process began at the end of 2004 when a comprehensive list of questions was sent to partners in AP with the aim of understanding the status of HIV/AIDS. It was clear from the responses that the HIV/AIDS situation was grave and needed to be addressed urgently. With funding through APSACS the following project was implemented:

As a first step, 196 staff (63% women) from 56 grassroots NGOs were trained as master trainers for 19 districts. They are now resource persons at the



Photo: Oxfam Novib

### Lessons learned

- It is necessary to sensitize the government and other stakeholders on the need to mainstream HIV/AIDS externally.
- Specific interventions are needed to create community care and support systems through development programmes, particularly at grassroots level.
- It is of great importance to create an infrastructure that concurrently develops health-care networks, education programmes, improvement of the livelihoods base for marginalized people, and community participation.

(sub)district level in government and NGOs programmes. These master trainers identified and trained 5828 (51% women) village level resource persons (VRPs) in some 3200 villages and informal settlements on HIV/AIDS awareness, prevention, care and treatment and provided them with training materials. These VRPs are leaders and members of community-based organizations (CBOs) and youth groups.

Lastly, around 1,760,000 people consisting of women (53%), adolescent girls (13%), men and youth (34%) were sensitized on HIV/AIDS through group discussions, cultural programmes, audio and video cassettes. Appropriate resource materials including numerous pictorials were also circulated to the communities.

The VRPs are now the focal persons in the villages whom the communities could approach for further information and inputs. The government has started setting up AASHA<sup>1</sup> information centres for referral services either with the local governments, CBOs or youth groups in the villages, considering the VRPs as an important resource.

After the training, awareness programmes and the AASHA campaign, many people started enquiring about the availability of care and support services such as counselling and testing centres, antiretroviral therapy clinics, hospitals that provide free

medication, institutional services for PLWHA and shelters for orphans. Many children who are either orphans or partial orphans were identified. Currently, we are establishing partnerships with care and treatment providers to extend support to people infected and affected by HIV/AIDS.

### New projects

Recently, CWS identified two grassroots NGOs, Society for Women's Awareness and Rural Development (SWARD) and Modern Architects for Rural India (MARI), in Telangana region of AP. As a pilot, both organizations will support mainstreaming processes in two villages each, in which the focus will be on livelihood support for PLWHA and affected families. Another project focuses on mainstreaming of HIV/AIDS through local organizations in post-Tsunami rehabilitation programmes in the states of Tamil Nadu and AP. These states were devastated by the Tsunami in December 2004. Victims of the Tsunami are vulnerable to diseases, poor nutrition and unhealthy living conditions. Further, the relief and rehabilitation work in Tsunami-hit areas has brought in different people from different cultures, which may aggravate HIV infection. Over one year after the flood, the Tsunami response has now moved from the immediate humanitarian relief response to the developmental phase, which creates new opportunities for mainstreaming of HIV/AIDS in existing and new development programmes.

Some lessons learned from our programmes are:

- Continuous and constant efforts are needed to reach out to different stakeholders. Each department or programme of government/non-governmental organizations and private sectors need to mainstream HIV/AIDS concerns and plan accordingly. Collaborations and linkages are necessary between government, civil society organizations, religious groups, political parties, etc.
- Apart from strengthening the public health system, specific interventions are needed to create community care and support systems through development programmes, particularly at grassroots level.

- Medical care and treatment is still inadequate for poor communities. Appropriate mechanisms are necessary to bring the private health sector to address HIV/AIDS with accountability.
- Poor marginalized groups, and particularly women and girls, are more vulnerable to HIV/AIDS due to increasing poverty and diminishing livelihoods. Focused interventions are required to address the issues related to migration and poverty.
- One of the keys to successfully combating the HIV/AIDS epidemic is the creation of an infrastructure that concurrently develops health-care networks, education programmes, improvement of the livelihoods base for marginalized people, and community participation.

Mainstreaming efforts are gaining momentum in India and CWS is lobbying the state governments for mainstreaming efforts to be initiated by both government and private sectors. The mainstreaming process initiated by CWS and our partners is being reviewed on a monthly basis to assess the impact of HIV/AIDS on the communities and to work out strategies to maximize the interventions towards effective external mainstreaming. However we realize we have taken only a first step and that there is still a long way to go... ■

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1. AASHA was the government-initiated month-long intensive campaign in AP to create 100% awareness in the entire state on HIV/AIDS, in July 2005. The campaign was undertaken in collaboration with NGOs, CBOs, media, private sector, local governments, etc.