

Access to Treatment
Rights of PLHA
Anti-Discriminatory Laws
Anti-Discriminatory Law
Rights Approach to HIV & AIDS
End Stigma and Discrimination
Stigma and Discrimination
Right to Comprehensive Care
Employment
PMTCT
Demand State Accountability
Positive Living
Upholding GIPA Principles

HIV and AIDS Operational Strategy 2006-2010

ActionAid International-India

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ACKNOWLEDGEMENTS

The HIV and AIDS Thematic Team thanks all those who contributed to the development of this Operational Strategy with their comments, suggestions, involvement and support, especially the HIV and AIDS partner projects of ActionAid International-India. Our thanks to Leonard Okello, Aditi Sharma, Anchita Ghatak, Damodaram Kuppuswamy and Dr. Vibha Marfatia for their comments and suggestions. We also acknowledge the contribution of Sowbhagya Somanadhan in compiling this document and Anuradha Samanth for text editing.

August 2006

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Poverty, Exclusion and Patriarchy - Central to the HIV & AIDS Epidemic

In India, three main factors perpetuate the HIV epidemic: poverty, exclusion and patriarchy. The three phenomena lead to direct violations of the rights of people living with HIV & AIDS (PLWHA) and those vulnerable to HIV. They are caused by wider social and systemic issues that can be changed, provided the State, civil society, bilateral and international organisations become committed, and make responsible decisions to fight the HIV epidemic.

HIV and Poverty: Mutually Reinforcing Forces

In India, HIV & AIDS emerges in the milieu of poverty, food insecurity, lack of livelihood options, inadequate infrastructure and deep set inequalities. The government, society and their systems have created unequal power relations and resource distribution that deny power, resources and opportunities to the poor to build their lives. Poverty creates a vulnerability to HIV which further deepens poverty. According to Peter Piot, the Executive Director of UNAIDS, "In the breadth and depth of its impact, AIDS has revealed the inner workings of poverty. AIDS creates poverty, AIDS deepens poverty and AIDS makes poverty harder to escape from." Left with virtually no choices, people turn to alternate employment options. A vast majority of people migrate in search of work. They are forced to live in unsafe conditions and take up jobs that increase risk to HIV.

Most poor people in such situations also lack access to health information and services. Driven by the IMF policies, India has made drastic cuts on the already

inadequate national health budget. According to the Human Development Report-2005, India spends 1.3% of its GDP on public health. The rapidly growing private health sector, however, receives an expenditure of 4.8% of its GDP. The result is that the primary health care system, the sole health facility affordable by much of the rural poor, is in shambles. Many Primary Health Centres (PHCs) are non-functional and have inadequate facilities, medicine and trained health professionals. Consequently, less than 20% of the Indian population uses the public health facilities (India Development Report 2004-05). Other reasons PLWHA and those vulnerable to HIV stay away from the PHCs are the extensive stigma and discrimination among health professionals, and consequent denial of treatment in health care settings.

Poverty decreases a person's nutritional status, augments the symptoms of the illness, and causes untimely death. Conversely, HIV leads poor people into further penury due to high costs of testing, treatment, and medications. The family bears the brunt of HIV which includes stigmatisation, discrimination, continual ill health, loss of family members, orphaned children, and increased number of widows and elderly grandparents caring for the young children. The Government reduces the care and treatment aspect to the provision of Anti Retrovirals (ARV). Little effort is made to create a model of comprehensive care, which includes psychosocial care, nutrition, medicines, livelihood options and employment opportunities.

The fight against the HIV epidemic is undermined by the recent patent protection of medicines. India's

pharmaceutical industry has produced generic drugs, which are cheaper and more easily accessible to PLWHA. This will, however, change with the amendment of the Patents Act passed in 2005. The prices of drugs will now increase at least 15-20 times, making the poor even poorer. Without necessary life prolonging Anti Retroviral Treatment (ART) and access to treatment for opportunistic infections, PLWHA have little chance of survival.

Exclusion: Pushing People to the Periphery

The lack of equity in systems creates exclusion, which permeates many communities in the context of HIV - PLWHA, sex workers, Men who have Sex with Men (MSM), sexuality minorities and AIDS orphans. These groups are neglected during policy making. They lack access to information and services, and become more vulnerable to HIV. Both society and the State marginalise and discriminate against these groups, and cause violations of their rights. Individuals from excluded communities are not considered as individuals with rights equal to the other members of society for health care, Public Distribution System (PDS), education and employment. They are, therefore, often pushed to the periphery of society.

Fewer policies and protection exist for women in sex work, who live invisible lives. The Immoral Trafficking Prevention Act (ITPA) is currently being debated by sex workers due to its inability to address their concerns. Sex workers are excluded from accessing information, education, care and treatment due to the moral judgment that surrounds sex work. They constantly face physical, emotional and sexual torture, and have little choice in their sexual activity. All these factors greatly increase susceptibility of women to HIV. The caste system, which creates hierarchies among people in India, also pushes women born in the lower castes into prostitution.

Sexuality minorities form another vulnerable group, often poor and marginalised. Traditional gender norms, which define femininity and masculinity, contribute to the discrimination faced by people of the third gender. The legal system does not accept the existence of a

third gender and, therefore, offers no protection to this group. The rights of sexuality minorities are continually violated, with no legal response. Laws such as IPC 377 criminalise the act of sex not meant for procreation, leading to unwanted arrests and harassment of sexuality minorities.

Children are particularly excluded in the context of HIV. The State policies and interventions largely ignore children living with HIV, AIDS orphans, and children vulnerable to HIV. The Indian Government lacks definite data regarding the number of AIDS orphans in India. Even though the estimates put the number at nearly 2 million, no policy exists on mandatory education and health care for these children.

These exclusionary practices can be countered by anti discrimination laws and laws that protect the rights of excluded groups. The State, however, has not been playing its role to counter exclusionary practices, which are therefore being maintained and reinforced.

Patriarchy: Making Women the New Face of the HIV Pandemic

Perhaps the hardest hit by the epidemic are women and children, particularly in resource poor communities. The HDR -2001 stated that poverty has a woman's face with 70% of the world's poor being women. A similar trend known as the "feminisation of the HIV epidemic" is being seen in the context of HIV. Nearly 40% of PLWHA in India are women. Recently, a tremendous increase in HIV infection rates amongst single partner married women has been witnessed with marriage as their sole vulnerability to HIV.

The patriarchal system constructs the gender difference between men and women, creating large inequalities. The concept of patriarchy is perpetuated by the institutions of family, religion and society in general. The patriarchal culture defines women's roles and responsibilities in life: child-bearing, household chores and caring for the family, with limited access to resources such as food, education, health care, property etc. It ensures that women's voices are least heard, even with respect to their own lives and bodies. Socially sanctioned practices such as polygamy, projection of male's masculinity and violence within families lead to

susceptibility of women to HIV. Ironically, most people do not even realise the role of patriarchy in their own lives.

Women therefore have to fight both the virus and the systemic and societal discrimination to tackle the threat of HIV & AIDS. Women lack information and access to HIV prevention and treatment. For eg: A single dose of Nevirapine to pregnant women greatly reduces the chances of transmission of the HIV virus to newborns, a method known as Prevention of Parent to Child Transmission (PPTCT). PPTCT can greatly increase the number of births of healthy, virus free children, who can better deal with the likelihood of becoming AIDS orphans. Despite PPTCT being an effective tool in HIV prevention, the program currently reaches only 4% of pregnant women in India.

Patriarchy permeates even the Government structures, where most policies are gender-insensitive. The National Domestic Violence Bill was passed recently, in an attempt to protect women in violent homes. However, the Bill has loopholes such as overlooking deserted women and wives of men in polygamous relationships. India still lacks a policy on rape within marital relationships. Despite having equal rights, the patriarchal society does not allow women the opportunities to hold decision making powers, in either private or public domains. This is evident by the number of women representatives in the Indian Parliament - of the 527 members, 46 are women (Lok Sabha, 2006).

Policy Gaps and Failing Governance

In India, following the first case of HIV identified in 1986 in Chennai, the virus has been reported in all states and union territories. HIV interventions however have been focused only on six high prevalence states. Analysis of the risks and vulnerabilities to HIV reveals that almost all states in India need equal attention due to rampant migration. Recognising this, the Government of India has now declared 168 districts in India as having high prevalence. Even though the majority of the vulnerable poor communities live in the rural areas, the major portion of the money for HIV interventions goes to the urban areas.

Anti-poor governance, lack of political will and prevention-focused National AIDS Control Programs add to the vulnerability of the poor and those living with HIV & AIDS. In response to the epidemic, India launched its National AIDS Control Organisation, which initiated its first National AIDS Control Program (NACP I) in 1992. The NACP I focused on prevention, targeted interventions with 'high-risk' groups and blood safety for which nearly half its funds were used. In 1999, the second phase of the NACP started with a limited focus on providing low cost AIDS care with minimal budgetary allocation. Despite the focus on provision of ART, Anti Retroviral Therapy is out of the reach of most PLWHA. Approximately 5% of PLWHA requiring the medicines are able to access it.

Many HIV interventions overlook the larger links of HIV to education, employment, nutrition, stigma and discrimination. Since adequate food is essential for PLWHA to remain healthy for longer periods of time, nutrition is possibly the most important facet for PLWHA, and yet is neglected. Further, legislation for PLWHA is still lacking in India. The HIV & AIDS Bill that has been drafted in 2005 is currently under consultation.

To tackle an epidemic of such huge proportions, it is necessary to have a multi-sectoral approach with participatory governance and leadership from PLWHA, civil society organisations, religious communities, the private sector, non-governmental organisations and the state machinery. However, what is required is political will and leadership. Leaders across platforms are still ignorant of the looming development issue of HIV & AIDS as the Indian prevalence rate is less than 1%, inspite of the alarming fact that it translates into 5.8 million People Living with HIV in India.

Core Constituencies

Poverty, exclusion and patriarchy affect certain groups to a greater extent, and hence make them more vulnerable to HIV. Recognising this fact, ActionAid International-India (AAI-I) aims to work in partnership with these most vulnerable groups and strengthen the rights based approach to HIV & AIDS. Women and children are considered to be the most vulnerable, and are given particular attention.

The framework to identify social groups to work in partnership with is:

- The extent of vulnerability to HIV infection in the context of poverty
- Patriarchy, gender discrimination and related denial of rights
- The degree and intensity of denial of human rights, dignity, justice and entitlements in health, education, food and livelihood, housing and human security arising out of exclusion and discrimination

Based on the above, our core constituencies are:

People Living with HIV & AIDS

People living with HIV & AIDS live with discrimination, deprivation and denial of rights. PLWHA are ostracised in every sphere: family, community and society. Given few livelihood opportunities, they lack adequate resources to sustain even a minimum quality of life. They are denied access to quality care and treatment that are essential to prolong their lives. The expanse between PLWHA and comprehensive care has been further increased by international organisations and trade agreements. The discrimination of people living with HIV & AIDS occurs despite the presence of the UN declaration on commitment to HIV & AIDS and international guidelines on HIV & AIDS and human rights.

Within the group of PLWHA, positive women and children are especially vulnerable. Women living with HIV & AIDS are blamed for infecting their husbands even as recent studies show an upsurge of single-partner married women being infected with HIV. The burden of care of the family is borne by the woman. With deaths of both parents, the HIV epidemic creates an increased number of orphaned children, and consequently an increased number of children without education.

Women and Girls

The number of women being infected has increased steeply in the recent times: a phenomenon termed 'the feminisation of the HIV & AIDS epidemic'. Women and girls are doubly disadvantaged in the face of HIV & AIDS. Patriarchy, powerlessness and violence augment a woman's vulnerability to HIV infection.

Cultural norms and societal inequities render women powerless, even with respect to their own bodies. Traditions such as the Devadasi system offer pre-puberty girls to a Goddess, causing them to lead a life of a sex worker. Despite the practice being deemed illegal, the tradition flourishes in Southern India.

In addition, women are biologically more prone to becoming infected with HIV. Young girls are especially prone to the infection due to their physically immature bodies, lack of negotiating power and susceptibility to abuse. Worldwide, young women account for 62% of HIV infected youth between 15 and 24 years of age.

Sexuality Minorities

Despite there being an estimated one million eunuchs in India, the third gender is ignored by Indian society.

The society mocks transgenders, transsexuals, MSM and eunuchs for their alternate sexuality, driving many to live in the periphery. Sex workers from this group have little bargaining power to ensure that their clients practice safe sex. Eunuchs are among the highest risk groups for HIV infection.

Indian society, law makers and the Government views same sex relationships as being against the order of nature. This loophole has heightened the plight of the sexuality minorities and deprived them of their rights. Taboo around the HIV infection within these groups prevents them from seeking health intervention or information.

Women in Sex Work

Reports indicate that of the 74 million South Asian women reported missing, 20 million are said to be working in Indian brothels (Asian Human Rights Commission, 2000). In India, the estimated number of women in sex work ranges from 5 million to 16 million. The women in sex work face a great degree of vulnerability and discrimination owing to their profession. They are unlikely to receive health care or have access to health information. They are unable to negotiate condom use and are subject to dangerous sexual practices with multiple partners. Society and law criminalises the act of sex work without giving attention to the root causes of sex work.

Trafficked Women

Trafficking is a transnational, national and local phenomenon. The majority of trafficked individuals are migrant workers and women from resource poor settings who lack adequate livelihood options and are forced into sex work and sexual exploitation.

Young girls are most prone to trafficking and it is estimated that the average age of 25% of the women trafficked into India is less than 18 years old. It is estimated that girls trafficked into sex trade are likely to be infected with HIV within 6 months of sex work. In brothels the women and girls suffer severe sexual, physical and emotional violence and exploitation.

Migrants

In India, there is large scale migration of people from rural areas to urban cities in search of work, increasing the number of urban poor. Migrants often work and live in unstable conditions with limited access to health care and information on HIV infection. HIV positive migrant workers, who return to their home towns, carry and transmit the infection to their wives and partners, spreading the epidemic from cities to villages. Positive people from villages are sometimes forced to leave their homes due to discrimination by families and communities. Though migration could result in HIV & AIDS infections, in such cases HIV & AIDS infections result in migration.

Youth and AIDS Orphans

Nearly twelve million youth live with HIV & AIDS worldwide. Every minute a child aged less than 15 years dies of AIDS related illnesses (The State of the World's Children - 2006). Every minute a child becomes HIV positive.

Powerless, illiteracy, poverty, lack of information on reproductive and sexual health and rights make the youth especially vulnerable. Experimentation and peer pressure are other major factors in increasing their vulnerability to HIV. As individuals, they are prone to physical and sexual exploitation. As a group, they are overlooked while developing national and state level strategies to tackle the epidemic.

Street children and child laborers live in a vicious cycle of poverty, exploitation and sexual abuse; all factors that lead to their high susceptibility to HIV. These children have little or no family support and limited access to services and information, particularly health care. Children on the streets often resort to drug use for recreational purposes or to leave their struggles behind even if for a little while. Life on the street for a girl child is twice as oppressive and exploitative. Girls are forced into sex work as a means of survival or become sexually active early in life, making them highly vulnerable to HIV.

Essential information, services and HIV & AIDS interventions exclude and ignore AIDS orphans and

children of PLWHA. Additionally, AIDS orphans are left in orphanages with families unwilling to adopt them. Worldwide, nearly 15 million children have lost one or both parents to HIV.

Drug and Alcohol Users

Intravenous drug use involves the sharing of infected syringes and other equipment, and is a major mode of transmission of HIV. When sexual partners of injecting drug users (IDU) and children born to IDU get infected, the epidemic also spreads beyond the circle of intravenous drug users. Nearly three percent of India's HIV infections are caused by intravenous drug use. The difficulty of preventing drug addiction makes HIV prevention interventions with this group more difficult. Alcohol use heightens the possibility of engaging in high risk behavior. Drug use and alcohol use are linked to poverty, unemployment and lack of awareness on health issues.

People Affected by Disasters

Disasters such as earthquakes, cyclones, and tsunami increase vulnerability of the people to HIV due to their displacement. People, particularly women and children, who lose everything, further face atrocities, and due to lack of food security and employment, often resort to selling sex. Women's safety and health are overlooked. HIV interventions are rare in the post disaster situations, which additionally heighten vulnerability to HIV.

Persons with Disabilities

It is estimated that 5% - 10% of Indians have some impairment or disability. Risk factors of persons with disabilities to HIV are many, though largely overlooked, with virtually no data available. Persons with disabilities face social inequity, poverty and denial of human rights, which augment their vulnerability to HIV. Persons with disabilities often lack education and information and resources on sexual and reproductive health. A person with disability, who is positive, is likely to be doubly stigmatised and may have even less chances of access to treatment.

Social Groups

Social groups, whether based on religion, caste or class, have faced continual oppression and discrimination for years and still continue to do so. The majority of these groups are confined to certain living conditions, professions and cultural norms. Hence, their access to information on prevention of HIV and health care is limited. Members of social groups that become HIV positive are doubly discriminated, diminishing their chances of prolonged life with the infection. Some examples of the excluded social groups are dalits, tribals, minorities and urban poor.

The Rights Based Approach to HIV & AIDS

ActionAid International-India has responded to the HIV & AIDS epidemic since 1998. The organisation has adopted a rights based approach in its response to the HIV & AIDS epidemic. The right to a life of dignity in the face of HIV & AIDS is one of its strategic priorities.

Our AIM: A life of dignity for people living with HIV & AIDS and all vulnerable communities with access to comprehensive care and protection

Objectives:

- Right of the PLWHA to access comprehensive care which includes care, nutrition, counseling, employment, medical treatment, education and opportunities for recreation, marriage, procreation and a family life
- Opportunities and access to information and facilities for protection from the epidemic for poor and excluded communities, who are vulnerable to HIV & AIDS
- A central role for people living with HIV & AIDS in planning, implementing and monitoring HIV & AIDS related programs and having control over their own lives through the promotion of the concept of Greater Involvement of People Living with HIV and AIDS (GIPA)
- A key role to women living with HIV, and vulnerable to HIV in establishing linkages between patriarchy, gender inequities and HIV to build an effective response to HIV & AIDS
- A movement of PLWHA and communities vulnerable to HIV that will demand and assert rights to life, health and dignity
- A National and Asia regional alliance of PLWHA and vulnerable communities to demand and advocate for responsible actions by the local and national Governments and International institutions to mitigate the impact of HIV and prevent the growth of the epidemic
- Accountability and response of the States and their institutions to respect, protect and promote the human rights of people living with and affected by HIV & AIDS

Strategic Approach

ActionAid International - India follows a rights based approach to HIV and AIDS. AAI-I sees HIV & AIDS as a rights issue, closely linked with poverty and gender inequities. Our approach is to uphold three interlinking rights, with special focus on women and children:

1. Right to Dignity:

The right to a life of dignity is of utmost importance in AAI-I's HIV related work. The right to dignity ensures that PLWHA, particularly women and children and vulnerable communities such as sex workers, MSM and transgender communities do not face stigma and discrimination. The right to dignity encompasses the right to survival, security and existence without fear. Within this the following rights of excluded groups will be protected:

Rights of PLHA

- To collectivise and fight stigma and discrimination at all levels
- For positive living and positive prevention
- For a legislation against discrimination
- To build alliances and create larger platforms to advocate for rights of PLHA

Women's Rights:

- A world free of violence, stigma and discrimination
- Equity in care and treatment for women living with HIV & AIDS
- Right to sexual health and prevention of mother to child transmission
- Reduction in burden of care
- To property and children

Rights of Vulnerable Communities

- For acceptance and equal opportunities
- For an enabling environment through law reforms
- To fight against criminalisation of sex workers, MSMs and transgenders

2. Right to Self Determination:

Building institutions of people living with HIV & AIDS forms the core of AAI-I's work to enable active participation to access rights and resources. AAI-I will uphold the GIPA principles of full involvement of people living with HIV & AIDS for protection and promotion of their rights. Sub themes and broad areas will include:

Right to Participation

- Leadership development among vulnerable communities and PLWHA
- Meaningful involvement of PLWHA in decision making
- Public Advocacy and Campaign by PLWHA and vulnerable groups

Right to Just and Democratic Governance

- Accountability of NGOs through promotion of the Code of Good Practice for NGOs responding to HIV & AIDS
- Budget tracking and analysis
- Enforcement of Government laws and policies in favour of PLWHA and marginalised communities

3. Right to Comprehensive Care:

AAI-I believes that care is the crux. The right to comprehensive care encompasses the rights to treatment, food security, livelihood, employment and education. This recognises the right of poor and marginalised people to receive HIV & AIDS related care that goes beyond basic treatment to include their social, psychological, nutritional and economic needs. Such care must counteract forces of stigma and discrimination to particularly ensure that women, children and marginalised groups are given access to care. AAI-I believes that prevention is an integral part of care. Sub themes and areas within the Right to Comprehensive Care include:

Right to Health

- Access to treatment, especially affordable medicine linked with nutrition for PLWHA

- Community care and home based care as an alternative for institutionalisation of PLWHA
- Integrating HIV into primary health care, ensuring easy availability of good quality and unbiased treatment and care

Right to Food and Livelihood

- Safe and sustainable livelihood options for vulnerable communities, to ensure adequate food security
- PDS and Widow Pension and other social security for PLWHA and families
- Priority under the National Rural Employment Guarantee scheme

Right to Education

- Quality education for children infected or affected by HIV & AIDS
- Right to information for children on sexual and reproductive rights

Right to Housing

- Shelters and care homes for PLWHA, sex workers and other vulnerable groups
- Property rights

Right to Human Security in Conflicts and Emergencies

- Health rights of vulnerable people in conflict and emergency situations
- Food security, adequate sanitation and treatment opportunities to people, especially PLWHA in conflict and emergency settings including condoms, counseling, testing facilities and PPTCT

Realizing Rights: Strategies and Actions

The thematic goals, strategic objectives and actions in responding to HIV & AIDS in India are guided by the organisational goals, embedded in the ActionAid International global strategy paper, "*Rights to End Poverty*", the India country strategy paper, "*Rights First*" and the *International HIV & AIDS Strategic Plan*. The Operational Strategy aims to create a framework to guide AAI-I's HIV & AIDS work for the next five years.

STRATEGIC OBJECTIVE 1:

Advocate for and support meaningful involvement of PLWHA and affected communities in shaping and taking action on the HIV & AIDS response

ACTIONS:

- Build capacities and skills in public speaking, leadership, self advocacy and facilitate participation of PLWHA in national and international conferences to voice their demands
- Provide information and training for PLWHA on rights, advocacy, community mobilisation to empower groups to demand their rights
- Empower PLWHA to demand all regimens of ART and testing facilities that are affordable and of quality
- Support vulnerable children and AIDS orphans, and ensure their rights to health and education
- Include families of PLWHA and vulnerable groups to provide comprehensive care, with emphasis on Home Based Care
- Promote supplementary nutrition for PLWHA and support them in demanding their right to livelihood

OUTCOMES:

- Families and communities will show an increase in acceptance and support for PLWHA and other vulnerable groups
- PLWHA will actively participate in demanding their rights such as easy availability of all regimes of ART and testing facilities
- The State will be more responsive to rights to education, housing and security of AIDS orphans and children from vulnerable communities
- PLWHA will have access to comprehensive care including employment and livelihood options

STRATEGIC OBJECTIVE 2:

Support women and girls to claim their rights, reduce vulnerability and mitigate impact of HIV & AIDS

ACTIONS:

- Promote equal responsibility of men on women's health and social status
- Strengthen leadership skills of women in vulnerable circumstances
- Strengthen capacity of women to access livelihood options to ensure food security
- Support programs which reduce the burden of caregiving on women and girls
- Ensure access to treatment and counseling for women and girls living with HIV & AIDS
- Promote education of young vulnerable girls
- Campaign for reduction in violence against women and girls in the private and public domains

- Support the women's rights campaign, particularly in respect to property rights and food security
- Advocate and support ethical trials on microbicides and female condoms
- Collaborate with child rights activists to address issues of children living with HIV and AIDS orphans, particularly their rights to education and health
- Strengthen school based programs, ensuring integration of HIV related issues into school curricula and training for teachers
- Sensitise the law and order machinery and NGOs working in areas of conflict and emergencies on needs of PLWHA and issues of HIV

OUTCOMES:

- Women and girls will have access to treatment, livelihood options and education
- Vulnerability to HIV infection among women and young girls will decrease
- Women and girls will live with HIV & AIDS, with a positive attitude towards life
- Men will share responsibility to ensure women's health and safety
- Women will demand their rights for treatment, care, protection and sexual health
- Advocate with international and national emergency response teams to incorporate HIV related interventions in disaster situations
- Research and documentation to enhance knowledge of the organisation and community on issues related to HIV & AIDS
- Promote positive prevention and care and support for PLWHA as an effective methodology for prevention

OUTCOMES:

- Practice of safe sex and PPTCT will increase and consequently HIV infections will noticeably decrease
- State, judiciary, media and civil society responses will be less discriminating and stigmatising
- HIV interventions will be incorporated into emergency relief and rehabilitation
- HIV related information will be generated through research and documentation within AAI-I

STRATEGIC OBJECTIVE 3:

Support sustained comprehensive HIV prevention work to reduce vulnerability, especially of women, children and vulnerable communities

ACTIONS:

- Raise consciousness and change societal attitudes to issues of gender equality, safe sexual practices, patriarchy
- Generate Behavior Change Communication (BCC) and ensure access to information on sexual and reproductive health, alcohol and drug use and violence in the context of HIV to all our core constituencies and promote safe sex practices
- Ensure access to PPTCT information and services among pregnant women and general community
- Utilise Stepping Stones and STAR training programs in creating behavior change within communities, women's groups and children
- Sensitise media, Government officials, police personnel and judiciary on issues related to state accountability towards PLWHA and issues of HIV & AIDS

STRATEGIC OBJECTIVE 4:

Facilitate strong, flexible and dynamic partnerships that aim to deliver an effective response against HIV & AIDS based on the rights of PLWHA and affected communities, especially women and girls

ACTIONS:

- Strengthen existing partnerships and fellowships of PLWHA
- Mobilise and support meaningful participation of PLWHA in planning, implementation and monitoring of programs that benefit them
- Support the campaign on Universal Access to Prevention, Care and Treatment by 2010 in collaboration with national and international movements and partnerships

- Mobilise PLWHA and vulnerable communities and build alliances to collectively respond to the epidemic
- Network with local health associations, doctors, lawyers etc to provide accurate and appropriate information, treatment and care
- Build alliances, and campaign to ensure appropriate implementation of the National AIDS Control Program III
- Build capacity of staff and partners through training, experience sharing and documentation of nationwide HIV & AIDS responses
- Collaborate with faith based organisations to improve the reach of HIV related information and generate effective response to issues of PLWHA
- Support to disability and mental health institutions and experts to link mental health, disabilities and HIV & AIDS
- Sensitise media, police personnel, parliamentarians on issues related to HIV & AIDS
- Advocate for decriminalisation, destigmatisation and inclusion of sex workers, injecting drug users and sexuality minorities
- Campaign against TRIPS Agreement and Patents Act to influence Governments to maintain low costs for medicines, especially for PLWHA
- Advocate for inclusion of HIV into rural health missions and interstate migration policies
- Advocate for national and international rules and laws that enhance the right to universal access to free, sustainable, comprehensive care and treatment
- Advocate for ethical and useful drug trials, vaccine trials and medical practices in India
- Promote blood safety and proper screening of donated blood
- Support and advocate the ratification and immediate implementation of the National HIV & AIDS Bill
- Advocate against Human Right violations
- Actively work towards making states accountable to national and international commitments through advocacy and campaigns

OUTCOMES:

- Alliances of groups and movements collectively responding to the HIV & AIDS epidemic and related issues will increase
- Participation of PLWHA in planning and evaluating interventions will increase
- Partners of AAI-I will integrate HIV & AIDS into their fields of work
- Track budgets of funding for HIV & AIDS programs and campaign for increased health expenditure and gender specific budgets
- Advocate for amendment of ITPA Act and IPC 377 in favor of women in sex work and sexuality minorities
- Fight cases of workplace discrimination against PLWHA and influence development of PLWHA friendly workplace policies

STRATEGIC OBJECTIVE 5:

Facilitate people centred advocacy and campaigns that focus on supporting PLWHA and affected communities to claim their rights to life and dignity in the face of HIV & AIDS

ACTIONS:

- Campaign to ensure that budgets and resources meant for PLWHA and vulnerable communities reach them
- Campaign to strengthen Primary Health Centers, with incorporation of HIV treatment

OUTCOMES:

- PLWHA will increasingly access and utilise resources and interventions meant for them
- PLWHA friendly laws, policies and institutions will be formed
- Violation of rights of PLWHA by the state will reduce
- Blood safety will increase ensuring safe blood supply and reduction of chances of transmission of HIV through infected blood

Thematic Structure and Roles

The HIV & AIDS Thematic Team consists of the National Theme Leader for HIV & AIDS and thematic team members across states (currently 10 in number) in India. The Thematic Team secretariat is located in Bangalore.

Scope of the HIV & AIDS Thematic Team:

- The primary responsibility of the Thematic Team member is to the region. The Thematic team members must bring in priorities of the region to the Thematic Team and provide feedback from Thematic inputs to the regional work
- The secondary responsibility is to cross-regional and national work with a dedicated time allotted for this
- Link with global campaigns of ActionAid International when the need arises

The key roles of the Thematic Team members are:

1. To strategise thematic inputs for enhancing rights based programmes
2. To conceptualise public advocacy inputs to influence PLWHA friendly policies
3. To build alliance with sectoral and cross-sectoral movements for increased public consciousness and collective actions
4. To create external linkages for solidarity with global campaigns of AAI

The National HIV & AIDS Thematic Team will ensure the values and principles enshrined in "**Rights First**" and in this document are implemented. It will play a facilitative role, and partner with PLWHA and all vulnerable communities to ensure Right to Dignity for all its constituencies. It commits to integrate the HIV issue across the themes of women's rights, food rights and education, and work with all social groups. It will document experiences, take the learnings across the globe, and seek international support and solidarity to advocate for the cause of people living with and vulnerable to HIV and AIDS.

The implementation of the Rights Based Approach to HIV & AIDS requires clarity on concepts and processes. It has to be context specific and can be addressed only through multiple pronged strategies of provision of services, capacity building of PLWHA and advocacy for accountability and good governance at various levels - local to international. The Rights Based Approach to HIV & AIDS is a continuous struggle for justice and the Thematic Team is committed to be part of this Fight for Justice.

VISION

A world without poverty and injustice: one in which every woman, man, girl and boy enjoys the right to life and dignity.

MISSION

To work with poor and excluded women, men and girls and boys to eradicate poverty, discrimination and injustice

VALUES

- *Solidarity with the poor, the powerless and the excluded* guides us in our struggle against poverty and injustice
- *Courage and conviction*, requires us to be creative and progressive, bold and innovative – without fear of failure – in order to make the greatest possible impact on the causes of poverty, exclusion and injustice
- *Equality and justice* requires us to work to ensure equal opportunity to every person, irrespective of caste, class, race, age, gender, sexual orientation, color, ethnicity, disability, location and religion
- *Humility* and modesty in our conduct and behavior helps us recognise that we are part of a wider alliance against poverty and exclusion
- *Mutual respect* requires us to recognise the innate worth of every individual and community and the value of diversity
- *Honesty and transparency* demands that we are accountable at all levels in order to be more effective in our actions and open in our judgments of and interaction with others
- *Independence and neutrality* from any religious or party-political affiliation keeps us unbiased

GUIDING PRINCIPLES OF THE HIV& AIDS WORK

1. To protect human rights of all people living with HIV & AIDS, affected by the epidemic and vulnerable to the epidemic
2. To side with most excluded and stigmatised groups
3. To enable greater involvement of people living with HIV & AIDS
4. To develop a PLWHA friendly political and legal framework
5. To integrate the HIV issue with all development issues
6. To build alliances for greater impact and mainstreaming
7. To fight poverty, exclusion and patriarchy that are central to the epidemic

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Indian Parliament: <http://loksabha.nic.in/>

InfoChange Disabilities: <http://www.infochangeindia.org/DisabilitiesIbp.jsp#01>

International Women's Health Coalition: <http://www.iwhc.org/who/>

Lawyers Collective: <http://www.lawyerscollective.org/>

National AIDS Control Organisation (NACO): <http://www.naiconline.org/>

UNDP: <http://hdr.undp.org/statistics/data/>

UNICEF: <http://www.unicef.org/aids>

ACRONYMS

AAI-I:	ActionAid International - India
AIDS:	Acquired Immune Deficiency Syndrome
ARV:	Anti Retroviral
CSP:	Country Strategy Paper
GDP:	Gross Domestic Product
GIPA:	Greater Involvement of People Living with HIV & AIDS
HIV:	Human Immune deficiency Virus
HDR:	Human Development Report
IDU:	Injecting Drug User
IMF:	International Monetary Fund
ITPA:	Immoral Trafficking Prevention Act
IPC:	Indian Penal Code
MSM:	Men who have Sex with Men
NACO:	National AIDS Control Organization
NACP:	National AIDS Control Program
NGO:	Non-Governmental Organization
OVC:	Orphans and Children made Vulnerable by HIV & AIDS
PDS:	Public Distribution System
PHC:	Primary Health Center
PLWHA:	People Living with HIV & AIDS
PPTCT:	Prevention of Parent to Child Transmission
PWD:	Persons with Disabilities
RBA:	Rights Based Approach
SS:	Stepping Stones
STAR:	Stepping Stones And Reflect
TRIPS:	Trade Related Intellectual Property Rights
UN:	United Nations
UNAIDS:	Joint United Nations Program on HIV & AIDS
VCTC:	Voluntary Counseling and Testing Center
WTO:	World Trade Organization

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