

Chapter - 11

TAMIL NADU STATE AIDS CONTROL SOCIETY

11.1. Tamil Nadu State AIDS Control Society (TNSACS) – an overview:

11.1.1. Tamil Nadu has the unique distinction of bringing a consistent decline in the HIV prevalence in the State. This has been made possible due to concerted efforts of all the stake holders in the State. A strong political will and administrative commitment has resulted in the better implementation of the programmes in field. The civil society, non Governmental organizations and several partners have strengthened the hands of the Government to ensure that the epidemic is controlled effectively. The integrated model of HIV care continuum spearheaded by TANSACS has resulted in convergence of services at all levels. There has been a huge scale up in Prevention programmes, HIV counseling and testing, ART enrollment and other care and support services in the year 2006-07. Even though the State has been achieving greater heights in spreading awareness and increasing access to services, there is no place for complacency as the battle against HIV has not been won as yet.

11.1.2. Several challenges remain before us. Improving the quality of programmes is the priority. In National AIDS Control Programmes (NACP)-III Tamil Nadu will move towards saturation of high risk groups with comprehensive coverage strategies and empower community based organizations to own the targeted intervention programmes. Emphasis will also be on mainstreaming of prevention strategies in the regular Government departments. Involvement of private sector in several areas like HIV testing and counseling, Prevention of Parent to Child Transmission (PPTCT), Sexually Transmitted Diseases (STD) etc. would be taken up in a big way. The State has achieved several milestones in PPTCT programme but we need to ensure that innovative strategies are adopted to reach out to every HIV positive pregnant woman to prevent new infections to children.

11.1.3. Issues of People living with HIV/AIDS (PLHAs), especially widows, destitute women and children have to be handled with sensitivity. PLHAs are being involved in the policy making and in programme implementation in Tamil Nadu. Social security for infected and affected children and widows would be taken up as a priority area. Recently opened legal aid clinics in Namakkal and Dindigul Districts are a step in the direction of providing easy access to legal services where ever there is a denial of rights. Training and sensitization of services providers, police personnel, school teachers has helped to reduce stigma and discrimination but we need to continue our efforts more intensely.

11.1.4. In order to give a helping hand to the children orphaned by AIDS, living in misery without any support, this Government has decided to form a Government sponsored Trust for their welfare. This Trust will help children who have lost either their mother or father or both due to AIDS. The Government will provide monthly assistance through this Trust to those NGOs or relatives who take care of these children in the form of allowances for their maintenance, education and health care. A sum of Rupees five crores has been provided for this Trust in this Budget.

11.2. The state of the HIV-Epidemic in Tamil Nadu:

11.2.1. HIV infection was first detected in Tamil Nadu in 1986. Fifteen years later, its prevalence in the State peaked; the prevalence rate among ante-natal mothers (a reliable indicator of overall prevalence) rose to 1.13%. This placed Tamil Nadu among India's high prevalence States. On the positive side, it also resulted in Tamil Nadu becoming the first State to respond to the HIV/AIDS epidemic in a sustained and concerted manner.

11.2.2. TANSACS, the State's lead agency in fighting the epidemic, works with a number of partners - Non Governmental Organizations (NGOs), Community Based Organizations (CBOs),

National and International Agencies - in planning and implementing various initiatives through a multi-pronged approach. The strategy is based on the recognition that HIV/AIDS is as much a social as a medical problem. It affects people's livelihood, self-respect and social status; it breaks up families and isolates the affected from the community; it fosters secrecy arising from feelings of shame and guilt. All these, in turn, make it more difficult to identify and treat cases and prevent further spread of the infection. These problems are recognized worldwide.

11.2.3. The TANSACS approach has been to increase the quality of services, to promote better understanding of HIV/AIDS, resulting in attitude and behavior changes. Such empowerment also results in many vulnerable groups spreading their knowledge in their communities and initiating overall social change. In selecting the target groups, the agency has seized upon readily available opportunities such as the use of existing structures. An example of such a successful programme is the completion of Phase 1 of the training in sexual health and AIDS awareness of poor rural women, using the framework of the women's self-help groups which have a major presence and strength in rural Tamil Nadu. Such grass roots level initiatives also involve local Government institutions such as panchayats. Other initiatives are addressed to high risk groups like PLHAs and vulnerable groups such as youth.

11.2.4. Since 2006, TANSACS has also focused on establishing Continuum of Care as a sustained and strengthened system, so as to provide quality services to infected and affected people, through the integration of all counseling, testing and care services. Facilitating access to care and ensuring confidentiality are seen as essential to encouraging health-seeking behaviour.

11.2.5. The programmes of TANSACS can be classified as:

1. Programmes to prevent infection
2. Treatment services
3. Care and support
4. Surveillance, monitoring and training activities

11.3. Targeting high risk groups:

These interventions are aimed at reducing high-risk behaviour among specific population groups whose chances of getting and transmitting the HIV infection are high. Such groups are categorized as Core Groups - Female Sex Workers (FSW), Men who have Sex with Men (MSM) and Injecting Drug Users (IDU) - and Non Core Groups which includes truckers, migrants and prison inmates.

11.4. Strategy and implementation:

The programmes are implemented through non governmental organizations (NGOs), with TANSACS providing both technical and financial support to selected NGOs for implementation of:

- ◆ Behaviour change communication (BCC);
- ◆ Referral services to sexually transmitted diseases (STD) clinic and Integrated Testing and Counseling Center (ICTC);
- ◆ Condom promotion through social marketing;
- ◆ Advocacy and peer education for sustainability.

11.5. Condom Promotion:

Condoms are the most effective means of prevention of HIV infection among both high risk and general populations. TANSACS has a plan to provide wide coverage to all groups adopting the best way to reach out to each group. The different strategies include:

- ◆ Distribution of free condoms to people through health care institutions, STD clinics, outreach camps and NGOs;

- ◆ Social marketing of subsidized condoms through involvement of condom manufacturers, social marketing organizations and NGOs;
- ◆ BCC to popularise condom usage and raise awareness about the concept of safe sex;
- ◆ Empowering women through promotion of female condoms with the collaboration of the Hindustan Latex Family Planning Promotion Trust (HLFPPT), and their distribution to Commercial Sex Workers (CSWs) through peer educators; women's self help groups (SHGs) are also being involved in this promotional activity so that women can take control of their lives and meet the need for female controlled prevention methods to avoid unwanted pregnancies and infections.
- ◆ Action has been initiated to install 25 condom vending machines each in the five Municipal Corporations of Coimbatore, Madurai, Salem, Thiruchirappalli and Thirunelveli, through Hindustan Latex Limited.

11.6. Empowering rural women to fight HIV/AIDS:

Women in India are more vulnerable to HIV infection because of their limited role in decision making and limited opportunity to discuss issues related to sex and sexuality. UNAIDS estimates 50% of new infections occur among women. In this context, informing women about sexual health and empowering them to make decisions and negotiate with their partners on condom use becomes essential. The first phase of a project on sexual health and AIDS awareness has been implemented in seven districts of Tamil Nadu - Cuddalore, Dharmapuri, Madurai, Namakkal, Nilgiris, Ramnathapuram and Vellore - which has covered 8,23,744 women in 51,484 SHGs.

11.7. Objectives of the programme:

- ◆ To decrease women's vulnerability in matters linked to HIV/AIDS;
- ◆ To empower women to take informed decisions about their sexual and reproductive health rights;
- ◆ To improve their knowledge of sexually transmitted infections (STI) and HIV/AIDS;
- ◆ To make them aware of the services provided with regard to testing and treatment;
- ◆ To change the attitude of women towards PLHA.

11.8. Implementation strategy:

Specially designed modules (flip charts) on sexual health and empowerment of women have been prepared, with episodic stories in the popular TV serial mode. Training has been carried out in four successive stages: master trainers at State level; Panchayat Level Federation (PLF) trainers at district level; SHG animators at block level; and SHG members at village level. Strict monitoring has ensured that training quality is monitored closely. The estimated expenditure per woman trained is less than Rs.50/-.

11.9. Police Advocacy Programme in Tamil Nadu:

11.9.1. Sensitisation of key stakeholders is an important component of HIV/AIDS prevention strategy. The police department plays an important role in dealing with issues concerning high-risk groups. Programme managers face severe challenges in the field in terms of police attitudes to Sex Workers (SW), Men having Sex with Men (MSM), Injecting Drug Users (IDUs) and transgenders (aravanis). TANSACS, therefore, has planned to sensitize the entire police force in Tamil Nadu on HIV/ AIDS issues.

11.9.2. For this specific purpose, a one-day module has been developed by TANSACS. The module will be used by State and district level master trainers to sensitise the police force on HIV/AIDS and related subjects. State level master trainers will train senior police officials up to the level of Deputy Superintendent of Police and Assistant Commissioner of Police; district level master trainers will

train police in the category of Inspectors and Sub Inspectors. These trained officials will, in turn, train the remaining police personnel.

11.9.3. This programme is implemented by TANSACS with financial and technical support from UNDP and the Constella Futures Group.

11.10. Helping youth towards freedom from HIV/AIDS:

TANSACS approach to sensitizing youth takes the form of three separate initiatives aimed at three different groups - the School AIDS Education Programme (SAEP) for school children, the Red Ribbon Clubs for college students and a special programme in collaboration with the State Resource Centre (SRC) for youth outside the education system.

11.11. School AIDS Education Programme (SAEP):

SAEP is implemented in Tamil Nadu through the Directorate of Teacher Education Research and Training (DTER) to provide information on HIV/AIDS transmission and prevention in the context of growing up, and to impart related life skills to students in all senior secondary schools in the State. When the program was first implemented in 1997, it covered 357 schools, with a budget of Rs 8.32 lakhs. During the academic year 2006-07, the programme was implemented in 9423 schools, with a budget of Rs 5 crores. IX and XI standard students in Government, Government aided, private, corporation, matriculation and Anglo-Indian schools in the State formed the target group.

11.12. The Red Ribbon Club:

11.12.1. The Red Ribbon Club (RRC) Program is a voluntary on-campus intervention, aimed at heightening risk perception and preventing HIV among youth. Red Ribbon Clubs have become a powerful medium to reach out to young people. Spearheaded by TANSACS, it is supported by the Higher Education Department, with technical assistance from the Centers for Disease Control and Prevention (CDC), Atlanta, USA, demonstrating the importance of inter-sector collaboration in addressing the issue of HIV /AIDS. RRCs empower students in the age group of 17-25, by giving them information and life skills to protect themselves from HIV/ AIDS and transforming the most active among them into peer educators.

11.12.2. Objectives:

- ◆ To reduce HIV infection among youth by raising their risk perception through behaviour change communication;
- ◆ To prepare youth as peer educators and agents of change.

11.12.3. Strategies:

RRC employs a variety of strategies:

- ◆ Awareness campaigns;
- ◆ Interactions with positive people;
- ◆ Peer education and leadership trainings.

11.12.4. Coverage:

With the exception of medical and allied institutions, the programme covers universities, arts & science and engineering colleges, and polytechnics. Currently, Red Ribbon Clubs have been formed in 874 colleges and, with a strong volunteer base of above 50,000 students,

reaches out to nearly seven lakh students all over the State. 300 peer educators and 865 other functionaries have been trained. Among other activities, 525 blood donation camps, in which approximately 25,000 blood donors participated, have been held. RRC serves as an ideal social support platform for youth through:

- ◆ Counseling services availed by students, especially youth with high-risk behaviour and those with HIV+ status;
- ◆ Voluntary testing by youth for HIV and STD/STI;
- ◆ Increase in voluntary blood donation.

With effective implementation of the programme, the debate to include it as part of the mainstream curriculum has been initiated at university level. Eleven colleges have included RRC activities in their Part IV curriculum. Colleges have adopted nearby villages for care and support of PLHA.

11.13. Promoting awareness for better prevention:

TANSACS works on the globally accepted premise that increased awareness, leads to a change in behaviour. Effective communication is the key in achieving this objective. TANSACS' Information, Education and Communication (IEC) programme is designed to create awareness and influence individual behaviour. IEC activities have been formulated taking into consideration the diverse cultural, linguistic and social backgrounds of different communities across the State.

11.14. Objectives:

- ◆ To create awareness on RTI/STI/HIV/AIDS among various sections of the people, including those in high-risk categories;
- ◆ To provide accurate information on HIV/AIDS and dispel myths and misconceptions;
- ◆ To create a supportive environment and generate demand for quality health services;
- ◆ To promote behaviour change for prevention of new infections;
- ◆ To promote community involvement in care and support of PLHA.

11.15. From awareness to action:

11.15.1. TANSACS communication strategies, designed to spread awareness, have been very successful, effectively reaching out to the general population. In terms of IEC impact, a plateau has been reached and TANSACS has now shifted the focus of its communication strategies to effecting behaviour change.

11.15.2. With the shift in focus, IEC activities are now tailored to ensure Inter Personal Communication (IPC). This BCC process has led to an increase in the demand for TANSACS' services. More people now access health care services for HIV/AIDS. Considerable success has been achieved in reducing the myths and misconceptions surrounding HIV/AIDS in our society.

11.15.3. IEC interventions have also helped to reduce stigma and discrimination associated with HIV/AIDS and to safeguard and protect the human rights of PLHA. The recent NFHS-III data shows that more than 90% of people in Tamil Nadu have awareness, at different levels, of HIV/AIDS.

11.16. Tools tailor made to suit specific needs:

11.16.1. TANSACS has empanelled select advertising agencies with credentials in social communication to design and execute its IEC campaigns. Each IEC material is specially designed and produced to suit specific needs and find acceptance among specific target groups. The IEC campaigns are designed to achieve awareness at the individual as well as the community level. Social mobilization strategies are designed to motivate community leaders to influence individual behaviour. In fulfillment of the Action Plan for the year (2006-07), TANSACS has published a variety of IEC materials, in simple language illustrated with visuals, for use on

various occasions like Blood Donation Day, World AIDS Day, and for RRC programmes and other campaigns.

11.16.2. The tools for IEC include printed material - manuals for education and training, flip books with photographs and other illustrations, posters, handbills, pamphlets, banners, stickers and danglers, messages on T-shirts, headbands and caps; electronic material - songs, stories and messages broadcast on radio and TV, cinema slides, audio and video tapes; wall paintings and folk art performances; regional and State level competitions; capacity building and peer education courses.

11.17. Mobile IEC Vans:

The IEC Mobile Vans were introduced to create awareness among the different target population and to take the awareness messages to the remote and tribal areas to ensure better access to the people. The vans are equipped with Audio Visual Aids, IEC Panels, Pamphlets/Posters, Condom vending machine etc. and would attract people and impart information through the above innovative and interactive materials. As a pilot project, these mobile IEC vans are operated - one in Madurai district and the other at Chennai for a period of one year. For the effective operation of the vans, the District Red Cross Society is involved for executing the activity. The Red Cross Society operates the vehicle in the districts under the guidance of District Collectors.

11.18. Mobile Counseling and Testing Vans:

In Tamil Nadu, 760 Integrated Counseling & Testing Centres are run by TANSACS. In order to take the testing and counseling facilities to the remote and tribal areas, TANSACS has introduced 10 Mobile Counseling & Testing Vans to ensure better access to the people. These Mobile ICTCs are operated in the following districts:-

- | | |
|-----------------|--------------------|
| 1. The Nilgiris | 6. Krishnagiri |
| 2. Salem | 7. Namakkal |
| 3. Dindigul | 8. Thiruvannamalai |
| 4. Dharmapuri | 9. Coimbatore |
| 5. Kancheepuram | 10. Chennai |

11.19. The Mobile ICTCs are equipped with the following:

TV & DVD, Centrifuge, Needle Destroyer, Refrigerator, Colour coded bins, Generator. Each Mobile ICTC is manned by one Counsellor and one Lab. Technician to provide effective Counseling & Testing Services. The Vans are operated by the respective District Red Cross Societies under the guidance of the District Collectors. The Red Cross Society would liaise with the District Programme Managers for referral and follow-up actions.

11.20. Legal Aid Clinic for PLHA in Tamil Nadu (LACTN):

11.20.1. HIV/AIDS has been posing a huge challenge to the State of Tamil Nadu which has been categorised as a high prevalence State. Though the prevalence rate has decreased in recent times, the absolute number of people living with HIV/AIDS (PLHA) continues to be high. There is an increasing number of HIV infected women accessing services in Tamil Nadu. Due to the various awareness raising and empowerment efforts of the Government and other agencies working in the field of HIV/AIDS, many women are coming out seeking their rights, fighting against stigma and discrimination (for example, many HIV infected women have been denied property rights and custody of their children).

11.20.2. At present, there is no mechanism to address the legal grievances of these women.

Initiating a possible solution to this problem, TANSACS in partnership with the State Legal Services Authority and UNDP has opened two legal aid clinics in Namakkal and Dindigul districts on a pilot basis. It provides the services of a lawyer to PLHA twice a week. The response to the clinic has been encouraging - access by many positive people points to the need to open similar clinics in all districts, in a phased manner. This will soon be done in 3 more districts.

11.21. Counseling, Treatment & Care:

11.21.1. Tamil Nadu has pioneered the concept of promoting integrated services. HIV counseling and testing, HIV-TB co-infection services, blood safety, STD, ART etc. have all been clubbed together under a single window system. This helps in convergence and client convenience.

11.21.2. Offering a single window system for delivery of services - Integrated Counseling and Testing Centres (ICTC):

11.21.2.1. The Integrated Counseling and Training Centers (ICTCs) offer counseling and testing services, ensure safe blood availability and storage and also make available, ART treatment for sexually transmitted infections (STI) and Reproductive Tract Infections (RTI). To make the Prevention of Parent to Child Transmission (PPTCT) programme more widely available to pregnant women throughout the State, it was decided to integrate the programme with related services and make it available through existing clinical facilities. Complete integration of all related services, increases access to all these services through a single window system.

11.21.2.2. During the year 2006, no. of ICTCS in the State was up-scaled from 276 to 760 ICTCs. Now the services offered by ICTCs are available even at the Block Primary Health Centres, thus benefitting rural communities. This has increased coverage and service utilization.

11.21.3. Protecting mothers and infants- Prevention of Parent to Child Transmission (PPTCT):

Mother to child transmission is a major means of the spread of HIV infection, its importance emphasized by the fact that the prevalence rate among antenatal mothers is taken to be a reliable indicator of overall prevalence. Under GFATM Round II, Tamil Nadu is implementing Prevention of Parent to Child Transmission (PPTCT) programme. The objective of the programme is to scale up prevention and care interventions among women of child-bearing age and their families through a package of primary prevention, family planning, voluntary counselling and confidential testing, anti-retroviral prophylaxis and counselling on infant feeding. TANSACS is implementing this programme in partnership with NGOs and CBOs.

11.21.4. Significant components of the GFATM-assisted project (Round II) include:

- ◆ Line listing of all HIV+ women in the State;
- ◆ Counselling, to encourage testing, for pregnant women;
- ◆ Identification of Positive antenatal cases (ANC Positives);
- ◆ Administration of Nevirapine to all Positive mothers before delivery and to their children after birth;
- ◆ Provision of ART and counselling about Nevirapine, infant feeding, mother and child nutrition, etc;
- ◆ Care of people living with HIV/AIDS (PLHA).

11.21.5. TANSACS has taken the following initiatives for project implementation:

- ◆ Increase in the number of Integrated Counselling and Testing Centres (ICTCs) for State-wide coverage;
- ◆ Appointment of an outreach worker (ORW) in each block;
- ◆ Appointment of a District Programme Manager (DPM) in each district;
- ◆ Identification and training of 38 NGOs to work in the PPTCT programme;

- ◆ Coordination with private service providers to increase Nevirapine and ART administration for Positive mothers in their care.

11.21.6. Service providers appointed at crucial levels:

With increase in coverage, follow-up of clients who drop out at different stages of the counseling-testing-treatment process has become crucial. Appointment of 405 Out-reach workers (ORWs) (one in each of 385 blocks and 20 in Chennai city) has made such follow-up possible. More than half the ORWs are themselves PLHA women. The work provides them income and self confidence and increases empathy with clients. Effective monitoring at district level has been ensured through the appointment of 30 District Program Managers to oversee implementation of PPTCT with the guidance of District Collectors.

11.21.7. Ensuring safety of infants with Nevirapine:

Central to the process of preventing parent to child transmission is the administration of Nevirapine to ANC mothers before delivery and to infants after delivery. Under the programme, adequate supplies of the drugs are assured. Overall coverage in the state has increased significantly.

11.22. Blood Safety:

1.22.1. Blood transfusion service should provide effective blood and blood products which are safe and adequate to meet the needs of patients. This is essential to safeguard the health of patients. A non-remunerative (voluntary), regular, healthy donor is the safest donor. The aim now is to convert voluntary donors into repeat donors, to sustain the safety of blood. A well established network of blood banks and blood storage centers in the State ensures the supply and distribution of blood and blood products. This network includes many different categories of blood banks.

S.No.	Status	Total Nos.
1	Licensed Government blood banks	83
2	Licensed private blood banks	149
3	Blood Banks under central/quasi Government	9
4	Blood banks under ESI	2
5	Government component centers	7
6	Private components centers	43
7	Central Government component center	1
8	Dr MGR Medical University component center	1
9	Designated private blood banks permitted to conduct donation camps	55
10	No. of CEMONC centers functioning in the State	66
11	Government blood storage centers	54
12	Private blood storage centers	50

11.22.2. Significant results:

- ◆ Increase in voluntary blood donation from 57.3% in 2002 to 82 % in 2007;

- ◆ Decrease in Sero positivity among blood donors from 0.30 % in 2002 to 0.1% in 2007;
- ◆ Increase in use of components.

From the existing 65 maternity / CEMONC Centers, TANSACS has identified 38 Government blood banks as recipients for minus 20° C deep freezers for storage of fresh frozen plasma, for use during obstetric emergencies.

- ◆ TANSACS has provided five Government medical college blood banks with computers and printers for computerized networking and identified 12 more Government medical colleges and district head quarters hospitals for this facility.
- ◆ A compendium on blood banks and a Voluntary Blood Donation Calendar has been printed.
- ◆ Medical officers and para-medicals are being trained periodically on equipping and maintaining blood banks.
- ◆ Students have been actively involved in blood bank activities and campaigns for voluntary blood donation, particularly through NSS and RRC.

11.23. **STD Services:**

Sexual transmission is a major route for the spread of HIV/AIDS. People vulnerable to HIV infection are also vulnerable to other sexually transmitted and reproductive track infections (STI/RTI). The rate of prevalence of HIV among those who suffer from STDs is very high. Presence of any STI accelerates the transmission of HIV/AIDS by 2-9 times more. To prevent this acceleration, STI clinics are functioning to provide Syndromic Case Management (SCM). Reducing the burden of STI/RTI cases in the community is an important strategy in the fight against HIV/AIDS. Treatment of STD needs to be accompanied by counseling about HIV/AIDS both to promote voluntary testing and reduce high risk behaviour. The Action Plan 2007-2008 envisaged strengthening of STD clinic services. Following clinics have been established to provide services:

- ◆ 81 clinics in Government head quarters hospitals and hospitals at taluk and non taluk levels, under the Directorate of Medical & Rural Health Services (DM&RHS);
- ◆ 14 clinics in STD departments of Government medical college hospitals under the Directorate of Medical Education (DME);
- ◆ 5 clinics in upgraded Primary Health Centers (PHCs) under the Directorate of Public Health and Preventive Medicine (DPH&PM).

With the establishment of these clinics, activities related to STD services have been intensified:-

For Quality Services, TANSACS provides,

1. Drugs (including OI) to all STD clinics .
2. Computer with accessories and band connection.
3. Infrastructure and equipments.
4. Bio medical waste management facilities.

5. IEC materials regarding the STI disease and availability of treatment to all STD clinics, Voluntary Confidential Counselling and Testing Centres (VCTC), PPTCT, RNTCP and to Blood banks.
6. Training for all MOs in charge of STD clinics and all Para medical workers to update their knowledge in STD management / SCM.
7. Contingency to meet emergency expenditure.

11.24. Anti Retroviral Treatment:

ART has effectively increased the life span and improved the quality of life of people with HIV/AIDS. Effective ART regimens inhibit the efficient replication of the HIV virus and reduce viremia to undetectable levels. Reduced frequency of opportunistic infections significantly reduces the cost of management of HIV.

11.25. The free treatment initiative:

The Government of India launched a free ART initiative, on 1st April 2004, in eight Government hospitals in six high prevalence States. The Government Hospital of Thoracic Medicine, Tambaram Sanatorium, near Chennai, was one of the centers to implement free ART roll out. Within four years, the number of centers has increased to 26. Twelve of them are located in medical college hospitals and 13 in district Headquarters hospitals. These centers provide ART free of cost to needy PLHA. A direct correlation is evident between the increase in number of ART centres and PLHA registration. Of an estimated 3.5 lakh PLHA in the state, 68,450 are currently registered in 26 centres, of these, free ART has been initiated for 28,468 patients.

11.26. Objectives:

The main objective of ART is to provide comprehensive services to eligible persons with HIV/AIDS. The specific objectives of an ART center are to:

- ◆ Identify eligible persons with HIV/AIDS requiring ART, through laboratory services;
- ◆ Provide free ART drugs to eligible persons with HIV/AIDS, continuously;
- ◆ Provide counseling services before and during treatment for ensuring drug adherence;
- ◆ Educate patients and family members on nutritional requirements, hygiene and measures to prevent transmission of infection;
- ◆ Refer to hospital patients requiring specialized services or admission;
- ◆ Provide a comprehensive package of services including condoms and prevention education.

11.27. Care and Support:

Support from family, community and fellow PLHA has been found to be both necessary and effective for people living with HIV. TANSACS supports NGOs and Positive networks for the provision of care and support through community care centers and drop-in centers, for PLHA.

11.28. Community care centers:

Community care centers (CCC), providing support for those affected by HIV/AIDS, are run by NGOs. These centers were started in 2002-03 and the programme was expanded during 2004-05. Initially, there were 17 centers, slowly the number was increased to 23 in 2005-06. In the year 2007 - 08, there are 27 functioning CCCs (Twenty three for adults and four for children)

Each CCC has been provided with one part-time doctor, two or three nurses, one counselor, two or three outreach workers, one sanitary worker and one cook. HIV+ patients are treated for opportunistic infections for about 15 days, or up to maximum of one-month, depending on the

decision of doctors. Services provided to PLHA during their stay include medical and nursing care, nutrition and nutrition counseling, family counseling, yoga training and psychological training. PLHA whose condition stabilizes are sent home to live with their families and communities; others, in need of more medical care, are referred to medical institutions.

11.29. Drop - in- Centers:

The drop-in-center (DIC) is a place which, as the name signifies, is open to PLHA to 'drop in' at need, to avail themselves of a variety of services. It is a place where they are made to feel at home, where trained counseling is available and where, also, they draw support and strength from each other. A DIC provides psycho-social support to PLHA through peer counseling, home-based counseling, one-to-one and group counseling, nutrition counseling. DICs also conduct advocacy programs and refer patients to ART centers for treatment. DICs are run by Positive networks and staffed by PLHA.

11.30. Support from TANSACS:

TANSACS currently supports six DICs. The Positive network organizations running these centers are:

- ◆ Tamil Nadu Network of Positive People (TNP +), Villupuram District
- ◆ Tamil Nadu Aravanighal Association (THAA), Kancheepuram District
- ◆ HIV Ullor Nala Sangam, Namakkal
- ◆ Cuddalore District HIV Positive Society (CDS +), Cuddalore
- ◆ South India Positive Network, Chennai
- ◆ People Living with and affected by HIV/AIDS Trust, Theni

11.31. Surveillance Monitoring and Training Activities:

For effective control of an epidemic, diagnosis, treatment and care of patients need to be reinforced by continuous and accurate checking of prevalence trends and quality checks on service components. TANSACS has put in place a Sentinel Surveillance programme for continuous monitoring and an External Quality Assurance Scheme (EQAS) to maintain effective service delivery. Of equal importance is periodic training at every level to ensure continuum of care.

11.32. Sentinel surveillance:

The HIV sentinel surveillance program is implemented by the Health and Family Welfare Department of the Central Government through the National AIDS Control Organization (NACO). The program monitors trends in HIV infection over time, by group and by place, through testing of blood samples. The surveillance can be either community-based or clinic/health facility-based; the latter, being more convenient, is preferred. The testing is done by the unlinked anonymous method. NACO approves the number of sites for testing. Tamil Nadu has 97 sites approved for sentinel surveillance in 2006.

11.33. Number of Sentinel Sites in 2007:

Sl.	Category	No. of Sites
01	ANC & FRUs	59
02	ANC Pvt Hospitals	05
03	ANC 15-24 Yrs.	05
04	STD Clinics	11
05	Injecting Drug Users (IDU)	02
06	Men having Sex with Men (MSM)	02

07	Female Commercial Sex Workers	11
08	TB	02

11.34. Objectives:

- ◆ To determine the geographical spread of HIV infection;
- ◆ To monitor the trends in the HIV epidemic;
- ◆ To provide information for estimates and future projections of HIV/AIDS in the country; use such data to mobilize national political and social leaders as well as to generate external support for the programme;
- ◆ To provide useful data for appropriate planning of health and medical care services;
- ◆ Evaluation.

11.35. HIV prevalence in different groups in the year 2006:

Site /group	Median of HIV prevalence rate (%)
ANC	0.38
STD	8
FSW	3.6
IDU	24.2
MSM	5.6

Surveillance results indicate that the prevalence rate in the IDU group is high, while other categories indicate a downward trend. The surveillance thus helps pinpoint areas in which extra effort is required.

11.36. Decline in HIV prevalence:

With the constant efforts of the Government, sustained programme implementation and better management practices there has been a consistent decline in HIV prevalence in the State. The prevalence in the year 2001 was 1.13 which has come down to 0.38 in the year 2006.