

# HIV can spread through:

1

Unprotected sex with an infected person



2

Transfusion of infected blood/ blood products



3

Sharing of contaminated syringes/needles

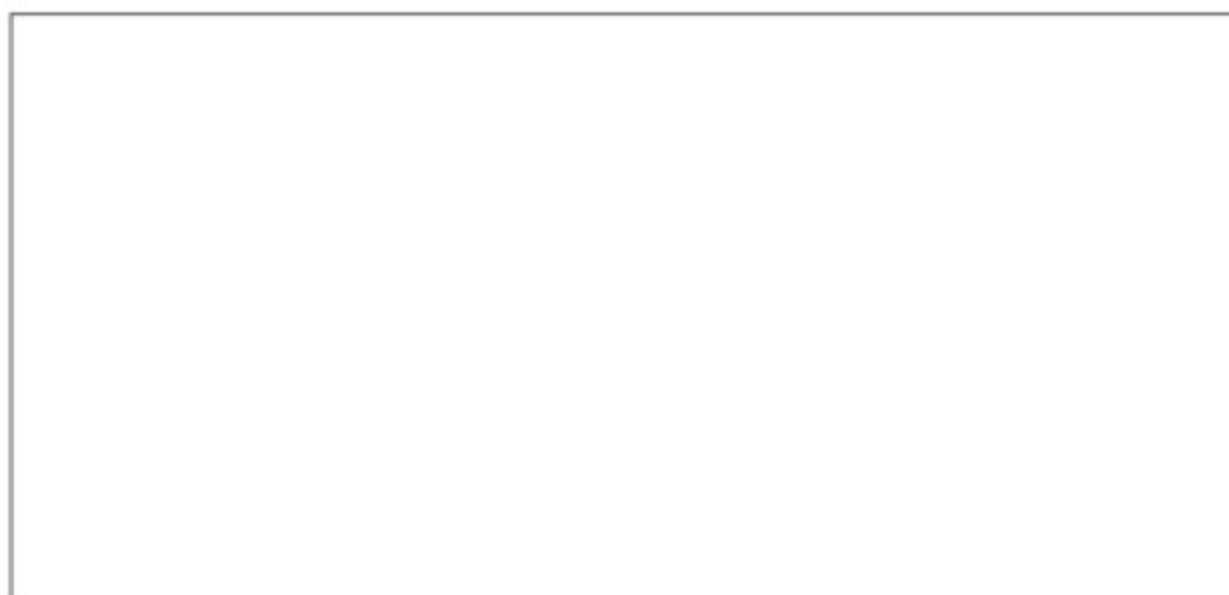


4

Infected mother to child



HIV(Human Immuno Deficiency Virus) causes Acquired Immune Deficiency Syndrome(**AIDS**)

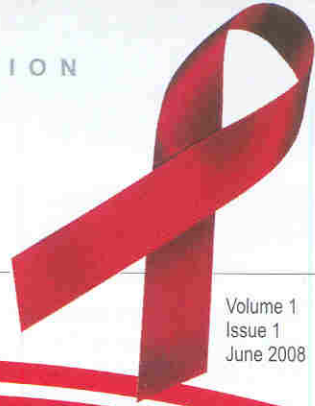


*Prevention of HIV/AIDS in the World of Work: A Tripartite Response*  
– An ILO India Project supported by U. S. Department of Labor  
International Labour Office, New Delhi

# Buzz

INTRODUCTORY EDITION

PSI Connect  
Quarterly Newsletter



Volume 1  
Issue 1  
June 2008

## Message from Connect



Population Services International



connect  
Public Private Partnerships in HIV/AIDS & TB

## Greetings

Dear friends,

Our first Newsletter 'Buzz' is an attempt to bring to you information on latest developments in Project Connect as well as highlight the public private initiatives to mitigate HIV/AIDS and TB in India.

Through partnerships we have been working with a wide range of formal and informal sector industries (small, medium and large) to raise awareness, and work towards securing long term commitment from decision-makers and industry heads towards mitigation of HIV/AIDS and TB. Since many of these efforts are first of its kind in India, we perceive them as models which we believe, could be emulated by wide range of stakeholders. We hope that this newsletter would be one of the tools to share these models, tactics, techniques and procedures on public private partnerships in HIV/AIDS.

This newsletter would be a quarterly publication. We hope that you will enjoy reading it, and would be glad to have articles from you for the next edition planned in October 2008.

**"We are stricken by unemployment, not necessarily because we cannot work, but because we are carrying the virus that nobody wants to understand"**  
- Ms. Mercy Elizabeth Makhalemele, Person Living with HIV.

I still remember the first company I was involved with for HIV intervention. A person was found to be infected with HIV and the petrified management was at a loss about how to react to it. Should they relieve the person from the job? Would this employee be a threat to others? Should they test all employees for HIV/AIDS? A volley of questions for which they had no answer! It took us several presentations and interactions with the senior management and employees to normalize the situation leading to acceptance of that employee. Though things have changed a lot in the past few years, we go through a similar process even today when we approach companies for initiating workplace programs, with initial hesitation to address the issue of HIV and TB, and denial that HIV and TB could ever be a problem for them. But finally as the intervention begins, it is humbling to see the zeal with which companies and individual managers take up the issue of HIV/AIDS and TB.

It has been just about a year and 58 companies in Karnataka and Coastal Andhra Pradesh have begun workplace programs, 11 companies have also signed up a workplace policy on HIV/AIDS and TB. What we find is a strong sign of commitment from the companies in that the senior management has facilitated awareness sessions within the companies through their own resources.

We have completed a year of our implementation process, and looking forward to 'graduating' some companies. This essentially means that, we will see companies sustain the awareness program through their internal systems which Connect has helped strengthen in the last year. The milestones for graduating companies are - (a) minimum eighty per cent of the employees should have been reached with awareness programs on HIV/AIDS and TB (b) adoption of HIV/AIDS and TB Workplace Policy (c) established linkages with services related to HIV and TB (d) condom promotion program; and (e) create access to condoms for the employees.

Several companies are very close to reaching this criteria and we are eager see them graduate. I hope that by the time I pen down my article for the next edition of this newsletter, I would have a list of companies to share with you, who would be having a self-sustained program on HIV/AIDS and TB.

■ Shailesh Vaite - Program Manager

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Supported By



## Connect Forging Partnerships with Private Sector For Providing Prevention of Parent to Child Transmission (PPTCT) services

Mother to Child Transmission of HIV virus is the single largest cause of HIV in pediatric age group in India. The transmission of HIV virus from an infected mother to the baby can occur at three stages, during pregnancy when the baby is inside the uterus, during normal vaginal delivery and post delivery through breast milk. The risk of a HIV positive mother transmitting the HIV virus to the baby during each pregnancy is approximately 40%. In the absence of any intervention for preventing the transmission of HIV infection to the baby, it is estimated that 40,000 to 50,000 HIV positive babies are born in India annually.

Fortunately Prevention of Parent to Child Transmission (PPTCT) is an effective intervention by which the risk of HIV virus transmission to the baby is reduced from 40% to as low as 2%. National AIDS Control Organization (NACO), the nodal agency for HIV/AIDS prevention and control in India has adopted the PPTCT interventions in India since 2002.

However, majority of PPTCT centers in India are in the public sector with limited involvement of private health sector. Recent data shows that the uptake of PPTCT services amongst HIV infected pregnant women in India is a poor 9% (NACO, 2007). The National Family Health Survey (2006) reveals that 60% of 27 million deliveries per year in India are institutional and 50% of these institutional deliveries occur in private sector settings. Since the majority of PPTCT centers are in the public sector, there is a huge gap in PPTCT services provision. Under Project Connect, an experienced team of reputed organizations led by Population Services International (PSI) and Y.R.

Gaitonde Center for AIDS research and Education (YRGCARE), are leading efforts in India for establishing three model PPTCT centers in the Private Health Sector. The aim is to demonstrate models of comprehensive PPTCT service delivery in Private Hospitals to serve as learning sites, for scaling up PPTCT services in private health sector.

In the beginning, the Connect team did an assessment of 35 private hospitals which included maternity homes, polyclinics and nursing homes. Based on the findings, the project engaged

multiple stakeholders for setting up PPTCT centers in

three private hospitals. Demand creation activities for PPTCT services were coordinated by engaging women Self Help Groups (SHGs) and private medical associations like Indian Medical Association and Federation of Obstetric and Gynecological Societies of India (FOGSI). Private Industries and Corporate were targeted strategically to mobilize resources based on common interests and support required.

Now in the second year of the project, Connect has successfully established three model PPTCT centers at Chennai (Tamil Nadu), Vishakapatnam (Andhra Pradesh) and Bangalore (Karnataka).

More than 2,500 pregnant women in these high prevalence districts have received Counseling & Testing services in the last one year. 52 HIV positive pregnant women are enrolled for the complete package of services and are being followed up through a case management approach. Further by engaging private industries, resources were raised to support ARV (Anti Retro Virals) drugs worth \$30,000 to provide comprehensive ARV prophylaxis for 200 women and infant formula feed (as alternative to breast feeding) worth \$2,000 for 100 infants.

■ Dr. Shekhar Waikar, Project Manager

### Connect Mother Care centers, comprehensive PPTCT services include

- HIV/AIDS Counseling and Testing
- Expanded regimen of ARV prophylaxis
- Option of Ceasarean Section delivery
- Option of Infant Formula Feeding
- Care and Support for HIV Positive Parents through case management approach.
- HIV testing for the Infant at the end of 18 months of Birth

## Apollo Tyres Ltd Supporting Connect for Expanding access to quality STI services

PSI Saadhan clinic at Vashi got a facelift, with the mobile voluntary HIV Counseling and Testing center now strengthened with the added facility of Sexually Transmitted infection (STI) services. All this has been made possible by the commitment of financial support from Apollo Tyres Ltd., a leading global tyre manufacturing company.

Apollo Tyres has committed for a period of three years to support the STI services in the mobile clinic which caters to the trucking community of Vashi, near Mumbai (which includes truckers, their helpers, porters and mechanics). They found an excellent partner in the form of PSI Saadhan clinic which offers voluntary counseling and testing to the trucking population in their target area. Connect had initiated this with the mandate of mobilizing private sector initiatives to mitigate HIV/AIDS, and raise resources from corporate and industry to support HIV/AIDS services. The support generated from Apollo Tyres was an encouraging beginning.

The Saadhan mobile clinic now has a full-time medical doctor for diagnosis of STIs and appropriate treatment, medicines to treat the STI patients, and also an outreach team specifically to promote the newly added service of STI identification and treatment. Beside the pre and post test counseling and the confidential testing facilities the mobile clinic also refers and facilitates linkages of HIV positive individuals to local care and support groups.



Sanjay Chaganti, Program Director, PSI and Harshita Pande of Apollo Tyres Ltd., exchanging the MOU

■ Kallol Mukerji, Senior Program Manager

## In India, more than 40,000 people get infected with the TB each day!\*

At Connect we swore on 24th March, 2008 to make a difference

24th of March 1882, Dr. Robert Koch first presented his discovery of tuberculosis bacteria, one of the biggest killers of human life then and even now. Every year on the very same day - 24th March we observe World TB Day to mark the discovery of the TB bacteria and the lives and stories of the people affected by TB including women, men and children who have taken TB treatment; nurses; doctors; researchers; community workers - anyone who has contributed towards the global fight against TB.

On World TB day we launched our first TB Work Place Intervention Program at Texport Industries, a garment manufacturing firm that employs about 11,000 people. The program was launched in Partnership with Revised National Tuberculosis Control Programme (RNTCP) and Federation of Indian Chamber of Commerce and Industries (FICCI). Ms. Nisha Millet, star swimmer and Arjuna award winner was chief guest at the event. During the inauguration Ms. Millet emphasized the need for companies to create awareness in the workplace and shed light on the grave TB



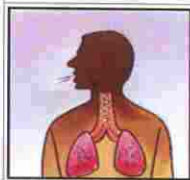
Nisha Millet, star swimmer and Arjuna award winner handing over HIV/AIDS & TB Policy to Mr. S.W.H. Zaidi, General Manager Texport Industries.

statistics world over. Acknowledging the HIV/AIDS & TB cause Mr Zaidi, General Manager of Texport Industries adopted the HIV/AIDS & TB policy for Texport Industries. The policy promises against discrimination and fair treatment to all those infected & or affected with HIV/AIDS & TB. The media took to the cause and reported the event in popular newspapers.

A communications campaign focusing on awareness building through a 'Did you know?' series and a testimonial campaign to showcase the success of people in curing TB was rolled out on TB day across project locations. All companies enrolled for work place programs were encouraged to participate in observing this special day. To spice up the week TB awareness Quiz was conducted at these companies. The week ended with surprise gifts for lucky winners. Since then we have enrolled many more companies for the workplace intervention program and through our program we continue to build awareness, encourage treatment and wipe off myths associated with TB.

■ Chandrika Jain, Communication Consultant

## Did You Know?



### What is TB?

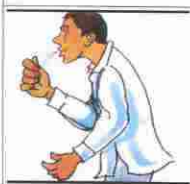
Tuberculosis (TB) is an infectious disease caused by a germ called mycobacterium tuberculosis. These bacteria can attack any part of the body, but they normally target the lungs. TB bacteria are very common in many resource-poor countries. TB is one of the leading causes of deaths in India. It kills more than 300,000 people in India every year.

### How does TB spread?

When a person with TB coughs, sneezes or spits, people nearby may breathe in the TB bacteria and become infected. A single untreated patient can infect 15 or more people in a year.



### What are the symptoms of TB?



TB bacteria usually grow in the lungs. TB in the lungs may cause a bad cough that lasts more than three weeks, pain in the chest and coughing up of blood or sputum. Other symptoms of TB disease include weakness or fatigue, weight loss, no appetite, chills, fever and night sweats.

### What is the relationship between TB and HIV?

TB is the leading cause of death among HIV infected people; the WHO estimates that TB accounts for up to a third of AIDS deaths worldwide. When someone is infected with TB, the likelihood of him/her becoming sick with the disease is increased many times if they are also HIV positive.

### How is TB diagnosed?

Under the Revised National Tuberculosis Program (RNTCP) in India, 'Sputum Test' is used for the diagnosis of TB infection of lungs (which is the most infectious form of TB). The sputum examination test is available free of cost at government laboratories known as Diagnostic Microscopy Centers (DMC).



### How is TB treated?

- DOTS (Directly Observed Treatment Short course) is the cornerstone WHO recommended strategy for TB control. It is available free of cost from government runs DOTS centers.
- Treatment of TB may take 6-8 months of regular intake of combination of 4-5 anti-TB antibiotic drugs

### Can TB be cured completely?

Yes, Tuberculosis is completely curable, even among HIV-infected persons. TB treatment with DOTS reduces the morbidity and mortality among people living with HIV. Effective treatment quickly makes the person with TB non-infectious and therefore prevents further spread of TB.

### What is RNTCP?

RNTCP stands for the Revised National Tuberculosis Control Programme (RNTCP). It is the national program for prevention, control and cure of TB in India

## Reaching workers most-at-risk

You often tend to see men and women doing manual labour in construction sites, on roads, at harbours, mines, and agricultural fields, and think that their work is quite tough and feel sorry for them and probably nothing beyond that. Well, there is more to it than just their work being difficult. These men and women earning daily wages are a part of the huge informal workforce who is under-served in every aspect of their employment. The following definition as per the International Labour Organisation (ILO) would sum up the difference between us, the formal workers and them, the informal workers - "Informal workers are workers who do not have secure employment contracts, worker's benefits, social protection or workers representation".

Now consider these two facts -

- (i) Informal workers not having social protection among other things mean that they do not have any guarantee against reduction or loss of income in case of illness.
- (ii) In India, a majority of the HIV and TB infections are being reported in the 15 to 49 years – the core of the working population, which includes both, the formal and informal sectors; but the informal sector makes up more than 90% of the workforce in India.

The statutory laws of our country do not protect the workers from the epidemics. To add to this, low literacy levels, low socio-economic status, the indirect and temporary nature of employment and the constant migration in search of work, places the informal workers in a position where they have no or irregular access to HIV/TB related information, products or services. A recent study commissioned by PSI in partnership with Karnataka Health Promotion Trust (KHPT) has shown that there are certain industrial sectors whose workforce is more at risk for HIV and TB. These informal workers could be either a part of the supply chain to these industries or employed indirectly by the industries for a specific period of time or a project. All of these factors clearly point out to a large need of reaching out to this segment for prevention and control of HIV and TB in India. But the same factors that place the informal workers in a disadvantageous position are also the challenges for implementing a structured HIV & TB intervention.

Connect is focusing on mobilizing companies from identified most-at-risk industrial sectors in Karnataka at present, not only to have workplace interventions for their formal workers but also to contribute resources and support interventions to reach out to the informal workers in their communities. A study similar to the one undertaken in Karnataka to identify most-at-risk industries would also be carried out in Coastal Andhra Pradesh to prioritize industrial sectors for HIV and TB interventions.

"It is a critical time for private and public sector companies that employ a sizeable population of informal workers, to realize the immediate need to work with this population and overcome challenges, to help them be better prepared to fight two of the largest killer epidemics in the country."

■ Kiran Thejaswi, Program Manager

## Connect - Thus far

Connect aims to build value added models of **Public Private Partnerships (PPP)** in HIV/AIDS/TB prevention and control, which can be replicated by government and non-government agencies by using the following innovative strategies for public & private sector engagement:

1. **Workplace programs for HIV & TB: Mobilize companies in Karnataka and Coastal Andhra Pradesh (AP) to adopt and implement HIV/AIDS & TB policies and programs with an emphasis on both formal and informal at-risk workforce.**

**Achievements** - Connect project has so far mobilized 58 public and private sector companies for implementing workplace programs. The companies enrolled from public sector include Bangalore Metropolitan Transport Corporation, Karnataka State Road Transport Corporation, Mangalore Refinery Petroleum Limited, Vizag Steel Plant and Vizag Port Trust. From the private sector, some of the companies supporting workplace programs include Bhoruka Gases, Mphasis, Salyam Foundation, Suretex Prophylactics (India) Limited and Texport Garments.

2. **System Strengthening for Public Private Partnerships: Engage and support State AIDS Control Societies (SACS) PLHA networks, state departments, chambers of commerce, other employers' and workers' associations, insurance and pharmaceutical sector, and other allied structures to develop and implement policies and programs and promote accessibility of services through mainstreaming activities.**

**Achievements** - PSI has developed partnerships with two Chambers of Commerce i.e. Federation of Indian Chamber of Commerce and Industries, Bangalore and Kanara Chamber of Commerce and Industries, Mangalore to mobilize public and private sector companies to implement HIV/AIDS and TB workplace programs. PSI is building capacity of Karnataka State Department of Labour and Transport, and Karnataka Network of Positive People (KNP+) for internal and external HIV & TB mainstreaming activities and to mobilize and support public and private sector companies for workplace programs. PSI is also providing technical support to Technical Support Units (TSU) set up under SACS in Karnataka and AP in NACP-III to develop HIV/AIDS interventions.

3. **Mobilize resources from Private Sector: Advocacy with large industries/workplaces to include HIV/AIDS & TB services into their CSR strategy, and mobilize resources for HIV & TB outreach, prevention and care services in select locations.**

**Achievements** - Connect project has so far leveraged about \$200,000 from ten different companies for supporting various initiatives for HIV and TB control in India. These companies include Apollo Tyres Ltd, Tata Power, Computer Science Corporation, Aurobindo Pharmaceuticals, Machado and Sons, Steel Exchange India Limited, Vishakha Welding Institute, Vishakha Cartons and Containers Ltd.

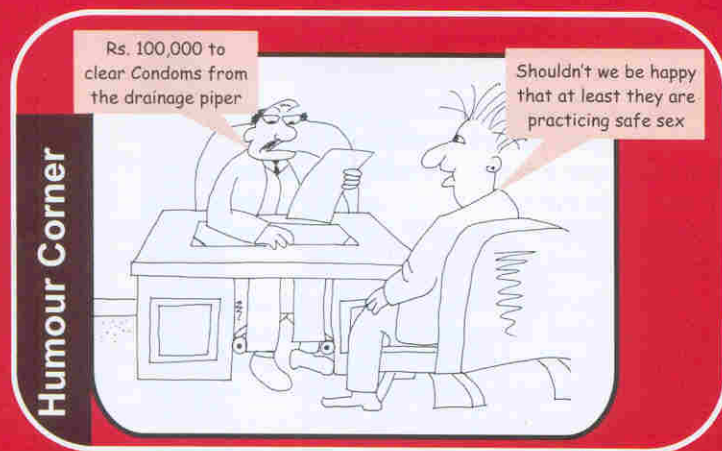
4. **Reaching at-risk informal workforce population: In select port towns with high levels of prevalence and industrial intensity, reaching at risk informal workers with HIV/AIDS & TB prevention messages through on the ground communication activities & provision and promotion of high quality HIV/AIDS counseling and testing services.**

**Achievements** - Over 25,354 individuals received counseling and HIV test results in nine USG supported Counseling and Testing Clinics in six port towns (Mumbai, Vashi, Mangalore, Chennai, Tuticorin and Visakhapatnam) in last 18 months. Over 200,000 at-risk workforce have been reached with HIV/AIDS prevention messages.

5. **Public Private Partnerships in PPTCT service delivery: Private sector medical institutions would be encouraged to implement Prevention of Parent to Child Transmission (PPTCT) interventions in Vizag, Chennai and Bangalore with focus on quality assurance and document learning for future expansion.**

**Achievements** - Connect project has established partnership with three private medical hospitals YRG CARE Hospital in Chennai, Kempe Gauda Institute of Medical Sciences in Bangalore, and St. Ann's Hospital in Visakhapatnam for PPTCT services. Over 2,600 pregnant women have received counseling and HIV test results in last ten months, and 51 mother-baby pairs are being followed up with complete package of PPTCT services.

■ For more information, please write to Dr. Amit Bhanot @ [abhanot@psi.org.in](mailto:abhanot@psi.org.in)



By Shallesh Vaite, Program Manager

## CONNECT PARTNERS



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The initial funding for the Connect program has been provided by the United States Agency for International Development (USAID), under the President's Emergency Plan for AIDS Relief (PEPFAR), with a mandate to raise additional resources from the private sector.