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**PARLIAMENT OF INDIA
LOK SABHA**

**COMMITTEE ON EMPOWERMENT OF WOMEN
(2011-2012)**

(FIFTEENTH LOK SABHA)

THIRTEENTH REPORT

'WOMEN VICTIMS OF HIV/AIDS'

[Action Taken by the Government on the recommendations contained in the Fifth Report (Fifteenth Lok Sabha) of the Committee on Empowerment of Women (2011-2012) on 'Women Victims of HIV/AIDS']



LOK SABHA SECRETARIAT

NEW DELHI

DECEMBER, 2011/AGRAHAYANA, 1933 (Saka)

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[Action Taken by the Government on the recommendations contained in the Fifth Report (Fifteenth Lok Sabha) of the Committee on Empowerment of Women (2011-2012) on 'Women Victims of HIV/AIDS']

Presented to Lok Sabha on 21st December, 2011

Laid in Rajya Sabha on 22nd December, 2011



LOK SABHA SECRETARIAT

NEW DELHI

DECEMBER, 2011/AGRAHAYANA, 1933 (Saka)

E.W.C. No. 72.

PRICE: Rs. _____

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Published under

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**COMPOSITION OF THE COMMITTEE ON EMPOWERMENT OF WOMEN
(2011-2012)**

Hon'ble Chairperson - Smt. Chandresh Kumari

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LOK SABHA

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3. Smt. Susmita Bauri
4. Dr. Kakali Ghosh Dastidar
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SECRETARIAT

- | | | |
|----|-------------------|-------------------|
| 1. | Sh. C.S. Joon | Director |
| 2. | Smt. Mamta Kemwal | Deputy Secretary |
| 3. | Sh. Girdhari Lal | Committee Officer |

INTRODUCTION

I, the Chairperson, Committee on Empowerment of Women having been authorized by the Committee to submit the Report on their behalf, present this Thirteenth Report (Fifteenth Lok Sabha) on the action taken by the Government on the recommendations contained in their Fifth Report (Fifteenth Lok Sabha) on 'Women Victims of HIV/AIDS'.

2. The Fifth Report (Fifteenth Lok Sabha) of the Committee on Empowerment of Women was presented to Lok Sabha and laid in Rajya Sabha on 27th August, 2010. The Ministry of Health and Family Welfare has furnished the action taken replies to all the Observations/Recommendations contained in the Report.

3. The Committee on Empowerment of Women (2011-2012) considered and adopted the Draft Report at their sitting held on 15th December, 2011. Minutes of the sitting are given at Appendix I.

4. An Analysis of the action taken by the Government on the recommendations contained in the Fifth Report (Fifteenth Lok Sabha) of the Committee is given in Appendix II.

5. For facility of reference and convenience, the Observations/Recommendations of the Committee have been printed in bold letters in the body of the Report.

NEW DELHI
15 December, 2011
24 Agrahayana 1933 (Saka)

SMT. CHANDRESH KUMARI
CHAIRPERSON
COMMITTEE ON EMPOWERMENT OF WOMEN

CHAPTER I

REPORT

This Report of the Committee deals with the action taken by the Government on the recommendations contained in the Fifth Report (Fifteenth Lok Sabha) of the Committee on Empowerment of Women on the subject ' Women Victims of HIV/ AIDS'. The Fifth Report of the Committee was presented to Lok Sabha on 27th August, 2010. The report was simultaneously laid in Rajya Sabha.

2. The Ministry of Health and Family Welfare were, thereafter, requested to furnish action taken replies on the recommendations contained in the Report. Replies of the Government in respect of all the 16 recommendations/observations have since been received and are categorized as under:-

- i) Observations/Recommendations which have been accepted by the Government.
Recommendation Para Nos:-104,105,107,108,109,110,112,116,117 and118 (Total-10)
- ii) Observations/Recommendations which the Committee do not desire to pursue in view of the replies of the Government.
Recommendation Para No:- (Total-Nil).
- iii) Observations/Recommendations in respect of which replies of the Government have not been accepted by the Committee and which require reiteration.
Recommendation Para Nos:-103,106,113, 114 and115 (Total-5).
- iv) Observations/Recommendations in respect of which the Government have furnished interim replies.
Recommendation Para No:-111 (Total-1)

3. The Committee trust that utmost importance would be given by the Government to the implementation of their recommendations. In case where it is not possible for the Government to implement the recommendations in letter and spirit for any reason, the matter should be reported to the Committee with reasons for non-implementation. The Committee further desire that the Action Taken Notes on the recommendations/observations contained in Chapter- I of this Report should be furnished by the Government expeditiously.

4. The Committee will now deal with those actions taken replies of the Government which need reiteration or merit comments

(Recommendation No. 103)

Need to expedite the bill for the welfare of People Living with HIV/AIDS

5. The Committee in their original report, *inter-alia*, emphasized the need to expedite the bill for the welfare of People Living with HIV/AIDS and recommended as under:

"The Committee find that the stigma relating to HIV affect women more intensively than men, preventing them from accessing treatment, information and prevention services. The construct of 'social evils' produce greater stigma among women because HIV is closely associated with immoral behaviour, such as sex work. Issues like control of property rights, residence and care facilities confront the single and widowed women. The Committee feel that stigma and discrimination associated with HIV and AIDS act as a great barrier in preventing further spread of infection and to the required access for the care, support and treatment services that allow PLHIV (People Living with HIV/AIDS) to lead productive lives. The Committee are disappointed to note that the Government have initiated only 12 Projects related to stigma and discrimination against people living with HIV/AIDS in 7 States viz. Maharashtra, Andhra Pradesh, Tamil Nadu, Rajasthan, Delhi, Karnataka and West Bengal in collaboration with United Nations Development Programmes (UNDP). The Committee feel that incidences of discrimination against HIV positive persons are prevalent in our society and in spite of efforts made by the Government, they are still on the rise often covertly. The Committee, therefore, recommend that the Government should initiate some more projects of the similar kind which are more intense and focused towards the issue of discrimination in respect of people living with HIV/AIDS, especially women. The Committee further desire that in case of any discrimination against PLHIV, the responsible person/institution should be held accountable and penalised.

The Committee are happy to learn that the Government is proposing to introduce a Bill in Parliament relating to the issue of stigma and discrimination against women victims of HIV/AIDS. The Committee recommend that the Government should finalise the Bill expeditiously and introduce it in Parliament without any further delay so that women victims of HIV/AIDS get relief from the highly prevalent stigma and discrimination. "

6. In this regard, the Ministry of Health and Family Welfare (Department of AIDS Control) have, in their action taken replies, stated as under:

"Stigma and Discrimination is one of the key underlying themes in all the intervention. The issue has been addressed through a number of campaigns and initiatives.

The Red Ribbon Express, world's largest mass mobilization campaigns, directly reached 80 lakh people to address HIV prevention, care, treatment, support and stigma & discrimination. During its one year long journey the train traveled through 152 stations in 22 States. During its run, 81,000 district resource persons received training, 36,000 people got themselves tested for HIV and 28,000 people received general health check-up. In addition to the dedicated exhibits on issues related to stigma and discrimination, a training coach was included to train the district resource persons on Stigma and Discrimination. These sessions were facilitated by people living with HIV/AIDS themselves.

NACO has initiated multimedia campaigns for youth in 8 States of northeastern India. These are Mizoram, Nagaland, Manipur, Meghalaya, Assam, Arunachal Pradesh, Tripura and Sikkim. The campaign reaches out to youth and general population with messages on HIV and stigma & Discrimination through music, sports, interpersonal communication and traditional festivals. As a part of the campaign, advocacy is also done with faith based group.

NACO has undertaken many mass media campaigns to address S&D- some of the campaigns used celebrities such as Shabana Azmi and Jackie Shroff. Recently during 2010-11, NACO undertook a one month campaign through television and radio advertisements addressing S&D issue. Two advertisements were broadcast during the campaign. These were focused on stigma and discrimination at workplaces and educational institutions.

NACO has also addressed stigma and discrimination issue through its long format TV and radio programmes like Jasoos Vijay, Kyonki Jeena Isi Ka Naam Hai, Kalyani, Kitne Door Kitne Paas, 5 Down Mohobbat Express and Babli Boli.

As a part of the national mainstreaming strategy NACO supports the sensitization and capacity building of community level functionaries and women

groups on issues of HIV/AIDS prevention, care, treatment, support and stigma & discrimination. ANM, ASHA, AWW, PRI and SHG are trained to raise awareness, support PLHIV and address stigma issues. The Link Workers Scheme also addresses stigma and discrimination issue at community level in villages

Whenever, any reports of stigma and discrimination come to notice of NACO or State AIDS Control Societies, immediate efforts are made to address these issues through concerned authorities so that action is taken against those found guilty and such acts of discrimination are not repeated.

NACO, in partnership with district level networks, is currently running 201 Drop-in-Centres that provide psychosocial support to PLHIV. NACO is committed to the principle of Greater Involvement of People living with HIV and AIDS (Greater Involvement of People living with HIV/AIDS-GIPA) and promotes formation of positive networks. These networks also address issues of stigma and discrimination at various levels. GIPA Coordinators, who are mostly positive, have been appointed in major State AIDS Control Societies. Positive people are involved at different levels of programme design and implementation. They are members of Technical Resource Groups on various subjects formed by NACO. They are involved in training programmes and outreach activities.

As regard introduction of HIV/AIDS Bill in Parliament, the same is under active consideration of the Department."

Comments of the Committee

7. Taking note of the fact that despite Government's efforts, the incidence of discrimination against HIV positive persons continued to rise in the society, the Committee recommended that the Government should initiate some more intense and focused projects in respect of people living with HIV/AIDS, especially women. The Committee also recommended for expeditious finalisation and introduction of the proposed Bill relating to the issue of stigma and discrimination against women victims of HIV/AIDS in Parliament.

In this regard, the Ministry of Health and Family Welfare in their action taken reply have submitted that stigma and discrimination is one of the key underlying themes in all the intervention and the issue has been addressed through a number of campaigns and initiatives, including the Red Ribbon Express, world's largest mass mobilization campaigns which has directly reached 80 lakh people to address HIV prevention, care, treatment, support and stigma & discrimination and the multimedia campaigns for youth in 8 States of north-eastern India. They further stated that whenever, reports of stigma and discrimination come to the notice of NACO or State AIDS Control Societies, immediate efforts are made to address these issues through concerned authorities so that action is taken against those found guilty and such acts of discrimination are not repeated.

While appreciating the outreach of the campaigns introduced across the country to address the stigma and discrimination and also to sensitise the social groups, the Committee would, however, like to push for vigorous efforts of the kind to continue in future to deal with this scourge effectively.

As regards the introduction of HIV/AIDS Bill in Parliament, the Ministry have replied that the same is under active consideration of the Department. The Committee are not impressed by the progress in the matter. The Committee are constrained to note that it has been more than a year's time since the Committee underlined the need for early introduction of the Bill in view of the grave social repercussions of this 'evil'. However, no concrete steps except 'keeping under active consideration of the Department' have been reported so far. To the Committee's surprise, even through their reply, the Department has not categorically assured that all the formalities with regard to giving final touches to the Bill and its proposed tabling in the Parliament will be completed within a reasonable timeframe. The Committee, therefore, while expressing their strong disappointment, reiterate and desire that the proposed Bill relating to the issue of stigma and discrimination against women victims of HIV/AIDS be finalised and introduced in Parliament without further delay.

Recommendation No. 106

Female Condoms to be made available with ASHAs and special drive needed to promote its use

8. Highlighting the fact that the Female Condoms be made available with ASHAs and special drive needed to promote its use, the Committee recommended as under:

"The Committee note that unprotected heterosexual contact continues to be the main route i.e. 87 percent of HIV infection. Therefore, the Committee find that the only potent preventive tool available in this regard is the use of condoms. The Committee find that women are not able to negotiate the use of condoms with their male partners. In order to address this need, female condoms have been introduced in the country. The Committee further note that NACO has launched a number of innovative approaches to promote the use of condoms including Female Condoms (FC). The Department of AIDS Control has decided to promote the use of female condoms across the country to control the spread of HIV/AIDS by scaling up the programme further to 9 States in 2010 to cover 2 to 3 high prevalence districts in each of Delhi, Gujarat, Karnataka, Madhya Pradesh, Assam, Punjab, Haryana, Chhattisgarh and Uttar Pradesh. However, it has been found that in our society it is difficult for women to negotiate use of condoms even within marriage. The Committee, therefore, recommend that the Government should take steps to enhance the level of awareness about the benefits of the use of condom and also sensitize the masses so that even females are able to negotiate the use of condoms. The Committee further recommend that the Government should initiate a special drive to popularize the

use of female condoms and these should be made available free of cost through ASHAs especially in high prevalence States. This will lead to easy availability of female condoms and women will not be hesitant to procure and use them".

9. Replying to the above recommendation, the Ministry of Health and Family Welfare have submitted as follows:

"In the year 2010-11, the Female Condom (FC) programme was successfully scaled up in 4 States of Tamil Nadu, Maharashtra, Andhra Pradesh and West Bengal. This was in Targeted Intervention, with a special focus on the Female Sex Workers (FSW). In all, total 11 lakh pieces of Female Condoms have been sold to over 2 lakh FSW population spread in these 4 States through TI NGOs. In the current FY also, Female Condom programme, supported by NACO is being implemented in these 4 States. Female Condom programme has a very strong component of capacity building of TI NGOs, Peer Educator as well as communication campaign including folk media in the field. Scale up of FC programme in two district each in nine States of Delhi, Gujarat, Karnataka, MP, Punjab, Haryana, Chattisgarh, Assam and UP to be implemented by HLFPT is also envisaged.

Another FC scale up programme funded by United Nations Population Fund (UNFPA) is being implemented by the Population Services International (PSI) in the States of Rajasthan, Bihar and Orissa.

Regarding the recommendation that "Government should initiate a special drive to popularize the use of female condoms and these should be made available free of cost through ASHAs especially in high prevalence States." It is intimated that ASHA come under the purview of Department of Health Family Welfare. That Department has not included supply of 'Female Condom' in the National Family Welfare Programme being run by them".

Comments of the Committee

10. In view of difficulty being encountered by women in negotiating the use of condoms with their male partners, the Committee emphasized the necessity to promote the use of Female Condoms (FC) and accordingly, recommended that the Government should take steps to enhance the level of awareness amongst women about the benefits of use of Female Condoms. The Committee further recommended that the Government should initiate a special drive to popularize the use of female condoms and that they should be made available free of cost through ASHAs especially in high prevalence States.

In this regard, the Ministry, in their reply, have stated that a FC programme with a special focus on the Female Sex Workers (FSW) has been successfully scaled up in 4 States of Tamil Nadu, Maharashtra, Andhra Pradesh and West Bengal in the year 2010-11. Further, the scale up of Female Condom (FC) programme in two districts each in 9 States of Delhi, Gujarat, Karnataka, MP, Punjab, Haryana, Chhattisgarh, Assam and UP to be implemented by HLFPT is

also envisaged. The Committee feel that such drives will certainly go a long way in mitigating the incidences of HIV/AIDS if they are implemented effectively and reviewed regularly. The Committee, therefore, desire that efforts towards this end should be intensive and continual.

Regarding the recommendation to popularize the use of female condoms and their free supply through ASHAs, especially in high prevalence States, the Ministry have intimated that ASHA come under the purview of Department of Health and Family Welfare and they have not included supply of 'Female Condom' in the National Family Welfare Programme being run by them. The Committee are perturbed to note that despite the fact that both the departments viz. Department of AIDS Control and Department of Health and Family Welfare come under the administrative control of Ministry of Health and Family Welfare, they have demonstrated a least degree of coordination between them as is evident from the reply. The Committee take serious note of the casual approach of the Department which, while forwarding their reply, have not been courteous enough to give detailed reasons for denial of inclusion of such provisions by the other Department.

Recommendation No. 113

Need to establish more Drop-in-Centres along with special desk for women visitors.

11. The Committee in their original report, *inter-alia*, emphasized the need for establishing more Drop-in-Centres along with special desk for women visitors and recommended as under:

"The Committee find that the Department of AIDS Control through State AIDS Control Societies (SACS) has been supporting establishment and strengthening of Drop-in-Centres (DICs). These centres offers opportunities for HIV infected persons to come together, share and seek solutions for their problem, avail services and support to get direction for their lives. The Committee also note that about 50 per cent of the people who reach out to these DICs are women. At present, there are a total of 208 DICs operational across the country. The Committee feel that in view of number of HIV positive persons and the fact that 50% of the visitors are women, 208 Drop-in-Centres are not sufficient. The Committee, therefore, recommend that Government should impress upon the State Governments to take steps to establish more DICs for the HIV positive persons along with a special help desk for women visitors."

12. In this regard, the Ministry of Health and Family Welfare have, *inter-alia*, submitted the following reply:

"Women, whether, married/single, divorced/ widowed, sex workers or seasonal migrants or adolescent girls are more susceptible to the negative impacts of HIV and AIDS. NACO has opened Drop-in-Centers (DIC) primarily in 'A' and 'B' category districts (the districts which have higher prevalence of HIV and high number of HIV infected people) to provide a platform for psycho-social support to people living with HIV (PLHIV) which are accessed by both men & women. DICs ensure that PLHIV can come together and share their problems and are provided with support and linkages to services. These centers are run by NACO primarily through the networks of HIV positive people. Currently, 208 such centers are functional across the country. Each DIC has outreach workers who reach out to PLHIVs including women. DICs provide support to Women Living with HIV/AIDS with referral support, family counseling services and also advocating against stigma & discrimination within family and society. Special focus is laid on addressing issues of care, support, treatment or stigma related to women in every Drop-in-Centres."

Comments of the Committee

13. In light of the number of HIV positive persons and amongst them 50% being mainly women visiting Drop-in-Centres (DICs), the platform for psycho-social support to them, the Committee observed that 208 DICs operational across the country are not sufficient and thus recommended that the Government should impress upon the State Governments to take steps to establish more DICs for the HIV positive persons along with special help desks for women visitors.

In their reply to the recommendation, the Ministry have stated that NACO has opened Drop-in-Centers (DIC) primarily in 'A' and 'B' category districts (the districts which have higher prevalence of HIV and high number of HIV infected people) to provide a platform for psycho-social support to people living with HIV (PLHIV) which are accessed by both men & women. These centers are run by NACO primarily through the networks of HIV positive people.

However, as regards the pointed recommendation of the Committee to take up the matter of establishing more number of DICs with the State Governments, it is distressing to note that the reply of the Ministry is conspicuously silent. This gives reason to the Committee to believe that no real efforts in this direction have been initiated. The Committee take exception to the inaction and indifferent attitude of the Government towards recommendation of the Committee. They, therefore, reiterate their earlier recommendation and desire that all necessary steps are taken at the earliest.

Recommendation No. 114

Need to organize health melas for testing of HIV/AIDS at CHC level once in three months

14. On the need for organising health melas for testing of HIV/AIDS at CHC level once in three months, the Committee recommended as under:

"The Committee find that the large number of home deliveries is a major reason for low coverage of the programme of prevention of Parent-to-Child Transmission (PPTCT) particularly in the Northern States. Although, public health providers under NFHM i.e. ASHAs, ANMs, AWWs have already been involved to create awareness among women for institutional deliveries in rural area, the uptake of pregnant women for institutional deliveries is not so encouraging. The Committee, therefore, recommend that the Government should give directions to the health Departments of the State Governments to organize Health Melas for testing of HIV/AIDS at CHC level once in three months to identify pregnant women living with HIV infection. This will be helpful while providing them PPTCT coverage."

15. The Ministry of Health and Family Welfare in their action taken reply on the aforementioned recommendation have, inter-alia, stated as under:-

"NACO has adopted the policy of providing universal access to PPTCT services and as part of the strategy; ANMs are trained for screening pregnant women for HIV through whole blood finger prick method. This is to ensure that more and more pregnant women can be screened and offered PPTCT services.

The recommendation made by the committee is already being implemented in a phased manner and the same will be scaled up."

Comments of the Committee

16. The Committee, while expressing concern over low coverage of the programme of prevention of Parent-to-Child Transmission (PPTCT) particularly in the Northern States due to poor uptake of pregnant women for institutional deliveries by the public health providers, recommended that the Government should give directions to the health Departments of the State Governments to organize Health Melas for testing of HIV/AIDS at CHC level once in three months to identify pregnant women living with HIV infection.

Replying to the recommendation, the Ministry have stated that NACO has adopted the policy of providing universal access to PPTCT services and as part of the strategy; ANMs are trained for screening pregnant women for HIV through whole blood finger prick method. This is to ensure that more and more pregnant women can be screened and offered PPTCT services. Further, the recommendation made by the committee is already being implemented in a phased manner and the same will be scaled up.

The Committee are happy to note that NACO is seized of the matter and adopting strategic initiatives to enhance the uptake proportion. The Committee however, believe that in addition to other initiatives, the viability of organizing Health Melas for testing of HIV/AIDS at CHC level once in three months to identify pregnant women living with HIV infection should also be seriously considered to make PPTCT services really effective and result- oriented.

Recommendation No. 115

Special incentive for grass root workers like ASHAs, ANMs and AWWs for getting HIV test done for pregnant women.

17. Emphasizing the need for Special incentive for grass root workers like ASHAs, ANMs and AWWs for getting HIV test done for pregnant women, the Committee *inter-alia* recommended as under:

"The Committee note that a large number of children are infected from their mother either during pregnancy or during child birth, the programme for Prevention of Parent to Child Transmission (PPTCT) plays an important role to prevent transmission of HIV to the child from his/her mother. The programme involves counseling and testing of pregnant women, detection of HIV positive pregnant women and the administration of prophylactic nevirapine to them and their infants, to prevent the mother to child transmission of HIV. The Committee also find that there are 27 million annual pregnancies in the country and 4.6 million (17%) of the pregnant woman are covered under programme for Prevention of Parent to Child Transmission (PPTCT). From January, 2009 to October, 2009 only 8,571 Mother Baby pairs (54%) were given prophylactic Nevirapine out of 15,900 positive pregnant women. The Committee find that the low coverage of pregnant women under PPCT is mainly due to the large number of home deliveries in northern India, emergency cases at labour room and limited integration with National Rural Health Mission (NRHM). The Committee feel that public health providers like ASHAs, ANMs and AWWs can play an important role in motivation women in rural areas for institutional deliveries and voluntary testing of HIV during pregnancy. The Committee, therefore, recommend that health workers like ASHA and other grass root functionaries like AWWs and ANMs should be incentivized specifically for getting a pregnant woman tested for HIV during pregnancy."

18. In this regard, the Ministry of Health and Family Welfare have, *inter-alia*, submitted the following reply:

"NACO is collaborating with NRHM and it has started training ASHA, ANMs and AWWs for counseling pregnant women on HIV testing and option for voluntary testing."

Comments of the Committee

19. The Committee, in their original report, had recommended that health workers like ASHA and other grass root functionaries like AWWs and ANMs should be incentivized specifically for getting a pregnant woman tested for HIV during pregnancy.

In the action taken reply, the Ministry have stated that NACO is collaborating with NRHM and it has started training ASHA, ANMs and AWWs for counseling pregnant women on HIV testing and option for voluntary testing. The Committee are not convinced with the reply of the Government as they, partly accepting the recommendation of the Committee, have by now undertaken steps only for collaborating with NRHM and training grass root functionaries to counsel the pregnant woman for the HIV test. Working on modalities of incentivizing them for their valuable contribution in early detection and timely treatment of fatal disease remains to be done. The Committee, therefore, desire that action on the second important part of their earlier recommendation should also be taken with promptitude.

CHAPTER II

OBSERVATIONS/RECOMMENDATIONS WHICH HAVE BEEN ACCEPTED BY THE GOVERNMENT

(Recommendation No. 104)

Need to provide Anti Retroviral Treatment to all children with HIV and increase the number of Community Care Centers for them.

The Committee note that a large number of children are infected from their mothers either during pregnancy or during child birth and a few of them are infected through the transfusion of contaminated blood or its products. As per the 2008 estimates for national adult HIV prevalence, there are about 23 lakhs persons living with HIV, out of which 94,000 are children. A total of 64,661 children living with HIV are registered, out of which only 19,182 were receiving Anti Retroviral Treatment (ART) till March, 2010. The Committee further note that NACO has instituted 6 Community Care Centers for HIV positive children and has plans to scale it up further with the support of Ministry of Women and Child development, Ministry of Social Justice and Empowerment and Ministry of Human Resource Development. The Committee feel that children infected with HIV get trapped in the vicious cycle as they not only suffer pathologically but they are also socially ostracized. The Committee, therefore, recommend that the Government should take necessary steps to provide Anti Retroviral Treatment on top priority to all the children who are living with HIV/AIDS and also establish more Community Care Centers for Children living with HIV in consultation/coordination with the Ministries of Women and Child Development, Social Justice and Empowerment and Human resource Development.

Replies of the Ministry of Health and Family Welfare (Department of AIDS Control)

ART services are available for pediatric patients in all the ART Centers. Other initiatives are as follows:

Early Infant Diagnosis: NACO is committed to provide ART to all Children living with HIV/AIDS (CLHA) & all effort are being made to identify children infected with HIV. A major step forward in the area of HIV diagnosis for infants and children has been taken by formulating technical and operational guidelines on "Care of HIV exposed infants and children below 18 months of age" under Early Infant Diagnosis programme. The EID programme is being rolled-out in phased manner through 767 Integrated Counseling & Testing Centers and 179 ART Centers in the country.

There are 253 Community Care Centre (CCC) functional across the country. CCC is established with the help of NGOs and supported by NACO. All these centers

provide psychological support, counseling and treatment for OIs to all CLHA. The 6 CCC established specially for children are in addition to the 253 & they provide service to HIV infected as well as affected children. Based on capacity of the existing centers, a further expansion shall be undertaken.

(OM No. H.11013/2/2010-NACO (P&C) Date: August 5, 2011)

Recommendation No. 105

Need to conduct a survey to ascertain the impact of AIDS awareness programmes

The Committee find that the Government have taken many initiatives to generate awareness about HIV/AIDS through wide publicity on the issues relating to the cause of the disease, modes of its transmission, methods for prevention etc. Some of the initiatives taken by the Government to create awareness are Red Ribbon Express, Radio / Television programmes, Adolescence Education programme, involvement of SHGs and Panchayats, special campaign in north east, involvement of ASHAs / Anganwadi Workers in rural areas etc. The Committee appreciate the efforts made by the Government towards awareness generation initiatives. However, the Committee, feel that in addition to creating awareness about HIV/AIDS. It is equally important to ascertain the impact of such efforts. The Committee, therefore, recommend that the Central Government should direct the State Governments to conduct a quick survey to ascertain the impact of the awareness generation programmes on women in general and the women who have been living with HIV/AIDS. Such a survey will bring out a clear picture of the impact of AIDS awareness programmes and thus help in formulation of targeted intervention programmes.

Replies of the Ministry of Health and Family Welfare (Department of AIDS Control)

NACO conducts regular surveys and evaluation studies to assess the impact of its awareness programmes. Behavioral Surveillance Survey is conducted every five years to ascertain the levels of knowledge, attitudes and practices. This guides NACO in understanding the change that the programme has brought about and also gives directions for future Information Education Campaign (IEC) and Behavior Change Communication (BCC) initiatives. Along with these national surveys NACO undertakes regular evaluation studies. Some of studies done in the recent past include:

Evaluation of ICTC/PPTCT Campaigns in 2007

Evaluation of Multi Media Campaign in 2007-08

Evaluation of three radio programmes i.e. Babli Boli (for rural women), Kitne Door Kitne Paas (for migrants) and 5 Down Mohabbat Express (Migrant Youth) in 2009 – 2010

Impact assessment of training of SHGs on HIV and AIDS (continuing)

Impact Evaluation of Red Ribbon Express in 2009 – 2010

Evaluation of Drop-in Centres (continuing)
Impact Evaluation of television series Kalyani in 2009-10
Impact Evaluation of STI Campaign through Digital Cinema Network in 2009 – 2010
A Rapid Audience Appraisal of Condom Campaign through Metro Panels in 2009 – 2010
Evaluation of IEC Activities done through Thirupati Devsthanam Trust in 2009 – 2010
NACO STI Campaign
Television Audience Measurement (TAM) analysis on mass media campaign regularly

(OM No. H.11013/2/2010-NACO (P&C) Date: August 5, 2011)

Recommendation No. 107

Need to establish more ART Centres for easy access by PLHIV.

The Committee find that Anti-Retroviral Treatment (ART) has changed the attitude of public towards HIV/AIDS as this disease is now seen as a chronic manageable disease. It cannot eliminate the virus from the body but it reduces the morbidity and mortality significantly and improves the quality of life. Many HIV positive persons including women, who were otherwise hiding their HIV status are now coming forward for diagnosis and treatment. The Committee also note that the Anti Retroviral Treatment is available free of cost at Anti Retroviral Treatment (ART) Centres which are located mostly in Medical Colleges and District Hospitals. At present, there are 269 ART Centres functional across the country. The Committee feel that in view of the number of persons living with HIV/AIDS, 269 ART Centres are not sufficient to provide treatment to all HIV infected persons. The Committee, therefore, recommend that the Government should set up more ART Centres so that more HIV positive persons are able to have an easy access to the Centres for their treatment.

Replies of the Ministry of Health and Family Welfare (Department of AIDS Control)

The ART is available free of cost at all ART centers for all the eligible PLHA including women & children. At present 306 ART Centers are functional across the country. The ART Centers are set up based on prevalence of HIV infection, the region, volume of People Living with HIV/AIDS detected and capacity of the institution to deliver ART related services. Pre-ART management is also available at all the ART centers. As per Rolling Continuation Channel Phase IV (RCC- Rd 4), a total 375 ART Centers will be established by year 2013-14. In order to provide care near to the home, the concept of LAC has been developed & there are 612 LACs functional across the country & by the year 2013-14 total 1200 LACs will be established.

(OM No. H.11013/2/2010-NACO (P&C) Date: August 5, 2011)

Recommendation No. 108

ART Centres to be established in Andaman & Nicobar, Lakshadweep, Daman & Diu and Dadra & Nagar Haveli.

The Committee find that no fully fledged ART Centres have been established in the Union Territories of Andaman & Nicobar, Lakshadweep, Daman & Diu and Dadra & Nagar Haveli. The reason cited by the Government in this regard that there are less number of HIV positive persons in these Union Territories. The Committee also note that the Union Territory of Dadra & Nagar Haveli is covered under Link ART Center which is functioning in Silvassa and a Link ART Centre is also being set up in Daman & Diu. However, the Committee feel that the number of persons living with HIV/AIDS should not be the criterion for establishing an ART Centre, rather efforts should be made to provide accessibility of ART Centres to PLHIV. The Committee, therefore, recommend that full-fledged ART Centres should be established at Union Territories of Andaman & Nicobar, Lakshadweep, Daman & Diu and Dadra & Nagar Haveli.

Replies of the Ministry of Health and Family Welfare (Department of AIDS Control)

As recommended by Committee, efforts will be made to provide accessibility to ART to PLHIV in Union Territory Andaman & Nicobar, Lakshadweep, Daman & Diu and Dadra & Nagar Haveli. In this regard, LAC have already been sanctioned in the Union Territories, 2 LAC in Daman & Diu and one in Andaman & Nicobar, in Dadar Nagar Haweli & in Lakshadweep & Pre-ART management and CD4 testing facility will be introduced in phased manner.

(OM No. H.11013/2/2010-NACO (P&C) Date: August 5, 2011)

Recommendation No. 109

Free transport facility to PLHIV to access ART Centres.

The Committee note that presently ART treatment is available at Medical Colleges and District Hospitals in the country. People who are undergoing the treatment have to go these Medical Colleges and District Hospitals which are not usually located at an easily accessible distance. The Committee also note that some State Governments viz. Orissa, Rajasthan, Assam, Gurjarat, Himachal Pradesh and Tamil Nadu have provided free bus travel facility to the people living with HIV/AIDS for travelling to ART Centres for their treatment. The Committee feel that often women living with HIV are not able to have an access to the information and services due to lack of mobility and financial constraints. The Committee, therefore, recommend that the Government should instruct all the State Governments to provide free bus passes to HIV positive persons so that they can easily travel to the ART Centres for their

treatment. This will certainly help PLHIV in general and women victims in particular whose mobility is limited due to financial constraints.

**Replies of the Ministry of Health and Family Welfare
(Department of AIDS Control)**

Letter requesting for free passes for PLHIV has already been sent to state govt. by Ministry of Surface transport. The States of Bihar, Karnataka, Manipur, Sikkim, Orissa, Rajasthan, Assam, West Bengal, Punjab, Goa, Jammu & Kashmir, Himachal Pradesh and Tamil Nadu are already providing/subsidizing free transport facility to PLHIV.

(OM No. H.11013/2/2010-NACO (P&C) Date: August 5, 2011)

Recommendation No. 110

All PHCs in pockets with high concentration of PLHIV to have ICTCs

The Committee note that Integrated Counseling and Testing Centres have been established, where a person is counseled and tested for HIV on his own will or as advised by a medical practitioner. In India, ICTCs are the first interface point for a person with the entire range of prevention, care and treatment service, provided under the umbrella of National AIDS Control Programme (NACP). The ICTCs are available in Medical Colleges, District Hospitals and Community Health Centres and few Primary Health Centres (PHCs). The Committee, further note that presently only 1704 PHCs are equipped with the facility of testing and counseling services of HIV/AIDS. The Committee feel that sufficient ICTCs are not available spread across the country and, therefore, they are not easily accessible to the people living with HIV/AIDS. The Committee recommend that the number of ICTCs should be increased across the country and more and more such Centres should be established in the high prevalent States. The Committee also recommend that pockets with high concentration of PLHIV should be identified and all PHCs in such areas should be provided with facility of testing and counseling services of HIV/AIDS.

**Replies of the Ministry of Health and Family Welfare
(Department of AIDS Control)**

Both the recommendations are already a part of NACO policy and are being implemented in coordination with NRHM not only in the high prevalent States but also in other States. The scale up of counseling and testing facilities is being done through establishing facility integrated ICTCs in 24x7 Primary Health Centres(PHCs). This will boost the efforts of scaling up of these services so that more and more people can access the same.

(OM No. H.11013/2/2010-NACO (P&C) Date: August 5, 2011)

Recommendation No. 112

Need to provide Vocational Training to People Living with HIV/AIDS.

The Committee note that women account for more than 70 per cent of caregivers when it comes to providing care to PLHIV. It is a matter of concern that nearly 20 per cent of caregivers themselves are HIV positive. They also need social safety net and means for sustainable livelihood. With loss of income as a result of illness or death of the earning member, women have to very often support their family in whatever way they can. This may include doing low paid unskilled work or being pushed into sex work to meet the financial needs of the family. The problems of PLHIV are compounded due to lack of family income and employment opportunities. The Committee feel that efforts need to be made to provide some vocational skills to AIDS victims with special focus on women so that they can hope for a better future and reliable means to feed their families. The Committee, therefore, recommend that vocational training should be provided at each Community Care Centre in the high prevalent States so that PLHIV specially women can acquire practical skills for income generation.

Replies of the Ministry of Health and Family Welfare (Department of AIDS Control)

As a part of their function, the Community Care Centre (CCC) link PLHA to various social welfare schemes including vocational training programmes.

(OM No. H.11013/2/2010-NACO (P&C) Date: August 5, 2011)

Recommendation No. 116

Legal Aid to women living with HIV/AIDS.

The Committee find that often women is blamed for her husband's or child's illness associated with HIV infection. According to a study conducted by United Nations Development Programme (UNDP), ninety per cent of women who were widowed as a result to their husband's death due to AIDS have stopped living in their marital house. Women living with HIV/AIDS usually face problems on the issues relating to inheritance of property of their husband and custody of their child. The Committee find that legal help is being provided to people living with HIV infection through Legal aid Cells, Bar Associations or Legal Aid Clinics in the States of Chattisgarh, Punjab, Uttar Pradesh, West Bengal, Maharashtra, Tamil Nadu and Gujarat. The Committee appreciate the efforts made by these State Governments and recommend that the Central Government should direct the other State Governments to follow suit and give instructions to their Law Departments to establish Special Legal Cells to provide free legal aid to people living with HIV infection.

**Replies of the Ministry of Health and Family Welfare
(Department of AIDS Control)**

NACO supports State AIDS Control Societies (SACS) to work with State Legal Aid Service Authority and consequently with District Legal Aid Service Authority to form special legal cells and/ to provide free legal aids service to people including women living with HIV/AIDS. Some States have already formed special legal aids clinics for People Living with HIV (PLHIV) and Women Living with HIV (WLHIV) like Tamil Nadu, while other States are working on the matter. NACO will follow the recommendations of the Committee to ensure that the process effectively addresses the legal aid issues of WLHIV in the country.

(OM No. H.11013/2/2010-NACO (P&C) Date: August 5, 2011)

Recommendation No. 117

BPL status to people living with HIV/AIDS.

The Committee observe that some States viz. Assam, Gujarat, Orissa and Rajasthan are currently providing Below Poverty Line (BPL) Cards to people living with HIV/AIDS to provide nutritional support. The Committee note that the Department of AIDS Control has suggested for automatic inclusion of the “household with People Living with HIV/AIDS as bread earner” as a BPL family to the Ministry of Rural Development in response to the report of the expert committee on the methodology for BPL Census, 2009. The Committee feel that nutritional support is an essential component of treatment of people living with HIV/AIDS. The Committee, therefore, recommend that the Government should give direction to all the State Governments to provide BPL status to ‘the house hold with PLHIV as bread earner’.

**Replies of the Ministry of Health and Family Welfare
(Department of AIDS Control)**

NACO, through SACS, have been engaging State Governments to provide for BPL status to PLHIV. Some States have given BPL status to PLHIV.

(OM No. H.11013/2/2010-NACO (P&C) Date: August 5, 2011)

Recommendation No. 118

Pension Scheme for people living with HIV/AIDS.

The Committee note that financial help is being provided to Women Living with HIV/AIDS under the Madhu Babu Pension Yojana in Orissa by giving an amount of Rs. 200/- pension per month. The Government of Rajasthan has done away with the age consideration for Women Living with HIV under Widow Pension Scheme. While appreciating the efforts made by the States of Orissa and Rajasthan the Committee is of the firm opinion that a mere financial help of Rs. 200/- in the form of pension is not

enough to meet the requirements of HIV positive persons as they require to spend on treatment, nutritional diet, etc. The Committee, therefore, recommend that the Government should formulate a Pension Scheme for Persons living with HIV/AIDS and the amount of the pension should not be less than Rs. 600/- per month.

**Replies of the Ministry of Health and Family Welfare
(Department of AIDS Control)**

NACO through SACS and State Council on AIDS have advocated for provisions of pension. Amount is decided by States.

(OM No. H.11013/2/2010-NACO (P&C) Date: August 5, 2011)

CHAPTER III

OBSERVATIONS/RECOMMENDATIONS WHICH THE COMMITTEE DO NOT DESIRE TO PURSUE IN VIEW OF THE REPLIES OF THE GOVERNMENT

-NIL-

CHAPTER IV

OBSERVATIONS/RECOMMENDATIONS IN RESPECT OF WHICH REPLIES OF THE GOVERNMENT HAVE NOT BEEN ACCEPTED BY THE COMMITTEE

(Recommendation No. 103)

Need to expedite the bill for the welfare of People Living with HIV/AIDS

The Committee find that the stigma relating to HIV affect women more intensively than men, preventing them from accessing treatment, information and prevention services. The construct of 'social evils' produce greated stigma among women because HIV is closely associated with immoral behaviour, such as sex work. Issues like control of property rights, residence and care facilities confront the single and widowed women. The committee feel that stigma and discrimination associated with HIV and AIDS act as a great barrier in preventing further spread of infection and to the required access for the care, support and treatment services that allow PLHIV (People Living with HIV/AIDS) to lead productive lives. The Committee are disappointed to note that the Governemtn have initiated only 12 Projects related to stigma and discrimination against people living with HIV/AIDS in 7 States viz. Maharashtra, Andhra Pradesh, Tamil Nadu, Rajasthan, Delhi, Karnataka and West Bengal in collaboration with United Nations Development Programmes (UNDP). The Committee feel that incidences of discrimination against HIV positive persons are prevalent in our society and in spite of efforts made by the Government, they are still on the rise often covertly. The Committee, therefore, recommend that the Government should initiate some more projects of the similar kind which are more intense and focused towards the issue of discrimination in respect of people living with HIV/AIDS, especially women. The Committee further desire that in case of any discrimanation against PLHIV, the responsible person/institution should be held accountable and penalised.

The Committee are happy to learn that the Government is proposing to introduce a Bill in Parliament relating to the issue of stigma and discrimination against women vicitms of HIV/AIDS. The Committee recommend that the Government should finalise the Bill expeditiously and introduce it in Parliament without any further delay so that women victims of HIV/AIDS get relief from the highly prevalent stigma and discrimination. "

Reply of the Ministry of Health and Family Welfare (Department of AIDSControl)

Stigma and Discrimination is one of the key underlying themes in all the intervention. The issue has been addressed through a number of campaigns and initiatives.

The Red Ribbon Express, world's largest mass mobilization campaigns, directly reached 80 lakh people to address HIV prevention, care, treatment, support and stigma & discrimination. During its one year long journey the train traveled through 152 stations in 22 States. During its run, 81,000 district resource persons received training, 36,000 people got themselves tested for HIV and 28,000 people received general health check-up. In addition to the dedicated exhibits on issues related to stigma and discrimination, a training coach was included to train the district resource persons on Stigma and Discrimination. These sessions were facilitated by people living with HIV/AIDS themselves.

NACO has initiated multimedia campaigns for youth in 8 States of northeastern India. These are Mizoram, Nagaland, Manipur, Meghalaya Assam, Arunachal Pradesh, Tripura and Sikkim. The campaign reaches out to youth and general population with messages on HIV and stigma & Discrimination through music, sports, interpersonal communication and traditional festivals. As a part of the campaign advocacy is also done with faith based group.

NACO has undertaken many mass media campaigns to address S&D- some of the campaigns used celebrities such as Shabana Azmi and Jackie Shroff. Recently during 2010-11, NACO undertook a one month campaign through television and radio advertisements addressing S&D issue. Two advertisements were broadcast during the campaign. These were focused on stigma and discrimination at workplaces and educational institutions.

NACO has also addressed stigma and discrimination issue through its long format TV and radio programmes like Jasoos Vijay, Kyonki Jeena Isi Ka Naam Hai, Kalyani, Kitne Door Kitne Paas, 5 Down Mohobbat Express and Babli Boli.

As a part of the national mainstreaming strategy NACO supports the sensitization and capacity building of community level functionaries and women groups on issues of HIV/AIDS prevention, care, treatment, support and stigma & discrimination. ANM, ASHA, AWW, PRI and SHG are trained to raise awareness, support PLHIV and address stigma issues. The Link Workers Scheme also addresses stigma and discrimination issue at community level in villages

Whenever, any reports of stigma and discrimination come to notice of NACO or State AIDS Control Societies, immediate efforts are made to address these issues through concerned authorities so that action is taken against those found guilty and such acts of discrimination are not repeated.

NACO, in partnership with district level networks, is currently running 201 Drop-in-Centres that provide psychosocial support to PLHIV. NACO is committed to the principle of Greater Involvement of People living with HIV and AIDS (Greater Involvement of People living with HIV/AIDS-GIPA) and promotes formation of positive networks. These networks also address issues of stigma and discrimination at various levels. GIPA Coordinators, who are mostly positive, have been appointed in major State AIDS Control Societies. Positive people are involved at different levels of programme

design and implementation. They are members of Technical Resource Groups on various subjects formed by NACO. They are involved in training programmes and outreach activities.

As regard introduction of HIV/AIDS Bill in Parliament, the same is under active consideration of the Department

(OM No. H.11013/2/2010-NACO (P&C) Date: August 5, 2011)

Comments of the Committee

Please refer to the comments of the Committee at para no. 7 of the Chapter I of the Report.

Recommendation No. 106

Female Condoms to be made available with ASHAs and special drive needed to promote its use

The Committee note that unprotected heterosexual contact continues to be the main route i.e. 87 percent of HIV infection. Therefore, the Committee find that the only potent preventive tool available in this regard is the use of condoms. The Committee find that woman are not able to negotiate the use of condoms with their male partners. In order to address this need, female condoms have been introduced in the country. The Committee further note that NACO has launched a number of innovative approaches to promote the use of condoms including Female Condoms (FC). The Department of AIDS Control has decided to promote the use of female condoms across the country to control the spread of HIV/AIDS by scaling up the programme further to 9 States in 2010 to cover 2 to 3 high prevalence districts in each of Delhi, Gujarat, Karnataka, Madhya Pradesh, Assam, Punjab, Haryana, Chhattisgarh and Uttar Pradesh. However, it has been found that in our society it is difficult for women to negotiate use of condoms even within marriage. The Committee, therefore, recommend that the Government should take steps to enhance the level of awareness about the benefits of the use of condom and also sensitize the masses so that even females are able to negotiate the use of condoms. The Committee further recommend that the Government should initiate a special drive to popularize the use of female condoms and these should be made available free of cost through ASHAs especially in high prevalence States. This will lead to easy availability of female condoms and women will not be hesitant to procure and use them.

Replies of the Ministry of Health and Family Welfare (Department of AIDS Control)

In the year 2010-11, the Female Condom (FC) programme was successfully scaled up in 4 States of Tamil Nadu, Maharashtra, Andhra Pradesh and West Bengal.

This was in Targeted Intervention, with a special focus on the Female Sex Workers (FSW). In all, total 11 lakh pieces of Female Condoms have been sold to over 2 lakh FSW population spread in these 4 States through TI NGOs. In the current FY also, Female Condom programme, supported by NACO is being implemented in these 4 States. Female Condom programme has a very strong component of capacity building of TI NGOs, Peer Educator as well as communication campaign including folk media in the field. Scale up of FC programme in two district each in nine States of Delhi, Gujarat, Karnataka, MP, Punjab, Haryana, Chattisgarh, Assam and UP to be implemented by HLFPPPT is also envisaged.

Another FC scale up programme funded by United Nations Population Fund (UNFPA) is being implemented by the Population Services International (PSI) in the States of Rajasthan, Bihar and Orissa.

Regarding the recommendation that “Government should initiate a special drive to popularize the use of female condoms and these should be made available free of cost through ASHAs especially in high prevalence States.” It is intimated that ASHA come under the purview of Department of Health Family Welfare. That Department has not included supply of ‘Female Condom’ in the National Family Welfare Programme being run by them.

(OM No. H.11013/2/2010-NACO (P&C) Date: August 5, 2011)

Comments of the Committee

Please refer to the comments of the Committee at para no. 10 of the Chapter I of the Report

Recommendation No. 113

Need to establish more Drop-in-Centres along with a special desk for women visitors.

The Committee find that the Department of AIDS Control through State AIDS Control Societies (SACS) has been supporting establishment and strengthening of Drop-in-Centres (DICs). These centres offers opportunities for HIV infected persons to come together, share and seek solutions for their problem, avail services and support to get direction for their lives. The Committee also note that about 50 per cent of the people who reach out to these DICs are women. At present, there are a total of 208 DICs operational across the country. The Committee feel that in view of number of HIV positive persons and the fact that 50% of the visitors are women, 208 Drop-in-Centres are not sufficient. The Committee, therefore, recommend that Government should impress upon the State Governments to take steps to establish more DICs for the HIV positive persons along with a special help desk for women visitors.

**Replies of the Ministry of Health and Family Welfare
(Department of AIDS Control)**

Women, whether, married/single, divorced/ widowed, sex workers or seasonal migrants or adolescent girls are more susceptible to the negative impacts of HIV and AIDS. NACO has opened Drop-in-Centers (DIC) primarily in 'A' and 'B' category districts (the districts which have higher prevalence of HIV and high number of HIV infected people) to provide a platform for psycho-social support to people living with HIV (PLHIV) which are accessed by both men & women. DICs ensure that PLHIV can come together and share their problems and are provided with support and linkages to services. These centers are run by NACO primarily through the networks of HIV positive people. Currently, 208 such centers are functional across the country. Each DIC has outreach workers who reach out to PLHIVs including women. DICs provide support to Women Living with HIV/AIDS with referral support, family counseling services and also advocating against stigma & discrimination within family and society. Special focus is laid on addressing issues of care, support, treatment or stigma related to women in every Drop-in-Centres.

(OM No. H.11013/2/2010-NACO (P&C) Date: August 5, 2011)

Comments of the Committee

Please refer to the comments of the Committee at para no. 13 of the Chapter I of the Report

Recommendation No. 114

Need to organize health melas for testing of HIV/AIDS at CHC level once in three months

The Committee find that the large number of home deliveries is a major reason for low coverage of the programme of prevention of Parent-to-Child Transmission (PPTCT) particularly in the Northern States. Although, public health providers under NFHM i.e. ASHAs, ANMs, AWWs have already been involved to create awareness among women for institutional deliveries in rural area, the uptake of pregnant women for institutional deliveries is not so encouraging. The Committee, therefore, recommend that the Government should give directions to the health Departments of the State Governments to organize Health Melas for testing of HIV/AIDS at CHC level once in three months to identify pregnant women living with HIV infection. This will be helpful while providing them PPCT coverage.

**Replies of the Ministry of Health and Family Welfare
(Department of AIDS Control)**

NACO has adopted the policy of providing universal access to PPTCT services and as part of the strategy; ANMs are trained for screening pregnant women for HIV through whole blood finger prick method. This is to ensure that more and more pregnant women can be screened and offered PPTCT services.

The recommendation made by the committee is already being implemented in a phased manner and the same will be scaled up.

(OM No. H.11013/2/2010-NACO (P&C) Date: August 5, 2011)

Comments of the Committee

Please refer to the comments of the Committee at para no. 16 of the Chapter I of the Report

Recommendation No. 115

Special incentive for grass root workers like ASHAs, ANMs and AWWs for getting HIV test done for pregnant women.

The Committee note that a large number of children are infected from their mother either during pregnancy or during child birth, the programme for Prevention of Parent to Child Transmission (PPTCT) plays an important role to prevent transmission of HIV to the child from his/her mother. The programme involves counseling and testing of pregnant women, detection of HIV positive pregnant women and the administration of prophylactic nevirapine to them and their infants, to prevent the mother to child transmission of HIV. The Committee also find that there are 27 million annual pregnancies in the country and 4.6 million (17%) of the pregnant woman are covered under programme for Prevention of Parent to Child Transmission (PPTCT). From January, 2009 to October, 2009 only 8,571 Mother Baby pairs (54%) were given prophylactic Nevirapine out of 15,900 positive pregnant women. The Committee find that the Nevirapine out of 15,900 positive pregnant women. The Committee find that the low coverage of pregnant women under PPCT is mainly due to the large number of home deliveries in northern India, emergency cases at labour room and limited integration with National Rural Health Mission (NRHM). The Committee feel that public health providers like ASHAs, ANMs and AWWs can play an important role in motivation women in rural areas for institutional deliveries and voluntary testing of HIV during pregnancy. The Committee, therefore, recommend that health workers like ASHA and other grass root functionaries like AWWs and ANMs should be incentivized specifically for getting a pregnant woman tested for HIV during pregnancy.

Replies of the Ministry of Health and Family Welfare (Department of AIDS Control)

NACO is collaborating with NRHM has started training ASHA, ANMs and AWWs for counseling pregnant women on HIV testing and option for voluntary testing.

(OM No. H.11013/2/2010-NACO (P&C) Date: August 5, 2011)

Comments of the Committee

Please refer to the comments of the Committee at para no. 19 of the Chapter I of the Report.

CHAPTER V

OBSERVATIONS/RECOMMENDATIONS IN RESPECT OF WHICH THE GOVERNMENT HAVE FURNISHED INTERIM REPLIES.

Recommendation No. 111

Need to establish more Community Care Centres.

The Committee find that Community Care Centres act as standalone short stay home for PLHIV and play a critical role in enabling PLHIV to access ART, as well as provide monitoring, follow-up counseling support to pre ART and ART patients, positive prevention drug adherence, nutritional counseling etc., The Committee note that 300 Community Care Centres have been established to provide treatment to HIV positive persons. However, the Committee feel that in view of large number of persons infected with HIV, the number of Community Care Centres i.e. 300 is not adequate to cater to the health needs of the people living with HIV. The Committee, therefore, recommend that the Government should direct State Governments to establish more Community Care Centres to provide adequate support to the people living with HIV/AIDS.

Replies of the Ministry of Health and Family Welfare (Department of AIDS Control)

Assessment of Community Care centres(CCC) was undertaken by the Department in 2009-10. Following the assessment, findings and discussions thereafter in Technical Resource Group set up for CCC, it has been decided to review the scheme for ensuring quality & efficiency of services. The new guidelines have been developed for two-tier model of CCC, which will make more number of beds available to PLHIV.

(OM No. H.11013/2/2010-NACO (P&C) Date: August 5, 2011)

NEW DELHI
15 December, 2011
24 Agrahayana 1933 (Saka)

SMT. CHANDRESH KUMARI
CHAIRPERSON
COMMITTEE ON EMPOWERMENT OF WOMEN

**MINUTES
COMMITTEE ON EMPOWERMENT OF WOMEN (2011-2012)
Second Sitting
(15.12.2011)**

The Committee sat on Thursday, the 15th December, 2011 from 1530 hrs. to 1730 hrs. in Committee Room 'E', Parliament House Annexe, New Delhi.

PRESENT

Smt. Chandresh Kumari - Hon'ble Chairperson

MEMBERS

LOK SABHA

2. Smt. Susmita Bauri
3. Smt. Ashwamedh Devi
4. Smt. Rama Devi
5. Smt. Jyoti Dhurve
6. (Dr.) Smt. Botcha Jhansi Lakshmi
7. Dr. Jyoti Mirdha
8. Smt. Raneer Narah
9. Kum. Meenakshi Natrajan
10. Smt. Jayshreeben Kanubhai Patel
11. Smt. Yashodhara Raje Scindia
12. Rajkumari Ratna Singh
13. Shri M. Thambidurai

RAJYA SABHA

14. Smt. Naznin Faruque
15. Shri Jabir Husain
16. Shri Ambeth Rajan
17. Smt. Maya Singh
18. Smt. Vasanthi Stanley
19. Dr. Prabha Thakur

SECRETARIAT

1. Shri C.S. Joon Director
2. Smt. Mamta Kemwal Deputy Secretary
3. Smt. Reena Gopalakrishnan Under Secretary

2. At the outset, Chairperson welcomed the Members to the sitting of the Committee.

3. The Committee then took up the following draft Reports for consideration:

X X X X X X

ii) Draft Action Taken Report on the action taken by the Government on the recommendations contained in their Fifth Report (Fifteenth Lok Sabha) on the subject 'Women Victims of HIV/AIDS'.

4. After some deliberations, the Committee adopted the draft Reports with some changes and authorised the Chairperson to finalise the Reports and present the same to the Parliament.

5. The Committee then adjourned.

(Vide Para 4 of the Introduction)

ANALYSIS OF ACTION TAKEN BY GOVERNMENT ON THE RECOMMENDATIONS CONTAINED IN THE FIFTH REPORT (FIFTEENTH LOK SABHA) OF THE COMMITTEE ON EMPOWERMENT OF WOMEN (2011-2012) ON 'WOMEN VICTIMS OF HIV/AIDS'

(i)	Total No. of Recommendations	16
(ii)	Observations/Recommendations which have been accepted by the Government: Recommendation Para Nos. 104, 105, 107, 108, 109, 110, 112, 116, 117 and 118.	10
	Percentage to Total	62.50%
(iii)	Observations/Recommendations which the Committee do not desire to pursue in view of the replies of the Government: Nil	Nil
(iv)	Observations/Recommendations in respect of which replies of the Government have not been accepted by the Committee Recommendation Para Nos. 103, 106, 113, 114 and 115.	05
	Percentage to Total	31.25%
(v)	Observations/Recommendations in respect of which the Government have furnished interim replies: Recommendation Para No. 111	01
	Percentage to Total	6.25%
