AIDS
Community

AIDS COMMUNITY
Consolidated Reply

Query: Interventions for Uniformed Services, from UNAIDS, (Experiences)

Compiled by E. Mohamed Rafique, Resource Person; research provided by Seema Kochhar, Research Associate.
10 March 2006

Original Query: Ranjan Dwivedi, UNAIDS, Delhi.
Posted: 09 February 2006

I am working with UNAIDS India office on issues relating to AIDS, Security, and Uniformed Services. Uniformed services include the armed forces, paramilitary forces (BSF, CRPF etc) and the state police departments. The issue is important for two reasons. Internationally, data shows that the uniformed forces are more vulnerable to HIV infection than the general population, more so in conflict situations. Hence there is a need to specifically address vulnerability reduction amongst the armed forces. Further, groups at high risk of infection to HIV (sex workers, MSMs and IDUs) by virtue of their situation, are also criminalized on account of the prevailing laws making it difficult for NGOs and networks to engage with them to reduce the vulnerability of these high risk groups. There is also a feeling that law enforcement agencies are often unsupportive of interventions addressing vulnerabilities of groups such as MSM, sex workers and IDUs. There is therefore a need for interventions to promote a positive role by the law enforcement agencies, particularly the police department.

To address the above, we need to document the existing initiatives and experiences and develop a knowledge base to design meaningful interventions and research studies. I seek the assistance of colleagues in the AIDS community for information on the following:
1. Interventions to reduce the vulnerability of uniformed personnel namely Armed Forces, Paramilitary forces (BSF, CRPF etc.) and state police to HIV infection.
2. What are the problems faced by NGOs, community networks etc. from the law enforcement agencies, police etc. in their initiatives for vulnerability reduction of the high risk group to HIV infection, and what interventions or advocacy have been undertaken in this respect.

Responses were received, with thanks, from:

1. **R. Karanthamalai Kannan, Chinnalapatti, Tamilnadu.**

2. **B. R. Balamurugan, Madras Medical College, Chennai. (Response 1) (Response 2)**
3. **Alka Gogate, Mumbai District AIDS Control Society (MDACS), Mumbai.**
4. **Anup Singh Gurung, Army Medical Corps (Retd.), New Delhi. (Response 1) (Response 2)**
5. **S. Thiyagarajan, TN MGR Medical University, Chennai.**
6. **B.S. Deswal, Army Station Health Organization, Near Military Hospital, Pune.**
7. **Shankar Talwar, Thane (West) Maharashtra.**
8. **Nandini Kapoor, UNAIDS, New Delhi.**
9. **Sabrina Sidhu, UNDP, New Delhi. (Response 1) (Response 2)**
10. **Joe Thomas, Moderator, AIDS-INDIA & AIDS_ASIA e-Forums (Response 1) (Response 2)**
11. **Meera Mishra, United Nations Development Programme, New Delhi.**
12. **Afsar Syed Mohamed, ILO, New Delhi.**
13. **Vandana Gurnani, Karnataka Health Promotion Trust, Bangalore.**
14. **Manojit Biswas, CHARCA, Lakhanpur, Kanpur.**

Summary of Responses

Responding to the query, members stated that the 1.3 million armed forces personnel - Army, Navy, Air Force, another 1.3 million paramilitary personnel from 12 different outfits like Assam Rifles, BSF, CRPF, and the personnel from various state police departments constitute a large chunk of the population vulnerable to HIV infection, and therefore, deserve focused attention.

Members pointed out that the personnel in uniformed services are vulnerable to HIV infection because they are a highly mobile population and live away from families or regular sexual partners for long periods. Members linked their vulnerability, living and work environments that generate high stress levels as well as to greater access and propensity to consume alcohol. In addition, since the services train them to be macho, they tend to be violent even in sexual relations and may mostly lack adequate information on safe sex, HIV and AIDS. Some of the members have pointed out that the current efforts are far too inadequate to sensitize and train especially the lower level officers – in view of their greater vulnerability. Therefore, many of the members have pointed out that keeping in view the special nature of the forces, it is important to enlist support of the highest command structures to ensure action at all levels because the commanders control the micro and macro environment of the soldier.

Members laid stress on the need to develop effective communication strategies and to maintain regular follow up for extended periods to sustain impact. Members suggested, among others, the following strategies for an effective intervention with uniformed services:

- Encourage use of peer educators to enable wider outreach and sustainability of HIV awareness activities. However, it was pointed out that peer education cannot be fully effective if conducted as a stand-alone intervention, and therefore, requires linkages with other programmes, services and partner institutions, as well as a stronger commitment and support from the management.
- Mainstream HIV into policies, systems, usual business and outreach activities of the uniformed personnel. Additionally, integrate HIV in training, education programmes, sensitizing staff, families and communities.
- Combining counselling for HIV and AIDS with training for stress management. This would sensitize a soldier in his role while dealing with high-risk groups and rights-based issues along with allaying the stress he may be suffering from due to combat conditions.

- Use the existing infrastructure and systems of the uniformed services for prevention, care and treatment as well as for integrating AIDS activities with the existing programmes and development activities, and forming partnerships with positive people's networks.
- Undertake ongoing training to build knowledge levels and skills of educators.

A member highlighted the need to work with partners of Uniformed Services Personnel as a reinforcing strategy. Another suggested based on his experiences, not holding the training and sensitization programs in the Police Stations, as the environment there is non-conductive to learning. In addition, to have a 'point person' from the police department to coordinate the intervention packages; to follow a module based training program; and to provide continuous feedback to the higher authorities to ensure their support and involvement.

Members cited references to the ongoing initiatives with the uniformed services on HIV and AIDS such as the enabling environment project of UNDP with Delhi Police, training and sensitization project of ILO with Andhra Pradesh Police Academy, and Sankalp Project, which sensitizes Police Personnel as part of its objective of scaling up HIV prevention with sex workers and sexual minorities. Members also highlighted that the Army has established its own AIDS control Organisation for service men.

Another issue to which attention was drawn related to the police harassment which drives sex workers and sexual minorities' underground, inhibiting community mobilization and access to HIV education and services. Members stated that it is important to sensitize the police force.

Though members have suggested numerous ways and means of working with the uniformed services on HIV and AIDS, the sharing of experiences with respect to the problems faced by civil society from the uniformed services in their HIV and AIDS initiatives were, however, rather scanty.

Station Health Organization (Army), Pune (From Col. (Dr.) B.S. Deswal)
The Army has established AIDS Control Organisation for service men with Head quarters at Director General Armed Forces Medical Services office having consultants from various clinical departments. The organization has networked up to the peripheral level by forming IEC nodes at various Station Health Organizations. The emphasis has been prevention through IEC interventions at all levels. The programme has found peer group education as the most effective method for uniformed services and hence now focuses on training peer group leaders at the recruitment centers. Additionally, military hospitals provide a continuum of care to those who turn positive and free HAART /OI treatment is given. Specialists through a classification system called SHAPE regularly monitor PLHIV.

International Labour Organisation, New Delhi (From Afsar Syed Mohamed)
ILO has been working on training uniformed personnel on HIV and AIDS. In 2003, it conducted a four-day training and sensitization programme for Andhra Pradesh Police Academy in collaboration with APSACS focussing on building knowledge and information including visits to VCCTS and AIDS Care Home. A year later, it conducted a follow up programme where 26-trained police officers shared their experiences on conducting trainings on HIV and AIDS for their colleagues.

Sankalp Project, Karnataka (From Vandana Gurnani, Karnataka Health Promotion Trust)
The main aim of the project is working with sex workers and sexual minorities on HIV and AIDS on HIV prevention. To achieve the project objectives, one of the key components of the project is

to sensitize the police personnel on the realities of sex work and importance of providing services to core populations in the context of the HIV epidemic. This required advocacy with senior police officials at state and district level followed by a three day TOT programme at state level. This core group, consisting of a multi disciplinary team of police officers, lawyers, NGOs and peer educators, in turn conducts police station wise training of all police personnel in the district. Till now, 5 TOT programmes have been completed covering 15 districts, training 162 resource persons and sensitizing 2568 police personnel. To ensure uniformity across districts a Facilitators guide, a booklet on frequently asked questions and a CD of session presentations has been prepared. After the training, there has been a significant change in the attitudes of police personnel towards sex workers. In addition, police personnel are providing required support to HIV programmes.

Enabling Environment Project with Delhi Police, Delhi (From Sabrina Sidhu, UNDP)
UNDP supported an enabling environment project on sensitization of Police Personnel in partnership with DSACS, Delhi Police and NIS Sparta. It developed a training module based on needs assessment survey and used it to train 12,000 police officers. Feedback received from the training showed a visible shift in attitudes and better understanding of the needs of persons with high-risk behaviour. As a follow up of this project, it sensitized 4611 police personnel in Kanpur district on HIV and AIDS. UNDP, in partnership with NIS Sparta and Indian Police, will conduct training for various other state police cadres on HIV and AIDS as well as include risks of trafficking as part of the HIV training.

Related Resources

Recommended Documents

CRPF is also fighting AIDS and drug abuse (From R Karanthamalai Kannan, Tamil Nadu)
IANS, New Delhi February 2006.
http://autofeed.msn.co.in/pandorav3/output/News/7652ac16-a400-42a9-8c44-770a20b37893.aspx# Copyright Material.

The press release informs about CRPF's joint program with UNODC and SPYM on AIDS and drug use.

Engaging Uniformed services In the Fight against HIV and AIDS (From S.Thiyagarajan, TN MGR Medical University, Chennai)
UNAIDS-UN Nordic Office, Denmark
http://uniformservices.unaids.org/country.asp?region=Asia%20and%20Pacific&country=India&menu=Country%20overview

Provides information on the context, government policy and response with respect to growing threat of HIV and AIDS within the uniformed services.

"Indomitable Spirit" (From Shankar Talwar, Mumbai)
President Abdul Kalam, Assam, September 2005
http://presidentofindia.nic.in/presentation/splangnewPDF%20Format596.pdf (Size: 124 KB)

The speech given at the Conclave on HIV/AIDS in Assam gives insight into the work of Assam Rifles Wives Welfare Association on HIV and AIDS.

Towards a Stronger Multi-Sectoral Response to Combat the spread of HIV/AIDS (From Nandini Kapoor, UNAIDS, Delhi)
Study Commissioned by UNDP, New Delhi, 2005
http://www.undp.org.in/hdrc/HIVAIDS/HIV%20mapping%20study%20of%20Government%20mainstreaming%20activities.pdf (Size: 775 KB)

It contains information on AIDS interventions by Uniformed Services as well as recommendation for Defence Ministry towards mainstreaming HIV and AIDS.

HIV/AIDS as a security threat to India (From Dr. Joe Thomas, Moderator AIDS-India and AIDS- Asia e-forum)
Happymon Jacob, India, 2005.
Available for Rs. 230 from Manohar Publishers- 4753/23 Ansari Road, Delhi.
http://www.manoharbooks.com

The study seeks to understand how HIV and AIDS threaten various sectors of India's security.

Conclave on HIV/AIDS: A Uniformed Intervention (From Dr. Joe Thomas, Moderator AIDS-India and AIDS- Asia e-forum)
http://www.solutionexchange-un.net.in/aids/cr/res10030601.doc (Size: 32.5 KB)

The consensus statement highlights areas of concern with respect to the growing threat of HIV within uniformed services as well as recommends guidelines for future action.

HIV/AIDS Knowledge, Attitude and Practice survey: UN uniformed peacekeepers in Liberia (From Dr. E. Mohamed Rafique, Moderator)
Roxanne Bazergan, February 2006, Liberia
http://pbpu.unlb.org/pbpu/library/HIV%20AIDS%20KAP%20Survey%20UNMIL%20final.pdf
(Size: 609 KB)

The report makes recommendations for Member States, DPKO and UNAIDS to strengthen HIV/AIDS prevention and awareness strategies for peacekeepers.

On the Front Line (From Seema Kochhar, Research Associate)
UNAIDS, 2003
http://data.unaids.org/Publications/IRC-pub05/JC950-FrontLine_en.pdf (Size: 741 KB)

It reviews the policies and programmes to address HIV/AIDS among peacekeepers and uniformed services.

Mainstreaming HIV prevention in the Military: A Case Study from Cambodia (From Seema Kochhar, Research Associate)
Tan Sokhey, May 2004, Cambodia
http://www.youandaids.org/unfiles/cambodiadefense.pdf (Size: 800 KB)

It provides insight into Cambodian ministry of National Defence's strategy to address HIV vulnerability in the military, which can serve as a good practice model.

Recommended Organizations

NIS Sparta, New Delhi (From Dr. B.R. Balamurugan, Madras Medical College, Chennai)
http://nissparta.com/news.html
8, Balaji Estate, Sudarshan Munjal Marg, Kalkaji, New Delhi-110019
Ph: 011-30813865, Fax: 011-30813851 email: contactus@nissparta.com

Is actively involved in providing training to uniformed services personnel such as CRPF, UP police, RPF as well as preparing training modules on HIV and AIDS.

Mumbai District AIDS Control Society, Mumbai (From Dr. Alka Gogate)
Macs_mumbai@nacoindia.org 022-4100245-49
4100250Mumbai District AIDS Control Society, Hospital Compound, Behind S.I.W.S College, R.A. Kidwai Marg, Wadala (West), Mumbai-31

Have trained and sensitized Mumbai police on HIV and AIDS as well as started a VCCTC in the police hospital.

United Nation Development Programme, Delhi (From Meera Mishra, UNDP, Delhi)
http://uniformservices.unaids.org/country.asp?region=Asia%20and%20Pacific&country=India&menu=Details&detail=1

Project Prahari, implemented by UNDP, focuses on sustained HIV/AIDS prevention and care among the Border Security Force, their families and communities.

Mr. Suresh Kumar, West Bengal State AIDS Control Society (From Meera Mishra, UNDP, Delhi)
sacs_wb@nacoindia.org Swastha Bhavan, GN-29, Sector V, Salt Lake Kolkata-700 091
033-23574400 033-23570122 033-23576000

He is the project director of WBSACS and can provide information on Project Prahari- HIV intervention project with BSF.

Ms Seena, International Labour Organisation, New Delhi (From Afsar Syed Mohamed, ILO, New Delhi)
seena@ilodel.org.in Core 4B, Third Floor, India Habitat Centre, New Delhi. Tel: +91 11 24602101

She can provide a copy of the manual used by ILO in developing HIV and AIDS policy for Mumbai police.

R. Karanthamalai Kannan, Chinnalapatti, Tamilnadu.

In today's MSN News please check out the following link for more details on a report from IANS on interventions among CRPF.

CRPF is also fighting AIDS and drug abuse
http://autofeed.msn.co.in/pandorav3/output/News/7652ac16-a400-42a9-8c44-770a20b37893.aspx

CRPF is also fighting AIDS and drug abuse
Source: IANS. Image Source: DGL.Microsoft

New Delhi, Feb 8: It may be defending the country from anti-nationals but the health of Central Reserve Police Force (CRPF) personnel is crumbling from increasing cases of HIV/AIDS deaths, chronic alcoholism and drug abuse. According to recent data, in the past 13 years, 400 personnel have died of HIV/AIDS while 300 of them are under treatment. The problem does not end here, as around 496 personnel suffer from alcoholism and drug abuse.

"Our doctors have informed us that according to an estimate, around 10 percent of the 250,000 personnel in the force are suffering from acute alcoholism and drug abuse," J.K. Sinha, director general (DG) of the CRPF, told IANS. Rashmi Sinha, his wife and president of the CRPF Wives Welfare Association (CWWA), said: "The problem is increasing and we are trying to identify the people who are suffering." The CRPF had first registered an HIV/AIDS death in 1992. She said most cases of AIDS/HIV were detected in people posted in the northeast. "These are some of the most (HIV) affected areas of the country and since they are posted away from their families, the personnel have added pressure on them," she added.

Rashmi Sinha also said the problem of alcoholism and drug abuse could be due to work pressures and the tension of staying away from their families. She said that to counter the problem, the CRPF has now joined hands with the Society for Promotion of Youth and Masses (SPYM) and United Nations Office on Drug and Crime (UNODC) to launch a long-term alcoholism and drug de-addiction programme. She said the CWWA has formed a questionnaire in association with NGOs and doctors that would be distributed to the personnel and their family members so that the number of people suffering from HIV/AIDS and drug abuse could be identified. "These questionnaires would be anonymous and personnel would not have to identify themselves initially," said Rashmi Sinha. She added that these personnel would be identified at a later stage so they could be given medical attention. According to recent figures, the force reported 95 cases of alcoholism and drug abuse in its western sector, 70 in the northeast, 57 in the northern sector, 45 in the eastern sector, 53 in the central sector and 35 in the Bihar sector. She said the questionnaires would also be given to the family members of the personnel so that those suffering in the families could also come out and be treated.

J.K. Sinha said: "We think that personnel will come forward and answer correctly in the questionnaire because the CRPF does not have a zero tolerance policy and these personnel would remain part of the force." He added that personnel should not fear for their careers and records as they would be treated by experts and no unjust action would be taken against them.

Dr. B.R. Balamurugan, Madras Medical College, Chennai.

There is some information at http://crpf.nic.in/PRESS/aids%20awar.pdf on CRPF Awareness interventions from a Ministry of Home Affairs press release of December 2005.

NEW DELHI, 1st DECEMBER, 2005: CRPF undertakes a massive AIDS awareness drive CRPF's massive exercise of AIDS/HIV awareness will receive a renewed thrust on the AIDS Day (1st December). Under this exercise, over 2 lakh 50 thousand personnel of the force are being briefed on the AIDS related issues. The exercise seeks to take AIDS awareness message to the families of CRPF men across the country. CRPF jawans are among the more vulnerable groups in terms of AIDS infection due to a number of reasons. Firstly, most of the jawans live away from their families for long periods of time and may therefore come in contact with sex workers and indulge in unprotected sexual intercourse. Secondly, a large section of the force is deployed in areas where AIDS prevalence is high. Thirdly, injured CRPF jawans in interior regions have to be sometimes treated on emergency basis in unhygienic and unsafe dispensaries that may not be following full precautions on blood-testing or may not be using disposable syringes.

All force commanders at the section and company levels have been instructed to formally and comprehensively brief the men under them on AIDS day, regarding the issues pertaining to AIDS/HIV infection. Booklets of awareness printed and circulated by National AIDS Control Organisation (NACO) in all Indian languages have been given to them for distribution. All queries of the personnel are answered at this stage. This exercise is followed by workshops at each Bn. level to further hammer home the lessons learnt.

The field level efforts of CRPF is being coordinated by NACO and State AIDS Control Societies. At the headquarters of the force, a quiz competition is being organised by CRPF Wives' Welfare Association, at the CRPF ground on the AIDS Day. All Officers of the CRPF Directorate and over 50 personnel from other ranks will participate. The participants will discuss the best methods to spread the AIDS/HIV awareness among the families of force personnel.

Dr. B.R. Balamurugan, Madras Medical College, Chennai.

The web page of NIS Sparta at http://nissparta.com/news.html informs about their work with uniformed services as follows:

1) Uniting to fight trafficking and HIV / AIDS
NIS Sparta has joined hands with United Nations and the Indian National Police Forces to fight trafficking and HIV / AIDS.

2) HIV/AIDS program for the Khaki Clan in UP
NIS Sparta has bagged an assignment from CHARCA, a UNDP sponsored project, to sensitize 4500 UP police personnel towards the hazards of HIV/AIDS.

3) AIDS Awareness for CRPF and RPF
NIS Sparta is imparting training to 2.5 lacs CRPF and 70,000 RPF personnel on HIV / AIDS awareness.

Their Contact details for more information is:
NIS SPARTA Limited
8, Balaji Estate, Sudarshan Munjal Marg, Kalkaji, New Delhi-110019
Ph: 011-30813865, Fax: 011-30813851
contactus@nissparta.com

Dr. Alka Gogate, Mumbai District AIDS Control Society (MDACS), Mumbai.

This is let you know that we in Mumbai have worked with Mumbai police and have come out with a document of Work place Policy and have also started a VCCTC in the police hospital in the year 2003-04.

Lt. Col. Dr. Anup Singh Gurung, Army Medical Corps (Retd.), New Delhi

Have recounted some experiences with the uniformed services.

1. The relative risk of the uniformed services:
The uniformed services include the Army, Navy, Air force, paramilitary like Assam rifles, BSF, CRPF, police and a few others. What is in epidemiological parlance the relative risk of these people in uniformed services to act as bridge population and spread the virus say when compared to truckers to the general population?. Briefly

- They are a highly mobile population.
- They get enrolled at a young age of sixteen or seventeen years.
- They are trained to be macho; namely trained for taking risk behaviour in war.
- Away from families or regular sexual partners for two to three years in field postings and only a few get to keep their families in peace postings due to shortage of accommodation compared to truckers who are away for only weeks.
- In conflict zones are under lot of stress and tend to consume alcohol.

- They have some money which is more than the local populace for paying the sex worker.
- They are trained and thus tend to be violent even in sexual acts and have little gender sensitivity, like most males from a rural background.
- The Navy particularly and some of the others are posted to Africa and other UN missions
- However they are a disciplined lot and have a very strict micro environ and monitoring. Most are educated at least till class 10.

If we were to actually calculate the relative risk of truckers and uniformed services, migrant labour and uniformed services then with the above given parameters I would not be surprised as to who would be at more risk. However in the real world this is not possible and there is an internal epidemic within the forces which sometimes gets acknowledged.

2. The internal epidemic and the response:

Without getting into specific data as that would tend to sensationalize rather than solve any problems, suffice it to say the Army, Navy and Air force have well built and robust systems in place which include an AIDS Control Organization, which is headed by the HOD and Professor of Preventive and Social Medicine of the Armed Forces Medical College, many trained epidemiologists and public health specialists who are through organizations called Station Health Organization (SHO) and IEC nodes (Information , education and communication nodes) are constantly using their skills for prevention. This includes health education, condom promotion, counselling, screening of blood donors, PPTCT, screening of all ANC etc. Well established chain of military hospitals provide a continuum of care to those who turn positive and HAART/ OI treatment is given to all positives including Soldiers and their dependants, free of cost through out their lives.

The positives are put in a classification called SHAPE which includes regular monitoring by all specialists every 3/6 months. It is only when they cannot perform their duties including sedentary ones that they are boarded out using the WHO classification but are checked regularly throughout their lives by a scheme called ex-service men contributory scheme.

Some of the prevention, counselling and confidentiality measures are way advanced than the rest of the country and it is no wonder that the HIV annual incidence seems to have reached a plateau in the last couple of years.

Some lessons could be learnt from the forces by NGOs doing health education and prevention. However as in all systems there is always room for improvement and targeting new recruits at the recruiting centers is presently the focus of strategic policy makers.

3. Uniformed services in other countries:

The Thai Army, US Army and many other armies in Africa screen for HIV on recruitment. The US Army is the most stringent doing a HIV test screening every year/six months. This brings us to an interesting epidemiological question – Does the infection take place before the soldier joins the uniformed services or after joining? Presently the uniformed services in the Indian Army, Navy and Air force are not being screened for HIV on recruitment and the matter is pending epidemiological and administrative rationale. However troops going abroad and on UN missions are screened after counselling by the regimental medical officer to track infections.

4. The role of Uniformed services as stake holders in the response to the epidemic:

The police in all parts of the country and the military/paramilitary forces in conflict zones performing policing duties also have a role in their interaction with the sex workers, IDU, MSM. Little has been done to sensitize the lower level law enforcers and advocacy for this requires police training modules etc. In Conflict zones the primary duty of the uniformed services is to fight and this is paramount in their minds it also brings about stress and combat fatigue. What

was done in some of these zones was training of the trainers for stress management and counselling for HIV and AIDS were combined. This involved junior leaders, Non-Commissioned Officers (NCOs), religious teachers etc. Thus a soldier was sensitized in his role to deal with the High Risk Groups and rights based issues along with allaying his stress due to combat. This provided a great platform for sensitizing the uniformed services in conflict zones.

S. Thiyagarajan, TN MGR Medical University, Chennai.

Please find appended, material from the UNAIDS web site on Interventions for the Uniformed Services in India. The page gives details of your program and will help others to respond better:
http://uniformservices.unaids.org/country.asp?region=Asia%20and%20Pacific&country=India&menu=Country%20overview

Context
Despite seemingly manageable prevalence rates of 0.7% among the adult population (15-49), India has the second highest number of HIV/AIDS infected people in the world with approximately 3.97 million adult HIV infections (UNAIDS National Response Brief).
A large number of uniformed personnel, including the Para-military forces are posted within the state largely due to shared borders with neighbouring countries and conflict situations in certain states, e.g. Kashmir and the North East.

The Indian armed forces reporting to the President of India and the Ministry of Defence is constituted of approx. 1.3 million active and 535,000 reserve force members. India's military command structure has no joint defence staff or unified command apparatus that controls the three divisions, army, navy and air force. The Ministry of Defence, however, provides administrative and operational control over the three services through their respective chiefs of staff. In addition to the regular armed forces, India also has 12 paramilitary forces, which have an authorized strength of around 1.3 million. These Para-military organizations include the Coast Guard Organization and the Defence Security Force, which are subordinate to the Ministry of Defence. Paramilitary forces subordinate to the Ministry of Home Affairs include the Assam Rifles (AR), the Border Security Force (BSF), the Central Industrial Security Force (CISF), the Central Reserve Police Force (CRPF), the Indo-Tibetan Border Police (ITBP), and the Rashtriya Rifles (National Rifles). Each of these forces is headed by a Director/Director-General with the status of a three-star General in the Army.

India is a large contributor to international peacekeeping forces. Most recently India contributed 2,882 peacekeepers (approx. 6% of the total) in December 2003.

Unfortunately, there is no comprehensive data on the prevalence rates in the uniformed services. Estimates based on the national average suggest that about 20,000 people in the uniformed services in India may be HIV positive, but these have not been confirmed by studies. The numbers may be higher because of known higher vulnerabilities.

Government policy
In addition to the National AIDS Prevention and Control Policy of the Government of India, the Armed Forces in India have their own internal policy on HIV/AIDS and proactive mechanisms. Initiatives for reduction of stigma and discrimination are being explored. HIV/AIDS is not considered as a ground for dismissal from services.

Government response

The National HIV/AIDS Policy of India identifies the Defence Ministry as a partner in multi-sectoral responses especially as it is a 'large employer'. In collaboration with the National AIDS Control Organization (NACO) the Director General of the Armed Forces Medical Services (DGFMS) has initiated a number of HIV/AIDS prevention programmes within specified units of the Armed Forces. The programmes focus on young recruits/officers and their families. In addition, information, education and communication (IEC) activities have been carried out at all regimental levels. DGFMS has also started blood banking units in major hospitals in a phased manner giving priority to high risk areas. Condom vending machines have been placed at the exit gates of units, CSD canteens, regimental cinema halls and the unit cafeteria on an experimental basis. Medical personnel have been given training on preventive post exposure therapy with antiretroviral drugs. DGFMS is also carrying out research to identify new ways to manage the spread of HIV/AIDS and other opportunistic infections.

In addition to these activities, NACO is also supporting other paramilitary forces like BSF, CRPF and ITBP in implementing training and awareness programs, as well as working closely with the National Cadet Corps (NCC).

The UNDP Regional HIV and Development Programme (REACH) in partnership with NACO, West Bengal State AIDS Prevention and Control Society, the Ministry of Home Affairs (BSF) and UNAIDS has launched Project Prahari: A framework for sustained HIV/AIDS prevention and care among the Border Security Force, their families and communities for a two-year period (2004-2006). The project is implemented in key BSF Training Centers in West Bengal as well as at the national level.

Challenges
High level political commitment is there, but denial is still an issue in some places. Funds are to some extent available, but more is needed to scale up.

http://uniformservices.unaids.org/country.asp?region=Asia%20and%20Pacific&country=India&menu=Details&detail=1
Project details:

Focus
The focus of the project is on the development of a sustained HIV/AIDS prevention and care among the Border Security Force, their families and communities Target Groups

The primary beneficiaries of the project include about 23,000 troops specially the young recruits and their families (about 92,000), policy makers from select Ministries, select training units, Health Care machinery, Regional Response teams, communities in satellite civil settlements, PLHIV within the uniformed services.

Secondary beneficiaries include anti-trafficking networks/ other NGOs/ CBOs in the area, marginalized communities such as sex workers, Men who have Sex with Men (MSM) and their organizations, members of the local and provincial government infrastructure, other uniformed services.

Objectives
Greater commitment and sustained capacity within BSF to address HIV/AIDS issues within uniformed services
Improved capacity for care and support of PLHIV within the cadre.
Supportive living and working environment and reduced stigma and discrimination within cadres.
Enhanced HIV awareness, prevention and care among the communities in the deployment areas of the troops

Expected Outcomes
A knowledge and capacity centre on HIV and uniformed personnel established within BSF existing infrastructure and operational
Training modules for peer educators, TOT developed and incorporated into existing training programmes of the selected cadres.
Generic tools for advocacy, baselines, exploratory researches, M&E developed for wider use
IEC material such as video and audio cassettes developed and/or translated and in use
Capacity of Medicare system strengthened
Guidelines on testing, referral, nature of duties developed and in use
Condom ispensing/ vending machines set up in identified locations.
At least 2 VCT Centers made operational at two Frontier hospitals
HIV/AIDS mainstreamed into the existing goodwill activities of the selected uniformed service cadre and reflected in their on-going activities in at least one village/site.
Enhanced awareness levels among cadre personnel and communities measured against baseline.
A cadre of master trainers created to enhance the capacity of other units
A cadre of peer educators trained and operational

Partners
- West Bengal State AIDS Prevention and Control Society (WBSAPCS)
- UNDP Regional HIV and Development Programme (REACH)
- India National AIDS Control Organization
- Ministry of Health & Family Welfare in collaboration with the Ministry of Home Affairs and Ministry of Home Affairs (BSF)
- UNAIDS country and regional office

Col. Dr. B.S. Deswal, Army Station Health Organization, Near Military Hospital, Pune.

This is regarding Ranjan Dwivedi's query regarding AIDS control in uniformed services. This attempt pertains to armed forces.
We have established AIDS control Organization for the services with Head Quarters at Director General Armed Forces Medical Services (DGAFMS) office and consultants form various departments involving Clinical, Virology, Community Medicine, Psychiatry, Blood transfusion services etc. The organization has networked well up to the peripheral level by forming IEC Nodes run by Preventive Medicine Specialists at Station Health Organization (SHO). All the strategies involved are those approved by NACO and have elicited a good response where they have been implemented. These include prevention through IEC interventions, Blood Bank monitoring, biomedical waste management, Prevention of Parent To Child Transmission (PPTCT), ART therapy. The main emphasis has been IEC activities for all levels. We have found peer group education as the most effective method for uniformed services. Our main emphasis is to train peer group leaders more at the recruitment centers where young soldiers are trained with the aim to capture them young and educate them as early as possible since this group has been found to be very vulnerable.

Shankar Talwar, Thane (West) Maharashtra.

A good insight into the work of Assam Rifles Wives Welfare Association is got from the text of the Inaugural address by our President Dr. A.P.J. Abdul Kalam at a Conclave on HIV/AIDS for the

Uniformed Intervention. The contents of the web page is reproduced below and is also available at the President's web site at:

http://presidentofindia.nic.in/presentation/splangnewPDF%20Format596.pdf

Address during the Inauguration of

"Conclave: HIV/AIDS – A Uniformed Intervention" organized by Assam Rifles Wives Welfare Association

I am indeed delighted to participate in the "Conclave: HIV/AIDS – A Uniformed Intervention" organized by Assam Rifles Wives Welfare Association. I greet the members of Assam Rifles Wives Welfare Association, officers, and all ranks of Assam Rifles and the distinguished guests. I would like to discuss with you on the topic "**Indomitable Spirit"**

CII Leadership conclave: When I am with the members of Assam Rifles, I would like to narrate an incident which took place in Bangalore where I addressed the members of CII attending the Leadership Conclave on 20th Aug 2005. There I asked two questions to be answered by all participants. The two questions were (a) What I have learnt so far in my life? (b) "What I will be remembered for?" I asked the members to correspond with me through email.

Response from a participant: Smt. Asha Ramaiah who is presently working as National Advocacy Officer for Indian Network for people living with HIV/AIDS and herself a HIV/AIDS patient since 1995, gave touching answers to both these questions.

As an answer to the first question "What I have learnt so far in my life?", she said, The true learning in my life began when I had to face the reality of my situation. First, my husband's family turned me away from their home and later even my father told me to leave our house. I became like any other abandoned woman to face alone my destiny as a fallen leaf would drift with the wind. At the first instance I had to preserve my life and then stand up and face up to the challenges of existence. Thanks to the strength of my womanhood, I could absorb the feeling of shock leading to a realization that my loved ones need support and I am responsible to make efforts to bring change in the lives of other people living with HIV/AIDS in India.

Today with constant efforts that I made, and the support that received from my fellow people living with HIV, I received an acceptance in my community that even people with high positions come to me for an opinion, guidance and counseling on various personal issues. My parents are proud that I have become a role model for others to follow. With a convinced family and a good peer support, I got remarried to another person living with HIV in the year 2000. He has given me ample support to work with my fellow people living with HIV for betterment of our lives.

I learned when we had to decide upon having a child, how difficult it is for one to make decisions at the face of uncertainties; plunging into the unknown that may have the risk of having a HIV positive child. We decided to follow the medical guidelines to reduce the risk. We came victorious waiting for years when it was confirmed that our child has no infection. We learnt that, dreams do come true but only when you own them and accept the responsibility of any possible risk in pursuing them.

Now we have the responsibility for planning the future of my child for the next 20 years. Our quality life time can be utilized for imparting our parental responsibility by ensuring him education, security and future. I also learnt that I have the responsibility to share the message

that all parents living with HIV/AIDS should participate in training programmes and plan their children's healthy future.

For the second question "What I will be remembered for?" She said, I will be remembered by the People living with HIV/AIDS of many parts of the country and my family, relatives and associates for the courage, I showed to stand up and face life, and for my efforts in sharing the light I have acquired in the midst of struggle.

Friends, the message we get from the above experience of Smt. Asha is that as human beings we may get into a problem. But we should not get defeated. We should find out ways of converting this very problem to our advantage. In the case of Assam Rifles, I understand that there are 139 cases of HIV/AIDS infection in the regiment. If all the 139 members take the step adopted by Smt. Asha, that is the courage, I am sure they will ensure that no further HIV / AIDS case enters into Assam Rifles and to the uniformed people. I would also suggest, the Assam Rifles Wives Welfare Association can invite her to share her indomitable spirit, of conquering HIV / AIDS and be of societal help to many infected persons with the affected Jawans and their families.

The courage we see how the lady defeated the disease and most importantly she withstood the onslaught of stigma hurled at her by the parents, husband and the society. This I call as indomitable spirit of a HIV affected person. What is the indomitable spirit? When I am talking to you about the courageous life of Ashaji, I am reminded of the saint poet Thiruvalluvar, who composed a classic of 1330 verses called Thirukkural 2500 years ago. I would like to highlight two of the kurals which portrays the ' Indomitable Spirit '.

Indomitable spirit: For success in any mission what we need is indomitable spirit. Let us study the characteristics of indomitable spirit. It has two components. The first component is that there must be a Vision leading to higher goals of achievement. I would like to recall a couplet from Thirukkural by the Poet Saint Thiruvalluvar written 2500 years ago. It means that whatever may be the depth of the river or lake or pond, whatever may be the condition of the water, the lilly flower always comes out and blossoms. Similarly, if there is a definite determination to achieve a goal even if it is impossible to achieve, the man succeeds.

Many of us have gone through large programmes and projects in our life including Ashaji. We would have experienced that success is not in sight and there are many hurdles. The same poet reminds us at this point of time through another couplet. We should never be defeated by any problems. We should become master of the situation and defeat the problems. I consider these two Thirukkurals characterize the indomitable spirit.

Now I would like to talk about the training programmes for the Jawans and the families.

Training Programme for Jawans and Families: The Assam Rifles Wives Welfare Association can embark on a training programme and train the 139 members on the effects of AIDS and the methods which are required to prevent occurrence of AIDS and treat at an early stage the cases which are encountered. This training programme must be carried out regularly for all Assam Rifle Personnel once or twice in a month. It is preferable that both the spouses attend the training programme together wherever they are in a family station. This will have a salutary effect on preventing future cases. They should know disease can be contained. I understand that Armed Forces Medical Services has a training package with films available with them. I would request the ARWWA to get in touch with DG, AFMS and seek his assistance in getting the training package. Also, the first few lectures can be given by the experienced trainers of AFMS.

The training programme must bring out that India has developed the medicine to contain the HIV and prevent it from further spreading. Regarding prevention, I am sure in 3 to 5 years time, an anti-HIV vaccine will emerge in our own country. The most important thing for all of you to remember is how HIV infection spreads. Particularly in this region it spreads through drug addiction which involves re-use of syringes for injecting drugs and through infected blood transfusion. I would also stress that the Indian way of maintaining a loyal family life is the best way of leading a normal, healthy and peaceful life.

Status of HIV / AIDS in the Services: I understand that Army, Air Force and Navy have successfully brought down the occurrence of new cases. The members of Assam Rifles can adopt the strategies followed by Army in realizing this target. Army is also considering screening of new recruits for HIV/AIDS through the pre-entry medical examination. Also, they are carrying out pre-natal medical examination of the pregnant women, so that no child is born with HIV/AIDS infection. They have also got a system of treating the HIV/AIDS patient with ART (anti-retro viral therapy) as soon as the infection is detected.

Vaccine development: There are two candidate vaccines presently considered for use against sub type C virus in our country. The Indian vaccine is getting ready for trials. In view of the urgency of finding a cost effective vaccine the expert group reviewed the vaccine candidate for HIV sub type C in the pipeline. Adeno-Associated Virus (AAV) based vaccine with HIV-1 sub type C (African strain) developed by Targetted Genetics Corp, USA was found to be in advanced stage of test in different parts of the world. This HIV vaccine (tgAAC09 antigen) is now undergoing Phase-I trial for safety and immunogenicity assessment in healthy HIV uninfected volunteers at National AIDS Research Institute, Pune.

Medical Support to Assam Rifles: I note that the Assam Rifles is dependent on civilian doctors recruited for the regimental hospitals and many posts are still vacant. In addition the new civilian entrants do not have adequate training and experience in managing HIV/AIDS. To overcome this situation I would suggest Assam Rifles to take AFMS Officers in their hospitals and clinics on deputation. Also, they can have an arrangement to train the probationary civilian doctors in AFMS institutions where training is imparted preventing and curing HIV /AIDS.

The Armed Forces have a very vibrant HIV/AIDS programme and incidence of HIV/AIDS has been stemmed for the last three years, and even shows a decline in 2004, despite there being an exponential rise in the other parts of the country. This programme includes information, education and communication network and establishment of Immuno Deficiency Centres. Assam Rifles can take a lead from this initiative and pool-together the very specialized experiences to nurture this nascent effort into a powerful movement.

Conclusion: I am happy to know that the Assam Rifles has been sensitive and pro-active to this dreaded disease and have created their own surveillance criteria as well as a very comprehensive information, education and communication network. In addition to this, I would like to give a good news to all of you. The anti-HIV/AIDS vaccine is undergoing clinical trials. I am sure very soon the vaccine will be available in the market which can be administered to all the personnel joining Assam Rifles. This multi prong strategy of education, training mental preparation, treatment and vaccination together will enable total eradication of HIV /AIDS from Assam Rifles. My best wishes to all the Members of Assam Rifles Wives Welfare Association in their societal mission of making Assam Rifles HIV / AIDS free. I inaugurate the Conclave **HIV/AIDS – A Uniformed Intervention** which is an important step in your mission. I am sure you will all be remembered for contribution in this noble mission.

Nandini Kapoor, UNAIDS, New Delhi.

There's a document entitled: "TOWARDS A STRONGER MULTI-SECTORAL RESPONSE TO COMBAT THE SPREAD OF HIV/AIDS, A Study Commissioned By United Nations Development Programme, New Delhi, for Design Team, National AIDS Control Programme Phase III, New Delhi" and it is available at:
http://www.undp.org.in/hdrc/HIVAIDS/HIV%20mapping%20study%20of%20Government%20mainstreaming%20activities.pdf

It deals mainly with mainstreaming including all the ministries. The excerpt given below pertains to the Defence Ministry and also has recommendations.

Ministry of Defence
Directorate-General Armed Forces Medical Health Services

I. Focal cell and/or person/s: The ministry's focal cell that deals with HIV/AIDS among the Armed Forces is the Directorate-General Armed Forces Medical Health Services headed by Brigadier Mandeep Singh.

II. Year in which initiatives began: 1992

III. Internal/external mainstreaming: Mainly internal mainstreaming is being undertaken. The activities and facilities are targeted at and available for both the personnel as well as their families.

IV. Policies/Programmes/Activities/Initiatives:
In addition to the National AIDS Prevention and Control Policy of the Government of India, the Armed Forces in India have their own internal policy on HIV/AIDS and proactive mechanisms. Initiatives for reduction of stigma and discrimination are being explored.

· Health delivery system
The Armed Forces AIDS Control Organization, formed in 1992, functions from the Armed Forces Medical College (AFMC) Pune. The commandment/head of AFMC, Pune, heads this organization. The members include heads of the following medical departments:
-Dept. of Preventive & Social Medicine
-Dept. of Internal Medicine
-Dept. of Psychiatry
-Dept. of Dermatology & Venereology
-Dept. of Microbiology
The Army is organized into five regional commands, the Navy into three commands and the Air Force into seven. For the purpose of tackling the problem of HIV/AIDS, these commands have nodes each headed by a nodal officer who is a public health officer. There are 92 nodes all over the country. The nodal officer heads the IEC node and the Station Health Organization (SHO)-based hospital. Each IEC node comprises public health specialists and paramedical staff, 30 counsellors and trained medical officers. The IEC nodes undertake activities such as organizing World AIDS Day celebrations, exhibitions, rallies, discussions, cantonment school programmes and other such promotional activities to spread awareness about AIDS. The SHO based hospitals carry out programmes based on the ministry's AIDS Control Policy. The following types of clinical services are available:
- Treatment provided based on detection criteria, blood testing (as per NACO guidelines) and counselling

- Nine immunodeficiency centers have been set up which are manned by a team of specialists (pathologists, dermatologists, etc). These centers have laboratory facilities, treatment, counselling, antiretroviral therapy. Yearly follow-ups are made.

- Facilities for antenatal check-up (100% screening of cases) for mother; and for infants Prevention of Parent-To-Child Transmission (PPTCT) up to two years; these facilities include provision of drugs, counselling, anti-retroviral therapy for mother and child, follow-up (sero-conversion).

- Post-exposure prophylaxis for health care workers, which includes doctors, nurses and medical attendants. The treatment (institution of prophylactic drugs) is done as per NACO specifications. Follow-ups are made on half-yearly basis.

▪ **The National Cadet Corps (NCC)** is working along with UNAIDS and the DGAFMS in carrying out AIDS awareness programmes throughout the country. A motorcycle rally was conducted by the NCC wherein cadets from West Bengal and Sikkim Directorates traversed the length and breadth of the country to spread awareness about AIDS.

V. Collaborations:

▪ The ministry conducts IEC programmes in collaboration with NACO.

▪ Since 2003, the ministry has worked in active cooperation with the United States Pacific Command (USIS) and has participated in conferences held abroad. They have also arranged workshops jointly. The USIS has provided the Ministry with laboratory equipment to help tackle the problem of HIV/AIDS among its forces. In April 2005, the Ministry of Defence and the US Department of Defense signed an agreement on medical training and academic cooperation in military medicine. The Armed Forces Medical Services and the Uniformed Services University of Health Sciences (USUHS) in Bethesda, Maryland, will implement the agreement. The agreement will allow the two partners to share military medical experience, professional knowledge and facilities. The objectives of the agreement are to enhance the preparedness of military medical personnel, military medical school faculty and staff members to perform future duties and establish long-term bilateral relationships in this area.

▪ On 28 April 2005, a Declaration of Partnership was signed between Dr Ulf Kristofferson on behalf of UNAIDS [AIDS, Security and Humanitarian Response] and the Ministry of Defence, committing both parties to work together to reduce the impact of HIV and increase prevention efforts among military personnel, particularly young men and women. Under this partnership, UNAIDS will assist the Ministry of Defence, the National Cadet Corps and National AIDS Control Organization (NACO) with designing and implementing a comprehensive HIV prevention programme among military ranks. Through this initiative, UNAIDS has already facilitated partnerships in 36 countries worldwide and has now launched several important tools to support and sustain activities which address HIV/AIDS among uniformed service personnel. These include:

(a) Guide for Developing and Implementing HIV/AIDS/STI Programming for Uniformed Services

This guide is designed to provide an overview of HIV/AIDS/STI programming options for uniformed services programme planners.

(b) Peer Education Kit for Uniformed Services

This kit contains modules which provide an overview of peer education, how to train peer educators and how to carry out effective training sessions. Exercises

included in the modules deal with sexual violence, alcohol and substance abuse and stigma and discrimination.

(c) HIV/AIDS Awareness Card for Uniformed Services

In light of the success of the HIV/AIDS awareness card for peacekeepers, SHR has produced a similar card targeting national defence and civil defence personnel.

The cards are disseminated in the local languages.

(d) Interactive World Map

This provides a forum whereby interested partners can access and share information on activities and policies to address the epidemic among uniformed services.

- Monitoring and Evaluation of Anti Retroviral Therapy (ART) provision in Ministry of Defence: Under the leadership of NACO, WHO has conducted joint meetings with Health Division of Ministry of Defence ---- advocating the National Implementation Guideline for ART.
- The ministry's HIV/AIDS-related activities also involve collaboration with NGOs Army Wives Welfare Organization, Air Force Wives Welfare Organization and Navy Wives Welfare Organization.

VI. Budgetary information, annual plan:

The HIV/AIDS-related programmes and schemes for prevention, education and treatment are undertaken with funds from the ministry's health budget and some assistance from NACO. Approximately, Rs 2-2.5 crore per annum is being allocated by NACO to the Ministry of Defence. Utilization is 100 per cent. The NACO funds are used only to pay for an IEC consultant, a financial officer who looks into the NACO funds usage, 30 counsellors, 80 lab technicians, drugs, ART drugs, treatment kits etc. Internal resources, the existing system, manpower all are put into use. The yearly plan is approved by NACO. The annual plan does not mention the HIV/AIDS component separately. It is included in the medical budget.

VII. Future plans/support required:

- The ministry plans to run its own channels through the local Cable TV in each military station through which advertisements and programmes for HIV/AIDS awareness can be broadcast.
- An AIDS Control Policy based on NACO guidelines has been developed for formulating strategies and designing programmes.
- Concerned about the growing numbers of HIV-affected persons entering the services, the ministry wishes to have some policy in place.

Sabrina Sidhu, HIV & Development Unit, UNDP, New Delhi.

UNDP has undertaken various initiatives to empower and check the spread of HIV among uniformed personnel such as the Delhi Police and the Border Security Force. Other projects are in the pipeline for the Armed Forces and State Police Cadres.

The main strategy behind these projects is to encourage the use of **peer education** to enable wider outreach and sustainability of HIV awareness activities. It is also an effective approach to address a wide range of HIV/AIDS issues such as prevention, care and support as well as stigma and discrimination. **Mainstreaming HIV** is another strategy which is being undertaken by integrating HIV in training and education programmes, sensitizing staff, families and communities.

UNDP has also documented some **lessons** from its past and ongoing projects with uniformed personnel:

1. Projects have indicated that peer education cannot function in isolation. It requires total commitment from the management and linkages with other programmes, services and partner institutions.
2. For ensuring the sustainability of a programme, it is critical that adequate non-financial incentives are built into the programme design to sustain the educator's enthusiasm and motivation.
3. It is also important that ongoing training be undertaken to continuously build knowledge levels and skills of the educators.

Initiatives with the Police
The sensitization of the Police is important as they are mandated to protect citizens, enjoy high credibility in the community and are in the direct line of contact in cases of violence and accidents. For all these reasons, they can play a catalytic role in changing behaviour.

A UNDP supported project in partnership with Delhi Police and NIS SPARTA has lead to the development of a four-hour interactive training module called **Naya Savera**. This module was based on findings of a needs assessment study which indicated low knowledge levels about ethical and legal rights of marginalized groups including persons living with HIV (PLHIV). The module was then used in **training 12,000 policewomen and men** out of a total strength of 60,000 police personnel. Around 1000 torchbearers out of those trained, volunteered to share information on HIV/AIDS across the police force. A self-learning module is currently being developed for the remaining Delhi police force as well as for use at the Police Training College.

Feedback received after the trainings indicated that the participants understanding of the needs of persons with high risk behaviours and PLHIV had increased significantly following the training. They also believed that they now enjoyed greater trust in the community and are more confident to deal with difficult situations. The women in the group felt empowered and more comfortable to talk to their partners and their children about issues related to HIV/AIDS

Subsequent to this project, requests have come in from **other state police cadres** for support in conducting similar training sessions. UNDP is therefore up-scaling this endeavour and in partnership with NIS SPARTA and the Indian Police, it will train state police cadres.

4611 police personnel including 228 women police personnel in Kanpur district have been sensitized on HIV and AIDS, Sexually Transmitted Infections, gender issues and condom use. This was part of the CHARCA project, a joint UN initiative, where UNDP is undertaking activities to strengthen capacities of young women in Kanpur district of Uttar Pradesh.

Initial consultations are also on with the five states for sensitizing the cadres on the risks of **trafficking** as part of the HIV training for the police personnel. Special impetus of trainings will be on trafficking since it would be useful in reducing the negative impact of trafficking that can lead to increased HIV infections. The program proposes to train 35,00 police personnel in the first phase across the states starting with the cadets in the police training colleges and schools. The interesting aspect of the program is that some of the police personnel form Delhi and U.P. are being used as resource people for undertaking training on HIV/AIDS in other states. This initiative is part of the UNDP supported project called 'Trafficking and HIV Perspectives and Responses' (TAHA).

1. Border Security Force
Another pilot initiative supported by UNDP in partnership with NACO and UNAIDS aims to reduce HIV vulnerabilities in select cadres of the Border Security Forces with a special focus on sensitizing young recruits, their families and other communities. Integration of AIDS activities in existing programmes of the BSF and partnerships with positive peoples networks are other strategies. Innovative methods are being used to do so. For example, roll calls, durbars, sammelans and border outpost visits by officers are being used as platforms to address HIV and AIDS. Students and teachers in educational institutions of BSF have been involved in project activities. The project has also developed a manual for health care providers for standard protocols on prevention and management.

2. Armed Forces

This project, which is in partnership with UNAIDS, NACO and Ministry of Defense is still in the approval stage. The objective is to further strengthen the Armed Forces capacity to fight HIV and AIDS by expanding prevention activities and undertaking certain pilot initiatives for care and support.

Dr. Joe Thomas, Moderator of AIDS-INDIA e FORUM & AIDS_ASIA e FORUM.

A prior posting detailed the Keynote Address that was delivered by Dr. A. P. J. ABDUL KALAM, the President of India at the recent Conclave of the Uniformed services Intervention in India on HIV and AIDS. The following is consensus statement and details of that conclave.

Conclave on HIV AIDS: A Uniformed Intervention Shillong, 23 – 24 September, 2005

A consensus statement

The conclave, through its drafting committee, nominated by the participants, prepared the following consensus statement.

HIV and AIDS pandemic in India is already demonstrating far reaching social and economic consequences in India. According to some of the recent reports the Indian economy is being hard hit by AIDS and this pandemic could wipe away as much as Rs. 22,000 crore this year alone. By 2025, the disease could cut annual economic growth in India by 40 percent. There is an increasing awareness of HIV and AIDS as a security threat to India, because it threatens the economic, human, societal, and even challenges the traditional notions of security. Uniformed Services are an important group vulnerable to the risk of HIV and AIDS. But, they have a special role to play in social mobilization efforts and are important potential advocates in the fight against HIV as well.

First time in India, the security establishments, armed forces, paramilitary and civil police assembled in a common platform to address the issue of HIV and AIDS in Uniformed Services and to develop a new workable and replicable model to address HIV and AIDS in the armed forces and security establishments worldwide. The conclave on HIV and AIDS drew representation of about 100 representatives of the Army, Paramilitary and Police forces in India. Over the day and half long deliberations inaugurated by the President of India, the conclave recognized the following as **major areas of concern**:

- That HIV and AIDS is a matter of national security, both in terms of territorial defence as well as internal security: It was recognized that the person in uniformed services was called on to be the defender of territorial integrity of the nation as well as the help of last resort in internal security crises. Given these crucial roles, the uniformed services, and the uniformed individual and his family, needs to be secured against a virus that reduces personnel strength and combat preparedness.
- That HIV and AIDS is a matter of operational concern for the uniformed services: It was recognized that while the uniformed services needs to have in place universal non-discriminatory practices for those in service with HIV, prevention of new infections among existing personnel and among incoming recruits was seen to be crucial to maintain operational readiness.
- That the role of uniformed services needs to be acknowledged in preventing gender-based violence in the context of HIV: It was recognized that gender based violence was on the rise, especially in the areas under the jurisdiction of the police

services. It was acknowledged that greater gender sensitivity among uniformed personnel would reduce incidence of violence, and of promoting a sense of security among the women and members of the sexual minorities.

- By focusing on HIV prevention, AIDS care, education and training to all the new recruits, out-posted personnel, including future international peacekeepers and demobilized services personal, as part of a mandatory exit training, uniformed services are in an excellent position to ensure that future generations will be equipped to fight the pandemic.

The conclave, recommends the following as **guidelines for future action**:

- That HIV and AIDS be included in the discourse on national security and development of doctrine
- That there be the highest level of inter-agency interaction and coordination for tackling HIV and AIDS in the national security perspective, not just as a public health initiative; further that there be representation from all the uniformed services in the apex national AIDS policy formulating body.
- That there be a concerted focus on communications, among and within the uniformed interventions, on HIV and AIDS, its modes of infection and prevention, especially in the contexts of forward area deployment and the fear of the potential use of HIV as an agent of warfare.
- That there be a unit level understanding and presence of non discriminatory standard operating procedures for the deployment of personnel living with HIV and AIDS. This will be the result of such understanding of non discriminatory, safe deployment at the highest command levels.
- That there be adequate resources, financial and knowledge, for the adequate training of all the uniformed services on HIV prevention as a life-saving basic operational skill on an urgent basis
- That personnel recruitment pre-testing needs to be thought through carefully, before implementing it across all uniformed interventions, and that there be a formal colloquium on the subject that draws on the learning from other services internationally, and the best practices guidelines from UNAIDS
- That the uniformed services have a moral obligation to the families of the personnel in reducing risk of exposure to the virus, both to the person in uniform and to his/her family, and that in pursuing this obligation, there ought to be a greater focus on providing family accommodations closer to areas of deployment.
- That there be a greater understanding fostered through increased and improved communications about the role of the uniformed personnel in reducing gender-based violence, especially directed to women and the sexual minorities
- That there be a formal mechanism created among the uniformed services for the greater interaction with women from the families on matters of policy formulation in areas where they are directly affected
- That the demobilized uniformed service persons are a valuable resource for national HIV prevention and care initiatives. The vast network of association of ex-service men could be mobilized as HIV prevention and care educators.
- That this conclave is the first step in creating a larger platform of ongoing discussion on HIV and AIDS among all the uniformed interventions, and that it needs to be followed up on an annual basis at command level, and in smaller focus groups.

Conclave of the Uniformed services Interventions in India on HIV & AIDS
23 – 24 September 2005, NEC Conference Center, Shillong, Meghalaya

HIV and AIDS pandemic in India is already demonstrating far reaching social and economic consequences in India. According to some of the recent reports the Indian economy is being hard hit by AIDS and this pandemic could wipe away as much as Rs. 22,000 crore this year alone. By 2025, the disease could cut annual economic growth in India by 40 percent.

Unfortunately, the uniformed services - a great pride of India - are also not immune to the ravages of this epidemic. "HIV and AIDS is a security threat to India because it threatens the economic, human, societal, and even the traditional notions of security" observed Dr. Happymon Jacob the author of a recent book "AIDS as a Security Threat to India". The HIV pandemic is already affecting many African military troops' ability to defend their countries and operate peacekeeping missions on the continent. According to Director General Lt. Gen. Bhopinder Singh of Assam Rifles "We now find more soldiers dying of AIDS than to bullets fired by militants."

First time in India, security establishments, armed forces, paramilitary and civil police are assembling on a common platform to address the issue of AIDS in Uniformed Services. According to Ms. Winne Singh the Chair person of Assam Rifles Wives Welfare Association (ARWWA), the key organizer of this conclave, the objective of this conclave is to develop a new workable and replicable model to address HIV and AIDS in armed forces and security establishments worldwide. "Assam Rifles has revealed that more than 180 personnel of the force have been found to be HIV-positive, of which 32 have died of AIDS in the past decade" It is significant to note that ARWWA is taking the initiative of hosting this conclave, as women are increasingly facing the consequences of HIV infection. The Assam Rifles is a premier paramilitary force of 55,000 troops deployed across north-east India to combat the region's 30-odd guerrilla groups waging insurgencies for independent homelands or greater autonomy. For the first time the top brazes of Indian Army, Navy, Air force, Civilian and Paramilitary forces are coming together to address the growing problem of the causes and consequences of HIV infection among the uniformed services in India.

The Keynote Address will be delivered by HE DR. A. P. J. ABDUL KALAM the President of India, The Union Home Minister and other cabinet ministers are also attending this high level meeting. During the plenary sessions, issues such as HIV and AIDS as a Security issue, HIV and AIDS as a personnel issue, impact of AIDS on women will be discussed. This conclave is expected to develop far-reaching reconditions on dealing with the cause and the consequences of HIV infection among the unformed services in India.

Meera Mishra, United Nations Development Programme, New Delhi.

The abundance of responses to your query demonstrate that a lot of activities are being undertaken with different groups of the Uniformed Services. "Projects" with Uniformed Services may be a good first step to develop some **effective strategies**, but the longer term gains would only result from mainstreaming HIV and AIDS into the

1. policies,
2. systems,
3. usual business and
4. outreach activities of the uniformed personnel,

though not always in that order, as has been the lesson from Prahari, a multi partner initiative grounded in the principles of mainstreaming, partnership and sustained capacity strengthening

You will understand that many **vulnerabilities of Uniformed Services** personnel, especially CPOs and army, are akin to those of circular migrants: distance from home, 1-2 home visits each year; loneliness, stress and sexual tension; peer pressure; alcoholism; access to sex workers; MSM practices, lack of adequate information on safe sex and HIV or AIDS. Moreover they are a bridge population. The point is that as with migrants it would , at some point, be very important not only to work with the Uniformed Services personnel but also their partners or spouses back home. A database identifying source areas may be helpful. And responses could be taken through engagement of CSOs in source areas. I wish to share some insights and strategies that have emerged from the **Prahari experience** for your reference and use as appropriate:

Some **opportunities** when working with Uniformed Services personnel:

Command structure : within Uniformed Services, if the highest level is convinced, instructions flow down to the levels of jawans ensuring action at all levels across board.

Strategies: convincing data and scenarios, effective communication tools, long drawn advocacy, multiple meetings and follow up. Never underestimate the importance of follow up on a regular basis. This is a long term investment.

Well defined entry points: training institutes and programmes; the education and medical corps with structures for systematic mainstreaming; wives welfare associations provide access to different cohorts through organized channels.

Strategies: high quality training material, audio visuals, short and crisp presentations, PLHIV as trainers and modular training packages for selective use according to the availability and interest of different levels of personnel within the cadre; engagement of NGOs to work with Wives associations.

Continuity and institutional memory: this flows from the command structure and excellent structural arrangements that ensure, to some extent, that change in guard does not mean substantial change in the Ministry or Department's approach to the issue.

Strategies: invest in or support systems that enable wider and efficient collation and circulation of information; assist with meeting minutes, circulation and filing; help establish, databases of information or center of excellence as is currently in progress in Tekanpur as part of Prahari.

Existing infrastructure or systems for prevention, care and treatment: most CPOs and army already have a policy in place although implementing this is of varied quality.

Strategies: sensitization and awareness on standard universal protocols on care, testing, treatment and prevention; training on indicators to measure the protocols implemented; setting up linkages with SACS for uninterrupted supply of condoms.

A culture of service and outreach within communities: although increasingly a debatable issue, this is still one of the key guiding principles on which the Uniformed Services works during wartime and peacetime. They have access to a large segment of highly vulnerable population.

Strategies: develop small and concrete activities to integrate HIV in the peace time or development activities of the Uniformed Services. Provide training, link with local NGOs,

analyze their engagement in other development work and help replicate in the context of HIV. Emphasize or remind about the culture of service in all trainings.

Some challenges:

- Uniformed services is not a monolith. The need to priorities within the groups including the CPOs, POs and army according to professions, location and state specific situation is important for optimal utilization of resources. Also important is the need to have differential strategies.
- Peer pressure and the constructions of masculinity that lead to risk taking behaviour often under pressure needs to be first acknowledged and subsequently addressed through psycho-social counselling and introduction of new role models.
- Intense stigma and discrimination: Discriminatory practices still exist despite laws, mostly because of subjective interpretation of the policy/law. There is need introduction of workplace Policy for each cohort of US; awareness and education on the policy; internalization of elements of the policy and its implications.

Recommended Contacts:

- Mr Suresh Kumar, PD WBSAPCS;
- Mr Mitra, ex-ADG, BSF Eastern Command, Kolkata;
- Dr Bhattacharya, Nodal Officer for Prahari, WBSAPCS (now posted elsewhere) and
- Dr Rajesh, Medical Officer, BSF, New Delhi in addition, of course, to UNDP for more information.

Dr. Joe Thomas, Moderator of AIDS-INDIA e FORUM & AIDS_ASIA e FORUM.

Please find appended below a paper by Lieutenant General Bhopinder Singh, Director General of Assam Rifles, presented during the conclave for the Uniformed Services at Shillong in 2005.

HIV/AIDS in Unformed services in India: A human security perspective.
By Lieutenant General Bhopinder Singh, Director General of Assam Rifles

HIV and AIDS Pandemic in India is already demonstrating far reaching social and economic consequences in India. According to some of the recent reports the Indian economy is being hard hit by HIV/AIDS and this pandemic could wipe away as much as Rs. 22,000 crore this year alone. By 2025, the disease could cut annual economic growth in India by 40 percent. Unfortunately, the uniformed services- a great pride of India – are also not immune to the ravage of this epidemic. "HIV/AIDS is a security threat to India because it threatens the economic, human, societal, and even the traditional notions of security". As guardians against threats, both external and internal, we need to understand that HIV not only affects individuals, but has a huge impact on the social fabric of the nation. As we all are aware, any destabilization of the social fabric leads to situations of discontent and disturbances.

The world community has recognized HIV/AIDS as a security issue in the sense that it challenges human security, and its spin-off impacts pose threats to social, political and economic and military– or the most conventional notion of – security of nations and regions. In the conventional sense the term 'security' denotes threats to the integrity or defence of the state especially from other states or from hostile, divisive forces within the country. However, in the broader sense

the 'human security' encompasses "Safety from constant threats of hunger, disease, crime, and repression. It also means protection from sudden and hurtful disruptions in the patterns of our daily lives—whether in our homes, our jobs, in our communities or in our environments" (UNDP, 2004). Human security comprises different facets such as personal, economic, social, national and international security –all of which are often interlinked.

How HIV/AIDS threatens human security?
"In the course of human history there has never been a greater challenge than HIV /AIDS." -- Nelson Mandela speaking at the International AIDS Conference, 2004. As UNDP has noted, the social and economic impact of HIV/AIDS are reflected in decline in life expectancy, loss of skilled human resources, weaker agricultural sectors, and reduced living standards, (UNDP, 2005). Globally, the number of children orphaned by HIV/AIDS has risen three-fold in six years to reach 13.4 million. In such situations, HIV and AIDS can be a national security issue as well. "The weaknesses it creates in militaries, as well as in the pillars of economic growth and institutional endurance can make nations more vulnerable to both internal and external conflict" (ICG, 2001). We should take note that our neighbouring county Thailand, the military has recognized HIV/AIDS as a threat to national security (Elbe 2003).

"Some of the factors influencing the vulnerability of uniformed services to HIV infection are mobility, frequent casual sexual relations , and alcohol and drug use". The issue of demobilization of combatants, their reintegration into civilian life, and the impact this may have on the spread of HIV/AIDS is also an area of concern. It is increasingly understood, AIDS is one of the most serious international security issues that nations will have to face in future. The UN Secretary-General Kofi Annan told the UN Security Council: "The impact of AIDS no less destructive than that of warfare itself. By overwhelming the continent's health and social services, by creating millions of orphans, and by decimating health workers and teachers, AIDS is causing social and economic crises which in turn threaten political security. In already unstable societies, this cocktail of disasters is a sure recipe for more conflict. And conflict, in turn, provides fertile ground for further infections" (UN, 2000).

On 17 July 2000 the UN Security Council adopted Resolution 1308 that addresses HIV/AIDS as a potential threat to peace and security. Several countries followed up with their own activities. In India we should act proactively. Insecurity, manifests in wars, internal conflicts, famines and other emergency situations, stoke the flames of HIV/AIDS pandemic. In conflict situations often, effective HIV prevention intervention becomes impossible as the health system remains crippled. Sexual abuse of women and girls in conflict areas pose an added threat. This angle should get adequate attention at a time when increasingly women are being exposed to the infection. Prolonged, violent conflicts also may lead to sexual exploitation, increased social mobility, and destruction of healthcare infrastructure and rapid decline of the capacity of health care systems to monitor the health care needs of the population. Conflicts are typically followed by gun-running, drug trafficking, people trafficking, an increase in casual or coerced sex. While criminal groups involved in these activities promote sex rackets, there is the possibility of spreading a trail of HIV as well. The way HIV/AIDS threatens security of the human community is complex, interlinked and cyclical. While HIV/AIDS contributes to insecurity in many forms, lack of security itself, marked by conflicts and their human impact, exacerbates the spread of the virus. Overall, this complex mechanism impacts food security, women's rights, governance, education, health system – in short, human security as a whole. We must be vigilant and constantly monitor the situation carefully. Urgent, synergic action at the national, regional and international level is must. Stand-alone HIV/AIDS intervention programmes may not work, considering the complex nature of its spread and consequences. A large-scale strategic response to HIV/AIDS in Uniformed services is essential. Recognize HIV/AIDS as a political issue and a threat to human security. Advocacy activities must not only mobilize government and civil society – but also sectors such as education, armed forces and corporate sector. Capacity development in planning,

management and implementation, especially at the local level. HIV/AIDS should become part of development, poverty eradication and peace-building programmes. The socio-economic factors that make people vulnerable to AIDS must be clearly understood. Ensure equal and easy access information, prevention methods and treatment for all people. This requires a fight against vested interests including corporate that hike prices, religious authorities that discourage condom use and bureaucrats who would rather keep information away from people.

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Additional resource: by Dr. Joe Thomas
Author : Happymon Jacob, ISBN : 8173046301, List Price : Rs 230.00, First Published : 2005, Pages : 97p., Edition : Paperback;
Manohar Publishers (New Delhi) RCSS Monograph titled "**HIV/AIDS as a Security Threat to India**".
Description: HIV/AIDS is a security threat to India because it threatens the economic, human, societal, and even the traditional notions of security. This study seeks to build up this argument with an understanding of security and how these various sectors of India's security are threatened by HIV/AIDS.

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Sabrina Sidhu, HIV & Development Unit, UNDP, New Delhi.

This e-mail is in regard to my response on UNDP interventions for Uniformed services. I did not mention the partnership with DSACS in the UNDP initiative with the Delhi police and I would be grateful if Rafique could send out the following with a Moderator's note.

"The initiative with the Delhi Police was the result of a partnership between UNDP, NACO, Delhi State AIDS Control Societies (DSACS) and the Delhi Police. DSACS was the implementing agency and NIS SPARTA, a training institute, provided technical inputs.

DSACS helped in putting together the effort and provided technical inputs to NIS SPARTA for the development of the module, **Naya Savera**, and for its fine tuning. DSACS helped in training NIS SPARTA trainers for the eventual workshops with the Delhi Police personnel and in ensuring that these were of quality."

Afsar Syed Mohamed, ILO, New Delhi.

This e-mail is about interventions for uniformed services by ILO.

Andhra Pradesh Police Academy with APSACS initiated a good partnership programme to build capacity of the selected Police officials from Training schools on HIV and AIDS. A Training of Trainers (ToT) Programme was conducted by ILO on the request of APSACS in 2003. The Training programme was for four days of which two days were devoted to building knowledge and information capacity, while one day was spent on field visits to the VCCTC center and a Care Home and the fourth day was to debrief and develop action points.

A session was facilitated on the Role of Police in HIV prevention among the police personnel as well as on the role that police can play in facilitating implementation of HIV prevention programmes, particularly in respect to PITA(1956) and IPC section 377. A sex worker who works as a peer educator in an HIV programme was invited to share her perspectives on how the Police force can help. The training programme was appreciated very much as the risk perception activities were part of the programme.

A refresher programme was conducted a year later, where 26 trained Police Officials participated and shared their immense experiences of conducting HIV and AIDS training programmes for their colleagues. A suggestion that came up was that the Trainers need to be recognized by way of a certificate which will help the Officials in their career.

Secondly the Mumbai police has been partnering with MDACS and implementing Workplace Programmes. ILO provided technical guidance in developing the HIV and AIDS policy and programmes in collaboration with MDACS. A copy of the manual used for the Mumbai police policy is available on request. Please contact Seena at seena@ilodel.org.in

Vandana Gurnani, Karnataka Health Promotion Trust, Bangalore

I would like to share with you our experiences of the sensitization of Police Personnel in Karnataka.

I Background

Karnataka is one of the six states in India with a high prevalence of 1.6 % for HIV. Karnataka Health Promotion Trust is implementing the "Sankalp Project" for Scaling up HIV Prevention and Control Programmes in the State of Karnataka funded by Avahan - the India AIDS Initiative of the Bill and Melinda Gates Foundation. This project is working in sixteen districts in the State and has adopted a Focused Prevention approach that works with communities especially vulnerable to HIV and AIDS mainly commercial sex workers and sexual minorities.

II Need for Police Sensitization

Female sex workers and sexual minorities are more vulnerable to HIV due to their being marginalized and criminalized by society and due to their powerlessness. These communities are also victims of violence and harassment. Frequent arrests and violence by the police also drive these groups underground, inhibiting community mobilization and access to education, programs and services. To promote an enabling environment for the program, a key component is the sensitization of police personnel on the realities of sex work and the importance of providing services to the high-risk groups in the context of the HIV epidemic. Secondly the police force being a large workforce and having very tough working conditions is also vulnerable to HIV and therefore needs to equip itself with knowledge about HIV, AIDS, STIs, services available for counselling, testing, care, etc.

III The Approach to Police Sensitization

Advocacy with senior police officers at State and District level led to the realization of the need for sensitization of the police on HIV/AIDS, attitudes towards sex work and their understanding of the law governing sex work.

Towards this objective several State Level three – day TOTs and then at the district level one-day police station wise sensitization programmes for all police personnel is being conducted. For each district a core group of trainers consisting of a Deputy Superintendent of Police, District Project Coordinator, Taluk Coordinator of the NGO, Peer Educators with training skills and a lawyer from the district is trained in Bangalore through a Training of trainers Programme for three days. This core group of trainers in turn conducts police station wise, training of all the police personnel in the district. Five TOT programmes have been completed covering fifteen districts and 162 Resource persons have been trained. This training aims to provide a clear understanding of Sexually Transmitted Diseases, HIV and AIDS and vulnerability of police to HIV. The programme also enables the participants to understand the link between the police and sex work and its impact on the HIV Prevention Programme. The participants are provided an appreciation of the spirit of the Law namely the Immoral Traffic Prevention Act (ITPA), 1956 and are exhorted to accordingly implement the law. The programme also provides the participants with information regarding the nature and location of the public health services especially with respect to HIV and AIDS.

In order to ensure uniformity of training programmes across the districts a Facilitator's guide, a CD containing all the presentations for all the sessions planned and a booklet of frequently asked questions for distribution to all the trainees, has been prepared and sent to all the NGOs working with KHPT. Thus far 2568 police personnel from 12 districts have been sensitized through this programme.

This approach to training of police staff involving a multi disciplinary team of police officers, lawyers, NGOs and peer educators on the issues of HIV, ITPA and sex work is the first of its kind in the State. The module has been shared with the National AIDS Control Organization. The entire process of the police training programme and the impact are being documented by KHPT for dissemination to other states. More recently the training is being organized jointly by Karnataka State AIDS Prevention Society (KSAPS) and KHPT for Bangalore (Urban) district and KSAPS is conducting this training in the remaining nine districts of Karnataka.

It was observed that after the training there is significant change in the attitude of the police personnel towards sex workers and the laws governing sex work. This has also been reflected in the HIV field programmes wherein the arrests of sex workers by the police have reduced and the police personnel are providing required support to the HIV Programs.

Manojit Biswas, CHARCA, Lakhanpur, Kanpur.

You may be aware of the police training being done at Kanpur, where 4611 Police personnel including 228 women Police personnel were trained on HIV/AIDS/STIs, women rights, stigma and discrimination against PLHIV to cover both the enabling environment and their vulnerability factor. I wish to share the lesson learned and challenges faced along with few suggestions:

- It is pertinent to convince the higher authorities for the training and things will move in faster pace. We started with Home Secretary, (U.P) down to DIG, SSP, SP and the District Magistrate. It's time consuming, but the best way to seek support and its pays.
- The training should not be conducted in Police stations as the environment is not conducive there, concentration of the participants is less, creates lot of other disturbances, which we faced and later on all the trainings were done in the meeting hall.
- There should be some point person from the police department to coordinate; it really helps in the rigid compartmentalized department.
- Some strategy needs to be adapted to train the Police personnel who are in VIP duties, posted in sensitive places or have night's shifts. We could not impart training to them.
- Module based training to be done. Expecting them to give the whole day for the training was not feasible in Kanpur. As maintaining law and order is the priority, there had been times the police personnel were called between the training due to emergency. However the module in Hindi which we gave them was really useful. Lot of queries came in and also many of them visited VCCTC with spouse due to the symptoms mentioned in the module for HIV infection.
- Continuous feed back to the higher authorities is essential. The police department at Kanpur is planning to put a counsellor trained from SACS in the Police Hospital.
- I believe one of the best ways to impart training of police personnel is to include sessions on HIV/AIDS/STIs during their trainings at the Police Training College/Academy, where all the new as well as old recruits attend. Here they are relatively free, mentally relaxed and there is no disturbance and can pay attention to whatever is being said.
- One can also explore the feasibility of training the instructors of the academy as trainer for HIV/AIDS.

Lt. Col. Dr. Anup Singh Gurung, Army Medical Corps (Retd.), New Delhi

One of the most important aspects of dealing with the uniformed services is to address the command structure. That is the highest authorities must be involved and convinced about the programme before anything else. This aspect of the uniformed services is not understood by NGOs and other agencies wanting to interface with the uniformed services. The importance of the command structure is in the fact that the micro and macro environment of the soldier is controlled totally by the commanders at all levels. This includes how many times the soldier can proceed on leave, his welfare, his education, his ability to get family accommodation, availability of alcohol and the amount of money he can withdraw while away from his family/regular sexual partner.

On the lighter side as per the Army act, the colour of the clothes the soldier wears or the way he ties his lace. I even had to ask permission from my commanding officer to get married when I was posted along the border in a high altitude area. That was granted but with a rider, "as per

the act I would not get married accommodation because I was below 25 years". They looked after both of us after marriage like a family though.

Thus a way to address stigma & discrimination within the Uniformed services for positives and for other projects is to actually address the junior and senior level leaders and educate them. They are crucial to any project done or planned to be done with the uniformed services.

Many thanks to all who contributed to this query!

*If you have further information to share on this topic, please send it to Solution Exchange for the AIDS Community in India at aids-se@solutionexchange-un.net.in with the subject heading '**Query: Interventions for Uniformed Services, from UNAIDS, (Experiences)**'*

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