



COMPREHENSIVE RURAL DEVELOPMENT PROJECTS

Project Postive Hope

Project Kshipra

Project Bhagirath

Project Vasundhara

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Prithvi

A Vision of Rural Development & Empowerment

The Prithvi Story

Prithvi is a registered and established NGO, working at the grass-roots level in rural and slum communities in Maharashtra, India since 1999. The **GOAL of PRITHVI** is the empowerment of women. **Prithvi** operates on the principal that the empowerment of women leads, of necessity, to the strengthening of family, community and society.

Prithvi has projects in both urban slums and rural villages. Most occupants of the urban slums are displaced villagers, who have moved to urban areas because of the need to find work and support the families. **Prithvi** projects have been developed in Pune, in Mulashi Taluka, and, most recently, in Arangaon village, Ahmednagar District.

The Founder President, Ms. Sharmila Brahmhatt, has been working in grass root level development activities for over 20 years and has created a strong network of effective social organizations and individuals to participate in the work. Her strong social welfare, business and IT background combined with her breadth of vision to make her an outstanding leader for this project.

In 2004 Prithvi adopted Project Positive HOPE (PPH) as its initiative for intervention in the rural HIV epidemic in India. The merging of **Prithvi's** strong grass-root community base and PPH's experience of the HIV epidemic have resulted in a unique and comprehensive rural HIV intervention, care and support program,

Overview of the Organization

Prithvi is committed to a holistic approach to integrated rural development, addressing issues around health, HIV / AIDS, education, environment, economic autonomy and access to technology. Discussion, training, education, technological support, service delivery and the development of support networks are avenues through which women can exercise their unlimited potential for growth, choice, and participation as well as develop their voices, individually and collectively.

By empowering women to find a way out of their limiting conditions, youth and men will also automatically benefit. Young people can find inspiration in the changes in their mothers, and can seek ways to build a more fulfilling life for themselves. Men will find themselves in a partnership with their spouses, and a new economic and family collaboration will have begun. An escape from the

morass of alcohol and violence in which many families are trapped will be possible.

Prithvi is currently operating four projects:

Project Kshipra: the Empowerment of Women

Prithvi is dedicated to empowering women through awareness, self-esteem and capacity building programs, as well as practical, need-based training. Women are being trained in marketable skills they can use to earn money and establish a sustainable initiative within their existing social structure. The creation of a professional marketing, retail and distribution infrastructure will allow **Prithvi** to assist women and other NGOs in accessing domestic and international markets for their small-scale enterprises. The resultant economic autonomy, as well as the developing support networks, will allow urban, rural, and tribal women to come together and voice their opinions and concerns while addressing issues at a community level.

Women's issues addressed:

1. Awareness building, capacity building, and self esteem
2. Income Generation skills development trainings
3. Economic autonomy
4. Cooperative action
5. Women's health
6. Women's human rights

**Project Positive HOPE:
Comprehensive Rural HIV / AIDS Initiative**

Project Positive HOPE is aimed at intervening strategically in the HIV/AIDS epidemic in rural Maharashtra, where the HIV prevalence rates are the highest in India. Its goal is to mobilize communities, train health care professionals at all levels, and develop a comprehensive, holistic treatment and training facility targeting rural families with HIV positive members.

Training is the core of PPH's initial development program:

- Community Mobilizer's Training for village volunteer workers in HIV prevention, awareness and support at the grass-roots level
- Certified Counsellors, trained to global standards to work in the HIV epidemic
- Health Care Provider's Training for doctors, homeopaths, ayurvedic practitioners, dais, vaidus, herbalist and providers at all levels
- Mother and Child Health Training
- Training for Police and NGOs
- Corporate HIV / AIDS awareness and social responsibility programs

PPH programs include:

- Rural Health Care Education, Counselling and Medical clinics and mobile facilities
- Training institute for HIV Positive Families
- Training institute for Rural Health Care Providers

Women's health is often thought to consist of little more than family planning. **Prithvi** promotes comprehensive women's health programs that address not only reproductive issues, but the entire range of physical, emotional and mental health issues from infancy to old age. A primary mandate of **Prithvi / PPH** is to build a strong HIV/AIDS awareness and prevention program through outreach groups and community workshops for women, adolescent girls and youth groups

Institute of Management and Treatment of Chronic Conditions in Elderly Women (Proposed)

Most Indian rural health care treatment focuses on acute conditions, especially those treated with antibiotics. Yet, as elsewhere in the world, chronic medical conditions are becoming more and more common. Older women who develop chronic health conditions have poor access to treatment and no support for managing their situation. They are often treated as disgradable and useless to the family. This facility is designed to train individuals and families in the management of long-term chronic conditions such as HIV, heart conditions, stroke, diabetes, arthritis, hepatitis, and other diseases especially common among elderly women.

The institute will also research ayurvedic, herbal and indigenous treatments for their utility in managing various long-term conditions.

Project Bhagirath: Empowerment of Youth

Training adolescent men and women through the development of youth groups will empower the citizens of tomorrow, teaching them social responsibility and encouraging them to face the many challenges of their time and participate in the global community. In addition, training, technological availability, and activities will allow those who wish to remain in their villages, contributing to a vibrant rural culture. Programs include:

- HIV / AIDS awareness and prevention
- Soft skill development and income generation skills
- Capacity building and ethical development through youth groups.
- Technological competence and computer literacy training

- Sports and physical fitness initiatives
- English language training
- Performing Arts

Project Vasundhara: Agricultural and Environmental Initiatives

Any rural development program must address the issues of land use and environment, as these are the life-blood of the rural communities. **Prithvi's** unique holistic / empowerment approach builds community awareness and power through its recognition of the importance of land utilization and conservation, as well as the vital role of village women in the application of sustainable development.

Agro forestry projects are being initiated, utilizing the available local resources and the current agriculture patterns. Experimental farming is encouraged to demonstrate new cropping alternatives, establishing broader horizons for farmers. Cooperative initiatives along with direct marketing are introduced to fetch better prices and reduce internal competition within the community. Promotion of organic farming is being initiated on a large scale, based on local cooperation. Organic fertilizers for regional crops and composting initiatives are being promoted on a large scale.

Common farming plots, or individual small plots for women to cultivate their own produce are initiated through Paras *Baag* (kitchen gardens) initiatives. Local indigenous products and processing are being developed to create avenues to use local resources and generate income for the women.

Water is a crucial and complex issue in rural communities. Safe drinking water and waste management, both directly related to women and their daily chores, are at the core of the **Prithvi** environmental project. In the growing pollution and waste infested world, many environmental programs fail because they are not "women friendly." In many programs, the *needs* of the women are not considered, or are pushed off to the side. Women, the caretakers of the home environment, need to be directly involved through a participatory approach to environmental rejuvenation.

Technology Integration in the rural Area

Prithvi plans to link every village associated with the Prithvi projects via a satellite-based platform, utilizing a media convergence system for information dissemination, education and entertainment. Technology Hubs will be established throughout the rural areas to facilitate this venture. The latest alternative resources in communications, energy, media, resources and connectivity will be accessible through this portal, as well as easily usable links with other participating communities.

Initiatives in Collaboration with other Organizations:

Prithvi believes strongly in the importance of partnership and collaboration with others who are working for rural development. The following partnerships are a sample of those in development:

- ***Prithvi International Volunteer Program***, utilizing study abroad programs and offering hands on training, and experiential learning. This program will be open to all international volunteers, who would like to work “hands on” on various grass roots development projects in rural Maharashtra, undertaken by **Prithvi**. Credits toward university degrees will be facilitated and not-for-credit internships will also be possible.
- ***Craft Council of Maharashtra***: Together, Prithvi and the association are developing a program of training village women’s groups in handcraft production with guaranteed markets for the products. In addition to income generation, the program stresses quality craftsmanship, pride of workmanship, cleanliness, responsibility and leadership development.
- ***MGR Medical University Prevention of Mother to Child HIV Transmission Project***, Nammakul, Tamil Nadu: Cooperation, information exchange and training between these programs is an asset to project development in both organizations.
- ***Symbiosis School of Management and Human Resource Development, Pune***: Students at the school have taken on various projects for Prithvi, including the organization of the HIV / AIDS Walkathon on World AIDS Day, 2004, and fund-raising among IT organizations. They will be developing grass-roots projects using their expertise under Prithvi’s supervision.
- ***Network Academy Pvt Ltd*** : The company in association with European associates have developed and implemented a satellite based interactive platform for Education, Health Systems and Facilities, Rural integration through telemedicine and many more applications

Funding

*The financial Goal of **Prithvi** is for all projects to be self-sustainable within 5 years, and for the Institutes to be primarily self-sustainable with grants to support special projects.*

Initial start-up grants are being sought from various Indian and international funding agencies.

In addition, corporate contributions and participation are being developed. Corporate India is awakening to the need to take a greater responsibility in the development of rural service programs, and, especially in prevention of HIV infection and support of its HIV positive work force.

Prithvi is developing markets at both national and international levels for the produce and products produced by Prithvi project communities.

Prithvi, in association with NAPL, has a cadre of skilled trainers with a range of specialties and is developing into one of the premier training organizations in India. Fees for trainings, workshops, and program development are used to support on-going activities.

Support Needs:

Prithvi is in the process of applying for grants and is especially seeking start-up funding for our new initiatives. *Prithvi* is seeking financial support and grants for:

- Staff salaries, honorariums and speaker fees
- Program development and implementation costs
- Administrative and traveling expenses
- Training and education programs
- Materials and equipment needed by the various programs
- Vehicles to reach isolated and far-flung communities
- Mobile clinic vans and equipment
- Corporate support including program and materials sponsorship
- Volunteer scholarships and fellowships
- Funding and sponsorship for the development of the various institutes

This seed money will greatly enhance our training programs, community awareness projects, and exhibitions. With financial support, Prithvi will be able to expand and extend its network to more and more communities.

CONTACT INFORMATION

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Comprehensive Rural Development in Action

Prithvi, during its 4 years of active involvement at the grass roots level, has been developing a unique and comprehensive approach to rural development that differs fundamentally from most development projects. First, Prithvi brings a broad and holistic spectrum of development options into the villages and communities with which it is in partnership. Second, Prithvi interventions are founded on an active base of true and lasting empowerment. Finally, Prithvi management are global innovators, at the forefront of global IT expertise and training innovations, and are bringing this global understanding to interface and benefit the grass roots level.

Prithvi's core commitment for all its programmes is empowerment. Empowerment is a buzzword in developmental circles all over the world; yet, for Prithvi it is a deep and necessary commitment. Empowerment, as Prithvi defines it, is a Process of identifying and building capacities, learning the skills of culturally relevant and personally appropriate choice-making and developing a sense of personal responsibility and ownership of one's life.

We would venture to state that most Indians never make a single real choice in their entire lives, for this is a culture where everyone has a place, and that place has culturally defined expectations that are very hard to break. Schooling emphasizes rote learning rather than creation and application. The choice, type, level and form of school is determined by caste, and family income. Marriage is determined at the family level, as is employment and income expenditure. Activities, friends, associates, food, dress, living arrangements - all are determined by caste and financial status, and by family dictates. Nowhere is individual choice an acceptable alternative, especially if it defies these culturally rigid strata. Hand in hand with this lack of choice is a lack of responsibility – of ownership of an issue, or a project or a situation. Even as the exploding middle class is beginning to own its buying power and at least make choices on that level, passive reactivity is the model of Indian life at the village level.

One very dangerous outcome of this situation is that, if an individual is not empowered in their situation on an overt level, they will seek to make choices on a covert level. Thus, the only real choices open to rural villagers, especially men, involve self-destructive behaviour: consumption of rot-gut, illegal alcohol, gambling and prostitution are the only arenas open to men to make choices. For women, secret affairs fill a similar, proscribed outlet. Those choices are invariably made in secrecy, and have enormous negative consequences. Lack of choice-making skills means that consequences are rarely taken into account; what can be gotten away with is what is important. Thus, rampant alcoholism is arguably the most important issue facing rural villages today – even more destructive than the HIV epidemic.

Prithvi is using as its primary focus the HIV epidemic, which is poised to deal a lethal blow to India's culture, economy and values. Already around 6 million people are already infected, and 60 million family members affected by the disease. India's fate at the hands of the epidemic rests not with medicine, or NGO programmes, or government funds, but squarely on the empowerment of her people, especially the 80% that comprise the rural population. HIV is a lifetime, chronic condition; it is not an acute, medically resolvable illness. Prevention is first and foremost an individual and personal choice, albeit one that is culturally very difficult to make. Primary management of HIV positivity rests with each HIV positive person. Positive people need to be informed about the nature and stages of HIV / AIDS, and what interventions are most effective at what stage of the condition. Informed not only means being given information, but, far more important, knowing how to USE it. Before ANY medical treatment can be effective, basic hygiene, sanitation, diet and chronic care issues must be understood. The whole approach to medical care – by health care professionals and patients – must be drastically altered. This means informed, active involvement by families, communities, health care professionals, NGOs and government as well as individuals. These competencies are dangerously lacking at all levels of Indian society, but especially in the rural heartland.

In addition, HIV is forcing confrontation with many issues of the dark cultural under-belly. Hidden behaviours, such as multi-partner sex and sexual abuse, are being forced into the open. Alcohol and violence are a frequent response to a positive HIV test. Discrimination against and exploitation of women is being highlighted. The assumptions, balance and stability of village and family life are under increasing threat.

Thus, the HIV epidemic offers an urgent situation where personal, family and community empowerment will directly affect the rising infection rates, as well as the cohesion of the family unit and ultimate life expectancy.

Prithvi's intervention begins with the motto of its health initiative, Project Positive HOPE: HIV / AIDS Touches us All! Intervention activities are designed around exploring how we are all affected by the epidemic at different choice-making skills. At present India is still battling between rampant denial of the HIV problem and a desperate search for quick cures that will make HIV go away. Prithvi, instead, stresses the chronic aspect of the condition, the importance of basic health and cleanliness standards and awareness, the necessity for choice making and confronting the secret choices that are endangering the villages.

Prithvi relies on experiential education and counselling as its primary HIV intervention. Medical treatment is only effective as a 4th stage intervention. The 1st stage is individual, family and community empowerment, awareness and responsibility. The 2nd stage involves confronting and making difficult choices, whether the person is HIV positive or negative. The 3rd stage is to develop an informed relationship to basic medical treatment, being able to understand and

make choices about medical care and complicated medical regimes. Only then will Anti-retroviral medications be prescribed and taken correctly.

HIV is undermining the financial security of the rural areas, which is, at best precarious and hovering just around basic survival levels. Job opportunities are scarce and families are broken by being forced to seek minimum wage and contract work far from home. If financial security can be developed at the village level, a firm foundation for development is being forged. As the HIV epidemic is incapacitating and killing off young, married men, the family's financial security is severely threatened. Most rural women have no job skills, and thus are left destitute when the family breadwinner cannot work.

Thus, two major interventions that Prithvi is inaugurating are Project Kshipra, the empowerment of women, and Project Bhagirath, targeting rural youth. Both projects have the development of marketable job skills as an urgent priority. Skills training develops options and the opportunities for choices that have not existed before in rural communities.

One of the most important illustrations of this issue occurred when Prithvi was doing pre-skills training sessions for village women who were about to join a sewing project financed by the Maharashtra Craft Council. One woman said: "Even if you pay us, our husbands will just take the money and spend it on alcohol and cards." There was an affirmative murmur throughout the room as the women considered if it was even worth enrolling in the project, if the money would simply be wasted. Sharmi, Prithvi President, answered: "Then we will help you open a bank account in each of your names that no one else can access. This will be a condition of working with us." Again the murmur, accompanied now by a glint in 40 pairs of eyes, a straightening of shoulders, a dawning awareness. Choice around money had never even been a concept before that moment.

There is a tremendous pool of potential among the youth and women of every rural village. Many have had education to 10th standard and beyond. They have a basic knowledge of computers and their potential. They have skills, but nowhere to develop or use them. Thus, any programme targeting youth must first address the terrible unemployment (30% in our area) and under-employment that kills the dreams and aspirations of the village young people, and closes the door on women's potential with a marriage vow.

The forth level of intervention by Prithvi, Project Vasundera, involves the core of village life: the land and environmental issues. Land symbolizes the potential of a community: how it is used brings choices and empowerment for the whole area, or shuts the door on the future. Prithvi is bringing appropriate information and projects in land-use, agro-forestry and ecology from developing global awareness of the crucial nature of these issues for all Earth's citizens – solutions that the communities can explore and adapt, modify or reject. Globalization and

the rise of environmental issues and solutions needs to penetrate to be available to farmers of the rural heartland.

The exciting thing about empowerment is that empowerment on one level benefits and strengthens all surrounding levels. As one woman in the Prithvi project said of her husband: "At first he was not comfortable with my involvement in Prithvi because I was not making a lot of money. But then he came with us to Pune (to a March Against AIDS on World AIDS Day) and he began to understand. Before he used to go out and play cards every night. Now he is home and talking to me and the children and, if I am not there, he will even fix dinner! He has gone from being a very small light bulb to a florescent lamp!"

Empowerment is no quick fix. Changes in attitudes and value systems take time, energy and a deep involvement in and understanding of the realities of village life. Practical skills development occurs alongside behavioural change and increased awareness over time. Gradually options develop and people begin to take advantage of them and make choices about their lives.

People is what Prithvi is all about. Our core workers are recruited from the villages where our project is based. They are trained and supported to work in partnership with the greater world. They are the interface between the village and the globe. They, in turn, train the villagers at the next level out, whether it be skills development or HIV awareness, or ecological initiatives. They learn through doing.

Prithvi Activity Summary of 2004- 2005

Staff and Volunteers:

In January 2004, Ms Ann Speirs approached with the Project Positive Hope proposal. She joined the Prithvi team in February 2004, and we decided to adopt the Project Positive Hope as a Prithvi Health Initiative. In January 2005, Ann was also invited to join the Prithvi Board of directors as an honorary member of the Board.

Since February 2004 we started rolling actively with an array of various activities to build a strong ground level team and several additions to the Prithvi team.

We have two teams –

- Nagar taluka, based out of Arangaon, 13 people as volunteers, out of which 3 people were terminated leaving a number of 10 dedicated volunteers as of today.
- One Counsellor / community mobilizer- Mr. Dhirender Rawat, joined in January 05.
- Mulashi taluka – 14 volunteers were taken on, with 3 of our own dedicated people. we are currently pondering upon the continuity of the majority of the Mulashi team, due to their lack of expected performance till date. A few out of those will be retained on our team, after the clean out.
- Siddharth Shetye joined as our Chartered accountant
- Mr. Manab Rakshit Joined as an honorary Financial Advisor.
- Parag Jahagirdar is our latest addition since April 2005, as an Administrative officer.

Prithvi Project Positive HOPE: 2004 Activity Summary

In 2004, Project Positive HOPE, received in donations.

With 2 unpaid executives, 15 dedicated volunteers and 2 part-time paid staff, PPH achieved the following:

- Proposal and Program Development
- World AIDS Day Activities: 4,500 participants
Arangaon Village Procession against HIV/AIDS:
500 attendees – 1 December, 2004
Ahmednagar Torchlight Procession against HIV/AIDS:
With Rotary Club & NGO Snehalaya: 1500 Attendees – 3 December, 2004
Pune Parakriyama: March against HIV / AIDS:
With Symbiosis School of Management: 2,500 attendees – 5 December, 2004

- Village School HIV AIDS Awareness Program: 856 students attended from 6 different village schools
- 4 village level meetings with 88 participants
- 1000 individual villager contacts
- 300 Corporates and Businesses, direct contact
- Working partnerships with:
Symbiosis School of Management and Human Resources
MGR Medical University, Department of Experimental Medicine
Ahmednagar Rotary Club
- Training:
Issues in Death & Dying for Professionals - January
Mulashi Volunteers – July
Core Team Training - September
Joint Staff / Volunteer Training – November
Arangaon Team Training – December

2005- january – March

The funding proposal for **Project Positive Hope** was finished and submitted to 20 funding sources.

The **WELLNESS CLINIC** was inaugurated in January 05, offering HIV and health care education, HIV AIDS counselling and treatment referrals. The centre's initial aim is to assess the impact of the HIV epidemic in Nagar taluka, preparatory to expanding services.

- 56 people counselled
- 198 contacts of HIV positive individuals.
- 6 individuals were seriously ill and were referred to the Civil Hospital in Nagar,
- 1 death

Development of the Training programs for the

- Counsellor's training program – May 05
- Trainers training program – May 05
- Daaii training program – June 05
- Corporate HIV AIDS Awareness programs - Ongoing.
- Volunteers and staff training Program- Ongoing.
- Internal training program – Arangaon- 9 trainings
- Internal Training Program Mulashi- 5 trainings.

Surveys:

- Village health and water survey- 329 families in Arangaon village.
- Survey of HIV situation in Nagar taluka – 8 villages and arangaon, ahmednagar and Pune.

Community Meetings on HIV AIDS Awareness:

- The Nagar team conducted village community meetings for HIV AIDS awareness program, in roughly 32 villages.
- The Mulashi team did similar 13 meetings till date.

School HIV AIDS Awareness Programs:

- 35 School HIV AIDS Awareness programs were done with about 2000 students and their teachers.

Prithvi – Project Kshipra-

- The team did an assessment survey of the women in Arangaon village, with a data on about 280 women, and their existing skill sets.
- The team meetings with women to determine the skill training needs.
- Craft council of Maharashtra offered to train a group of 40 women, for income generation handicrafts skills training, for a duration of a preliminary 10 day training, followed by a 3 months further specific training, after a skill level assessment of these 40 women. This program was inaugurated on the 19th of April, in Arangaon. The trainer, Mr Rajendra Choudhari was sent from Mumbai to train these women, supervised by Suvarna and Meena in leadership of this initiative.

Prithvi – Project Bhagirath:

Project Bhagirath is in its early stages right now, where Nandu and Balu have been given the mandate to do the similar skill and need assessment survey for their further involvement in the project. Vocational Trainings will be organized as per needs, as well as IT Literacy will be developed on a long term basis with the youth groups.

Effects of the Water Situation in Arangaon and Surrounding Villages, Ahmednagar District, Maharashtra

Results of a Survey Conducted by Prithvi

4 April, 2005

In spite of an abundant monsoon in 2004, Arangaon and surrounding villages are again plagued with a severe water shortage this summer. This shortage has led to a major crisis on the village level. Illness rates are soaring, as people are unable to get clean drinking water, or wash, clean or use toilet facilities. Frustration is mounting as government, Gram Panchayat, health officials and politicians ignore the situation.

Concerned about the situation, **Prithvi** staff and volunteers surveyed 329 families in Arangaon over the course of 3 days. Villagers were asked how the water situation was affecting them, what they had tried to do about it, what should be done about it, and the number of people ill in their families over the last one month period. The results show a village desperate for relief and valiantly trying a variety of approaches to ease the situation. The image of a passive village, unable to take action, is strongly disproved by the **Prithvi** survey.

All families surveyed reported contaminated and dirty drinking water. Contamination was both dirt and salinity, making it unpotable. Quantities of water delivered to the village were completely inadequate: small amounts at low pressure came through the pipes to village pumps; the district sent occasional and inadequate tankers to supplement. All families reported that they were unable to bathe or to clean adequately, and 150 families (almost 50%) reported that they were forced to reuse dish water for floors and laundry. 20 families reported that they were ready to build toilets, but were unable to do so because of lack of water.

Families have not sat idly by, waiting for someone to take action. 154 families reported that they went to the Gram Panchayat (the village governing body) demanding action. There have been resignations from that body as a result. 25 families reported that they had joined a protest demonstration, and a further 23 families participated in a road block demonstration to bring the situation out into the open.

Still, nothing has been done to alleviate the crisis situation.

The most alarming finding of the Prithvi survey is the frighteningly high rate of illness in the village in the last 30 days. Children are especially vulnerable, with families reporting 132 sick children (under 20 years old). By far the majority of these children fall between the ages of 3 and 15 years old. There is an epidemic of Measles, which accounts for 13 of the sick young people – itself a serious health concern, especially as a number of these sick children had received measles

immunization shots previously. Almost all the rest exhibit symptoms caused by or exacerbated by contaminated water, including diahorrea, fever, cough, typhoid, stomach pain, etc.

What Needs to be Done

The situation needs to be addressed urgently, on a number of levels:

- Immediate clean water **MUST** be supplied urgently to Arangaon and surrounding villages
- The constructions of pipes from the new reservoir that is supposed to be supplying this region must be completed on a priority basis. Many villagers have already contributed Rs.300 to this project **More than 3 years ago!** And still nothing has happened.
- Health authorities **Must** take action to treat those already sick and improve sanitation to prevent further outbreaks.
- Arangaon residents need to boil or otherwise treat all drinking water on a priority basis.

Prithvi is distributing copies of this report to the Collector, Ahmednagar, and health officials in Ahmednagar and Vallkie, the Public Health authority, and the Gram Panchayats of Arangaon and surrounding villages.

Prithvi is planning a village meeting to share the results of their survey and recommendations for action with the villagers. **Prithvi** staff and volunteers will be conducting surveys in other villages to document the situations there. In addition, **Prithvi** will continue to monitor the situation in Arangaon.

Number of Persons ill in Arangaon, Ahmednagar District, Ms.

Time Period: One Month: 26 February, 2005 – 26 March, 2005

Children:	Under 1 Year:	3
	1 – 3 years:	15
	3 – 6 years	42
	7 – 15 years	56
	16 – 20	16
Adult:		32
Elderly:		9
Total Sick Individuals		173
Total Sick Children		132

Symptoms Present Related to Water Contamination

Symptoms	Infants 0 - 3	Child 3 - 15	Adult 16 - 49	Eldery 50 +		Total
Diahorrea	6	10	7	1		24
Fever	10	40	11			61
Cough	8	35	5			48
Cold / Flu	6	33	13	1		53
Sore Throat		5	2			7
Typhoid	1	2	3			6
Stomach Pain		5	5			10
Vomiting		2	5			7
Skin infections		5				5
Total:	31	137	51	2		221

- **Survey Conducted by Project Positive HOPE, a Prithvi Initiative in Arangaon Village from 26 – 29 March, 2005**
- **Survey Size: 329 Families**

The Burgeoning Nightmare

Project Positive HOPE Preliminary Report on the HIV situation in Nagar Taluka, Maharashtra, India

22 April, 2005

On 16 January, 2005, **Project Positive HOPE (PPH)**, a rural HIV intervention initiative of the NGO **Prithvi** opened its first clinic in Arangaon. Called **The Wellness Center**, the clinic is initially offering HIV and health care education, HIV / AIDS counselling, and treatment referrals. The Center's initial aim is to assess the impact of the HIV epidemic in Nagar Taluka preparatory to expanding services.

During the 3 months the Clinic has been open, there has been no publicity or outreach. In spite of this, the PPH counsellor had contact with 198 HIV infected and affected people in villages in Nagar Taluka. 56 of these people received at least one session of counselling. There is a terrifying breakdown along gender and generational lines, which starkly illustrates the situation in this rural area:

- 80 males had contact with the counsellor. They ranged in age from 23 – 35. All 80 were married. All but 1 came alone, without their wife. They were looking for a quiet, quick cure.
- 48 women had contact with the counsellor. 47 were widows. They had been widowed for from 6 months to 9 years.
- 80 children came with their mothers. Of these, 42 had already tested positive, and 38 had not been tested, or had tested negative. Of these children, 3 were orphans who had lost both parents. Only 2 had both parents alive. The rest of the children were living with their mothers, or in care.

This is the face of HIV in rural Maharashtra – ignored, hidden and deadly. HIV, AIDS and AIDS death is here, in every village. HIV / AIDS is tearing apart the fabric of the rural family and community, fueled by sexual promiscuity, alcoholism and gambling, aided by poor hygiene conditions and ignorant and unsterile health care practices, and fanned to a flame by the powerless position of wives.

Infection rates among pregnant women at the Antenatal Clinic at the Civil Hospital in Ahmednagar are between 1& 2%. This indicates that HIV infection in the general population has likely reached the level where 1 – 2 people out of every hundred are HIV positive. Ante-natal statistics from a government hospital are a skewed and inadequate measure, but the only one available to indicate current infection rates.

Men are the primary source of infection spread in the rural as well as urban areas. Alcohol consumption, gambling and frequenting prostitutes are the main off-work activities for many village men. When they fear they are HIV positive, they test in secret, and try desperately to find cures. They do not tell their wives of their positive status for months to years after discovering their positivity, nor often their families. They are tremendously vulnerable to exploitation by quacks and doctors who play to their fears.

The secondary status of women in rural India fuels the infection rate of HIV. Women do not have the power to demand an HIV test, prior to or during marriage. They do not have economic independence or income, and tend to be the most menial member of the husband's extended family. Pregnant women coming to government hospitals are forced to test as part of their antenatal work-up. There is no informed consent to the procedure. If they are found HIV positive they are blamed for the infection, and face expulsion from the family and ostracism by the community. Many other women find out that they are at risk of HIV when their husband sickens and dies of AIDS. They do not seek help or treatment until after their husbands are dead, and then only when they become weak and ill. They are not seeking a cure, but rather help and support. They are generally destitute and desperate, and still trapped in dependency and unable to care for themselves. Some live with their birth parents; others live alone or in isolation on the edge of villages, cared for a little by neighbors.

The ones who suffer the most are the children, many of whom are also positive – around 50% of our sample. Often rejected by their paternal family, they live in abject poverty with their destitute mothers, or are abandoned and orphaned. A large number of children are not tested, either because they are too young to have accurate test results, or because the family or mother cannot face another positive diagnosis – they do not have the resources or the courage.

The Medical Situation

Medical intervention is criminally inadequate and dangerously uninformed in Ahmednagar and the surrounding areas.

Of 82 people counselled by the HIV Counsellor (56 in Nagar Taluka and 26 in Pune), 28 had been prescribed Anti-Retroviral Therapy (ART) drugs by their physician. These drugs are not a cure for HIV, but are an expensive regimen to reduce symptoms and slow the progress of the disease. Once a person begins a course of ART therapy, they MUST stay on the medication for the rest of their lives. It is not like an antibiotic that is taken for a short while until the symptoms

are gone, but more like insulin treatment for diabetics, in that it must be taken carefully every day. Thus, a patient on ART needs to be carefully counselled about need for compliance to a long term treatment programme, as well as the long-term cost of the medication. The physician needs to be prepared to monitor the drugs for resistance and for side effects, which can be serious. Moreover, these drugs MUST be given as a 3-drug regimen, with each drug attacking the virus on a different level. Mono-drug therapy and 2 drug therapy are expensive, completely ineffective, and foster resistance to further HIV treatments, even shortening the patient's life.

Of the 28 patients who had been put on ART ALL had stopped taking the medications within 6 months! NONE had been counseled about the financial issues, or side effects. Most were told BY THEIR PHYSICIANS that the ART medications would CURE HIV and they should take the medicines "while they were sick." NONE realized that this was a lifetime commitment.

Furthermore, the majority of the patients were put on a 2-drug ART regimen, and not even minimal testing was done to determine the status of the patient with regard to their immune system (CD-4 Count or overall Lymphocyte count) and the presence of the virus (Viral Load test). These tests are expensive but essential for someone entering a life-time course of treatment. At the very minimum, a Lymphocyte count needs to be done.

Comparison shopping by PPH has shown that 3-drug ART therapy from Pune resources costs Rs.800 – Rs. 1,000 per month. In Ahmednagar the same drugs cost Rs. 1,400 – 1,800!

Of the 82 patients counselled, NONE were given prophylaxis treatment for prevention of Opportunistic Infections, and NONE were given multivitamins or information on improving general health. Prophylactic treatment is relatively inexpensive (Rs.30 or 75 cents / month) and is effective in preventing PCP pneumonia, Toxoplasmosis, and CMV. These 3 diseases are, after TB, the major killers of HIV positive people in India. Multivitamins are important to improve the general health of the HIV positive person, who often becomes malnourished and anemic, especially women

Both Physicians and their patients are dangerously uninformed about HIV / AIDS treatment issues.

The vast majority of medical practitioners and facilities of all kinds in Ahmednagar are unwilling to treat HIV positive people. Fear and misinformation abound in the medical community. In an all-too-typical response, one clinic informed us that a local Gynecologist had become HIV positive because of an accident with a needle with an HIV positive woman. This was the reason they gave for refusing to treat HIV positive people. In addition they stated that "their other patients would be afraid to use the same room or instruments." HIV positive

patients do not pose a threat, either to other patients, or to the medical personnel, as long as proper sterile procedures and Universal Safety Precautions are followed. Also, there is a prophylactic treatment course of ART which, when administered immediately after injury can prevent HIV infection. This information has not been given to the medical community. They are, themselves, the greatest source of inappropriate fear of HIV infection, which is passed on to their patients.

Two hospitals in Ahmednagar are willing to treat HIV positive people. One is Booth Hospital, a Salvation Army Hospital, which has a caseload of over 4,000 HIV positive people from the surrounding area. The hospital has counsellors and runs a support group for positive people. They are the major treatment facility in the region. However, Booth hospital's rates are too high for many of the rural HIV positive people. Booth hospital has the appropriate drugs for prophylactic treatment and for fungal infections, but they are relatively expensive. Doctors at this hospital are among those prescribing short-term ART treatment. There is a recent turnover among the medical staff, which may effect treatment in the future.

Those who cannot afford to pay for treatment must go to the Civil Hospital. While treatment is free, doctors are not well informed about HIV. There are no ART drugs available through the Civil Hospital at this point. Worse, there are minimal drugs available to treat Opportunistic infections. Primary treatment is simple antibiotics, which are often ineffective, and B complex shots. No treatment for fungal infections, which are very common in immune compromised patients, is available. The Civil Hospital does have a Voluntary Counselling Center, which offers advice not Counselling, and a Prevention of Parent to Child HIV Transmission Programme. This programme gives one dose of Nevirapine at labour onset to the mother, and one dose of Nevirapine syrup to the infant within 72 hours of birth. This treatment regimen is highly questionable. Further, women will not attend birth in the Civil Hospital unless absolutely desperate. The PPCTP Counsellor claims to have seen 200 HIV positive pregnant women in the last 4 years.

Interestingly, 14 of those counselled had received "Ayurvedic" treatments for their condition. All 14 stayed on these treatments for the entire course. Unfortunately, these remedies were prescribed by practitioners who were not properly trained as Ayurvedic physicians, and the remedies were not standardized or tested for effectiveness. Such practitioners run regular advertisements claiming that they have "Good news for HIV positive patients." This is admittedly an improvement over previous ads, which claimed a cure for AIDS. Still, it is siphoning off valuable family resources and providing false hope with quack cures. They are appealing primarily to the men who are especially vulnerable to claims of cures. This is especially ironic, since Ayurvedic approaches DO strengthen the immune system, and Ayurvedic treatments that are properly assessed and prepared offer great hope for symptomatic relief and improvement of general health to HIV positive sufferers

Summary of PPH Preliminary Findings

- **HIV / AIDS is a serious epidemic in Nagar Taluka and rural Maharashtra.**

198 HIV infected and affected persons consulted PPH or were contacted in other venues in 3 months

Booth Hospital has 4,000 HIV positive patient contacts

30 HIV orphans are being cared for by Sneyhalya, an NGO

200 HIV positive pregnant women were seen by the Civil Hospital in the last 3 years, which reports a positivity rate of 1-2%.

- **People seeking testing and treatment for HIV / AIDS are at the mercy of a medical system that is ripping them off and providing grossly mismanaged treatment**

ART drugs are being dangerously mis-prescribed and misused

Basic treatments for secondary infections are not available

ART drugs are severely over-priced in the Ahmednagar District

Quacks and false claims abound and desperate people easily fall prey to their lies

Counsellors are very few and have inadequate training to take on the tremendous task ahead of them

- **HIV testing and treatment is tremendously gender-biased**
Men seeking testing and treatment are married and concealing their condition from their wives until the terminal stages

Women seek help only after their husbands have died, and out of desperation.

Or they are diagnosed HIV positive without counselling and through involuntary (non-consensual) testing at the Civil Hospital and other medical facilities.

Women do not have the means to either support themselves and their families, or seek treatment for themselves and their children

- **Children born to HIV positive parents are in the most desperate condition**

Over 50% of those included in this survey were HIV positive

Only 2 families had both parents alive

The majority of children were living with their mothers, or were in orphanages, remand homes, or other inadequate forms of care

Project Positive HOPE Call to Action

Nagar Taluka needs to unite at all levels – from politicians through service providers, through medical personnel to communities and families – to intensify prevention efforts and generate supportive services for HIV positive people and their families.

PRITHVI is committed to a holistic and comprehensive intervention in the HIV epidemic through its four programmes targeting the empowerment of women, the training of youth, the initiation of environmental, and agricultural initiatives and the development of comprehensive support and services for HIV affected families and communities.

- Prithvi is currently organizing income generation programmes and skills training for rural women and youth**
- Prithvi is urgently providing training and support to community volunteers to provide HIV awareness education within their communities at all levels**

Project Positive HOPE, Prithvi's health initiative, is inaugurating the following programmes within the next 6 months:

- 1 year certificate HIV Counsellor Training Programme, offering on-the-job training in all aspects of effective counselling and support to HIV affected families, beginning 2 May, 2005**
- A series of one-day and specialist courses for physicians on HIV awareness, Universal Safety Precautions, and appropriate treatment regimens for both HIV and Opportunistic infections**
- A comprehensive training programme for Daii / midwives, the major health professionals attending childbirth in rural areas, beginning June, 2005**
- The establishment of a Training Institute for HIV Affected Families providing comprehensive health care, counselling and education so that families with HIV positive members can participate in their own health care and protection, train to be advocates of prevention, and rebuild their lives from the devastation of the AIDS epidemic.**

The need for such an institute, functioning in a rural setting, is crucial at this point. It will keep families and communities united as they face the challenge of the HIV virus, provide shelter and income generation training for HIV widows and their children, promote

information and training for all types of medical personnel, and provide cost-effective and appropriate treatment, education and counselling at all stages of HIV / AIDS.

- **Launching mobile counselling / education vans in tandem with a mobile testing and treatment facility. A major target will be to provide comprehensive testing, counselling and education for pregnant women on all aspects of pregnancy, delivery and child-rearing.**

CERTIFICATION COURSE

Prithvi is pleased to announce its offering of an intensive, one year, on-the-job training course, leading to a Certificate in Fundamentals of Counselling Practice, HIV / AIDS Specialist, commencing 15 August, 2005.

Course Content:

45 days of classroom training in basic counselling theory and skills.

Initial Session: 6 Day Intensive: Communication Skills & HIV / AIDS

August 15 – 21, 2005

2nd Session: 6 Day Intensive: Basic Counselling Skills

September 5 – 10, 2005

Remaining 5 Intensive Sessions occur at regular intervals throughout the year and will be 3 – 5 days in length.

Enrollees will be required to work as counsellors in an appropriate medical or NGO setting. They will be visited 3 times for on-site supervision, twice for evaluation, and will have 2 group supervision sessions..

Language: Marathi & English (Translation available)

Where: Sessions will be conducted in Pune MS. Arrangements for stay will be available for out-of-town students at their expense

Enrollment limited to 25 students.

Applications accepted from individuals, Prithvi / PPH Staff, and qualified participants from NGOs

Cost: Rs. 5,000 for entire 1 year course
Some scholarship provisions are available

Qualifications: Prithvi is seeking individuals as participants who are willing to undergo a rigorous training programme in a newly establishing profession. The main criteria for acceptance into the programme are compassion and a willingness to work selflessly with others. Experience in the social services, in NGOs, and, especially in the HIV epidemic is useful but not required. We are looking for mature students with broad life experience as well as initiative and an ability to work on their own.

Potential students DO NOT need a university or advanced degree. Reading ability to 10th standard is helpful, but arrangements can be made for students with reading and writing limitations. Some amount of English reading and listening skill is helpful but not required.

Diversity is a major aspect of Counselling Training.

Participants from all castes, ages, religions and walks of life are sought.
Participants who are HIV positive, or who come from families with HIV positive members are especially sought to participate in this training.

Application:

Application forms are available from Prithvi

Application deadline is 21 June, 2005

Entrance Interviews required of all applicants

Where to Apply:

Prithvi Office

D-5 Shree Survana Society

Lokmanya Colony

Paud Rd, Pune-411038

Phone: 020 2545 6584

Mobile: 9822 327260

e-mail: prithvi10@vsnl

e-mail: annspeirs@usa.net

Living Positively With HIV / AIDS

A Manual for HIV Positive People,
Their Families, Friends,
And Communities
because HIV / AIDS Touches us ALL !

Produced by Project Positive HOPE
A PRITHVI Initiative

Sponsored by
Network Academy Pvt Ltd.

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**Why Should I Worry
HIV will NEVER happen to me or My Family !**

You are at risk of HIV infection if:

- You have sex with anyone but your partner
- Your partner has sex with others
- Your doctor uses the same needle to give multiple injections
- You get saline injections from quacks
- You get a liter of blood for tiredness
- You have surgery with untested blood
- Your dentist or doctor does not sterilize equipment
- Your parents are HIV positive

10 Basic Facts you should Know about HIV / AIDS

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Fact # 1

HIV / AIDS touches us ALL!

At least 6 million people are HIV infected in India today – more people than any country in the world except South Africa.

60 million family members are directly HIV affected, or living with HIV positive people

Women and children have the fastest rising infection rate in India

Over 30,000 people in Maharashtra are officially identified as HIV positive

Only 5% or 5 out of 100 people know they are infected

This means there are at least 6 lakh Maharashtrians who are HIV positive – almost all of them unaware of their infection

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Fact # 2

Once a person becomes infected with the HIV virus, they have the virus in their body for life.

There is NO cure or vaccine for HIV.

ANYONE who offers you a cure for HIV or AIDS is trying to cheat you and steal your money!

This includes doctors, hospitals, herbalists, newspaper ads, friends, HIV positive people, etc.

Someone may FEEL BETTER after a treatment, and symptoms may improve, but HIV remains in the body for life.

In Desperation, people seek quick cures – don't be fooled

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Fact # 3

No one DIES from HIV.

People die from secondary infections that develop as a result of an HIV-virus weakened body.

These secondary infections are known as Opportunistic Infections (OIs) or AIDS.

Common Opportunistic Infections include:

Tuberculosis
Pneumonia
Diahorrea / loose motions
Thrush & skin infections

Opportunistic Infections CAN be treated medically

Having good contact with a trained HIV doctor is very important

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Fact # 4

HIV / AIDS is a chronic, manageable condition.

Life does not stop with a postive HIV test

HIV positive people can and do live long, productive and healthy lives.

The #1 Most Important factor is

YOU

The Positive Person

The Affected Family

Friends

The Community

Fact #5

Death from secondary infections (AIDS) CAN be prevented in many cases by appropriate medical care, family support, diet, and lifestyle changes.

A Healthy Lifestyle is very important. This includes:

Knowing about HIV

Good Diet

Lots of Rest

Cutting out Alcohol and Cigarettes

Support of an HIV Counsellor

Family Support

Community Awareness and Support

Knowing when to get help

Proper Medical Attention when sick

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Fact #6

People who are HIV positive are NOT an infection danger to their family, their workplace, their community.

There is NO excuse or reason for discrimination against HIV positive people.

Doctors can give medical care to HIV positive people without danger to themselves

Sterilizing medical instruments kills the HIV virus, as well as other dangerous germs

Unless you have SEX with an HIV positive person, you are in no danger from them

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Fact #7

The only cure for HIV is Prevention of infection
Prevention Means
Play it Safe !:

Safe sex

Sex only with uninfected partners
Using a condom for all sexual activities
Avoid multiple sexual partners

Safe tested blood for surgery

Safe needle

New and disposable
New needle with EACH injection

Safe childbirth

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Fact #8

The HIV virus is very, very selective about how it passes from one person to another.
You cannot become infected with HIV through

Kissing

Coughing

Touching

eating off the same plate

sharing a tumbler or toothbrush, wearing the same clothes

sleeping in the same bed

using the same toilet

living in the same house

Or mosquito and animal bites.

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Fact #9

The major disease manager is the infected person themselves, not doctors, or nurses, or government.

YOU make a major difference in chronic disease management

Lifestyle management, attitude and knowledge are the first-line treatments for HIV / AIDS

Family Love and Support are the second line of defence

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Fact # 10

The only way to know if YOU or anyone is HIV positive is by taking an HIV test.

HIV testing is a Voluntary test.

No one can force you to take an HIV test.

The test procedure MUST include counseling

Counseling helps you understand how to manage your disease.

Counseling gives you the knowledge of when to get medical help

Counseling can help with family problems

Counseling keeps you emotionally healthy

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An HIV Positive Mother Asks About Pregnancy

An unborn baby can become HIV infected from an HIV positive mother.

For every 10 babies born to HIV + mothers, 3 will be HIV positive and 10 will be HIV negative

But – the chances of HIV infection of the baby can be greatly reduced IF:

EVERY pregnant woman gets:

A general blood screening

Blood pressure check

Hepatitis test

HIV test

By her 5th month

She eats good food, lots of fresh vegetables, and protein (milk, eggs, meat, dahl)

If a woman is HIV positive, she works with an HIV specialist doctor or mid-wife

She is evaluated for ART medicines to be given during pregnancy and after

Under an HIV specialist doctor's care

Her baby is given ART medicines within 3 days of being born

She breast feeds the baby EXCLUSIVELY for 6 months
No sugar water
No water
No food
And weans the baby at 6 months

A Healthy Baby needs a Healthy and informed mother.

Where to go for HELP

Counselling:
PPH Wellness Clinic
Arangaon Village
Phone: 0241 254 888

PPH Mobile Clinics
For Schedule Call: 0241 254 8888

Support for Living Positively:
MNP +

Positive Pregnancy:
PPH Mobile Clinics

Booth Hospital, Ahmednagar

Denanath Mangeshkar Hospital
Pune

Ethics & HIV in India A Four Day Conference

Exploring the Ethical Issues & Dilemmas Raised by the HIV / AIDS Epidemic Using India as the focus

GOAL: To initiate an open dialogue that seeks to highlight problem areas and seek solutions or directions rather than blame

Rational: Need for the Conference

India, along with China, and most other developing nations, is at the forefront of the global HIV epidemic as well. The epidemic threatens to lay waste Asia as it has done Africa.

Never has the world poured so much money into research, care and prevention as it has in its efforts to slow or halt the HIV epidemic over the last 20 years. And yet, the HIV epidemic is circling the globe with increasing intensity. World-wide, die every day from AIDS, including children. In India, statistics are estimates only, yet more than 5.5 million people are certainly infected.

The ethical dilemmas raised by the disease itself, the modes of transmission, treatment issues, and financial interventions are the focus of this workshop, with an emphasis on how the dilemmas engendered in these arenas play out at the grassroots level in India.

There are many voices to be heard: those exploited, downtrodden, abused and dying from the ravages of the epidemic; the widows and orphans with nowhere to turn; those who are dedicated to searching for medical, pharmacological, political, and social solutions; those who struggle with these dilemmas on a daily basis, personally and professionally; leaders, whose responsibilities weigh heavily from these difficult issues; corporates torn between profit and social responsibility. This is a venue to explore the human side of the epidemic in all its faces.

This conference will use the latest in interactive technology to bring together both those attending the conference in person, and those with an interest in these issues who can access it through an interactive video conference.

First the Conference will explore the lessons from countries that are already desperately battling the epidemic:

- Lessons from Africa

How can India use the experience of Africa as it desperately battles to contain the epidemic?

Then the Conference will focus on four major areas of Ethical Dilemmas:

- **Prevention Dilemmas**
Addressing Sexual Behavior and Behavior Change
What measures really WORK to slow infection rates?
How can women protect themselves and their unborn children, given their second-class status?
Privacy vs. safety of others
Solutions in law vs. personal rights and responsibilities
- **Stigma & Discrimination Dilemmas**
The status of women in India as a major spread vector
Unreasonable fear of infection by the medical community
How can Discrimination be effectively reduced?
- **Treatment Dilemmas**
WHO has launched a massive 3x5 campaign to make Antiretroviral (ART) drugs available in developing countries: the UN has become an active sales campaign for ARTs with very unsettling results at the grassroots
In India there are serious issues of education, side-effects and compliance
Are we breeding an ART resistant virus through improper use of ARTs?
Who decides which person gets ARTs?
Out to make a quick buck: Patient exploitation, drug pirating and medical mismanagement issues
ARTs mean big money for pharmaceutical companies – What are the consequences of profit-taking in an epidemic
Is development of alternative treatment possibilities being ignored with the focus on ARTs?
There is a shocking lack of trained counselors, or counselor training programs, to address the social, economic and humanitarian issues raised by a positive diagnosis in the family
- **HIV programs funding has become Big Business**
How can it be insured that money gets to where it is needed?
Many are becoming rich at the expense of those who need services. What can be done?
Corruption increase with global funds influx
What are realistic standards to insure proper use of funds, in terms of monitoring, paperwork, etc. Often the most effective workers do

not have time or education or manpower to keep up with the massive documentation required.

Who can attend: This conference will be an interactive, global event.

On-Site Delegates: This will be a **WORKING** conference. **The conference seeks to bring together concerned people from all walks of life: Most important is the involvement of those who are directly affected by these ethical dilemmas – the Persons Living with HIV and their families, friends, colleagues and communities. In addition, ordinary citizens, businessmen, politicians, public servants, medical professionals, researchers, pharmaceutical company representatives, social service workers, religious representatives and NGO workers are invited to share, confront and support as we address potentially the most devastating challenge India has ever faced.**

Off-Site Delegates: **Those who wish to participate in the conference but are unable to attend in person will be invited to participate via website, e-mail and conference hook-ups. Interactive sites will be set up as part of the conference venue. Widespread input from India, Asia, and globally will enrich the process.**

In-put from off-site delegates will be considered and incorporated in the conference reports and the Call to Action.

All sessions will be taped and available via *Internet*

Conference Format:

Day 1 am: Registration & Welcome
 pm: HIV: the Indian Situation
 Lessons from Africa

Day 2 & 3 : Workshops in 4 Streams:
 Prevention
 Stigma & Discrimination
 Treatment Issues
 Funding Issues

Morning Workshops will be run by and focus on the situations of those affected and effected by HIV.

There will be a reporting session from the morning groups prior to lunch, highlighting those issues which the group feels most need to be addressed in the afternoon sessions.

Afternoon & evening sessions will take the issues highlighted in the morning sessions and develop potential responsibilities and responses. These sessions will be facilitated by a range of participants and policy makers in partnership.

At the end of the day, each group will report back to the general body.

Night session will be offered to comment on and refine these reports.

Day 4 am: Delegates in each of the 4 streams meet to finalize a Call to Action in each area

pm: Presentation of Call to Action to the assembled delegates, the press, the government, the UN, etc.
Delegation of responsibilities to take the Calls to Action forward