

INDIA

DHAPP

**DEPARTMENT OF DEFENSE HIV/AIDS
PREVENTION PROGRAM**

**REDUCING THE INCIDENCE OF HIV/AIDS
AMONG UNIFORMED PERSONNEL IN
SELECTED AFRICAN NATIONS AND BEYOND**

WINNING BATTLES IN THE WAR AGAINST HIV/AIDS

BACKGROUND

Country Statistics

The population of India is estimated at 1.1 billion people, with an average life expectancy of 64.4 years. Hindi is the primary official language; the estimated literacy rate is 59.5%, unevenly distributed between men and women. The world's largest democracy has emerged as a major power after several decades during which its economy was virtually closed. Services are the major source of economic growth, though two thirds of the workforce is in agriculture. The annual per capita income is \$3,100.

HIV/AIDS Statistics

The HIV/AIDS prevalence rate in the general population is estimated at 0.9%, with approximately 5.1 million people living with HIV/AIDS. Although this is a low prevalence rate, due to its large population, India now ranks just behind South Africa in the overall number of individuals who are living with HIV/AIDS. In addition, it appears that overall HIV prevalence in India is continuing to rise. Six of India's states account for nearly 80% of all reported AIDS cases. The predominant mode of HIV transmission is through heterosexual contact, the second most common mode being intravenous drug use. Identified risk factors include high-risk heterosexual contact, intravenous drug use, and contact with commercial sex workers.

Military Statistics

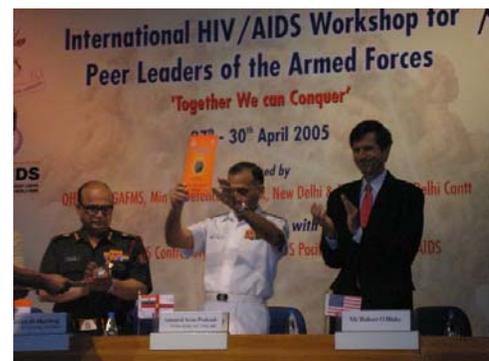
The size of the armed forces is approximately 1.3 million. As of this annual report, no information regarding HIV prevalence in the military was available.

PROGRAM RESPONSE

Military-to-Military Technical Assistance

During May 2005, DHAPP staff provided technical assistance to the Indian Armed Forces (IAF) during the IAF *International HIV/AIDS Workshop for Peer Leaders of the Armed Forces*.

The objective of this workshop was to train peer leader teams from the IAF regional commands (Western Eastern, Northern, and Southern Commands) in HIV prevention. Teams included medical officers, nurses, teachers, and spiritual leaders from around the country.



Members from the IAF Army, Air Force and Navy attended the workshop.

The peer leader teams at the workshop learned the basics of HIV/AIDS and prevention efforts, with the subsequent objective to train 10 peer leader teams within each of their respective regions. An HIV/AIDS peer leader workbook was developed by the IAF and provided to the participants. It included relevant information on HIV/AIDS and clear definitions about HIV disease, to assist them in their efforts for establishing a peer leader program in their region. This interactive workshop created a cadre of peer leaders in the IAF who will help combat the disease in a multi-pronged fashion by acting as counselors and health educators, hoping to combat stigma regarding those affected. Two drama troupes of young soldiers at the workshop performed for approximately 100 people. At the conclusion of the workshop, plans were made to train a total of 40 teams over the following 6 months.

Proposed Future Activities

A proposal was received on behalf of the IAF for the 2006 fiscal year. The overall goal of the proposed project is to build and strengthen the institutional capacity of the Indian military to initiate and sustain HIV/AIDS prevention activities. Specific objectives of the proposed project include developing a train-the-trainer program, conducting 2 national workshops, expanding a counseling and testing (CT) program, and expanding existing laboratory capabilities.



OUTCOMES & IMPACT

Prevention

During FY05, one community outreach prevention program was implemented that focused primarily on abstinence and/or being faithful. Sixty troops were reached and trained as peer educators with these programs. The 60 peer leaders trained during the peer educator workshop in New Delhi served as master trainers for the remainder of the year. In addition, the IAF established 21 targeted condom service outlets during this reporting period.

Care

Early in FY05, the laboratory equipment and supplies were provided to augment HIV testing and surveillance activities being conducted by the Indian Armed Forces Medical Services (IAFMS) in the largest HIV screening effort the IAF has undertaken to date. In addition, the IAF established 21 CT Centers, and 23,500 soldiers (recruits) were tested for HIV and received their results during this reporting period.

Other Activities

The second *International HIV/AIDS Workshop for Peer Leaders of the Armed Forces* was the second workshop jointly organized by the IAF and the Center of Excellence in Disaster Management and Humanitarian Assistance, the US Pacific Command, and DHAPP, was held at the Base Hospital in Delhi Cantonment, New Delhi, India, 27–30 April 2005. The

purpose of the workshop was to train the trainers, targeting HIV/AIDS prevention peer leaders, including military medical officers, religious leaders, teachers, and community volunteers who serve within the military community. The workshop focused on key issues and related policy concerns regarding the science of HIV/AIDS, best practices in HIV/AIDS prevention and in mitigation of HIV/AIDS transmission in the military, counseling in the military environment, and specific counseling issues for peer leaders. In attendance were 60 members of the Indian Armed Forces community who are commanders, medical/spiritual advisors, or counselors to the soldiers, squadron leaders, teachers of the children, and mentors to the wives of the soldiers.

The third *International HIV/AIDS Workshop for Peer Leaders of the Armed Forces* was held at the Army Hospital in the Shillong, Meghalay, India, 30 August–2 September 2005. Similar to the first HIV/AIDS Workshop for Peer Leaders, held in New Delhi, this workshop brought military and civilian personnel together who interact and deal with both the soldiers and their families. Shillong was selected as a venue to host the workshop, specifically to take the training out of the major cities and out to the most remote areas of India and areas where rates of HIV/AIDS were of concern. The third workshop focused on similar issues, and drew an audience of similar demographics as the second.

