



HIV/AIDS VULNERABILITY IN MUMBAI AND THANE DISTRICTS (A CASE STUDY)

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Abstract

Mumbai city became the first rider district for HIV/AIDS through commercial sex workers; Kamathipura (Known Red-light area of CSWs) and Thane is known as the industrial development section and the district provides the residential complex for the skill and unskilled workers. Most populated jurisdictions become the universal representative for future planning of the HIV/AIDS policy framing with modifying clauses. In-depth interviews conducted with People Living with HIV/AIDS (PLHA) also revealed that many men did not have comprehensive knowledge of HIV prior to being testing at ICTCs indicating the important role that ICTCs play in HIV prevention education¹⁴. It is important to mention that Mumbai and Thane districts are showing high prevalence of the disease and having potential for high risk on the HIV infection front on account of its socio-economic, geographical and cultural background. These two districts are showing the fast thickening population of PLHA. A study would become useful to the government, NGOs and other institutions, the same will also be extremely valuable for researchers and it would help to revise of policies, acts and guidelines to strengthen the quality services among rural and urban HRGs which would not carry forward the HIV among the general population.

Keywords:

- 1. **Attitude:** In the present study, attitude is defined in terms of the positive or negative views and response of the general population towards 'people living with HIV/AIDS'.*
- 2. **Behaviour:** Behaviour means the high risk behaviours that the HRG might indulge during any period which might place them at high risk behaviour of contracting HIV/AIDS which has been included in the study are unprotected sexual relationship with multiple partners,*

unprotected male to male sex, injecting drug use, untreated sexually transmitted diseases and reuse of injection equipment for blood transfusion.

3. Prevention: *Understanding the definition 'prevention' means the knowledge and understanding the measures of HIV/AIDS including HIV testing and exposure to interventions.*

4. Intervention: *Intervention in the present study means the various programmes and processes undertaken by an organization to address the problem of HIV/AIDS.*

5. Vulnerability: *Vulnerability is defined in terms of all the factors which make them highly susceptible to contract HIV/AIDS. These factors could be their high risk behaviour and also the living and the medical situation.*

6. ART: *Anti-Retroviral Therapy is the recommended treatment for HIV. This is a combination of several drugs, which usually must be taken at different times with various specific directions accompanied with meals or fluids, and other such requirements.*

7. PLHA: *A person whose blood is taken for HIV testing and then if the antibody tests is positive such person is HIV positive. There are many people are with HIV positive; these people in the universe are known as PLHA.*



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Introduction: A study by Population Council, which carried out a systematic analyses of the 2001 census data on migration and district-level sentinel surveillance data on HIV prevalence in Maharashtra suggested a predominance of interstate migration to the districts of **Thane and Mumbai**, a considerable volume of these interstate migrants coming from some of the high HIV prevalence districts of Uttar Pradesh, Karnataka and Andhra Pradesh. The study also indicated that both the origin and destination districts demonstrate a link to HIV. Thane, Mumbai and Mumbai Suburb districts which received multiple male migrants and also recorded a relatively higher HIV prevalence among the ANC women as given the example above about the HIV tested women. It provides important insights into the patterns of migration and mobility among the FSWs and how they are linked to HIV risks. Factors associated with HIV risk, independent of male out-migration, were also examined. As mentioned earlier; HIV/AIDS has severely adverse health consequences at the individuals across the world and at various sectoral as well as at the national level. It has been studied and observed the impact of HIV/AIDS' policies, programmes and felt that at all levels and, to

that extent, the most immediate concern and the impact alleviation interventions must start with the affected individuals and their families at urban and rural level with the focused interventions. A case study of Mumbai and Thane Districts in Maharashtra, India have been focused during this micro-level study goes a long way in understanding the services provided to PLHA and its implications on individuals in these districts. The study would come out with the suggestions and recommendation to have corrective impact during the implementation and also it will assist policy makers to bring out a document for the effective implementation of the HIV/AIDS programmes and it would have the positive impact on the social, economical and psychological oriented services. The study would also have the impact across the universe towards making a broad assessment of the inadequacy of some of the existing measures provided by the government and other agencies including NGOs with reference to HIV/AIDS; and to devise suitable changes to tackle the deficiencies and problems and improve the day-to-day living of the PLHA. If the epidemic will have an impact as per the presence of diseased, it is necessary to know the location of his/her, scale and form to begin the **planning** for its efficacy and rendering the services at all locations universally. Research impact would have a dual purpose; it would able to provide the rationale for prevention and second mitigation of the problem.

Geography and demography of Mumbai:

Mumbai City referred to as the Island City, and **Mumbai Suburban** District, which form two separate districts of Maharashtra. Mumbai, as an urban entity, spans a total area of 603.4 km, while Greater Mumbai, the area under the administration of Brihanmumbai Municipal Corporation (BMC). Mumbai is the 4th most populous city in the world and one of the populous urban regions in the world, Mumbai has a metro population of about **22 million** people in 2015 with the Sex ratio of Female to Male is found lower with figure 838 Female against national average of 926 Female per 1000 Males. Mumbai Suburban District had population of 93, 56,962 of which Male and Female were 50, 31,323 and 43, 25,639 respectively.¹ By 2020, Mumbai will have an estimated 24 million people with the highest population density in the world. While Greater Mumbai now has a density of 27,348 people per square kilometre, this will reach a peak of 101,066 per square mile, which will be the highest on earth.

The Mumbai metropolitan region consists of the full districts of Mumbai City and Mumbai suburbs, city of Navi Mumbai, and also part of the districts of Thane and Raigad. It covers an area of about 4,355 km. According to various Government sources, Mumbai metropolitan

area is one of the **most densely populated** areas in India. The number of people living in slums is estimated at 9 million, which is up from 6 million just a decade ago.

This population explosion in Mumbai has caused **serious health related problems** for the government officials. A large number of Populations in Mumbai city lives in Slums and other residential areas. Mumbai is the capital of Maharashtra, government employees make up a large percentage of the city's workforce. Mumbai also has a large unskilled and semi-skilled labour population, who primarily earn their livelihood as hawkers, taxi drivers, mechanics and other such proletarian professions. The port and shipping industry too employs many residents directly and indirectly. The entertainment industry is the other major employer in Mumbai. Most of India's television and satellite networks are located in Mumbai, as well as the major publishing houses. A large number of the Hindi and English television shows are produced in Mumbai.

Mumbai's Health-Care facilities: The Municipal Corporation of Greater Mumbai (MCGM) has a complex web of health services including hospitals, dispensaries, health posts, and maternity homes. There are 4 teaching medical colleges attached with hospitals, 5 specialized hospitals, 16 peripheral hospitals, 28 municipal maternity homes, and 14 maternity wards attached to municipal hospitals. Mumbai has 19 government hospitals, 52 health centers, 8,100 dispensaries, 455 nursing homes and 60 blood banks. There are more than 40,000 hospital beds in the city of which MCGM runs 10,000-11,000 beds with well equipped and professional staff. As many as 10 million patients are treated annually in the out-patient departments (OPDs) in the MCGM hospitals. All these infrastructure provide the health services to Mumbai's residence as well as to the people who come out of Mumbai from various states of the country because Mumbai has the best health services and people get the best treatment in low cost.

HIV- related services in Mumbai: HIV-related services are set up in the districts including 74 integrated **counselling** and testing centres (ICTCs), 51 prevention of parent to child transmission (PPTCT) centres, 52 government recognized blood banks as per CMIS data (57 as per MDACS data) and 25 sexually transmitted diseases (STD) clinics. There are 3 community care centers (CCCs), 6 ART centers and 2 PLHA networks. There are 43 TIs including 17 for FSWs, 8 for MSM, and 2 for injecting drug users (IDUs), 11 for migrants, 4 for transgender and 1 for truckers. HIV positivity among the 1, 11,520 pregnant women tested in the PPTCT centers in the districts was moderate at 0.68% (PPTCT, 2008) compared to the state as a whole at 0.52%. HIV prevalence in Mumbai City and Suburban districts is

moderate (0.68%) in the low-risk general population, the bridge population (9.1%) and the MSM (8% to 11%), and is high among the FSWs (19% to 28%) and the IDUs (16%). HIV epidemic can be described as concentrated, with the local network of FSWs and their clients playing an important role in HIV transmission.

In tune with the global trend, the HIV/AIDS epidemic appears to be slowing down a little in Mumbai with the city registering a lower number of new HIV positive cases. According to a study conducted by the Mumbai District AIDS Control Society (MDACS), the prevalence of HIV infection in pregnant women has come down from 1.24% in 2005 to 0.53% in 2010. As a part of preventing the spread of HIV infection from core group, which is also called high-risk group, into the general population, MDACS is conducting targeted interventions to bring about behavioural change by providing awareness, condom promotion and STI treatment with the help of NGOs. Forty-one such projects are being carried out in high-risk population areas. HIV prevalence has gone up from 28.1% to 34.9% among female sex workers in Mumbai and a few other districts in the country, according to a study of six vulnerable Indian states

The basic purpose of **intervention among the most vulnerable and marginalized population** is to reduce the rate of transmission through behaviour change and encourage health-seeking behaviour. The high-risk groups include female sex workers, men having sex with men, injecting drug users and the bridge population that includes migrant workers and truck drivers. AIDS-related deaths have come down by 20% in the same period across the world. UNAIDS showed that India has 2.4 million HIV patients at present.² The only factor clouding the happy picture is the fact that though seven lac HIV-positive Indians need anti-retro viral therapy (ART), less than half have access to it.

The number of new AIDS cases reported annually in the city has dropped 88.64% in the last five years: down to 595 till October 2011 from 5240 cases reported in 2007³. With 4.7% of AIDS cases in India from Mumbai, Mumbai is subject to 160% more AIDS than the average prevalence in India. Mumbai is closely connected with Thane and Pune, and attracting a large migrant population, plays an important part in HIV transmission in the state.

Geography and Demography of Thane:

Thane district is situated on Salsette Island, 30 kilometers north-east of Mumbai on the western coast of India. The district has an area of 9,563 sq. Kms. Thane district of Maharashtra is the most populated district of India and Dibang Valley District of Arunachal Pradesh is the least populated. In 2011, Thane had population of 1,10,6,0148 of which Male

and Female were 58,65,078 and 51,95,070 respectively. With regards to sex ratio in Thane, it stood at 886 per 1000 male compared to 2001 Census figure of 858. Child sex ratio is 924 girls per 1000 boys. Almost three-fourths of the district population is urban, spread across 37 cities/towns, including the 7 Municipal Corporations those are Nizampur-Bhiwandi, Kalyan-Dombivali, Mira-Bhayander, Navi Mumbai, Thane, Ulhasnagar and Vasai-Virar. Only 27% of the district population is rural, living in a total of 1,713 villages. Almost one in five persons in Thane district belongs to the **Scheduled Castes or Scheduled Tribes**, the proportion being around 90% in 4 Tehsils – Jawahar, Mokhada, Talasari, and Vikramgad. Thane is the biggest Tehsil consisting of 31% of the district population, followed by Kalyan (16%) and Bhiwandi (12%). Thane and Ulhasnagar Tehsil have a 100% urban population, followed by Kalyan (93%) and Ambernath (82%). 100% of the population lives in rural areas in Mokhada, Talasari, and Vikramgad Tehsil. Mokhada is the smallest Tehsil consisting of about 1% of the total district population.

Health care facilities in the Thane District: Comparing to Mumbai Thane District has less number of health care institutions provided by the Government. Thane has 1 district hospital located in Thane, 4 municipal corporation hospitals located in Kalyan, Bhiwandi, Kalwa and Navi Mumbai, and 5 government sub-district hospitals located in Ulhasnagar, Dahanu, Jawahar, Kasara and Shahapur and there are 9 community health centers (CHCs)/rural hospitals (RH), 79 primary health centers (PHCs) and 492 sub centers. Additional private health facilities in the district include multi-specialty hospitals- Jupiter, AIIMS, Lok, Kaushalya, and Hiranandani etc.

HIV-related services: Thane district include 32 blood banks, 36 integrated counselling and testing centers (ICTC), 36 prevention of parent to child transmission (PPTCT) centres, 3 sexually transmitted diseases (STD) clinics, 2 anti-retroviral therapy (ART) centres, and 4 Link-ART centers. Thane Districts has a great network of NGOs and CBOs who have initiated 21 targeted interventions (TI) Projects of 7 FSW TI, 4 MSM TI, 1 injecting drug users (IDU) TI, 7 migrant TI and 2 truckers TI Projects to tackle the number of PLHA and HRGs. The district has a high current transmission among HRGs and a moderate transmission in the general population, with evidence suggestive of future potential to increase the prevalence in general population given the large network of clients of female sex workers (FSWs – 58,792), female sex workers (19,414) and men who have sex with men (MSM -7,441). There is a large gap between the estimated PLHA (33,892) and the PLHA detected in the ICTCs and PPTCT (12,724). A concerted effort to bring the high-risk

individuals, including the clients of FSWs, FSWs and MSM. ICTCs will bridge the existing gap between the estimate and detection. There is also a large gap between the detection (12,724) and pre-ART enrolment (4,789). Better coordination between the ICTCs and the ART centre will go a long way in bridging this gap. A survey conducted by the National AIDS Research Institute, Pune, shows that HIV prevalence among high-risk groups has generally declined, but in Mumbai and Thane, in the state of Maharashtra, and in Warangal and Visakhapatnam in Andhra Pradesh, HIV prevalence among female sex workers (FSWs) has increased.

HIV epidemic in Thane District:

HIV epidemic trends in the Thane district have indicated high prevalence among the HRGs and low prevalence among the general population. Thane has an estimated population of 17,000 FSWs, 5000 MSMs, 4000 Transgender, 600 IDUs and 3.5 lac high risk migrant population and around 1 lac truckers are passing through the district and that could cause the high prevalence in the district.⁴ Thane has an extensive network of facilities and interventions, providing HIV prevention, care and treatment services.

In the last three years, Maharashtra, including, the Thane district has registered the largest number of new AIDS cases in India. The 98,578 fresh cases registered in the state since 2007 make up to 23%, almost a quarter of the 4, 19,982 PLHA registered across India. One of the surveys on HIV prevalence says that apart from Thane; Sangli, Chandrapur, Pune and Mumbai districts are the other four AIDS-affected areas. The survey also says that the male - female ratio for patients affected is 60:40 and this is very serious ratio in Maharashtra, HIV is not confined to high-risk groups but has entered the general population as well. Moreover, the disease is no longer an urban phenomenon, but has spread to rural areas as well.

Thane district's health staff stated that the number of affected HIV and AIDS patients has been increasing by the day. The number of HIV or AIDS affected pregnant women is also a challenge for the Thane district. Health officer mentioned during the discussions and said that in the last 10 months; 1.02 lac women were attended by the PPTCT and tested for HIV and out of them; 199 were affected with the virus. The number of the HIV infected pregnant women refers to the women who visited the Government Hospital or Primary Health Centers. There are many women who do not use the government' health-care support and those number of women are still in the general people without detected and that could cause more risk to the general people and to the overall society. This is because the district has been divided into Thane urban and rural where urban area is much focused health care facilities.

There is still not much awareness in the rural part of the district and there are chances that there are still several unknown cases.

Epidemic in General Population in duo districts:

MSM and sex worker-client interactions the infection spreads to general population. As a majority of men with MSM behaviour are married and a majority of sex worker clients are migrant labourers and truck drivers, they pose the risk of infecting their spouses and unborn children. For the overall reduction in the epidemic, targeted interventions (TIs) are aimed to effect behaviour change through awareness rising among the **high risk groups** and clients of sex workers or bridge populations. These interventions are aimed to saturate three high risk groups with information on prevention; address clients of sex workers with safe sex interventions, and build awareness among the spouses of truckers and migrant workers, women aged 15 to 49 and children affected by HIV or vulnerable population groups. Apart from prevention of HIV infection, TIs facilitate prevention and treatment of sexually transmitted diseases as they increase the risk of HIV infection, and are linked to care, support and treatment services for HIV infected. All the intervention of the government and non government organization focus their programmes on the HRGs as mentioned but they also make the general people aware through their outreach programmes and activities of the health department. HRGs and bridge population are advised to have precautions and asked to change their behaviour pattern through ICTC, PPTCT and other programmes of HIV/AIDS.

Linkage between Mumbai and Thane:

There is a large linkage between Mumbai and Thane that the entire suburban railway runs from Mumbai to Kasara and Karjat through the Thane District. It carries and brings the skilled and unskilled people to Thane and Mumbai which fulfil the problem of the human resources of various industries and government establishments. Mumbai has strong link with the Thane district because it is considered the all the cities are the suburbs of Mumbai city. All the human resources are supplied from Thane and Raigad district to Mumbai for various Government offices and other industries. Most of the education centers are situated at Mumbai and other suburbs, hence young age students' daily visit to this metropolitan city. Other resources and raw material is available in Thane and other part of the of the district. Multiple warehouses and store houses are located in the Thane district where number of Truckers and migrants are working. They are the most vulnerable groups because they mingle with the general people and it spreads the HIV virus to the society as mentioned above.

Migration and HIV/AIDS in Thane and Mumbai:

A study by the Population Council among male migrants in destination districts indicated that the majority of men working in the districts of Mumbai and Thane in Maharashtra were from Azamgarh, Allahabad, and Deoria districts of Eastern Uttar Pradesh (UP) (Population Council, 2009).⁵ Although these districts of Eastern UP were dominated by Muslims, circumcision did not seem to have played a role in preventing HIV. The increase in HIV in these districts was probably due to low literacy, lack of knowledge regarding safe sex, sexual networks within known relationships, and poor condom use.

As mention in the above about the migration which affects the sexual behaviours of the migrants and also truckers who regular on long routs. These men are from UP reported having had extramarital sex. 60 percent of migrant and 26 percent of the non-migrant men reported having ever had extramarital sex as they are single migrants and their wives are at native place in UP. About 16 percent of the migrant men reported having had extramarital sex in the last 12 months. More migrant men visiting Mumbai and Thane tested HIV-positive. A higher proportion of migrant men who had migrated to Mumbai and/or Thane compared to those who travelled to other destination places reported having had extramarital sex with the FSW or with a known women in the vicinity. Migrant men who worked in Mumbai and Thane reported lower condom use at last extramarital sex than migrant men who worked in other places such as in the Surat district of Gujarat. **Counsellors** confirmed findings about HIV positive women with HIV-negative husbands: Extramarital sex relation among women is another source of HIV infection. Many women were involved in sexual relations with other men, but they do not easily reveal. Counsellor also has seen many women reporting their extramarital sex during counselling sessions. Many of them are involved in unprotected sexual relations with other men in the villages because they trust those men. Most of these women are the wives of the migrants. Among those with migrant husbands their wives are HIV-positive because of their husbands are active migrants. Also, significantly more HIV-positive than HIV-negative women reported that their husbands had or were currently working in Mumbai and Thane districts in Maharashtra. Women were at a three times higher risk of HIV if their husbands worked in Mumbai and Thane compared to women whose husbands were not migrants.

Unlike the core populations, there are challenges in increasing access to quality HIV prevention, care and treatment services for migrant populations in Thane and Mumbai Districts in Maharashtra. The challenges are primarily due to work environment and conditions associated with migration. Some of the strategies that worked are mobile ICTC

van and outreach ICTC strategies. Some of the suggested strategies to improve access to services include designing migrant friendly services with respect to timing and venue; free/subsidized STI services through public-private partnerships or static clinics; transfer protocols to be developed for migrant PLHAs; integration and linkages with other health services; free condoms complemented by social marketing programs.

Conclusion and Recommendations:

Improved quality of life and successful adaptation to life challenges are the main goals of psychosocial intervention plans. These are developed by multidisciplinary teams, taking into consideration the many factors and their dynamics. The general goal is then elaborated into more concrete objectives connected with designed interventions and anticipated outcomes.

The present study is trying to make attempt to know the knowledge, attitude, and understanding of HIV/AIDS prevention and attempted to understand the vulnerability of the rural and urban population towards HIV/AIDS considering various factors like health provision and health care conditions etc. There has been in number of studies on the knowledge, attitude, behaviour and practices regarding HIV/AIDS of various cross section of the population. Objectives of the study were set to understand the implication of the disease and various policies and guidelines' role to justify the proper implementation of the government programmes and interventions of the NGOs to tackle the services to the people living with HIV/AIDS in Mumbai and Thane Districts.

Psycho Social Interventions measures:

All the preceding issues presented have stressed the complexity and variability of unique constellations of psychosocial factors that come together in the life of each patient. Good care can be provided through structured psychosocial services that involve a multidisciplinary team. Clients might have different needs, starting with the need for information or legal support with respect to rights and responsibilities, continuing with need for know-how on accessing services available. The numbers of counsellors appointed to cover all these people are not sufficient so there should be appointment of counsellors as per the ratio of patient and counsellors. **In short; Counselling Therapy** is an important to bring out the positive patient through the negative feelings towards better and healthy life and Professional Counsellors are providing the therapy at various centers at rural and urban started by Government as well as NGOs.

Conducive Environment and Atmosphere measures:

Counsellors give the hopes, directions, guidance and suggestions to stay healthy and peaceful life. They need the proper and sufficient space for counselling services to maintain confidentiality and security of the patient and the family members, but such office space was not available in various hospitals' ICTC, ART, PPTCT etc. in Mumbai and Thane districts as observed during the data collection for the current research. There are observations that no hospital is having sufficient space and conducive environment for the counselling services as well as HIV/AIDS projects. PLHA should feel free and spare some time with the center as it is available at NGO run Drop in Centers (DIC). PLHA have a trust on the counsellors and they share their personal issues without any hesitation but the counsellor lack the proper amenities and facilities in the ICTC where quality counselling and guidance is done to the PLHA and their relatives for their health and secure life.

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Abbreviations:

List of Abbreviations used

AIDS	Acquired Immuno Deficiency Syndrome
ANC	Ante Natal Clinic
ART	Anti- Retroviral Therapy
BMC	Brihanmumbai Municipal Corporation
CBO	Community Based Organisations
CSO	Civil Society Organisations
CST	Care, Support and Treatment
CSW	Commercial Sex Workers.
DIC	Drop-in-Centre
DSH	Deliberately Self Harm
FHI	Family Health International
FSW	female sex workers
GDP	Gross Domestic Product
GO	Government Organization
HIV	Human Immuno Deficiency Virus
HRG	High Risk Groups
HSS	HIV Sentinel Surveillance
ICTC	Integrated Counselling and Testing Centre
IDU	injective drug users
IEC	Information Education and Communication
LAC	Link ART Centres
LTMG	Lokmanya Tilak Memorial General Hospital
MCGM	Municipal Corporation of Greater Mumbai
MDACS	Mumbai Districts AIDS Control Society
MSACS	Maharashtra State AIDS Control Society
MSM	Men having Sex with Men
NACC	National AIDS Co-ordinating committee
NACO	National AIDS Control Organization
NACP	National AIDS Control Programme
NGO	Non Government Organization
NHRC	National Human Rights Commission

NRHM	National Rural Health Mission
PHC	primary health centre
PLHA	People living with HIV/AIDS
PPTCT	Programme for Prevention of Parent to Child Transmission of HIV
SACS	State AIDS Control Societies
SRH	sexual and reproductive health
STD	sexually transmitted diseases
STI	sexually transmitted infections
UNAIDS	United Nations Programme on HIV and AIDS
UNDP	United Nations Development Programme
VCTC	voluntary counselling and testing centres