



**POLICY DECISION ON PROFESSIONAL COUNSELLING; IT MATTERS WHILE  
WORKING WITH HIV POSITIVE PEOPLE**

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**Abstract**

*The present article is a Conceptual and Empirical research related to the policies of HIV/AIDS. The study involves both the research methods i.e. quantitative and qualitative to support the topic and achieve the objective i.e. "To study the role of the professional counsellors in the treatment of People Living with HIV/AIDS (PLHA) in the metropolitan city Mumbai and Thane District." Study relies on primary information which is supported with the basic theory and current information to make substantial use of secondary sources of information which is sought through books, reports, journals, e-journals, press reports, websites as well as the primary data and information personally obtained through interview schedules for counsellors and PLHA, field-work, personal discussions with professionals who are working with HIV/AIDS. Article could focus on the findings that the Government of India introduced various policies to control the HIV/AIDS epidemic. Policies of Government Organisation (GO) and Non Government Organisations (NGOs) have focused on the HIV and AIDS disease and its awareness, care, support and treatment which will prevent the evidences of disease. Few policies have defined the role of counsellor and the importance of the counselling services which is considered the most effective and key tool to treat HIV/AIDS.*

**Keywords:**

**1. Knowledge of HIV:** *Knowledge regarding HIV/AIDS includes the understanding of the regarding various processes and stages of HIV/AIDS infection and any other information in relation to HIV/AIDS.*

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

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

**4. 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.

**5. 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:**

**“Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.”** ‘Health’ is defined by ‘World Health Organization’ (WHO)<sup>1</sup>. The Government of India has introduced various policies to control the health related issues; HIV/AIDS epidemic which is known as the man-made epidemic as it’s related to the sex and topics related to the infection of the said virus. Under the supervision and monitoring of National AIDS Control Organisation (NACO); all the states have adopted these guidelines and introduced them to the general population and people involved in the field of HIV/AIDS. Policies talk about the human rights and the rights of the People Living with HIV/AIDS’s (PLHA’s), blood testing’s, diagnosis, treatment, benefits, stigma and discrimination, law and justice, care and support, segregation, workplace interventions etc. All the government department/organisations, hospital settings, Non Government Organisations (NGOs), Community Based Organisations (CBOs) and Civil Society Organisations (CSOs) need to follow these policies while handling the HIV/AIDS issue.

Testing, ART treatment and counselling is provided and assured to all the PLHA and people who seek the help. Most of the policies talk about these plans to treat and control the disease. AIDS has challenged several aspects of contemporary social life and conventional approaches to health care. The social and medical responses to diseases have probably not been challenged so intensely for a long time. One social response to HIV/AIDS that has

received much attention is the counselling of people affected by the disease. The study would focus on the issues that must be considered that counselling is an important aspect for the people who are affected. These are discussed from the point of view of goals of counselling derived from two different counselling situations: counselling for the prevention of transmission that addresses both infected and non-infected people and counselling for the provision of psychological support for those who are affected. Counselling in HIV/AIDS care is unique but there are similarities and differences between counselling in HIV/AIDS care and counselling for general health promotion. Some of the problems associated with HIV/AIDS counselling in various policies presented and some ways of dealing with them are suggested to strengthen along with the other treatment plans and provision made.

Government has involved all the NGOs and various organizations to battle with the epidemic and made the efforts to achieve the goal to minimize the disease in Maharashtra as it's the second most populated state in India. Maharashtra state is the richest one as per its geographic nature and resources available for people to survive. Migration of people from various states to Maharashtra is tremendous to solve the employment purpose. HIV/AIDS is spread throughout the Maharashtra and all the effort are made by various Government Organisations and NGOs to control the disease and provide the better care and support to the People Living with HIV/AIDS (PLHA).

In India, where the impact of HIV/AIDS is not much visible due to the low prevalence rate and huge population, it is very important to study the policies and its effect on the treatment of HIV/AIDS. ICTC, DIC, PPTCT and other programme content are given focus while treating the PLHA across the Maharashtra state. The present article is in line with the above, it also conforms to a large extent with the important measurements for having policy impact and should focus on the problem and show the impact which can thus become an important tool for advocacy -encouraging personnel's involved in the health sectors, politicians, leaders and policy makers to engage in prevention and bringing out the new policy.

The impact of the study has a dual purpose to provide the rationale for both the prevention of the epidemic and mitigation the policies towards the efficacy of the integrated counselling services and focusing on the professional and quality delivery for effective services in Maharashtra's rural and urban parts at the standard mark. It has been studied through the research that counselling services are yet to reach the focus on the permanent stability and sustainable part of the health care systems.

The National Health Policy 2015 draft prepared by the ministry of health and family welfare rues the low priority accorded to healthcare by successive governments. It is unrealistic to expect to achieve key goals in a Five-Year health Plans on half the estimated and sanctioned budget. It's difficult to attain minimum levels of public health expenditure remains the single-most important constraint. It is no surprise, then, that public healthcare spending in India, at about 1.2% (2015-16 is Rs 33,152 crore) of Gross Domestic Product (GDP), is the lowest when compared to China's 3%, Brazil's 4.1% and 8.3% of the United States (US)<sup>2</sup>.

Policies of the HIV/AIDS Projects and Health Policies of the Government and the total donation and funds of Non Government Organization (NGO) are focusing only on Support and Care aspect. Rural and urban population is not thorough about the disease and other hand GO and NGOs have stopped awareness and focused on their diagnosis. Many blood testing's are not correct and people are getting false report which is creating more havoc and mental stress.

General population has a great fear about the HIV/AIDS disease the people who are suffering from the disease. For fear of infection, people tend to keep distance from PLHA. Those PLHA needs sympathy and care as they get the hateful behaviour of handling with them. As the result, they feel helplessness, hopelessness, anxiety, sadness, depression and other related psychological malaise. These symptoms and feeling cannot be managed and addressed by the family or relatives or any non-professional person. Physically and psychological symptoms interact each other which add in the future complication in the disease and it becomes the distressed management at the later stage of the AIDS.

AIDS is one of the major epidemic diseases of India and number of people living with AIDS are increasing drastically speed. Government policies have set guidelines and policies to fight against HIV/AIDS and related to the disease but need some more focus on the rural and urban health care with social and psychological support while treating the PLHA. The present research topic focus on the extremely sensitive issues because of the HIV/AIDS issue is involving stigma and discrimination. The study is considering the sensitive nature in its kind of the study which related to the policies of the government agencies and getting consent along with the permission from the authority was mere possible to gain sufficient access.

Ideally, it would have been appropriate to study a sample covering all the major cities and sample districts to cover all sections of the representatives. However, considering the time and monetary constraints to carry out a complete enumeration of all such PLHA and counsellors from these two districts and then do a sample survey, there was a problem of

delimitation and hence the universe had to be restricted to 200 PLHA and 100 counsellors as well discussions with government personnel and professionals working in GO and NGO. The research settings being a closed structured setting unlike the usual open slum, village or community settings, permission had to be sought from the Maharashtra State AIDS Control Society, Mumbai Districts AIDS Control Society and Deans of the Brihanmumbai Municipal Corporation run Medical College and Hospitals by writing a letter and proposal for research topic.

**Legislation Polices and Provisions for People Living with HIV/AIDS (PLHA):**

Following are some of the Acts and laws which safeguard the rights of the People Living with HIV/AIDS:

- i. Maharashtra Protection of Commercial Sex Workers, Bill, 1994.
- ii. Narcotic Drugs and Psychotropic Substances Act, 1985.
- iii. Antiviral Therapy Guidelines for HIV infected Adults and Adolescents including Post-exposure.
- iv. Condom Promotion by SACS - Operational Guidelines.
- v. Guidelines for HIV Care and Treatment in Infants and Children, Nov 2006.
- vi. Guidelines for HIV Testing, March 2007.
- vii. Guidelines for Network of Indian Institutions for HIV/AIDS Research (NIHAR).
- viii. Guidelines for Prevention and Management of Common Opportunistic Infections  
Guidelines for Setting up Blood Storage Centres.
- ix. Link Worker Scheme (LWS) Operational Guidelines.
- x. NACO Ethical Guidelines for Operational Research.
- xi. NACO IEC Operational Guidelines.
- xii. NACO Research Fellowship-Scheme under NACP-III.
- xiii. National Guidelines on Prevention, Management & Control of RTI including STI.
- xiv. National Policy on HIV/AIDS and the World of Work.
- xv. Procurement Manual for National AIDS Control Programme (NACP-III).
- xvi. Standards for Blood Banks and Blood Transfusion Services.
- xvii. Targeted Interventions for High Risk Groups (HRGs).
- xviii. Targeted Interventions for Truckers – Operational Guidelines.
- xix. Voluntary Blood Donation – An Operational Guidelines.
- xx. National Blood Safety Policy.

- xxi. National AIDS Prevention and Control Policy (I, II, III).
- xxii. The Indian Employers' Statement of Commitment on HIV/AIDS.
- xxiii. Joint Statement of Commitment on HIV/AIDS of the Central Trade Unions in India.
- xxiv. ILO Code of Practice on HIV/AIDS and the World of Work.
- xxv. State AIDS Control Societies.
- xxvi. National Plasma Policy.
- xxvii. National RTI STI technical Guidelines Sep2014.
- xxviii. National Guidelines for PPTCT.
- xxix. National Framework for Joint HIV TB Collaborative Activities.
- xxx. Operational Guidelines for Care & Support Centres.
- xxxi. Antiretroviral Therapy Guidelines for HIV-Infected Adults and Adolescents.
- xxxii. NACO Ethical Guidelines for Operational Research.
- xxxiii. NGO CBO Operational Guidelines.
- xxxiv. Operational Guidelines for Care & Support Centres December 2013.
- xxxv. Operational Guidelines for Integrated Counselling and Testing Centres, April 2007.
- xxxvi. Standards for Blood Banks and Blood Transfusion Services.
- xxxvii. National AIDS Control & Prevention Policy (2002).
- xxxviii. National AIDS Control and Prevention Policy IV

Above are few secured laws and legislations to provide the safety towards the rights of the PLHA. Government and representatives from various noted NGOs across universe and has put their efforts to put forward all above policies for the benefit of Positive people. Treatment, care and support are also assured by these acts. Hopefully all these need to implement properly which will definitely bring a change among the general population towards HIV/AIDS.

It will be lengthy to discuss all these above laws, policies, government regulations and legislative powers to maintain the rights of the PLHA. Since from the inception of the HIV in India; it has been observed and studied by various researchers that plenty of PLHA have been denied accommodation, food, work, education, entry in hotel or temple, medical treatment etc. There are multiple studies and observations available in related to segregation of PLHA and not violated their rights. Government of India's efforts have focused on increasing

tolerance and awareness among the middle class in an effort to diminish the portion of the population affected by HIV/AIDS by developing public concern and calls for greater governmental action. In control measures, a large number of stakeholders can play an important role.

The need of the hour is prevent the transmission of HIV virus and create awareness about HIV/AIDS across the society. The Government of India is taking all possible steps to prevent HIV at the primary level, through parents and Protection, care and support for affected children apart from rendering HIV/AIDS treatment to infected children. At the same time; Government of India advocates safe blood transfusion and encourage awareness programmes for potential high risk communities across the country. Many NGOs are working in this direction to aware people about high risks of HIV across the country. Some of such NGOs are- SAPREM, The Humsafar Trust, (Maharashtra) NTP+, Sankalpa, Bareilly Diocesan Social Service Centre (Suchetana), Chetna Sewa Sansthan, SURAKSHA , Darpan (Hyderabad), Nirman, Lokparishad, Sathi Nepal, Hope Foundation (Jaipur), VARRAT (Kendrapada), Sohum Foundation (Rajgangpur) Save the World Against Pollution, Narcotics & Ammunition (SWAPNA)-Cuttack, Society for Welfare of Weaker Section (SWWS) and many more targeted intervention across India with many NGOs and CBOs fighting against the HIV/AIDS and helping PLHA for getting proper treatment and care.

India is experiencing a diverse HIV /AIDS epidemic that would affect all the states in various ways, and that is also at different extents. The most affected groups as mentioned above are IDUs, CSWs, Truck drivers, MSMs and Migrant workers and some of the researcher predicted that our country would experience a ‘generalized’ epidemic, as current HIV prevalence rate is 0.3% among the adults and it would rise above 1% in India.<sup>3</sup> Even if there are policies and guidelines for HIV/AIDS but still the epidemic is having devastating impact and there are many major issues to tackle the HIV/AIDS decease. Presently; there are 470 ART centres are functioning in India along with 970 Link ART Centres across India where 8.45 lac PLHA as well as 45,000 Children Living with HIV/AIDS (CLHA) are receiving ART medicines and counselling services in India.<sup>4</sup> Government Agencies and Non Government Organisations are making their efforts to vanish it out of the universe.

**Data retrieved from the field to know the impact of Policies of Non Government Organization (NGO) and Government Organization (GO) regarding HIV/AIDS:** This was done to know the perception of Non Government Organization (NGO) and Government Organization (GO) regarding policies and programmes pertaining to counsellors.

In this section, the researcher probes about the information related to the knowledge about the policies, guidelines, programmes and services provided. It needs to strengthen the services and opinion of the respondent's i.e. counsellors and PLHA. ART and Counselling are key services to keep the PLHA healthy and improve their quality life. Stigma and discrimination during the treatment; researcher wants to know the impact of the policies through clauses of the questionnaires and also series of formal discussions with various professional who are working in the field of HIV/AIDS.

Research questions were designed to know the impact of the counselling on the PLHA. 200 PLHA were interviewed personally to know the quality of the counsellor and feelings of the PLHA during and after the counselling sessions.

However, due to the guidelines and policy of the ICTC and ART; all the patients are given 'counselling' at all the centres before and after. They are always asked for the follow up and regular check up for CD4 counts. Doctor and Counsellor take a decision to keep the patient on ART or off the treatment. But all the patients are always kept in a loop of the counsellors for various therapies and they are being helped out by the outreach worker for follow up at home or in case any PLHA drop out or not having regular follow-up with the ICTC centre.

Under NACP policy all enterprises in the public, private, formal and informal sectors are encouraged to establish workplace policies and programmes based on the principles of non-discrimination, gender equity, health work environment, non-screening for the purpose of employment, confidentiality, prevention and care and support.

Out of 100 counselors 63% have given 'no' answer (**Table No. 1.1**) as they do not know any policy about the counseling rather than ICTC as it was known VCTC earlier. However 37% counselors are about this policy and they are also providing these services to the PLHA. 78% counselors feel that there should be government policy on counseling which would tackle the issues of the counselors as well as PLHA.



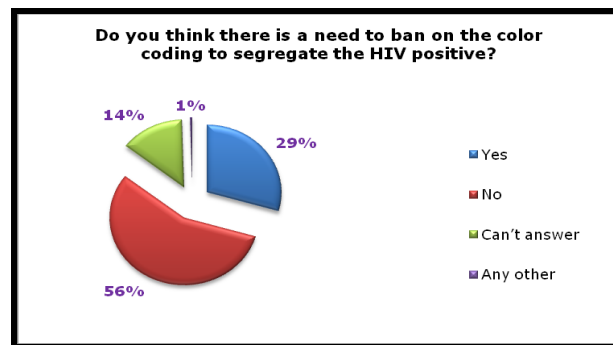
<b>Counsellors awareness about Govt. Policies on Counselling</b>					
<b>Sr.No</b>	<b>Govt. policy on Counselling</b>	<b>Mumbai</b>	<b>Thane</b>	<b>Total</b>	<b>%</b>
<b>1</b>	Yes	18	19	37	37
<b>2</b>	No	32	31	63	63
	Total	50	50	100	100
				<b>Table No.</b>	<b>1.1</b>

National HIV/AIDS prevention policies are outlined in the National AIDS Control Policy (NACP). Prevention policies in Maharashtra are similar to National Prevention Policies. NACP emphasizes co-operation with NGOs and CBOs and includes a five-step approach for helping them to build the capacity to fight the epidemic. The important role of NGOs and CBOs in social mobilization and condom promotion are highlighted.

**Counselling** services are specifically included in the NACP and it states “counselling services for suspected cases of HIV infection and for PLHA should be expanded to increase their reach to those who need them”. The Policy also in addition says “The government would actively encourage and support formation of self-help groups among the HIV-infected persons for group counselling, home care and support of their members and their families”.

Researcher poked the question regarding the colour coding and segregation of the PLHA during the treatment at Hospital. Scientifically it’s very important to have such colour coding but not for the HIV infected people because it shows the total stigma and discrimination against PLHA. But these people are very sensitive and 56% PLHA said ‘No’ and there is no need to ban on the colour coding to segregate the HIV positive people, however 29% PLHA (**Graph No. 1.2**) answered with ‘yes’ as there is a need to ban on the segregation because they are discriminated during the treatment. One positive lady patient was rejected for ‘surgery’ which was required but due to the intervention of the CDO/Counsellor; she was taken for surgery by the concern doctor in the Municipal hospital. 14% PLHA could not answer and they could be sufferer. Even all the ART patients are given a ‘**book**’ which is having a colour ‘**green**’ and all these ART patients have to carry these books to the hospital during all the follow ups. Carrying along with ‘**green book**’ to the hospital by a patient itself is a sign of

indication of 'positive' person. Plenty of PLHA hesitate and dislike bringing this **book** to hospital but there is no other option.



**Graph No. 1.2**

Stigma and discrimination also occur in the health care setting. Sometimes HIV-infected patients are denied appropriate care or are segregated from the general hospital population. Health care workers may selectively use universal precautions only with HIV-infected patients. Reasons may include a lack of medical resources, but health care workers' ignorance and stigmatization of HIV can also be factors.

Finding, meaning and mediating successful adaptation to a Life with HIV Professionals need to be able to recognize the aforementioned processes and help patients overcome denial and splitting, improve self-esteem, and restore the symbolic function of mind. The final goal is to assist the person to recognize the unpleasant reality of the disease while keeping hope and goals in life, to offer a safe mode of expressing fury and fear while keeping the love and support of significant ones, and finally integrating the disease into the self-concept.

Professional counsellors, social workers, health care workers, trained volunteers, friends, and family play crucial roles in providing psychosocial support. One of the first steps in providing adequate assistance for people with HIV is to ensure that the helper is thoroughly aware of and comfortable with the facts about HIV transmission. If helpers feel personally at risk from HIV-infected patients, they will convey those feelings to the patients, who will then feel even more isolated than before. Counsellors need to educate themselves about HIV to adequately counsel people with HIV. Individual and supportive counselling can help patients come to terms with their HIV diagnosis and with how it will affect all aspects of their lives. Patient education should include information about how HIV is transmitted and should give the patient some idea of common physical and emotional responses to HIV. This type of education can help patients anticipate and plan for these experiences. Professionals can also help patients assess controllability of HIV-related stressors and to design adaptive coping

mechanisms. For example, the therapeutic focus can be on developing a problem-focused coping response when the stressor is controllable, whereas an uncontrollable stressor should focus interventions on finding, defining, and redefining meaning.

Counselling can be linked with many aspects, such as HIV testing and support for adaptation to the new status, promoting a healthy lifestyle (e.g., adherence to antiretroviral therapy, behavioural changes), decisions regarding current conflicting emotional situations, and confidentiality and its limits. It can be an individual process, but involving the couple or working with family members or in a group format might also be required. Education includes several components, such as sexual education, education about HIV infection and opportunistic infections, and education about the legal framework that the patient should be aware of. It can also focus on, for example, developing parenting and nutritional skills for those caring for HIV-infected newborns and teaching nursing skills for caregivers of the terminally ill. Group counselling can also play an important role by allowing individuals with HIV to share experiences with one another. However, this approach is usually not a good idea until the person has been able to accept the diagnosis enough to come to the group and communicate honestly. Group support can help patients cope with their emotional responses to HIV on the basis of accurate information, shared experiences, empathetic listening, and assistance with problem solving.

### **Findings of the Research:**

#### **Policy needs the revision for appointing of professional counsellors and criteria measures:**

As per few policies and government guidelines regarding the Professional Counsellors who are well qualified with minimum Post Graduation, experienced and having expertise to counsel the patients as well providing other support to PLHA and their family members. Professional Counsellors are working in HIV/AIDS since the inception of the disease are on contract basis employee on various Government and NGO Projects and with the minimum and scanty remuneration. There is a difference in salary of the counsellors who are working on the HIV/AIDS projects in Mumbai and Thane Districts and salary of the medical social workers or community development officers who are deployed by the authority to cater medical, financial aid and other psycho social support to all the patients. Salary of the counsellors should be decided and fixed as per their Post Graduation qualification. Government should know that counsellors are key therapist and the pillars in the HIV/AIDS projects. Counsellors should get salary up to Rs. 35,000/- per month with other facilities as

other staffs of the allied department get at the time of first appointment and annual increments as per the budget provisions. If counsellors get handfull salary then they would give good output because HIV/AIDS is a vast topic and there are many factors associated with it. Health and Non Health are two aspects in which counsellors can intervene. Remuneration of Doctors, Nursing staff, technicians and other staff appointed are getting good salary but counsellors are paid less and not as per their professional qualification. Counsellors get Tuberculosis (TB) during the interaction with HIV/AIDS patients but these counsellors are not having the Health Facilities and they are not covered any **Health Policy** of the Government because all the counsellors are on contractual basis. Permanent employees get 'Paid Leaves' during the TB treatment but these counsellors are not getting such benefits and left out without salary during the treatment. Basic needs of the counsellors to be fulfilled by the government organization and NGOs as they are working in Mumbai and Thane districts. Since Mumbai is a metropolitan city and everything is costly and at present counsellors cannot fulfil their requirements.

**In short;** it is recommended that Government and NGO should come together to bring the changes in the **policy in regards to the remuneration and other benefits with a budgetary allocation** like similar professionals in the government sector.

**Discussion:**

**Government Needs Policy Revisions Measures:**

It emerges from the study that the Government has a huge role to play in delivering effecting health care for the people living with HIV/AIDS and thus reduce the vulnerability and risk of the general people. **Efforts by the National Human Rights Commission** should tie up with the State Human Rights Commissions and various other citizens groups to advocate for the proper monitoring and implementation of its own recommendations. The NHRC can also network with the various advocacy groups so as to involve the citizens in the proper implementation and monitoring of various affirmative action's suggested by the Government bodies, viz. recommendations of the NHRC, judgments of the Supreme Court and the High Courts. NGOs should be involved by the government to tackle the local issues in case it arises during the implemental of the policy changes. Advocacy for the people living with HIV/AIDS need to be done by the civil society and NGOs for proper implementation of the National Human Right Commissions' actions which will **preserve the rights** of the diseased.

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**Abbreviations:**

**List of Abbreviations used**

AIDS	Acquired Immuno Deficiency Syndrome
ANC	Ante Natal Clinic
ART	Anti- Retroviral Therapy
ARV	Antiretroviral
BAMU	Dr. Babasaheb Ambedkar Marathwada University
BMC	Brihanmumbai Municipal Corporation
CBO	Community Based Organisations
CCC	Community Care Centre
CD4	Cluster of Differentiation 4
CDCP	Centres for Disease Control and Prevention
CDO	Community Development Officer
CHLP	Centre for HIV Law and Policy
CMIS	Computer Management and information systems
CPM	cells per micro litter
CSO	Civil Society Organisations
CST	Care, Support and Treatment
CSW	Commercial Sex Workers.
DAPU	District AIDS Prevention and Control Unit
DFID	Department for International Development
DIC	Drop-in-Centre
DSH	Deliberately Self Harm
ELIZA	Enzyme Linked Immunosorbent Assay
FHI	Family Health International
FSW	female sex workers
GDP	Gross Domestic Product
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
GIPA	Greater Involvement of People living with HIV
GO	Government Organization
GRID	Gay Related Immune Deficiency
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
IMAI	integrated management of adult and adolescent illness
LAC	Link ART Centres

LTMG	Lokmanya Tilak Memorial General Hospital
MCGM	Municipal Corporation of Greater Mumbai
MDACS	Mumbai Districts AIDS Control Society
MMWR	Morbidity and Mortality Weekly Report
MNCH	maternal, newborn and child health
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
NIHAR	Network of Indian Institutions for HIV/AIDS Research
NRHM	National Rural Health Mission
PCP	Pneumocystis Carinni Pneumonia
PHC	primary health centre
PLHA	People living with HIV/AIDS
PPP	Public Private Partnership ICTCs
PPTCT	Programme for Prevention of Parent to Child Transmission of HIV
SACS	State AIDS Control Societies
SAPREM	Social Aspiration for Participatory Reforms by Evolved Manpower
SIV	Simian Immunodeficiency Virus
SRH	sexual and reproductive health
STD	sexually transmitted diseases
STI	sexually transmitted infections
SWAPNA	Save the World Against Pollution, Narcotics & Ammunition
SWWS	Society for Welfare of Weaker Section
UDHR	Universal Declaration of Human Rights
UK	United Kingdom
UN	United Nations
UNAIDS	United Nations Programme on HIV and AIDS
UNDP	United Nations Development Programme
US	United States
VCTC	voluntary counselling and testing centres
WHO	World Health Organisation