Private Spaces, Public Partnerships

Changing Minds, Changing Behaviour

UNIFEM project with Indian Railways on HIV/AIDS: A Process Document
December 2006
UNIFEM is the women's fund at the United Nations. It provides financial and technical assistance to innovative programmes and strategies to foster women's empowerment and gender equality. Placing the advancement of women's human rights at the centre of all of its efforts, UNIFEM focuses its activities on four strategic areas:

- Reducing feminized poverty;
- Ending violence against women;
- Reversing the spread of HIV/AIDS among women and girls;
- Achieving gender equality in democratic governance in times of peace as well as war.

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INDIAN RAILWAYS SOUTH CENTRAL ZONE
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Executive Summary

Increasing rates of HIV/AIDS incidence globally and in India, and an increasing feminisation of the HIV epidemic have nudged researchers, policy makers, the multi-lateral and bi-lateral community and activists, to take a more urgent look at the gender dimensions of HIV/AIDS.

In this climate, in the late 1990s, UNIFEM’s South Asian Regional Office, based in New Delhi, India in collaboration with the Indian Railways, created a unique project – to engender the HIV/AIDS work of the Indian Railways in a select part of their network.

The Indian Railways is the nation’s largest public sector undertaking and one of the world’s largest employers. With a 1.8 million, largely male workforce, the challenge of creating awareness and inculcating behaviour change was enormous. To its advantage, it had an infrastructure of training institutions, health centres, hospitals, schools, and women’s organisations, which were used by the project to introduce the work and take it forward.

The largely successful project, which started in 2002, completed its project cycle in 2006, building upon what was already in the Railways community. The gaps were filled by bringing in consulting organisations with expertise in different areas. An NGO called the Railway Women’s Empowerment and AIDS Prevention Society (REAPS), was created to carry out the day to day operations of the project.

The crux of the project was creating a cadre of peer counsellors from the Railway community, who were recruited and trained to generate awareness, counsel, give support and assist the Railways in achieving the goals of the project. Over the four year period the diverse participants in the project interacted with each other and as well as with others from the outside, developing strong alliances and innovative techniques to respond to the challenges posed by HIV/AIDS in their community.

What has been the impact of the project? Stocktaking exercises and end line surveys carried out in 2005 and 2006 suggest that people’s awareness about issues related to sex and sexuality had increased; a life skills education curriculum has been integrated into the Railways schools; people’s information needs about gender relations and roles has increased; more people, especially women, are opting to be tested for HIV/AIDS; if tested positive people are open to ART; people are slowly seeing the value of positive people’s networks; a fair amount of discrimination and stigma around the issues are still present; mechanisms to bring economic empowerment to families affected by HIV/AIDS are paying off.

The UNIFEM-Indian Railways pilot project has demonstrated that various stakeholders can come together and make a powerful impact in the work on gender and HIV/AIDS. However, the coordination, negotiation, convincing, hand holding and implementation cannot be underestimated and those working in such projects need to be steadfast and have a long term vision for work being undertaken.

The emergence of HIV/AIDS as an epidemic has forced the issue of sex and sexuality into the open. It has compelled societies to address sexuality in and outside marriage. Over the two decades of the history of the virus and the epidemic it has become clear that the gender roles of women and men are crucial in dealing with HIV/AIDS.

In the UNIFEM-Indian Railways project, a beginning has been made by building on the infrastructure of the Railways. The future of the project lies in the hands of people who got excited by it, involved in it, and have the vision and drive to take it forward.
AN INTRODUCTION

In the Indian state of Andhra Pradesh, a group of men and women are making change and making history. Padmaja, J. Madhavilatha, V. Samson, S. K. Sultana Begum, S. Nagabhushanam and many others are peer counsellors for Indian Railways, India’s largest public sector employer.

Every morning, they head towards 'entry points' - the schools, railway colonies, health units, railways hospitals, training centres, junior colleges, running rooms and Mahila Samitis (women’s groups) that are part of the railways' vast network of employee support services. There, they do something unusual in this socially conservative Indian state: talk to adults and children about sex, sexuality, gender and HIV/AIDS.

The counsellors are part of the project Equalising Gender Relationships in the Context of the HIV/AIDS Epidemic. The Railway Women’s Empowerment and AIDS Prevention Society (REAPS) is implementing the project at the South Central Railway’s largest junction in Vijayawada, about 300 kilometres from the capital, Hyderabad. The project has been supported by the Royal Norwegian Embassy and the UN Fund for Human Security.

With the commitment of railways personnel and the support of the UN Fund for Women (UNIFEM), the project has become a model that could be extended to the railways system as a whole, and replicated in other public sector concerns to address India’s rapidly growing rates of HIV.

It has made HIV/AIDS a household word. People are asking about gender related issues such as gender roles, identity and choices. According to the REAPS project and Railway staff, more people, especially women, are coming in for testing at the Voluntary Testing and Counselling Centres; there is greater awareness of family planning methods; and condom use has increased.

In a major way, the issues of sex and sexuality kept within the four walls of homes and private spaces of people and families, have come into the public - by creating a space in which it was possible to change minds and behaviour - and move towards achieving gender equity.
The UNIFEM-Railways project was designed against the background of the increasing feminisation of the HIV epidemic in India as well as the growing spread of HIV in the general population. More than 5.2 million Indians are now HIV positive; the country has 10 per cent of global HIV/AIDS cases, according to the last BSS conducted by the National AIDS Control Organisation (NACO). The states of Andhra Pradesh, Tamil Nadu, Karnataka, Maharashtra, Manipur and Nagaland have been identified as having a particularly high prevalence of HIV by NACO.

The main mode of transmission is through sexual contact (84 per cent). Other routes are intravenous drug use (2.8 per cent), parent-to-child transmission (2.6 per cent) and blood products/transfusions (2.5 per cent).

Among Indian states, Andhra Pradesh, with a population of 76 million people, has the second highest number of HIV cases - about 470,000 reported to date.

**The Gender Dimensions of HIV/AIDS: A Different Vulnerability**

Men and women are vulnerable to HIV/AIDS in different ways. Women's socialisation makes them less able to exercise control over their bodies and lives. Almost all over the world, men are socialised to have multiple sex partners, while women are expected to be faithful or abstain from sex. Coupled with this, women's lack of access to property and financial earnings and savings, as well as violence in and out of the home, defines their vulnerability, and is different from men.

Nationally, reports from antenatal clinics that serve as surveillance centres for NACO reveal that more women in monogamous relationships are becoming HIV positive. More than one per cent of women accessing public antenatal services have tested sero-positive.
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The Gender Dimensions of HIV/AIDS: A Different Vulnerability

While HIV prevalence among women in high-risk groups – such as female sex workers in Mumbai – is as much as 60 per cent according to UNAIDS, there is increasing evidence that the largest proportion of new infections is among women whose only ‘high-risk behaviour’ is being married. Women currently account for more than 39 per cent of overall HIV infections in India; about 57 per cent are in rural areas.

NACO’s 2005 Behaviour Surveillance Survey showed that while 70 per cent of men were aware of the protective value of a condom, only 48 per cent women had this knowledge. Awareness about the effectiveness of condoms is 83 per cent among female sex workers, but consistent condom use is only 50 per cent.

Gender directly and indirectly influences vulnerability to HIV infection. Biologically, women are more susceptible to the virus. Once infected, the manifestations of HIV include recurrent vaginal infections and the progression of disease at lower viral loads. The impact of drugs also varies, potentially resulting in differential responses to antiretroviral therapy and an increased incidence of drug toxicities in women.

Gender is also a factor determining the level and quality of care, treatment and support that HIV-positive women receive. Women with HIV may have difficulty accessing health care and adhering to treatment regimes, often for economic and social reasons. They may carry the additional burden of caring for children and other HIV-positive family members. Research also shows that women are diagnosed and use health care services at later stages of HIV infection than men.

These realities demonstrate the necessity of comprehensively integrating gender considerations into all levels of HIV/AIDS programming in order to improve overall efforts to counteract the spread and impact of HIV.

Expanding Initiatives to Control an Epidemic

The UNIFEM-Railways project has been implemented against the backdrop of an increasing number of initiatives in India to confront the spread of HIV. Since 1999 and the beginning of the second phase of the National AIDS Control Programme, India has greatly stepped up efforts to sensitise people about modes of transmission, and to address care and treatment issues. Apart from the increase in the number of surveillance centres, NACO, under the Union Ministry for Health and Family Welfare, has formed partnerships with other government ministries and departments and public sector undertakings such as the Indian Railways and the Armed Forces, as well as industry and civil society organisations.

A number of new activities have also taken place in the state of Andhra Pradesh. In December 2004, the Andhra Pradesh State AIDS Control Society made it mandatory for liquor shops to hand out a free condom with every bottle of alcohol sold. In January 2005, Chief Minister Y. S. Rajashekhar Reddy gave a call to religious leaders to join the campaign against HIV/AIDS. Neighbourhood hair salons were drawn into the awareness drive, with nearly 25,000 barbers trained to provide basic information to their customers. Later, the state has coordinated various efforts to raise awareness on HIV/AIDS.
Project partners

For its part, the Indian Railways first established an AIDS control cell in the Railways Ministry and its operational zones, and adopted a wide-ranging national policy for HIV control in 1997. The focus of the cell, among other things, was to improve awareness among all employees and others related to the Indian Railways community — trade union officials and members, administrators, family members, women’s groups, railways schools, hawkers at stations, among others — and introduce HIV/AIDS training of medical and para-medical staff.

The Indian Railways is one of the largest public sector employers in the world, with approximately 1.8 million employees. Its in-house health department caters to 6.3 million people and has a budget of Rs. 582 crore. In 2005 the railways had 5,478 reported cases of HIV. Over 800 people had started anti-retroviral therapy.

The Vijayawada Division of the railways’ South Central Zone has 30,000 employees, who with their family members comprise 1.5 million people. They are served by 15 health units and a divisional headquarters hospital.

UNIFEM has partnered with the South Central Railways on the UNIFEM-Railways project, in its capacity as the UN agency devoted to supporting the empowerment of women and working towards achieving gender equality and security. In its work overall, UNIFEM has sought to help highlight the gender dimensions of HIV/AIDS, address women’s human rights violations, assist the development of legal and policy frameworks, aid the empowerment of HIV-positive women and their families, and reduce stigma.

Advocacy among decision makers has emphasised gender equality and responses to the epidemic that address the vulnerabilities that put women at risk. These vulnerabilities — violence against women, the inability to negotiate safe sex, blatant forms of discrimination — all intersect and stem from the same underlying causes: the lower social and economic status of women.

UNIFEM’s objective is to help empower women and integrate gender in all HIV/AIDS strategies in order to end the differential access women have to prevention, treatment and care, and to stop the violations of women’s human rights that stem from discrimination and stigma.
PROJECT OVERVIEW

The UNIFEM-Railways project came out of a pioneering partnership between UNIFEM and the Indian Railways. Its objectives are to strengthen the capacity of the railways to provide gender sensitive counselling services related to HIV/AIDS, and to enhance understanding of the fundamental link between gender and HIV/AIDS.

Since the project began in October 2002, it has:

- Selected, trained and sent into the field about 60 peer counsellors in eight districts;
- Identified and counselled thousands of people within the railway community of Vijayawada Division as well as the surrounding areas;
- Initiated a Revolving Fund for Women and Families living with and affected by HIV/AIDS;
- Encouraged and supported a ‘positive people’s network’ within the Railways’ community;
- Increased the understanding and support of railways officials for the provision of gender sensitive counselling, leading to the greater integration of gender considerations in the railways health system; and
- Served as a role model for other HIV/AIDS intervention projects.

The project is managed through an NGO which was registered as the Railway Women’s Empowerment and AIDS Prevention Society (REAPS), in January 2003. A director, six full-time people and the peer counsellors staff the project. A Governing Body operating within the south central Railways manages REAPS.

The project has its headquarters at Vijayawada and covers eight districts within the administrative ambit of the Vijayawada Division of South Central Railway — East Godavari, Guntur, Krishna, Nalgonda, Nellore, Prakasham, Visakhapatnam and West Godavari.

The Indian Railways HIV/AIDS-related activities have included conducting regular sentinel surveys, voluntary counselling and testing, free services in the district hospitals,
the administration of anti-retroviral therapy and treatment (ART) of opportunistic infections to railway staff and their families, steps to prevent parent-to-child transmission, training for doctors and medical staff, provision of PEP treatment and condoms, new systems to protect staff confidentiality, methods to ensure the safe use of blood and the proper disposal of hospital waste, and the dissemination of information.

**Project Activities**

The activities of the project are carried out at the ‘entry points’ or schools, railway colonies, health units, railways hospitals, training centres, junior colleges, running rooms and Mahila Samitis (women's groups) that are part of the railways’ vast network of employee support services and which include the immediate and peripheral Railway community.

**Peer counselling**

The peer counsellors are at the heart of the project. The idea of recruiting and training the peer counsellors from the railway community came from baseline surveys which suggested that most people felt comfortable talking about HIV/AIDS to people from their community. A call was made for volunteers. Since then, four batches of counsellors have been recruited, trained and sent into the field. They include men and women between the ages of 22 and 65, most of whom have been raised in and around the railway community. They work together in twos and threes and help each other with all aspects of their work.
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**Project Activities**

**Peer counselling**

“Initially, I couldn’t understand the gender connection in HIV control. I understood it as the project got underway ... it’s very difficult to understand the connection but it has to be done ... UNIFEM has really succeeded in REAPS.

... the day the spouse says ‘I will not have sex without a condom’, that’s success!”

**Mr. J.N. Jagannathan**
Divisional Manager, South Central Railway

The counsellors disseminate information; answer questions and address myths and misconceptions about HIV/AIDS and STDs; compile frequently asked questions, which are used to develop IEC materials; make referrals to the hospital and the Railway Women’s Welfare Organisation for credit funds and support; consciously point out the gender considerations in every situation; assist in identifying potential recipients of Revolving Fund Loans; and assist the positive support groups.

Counsellors help railways staff work through issues related to HIV testing. They reach out to the families of HIV-positive staff, and assist people in coming to terms with being HIV-positive in the context of relationships, health and work. The training of counsellors enables them to respond to a large number of issues linked to HIV/AIDS- alcoholism, grief and bereavement, home-based care, depression, struggles between women and men, homosexual relationships, the negotiation of safer sex practices, and stigma and discrimination.

Several organisations have helped shape the training of the peer counsellors, including the Vellore-based Christian Medical College; gender training with NGOs such as Asmita and the Women’s Resource Centre in Hyderabad; the Lawyers Collective, Marg, and Breakthrough, New Delhi; and YRG Care, Chennai. Gender sensitisation workshops have covered the historical and cultural dimensions of gender discrimination and looked at ways to address these issues. Participants learned to look for innovative ways to approach railway personnel on the often sensitive issues related to gender, sex and sexuality. Training has also emphasised basic skills such as time management, working with individuals and groups, building a referral base and avoiding burnout.

The counsellors’ work is monitored regularly both for quantity and quality. The emphasis is on what was done and how it was done, and not just how much work was done. Counsellors submit regular monthly reports that capture the quality of their relationships with clients. Supervisors from the project office make frequent visits to help troubleshoot, and to collect additional feedback from clients and railways officials.
The peer counsellors provide training, in turn, to railway employees in four training centres in and around Vijayawada. Counsellors report that at first men tend to be unreceptive to information on HIV/AIDS. Slowly they began to open up, by asking questions and expressing their views.

Learning from shared experiences

At regular monthly group meetings, the peer counsellors share their experiences, and analyse their strengths and weaknesses. This fosters the development of innovative strategies - like how to involve railway staff in their fieldwork, and develop plans to expand their work to smaller stations - and encourages 'a feeling of oneness' among the counsellors.

The emphasis is on participatory methods and not didactic learning. The counsellors are constantly told that there are no "correct answers" or "one best way to handle a situation" in a counselling set-up. Facilitators provide theoretical inputs, and reiterate as needed that there are strict boundaries and ethical standards in the practice of counselling that cannot be violated.

Counsellors who have not done well in their evaluations are given special support, including additional classes on HIV/AIDS, counselling and gender.

Organising events

Beyond individual and group counselling, the peer counsellors have taken the lead role in organising and implementing special programmes on HIV/AIDS for International Women’s Day, Mother’s Day and Railway Week. Their activities have included setting up an information stalls and booths for people, conducting group discussions, and using street theatre to communicate messages about HIV.

Providing resources

In 2003, a Resource Centre was established at the Railway Hospital in Vijayawada. Over 500 titles on various subjects related to HIV/AIDS have been collected. Several have been translated into Telugu and disseminated to REAPS staff, schoolteachers, students, employees, doctors and nurses. On average, five people visit the resource centre every day.

Catching them young

The Vijayawada division has five railway schools and a junior college, with almost 1120 students. To introduce HIV/AIDS issues, a life skills manual was developed and field tested by Lady Irwin College in New Delhi, and later incorporated into the curricula in Vijayawada. It contains information, games, stories and techniques to address HIV/AIDS.

“We felt that we will not be able to address HIV issues effectively unless we improve the social status of women. In this project, we seek to empower women financially, educationally and socially.”

— Dr D.K. Das, Director General, Railway Health Services
To ensure that parents and teachers would be comfortable with the introduction of the manual, several orientation meetings were held. Teachers have subsequently requested the manual be incorporated as a permanent subject. Parents say that the information helps in creating safe spaces for the children to express their concerns and access accurate information on growing up, sexuality and HIV/AIDS.

Students from the railway schools have used the information from the centre and prepared a power point presentation on HIV/AIDS — for which they received first prize at an inter-school competition.

During the visit of the high level Chinese delegation to the REAPS project in December 2005, a 14-year old girl student demonstrated the use of a condom without any hesitation or embarrassment.

**Supplementing incomes: The Revolving Fund**

The Revolving Fund for Women and Families is a source of much-needed economic power for HIV-positive women and their families.

A credit needs assessment showed that most HIV-positive staff has low-paying jobs putting them and their families at risk of poverty. A survey confirmed that many are deeply in debt because of vast imbalances in income and expenditures on medical treatment for HIV. Some families have more than three HIV-positive individuals.

These findings suggested an urgent need for an institutional mechanism to provide micro-credit services so that HIV-positive people could cope with the social and economic impacts of HIV. UNIFEM created the Revolving Fund for Women and Families with financial support provided by UNDP. Based at the South Central Railways Women’s Welfare Organisation in Vijayawada, it offers loans to women living with or affected by HIV/AIDS in the eight project districts.
HIV among railway staff in Vijayawada Division

According to the Railways, in August 2003, out of a total population of 1,185, there were 158 men and 79 HIV-positive women in the 17 health units of the Vijayawada Division. The data revealed:

1. The incidence of HIV was highest in Vijayawada (99 cases), followed by Guntur (18), Rajamundry and Eluru (17 each).
2. Ninety-three per cent of people living with HIV/AIDS were married.
3. Forty-four per cent of HIV-infected people were illiterate; only 1.5 per cent of HIV-positive people were graduates.
4. Around 82 per cent of people with HIV/AIDS were in the age group of 21 to 50 years.

Bringing people together

The project’s efforts to help form a support group of HIV positive people within the railway community are at a nascent stage, as people are trying to understand the concept of a network, and how it would benefit them. The state-wide Telugu Network of Positive People (TNP+) and its district chapter have attended three meetings of positive people within the railway community to share their experiences.

The Revolving Fund team, the Railway Women’s Welfare Organisation, the peer counsellors, the nodal officer and the REAPS team are providing various forms of support towards the eventual formation of a network.

Loans are made to individuals or groups for production and consumption purposes. Production loans support income generation activities and can be between Rs. 3000 and Rs. 5000. Consumption purposes include medical treatment, hospital and home-based care, legal aid, education, marriage and sickness of children or any other family member. These loans range from Rs. 1000 to Rs. 10,000. The interest rate is eight per cent.

One hundred and fifteen individuals have received loans since the Revolving Fund began.

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Sunita and the chickens

About an hour’s drive from Vijayawada is the home of Sunita and Nirmal Kishore. It is Sunday morning, the sun is shining, as they step out into their patch of garden in front of their ground floor home.

Sunita is 25 and Kishore is 28, and they have been married for four years. Kishore is a welder and gas cutter, who tested positive three years ago. When Sunita found out six months after their marriage, she was angry and sad. Her extended family suggested she leave Kishore. But Kishore started his anti-retroviral therapy, and Sunita began getting tested every six months — she has been negative so far.

When the couple learned about the Revolving Fund loans, they wanted to apply for a loan to keep milch buffaloes. But the rules of the railways colony where they live did not allow it. So they decided to keep chickens instead, using a loan to purchase 14 hens and one cock. They sell about 20 eggs a week to people who live in the colony. They also sell hens and chicks.

The young couple is friendly and eager to talk. They are both from railway families and moved to this colony a year ago. Walking around the garden, they show off their lemon tree, laden with lemons. Sunita vanishes into the kitchen and emerges with glasses of delicious fresh lemon juice. Nirmal Kishore produces a big bag of lemons, and hands it over, smiling.
PEER COUNSELLORS

Samson

He’s young, full of energy and clearly a favorite in the schools that are his beat. In the school grounds, its break time and the students, seeing him, call out to him, and run towards him.

I had heard a lot about HIV, but did not know much about it, except that it comes through sex workers. I started working with the project part time. I wanted to help society, for a start. After I completed the training, I gained knowledge and information. It was a great feeling, to be able to do something for society.

Three days a week, I work with students of classes VIII and IX, both boys and girls. In the beginning, I gave information on HIV. They called me the AIDSbhai (AIDS brother)! Then we started giving health information, general information about the body, linked to HIV, and finally gender. This is how we have proceeded.

When I started I told the students I came from an AIDS society. They said sir, what is AIDS? It’s tough dealing with children, but because of the training I learned how to deal with them. I started by games that were part of the module – small games with numbers. For example, write a four-digit number and I will write the answer. Then, write any other 4-digit number, add another number, and before writing the number, I will answer.

These games are an ice-breaking exercise. Then there is discussion. I get to be their friend, and they call me anna (brother). I talk about the reproductive system. The girls wanted separate classes, as they didn’t want to discuss these issues in front of the boys. The girls don’t know anything about the reproductive system. They asked about the menstruation, they are curious, anxious, asking about love and can they love boys? I say they should focus on their studies, and postpone sex till after marriage. First I felt shy, but after about 10 minutes it was OK. Girls have more questions than boys do.

I also work with the Class IV employees of railways. I started by conducting classes on HIV/AIDS, but they wouldn’t come. They preferred to rest. They thought I was HIV-positive. I changed my approach and started talking about other diseases such as diabetes, malaria, and TB. Then I got a small newsletter - more and more men started coming, slowly started asking questions, like how condoms should be used. I talked to women employees also – widows who were given husbands jobs – as there were some cases of sexual harassment and teasing. They trust me; there is complete confidentiality.

My greatest success? A widow came up to me after a class and talked about her daughter having some pain. She then mentioned that one of the men she was working with was showing an interest in her, and she was not clear what she should do. I suggested that she speak to her father. I said that there was no problem with a second marriage, but an illegal contact can result in other things, like sexual harassment. Over a three-week period, she spoke to her father, told the man who was interested in her about her daughter, and he proposed to her. She came to me with the news and brought me sweets. I was very happy.
Sheikh Sultana Begum

Its 10 am and Sultana Begum has begun to make her rounds of the Railway colony in Eluru. She steps in and out of various homes, encouraging the women to come out for a Mahila Samiti meeting. The women are still completing their morning chores – cleaning, cooking, and washing clothes. The children have gone to school and the men to work. It takes a while for the women to come out but eventually about 50 women gather. Some small children and pets also join in. The other two counselors also give a hand in passing the attendance register around, talking to the women, and organising the tea and biscuits served at the end of the meeting.

I am 40 years old, and have three children between the ages of 4-18 years. I trained as Auxiliary Nurse Midwife (ANM). But, being a Muslim, my in-laws said I couldn’t go out and work. Eventually my husband, who works as a cabin master in the Railways, said I should work outside the home. Before the REAPS project, I worked for nine years in the Railway Health Unit and the Pulse Polio Campaign.

Three times a week I travel to Eluru, an hour’s train journey from Vijayawada. I visit the women in the railway colonies, the Mahila Mandal centres, and make house to house visits. The other three days of the week, I travel to other railway stations and do outreach. In the Eluru health unit, we said we do health education, as people were scared and suspicious talking about AIDS.

The training by the CMC, Vellore, has helped me enormously - to sense people’s mentality, and deal with them. Besides the initial training, we benefited by the monthly visits of Dr. Jacob John. He asked us to write a daily diary and maintain case studies. It took several visits for us to talk about private issues. With Dr. John we would have group discussions and get feedback on the case studies. We have also received gender training from Dr. Sarojini, and the NGO, ASMITA. For me, gender means equal. In the railway colonies girls and boys are looked at differently. But, there is some change now. Previously a mother would give 10-year-old boy milk, and a smaller sister tea. We pointed out the gender perspective on discrimination against the girl child.

Attitudes and behaviour can change if there is courage. A doctor gives a prescription, but the patients come to us with questions. Some speak freely in the health unit, and others do not. This space offers them an opportunity to cry. Many say then cannot cry anywhere else. I feel very empathetic towards them.

Speaking of gender, if it isn’t happening at home, then how can it happen with others? My husband does not do much at home. But, when I come home from work, he tells the children to get water for me, and sometimes even gets it himself. People in the Railway colony say Hussein (my husband) can do certain things himself, like making tea and cooking. In some meetings my husband comes and speaks to the women, and describes the changes he has undergone.

My most challenging case? In a remote area someone came into the health unit and asked if I saw non-railway patients, saying that a man was ostracised, no one spoke to him, and he was living in a cattle shed. I consulted my supervisor, spoke to my husband, went to the village, and asked for the man. People looked surprised and were whispering to each other. They said he was an AIDS patient and asked me not to go there. I said I was counsellor with the AIDS department. When I got to the spot, I found a broken bed, a man in deep depression, and his son, daughter in law, and children in another house. When they spoke to him, they sat far away, worried about infection. I explained about HIV/AIDS, and said he should not be removed from the family. They said they knew the disease was lethal and it drove people into the jungles. I needed to give them an example, and asked them to give him a cup of tea. I took his cup and drank from it. I thought this was the best way to show them that I wasn’t going to ostracise him. They were all shocked. I said he could die of isolation and that he needed family support. The man did not say a word. When I came back to Vijayawada, the doctors said I shouldn’t have done this; he could have had TB, etc. But, I needed to take this risk.

Three weeks later, I went back and he was in the family home. He was happy, looked well, was washed, and had two cups of tea. I felt good. He said, “God comes in many forms, but I saw God in you”. All this was one year ago. He has died since then. I went 4-5 times for follow up. They looked after him well. Now, I think the villagers are well informed. Before, not a single person knew about HIV/AIDS.
It’s a bright and sunny day in November 2005. In an 8 feet by 10 feet room with blue walls, 5 men and 4 women, 5 peer counselors, the doctor, and the pharmacist collect for the first ever support group meeting of positive people. There is some nervous laughter and reluctance to open up. Dr. T. Janardhan is the doctor in charge of the Health Unit, and is extremely supportive of the group meeting. His open attitude puts the group at ease.

The doctor encourages the group to speak up and share their experiences. Slowly they begin. A common theme is how depressed and afraid the men and women were when they found out they were positive. Then, they began to take their disease head on – taking treatment and better care of themselves. They say that counseling has made a big difference in their lives. They are directing other positive people to the counselors, are happy to come to the health unit, and would like to receive ARV treatment in Eluru. They look to the doctor and ask if this is possible.

Pharmacist N.K. Sainprasad has worked 5 years in the health unit. In the year 2000, he says, there was no interest and people had to be forced to come to meetings. They were given information and awareness on HIV/AIDS linked to cultural activities such as songs and singing in the Union office. Now, people are more aware than before (partly due to the media), and the people at the meeting surprise him.

Forty-three year old K. Venkateshwar is a gateman with the Railways in Eluru. He monitors the gates when trains go through populated areas. With a brown and white striped casual shirt, khaki pants, a watch on his left wrist and a copper bracelet on his right wrist, he is fit and has rugged good looks. He is also the first to speak up at the support group meeting. Venkateshwar discovered his HIV status in January 26, 2004. He has two daughters (one
married) and a son. The daughter is learning embroidery and the son pursues a degree. His wife knows about his positive status. As soon as Venkateshwar found about his status he quit chewing tobacco, went on ARV, and started taking care of his diet – more cereals, sprouts, milk, etc. He got his ARV supply from Vijayawada Railways hospital and is now lobbying to get the medicines in Eluru. He helped in bringing some men to the meeting and is hopeful the group will expand. The next date for the meeting was fixed a month from the date they met.

Here is a young woman, daughter of a man who worked in the Eluru Health Unit. She got married to a man who was positive (he and his parents knew but didn’t tell the girls’ parents or her). The man died and the woman was pregnant and positive. She returned to her parents house and wasn’t sure if she should carry her pregnancy to term.

Her parents wanted her to abort the fetus. The peer counselors intervened – male peer counselors working with her father and the women counseling the young woman. The baby is now two months old and she feels she can live her own life, and take care of the child. She is on ARV treatment, and the baby will be tested in the eighth month.
The UNIFEM-Railways project started by covering the railways junction in Vijayawada, but has since been expanded to cover the entire South Central Zone, covering the stretch between Visakhapatnam in Andhra Pradesh and Chennai in Tamil Nadu.

The major accomplishment of the project has been the change in the area—change in attitudes, approach, and action. People are more willing to listen to and speak about issues related to HIV/AIDS, and are comfortable talking about sex and sexuality, albeit clinically. Young people in the Railway schools are better informed about their bodies with the introduction of the life skills education curriculum. There is more openness between the student, school principals and parents.

Women in the railway community—workers, daughters, spouses—have better knowledge and understanding of their rights and are slowly beginning to get interested in developing skills on negotiating with men and their way through life. Men, while denying they having multiple partners, are willing to listen to the advice of peer counsellors. And, where positive people were shunned and discriminated against, now there is some understanding and sympathy towards them.

In 2005 a stock taking exercise, and in 2006 an end line KABP survey assessing the project was conducted by CMS Private Ltd, to gauge the change in knowledge, attitudes, behaviour and practice with respect to HIV and gender.

Devyani

It’s 4 p.m. on a working day and Devyani, in a pink sari and matching blouse stands before a group of 20 men in what is called an engine room. She speaks fast in Telegu and turns to the blackboard behind her, every now and then, to make a point with the chalk. Neither the sound of traffic on the road or the occasional whistle of passing trains breaks her momentum.

I have been a counsellor for two years. Before I came to the REAPS project, I worked as a computer assistant with the government. I wanted a part time job. I am 32 years old and have two children, a boy and a girl. My husband works in the railway hospital, as a senior dresser.

I work with men. The instructor of the training class introduces me to the group, and I sense that the men are a little wary of me. In the beginning of my lecture, it is hard to get their attention. But, I stress on the safety of the workers, and say this class is about safety of life. I give statistics about HIV and the railways. Slowly, their body language tells me that they are getting more comfortable with me. After the class is over, they come up to me and say they appreciate the information. Once a worker in the class said I had inspired them so much that even if an attractive woman propositioned him, he will resist! Some of the older men ask why they need this information. I tell them they can be messengers and role models. I stress the importance of information, even in the home, to prevent the spread of HIV/AIDS.

I often tell them to think about why I, as a woman, would stand in front of a group of men and talk about AIDS, and ask them to see the importance of the issue. The men in the training centre and engine room are a mixed group, and among the older groups there are more illiterates and there is more resistance. The younger groups are better informed, more curious, take in the information, and are more responsive. When I say that HIV is linked to sex, their faces light up, and they wonder how a woman will talk about something linked to sex.

I clip articles on nutrition, diets, beauty tips, HIV and other health problems, from papers and magazines, to share with the class. For example, the daily Ennadu has a weekly supplement called Vasundhra, which has a good deal of information on sex, reproductive health and psychological issues.

When I worked with the Mahila Samitis, the women said they wanted to hear about other things, not only HIV. I shared recipes with them, telling them to cook beans in different ways. I also give beauty tips to encourage women to listen to me. I told them how to remove measles spots, as I also had the same problem!

I have changed. I am happier, more satisfied, and feel I am giving something to society. I inspire so many, and as they bring changes into their lives, it makes me feel good. I live and breathe HIV. One Saturday evening, my younger son wanted to watch a Chiranjeevi movie, and I wanted to tape a programme sponsored by APSACS. My son said Mummy; you talk HIV in and out of the house and even record it! This is so true.
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The major accomplishment of the project has been the change in the area – change in attitudes, approach, and action. People are more willing to listen to and speak about issues related to HIV/AIDS, and are comfortable talking about sex and sexuality, albeit clinically. Young people in the Railway schools are better informed about their bodies with the introduction of the life skills education curriculum. There is more openness between the student, school principals and parents. Women in the railway community – workers, daughters, spouses – have better knowledge and understanding of their rights and are slowly beginning to get interested in developing skills on negotiating with men and their way through life. Men, while denying they having multiple partners, are willing to listen to the advice of peer counsellors. And, where positive people were shunned and discriminated against, now there is some understanding and sympathy towards them.

In 2005 a stock taking exercise, and in 2006 an end line KABP survey assessing the project was conducted by CMS Private Ltd, to gauge the change in knowledge, attitudes, behaviour and practice with respect to HIV and gender.
The two exercises found that the UNIFEM–Indian Railways project has succeeded in:
1. Providing improved access to information and material on prevention and care of HIV and sexually transmitted infections as well as on safe sex practices;
2. Creating a confident and skilled set of peer counsellors from the railway community;
3. Ensuring that more people access the HIV/AIDS services in the Railway Hospital;
4. Drawing an increased number of women — most of them married and monogamous — to the voluntary testing centres;
5. Improving sensitivity and reducing stigma towards people living with HIV/AIDS;
6. Creating & expanding awareness of gender issues; and
7. Increasing the awareness of students on gender and HIV/AIDS through the school life skills programme.

The stocktaking found that the social cost of the epidemic is substantial, including through the loss of family members, stigma, social discrimination and care burdens that disproportionately affect women. It proposed undertaking a comprehensive analysis of the financial impacts of HIV/AIDS on the railways to help evaluate the economic costs of HIV, and to assess the cost effectiveness of the project and the viability of replicating it elsewhere.

According to the CMS report, the South Central Division of the railways showed appreciable cooperation and leadership in developing the project, including through optimal use of technical support from UNIFEM and Christian Medical College, Vellore. These partnerships ensured synergy, mutual support and learning, which improved the implementation of the project. The project’s successful adaptation to local needs was also important, ensuring that needs were measured and addressed as activities progressed.
The 2006 end line survey showed that substantial progress had been made in the following indicators – both in terms of change in direction and extent of change:

1. Knowledge of sexual health problems
2. Awareness about protection
3. Information about the testing centers and counsellors

In the following indicators, there is positive progress, although extent is marginal:

1. Awareness of family planning methods
2. Sexual related right and information
3. Knowledge regarding HIV/AIDS

Negative and regression was recorded in the following indicators:

1. Age at first sexual experience and sexual partners
2. Domestic violence

**From Principles to Strategies**

Although the broader principles of gender and HIV are understood, converting these into specific project strategies has proved challenging. The project has made strides in this direction and much more is possible. Work of this nature, however, needs to be viewed within a long-term framework. Addressing gender is often about changing deeply held mindsets and demonstrating new capacities. Progress takes place through incremental changes. Project stakeholders need to be cognizant of this and willing to patiently chip away according to a plan and prepared to grasp opportunities as the situation changes.

In designing and implementing such a project, a great deal of hand holding is needed. UNIFEM, in the design and implementation of the project, has been working in front of and behind the scenes, at every step. From fund raising to identifying consultant organisations, coordination and organising meetings, stock taking of the project, and numerous other tasks – it has been a tremendous amount of hard work.

The number of hours spent by UNIFEM staff on such a project cannot be underestimated. For this and other projects to be sustainable this hand holding is needed and it is wise to anticipate such an involvement in the project, well before hand.

In December 2006, UNIFEM organised a brain storm session to share the learnings from the project. The discussions highlighted how it has faced serious challenges in dealing with the extremely conventional and repressive culture in Andhra Pradesh, where promiscuity is very high under cover of tradition, and talk of sex is taboo. It was emphasised that a long-term vision of the project was needed.
At the end of the year 2006, the project is beyond its pilot stage, and needs to move into another stage. Getting a ‘buy-in’ from senior-most management of Indian Railways is essential, given that the pilot phase funding cycle has ended. Expanding and replicating the project through other Railways divisions will require this. The Railways and other partners who have the potential to ‘buy-in’ may well ask the expected question – is the project viable? It is where the quantitative indicators are concerned - such as the number of people reached, people coming in for testing, before and during the project. Qualitative changes can be tested by routine baseline surveys.

In the new phase of the project, the old can be consolidated and improved and the new has to be imagined and implemented.

Much of the success of the project has been due to inspired individuals within institutions – the Railways, UNIFEM, and the contracted consulting organisations. How can this be sustained? Since it cannot be guaranteed that this will continue, it is important that certain systems be put into place as the project moves into the next phase. These are to do with administration, reporting, fund raising, documentation, monitoring and evaluation. And, thinking if the project could raise funds by itself.

The main challenge to the project is: where does it go from here?

The first option is to explore if it can be absorbed into Indian Railways, become part of the system. It could be ‘nestled’ within the Railways but rely on independent financial security and leadership. It could be NGO-driven, preferably by the Railways Women’s Welfare Organisation (RWWO), which works at all levels across all railway zones. A problem with the Railways funding the programme directly is that programme workers could then claim to be direct employees of the Railways. The Railways could contribute matching funds if REAPS could raise funds/grants from other sources.

REAPS could consider an income generation plan by which it could charge for various services such as a resource centre for the Railways and other HIV/AIDS programmes; sell the modules and materials developed; offer and charge for training; charge for people and institutions who visit the project site and centre, since it is learning experience for them to ask counsellors to provide awareness-building courses in schools and colleges;

In preparation for the next stage of the project, REAPS approached the Railways Staff Welfare Association and received Rs 10 lakhs. It has asked the Indian Railways Board for Rs 18 lakhs, and the Railways workers’ unions for support.

Parallel options could be to connect with other efforts in Andhra Pradesh as well as the NACP-III agenda for ‘mainstreaming’ HIV control programmes.

From January 2007 the peer counsellors will be addressing issues of alcoholism which is linked to HIV/AIDS. A de-addiction camp was held in December 2006. The Secunderabad Division of Indian Railways plans to set up a REAPS desk.

"On the issue of continuation and sustainability, cost should not be considered a burden. Such a process is impossible to stop. It would be a major set back if this is not fully integrated into the Railways. There should be thinking of only going forward from here."

— Dr. Broun, Director, UNAIDS, New Delhi
Looking Ahead: Recommendations

The UNIFEM–Indian Railways project has generated interest from other parts of the railways, NGO partners, and donor agencies. Journalists have expressed an interest in writing about it. A high level delegation from the Chinese Railways visited the project in December 2005 with a view to learn from the Indian Railways experience.

At this stage, the railways and UNIFEM have explored the replication of the project in other areas. UNIFEM could also work with other public sector systems in South Asia, and possibly use this experience globally. NACO has already been in dialogue with the railways headquarters on supporting the mainstreaming of HIV/AIDS into the railways system.

Some specific recommendations for future work that have come out of the pilot project include the following:

Focus on marginalised communities: Mapping out those vulnerable to HIV (e.g. gang women, women appointed on compassionate grounds, women working in largely male settings, staff from scheduled castes and tribes, etc). Explore working with women’s wings of trade unions, and focus particularly on members of the scheduled castes and tribes as there is empirical evidence that a higher proportion of people with HIV/AIDS are from these communities. Focus on the needs of workers in the non-formal sector, including daily wage laborers, within and related to the railways and part of the railways community.

Institutionalise more systematic coverage of people living with HIV/AIDS: This can be done by allotting peer counsellors to specific HIV-positive people and their families.
Explore key related issues: These include domestic violence, alcoholism, and sexual harassment, compassionate appointment related problems, railway initiatives on sexual harassment, gender friendly healthcare and the work environment.

Improve the Revolving Fund programme: More women could access loans. A cost benefit analysis of those who have received the loans needs to be done. Local agencies with experience in enterprise facilitation can think through enterprise budgeting, marketing and other related issues.

Integrate gender and HIV packages: As sessions on gender and HIV/AIDS at training centres have proved useful, they could be integrated into the existing training programme of the railways.

Improve networking and the sharing of information: In the voluntary counseling and testing centres, the anti retro viral centres, the REAPS office and other service providers, new systems will need to be developed and implemented. Promote use of the existing resource centre, which seems to be under-used. There is need for a concrete, need-based plan.

Stigma and discrimination: Aggressively address these two fundamental issues.

Institutionalise gender sensitisation: An objective of the project is to enhance the understanding of the fundamental link between gender and HIV/AIDS, as a strategy to prevent its spread. For this, more gender sensitisation is essential, at all levels of the project, within the Railways, and needs to be institutionalised.

Institutionalise gender mainstreaming: Besides gender sensitisation, gender mainstreaming is essential for the project to be truly a success story. For this, a strategic plan to incorporate gender into all levels of the Indian Railways is desirable and do-able. There has been a fair amount of dialogue between NACO and Railway headquarters on the issue of mainstreaming. Future plans need to include up scaling of the project and mainstream the lessons learnt into the wider Railway structure.

Behaviour change: As the various studies and feedback from individuals working in the project suggests the awareness levels about HIV/AIDS have gone up. The focus now needs to be on how to get men and women to change their behaviour, which is a greater challenge. Given the beginning the project has made, a greater deal of interaction is required – between peer counsellors, railways administration and health staff – so that the message of HIV/AIDS prevention is always on the table.

Speaking out: There is enormous stigma attached to people living with HIV/AIDS. Most positive people are very reluctant to talk about their status and this further burdens them emotionally, which makes it that much harder for treatment to work effectively. The start of various positive networks in and around the division and connecting it to the state level network will help in dealing with stigma and discrimination.
Peer counsellors: The peer counsellors need continuous growth and development in terms of counseling techniques as well as their own knowledge of gender perspectives and the rapidly changing issues in HIV/AIDS intervention. Also, their feedback from the field is essential to take the project forward. In some ways, this has already begun to happening in the project. Several peer counsellors have moved into a supervisory position and new ones are recruited. As the project matures and grows, the peer counsellors also mature.

Enhancing the role of men: Most of the employees of the Indian Railways are men. A targeted strategy is required to ensure that they have a forum in which their needs are addressed. Till the end of the project, there was no deliberate strategy to deal with this.

Expansion: The REAPS team has visited the divisions of Guntakal and Bilaspur to share the work and orient them to the issues of HIV/AIDS. Sensitisation programmes for officers, orientation and training programmes for para-medical staff, trade union and Mahila Samiti members - all of who are socially and professionally in touch with HIV positive persons – was conducted. The response was very good.

Partnerships: A great deal of experimentation is going on in the state of Andhra Pradesh. REAPS could well be connected to these projects, in a spirit of mutual learning.

Specific HIV/AIDS interventions proposed/suggested: The Railway Hospital in Vijayawada is recognised as one of the best health care centres of the South Central Railway Zones. But, capacity building on how to deal with stigma, discrimination and confidentiality of PLWA is needed. A Patient Friendly Achievement Checklist was developed and adopted by the Railways. In January 2003, A Voluntary Testing and Counseling Centre were established in the Railway Hospital in Vijayawada.

As a result of the learnings from the project, the Director General Health Services made a presentation to NACO for the following HIV/AIDS services in Indian Railways:

1. Setting up 586 VCTC centres in all the Health Units
2. Setting up 16 Anti-Retroviral Centres, one in each zonal hospital (the intervention is proposed for initial setting up of the infrastructure for installing CD 4 count machines)
3. Setting up 16 STD Clinics, one each in the zonal hospital
4. Training physicians to administer ART
5. Extending peer counsellors to all the 16 zones
6. Strengthening the existing Blood Banks, with procurement of additional equipment for the existing blood banks
7. Strengthening of REAPS capacity in Vijayawada to become a training and resource centre for other government institutions and SACS

Funding: The project has operated on external funding. Railways, the key stakeholder (supported by UNIFEM) needs to look at project financing and sustainability. Already, it has lost some staff and
is likely to lose more key staff. This may result in a loss of momentum it has built up. The project needs to look at alternate means for raising funds - from corporate organisations to commercial ways.

**Institutional systems:** There is a need to strengthen the capacity of project staff in project management skills – particularly monitoring, human resource management and financial management; arrange for systematic and regular technical inputs and management support to be delivered to the project – so that ongoing support (like in the case of peer counsellors) is available to all project staff; make the financial accounting and reporting systems more robust and timely, so that funds flow and accounting problems are avoided; design a monitoring system for the project which captures inputs, activities, processes, outputs, outcomes and impact.

**Assess and evaluate the REAPS model and develop tools and techniques for up scaling:** For mainstreaming the project, REAPS needs to function as a resource centre for up scaling successful models developed by the project to other divisions, zones and settings within the railways. For this REAPS needs to carry out an internal assessment and an external evaluation of its work.
Up scaling the project

In looking at expanding REAPS to other sections of the railways, the CMS Stock Taking in December 2005 recommended three broad options:

1. Current model scale up: The REAPS model could be scaled up in each division, through either literal replication or similar structures. This could be very time consuming, however. The capacity of REAPS to contribute to this process is currently limited as it needs to consolidate existing work in Vijayawada.

2. Elemental scale up: One element of the project (such as the peer counsellors) at a time could be scaled up across different divisions. This could be quick and based on needs, but it risks losing the advantage of the integrated model implemented in Vijayawada.

3. Customised model scale up: This hybrid option has elemental and flexible scale up, and would be implemented in four to five divisions before full scale up. A local lead agency could run voluntary counseling and testing with a field outreach team similar to the peer counsellors. The lead agency could be the Railway Women’s Welfare Organisation, trade unions, and NGO, the private sector and so on depending on the local realities. Local stakeholders would need to choose the lead agency. REAPS could provide support as a resource unit with experience. Management support would need to be in place for coordinating technical and management support.

The CMS Stocktaking Team recommended the third option for the arguments made above.
hanging minds and changing behaviour is a tall task. The project had shown that it is possible to take the very personal issues of sex and sexuality out of the individual and personal space into the open, and back again to the personal. HIV/AIDS is a personal issue, but the response it demands is both personal and public. As such it involves all of society.

As individuals in the home and workplace grapple with the multifaceted aspects of the virus and epidemic, so do societies, nations and the international community. The success of the response, as evidenced in the REAPS project, is a partnership between individuals, families, institutions, the state and the international community. The alliance between the employees of the India Railways, UNIFEM, the donor community, NGOs and private organisations has shown that it is possible to bring about the change of heart, mind and eventually, behaviour.

However, for the alliance to work, a great deal of strategic thinking, risk taking, hand holding, negotiations and creative imagination is required. A long term view with patience and persistence is essential.

In many ways the imagined future of the project is that it becomes an integral part of the railway community. It is the ability of parents, teachers, administrators, managers, workers, spouses and children to feel at home discussing HIV/AIDS – not only as an epidemic – but as a larger social challenge – to understand themselves and their community.

HIV/AIDS has provided, in a very providential way, a window of opportunity to men and women to address the many basic issues that are the core of our civilisation. It is an opportunity to act upon the long standing challenges of gender, sexuality, equality and poverty eradication that have persisted in the 20th century and continues into the 21st century.

The choice is ours. We can either close this window of opportunity - saying the challenge is too big. Or, we can open the window and embrace the private space with public partnerships.
CONCLUSION

Changing minds and changing behaviour is a tall task. The project had shown that it is possible to take the very personal issues of sex and sexuality out of the individual and personal space into the open, and back again to the personal. HIV/AIDS is a personal issue, but the response it demands is both personal and public. As such it involves all of society.

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### Glossary

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Full Form</th>
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<tr>
<td>AIDS</td>
<td>Acquired Immuno Deficiency Syndrome</td>
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<tr>
<td>ANC</td>
<td>Ante Natal Clinic</td>
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<td>APSACS</td>
<td>Andhra Pradesh State Aids Control Society</td>
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<td>ART</td>
<td>Anti Retroviral Therapy</td>
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<td>ARVs</td>
<td>Anti Retro Virals</td>
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<td>BB</td>
<td>Blood Banks</td>
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<td>BMGF</td>
<td>Belinda and Melinda Gates Foundation</td>
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<td>BSS</td>
<td>Behavioral Sentinel Surveillance</td>
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<td>CMC</td>
<td>Christian Medical College, Vellore</td>
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<td>CMS</td>
<td>Catalyst Management Services</td>
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<td>CSW</td>
<td>Commercial Sex Workers</td>
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<td>FSW</td>
<td>Female Sex Workers</td>
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<td>GIPA</td>
<td>Greater Involvement of People Living with HIV/AIDS</td>
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<tr>
<td>HIV</td>
<td>Human Immuno-deficiency Virus</td>
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<td>IDU</td>
<td>Intravenous Drug Use</td>
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<tr>
<td>IEC</td>
<td>Information, Education and Communication</td>
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<tr>
<td>ILD</td>
<td>International Labour Organisation</td>
</tr>
<tr>
<td>MSM</td>
<td>Men having Sex with Men</td>
</tr>
<tr>
<td>NACO</td>
<td>National AIDS Control Organisation</td>
</tr>
<tr>
<td>NGO</td>
<td>Non-government Organisation</td>
</tr>
<tr>
<td>PLWAs</td>
<td>People living with HIV/AIDS</td>
</tr>
<tr>
<td>PPTCT</td>
<td>Prevention of Parent to Child Transmission of HIV</td>
</tr>
<tr>
<td>RH</td>
<td>Reproductive Health</td>
</tr>
<tr>
<td>SACS</td>
<td>State AIDS Control Societies</td>
</tr>
<tr>
<td>SAEP</td>
<td>School AIDS Education Programme</td>
</tr>
<tr>
<td>STDs</td>
<td>Sexually Transmitted Diseases</td>
</tr>
<tr>
<td>STI</td>
<td>Sexually Transmitted Infections</td>
</tr>
<tr>
<td>TB</td>
<td>Tuberculosis</td>
</tr>
<tr>
<td>TIs</td>
<td>Targeted Interventions</td>
</tr>
<tr>
<td>UNAIDS</td>
<td>Joint UN Programme on HIV/AIDS</td>
</tr>
<tr>
<td>UNDP</td>
<td>United Nations Development Programme</td>
</tr>
<tr>
<td>UNFPA</td>
<td>UN Fund for Population Activities</td>
</tr>
<tr>
<td>UNICEF</td>
<td>United Nations Fund for Children</td>
</tr>
<tr>
<td>UNIFEM</td>
<td>United Nations Development Fund for Women</td>
</tr>
<tr>
<td>VCTC</td>
<td>Voluntary Counselling and Testing Centers</td>
</tr>
<tr>
<td>WHO</td>
<td>World Health Organisation</td>
</tr>
</tbody>
</table>
UNIFEM is the women's fund at the United Nations. It provides financial and technical assistance to innovative programmes and strategies to foster women's empowerment and gender equality. Placing the advancement of women's human rights at the centre of all of its efforts, UNIFEM focuses its activities on four strategic areas:

• Reducing feminized poverty;
• Ending violence against women;
• Reversing the spread of HIV/AIDS among women and girls;
• Achieving gender equality in democratic governance in times of peace as well as war.

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Sequin work on chiffon sari by Bhimavaram Mahila Samithi members