Far away there is me highest aspration.
I may not reach them, but I can look up and see their beauty. 
believe in them and try to follow where they lead.

- Louisa May Alcott

shaping a new reality

A Vision Document of the Positive Women Network, India - December 2004
ACKNOWLEDGMENTS

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The formation of the Positive Women Network (PWN+) as a national network of women living with HIV/AIDS was possible due to the sustained and relentless efforts of
Kavita, Varalakshmi, Asha, Shabana, Bindu, Deepa, Padmaja, Shanti, Suneela, Pita, Udita, Janaki, Inna, Chontia, Swapna, Ranuka, Namita, Anu, Nicole, Sudha, Meena, Priya and the active participation of 3000 other women from such diverse states as Tamil Nadu, Karnataka, Maharashtra, Kerala, Gujarat, West Bengal, Manipur, Assam, Mizoram, Nagaland, Andhra Pradesh, Orissa, Rajasthan, Delhi, Haryana and Goa.
Our Vision is that women living with HIV/AIDS and their children should have the absolute right to live a life of dignity, in an environment free of any stigma and discrimination and that we succeed in mainstreaming our concerns to enable women to access their fundamental constitutional rights, especially the rights to equality, health, education, livelihood, to form association, enhance participation and be protected from violations and neglect.

\[\text{We dedicate this "Vision" to the many struggles waged by women living with HIV/AIDS in different parts of the country. These random sharing are testimony of our collective determination to overcome the human rights violations we have suffered so as to forge a more inclusive future for ourselves. Many of these are experiences from high prevalence areas like Tamilnadu, followed by other states, which represent similar experiences of women from all over the country.}\]

\[\text{Kanaka, TamilNadu: Denied marriage by choice}\]
\[\text{Lived experience:}\]
\[\text{I am 15 years old. My parents died of HIV related illnesses. My relatives looked after me. They have now got me married to a man at his third wife. As I cannot give any dowry and are not in a position to select my husband on my own, my life and my right to choices has been taken out of my hands. (National consultation - 2004 - Thiru)}\]

\[\text{Aspiring for: Right to marry of own choice}\]
\[\text{Constitution: Article 21 - Right to life and liberty}\]
\[\text{CEDAW: Article 16 - Women have the right to freely choose a spouse and enter into marriage only with their free and full consent.}\]

\[\text{Malini, TamilNadu: Denied dignity and a life of access to life skills and opportunities for employment.}\]
\[\text{Lived experience:}\]
\[\text{A person who promised me a job sold me into commercial sex work. When I tasted HIV positive, I was thrown out of the place and had to return home. My family was not in a position to support me. Moreover, I have a younger sister and they did not want her future to be affected due to me. So I was sent away. I have no one to support me. (PWN+ office - 2001 - Chennai)}\]

\[\text{Aspiring for: Right to a life of dignity and access to life skills and opportunities for employment.}\]
\[\text{Constitution: Article 15, Article 21}\]
\[\text{CEDAW: Article 1 - Discrimination against women means any distinction, exclusion or restriction made on the basis of sex...}\]
Sumathi, Tamilnadu: Denied Right to Healthcare and Right to Confidentiality

Lived experience:
I was pregnant when my HIV status became known to me. The doctors at a private hospital where I was going for antenatal care told me to have a hysterectomy. When I refused, I was referred to a Government hospital where I began taking treatment in the PPTCT department. At the time of delivery, the doctor in the hospital wanted me to wait for a normal delivery. But I was very uncomfortable and requested them to conduct a caesarean section, as I wanted to make sure that my baby was born without any problem. The doctor did not heed my request. Finally, after nine days of pain, a caesarean was done but it was too late for my baby. He died half an hour after he was born. Moreover, because of the delay in conducting the delivery, the people working in the hospital came to know my status and my confidentiality was breached. Now the community where I used to live has ostracized my husband and me. (Case study documentation - 2004- Dindigul)

Aspiring for: Right to treatment and access to health care. Right to confidentiality.

Constitution: Article 14 - All women are entitled to equality before law.... Article 21 - All citizens have a Right to privacy and confidentiality.
CEDAW: Article 12 - women have the right to access health services

Ramesh, Tamilnadu: Denied access to life skills and opportunities for employment

Lived experience:
I am a young woman living with HIV. Following my husband's death, my family does not allow me to go anywhere. Representatives of the network have repeatedly invited me to group meetings and training programmes. But I am unable to attend them regularly because my family and neighbours suspect me of being involved in commercial sex work if I go out. So, I am unable to earn anything to support myself. (Visiting Workshop - 2004- Guwahati)

Aspiring for:
Right to life skills and access to opportunities for employment

CEDAW: Article 16 - Women are entitled to opportunities....
Yashoda, Gujarat: Denied information, counseling and the right to reproductive choices
Lived experience:
My husband died 2 years ago. My 4-year-old son and I are living with my parents. My in-laws are very rich. But they refuse to allow me to live with them. After I delivered my second child I came to know that I had been tested HIV positive in 1996 itself but this fact had not been revealed to me by either the doctors, my husband or his family. My child is negative. But what if he had become positive? Whose responsibility is it? (Legal Literacy Workshop - 2004 - Surat)

Aspiring for: Right to information, proper counselling and reproductive choices.

Constitution: Article 21 - Right to life and liberty
CEDAW: Article 16: Women are entitled to specific educational information to help to ensure the health and well-being of families.

Kamala, Kerala: Denied right to security of children
Lived experience:
When I was 11 years old my parents got me married to a relative of mine despite my protest. I was treated very badly and had to return back to my mother's home. I was therefore not able to study. Then, I got married again and during my fifth pregnancy, I tested HIV positive. I now live alone with my two children, with very little income. I am worried about the future of my children. What will happen to us if I continue to fall ill? I don't have any financial or emotional support that I can count on. (Legal Literacy Workshop - 2003 - Ernakulam)

Aspiring for: Right to security of children

Madhu, West Bengal: Denied privacy and right to confidentiality
Lived experience:
My husband and I tested HIV positive when he fell sick. When we went to the Government hospital for treatment, the doctor told us that the media would take our photos. We were very scared, as we did not want other people to know about our status. The doctor said that they would not ask anything, but only wanted to take a picture of us. We had no choice in the matter. The media person asked us questions about our personal life, which we found very uncomfortable to share. We feared that if we had refused the doctor we would find it difficult to go back to the same hospital. (Policy Workshop - 2004 - Chennai)

Aspiring for: Right to confidentiality

Constitution: Article 21: All women have the right to privacy and confidentiality.

Child Rights Convention: Article 16: State parties are required to ensure the right to non-disclosure to third parties.

Taruna, Gujarat: Denied share in matrimonial household and property
Lived experience:
I am a 23-year-old widow living with HIV. I live with my in-laws and brother-in-law in a village in their ancestral home. They have given me a small room with a separate entrance. I work in the HIV field as a counselor. I have no children. I have asked my in-laws to give me a share in the property so I have to fend for myself. But they have so far refused. Whenever I come back late from work they lock the gate. They have also spread rumours that I am a commercial sex worker; I don't know how long I would be allowed to stay there. (Legal Literacy Workshop - 2004 - Surat)

Aspiring for: Right to property

CEDAW: Article 16: State parties shall... ensure women the same rights for both spouses in respect of ownership, acquisition, management, administration, enjoyment and disposition of property.

Meenakshi, Manipur: Denied access to drug rehabilitation services
Lived experience:
I am a young woman living with HIV. My husband used to be a drug user but after attending a rehabilitation centre he stopped taking drugs. Now he has relapsed again, and I am finding it very difficult to manage with the issue of HIV, drugs and being a woman. Many of my women friends, some of whom were forced by their spouses into alcohol addiction, have also relapsed, but as there are very few rehabilitation centres available for women, they are unable to access rehabilitation services. (Visioning Workshop - 2004 - Gomati)

Aspiring for: Right to access drug rehabilitation services

Constitution: Article 14: All women are entitled to equality before law.

CEDAW: Article 12: All women have the right to access health care services including those of family planning.
Taking Stock -
Gains and Achievements

Gains and Breakthroughs

In 1998, we formed the Positive Women’s Network.

In 1999, we began actively working in Tamil Nadu.

In 2000, we emerged as the face of WLHA in Southern India.

In 2001, we evolved as positive youth ambassadors.

In 2002, we organized the first National Consultation on WLHA.

In 2003, we expanded as far as Maharashtra.

In 2004, we are becoming a national organization and hoping to realize even bigger dreams.

Coping with stigma and discrimination, Accessing basic entitlements and safeguards

In the journey of life, we have moved on from being “traumatized” individuals to an empowered collective. A journey that must go on to enable almost two million women living with HIV/AIDS to lead a life of dignity, self-fulfillment, free from stigma, discrimination and exploitation.

In 1998 the PWN+ consisted of 10 founder members, predominantly from Tamil Nadu. Today in 2004, we have more than 5000 WLHA as members, many leaders and frontline workers from Karnataka, Kerala, Andhra Pradesh, Maharashtra, Gujarat, Manipur, West Bengal, Assam, and Orissa. The launch of a National Network of Women Living with HIV and AIDS is truly a historic moment for us.

During this journey we have forged public-private partnerships, collaborated with diverse stakeholders representing NACO, UN agencies, international and bilateral agencies, government departments, municipal corporations, district administration, self-help groups, faith-based organisations, civil society groups, corporate institutions and professional associations.

Kousalya, President, PWN+

Tamil Nadu - The Network has collaborated with Tamil Nadu State AIDS-Centers Society (TANACS), NPE, TNWDC, DRDA, the Social Welfare Board, Ministry of Education, Ministry of Health, District collectors, National Commission for Women, Center for Advocacy and Research, government hospitals, law enforcement agencies, government schools, colleges and the media.

In 2004, women living with HIV/AIDS have been actively spearheading women-friendly services in VCTC and STD Department in government hospitals.

As counselors we have been able to make a big difference in 5 districts of Tamil Nadu. We have helped women who tested positive to deal with the initial trauma and shock and subsequently helped them to adopt a “positive” life style. Today we can claim that we have succeeded in changing the mindset of 135 mainstream health care professionals and in motivating and sensitizing over forty counselors to adopt appropriate counseling techniques for positive women. We have been doing this through regular meetings with counselors where we share our experience and update them on ARV, opportunistic infections, human rights and women’s empowerment.

Karnataka

The Network has worked with RSAPS, WDC, Department of Health and Family Welfare, Swasthakshara Mahila Sangh, sex workers collectives, both government and private schools, colleges, factories, the media, organization workers and government and private hospitals at the district and taluk levels.

Members of the Positive Network have been collaborating with many institutions including - over 8000 teachers from 4000 schools, staff in 6 colleges and the medical staff in 15 hospitals at the district level and 10 at the taluk level and over 200 advocates and 3 judges. During these interactions WLHA have been sharing their experiences with the mainstream institutions. Hospital authorities and medical associations are now inviting its members as resource persons to talk to doctors about the experiences of WLHA being denied treatment and subjected to indignities. As one member said, “I use these opportunities to prevail upon them to overcome their fear of HIV/AIDS and adopt a more scientific approach such as universal precautions.”

Kerala

The Positive Network has collaborated with VICTC and PPTCT counselors, SACs, human rights organizations, government hospitals, local clubs, schools, colleges, and diagnostic centres.
In 2004 the Positive Network in Kerala achieved a meaningful breakthrough when it conducted a public hearing with support from the National Commission for Women to address the concerns of women living with HIV/AIDS. For the first time the concerns of positive women received public recognition and support and the women’s collective felt empowered. This initiative brought together important stakeholders from various sectors and enabled our voices to be heard.

The Network has also succeeded in collaborating with the National AIDS Research Institute in providing facilities for CD4 testing for PLHWA free of cost, which otherwise costs Rs. 400.

The Network has at the behest of the Municipal Corporation established a center for the Directly Observed Treatment Support Program (DOTS) in Pune.

**Gujarat**

The Network has active partnerships with urban and rural bodies, media, corporate groups, community members, politicians, cultural organizations, and event management agencies.

The Network has succeeded in establishing partnerships with business groups. Reliance Infocomm has supported a manual on “Nutrition for People living with HIV/AIDS,” and the capacity building of women living with HIV/AIDS.

It has also been able to raise Rs. 3,00,000 through a fund-raising event during the Navratri festival.

In another interesting endeavor, the Network has helped women to exercise their personal rights, especially the right to marry. Four PLHWA have chosen their marital partner through a marriage bureau managed by the Network. Encouraging this endeavor one member said: “I have got married to another person living with HIV and living a very happy life. This was possible due to the active efforts undertaken by the network members of my state. They helped us to break the reservation that both the families harbored and now everyone is not only reconciled to the decision we made but are actually happy about it.”

**Rajasthan**

The Positive Network has been working actively with SACs, international agencies, and the media...

**Assam**

Government support in Assam is significant. This has enabled the Network to collaborate with SACs, NGOs, media, politicians, colleges, and government hospitals...

Processes have been initiated for building the capacities of women living with HIV/AIDS. The Network has also been working towards de-stigmatizing HIV/AIDS by involving key actors from the SACs, educational institutions, and the NGO community.

**Manipur**

The Network has worked with drug rehabilitation agencies, NGOs, families and communities, hospitals, SACs, industries, faith-based organizations, government hospitals, NGOs, funding agencies, sex workers’ collectives...

In Manipur, where women affected and infected by HIV/AIDS previously had no means for accessing support, a safe space has been created for them within the Network premises where they can seek support and share their concerns.

Meanwhile a separate support group is being created to address the lack of support faced by affected families in the state.

The Network’s unique endeavor of creating awareness about HIV/AIDS through songs has become very popular and has received great support from the general public in Manipur.

**West Bengal**

In Bengal, the Missionaries of Charity have extended support to positive women and children and by providing them with short-stay shelter, free medicines for CD4 and VCTC services. The Network has meanwhile initiated craft-based income generation programmes for women living with HIV/AIDS.

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**Highlights**

The representation of the Positive Women Network in the Parliamentary Forum on HIV/AIDS in New Delhi in 2005 has been a tremendous breakthrough in political advocacy for the issues of women living with HIV.

The SACS of Tamil Nadu and Maharashtra (MDACS) have included members of the Positive Women Network on the executive bodies addressing issues of HIV and AIDS.

The establishment of strong Women’s Forums as part of the Positive Women Network in the states of Karnataka, Maharashtra and Manipur has led to increased and sustained efforts in addressing our issues.
We reaffirm the need for Scaling up the Network. Building a Nation Wide Consensus on Common Objectives and transforming the Strategies and Enabling Processes and Activities into a reality.

Strategic Goals:
- To reach out and empower women living with HIV/AIDS by creating a national network that enables positive women to advance their concerns in a unified and coherent manner.

Tracing the Process:
The Positive Women Network with technical guidance from the Indian Network for People Living with HIV/AIDS (INPW) conducted three regional workshops in the North (New Delhi, North East (Guwahati) and South India (Chennai) aimed at developing a unified vision document for the national network. This vision-setting exercise has enabled network members to arrive at strategic goals, spell out core objectives and agree upon practical strategies and activities.

Practical Objectives:
- To build an active national network of women living with HIV/AIDS representing the different states, diverse support groups and collectives from rural, urban and tribal areas.
- To work towards the societal acceptance and social integration of women living with HIV.
- To improve delivery mechanisms and transmission of information on HIV/AIDS prevention, care and support to women living with and vulnerable to HIV/AIDS.
- To improve access to services for women living with HIV/AIDS by providing counseling, treatment, and general health care and drug rehabilitation.
- To reduce and eliminate stigma and discrimination and protect the human rights of women living with HIV/AIDS in all settings-household, community, hospitals, work place and educational institutions.
- To provide affirmative action for women living with HIV/AIDS in the area of livelihood, employment, vocational training and credit inputs.
- To ensure access to quality education, health and safety for children living with and affected by HIV/AIDS in an environment without bias.

Strategies:
- Strengthen community outreach systems to identify and enhance the greater involvement and participation of women living with HIV/AIDS.
- Scale up advocacy initiatives based on the experiences of women living with HIV/AIDS and the innovative strategies and interventions undertaken by the Positive Women Network and each of the state chapters.
- Network with like-minded, supportive and influential institutions, stakeholders and groups that can address the concerns of women living with HIV/AIDS.
- Improve delivery mechanisms and modalities of all types of services for women vulnerable to living with HIV/AIDS.
ACTIVITIES

I. Building an active national network of women living with HIV/AIDS:

- By evolving area-specific outreach strategies to identify and interact with women living with HIV/AIDS. This will include identifying appropriate and safe spaces for individual interactions and support group meetings.
- Providing constant advocacy by updating and documenting the experiences of women living with HIV/AIDS and the effect that the intervention made by the Network is having on women living with HIV/AIDS.
- The regular updating of advocacy strategies and scaling up of necessary support systems.
- Identifying and enhancing the capacity of network members so as to enable them to do effective advocacy and also train them to become part of the Positive Speakers Bureau.
- By evolving working groups to focus on issues specific to commercial sex workers, women IDUs, and children.
- Networking with like-minded organizations, stakeholders, and fostering effective partnerships and alliances.

“...I was very hesitant to speak in public...”
- Roopa - 2004
- Kolkata

2. To work towards the societal acceptance and social integration of women living with HIV/AIDS:

- By advocating with government and non-government agencies to create awareness from a rights-based approach and to avoid the use of approaches that are fear-based and focused on morality in their existing messages.
- Providing information to the society about HIV and AIDS, positive living, available treatments, and reproductive health to create awareness for social acceptance.
- Involving district co-ordinators and prominent personalities for ensuring acceptance of the issue at the grass root level.
- Advocating with DRLA and Women Development Corporations and organizations to sensitize and support community self-help groups on issues affecting positive women, especially in rural areas.

Networking with and sensitizing women’s organizations to include issues of HIV/AIDS in their agenda irrespective of their area of activity.

By advocating with state governments and concerned ministries across sectors to incorporate the concerns of women living with HIV/AIDS in their existing initiatives and programmes.

Focus on family involvement initiatives including family meetings, family counseling services and positive re-enforcement of the support provided by family members.

“...In 1999, I paid Rs. 7000 to a lawyer in a local court in my district to handle my case relating to property...”

- Chitra - 2004
- Hyderabad
3. Improving delivery and transmission of information on HIV prevention, care and support to women living with and vulnerable to HIV.

- Documenting the experiences of WLHA who were affected due to a lack of information in order to highlight the role of providing information from a lifecycle approach.
- By advocating with the Ministry of Information and Broadcasting, SACOs, political leaders, elected representatives, and other service providers for strategies, policies and initiatives that will provide improved access to quality information for women and girls.
- Leveraging with Government hospitals, primary health care centres, sub-centres at the district and taluk levels and private hospitals to provide information on treatment, drug rehabilitation and community care with the active participation and involvement of the network.
- Providing accurate information to women and girls on basic facts of HIV, positive living, nutrition, treatments, available services, PPTCT services, testing facilities, reproductive Health and sex education and HIV prevention methods through state and district level networks.
- Promoting the development and distribution of locally relevant, appropriate IEC materials and formats i.e., street plays, puppetry, mime, and Mukhda naat that can cater to a large segment of literate women.
- Developing the skills of women living with HIV/AIDS to enable them to disseminate information on HIV/AIDS within the community using peer based approaches.
- Improving outreach of PPTCT services and information to WLHA at state, district and taluk levels through GIPA and by involving WLHA from networks in programme planning, implementation and evaluation.

"When I came to know about my HIV status I was pregnant and very confused as I did not have any idea about pregnancy and HIV. My child is almost 2 1/2 yrs and HIV negative. Information and access to PPTCT made all the difference."

Anjali - 2002 - Pune

4. To improve access to services for women living with HIV/AIDS by providing counseling, treatment, general health care and drug rehabilitation.

- By advocating with government to establish drug rehabilitation centers and harm reduction strategies that focus on the needs of women recovering from drug use and also provide spaces in existing centers.
• Advocating for the integration of PPTCT programmes in reproductive and child health care at state, district and taluk levels and access to ART STI and other gynecological treatments post delivery.

• Advocating with Government and private health care agencies to include WLHA as partners in research and trials conducted on care and support, to prevent any rights violation and to increase participation of WLHA.

• Promoting the importance of creating data base on opportunistic infections specific to women living with HIV and early detection, among health care providers and build capacities of women to prevent opportunistic infections.

• Identifying and creating linkages with health care providers, drug rehabilitation and treatment centers and medical professionals so as to sensitize them through training and interactions to the issues of all WLHA and consequently to promote referrals.

• Promoting involvement of WLHA in training programmes for doctors and the gender sensitizing of existing modules.

• Establishing peer-based counseling and support services and improving the quality of existing government counseling services focusing on providing information on care especially PPTCT that is clear and specific to WLHA.

• Leveraging with existing health care institutions and government organizations in order to develop the networks skills and capacities to provide home-based care, short stay shelter homes, community care centers and drug banks.

• Advocating with government for improved access to ARV adherence support systems for WLHA through network partnerships.

• Advocating for providing supplementary food support for WLHA during pregnancy and post delivery, and to the infant after 4 months to enable the infants and mothers to lead healthy lives.

3. Reducing and eliminating stigma and discrimination and protecting the human rights of women living with HIV/AIDS in all settings, household, community, hospitals, workplace and educational institutions:

• Documenting the human rights experiences of women living with HIV/AIDS, highlighting success stories and breakthroughs relating to supportive attitude towards positive women and publicly disseminating these experiences through media and other professional forums. 

• By conducting Human Rights and legal education for women living with HIV/AIDS.

• Building partnerships with and sensitize women’s organizations, self-help groups and gender based community organizations on preventing violations against positive women.

• Sensitizing and advocating with the media on the issue of stigma and discrimination against women living with HIV/AIDS.

“I am a women living with HIV, I have no means of supporting my child’s medication who is also HIV positive. The network is now providing for my child’s ARV treatment with support from Resource linkages.”

-Geetha - 2004- Surat.

Advocating with decision makers across nodal and related ministries and departments such as Department of Women and Child Development, Ministry of Social Justice and Empowerment, law enforcement bodies and legal aid centers.

Advocating with policy makers to bring about changes in discriminatory laws to empower women living with HIV/AIDS with statutory rights and entitlements.

Developing appropriate and gender sensitive IEC campaigns on the rights of women living with HIV/AIDS.

Advocating for revising existing legislations on trafficking, and drugs, for safeguarding trafficked women and girls, women in prostitution, and women drug users against violence and discrimination.

Involving the mass media in spreading awareness on the services available for women vulnerable to and living with HIV/AIDS.

Networking with human rights organizations, advocacy groups, concerned associations and the media.

Providing services such as short stay shelter homes, family counseling and legal aid centers.

Organizing public hearings at state and district levels.
"Women living with HIV/AIDS were provided loans by the bank due to the support provided by the Women Development Corporation and the District Collectorate through linkages initiated by the network."

- Shantil 2003
Perumbalur

6. To provide affirmative actions for women living with HIV/AIDS in the area of livelihood, employment, vocational training and credit:

- By working with WDIC, Social Welfare boards, Ministries of Labor and Employment, DADO, SACI, vocational training organizations, employment agencies, self-help groups, banks, and industries, to build capacities among WLHA and identify employment opportunities within existing initiatives.

- Forming collectives of women living with HIV/AIDS to promote small savings schemes and encouraging self-employment to improve the quality of life.

- Establishing income generation activities at the network centers to encourage women to access other services being provided by networks.

7. To ensure access to quality education, health and safety for children living with and affected by HIV/AIDS in an environment without bias:

- By establishing services in all states for children of women living with HIV/AIDS, including - clinics for children living with HIV/AIDS, clubs for children, sponsorships for children's education, scholarships for higher education.

- Advocating with the Department of Education, schools, colleges, parents, teachers associations and youth groups to protect children against discrimination in educational institutions and sexual abuse.

- Establishing a rational mechanism to ensure the provision of quality education and health services to children of women living with HIV/AIDS and address issues of discrimination.

- Advocating for access to medications and pediatric formulations specific for children living with HIV and child counseling services and life skill education for all children irrespective of their HIV status.

- Advocating with government for nutrition support to children living with HIV/AIDS through existing schemes under Department of Women and Child and Ministry of Social Defense, and for increased access to vocational training support and opportunities for children living with and affected by HIV/AIDS.

- Strengthening the capacity of families to protect and care for orphaned and vulnerable children by prolonging the lives of parents and providing economic, psychosocial and other supports to carers.

- Mobilizing and supporting community based responses to provide both immediate and long-term assistance to vulnerable households.

- Ensuring that Governments protect the most vulnerable children through improved policy and legislation and by channeling resources to communities.

- Advocating for a financial safety net for children living with and affected by HIV especially girls, to ensure protection of their rights to education, employment and marriage.

- Developing and enforcing a supportive legislative framework for children.

"I am 13 years old I joined the LEH programme in my community and six months later I came to know that both my parents are HIV positive. Now I know how to cope with HIV as I have many friends in my group whose parents are HIV positive. I am now an affected child but I can understand and cope with my parents' status."

- Phoebe 2004
Muvakkad
<table>
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<tr>
<th>Abbreviation</th>
<th>Full Form</th>
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<tbody>
<tr>
<td>AIDS</td>
<td>Acquired Immunodeficiency Syndrome</td>
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<td>ART</td>
<td>Anti-Retroviral Therapy</td>
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<td>ARV</td>
<td>Anti-retro-viral</td>
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<td>CD4</td>
<td>Clonal Designation</td>
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<td>CEDAW</td>
<td>Convention on the Elimination of All Forms of Discrimination Against Women</td>
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<td>DOTS</td>
<td>Directly Observed Treatment Support Programme</td>
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<td>DRDA</td>
<td>District Rural Development Agency</td>
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<td>GPA</td>
<td>Greater involvement of people living with HIV/AIDS</td>
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<td>HIV</td>
<td>Human Immunodeficiency Virus</td>
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<td>IEC</td>
<td>Information Education and Communication</td>
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<td>INP</td>
<td>Indian Network for People Living with HIV/AIDS</td>
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<td>IDUS</td>
<td>Injecting Drug Users</td>
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<td>IGP</td>
<td>Income Generation Program</td>
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<td>Karnataka State AIDS Prevention Society</td>
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<td>Life Skill Education</td>
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<td>HDACS</td>
<td>Mumbai Districts AIDS Control Society</td>
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<td>MSM</td>
<td>Men who have sex with men</td>
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<td>NACO</td>
<td>National AIDS Control Organisation</td>
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<td>Non-government Organisations</td>
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<td>NSS</td>
<td>National Service Scheme</td>
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<td>OI</td>
<td>Opportunistic Infections</td>
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<td>PLWHA</td>
<td>People Living With HIV/AIDS</td>
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<td>PPTCT</td>
<td>Prevention of Parent to Child Transmission</td>
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<td>PWN</td>
<td>Positive Women Network</td>
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<td>RTI</td>
<td>Reproductive Tract Infection</td>
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<td>SACS</td>
<td>State AIDS Control Society</td>
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<td>STI</td>
<td>Sexually Transmitted Infection</td>
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<td>TANSACS</td>
<td>Tamil Nadu State AIDS Control Society</td>
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<tr>
<td>VCTC</td>
<td>Voluntary Counselling and Testing Centre</td>
</tr>
<tr>
<td>(TNWDC)</td>
<td>Tamil Nadu Women Development Corporation</td>
</tr>
<tr>
<td>WLHA</td>
<td>Women Living with HIV/AIDS</td>
</tr>
<tr>
<td>Taluk</td>
<td>Administrative division of a district</td>
</tr>
<tr>
<td>Nukkad natak</td>
<td>Street play</td>
</tr>
</tbody>
</table>
**Contacts**

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