Who we are

Established in 1993 with an International Secretariat in Brighton, UK, the International HIV/AIDS Alliance is a global partnership of people, organisations and communities working towards a shared vision that supports effective and integrated community responses to HIV and AIDS. This approach is based on the belief that those at the frontline of the struggle against HIV/AIDS must have the resources to take on the challenges that the epidemic presents.

The Alliance operates through a global network of in-country intermediary non-governmental organisations, known by the Alliance as Linking Organisations (LOs), who in turn work with partnerships and networks of NGOs and other community-based organisations (CBOs) to mobilise, facilitate and scale up sustainable community-based response to HIV/AIDS through building their capacity, and in the process, developing synergy of resources and the ability to collectively mobilise resources and influence policy at different levels. Through the joint actions of its partners, drawing strength from one another, the Alliance has established itself as a leading player in the global response to the epidemic.

OUR LARGER NETWORK

Since its establishment, the Alliance has worked with NGOs and CBOs in over 40 developing countries. The Alliance has provided financial support to over 2,500 projects, implemented by over 1,800 community and faith-based groups. At least a further 5,000 groups with project financing from other sources have been extended technical support by the Alliance.
Our Vision

The vision of the International HIV/AIDS Alliance is of a world in which people do not die of AIDS.

For us, this means a world in which all human rights are respected, where every person can live with dignity, and where communities have brought HIV/AIDS under control, preventing the transmission of HIV, accessing and providing care and support, and alleviating the impact of the epidemic.
Building on its Strategic Framework for 2005 - 2007, the Alliance is committed to preventing HIV infection, facilitating access to treatment, care and support and mitigating the impact of AIDS, through local leadership, commitment and responsibility, and supported by knowledge, learning and resources drawn from local and external sources. The Alliance prioritises the meaningful involvement of people living with HIV/AIDS in all aspects of our response to the epidemic - including the reduction of vulnerability, stigma, violence and discrimination; and, the strengthening of community capacity to respond to HIV/AIDS and other health, development and human rights priorities. In particular, the Alliance prioritises work with Key Populations (KPs) in both high and low prevalence countries, and seeks to develop partnerships with them. By Key Populations, the Alliance means those most likely to affect epidemic dynamics and/or who are most affected by HIV/AIDS. Emphasis is placed on strengthening "social capital" within these groups by supporting them to establish, manage and sustain their own community-based organisations to work with their peers.

In fulfilling our mission, the Alliance has been a significant contributor to the achievement of the Millennium Development Goals and to the goals set out in the Declaration of Commitment on HIV/AIDS of the United Nations General Assembly Special Session, June 2001.
Alliance In India

The International HIV/AIDS Alliance initiated partnerships in India in 1999 with the establishment of a country office in Delhi. In 2000, the Alliance and its Linking Organisations (referred to as Lead Partners (LPs) in India), started the home and community-based care and support programme, with financial support from the European Union and the Abbott Fund Step Forward Program. The programme was the first of its kind in India to mobilise and provide innovative, effective and low-cost care and support to people living with HIV/AIDS (PLHA), children affected by HIV/AIDS and their families in 3 states - Andhra Pradesh, Tamil Nadu and Delhi. In 2002 and 2003, the Alliance initiated two focused prevention programmes - the Frontiers Prevention Programme (FPP) and Avahan (India AIDS Initiative) - in Andhra Pradesh with support from the Bill and Melinda Gates Foundation. The programme is being implemented and managed by the Alliance's Andhra Pradesh office in close collaboration with the Andhra Pradesh State AIDS Control Society. A pilot programme in Manipur state to implement care and support and improve access to treatment for injection drug users and PLHA was started in 2004. In early 2006, the Alliance initiated new partnerships in Punjab state with additional programming focus on women and HIV/AIDS, supported by DFID.

The India HIV/AIDS Alliance's programmes in four states concentrate on prevention, low-cost community-based HIV/AIDS care and support, and impact mitigation through increasing access to treatment. This is complemented by state and national level advocacy efforts to build on and support community level action on HIV/AIDS.
**Key Facts - AIDS in India**

It is estimated that 5.13 million people in India are living with HIV/AIDS, accounting for almost 13% of the global HIV prevalence. Of these, 2 million are women and more than 100,000 are children.

With an overall national HIV prevalence of about 0.91%, India is considered to be a low prevalence country by global standards, but this masks regionalised HIV/AIDS epidemics throughout the country. A total of 111 districts now have an HIV prevalence rate above 1%, making HIV/AIDS a generalised epidemic in these areas. With a population of over 1 billion, the HIV epidemics in India will have a major impact on the overall spread of HIV in Asia and the Pacific and indeed worldwide.

In India, most people living with HIV/AIDS (69.4%) are from six high prevalence states (Andhra Pradesh, Tamil Nadu, Maharashtra, Karnataka, Manipur and Nagaland). The predominant mode of transmission is through heterosexual sex, which accounts for 85.9% of HIV cases. This is followed by perinatal transmission (3.6%), injection drug use (2.4%), infected blood and blood products (2.2%), and a further 6.0% which are unknown.

The epidemic continues to increasingly affect women, with 39% of all HIV infections occurring in this group, contributing to an increasing risk of perinatal transmission. UNAIDS estimates that 170,000 children below the age of 15 years are HIV-positive and an additional 2 million have been orphaned by AIDS, having lost one or both parents to the epidemic.

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**Key Programme Highlights in 2005-06:**

- 4 States covered (Andhra Pradesh, Tamil Nadu, Delhi and Manipur)
- 40 Districts covered
- 57 Implementing NGO Partners
- 12,990 children affected by HIV/AIDS reached by the care & support programme
- 15,249 people living with HIV/AIDS reached
- 50,000 other KP members reached by the focussed prevention programme
- 60 community-based clinics & 65 community-managed drop-in centres operational in Andhra Pradesh
- 200 child support groups operational in Delhi, Andhra Pradesh & Tamil Nadu
- 36 Community Based Organisations formed by KP members
- 25,300 STIs treated
- 5,830,502 condoms distributed

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**Alliance's lead partners:**

- Vasavya Mahila Mandal (VMM), Andhra Pradesh
- MAMTA Health Institute for Mother and Child (MAMTA), Delhi
- Palmra Workers Development Society (PWDS), Tamil Nadu

**State level partner:**

- Social Awareness Service Organisation (SASO), Manipur
Evolution of the India HIV/AIDS Alliance

1997 - 1998: Gaining a foothold
The International HIV/AIDS Alliance began its assessment of programme needs in India in consultation with the National AIDS Control Organisation (NACO), the State AIDS Control Societies (SACS) and selected donors. Support to NGOs from the Alliance began in 1997 with partners including YRG Care, the Naz Foundation (India) Trust, the Indian Network of People Living with HIV/AIDS (INP+), Sangram and Sharan. The focus of the support was not only to document and share partners' expertise but to also build the capacity of their organisational systems which would enable them to work more effectively with marginalised and vulnerable groups at the community level.

1999 - 2001: The Formative Years
1999
The India HIV/AIDS Alliance was formally incorporated and established with a country office in Delhi. Support to partner NGOs continued but, through increased collaborative efforts, the Alliance also began to assess the individual needs of key population groups, including people living with HIV/AIDS (PLHA), men who have sex with men (MSM) and sex workers.
2000-2001
The home and community-based care and support programme was initiated in Delhi, Tamil Nadu and Andhra Pradesh for people living with HIV/AIDS, with support from the European Union. The programme was initiated by 3 national NGOs, working in the capacity of Alliance Lead Partners (LPs), and implemented through their networks of implementing NGOs (NGOs) and supported with substantial technical support from the Alliance. Funding from Abbott Laboratories’ Step Forward Programme was established which complemented existing care and support efforts with greater emphasis on working with orphans and other vulnerable children and their families. These two programmes contributed to expansion of the NGO partners, not only in terms of new partnerships but also increased activities—including the introduction of innovative participatory community assessments, designed to enhance community involvement in project design and implementation.

This established the Frontiers Prevention Programme (FPP), a global International Alliance intervention project of which the Alliance in India was one partner, and later the Aavaan (India AIDS Initiative) programme. LEPRO India was identified as a major new partner in Andhra Pradesh to support the implementation of FPP.

2004-2005
The home and community-based care and support programme continued to scale up reaching significant new numbers of PLHA, family members affected by AIDS and children affected by AIDS. The Alliance also expanded its geographical reach into a new state with the start-up of a pilot programme for injection drug users, PLHA and their families in Manipur state. The Alliance’s focussed prevention programme in Andhra Pradesh reached a critical mass with expanded coverage to 34 sites across two regions of Andhra Pradesh (Rayalseema and Telengana) and the induction of 24 implementing NGOs. In 2005, 28,000 key population members were reached through this programme.

In the area of advocacy and learning, the Alliance and its LPs played significant roles in influencing and contributing to the design and planning of Phase III of the National AIDS Control Programme including convening and participating in working groups and on the Steering Committee. The Alliance in India also initiated a consultative process with civil society groups to inform on their role in supporting the NACP III process, creating greater understanding and ownership of the process. Working with civil society was a significant feature of other Alliance advocacy and learning activities in 2005 including facilitation of a national

2002 - 2005: Expansion and Further Organisational Development
2002-2003
In order to respond to the increased demand for care and support in existing communities, the care and support programme was further scaled up through expanding geographical coverage, increasing the number of services and increasing the number of implementing partner NGOs across the 3 states to 34. The Alliance also initiated its large-scale focussed prevention programming with key populations (in particular MSM, sex workers and PLHAs) during this period with significant support from the Bill and Melinda Gates Foundation.
workshop on VCT and leading civil society partners in an advocacy meeting on their role within the Global Fund CCM. Participation in major conference and meetings by the Alliance and its partner NGOs at national and international level contributed to wider dissemination of innovative best practice and learning from India. For the first time, a 5 year Strategic Framework for India was developed and agreed by the Lead Partners and Alliance Secretariat in India.

2006 and beyond
Emerging priorities for the Alliance in India have been identified in line with national government priorities, particularly in the context of NACP Phase-III, international priorities such as the “Three Ones”, and within the context of the International HIV/AIDS Alliance’s global Strategic Framework. This includes increased focus on developing comprehensive HIV/AIDS programming, integrating HIV/AIDS with broader sexual and reproductive health, and addressing the feminisation of HIV/AIDS in India. The Alliance and its partners are also committed to scaling up and consolidating quality programming in all existing districts and sites in which they work; developing new programmes focusing on children; emphasising positive involvement (meaningful and greater involvement of PLHA and roll-out of a PLHA toolkit for NGOs); exploration of new partners and programmes in other states; and, strengthening of advocacy and learning efforts. New funding was received from DFID India and the Abbott Laboratories Step Forward Programme to scale up community-level HIV/AIDS efforts in existing states (Delhi, Andhra Pradesh, Manipur, Tamil Nadu) and expansion into one new state, Punjab. In line with the mandate of the global Alliance, efforts have been initiated to evolve the Alliance’s state level programme in Andhra Pradesh into a new Alliance Linking Organisation during 2006.
Where we Work

New Delhi
MAMTA Health Institute for Mother & Child (MAMTA)
5 implementing NGOs in 4 districts
www.mamta-himc.org

Andhra Pradesh
Alliance Andhra Pradesh Unit
24 implementing NGOs (including LEPRA Society) in 13 districts
Vasavya Mahila Mandali (VMM)
10 implementing NGOs in 5 districts
www.vasavya.com

Tamil Nadu
Palmymrah Workers Development Society (PWDS)
20 implementing NGOs in 13 districts

Manipur
Social Awareness Service Organisation (SASO)
2 implementing NGOs in 2 districts
Involving Key Populations

To effectively build and strengthen responses around HIV/AIDS, it is crucial to meaningfully involve the people who are most vulnerable to and affected by the epidemic. This involvement entails working with populations who are key to the dynamics of the epidemic, which are often marginalised within society and face greatest stigma and discrimination. These 'Key Populations' (KPs) often include sex workers, injection drug users (IDUs), men who have sex with men (MSM) and people living with HIV/AIDS (PLHA).

Highlights

The Greater Involvement of People Living with HIV/AIDS (GIPA)

A major component of Alliance-supported programmes has been efforts to build capacities of people living with HIV/AIDS (PLHA) to work within their communities as peer educators, care givers, volunteers or peer counsellors to deliver care and support services.

In 2004, the Alliance in India developed a new handbook to support NGOs and community-based organisations to support greater involvement of PLHA (GIPA) in their organisations. The handbook is based on a series of exercises and tools to support individuals and organisations in understanding the meaning of involvement and steps for organisations to meaningfully engage PLHA in their work. Several workshops were facilitated throughout India in 2005 by several members of the Alliance’s network of partners, including PLHA. In 2006, the Alliance will also be translating the GIPA toolkit into three regional languages (Tamil, Telugu and Hindi).
**Focussed Prevention in Andhra Pradesh:**
The package of interventions in the Alliance’s focussed prevention programme includes STI prevention and treatment services (including condom promotion), behaviour change communication and community-based essential AIDS care combined with community mobilisation, leadership training and empowerment. The programme works with sex workers, MSM, IDUs and PLHA. Since late 2003, Alliance has supported 24 NGOs across 73 sites in 13 districts reaching 22,190 sex workers, 12,074 MSM, 524 IDUs and 3,928 PLHA with project services.

**Technical Support Staff: Catalysts for Change**
Since 2003, LEPRA Society in Andhra Pradesh has trained and appointed 25 representatives from key populations to serve as Technical Support Staff (TSS). The role of TSS is to enhance the knowledge of STIs and HIV/AIDS amongst KP groups, providing support in prevention promotion and risk reduction (access to condoms and basic information on STIs and HIV/AIDS), promoting service delivery (identification and referral to voluntary counselling services and care), building solidarity among KPs (coordinating anti-stigmatisation work and identifying ‘safe spaces’ to discuss and share various issues affecting members of these groups).
Communities at the Centre
The Alliance in India’s work is based upon the involvement and input of communities at all stages and levels of programme and policy development. In doing so, communities come together and perform new roles where their knowledge is valued and can be shared both within and outside of the community.

Highlights
Community-based drop-in centre
With support from the Alliance, SASO has established a community-based female drop-in centre, linked to local health clinics including those providing anti-retroviral treatment (ARV) in Imphal, Manipur state. Moreover, through the establishment of community self-help groups (SHGs), SASO has succeeded in creating an enabling environment for IDUs and PLHA to meet and share their experiences and knowledge. Two male and two female SHGs have been formed which meet on a monthly basis and provide an invaluable opportunity for members to further increase their understanding and knowledge of HIV/AIDS.
Participation and Community-led Organisation Building

Under the focussed prevention programme in Andhra Pradesh, Participatory Site Assessments (PSA) have been carried out processes that involved members of the community collecting, analysing and sharing information - creating a basis for design and implementation. PSA while being an important means for designing an intervention was an empowering process that entailed reflection and analysis, leading to community mobilisation and a desire for action. Subsequently, the programmes have facilitated the formation of collectives and built capacities on occupation skills. A state level sex workers’ collective has been formed. Over 200 peer outreach workers and 27 Technical Support Staff are full time staff of the programme. Alliance’s focussed prevention programmes have created spaces for vulnerable communities within decision making bodies at different levels and have built their capacities to influence the environment.

MYTHRI

Providing Community-Based Clinical Services

The focussed prevention programme in Andhra Pradesh has worked continuously to involve communities and key population members in the decisions relating to design of the clinic brand name and identity in addition to the selection of clinic locations. Periodic feedback is sought from the community on their satisfaction with the services and STI service review committees (with majority community representation) have been established at each project site for this purpose. A Community Representative is appointed as the Clinic Administrator (on par with the clinic doctor), who, together with the doctor, ensures that services are responsive to community needs. As a result of making STI services community-centered, the quality of services has improved and patient flow increased significantly.
Handful of rice

The Alliance's home and community-based care and support programme in Tamil Nadu identified stigma and discrimination and food security and nutrition as key issues to be addressed in the community. In one implementing NGO, women's self help groups (SHGs) were encouraged to discuss and share experiences, and resulting from this was the evolution of an innovation “a handful of rice”. This is a contribution of “a handful of rice” every day by each community member into a special container held in each household. The rice is pooled fortnightly at SHG meetings. The collected rice is then distributed by the women, after identifying the most disadvantaged families in the community, usually a household affected by HIV/AIDS. This model has been replicated extensively by implementing NGO partners in the care and support programme across Tamil Nadu and Andhra Pradesh.

Currently there are over 1,012 women’s SHGs with over 10,000 members in Andhra Pradesh and Tamil Nadu, all of whom are engaged in mobilising local resources for supporting basic food requirements of PLHA and children & families affected by HIV/AIDS.
Community-led Information, Education and Communication (IEC) Development

The focussed prevention programme in AP has adopted an IEC development strategy that enables KP members to take the lead in identifying their needs and designing IEC materials accordingly. This was initiated with a 5 day IEC development workshop, attended by a cross-section of KP representatives (sex workers, MSM, PLHA and IDUs). The workshop provided the KPs with training and the opportunity to translate their experience and knowledge into messages for educating people (KPs as well as the general population) on HIV/AIDS. A wide range of IEC materials resulted from this workshop including flip-charts, posters, booklets, a mural, a calendar, a condom and lubricant packaging design and a series of short films.

Community foster care

The increase in the number of AIDS deaths in India has been accompanied by a growing number of AIDS orphans in Andhra Pradesh and Tamil Nadu. One implementing NGO in Andhra Pradesh initiated efforts to support children in the community, mobilising community members. This has been replicated and now 55 children orphaned by AIDS have been fostered by members of their community members across these 2 states. Recognising the rise in orphans and vulnerable children, the Alliance in India in 2005 conducted the first extensive research study on community foster care in India. This analysed the need for community foster care and also identified and assessed the options and constraints with recommendations for policy change and scaling up this care.
Integrated Approaches

The Alliance in India promotes an integrated and comprehensive approach to HIV/AIDS, converging with sexual and reproductive health and linking responses to the epidemic with community and development work. This approach also means supporting the spectrum of action on HIV/AIDS, including prevention, care, treatment and support.

Highlights

Linking Communities and Healthcare Services

Since the start of its partnership with the Alliance, PWDS and its implementing NGOs have successfully worked to integrate HIV/AIDS-related services into mainstream public healthcare services by creating linkages with government hospitals, voluntary counselling and testing (VCT) centres and anti-retroviral (ARV) treatment centres. As a result, people living with and affected by HIV/AIDS have reported increased access to these services. To increase livelihood opportunities of those infected and affected by HIV/AIDS, PWDS has also developed linkages with other government institutions to facilitate access to benefits for PLHA and/or families affected by HIV/AIDS from existing work-oriented schemes, and with informal community-based groups such as self-help groups (SHGs). Many Alliance implementing NGOs are also supporting the members of SHGs with small seed loans for establishing small businesses in their communities. The linkage and commitments to SHGs has ensured that there have been no defaulters in the programme since its inception.
Challenging Stigma and Discrimination

The work of the Alliance in India is based on the belief that everyone has a role to play in breaking down stigma and discrimination and creating an enabling environment for a more effective and sustainable HIV/AIDS response. Through the use of participatory methodologies, which seek to create open and empowering spaces for people to come together, the work of the Alliance places the power of change within the hands of communities.

Overcoming Stigma and Discrimination amongst Children

In coastal Andhra Pradesh, VMM has been at the forefront in working with children infected and affected by HIV/AIDS and addressing issues around stigma and discrimination faced by children in the community and at school. These groups provide a platform for children to talk about their grief, fear, anger, and ultimately their hopes, dreams and enhancing coping skills for children infected with or affected by HIV/AIDS. These groups are continuously evolving and children engage in many different activities including drama and street plays, music, art and life skills through which they are spreading HIV/AIDS awareness in their community.

More recently, VMM has worked with children in school support groups. Members include those affected or living with the disease in addition to other children who have used the knowledge gained in these groups to help reduce stigma and discrimination amongst their peers. Material support provided by VMM in the form of education fees, study materials, medicines and nutrition have also provided a positive foundation for children to build a brighter future.

In a similar initiative in Tamil Nadu, PWDS and its partners are supporting several Children’s Clubs that provide an opportunity for community members to also become involved and provide care and support services to children affected by HIV/AIDS. This process has been vital in reducing stigma reduction and increasing community participation and action in addressing issues relating to children and HIV/AIDS. In the same way as Children’s Groups, these clubs in each village help children affected by HIV/AIDS and other vulnerable children to share their feelings, fostering a feeling of togetherness that helps to improve confidence and self-esteem.

Highlights

Using Community Awareness Raising Campaigns

In Manipur, SASO has engaged healthcare providers, community leaders, and policy makers through sensitisation, trainings and advocacy to increase HIV/AIDS awareness and reduce stigma and discrimination. For example, SASO conducted a month long campaign, "We Shall Overcome" to reduce stigma and discrimination among injection drug users (IDUs) and people living with the disease. As part of this campaign, a short musical documentary was developed and reached more than 30,000 people in Imphal. The message, "I am positive, we shall overcome" has been a vital catalyst in the battle to alleviate stigma and discrimination.
Children as Leaders

State level working groups: Children in Action to Influence Policy

Following 2 years of conducting a peer education programme in Delhi, a participatory community review meeting was conducted with children by MAMTA. The children expressed a desire to advocate for their own issues directly to key stakeholders. Following this, MAMTA facilitated and supported the creation of a Children’s Working Group. In each of the implementing NGOs in Delhi, a group of 10-12 peer educators were identified. MAMTA provided technical inputs towards their capacity building and from this group of peer educators, 3 children were selected from each of the NGOs to form the Children’s Working Group and receive further training in leadership skills. Members of the Group advocated for their issues to government officials and other key stakeholders and policymakers at the state level through a children’s advocacy meeting facilitated by MAMTA in 2005. In 2006, the CWG will be further developed as a forum to follow up on the issues discussed at the state level training.

Influencing Policy through Advocacy

The experience and understanding of Alliance’s network of partners is an invaluable body of knowledge, which we use to inform national and international policies in order to create a policy and financial environment in which communities actively contribute to mitigating the spread and impact of HIV/AIDS.

Shaping HIV/AIDS Programming in India

During 2005, the India HIV/AIDS Alliance has been a key player in informing and influencing the development of Phase III of the National AIDS Control Programme (NACP-III). Members of the India Secretariat staff, the AP office and Lead Partners all served as members of the national design team, responsible for the overall development of NACP-III including participation and convening several key working groups including gender, youth, adolescents and children; Convergence of Reproductive and Child Health and HIV/AIDS; Targeted Interventions and STI/RTI Treatment. At the state level, the Alliance has also been actively involved in the development of Programme Implementation Plans in collaboration with the State AIDS Control Societies. In Andhra Pradesh, the Director of the Alliance Andhra Pradesh programme served as Convener of the working group on Targeted Interventions and contributed significantly to the drafting of the Project Implementation Plan under NACP-III.
Shaping Civil Society Responses

At the global level, the Alliance has been well represented in advocacy forums during 2005. The Director of the Alliance Andhra Pradesh programme and Director of MAMTA were selected to represent Indian civil society at the ‘Three Ones’ civil society consultation in Rio de Janeiro in September 2005. Learning from the Alliance’s focussed prevention programme was presented at a global stakeholder meeting on MSM in December 2005 with further representation at a regional IDU Round Table meeting in Chiang Mai in November 2005.

The India HIV/AIDS Alliance hosted a National Civil Society Consultation on the Global Fund in April 2005 in New Delhi which was attended by approximately 40 civil society representatives from across India. The consultation reviewed the existing Global Fund process in relation to civil society in India and developed recommendations for strengthening the participation of civil society in future Global Fund developments in India. Our work with the Global Fund since 2004 has been spearheaded by the work and contributions of Anandi Yuvaraj (Senior Programme Officer in the Delhi Secretariat) who has been a member of the Global Fund Board of Directors representing affected communities and also served as Chair of the Ethics Committee.
Advocating for Children's HIV/AIDS Issues
Since 2004, the Alliance in India has been one of the lead members in creating and facilitating a Policy Forum which aims to involve civil society organisations in raising issues and concerns related to children and HIV/AIDS and to work collaboratively in taking forward these issues to influence existing policies. To date, the meetings have identified key national policy priorities and mechanisms to strengthen collaboration between different players. All members of the Forum actively participated in the working group on children developing NACP-III.

Corporate social responsibility
Working with the corporate sector has been a new activity for the Alliance in India. At the state level, VMM have led the way in identifying, meeting and influencing the policies and practices relating to HIV/AIDS of a number of companies in Andhra Pradesh. This has resulted in the development of partnerships with companies that include Ramco Cements, Indian Tobacco Company, Satyam Computers and Krishna Chemical Products, with VMM supporting these companies in awareness raising efforts and implementing comprehensive HIV/AIDS interventions.
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Our implementing partner NGOs

**New Delhi**
- Salaam Baalak Trust (SBT)
- Child survival India (CSI)
- Prayatn
- Sahara
- Navjyoti Delhi Police Foundation

**Andhra Pradesh**

**Coastal region**
- Green Vision
- St. Paul’s Trust
- Sanghamitra Serving Society
- Action for Integrated Rural and Tribal Development Society (AIRTDS)
- Needs serving society
- Mahila Mandal
- Shadows
- Mahatma Gandhi Memorial Medical Trust
- Rotary Community Service Trust
Rayalseema and Telangana region

LEPRA India, Hyderabad
Rural Education and Community Health (REACH)
Self Help Employed Welfare Society (SEWS)
Grama Nava Nirmala Sanmiti (GNNS)
Modern Architects for Rural India (MARII)
Loci Multipurpose Social Service Society (LODI)
JAGRUTHI
Action for Girljan Development (AGD)
Human and Natural Resources Development Society (HANDS)
Centre for Rural Action (CERA)
Chaitanya Rural Education and Development Society
Adhoni Area Rural Development Initiative Programme (AARDIP)
Mission to Encourage Rural Development in Backward Areas (MERIBA)
Serve Train Educate People's Society (STEPS)
People's Action for Social Service (PASS)
Rural Reconstruction Society (RRS)
Hyderabad Leprosy Project (HYLEP)
Action for Integrated Rural and Tribal Development Social Service Society (AIRTDS)
People's action in Development (PAID)
People's Action for Creative Education (PEACE)
Adilabad Leprosy Project (ADILEP)
Action for Needy and Kindle the Illiterate through Action (ANKITA)
Chaitanya Educational and Rural Development Society (CERDS)

Tamil Nadu

Association for Integrated Rural Development
Valiyoor
Anabalym
Blossom Trust
Community Action for Social Transformation
Catherine Booth Hospital
Center for Action and Rural Education
Center for Social Reconstruction
Chevalier J.L. P Roche Victoria Memorial
Gramium
Imayam Social Welfare Association
Native Medicare Charitable Trust
Pache Trust
Rural Education for Development
Scientific Educational Development for Community Organization (SEDCO)
Seva Nilayam Society
Society for Serving Humanity
Society for Rural Development and Protection of Environment (SRDPE)
Women's Organization in Rural Development
Association for Integrated Rural Development Ramanathapuram
Arunigam Hospice

Manipur

Manipur State Voluntary Health Association

Our Donors

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