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# About UPSACS – Uttar Pradesh State AIDS Control Society

Uttar Pradesh State AIDS Control Society (UPSACS) was formally registered in the Year 1999 as a para-statal agency. The governing board includes the Principal Secretary (Medical and Health) as the President, Secretary (Health) the Vice President and the Project Director of UPSACS as Member Secretary. In all districts, District AIDS Control Committees (DACC) was formed with the District Magistrate as President and the Chief Medical Officer as Member Secretary. The state program is headed by the Project Director, who is from the Indian Administrative Services. The Project Director is assisted by an Additional Project Director and supported by a team of technical personnel who manage the different program components of surveillance, monitoring and evaluation, Integrated Counseling and Testing (ICTC), Anti Retro-Viral Therapy (ART), Targeted Interventions (TIs), Sexually Transmitted Infections (STI) Management, Information, Education Communication (IEC), Care and Support, Blood Safety, and Finance.

UPSACS envisions a state where every person living with HIV has access to quality care and is treated with dignity. Effective prevention, care and support for HIV/AIDS is possible in an environment where human rights are respected and where those infected or affected by HIV/AIDS live a life without stigma and discrimination. UPSACS has taken measures to ensure that people living with HIV have equal access to quality health services by fostering close collaboration with NGOs, women’s self-help groups, other government departments, corporate/private sector, positive people’s networks and communities, working to improve access and accountability of the services. It stands committed to building an enabling environment wherein those infected and affected by HIV play a central role in all responses to the epidemic – at state, district and grassroots level.

**The components of UPSACS:**

**Targeted Interventions**

Targeted Interventions (TI) are a specific set of intervention in HIV/AIDS Control Programmes meant specifically to reach out to groups seen to practice high-risk behavior (HRG). High Risk Behavior Groups (HRGs) are divided into:

Core Groups comprising of:

* Female Sex Workers (FSW)
* Injecting Drug Users (IDUs)
* Men having Sex with Men (MSM)

Targeted Interventions are implemented through partner NGOs/CBOs. The goal of NACP-3 is to saturate coverage of high-risk groups through TIs. It is estimated that if 80% of the high risk groups are reached, it would effectively lead to saturation coverage of HRGs.KD

Apart from the above mentioned core groups, interventions are also being carried out for groups of bridge population, viz.:

* Truckers,
* Migrants,

**Reaching to other vulnerable populations through Link Workers Scheme**  
The Link Worker Scheme (LWS) aims to saturate the reach of the HIV related services to the high risk groups based in the rural areas. As per the HSS 2007, it was identified that 57% of the PLHIV in India are estimated to be living in rural areas. This reinforced the requirement of an intensive rural based intervention for reaching the marginalized groups which remain uncovered even after the expansion of urban based prevention programmes. The LWS aims to address the complex needs of the rural HIV prevention, care and support requirements.

**Quality Management of Sexually Transmitted Infections (STIs)**  
Under NACP-III, a demand for STI services is generated through its awareness on one hand and on the other STI services are expanded through its integration with the Reproductive and Child Health (RCH) Programme. The Programme supports increased demand for the services through capacity building among the medical practitioners of primary healthcare centers, community healthcare centers, and the private regional medical practitioners providing STI services. In UP minimum STI and RTI services are available in all PHCs, CHCs, first referral units FRUs).The specialization of STI/RTI clinics is available in all Medical Colleges and most of the district hospitals. All TIs have established exclusive STI and RTI services and linkages with existing qualified service providers.

The "Suraksha Clinics" (formerly Designated STI/RTI Clinics) are established in 71 District Hospitals, 10 Medical Colleges and 5 District Female Hospitals in the state. In total 86 STI clinics are being supported by SACS.

**Integrated Counseling and Testing Centers (ICTCs)**  
HIV counseling and testing services are a key entry point to prevention of HIV infection and to treatment and care of people who are infected with HIV. When availing counseling and testing services, people can access accurate information about HIV prevention and care and undergo HIV test in a supportive and confidential environment. People who are found HIV negative are supported with information and counseling to reduce risks and remain HIV negative. People who are found HIV positive are provided psychosocial support and linked to treatment and care.

The main functions of an ICTC are:

1. Conducting HIV diagnostic tests.
2. Providing basic information on the modes of HIV transmission, and promoting behavioral change to reduce vulnerability.
3. Link people with other HIV prevention, care and treatment services.

**Blood Safety**

Human blood is an essential element of human life and there are no substitutes. Blood transfusion services occupy a vital space in any National Health Service delivery system. Blood is also a scare resource. The availability of safe and adequate blood saves lives.

If not properly screened, however, blood becomes a conduit for transmitting viral, bacterial and protozoan in sections e.g. hepatitis B, hepatitis C, HIV/AIDS, Syphilis and Malaria.

Characteristically, two categories of persons need blood transfusion: those with emergent requirements e.g. victims of road accident, civilian and military debacle and those with repeated, frequent and regular requirement e.g. patients with thalassemia, haemophilia, renal dialysis, sever anaemic and cancer patients who must undergo repeated transfusions are at great risk of acquiring transfusion transmitted infections. The only way to protect recipients of blood is to put in place structures, processes and procedures that will ensure access to safe and sufficient blood supply.

As per the WHO guidelines annual requirement of blood units is estimated at around 1% of the total population in developed countries or by the number of hospital beds; taking an average requirement of 7 units per be per annum. On the basis of number of hospital beds the annual requirement for Uttar Pradesh during 2010-11 was 7 lakh units of blood required. Of the total requirement the target was to collect 90% of the blood units through voluntary blood donation, including outreach. Roughly 50% was to be met through the Govt. Blood Banks and the remaining 50% was to be catered by the blood banks established in non-government sector.

**External Quality Assurance: (EQAS)**  
In order to maintain the quality of the laboratory services being provided through ICTCs and Blood Banks, EQAS is followed. EQAS forms an important part of the monitoring component for testing centers

**Care Support & Treatment**

**Opportunistic Infection Management**  
Since the HIV virus reduces the immunity levels of infected persons, People Living with HIV/AIDS (PLHIV) become more susceptible to certain infections that take advantage of the reduced immunity status – such infections are termed Opportunistic Infections. Opportunistic Infections like Tuberculosis, Candidial Infection, Herpes Simplex, Herpes Zoster, certain types of pneumonia, gastrointestinal infections, and certain malignancies are known to occur among PLHIV.

**Post Exposure Prophylaxis**  
Post Exposure Prophylaxis is advocated in case of accidental exposure to HIV, especially in case of health care providers.

**Drop-In Centers**  
The Drop-In Center concept developed for PLHIV is designed for providing counselling and psychological, emotional and social support to PLHIV and for enabling smooth linkages with the health care system. It is also meant to reduce stigma and discrimination and to bring PLHIV together so as to promote self-help groups to provide support system to the PLHIV and their families.

The care of HIV infected people is the most challenging aspect in HIV/AIDS prevention. The experience shows that to mobilize community support, intensive advocacy among PLHIV and networking among them for creating an enabling environment is essential. However still there are many people living with HIV/AIDS who hesitate to disclose their status due to fear of isolation and discrimination.

**Anti Retroviral Treatment (ART) Centre**  
Anti Retroviral Therapy comprise ARV drugs that are given to HIV infected individuals, once they have advanced immune-suppression defined by a CD4 count of below 350. ART suppresses viral replication, slows. Drugs for AIDS patients are available in the ART centre. Apart from ART, drugs for Opportunistic Infections and condoms are available with the ART centres. A total of 62,217 PLHIVs have registered at the ART centres out of which 22,452 are presently on ART.

**Monitoring and Surveillance**

Surveillance for HIV infection comprises of four broad areas: HIV Sentinel Surveillance, AIDS Case Surveillance, Behavioural Surveillance and Sexually Transmitted Infections (STI) Surveillance. HIV Surveillance closely monitors and tracks the level, spread and trends of the epidemic as well as the risk behaviours that predispose the growth of epidemic. Inputs from the robust sentinel surveillance system, routine AIDS Case reporting, and periodic behavioural surveillance surveys give direction to the programmatic efforts by showing the impact of the interventions and areas that need focus of different initiatives.

**Information, Education and Communication (IEC) and Mainstreaming**

Information, education and communication (IEC) combines strategies, approaches and methods that enable individuals, families, groups, organisations and communities to play active roles in achieving, protecting and sustaining their own health. Embodied in IEC is the process of learning that empowers people to make informed decisions, modify behaviours and change social conditions through increased levels of awareness.

The IEC activities are carried out through a variety of vehicles in the channels of mass media, outdoor media, mid media, interpersonal communication. The activities can be broadly categorised into awareness generation, counselling, trainings and advocacy.

Mainstreaming HIV/AIDS is a process which enables development actors to strengthen the way in which they address the causes and consequences of HIV/AIDS, through adapting and improving both their existing work and their workplace practices.

Twenty years of the AIDS pandemic has given us ample evidence of the two-way relationship between development and HIV/AIDS: development gaps increase people’s susceptibility to HIV transmission1 and their vulnerability to the impacts of AIDS; inversely, the epidemic hampers or even reverses development progress.

The growing understanding of this connection between AIDS and development has led to the realisation that, in addition to having programmes that specifically address HIV/AIDS, we need to strengthen the way in which development efforts address both the causes and consequences of the epidemic. The process through which to achieve this is called ‘mainstreaming HIV and AIDS’. It aims to adapt and improve development practice, so as to enhance its contribution to the fight against HIV/AIDS, and to protect development progress in an era of AIDS.

# ABOUT AIDS

<http://upsacs.in/StaticPages/fact_hiv.aspx>

<http://upsacs.in/StaticPages/signs_symptoms.aspx>

# DO’s & Don’t’s

<http://www.aids-india.org/dodont.htm>

<http://www.aids-india.org/dodont2.htm>

# FACTS

<http://upsacs.in/StaticPages/global_statistics.aspx>

<http://upsacs.in/StaticPages/india_statistics.aspx>

<http://upsacs.in/StaticPages/up_statistics.aspx>

# FAQ

From the site