BEST PRACTICE REPORT ON A CONCERTED, FAITH-BASED INITIATIVE

Scaling up toward Universal Access to HIV Prevention, Care, Support, and Treatment

The Catholic Church Response to HIV in India

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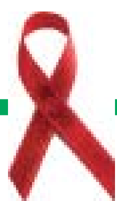
Commission for Health Care

Catholic Bishops' Conference of India

Supported by Catholic Medical Mission Board, New York



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Introduction

This "Best Practice" Report attempts to tell the story of the leadership exercised by the Catholic bishops of India, particularly through their national episcopal conference[1], and of the heroic and dedicated HIV-related service and teaching provided by Catholic Church-based organisations throughout the country. It also speaks of the unique relationships that motivated, nourished, and sustained this constantly-evolving response, including those with government, other faith communities, non-governmental organisations, and, most especially, persons living with and affected by HIV. This networking prepared the Catholic Church to exercise an even more assertive and stratregic role in future action to address the complex needs emerging from the pandemic and to prevent the further spread of the pandemic in this country.

The report was commissioned by the Catholic Medical Mission Board (CMMB)[2], located in New York, USA, which played a key role in supporting and encouraging the leadership of the Catholic Church in India to scale up its response the the HIV epidemic there. In addition to offering essential funding and technical assistance, CMMB was able to leverage contacts and opportunities and collaboration with other organizations. These new or intesified relationships assisted the Catholic Bishops' Conference of India and related Catholic organisations in the country to avail themselves of additional support in order to initiate, expand, and replicate the various Church-based programmes. Thus the Catholic Church in India assumed a "place at the table" as a key player in the overall national response to AIDS and as a major contributor to and facilitator of efforts to achieve Universal Access to HIV prevention, care, support, and treatment.

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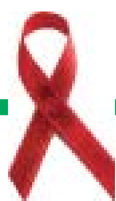
[1] The Catholic Bishops' Conference of India (C.B.C.I.) is the permanent association of the Catholic Bishops of India. It was formally constituted in September 1944 at the Conference of Metropolitans held in Madras. Its objectives are to facilitate coordinated study and discussion of questions affecting the Church, and adoption of a common policy and effective action in all matters concerning the interests of the Church in India. The C.B.C.I. reports having 212 members of whom 38 are honorary members. The 159 members with voting right consisting of 30 Archbishop - Metropolitans (including two Major Archbishops for the Oriental Churches), 125 Diocesan Bishops, 1 Co-adjutor Archbishop, 2 Co-adjutor Bishops, 12 Auxiliary Bishops and 3 Diocesan Administrators. http://www.cbcisite.com/who%20we%20are.htm

[2] Catholic Medical Mission Board (CMMB) describes itself as "… the leading U.S.-based Catholic charity focused exclusively on global healthcare. We have been working to help heal and save lives throughout the world since 1928. CMMB programs and initiatives concentrate on making healthcare available to all, and particularly on the well-being of women and children in the developing world." http://www.cmmb.org/Who/who.htm



Historical Overview of the HIV Epidemic in India

In his 2007 article about HIV in India[3], Dr. Robert Steinbrook, labeled this public health problem as a "complex epidemic". He made the point that, while the first identified case of HIV was noted some twenty years ago, only recently have the experts developed the capacity to discern its true extent and complexities. Dr. Steinbrook insists that one needs to view the HIV situation from the lens of the significant size of the population in this country – 1.1 billion people, or one-sixth of the world's population. In this regard, he quotes Dr. Denis Broun, UNAIDS country representative in India:

> It is not possible to control the overall HIV epidemic if it is out of control in India. Whatever success is recorded in India will immediately have an impact on the overall world situation just because of the sheer numbers.[4]

Dr. Steinbrook further maintained that one's view of HIV in India must be coloured by the fact that this is a "nation of contrasts". He offers support for this premise as follows:

> The economy is modernizing, but the culture is largely traditional. There are multiple religions and languages and long-standing patterns of behavior in relationships between the sexes. Violence against women is common and is "the most important structural issue for HIV prevention, according to Ashok Alexander, director of Avahan, the India AIDS initiative of the Bill and Melinda Gates Foundation. Discrimination by health care professionals against people with HIV also remains "a big problem", according to Sounya Swaminathan, deputy director of the Tuberculosis Research Center in Chennai. And many adults still say they have never heard of AIDS.[5]

Now let us briefly review some historical facts related to the HIV epidemic in India[6]**:**

- The first case of HIV disease was documented in India in 1986.
- Later that year, the Government of India established a National AIDS Society that, in 1992, was changed into the National AIDS Control Office (NACO) under the Ministry of Health & Family Welfare with the task of formulating a strategy for responding to HIV/AIDS in the country. It launched a National AIDS Control Programme (NACP) in 1987.
- NACO, established in 1992 by the Ministry with major support from the World Bank, is the implementing entity of the National AIDS Control Programme. Phase I of the Programme

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[3] Robert Steinbrook, "HIV in India—a complex epidemic," *New England Journal of Medicine,* 2007 March 15; 356(11):1089-93.

[4] *Ibid.,* p. 1089.

[5] *Ibid.,* p. 1090.

[6] "HIV/AIDS in India", HIV/AIDS Policy Fact Sheet, Kaiser Family Foundation, September 2006, http://www.kff.org/hivaids/upload/7312-03.pdf , which cites as well: Chandrasekaran P, Dallabetta G, Loo V, et al. "Containing HIV/AIDS in India: The Unfinished Agenda." *Lancet Infect Dis* Vol. 6, 2006; UNAIDS India Country Page: www.unaids.org/en/Regions_Countries/Countries/india.asp.; 7 UNAIDS India: www.unaids.org.in ; 8 NACO, *Annual Report 2002-2004 ;* WHO India: www.whoindia.org/EN/Section3/Section125/Section375_941.htm ; 10 Avert: HIV/AIDS in India: www.avert.org/aidsindia.htm.

started that year; Phase II followed in 1999. Phase III began in 2007.

- NACO has facilitated the development of 38 State AIDS Control Societies (SACS), which operate in all states and Union Territories and in three cities.
- The overall HIV/AIDS budget for NACO in FY 2005-2006 was US $103 million, and is expected to total US $138 million in FY2006-2007.[7]

Estimates and Projections Underwent Various Revisions but Serious Concerns Persisted

Since the first diagnoses of HIV infection and AIDS were made in India, understanding about the impact of this epidemic on the people of India has undergone significant development. As early as 1986, warning signals such as the following were raised by concerned, in-country medical professionals:

> Unlike developed countries, India lacks the scientific laboratories, research facilities, equipment, and medical personnel to deal with an AIDS epidemic. In addition, factors such as cultural taboos against discussion of sexual practices, poor coordination between local health authorities and their communities, widespread poverty and malnutrition, and a lack of capacity to test and store blood would severely hinder the ability of the Government to control AIDS if the disease did become widespread.[8]

For the most part, however, these concerns fell on deaf ears, since, at that time, there were no reported cases of HIV or of AIDS in the country. Moreover, during the initial response to HIV in India, most persons living with the virus were found among sex workers who had contact with foreign tourists, so much attention was diverted to demands for HIV screening of all visitors to the country. Thus, perhaps one can understand why, during the late 1980s and throughout the 1990s, so many residents of India were more preoccupied with other emergencies, injustices, and threats to human dignity than with this new and insufficiently understood disease.

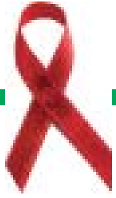
In 2002, designation of this country (together with Nigeria, Ethiopia, Russia, and China) as one of "second wave", "high impact" due to HIV represented perhaps a plea for attention from both national leadership and civil society in India. The report[9] raising such an alarm stated at that time:

- As many as 5 to 8 million Indians could be infected with HIV, but those could be low estimates since India also has high rates of TB, which could be indicative of additional, undiagnosed HIV infections. Thus it might be hypothesized that, within the next few years, India could have the largest number of people with HIV/AIDS in the world.

[7] Government of India, Union Budget 2006-2007, Ministry of Health and Family Welfare, February 2006: http://indiabudget.nic.in/ub2006-07/eb/sbe46.pdf.

[8] Ghosh T.K., "AIDS: a serious challenge to public health," *Journal of the Indian Medical Association*, January, 1986;84(1):29-30

[9] "The Next wave of HIV/AIDS: Nigeria, Ethiopia, Russia, India and China," United States National Intelligence Council September 2002, Executive Summary.



- Heterosexual transmission is the driver of infections, except in two regions (Nagaland and Manipur) where intravenous drug use is a serious problem. Thirty to sixty percent of prostitutes and up to fifteen percent of all truck drivers are infected with HIV/AIDS.
- Sexually transmitted diseases and reproductive tract infections are rampant in India, increasing the risk that HIV/AIDS infections will be transmitted.
- The current trajectory of the disease, limited public awareness, and the lack of resources for a major anti-AIDS program will continue to drive the spread of the disease. Approximately 20 to 25 million Indians are likely to be infected by 2010—even if the disease does not break out significantly into the mainstream population.

National Estimates[10]

In 2006 estimates, according to NACO, the number of adults (15-49) living with HIV/AIDS in India had increased by 35% since 2000. During the same year, UNAIDS estimated that overall HIV prevalence among those 15 and older had increased by 8% between 2003 and 2005. Both UNAIDS and NACO estimated that the prevalence rate remained stable, at 0.9%, over this period. The latter offices, as well as other international experts, proposed the following more detailed estimates of HIV prevalence *(people living with the disease)* and incidence *(new HIV infections*) in India:

- As of the end of 2005, UNAIDS estimated that there were 5.7 million people of all ages living with HIV/AIDS in India. NACO estimated that there were 5.2 million adults, aged 15-49, at this same point in time.
- HIV prevalence among adults in India still was considered relatively low, at 0.9%, as estimated by both UNAIDS and NACO.[11]
- India accounted for 75% of HIV prevalence in South/South East Asia and 15% of global prevalence. By comparison, at that time, India represented 20% of the world's population.
- National prevalence rates were claimed to mask variations by region and subpopulation. In 2005, five Indian states were identified as having "high HIV prevalence" (>1% in antenatal clinics)—Andhra Pradesh, Karnataka, Maharashtra, Manipur, and Nagaland—as did 95 districts within states. HIV prevalence of >10% was found at 34 STD sites.
- Most HIV infections in India were thought to have been transmitted through heterosexual

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[10] "HIV/AIDS in India", HIV/AIDS Policy Fact Sheet, Kaiser Family Foundation, September 2006, http://www.kff.org/hivaids/upload/7312-03.pdf, which cites as well UNAIDS*, 2006 Report on the Global AIDS Epidemic*, May 2006.; NACO, *HIV/AIDS Epidemiological Surveillance & Estimation Report for the Year 2005*, April 2006; CIA, *The World Factbook*, 2006.; UNAIDS India Country Page: www.unaids.org/en/Regions_Countries/Countries/india.asp. ; UNAIDS India: www.unaids.org.in. ; NACO, *Annual Report 2002-2004;* UNAIDS, Fact Sheet: Asia, May 2006: http://data.unaids.org/pub/GlobalReport/2006/200605-FS_Asia_en.pdf ; UNAIDS, *Young People and HIV/AIDS: Opportunity in Crisis*, 2002; TB Control India: www.tbcindia.org/key.asp.

[11] NOTE: Once the prevalence rate in a country is greater than 1%, it is considered to have a "generalized epidemic" with the consequence that HIV may spread more rapidly.

intercourse. In the North East, however, at least initially, injecting drug use, was identified as the main mode of transmission. Commercial sex work and sex between men also drove the HIV epidemic in parts of India. Large-scale population mobility and migration, primarily through male migrant labor, contributed to the further spread of disease.

- NACO estimated that women accounted for 38% of India's adult HIV prevalence in 2005.
- The majority of people living with HIV/AIDS in India were thought to come from rural areas (57% in 2005).
- Young adults, aged 15-29 years, accounted for 32% of AIDS cases reported in India during the above-mentioned period of time. Among those aged 15-24 years, the number of young women living with HIV/AIDS was estimated to be almost twice that of young men.
- Tuberculosis (TB) was identified as the most common opportunistic infection among people living with HIV/AIDS in India.[12]

Future Projections for the HIV Epidemic in India[13]

During the span of several years, various projections were developed to model the potential impact of the epidemic in India over time, including:

- *U.S. National Intelligence Council (NIC):* in 2002, NIC projected that by 2010, India could have 20 to 25 million people living with HIV/AIDS, the highest number of any country in the world.[14]
- Researcher Nicholas Eberstadt projected several scenarios for the epidemic's impact between 2000 and 2025. For example, he hypothesized that life expectancy in India in 2025 could fall by 3-13 years, depending on epidemic severity.[15]
- *World Health Organization (WHO) and United Nations:* World Health Organisation (WHO) estimated that, if current HIV/AIDS trends in India continued, by 2033, HIV in India could account for 17% of all deaths and 40% of deaths from infectious disease.[16]
- *India's Office of the Registrar General and Census Commissioner* released demographic projections, estimating that there could be 11 million deaths due to HIV in India between 2001 and 2026.[17]

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[12] Tuberculosis (TB) and HIV are intersecting epidemics. Those infected with HIV are more susceptible to TB infection, and TB disease may progress more quickly in those infected with HIV.

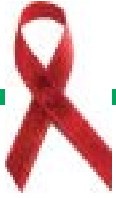
[13] "HIV/AIDS in India", HIV/AIDS Policy Fact Sheet, Kaiser Family Foundation, September 2006, http://www.kff.org/hivaids/upload/7312-03.pdf

[14] U.S. NIC, *The Next Wave of HIV/AIDS: Nigeria, Ethiopia, Russia, India, and China*, 2002.

[15] Eberstadt, N., "The Future of AIDS," *Foreign Affairs*, 2002.

[16] The World Bank, *HIV/AIDS Treatment and Prevention in India: Modeling the Costs and Consequences*, 2004.

[17] India, Office of the Registrar General and Census Commissioner, *Population Projections for India and States, 2001-2026*: www.censusindia.net/Projection_Report.pdf .



- *Asian Development Bank/UNAIDS:* A 2004 report by ADB/UNAIDS estimated that HIV/AIDS could slow poverty reduction goals by 23% every year between 2003 and 2015.[18]
- *National Council of Applied Economic Research:* NCAER analyzed the likely impact of HIV/AIDS over the period between 2002/2003 and 2015/2016 finding that if left unchecked, India's economic growth could fall by 0.86 percentage points each year over the period.[19]

Updated Projections Released in July 2007[20]

In July 2007, the National AIDS Control Organization (NACO), with the support of UNAIDS and WHO, released revised estimates for the situation of HIV in the country. The new estimates indicated that national adult HIV prevalence in India was approximately 0.36%, which corresponded to an estimated 2 to 3.1 million people living with HIV in the country[21]. The government affirmed that these estimates were more accurate than those of previous years, since they were based on an expanded surveillance system and both revised and enhanced methodology to arrive at such estimates. These improved systems included results from 400 new sentinel surveillance sites and a population-based survey, entitled National Family Health Survey-3. This survey was funded by USAID and was carried out through voluntary, anonymous HIV testing performed on more than 100,000 Indians, chosen to reflect the diversity among the population of this country[22].

Ms. Sujatha Rao, NACO Director General explained that such downward estimations were not unique to India, "Using a similar methodology led to downward revision in estimates in some countries as Zambia and Rwanda," but also urged vigilance in the national response to HIV, "We will convince all stakeholders to stay energized and to retain the hard-fought gains of the last decade."[23] In a similar manner, Mr. Naresh Dayal, Secretary, Ministry of Health and Family Welfare of the Government of India noted with both caution and optimism:

> While it is good news that the total number of HIV infections is lower than previously thought, we cannot be complacent. The steady and slow spread of the HIV infection is a worrying factor. The better understanding of India's epidemic has certainly enabled us to have a more focused HIV prevention and treatment strategies and more effective deployment of resources.[24]

[18] ADB/UNAIDS Study Series, *Asia-Pacific's Opportunity: Investing to Avert an HIV/AIDS Crisis*, July 2004.

[19] National Council of Applied Economic Research, *The Macroeconomic and Sectoral Impacts of HIV and AIDS in India: A CGE Study*, July 2006.

[20] "2.5 million people in India living with HIV, according to new estimates: Improved data from more sources gives better understanding of AIDS epidemic in India," Press Release: UNAIDS, New Delhi, 06 July 2007.

[21] UNAIDS had estimated previously that between 3.4 and 9.4 million people in India were living with HIV and that sero-prevalence rate was estimated to be 0.9%, cf. "Indian HIV estimate cut to 2.5 million people," *Aidsmap News*, UK, 06 July 2007.

[22] "Indian HIV estimate cut to 2.5 million people," *Aidsmap News*, UK, 06 July 2007

[23] "2.5 million people in India living with HIV, according to new estimates: Improved data from more sources gives better understanding of AIDS epidemic in India," Press Release: UNAIDS, New Delhi, 06 July 2007.

[24] *Ibid.*

As they issued these revised estimates, both national and UNAIDS officials in India noted the following trends[25]:

- In Tamil Nadu and other Southern states with high HIV burden, prevalence has begun to decline or stabilize;
- Selected pockets of high prevalence have been identified in the Northern states; there are 29 districts with high prevalence, including some in the states of West Bengal, Orissa, Rajasthan, and Bihar;
- HIV has been found at significantly high rates among injecting drug users (IDUs) in the cities of Chennai, Delhi, Mumbai, and Chandigarh, and in the states of Orissa, Punjab, West Bengal, and Kerala;
- While data suggest that HIV prevalence is declining among sex workers in the Southern states, the overall prevalence among this group continues to be high.

Despite ongoing discussion and debate about whether lower or higher estimates are more accurate in assessing the HIV situation in the country, it is important to avoid risky conclusion that the dimensions of the epidemic in India are not so serious or will not exert a grave impact on its citizens. Also to be avoided is the "myth" that this epidemic is restricted to certain groups of people who are more likely to engage in "high risk" behaviours, such as injecting drug users, men who have sex with men, sex workers, and "people on the move". Dr. Steinbrook pointed out that such persons do not restrict their sexual contacts to persons who find themselves in similar risk situations – and so the cycle of infection expands and becomes more entangled:

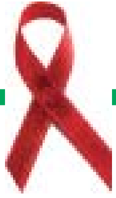
> The epidemic spreads from these groups to others in various ways, including through the clients of sex workers, bisexual men (many of whom are married, and 'bridge populations', the most important of which appear to be long-distance truckers and men who migrate between states for seasonal work in construction and other industries. Sex workers migrate as well, sometimes within rural areas, sometimes to large cities.[26]

History and Background of the Catholic Church Response to HIV in India

During the period of time when the country was first becoming aware of this health challenge, the early response of the Catholic Church to the HIV epidemic in India might be characterized as similar to that of all sectors of Indian society. When Caritas Internationalis, the global confederation of Catholic disaster relief, development, and social service organisations in 200 countries of the world, sponsored a training seminar on AIDS there in the early 1990s, a significant number of participants were in attendance. At that time, however, concern about the epidemic was mostly relegated to health professionals working in Catholic hospitals and dispensaries. Few development workers or justice advocates saw the relationship between vulnerability to HIV infection and the structural injustice that they so passionately opposed.

[25] Ibid.

[26] Robert Steinbrook, "HIV in India—a complex epidemic," *New England Journal of Medicine* 2007 March 15; 356(11):1089-93.



In 1994, when the Catholic Health Association of India (CHAI) gathered representatives of its member organisations and some foreign "experts", in order to discuss a policy on HIV, heated debate emerged from the meeting about whether or not all Catholic health facilities should be expected to serve those living with HIV infection. The Mandate of Jesus' Gospel, the Church's tradition of unbiased service to all in need, but especially the most poor and vulnerable, and the wisdom and prudence of the CHAI leadership prevailed. Thus the CHAI policy insisted on compassionate, non-judgmental care for all in need, including HIV-positive persons, but this conclusion was not reached without deep soul-searching on the part of some participants.

As the Catholic bishops of India became increasingly conscious of the urgent devlopments related to the HIV pandemic there, they responded from the three-fold mission of their episcopal office – to teach, to lead, and to bless (or sanctify). First, they themselves strove to acquire accurate knowledge about the pandemic and then developed programmes to raise awareness and knowledge among Catholic clergy, religious, and laity in the country. They developed an action plan and policies to assure the full, compassionate, and non-judgmental response from the Church to all those living with, affected by, or vulnerable to HIV. They insisted on, and gave good example of, inclusion of all such persons in the life of worship and prayer within the Church.

Range of health-related and other humanitarian services sponsored by the Catholic Church in India

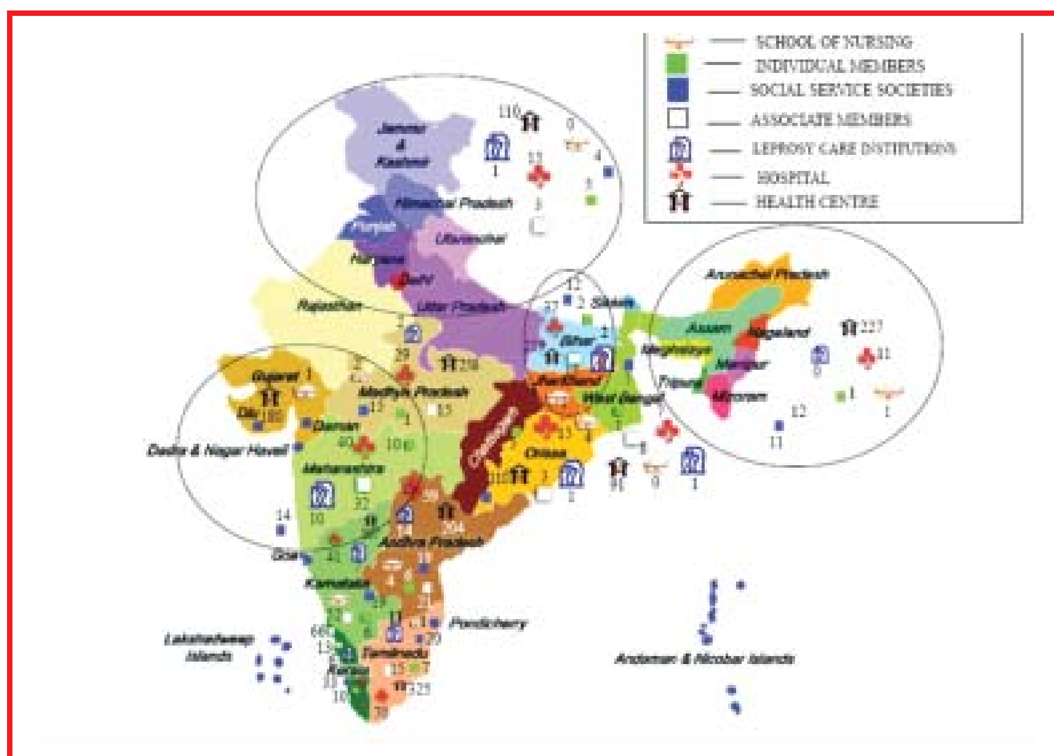
The Catholic Church in India traces its roots back to 52 A.D., when it is believed that St. Thomas, one of Jesus' Twelve apostles, came to bring the Gospel to this land. The Portuguese missionaries established the first institutional health care structure in the country in 1513 when they founded the 'Santa Casa de Misericordia' in 1513.[27]

Although Catholics represent a mere 1.6% of the total population of India (17.3 million Catholics in a total population of 1.07 billion)[28], the Catholic Church has organised and maintains a formidable network of health services in the country. Some statistics in this regard include the following:

[27] Cited in *Commitment to Compassion and Care: HIV/AIDS Policy of the Catholic Church in India,* Commission for Health Care/ Catholic Bishops' Conference of India, 2005.

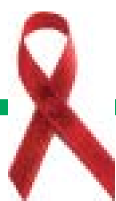
[28] Fact-file "Roman Catholics around the world", http://news.bbc.co.uk/2/hi/4243727.stm

· *Health Care Facilities*[29]



Medical colleges	6
Nursing Schools	114
Hospitals	764
Dispensaries and Health Centres	2587
Rehabilitation Centres	70
Leprosaria	165
Homes for the Aged	418
Centres for Alternative Medicine	61
Care Homes for People Living with AIDS	74

[29] CBCI Health Commission, *Directory of Catholic Health Facilities in India,* New Delhi, 2003, pp. 18-31, with update on number of Care Homes for persons with AIDS and other serious illnesses from *The Church's Concerted Response to HIV and AIDS in India,* unpublished document by Commission for Health Care, Catholic Bishops' Conference of India, August 2007.



To the above-cited list of services must be added the human, educational, and human resources potentially made available by the Catholic Church to a scaled-up response to AIDS in this country. Those resources include:

· *General Church-related structures*[30]

- o Archdioceses/ Dioceses 160
- o Parishes 6,277

· *Catholic Educational Institutions*[31]

Colleges	240
Higher Secondary Schools	1,465
High Schools	3,765
Upper Primary Schools	3,198
Lower Primary Schools	5,872
Nursery Schools	4,428
Training Schools	513
Technical Schools	900
Professional Schools	263
Total	20,664

Clergy and Religious Men and Women[32]

The ranks of the clergy include approximately at 27,500 priests. Approximately 14,000 are diocesan clergy and 13,500 are members of religious orders or congregations. There are also more than 4,300 brothers of various orders and congregations, and about 90,000 religious sisters.

- Network of diocesan-based Catholic social service societies and other Catholic non-governmental organisations providing social services, development and humanitarian assistance in collaboration with Caritas India[33]

[30] Cited in *Commitment to Compassion and Care: HIV/AIDS Policy of the Catholic Church in India,* Commission for Health Care/ Catholic Bishops' Conference of India, 2005.

[31] *Catholic Directory of India 2005-2007*

[32] *Catholic Encyclopedia – India,* http://www.newadvent.org/cathen/07722a.htm

[33] http://www.cbcisite.com/Caritas%20India.htm ; http://www.caritasindia.org/caritas_national.asp

Caritas India is a network organization with 160 local counterparts which are the Diocesan Social Service Societies (DSSS) and hundreds of NGO partners. Through a process of active partnership Caritas India strives to reach even the remotest corners of the country. Caritas India serves the poor and marginalized without any distinction of caste, creed and ethnicity.

The major thrust areas of Caritas India are:

- Humanitarian Assistance in the context of natural and human-made calamities: Relief – Rehabilitation & Community Based Disaster Preparedness (CBDP) Promotion of Sustainable Community Empowerment Programmes: Animation-Development & Support Services – ensuring the Human Rights of the marginalized communities to facilitate the restoration of human dignity
- Gender Equality
- Natural Resources Management
- Campaign against Hunger and Disease

Focused and Strategic Action by the Catholic Church in India in Response to the HIV Epidemic in India

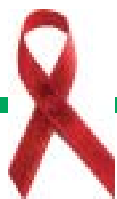
Some of the early responses to the HIV epidemic by the Catholic Church in India included the following:

- During the early 1990s, national- and diocesan-level seminars to train clergy, religious men and women and lay health professional and pastoral workers, were organised and facilitated by Caritas Internationalis, CAFOD (Catholic Agency for Overseas Development- the Caritas agency for England and Wales), and Caritas India; these were held in Hyderabad, Delhi, and in three locations in Kerala.
- In 1994, the Catholic Health Association developed its first HIV and AIDS policy for member organisations. It stressed the need for all such organisations to provide care and support to persons living with and affected by HIV and AIDS.

Information and Planning Consultation with Bishops and Other Catholic Leaders

A major development in the Catholic response to AIDS in India was facilitated at a consultation supported by the Catholic Medical Mission Board (CMMB), of New York, USA, and held in Bangalore on August 8-9, 2003. During that watershed meeting, the members of the hierarchy and leaders of Catholic-sponsored health and social development services in India committed to a strategic and collaborative response to the rapidly worsening situation of HIV/AIDS in the country. The stated goal of the meeting to initiate the program, "Church's Concerted Response to HIV/AIDS." CMMB committed U.S. $50,000 to promote the development and implementation of this concerted response.

Participation in this event included eleven bishops (presidents of the Regional Health



Commissions associated with the Indian Episcopal Conference), officers and staff of the Health Commission at the Catholic Bishops' Conference of India (CBCI), the Catholic Health Association of India, Caritas India, St. John's National Academy of Health Sciences, the Sister doctors Forum of India, the Catholic Nurses guild of India (CNGI), as well as experts from Indira Gandhi Open University of India (Delhi), the Community Health Cell (Bangalore), Amala Cancer Research Centre (Kerala), and Amala Ayurveda Hospital (Kerala). Guests coming from outside the country included: Dr. Rabia Mathai, Global Director of Programs at CMMB; Rev. Robert J. Vitillo, Co-Chairperson of the Caritas Internationalis HIV/AIDS Task Force; Rev. Michael Perry, OFM, Policy Advisor for Africa, United States Conference of Catholic Bishops; Mr. Marc D'Silva, Catholic Relief Services; and Dr. Mario De Souza, Advisor to the Health Ministry in Oman.

In opening the session of the consultation, Rev. Fr. Alex Vadakumthala, Executive Secretary of the CBCI Commission for Health, spoke of the continuing stigmatization and marginalization directed toward those living with or otherwise affected by HIV in India. He mentioned specifically the newspaper reports, in July 2003, about a woman in Andhra Pradesh woman who died in abominable circumstances and may even have been stoned to death when she returned to her home village after receiving a diagnosis of HIV infection. Subsequent to her death, her own family refused to re-claim her ashes at the crematorium. He also cited the case of two brothers in Kerala, whose parents died of AIDS-related illnesses, and who were ejected from school after the parents of their classmates refused to send their own children to the school unless these two orphans were expelled. Finally, some Catholic religious sisters adopted the boys and are providing for their education. Fr. Alex said that such ignorance and fear added to the motivation for this consultation, the major goal of which was to promote additional, collective action in response to HIV/AIDS in India.

Archbishop Bernard Moras, Chairman of the Commission spoke about "the Collective Catholic Action against AIDS", and stressed that the approach in HIV-related activities should be holistic, collective, concerted, and inter-sectoral. He affirmed that priority should be given to community-based prevention programmes but also maintained that the Church in India would continue its engagement in care and support.

In offering the first words of welcome, Bishop Ignatius Menezes, of the Diocese of Ajmer-Jaipur, said that no longer could one claim that HIV/AIDS is a problem of the West, since it has taken root in the East as well, and that the Church must respond to this situation. In his words of welcome, Archbishop Vincent M. Concessao, of Delhi, then serving as CBCI Vice President, said that Jesus embodied the compassion of the poor and suffering, and in particular of the least ones in society. In fact, these persons provided an opportunity to be served and thus, through them, Jesus could show what God was like – a compassionate savior who is accepting of all. The archbishop noted that that the Church serves as a sign and sacrament of Jesus' continuing presence in the world today and that the presence of HIV/AIDS among us gives the Church an opportunity to exercise Jesus' ministry to and acceptance of people so affected as well as to reiterate its moral teaching based upon natural law. He also pointed out that India has the dubious distinction of being the "AIDS capital" of the twenty-first century and insisted that the Church must help to prevent the spread of the virus and to care for those already affected.

Some proposals suggested at the consultation were the following:

- Formation of a national coordination team;
- Finalization of the draft of the Church's policy on HIV and AIDS;
- Regional-level training of trainers;
- Development of strategies for prevention;
- Promotion of HIV/AIDS Sunday Observances;
- Establishment of community- or institution-based care and support and capacity-building to facilitate greater involvement of existing Church-based organisations.

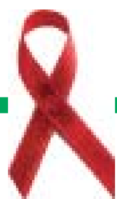
Since that time, CMMB has continued its strong support and accompaniment of the Catholic Bishops' Conference of India and their related institutions and agencies throughout India in the process of further developing and strategically adapting the Catholic Church response to HIV and AIDS in this country in accord with evolving needs.

Development and Launch of the "Church's Concerted Response to HIV and AIDS"[34]

The official launch of this "Concerted Response" was held on 19 March 2004, at the India Habitat Centre, New Delhi. Dr. P.L. Joshi, Joint Director of National AIDS Control Organization (NACO) said in his keynote address, "The active involvement of Faith-based Organizations, especially the Catholic Church, has been evaluated so effective in countries like Uganda. In India too, a fruitful collaboration with the Government will help India to prevent further spread of the menace, and give sustainable support to those who are infected and affected by it." Participants in the meeting included bishops in charge of health-related activities at national and regional levels, representatives of national and international organisations, including government offices, United Nations agencies, and embassies.

John Galbraith, President and CEO, CMMB, giving the keynote address at the program launch of Church's Concerted Response to HIV in India. Bishop Elavanal, Dr. P.L. Joshy, NACO, Archbishop Vincent Concessao, Mr. Robert Clay, USAID, Archbishop Bernard Moras are also seen.

[34] "Church's Concerted Response to HIV/AIDS in India: A Brief Report of the Years 2003-2006," by Fr. Alex Vadakumthala, CBCI Commission for Health, 31 October 2006.



Archbishop Bernard Moras, the Chairman of the CBCI Commission for Health, in his talk, "Coming Together, Caring Together", emphasized the need for a Concerted Action, where the whole Church gives her priority in prevention, care and support and addressing the stigma and discrimination in the field of HIV. "The efforts have to percolate down to the parishes", mentioned the Archbishop. Dr. G.D. Ravindran, of St. John's National Academy of Health Sciences, presented a proposal for a common strategy, in which health, developmental and educational organizations in the national and twelve ecclesiastical regions could be involved in the efforts to curb the menace.

With the support of the Catholic Medical Mission Board (CMMB), the CBCI Health Commission was entrusted with the responsibility of coordinating this concerted action. The other partners in this collaborative effort included: Catholic Health Association of India, Catholic Relief Services, Caritas India, St. John's National Academy of Health Sciences, Sister Doctor's Forum, and the Catholic Nurses' Guild of India.

"Mapping" of HIV/AIDS Services sponsored under Catholic Church auspices in India[35]

During their various consultations about health care and about HIV-related services, the bishops of India were keenly aware that any policies to be developed should be based on evidence-based experience in these fields. For this reason, in 2005, and with financial and technical support from USAID and the Policy Project of the Futures Group, the CBCI Health Commission undertook a study of several Church-based projects already operating in India in order to identify the strengths and weaknesses of the interventions and to highlight "good practice" models for faith-based organisations working with People Living with and Affected by HIV.

The research followed a case study method. Selected organisations were visited and data collected through observation and interviews with the management, staff, clients, and other key informants. Information was collected on the organisational background, nature of the interventions, services offered, clients, availability and mobilization of resources and management of the organisations. Efforts were made to examine the provision of care and treatment as well as adherence to universal precautions. In addition to medical care, the following types of services were examined: psycho-social support; nutritional support; legal assistance in addressing stigma/ discrimination, property rights and other human rights; efforts made by the organisations to create an enabling environment; advocacy and policy efforts; networking activities.

The major findings from the 2005 "Mapping" Exercise included the following[36]:

- *Identified needs included training in counselling and additional education staff.*

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[35] Narayana, G., Joseph, S., Chauhan, K., *Streams of Compassion: Glimpses of the Efforts in Providing Care by the Catholic Church in India to People Living with HIV/AIDS.* Delhi: Commission for Health Catholic Bishops' Conference of India (CBCI), August 2005.

[36] *Ibid.,* pp. xvi-xvii.

"There is the need and scope for a major intervention form the Church and it is its moral duty to extend help to these people. The current HIV/AIDS scenario invites the Church's leadership to take some initiative … The Church at every level has to shoulder more responsibility for this problem. Each one in the hierarchy should be able to contribute and make a difference.

Ways to do this are to sensitize all the clergy during the retreats and seminars and discuss how they can collectively respond to the epidemic, and to introduce compulsory sensitization and awareness programmes in all the Catholic educational institutions. As Sr. Elisabeth [of St. Ann's Snehasadan] beautifully puts it, 'preserving life is the priority' for each one of us. Each of is called to act to enhance the living. As Jesus said, 'I have come that you may have life, life in its fullness.' "

Findings of a researcher in Narayana, G., Joseph, S., Chauhan, K., *Streams of Compassion: Glimpses of the Efforts in Providing Care by the Catholic Church in India to People Living with HIV/AIDS.* Delhi: Commission for Health Catholic Bishops' Conference of India (CBCI), August 2005, p. 142.

- The high cost of anti-retroviral therapy was found to limit the availability of treatment in many centres.

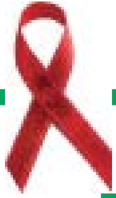
"If a patient on ART is under severe stress, caused by a financial strain ART does not work well."Fr. Tomy, Bel Air Sanatorium and Hospital,

Ibid, p. 32.

- The centres often reported being confronted with problems of stigmatisation and discrimination while patients are receiving treatment and even after they have died – either no one comes forward to claim the body or several claimants come forward – in both of the latter cases, legal dilemmas are posed.

"[Stigma] … is the single most important obstacle in the treatment and care of HIV/AIDS patients, since the very beginning … Seeing us touch, clean and treat the patient takes away fear from the family members … the biggest hindrance to the well-being of a PLHA is the trauma of rejection, especially that from loved ones … There have been reported cases of PLHAs [Persons Living with HIV and AIDS] being stigmatized either by their fellow villagers or family, even after they have returned home … In one village we found that a sero-positive person was made to sleep in the cowshed at night."

Fr. Tomy of Bel Air Sanatorium and Hospital, quoted Ibid, pp. 24, 25, and 28.



> "The woman asked me for gloves to touch him. After she took off the gloves, she asked me for Dettol to wash hands … She then asked me for antiseptic to wash her mouth, explaining that she had been very close to her brother and had been therefore exposed to his breathing. Aghast at all these requests, I refused all of the woman's requests to maintain her own 'safety'. All this was after having explained to her the myths and facts around contracting the virus."
>
> Hospice nurse at Eduljee Framed Allbless Niramay Niketan, Ibid, pp. 77-78.

- *Persons being served in the centres were being visited by chaplains who accompany them with prayers and counselling.*

> "If not for this priest [speaking of Fr. Tomy of Bel Air Santorium and Hospital], I would have lost hope in living a long time ago. He has been working towards getting the very best treatment for us. I hope to leave the hospital … This hope has also lessened the depression and worries, making me feel 'normal.'"
>
> Ibid, p. 37.

> "The love care and the treatment I got from them has kept me going, in fact I owe my life to the fathers who gave me rebirth. I was scared of death but now I am not."
>
> Ibid , p. xvii.

- Universal precautions while handling blood and body fluids were being observed in most centres.

> "The Society [of the Sisters of St. Ann – operating St. Ann's Snehasadan] organized various sensitization programmes on issues related to HIV/AIDS for the entire staff – including doctors, nurses, allied staff, Class-IV staff and members of the congregation. Resource persons from CHAI [Catholic Health Association of India], Osmania Hospital and other NGOs were invited to deliver talks and video cassettes that were screened for the staff and nursing students … Instructions were given to use globes, aprons and masks and there was strict supervision to ensure that all staff followed them.
>
> Ibid, p. 127.

- Persons being served at the centres often volunteered to assist other patients; this enhances their self-esteem.

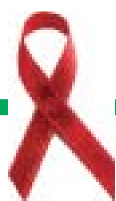
> "I came here with my mother three months back, she died one Sunday. Now I don't have anyone. But the centre takes care of me. I like studying and I want to become a doctor so that I can take care of sick people. Moreover I can give them life as the Sisters are doing here. I want to work in this hospital."
>
> Prem Kumar, 13-year-old being served by Jeevan Jyothi Hospice, in Ibid , p. 42.

- In accord with Catholic Church teaching with regard to HIV prevention messages, emphasis was placed on abstinence from sexual activity or on lifelong fidelity within marriage.

> "Our slogan of safer sex is 'Stick to one partner and delay sex till marriage.' … We interact with inmates and try to understand what changes need to be made in their behaviour."
>
> Description of prevention approach taken at Sneha Bhavan, in Ibid, pp. 100f.

- *The vulnerability of persons living with HIV and AIDS was being addressed through improved livelihood skills and better access to social and health care services.*

> "One of the first patients of the centre was a young widow living on the street. She did not know how she could earn a living without selling drugs or liquor. She left her children in an orphanage after the death of her husband, who was also a drug addict. She came to Sneha Bhavan because she wanted to give up her drug addiction … It was difficult to know what she would do when she left the centre because she used to earn her livelihood by selling drugs … Thus, we felt the need to start vocational training along with the treatment programme. Hence, after her treatment and vocational training for three months, Sneha Bhavan presented her a knitting machine and some wool to begin her life with. Gradually she started earning and then she took her children out of the orphanage and sent them to school with her own hard-earned money. Thus, she was able to give a home for her children. Imparting training also helps the inmates to become independent and helps to rehabilitate them."
>
> Ibid, p. 101.



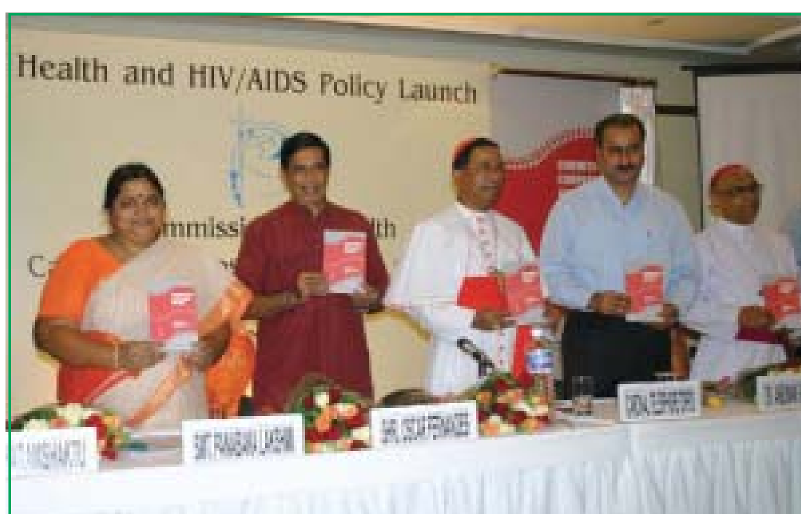
The experts who performed this "mapping" exercise made the following overall conclusion:

> Analysis of the data clearly shows the effectiveness of religious institutional strategies, approaches and support for people living with HIV/AIDS. The surveyed institutions are seen to ably fulfill the healing mission of the Church by providing compassionate care and service.[37]

Since the completion of the above-cited study, the CBCI Health Commission compiled a more comprehensive and up-to-date mapping of HIV-related services sponsored under the auspices of the Catholic Church in India. This will be summarized in a later section of the report.

Development and Launch of the Health Policy and HIV/AIDS Policy of the Catholic Church in India[38]

On 20 March 2004, the bishop members of the CBCI Health Commission met in Delhi and decided to prepare two policy documents in order to guide the overall Catholic Church response to health needs and, more specifically, to HIV needs in India. The Futures Group agreed to offer technical assistance in the formulation process; this assistance was supported by USAID. During June 2004, two workshops were conducted in Delhi in order to prepare the framework for the policies. Various experts prepared respective sections of the policies, and a working draft was assembled. The drafts were studied and suggested revisions were offered during a Colloquium on Ethical Issues related to HIV/AIDS (attended by moral theologians) and during a national consultation[39] attended by the twelve bishops in charge of the health activities of the Catholic Church in India at national and regional levels and by representatives of major health and development organisations. Eleven regional consultations were held between November 2004 and January 2005 in order to review the revised



Mr. Oscar Fernandes, Minister for Labour and Chairman, Parliamentarians' Forum for HIV releasing the HIV/AIDS Policy of the Church in India. Mrs. Panambaka Lakshmi, Minster of State for Health, Cardinal Telephore Toppo, President of CBCI, Dr. Anbumani Ramadoss, Minster for Health, Government of India, Archbisop Bernard Moras, Chairman, CBCI Commission for Health are also seen.

[37] *Ibid.,* p. xviii.

[38] "Church's Concerted Response to HIV/AIDS in India: A Brief Report of the Years 2003-2006," by Fr. Alex Vadakumthala, CBCI Commission for Health, 31 October 2006.

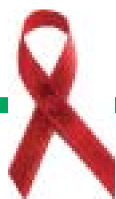
[39] Held on 27-29 September 2005.

drafts; these consultations were organised by the Catholic Health Association of India. Additional revisions suggested at regional level were reviewed by the drafting committee and by the bishop members of the CBCI Health Commission, working in collaboration with the Chairman of the CBCI Doctrinal Commission.[40] During its 100th session held in Delhi, on 26-29 April 2005, the CBCI Standing Committee gave final approval to the draft policies.

The policies were launched on 31 August 2005 at the Habitat Centre, New Delhi. Archbishop Moras welcomed the participants in the launch ceremony by saying, "The revised Health Policy of the Catholic Church in India, *Sharing the Fullness of Life,* calls for a renewed commitment with a wider outreach, especially to under-served areas." Cardinal Telesphore Toppo, the President of CBCI, reflected on the new trends in health care and on the plight of the poor, by saying, "Globalization has brought super specialty hospitals into our country … But, at the same time, one question remains unanswered: what about the health care needs of the millions of the common, ordinary, poor women and men? Does the new advancement in health care cater to their needs?"

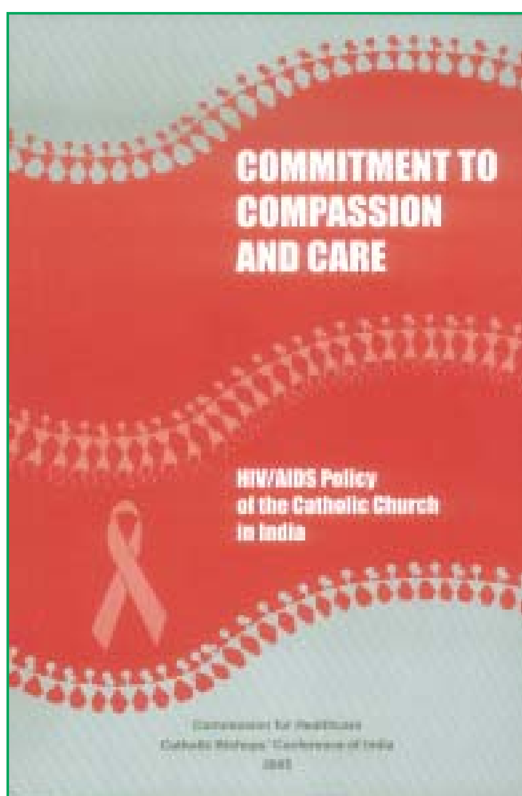
Referring to the recommendations of the Health Policy, Cardinal Toppo presented the mission of the Church today as focusing greater attention on "the diseases of the poor" and on the need to address emerging diseases like HIV as well as the needs of physically and mentally challenged persons. He strongly urged the commitment of all those in India to respond to the HIV epidemic:

[40] This meeting was held at St. John's National Academy of Health Sciences on 2 February 2005.



'Like leaven in the dough,' this commitment should grow, and should spread to every corner of this country. HIV/AIDS is not just a medical concern alone, rather it is a developmental issue. With our country's present-day exigencies such as poverty, illiteracy, ignorance, gender inequality, injustice, corruption, and discrimination, it becomes absolutely imperative for the Church to get involved in awareness building programmes for prevention of HIV and in the care and support of those infected and affected. Our concerted efforts and commitment should pave the way to curb the HIV menace in this country.[41]

Dr. Anbumani Ramadoss, the Union Minister of Health, lauded the unique contribution of the Catholic Church in health and in education, saying, "We have to address the root of the problem. We have to save the millions and millions of youth!" He praised the clear and comprehensive approach that both the Policies offer and welcomed such recommendations as those calling for health education in schools and for more concern about the environment.



At this same meeting, the Catholic Church Policy on HIV/AIDS services, entitled, "Commitment in Compassion and Care" was launched by Shri Oscar Fernandez, Minister for Statistics and Program Implementation and the Chairman of the Parliamentarian's Forum on HIV/AIDS. Translations of this policy into Malayalam, Tamil, Hindi, and Telugu have been prepared and disseminated.

The CBCI Policy on HIV/AIDS strongly urged all Christian believers to join the efforts to intensify the response to HIV in India:

While a few Church-based organisations have initiated work in this field, all members of the Church are urged to join hands to scale-up HIV/AIDS prevention and control. All Christian teachers and leaders have a unique mission to education the people in a way of life that will protect them from HIV infections. All Christians are invited to show compassion and love to those infected and affected with HIV/AIDS.[42]

The following Vision was presented in the Policy:

The Catholic Church in India envisages a society which is fully committed to, and actively

[41] *Commitment to Compassion and Care: HIV/AIDS Policy of the Catholic Church in India,* Commission for Health Care/ Catholic Bishops' Conference of India, 2005, p. x.

[42] *Ibid.*, 2005, p. 8.

> involved in, HIVAIDS prevention, treatment, care and support, by promoting a healthy, compassionate society where the true value, dignity and respect of all is assured.[43]

In their HIV policy, the Catholic Bishops of India articulated the following Mission for the Church's efforts in this field:

> Inspired by the Divine Mandate to bring health and healing, the Church will make a concerted effort to address the challenges of HIV/AIDS, take care of the infected and affected, help arrest the spread of the virus through awareness and promotion of health, positive lifestyles and behaviour, and create an environment free from stigma, shame, and discrimination.[44]

The following objectives were specified:

1. Increase awareness about HIV/AIDS, knowledge of its modes of transmission and means of prevention among all sections of the society in the spirit of the teachings of the Church.
2. Follow the mandate given by the Lord "to heal every disease and every infirmity" and to give care to the people infected and affected by HIVAIDS, especially women and children.
3. Evolve meaningful and appropriate strategies for timely interventions for prevention, treatment, care and support based on Catholic values.

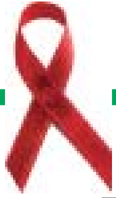
Dr. G. Narayana, Constella Futures, Fr. Alex Vadakumthala, Bishop Ignatius Menesis, Union Minister Shri. Oscar Fernandez, Archbishop Moras and Ms. Meri Sinnet from USAID at the National Consultation for Health and HIV/AIDS Policy

4. Provide guidelines to health care providers in offering compassionate and loving care to the infected in settings such as hospitals, hospices, palliative care units, families and the community.
5. Motivate educational, developmental and welfare institutions and associations, as well as youth, women and family groups in the parishes, to mainstream HIVAIDS into their ongoing programmes.
6. Effectively address issues related to stigma, discrimination, gender, equity, human rights, and to particularly empower the vulnerable population.[45]

[43] *Ibid.,* p. 9.

[44] *Ibid.,* p. 9.

[45] *Ibid.,* p.10.



The Bishops also considered it important to outline the guiding principles on which the above-mentioned objectives should be realized:

1. The Christian commitment to serve the sick has its mandate from Christ, the Divine Healer. It is a call to serve with the same love and compassion of Christ while facing human suffering.
2. In the Gospels, Jesus not only physically cured leprosy patients, the paralytic, and the woman with haemorrhage, but he also restored in them human dignity and their rightful place in the community. We, too, in caring for the Person Living with HIV/AIDS, follow the same belief of Christ alive in every individual.
3. Service to the sick is an integral part of the Church's mission. Our care, compassion, and love towards those infected and affected by HIV/AIDS are expressions of our faith.
4. The approach of the Church is guided by a precise and all-rounded view of a human being 'created in the image of God and endowed with a God-given dignity and inalienable human rights.' We do not approve of any sort of discrimination or hostility directed against people with HIV/AIDS, which is unjust and immoral.
5. The Church's aim is a collective response and a multi-sectoral approach which involves collaboration with national and state governments, international agencies and non-governmental organisations (NGOs), in addressing the issues pertaining to HIVAIDS. In our interventions we will adhere to the moral teachings of the Church.
6. Though Catholic institutions continue to concentrate on care and support of those infected with HIV, efforts will be made to do more work on prevention, with community participation. Strategies will include health education, awareness building campaigns and teaching of values for behavioural change.
7. An important factor contributing to the rapid spread of HIV is the poverty experienced by a great part of humanity and, therefore, a decisive factor in combating the disease is the promotion of international social and economic justice.[46]

The Bishops specified a series of policy statements that were accompanied their statements with detailed strategies for work with various communities and target populations:

- Prevention of HIV infection – "The Church, recognizing its major role in shaping the personality of individuals and celebrating the fullness of life, will make efficient use of its network to provide prevention education to all, especially the youth and those vulnerable, so that they can make informed, responsible and meaningful choices in their life as per the teachings of the Church, that will protect them from being infected with HIV."[47]
- Working with Vulnerable Populations – "The Church recognizes the social and behavioural vulnerability of certain populations in contracting HIV. While immediate short term measures to combat the spread of HIV are important, the Church will also pursue its long term goal of empowering the vulnerable population to fight against HIV/AIDS."[48]

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[46] *Ibid.,* pp. 10-11.

[47] *Ibid.,* p. 13.

[48] *Ibid.,* p. 22.

- Treatment of Sexually Transmitted Infections/ Reproductive Tract Infections (STI/RTI) – "The Church will strive towards prevention and treatment of STI/RTI and generate awareness about the linkage between STI/RTI and HIV. STI/RTI cases will be treated with kindness and compassion."[49]
- Protecting Health Care Providers – "Every Church-based institution has the responsibility to protect their employees from occupational exposure to HIV and protect the rights of the infected health care providers. In a similar manner, health care workers themselves have a responsibility to adhere to standard precautions. A proper balance between caution and compassion is required in protecting health care providers."[50]
- Voluntary Counselling and Testing – "Catholic health care institutions will follow the principle of informed consent, voluntary testing with counselling, support and will abstain from any forms of unethical testing practices so that the dignity of each individual is respected."[51]
- Anti-retroviral Therapy (ART) – "Considering the positive impact of Anti-Retroviral Therapy (ART) in improving the quality of life and longevity of persons living with AIDS (PLHA), and its role in mitigating the impact of the pandemic, the Church is committed to promote access to knowledge and treatment of PLHA with ART."[52]
- Psycho-Social Counselling – "Psycho-social counselling will be offered, by competent and experiences counsellors, to help people infected and affected with HIV/AIDS cope with the stresses and to help strengthen their coping mechanisms."[53]
- Skills for Positive Living – "The Church urges PLHA to lead a positive life so that they can live a longer, healthier lie. It will also make effort in creating an enabling environment that is caring, supportive and non-judgemental."[54]
- Home and Community-based Care – "As many PLHA will not be able to afford and access institutionalized care and support, holistic home- and community-based care will be established and enhanced as a component of the various interventions."[55]
- PLHA Networks – "The Church and its organs will facilitate establishment of support groups of people living with HIVAIDS and their families. It will also ensure greater involvement of people living with HIVAIDS (GIPA) at all levels of the programmes and activities related to HIV/AIDS."[56]
- Orphans and Vulnerable Children (OVC) – "The Church will contribute to building and strengthening governmental, family and community capacities to provide a supportive environment for OVC; appropriate counselling and psycho-social support; ensure their

[49] *Ibid.*, p. 28.

[50] *Ibid.*, p. 29.

[51] *Ibid.*, p. 31.

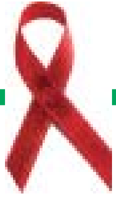
[52] *Ibid.*, p. 34.

[53] *Ibid.*, p. 36.

[54] *Ibid.*, p. 37.

[55] *Ibid.*, p. 39.

[56] *Ibid.*, p. 40.



enrolment in school and access to shelter, good nutrition, health and social services on an equal basis with other children; and protect OVC from all forms of abuse, violence, exploitation, discrimination, trafficking, and loss of inheritance."[57]

- Support for Caregivers – "The needs of the caregivers will be handled sensitively and with compassion similar to that of the infected people to overcome burn-outs and depression while dealing with issues of bereavement, multiple losses and the unreal expectations of affected family members."[58]
- Pastoral Care – "The Church will provide an effective healing witness for those infected and affected by HIV/AIDS through the experience of love, acceptance and support within a community where God's love is made manifest."[59]
- Death and Dying – "Keeping the example of the Crucified Jesus and putting our trust in him, we stand together with every person infected with HIVAIDS and their loved an dear ones and reach out in a spirit of solidarity to those who are approaching death more rapidly and prematurely because of AIDS."[60]
- Advocacy – "Acknowledging the significant role the Church has to play in relation to HIV/AIDS, it will strengthen its advocacy efforts on behalf of the people infected and affected by HIVAIDS in the areas of prevention, treatment, care, and support. The Church is also committed to eliminate stigma and discrimination that exists within and outside the Church."[61]
- Capacity Building – "The Church intensely feels the need to link voluntarism with professionalism in its approach to capacity building of institutions and the community. In order to make efficient use of limited resources and increase the efficiency of the service delivery system, capacity building will become a significant programme component."[62]
- Communication Strategies – "In the complex social milieu of India, the Church will address the formidable challenge of communicating its policies and programmes on HIV/AIDS. The Church adopts a comprehensive communication strategy based on the teachings of the Church to create an enabling environment for HIV prevention and control, and for the care and support of those infected and affected."[63]
- Cooperation, Collaboration and Networking – "While Christian denominations may differ in certain theological perspectives and pastoral practices, we recognise that we are called by the same God to proclaim His Kingdom … The Catholic Church will enter into ecumenical networking with churches and other denominations and their organisations. It will also ensure local networking and collaboration with other FBOs, CBOs, NGOs, and local self-governments to strengthen the local response to HIV/AIDS."[64]

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[57] *Ibid.,* p. 41.

[58] *Ibid.,* p. 43.

[59] *Ibid.,* p. 44.

[60] *Ibid.,* p. 45.

[61] *Ibid.,* p. 46.

[62] *Ibid.,* p. 48.

[63] *Ibid.,* p. 49.

[64] *Ibid.,* p. 51.

- Implementation Mechanisms – The CBCI Commission for Health Care, in collaboration with other national health and development networks, is forming Regional and Diocesan Core teams on HIVAIDS across the country. In order to disseminate the policy, orientation programmes will be organised at the regional level where these teams will be oriented along with other health and developmental organisations. In turn, they will be responsible for orienting the parishes in their dioceses. All dioceses and congregations are encouraged to formulate their operational plans and strategies to implement within their scope of operation, to combat the spread of HIV/AIDS and to provide treatment, care and support to people affected and infected with HIV/AIDS. All development agencies such as Caritas-India and the Diocesan Social Service Societies should make conscious efforts to mainstream HIV/AIDS into welfare and development programmes and projects."[65]
- Monitoring of Implementation – "Since the policy is formulated after wide consultation and participation of the different stakeholders, it is expected that the stakeholders will take ownership of the policy and act as self-monitors of implementation … However, the CBCI Commission for Health care will develop feedback systems to monitor the implementation of the policy at national level."[66]

Implementation of the Health Policy and HIV/AIDS Policy of the Catholic Church in India

> "… Just distributing the policy does not accomplish anything. Previously, clergy and religious and laity thought that the illness was "taboo". Once receiving the policy, they realized that the Church took a stand to respond to HIV and AIDS and thus realized that they too needed to respond – just as the Church did with leprosy." *Response to Survey, January 2007, by* Peter Arokieaseamy, *CMMB Voluntary and Testing Programme.*

The following initiatives were undertaken by the Catholic Bishops' Conference of India in order to assure effective and efficient implementation of its HIV/AIDS policy by the various structures, organizations, and agencies of the Church in this country:

Regional Meetings and Training Sessions

The Bishops acknowledged that it does not suffice to announce a national policy and expect that all Catholic organisations and structures will quickly implement it. For this reason, they dedicated significant resources, expertise, and time to conduct regional meetings and training sessions. Such programmes helped to promote ownership of the HIV policy among the various constituencies within the Catholic Church in India. In this implementation effort, training sessions were organised in the regions of Karnataka, Orissa, Rajasthan/Uttar-Pradesh, Western Region, Tamil Nadu, West Bengal, Kerala, Andhra, Madhya Pradesh / Chattisgarh , and Northeastern Region.

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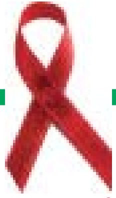
[65] *Ibid.*, p. 52.

[66] *Ibid.*, p. 53.



Voluntary Counselling and Testing Centres

In view of the key role played by voluntary testing and counselling in efforts to prevent the further spread of the epidemic, Voluntary Counselling and Testing Centres were established in ten dioceses of the Tamil-Nadu[67] and Karnataka[68] regions. These programmes were planned in consultation with the respective regional Councils of Bishops and were supported by the Catholic Medical Mission Board, Core Initiative (USAID programme), and the Abbott Foundation. Initial, six-day training was done at Snehadan, Bangalore, with twenty counsellors who were designated to work full-time at these centres. Since that time, ten educational workshop shave been conducted at parish level with 682 youth and 244 adults in order to enlist the trainees' support at greater outreach to people who might benefit from the voluntary counselling and testing.

Colloquium on "Ethical Issues in HIV/AIDS: A Catholic Perspective"

On 25-26 September 2005, a colloquium for bishops, moral theologians, and health-care providers was jointly organised by the Doctrinal and Health Commissions of the Catholic Bishops' Conference of India. Ethical issues considered during this meeting included:

- Canonical concerns related to marriage
- Sexuality and condom use – recent scientific findings and ethical considerations
- ABC strategy of prevention
- Testing, confidentiality and social stigma
- Clinical and ethical issues in the care and support of people living with HIV
- Human Rights Issues

Health and Healing Week – 2004 - 2007

This annual, week-long observance, as well as the celebration of World Day of the Sick (February 11th), are traditionally planned and coordinated, on an ecumenical basis, by the Christian Medical Association of India (CMAI), the Catholic Health Association of India (CHAI), and Catholic Bishops' Conference of India. Some of the planned activities include Bible Study, prayers service, and poster displays. Themes chosen for the annual observances include:

2004 – Caring for my Neighbour

2005 – Sharing the Abundance of Life

2006 – You are Precious in God's Sight

2007 – Healing the Broken and the Wounded

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[67] Centres are now operational in Chennai, Trichy, Coimbatore, Sivagangai, and Palayamkottai.

[68] Centres are now operational in Bangalore, Mysore, Dharwad, Mangalore, and Bellary.

For the Catholic Church in India, these observances also have presented additional opportunities to raise awareness about and promote further implementation of the Health Policy and HIV/AIDS Policy.

Pastoral Letter for World AIDS Day from the Archbishop-Chairman of the CBCI Commission on Health Care

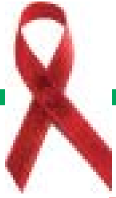
Each year since 2003, the CBCI Health Commission has seized the teaching opportunity presented by the World AIDS Day observance to further sensitize people of faith in India to the issues and needs presented by the HIV epidemic and to invite a response that is rooted in charity and in justice. The letter of the Archbishop-Chairman, the posters, and the programmes for this event have followed these themes:

- 2003 – Church Response to HIV/AIDS: The Challenge to be His Light Today
- 2004 – Women, Girls & HIV/AIDS: The Challenges to be His Light Today
- 2005 – Stop AIDS: Keep the Promise: Our Promises Build Our Future and Our World
- 2006 – Stop AIDS: Keep the Promise: From Stigma and Silence to Dignity and Solidarity
- 2007 - Youth: Take the Lead - The future is now!

CBCI-IGNOU (Indira Gandhi National Open University) Chair for Health and Social Welfare

Cardinal Oswald Gracias, former Secretary General of CBCI and Dr. Prasad Rao, former Registrar of IGNOU signing the MoU for CBCI-IGNOU Chair for Health and Social Welfare. Archbishop Alan De Lastic, former CBCI president and Prof. Abdul W. Khan, former vice-chancellor of IGNOU are also seen

Since they signed a Memorandum of Understanding on 29 February 2000, these two institutions have collaborated in order to advance the aim of providing quality and professional education and skills-building to help individuals, families, and communities face the challenges posed by HIV. In January 2002, a Certificate Programme was launched; after one year, this was developed into a Diploma course. These programmes are open to anyone living in India and currently are being adapted for use Kenya and Namibia. Since the preparation and implementation of the CBCI Policy on HIV, this collaboration has been strengthened by launching, in 2004, a Bachelor Degree in Social Work with special emphasis on health-related issues. Moreover, plans are being formulated to launch a Master Degree in Social Work and a Post Graduate Diploma in Social Work – both with emphasis on health- and HIV-related issues.



Bishops' Study Session on AIDS – January 2007

Bishops of India for the session on HIV and AIDS

On 6 January 2007, more than 120 Catholic Bishops of India dedicated a half-day during their regularly scheduled plenary meeting of CCBI to reflect on ways to intensify their own commitment in response to AIDS and to better promote a similar response among the Catholic faithful in the country.

Cardinal Wilfred Napier of Durban, Msgr. Robert Vitillo, Caritas Internationalis, Dr. Denis Broun, UNAIDS, Dr. Rabia Mathai and Johan Viljoen of CMMB at CBCI Centre, New Delhi

Cardinal Wilfrid Napier, OFM, Archbishop of Durban, South Africa, and then-President of the Southern African Catholic Bishops' Conference, was invited to share the experience of his home country with the bishops of India. He spoke of the slowness of the Church in South Africa to realize the gravity and potential impact of HIV in their country, a situation which now is evidenced by the fact that twelve percent of the total population of 48 million South Africans is living with HIV and that one-half of all deaths there are due to AIDS-related illnesses. Cardinal Napier sadly reported that hundreds of families in South Africa now are headed by elder siblings, with neither parents nor grandparents alive to look after the AIDS orphans. He said that two of his own priests are looking after children of their brothers' families – in one case six children, in the other eight. Cardinal Napier urged the bishops of India not to lose time in attempts to prevent the further spread of HIV: "Our message to the Church in India is: Please do not follow us,"[69]

Bishops' Study Visits to South Africa, Cambodia and Thailand

Following their special reflection on HIV and AIDS during their plenary meeting in January 2007, two delegations of Indian bishops were able to benefit from two study visits abroad – one to South Africa and the other to Cambodia and Thailand. These visits were made possible with the generous support of the UNAIDS Country Coordinating Office in India and the Catholic Medical Mission Board.

In South Africa, the bishops learned about local realities being faced by both HIV patients and their care providers. In Johannesburg, they visited the Inkankezi ART centers, which are administered by a group of priests belonging to a Catholic religious order. The program has one central department where patients are examined and other sub-centers where local access to medications is afforded to the patients.[70]

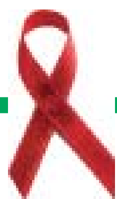
The following is a summary of the second study visit:

> The study tour we undertook to visit Cambodia and Thailand was very instructive and enriching. Although there is much higher percentage of incidence of HIV in Cambodia the Government, with the help of UNAIDS & NGOs, seems to have a good measure of the problem. …On our way back from Svey Ring, we visited a woman living with HIV in a small village. She has some sort of self-employment and was managing to look after her children well. … What was clear was with systematic efforts and commitment the battle against AIDS can be won.[71]

[69] Anto Akkara , "Catholic AIDS care-giving, abstinence promotion, seen as crucial by government," *National Catholic Register,* 15 February 2007, www.ncregister.com

[70] *cf.,* article by Bishop Gerald Almeida, a member of the delegation that visited South Africa, in *Health in Abundance*, Vol 5, No. 2, April-July 2007, p. 33.

[71] *Cf.,* article by Bishop Lawrence Doreiraj,, *Ibid*, p. 37.



Founding of the National Catholic Coalition for Health and HIV/AIDS[72]

As a second phase of the Church's Concerted Response to HIV, the National Catholic Coalition for Health and HIV/AIDS was launched on 12 April 2007, in a conference organized by the CBCI Commission on Health Care and the Catholic Medical Mission Board. In his keynote address to open the conference at which the Coalition was unveiled, Archbishop Pedro Lopez Quintana, apostolic nuncio in India, pointed to the example of Jesus in order to present the principal motivation for the Church's response to the pandemic of HIV: "The church is fully committed to and actively involved in HIV/AIDS prevention, treatment, care and support by promoting a compassionate society where the true value and dignity of all is assured."[73]

Swami Agnivesh, Jack Galbraith, CEO of CMMB, Archbishop Moras, Archbishop Pedro Lopez Quintana, the Apostolic Nuncio to India, and Fr. Alex Vadakumthala at the Consultation on Church's Concerted Response to HIV,

Archbishop Bernard Moras, Chairman of the Commission, added his own welcome to the participants. He cited, in particular, the link between the Christian response to HIV and the Christian belief in Christ's triumph over sin and death through His resurrection: "The Easter octave is a *'tempus-forte'* for the mandate of the master: 'Go and heal!'. This is the time for us to renew our mission to people, especially for the sick." [74]

> "In a country like India, it is good to see that spiritual organizations could make substantial contributions to such causes. It is a sad sight to see people doing so much for idols in wood and stone while neglecting children and the sick made in God's own image."
>
> Hindu spiritual leader and international president of Arya Samaj Swami Agnivesh, during the April 2007 Conference launching the National Catholic Coalition on AIDS.

Archbishop Bernard Moras briefly traced the history of the Church's response to HIV in India:

> From the time HIV raised its ugly head in our country, the church-related institutions have been actively involved in all aspects of the disease control namely prevention and care.
>
> Through its wide network of institutions such as educational and women self-help groups, the Church has been promoting healthy life styles, advocacy and knowledge to reduce stigma associated with HIV/AIDS.[75]

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[72] See Annex A for listing and descriptions of the members of this Coalition.

[73] "Catholic Church key active partner combating AIDS, Vatican Nuncio says," Catholic Online (www.catholic.org), 13 April 2007.

[74] "Catholic Church key active partner combating AIDS, Vatican Nuncio says," Catholic Online (www.catholic.org), 13 April 2007.

[75] "Church is ready to respond to HIV/AIDS: Archbishop Moras," *CBCI News*, New Delhi, 12 April 2007.

Archbishop Moras also clarified that the Coalition would not be working in isolation from the national AIDS response but rather would complement that response by brining its own unique competence and expertise: "First and foremost we need to understand the national priorities and programmes or the proposed NACP-III and potential opportunities for the Church to help in its implementation."[76]

The following elements of the Coalition were articulated during the conference:

Vision

To build on existing networks and infrastructure of the Catholic Church of India in order to enhance health services to disadvantaged communities and individuals with a special focus on HIV and AIDS where true value, dignity and respect of all is assured.

Mission

To establish a Forum that provides an opportunity for collaboration amongst Catholic partners on specific health related activities, with a special focus on HIV/AIDS, in order to accelerate effective programme coordination and management in prevention, treatment, care and support.

Meeting of the National Catholic Coalition for HIV and AIDS, held at CBCI Centre, New Delhi

Mandates

The National Catholic Coalition for HIV and AIDS will be working in the realm of community health in India. As such it will be guided by:

1. The Health and HIV/AIDS Policies of the Catholic Church in India
2. The National Health Policy of India

Values

Unity: collaborating in our efforts to build healthy communities and an HIV/AIDS-free India;

Community and Fellowship: providing access to health services to marginalized communities;

Empowerment: building the capacity of health care workers, educators and clergy to provide quality care and support to communities.

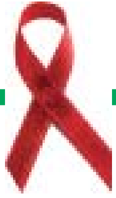
Objectives

The primary aims of the Coalition were expressed as follows:

1. To provide an opportunity for synergy and strategic partnerships amongst members of the Catholic Church in the health sector, with a special focus on HIV and AIDS in India.

   ➢ To facilitate linkages and collaboration between Catholic partners, the Government of

[76] *Ibid.*



India, health service providers, international donors, NGOs and CBOs (community-based organisations).

- To create an effective body that can influence the Government of India and other important actors to mainstream HIV and AIDS Policies and Programmes
- To act as a catalyst for both Government and the Inter-faith based Coordination Fora
- To strive for the International Cooperation and understanding.

2. To build, enhance and update knowledge, information and skills of entities and individuals in the field of HIV and AIDS
3. To play a proactive role in identifying lessons learnt, best practices, challenges and gaps in delivering services for people affected by HIV and AIDS
4. To promote the involvement of People Living with HIV and AIDS (PLHA) in HIV/AIDS prevention, care and support, gender equity, rights-based approach, community mobilization, advocacy and working in collaboration with local and religious partners.
5. To hold, organize, promote and sponsor Conferences, Seminars, Symposia, Workshops, Meetings, Conventions and Training Programmes for the furtherance of the objectives and goals of the Coalition.

Activities

1. Program intervention in the general population with a special focus on women, youth and children
   - Voluntary Counselling and Testing (VCT) Centers, Prevention of Mother-to-Child Transmission (PMTCT), Paediatric AIDS and family-centred care
   - Adolescent Life Skills Training for in-school and out-of-school youth
   - Life Skills Training for young women through self-help groups
2. Increase the proportion of persons living with HIV and AIDS who receive care, support and treatment
   - There are currently 78 care and support centers
   - 45 proposed centers in five states
   - Further scale-up in the numbers of people who access services is possible with additional training and financial resources.
3. Strengthen the infrastructure, systems and human resources in prevention and treatment programmes at the parish/ diocesan/ ecclesiastical regions.
   - Strengthening partnerships for training nurses, doctors, teachers and clergy in HIV and AIDS.
   - Systems strengthening and district, region and national levels.

4. Establish a nation-wide strategic planning, program management, monitoring and evaluation system
   - ➢ Planning for the accelerated adoption and implementation of the CBCI Health and HIV/AIDS Policies.

"Collaboration and Networking can make miracles"[77]: Achievement of a Concerted Response to HIV and AIDS by the Catholic Church in India

In August 2007, the CBCI Commission for Health Care decided once again to "map" the results of the planning and strategizing initiatives it had undertaken since 2003, in order to assess the fruit of its labours. Thus it prepared an updated classification and directory of Catholic Church-sponsored HIV services in the country. The overall focus and aims of such services were presented as follows:[78]

- Create an enabling environment conducive for healing;
- Increase access to care and support for persons living with HIV
- Enhance the quality of life for such persons;
- Increase awareness and access to treatment, including Anti-Retroviral Therapy (ART);
- Build, enhance and update the capacity of religious leaders, care-providers and community leaders for effective programme delivery;
- Advocate for the rights of persons living with HIV;
- Provide formal and non-formal education to children living with and/or affected by HIV;
- Develop the vocations skills and generating community systems such as self-help groups and income generating programmes to reduce the impact of AIDS on persons living with or affected by HIV.

This study found that Catholic Church-related HIV programmes are being sponsored in 19 states of India.79 Sixty-four percent of these services were found to be focused in the six states with the highest HIV prevalence in the country: Andhra Pradesh, Karnataka, Maharashtra, Tamil Nadu, Mizoram, and Nagaland.

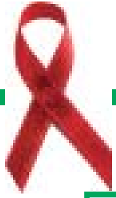
The range of HIV services sponsored by the Catholic Church in India was categorized as follows[80]:

[77] Archbishop Bernard Moras, President of the CBCI Commission for Health Care, from the Foreword of *Church's Concerted Response to HIV and AIDS in India,* unpublished document, August 2007. p. 3.

[78] *Ibid.,* pp.12-13.

[79] *Cf.* Annex B for a detailed breakdown of the location and typology of the Catholic Church-sponsored HIV services in India, as of August 2007.

[80] *Church's Concerted Response to HIV and AIDS in India,* unpublished document, CBCI Commission for Health Care, August 2007, pp. 14-15.



Prevention	• Prevention education in school/ educational institutions • Prevention education in community • Information, Education, and Communication (IEC) material development & dissemination • Counseling· Telephone hotline • Peer education • Voluntary counseling and testing • Prevention of mother-to-child transmission • Drug substitution therapy
Care and Support	• General health care to Persons living with HIV • Sexually Transmitted Infection (STI) treatment / management • Opportunistic Infection (OI) treatment • OI prophylaxis • TB-HIV co-infection management • Palliative care • Referral services • Paediatric AIDS treatment • Anti-retroviral Therapy (ART) – private care • Home-based care • Services for children affected by HIV • Community Care Centres Nutritional support • Financial support for medicines and for treatment
Mitigation	• Financial support for food, clothes, household items, etc. • Vocational training to persons living with or affected by HIV • Job placement assistance· Income generating projects • Self-help groups • Education for children affected by HIV
Programme Management	• Information sharing through publication of newsletters, etc. • Participations of State and National AIDS Control Programmes (SACS) and NACO • Provision of resource persons and technical assistance· Clinical research • Social research

Catholic Church-sponsored Prevention Services[81]

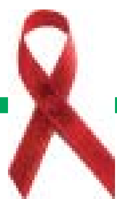
The Catholic Church in India has developed HIV prevention programmes to be delivered in a variety of settings and to address different populations. For example, life-skills education is provided in schools and education settings by 29 centres and awareness programmes are sponsored at community level by 81 centres. These centres utilize a large number of outreach workers as well as peer educators. Such initiatives are sponsored in both rural and urban areas. They reach out to various populations, including women, young people, and HIV-affected children. Methodologies to deliver this prevention education include: awareness campaigns for the general population, awareness-raising and mobilization in specific communities, one-to-one information and counselling, and group activities. Prevention-focused Information-Education-Communication (IEC) materials have been developed in 35 centres and have been translated into local languages. Some topics included in prevention programmes are the following:

- Basic information on HIV, STIs, and co-infections such as Tuberculosis (TB)
- Routes of transmission and ways to prevent transmission of HIV and STIs
- Management of STIs
- Partner notification and treatment
- Partner reduction among those who are sexually active
- Risk reduction information
- Types of medical and social services available in the community
- ART adherence and accessibility
- Promotion of voluntary counselling and testing
- Prevention of mother-to-child transmission
- Infection control in health-care settings
- Home-based care

An important element in these prevention activities is the promotion of "knowing one's status". The Catholic Church's network of HIV services includes 18 Voluntary Counselling and Testing (VCT) Centres and 13 Prevention of Mother-to-Child Transmission (PMTCT) centres, most of them supported by the Catholic Medical Mission Board, in Adhra Pradesh, Tamil Nadu, and Karnataka.

Between September 2005 and August 2006, 4590 pregnant women were counseled and tested in a pilot PMTCT project supported by CMMB and the Abbott Foundation and implemented by the CBCI Health Commission in seven rural hospitals in Karnataka and Andhra Pradesh. 438 (9.5%) of the expectant mothers were found to be HIV-positive and received Cotrimaxazole and Nevirapine prophylaxis. No cases of mother-to-child transmission were reported, although ten babies died due to conditions associated with pre-mature birth or other infections. Doctors and labour room staff were trained, and funding was provided to employ a counsellor. HIV test kits were provided, and CIPLA supplied the anti-retroviral medications to be used for PMTCT.

[81] *Ibid.*, pp.16-19.



Care and Support Services[82]

The most visible face of the Catholic Church's response to AIDS is found in its care and support centres (CSC) for persons living with HIV. The objectives of the Catholic Church-sponsored HIV care and support services are described as follows:

- To improve the quality of life of persons living with HIV and provide access to quality health care;
- To provide compassionate care to persons living with HIV, especially to those in the terminal stages of life;
- To provide psycho-social and spiritual support to persons living with HIV and to their families;
- To facilitate support, acceptance and loving care by the family by offering family counselling;
- To offer care and support to children affected by HIV through medical and educational assistance.

The first such programme was established as an AIDS care hospice at Bel-Air Centre, in Pancghani, Maharashtra, in 1994. Coincidentally, Bel-Air had been the site of the first tuberculosis treatment centre established in India; it later passed into the hands of the Indian Red Cross, finally evolved into a coordinated programme of the Red Cross and a Catholic religious order, and now has the mission of caring for persons with TB and/or HIV. By mid-2007, some 69 Catholic Church-affiliated care and support centres had been established in India. Nineteen such centres are supported by State (SACS) and National AIDS Control (NACO) Offices, and the remaining fifty are supported by dioceses, religious orders, and other Catholic voluntary organisations, such as the St. Vincent de Paul Society. With a bed capacity of 4000 in these centres, only 230 beds are supported by the NACO. More than 30,000 persons living with HIV and AIDS have received treatment services in such centres, and many of them have returned home in an improved state of health. Patients in need of ART are referred to the government-sponsored ART clinics or, if they have the ability to pay for their own medicines, are provided such treatment under the supervision of trained medical officers in the respective Church-run centres. Most patients treated at the centres come from low socio-economic backgrounds, have been referred by other non-governmental organisations, and were denied treatment at other places. The centres also provide supplemental nutrition to patients receiving services there.

The majority (75%) of these care centres and dispensaries have a fully functional out-patient department (OPD) which attends to the general health care of persons living with HIV. Prophylaxis

[82] *Ibid.*, pp. 19-23

and treatment for opportunistic illnesses are provided by 39 centres. Persons with TB and HIV co-infections are referred to facilities that provide DOTS (Direct Observed [TB] Treatment Short-Course). Other services include: laboratory testing, after-care, client support group meetings, support groups for family members, referrals to other care providers (when necessary). Most services are provided free of charge since the majority of the patients are indigent.

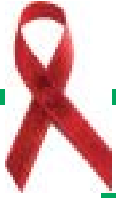
Church-sponsored community-based home care has been supported by Catholic Relief Services[83] and other international donors. Many engaged in providing such care are persons who themselves are living with HIV. They assist in educating family members about the infection and its consequences and training them to assist sick and bedridden persons in the setting of their own homes. Other services provided include: accompanying clients to health-care facilities, supplying food and other needed materials, facilitating community-based support group activities, sensitizing local health care providers, and advocating for respect of basic human rights. These home-based care programmes play a crucial role in reducing stigma and discrimination.

> "With regard to reducing stigma in the churches, we need to speak commonly, freely. Do not present HIV as a sin to be condemned. Every priest should take responsibility to reduce stigma, to treat patients as any other."
>
> *Response to Survey, January 2007, by* Sr. Cicely, St. John's National Academy of Health Sciences, Bangalore.

Some particular programme descriptions and testimonies about ways in which people benefit from these services were featured in both the 2005 and 2007 mapping exercises and include the following:

- Amala Cancer and Research Centre operates under the trusteeship of the Carmelites of Mary Immaculate, Devamatha Province, Thrissur. It follows a two-pronged, complementary approach, i.e., intervention-research and treatment. The research team at the Centre envisions extension of services to a wider range of clients as ayurvedic drugs can provide alternative life-prolonging therapies at low prices and do not produce adverse, toxic side-effects. The Centre provides a good treatment model which is viable for providing alternative, low-cost care to people in need.

[83] Catholic Relief Services is the overseas relief and development agencies of the United States Conference of Catholic Bishops.



"A significant study of the research done on two categories of AIDS patients reveal that the special ayurvedic drugs formulated by the centre have been found highly effective in substantially improving the immune system, resulting in the complete disappearance of most of the symptoms of AIDS, though the patients continue to be HIV positive when tested."

Re: findings at Amala Cancer Hospital, in Narayana, G., Joseph, S., Chauhan, K., *Streams of Compassion: Glimpses of the Efforts in Providing Care by the Catholic Church in India to People Living with HIV/AIDS.* Delhi: Commission for Health Catholic Bishops' Conference of India (CBCI), August 2005, p. 12.

- Bel Air Sanitarium and Hospital, situated in Panchgani, Satara District, in Maharashtra, is a Red Cross project, and is administered by Fr. Tomy, MCBS. It has provision for providing care to children orphaned and made vulnerable by HIV. It also provides prevention, treatment, care and support for adults living with HIV and AIDS.

"Many of these doctors refer their AIDS patients here as they would not like to keep them in their own hospitals." [Speaking about the orphans under care at Bel Air]: "… nobody wants to care for them."

Words of a doctor and a social worker at Bel Air Sanatorium and Hospital, in Sr. Anasthasia, Jeevan Hyothi Hospice, in Ibid, pp. 24 and 26.

- Jeevan Jyothi Hospice is located in Theni district of Tamil Nadu, and area of high HIV prevalence and is administered by the Presentation Sisters. The hospice is distinguished by its provision of holistic and comprehensive care to people living with HIV and AIDS. Palliative care is provided to people within the community where they live, thus resulting in acceptance and reintegration of these clients. The treatment process integrates allopathic medication with ayurveda, siddha, and herbal treatments. The vision of Jeevan Jyyothi Hospice is to provide holistic, comprehensive and quality health care to the sick – with special priority given to people living with HIV. Jeevan Jyothi stands for offering life and light, care and support, to those living with and affected by HIV.

"It was a dream come true, opening up new avenues of service, through relentless efforts, assisted by unlimited generosity – a hospice providing quality care and support to people infected with HIV/AIDS especially the terminally ill."

Sr. Anasthasia, Jeevan Hyothi Hospice, in Ibid, p. 39.

- Jyothi's Charitable Trust was established by the Sisters of the Destitute, Shantidham province in 1999; its aim is "to render service to the poor and underprivileged of the society irrespective of caste, creed and religion." It provides institutional care and support programmes as well as capacity-building for vulnerable women.

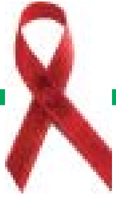
Mr. V suffered multiple fractures after a serious accident and was admitted to a public hospital in Mumbai. As he needed an immediate operation, an HIV test was done and he tested positive. The hospital, without providing him any treatment, sent him home, which was on the pavements at Santacruz. His wife, who is a domestic worker, took him to the JCT [Jyothi's Charitable Trust]. According to [the] sisters, when he came he had maggots all over his body, he was in severe pain and all thought he would not survive long. The sisters nursed him daily, giving him nutritious food. They also helped his wife put the children in a hostel. Mr. V lived in the Centre for one year and most of his fractures healed. He also needed an operation which was conducted at Bangalore Snehadaan (at their cost). Today, Mr V is back in society working in a telephone booth..

Ibid, p. 56.

- Eduljee Framed Allbless Niramay Niketan is a hospice supported by the St. Vincent de Paul Society, an organisation of lay people which traditionally engages in developing programmes to meet identified community needs.

"We have no plans to recover cost, as the service motto of the SVP [St. Vincent de Paul Society] is to care for the less fortunate." "We tell our patients that they are free to return for a check-up, or to the outpatient department (OPD) or simply for a rest."Comments from staff members at Eduljee Framed Allbless Niramay Niketan,

in Ibid, pp. 72 and 74.



- Sneha Bhavan is a rehabilitation centre for chemically dependent women; it is sponsored by the Salesian Sisters of Don Bosco, with its provincial headquarters at Guwahati, Assan. It also provides a short-stay home for widows – both those living with the virus and those surviving the death of their husbands as a result of AIDS-related illnesses. It also works to empower communities at village level so that their residents may have access to available services. Moreover, it provides educational support to children affected by the pandemic.

> "Since our focus is marginalized and abandoned women, we cannot ignore their primary concern – the well-being of their children. We give coaching to the children … and in the month of January we take the children and obtain admission to different schools. We are providing the fees, clothes and text books … We support them up to tenth standard … Fostering these children is a real challenge. We need medicines, clothes, and they need books and uniforms … Some of these children are very weak in study so we need to arrange special tuitions for them. Spiritual aspect is also taught in the worship service so that they can become responsible citizens."Sr. Teresa Varkey, of Sneha Bhavan,
>
> in Ibid, pp. 105f.

- At a time when no other organisations were caring for people living with HIV, the Fathers and Brothers of the Order of St. Camillus decided to take up the challenge of doing so, and Snehadaan became the first Care Centre for such persons in need. Snehadaan provides ambulatory, psychiatric, and paediatric care and treatment and supports a unique programme of placement assistance to people affected by HIV. The efforts are concentrated on providing the best possible care to HIV-positive persons and to help them to pass through peacefully the last stages of life and to accept death with dignity. To date, the Centre has cared for more than 660 persons living with AIDS. The centre collaborates with the Catholic Health Association of India (CHAI) and with St. John's Medical College Hospital, and organises training programmes for health care workers. To date, the centre has trained more than one thousand physicians and health care workers.

> "The devotion is amazing, I cannot think of anybody taking so much care and trouble to make our life so comfortable." – Comment by a patient/ volunteer attendant at Snehadaan. "I had all kinds of fears in my mind when I first cam here for training. My first worry was what if I get infected working with them. But after two weeks of training here and watching the people of this institution my fear was gone. I knew how to care for myself and have decided to work with these people. That's why I came back here to join the team as a nurse." –Comment by a religious sister trained at and present employed by Snehadaan.
>
> Ibid, pp. 113f.

- St. Ann's Snehasadan was founded as a tuberculosis care training centre for the student nurses of St. Ann's Hospital, Vijayawada. The Society of the Sisters of St. Ann, which has its roots in Switzerland, has three major foci – education, health, and social apostolate. In 1995-1996, St. Ann's Hospital in Vijayawada began receiving an increasing number of patients who were HIV-positive. Even though the hospital administration wanted to attend to the medical needs of such patients, there was much resistance from the medical staff, who feared that this posed an occupational risk. The provincial and general chapters of the Sisters recommended that the institution respond to these pressing needs. Today the centre is providing dedicated and compassionate service to people living with AIDS. It has treated outpatients within a range of ages – the youngest being two years old and the oldest being seventy-five years old.

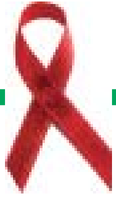
"The institution faced some teething problems both from within the congregation and without. Sr. Elizabeth, the Provincial Superior, reports that the basic philosophy and guiding principle for them has been to 'render service according to the needs of the times ... The pressing need for special attention and care for people living with HIV/AIDS got them into action believing that this present-day need shows the will of God ... Our response to ethical dilemmas when faced is – to act from our conscience. One has to use one's own conscience, pray and then make a decision. Issues within the congregation were not less challenging.' Many apprehensions, doubts and fears, including stigma and ethical issues were raised. But as it is said 'good shall prevail' and the Centre ... has been able to provide services to many infected patients."

Ibid, p.128.

- Founded by the Little Sisters of St. Francis of Assisi, St. Francis Hospital, Ajmer, located in Rajasthan, has the distinction of having served as a multi-specialty hospital for more than one century. Since 1951, the hospital has been sponsored by the Mission Sisters of Ajmer. The intervention programme components include prevention, care and support. Related programmes are Asha Niektan (institutional care and support centre) and Jiwan Dayani Project (community-based preventive programmes.

"Rajasthan is not a high HIV prevalence state. However, cities like Ajmer are susceptible to a high rate of HIV transmission because of the large number of tourists visiting the Dargah-e-Shariff, the presence of national and state highways, and the large number of truck drivers living in the Srinagar block of the district ... The programme is being implemented by three specific but inter-related delivery systems Asha Niketan, Sr. Francis Hospital, and Jiwan Dayini Project. While the prevention programmes are primarily community-based, treatment as well as care and support programmes are primarily institution-based.

Ibid, p. 144.



- St. John's National Academy of Health Sciences, founded in 1963 by the Catholic Bishops' Conference of India, has the following motto: "He shall live because of me." The institution is intended primarily for training Catholics and member of Catholic religious orders, who run health care facilities in medically under-served areas and serve underprivileged people; however, like other educational institutions, it is open to all persons, irrespective of religion, caste, or community. St. John's is a tertiary care unit with different departments engaged in HIV- and AIDS-related services. These services include: treatment of persons living with HIV or AIDS, training of medical professionals, outreach activities (through the community health department).

> "Since the beginning we have never rejected even one patient who had come to this hospital for treatment on the grounds that the patient was HIV positive. But there was a lot of uneasiness among the doctors who were conducting delivery and surgery."
>
> Comment by Dr. G.D. Ravindran in Ibid, p. 165.

- St. Jospeph's Hospital is located in Pratifadu, a small town in the East Godavari district of Andhra Pradesh. It is managed by the Sisters of St. Joseph of Annecy. In earlier days, the hospital focused much attention on patients suffering from leprosy but later expanded its services to those living with HIV. This hospital represents the first HIV care and support centre established in the district. Special attention is paid to girls affected by HIV, and various skills-building training programmes are offered to them. A unique feature of the hospital is that all patients, whether infected with leprosy or with HIV, live in a common wing with separate wards so that they do not feel isolated, secluded or discriminated against. People living with leprosy often serve as "cheerleaders" for HIV-positive persons.

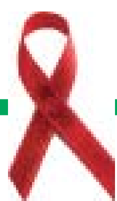
> "St. Joseph's Hospital has established a good rapport with the government hospitals and other private practitioners in the area, which refer cases to the care and support centre. Besides this, the centre has links with a cultural troupe that performs plays and skits related to HIV/AIDS as part of the community-based prevention programme."
>
> Findings of a researcher in Ibid, p. 189.

Services to Mitigate the Impact of HIV on HIV-positive or –affected people[84]

Both governmental structures and local communities are facing increasing struggles with addressing the impact of HIV on women, children, and other vulnerable persons whose lives have been tragically affected by the HIV-related illness and/or death of loved one(s). Some 54 Catholic Church-affiliated centres are trying to fill such needs. Most such programmes have adopted a "continuum of care" model that includes a wide range of services designed to empower clients to maintain their dignity and independence in society. Nineteen such centres also have been instrumental in forming self-help groups for and with persons living with HIV. Many programmes are gender-specific and assist women living with HIV or widows with various livelihood options. Others are dedicated to supporting children living with and/or orphaned by HIV and AIDS.

After the triple murder of two Salesian priests and one religious brother at their novitiate house in Ngarial, 22 kilometres east of Imphal, this facility was later transformed into a centre of hope, called the *Sneha Bhavan Short Stay Home*, to train HIV-positive and other widows to become financially independent and to offer them regular medical attention. Some ninety widows already have been trained at the centre, for the period of one year, in weaving, pig- and poultry-breeding, building kitchen gardens, horticulture, and silkworm rearing. The year-long training usually ends before Christmas. The "graduates" of the 2006 "class" went home with savings of up to Rs. 11,000. The woman also benefited from education on how to maintain themselves in good health by eating nutritious food from locally available vegetables. "Life seemed hopeless when my husband died. But now, I am confident I can earn and look after my three children," said HIV-positive Aram Pamei. "Earlier, I thought I was the only one who was suffering. Now I realize that others are also suffering like me. This gives me courage. With the training here, I will be able to do something when I go home," said the widow, whose three children already had been accepted into different church school hostels.

[84] *Church's Concerted Response to HIV and AIDS in India,* unpublished document, CBCI Commission for Health Care, August 2007, pp. 24-25.



Programme Management Services

As they began their journey into the development of appropriate HIV-related services, many Catholic Church-based institutions and organisations did not have prior experience in organizing or managing such programmes or lacked competent and professionally-trained personnel to assume such tasks. Thus programme management and capacity-building services were designed to assist staff in the respective centres to participate in NACO/SACS planning meetings, engage in clinical and social research, prepare newsletters and journals, etc. In this same regard, Fr. Tomy, the Director of Bel-Air Hospital, Panchgani, chairs the Technical Resource Group on Community Care Centres (TRG-CCC) that was set up by NACO; Fr. Tomy also is a former member of India's Country Coordinating Mechanism (CCM) for the Global Fund to Fight AIDS, TB, and Malaria (GFATM). Increased engagement with national prevention and care programmes has led to increased collaboration between government and the Church-based centres.

Some 20 centres sponsor capacity-building programmes for key Church leaders, such as bishops, priests, religious sisters and brothers, seminarians, and key professionals in the Church network, such as sister-doctors and sister-nurses.

The Catholic Health Association of India (CHAI) is a pioneer training resource for Church-related HIV work. Based in Hyderabad, CHAI has prepared thousands of individuals to enter into or to develop skills in such efforts. In addition, other institutions, such as St. John's National Academy of Health Sciences, Bel-Air, Snehasadan, Atmata Kendram, Nirmala Niketan College of Social Work, and Xavier Institute of Labour Relations have provided capacity-building on various aspects of HIV work. Some 16 centres have been invited to provide resource persons and assistance to other organisations in the field.

St. John's has been actively involved in both the care and prevention of HIV/AIDS right from the beginning. We have succeeded in integrating the care of the PLWHA with the other patients without any discrimination. We also are involved in preventive measures, especially mother to child infection. St. John's is a training centre for many other groups in the care and prevention of HIV/AIDS. As the CEO of the institution my role is encouraging and guiding all these efforts.

Response to Survey, January 2007 by Fr. Thomas Kalam, *Director, St. John's National Academy of Health Science (Bangalore)*

St. John's National Academy of Health Science (Bangalore) and Amala Cancer and Research Centre (Amala Medical College, Trichur), Catholic Medical Centre (Manipur), and Leonard Hospital (Dinidigul) are all engaged in clinical research related to HIV and AIDS. For example, the Catholic Medical Centre is conducting research on HIV-TB co-infection, while Amala Centre conducts research on HIV and alternative system of medicines, especially Ayrvedha. Church Centres increasingly are becoming more involved in social research on the impact of HIV.

"You are our star players. You are doing wonderful services in the fight against AIDS," said Ms. Sujata Rao, Director General of NACO, at the concluding session to launch the *National Catholic Coalition for Health and HIV/AIDS* in April 2007. "HIV affected people respond to drugs much better when they get care and love," added Ms. Rao, while she assured NCACO's assistance to the Catholic Church-related services in response to the epidemic.

Another Milestone in the Catholic Church's response to the HIV epidemic in India: Moving from Provider of Services to Active Promoter of Universal Access to HIV Prevention, Care, Support, and Treatment in India:

"It would be helpful for churches to get engaged in ART programming. Within the churches, there is the passion to reach people. The approach of churches is people-based. Thus better quality – better adherence – could be attained. Churches could mobilize volunteers to monitor adherence; churches could facilitate the delivery of medications directly to the community. Right now people who are sick need to travel very far to get their medications. Direct access to treatment is possible through the churches. It is ossible to meet people at their homes, at their doorsteps – and then they could be referred for more technical services when this is needed."

Response to Survey, January 2007, by Joyce Premile, *Senior Programme Secretary, Christian Medical Association, Bangalore*

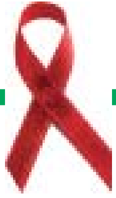
Not content to resting on its own "laurels" or on the accomplishments of its related structures and organisations in its concerted response to the HIV epidemic, the Catholic Bishops' Conference of India launched two additional efforts to take a leap forward in conjunction with other national and global efforts to achieve "Universal Access".

Establishment of 45 Church-based, Community Care Centers in 5 States[85]

The first component of these new and scaled-up initiatives relates to the significant expansion of community-based care and support services in India. Realizing that Church-based funding, even with the generous support of international donors, would not be sufficient to respond to the rapidly-increasing burden of care as the epidemic continued its development in India, the Catholic Bishops' Conference of India developed the necessary linkages and skills to access more substantial funding available through the Global Fund to Fight AIDS, Tuberculosis, and Malaria (GFATM)[86].

[85] As reported to the Standing Committee of the Catholic Bishops' Conference of India under the submission of the CBCI Health Commission, 27 April 2007.

[86] The Global Fund was created to finance a dramatic turn-around in the fight against AIDS, tuberculosis and malaria. These diseases kill over 6 million people each year, and the numbers are growing. To date, the Global Fund has committed US$ 10 billion in 136 countries to support aggressive interventions against all three diseases, http://www.theglobalfund.org/en/



The National (India) Country Coordinating Mechanism (CCM) of the Global Fund for TB, AIDS and Malaria (GFTAM) and National AIDS Control Organization (NACO) of the Government of India approved a proposal submitted by the Catholic Church network in August 2006. As they finalized the country proposal, the CCM and NACO requested that the Catholic Network join a consortium in which the Population Foundation of India (PFI) would serve as the Principal Recipient (PR) [since they were sub-recipient in the previous two Rounds of the GFTAM], and the Health Commission of the Catholic Bishops' Conference of India (CBCI-HC) would serve as the Sub Recipient (SR). Together with the CBCI Health Commission, Caritas India was selected to be the implementing partner, and Constella Futures was requested to provide technical support.

The main objectives of the project were identified as the following:

- to ensure access to treatment for Opportunistic Infections (OI) and to improve drug adherence by establishing Community Care Centers (CCC) for Persons living with AIDS;
- to integrate HIV-related care and support services into existing out-reach activities and to build capacity and facilitate community-based care.

Dr. Denis Broun, UNAIDS, Archbishop Bernard Moras, Chairman, CBCI Health Commission, Mr. K.K.Abraham, President, INP+ and Dr. Sebastian Ouseparambil, Director, CHAI, at the Staff Orientation Program of the Global Fund, Round VI

The community care centres are expected to provide the following services:

- Outreach and Advocacy for early testing and counseling at the Centres for Voluntary Counselling and Testing Centres;
- In-patient care and counseling on drug adherence, nutrition and behavior support etc., for five days following initial diagnosis and initiation of Anti-Retroviral Therapy (ART);
- Treatment of Opportunistic Infections;
- House visits to identify patient needs and monitor adherence to ART.

The CBCI Health Commission and the other members of the consortium have been assigned the task of establishing 45 such Community Care Centers in five states of Northern India, such as Bihar, West Bengal, Orissa, Chattisgarh and Gujarat[87]. The project will be implemented in consultation with the Bishops of each diocese, and in collaboration with the Diocesan Social Service Societies, Regional Fora of Caritas India, Health Commission of the Regional Bishops' Council and the respective Catholic Health Association of India (CHAI) units located in the respective areas.

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[87] *cf.* Annex C for a proposed initial list of the locations in which the Community Care Centers will be established.

Twenty-five of the new Community Care Centers are to be established during the first year of the grant cycle, and the remaining twenty during the second year. A total budget of Indian Rupees 464,737,506- was approved for this programme for a 5-year period. This funding provides support for one part-time physician, two nurses and other paramedical staff, and office staff in each centre. The Centres are expected to dispense medicines (except for ARVs) and provide nutritional support to those receiving services.

Mobilizing Youth to: "Take the Lead - The future is now!"

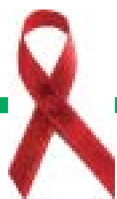
The Catholic Bishops of India were keenly aware that, despite the vital necessity of scaling up care and support services for those already living with or affected by HIV, such efforts are not sufficient to stem the tide of the rapidly expanding epidemic in India. Thus they took the opportunity of their 2007 World AIDS Message, traditionally delivered each year by the Chairman of CBCI Commission on Health, to launch a new prevention initiative focused on a population group with extreme vulnerability to HIV infection– youth.[88] In his message, Archbishop Bernard Moras set the context for this new initiative:

> The rate of new infections also is growing rapidly in most parts of the country. We know that discussing sexual behavior is a taboo in many societies. We need to impart true and lasting values to our youth in order to help in the formation of their right conscience. Grooming them with skills to follow the 'promptings of their inner self' is an important task that is often neglected. As a result, many young people do not know how to truly protect themselves. If this trend continues, the next generation of adults will face greater challenges, both as individuals and as members of the civil society.[89]

An important component of this initiative was developed, with leadership from CMMB in India, as the Adolescent Life Skills Education Program. Adolescents were targeted for the program since they find themselves at a very important phase in life, during which value-based decisions need to be shaped and taken. An inter-faith approach was taken in forming initiative, with three

[88] "The HIV pandemic has emerged as one of the greatest threats to adolescents. Alarmingly, every 14 seconds a young person between the age of 15 and 24 becomes infected globally (UNFP, *State of World's Population Report,* 2003, p. 16). According to a recent report, in India out of the total number of AIDS cases 35.5 percent were in the age group of 15 to 29 years (Ref. NACO & Ministry of Women and Child Development, Govt. of India, *Children and AIDS Programme Update India*, 31, July 2007, p. 5)," excerpted from Archbishop Bernard Moras, Message For The World Aids Day, December 1, 2007, *Youth: Take the Lead - The future is now!, "With the power of the Holy Spirit … you will be my witnesses"* (Acts 1:8).

[89] *Ibid.*



different religious groups were engaged in this process – the Arya Samaj[90], the Art of Living Foundation[91], and the Catholic Bishops' Conference of India through the Commissions for Health Care and for Youth. The process involved discernment, with the help of the religious leaders, of essential values from each respective religious group and the "packaging" of such information in an "adolescent-friendly" it in a manner.

Professional consultation from Partners Development Initiative (PDI) was engaged to assist with development of this interfaith module. In addition to doing an extensive literature review of all material available in this area, PDI helped facilitate extensive discussions about the manual both among the different faith groups as well as internally within specific organizations. To ensure that the initial draft of the module reflected the needs of the youth, large group interactive feedback sessions the initial draft of the module were conducted by PDI with more than 1500 youth from three different religious. The module then was modified in conformity with the young people's suggestions, and the final version was circulated among all faith leaders for their approval before publication was completed. Trainers will be identified from each of these faith communities and an inter-faith 'Training of Trainers' (TOT) program will be organized so that these TOT "graduates" can, in turn, then train others in their respective religious group in order to sustain and expand the process.

In his World AIDS Day Message Archbishop Bernard Moras outlined, in full, this special Youth Initiative:

"On the occasion of World AIDS Day-2007, the Catholic Church in India, with active participation of youth, has planned on-going programmes, which I strongly feel would help us to have a focused-approach in our interventions. These include the following:

i. Pledge by One Million Youth: 1000 youth in each of the 1000 places will take an oath to educate themselves and others with accurate information on HIV, to be personally responsible not to spread the virus, to avoid discrimination against people living with HIV and to care for all those affected and infected. This pledge has to be an expression of a genuine inner conviction, an act of well formed conscience, 'that echoes in their depths' (*Gaudium et Spes*, 16). Therefore, this commitment, formally taken in schools, colleges, parishes and communities, is to be organized with meaningful in-put sessions, and is to be followed up with youth leadership programmes, which can be taken as a special activity in the year 2008. As the World AIDS Campaign reminds us, each one should 'take the lead - To stop AIDS. Keep the promise'.

[90] Arya Samaj was founded on April 7th, 1875 at Bombay, India, by Maharishi Dayanand Saraswati. It was was founded in the pre-independence era of India. The purpose was to move the Hindu Dharma away from all the fictitious beliefs, and go back to the teachings of Vedas. The goal of the Arya Samaj has always been, Krinvanto Vishvam Aryam - Make This World Noble. http://www.aryasamaj.com/intro.htm

[91] The Art of Living Foundation, established by His Holiness Sri Sri Ravi Shankar in 1981, is a unique global service project that formulates and implements lasting solutions to conflicts and issues faced by individuals, communities and nations. One of the largest volunteer-based organizations in the world, the foundation¹s work has touched more than 300 million people spanning over 140 countries. http://www.artofliving.org/AboutUs/tabid/60/Default.aspx

ii. Life Skills Education Programme: At the National Catholic Youth Convention, held in October 2007, at Cuttack, Orissa, on the theme, "Prophetic Youth for a Progressive Nation", a module on Life Skill Education was finalized. I sincerely thank the Catholic Medical Mission Board and the Partners in Development Initiative for supporting both the CBCI Youth and Health Commissions in preparing the module. This manual aims at enhancing capabilities of the youth to take informed decisions and guide them to lead healthy and productive lives. We are happy that both Arya Samaj and the Art of Living Foundation will adapt the same module for the training of their youth as well. On the occasion of the World AIDS Day-2007, this manual will be launched officially in 11 ecclesiastical regions. May I appeal to everyone, especially the youth and their animators, to make the most of this resource. Together with knowledge, skills, and above all inner conviction, prevention is both efficient and cost-effective. It is a tough path, but true and secure.

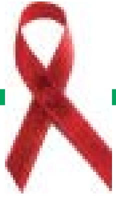
iii. Community AIDS Talk: The biggest weapon we have against discrimination and stigma toward people living with HIV and AIDS is knowledge. Leaders of communities – Bishops, priests, and lay faithful - and heads of families, need to speak openly about HIV in our gatherings and family get-togethers, so that people get accurate information about it and develop the right attitudes of respect and care for them. Awareness programmes need to be initiated in parishes, schools, workplaces, etc., especially with active participation of people living with HIV. Such programmes will facilitate the creation of a generation better equipped to live in the world of AIDS. In all our programmes we need to assure the active participation and greater involvement of the people living with HIV and AIDS and encourage them to live life to the fullest.

iv. AIDS Sunday: It will be opportune to observe 2 December 2007 as AIDS Sunday. This is a moment for all of us as one community to receive strength from the Eucharistic Lord, especially for those infected and affected, who carry the cross in their daily lives. Let us recommit ourselves to a life of caring for one another in love and fellowship. Following the message of Pope Benedict XVI for the World Youth Day 2008, let us hope that 'the *Spirit of Fortitude and Witness* give us the courage to live according to the Gospel and to proclaim it boldly'. The future is now – youth, take the lead! With the power of the Holy Spirit be true witnesses of life, love and hope!"[92]

Conclusion

It its document entitled, *Church's Concerted Response to HIV and AIDS in India,* the CBCI Commission for Health care summarized as follows the motivating factors for the leadership role it assumed in responding to the HIV epidemic in India:

[92] *Ibid.*



The Catholic Church's response to the AIDS epidemic came about as a genuine response to the rapid increase in the numbers of [HIV-positive] people … in all parts of the country and the inadequate access to … HIV-friendly care and support services. The social realities like poverty, illiteracy, ignorance, oppression, gender discrimination and psychological factors such as loneliness and isolation influence people's decisions to behave in ways that expose them to HIV. There is gradual deterioration of moral and human values in our society. This has undermined the sanctity and meaning of human sexuality, intimacy, marriage, and parenting. The infected people are still being refused treatment, care and support by some institutions run by the Government, Church and other agencies. Persons living with HIV are stigmatized, and face discrimination and violence, which is unjust, unethical, and inhuman.[93]

Hopefully, this "Best Practice" report has been successful in making evident the determination and leadership shown by the hierarchy of the Catholic Church in India who confronted, with courage and decisive action, the challenges posed by the HIV epidemic in their country. Perhaps, even without such strong leadership, many Church-related HIV initiatives may have been developed, but they probably would have occurred in disparate and incomplete fashion, and without the force and effectiveness of the concerted response that has been outlined above.

The words of Archbishop Bernard Moras, in his 2007 World AIDS Day Message, can serve as a most fitting summary to conclude, but also as a challenge to carry on, the "good news" contained in this report:

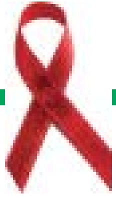
> This is an opportune time for us, as one community of believers, to reflect on how this epidemic has changed life around us and the challenges it has posed. Inspired by the mandate of Jesus, the Divine Healer, the Catholic Church in India considers it a special mission to provide compassionate care and solace to the many living with HIV and AIDS, and take concerted and sustainable measures towards preventing further spread of this pandemic. The enduring assurance of Jesus, "*I will be with you*!" (Mathew 28:20), serves as a source of hope to the sick, and provides great encouragement to the caregivers.[94]

[93] *Church's Concerted Response to HIV and AIDS in India,* unpublished document, CBCI Commission for Health Care, August 2007, pp. 11-12.

[94] Archbishop Bernard Moras, Message For The World Aids Day, December 1, 2007, *Youth: Take the Lead - The future is now! "With the power of the Holy Spirit … you will be my witnesses"* (Acts 1:8).

A person … [living] with HIVAIDS is Jesus among us.
How can we say 'no' to Him?

Blessed Mother Teresa of Calcutta



ANNEX A

Members of the National Catholic Coalition for Health and HIV/AIDS o

CBCI Health Commission:

The Catholic Bishops' Conference of India started the CBCI Commission for Healthcare in 1989. Its specific purpose was stated as follows: "The Health Commission is to function as the coordinating body of all the Health related organizations in the Church in India. This Commission should be the forum for discussing the various vital issues of national importance related to health and for planning common action." The Health Commission links Catholic Nurses Guild of India (CNGI), Catholic Health Association of India (CHAI), Indian Federation of Medical Guild, etc. The aim of the Commission is to inspire and guide all these organizations according to the spirit of the Catholic teaching, practice and tradition. (Cf. CBCI, Report of the CBCI General Body Meeting, Pune, 1992).

CBCI Youth Commission

CBCI Women's Commission

CBCI Education Commission

CARITAS India

Caritas India is a network organization with 160 local counterparts which are the Diocesan Social Service Societies (DSSS) and hundreds of NGO partners. Through a process of active partnership Caritas India strives to reach even the remotest corners of the country. Caritas India serves the poor and marginalized without any distinction of caste, creed and ethnicity.

St. Johns National Academy for Health Sciences

In December 1994, the institution was renamed as St. John's National Academy of Health Sciences and four Institutes placed under it are: St. John's Medical College; St. John's College of Nursing; St. John's Institute of Health Management and Para-medical studies and St. John's Medical College Hospital.

St. John's remains a unique institution in India imparting quality care, excellent training in basic and advanced aspects of medicine and health. Apart from conducting the MBBS, General Nursing, B Sc and PC B Sc Nursing and M Sc Nursing courses, St. John's now conducts Post-Graduate courses in Pre-, Para- and Clinical areas as well as B Sc Courses in Laboratory Technology and Radio Diagnosis.

The Catholic Health Association of India (CHAI)

The Catholic Health Association of India (CHAI) remains the largest health care network in the country having 2906 member institutions under its umbrella, ranging from small health centers serving in the remotest villages to large city-hospitals.

The Association experienced a steady growth in its involvement, and vision. The Alma Ata Declaration of WHO in 1975 was "Health for All by 2000 AD". CHAI realized that this was an impossible task and adapted it into "Health for Many More by Many More". Since 1996, CHAI has three new strategies in realizing its objective in building up healthy communities, such as Decentralization, Bottom up approach and Networking with Government and like-minded voluntary organizations. Decentralization was aimed at enabling many more members to participate in the affairs of the organization and to address region-specific issues. Thus efforts were initiated to strengthen Regional Units, formation of Diocesan Units and building up of Regional Resource Teams. Now CHAI has 11 regional units.

The Sister Doctors Forum of India (SDFI)

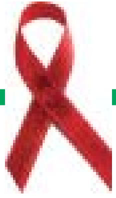
Approximately 600 Religious Sisters who are Medical Doctors serve in various parts of the country, particularly in remote villages. In view of their on-going formation and their mutual support, many Sister-doctors felt the need to have an association for themselves. In June 1993, during the National Convention of CHAI, the Sister-Doctors' Forum of India was created. The main objective of the Forum is to develop and foster solidarity and fellowship among the members through mutual sharing of the vision and experience and exchange of views.

Catholic Nurses Guild of India (CNGI)

The main objectives for the formation of CNGI in 1957 were "to improve and elevate the nursing profession in its religious, apostolic, ethical, social, cultural, economic and technical aspects; and to provide an agency through which catholic nurses will be able to speak and act corporately in matters of common interest to their profession". Evaluating its presence in the health scenario of India, it is noted that, "for us, the CNGI, the past years have been years of growth and full of challenges. CNGI has stood for the voiceless, especially in the pro-life activities of the country in schools, sex education and family life education and Natural Family Planning to hundreds of children and parents in the Catholic Schools and Colleges".

Catholic Medical Mission Board (CMMB)

CMMB is the leading U.S.-based Catholic FBO focused exclusively on global healthcare. It has been working to help heal and save lives throughout the world since 1928. CMMB programmes and initiatives concentrate on making healthcare available to all, and particularly on the well-being of women and children in the developing world.



CMMB responds to the AIDS epidemic from Africa to Asia, and provide primary healthcare in Latin America and the Caribbean. CMMB also sends medical volunteers, medicines and supplies, free of charge and without discrimination, to the help the poor and sick in more than 100 countries over our 78-year history.

Catholic Relief Services (CRS)

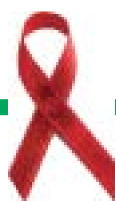
Catholic Relief Services reaches out to people in more than 99 countries and territories around the world to alleviate human suffering and promote peace for poor and disadvantaged people. As the official relief and development agency of the Catholic Church [in the United States], CRS works through an extensive network of partners around the globe, providing humanitarian relief and development assistance in the fields of health and HIV/AIDS, peace and justice, education, agriculture, microfinance and emergency response.

ANNEX B

Location and Typology of Catholic Church-sponsored HIV Services in India[95]

State	Total # of Centres	Prevention	Care & Support	Mitigation	Programme Management
Andhra Pradesh	25	23	22	9	5
Assam	1	1	1	0	0
Bihar	5	5	3	2	3
Delhi	1	1	1	1	0
Gujarat	8	8	8	6	5
Haryana	1	1	1	1	0
Jharkhand	1	1	1	1	1
Karnataka	12	11	8	4	2
Kerala	11	9	10	7	7
Madhya Pradesh	3	2	3	3	1
Maharashtra	11	9	11	10	4
Manipur	4	4	4	4	2
Mizoram	3	3	3	1	1
Nagaland	4	3	4	2	2
Pondicherry	1	1	1	0	0
Rajasthan	1	1	1	0	0
Tamil Nadu	11	7	7	3	3
Uttar Pradesh	1	1	1	0	0
West Bengal	3	3	3	0	0
TOTAL	107	94	93	54	37

[95] *Church's Concerted Response to HIV and AIDS in India,* unpublished document, CBCI Commission for Health Care, August 2007, p. 13.



APPENDIX C

Proposed Initial List of the Proposed 45 Community Care Centres made possible through sub-grant from the Global Fund to Fight AIDS, TB, and Malaria

Center No.	State	District
1	Bihar	Khagaria
2	Bihar	Kishanganj
3	Bihar	Madhubani
4	Bihar	Muzaffarpur
5	Bihar	West Champaran
6	Bihar	East Champaran
7	Bihar	Purnea
8	Bihar	Sitamarhi
9	Bihar	Kaimur
10	Bihar	Patna
11	Chhattisgarh	Bastar
12	Chhattisgarh	Mahasamund
13	Gujrat	Mahesana
14	Gujrat	Navsari
15	Gujrat	Patan
16	Gujrat	Surat
17	Gujrat	Surendergarh
18	Gujrat	The Dang
19	Gujrat	Valsad
20	Gujrat	Ahmedabad
21	Gujrat	Amreli
22	Gujrat	Anand
23	Gujrat	Bharuch
24	Gujrat	Bhavnagar
25	Gujrat	Dahod

26	Gujrat	Jamnagar
27	Gujrat	Junagarh
28	Gujrat	Kheda
29	Gujrat	Narmada
30	Gujrat	Panch Mahal
31	Gujrat	Porbandar
32	Gujrat	Rajkot
33	Gujrat	Saba Khanda
34	Gujrat	Baroda
35	Orissa	Cuttack
36	Orissa	Ganjam
37	Orissa	Sampalpur
38	Orissa	Khorda
39	West Bengal	Calcutta
40	West Bengal	Hugly
41	West Bengal	Durgapur
42	West Bengal	Barddhaman
43	West Bengal	Jalpaiguri
44	West Bengal	Medinipur
45	West Bengal	Murshidabad

Types of Services Provided by Centres