

MA&ST

MULTIDIMENSIONS
AIDS AWARENESS & SOCIAL TRUST

MULTIDIMENSIONS AIDS AWARENESS & SOCIAL TRUST

GRAFFITI AIDS

The Manual on Aids Awareness

Vol.1

AIDS-BEAT IT!

KNOW

HIV/AIDS

SAY NO TO

AIDS

AIDS SUCKS

We're I
GONNA
KILL YOU

Let's make
AIDS a thing
of the past





The ROAR of HIV / AIDS...

*My name is HIV/AIDS
I will take the lives of your children
Your boys and girls
I will take the lives of your adults
Your men and women
I will even take the lives of your elders
All are fair game to ME*

*I have no conscience as to who I infect
I am HIV/AIDS
I have no pride or emotions
I only know I exist
I am alive
Take this warning indeed my friends
Please do not sleep in my path
Be aware, be please be aware*

*I am harm in harm's way
Learn quickly about me
Teach your children
Teach all your Folks about me
And please stay away from me.....*

*If you get me,
I will take years To kill you
Years, hard horrible years
For you, your family and friends
All those around you, all will live
In fear, frustration and hostility*

*I never asked to be born
Yet born I am
Know me, understand me
And please my friend
Kill me
Before I kill you !*

*My name is HIV/AIDS
I am coming I have come
To live in India I am here
Seeking residents today.*

*I have no memory of when I was born
A long long time ago
Yet the memory of my birth.
Or when I was born
Is faded even to myself
Like yesterday's storm or rain.*

*My give name
Adopted by those in charge
Is HIVS/AIDS
To many I am only a name
To many a name like
Polio, flu, TB, Dengue Fever
Or dog or cat.....*

*For many, they may hear of ME
May be even see ME
But.....
Those many certainly don't SEE ME
My given name is HIV/AIDS
My true real name is DEATH
My profession is based on
Confusion
Fear
Destruction
Despair
And finally DEATH*

*I am shared or passed along
By oceans of blood
Rivers of sex
The rock and roll of the ages
Live free and freely
I live in total freedom.*

*I am in each of the four directions
North, east, west south
That is the spreading NEWS
I live everywhere, in every country
Alley & Ghetto
Suburb & highrise*

*I live here in India
Oh yes be well aware
I have taken residence in India
You do not know well..... yet
And..... with my solemn promise
I HIV/AIDS promise you.....*

*You will come to know me well
Very well in the near future!
I wish this were not so
I wish this were not true
I wish I was never born*

*Yet the fact remains
I am born
I am alive
I am strong*

*I travel a crooked path
I move swiftly
I give no warning
I am invisible to the naked eye
I am a raw feverish killer
And I have come to visit INDIA
May be even VISIT YOU!*

**KILL ME BEFORE I KILL YOU
OR YOUR LOVED ONES**



General Disclaimer - MAAST Graffitaids campaign is for education and creating awareness only. It is not engaged in rendering medical advice or professional services. The information provided through Graffitaids should not be used for diagnosing and treating a health problem or a disease. It is not a substitute for professional care. If you have or suspect you have a health problem consult a doctor or health care provider. Even though we have put our best efforts to gather the information through various sources like web sites, experts and authorities on the subject, the views expressed, information provided is solely theirs and is not binding on us. We do not claim any responsibility whatsoever.

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Founded to carry out various AIDS awareness activities.

Foreword

Everybody admits that the youth are most susceptible to contract the HIV virus either because of ignorance or because of recklessness. Hence it is this section that has to be constantly bombarded with information about this dreaded disease that is not curable but surely preventable.

Hence emerged 'Graffitaids' a novel campaign conceptualized by MAAST - Multidimensions Aids Awareness & Social Trust and targeted specifically at the youth as it speaks to them in their lingo. A visit to any public toilet or urinal reveals sex related graffiti and thus came the idea to pass on AIDS and HIV information through graffiti that is not only witty but also remains etched in the mind for a very, very long time.

'Graffitaids' is nothing but HIV/AIDS related graffiti - it can be witty, caustic, thought provoking or even simply illustrative using HUMOUR as the main medium preferably -- written on a paper called BRICK (in our parlance) that will be used to construct a wall. More the bricks - more the awareness and bigger the wall. This wall is a double-edged sword as on one level it creates awareness on HIV/AIDS since those participating will learn something about it. On the other hand, figuratively, it is meant to be a wall meant to protect the society from the HIV/AIDS tsunami threatening it just like the retaining walls constructed along the river banks to protect the lands from getting flooded.

How people can help build the wall is by contributing a graffiti decorated brick by involving more and more people in it. In this manner we hope to cover a large section of the population. Beginning with Goa, the wall will seek bricks from India and the world over through the Internet and thus take the AIDS/HIV awareness to every nook and

corner of this globe. Through this exercise will emerge the Graffitaids Wall, which will be prepared by laying each of the bricks to form a wall.

MAAST - Multidimensions Aids Awareness and Social Trust - A regd. NGO has been working in this Aids awareness field for the last couple of years. After organizing various shows where many celebrities like Bombay Vikings, Cyrus Broacha, Arshad Warsi, Maria Goretti, Indian Idol Star Rahul Vaidya, Fame Gurukul Star Rex D'Souza, The Great Indian Laughter Challenge champion comedians Rajiv Nigam and Sunil Savra, Mona Singh aka Jassi and even Mukesh Khanna the 'Shaktimaan' participated, this year MAAST launches its Graffitaids Book which is planned to be an annual feature.

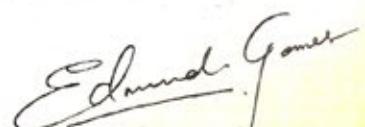
Some of the graffiti and articles featured in this book are sexually explicit with the firm belief that unless there is total frankness, openness and change in our blinkers-on attitude towards sex we will not be able to make much headway in arresting the spiralling growth of this pandemic.

It's high time we catch the bull by the horns, stop beating about the bush and hit the nail on the head while spreading awareness, education about sex, stds, and HIV/AIDS.

So we hope all like minded people will don their thinking caps and come out with their own graffiti that will create awareness on this disease whose cure still appears to be a mirage and spur the world community to contribute towards the Graffitaids Wall. Besides, as prevention is the only option, we hope every body will contribute his or her mite (graffiti or any support in material or kind) in building the Graffitaids wall - the wall of AIDS awareness -- against the further progress of the disease amongst our fellow brethren.

A Big God Bless to You all!

“
It's high time we catch the bull by the horns, stop beating about the bush and hit the nail on the head while spreading awareness, education about sex, stds, and HIV/AIDS.
”


Edmund Gomes
Chairman - MAAST

GRAFFITI AIDS WALL

- The Wall of AIDS AWARENESS

Share the NEEDLE & You may land in AIDS PUDDLE

Volunteer : Joseph Pereira
Contributors: Cairns Vaz, Joshu Rebello, Shantaram Naik, Bonu Khandepakar, Peter Gomes, Robert Vaz, Dilip Desai, Ashok Naik, Vasu naik, Berzy Silva, Shashi Naik, Ashvek dessai, Niranjan Prabhu, Vividh Pawaskar.

Always be safe and SECURE - Aids Has no CURE

Volunteer : Mathew Pereira
Contributors: Shantaram Naik, Bonu Khandepakar, Peter Gomes, Robert Vaz, Dilip Desai, Ashok Naik,

Say No to DISCRIMINATION against HIV / AIDS POPULATION

Volunteer : FabiaN Costa
Contributors: Sheila Almeida, Cairns Vaz, Joshu Shantaram Naik, Bonu Khandepakar, Abdul Salem

AIDS THREAT, a matter of Life & DEATH

Volunteer : Mathew Pereira
Contributors: Shantaram Naik, Bonu Khandepakar, Peter Gomes, Robert Vaz, Dilip Desai, Ashok Naik,

AIDS - Am I Dying Surely (Soon)

Volunteer : Shashank Bane
Contributors: Sheila Almeida, Cairns Vaz, Joshu Rebello, Shantaram Naik, Bonu Khandepakar, Abdul Salem

Unsafe SEX-pay Lifetime TAX

Volunteer : Shashank Bane
Contributors: Sharon vaz, Cairns Vaz, Joshu Rebello, Shantaram Naik, Bonu Khandepakar, Abdul Salem

Don't be a JAMES BOND or you'll be AIDS BOUND

Volunteer : Afzal Shaikh
Contributors: Ashok Naik, Vasu naik, Berzy Lopez, Shashi Naik, Ashvek dessai, Niranjan Prabhu, Vividh

AIDS Pays no HEED to class, caste or CREED

Volunteer : Belinda Pereira
Contributors: Sheila Almeida, Cairns Vaz, Joshu Rebello, Shantaram Naik, Bonu Khandepakar, Abdul Salem

Rich or POOR, AIDS will knock at anyone's DOOR

Volunteer : Anand Naik
Contributors: Sheila Almeida, Cairns Vaz, Joshu Rebello, Shantaram Naik, Bonu Khandepakar, Abdul Salem, Peter Gomes, Robert Vaz, Dilip Desai, Ashok Naik, Vasu naik, Berzy Lopez, Shashi Naik, Ashvek dessai, Niranjan Prabhu, Vividh Pawaskar.

AIDS - a DATE with DEATH

Volunteer : Anand Naik
Contributors: Sheila Almeida, Cairns Vaz, Joshu Rebello, Shantaram Naik, Bonu Khandepakar, Abdul Salem, Peter Gomes, Robert Vaz, Dilip Desai, Ashok Naik, Vasu naik, Berzy Lopez, Shashi Naik, Ashvek dessai, Niranjan Prabhu, Vividh Pawaskar.

AIDS a live Bomb Tick Help Diffuse It.

Volunteer : Afzal Shaikh
Contributors: Peter Gomes, Robert Vaz, Dilip Desai, Ashok Naik, Vasu naik, Berzy Lopez, Shashi Naik, Ashvek dessai, Niranjan Prabhu, Vividh Pawaskar.

Aids TENSION?

PREVENTION The Only SOLUTION
Volunteer : Shashank Bane
Contributors: Sheila Almeida, Cairns Vaz, Joshu Rebello, Shantaram Naik, Bonu Khandepakar, Abdul Salem

A night - A

Volunteer : Anand Naik
Contributors: Peter Gomes

Hey Billy Don't Be Si With your Willy

Volunteer : Joseph Pereira
Contributors: Cairns Vaz, Joshu Rebello, Shantaram Naik, Bonu Khandepakar, Abdul Salem, Peter Gomes, Robert Vaz, Dilip Desai, Ashok Naik, Vasu naik, Berzy Lopez, Shashi Naik, Ashvek dessai, Niranjan Prabhu, Vividh Pawaskar.

A nightful of un

- A life ju
Volunteer : Shashank Bane
Contributors: Sheila Almeida, Cairns Vaz, Joshu Rebello, Shantaram Naik, Bonu Khandepakar, Abdul Salem

For 5 minutes PLEASURE, Don't make Aids your TREASURE

Volunteer : Afzal Shaikh
Contributors: Peter Gomes, Robert Vaz, Dilip Desai, Ashok Naik, Vasu naik, Berzy Lopez, Shashi Naik, Ashvek dessai, Niranjan Prabhu, Vividh Pawaskar.

make AIDS History for Mankind's Victory

Volunteer : Albert Fernandes
Contributors: Peter Gomes, Robert Vaz, Dilip Desai, Vasu naik, Berzy Lopez, Shashi Naik, Ashvek dessai, Niranjan Prabhu, Vividh Pawaskar.

One night STAND and you may fall in AIDS QUICKSAND

Volunteer : Santosh Kamat
Contributors: Albert Vaz, JShantaram, Bonu, Abu, Peter Gomes, Robert Vaz, Dilip Desai, Ashok Naik, Vasu naik, Berzy Lopez, Shashi Naik, Ashvek dessai, Niranjan Prabhu, Vividh Pawaskar.

AIDS - a DATE with DEATH

Volunteer : Anand Naik
Contributors: Sheila Almeida, Cairns Vaz, Joshu Rebello, Shantaram Naik, Bonu Khandepakar, Abdul Salem, Peter Gomes, Robert Vaz, Dilip Desai, Ashok Naik, Vasu naik, Berzy Lopez, Shashi Naik, Ashvek dessai, Niranjan Prabhu, Vividh Pawaskar.

AIDS a li He

Volunteer : Afzal Shaikh
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WHAT WILL YOU ACHIEVE?

We will feature your graffiti Brick
(along with your name/s) on the
graffitaids wall, (our website & Book
editions) and above everything You will
be part of a historic aids awareness
campaign in the battle against AIDS

What's a Graffitaids Wall?

Graffitaids Wall is a Wall of Graffiti on Aids Awareness. It can be a Slogan, Message, Caption etc. in Plain words (One or two lines) only or illustrative using HUMOUR preferably.

What is a GRAFFITAIDS Brick, & How can you do it?

It's a brick with AIDS Awareness graffiti on it. You can either contribute* the brick on your own or team up with your friends, colleagues, employees or any like-minded person to submit a group graffiti, and even if you can't compose any fancy or special graffiti just pledge your support by writing something simple eg.: " Kill AIDS before it kills you" or anything on those lines. Try to involve as many people as possible as more the names on the brick more the awareness created.

*Conditions apply for your contribution
This is a Specimen Graffitaids Wall

A  GRAFFITI AIDS campaign.
ALL RIGHTS RESERVED

Add your Brick to this wall & be part of a Historic Aids Awareness Campaign

unsafe
full of

Naik, Bonu Khandepakar,
DilipVasu naik,

support WORLD AIDS DAY (Dec. 1st)

To Avoid Aids DOOMSDAY

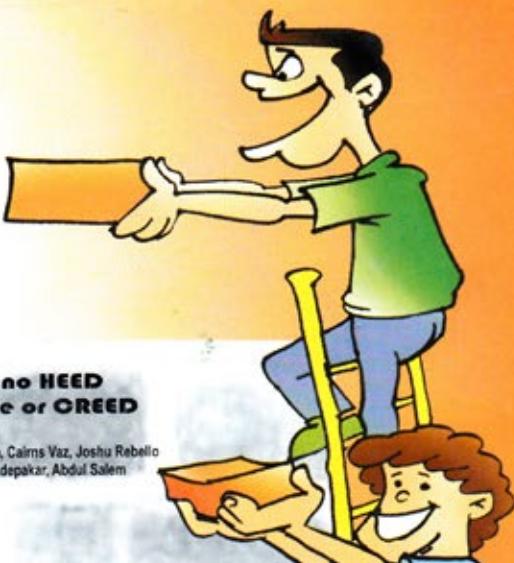
Writer : Mathew Pereira
Contributors: Shantaram Naik, Bonu Khandepakar,
Peter Gomes, Robert Vaz, Dilip Desai, Ashok Naik,

ONE PASSION
ONE

Naik, Cairns Vaz,
Khandepakar,



2253



BEWARE -
ADS will Kill , Jack n Jill

Writer: Joe Alphonsio
Contributors: Arvise , Cairns Shantaram Naik, Peter Gomes,
Dilip Desai, Vasu naik, Berzy Lopez, Shashi Naik,

Bob Ticking..
use it.

Naik, Dilip Desai,
Shashi Naik, dessai,

A nightful of unsafe
- A life full of

Writer: Armando Colaco
Contributors: Shantaram Naik, Bonu Khandepakar,
Peter Gomes, Robert Vaz, DilipVasu naik,

**Say No to DISCRIMINATION
against HIV / AIDS POPULATION**

Writer: Fabian Costa
Contributors: Sheila Almeida, Cairns Vaz, Joshu
Shantaram Naik, Bonu Khandepakar, Abdul Salem

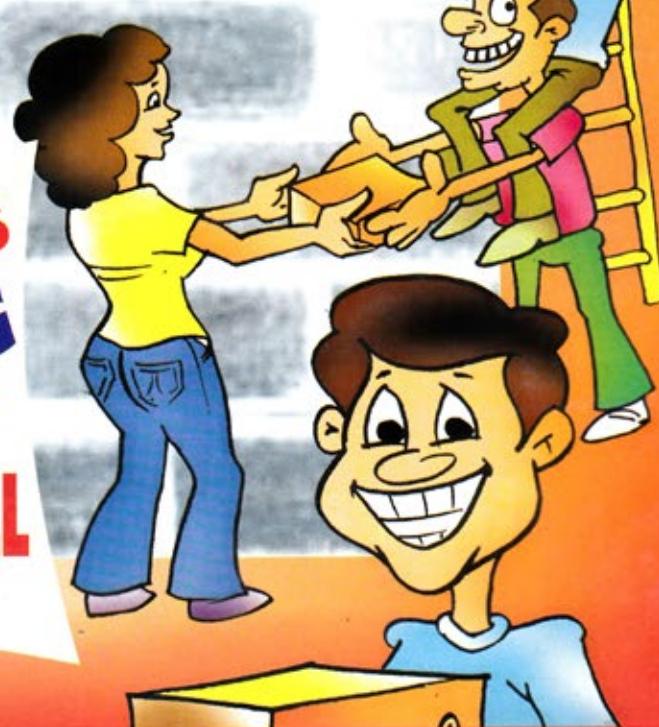
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Writer: Afzal Shaikh
Contributors: Peter Gomes, Robert Vaz, Dilip Desai,
Ashok Naik, Vasu naik, Berzy Lopez, Shashi Naik, dessai,
Niranjan Prabhu, Vividh Pawaskar.

So C'MON GUYS LET'S GET CRACKING THE TO BUILD BIGGEST GRAFFITI AIDS WALL IN THE WORLD!



TIME IS FAST TICKING AWAY
FIGHT
TO KEEP AIDS AT BAY



AIDS

a live BOMB ticking
Let's all join hands to Diffuse it!

HIV/ AIDS -THE BASICS & FREQUENTLY ASKED QUESTIONS

FAQs

- / what is HIV?
- / what is AIDS?
- / what is the difference between HIV and AIDS?
- / how does someone get HIV?
- / what are ways to reduce the risk of HIV or other STD transmission?
- / is there a cure or vaccine for HIV/AIDS?
- / is there a link between HIV and other STDs?

What is HIV?

Human Immunodeficiency Virus (HIV) is the virus that causes AIDS, or Acquired Immunodeficiency Syndrome. HIV harms the body's immune system by attacking certain cells, known as helper T cells or CD4 cells, which defend the body against illness.

What is AIDS?

AIDS, or Acquired Immunodeficiency Syndrome, occurs when an individual's immune system is weakened by HIV to such an extent that the individual develops one or more of about 25 "opportunistic infections" (OIs), conditions that take advantage of a weakened immune system. When this happens, a person who is HIV positive is considered to have developed AIDS, or to have an "AIDS diagnosis". They are also considered to have an AIDS diagnosis when their CD4 cell count (a special type of white blood cells that fight infection) falls below a certain level and/or the amount of virus in their body rises above a certain level.

What is the difference between HIV and AIDS?

HIV is the virus that causes AIDS, the most advanced stage of HIV disease. A weakened immune system caused by HIV will allow opportunistic infections (OIs) to develop. A healthy immune system would normally fight these infections, while an HIV-weakened immune system is susceptible to them.

How does someone get HIV?

Worldwide and in the United States, most people become infected with HIV through unprotected sex, including vaginal, anal and oral sex, and through injection drug use. Certain body fluids including blood, pre-ejaculation, semen, and vaginal secretions, can spread HIV. An HIV infected woman can pass HIV to her baby through pregnancy, labor, or delivery, as well as through breast milk. HIV cannot be spread by casual contact such as hugging or shaking hands. Contact with saliva, tears, or sweat has never resulted in HIV transmission.

What are the ways to reduce the risk of getting HIV?

- " Choose not to have sex, or make an agreement with a partner who is HIV-negative to be sexually faithful to each other, and stick to it. If you or your partner is HIV-positive, talk with your health care provider about how to reduce your risk, including using latex condoms or dental dams. Latex condoms, when used consistently and correctly, are highly effective in preventing transmission of HIV, the virus that causes AIDS. In addition, correct and consistent use of latex condoms can reduce the risk of other sexually transmitted diseases (STDs).
- " Always use a condom for vaginal or anal sex, and barrier methods, such as a condom or dental dam, for oral sex.
- " If you are HIV-positive and are pregnant, see your health care provider to get appropriate treatment. Treatments are available to significantly reduce the risk of passing HIV to your child during pregnancy and delivery.
- " Do not share needles or syringes for any kind of injection drug use.
- " Get Tested! Ask partners to do the same.

Is there a cure or vaccine for HIV/AIDS?

No. At this time there is no cure for HIV and no vaccine to prevent someone from becoming infected with HIV. However, there are highly effective medications ("antiretrovirals") available that have enabled many people with HIV disease to live longer and healthier lives, and have delayed the onset of AIDS..

Is there a link between HIV and other sexually transmitted diseases (STDs)?

Yes. People with STDs may be more likely to contract HIV. STDs, such as herpes, that can cause open sores are especially risky; however, STDs that do not cause open sores also pose a threat. In addition, if someone with HIV is also infected with another STD, that person is more likely than other people who are infected with HIV to transmit the virus through sexual contact.

How is HIV passed from one person to another?

Answer:

HIV transmission can occur when blood, semen, pre-seminal fluid, vaginal fluid, or breast milk from an infected person enters the body of an uninfected person.

These are the most common ways that HIV is transmitted from one person to another:

By having sex (anal, vaginal, or oral) with an HIV-infected person

By sharing needles or equipment with an injection drug user who is infected with HIV

From HIV-infected women to their babies before or during birth, or through breastfeeding after birth.

How effective are latex condoms in preventing HIV?

Answer:

Latex condoms, when used consistently and correctly, are highly effective in preventing heterosexual sexual transmission of HIV. It should be noted that condom use cannot provide absolute protection against HIV. The surest way to avoid transmission of HIV is to abstain from sexual intercourse or to be in a long-term, mutually monogamous relationship with a partner who has been tested and you know is uninfected.

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CIRCUMCISION REDUCES HIV CHANCES BY 60%

Seems that when it comes to having or not having foreskin men experiences equal satisfaction and perform similarly according to a study published in the British Journal of Urology International. Circumcision of adult males has begun to be used in Africa to prevent the spread of HIV. Two studies have shown that male circumcision reduce the risk of female to male transmission by upto 60 percent.

AIDS
A CANDLE
BURNING
FROM
BOTH
ENDS



**DON'T LET YOUR LIFE
FLICKER AWAY**

A  **GRAFFITI AIDS** campaign.
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Aids Pays no HEED to Class, Caste or CREED



BEWARE

AIDS FOLLOWS A **NO APARTHEID POLICY**

THE SYMBOL
OF AIDS AWARENESS
& AN OBJECT
OF PROTECTION



BE SAFE.....
USE CONDOM !

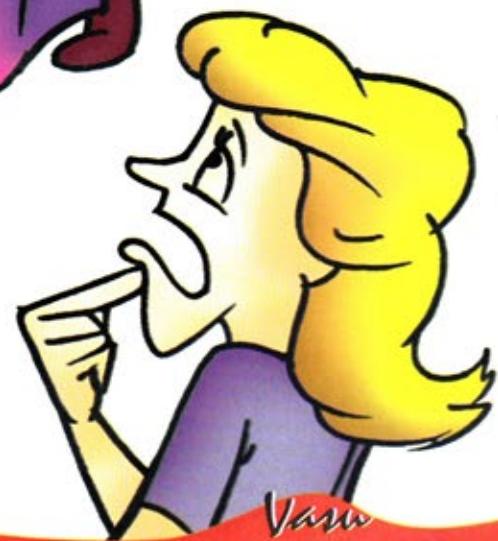
Life is SWEET
Don't let
Aids & Life MEET



Don't compromise on life's SWEETNESS
for a few moments of HAPPINESS

AIDS IS NOT CHARMING IT'S DEATHLY HARMING

BEING SEXUALLY
PROMISCUOUS
IS LIKE CHARMING
AIDS OR FLIRTING
WITH DEATH



**AIDS-YOU DO NOT CHARM
IT CAN CAUSE YOU DEADLY HARM**

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ANTI-AIDS MANIFESTO

1. Thou shall not have unsafe sex
2. Thou shall not share a needle
3. Thou shall not discriminate against **HIV/AIDS** persons
4. Thou shall help spread AIDS awareness

ask yourself!

A



GRAFFITI AIDS campaign.
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HOW LONG CAN YOU HOLD ON?



Living
promiscuously
means
living
Dangerously

**YOU MAY TAKE ALL THE PRECAUTIONS
& SAFETY IN THE WORLD.
BUT SEX WITH MULTIPLE PARTNERS WILL
ALWAYS HAVE THAT UNFORESEEN RISK
OF HIV / AIDS AND IT COULD BE FATAL... ANYTIME**

Throw Caution to the WINDS
and
make your life a picture of RUINS



*One act of INDISCRETION
can led you to DESTRUCTION*

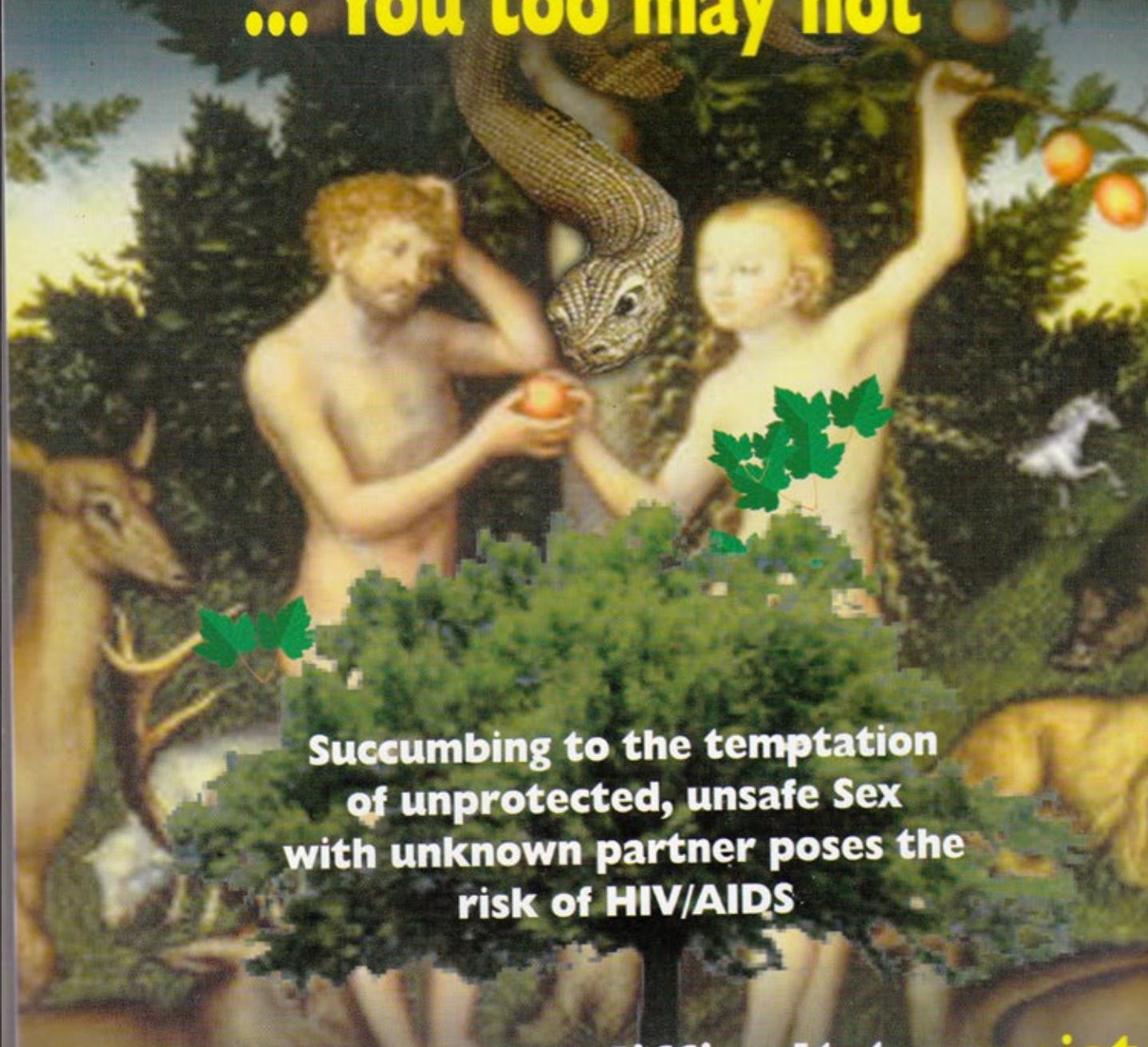
Don't drop your guard ever !

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THE GREAT TEMPTATION

Adam & Eve couldn't resist it

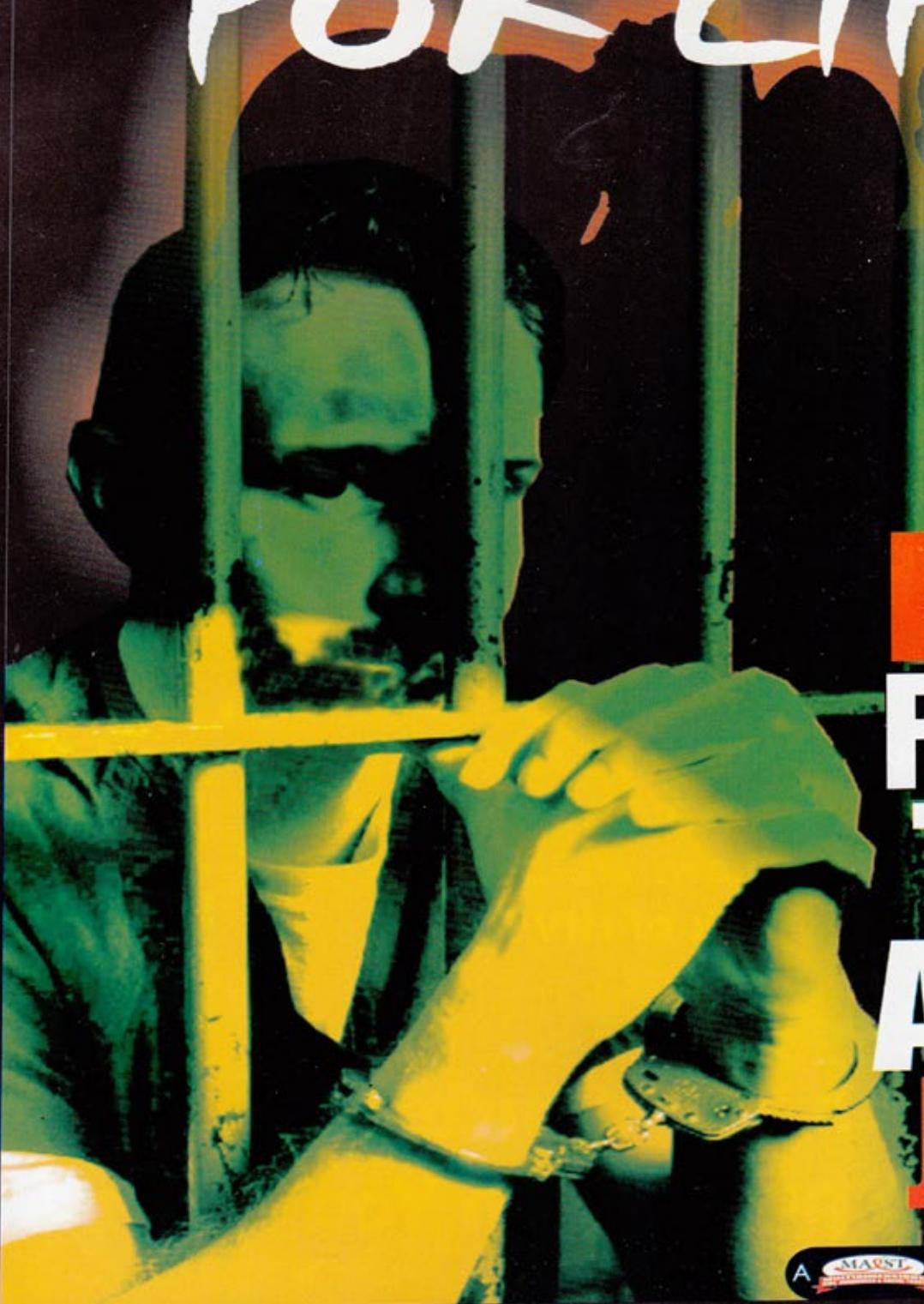
... You too may not



**Succumbing to the temptation
of unprotected, unsafe Sex
with unknown partner poses the
risk of HIV/AIDS**

**Temptation too difficult to resist
Safety & protection You Insist**

JAILED FOR LIFE



NO
BAIL
FROM
THE
AIDS
JAIL

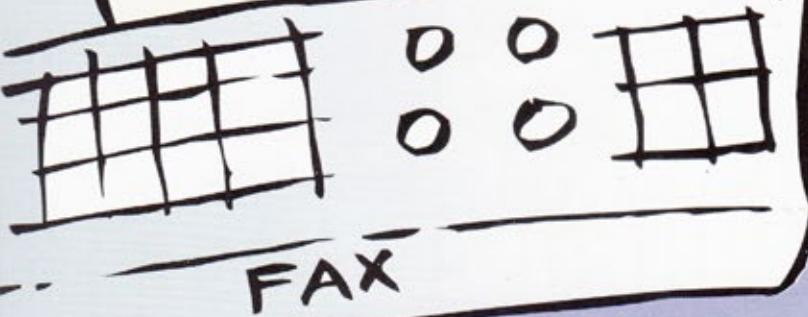
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**AVOID
UNSAFE SEX
TO
AVOID
AIDS DEATH FAX**



**WELCOME
TO HELL**

Love
Lucifer



**...UNSAFE SEX WITH
UNKNOWN PARTNER**

**MAKES YOU VULNERABLE
TO AIDS DANGER**



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Unsheath Condom the **weapon**
Reduce Chances of HIV / AIDS to **happen**

**Wearing
A Condom
Is That
Easy...**

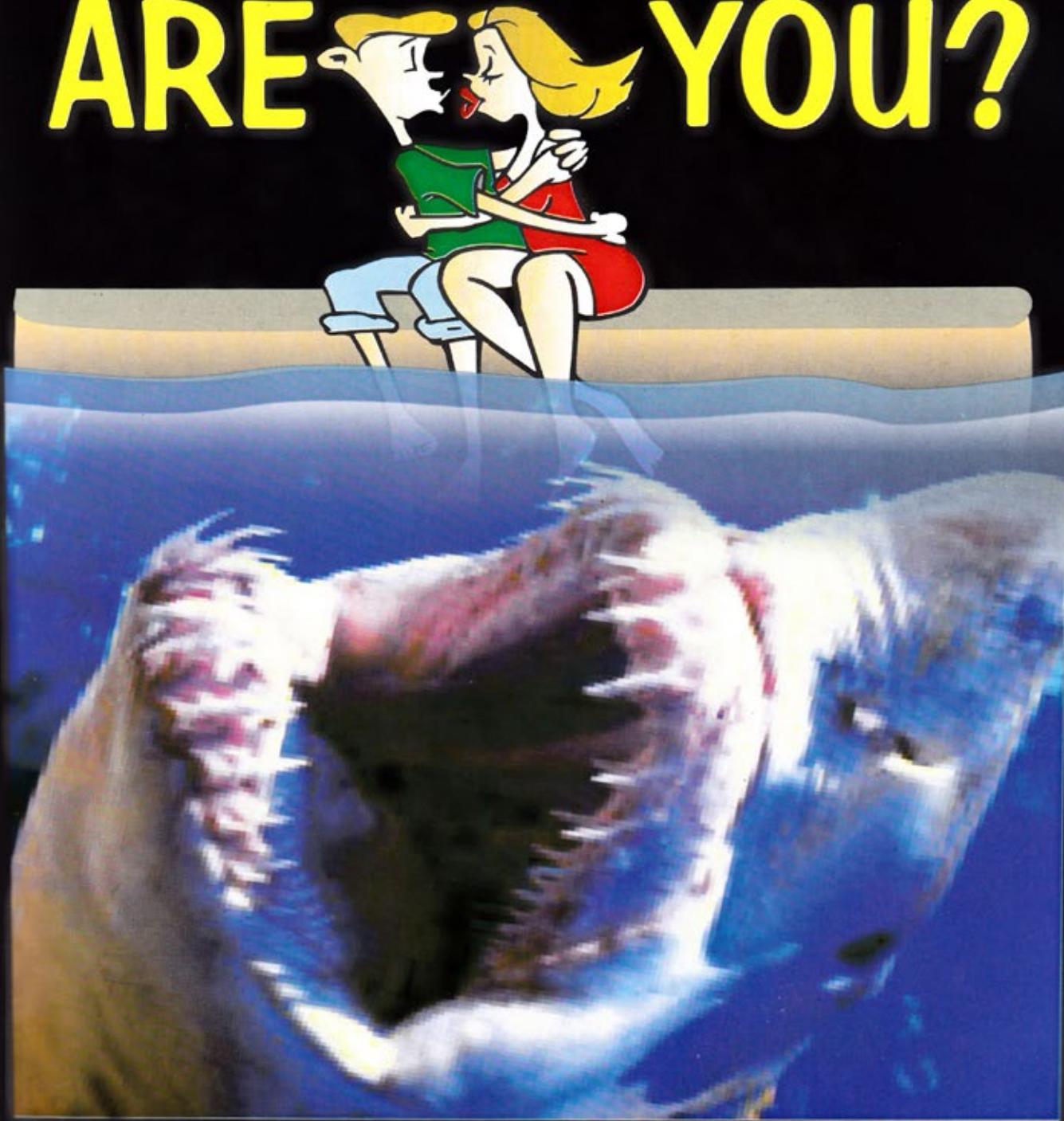


**Condom cuts Chances
Abstinence adds Assurance**

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HE'S PREPARED ARE YOU?



AIDS REMAINS **UNDERCOVER**
LIKE THE SHARK UNDER WATER

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DON'T STAB YOURSELF!

Sharing or using non-sterilised needles
Razors, is like stabbing your own self to death!



A little nick or a **PRICK**
and AIDS can play the Dirty **TRICK!**

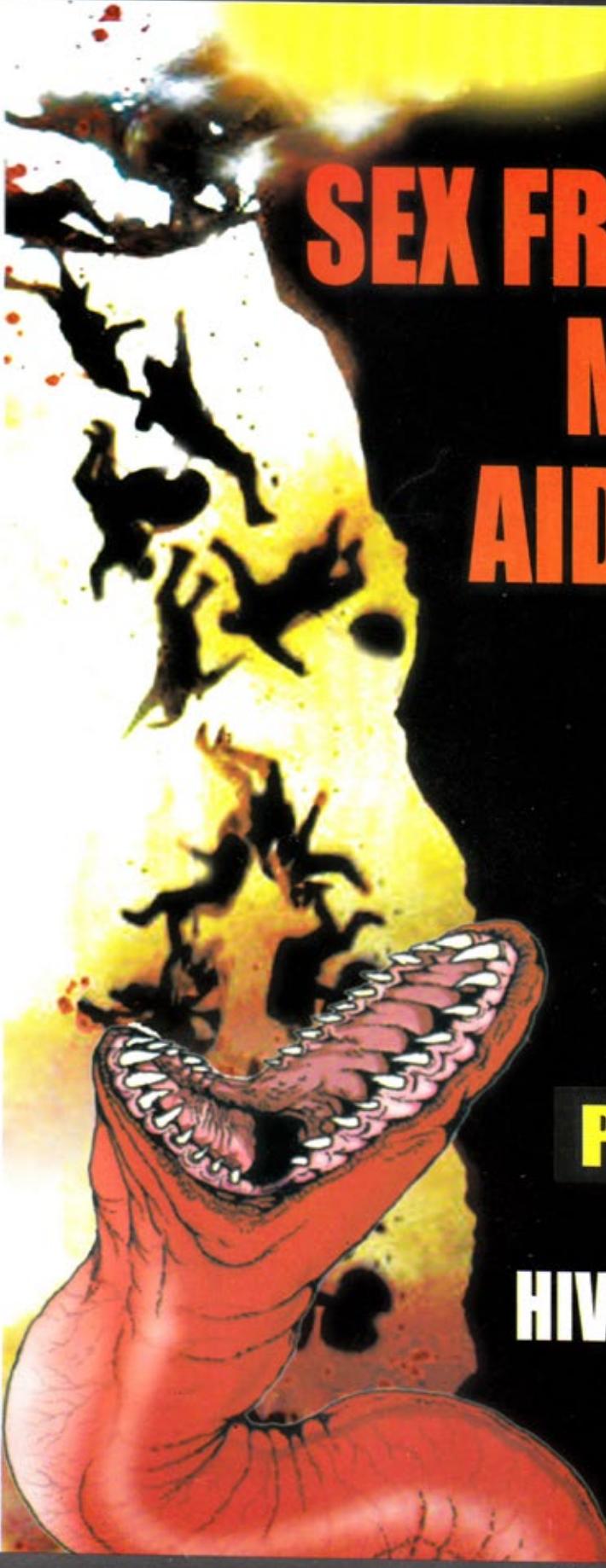
Keep your life

SIDA
(STRAIGHT)

Don't
Unscramble
It To
AIDS



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**SEX FREE FOR ALL
MAY CAUSE
AIDS PIT FALL**

**Promiscuity
means
HIV / AIDS Proximity**

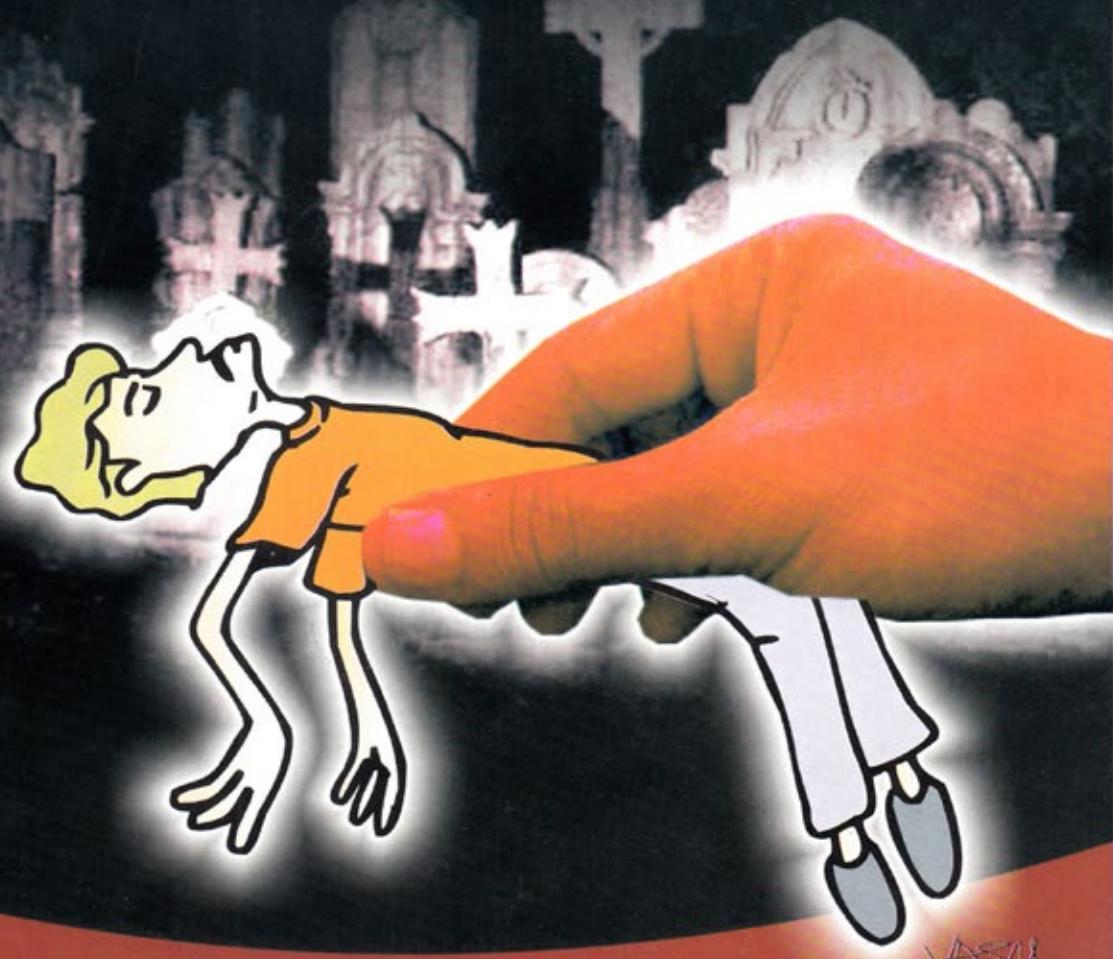
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**YOUR WANDERLUST
CANNOT EVERLAST
AVOID AIDS **HOLOCAUST****

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DO YOU HAVE A DEATH WISH?



**UNSAFE SEX IS LIKE ATTEMPTING SUICIDE
IT BRINGS HIV/AIDS BY YOUR SIDE**

A  MAXXI
THE ART OF LIVING
GRAFFITI AIDS campaign.
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WAKE UP! OPEN YOUR EYES

*before
it's
too late*



IGNORE THE AIDS ISSUE
AND YOU MAY GET A BOLT FROM THE BLUE

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Preventing TRANSMISSION OF **MOTHER^{to} CHILD** **HIV (PMTCT)**

In high income countries MTCT has been virtually eliminated thanks to effective voluntary testing and counselling, access to antiretroviral therapy, safe delivery practices, and the widespread availability and safe use of breast-milk substitutes. If these interventions were used worldwide, they could save the lives of thousands of children each year.

How can MTCT be prevented (PMTCT)?

Effective prevention of mother-to-child transmission (PMTCT) requires a three-fold strategy.

- Preventing HIV infection among prospective parents
- Avoiding unwanted pregnancies among HIV positive women
- Preventing the transmission of HIV from HIV positive mothers to their infants during pregnancy, labour, delivery and breastfeeding.

The last of these can be achieved by the use of antiretroviral drugs, safer infant feeding practices and other interventions.

The most effective way to prevent mother-to-child transmission of HIV involves a long course of antiretroviral drugs and avoidance of breastfeeding, which reduces the risk to below 2%. In developed countries the number of infant infections has plummeted since this option became available in the mid-1990s.

Since 1999, it has been known that much simpler, inexpensive courses of drugs can also cut mother-to-child transmission rates by at least a half. The most basic of these comprises just two doses of a drug called nevirapine – one given to the mother during labour and the other given to her baby soon after birth. These short-course treatments, combined with safer infant feeding, have the potential to save many tens of thousands of children from HIV infection each year.

HIV CAN BE TRANSMITTED THROUGH PRE-CHEWED FOOD

HIV can be transmitted to infants through food that is pre-chewed by a HIV-positive parent or caregiver, CDC researcher said at the 15th conference on Retroviruses and opportunistic infections in Boston, The New York times reports.

According to the New York Times pre-chewing food must often occur in developing countries where commercially prepared infant food and blenders are not available and caregivers need to soften food before giving it to an infant. The virus is transmitted in blood in the saliva of HIV positive people who have inflammation or sores in their mouths through cuts associated with teething in infants' mouths.

I've got my dada's eyes and mama's AIDS

Why punish the innocent child?

Avoid transmitting your AIDS to your child

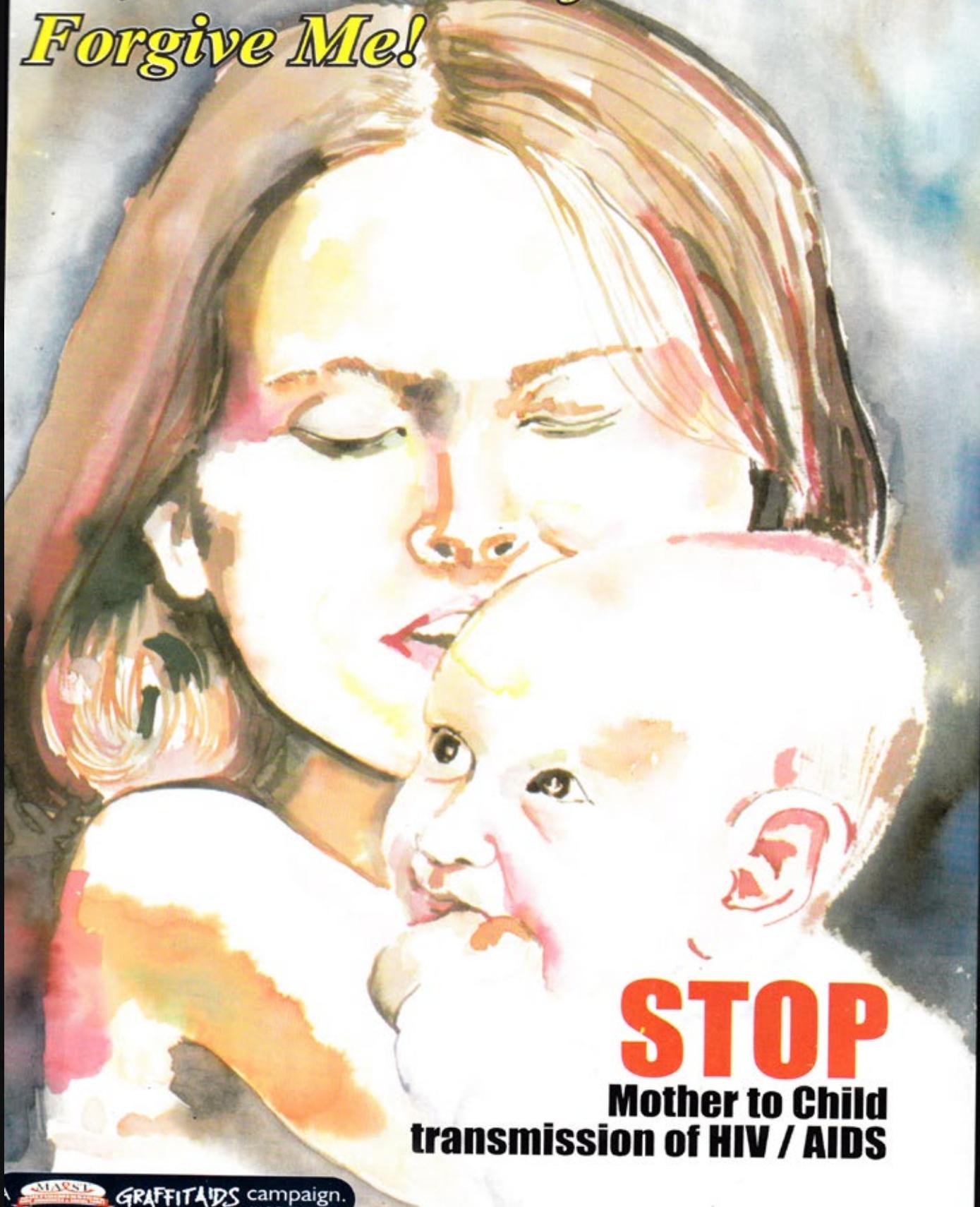
Proper Timely treatment can reduce the chances of transmission
of HIV virus from mother to child.



MAEST
AIDS
AIDS
AIDS

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*Oh, sweet child of mine!
Forgive Me!*



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MOSQUITOES

& HIV / AIDS- *The Facts*



From the start of the HIV epidemic there has been a concern about HIV Transmission of the virus by biting and blood sucking insects such as mosquitos. However studies conducted by CDC and elsewhere have shown no evidence of HIV transmission through mosquitoes or any other insects - even in areas where there are many cases of AIDS and large populations of mosquitoes. Lack of such outbreaks despite intense efforts to detect them supports the conclusion that HIV is not transmitted by insects.

When an insect bites a person it does not inject it's own or a previously bitten person's or animal's blood into the next person bitten. Rather it injects saliva which acts as a lubricant so the insect can feed effectively. Diseases such as yellow fever and malaria are transmitted through the saliva of specific species of mosquitos. However HIV lives for only a short time inside an

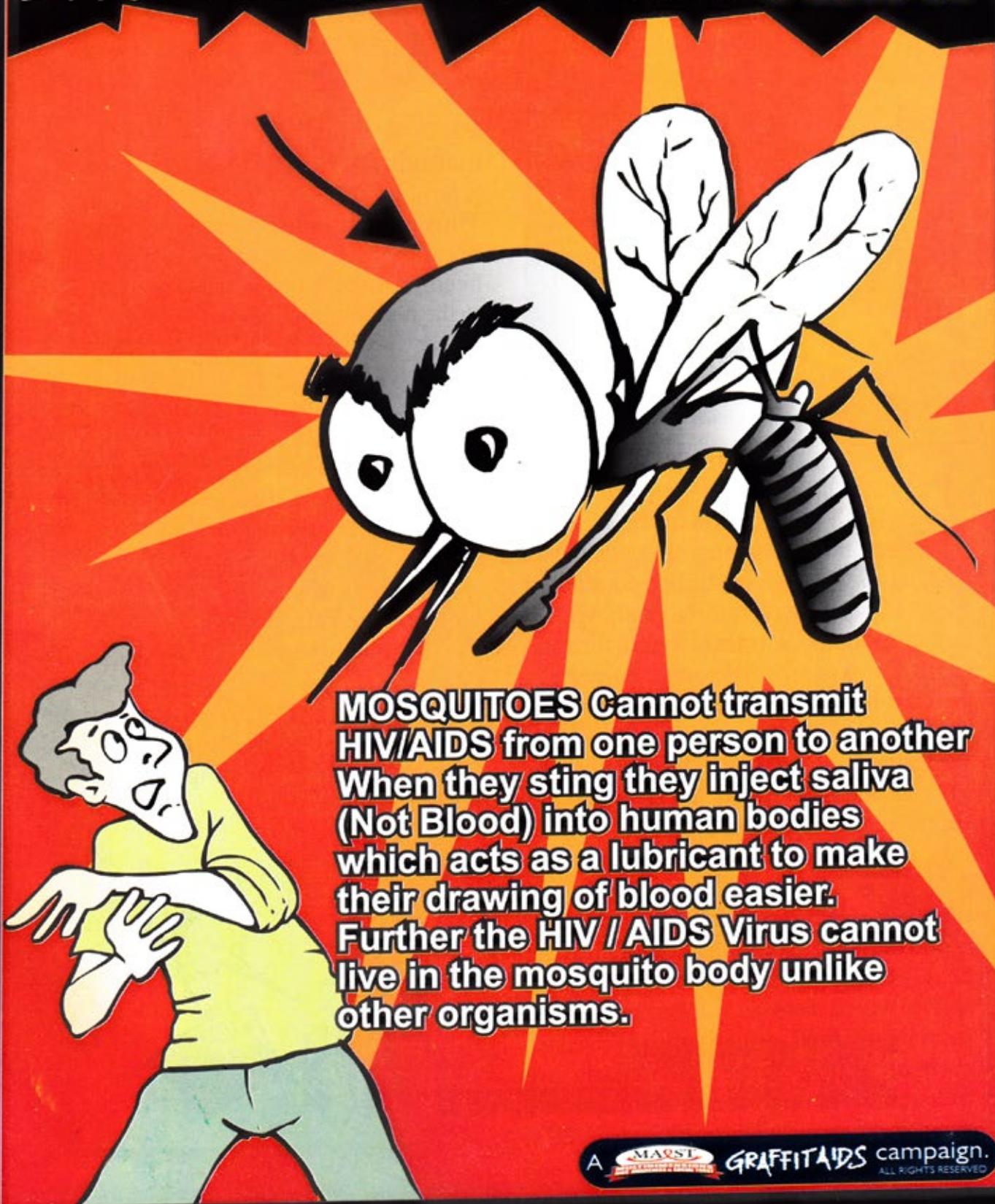
insect and unlike organisms that are transmitted via insect bites HIV does not reproduce and does not survive in insects. Thus even if the virus enters a mosquito or another insect the insect does not become infected and cannot transmit HIV to the next human it bites.

There is also no reason to fear that a mosquito or other insect could transmit HIV from one person to another through HIV infected blood left on it's mouth parts. Several reasons help explain why this is so. First infected people do not have high levels of HIV in their blood streams constantly. Second insect mouth parts retain only very small amounts of blood on their surfaces.

Finally scientists who study insects have determined that biting insects normally do not travel from one person to another immediately after injecting blood. Rather they fly to a resting place to digest the blood meal.



MOSQUITOES ARE NOT HIV/AIDS FRIENDLY EVEN THOUGH THEY ARE DEADLY



MOSQUITOES Cannot transmit HIV/AIDS from one person to another. When they sting they inject saliva (Not Blood) into human bodies which acts as a lubricant to make their drawing of blood easier. Further the HIV / AIDS Virus cannot live in the mosquito body unlike other organisms.

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HIV & Oral Sex

Is Oral Sex a Safe Alternative?

Is there a connection between HIV and oral sex? There is a commonly held belief among many lay people that oral sex carries little or no risk. In fact, some consider oral sex a safer sex alternative. But the truth is, like any other sexual activity, oral sex carries a risk of transmitting HIV and other sexually transmitted diseases. The risk is even greater in serodiscordant couples (one partner is HIV positive while the other is negative), people who are not monogamous, or in people who inject drugs and/or share needles and syringes. Truth be told, abstaining from oral, anal, and vaginal sex all together is the only way to completely avoid the sexual transmission of HIV. But how realistic is that?

What are the Risks of Oral Sex?

Risk is classified as either being documented (transmission that has actually occurred, been investigated, and documented in the scientific literature) or theoretical (passing an infection from one person to another is possible).

While there is documented risk when having oral sex with an HIV infected partner the risk is much less than with anal or vaginal intercourse. This fact makes it very hard to calculate the actual risk with oral sex. Another factor that makes risk determination difficult is the fact that most people who engage in oral sex also engage in other types of sexual practices, namely vaginal and anal

like any other sexual activity, oral sex carries a risk of transmitting HIV and other sexually transmitted diseases.

intercourse. Still, there have been documented cases of HIV transmission strictly from oral sex.

Which Behaviors are the Riskiest?

Oral-Penile Contact (fellatio)

Theoretical Risk: With fellatio, there is a theoretical risk of transmission for the receptive partner because infected pre-ejaculate ("pre-cum") fluid or semen can get into the mouth. For the insertive partner there is a theoretical risk of infection because



infected blood from a partner's bleeding gums or an open sore could come in contact with a scratch, cut, or sore on the penis.

Documented Risk: Although the risk is many times less than anal or vaginal sex, HIV has been transmitted to receptive partners through fellatio, even in cases when insertive partners didn't ejaculate.

Oral-Vaginal Contact (cunnilingus)

Theoretical Risk: Cunnilingus carries a theoretical risk of HIV transmission for the insertive partner (the person who is licking or sucking the vaginal area) because infected vaginal fluids and blood can get into the mouth. (This includes, but is not limited to, menstrual blood). Likewise, there is a theoretical risk of HIV transmission during cunnilingus for the

receptive partner (the person who is having her vagina licked or sucked) if infected blood from oral sores or bleeding gums comes in contact with vulvar or vaginal cuts or sores.

Documented Risk: The risk of HIV transmission during cunnilingus is extremely low compared to vaginal and anal sex. However, there have been a few cases of HIV transmission most likely resulting from oral-vaginal sex.

Oral-Anal Contact (anilingus)

Theoretical Risk: Anilingus carries a theoretical risk of transmission for the insertive partner (the person who is licking or sucking the anus) if there is exposure to infected blood, either through bloody fecal matter (bodily waste) or cuts/sores in the anal area. Anilingus carries a theoretical risk to the receptive partner (the person who is being licked/sucked) if infected blood in saliva comes in contact with anal/rectal lining.

Documented Risk: There has been one published case of HIV transmission associated with oral-anal sexual contact.

Protecting Yourself from HIV During Oral Sex Safer Sex Options

Abstinence

Abstinence, or the voluntary choice to refrain from sexual activity is the only 100% effective means to prevent HIV and STD transmission. Non-coital (non-sexual) forms of sexual intimacy range from holding hands, hugging, kissing, and dancing to mutual masturbation, petting, and the use of stimulating devices such as vibrators. While abstinence is an effective means of safer sex, it may be difficult to maintain.

Condoms

Latex condoms provide the most effective means of preventing HIV and STD transmission during sexual encounters. But to be effective, condoms must be used correctly. An erect penis can leak seminal fluid prior to ejaculation. This fluid can contain infectious organisms that have the ability to cause infection in others. For this reason, condoms must be applied onto the penis prior to any oral, vaginal, or anal contact is made. In addition, condoms can break, allowing seminal fluids to leak. To reduce the possibility of this occurring, a water based lubricant must be used to decrease friction during intercourse. Oil based lubricants such as baby oil, Vaseline, or certain lotions can weaken a condom and should never be used.

Important Fact! - Sheepskin condoms do not

provide an effective barrier to HIV and other STD's and should not be used for that purpose.

Female Condom

While data on the effectiveness of the female condom is limited it is a good alternative for a woman whose partner is reluctant to wear a condom or is unable due to a latex allergy. Female condoms allow a woman to assume control over safer sex. Slipping inside the vagina, the female condom provides a lubricated barrier that is stronger than latex. It can be inserted up to eight hours prior to intercourse, providing for the spontaneity that often is lost with latex condoms.

Dental Dams

Dental dams are rectangular squares of latex that are used during oral sex, both oral-vaginal and oral-anal. During sex, latex dams are stretched across your partner's genitals to prevent your tongue from touching your partner's bodily secretions. They are effective method of disease prevention, but can be difficult to hold in place. A dab of water soluble lubricant placed on the genital side of the dam can help hold it in place. Because anal and vaginal sex are much riskier and because most individuals who engage in unprotected (i.e., without a condom) oral sex also engage in unprotected anal and/or vaginal sex, the exact proportion of HIV infections attributable to oral sex alone is unknown, but is likely to be very small. While this has led some people to believe that oral sex is completely safe keep in mind that It is not!



10 Things You Need to Know About Oral Sex

- 1 You can get an STD or HIV (the virus that causes AIDS) from oral sex - you must use a condom or dental dam or you risk exposure.
- 2 Oral sex is not something that everyone is interested in - don't pressure somebody to do this, it is the same as pressuring them to have intercourse and it is wrong.
- 3 Oral sex is a very intimate, undeniably sexual act. You may technically hold on to your virginity by having oral sex instead of intercourse, but you are sexually active none the less.
- 4 The old "spit or swallow" question is outdated. When having oral sex you must use barrier protection such as a condom or dental dam.
- 5 Oral sex can and does change the nature of a relationship, it should not be entered into lightly.
- 6 Oral sex is not a consolation prize - if your partner says no to intercourse they don't owe you oral sex instead.
- 7 Oral sex is not a safe alternative to intercourse, although you can not get pregnant from this act you can catch an STD or HIV.
- 8 Most religions do consider premarital oral sex, like premarital intercourse, to be wrong and some actually consider oral sex off limits even within a marriage.
- 9 Oral sex is every bit as sexually intimate as intercourse.
- 10 Oral sex should only be done with a person who you trust, both the players in an oral sex encounter are very vulnerable to the other.

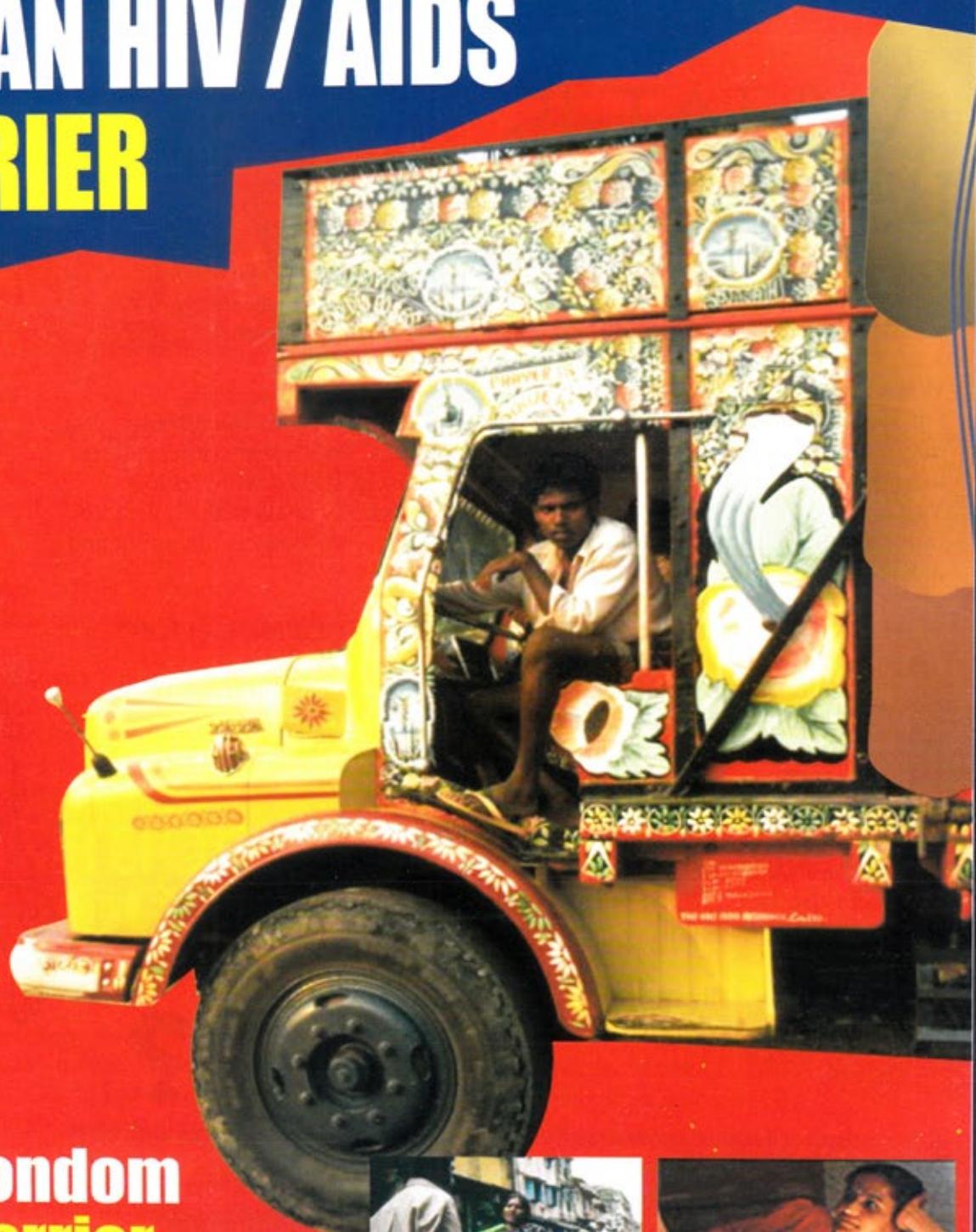
**KEEP YOUR SEXUAL FIRES
BURNING SAFELY WITH CONDOM**



**DOUSE YOUR PASSION WITH CAUTION
FOR AIDS PROTECTION**

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TRUCK DRIVER....BE A GOODS, NOT AN HIV / AIDS CARRIER



Use Condom
as a **barrier**
to make your sex
safer & merrier



A   campaign.
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Body changes

WHAT IS LIPODYSTROPHY?

Lipodystrophy or "Lipo" for short, refers to body shape changes that sometimes happen with HIV. If you have lipodystrophy, you may notice that you have gained fat, especially in the belly, back of neck, or both.

WHAT IS LIPOATROPHY?

Fat loss with HIV is sometimes called "lipoatrophy". With lipoatrophy, you may experience a loss of fat in the face, arms or legs. This is sometimes referred to as "wasting" but it is not caused by a loss of muscle; it is fat which is lost. You may also experience changes in the way your body deals with cholesterol, fat or sugar so it's important to keep track of how your body is changing and discuss it with your health care provider.

WHERE CAN YOU SEE SYMPTOMS OF FAT ACCUMULATION?

- in the belly
- behind the neck (also called buffalo hump or dorso-cervical fat pad)
- in small lumps under the skin (called lipomas)
- around the chin (sometimes called a horse collar)
- in the breasts of both men and women

WHERE CAN YOU SEE SYMPTOMS OF FAT LOSS?

- the arms and legs
- in the face (which may lead to the look of hollow temples or sunken cheeks)

WHAT CAUSES LIPO?

Researchers still don't know exactly what causes body shape changes with HIV. Researchers think these changes are probably related to:

- the use of some medications
- the amount of time you have been taking antiretroviral drugs
- older age
- body mass index (BMI) or changes in BMI.
(BMI is a ratio of your height to your weight)
- duration of HIV infection
- immune function and T cell count
- gender (women are more likely to accumulate fat whereas men are more likely to lose fat)



WHAT PROBLEMS ARE LINKED WITH BODY CHANGES?

" **Metabolic Changes:** some people with lipo also develop high levels of cholesterol, triglycerides (fat) or glucose (sugar) in their blood. You can also develop damage to the mitochondria in your cells (that's the part of the cell that helps your body make energy).

" **Emotional Changes:** changes in body shape can be understandably distressing. If you have changes, you may experience anxiety, stress or a change in the way you feel about your body.

An important note: Even if you are having metabolic or emotional symptoms, these changes do not mean that you are in immediate danger of serious illness. Always talk to your health care professional if you are concerned.

WHAT TO DO ABOUT IT?

" Adopting a healthy diet and lifestyle is key to dealing with body changes. That means taking care of your diet and making sure that you get enough physical activity.

" Having emotional support to deal with lifestyle changes, and body changes are important too.

" Some people have tried various cosmetic surgery procedures such as liposuction or cheek implants to deal with body changes. Unfortunately, these procedures can be very expensive, have health risks and the results may only be temporary.

" Your doctor might suggest medication to help deal with increased cholesterol, fat or sugar in your blood.

" Staying physically active is very important for maintaining lean body mass (muscle). Exercise can also help you lose fat, maintain bone strength and contribute to your overall health. Both aerobic and strength training exercises are vital to your health.

strength building activities are vital for good health and can help manage the symptoms of body changes.

Nutritional GOALS

" **Eat less fatty foods:** Choose leaner meats, including fish and poultry more often. Choose low fat or fat-free dairy products. Avoid highly processed snack foods that are loaded with fat and salt.

" **Load up on fruits and vegetables:** Aim for at least 5 servings of fruits and vegetables each day to help boost your immune system and to provide lots of nutrients and fiber.

" **Go for fiber:** Choose whole grain breads and cereals, brown rice, beans and other high fiber foods.

" **Get up and move:** Both aerobic and

SO WHAT'S THE BOTTOM LINE?

" **Talk to your health care provider about lipodystrophy, lipoatrophy or any changes in body weight, body shape or symptoms that you are having.**

" **Your best bet is to eat a diet low in fat and high in nutrients and fiber.**

" **Maintain a reasonable body weight and try to increase your physical activity to maintain your body's muscles and to stay strong.**

KAPOSI'S SARCOMA

Definition

Kaposi's sarcoma is a form of skin cancer that can involve internal organs. It most often is found in patients with acquired immunodeficiency syndrome (AIDS), and can be fatal.



AIDS-related Kaposi's sarcoma

Emerged as one of the first illnesses associated with AIDS patients. These tumors usually appear on the upper body, the soft palate and gum areas, and, as the disease advances, in the lymph nodes, stomach, intestines, and lungs.

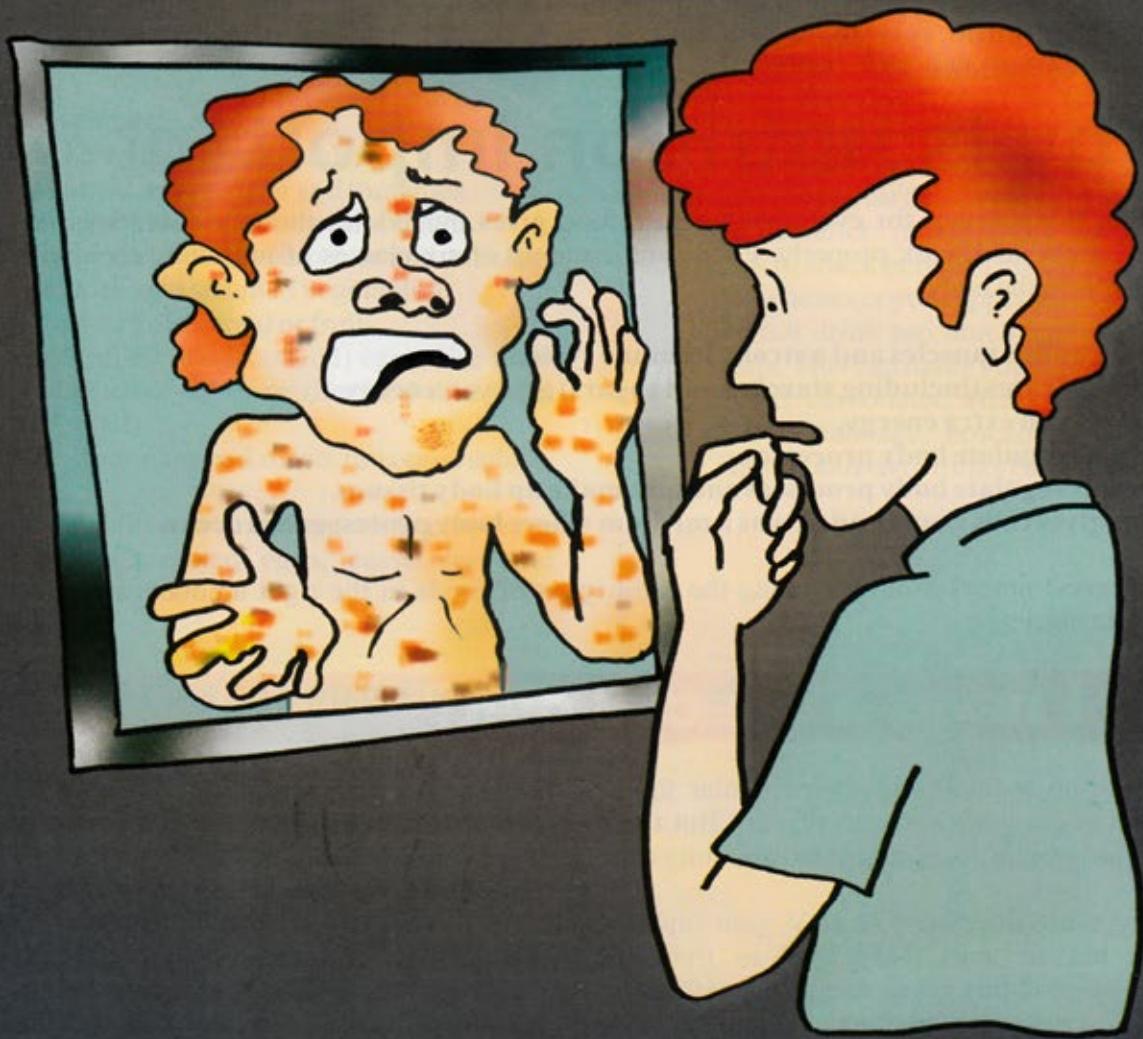


Prevention

Safer sex practices may help to prevent AIDS-related KS by decreasing the risk of transmission of HHV-8 through sexual means. However, the addition of avoidance of deep kissing to those precautions may be necessary. Intravenous drug users should still be urged not to share needles. Treatment with antiretrovirals may help to preserve the function of the immune system in HIV patients and delay the appearance and progression of KS lesions. In fact, since the introduction of HAART in those infected with HIV, KS has decreased substantially. However, it still remains the most common cancer among those infected with HIV.



**KAPOSI'S SARCOMA
Is AIDS HORROR
makes a person
a picture of TERROR**



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DIET & NUTRITION HIV/ AIDS

Good nutrition is crucial for a person living with HIV or AIDS. Eating a **healthy, well-balanced diet** is essential to maintain and build lean muscle mass and maintain **proper weight**. It will also help **boost your immune system**, which may in turn protect you from **opportunistic infections**.

Why is nutrition important?

Nutrition is important for everyone because food gives our bodies the nutrients they need to stay healthy, grow, and work properly. Foods are made up of six classes of nutrients, each with its own special role in the body:

Protein builds muscles and a strong immune system.

Carbohydrates (including starches and sugars) give you energy.

Fat gives you extra energy.

Vitamins regulate body processes.

Minerals regulate body processes and also make up body tissues.

Water gives cells shape and acts as a medium where body processes can occur.

Having good nutrition means eating the right types of foods in the right amounts so you get these important nutrients.

Do I need a special diet?

There are no special diets, or particular foods, that will boost your immune system. But there are things you can do to keep your immunity up.

When you are infected with HIV, your immune system has to work very hard to fight off infections--and this takes energy (measured in calories). This means you may need to eat more food than you used to.

If you are underweight--or you have advanced HIV disease, high viral loads or opportunistic infections--you should include more protein as

well as extra calories (in the form of carbohydrates and fats).

How do I keep from losing weight?

Weight loss is a common problem for people infected with HIV, and it should be taken very seriously. Losing weight can be dangerous because it makes it harder for your body to fight infections and to get well after you're sick.

People with HIV often do not eat enough because: HIV and HIV medicines may reduce your

appetite, make food taste bad, and prevent the body from absorbing food in the right way

symptoms like a sore mouth, nausea, and vomiting make it difficult to eat

fatigue from HIV or the medicines may make it hard to prepare food and eat regularly

To keep your weight up, you will need to take in more protein and calories. What follows are ways to do that.

Add protein to your diet

Protein-rich foods include meats, fish, beans, dairy products, and nuts. To boost the protein in your meals:



Spread nut butter on toast, crackers, fruit, or vegetables.

Add cottage cheese to fruit and tomatoes.

Add canned tuna to casseroles and salads.

Add shredded cheese to sauces, soups, omelets, baked potatoes, and steamed vegetables.

Eat yogurt on your cereal or fruit.

Eat hard-boiled (hard-cooked) eggs. Use them in egg-salad sandwiches or slice and dice them for tossed salads.

Add diced or chopped meats to soups, salads, and sauces.

Add dried milk powder or egg white powder to foods (like scrambled eggs, casseroles, and milkshakes).

Add Calories to your diet

The best way to increase calories is to add carbohydrates and some extra fat to your meals. Carbohydrates include both starches and simple sugars.

Starches are in:

breads, muffins, biscuits, crackers, oatmeal and cold cereals, pasta, potatoes, rice, Simple sugars are in:

fresh or dried fruit (raisins, dates, apricots, etc)

jelly, honey, and maple syrup added to cereal, pancakes, and waffles

Fats are more concentrated sources of calories. Add moderate amounts of the following to your meals:

butter, margarine, sour cream, cream cheese, peanut butter

gravy, sour cream, cream cheese, grated cheese

avocados, olives, salad dressing

How can I maintain my appetite?

When you become ill, you often lose your appetite. This can lead to weight loss, which can make it harder for your body to fight infection.

Here are some tips for increasing your appetite:

Try a little exercise, like walking or doing yoga. This can often stimulate your appetite and make you feel like eating more.

Eat smaller meals more often. For instance, try to snack between meals.

Eat whenever your appetite is good.

Do not drink too much right before or during meals. This can make you feel full.

Avoid carbonated (fizzy) drinks and foods such as cabbage, broccoli, and beans.

These foods and drinks can create gas in



your stomach and make you feel full and bloated.

Eat with your family or friends.

Choose your favorite foods, and make meals as attractive to you as possible. Try to eat in a pleasant location.

How much **water** do I need?

Drinking enough liquids is very important when you have HIV. Fluids transport the nutrients you need through your body.

Extra water can:

- reduce the side effects of medications
- help flush out the medicines that have already been used by your body
- help you avoid dehydration (fluid loss), dry mouth, and constipation
- make you feel less tired

Many of us don't drink enough water every day. You should be getting at least 8-10 glasses of water (or other fluids, such as juices or soups) a day.

Here are some tips on getting the extra fluids you need:

Drink more water than usual. Try other fluids, too, such as Gatorade.

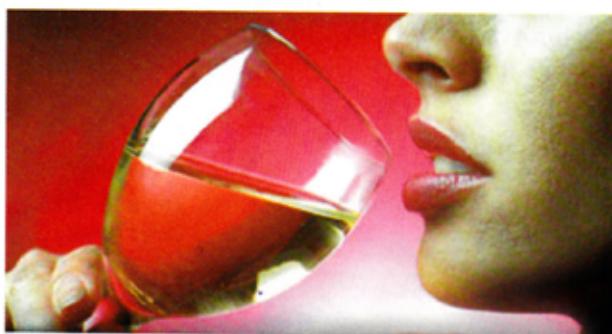
Avoid colas, coffee, tea, and cocoa. These may contain caffeine and can actually dehydrate you. Read the labels on drinks to see if they have caffeine in them.

Avoid alcohol.

Begin and end each day by drinking a glass of water.

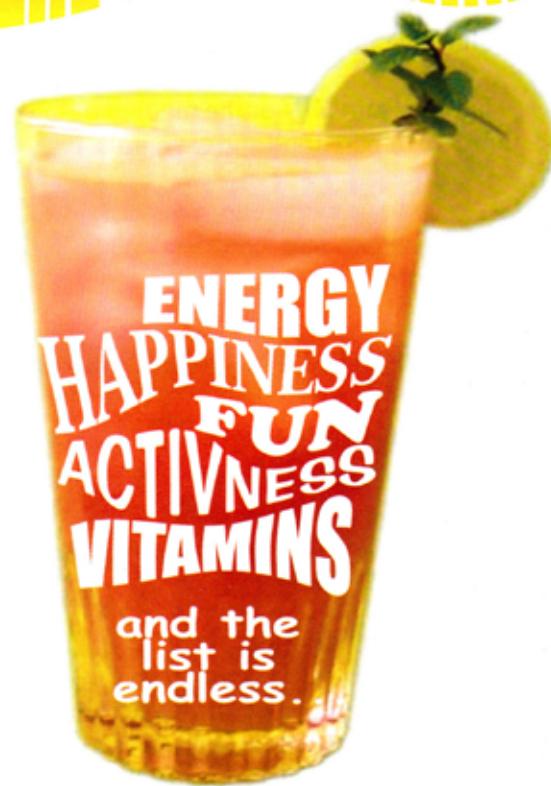
Suck on ice cubes and popsicles.

Note: If you have diarrhea or are vomiting, you will lose a lot of fluids and will need to drink more than usual.



Avoid Alcohol.

HERE'S YOUR DRINK



Do I need Supplements?

Our bodies need vitamins and minerals, in small amounts, to keep our cells working properly. They are essential to our staying healthy. People with HIV need extra vitamins and minerals to help repair and heal cells that have been damaged.

Even though vitamins and minerals are present in many foods, your health care provider may recommend a vitamin and mineral supplement (a pill or other form of concentrated vitamins and minerals). While vitamin and mineral supplements can be useful, they can in no way replace eating a healthy diet.

If you are taking a supplement, here are some things to remember:

Always take vitamin pills on a full stomach. Take them regularly.

Some vitamins and minerals, if taken in high doses, can be harmful. Talk with your health care provider before taking high doses of any supplement.

Following is a table of some vitamins and minerals that affect the immune system.

Name	What It	Where to Get It	About Supplements
Vitamin A and beta-carotene	Keeps skin, lungs, and stomach healthy.	liver, whole eggs, milk, dark green, yellow, orange, and red vegetables and fruit (like spinach, pumpkin, green peppers, squash, carrots, papaya, and mangoes). Also found in orange and yellow sweet potatoes	It's best to get vitamin A from food. Vitamin A supplements are toxic in high doses. Supplements of beta-carotene (the form of vitamin A in fruits and vegetables) have been shown to increase cancer risk in smokers.
Vitamin B-group (B-1, B-2, B-6, B-12, Folate)	Keeps the immune and nervous system healthy.	white beans, potatoes, meat, fish, chicken, watermelon, grains, nuts, avocados, broccoli, and green leafy vegetables	
Vitamin C	Helps protect the body from infection and	citrus fruits (like oranges, grapefruit, and lemons), tomatoes, and potatoes	
Vitamin E	Protects cells and helps fight	green leafy vegetables, vegetable oils, and peanuts	Limit to 400 IU per day.
Iron	Not having enough iron can cause anemia.	green leafy vegetables, whole grain breads and pastas, dried fruit, beans, red meat, chicken, liver, fish, and eggs	Limit to 45 mg per day unless otherwise instructed by your doctor. Iron may be a problem for people with HIV because it can increase the activity of some bacteria. Supplements that do not contain iron may be better. Ask your doctor.
Selenium	Important for the immune	whole grains, meat, fish, poultry, eggs, peanut butter, and nuts	Limit to 400 mcg per day.
Zinc	Important for the immune system.	meat, fish, poultry, beans, peanuts, and milk and dairy products	Limit to 40 mg per day.

What should I know about food safety?

Paying attention to food and water safety is important when you have HIV, because your immune system is already weakened and working hard to fight off infections.

If food is not handled or prepared in a safe way, germs from the food can be passed on to you. These germs can make you sick.

You need to handle and cook food properly to keep those germs from getting to you.

Here are some food safety guidelines:

Keep everything clean! Clean your counters and utensils often.

Wash your hands with soap and warm water before and after preparing and eating food.

Check expiration dates on food packaging. Do not eat foods that have a past expiration date.

Rinse all fresh fruits and vegetables with clean water.

Thaw frozen meats and other frozen foods in the refrigerator or in a microwave. Never thaw

foods at room temperature. Germs that grow at room temperature can make you very sick.

Clean all cutting boards and knives (especially those that touch chicken and meat) with soap and hot water before using them again.

Make sure you cook all meat, fish, and poultry "well-done." You might want to buy a meat thermometer to help you know for sure that it is done. Put the thermometer in the thickest part of the meat and not touching a bone. Cook the meat until it reaches 165 to 212 degrees Fahrenheit on your thermometer.

Do not eat raw, soft-boiled, or "over easy" eggs, or Caesar salads with raw egg in the dressing.

Do not eat sushi, raw seafood, or raw meats, or unpasteurized milk or dairy products.

Keep your refrigerator cold, set no higher than 40 degrees. Your freezer should be at 0 degrees.

Refrigerate leftovers at temperatures below 40 degrees F. Do not eat leftovers that have been sitting in the refrigerator for more than 3 days.

Keep hot items heated to over 140 degrees F, and completely reheat leftovers before eating.

Throw away any foods (like fruit, vegetables, and cheese) that you think might be old. If food has a moldy or rotten spot, throw it out. When in doubt, throw it out.

Some germs are spread through tap water. If your public water supply isn't totally pure, drink bottled water.

Can diet help ease side effects and symptoms?

Many symptoms of HIV, as well as the side effects caused by HIV medicines, can be helped by using (or avoiding) certain types of foods and drinks.

Below are some tips for dealing with common problems people with HIV face. You should also look in the side effects section for more information.

Nausea

Try the BRATT Diet (Bananas, Rice, Applesauce, Tea, and Toast).

Try some ginger--in tea, ginger ale, or ginger snaps.

Don't drink liquids at the same time you eat your meals.

Eat something small, like crackers, before getting out of bed.

Keep something in your stomach; eat a small snack every 1-2 hours.

WHAT TO AVOID?

Fatty, greasy, or fried foods

Very sweet foods (candy, cookies, or cake)

Spicy foods

Foods with strong odors

Mouth and Swallowing Problems

Avoid hard or crunchy foods such as raw vegetables.

Try eating cooked vegetables and soft fruits (like bananas and pears).

Avoid very hot foods and beverages. Cold and room temperature foods will be more comfortable to your mouth.

Do not eat spicy foods. They can sting your mouth.

Try soft foods like mashed potatoes, yogurt, and oatmeal.

Also try scrambled eggs, cottage cheese, macaroni and cheese, and canned fruits.

Rinse your mouth with water. This can moisten your mouth, remove bits of food, and make food taste better to you.

Stay away from oranges, grapefruit, and tomatoes. They have a lot of acid and can sting your mouth.

Diarrhoea

Try the BRATT Diet (Bananas, Rice, Applesauce, Tea, and Toast).

Keep your body's fluids up (hydrated) with water, Gatorade, or other fluids (those that don't have caffeine).

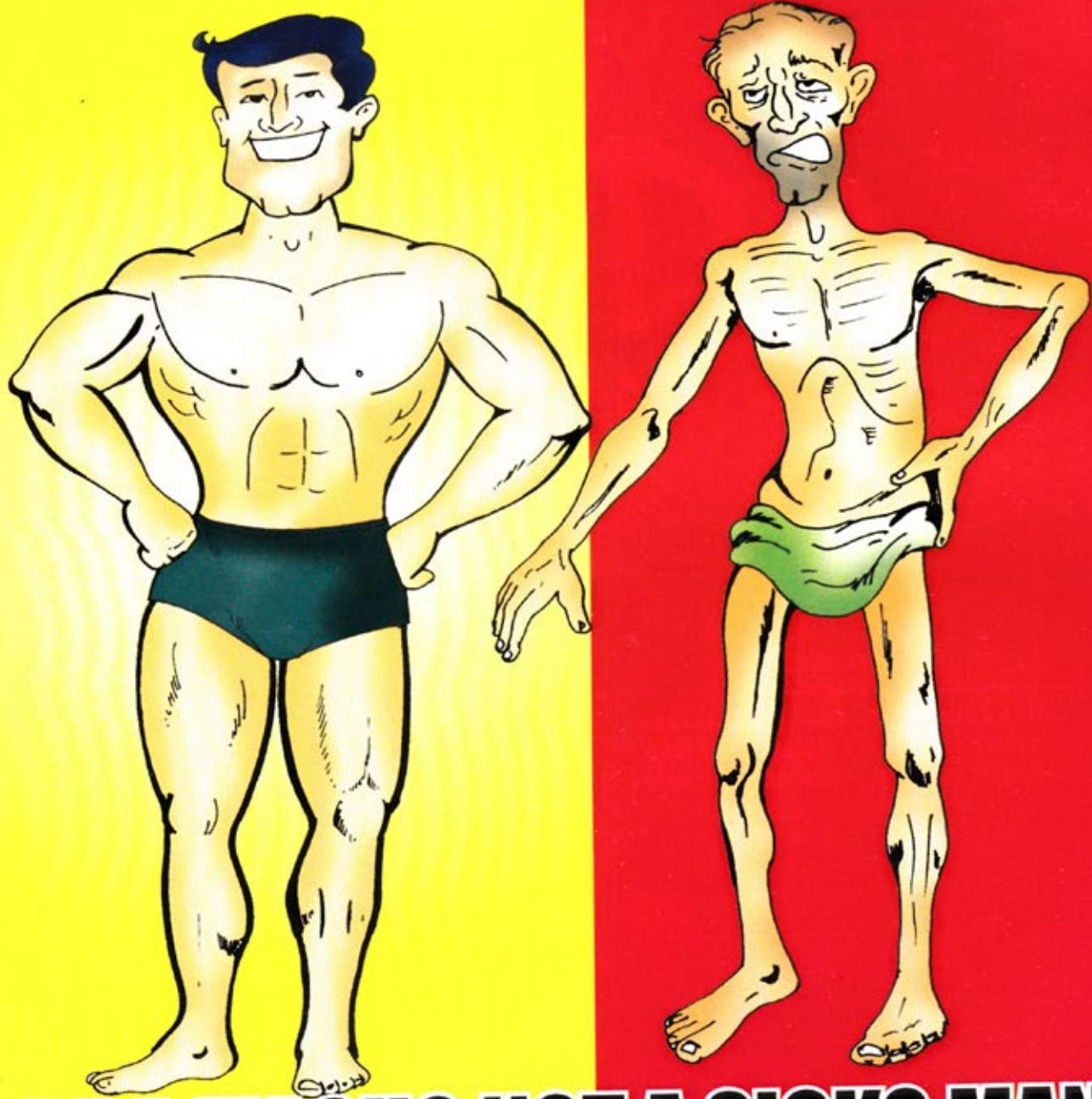
Limit sodas and other sugary drinks.

Avoid greasy and spicy foods.

Avoid milk and other dairy products.

Eat small meals and snacks every hour or 2.

**DON'T CHANGE
FROM HANDSOME HUNK IN TOWN
TO A SCARY AIDS SKELETON**



BE A MACHO NOT A SICKO MAN

A  **GRAFFITI AIDS** campaign.
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female CONDOM

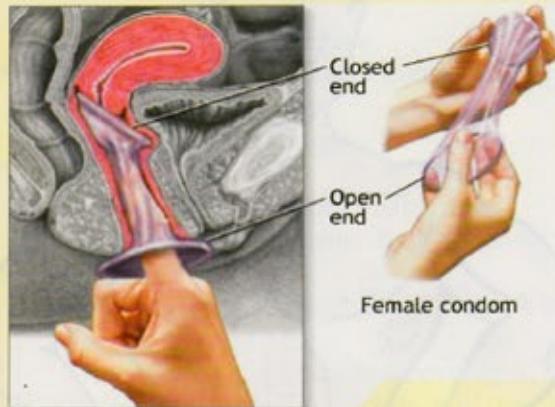
New brand launched.

A new brand of female condom, the VA w.o.w. (worn-of-women) Condom Feminine, has been launched in Portugal.

The Condom Feminine, manufactured by Medtech Products Ltd of Chennai, India, is the first new condom for women to be launched in Europe for fifteen years. It is also the first time that a company other than the UK-based Female Health Company (makers of the current 'FC' and 'FC2' female condoms) has produced a condom product for women. Female condoms are currently the only female-led method of contraception that can protect against HIV and sexually transmitted infections.

Like previous condoms manufactured by The Female Health Company the condom is designed to line the inside of the vagina during sex. Unlike the previous "two ring" system of the FC and FC2 however, the VA w.o.w consists of an outer ring that anchors the condom, and an inner sponge disk that holds the condom inside the vagina. The condom itself is made of stretchy latex, similar to the material used to make most male condoms.

Portugal's National AIDS Prevention Ministry plans to replace its current stock of FC condoms with the new VA w.o.w. Though initial reports from Portuguese health clinics have been positive, the condom's success will largely depend on a considerable number of women being convinced of its benefits. While current female condom brands are much liked by some women, they still only account for around 0.2%



of global condom use. Both the Female Health Company and Medtech Products are comparatively small firms that lack the huge resources necessary to promote their products on a global scale. Medtech will also face the additional challenge of winning-over the major international organisations that currently buy and distribute the FC and FC2 in their HIV prevention programmes.

Medtech however remains hopeful that the introduction of the VA w.o.w into other European countries over the next few months will boost sales and popularity and help the company to "achieve its long-desired goal of



DON'T LET YOUR
PASSION
DROWN YOU IN THE
AIDS
OCEAN

Use the
ABC LIFEBOUY For Your Safety

**ABSTINENCE
BEING FAITHFUL
CONDOM**

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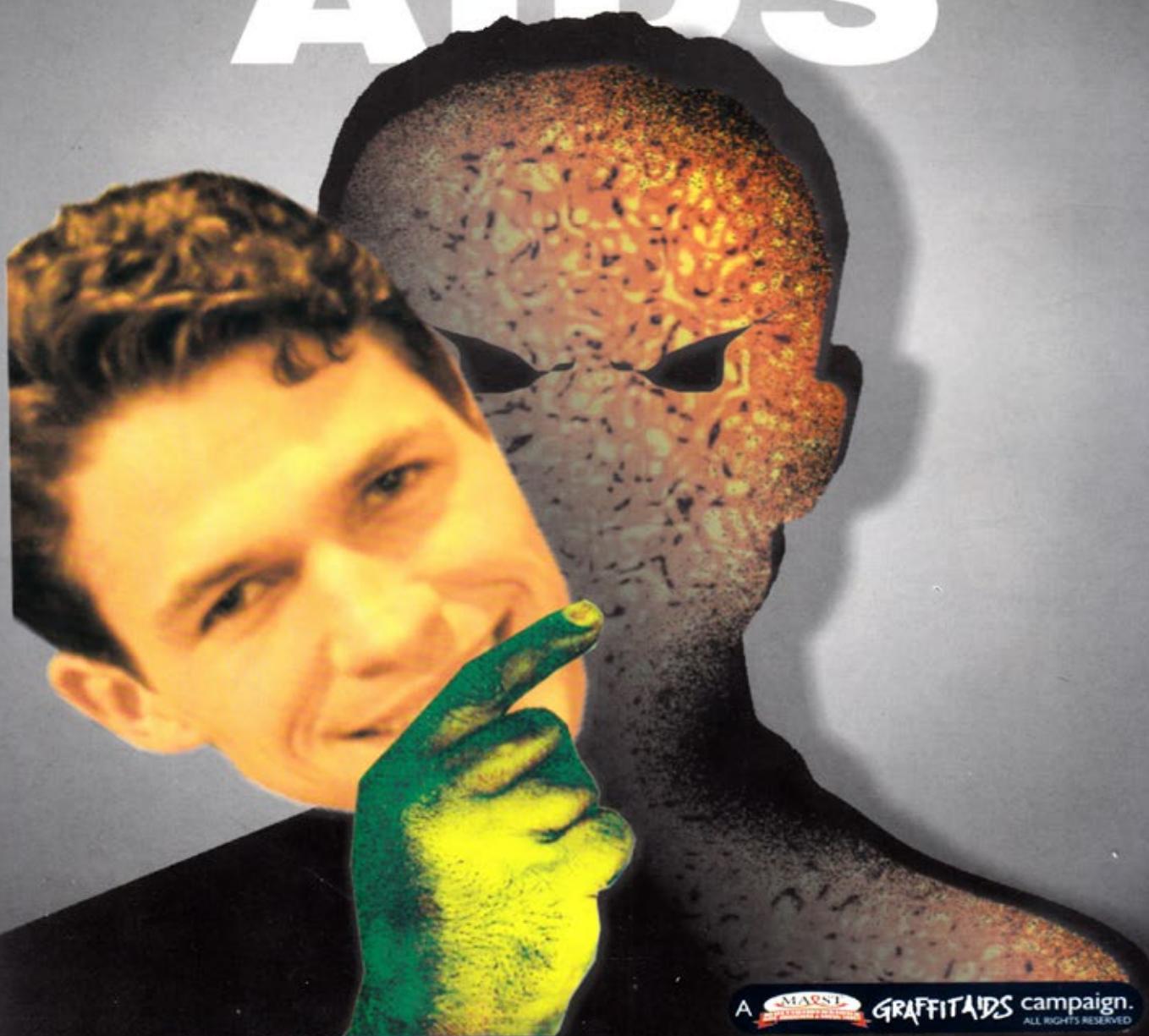
AIDS IS A MULTI FACED MONSTER



Know it's true Face to avoid a Disaster!

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UNMASK the face of AIDS

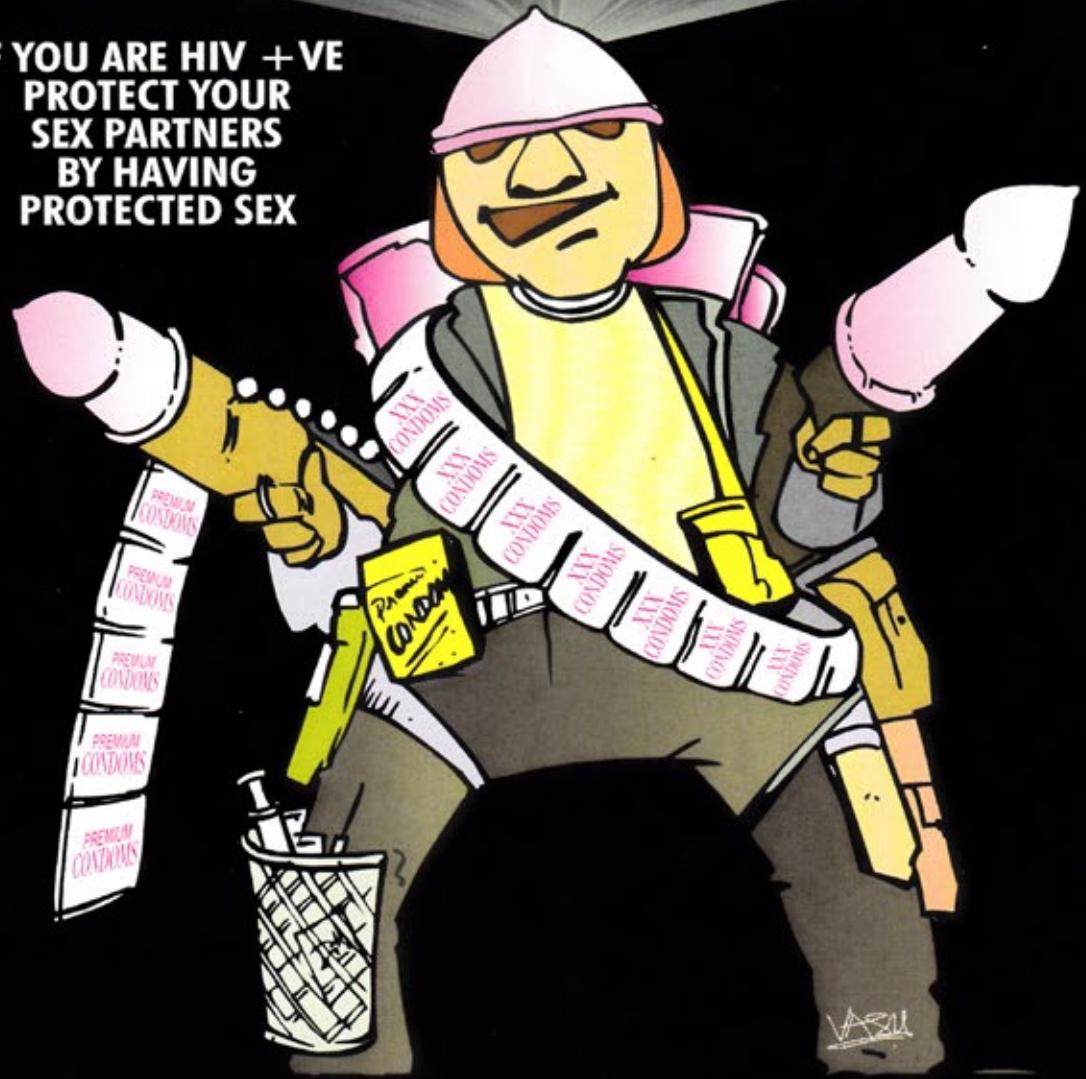


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**AIDS you can Dare,
by being truly Aware.**

ARM YOURSELF TO PROTECT OTHERS TO

IF YOU ARE HIV + VE
PROTECT YOUR
SEX PARTNERS
BY HAVING
PROTECTED SEX



DON'T BE THE KILLER BE THE PROTECTOR

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IF YOU GET HYPNOTISED GET CONDOMISED!



STUNNING BEAUTY CAN MESMERISE & LOWER YOUR DEFENCES
**SAFETY & CAUTION YOUR BEST OPTION
FOR AIDS PROTECTION**

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Teenagers



How to avoid HIV / AIDS

As long as sexual intimacy remains a pleasurable outlet for humans, the risk of HIV transmission is a real possibility for all sexually active people. Adults are vulnerable to this danger as a result of intimate behaviors with more than one sexual partner, due in large part to a heightened sense of sexual awareness and promiscuity that is promoted in contemporary society and the media. Adolescents also are at increasing risk for HIV because of their natural feelings of invincibility and the added thrill of risk-taking. Teenagers' vulnerability increases with the frequency of unsafe sex practices and the additional numbers of sexual partners within their tightly-knit teenage school population. Every year, the median age of HIV-infected people has been continually dropping. A person who tests positive for HIV in their twenties may have contracted the virus in their teens while in high school. As the teenage pool becomes more contaminated with HIV, the likelihood of contracting the deadly virus from new partners increases exponentially. By the turn of the century, it will be difficult for most sexually active teens to avoid coming in contact with at least one HIV-positive partner. Thus, the coming new wave of AIDS among adolescents. There are positive choices teens can make regarding

H I V / A I D S

Postpone your first sexual experience
Avoid the sharing of bodily fluids
Understand the danger from substance abuse
Avoid promiscuous behavior
Practice safer sex techniques

Choose abstinence until older and more mature (physically and emotionally). Not having

intimate sexual relations with a partner is the only 100% effective way of avoiding HIV by sexual transmission. This is not a morality-based argument but a scientifically-accurate fact. Younger teens, with immune systems that have not yet fully developed, are at greater risk if sexually intimate.

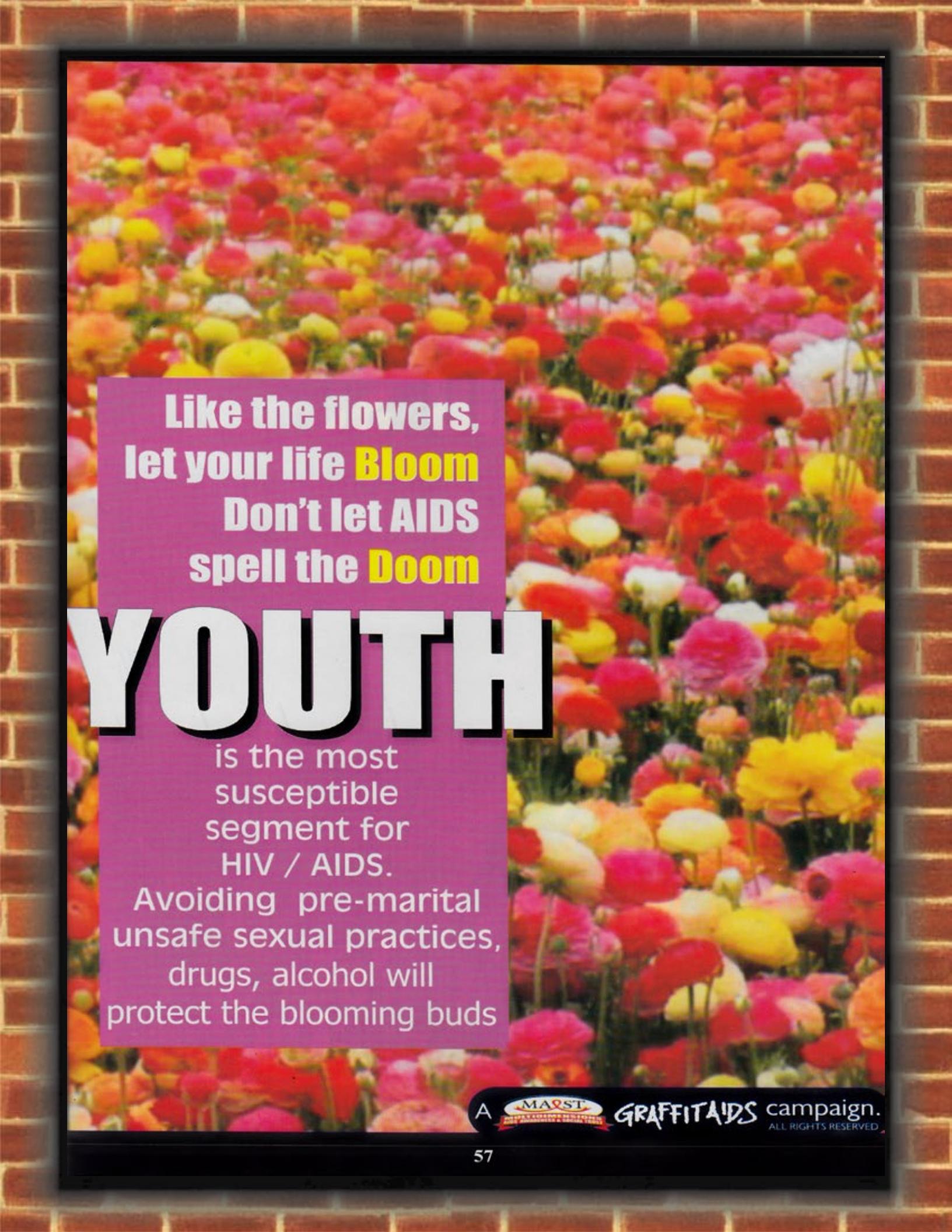
With another person, outside of a permanent, monogamous relationship. The exchange of intimate bodily fluids can carry the HIV virus and other sexually transmitted infections. While kissing is not considered to be a risky activity by most every expert, unsafe sexual practices where foreign fluids are absorbed into your body, should be stopped by the regular use of prophylactic barriers such as condoms.

Alcohol, drugs, etc. can impair your judgment and increase high risk behaviors. Many people living with HIV/AIDS suggest that their seropositive status directly resulted from unsafe sex or the sharing of contaminated needles while high and under the influence of narcotics or alcohol. Exercise caution.

Frequent and unsafe sexual activity with more than one partner. Even "serial monogamy" (repeatedly going from one intimate relationship to another), which is common among youth during high school and college, is very risky. Remember, each time you have sex with a new person, you are in effect sleeping with all of their previous partners, ad infinitum. These are the medical facts.

Whenever having intimate sexual relations with a partner. While no "safer sex" technique is 100% safe, some practices will help to minimize your risk of HIV transmission:

- a) Use condoms properly (there is a right and wrong way).
- b) Do not share needles for drugs, tattooing or body piercing.
- c) Avoid the ingestion of another person's bodily fluids.
- d) Substitute sexual "outercourse" for "intercourse" whenever possible.
- e) Masturbation is a safe and normal alternative for sexual release.



Like the flowers,
let your life **Bloom**
Don't let AIDS
spell the **Doom**

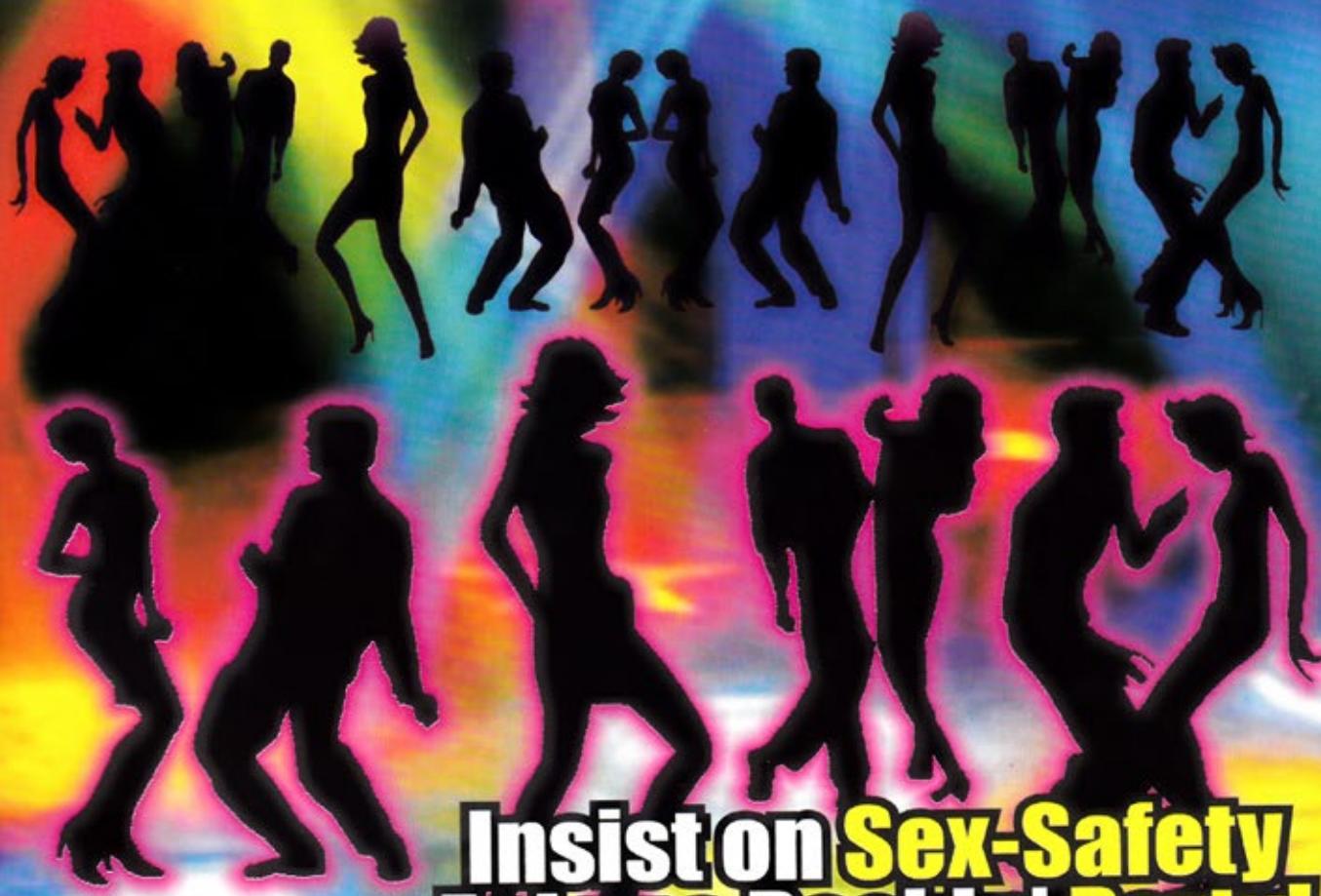
YOUTH

is the most
susceptible
segment for
HIV / AIDS.

Avoiding pre-marital
unsafe sexual practices,
drugs, alcohol will
protect the blooming buds



**HAVE FUN MAKE MERRY
DON'T LET AIDS
MAKE YOU SORRY**



**Insist on Sex-Safety
Enjoy a Rockin' Party!**

A  **GRAFFITI AIDS** campaign.
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**DON'T BE A JAMES BOND
or
YOU MAY BE AIDS BOUND**



**PROMISCUITY
CAN LEAD TO
AIDS CAPTIVITY**

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FOLLOW YOUR HEAD NOT THE HERD



Many a youngster fall's prey to the temptation of pre-marital unsafe sex with multiple partners, drugs, alcohol, out of sheer pressure to fit into their peer groups posing a serious HIV/AIDS threat

**DON'T BLINDLY FOLLOW YOUR PEER
FOR YOUR LIFE IS DEAR**

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PEER PRESSURE or SHEER PLEASURE



PEER PRESSURE

implies doing things which you do not like or agree upon yet you do just to fit it into the groove or the peer group and most probably regret later on.

SHEER PLEASURE

means Ecstasy or the heights of pleasure. It is a union of mind, body, heart & soul.
UNSAFE MARITAL SEX, DRUGS, ALCOHOL done by mostly youngsters due to peer pressure will surely lack the ingredients of sheer pleasure and is also fraught with risk of HIV/AIDS

**SUCCUMB TO PEER PRESSURE
SACRIFICE YOUR SHEER PLEASURE**

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BEWARE JACK n JILL

U may Tumble down
The HILL



**AIDS is not a GAMBLE
IT CAN MAKE YOU TUMBLE !**

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ALL THAT GLITTERS
IS NOT GOLD
BEAUTY CAN
LEAVE YOU
DEAD & COLD !

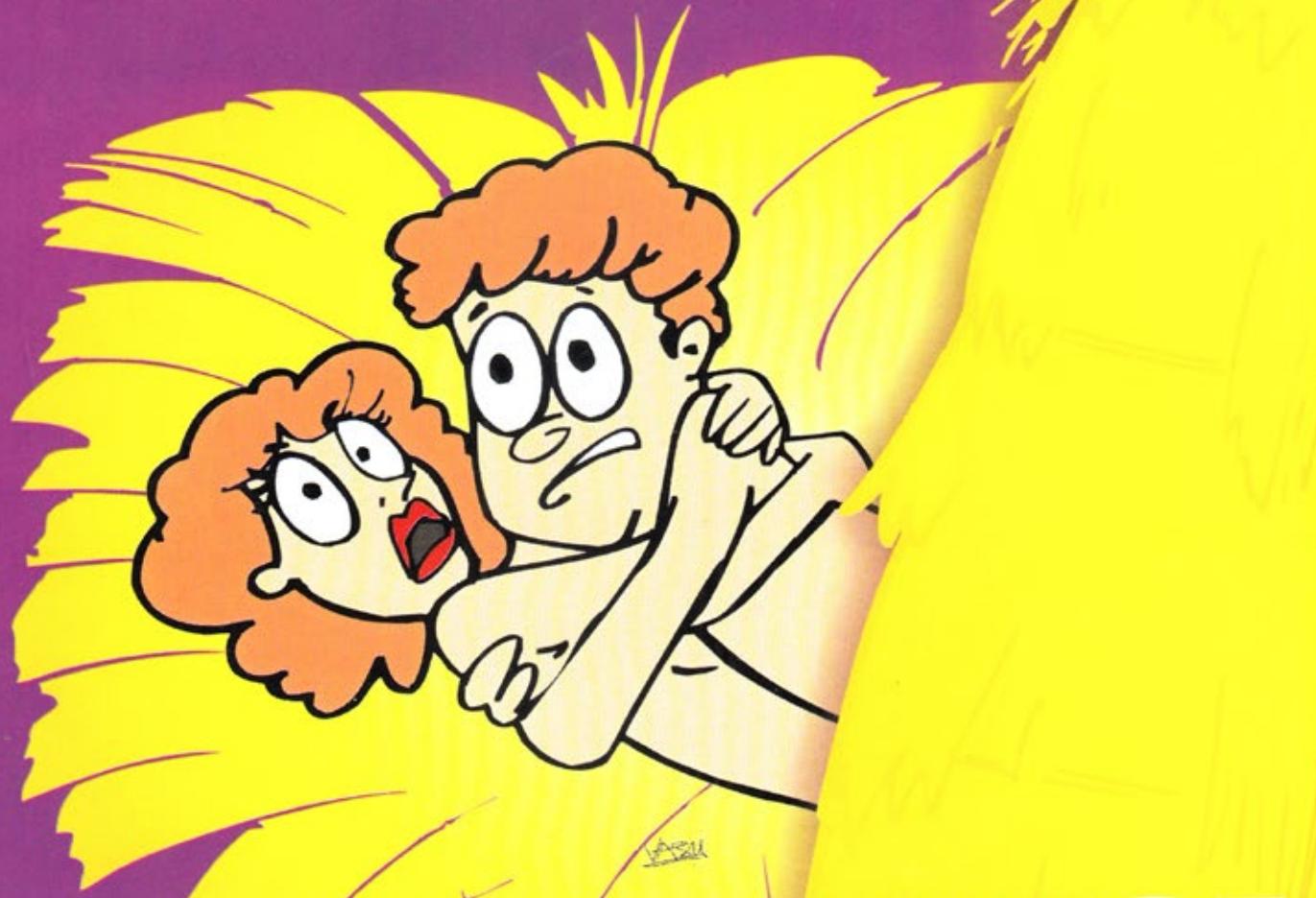


*Don't get Hooked
by a Beautiful Look!*

Be Safe & Careful Always....

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A ROLL IN THE HAY And AIDS May CALL IT A DAY



BE CAUTIOUS!
IT COULD BE **YOUR FATAL ENCOUNTER**

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ONE NIGHT STAND AND YOU CAN FALL IN AIDS QUICK SAND



AVOID UNSAFE SEX

FOR FUN

IT MAY HAVE YOUR LIFE
ON THE RUN

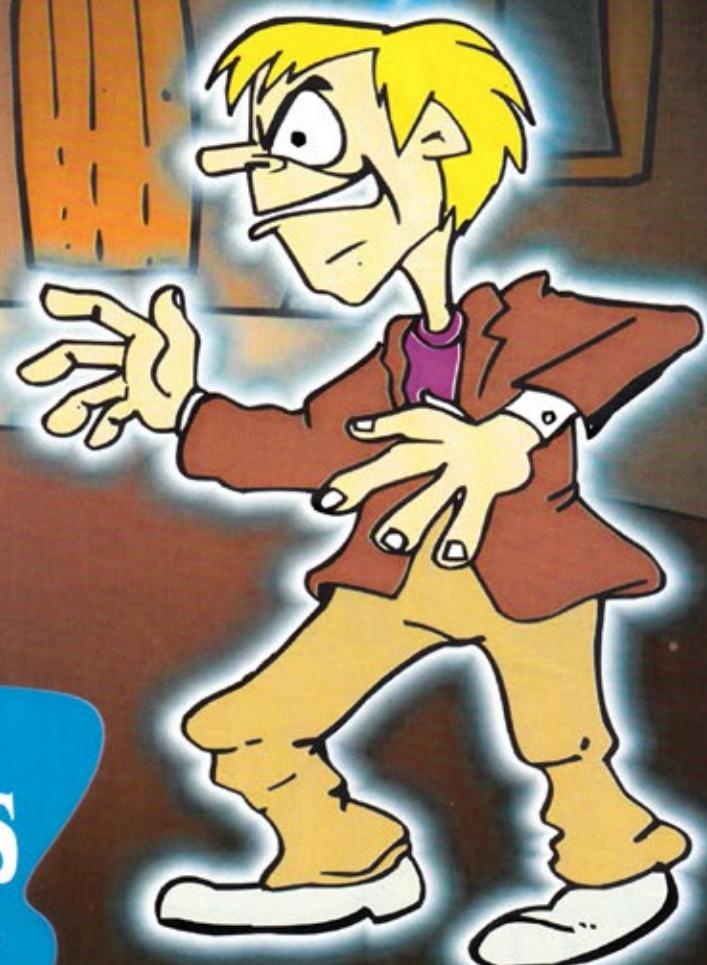
A

MASTE
MAINTAINING AWARENESS & STRENGTHENING
THE ENVIRONMENT

GRAFFITI AIDS campaign.

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A Surge Of Sexual Current & AIDS may sign your Death Warrant



Safety & Caution-
The Stabilizers
for your
Sexual Currents

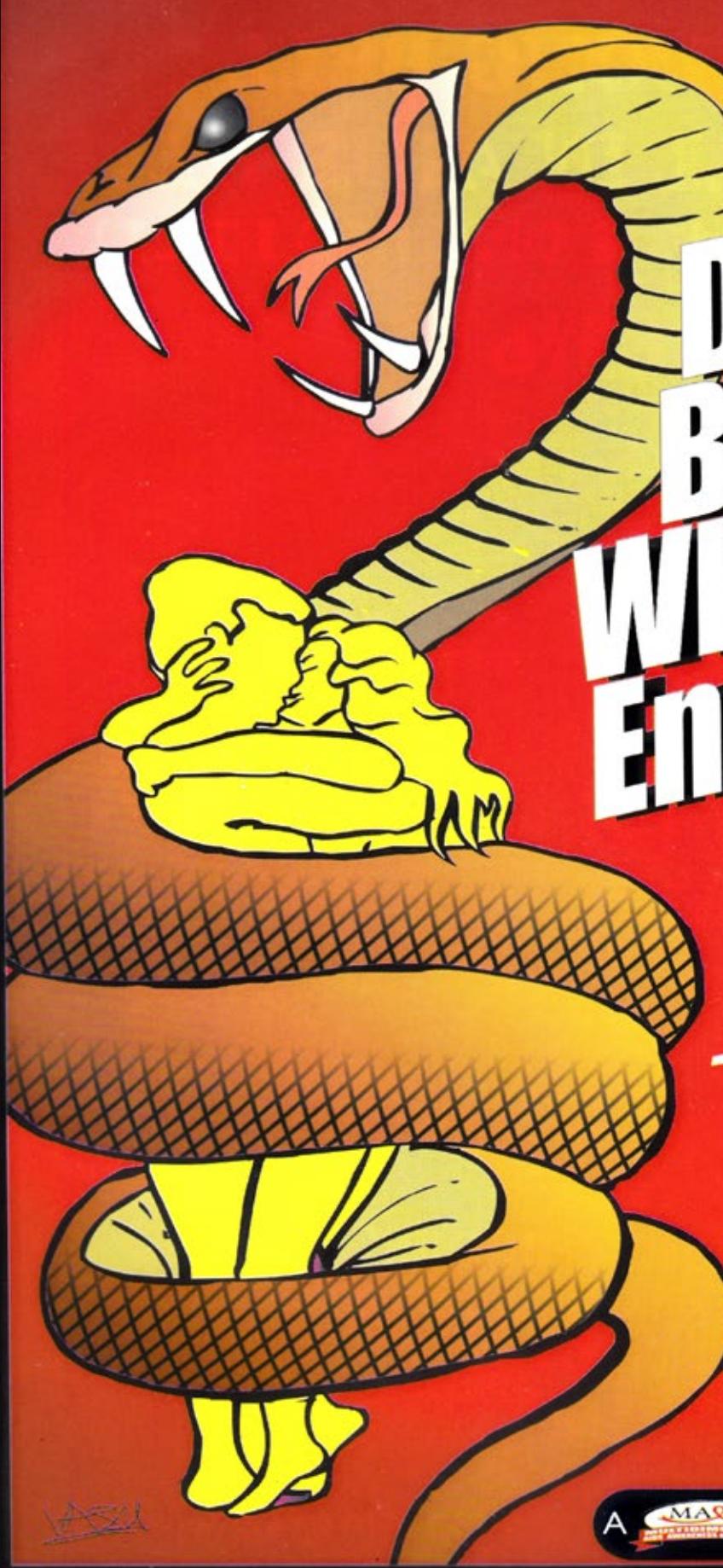
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DING DONG **BELL** DON'T FALL IN AIDS WELL (IF YOU DO, IT'S ONE BIG HELL)



One act of **stupidity**
can result in your
mortality

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**DO NOT
Bungle
When you
Entangle!**

**Get Sex
-Entangled
but not
AIDS
Mangled**

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LOOKS Can KILL

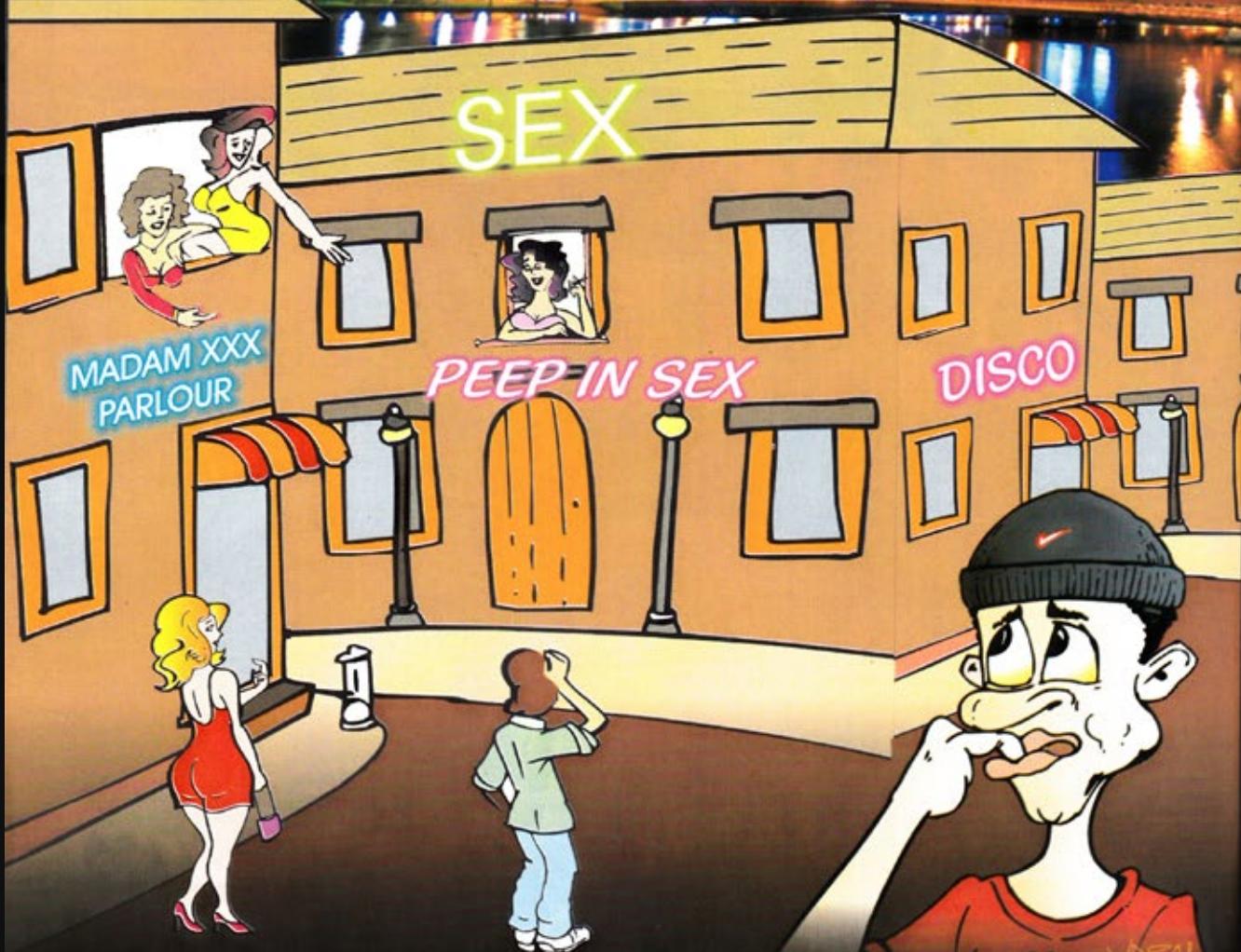


Dont let a Good LOOK
put your life on a HOOK

A   campaign.
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SEX and the CITY

AVOID PROMISCUITY



**Don't let the City Lights
Dazzle your muzzle!**

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Life's not **TWENTY 20**

Play with **PROTECTION**
Play **SAFE**



VASU

DON'T BE RECKLESS !
AIDS IS A KILLER!

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SHARE THE NEEDLE AND YOU MAY LAND IN AIDS PUDDLE



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Dabbling with DRUGS is dabbling with Life



**A Needle So Vicious
Can Cause AIDS so Dangerous
Be Safe & Cautious
for Life is precious**

Share your Love Not the Needle

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DABBLE WITH THE NEEDLE and AIDS WILL MEDDLE

Avoid using
or sharing
non-sterilized
razors,
needles
or any
skin piercing
instruments



A



GRAFFITI AIDS campaign.

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SHEARING YES! SHARING NO!



**SHARING USED RAZORS,
BLADES POSES THE RISK
OF HIV / AIDS.**

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Do you know the **ABC?**

Abstinence

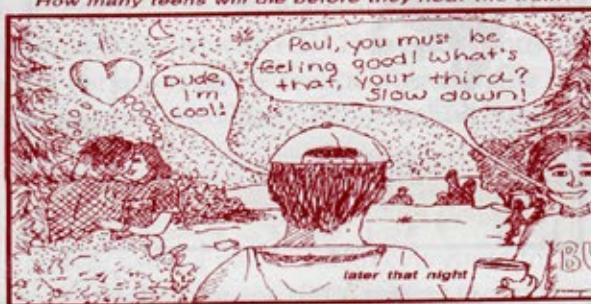
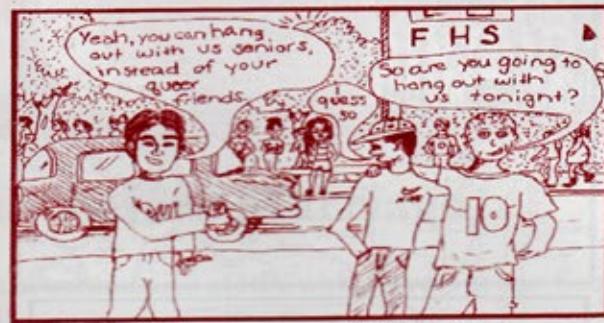
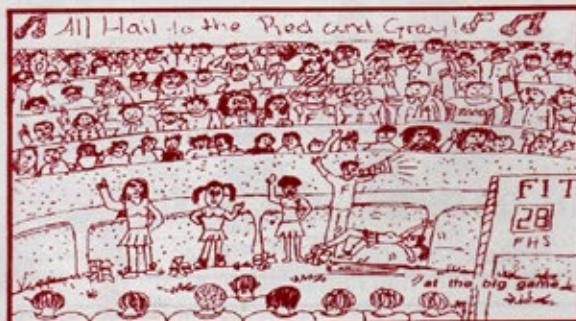
Being faithful

Condom



A **MAST** GRAFFITI AIDS campaign.
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The Teenagers' Temptation



How many teens will die before they hear the truth?



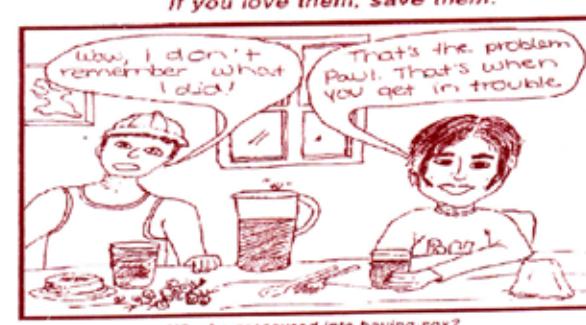
Friends listen to friends.



It's true... no sexual intercourse & no HIV/AIDS.
But if you know friends who are doing it, tell them to be safe.



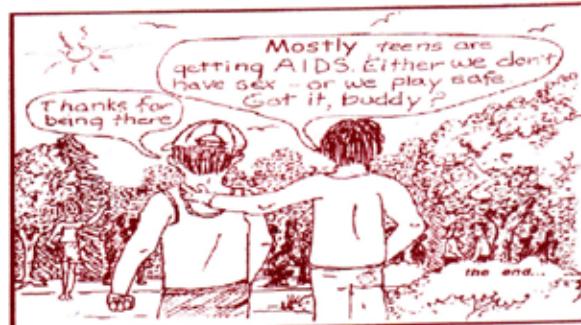
If you love them, save them.



Why be pressured into having sex?



If we don't take responsibility for our actions, who will?



Every hour of every day,
teenagers are infected with HIV.

One in four new cases
of HIV occurs in teens
under the age of 20.

Globally, 60% of all new HIV
infections are among youth.

Remember... it's not who
you are but what you do
that spreads HIV/AIDS.

ABC

THE BEST
SOLUTION
FOR HIV/AIDS
CONTROL

A

A = Abstinence-only before Marriage

It's a medical fact that there is no sexual transmission of HIV when there is no sex. Simply put,

"No Sex = No AIDS" (that's something youth easily remember). However, the majority of youth today report that they choose to begin their first sexual encounters between 15 and 20 despite what adults tell them about waiting until their wedding night. We prefer stressing "postponement" of initial sexual activity until older because it is healthier on many levels to avoid early sex while still maturing. Abstinence is the ideal but not the reality.

B

B = Be Faithful

We tell youth who choose to have sex before marriage that being faithful with one partner is safer than being promiscuous with several partners. It's medically accurate to say that true monogamy limits the chances of getting infected with HIV. However, a commitment to a monogamous relationship with one partner is not foolproof. Recognizing that not everyone tells a partner the truth about past sexual encounters, being faithful is the goal.

C

C = Condoms

If or when a youth becomes sexually active, using a new condom everytime for sexual intercourse is better than not using one. While they are not 100% perfect (nothing in life can be completely guaranteed), well-manufactured condoms offer prophylaxis against many sexually transmitted infections including HIV. When they are used properly, the transmission of HIV is greatly reduced despite misinformation to the contrary. Unprotected sexual intercourse is never a safe or wise choice unless the couple is truthfully committed to monogamy and protection.

Most young people today who contract HIV get it through sex, almost always heterosexually. Some youth become infected when sharing needles for drugs, steroids, tattoos, body piercings and rarely now, blood transfusions. Some HIV-positive youth are infected at birth and from a mother's breast milk. We tell teens two important things in the fight against AIDS: 1) If you love your friends, it's your responsibility to help save them from HIV. 2) Shy = Die.

If you're too shy to talk truthfully, friends may get HIV and die prematurely of AIDS.

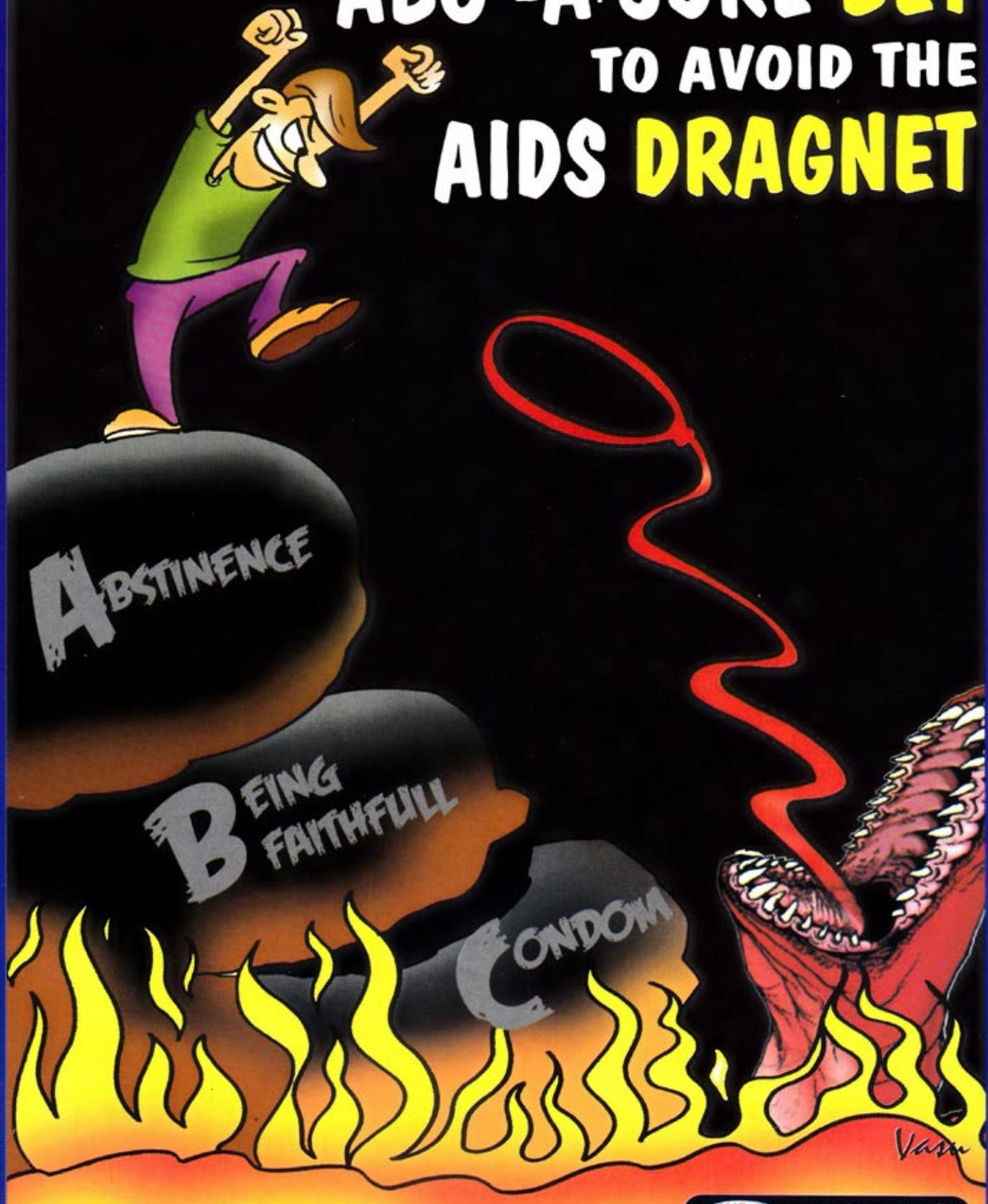
Rated: Safest

Rated: Safer

Rated: Safe

We believe it is the human right of every maturing adolescent to have complete access to medically accurate information. Censorship of the facts is counter productive because it results in more HIV/AIDS, not less, and that is morally problematic and unwise.

ABC - A SURE BET TO AVOID THE AIDS DRAGNET



A  GRAFFITI AIDS campaign.
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ALWAYS BE FAITHFULL TO BE SUCESSFUL



**Be Faithful To Your WIFE
Or You May Pay With Your LIFE**

**Being faithful to your PARTNER
can put you OUT OF AIDS DANGER**

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DO NOT CROSS THE L.O.C.

LINE OF CONTROL

ABSTINENCE

BEING FAITHFUL

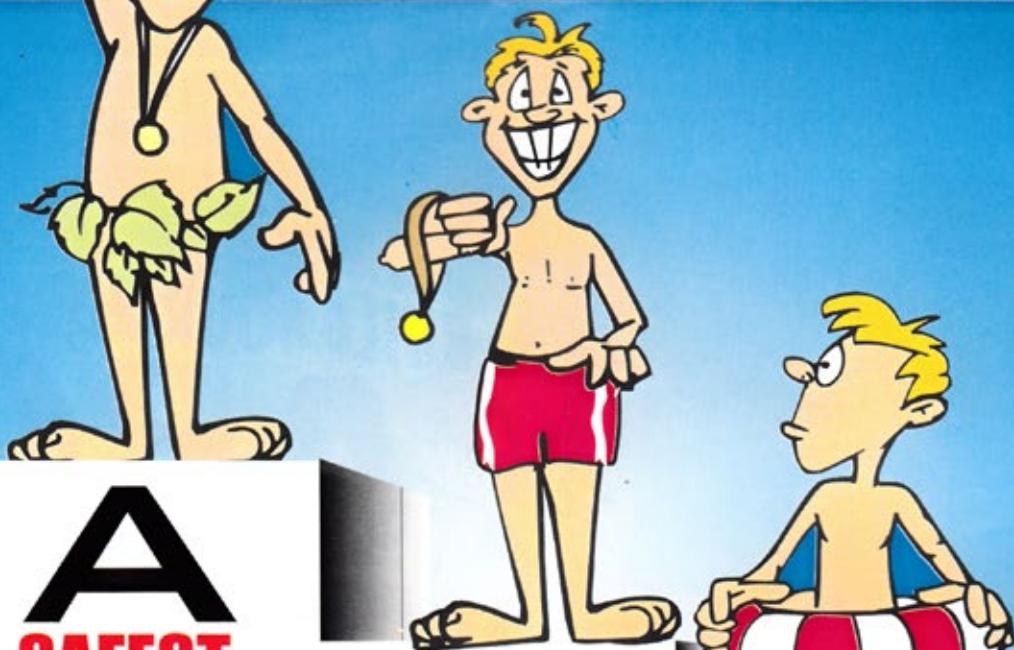
CONDOM

**PRACTISE ABC
TO AVOID CROSSING THE AIDS L.O.C.**

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ABC

THE BEST
SOLUTION
FOR AIDS
PREVENTION



A
SAFEST

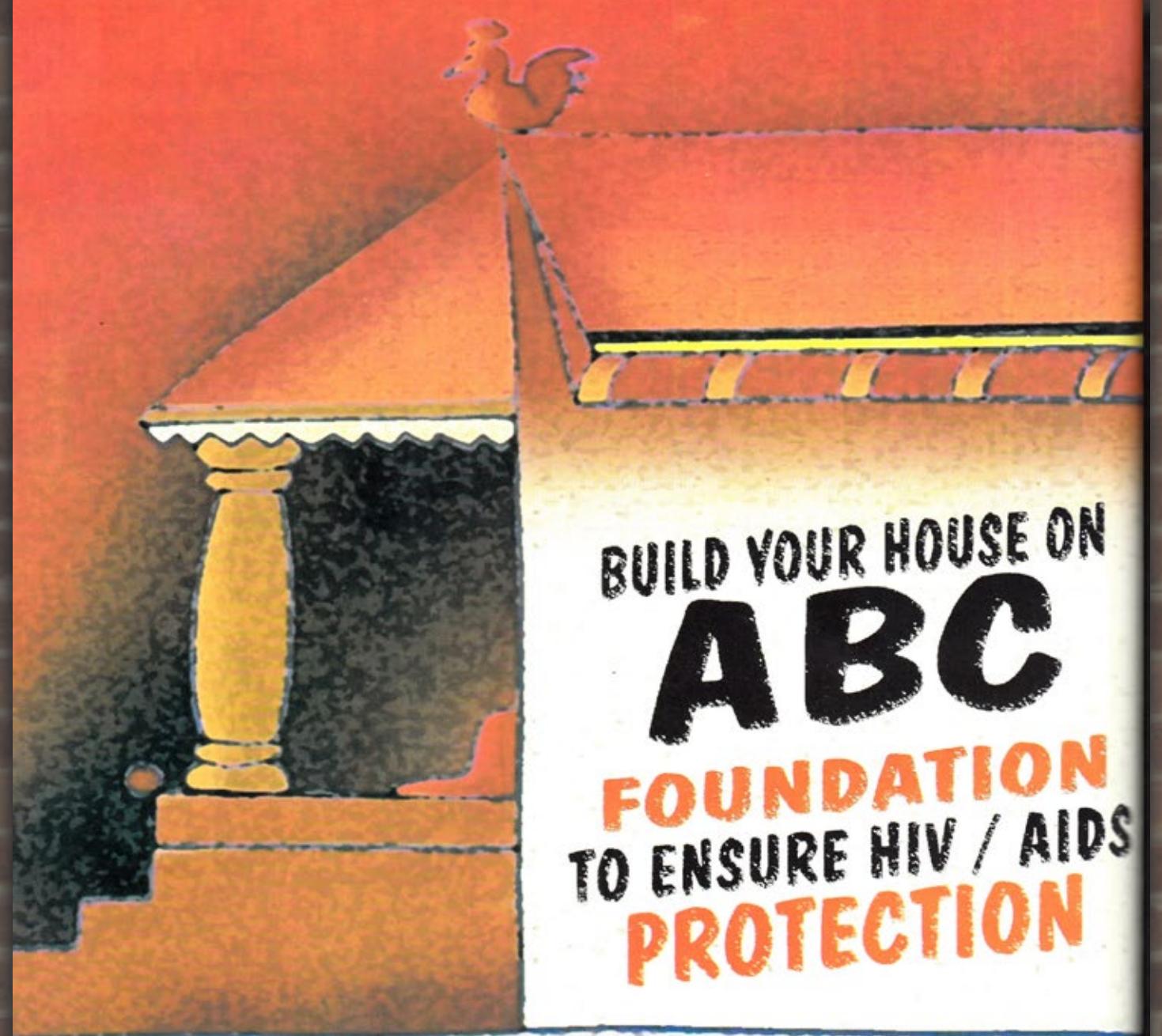
B
SAFER

C
SAFE

VASU

Abstinence **B**eing faithful **C**ondom
**CAN MAKE YOU VICTORIOUS
OVER THE HIV/AIDS VIRUS**

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BUILD YOUR HOUSE ON
ABC
FOUNDATION
TO ENSURE HIV / AIDS
PROTECTION

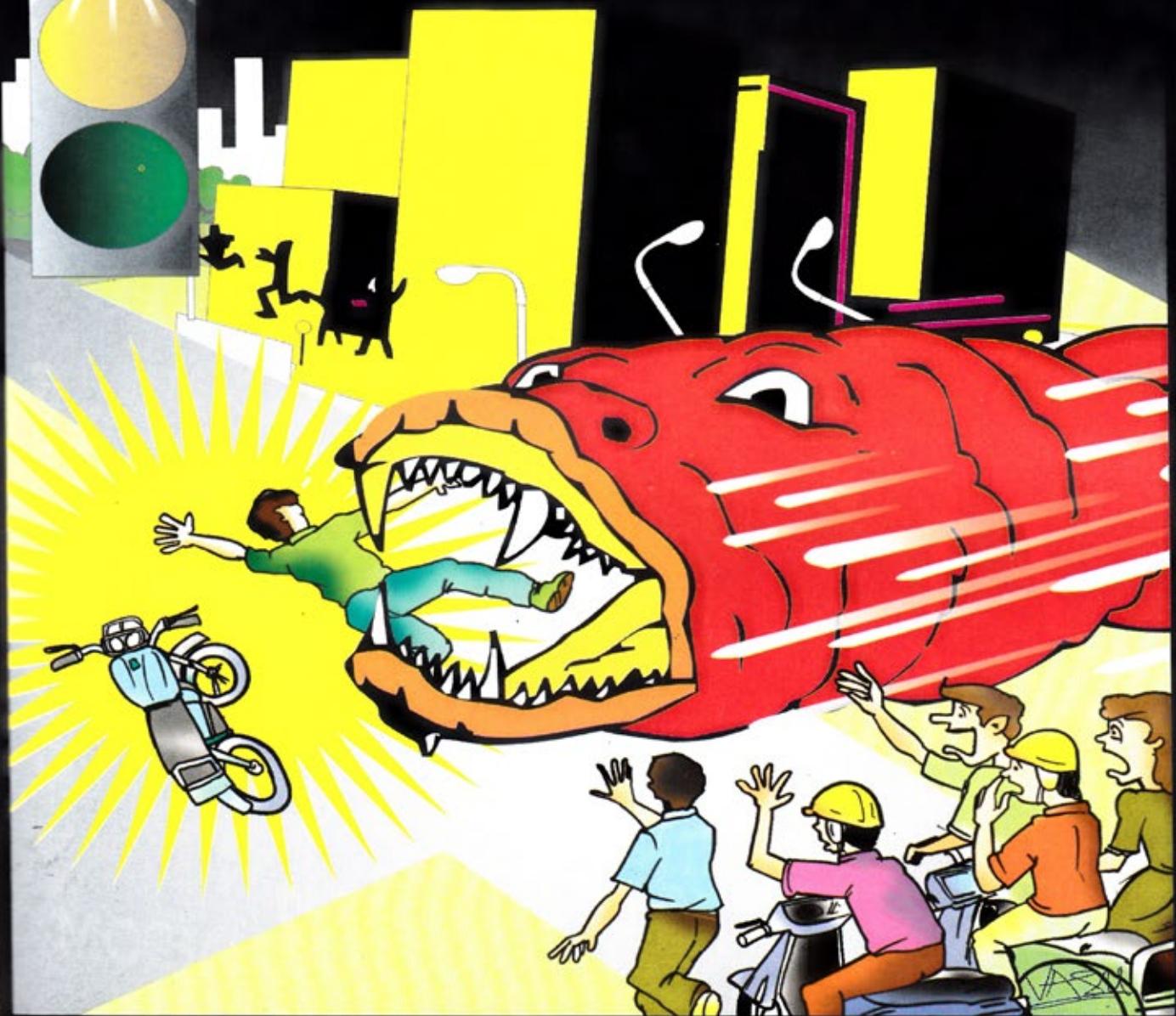
ABSTINENCE

BEING FAITHFUL

CONDOM

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Follow the rule or be sorrowful



Make Safe Sex through ABC - The Golden Rule

A  **GRAFFITIADS** campaign.
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AIDS IS NOT SO FEARFUL IF YOU ARE SAFE & CAREFUL



**USE THE ABC PROTECTIVE GEAR
TO KEEP AWAY THE AIDS FEAR**

A MARS GRAFFITI AIDS campaign.
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HIV/AIDS EDUCATION IN SCHOOLS

Although the AIDS epidemic is well into its third decade, basic AIDS education remains fundamental to the global effort to prevent HIV transmission. AIDS education can – and does – target all ages, and sexually active adults are one principal target. AIDS education is also vitally important for young people, however, and the school offers a crucial point-of-contact for their receiving this education. Giving AIDS education in schools, however, is sometimes a contentious issue.



Why do we need AIDS education in schools?

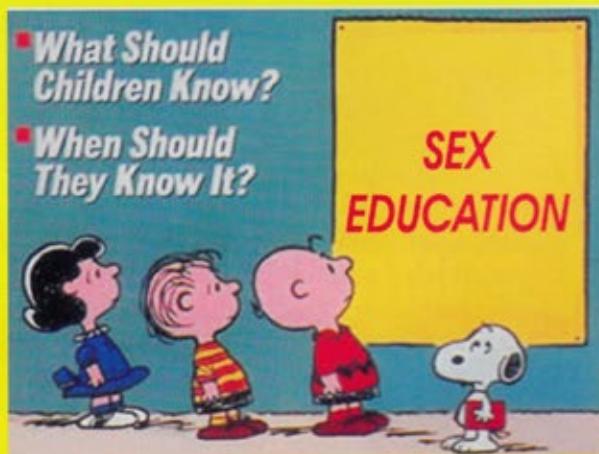
Many young people lack basic information about HIV and AIDS, and are unaware of the ways in which HIV infection can occur, and of the ways in which HIV infection can be prevented. Schools are an excellent point of contact for young people – almost all young people attend school for some part of their childhood, and while they are there, they *expect* to learn new information, and are more receptive to it than they might be in another environment.

Most young people become sexually active in their teens, and by the time this occurs they need to know how to prevent themselves becoming infected with HIV.

Other ways in which young people might access AIDS education may not be universal – not all young people will access

the same media, for example, or access the same medical services. The school, however, is a place where almost all young people can receive the same message. Other media by which young people are presumed to learn about sexual health may not exist in all cases or may be misleading.

Traditionally, the responsibility of teaching a young person about 'the birds and the bees' has been seen as being a parental one. In these days of HIV, however, this type of basic information about reproduction is insufficient and will not give young people the information they need to be able to protect themselves. Parents may not provide even this limited information, even, because they are too embarrassed, or because their beliefs oppose it. Young people, too, may be embarrassed discussing sexual matters in a situation where their parents are present – at school, they are in a situation where they are independent, and





not subject to parental disapproval.

In some countries, young people may not be able to access family planning or sexual health clinics because of their age – or they may be able to access such services but *think* that their age precludes them from access. Young people often know that they require information, especially if they are becoming sexually active, but may feel too embarrassed to actively seek out sexual health information, or may fear that their parents may find out. In many parts of the world, the fear of 'what if they tell my parents' still prevents young people from approaching medical staff, especially family doctors who may know their parents.

The principal reason that AIDS education in schools is so important is that all over the world, a huge amount of young people still become infected with HIV. Most young people become sexually active in their teens, and by the time this occurs then need to know how to prevent themselves becoming infected with HIV. If they are to be enabled to protect themselves, they must be given the information that empowers them to do so.

Attitudes to AIDS education in schools

The main obstacle to effective AIDS education for young people in schools is the adults who determine the curriculum. These adults – parents, curriculum planners, teachers or legislators – often consider the subject to be too 'adult' for young people – they have an idea of 'protecting the

innocence' of young people. This often occurs for moral or religious reasons, and can cause very heated debate.

There is also obstruction to adequate AIDS education from adults who are concerned that teaching young people about sex, about sexually transmitted infections, HIV and pregnancy – that providing them with this information will somehow encourage young people to begin having sex when they otherwise might not have done.

Many adults recognise that informing young people about the dangers of HIV is the best way to prevent them from becoming infected in later life. Many schools in many countries *do* provide adequate AIDS education – but many, *sill*, do not. Young people are rarely asked for their opinions by those adults who decide what they will study – but when they are asked, they almost always demand more comprehensive sex and HIV education.

In spite of all the efforts that the past two decades have seen in AIDS prevention, the epidemic still presents a serious challenge to societies around the world. Every year, increasing numbers of people globally are infected with HIV, and people continue to die. AIDS education for young people is a crucial weapon in the HIV-prevention arsenal, young people are one of the main groups who must be targeted, and the school is the most important means of reaching them.

Still, however, schools in many countries around the world do not have adequate AIDS education curriculum. Although it is not a legislative requirement in all countries that AIDS education is provided, it remains a requirement of the global effort against AIDS. Every young person who passes through the school system anywhere in the world should come out knowing how to protect themselves from AIDS. This is not only the responsibility of every adult who is involved – it is the right of young people everywhere.

**ALWAYS BE
SAFE
AND
SECURE**

AIDS HAS NO CURE



**CONDOM CUTS CHANCES
ABSTINENCE ADDS ASSURANCE**

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Being
SEX-LOOSE
can give you the
AIDS
DEATH NOOSE

Avoid the
Death Noose
by avoiding
a loose sex life



Don't let your Life slip through



**Ensure your safety
with the Right Condom
using the right way...**

A leaky condom or a slipoff can be fatal!

U can be ConDOOMED for Life!

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**DON'T THINK AIDS
IS FUNNY
CO'Z AIDS CAN MAKE YOU
IT'S BUNNY!**



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AIDS offers you NO U TURN



AIDS Offers No Come Backs For Sure
Always Be Safe & Secure !

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SEX EDUCATION IN SCHOOLS

-What the Goan Legislators and the Catholic Church authorities have to say



Teach 'em young

Given the fact that everybody admits that the youth are the most susceptible to HIV infection because of their behavioral pattern due to the hormonal changes undergone, ironically sex education appears to be low on priority.

Chief Minister Digambar while pointing out that sex is a taboo subject in the country opined that introducing sex education may raise the heckles of many parents. However, he suggested that the Goa State Education Council could debate on the issue and give its recommendations which he as education minister would implement.

However, quite a few legislators were in favour of sex education though there were different opinions as to at what level it should be introduced. MLA Ramkrishna alias Sudin Dhavlikar strongly advocated sex education and argued that if the youth were properly trained to protect themselves against the disease, the government will not have to spend much money on creating awareness about the disease as is being done now.

MLA Aleixo Reginaldo Lourenco who is

- By Julio D'Silva

an alumni of Loyola High School, Margao where sex education is imparted to students from the IX standard, was a strong supporter of making sex education a part of the curriculum for all schools. "Knowledge is the biggest weapon and if equipped with it particularly regarding the prevention of the infection, our future generations will be safe from AIDS," he said.

MLA Advocate Francis alias Babush D'Souza also supported the idea of sex education for children and strongly argued in favour of introducing it at school levels. "In schools it will be easier to give this education when the children are just learning about their sexuality while at higher levels, it could be embarrassing for both, the teacher and the student," he said.

MLA Shyam Satardekar also supported the idea of educating school children about the modes of transmission of HIV and how it can be prevented. "Instead of having sex education, I feel 10 minute talks to students of VII and IX standard students every month on HIV would be better," he said.

MLA Dayanand Sopte on the other hand





felt that sex education should be introduced at the Higher Secondary School level. "Sex education is required and it should be made compulsory at the Higher Secondary School level and not at the school level as at that age the children are still immature and may misinterpret and misuse what is being taught," he said.

Leader of Opposition MLA Manohar Parrikar hit the nail on the head when he not only voted for sex education in schools, but went a step ahead to call for involvement of religious heads so that moral values can be imbibed in the youth. "Awareness on AIDS has become too clinical and lost its moral significance. Every religion talks about morality and having high moral values of abstinence and faithfulness will go a long way in controlling the spread of this disease," he argued while pointing out how religion can be used to control the disease.

In fact, the Catholic church in Goa has been imparting sex studies to the various students studying in the innumerable schools managed by the Diocesan Board of Education. Besides, practically every school managed by missionaries like the Jesuits and Salesians, sex education is part of the

curriculum of the morals period.

The Diocesan Family Service Centre has set up a special cell comprising of resource persons who go to various schools to impart sex education. Besides covering the schools managed by the clergy, this cell also visits some private schools like Sharda Mandir and People's High School in Panjim to name a few.

The response from the students attending these classes is overwhelming according to Fr. Socorro Mendes Director of Diocesan Family Service Centre with many of them writing to the resource personnel thanking them for educating them on this vital aspect of their life. Many of the students confessed of being confused with the sexual changes they underwent and thanked the centre for helping them to understand their sexuality and equipping them to deal with it.

Fr. Valeriano Vaz, Director, Caritas Goa, another church organization debunking the opponents of sex education to children, pointed out that sex education, if imparted properly and in a holistic manner, can become an enriching experience that will never be forgotten and will help the children not only to appreciate and value their body so that it is not abused, but will also help instill virtues by recognizing the glory of God in creating such an object as the human being.



**HEY BILLY
DON'T BE SILLY
WITH YOUR WILLY !**



**AIDS
may knock
your bails
off!**

YOU MAY BE

STUMPED

OUT OF LIFE!

A  **GRAFFITI AIDS** campaign.
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The LORD of Death waiting to LORD over you!



**Beware!
AIDS IS NO CRAP,
IT'S A SURE DEATH TRAP.**

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ENTER THE BROTHEL AND AIDS MAY RING THE DEATH KNELL



ACCESSORISE YOUR LOVE



MAKE YOUR LOVE SAFE & SAVOURY
USE **CONDOM** AS AN ACCESSORY

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Braving an HIV Test

Why HIV testing is better these days - and what to know before you go.

"Gee, I must really care for you, because I've never considered doing this before. Not even for myself."

Justin rolled up the sleeve of his grey sport shirt and braced for the needle as Betty looked on. As their friendship grew, Justin had opened up about his turbulent past, including drug use and promiscuity. And as the relationship turned romantic, Betty issued an ultimatum: No sex without an HIV test.

They were tested together. And they returned together for the results, trembling as the lab technician handed them plain white envelopes. They opened them in a stairwell outside the clinic. When Justin saw the results -- negative for both of them -- he dropped to one knee and proposed to Betty, right then and there.

"He was dead serious," Betty says. "He felt the gods were smiling on him. It was like a reprieve from his past sins."

Two years later, Betty and Justin got married and are living happily. The test results are pinned to a billboard in their home, a reminder of an experience that galvanized their relationship.

"It really solidified a friendship," Betty says. "And it made us realize the emotional support we could give each other."

"Basically, anyone who has had more than one sex partner should be tested". "If you're having new partners from one year to the next, you should be tested on a routine basis, even if you're using safer-sex techniques."

Too many people go to a clinic sick only after their HIV infection has developed into full-

"Justin" and "Betty" asked for their real names to be withheld to protect their privacy.

One of out of three people infected with HIV doesn't know it. Many of them are unknowingly spreading the disease to people they love.

If you're sexually active and haven't been tested, there are two things you should know:

HIV is no longer a death sentence. Thanks to new medications, many people with HIV can live their natural lifespan without developing AIDS.

At many places you can get tested anonymously, so that nobody -- not your parents, siblings, friends, or teachers -- will find out about the test. Thanks to new tests, you won't even have to suffer a needle jab.

When TO TEST

blown AIDS -- in other words, too late to treat. They could have survived into old age if they had only been tested and treated earlier.

Some people believe there's no point in getting tested because HIV is fatal. They're not aware that medication makes living with HIV manageable.





Others fear they won't be able to afford treatment if they test positive. But even the poorest patients can get affordable medication through various governmental agencies and other NGOs help.

Many younger people don't get tested because they feel healthy. But it often takes several years until people with the HIV virus develop the first signs of AIDS.

There is one important exception. In about half of all cases, a person will get an acute infection within a few days of contracting the HIV virus. The tragedy is that doctors may confuse this infection with flu or mononucleosis. The real cause may not be known for years.

If you come down with flu-like symptoms soon after a risky sexual encounter -- such as unprotected sex -- or a drug-related episode such as needle sharing, that's a good time to get tested. It's also useful to know about the "window period." After a person contracts the HIV virus, it may take up to three months before he develops the HIV antibodies that the tests pick up. If you've had a risky encounter, you may want to wait three months before getting tested (unless you get signs of a viral infection). In rare cases, it may take up to six months before antibodies develop.

Where to Test

You can get tested at many different locations, including doctors' place (clinics, hospitals, and the lab test centers) or Call Aids Helpline 1097.

That includes being careful of tattoo parlors, which can transmit diseases such as HIV or hepatitis through unclean needles or machinery.

Getting the Results

In one episode of the TV series *Sex and the City*, Samantha gets her first HIV test. As she waits for the results in a clinic, a doctor leads her into a private room to discuss her results. Certain that this is the signal she is positive, she collapses as she approaches the door! Actually, she was negative; the doctor just wanted to lecture her on the importance of safe sex.

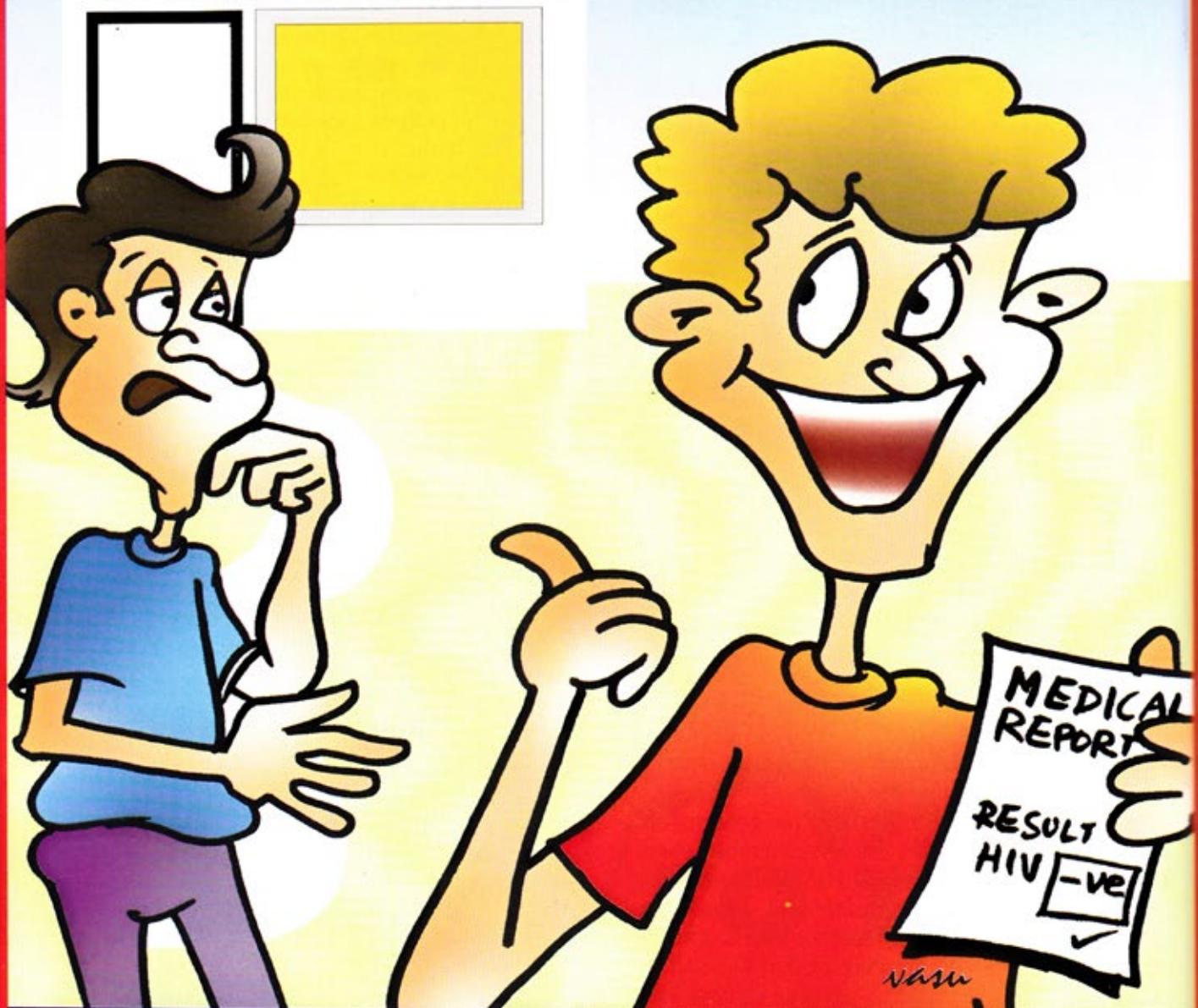
It's no surprise that people who have been told they're HIV-positive are in a vulnerable state. Keep in mind that specialized HIV testing sites or clinics may provide more extensive counseling than, say, a general lab test center or a local doctor. If a test is positive, "I emphasize that this can be managed, it can be treated, you can have a full, long life. In fact, many HIV patients can manage well with just a single one-a-day treatment.

If a test turns up negative, "It doesn't mean they'll be negative forever. You still have to use condoms with any partner and any kind of sex, and to never share needles or blood products."



Get HIV TESTED *or Get BUSTED!*

HIV/ AIDS TEST CENTRE



**EARLY DIAGNOSIS
BETTER PROGNOSIS**

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BIRDS Bees and HIV



Talking to kids about sex has never been easy. And there's no one script that parents can follow to ensure maximum education. Nor is there one perfect time or age for "the talk." But as parents, it is our responsibility to teach our children about sex. We cannot rely on our schools, with their increasingly abstinence-based curricula, to do it.

What would change this dialogue for an HIV-positive parent? Would the factual information about sex be the same? Yes. Would parents still want their teens to protect themselves whenever they made the decision to have sex? Yes. Our goal, regardless of our HIV status, is to provide healthy, positive messages. So don't panic—remember, these conversations are challenging for everyone.

Instead of unloading years' worth of information in 10 minutes, create an ongoing dialogue. This can be done by checking in with your children—asking them what they know already, and what they would like to know. Teaching them about sexuality is as much about listening as it is talking. They are exposed to a tremendous amount of sexual imagery and messaging, and we should give them the tools to evaluate them. Create environments that are nonjudgmental and honest. That means we shouldn't scare children with the horrors of sex; talk also about pleasure and intimacy. Otherwise, our kids will know that we aren't

How to talk to kids about sex when you're HIV positive, without scaring them—and yourself. An HIV positive man tells you how

giving them the whole picture; they won't ask us for advice again.

Don't feel guilty about your HIV status when discussing sex; use your experience as a teaching tool. Talk about the decisions you made, and explain that HIV can be prevented. But even if your child does know about HIV, there's a lot more to talking about sexuality than just the basics of HIV. (If you haven't disclosed your status yet, keep in mind that how you present sexuality to your children shapes how they will handle your eventual disclosure; you don't want to freak them out or make it harder for them to process your status.)

We also need to share our own histories with our children. We don't have to relate our every sexual experience, but we should help explain why we made certain decisions, including how our world looked. Were we concerned about sexual health? Were our pop-culture icons walking around without panties? Our teens will get a sense of who we are and, more important, feel that we cared enough about them to share a glimpse into our personal lives. It's OK if this frightens you—especially if you find yourself opening up about how you became positive. But your kids need to know how to make good decisions. If we don't talk to our kids about sexuality, millions of less reputable sources will be more than happy to do it for us.

LET'S **BREAK**
THE SILENCE

TALK **SEE** **HEAR**



MORE & MORE
ABOUT
AIDS

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IGNORANCE MAY BE BLISS

IGNORANCE ABOUT HIV / AIDS CAN GET YOU A DEATH KISS



GRAFFITI AIDS campaign.

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I am
HIGHLY POSITIVE
even though I am
HIV POSITIVE



Being tested HIV positive doesn't mean it's the end of the World
A positive disciplined lifestyle with good nutrition and
exercise can lengthen the life span of a HIV person by many years
You may be HIV Positive
and you can still be positive towards Life!

A  **GRAFFITI AIDS** campaign.
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Just Found Out?

So you just tested HIV positive.

Don't panic!

Testing positive is not:
THE END OF THE WORLD.
THE END OF YOUR RELATIONSHIPS.
THE END OF YOU.

Testing positive is:

A raw deal you'll probably feel strongly about, even if at first you're numb.
A challenge to you and to the people in your life.

An opportunity to grow.

The Same Old Me

When Maria tested HIV positive, support (and spaghetti) got her through it. You'll get through too.

I can still remember how I felt in those first few moments after I learned I had HIV. It was ten years ago, and the experience of testing positive has changed much for the better since then. HIV has gone from being considered a death sentence to the manageable disease it is now. But testing positive is always hard.

It all started when I went to my doctor with a very swollen lymph gland. He said it could be cat scratch disease, HIV, mono—or something else. I hadn't engaged in anything risky, so when I went back to his office to get the test results, I definitely didn't expect it to be HIV.

A nurse asked if I would mind waiting in my doctor's private office instead of the waiting room. "No problem," I said. She set me up in a room in front of a TV and gave me a Diet Coke. I was very relaxed—until a squadron of serious-looking folks in lab coats came into the room.

One of them adjusted her grip on a folder she was holding, and a huge syringe filled with liquid fell out and jabbed the carpet. It wagged back and forth like a metronome, counting down the last seconds of my HIV-free life. I knew there was something seriously wrong.



"Whatever it is," I pleaded, "please don't stick me with that." (It turned out to be a sedative.)

The room suddenly seemed very bright. It sounded like my doctor was yelling in my ears. I had so many questions: Was I going to live? Could I have a baby? Sex? Who gave it to me? Did I give it to anyone? What would my parents think? My friends?

I left the office, went home and made spaghetti. I know it seems weird, but I wanted to do something normal to reassure myself that I was still the same old me. Then I took a sleeping tablet and fell asleep with my cats.

The next day, a therapist put me in touch with a support group. Where I learned for myself how important it is to be able to tell your diagnosis to someone you can trust to keep it a secret. Connecting with others—including a good doctor or nurse—while you're adjusting to the news is one of the First Steps.

If you have questions that your doctor or support system can't answer, try an AIDS organization.

The main thing to know is that you can live a long, healthy life despite HIV. The millions of us out here are living proof.

Living with HIV

**What is it like to live with HIV infection?
A young man tells his story.**



Joseph, age 28, lives in Mizoram. This is his story in his own words. He feels that by sharing his story It will surely have some impact on others.

This is Joseph's story:

"I was diagnosed in May of last year. I gave blood at work, and then the blood bank called and said there were complications with my donation. Then they told me to contact the health department, and they made me come in and give another blood sample.

"It was very traumatic to learn I had HIV. Waking up, it was the first thing on your mind, and going to sleep it was the last thing on your mind. You forget for a second, then it hits you in the stomach like a ton of bricks.

"Some days I think I need to plan for my retirement. Other days I think I don't need to worry, I won't live that long. But it is mostly good now that I am getting all the facts. My doctor puts into perspective how good the medicines are and how the medical field has advanced in the last 20 years.

"I was put on drug therapy right away. I did a little research on the medications and their implications. But I pretty much trusted my doctor's judgment. The first day I was scheduled to take the drugs, I was with my girlfriend visiting her parents out of town. You read so much about nausea and diarrhea, I was scared to death. But it was great. Nothing happened at all. I don't have any side effects so far.

"I take my drugs once a day, in the morning when I first get up. Some people tell me they forget their doses or skip them sometimes. But for me, I know my life is on the line, and that makes it easier to remember.

"Right now I just take it one day at a time and hope that I can continue on these meds as long as I can. When time comes to change, I'll deal with that. I trust my doctor's optimistic outlook, which is very

comforting.

"My girlfriend and I, we've been together almost four years. When I first found out, it was very hard for me to tell her. But I finally did, and the next day the health department took her blood and found out she was negative. Safe sex is now the buzzword for us.

"I went through this time where I totally lost interest in sex. You equate your current situation with the fact that you had sex and that brought it on. So you totally lose interest and you want that out of your life. Now that I have come to understand HIV, and know what to do and how to prevent infecting others, I am getting back into that sort of thing, which my girlfriend appreciates."

"Safe sex. I'm glad to see the push towards it and so much advertising for HIV awareness and safe sex. Young kids, I think, are like I was. At the time, I thought this will never happen to me. But it is a real eye opener to find out you're HIV positive.

"The worst part about it is the social stigma. I haven't really told anybody except for my girlfriend and my doctor. I certainly haven't told my family. There is that whole stigma about being someone with AIDS and being HIV positive. People who don't know about it, they think if you are positive you have AIDS. But other than that, it becomes part of your daily routine. Over time, it doesn't weigh so heavy on you. You figure life goes on, and whatever you can do to help yourself, like taking the meds and working out and taking vitamins and doing healthy things, means you get more out of it.

"Even from the day I found out, I have had a positive outlook. I try to think good thoughts. That has a lot to do with it. I figure there are all these statistics. But I don't want to be a statistic. I told myself if God wanted someone to have it, and chose me instead of a newborn kid or someone else, it is my load to bear and that is all right with me.

"My message for others is if you ignore it, HIV won't go away. It is very prevalent. It is not just gender specific or sexual-orientation specific. People need to be careful, and watch what they do."

10 Ways to Take Care of Yourself When You Have HIV Disease



Take Responsibility For Your Health and Your Life

When it comes down to it, no one cares about you more than you do. While there are services and people you need in your corner, it is you that must run the show. Balance is the key to living a life that is quality and dignified.

Get A Support Network To Be With You In Good and Bad Times

Sometimes it is hard to find support. You may live far from family or be out of contact with them. Old friends may have died or moved and it may feel difficult to make new ones. You might be anxious about anyone finding out you are HIV positive.

Here are some ideas:

- "Join a support group (if that sounds too intense, try a short term group)
- "Get a therapist
- "Have a meal with other people
- "Attend workshops or other events
- "Connect with a spiritual community
- "Join an HIV-positive chat room (be careful not to let it become your main contact with other people, since that can isolate you)

Find A health Doctor With Whom You Can Build A Relationship

Studies show that people with HIV that have a partnership-type of relationship with their Doctor live longer and have a better quality of life.

When choosing a Doctor, think of the kind of patient you are. Do you want to be actively involved in all health decisions or would you prefer to let your Doctor make most decisions without you? How much information do you want? Are office hours important to you? Does it matter what hospital your



Take HIV Medications When You Need Them

There may come a time when you need to consider taking HIV medicines.

Starting HIV medicines is strongly recommended regardless of your T-cell count and viral load

"If you have any AIDS related symptoms like fever or weight loss

"If you have any AIDS related infections like thrush OR...

Starting HIV medicines is strongly recommended

"If you have a T-cell count less than 350 regardless of your viral load

OR...

Starting HIV medicines is strongly recommended

"If you have a viral load count greater than 30,000 by branched-DNA viral load test

"If you have a viral load count greater than 55,000 by PCR viral load test

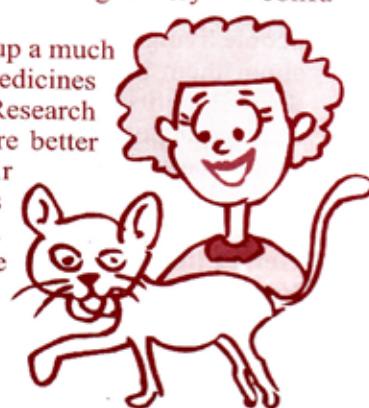
Simplify Your Regimen

Remember, though, there is more to consider than just your T-cell count and viral load. Ask yourself if you are ready and able right now to take medicine for your HIV. Do you have support? Are issues like food and housing under control?

An HIV treatment education and adherence program can help you learn about medicines and their side effects. These programs can also help to take your medicines properly.

Work with your health Doctor to make sure that when you do decide to take medicines, your drug schedule will fit into your life. This way you will have a better chance of success with much less stress. It used to be that people had to take medicines at different times during the day, which could get very confusing.

Now, it is possible to set up a much easier schedule, taking medicines only once or twice a day. Research has shown that people are better able to stick to their medicines schedules when they are simplified. Your medication schedule should be discussed and agreed upon by you and your health Doctor.



Maintain Good Nutrition

Visit an HIV nutritionist to get the most out of your food. Food provides you with many of the nutrients you need to maintain a healthy body and support your immune system. Today's nutritionists can help you make good food choices using the foods that you know or have heard of and by advising you about food safety. An HIV nutritionist can help you:



- " Prevent or treat wasting
- " Monitor your lean muscle mass
- " Manage cholesterol and triglycerides, blood sugar or liver enzymes
- " Manage side effects
- " Recommend vitamins and other supplements
- " Clarify information and advise on herbal and alternative therapies
- " And much, much more...

Get Up and Do Some Exercise

Exercise is very important when you have HIV. Studies show that exercising increases white blood cells. It can also make you feel better by reducing stress. The three parts to fitness are:



- "Flexibility
- "Strength
- "Cardiovascular conditioning

Of the three, strength training may be the most valuable for someone with HIV. It can:

- "Improve the immune system
- "Increase appetite
- "Increase metabolism
- "Increase bone density
- "Allow you to perform tasks with greater ease

Learn About Benefits and Services You Might Be Eligible For

There are many benefits and services available to people living with HIV disease but you have to know about them and their requirements in order to get them. Benefits you might be eligible for,

Call your local AIDS service organizations for assistance with getting these benefits

Call AIDS helpline 1097

Get A Life Outside HIV

You had a life before HIV disease. You ARE NOT Your Disease. Being diagnosed HIV positive has its challenges. After you adjust (however long that takes you), try some of the following suggestions or come up with your own.

The thing is to have something in your life that is not HIV-related.

Consider getting clean and sober

- "Start or finish school
- "Get a job or change the job you have
- "Volunteer
- "Start a hobby
- "Listen to music in the park
- "Get a new apartment
- "Travel and explore
- "Start a business
- "Get a pet
- "Fall in love
- "Get married
- "Have children
- "Learn to drive



Stop Stressing...So Much

Okay, so you can't wipe stress completely out of your life. But you can try to keep your stress levels down. Stress weakens the immune system. Research shows that stress helps HIV to spread more quickly in the blood and prevents HIV meds from completely doing their job. Some people might turn to drugs (street, club or prescription) in order to find some relief from the stress of HIV. This can further damage the immune system. The following are some healthier suggestions for getting rid of stress:

- "Change your scenery (go outside if you are inside, come in if you are out)
- "Get some form of exercise each day (like going for a walk)
- "Take bubble baths
- "Get acupuncture, a massage or reiki
- "Talk to somebody, don't just stuff it inside
- "Take yoga or tai-chi
- "Stand under a train overpass and scream out your frustrations when the train is passing
- "Drink hot herbal tea
- "Keep a journal (if you don't want to write it, tape it or draw it)

Ask For Help When You Need It

Living with HIV can be overwhelming and you don't have to do everything on your own. That is what AIDS service organizations (ASOs) are for. Search around for one that meets your needs and



General Questions to Ask the Doctor

If you have just tested positive for HIV

When should drug therapy be initiated?

What are my treatment options?

What side effects are associated with the medications?

Is it possible to stave off full-blown AIDS indefinitely if I take my medications?

Will I need to change my medications from time to time?

If I stop taking my drugs, will I get sick?

If I stop taking my drugs or miss a few doses, will the virus become drug-resistant?

Aside from using condoms, is there anything I should do to avoid spreading this infection?

For pregnant women: Is it possible to avoid passing the virus to my baby?

Can you refer me to an HIV/AIDS support group or a therapist?

How often will I have to come in for checkups and blood tests?

Are there any dietary or lifestyle changes I should make to help fight this disease?

What should I look out for in terms of early AIDS symptoms?

If you have just been diagnosed with AIDS

Are there medications I can take to alleviate my AIDS symptoms?

Are there medications to prevent other opportunistic infections?

QUESTIONS ON TREATMENT & MEDICINES

What is the name of the drug?

All medications have at least two names: a generic one, such as zidovudine, and a trade name, such as *Retrovir*, which is used to market the drug and which appears prominently on the packaging, and sometimes on the capsule or tablet itself. Some are also referred to using an abbreviation of their chemical name, e.g. AZT. It is useful to be familiar with all of these names.

What does it look like?

If you are trying to decide what medication to take, it may be useful to see the tablets you will have to take. Some people have more difficulty swallowing large pills than others, and if you think the tablets are very large this may cause you difficulties taking them in the future.

How and when do I take it?

All entries in Drugs used by people with HIV describe how frequently a drug should be taken. Regimens vary from once to four or more times a day, and you may be keen to minimise the number of times you have to take medication each day. Once or twice daily dosing is generally found easier to live with than more frequent dosing.

What side-effects might I experience?

Most drugs will have side-effects, especially during the first few weeks of treatment. If you know what to expect you may find them easier to deal with, or you may decide that you will find a particular type of side-effect particularly bothersome, and would therefore prefer to avoid it. Each drug is associated with different side-effects, but the most common early side-effects tend to be:

- Nausea.
- Headache.
- Rash.
- Vomiting.
- Diarrhoea.
- Fatigue.

Other side-effects may emerge later and may only show up on blood tests, for example:

- Peripheral neuropathy: tingling in the hands and feet leading to eventual nerve damage.
- Liver toxicities.
- Neutropenia: low levels of white blood cells needed to fight infections.
- Anaemia: low levels of oxygen-bearing red blood cells, leading to tiredness.

Many other side-effects may appear in very small numbers of people. For example, a small number of people who have taken protease inhibitors have experienced the onset of diabetes. Because anti-HIV drugs are only tested in a few thousand people before being licensed for widespread use, there is a chance that very rare side-effects will only become apparent when tens of thousands of people have taken the drug.

When are the side-effects likely to happen?

Most drug side-effects happen in the first few weeks of treatment as the body adjusts to processing the drug. After a few weeks they begin to get better. Many people report considerable fatigue during the first months of treatment, but it is not clear why this is so.

What can I do to relieve any side-effects I experience?

It is often possible to relieve side-effects by taking other medication which will not interfere with your anti-HIV therapy. For example, your doctor can prescribe anti-nausea drugs and anti-diarrhoea drugs, and painkillers can be used to relieve headaches. Some rashes can be relieved by anti-histamines or perhaps steroids, and taking the drugs with food (if recommended) may reduce nausea. However, nothing has yet been discovered to combat the fatigue that may accompany the early stages of a new anti-retroviral regimen, so the only remedy for this is to rest until your energy returns.

Another option with some drugs is to escalate the dose gradually. Where it is possible to do this, we describe the method currently in use in the drug's entry in Drugs used by people with HIV.

Is it alright to stop treatment if I can't stand the side-effects, or want a break?

Of course, it is always your decision whether to start or remain on a treatment, but it is best to consult with your doctor before making any changes. You should bear in mind that stopping a drug for more than a few days may mean that you will experience the same side-effects all over again if you resume treatment. Similarly, any gains made in terms of lowering your viral load or raising your CD4 count may be lost quickly whilst you are off treatment.

If you miss doses or reduce the dose rather than stopping treatment altogether, you are likely to increase your risk of developing resistance to one or more of the drugs you are taking (and, potentially, cross-resistance to

related drugs that you have not yet taken). However, this varies according to the drugs you are taking. Some drugs leave the body more slowly than others, which is another reason to speak to your doctor beforehand.

Structured treatment interruptions, (the scientific name for treatment breaks) are being investigated by researchers as a means of controlling HIV. However, whether their benefits may outweigh their risks is not yet established. In the meantime, experts are agreed that it is not safe for individuals to experiment with their treatment in this way, unless it is part of a clinical trial.

What do I do if I miss a dose, or take too much?

If you miss a single dose by a few hours you should take the missed dose as soon as you can and take the next dose at the normal time. However, if you have missed the dose completely, and only realise this when you come to take the next dose, there is no additional benefit in taking a double dose.

Missed doses are problematic because they lead to falls in drug levels. In turn this can encourage the development of resistance. Missing doses regularly (for example, every weekend) will probably encourage the development of resistance. On the other hand, the occasional missed dose may not lead to substantial resistance.

You may wish to experiment before you start an anti-retroviral regimen to see that you can manage it. Try and make it as realistic as possible. If you have several different sorts of low dose vitamin tablets this will be a harmless way of modeling the practice of taking three different drugs at set times each day. Try this for a month and see how you get on. This is a painless way of testing whether you can adhere to a regimen successfully. If you can't manage the regimen you've tested in this way, you may be best advised to look for another one which suits you better.

If you've taken other regimens of medication for non-HIV related problems before, don't assume that these will predict your likely adherence to combination therapy. Any medication which prevents the immediate recurrence of a condition is likely to be taken more consistently than one where the effect of non-compliance is only visible through laboratory tests.

Will anti-HIV drugs interact with other drugs I take?

Anti-HIV drugs, particularly protease inhibitors, interact with many other drugs including prescription drugs, over-the-counter drugs, recreational drugs and herbal preparations. Drug interactions may cause serious side-effects. Furthermore, interactions may undermine the effectiveness of one or more drug.

For details of drug interactions, see individual drug entries in Drugs used by people with HIV.

Do I need to take the drugs on an empty or full stomach?

The absorption of some drugs can be seriously affected by the presence or absence of food in the stomach. For these drugs you will be instructed to take your medication with or without food as necessary.

Are there any foods I should avoid?

You should be given detailed instructions about what you should and shouldn't eat when taking this medication. Fortunately, the restrictions on food relate more to whether you should take drugs on a full stomach or not rather than whether you should avoid food.

Do I need to be careful about drinking or recreational / illegal drugs on this treatment?

Very few anti-HIV drugs are affected by alcohol, although the pancreatitis risk of some drugs, such as ddI (didanosine, *Videx / VidexEC*), may be increased if you drink heavily, in the view of some doctors. Pancreatitis and peripheral neuropathy are in any case associated with heavy alcohol consumption. Alcohol may also affect your liver's capacity to process antiretroviral drugs, and may increase nausea.

Remember also that you may find yourself missing doses if you are 'out of it' because of drug or alcohol use, and that this can lead your treatment to fail.

What do I do if I think I am pregnant or want to conceive?

If you are already on treatment, any potential adverse effects of drugs on the foetus are most likely to occur during the first 14 weeks of pregnancy. HIV transmission is more likely to occur during delivery, but transmission has been shown to occur during the first 14 weeks of pregnancy, so the option of stopping

treatment needs to be balanced against the potential risk of a rebound in viral load if you come off treatment. Increased viral load increases the risk of HIV transmission from mother to child.

If you want to conceive and you are concerned about the risk of birth defects posed by taking antiretroviral drugs, you should discuss the relative risks of coming off treatment or conceiving whilst on treatment with your doctor, since information on this question is changing rapidly.

Do I need to think about taking time off work while my body gets used to these drugs?

Some people find that it may take several weeks before they feel well enough to go back to work, or before they can manage without childcare assistance, when they begin combination therapy.

Do these drugs need to be kept in the fridge or in a special container?

Some drugs may deteriorate in hot conditions and so may require refrigeration, or to be stored in a cool place, out of direct sunlight. Other drugs may be affected by damp conditions, e.g. indinavir. This drug must be kept in a container with a special dessicant (a substance which draws moisture out of the air) and shouldn't be kept in a box with other pills, or in the fridge. Your doctor or pharmacist will be able to provide advice on this.

Can I take them on holiday?

The major difficulty with taking these drugs on holiday is the number of containers you may have to carry and the attention this may draw to your HIV-positive status. However, none of the packaging for these drugs reveals that they are prescribed for the treatment of HIV infection, and a letter from your doctor which says that you are prescribed these specific drugs should provide sufficient cover for you. Difficulty may come for people who wish to enter the United States however, where entry for HIV-positive people is restricted.

If you are going to a hot climate ritonavir and saquinavir may deteriorate because of the heat, and indinavir may deteriorate because of humidity. Be sure to keep indinavir capsules in a dry place, and keep them in the original container with the dessicant supplied as far as possible.

Alterations in time zones and the eating schedules (and size of portions!) on long-haul flights may be more problematic. People who work on airlines tend to keep to the time zone of their home country wherever they are working, but this is more difficult for people who are travelling somewhere for several days or weeks. Although airlines recommend that you switch into the time zone of your destination as soon as the flight begins (in order to combat jet lag), this may be confusing if you are trying to stick to a schedule. Eight or 12 hour changes in time zones are likely to be relatively easy to work with; shorter or longer adjustments (from Europe to the Middle East, Latin America, the East Coast of the United States, India, Australia and the Pacific) may be more problematic.

If you are gone for less than five days, it will probably work out easier to stick to home time, but if you are away for longer, try to tailor your dosing times to the time zone of your destination as quickly as possible without missing doses (remember that with most drugs you have a couple of hours leeway either side of the 12 hour or 8 hour intervals at which you are meant to take the drugs).

Should I drive a car or operate machinery while taking these drugs?

If any medication is causing drowsiness, dizziness, loss of concentration or fatigue you should be very careful about driving or operating machinery. These have all been reported as early side-effects of some antiretroviral drugs.

How can I get further information about this treatment if I want it?

A variety of sources can provide you with information about the treatment prescribed to you, but at the very least your doctor should provide you with a clear explanation of any of the issues discussed in this section, supported by written information to take home. Some drug companies have produced information booklets about their drugs which may answer some of these questions, but if your doctor is not available, the first port of call may be your HIV pharmacist, who should know the answers to all the questions discussed in this section. Your doctor should provide you with information on where to go if you have any questions on your treatment.

How can my doctor tell if I have HIV or AIDS?

First your doctor tests to see if you have HIV infection. Your blood is tested with an ELISA (enzyme-linked immunosorbent assay) test. If this test is positive for HIV, your blood is tested again with the Western blot test. If both tests are positive, you are diagnosed with HIV infection.

Three things show that a person with HIV infection has gotten AIDS. If any one or more of the following are present, the person has AIDS:

A CD4 cell count (discussed below) of less than 200

A CD4 cell percentage of less than 14%

An AIDS-indicator illness

An AIDS-indicator illness is a physician-diagnosed medical problem that occurs in people with advanced HIV infection. About 25 medical problems are considered AIDS-indicator illnesses. They include conditions like Pneumocystis pneumonia, Kaposi's sarcoma and wasting syndrome. If a person with HIV infection gets an AIDS-indicator illness, that person has AIDS.

What medicines are used for HIV infection?

Four kinds of medicines are used to fight HIV infection. The first kind is called nucleoside analog reverse transcriptase (say trans-krip-tase) inhibitors, or "nukes." When HIV infects a healthy cell, it needs the cell's DNA, or genetic instructions, to build copies of itself. These drugs act by blocking the HIV's ability to copy a cell's DNA. Without complete DNA, HIV can't make new virus copies. These medicines include the following:

Zidovudine, also known as AZT (brand name: Retrovir)

Didanosine, also known as ddl (brand name: Videx)

Zalcitabine, also known as ddC (brand name: Hivid)

Lamivudine, also known as 3TC (brand name: Epivir)

Stavudine, also known as d4T (brand name: Zerit)

Abacavir, also known as ABC (brand name: Ziagen)

The second kind of medicine is called a non-nucleoside reverse transcriptase inhibitor. These drugs also prevent HIV from using a healthy cell's DNA to make copies of itself, but in a slightly different way. This group includes the following medicines:

Delavirdine (brand name: Rescriptor)

Nevirapine (brand name: Viramune)

Efavirenz, also known as EFV (brand name: Sustiva)

The third kind of medicine is called protease (say pro-tee-ase) inhibitors. These medicines work by preventing infected cells from releasing HIV into the body. This group includes the following medicines:

Saquinavir (brand name: Invirase)

Indinavir (brand name: Crixivan)

Nelfinavir (brand name: Viracept)

Ritonavir (brand name: Norvir)

Amprenavir (brand name: Agenerase)

The fourth kind of medicine is called a fusion inhibitor, such as enfuvirtide (brand name: Fuzeon). This medicine works by preventing the entry of the HIV virus into your body's healthy cells. This medicine is injected by a doctor.



The different kinds of medicines are often used together (in combination) to reduce the amount of HIV in the body.

When different drugs are combined with the purpose of reducing the amount of HIV in your blood to very low levels, the resulting treatment regimen is called highly active antiretroviral therapy (HAART). Your doctor must watch you closely when you are being treated with these drugs to see how well they lower the amount of virus in your body. Your doctor also wants to make sure you aren't having side effects like nausea, vomiting, fatigue, anemia, or peripheral neuropathy (a numb feeling in your hands or feet).

How does the doctor tell if the medicines are working?

Three tests can measure the amount of the virus in your blood. Your doctor can use this information to find out how your body is responding to the medicine.

The CD4 cell count. CD4 cells are a kind of white blood cell (sometimes called T-lymphocytes, or T-cells) in your blood. CD4 cells are important because they help your body fight infections. Unfortunately, these cells are also the main target of the virus that causes HIV infection. This virus cripples the CD4 cells. In people who don't have HIV, the CD4 level is between 500 and 1,200 cells per mm³ (cubic millimeter). Your doctor will probably give you medicine to fight HIV when your CD4 cell count drops below a certain level. One goal of treatment for HIV infection is to keep your CD4 cell count as high as possible.

Viral load. The viral load is the number of copies of HIV in your blood. A person who doesn't have HIV infection has a viral load of 0. Medicine that lowers the amount of HIV in the body is usually given when your viral load measures more than 10,000 to 30,000 viral copies per mL (milliliter) of blood. A second goal of treatment is to make the viral load as low as possible.

CBC. The complete blood count (also called the CBC) measures the number of red and white cells in your blood. Red blood cells carry oxygen from your lungs to all the tissues of your body. White blood cells fight infections. They keep your body's immune system strong. A large drop in red blood cells and a large drop in white blood cells can occur when HIV infection is getting worse. This drop can also be caused by the same medicines that you take to fight HIV (medicines like zidovudine). Your doctor uses the CBC to help decide when to change your medicines. Your doctor wants to keep your red and white blood cell counts high enough to keep you healthy.

What happens during a routine office visit?

Your doctor will check several things to find out how strong your HIV infection has become. Your doctor will ask you about your symptoms. He or she will look for any signs that the HIV infection is getting worse. Your doctor will also do a blood test to check your CD4 cell count and your viral load. Some of the things that might tell your doctor that your HIV infection has gotten worse since your last visit are the following:

New symptoms of nausea, vomiting, fatigue, fever, headache, chills, night sweats, cough, shortness of breath or diarrhea.

Signs of weight loss, mouth sores (such as thrush, which is a yeast infection) or bigger lymph glands (lymph glands are in your neck, armpits and hip area).

A drop in the CD4 cell count in your blood.

A rise in the viral load in your blood.

How often will my doctor want to see me?

Your doctor will probably want to see you every 6 months as long as your CD4 cell count is higher than 500. Your doctor will probably want to see you every 3 months if your CD4 cell counts are below 500. However, if you take a new medicine, your doctor will want to see you more often, to check your response to the medicine or to see if your HIV disease is getting worse.

AIDS- Not a Licence to Kill

**IF YOU ARE HIV +VE
DON'T KILL YOUR SEX PARTNERS
BY HAVING UNPROTECTED SEX**



**BEING HIV POSITIVE
DOESN'T MEAN
BEING HIV DESTRUCTIVE !**

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SHACKLED FOR LIFE!



One Sex **Adventure**
A life full of Aids Torture

WES

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What else can help me?

Some medicines can help prevent the other infections and complications that come when HIV lowers your body's resistance (makes your immune system weak). Here are ~~some things that~~ can help people with HIV:

An influenza ("flu") shot every fall helps prevent the flu.

A shot every 5 to 7 years can prevent pneumonia caused by the bacteria called *Streptococcus pneumoniae*. It's easier for people with HIV to get this kind of pneumonia.

A tuberculosis (TB) skin test every year can tell if you have TB. TB is a very serious illness, especially in people with HIV.

A Pap test for women to check for dysplasia (a pre-cancer condition) and for cancer of the cervix. Both of these conditions occur more often in women who have HIV infection. At first, Pap tests are done every 6 months. After 2 Pap tests in a row are normal, you might only have to get them once a year.

A hepatitis B test for people who are at risk for hepatitis B infection. You're at risk for this infection if you inject drugs. If the test shows you don't have hepatitis B infection, your doctor might want you to have the hepatitis B vaccine to protect you from getting the infection.

A medicine called TMP-SMZ (brand names: Bactrim, Septra) can help. This antibiotic would be given to you if your CD4 cell count is less than 200. It helps prevent pneumonia caused by a bacteria called *Pneumocystis jiroveci*. This antibiotic also helps prevent another infection, called toxoplasmosis.

Azithromycin (brand name: Zithromax), clarithromycin (brand name: Biaxin) and rifabutin (brand name: Mycobutin) can help when your CD4 cell count is lower than 50 to 75. They keep you from getting an infection caused by a bacteria called *Mycobacterium avium*.

What is the best time to start taking these medicines?

Almost all experts agree that medicines for HIV should be started before the person's CD4 cells fall under 200. Most doctors want their patients to start taking medicines earlier, when the CD4 cell count is between 200 and 500. You and your doctor should talk about which medicines to take and when to start taking them. (See the handout on HIV and Plasma Viral Load Testing for more information on your CD4 cell count and your plasma viral load.)

Which are the best drugs for me to use?

Each person should talk to his or her doctor about the medicines for HIV. Most doctors treat their patients with more than one medicine.

Your doctor will test your blood to see when you should start taking medicine. The blood tests can also show how well your medicine is working. The tests will help your doctor decide if your treatment should change.

Where can I get more information about HIV treatments?

Many cities have telephone hotlines for both patients and the general public. Look for the number in your telephone yellow pages, under AIDS information.

PREMARITAL HIV TESTING



VIEW'S EXPRESSED BY SOME OF GOA'S LEGISLATORS

With the Kingdom of Saudi Arabia making pre-marital testing for HIV mandatory, the debate on this issue has revived particularly in Goa where a large section of the youth work overseas and many marriages are *jat magni pat shaadi*, leading to *barbadi* in quite a number of cases.

The government of Goa had seriously proposed making pre-marital testing for HIV mandatory. However, as there was a strong opposition to this from various quarters, the proposal was kept on hold and that is where it remains till date.

Most of the present Legislators in Goa were in favour of pre-marital testing for HIV provided it was voluntary although some of them did support the idea of making it mandatory.

Health Minister Vishwajit Rane also propagates the idea of testing for HIV before marriage on a voluntary basis and that is the reason he has coined the new slogan "Drop the fear, know your status". And he has a very ardent supporter in first time MLA Deepak Dhavlikar was also strongly opposed to pre-marital testing for HIV on grounds that it violates the fundamental human rights of an individual.

Speaker and former Chief Minister who had tried to introduce the test in Goa, Pratapsing Rane strongly argued in favour of pre-marital testing provided it was done voluntarily. He also said that such a test would go a long way in curbing the recent trend of free behaviour which has crept in Goan society primarily due to the aping of Western culture.

Independent MLA Anil Salgaonkar was vehemently opposed to mandatory testing for HIV before marriage on grounds that it was infringement on the privacy of the individual. He further argued that it was not proper to coerce somebody into going for the test and compared it to testing the person's virginity.

Unattached MLA Antanasio Moneratte also was opposed to the idea as he said it was embarrassing for the individual.

Amongst those who strongly supported pre-marital testing for HIV provided it was voluntary were Damodar Naik and Vassudev Gaonkar with the former opining that the issue needs to be debated more thoroughly. Dayanand Mandrekar while pointing out to the hullabaloo caused by the earlier government's moves to make the test mandatory said pre-marital testing would go a long way in protecting the future generation.

Parliamentary Secretary Agnelo Fernandes firmly advocated pre-marital testing only on voluntary basis while Anant Shet though opposed to the idea felt that it may be mandated in the present scenario and explained his position by arguing that in present times nobody can be trusted.

Deputy Speaker Mauvin Godinho also was in favour of pre-marital testing of AIDS voluntarily. However, he suggested that the youngsters getting married should be strongly motivate to undergo the test on their own rather than by way of legislation. Parliamentary Secretary Nilkanth Halarnkar was also of the same opinion and suggested that a campaign should be launched to motivate those of marriageable age to undergo the test before tying the knot so that they do not end by tying the noose of AIDS around somebody else's neck.

However, another first time MLA Dilip Parulekar was strongly in favour of making pre-marital testing mandatory as he argued that the human rights of the individual contracting the disease unknowingly merely because of the trust placed in the partner, had to be also protected. He had support from another first time MLA Aleixo Reginaldo Lourenco. Ramesh Tawadkar also supported mandatory testing arguing that the present scenario demanded it.

Another first time MLA Shyam Satardekhar while opining that it was not a bad idea in the present situation however pointed out that the test would not really be much of a help given the window period for the infection to be detected. However, he did admit to the need to protect both the partners from the disease and also the future generation.

Interestingly Dayanand Sopte and Francis D'Souza were undecided on the issue and both pointed out that pre-marital testing had its pros and cons. Mr. Sopte questioned the infrastructure available in Goa and drew one's attention to the fate of a person who might become a victim of a wrong report due to

the technician's negligence. Mr. D'Souza on the other hand argued that the test was not fool proof and would only help screen the positive cases.

Chief Minister Digambar Kamat candidly admitted that it was required and said that making it official could lead to a problem but unofficially the test was welcome. Leader of Opposition Manohar Parrikar on the other hand advocated re-affirmation and re-installation of moral values amongst the people.

Perhaps not so surprising is the fact that the Catholic church, with its very strong pro-life stance, has taken a major step vis-à-vis pre-marital testing for HIV by not only strongly recommending it but also by very effectively motivating youngsters to go for the test. And this has been done through the Diocesan Family Service Centre.

This centre, for many years now, has been preparing young Catholic couples for marriage through the marriage formation course that is mandatory at least for one of the two planning to marry each other. From 2002 the centre has been conducting a special session

motivating the participants to undergo the test for HIV before entering into holy matrimony.

Given the fact that every year nearly 2,500 couples attend this course, over the last six years, the Centre has motivated 15,000, which means 30,000 individuals to undergo the test. However, whether the motivation is converted into action is not known as there are no figures available. Some of those who attend this course do strongly feel motivated to undergo the test however shy away when it comes to the crunch due to various factors. Like the young advocate who married recently was very keen to do the test but was at a loss on how to suggest it to her fiancé particularly since theirs was an arranged marriage. And given the fact that the number of people coming for voluntary testing for AIDS is far too insignificant, AIDS awareness campaigns would do well to include motivating couples desirous of getting married to undergo the test if the tiny Goan population has to survive the threat to its very existence by this incurable disease.

HIVtest

Premarital HIV test to be made mandatory for couples wishing to marry in Saudi Arabia

Engaged couples in Saudi Arabia will soon have to undergo mandatory HIV, Hepatitis B and Hepatitis C tests before they can marry, the Saudi Ministry of Health has decreed.

Testing for medical conditions such as thalassemia and genetic disorders is already compulsory in the country, but this is the first time that HIV and hepatitis will be added to the list of required tests.

A number of unsuccessful attempts have been made to introduce mandatory HIV testing for engaged couples in other countries, and in some places, tests are mandatory for those wishing to get married under a certain institution (such as the Catholic church). But this is believed to be the first time an entire nation has adopted compulsory testing for all.

AIDS tests are already obligatory for any foreign person wishing to marry, live or work in Saudi Arabia, and HIV positive visitors are barred. Those that test positive are deported immediately or segregated from the rest of society until they are well enough to travel. It is however unclear what will happen to Saudi citizens that test positive before they wed. No news has been released on whether a positive test result will simply result in advice and counselling being given to the couple, or whether it will lead to their marriage being banned.

Many AIDS organisations object to mandatory HIV testing, claiming that it is a breach of the human right to choice. There are also likely to be protests if marriages are banned because one person has HIV, as HIV transmission can easily be prevented through the use of condoms. The government have claimed that HIV and hepatitis tests are necessary to help to reduce the spread of these viruses.

The new law will come into force on the first day of the Islamic New Year (09 / 10th January 2008).

RIGHT TO LIFE: SHOULD ONE TAKE THE TEST?

-Sonal Singh Wadhwa

I was recently asked to write a speech on whether pre-marital HIV testing should be made mandatory. Although I have been working in the HIV/AIDS field for about a year, and I am a little familiar with this subject, I hadn't given it the serious thought that it merits.

My first instinct was a big resounding YES! Of course, it should be made mandatory. No one should be put at risk for HIV/AIDS infection. After all, even though now infected persons can lead full and healthy lives for many years, it is a dangerous disease that not only an individual has to live with for his/her entire life, but also dumps emotional and financial burden on his/her family.

Plus one is always at a high risk of transferring the Virus to someone else – a partner or to a baby. Also I have come across enough stories and incidents where a young woman would be married to an individual like you and me, and would find out during her pregnancy to find herself infected, with her in-laws either in the know of her husband's HIV status or with the

The UN guidelines state that NO ONE (not the central government, not the state government, not the doctor, not the nurse, not the counsellor, not the brother, sister, father, mother, wife, child – NO ONE) can force



full blame of the infection placed squarely on the poor girl's shoulders. I also know that it can happen the other way around, with the young woman infecting the man that she marries.

Yes, definitely a premarital HIV test is necessary.

However, as I studied this in more detail, I came across some arguments against what seems like a completely logical position to take on this subject.

Firstly, the UN guidelines state that NO ONE (not the central government, not the state government, not the doctor, not the nurse, not the counsellor, not the brother, sister, father, mother, wife, child – NO ONE) can force an individual to test for HIV/AIDS. Okay. So you can't do mandatory testing. However, you can advise patients to get the test done as part of routine medical care as suggested by the UN. And most importantly, once an individual or couple does get tested, there should be mandatory counselling to ensure that they are made aware of HIV/AIDS, its risks and prevention methods. Also, if this test is made so routine, there will be heightened awareness

of HIV and it will no longer be something that happens only to people we don't know.

Secondly, even if an individual does get tested and the result is a negative, there is no guarantee that the person does not have the Virus. It usually takes up to 3 months for the HIV antibodies to show up in a person's blood, and in some cases, up to 6 months. That's scary, eh? What is one to do if the groom contracts the Virus during a really rambunctious bachelor party the night before his wedding?

Recently, an intern with my organization (Let's call him A.H.) stopped on the road to help an accident victim. The victim was an auto rickshaw driver, who was bleeding profusely and was stuck under his vehicle. A.H. got off the vehicle he was travelling in, and helped get the injured driver out from under the auto rickshaw, and in the process, cut his hand. He didn't think much of the cut on his hand at that moment. However, later, his room-mate (also an intern with us) cleaned the wound on A.H.'s hand and wondered if he was at risk of contracting any blood-borne diseases, especially HIV/AIDS. That was a scary moment! I can see that thought crossing his mind – the thought of having to live with HIV/AIDS for the rest of his life – just because of a good deed that he did. The next morning we called the doctor who basically told us that there was **NOTHING** that we could do at that moment, and had to wait at least 3 weeks or more for the Virus strain to show in a blood sample, and then too it would not mean that A.H. could be certain that he is HIV negative. To be absolutely certain, A.H. would have to get tested again six months after the incident. Imagine being on tenterhooks for six months to know whether your life has been altered permanently.

Fortunately, today we have very advanced tests that can give very accurate results within 3 weeks of an infection. Prohibiting factors with the PCR test are that this test is very expensive and not easily available. Therefore, logically



and financially speaking, most young Indians would need to wait 3 months to know their HIV status.

Other arguments why HIV tests should not be made mandatory include Stigma and Discrimination. How would an individual, who happens to be HIV positive, even think of leading a normal life in a society where external image is all that matters? In response to this, I would say that why not keep the HIV status confidential? We keep salaries confidential. We keep our private lives confidential. Then why not our HIV status, with the caveat that the spouse or the spouse to be must be informed.

So what it all boils down to is - premarital HIV test allows for a **RIGHT** to a safe happy life that a couple can choose to take. However, our own pre-conceived notions about the disease, our family's discomfort and our society's mental block may stop many of us from taking up this right. But at times, something as insignificant as our pre-conceived notions can end up being a matter of life and death.

And therefore I believe it's simply question of one's right. What about you?

AIDS CURE

WILL VACCINES AND MICROBICIDES HELP?

Why do we need AIDS vaccines and microbicides?

AIDS vaccines and microbicides don't yet exist but they are undergoing research and development. Vaccines and microbicides have a number of key advantages over today's HIV prevention options.

Even a partially effective vaccine or microbicide could save many millions of lives. Experts have calculated that a vaccine that is 50% effective, given to just 30% of the population could reduce the number of HIV infections in the developing world by more than half over 15 years. More effective vaccines could cut the infection rate by more than 80%.¹

"Developing a safe and effective vaccine against HIV is critical to our efforts to control the devastating pandemic of HIV and AIDS"

- Dr Anthony S. Fauci, Director of NIAID - 2

SO WHAT IS A VACCINE?

A vaccine is something that teaches the body to recognise and defend itself against viruses or bacteria that cause disease. Vaccines either help to prevent infection, or help to prevent or delay illness in people who are already infected. A vaccine is not the same thing as a cure for AIDS.

Effective vaccines have already been developed for some diseases, such as smallpox, polio and tetanus, and these have saved millions of lives. But there is still no vaccine against HIV, the virus that causes AIDS.

AND WHAT IS A MICROBICIDE?

A microbicide is something designed to destroy microbes (bacteria and viruses) or to reduce their ability to establish an infection. A microbicide for preventing HIV infection would be applied to the vagina or rectum to prevent the virus being passed on during sex.

It is quite possible that an HIV microbicide could be available sooner than an AIDS vaccine – perhaps even as early as 2010.

What are the advantages of AIDS vaccines and microbicides?

An AIDS vaccine would have many advantages over current options for preventing HIV infection. In particular, the protection offered by a vaccine during sex would not depend on the consent of both partners (unlike condom use), and would not require behaviour change (unlike abstinence). A vaccine would be invaluable for couples wishing to conceive a child while minimising the risk of HIV transmission.

Children could be given a vaccine before ever being exposed to the virus, and ideally this would protect them from all routes of HIV transmission, including unsafe injections. Vaccinating large numbers of people would probably require relatively little equipment and expertise, and would be much simpler and cheaper than providing antiretroviral treatment for those already infected.

A microbicide would share many of the advantages of a vaccine. It would be especially useful for women unable to insist on using condoms, who might be able to use a microbicide without their partners knowing. However, a microbicide would not be able to prevent all forms of HIV transmission, and would require regular reapplication. Unlike vaccines, an effective microbicide must be made into a commodity that people will want to use regularly, such as a cream, gel or vaginal ring.



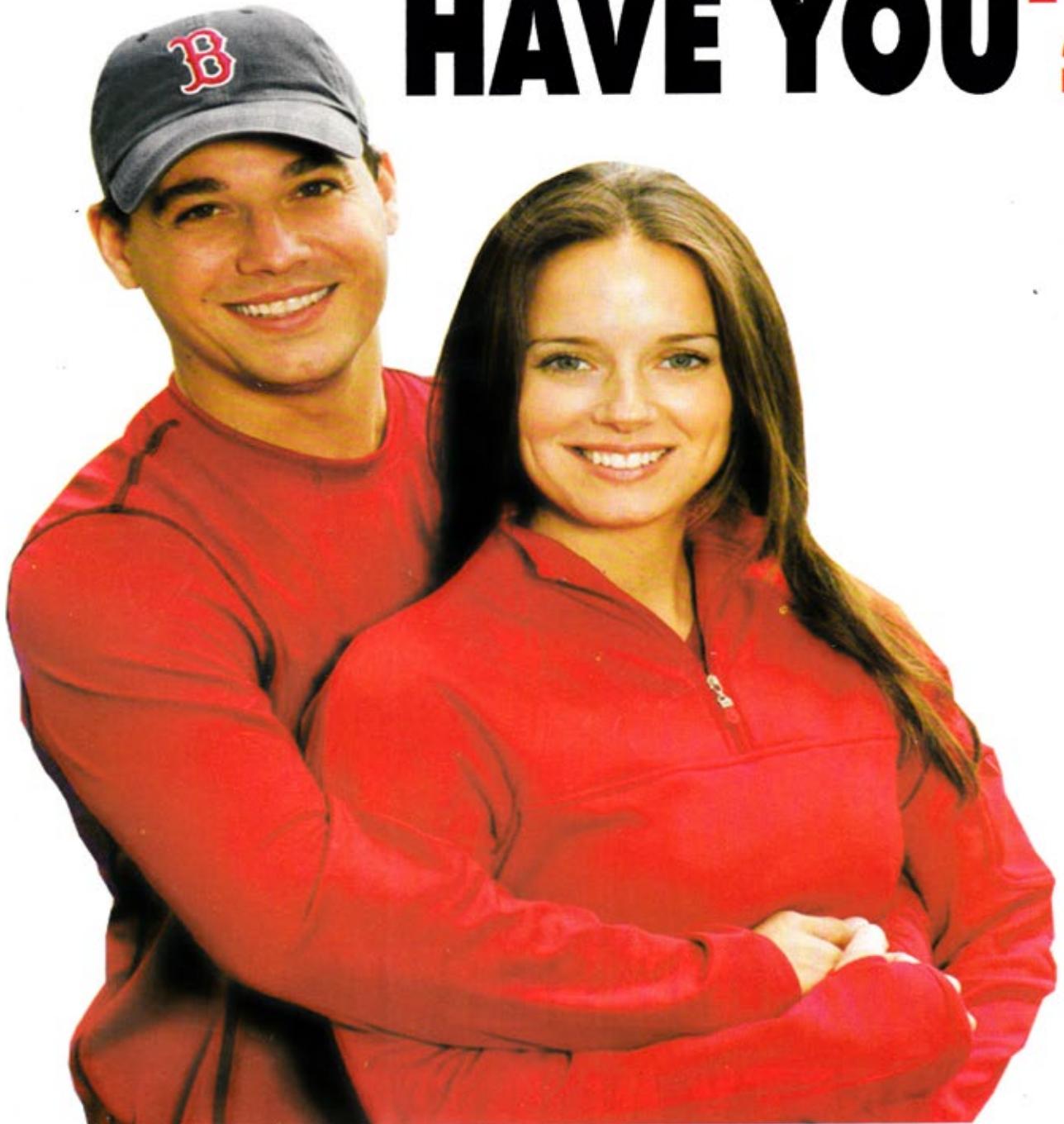
ONE UNSAFE SEX SPELL CAN LAND YOU IN AIDS HELL



**OBSERVE
SAFETY AND CAUTION
FOR AIDS PREVENTION**

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THEY HAVE TESTED HAVE YOU?



**Do the HIV TEST
and put your mind to REST**

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without their partners knowing. However, a microbicide would not be able to prevent all forms of HIV transmission, and would require regular reapplication. Unlike vaccines, an effective microbicide must be made into a commodity that people will want to use regularly, such as a cream, gel or vaginal ring.

Why is it difficult to develop an AIDS vaccine?
Developing a vaccine against HIV is a very difficult challenge for scientists. There are many reasons for this, including:

Nobody has ever recovered from HIV infection, so there is no natural mechanism to imitate
HIV destroys the immune system cells that are meant to fight against it
Soon after infection, HIV inserts its genetic material into human cells, where it remains hidden from the immune system
HIV occurs in several subtypes, each of which is very different from the others
Even within each subtype, HIV is highly variable and constantly changing
There are no good animal models to use in experiments

Can these difficulties be overcome?

There are reasons to be optimistic about the search for an AIDS vaccine, despite the slow progress so far. Vaccines against other diseases took many decades to develop, whereas HIV was only discovered in the mid 1980s. It is therefore much too early to give up hope, especially given the current speed of scientific progress. In the past, some experts doubted the possibility of an effective polio vaccine, yet today polio is close to being eradicated thanks to successful vaccination programmes.

One particular reason for remaining hopeful is that most people remain healthy for several years after becoming infected with HIV, and a small minority have survived as long as 20 years without developing AIDS, even though they never entirely rid themselves of the virus. Also it appears that a few people have some kind of natural resistance to HIV infection, meaning they never become infected despite repeated exposure to the virus. These facts suggest that the immune system can be quite effective at controlling HIV.

How would an HIV microbicide work?

A microbicide could work in at least four different ways:

Kill or inactivate HIV

Stop the virus entering human cells

Enhance the body's normal defence mechanisms against HIV

Inhibit HIV replication

It is possible that a microbicide could work in much the same way as a vaccine, so research in one area could benefit the other. Alternatively, a microbicide could work in a similar way to today's antiretroviral drugs, or it could act like a detergent.

What are the challenges in developing HIV microbicides?

There are many chemicals that kill HIV, including undiluted household bleach. But what is needed for a microbicide is something that works against HIV without causing discomfort or irritation. For example, when researchers investigated using the spermicide Nonoxytol-9 as an HIV microbicide they were surprised to find it actually increased the rate of transmission, probably because it caused vaginal lesions and inflammation, which made it easier for HIV to establish an infection, even though Nonoxytol-9 killed the virus in lab tests.³⁴

For a microbicide to become popular, researchers must develop not only the active ingredient but also a delivery method that is safe, effective, acceptable and affordable. Ideally this would provide protection for several days or even weeks at a time.

Another major issue is how a microbicide affects sperm. To reach all those in need, scientists will have to develop both contraceptive and non-contraceptive microbicides.

How soon could we have an effective vaccine?

In 1984, at the press conference arranged to announce the discovery of HIV, the US Health and Human Services Secretary Margaret Heckler said she hoped a vaccine against AIDS would be ready for testing in about two years.²²

Unfortunately, the problem has turned out to be much more challenging than Secretary Heckler expected. Today's researchers agree that the quest for an AIDS vaccine still has a long way to

go. It is unlikely that any effective product will be available before 2015 at the earliest. It's even possible that the search could last decades.

The failure of the STEP trial in 2007 in particular has led some scientists to question whether the current approach to AIDS vaccine development has much chance of success, given that it favours products that work in a similar way to the failed Merck candidate. Critics suggest that an entirely different strategy may be required, based on better understanding of HIV's interactions with the immune system.²³

"The path forward is not clear. I think there is agreement on that. Anybody who talks about a timeline for a vaccine is being silly and uninformed. It will require an incremental process of knowledge, and experimentation, and testing of ideas."

- Professor John Mellors -24

The news media regularly announce a new "breakthrough" in AIDS vaccine research. However, most of these stories refer to products in Phase I or Phase II trials, where there has been no evidence of the product actually working in humans. Such stories are realistically talking only about potential breakthroughs.

Few if any vaccines are 100% effective. Most probably the first AIDS vaccines to succeed in trials will offer only partial protection, and these may need to be improved or combined with other products before being suitable for widespread use. Vaccine development is likely to proceed by small, incremental steps; we are unlikely to see any immediate "miracle breakthrough".

What about a microbicide?

It is quite possible that an effective microbicide could be available sooner than a vaccine – even as early as 2010 if one of the leading candidates succeeds in trials. Results from the first of these trials are due in 2008. Any successful product would then have to undergo review and licensing by regulatory agencies before becoming available to the public.

Reaching people in need

If trials conclusively find a particular vaccine or microbicide to be safe and effective then the next challenge is to help people access it. This involves working out the best formulation and dosage; finding a suitable delivery method; and In addition both governments and individuals will need to be convinced that the product is worth investing in. The process of getting a vaccine or microbicide to all the hundreds of millions of people in need could take many years.

distributing the product. In addition both governments and individuals will need to be convinced that the product is worth investing in. The process of getting a vaccine or microbicide to all the hundreds of millions of people in need could take many years.

An important consideration is whether a vaccine or microbicide could undermine the popularity of existing HIV prevention methods, such as condoms. If a product is only partially effective (as is almost inevitable) then experts will have to weigh up the potential risks and benefits very carefully before considering distribution. Upon release of any product, awareness-raising and prevention efforts will need to be redoubled to counter the risk of complacency.

"A future vaccine will not be a 'magic bullet'. But future vaccination against HIV, applied alongside prevention measures based on safer behaviour and STI control, holds out realistic hope for ending the AIDS epidemic."

- UNAIDS -25

Conclusion

It is very unlikely that HIV and AIDS will ever be eradicated without new scientific developments. Eventually, unless great progress is made in prevention, the number of people living with HIV will outstrip the resources available for treatment. The search for effective vaccines and microbicides must therefore be one of the very highest priorities for scientific research.

However, it is not realistic to expect such research to produce a major breakthrough for some time yet, and we should be wary of news stories suggesting otherwise. Any new discovery needs to undergo trials lasting years, and must then be distributed around the world before we will see its full benefits.

In the mean time, the world must continue to scale-up existing prevention and HIV treatment programmes. Millions of lives can be saved using the knowledge and tools already at our disposal, provided the world commits itself wholeheartedly to the cause.

**Let's keep our fingers
crossed till then**

HUMOUR AIDS

In Delhi when one character with AIDS jokes about the disease to another. The other responds, "How can you joke?" The person with AIDS responds, "How can you not?" Humor may be one of our most powerful coping mechanisms for each one of us as we face the pain of AIDS. Humor can immediately and swiftly improve the quality of life. It helps us to cope with life's most difficult situations, and provides perspective. Humor helps us to communicate to others, it creates bonds, and as we share our humor, we reach out and connect with others.

AIDS is not funny, yet I have not talked with anyone affected by the epidemic who does not have at least one humorous story related to the disease.
To cope with life's greatest challenges



we use humor to deflate the potency of the challenges. Humor empowers us to face difficulties and make them less overwhelming.

Many jokes have evolved out of AIDS education. There is a story of the IV drug users. A social worker discovers them sharing needles and is appalled. She turns to one and asks, "Do you know what you're doing? Haven't you heard about AIDS?" He turns to her and casually replies, "Don't worry about us. We are all wearing condoms."

There is also the story of a 4th grade boy who returns home after the AIDS awareness day at school. His mother asks him what he learned and he replies, "I'm not quite sure, but I think we were supposed to stay out of intersections and buy condominiums." Humor allows the messages to be heard and remembered.

Benefits of Humor

While laughing at the disease will not help find a cure, it can ease the suffering and may reduce the pain. Norman, who had an exceptionally painful disease of the connective tissue, found that 10-20 minutes of deep laughter provided him with 2 hours or more of pain free existence. Subsequent research has found that certain health

maintaining chemicals are released during laughter. While the research is in its early phases, there appear to be physiological benefits of laughter.

Even if there were no physiological benefits, humor is psychologically helpful because it helps us to better accept our situation. It helps provide stress reducing perspective on our day-to-day living. Humor helps us maintain a healthy attitude which is crucial for our physical and psychological well being.

Humor Improves Communication

Humor can be a non-threatening way of communicating. Messages we wish to give to significant others, family members, medical professional, etc. may be improved with a little humor. The message will be communicated with less stress and is likely to have a greater impact. Consider the poster of an elderly woman peering over her bi-focals and stating, "Don't forget your rubbers." We get the message, and it is probably more impactful than a poster that says, "Don't forget to wear a condom." Another poster from a dentist's office stated, "You don't have to floss all your teeth; Only the ones you want to keep." We receive the message in a light non-threatening way.

Increasing Your Humor Quotient

Having AIDS certainly changes and challenges your life, and how you choose to lead your life with the disease will have a great impact on your physical and psychological health. Once you have the

disease your health both psychological and physical is based not only on the virus but also on your reaction to the disease. We know that attitude has a great influence on the quality of life. A humorous perspective can maintain a healthy attitude.

All of us can increase our humor quotient. Allow yourself to discover the humor around you. You will find it in bed pans, I.V.'s, bathrooms, churches, hospitals, homes, etc. A great deal of humor can be discovered with significant others, family, friends, doctors, nurses, medical and support staff, etc.

Incorporating humor into your life is an individual choice. Other possibilities of humor sharing include funny experiences with others, reading cartoons, sharing jokes, watching favorite funny videos, listening to favorite comedians, singing songs, reading literature, etc.

In the final analysis, it makes sense to use humor to cope with the disease because **HUMOR FEELS GOOD**. In those moments that we experience humor, we cannot feel other emotions such as anxiety, depression, and anger. Other emotions may return, however the humor provides a respite for us.

If now that you have read this and say, "How can we joke about AIDS," again I ask you, in the words of the Delhi person, "How can we not!"

LAUGHTERAIDS

Sex before Marriage

Two friends, Ram and Shyam were discussing Sex before Marriage

Ram : I didn't sleep with my wife before marriage, did you?

Shyam: I'm not sure. Remind me what was your wife's maiden name?



Condom - 'All the Time'

Two youngsters were talking about AIDS and the devastating consequences of the disease.

"I've started wearing a condom all the time

" said the first youngster.

"Don't you ever take it off"
asked the second youngster.

"Only when I take a piss or have sex" replied
the first youngster.

Over 60 with AIDS

Senior Citizens are riddled with Aids hearing
Aids, Band-Aids, Rolaids, Walking Aids,
Government Aids.

The Golden years have come at last.



Perfect Couple

Once upon a time a perfect man and a perfect woman met. After a perfect courtship they had a perfect wedding. Their life together was of course, perfect. One snowy stormy Christmas Eve, this perfect couple was driving their perfect car (a Grand Caravan) along a winding road, when they noticed someone at the side of the road in distress. Being the perfect couple they stopped to help. There stood Santa Claus with a huge bundle of toys. Not wanting to disappoint any children on the eve of Christmas, the perfect couple loaded Santa and his toys in their vehicle. Soon they were driving along delivering toys. Unfortunately, the driving condition deteriorated and the perfect couple and Santa Claus had an accident. Only one of them survived the accident. The mind numbing question is who was the survivor?

Go to the next page for the answer.

Alzheimer and AIDS

"Your wife has either

Alzheimer or AIDS" said the Doctor.

Husband : "How can we find out which
immediately Doctor ?"

Doctor : "I need you to run a little experiment.

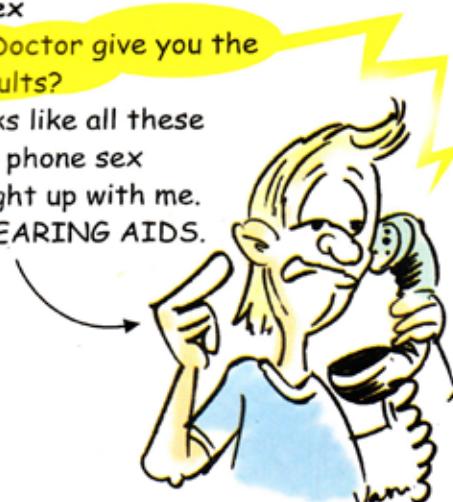
Take your wife to a park and leave here there.

If she finds her way home
DON'T HAVE SEX WITH HER".

Phone Sex

Did the Doctor give you the
test results?

Yeah looks like all these
years of phone sex
have caught up with me.
I have HEARING AIDS.



cont.... Perfect Couple

The perfect woman survived. She's the only one who really existed in the first place. Everyone knows there's no Santa Claus and there is no such thing as a perfect man. Women stop reading here. That is the end of the joke.

[Men go to the next page](#)

Condom and women

What do condoms and women have in common?

Both spend more time in a guy's wallet
then on his penis.

Sexual Olympics

A man went over to his girl's place for a little bit of nookie between the sheets. He presented her with three choices of condoms - gold, silver or bronze.

"Silver" - she said.

"Why not gold?"

"Because I want you to COME SECOND for once".

Jose is diagnosed with terminal cancer. The doctor tells him that he has very few days to live.

Totally depressed and shattered he decides to go for a drink.

He meets his son in the bar. 'My son I am not going to live for long.

Doctor has diagnosed me with terminal cancer', he tells his son.

As they are drowning their sorrow in drinks the father sees his friends and ask them to come and join. He offers them drinks and tells them that he is dying of AIDS.

They get all stunned and horrified and share his grief.

On the way home his son asks his father why he lied to his friends that he is dying of AIDS.

'My son, I had to, b'coz I don't want them sleeping with your mother after I die!'



Condom

What did the penis
say to the condom?
Cover me I'm going in.

I'M Safe with Condom

A Sardarji, a Madrasi and a Gujarati were waiting for a bus. When a dangerous looking man approaches them he pulls out a syringe with blood inside and threatens to inject them. Give me all your valuables or I'll pierce you all with the needle. This contains AIDS-infected blood. Our friends were alarmed naturally the Madrasi gives away his valuables quickly, Guju bhai bargains and gives his. The Sardarji however was unfazed. He refuses to part with his valuables. The thief gets angry, pierces him and runs away.

Shocked, the other two ask the Sardarji. How could you put your life in danger. You will get AIDS now. The Sardarji coolly replies, "No I won't. I was wearing a condom."



LATEX GLOVES & CONDOMS

A dentist is talking to his patient about the sanitary problems some of his fellow dentists, were facing. He said that one of his friends visited a latex glove factory in Mexico, and saw how they make the gloves.

One person would stick his hand in the melted latex, walk over to a vat of cooling water, then dip his hand in it to solidify the latex.

The glove was then thrown in a finished products box.

The dentist's patient was disgusted by the lack of sanitary care taken in making the gloves. Wanting to keep all the patients he could, the dentist didn't mention how they make condoms.

AT LAST TOGETHER

She gets married and has 17 children. Then her husband dies. She remarries two weeks later and has 22 children by her next husband. Then he dies. A while later she dies. At the funeral a person looks skyward and says "At last they're finally together". A guy sitting next to him asks, "Excuse me man, who do you mean are together, her and her first husband or her and her second husband?"

"I mean her legs!"

Test your IQ with the question below

There is a mute guy who wants to buy a toothbrush. By imitating the action of brushing one's teeth he successfully expresses himself to the shopkeeper and the purchase is done. Now if there is a blind man who wishes to buy a pair of sunglasses, how should he express himself?

Think about it first before moving down for the answer.

A Dog called Sex

Everybody I know who has a dog usually calls him "Rover" or "Spotty". I call mine "Sex". Now sex has been very embarrassing to me. When I went to the city vet clinic to renew the dog's licence I told the clerk that I would like a licence for Sex. He said "I would like to have one too". Then I said "But she is a dog!" He said he didn't care what she looked like. I said you don't understand.... I have had sex since I was nine years old" He replied. "You must have been quite a strong boy".

When I decided to get married I told the priest that I would like to have Sex at the wedding. He told me to wait until after the wedding was over. I said "But Sex has played a big part in my life and my whole world revolves around Sex". He said he didn't want to hear about my personal life and would not marry us in the church. I told him everyone would enjoy having Sex at the wedding. The next day we were married at the Civil Registrar's office not at the Church. My family is barred from the Church from then on.

When my wife and I went on our honeymoon, I took the dog with me. When we checked into the motel I told the clerk that I wanted a room for me and my wife and a special room for Sex. He said that every room in the motel is for sex. I said "you don't understand Sex keeps me awake at night." The clerk said "me too!"

One day I entered Sex in a contest but before the competition began, the dog ran away, another contestant asked me why I was just looking around. I told him that I was going to have Sex in the contest. He said that I should have sold my own tickets. "You don't understand" I said "I hoped to have Sex on TV" He called me a show off.

When my wife and I separated we went to court to fight for custody of the dog. I said "Your Honour I had Sex before I was married but Sex left me after I was married". The judge said "me too". Last night Sex ran off again. I spent hours looking all over for her. A cop came over and asked me what I was doing in the alley at 4 a.m. in the morning. I said "I am looking for Sex", my case comes up on next Tuesday. Well now I have been thrown in jail, been divorced and had more damn troubles with that dog than I ever foresaw. Why just the other day I went for my first session with the psychiatrist. She asked me "What seems to be the trouble ?" I replied "Sex has been my best friend all my life but now it has left me forever. I couldn't live any longer so lonely" and the doctor said "Look mister you should understand Sex isn't a man's best friend - so get yourself a dog."

cont.... Perfect Couple

So if there is no perfect man and no Santa Claus the perfect man must have been driving. And that explains why there was a car accident. By the way if you are a woman and if you are reading this, this illustrates another point. Women never listen, either.

He just has to open his mouth and ask, so simple.
I.Q. Test answer

' Celibate or Celebrate?



' Celibacy - A solution for AIDS prevention?



A man to wife on wedding night :
Are you sure I'm the first man you
are sleeping with ?
Wife : "Of course honey,
I stayed awake with all the others."

"We found them
in dad's car"



"May be it will straighten
by using VIAGRA!"



LETTER OF RECOMMENDATION

While working with Mr. XXXX, I have always found him working studiously and sincerely at his table without gossiping with colleagues in the office. He seldom wastes his time on useless things. Given a job he always finishes the assignment in time. He is always deeply engrossed in his official works and can never be found chit chatting in the canteen. He has absolutely no vanity inspite of his high accomplishment and profound knowledge of his field. I think he can easily be classed as outstanding and should on no account be dispensed with. I strongly feel that Mr. XXXX should be pushed to accept promotion, and a proposal to management be sent away as soon as possible.

Branch Manager

A second note following the report

Mr. X was present when I was writing the report mailed to you today. Kindly read only the alternate lines 1,3,5,7,9..... for my true assessment of him.

Regards
Branch Manager

STIGMA & DISCRIMINATION

and HIV AIDS people



It is an undeniable fact that there is much stigma discrimination and negativity associated with the HIV/AIDS pandemic. Even though the pandemic evokes responses of compassion solidarity and support yet there is widespread discrimination prejudice, repression against the HIV/AIDS affected people who are being rejected by their families, their loved ones and the society.

By stigmatising and blaming these individuals, society tries to excuse itself from the responsibility of caring or looking after them.

Some view it as the result of personal irresponsibility and consider it as a punishment by God.

The different forms of HIV/AIDS - related stigma and discrimination.

Women and Stigma : Women are to most stigmatised lot. The impact of HIV/AIDS on

women is particularly acute because they are often economically, culturally and socially disadvantaged and lack equal access to treatment, financial support and education.

In many countries women are mistakenly perceived as the main transmitters of sexually transmitted diseases.

HIV positive women are treated very differently from men in many developing countries.

Men are likely to be excused for their behaviour that resulted in their infection whereas women are not.

“My mother-in-law tells everybody it is my horrible daughter-in-law who has brought this disease to my son. My son is very good as pure as snow but she infected him”.

- HIV positive woman aged 25, India.

In India for example the husbands who infected them may abandon women living with HIV/AIDS.

Families : The families response towards HIV/AIDS affected members is not mostly positive. Infected members find themselves stigmatised and discriminated against within the home.

There is mounting evidence that women are treated more shabbily than children and men.

My mother-in-law insists on everything





separate for me - my glass, my plate. They never discriminate like this with their son. They eat together with him. For me it's don't do this so-it do that even if I use a bucket to bathe they'll yell - wash it wash it. They really harass me. I don't wish this situation for anybody. But what can I do? My parents and brother also do not want me back.

- HIV positive woman aged 23, India.

Employment

There is a lot of discrimination at work places too. The perceived risk of transmission of HIV has been used by many employers to terminate or refuse employment. If people living with HIV / AIDS disclose their status there is strong evidence to suggest that they will experience stigmatisation and discrimination by their co-workers etc.

Nobody will come near me, eat with me in the canteen and wait to work with me. I am an outcast here.

- say an HIV positive man aged 27 India. Pre-employment screening takes place in many industries particularly in countries where the means of testing are easily available and affordable.

- though we do not have a policy so far I can say that at if at the time of recruitment there is a person with HIV I will not take him. I'll certainly not buy a problem for the company.

- A head of Human Resources Development - India

Health Care

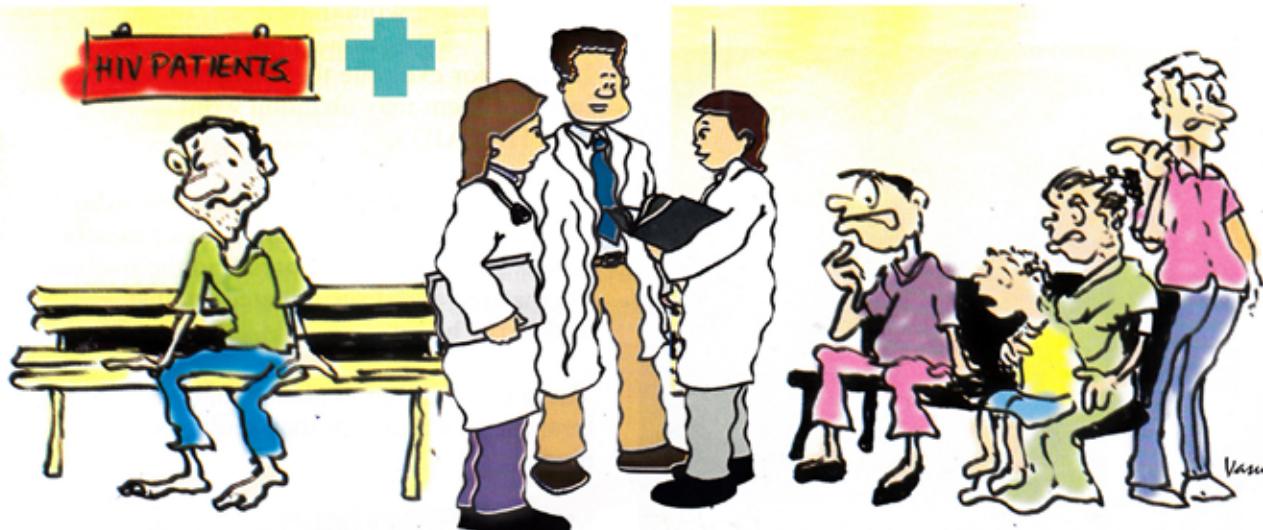
There are many reports where people are discriminated and stigmatised against by health care systems. Non attendance of hospital staff to patients, HIV testing without consent, denial of hospital facilities and medicines are common due to ignorance and lack of knowledge about HIV transmission.

"There is an almost hysterical kind of fear at all levels starting from the humblest - the sweeper boy or the ward boy upto the heads of departments which makes pathologically scared of having to deal with an HIV positive patient. The responses are shameful.

- says a retired senior doctor from a public hospital.

Another factor fueling stigma among doctors and nurses is the fear of exposure to HIV as a result of lack of protective equipment.

In some hospital signs have been placed near people living with HIV/AIDS with words such as 'HIV positive' and 'AIDS' written on them.



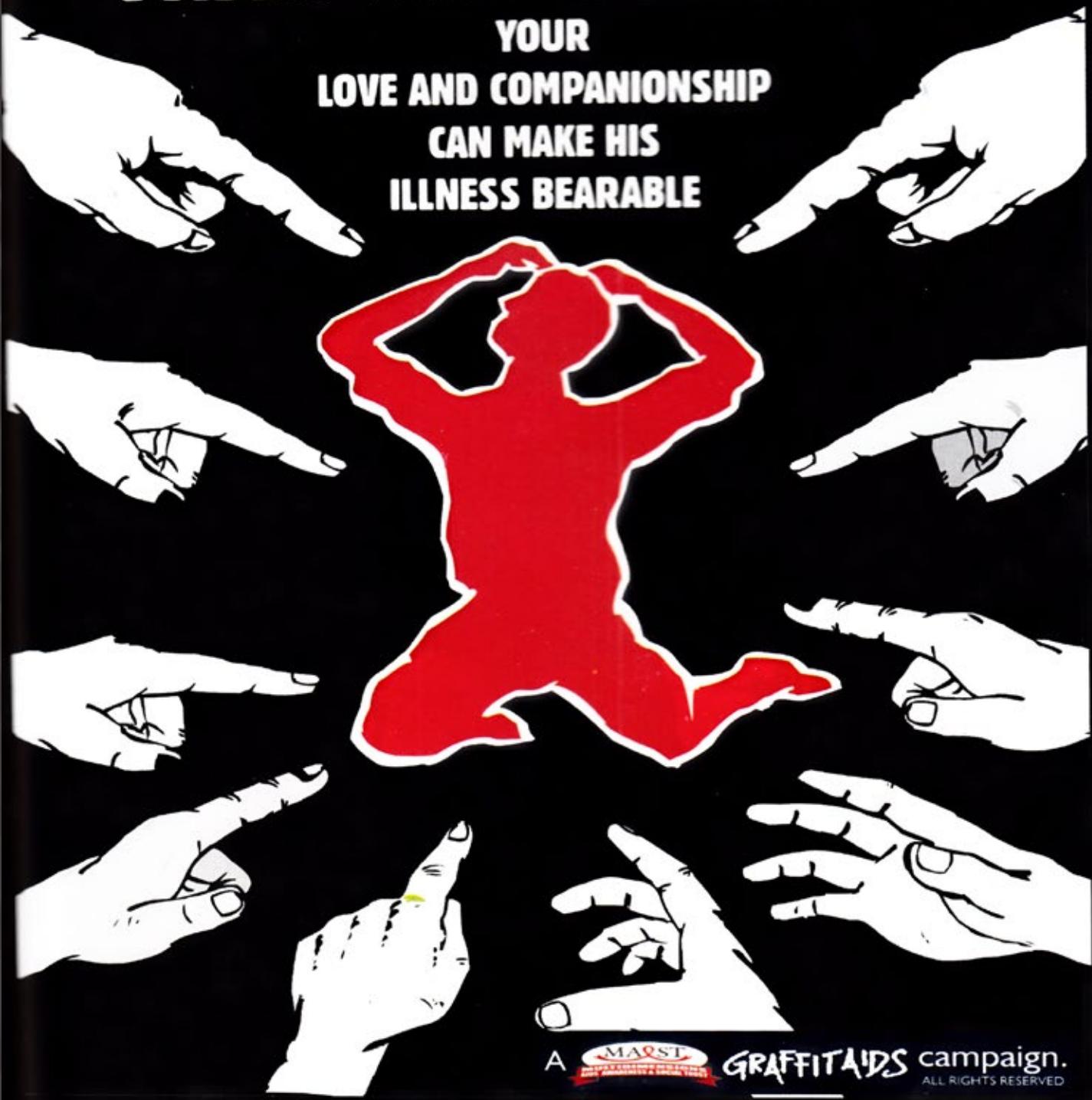
HIV / AIDS

DISCRIMINATION

HURTS MORE

THAN THE DISEASE !

YOUR
LOVE AND COMPANIONSHIP
CAN MAKE HIS
ILLNESS BEARABLE



A  campaign.

GRAFFITI AIDS

ALL RIGHTS RESERVED

SAY NO TO DISCRIMINATION AGAINST HIV / AIDS POPULATION

I am
HIV
positive

Please Hug Me
I won't make
you Sick.



AIDS cannot be
passed on through
Casual Contacts like
Hugging,
Shaking Hands or
Sharing Plates,
Toilets etc..

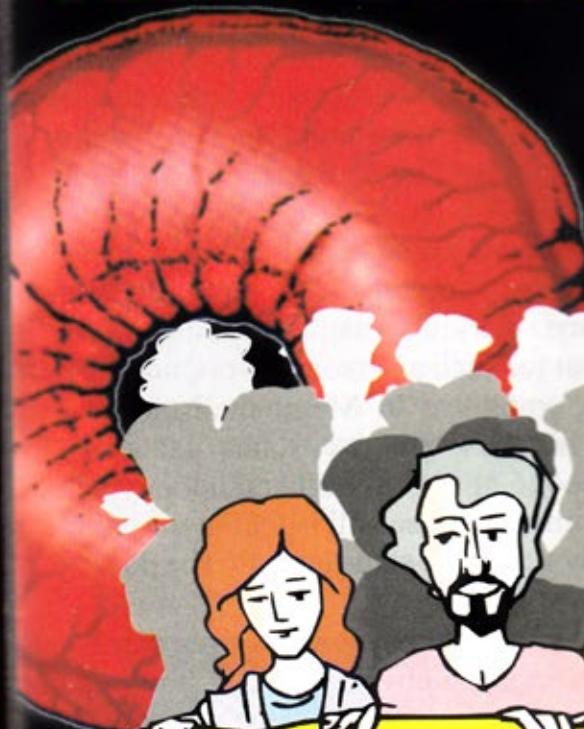
So Why Ostracise them?

A  **GRAFFITI AIDS** campaign.
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**AIDS IS FEARFUL
NOT AIDS PEOPLE**

**FEAR
ME!**

I CAN FINISH YOU OFF!



**FEAR US NOT!
WE WON'T HARM YOU**

**SHOW LOVE & COMPASSION
TOWARDS THE HIV/ AIDS POPULATION**

DISCRIMINATION

against HIV/AIDS persons,

It still continues to hurt.....

In the last three decades, since the first Goan HIV case was identified, much progress has been made in the State vis-à-vis dissemination of information about the dreaded disease and health care to persons living with HIV. However, HIV positive people live in a society that stigmatizes them and refuses to assimilate them in the social milieu. The society at large, continues to treat such people in the same manner in which the authorities treated the first patient who was quarantined at the Old Goa Medical College, thereby converting the whole issue into a media circus. The courageous Dominic Fernandes with help from friends and support of the family moved the courts to get back his liberty and dignity and his battle inspired a pretty sensitively made Bollywood film "My Brother Nikhil". Since then much water has flowed down the Mandovi, but society's attitude towards HIV positive people has, by and large, not changed.

Discrimination against HIV positive people is a worldwide phenomenon. If the foster child of Debbie a British national had to be removed from the school he was studying when his HIV positive status came to be known to other children, in Goa, HIV positive children from Asro institute at Thivim had to be removed from the local school they were studying in as parents of the other children objected to their presence in the same school premises.

Then there is the case of Shrinivasa Mallya, an articulate person who has a degree in Hotel Management from Bangalore and was managing a restaurant at Calangute till May this 2007 when he fell seriously ill. After diagnosed to be HIV positive, Mr. Mallya found his world shattered as he was sacked from his job that he was doing so very well a la Philadelphia or Phir Milenge.

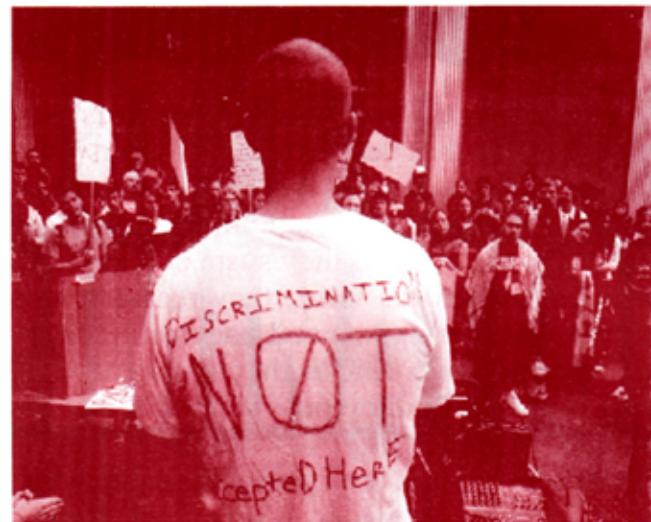
And if the management has a positive attitude and permits the HIV person to continue working, the colleagues make it difficult for such a person to work normally. A young employee in Mumbai disclosed that since his HIV positive status came to the knowledge of his co-workers, nobody comes near him and worse still is that in the canteen, nobody sits on the same table that he does.

If the atmosphere at work place gets suffocating, the environment at home is not very conducive either. For Carlos from Cavelossim, living at home was an agony



where his family members would talk to him only when it was absolutely necessary and that too from a great distance. Worse were meal times as he had to have his meals alone with the other family members refusing to share the table with him. What was truly abominable was the manner in which food was served to him. While he had to sit at the extreme end of the dinning table, the plate with its laden food was pushed to him with the help of a bamboo staff!

And if you thought that the misery of the HIV positive people ended with their death you are mistaken. Young Peter from Cuncolim, a seaman, who was diagnosed to be HIV positive and could not join his ship, died at home. Death came to him at around noon and his mother wanted him to be interred within three hours. When the priest visited the house, the mother and other family members had insulated themselves with surgical masks on their faces and gloves on their hands. Their reason for holding the funeral as soon as possible – the virus from the dead person's body should not engulf the house. It took a lot of convincing from the priest and finally they relented to having the final rites the next day as is the normal custom in Goa.



There is an abundance of such horror stories. What is amazing is that despite Goa being a highly literate State and awareness on this disease being quite widespread, HIV positive people are treated like lepers in the biblical times and tuberculosis patients from the medieval times. The reason for this is simple. The fact that transmission of the virus is overwhelmingly through promiscuity or deviant sexual behaviour, contraction of the virus is perceived to be some kind of punishment for the misdemeanors. Hence, HIV infection is considered to be retribution for the victim's perversion just like in biblical times, leprosy was considered to be the curse of the Lord. Thus, the patient is stigmatized as being punished for his/her immoral behaviour and is feared.



In many countries there have been strong reactions to people going public about their status. For example in Durban, South Africa, 10 years ago, Gugu Dhlamini was stoned and beaten to death after speaking out openly about her HIV status. In Goa, the panicked reaction of the authorities to Domnick Fernandes' status spurred the plucky Domnick, his relatives and friends to launch the first NGO to work for HIV afflicted persons -- Positive People. But it takes a lot of courage to face the societal onslaught and it is not a path that is taken by most people who are used to

walking along the safe route.

Given the society's attitude, it is not so surprising that very often a HIV positive person goes into denial. Worse still is the fear amongst most people including the literate and educated. Even if they suspect they may have contracted the virus, they refuse to go for the test fearing societal backlash if they test to be positive. And as they continue with their normal life, they pose a great threat to society as they may unknowingly infect others who have an intimate relationship with them. Health Minister Vishwajeet Rane, taking into account this reality, in the first fortnight of December 2007, launched a new campaign captioned "Drop the Fear, Know your Status". This should help people come forward to know their status voluntarily and will go a long way in contributing towards checking the spread of the disease.

However, the fact that Goa is a small place and confidentiality in such matters is extremely difficult to maintain may be a major hurdle for the success of this new

initiative. That news that Domnick Fernandes had tested positive spread like wild fire all over Goa with the media too contributing its bit. If that was 30 years ago, things have not changed today as Mr. Mallya till date is trying to figure out how his employer came to know his status. Not that the situation is different in other parts of the country. In fact, a recent survey indicated that the status of 29 per cent of HIV positive people living in India was revealed to some other person without the victim's consent.

Given this reality, it was not really difficult to understand why a fervent plea was made at the launch of AIDS awareness fortnight last December for a rehabilitation centre for HIV positive people. As Mr. Mallya pointed out, they are still productive and contribute a lot to society, all that they need is an open environment where they can work and deliver. As the general society is still wary of working with them, a via media proposed, is the rehabilitation centre where those infected with the virus, who are still in their most productive stage, can continue to contribute their mite to improving the society.

Monthly Pension for HIV Positive Persons

The Orissa government has decided to provide monthly pension to the HIV affected people under the State sponsored Madhu Babu Pension Yojana from February 2008 official sources said. Altogether 6,132 HIV positive people in the state, irrespective of their age and earning condition would benefit under the scheme in the first phase.



SAY NO TO AIDS DISCRIMINATION

ENGLISH

LOVE YOUR NEIGHBOUR

WHY AM I
KEPT ALONE?

please
spare me.
I won't
make you
sick

TREAT THEM EQUAL

A  GRAFFITI AIDS campaign.
ALL RIGHTS RESERVED.

Law against discrimination of HIV/AIDS-affected sought

Human Rights Watch, international organisation committed to protection of human rights across the globe, has called upon the Government of India to enact and enforce a national legislation prohibiting discrimination against people with HIV/AIDS and their families in health facilities, schools, places of employment, and other institutions. Human Rights Watch has also urged the National AIDS Control Organisation (NACO) to provide greater leadership and technical assistance to States on preventing and addressing discrimination against people, especially children, living with and affected by HIV/AIDS in the areas of education and healthcare, intervene directly in cases of discrimination and include provisions for education, health, and fostering of children affected by HIV/AIDS in the third phase of the National AIDS Prevention and Control Policy.

NACO guidelines

The report, containing detailed personal accounts of HIV/AIDS affected from different States, health professionals, Government officials and NGO activists, calls upon all Government departments at the State and national levels, including those responsible for education, health, and child protection, to take measurable steps to implement NACO guidelines regarding discrimination against people living with and affected by HIV/AIDS.

Education

The Ministry of Education and State Education Departments, the report says, should ensure that no child is excluded from school or discriminated against in school because of his/her or his/her caregivers' HIV status. All schools should receive guidelines on preventing discrimination before it occurs and responding to individual cases, and protocols for enrolling HIV-positive children that address maintaining the confidentiality of the child's HIV status, addressing the parents' concerns and accommodating any special needs the child may have. States should monitor schools' compliance and insist that state-aided private schools and any other school that they license should adhere to the guidelines.

Medical care

The Ministry of Health and Family Welfare and State Health Departments, with assistance from international donors, should ensure that children with HIV/AIDS receive all available medical care, including antiretroviral treatment, and use all possible means to remove barriers to their receiving care. In particular, they should prohibit Government hospitals from discriminating against people living with HIV/AIDS, set guidelines for maintaining the confidentiality of HIV statuses of persons using health services, and explore ways of better regulating the private sector.

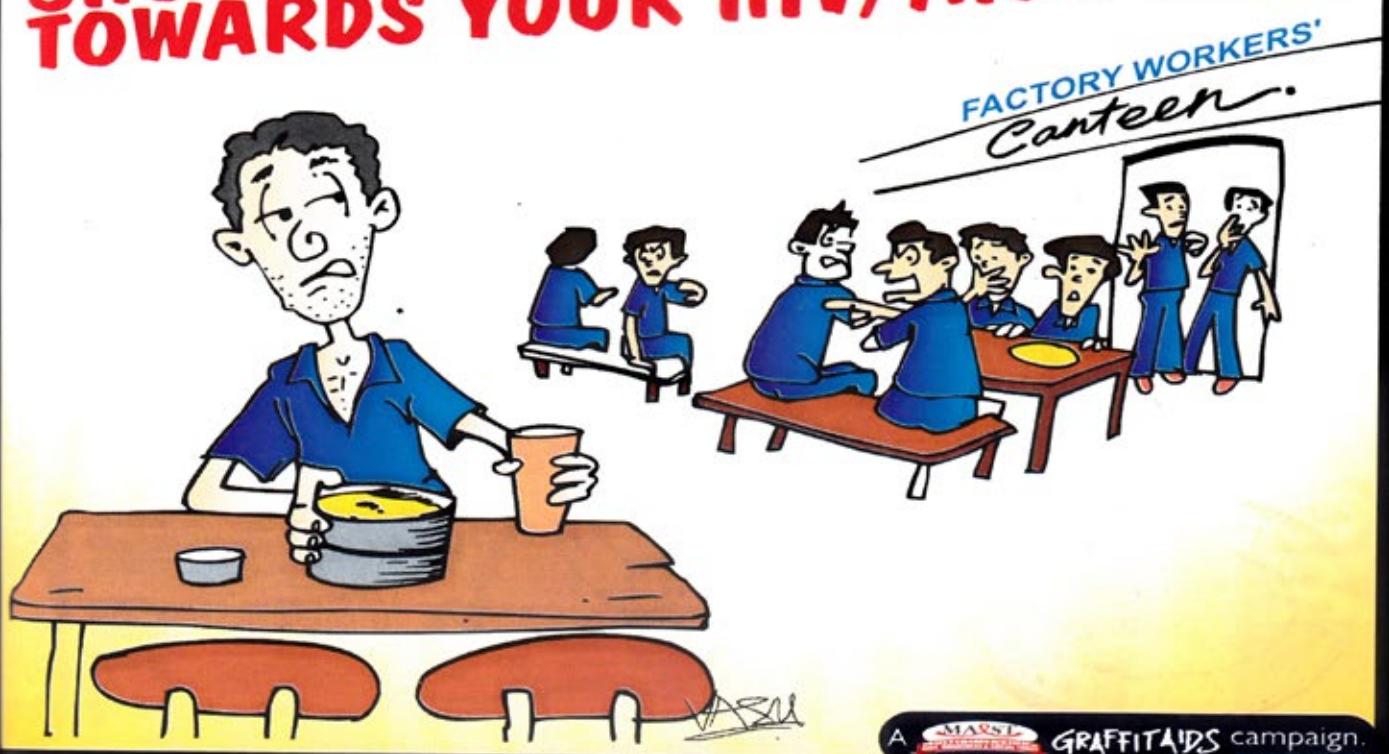
Social justice

The Ministry of Social Justice and Empowerment and its State-level counterparts should require orphanages and other institutions to comply with non-discrimination policies and provide children in their care with accurate, age-appropriate information about HIV/AIDS. The department should also explore using ICDS institutions to provide women and girls with information about HIV/AIDS and their rights.

The National Human Rights Commission and State Human Rights Commissions, without waiting for individual cases to be filed, should investigate cases of schools, health care providers, and institutions, both public and private, discriminating against HIV/AIDS-affected children.

DON'T DISCRIMINATE

BE KIND & CONSIDERATE
SHOW LOVE & COMPASSION
TOWARDS YOUR HIV/AIDS MATE



A  GRAFFITI AIDS campaign.
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MONKEYS, have become 4 now!

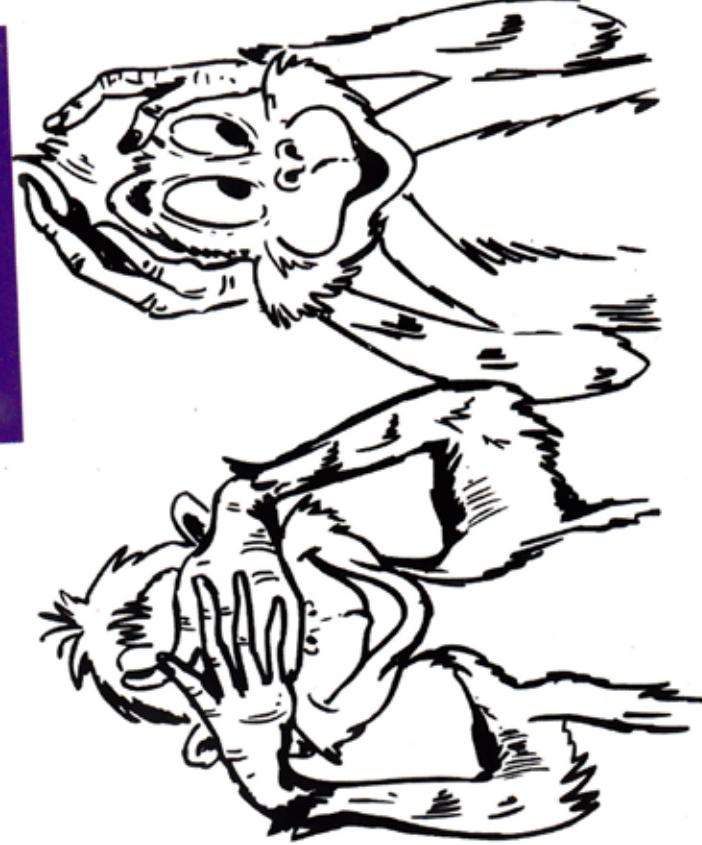
**DO NO
EVIL**



TALK NO EVIL



HEAR NO EVIL



SEE NO EVIL

TO KEEP AWAY THE AIDS D EVIL

A MAX ST. GRAFFITI AIDS campaign.

AIDS

at workplace

& Corporate Social Responsibility

AIDS is a workplace issue not only because it affects labour and productivity but also because the workplace has a vital role to play in the wider struggle to limit the spread and effects of the epidemic.

HIV / AIDS threatening the livelihoods of many workers and those who depend on their families, communication and enterprises. In doing so, it also weakens national economies of the 1.2 billion young men and women who will be entering the workforce over the next decade, many will be affected by HIV/AIDS directly or indirectly. In heavily hit countries the loss of household means puts pressure on children particularly girls to discontinue schooling in order to supplement family income or to care for the sick.

Impact on Business: After about two decades of the epidemic the link between HIV and businesses is no longer conceptual. Areas worst hit by the epidemic are glaring examples of loss of productivity at the industry, business sector and country level.

AIDS related costs

The business sector where management of costs has a critical role is faced with increasing levels of AIDS - related costs.

AIDS related illnesses and deaths of workers affect employers by increasing their costs and reducing revenues. They have to spend more in areas such as health care, funeral training and recruitment of replacement employees. Revenues may be decreased due to absenteeism due to illness or attendance at funerals as well as time spent on training. Labour turnover can lead to a less experienced and therefore less productive work force.

Overall significant impacts may include a loss of markets where the purchasing power of the



population declines - some companies have already begun to hire or train two or three employees for the same position, if it is feared that employees in key position may be lost due to AIDS.

HIV/AIDS has led to increased demands for spending for health and social welfare and the cost of insurance benefits, companies and governments has increased.

Response from the Business sector

Involvement of the private sector in response of HIV/AIDS is crucial for the success of any country's efforts against the epidemic. The active involvement of the private sector in the fight against HIV/AIDS has been gaining momentum during the last few years. To quote Dr. Peter Diot Executive Direct UNAIDS "with governments around the world straining under pressure of massive economic and social change the hope of solving many problems lies in the development of public / private partnerships. At UNAIDS we actively seek the guidance of the business

community.

It is being found out that a country where 15 percent of the population is living with HIV / AIDS would suffer a one percent decrease in GDP per year "Let us take South Africa which has a high prevalence of HIV/AIDS it has been estimated the country will suffer a decrease GDP of upto 17 percent by 2010. This is a grim picture particularly for the private sector. Therefore employers and company owners have the responsibility to protect their workers from the spread of the HIV/AIDs epidemic.

Many companies in India have taken some remarkable initiative to fight this pandemic but there are still many corporate business establishment (big and small) who are adopting a very callous and indifferent attitude towards this important issue.

It is hoped that considering what is at stake corporates would no longer consider it just as a social responsibility to fight AIDS but one which will also be a matter of profit and loss for them.

What our Indian Corporate Heads have to say...

Mr. Rajan Nanda, Chairman, Escorts Group

"The corporate sector has to become pragmatic and shoulder social responsibility."

What should corporates/public sector do to help the campaign against HIV/AIDS? I have already outlined their role, what I sincerely wish is that they not only spread awareness through campaigns among their employees, and through media publications, poster campaign, workshops etc. among general public, but also come forward to strengthen the domain of public health which should encompass a holistic approach to health, hygiene, and nutrition to rid India from the epidemic and improve quality of life.

Mr. Jagdish Anand, Secretary General, SNS Foundation

"Public-private partnerships need a critical mass to succeed."

In your opinion, what can public-private partnerships do to halt and reverse the spread of HIV/AIDS? Partnerships need to be developed between the public and the private sector by illustrating the 'whys,' 'hows' and for 'whom' of the cause. Actively involved corporations have the advantage of attracting media, schools, public at large, NGOs and other industries or business houses. Partnerships become successful only when there is a critical mass to see, touch, feel and emulate.

Mr. Onkar S. Kanwar, CEO, Apollo Tyres

"Private Sector has a Major Stake"

In your opinion, what can public-private partnership do to halt and reverse the spread of HIV/AIDS? The biggest role of private-public partnerships would be to reach out to the illiterate and to those who are most

vulnerable to HIV/AIDS. In this, our States should learn the right lessons from one another and also from other countries on what works and what does not. We should especially emphasize that AIDS control is not only about safe sex and use of condoms. It is also about making necessary changes in one's lifestyle so that one is responsible and caring to oneself, to one's family, and to the community at large. To effect such positive changes in attitude and behaviour , we should also mobilise indigenous Indian sources of moral authority. Which means that religious and social leaders should become far more active in AIDS campaign than has been the case so far. We should also activate trade unionists, school and college teachers, and, if necessary, the humble postman to carry the message of prevention being the only cure.

Mr. V. S. Jain, Chairman, SAIL

In your opinion, what can public-private partnership do to halt and reverse the spread of HIV/AIDS? As stated earlier, the corporate sector has significant role in complementing and supplementing the efforts of Government working towards prevention and control of HIV/AIDS. It has been seen in the international scenario that public-private partnerships do help in combating the prevalence of HIV/AIDS. A key example of success is Thailand. Similar initiatives in our country, of long lasting sustainable partnerships, can also provide success stories for others to emulate.

DID YOU FULFIL YOUR CORPORATE SOCIAL RESPONSIBILITY?

**AIDS is an universal problem
help & contribute towards
the elimination of this dreadful disease!**



GRAFFITI AIDS campaign.
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VASU

HEY BOSS!

WAKE UP
TO THE AIDS LOSS !

AIDS POSES THE BIGGEST
THREAT TO BUSINESSES
AROUND THE WORLD.
IT AFFECTS PRODUCTIVITY
DUE TO
LABOUR ABSENTEEISM
ETC. ETC.
CORPORATES HAVE MADE
IT THEIR TOPMOST PRIORITY
TO FIGHT THIS MENACE
HAVE YOU?

IGNORE THE AIDS **EVIL**
AT YOUR OWN **PERIL**



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ENTERTAINMENT & CELEBRITIES FOR HIV AIDS AWARENESS



Angelina Jolie and Sharon Stone

The world over celebrities have taken the initiative to propagate AIDS awareness in a bid to control the disease that is threatening to swamp nations. Celebrities whether from the film and television world or the sporting fields have associated themselves with causes and campaigns regarding AIDS. Hollywood divas like Sharon Stone and Angelina Jolie are at the forefront of campaign against AIDS.

In fact, entertainment is considered to be the best medium for disseminating information against AIDS as it targets the most vulnerable section of society – the youth. Various rock concerts have been held the world over to promote AIDS awareness and internationally reputed groups and individual singers have participated in them.

MAAST - Multidimension AIDS Awareness & Social Trust has been tapping the power of the entertainment and celebrities to the fullest to convey the AIDS awareness message by organising various Star studded shows featuring stars like Bombay Vikings, Cyrus Broacha, Mona Singh aka Jassi, Mukesh Khanna aka Shaktiman, Laughter comedian Rajiv Nigam and Sunil Savra, Indian Idol star Rahul Vaidya and Rex D'Souza etc and a show on New Year eve viz Crystal Ball specially dedicated for AIDS Awareness

It is indeed quite surprising that hardly any films or television serials have been produced on AIDS. Notwithstanding the commercial success and critical acclaim received by the Hollywood blockbuster *Philadelphia*, no other major production house has touched this topic.

In India too there have been quite a few films on AIDS but unfortunately all of them failed to rake in

the money at the box office and some of them like *Nidaan* sunk without a trace. Even *Phir Milenge* which was adapted from *Philadelphia* and had mega stars like Abhishek Bachchan, Salman Khan and Shilpa Shetty turned out to be a flop. The only silver lining was the film *My Brother Nikhil* starring Juhi Chawla, which proved to be a hit mainly because of its low budget.

Tiatr is the other popular medium of entertainment in Goa and despite the government's initiative to sponsor *tiatras* aimed at creating awareness on AIDS, there have not been many *tiatristas* who have taken the challenge of dealing with this topic. Late Rosario Rodrigues had written a *tiatr* on AIDS titled *Soglech Khamte Nhoim*. But it failed to attract the crowd and was considered to be a flop show. Similarly Candido Araujo in collaboration with M Boyer staged a *tiatr* on AIDS which despite government support did not have much success and is now available on a CD. Noted comedian Ambe has recently released his CD titled Mr. Win which also deals with AIDS but its effect is yet to be adjudged.

Most of the leading *tiatristas* while admitting that the AIDS scenario in Goa is a cause of concern and that *tiatr* is an ideal medium to propagate AIDS awareness which is afflicting the coastal belt, fear to take up the challenge because of the uncertainty over its commercial success.

Goa's much loved comedian who is also acclaimed to be an intelligent writer, John D'Silva hit the nail on the head when he disclosed that the reaction to past ventures on the topic, indicate that people are so scared of the disease that they do not even want to hear it mentioned and hence reject any show based on it. The failure of earlier attempts to deal with the topic through *tiatr* has convinced him that it is too a risky venture. Government's sponsorship is also not very attractive as the audience is likely to interpret it as a failure on the part of the artiste that forced him to seek government help opined Mr. D'Silva.

Another comedy actor and an extremely successful writer, producer, director who has come up with shows on varied topics and issues and has rediscovered himself as a Radio Jockey, Prince Jacob also conceded that AIDS is a very serious issue threatening the Goan society. And though he too

admitted that *tiatr* could be the ideal medium to create awareness on this killer, the uncertainty over its commercial viability is stopping him personally from taking up this issue.

Roseferns who is known as King of Centuries given the fact that most of his shows have celebrated centuries, candidly admitted that it never struck him that a show could be based on AIDS. He revealed that as a writer, he writes and offers what the audience except from him and like and pointed out that a *tiatr* on AIDS would not give much scope to provide to the audience what they expect and want and hence its success could not be predicted.

Critically acclaimed actor and extremely popular singer Sharon Mazarello who through her TACT institute has dared to walk along the unbeaten path by putting up shows on topics considered taboo, said she never did anything on AIDS because others had taken up the issue.

Goa's much adored singer Hema Sardessai while pointing out that she is dedicated to social causes stressed the need for having educational programmes in schools and colleges and offered to visit the colleges for any programmes aimed at creating AIDS awareness amongst the youngsters. She advised the younger generation to desist from aping the Western culture and indulge in sexual activities only after attaining maturity.

Internationally renowned percussionist Bondo suggested that AIDS awareness programmes be conducted in the shanties and slums where the poor and illiterate live. He argued that there was sufficient material on AIDS aired over the Radio or Television and even the print media for those who can afford these amenities to be educated on all aspects of the disease. However, he said, the need of the hour was to reach out to those sections that cannot afford a television or radio and are not able to read the printed word.

While both Hema and Bondo are willing to participate in programmes aimed at reaching out to specific target audience, the *tiatristas* who are celebrities in their own right in Goa, are still groping in the dark on how they can contribute towards AIDS awareness. Given this situation, it is highly unlikely that Goa will get to see a concept like Hollywood Graffiti Gown where a gown designed by Jeran was signed by Hollywood stars and was auctioned to raise funds for AIDS awareness programmes.

The STARPOWER for our Various Events

Neeraj Sridhar
aka
BOMBAY VIKINGS



Arshad Warsi
& Maria Gorretti



MTV VJ
'CYRUS BROACHA'



Mukesh Khanna
the 'Shaktimaan'



The Great Indian Laughter
Challenge II
(Champion Comedians)
Rajiv Nigam & Sunil Savra



Indian Idol Star
Rahul Vaidya
& Fame Gurukul Star
Rex D'Souza
performing at
Graffitaids Nite



Mona Singh aka 'JASSI' of
"Jassi, Jaisi kohi Nahin!" fame



SICK NATION, WEAK NATION



AIDS can cause mass extinction

A MARS GRAFFITI AIDS campaign.
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Can we let AIDS **DEVOUR** our World ?



**Know the Global Statistics
to understand the AIDS Crisis**

***Make "The Fight Against AIDS"
your Topmost Priority.***

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LIKE THE TERRORIST LURKING IN THE SHADOW AIDS TOO WAITING TO SWALLOW



AIDS POSES A
BIGGER THREAT
TO GLOBAL PEACE
THAN TERRORISM

MAY GLOBAL PEACE
& HAPPINESS GLOW
GIVE HIV/ AIDS
A DEATH-BLOW

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INDIAN HIV AIDS SCENARIO

India has a population of one billion, around half of whom are adults in the sexually active age group. The first AIDS case in India was detected in 1986; since then HIV infection has been reported in all states and union territories.

The spread of HIV in India has been diverse, with much of India having a low rate of infection and the epidemic being most extreme in the southern half of the country and in the far north-east. The highest HIV prevalence rates are found in Maharashtra in the west; Andhra Pradesh and

Karnataka in the south; and Manipur and Nagaland in the north-east.¹

As of August 2006, 90% of all nationally reported AIDS cases have been found in 10 of the 38 states and union territories. The greatest numbers were in Maharashtra and Gujarat in the west; Tamil Nadu, Andhra Pradesh and Karnataka in the south; and Manipur and West Bengal in the north-east.²

In the southern states, HIV is primarily spread through heterosexual contact, while infections are mainly found amongst injecting drug users in

Estimated number of people living with HIV/AIDS, 2006

People living with HIV/AIDS	2 million - 3.1 million
Adult (15 years or above) HIV prevalence	0.36%

Previously it was thought that around 5 million people were living with HIV in India - more than in any other country. Better data, including the results of a national household survey, led to a major revision of the prevalence estimate in July 2007. It is now thought that around 2.5 million people in India are living with HIV.

Back-calculation suggests that HIV prevalence in India has changed little over recent years and may have declined slightly in 2006.

HIV statistics, 2005-2006

The National Family Health Survey conducted between 2005 and 2006 measured HIV prevalence among the general adult population of India, as presented in the table below.⁴ The survey found the

Age group	HIV prevalence (%)		
	Male	Female	Total
15-19	0.01	0.07	0.04
20-24	0.19	0.17	0.18
25-29	0.43	0.28	0.35
30-34	0.64	0.45	0.54
35-39	0.53	0.23	0.37
40-44	0.41	0.19	0.30
45-49	0.48	0.17	0.33
Total age 15-49	0.36	0.22	0.28

The National Family Health Survey, which tested more than 100,000 people for HIV, also found prevalence to be higher in urban areas (0.35%) than in rural areas (0.25%).

HIV prevalence among different population groups

The average HIV prevalence among women attending antenatal clinics in India is 0.88%. Much higher rates are found among people attending sexually transmitted disease clinics (5.66%), female sex workers (8.44%), injecting drug users (10.16%) and men who have sex with men (8.74%).

Rates vary widely between regions, and exceed 20% among female sex workers in Maharashtra, injecting drug users in Delhi and Manipur, and men who have sex with men in Delhi.⁷

AIDS data, end of August 2006

Gender	Cumulative AIDS cases
Male	88,245
Female	36,750
Total	124,995

The statistics presented in these tables refer to reported AIDS cases. These are a poor guide to the severity of the epidemic as in many situations a patient will die without HIV having been diagnosed, and with the death attributed to an opportunistic infection, such as tuberculosis.

Transmission Categories	Number of cases	%
Sexual	106,669	85%
Mother-to-child	4,755	4%
Blood and blood products	2,563	2%
Injecting drug users	2,930	2%
Others (not specified)	8,078	6%
Total	124,995	100%

Age group	Male	Female	Total
0-14	3,313	2,283	5,596
15-29	23,905	15,876	39,781
30-49	54,204	16,701	70,905
≥50	6,823	1,890	8,713
Total	88,245	36,750	124,995

State/Union Territory	AIDS cases
A & N Islands	37
Andhra Pradesh	15,099
Arunachal Pradesh	13
Assam	372
Bihar	155
Chandigarh (UT)	1,934
Chattisgarh	0
Daman & Diu	1
Dadra & Nagar Haveli	0
Delhi	2,759
Goa	657
Gujarat	6,873
Haryana	655
Himachal Pradesh	302
Jammu & Kashmir	2
Jharkhand	258
Karnataka	4,385
Kerala	1,769
Lakshadweep	0

Madhya Pradesh	1,729
Maharashtra	14,325
Manipur	2,866
Meghalaya	8
Mizoram	106
Nagaland	736
Orissa	641
Pondicherry	302
Punjab	454
Rajasthan	1,153
Sikkim	8
Tamil Nadu	52,036
Tripura	5
Uttar Pradesh	1,751
Uttaranchal	79
West Bengal	2,397
Ahmedabad MC	726
Chennai MC	0
Mumbai MC	10,362
Total	124,995

WORLDWIDE HIV & AIDS Statistics

Global HIV/AIDS estimates, end of 2007

The latest statistics on the world epidemic of AIDS & HIV were published by UNAIDS/WHO in November 2007, and refer to the end of 2007.

	Estimate	Range
People living with HIV/AIDS in 2007	33.2 million	30.6-36.1 million
Adults living with HIV/AIDS in 2007	30.8 million	28.2-33.6 million
Women living with HIV/AIDS in 2007	15.4 million	13.9-16.6 million
Children living with HIV/AIDS in 2007	2.5 million	2.2-2.6 million
People newly infected with HIV in 2007	2.5 million	1.8-4.1 million
Adults newly infected with HIV in 2007	2.1 million	1.4-3.6 million
Children newly infected with HIV in 2007	0.42 million	0.35-0.54 million
AIDS deaths in 2007	2.1 million	1.9-2.4 million
Adult AIDS deaths in 2007	1.7 million	1.6-2.1 million
Child AIDS deaths in 2007	0.33 million	0.31-0.38 million

More than 25 million people have died of AIDS since 1981.

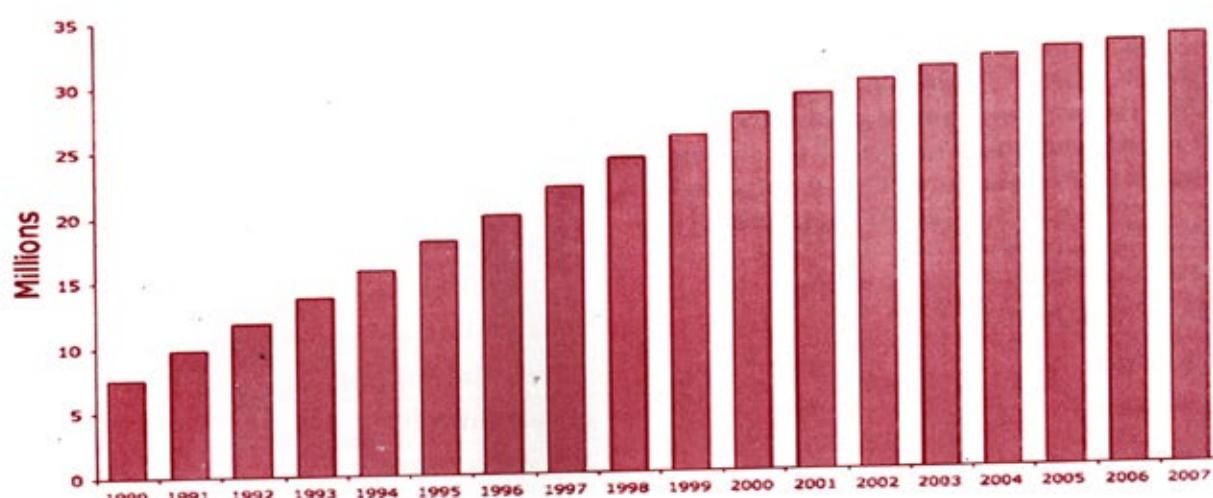
Africa has 12 million AIDS orphans.

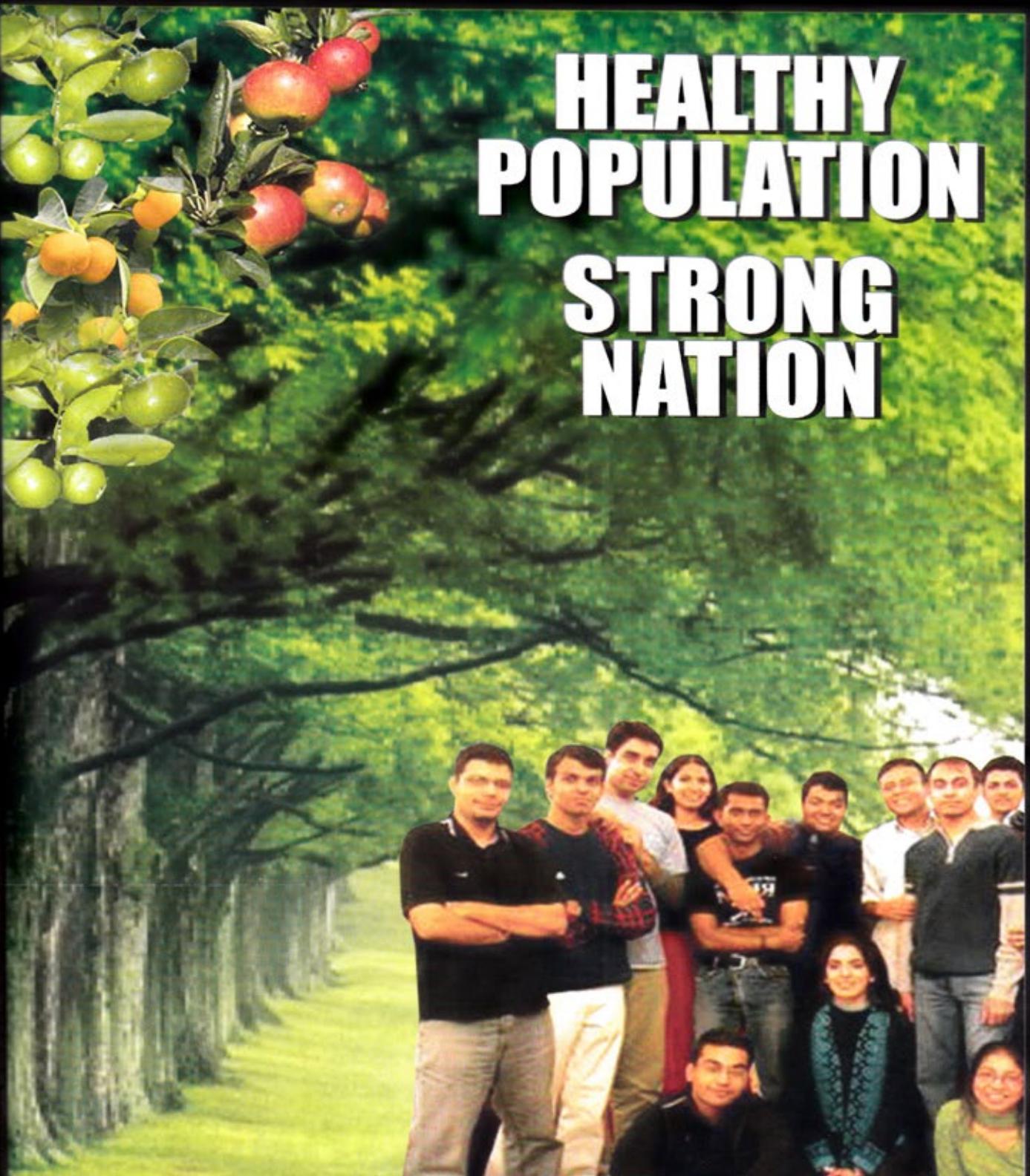
At the end of 2006, women accounted for 50% of all adults living with HIV worldwide, and for 61% in sub-Saharan Africa.

Young people (under 25 years old) account for half of all new HIV infections worldwide.

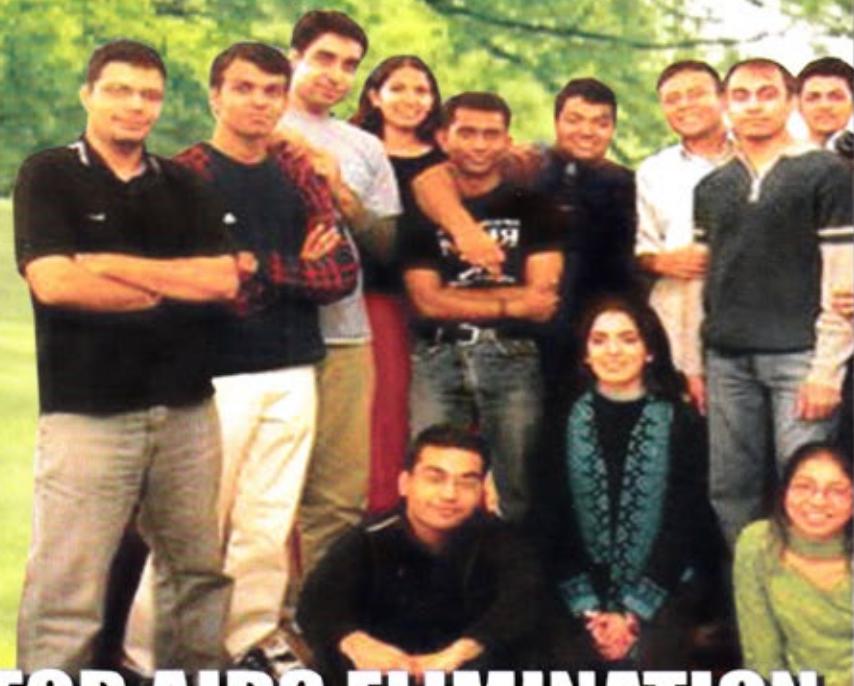
In developing and transitional countries, 7.1 million people are in immediate need of life-saving AIDS drugs; of these, only 2.015 million (28%) are receiving the drugs.

Global trends





**HEALTHY
POPULATION
STRONG
NATION**

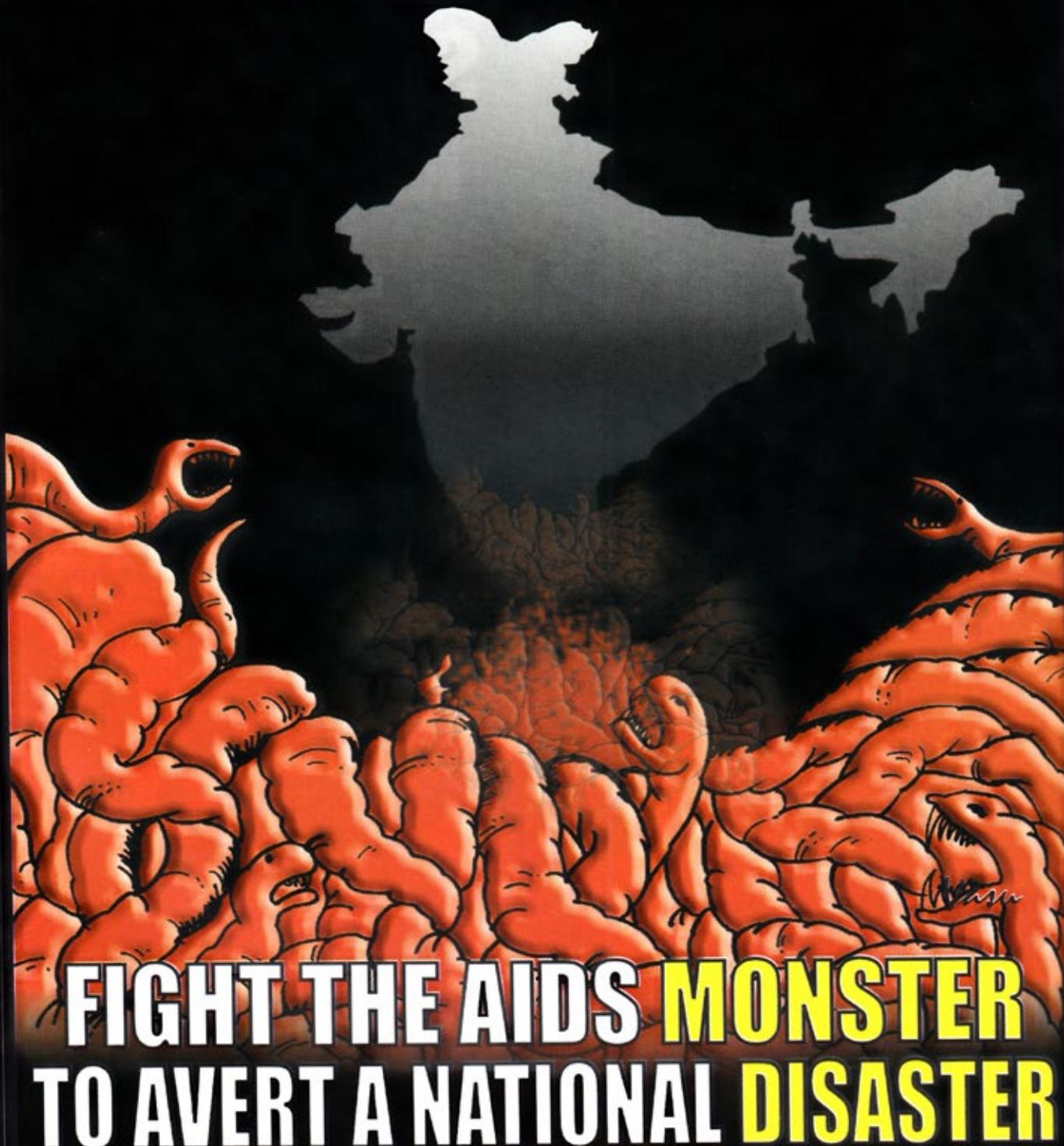


JOIN HANDS FOR AIDS ELIMINATION

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INDIA UNDER HIGH HIV / AIDS ALERT

INDIA HAS THE SECOND HIGHEST HIV/AIDS POPULATION
IN THE WORLD AND IT IS INCREASING DAY BY DAY
IT'S A NATIONAL DISASTER IN THE MAKING



A  GRAFFITI AIDS campaign.
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**A II
I ndians
D o
S omething**



to fight Aids

**AIDS IS NON-COMMUNAL
FIGHT IT FOR OUR SURVIVAL**

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HIV/AIDS

The Goan Scenario

Immigrants, tourists, alcohol and casual behavioural attitude are identified as the major causes for the high incidence of HIV infections in Goa which is a highly literate state and where awareness of the existence of the disease is quite high but not about the other aspects of the disease like the myths, misconceptions etc etc - that still exists on a high level.

The Goa State AIDS Control Society rated migrants as the major cause for the spread of the disease, probably because most of the infections in recent times are amongst them. Although nobody keeps a record of the class of society to which the HIV positive person belongs, a visit to offices of the various NGOs working with HIV positive and AIDS infected persons or the counseling centres of the Government of Goa or the homes for HIV positive persons managed by Caritas Goa; most of the persons treated there are migrants.

One of the reasons attributed to this is the fact that many of the migrants work in Goa while their families are in their native states. To satisfy their sexual urges, they visit commercial sex workers and it is from them that they get infected. Coming in the same category are the truck drivers who are known to visit commercial sex workers when they halt in Goa. Although Konkan Railway Corporation's Ro-Ro trains have significantly reduced the number of truck drivers halting in Goa en route further South, there is quite a significant number of them. In fact, one of the NGOs registered with Goa State AIDS Control Society is working exclusively with the truck drivers.

Tourists is another factor contributing to the spread of the disease. It is a known fact that the first Goan identified to be HIV positive had got the infection from a foreign visitor. That sex tourism is quite prevalent in Goa is a well known fact. And when an infected foreign

visitor comes to the Goan shore, the local person with whom they have sex is the one left behind to suffer.

Interestingly, even amongst the domestic tourists who come to Goa, sex is high on the agenda. This has been corroborated by the motorcycle pilots and taxi drivers at Konkan Railway Corporation's stations at Margao and Karmali.

Flesh trade is booming in Goa. Following the razing to ground of Goa's most well known red light area - Bainha, many mini Bainha's have sprung up that cater to the carnal pleasures of the domestic tourists and migrant labourers working in Goa. The closure of the dance bars in Mumbai resulted in many of those girls shifting base to Goa. There are large number of Russian girls who come to Goa during the tourism season to work as commercial sex workers for the visiting tourists. Ironically, the authorities prefer to turn a Nelson's eye to these activities as it supplements the tourism industry which has become the mainstay of Goan economy.

Alcohol plays a significant role at two levels. In the first place, most of the people visiting commercial sex workers do so after downing a drink or two. Under the influence of alcohol and eager as they are for their sexual release, they forget to take the recommended precaution and thus end up infected. Mr. Shrinee Mallya who testified to his being HIV positive at the launch of the AIDS awareness week, confessed that he got the infection after having unsafe sex while under the influence of alcohol.

The casual behavioural attitude is a contributor particularly amongst the younger generation. This is because they either presume that the partner is safe and do not take the precaution, or they think in their youth they are invincible and would not get infected. However, the overriding factor in both the cases is the eagerness to experience the carnal pleasures that makes them forget all that they have learnt and assimilated about AIDS and HIV.

AIDS TSUNAMI TO HIT GOA

RUN FOR COVER

WE MAY HEAR THIS **RED ALERT** IN THE NEAR FUTURE

CASUAL UNSAFE SEX, DRUGS, ALCOHOL ETC. ETC. POSE A SERIOUS HIV / AIDS THREAT TO GOA.



JOIN HANDS TO FIGHT
AND GOA WE CAN **SAVE**
FROM THE AIDS TSUNAMI **WAVE**

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OVERBOOZE CAN MAKE YOU SEX LOOSE



B E W A R E !
AVOID THE AIDS DEATH NOOSE

A   campaign.
ALL RIGHTS RESERVED

DON'T CUT SHORT YOUR LIFE'S VOYAGE!

A Girl
at every PORT
and AIDS
can play the
SPOILSPORT



**Many a Seaman have
fallen prey to AIDS
because of Unsafe Sex
with multiple partners**

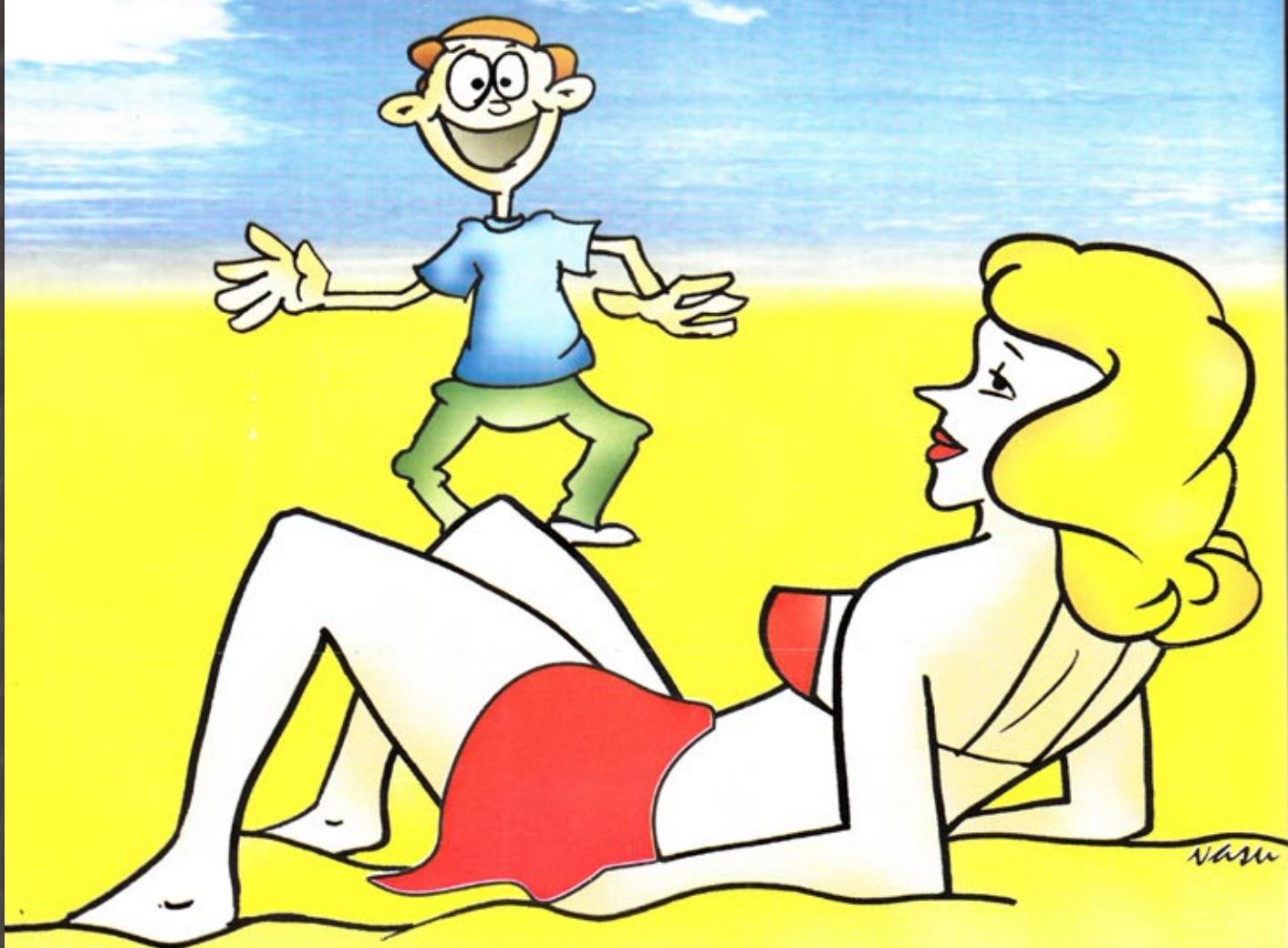
**Observe Safety & Caution
for your own Protection**

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CRAZY ABOUT THE FOREIGN SKIN YOUR LIFE MAY GO FOR A SPIN

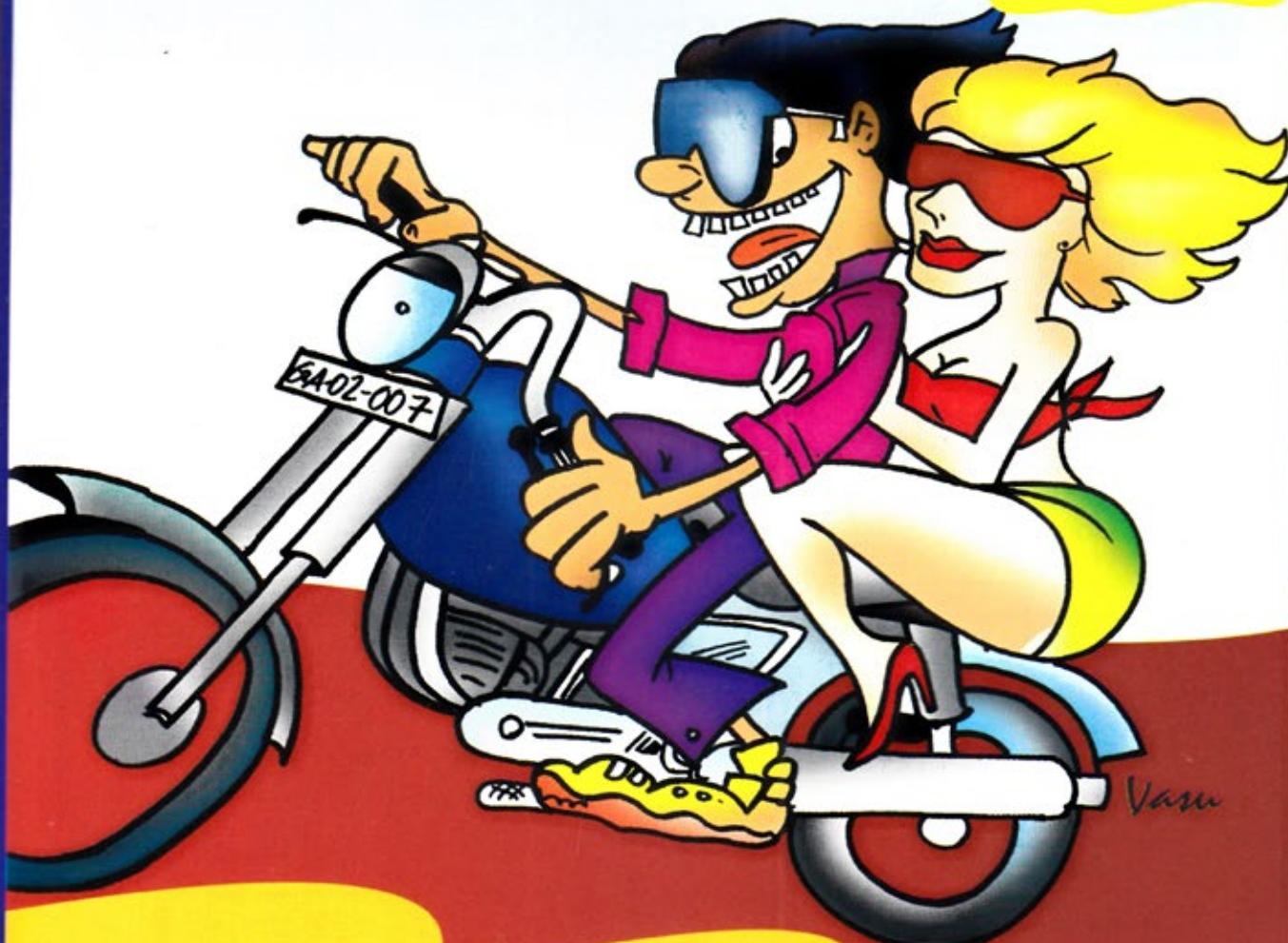
Enamoured by the foreigners, many Goan Youngsters
have fallen prey to HIV/AIDS due to unsafe sex
with unknown partners. Specially along the coastal belt of Goa.



BEWARE - You may be skinned for life!

A  GRAFFITI AIDS campaign.
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**DON'T LET AIDS
TAKE YOU FOR A **RIDE**
HAVE A SAFE PARTNER
BY YOUR **SIDE****



**CHOOSE THE RIGHT SEX PARTNER
TO AVERT THE HIV / AIDS DANGER**

A **MASSAI** ARTISTS FOR AIDS GRAFFITI AIDS campaign

FACTS about GOA

as provided by
GOA STATE AIDS CONTROL SOCIETY

Excerpts of an interview with the
Project Director of GSACS Dr Pradeep Padwal
By our Special Correspondent Julio D'Silva

1. When was the first Goan HIV Cases reported?

Ans.: First HIV case reported in Goa was in 1987.

2. How many of the HIV positive cases recorded as on date?

Ans: During the period from 1986 to Nov '07 as many as 10,308, HIV cases have been detected in Goa.

3. How many of the HIV positive persons have since died?

Ans: The reported number of AIDS death during the period from 1986 to Nov 2007 is 403.

5. Can you give the area wise distribution of HIV Positive cases?

Ans: HIV infection is now prevalent in all parts of Goa and majority of the cases are reported in the four coastal talukas viz. Salcete (19.2%), Mormugao (18.7%), Tiswadi (15.7%) and Bardez (12.3%).

6. What percentage of the positive cases are females?

Ans: 32.1% are females

7. What percentage of cases amongst females was identified when testing during pregnancy?

Ans: 1%

8. Can you provide Class wise percentage of the infected people?

Ans: Class wise percentage is not maintained, however by mode of transmission,
93% Sexual Route 6% perinatal (mother to Child) 0.2% Blood and Blood Product 0.8% others

9. Why do you think that despite the massive awareness campaign and though Goa is highly literate State, HIV virus is spreading and infecting more people?

• Movement of people • Casual behavioural attitude • Stigma and Discrimination

10. What radical step do you think need to be taken to combat the spread of AIDS?

Ans: Targeted intervention programme where in NGOs funded by GSACS conduct direct intervention programme like Behavioural Change Communication, counseling, providing health care support, referrals, condom promotion and creating enabling environment that will facilitate behavioural change.

- ☛ Awareness among the youth through School/College.
- ☛ Improved access to opportunistic infections clinics and continuum of care in the community.
- ☛ Linking prevention and care & support activities
- ☛ Greater focus on women, children and those below poverty line.
- ☛ Networking with PLHAs
- ☛ To improve the quality of life of people living with HIV/AIDS by reducing stigma and discrimination.

11. What has been the response to the new slogan "Drop the fear, know your status" since its launch and how many people have voluntarily come forward to test?

Ans: Too early to comment, however, encouraging.

12. What has been the response from the corporate houses towards tackling this problem?

Ans: Work place intervention was initiated in twelve major industries. Of these twelve, four major companies have formulated the HIV/AIDS policy. Intervention in the construction sector has been initiated by involving the all Trade Unions.

13. Have you come across any cases of discrimination-social, work place, or any other - against HIV positive people?

Ans: Not reported.

Age / Sex wise distribution of HIV cases detected in Goa, 2000 to 2007

Age group	2000			2001			2002			2003			2004			2005			2006			2007 (upto Nov. '07)		
	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T
0-14	17 (3.0)	16 (6.5)	33 (4.1)	30 (5.6)	15 (5.7)	45 (4.9)	32 (4.2)	10 (4.2)	42 (5.1)	27 (4.5)	19 (6.1)	46 (7.5)	38 (5.8)	25 (6.6)	63 (7.3)	37 (5.8)	29 (6.4)	66 (5.4)	32 (7.0)	24 (6.0)	56 (6.2)	38 (6.9)	23 (6.2)	61 (6.5)
15-29	154 (27.6)	123 (49.6)	277 (34.3)	143 (26.6)	123 (46.8)	266 (33.2)	176 (27.0)	181 (52.2)	357 (35.7)	148 (22.9)	187 (50.6)	335 (33.0)	130 (20.9)	124 (32.2)	254 (26.6)	120 (18.9)	133 (32.2)	253 (24.6)	93 (15.6)	118 (18.9)	211 (24.6)	111 (22.4)	110 (22.4)	221 (23.3)
30-49*	298 (53.3)	97 (49.0)	395 (39.1)	279 (51.9)	93 (46.4)	372 (55.4)	394 (60.4)	140 (40.3)	534 (53.5)	387 (59.9)	147 (39.7)	534 (52.6)	384 (61.6)	147 (47.1)	541 (67.1)	425 (61.5)	208 (52.7)	633 (61.5)	408 (68.6)	184 (53.3)	592 (63.0)	391 (63.8)	178 (53.1)	569 (60.0)
49+*	83 (14.8)	11 (4.4)	94 (11.6)	82 (15.2)	29 (11.0)	111 (13.9)	39 (6.0)	16 (4.6)	55 (5.5)	60 (9.3)	14 (3.8)	74 (7.3)	61 (9.8)	24 (7.3)	85 (8.9)	52 (8.2)	25 (7.5)	77 (7.5)	62 (8.2)	19 (8.6)	81 (10.4)	73 (11.9)	24 (7.2)	97 (10.2)
Not specified	7 (1.3)	1 (0.4)	8 (1.0)	4 (0.7)	3 (1.1)	7 (0.9)	11 (1.7)	0 (0)	11 (1.1)	24 (3.7)	3 (0.8)	27 (0.8)	10 (2.6)	3 (1.6)	10 (0.9)	3 (1.4)	-	3 (0.9)	13 (1.4)	-	-	-	-	-
Total	559 (100.0)	248 (100.0)	807 (100.0)	538 (100.0)	263 (100.0)	801 (100.0)	652 (100.0)	347 (100.0)	999 (100.0)	646 (100.0)	370 (100.0)	1016 (100.0)	623 (100.0)	333 (100.0)	956 (100.0)	634 (100.0)	395 (100.0)	1029 (100.0)	595 (100.0)	345 (100.0)	940 (100.0)	613 (100.0)	335 (100.0)	948 (100.0)

* The age group was 30-44 and 45+ for the year 1999 to 2001 and as such not strictly comparable for the later years

Note: Figures within brackets indicate percentage to total

Proportion (%) of HIV cases by sex in different age groups 2000 to 2007

Age group	2000			2001			2002			2003			2004			2005			2006			2007 (upto Nov. '07)		
	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T
0-14	51.5	48.5	100.0	66.7	33.3	100.0	76.2	23.8	100.0	58.7	41.3	100.0	60.3	39.7	100.0	56.1	43.9	100.0	57.1	42.9	100.0	62.3	37.7	100.0
15-29	55.6	44.4	100.0	53.8	46.2	100.0	49.3	50.7	100.0	44.2	55.8	100.0	51.2	48.8	100.0	47.4	52.6	100.0	44.0	56.0	100.0	50.2	49.8	100.0
30-49*	75.4	24.6	100.0	75.0	25.0	100.0	73.8	26.2	100.0	72.5	27.5	100.0	71.0	29.0	100.0	75.0	25.0	100.0	69.0	31.0	100.0	68.7	31.3	100.0
49+*	88.3	11.7	100.0	73.9	26.1	100.0	70.9	29.1	100.0	81.1	18.9	100.0	71.8	28.2	100.0	67.5	22.5	100.0	76.5	23.5	100.0	75.3	24.7	100.0
Not specified	87.5	22.5	100.0	57.1	42.9	100.0	100.0	0.0	100.0	88.9	11.1	100.0	76.9	23.1	100.0	-	-	100.0	-	-	-	-	-	-
Total	69.3	30.7	100.0	67.2	32.8	100.0	65.3	34.7	100.0	63.6	36.4	100.0	61.6	34.8	100.0	61.6	38.4	100.0	63.3	36.7	100.0	64.7	35.3	100.0

* The age group was 30-44 and 45+ for the year 1999 to 2001 and as such not strictly comparable for the later years

LEAD FROM THE FRONT OR FACE THE BRUNT



EVERY ONE SHOULD TAKE THE **INITIATIVE**
TO MAKE THE CAMPAIGN AGAINST AIDS **EFFECTIVE**

A  **GRAFFITI AIDS** campaign.
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Let's strive to Wake up to a new **Dawn**
when HIV/AIDS will have forever **Gone!**

Have a Nice Day

Join Hands to keep AIDS at Bay

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The next AIDS VICTIM
COULD BE SOME ONE YOU LOVE



WOULD YOU
ACT NOW !

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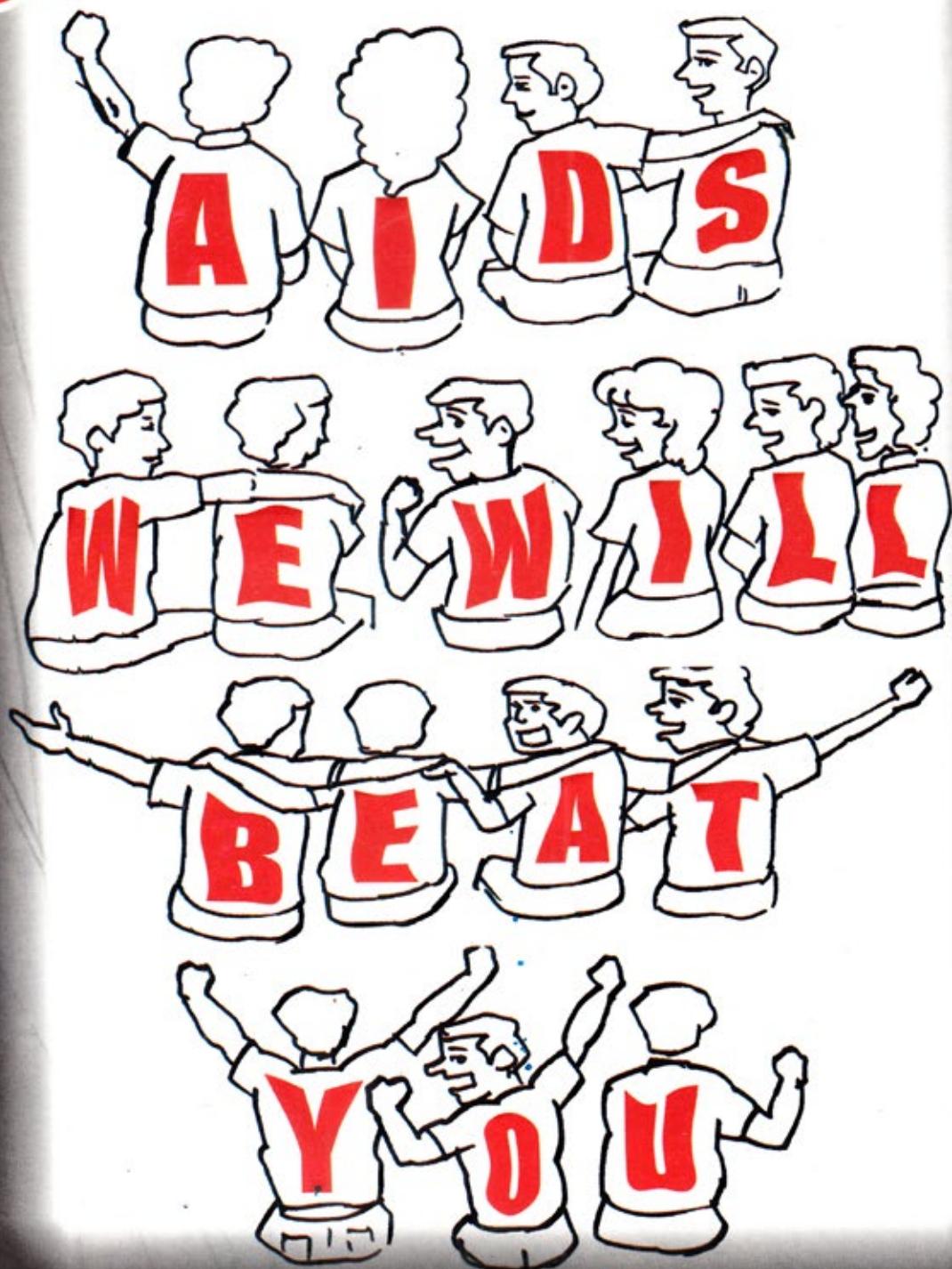
Be the **LEADER**
Pull the **trigger!**



Your Battle
against AIDS has Begun
Now Fire the Gun!

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MAKE AIDS HISTORY FOR MANKIND'S VICTORY!



A  GRAFFITI AIDS campaign.
BY YOUNG ADULTS

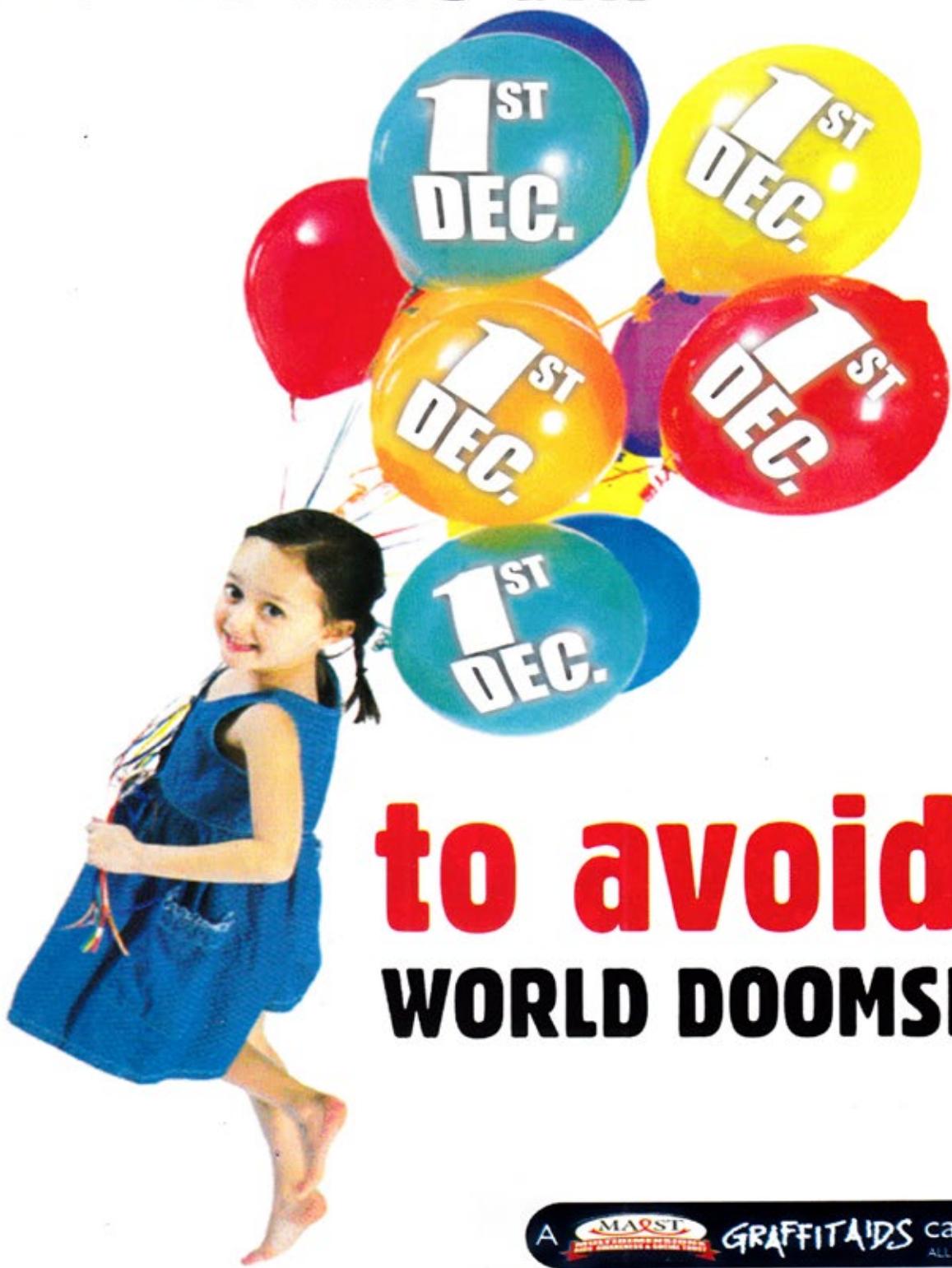
**OBSERVE, CELEBRATE
WORLD AIDS DAY**

1ST DECEMBER



**TO AVOID
WORLD DOOMSDAY**

OBSERVE / SUPPORT WORLD AIDS DAY



**to avoid
WORLD DOOMSDAY**

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World AIDS DAY

Observed December 1 each year, is dedicated to raising awareness of the **AIDS pandemic** caused by the spread of HIV infection. AIDS has killed more than 25 million people, with an estimated 38.6 million people living with HIV, making it one of the most destructive epidemics in recorded history. Despite recent, improved access to antiretroviral treatment and care in many regions of the world, the AIDS epidemic claimed an estimated 3.1 million (between 2.8 and 3.6 million) lives in 2005, of which more than half a million (570,000) were children.

The concept of a World AIDS Day originated at the 1988 World Summit of Ministers of Health on Programmes for AIDS Prevention. Since then, it has been taken up by governments, international organizations and charities around the world.

From its inception until 2004, **UNAIDS** spearheaded the World AIDS Day campaign, choosing annual themes in consultation with other global health organizations. In 2005 this responsibility was turned over to World AIDS Campaign (WAC), who chose **Stop AIDS: Keep the Promise** as the main theme for World AIDS Day observances through 2010, with more specific sub-taglines chosen annually. This theme is not specific to World AIDS Day, but is used year-round in WAC's efforts to highlight HIV/AIDS awareness.

WORLD AIDS DAY THEMES



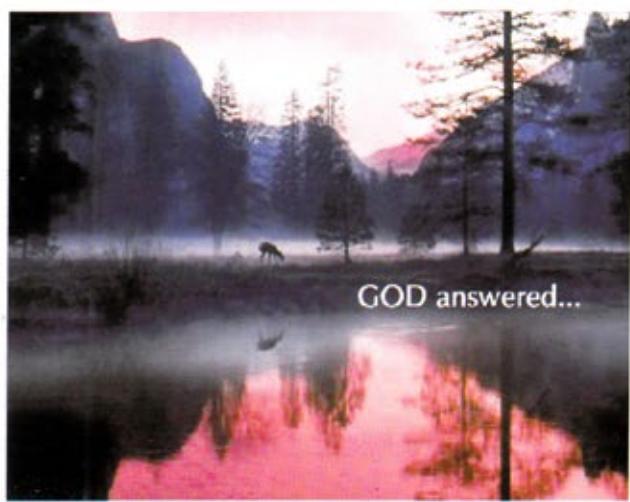
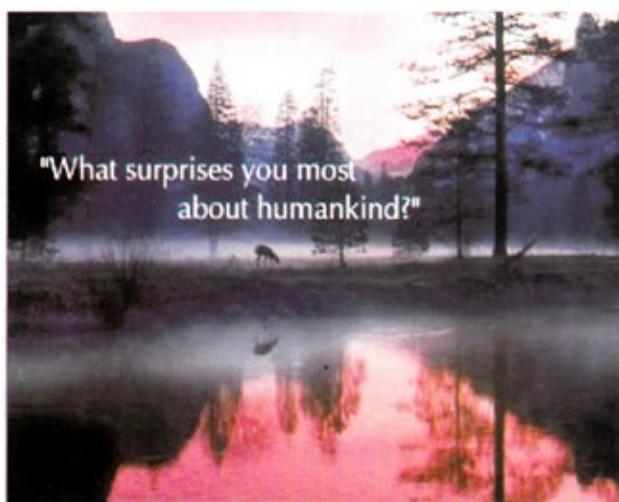
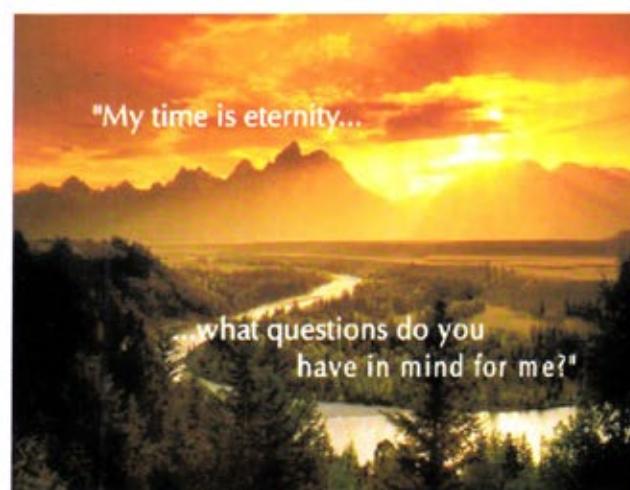
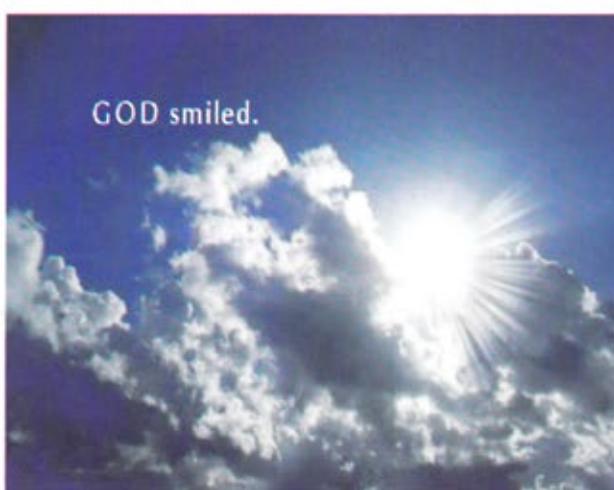
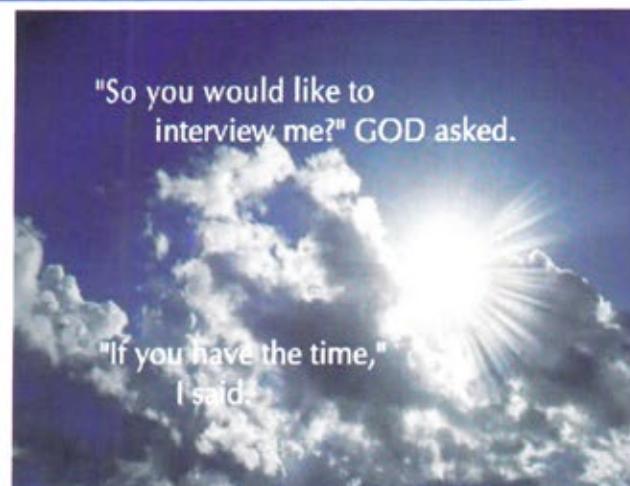
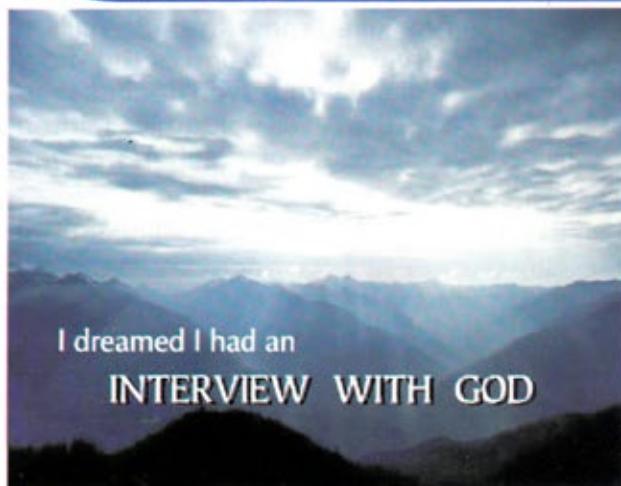
1988 — Present

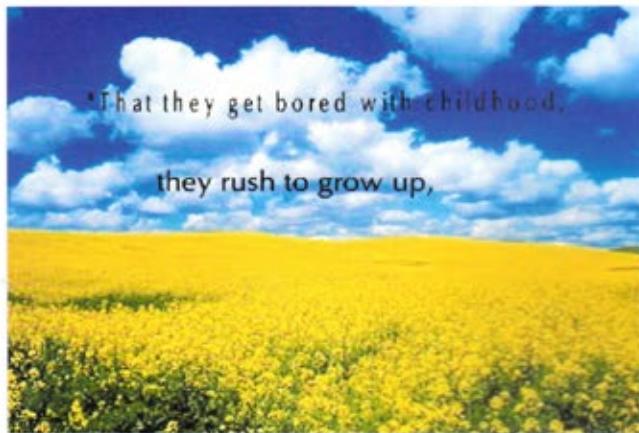
- 1988 Communication
- 1989 Youth
- 1990 Women and AIDS
- 1991 Sharing the Challenge
- 1992 Community Commitment
- 1993 Act
- 1994 AIDS and the Family
- 1995 Shared Rights, Shared Responsibilities
- 1996 One World. One Hope
- 1997 Children Living in a World with AIDS
- 1998 Force for Change: World AIDS Campaign With Young People
- 1999 Listen, Learn, Live: World AIDS Campaign with Children & Young People
- 2000 AIDS: Men Make a Difference
- 2001 I care. Do you?
- 2002 Stigma and Discrimination
- 2003 Stigma and Discrimination
- 2004 Women, Girls, HIV and AIDS
- 2005 Stop AIDS. Keep the Promise
- 2006 Stop AIDS. Keep the Promise - Accountability
- 2007 Stop AIDS. Keep the Promise - Leadership

THE INTERVIEW WITH GOD

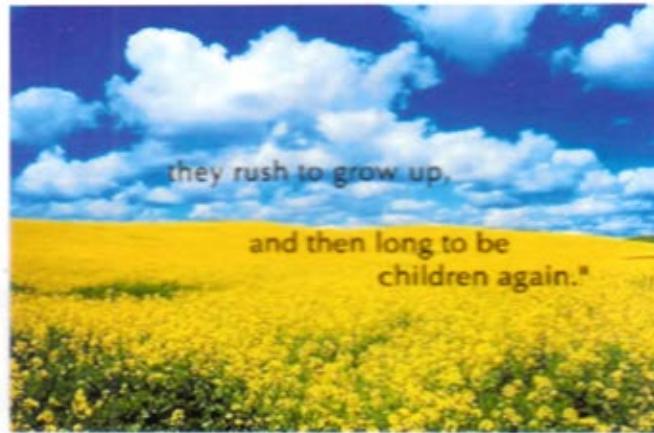
This is a beautiful, inspiring presentation to make you feel a little closer to Heaven, to touch and inspire you again & again and to remind you that you are not alone in this world of uncertain times

- Read on and get inspired to fight life's battles including AIDS

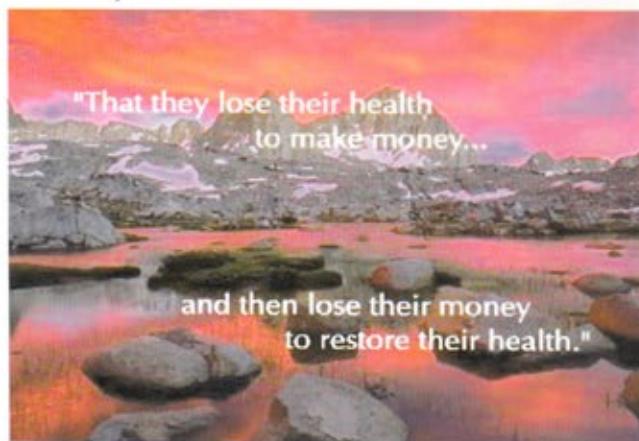




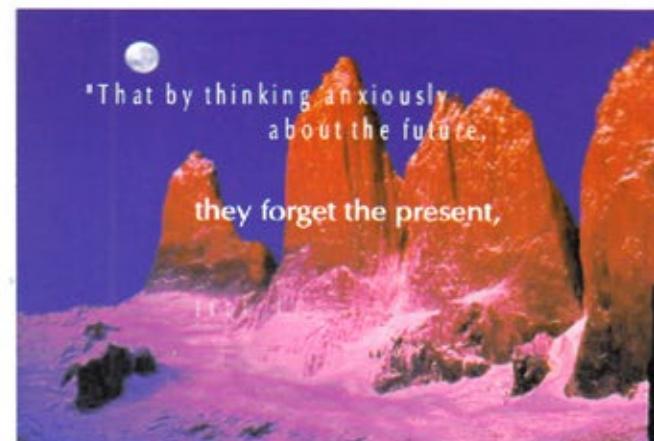
"That they get bored with childhood,
they rush to grow up,



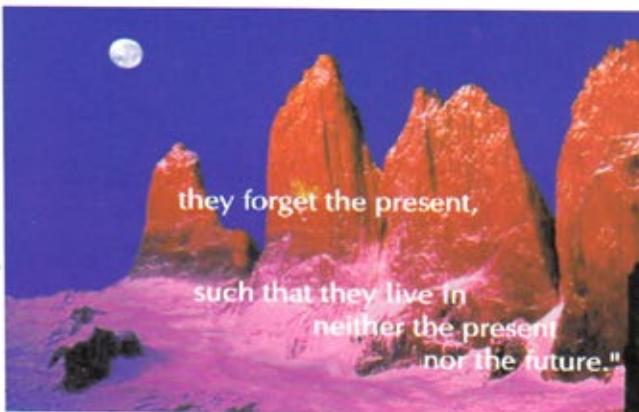
they rush to grow up,
and then long to be
children again."



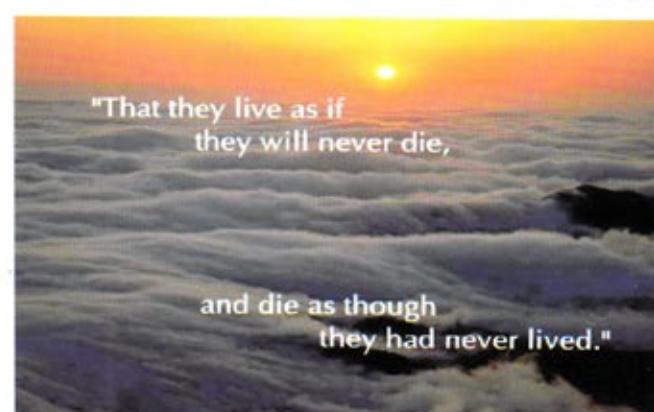
"That they lose their health
to make money...
and then lose their money
to restore their health."



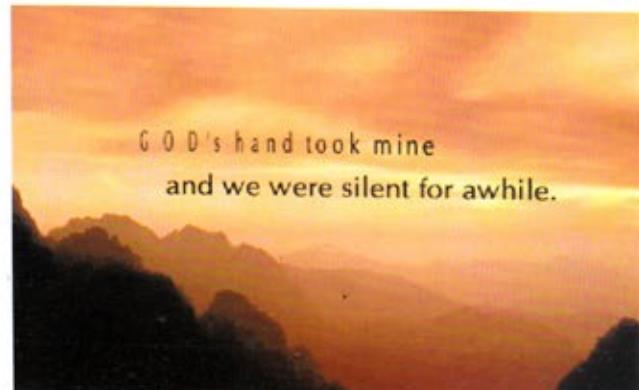
"That by thinking anxiously
about the future,
they forget the present,



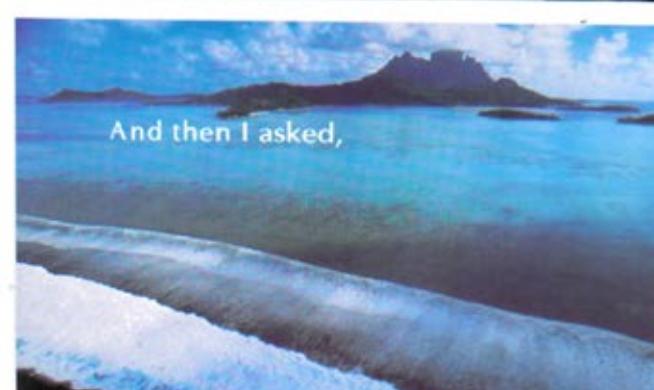
they forget the present,
such that they live in
neither the present
nor the future."



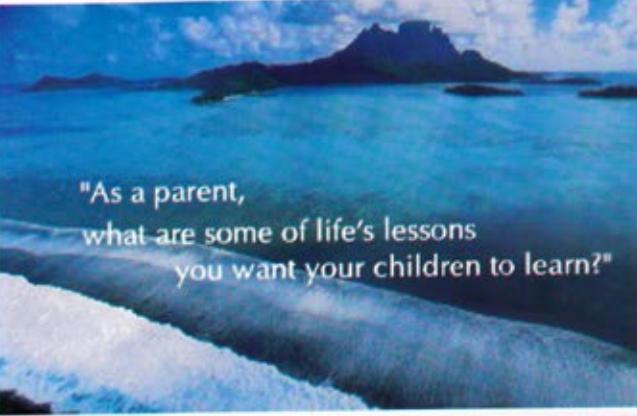
"That they live as if
they will never die,
and die as though
they had never lived."



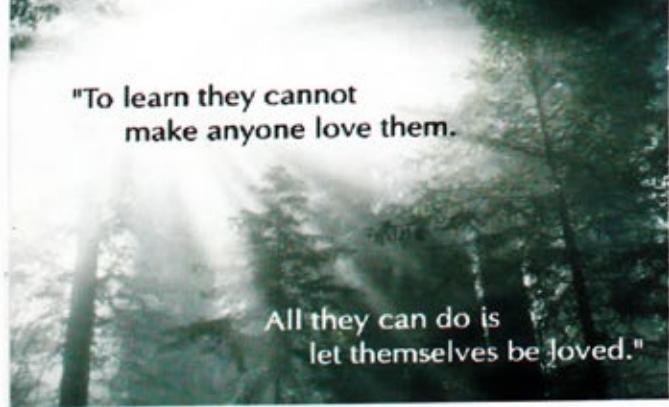
GOD's hand took mine
and we were silent for awhile.



And then I asked,



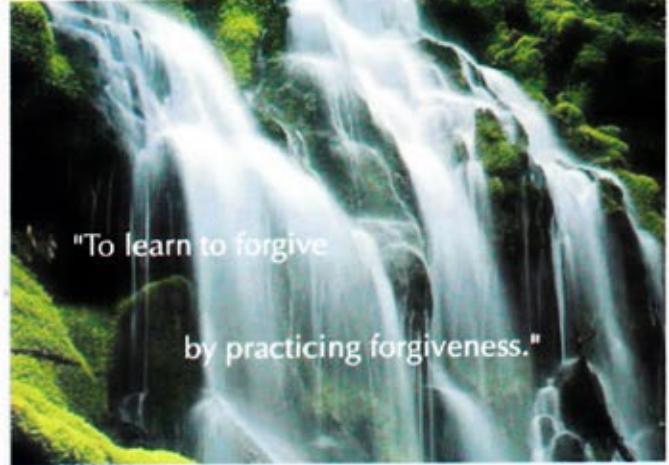
"As a parent,
what are some of life's lessons
you want your children to learn?"



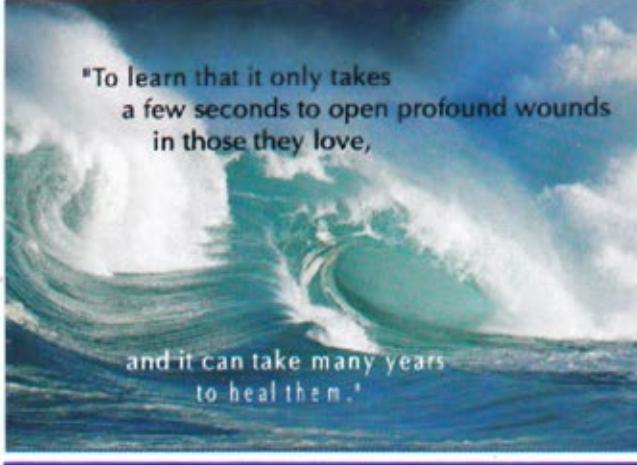
"To learn they cannot
make anyone love them."



"To learn that it is not good
to compare themselves to others."

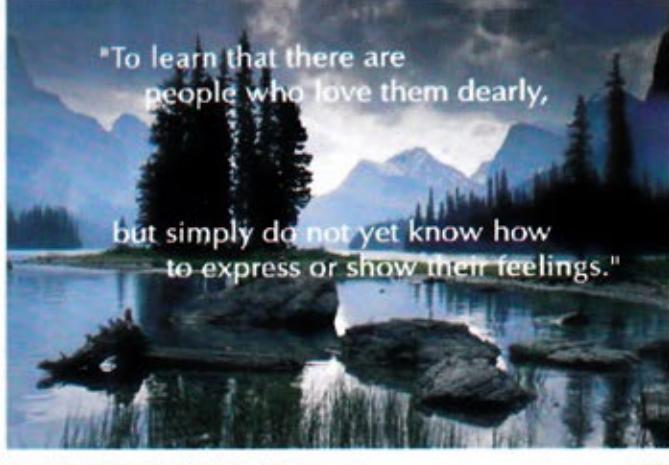


All they can do is
let themselves be loved."



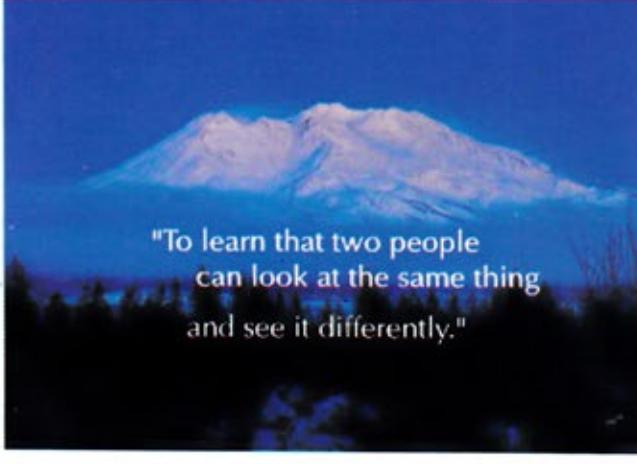
"To learn that it only takes
a few seconds to open profound wounds
in those they love,

and it can take many years
to heal them."

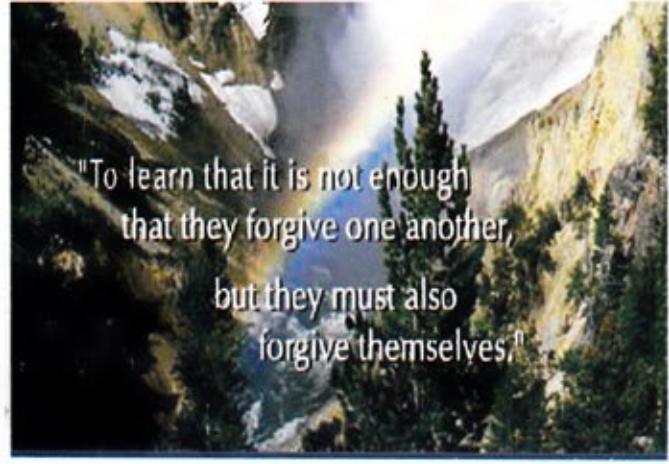


"To learn that there are
people who love them dearly,

but simply do not yet know how
to express or show their feelings."



"To learn that two people
can look at the same thing
and see it differently."



"To learn that it is not enough
that they forgive one another,
but they must also
forgive themselves."

Do you wish to contribute towards the **GRAFFITAIDS** campaign ?

The next edition of the Graffitaids book comes to light very shortly and it promises to be a lot more interesting & exciting with some very impressive features; ranging from different thought provoking humorous graffiti, contributions from celebrated writers, artists, cartoonists, photographers, to the common man- 'Aam Admi'.

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GOVERNMENT OF GOA PUBLIC WORKS DEPARTMENT

ENDEAVOURS TO ACHIEVE PROGRESS AND PROSPERITY IN THE STATE OF GOA WITH CONSTRUCTION ACTIVITIES LIKE.

- (A) ROADS & BRIDGES - INCLUDING HIGHWAYS, MAJOR ROADS AND RURAL ROADS.
- (B) INSTITUTIONAL COMPLEXES AND OTHER PUBLIC BUILDINGS.
- (C) MAJOR WATER SUPPLY SCHEMES, SEWERAGE SCHEMES AND LOW COST SANITATION WORK LIKE SULABH SAUCHALAYA.
- (D) HYDRAULIC WORKS LIKE JETTIES AND RAMPS.
- (E) SPORTS FACILITIES LIKE STADIUM AND SWIMMING POOLS AND OTHER CIVIL WORKS IN URBAN AND RURAL AREAS.

PROGRESS AND PROSPERITY THROUGH DEVELOPMENT

- 1. REGISTRATION OF BIRTHS AND DEATHS IS COMPULSORY AS PER RBD ACT, 1969.

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SESA GROUP



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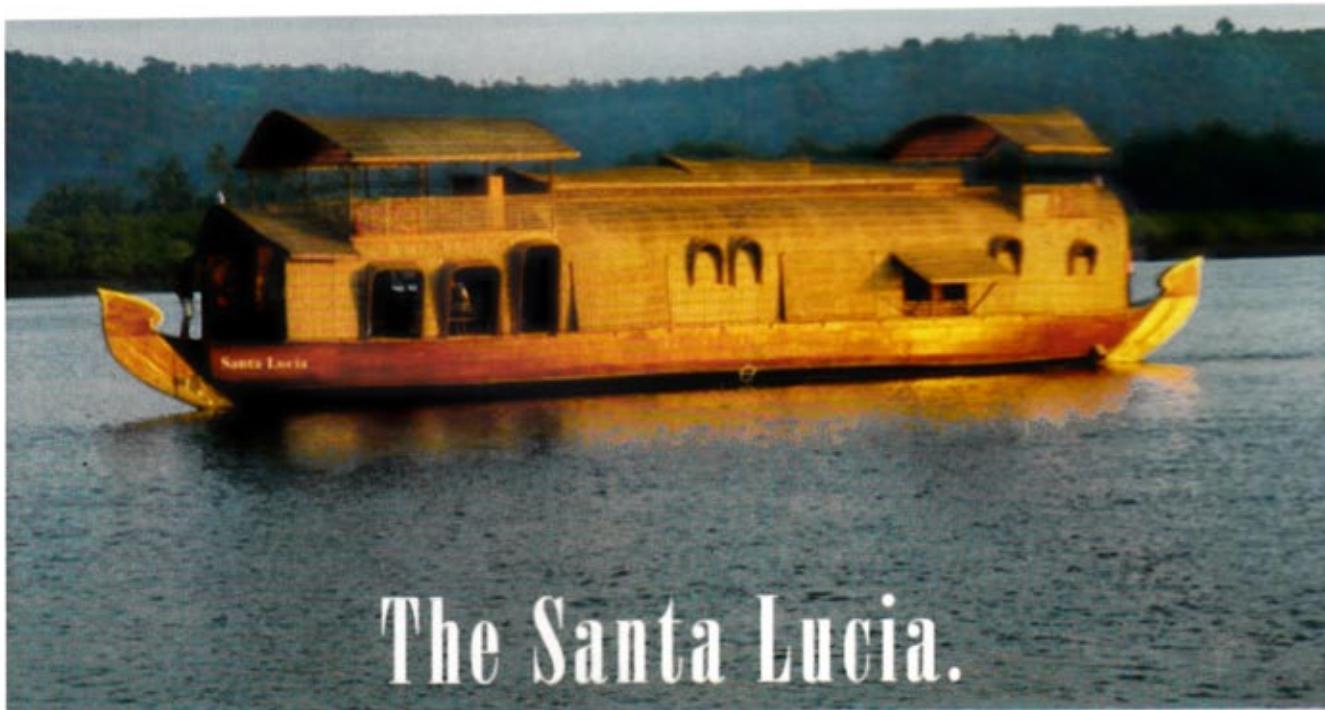


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GOA



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- iii) To promote hinterland Eco-tourism with the development of Botanical Garden and Eco-Recreational Park at Salaulim, Sanguem, thus bringing economic development and employment opportunities to this backward Taluka.
- iv) To raise grafts, clones and seed orchards by using frontline technology demonstration and assist Self Help Group in improving their Socio-Economic

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- Supply of Sports Equipments to Government and Non-Government Schools.
- Promotion of Yoga Education.
- Establishment of maintenance of Vyayamshalas (Gymnasia).
- Celebration of days of State and National importance.
- Conduct of Civil Services Sports for Government employees.
- Release of Grants to the Sports Authority of Goa.
- Grant to Non-Government Secondary Schools and Colleges, for development of Playgrounds/ Multipurpose Halls.
- Establishments of Sports Hostels.
- Promotion of National Cadet Corps (N.C.C.) at School, Higher Secondary and Colleges.
- Promotion of Junior Red Cross at School Level and Youth Red Cross at Higher Secondary Level Education.
- Promotion of Scouts and Guides activities at Secondary School Level.
- Promotion of Youth Welfare Programmes for Students and Non-Students.
- Celebration of National Youth Week.
- Establishment of Camp Sites for promotion of Youth Activities.
- Promotion of adventure activities for Youth.
- Establishment of Youth Hostels.
- Conferring of State Youth Awards.
- Recommendations for National Youth Awards.
- Conduct of Youth Festivals at District and State Level.
- Inter State Exchange of Youth Scheme.



Issued by :

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Campal, Panaji-Goa.

The Department of Animal Husbandry and Veterinary Services

provides the following services:-

- ◎ **Veterinary Health Cover**:- Preventive, Control & Curative treatment measures to livestock.
- ◎ **Assistance for Cattle and Buffalo Development**:- Purchase of milch animals, Artificial breeding facilities.
- ◎ **Assistance for Fodder Production**:- Cultivation of green perennial & seasonal fodder.
- ◎ **Assistance for Poultry Development**:- Establishments of broiler & layer Poultry units.
- ◎ **Assistance for Piggery Development**:- Establishments of piggery units.
- ◎ **Farmers Training and Education**:- 1 to 5 days training programme in Dairy & Calf Rearing, Fodder Cultivation, Piggery Development, Poultry & Management of Livestock.

We appeal to all the Animal Husbandry Enterprises to take up various Animal Husbandry Programme for gainful self-employment. Please contact the nearest Veterinary Dispensary/Hospital for further information and guidance.





GOVERNMENT OF GOA

INSPECTORATE OF FACTORIES AND BOILERS

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- ★ FACTORIES ACT 1948
- ★ INDIAN BOILERS ACT 1923
- ★ ENVIRONMENT PROTECTION ACT 1986

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(A Govt. of Goa undertaking)

7th Floor, 'EDC House', Dr. Atmaram Borkar Road, Panaji-Goa. Tel: 6645769-73 FAX: 2226256 E-mail: email@gsidcltd.com



ACTIVITIES

Under the able and dynamic leadership of Shri. Digambar Kamat, Hon'ble Chief Minister of Goa & Chairman (GSIDC), the corporation is taking giant strides towards speedy implementation of Infrastructure projects in the state. The activities of GSIDC are :

- ✓ Identification and Development of Infrastructure projects in rural and urban areas.
- ✓ Identification and Development of projects for Tourism Industry.
- ✓ Funding and Assisting Infrastructure projects being implemented by other Departments / Corporations of the State Government.
- ✓ Exploring possibilities of Public Private Partnership.

ONGOING & PROPOSED PROJECTS

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- ◆ BEAUTIFICATION OF JETTIES
- ◆ BRIDGES
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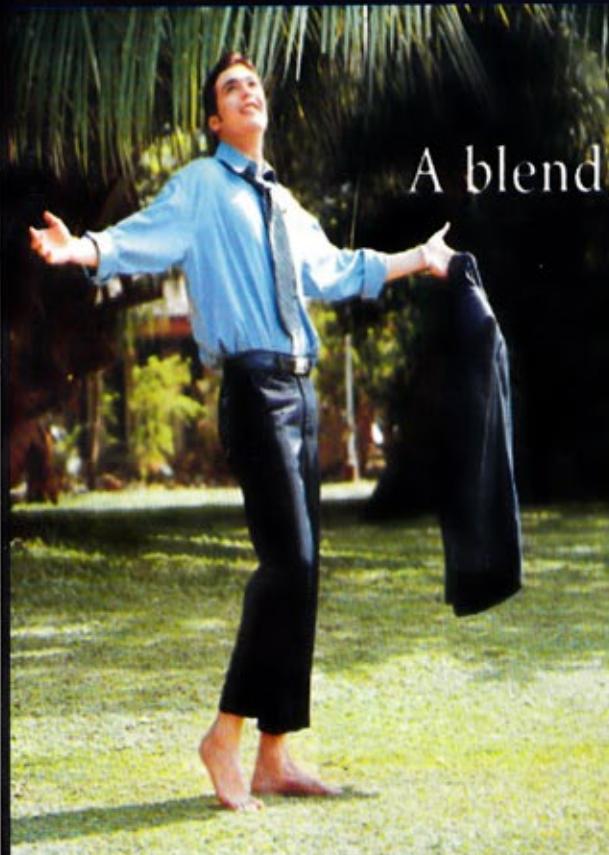
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GOVERNMENT OF GOA
Directorate of Social Welfare Panaji, Goa

1. **Implementing a scheme "Financial Assistance for Severe Disabled Persons"**

Quantum of Assistance: Rs.20,000/- - fixed deposit in the name of the beneficiary.

2. **Implementing a scheme "Purchase of Petrol / Diesel for Disabled Persons who are the Owners of Motorized vehicle. For the Disabled Persons"**

Nature of Assistance: 50% subsidy on actual expenditure on purchase of petrol / diesel.

3. **Implementing the scheme of Grant of Financial Assistance to the Physically Handicapped Persons for the purpose of Undertaking Gainful Self Employment.**

Nature of Assistance: Financial Assistance upto Rs.15000/- is provided. 25% subsidy and 75% interest free loan repayable in ten years.

4. **Award for Marriage with disabled persons**

Nature of Assistance: Rs. 25000/- in cash

5. **Stipend / Scholarship to the disabled persons**

Nature of Assistance: Ranging from Rs.75/-* p.m. to Rs.400/- p.m.



For Details Contact

The Director,
Directorate of Social Welfare
18, June Road,
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Phone: 0832-2223784, 2232257

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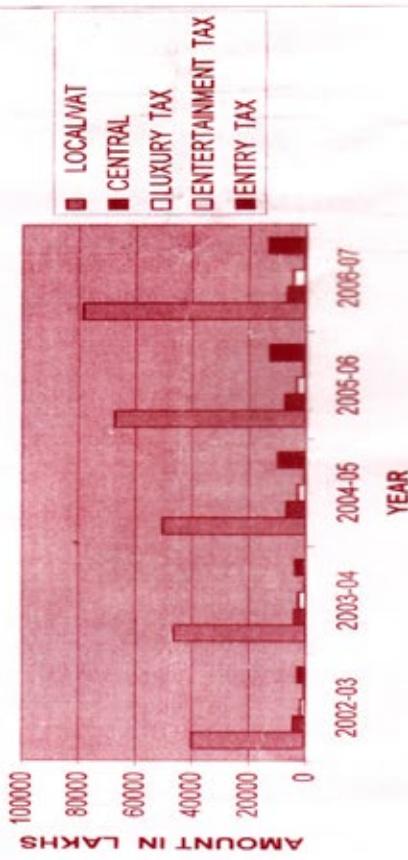
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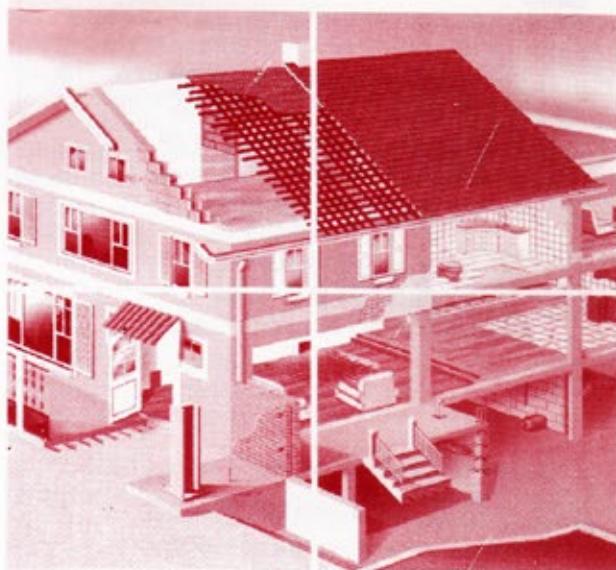


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KEEP GOA CLEAN

You can help the authorities in safe disposal of 'Household / Municipal' Solid Waste as under

- 1) Do not litter.
- 2) Avoid the use of plastic bags.
- 3) Collect household "wet" waste (biodegradable 'kitchen / garden' waste) and "dry" waste (non-biodegradable) in separate containers.
- 4) Use "wet" waste for conversion into manure in your 'backgarden'.
- 5) Dispose off "PET" bottles, plastic bags, glass bottles, metals and paper through PET collection centers and scrap dealers.
- 6) Dispose off remaining "wet" and "dry" waste separately through the Municipal / Panchayat authorities.
- 7) Rinse empty milk pouches with water and collect these for exchange with free milk pouches at a milk booth.

Please Note

'Municipal / Household' Solid Waste increases with the increase in our standard of living. It is mandatory under the law for each 'Municipality / Village Panchayat' to collect, treat and dispose off 'Municipal / Household' Solid Waste in a safe and sanitary manner.



Issued in Public Interest by the
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Saligao, Goa.



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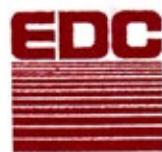
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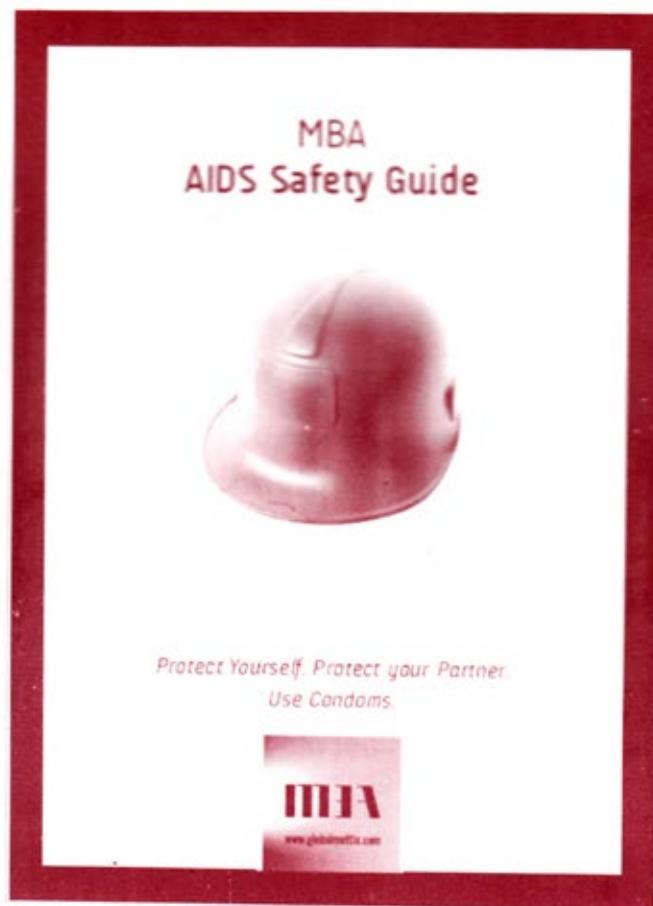
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Two wheeler is for two, not for too many;

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Life is worth living why cut too short by over speeding;

Always wear helmet while driving a two wheeler;

Don't use mobile phone when driving a vehicle.



Issued in Public Interest
DIRECTORATE OF TRANSPORT
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- Goa Archives preserves for posterity the documentary heritage of Goa's past.
- Collections in Portuguese dated back to the 15th century.
- It also has Marathi (Modi) Halekannada and a few Persian documents throwing light on the relations of the Portuguese with Marathas, Hyder Ali, Tipu, Sundas and Bhonsales of Sawantwadi etc.
- The collection also contains a few documents in Chinese and Vieluameese scripts.
- Goa Archives has its own well-equipped Preservation unit for the scientific preservation of documents.
- It also has modern microfilming, photocopying and xeroxing equipment.
- This is your Archives and you can enrich it by donating your valuable collection of Private papers.



VISIT GOA ARCHIVES ALWAYS

ISSUED BY:

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ARCHAEOLOGY,
GOVERNMENT OF GOA,
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Phone: 2226692**



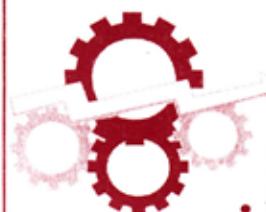
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- Incentives for women
- Export Market development scheme
- Early Bird offer

For any details or queries, please contact

DEPARTMENT OF INDUSTRIES TRADE & COMMERCE



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Website : www.goaidc.com



DEPARTMENT OF LEGAL METROLOGY

PANAJI - GOA

CONSUMER PROTECTION THROUGH LEGAL METROLOGY DEPARTMENT

The Department of Legal Metrology carries out the following Statutory functions:

- i) Registration of weights and measures who intends to commence or carry on the use of any weight or measure in any transaction or for industrial production or for protection.
- ii) Initial and periodical verifications of weights, measures, weighing and measuring instruments.
- iii) Inspections and surprise visits to the traders' premises Inspections under the Weights & Measures (Enforcement) Act 1985.
- iv) Joint raids and weekly market inspections, and launching of prosecution against the offenders.
- v) Metrological control on Packaged Commodities, including inspections and surprise visits for the same.
- vi) Metrological control on Manufacturers / packers of the packaged commodities, including the inspections and surprise visits to check the net content at manufacturers'/retailers' premises.
- vii) Control on Manufacture/Repair/Sale of weights, measures, weighing and measuring instruments, by issue of licences.
- viii) Launching prosecutions against offenders, compounding the offences and filing cases in the Court of Law.

For any grievances, please approach - "The Controller Legal Metrology, Panaji-Goa, Tel. No. 2426432. E-mail Address: conlmet@goa.nic.in Or approach: (1) The Asstt. Controllers of Legal Metrology, at Zonal Offices at Mapusa/Panaji/Margao/ Panaji H.O. and/or the Inspectors at their respective Inspectorial Units at – Mapusa/Perenem/Bicholim/Panaji/Ponda/Margao/Vasco/Curchorem/Sanguem.



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- Assistance of Rs.15000/- per ha for cultivation of Banana / Pineapple / Papaya.
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- Assistance for Dug Well, sprinkler and water pump.
- 50% assistance on Power Tillers / Paddy Harvester / Thresher / Transplanter / Weed Cutter.
- 70% assistance on selected farm machinery for SHGs.
- Assistance of Rs.10000/- for installation of conveying pipes, storage tanks for natural water.
- Assistance for creation of Marketing Infrastructure at Village / Taluka level through NGO / PPP / Panchayats / Municipalities and other organizations.
- 50% assistance on Rock Phosphate and Micronutrients to improve soil health.
- 50% assistance on Fencing to ensure crop protection from Stray cattle.
- 50% Special assistance for SC/ST on purchase of Agril Inputs / Machinery, creation of Water Storage Structures.

**FOR MORE DETAILS CONTACT
ZONAL AGRICULTURAL OFFICER
OF YOUR TALUKA**

OR

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New Delhi - 110 019
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Fax (011) 46561358

THE GOA RURAL EMPLOYMENT GUARANTEE SCHEME

The State of Goa is not covered under National Rural Employment Guarantee Act. Therefore, the Govt. of India had introduced the Goa Rural Employment Guarantee Scheme.

SALIENT FEATURES OF THE SCHEMES:

- 1) The scheme covers unskilled labourers as well as semi-skilled labourers.
- 2) It provides for employment to 100 days to both the categories.
- 3) The minimum wages to unskilled labourers is between Rs. 110-150/-, whereas as for semi-skilled labourers, the minimum wages is between Rs.125-150/-.
- 4) The unskilled labourers cover all manual works, whereas semi-skilled labourers cover the works relating to Drivers, Plumbers, Carpenters, Clerks, Black Smith, Masons, Shorthand or Computer Typist have speed not less than 40 w.p.m. or any other village artisan:
- 5) Implementing agency is the Village Panchayat. The Block Development Officer is the Programme Officer and the Monitoring and controlling will be done by the DRDA.
- 6) There will be a State Employment Guarantee Committee who will advise the Agency down below on all matters concerning the scheme and implementation and also determine what type of preferred works are to be taken under the scheme. It will also review, monitor and redress grievances.
- 7) The Scheme provides for Minimum 100 days of work. If the applicant is not provided work on demand within 30 days, he will be paid unemployment allowance at the rate of $\frac{1}{2}$ of the minimum wages for the first 30 days and half of the wages for the remaining days. The scheme will be implemented in the backward panchayats of six backward talukas of Canacona, Quepem and Sanguem in South Goa District and Bicholim, Pernem and Saltaari in North Goa District in the first instance. Gradually, the scheme will cover all the talukas of North & South Goa District.

For further details contact

District Rural Development Agency

North Goa, 2nd Floor, Shanta Building, St. Inez, Panaji-Goa or
Respective Block Development Officer.

DIRECTORATE OF FISHERIES

GOVT. OF GOA

Aims at

Promoting fresh water Aquaculture in the State

- Provides subsidy of Rs.40,000/- ha for construction of new fresh water pond.
- Provides subsidy of Rs.12,000/- ha for reclamation / renovation of fresh water pond.
- Provides subsidy of Rs.24,000/- ha towards the inputs cost on fresh water prawn culture & Rs.6,000/- ha for finfish culture.
- Provides Rs.20,000/- ha subsidy for integrated fish farming.
- Provides subsidy of Rs.40,000/- ha for developing Brackish Water fish farm up to 2 ha. area.
- Conducts the short term training in Fresh Water and Brackish Water fish farming for farmers - stipend @ of Rs.100/- per day for 10 days training is paid.
- Promotes fish seed rearing units and cage culture by giving subsidy of Rs.3,000/- per unit.
- Provides subsidy of Rs.3,000/- per unit for purchasing Craft & Gear in Inland Water.

**"Together, We Will Protect
Our Marine Resources And
The Coastal Environment"**

BE AWARE

Under the provisions of Indian Fisheries Act 1897, Destruction of Fish by explosives and poisoning of waters in inland water and on coast is punishable with imprisonment for a term which may extend to two months.



Government of Goa STATE DIRECTORATE OF CRAFTSMAN TRAINING

Shram Shakti Bhavan, Patto Plaza, Panaji-403001, Goa. Phone : 2437060, 2437059.



INDUSTRIAL TRAINING INSTITUTE

♦ 1st I.T.I. was started in 1966

♦ Altogether we offer 63 courses in all 11 Govt. I.T.I.'s, out of which 17 courses are available for school dropouts having minimum of 8th std. pass, four courses for 12th std pass 29 courses are for SSC passed outs and rest 13 are for B.B.B.T. passed outs.

I. COURSES UNDER CRAFTSMEN TRAINING SCHEME

One year duration trade courses		Two year duration trade courses			
Sr. No.	Trade	Entry Qual.	Entry Qual.		
1.	COPA	12 th Std	1.	Pharm. Assist.	10 th Std
2.	DTPO	-do-	2.	IT & ESM	-do-
3.	Stenography	-do-	3.	Filter	-do-
4.	Secret. Pract.	-do-	4.	Turner	-do-
5.	Hair & Skin Care	10 th Std	5.	Machinist	-do-
6.	Craft. Food Prod.	-do-	6.	Electrician	-do-
7.	Steward	-do-	7.	Inst. Mechanic	-do-
8.	Plastic Proc. Opr.	-do-	8.	Ref. & AC Mech	-do-
9.	Mech. Diesel	-do-	9.	Electronics	-do-
10.	Painter	-do-	10.	O' Man (Mech)	-do-
11.	Mech. Med. Elect.	-do-	11.	O' Man (Civil)	-do-
12.	Hospitality Management (Gen.)	-do-	12.	Mech. Motor Vehicle	-do-
13.	Welder (Gas & Electric)	8 th Std	13.	Multi skill course in electrical & electronics	-do-
14.	Mechanic Tractor	-do-	14.	Wireman	8 th Std
15.	Plumber	-do-			
16.	Cutting & Sewing	-do-			
17.	Carpenter	-do-			

II. SHORT TERM COURSES

S. N.	Trade	Entry Qual.	Duration
1.	Mech. Repair & Maint. of heavy vehicle	10 th Std	1 year
2.	Data Entry Operator	10 th Std	6 months
3.	Mech. Repair & Maint. of light vehicle	10 th Std	1 year
4.	Construction supervisor	10 th Std	1 ½ year
5.	Scooter Repair	VIII th Std	2 months
6.	Mech. Repair & Maint. of two Wheeler	VIII th Std	6 months
7.	Basic Automobile Serv. of 2 & 3 Wheeler	V th Std	180 hrs.
8.	General Tradesman (Mechanical)	V th Std	180 hrs.
9.	Driver cum Mechanic (L.M.V.)	V th Std	180 hrs.
10.	Comp. Aided Embroidery & needle worker	VIII th Std	6 months
11.	Welder Electric	VIII th Std	8 weeks
12.	AutoCAD Basic	VIII th Std	3 Weeks
13.	Hospitality Secretarial Services	10 th Std	1 year
14.	Vegetable Carving	VIII th Std	15 days
15.	Food Production (Veg. & Non Veg.)	VIII th Std	2 months
16.	Food & Beverage service	VIII th Std	6 months

III. COURSES UNDER CENTRE OF EXCELLENCE SCHEME

S. N.	Trade	Entry Qual.	Duration
1.	Information Technology (B.B.B.T)	10 th Std	1 year
2.	IT Advanced modules (Hardware & Maintenance)	10 th Std with IT(B.B.B.T)	6 months
3.	IT Advanced modules (Web Designing)	10 th Std with IT(B.B.B.T)	6 months
4.	IT Advanced modules (Networking)	10 th Std with IT(B.B.B.T)	6 months
5.	In-plant Specialized training in IT (Hardware & Maintenance)	10 th Std with Adv. IT	6 months
6.	In-plant Specialized training in IT (Web Designing)	10 th Std with Adv. IT	6 months
7.	In-plant Specialized training in IT (Networking)	10 th Std with Adv. IT	6 months
8.	Manufacturing & Manufacturing (B.B.B.T)	10 th Std	1 year
9.	HM Advanced Modules (Food Production)	10 th Std with HM(B.B.B.T)	6 months
10.	HM Advanced Modules (Front office Management)	10 th Std with HM(B.B.B.T)	6 months
11.	HM Advanced Modules (Food & Beverage Service)	10 th Std with HM(B.B.B.T)	6 months
12.	HM Advanced Modules (House Keeping)	10 th Std with HM(B.B.B.T)	6 months
13.	In-plant specialized training in HM (Food Production)	10 th Std with Adv. H.M	6 months
14.	In-plant specialized training in HM (Food Office Management)	10 th Std with Adv. H.M	6 months
15.	In-plant specialized training in HM (Food Beverage Service)	10 th Std with Adv. H.M	6 months
16.	In-plant specialized training in HM (House Keeping)	10 th Std with Adv. H.M	6 months
17.			

APPRENTICESHIP TRAINING SCHEME

The Department operates Apprenticeship Training Programme. There are 1309 seats available for training under this programme. The major industries covered under this programme are hotels. There are altogether 861 industries covered under this programme. The apprentices draw stipend depending upon the year of training. The minimum stipend payable is Rs 1090/- p.m. Government of India (NCVT) conducts the final examinations.

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Our training-Cum-Production centers produces attractive carved furniture items, Car. Door mats, Pottery items, Bamboo Items, Textile Materials, Etc.

OTHER INFORMATIONS

- Seating Capacity 3532 seats.
- Annual intake capacity for admissions Govt. I.T.I.'s is 2368 & Pvt. I.T.I. - 200
- Training Session begins on 1st August.
- Admission takes place in the month of June/July.
- Average 1400 trainees pass out every year in both NCVT and SCVT final examinations.
- No Tuition Fees and Creation Money Deposit for ST/SC/BPL and all other candidates whose parental annual income is less than 24,000/-
- Merit scholarship of Rs.125/- are offered to three trainees per unit of 16 trainees based on internal examination
- BPL scholarship @ of Rs.250/- per month is given to ST/SC/BPL and all other candidate whose parental annual income is less than 24,000/-
- Annual final trade test is held in July, every Year.
- Total output since 1966 is about 33,500 trainees.
- Placement assistance is given by the State Directorate of Craftsman Training for the successful I.T.I. trainees by organizing placement fair

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DEPARTMENT OF CIVIL SUPPLIES AND CONSUMER AFFAIRS, PANAJI

AIMS AT

The Department plays a bi-lateral role in two sectors i.e. matter related to Civil supplies and Consumer Affairs.

I. In the pursuit of maintaining proper supply of Civil Essential Commodities, the Department is entrusted with:

- (i) Proper functioning of Fair Price Shops & availability of Essential commodities in these Fair Price Shops.
- (ii) Supply of pure kerosene & check on its pilferage.
- (iii) Supply of pure petrol & diesel & check on its pilferage.
- (iv) Ensuring proper acquisition, sale and storage of Naphtha, Solvent, Raffinate & Slop and prevention of its use in Automobile.
- (v) Ensuring non-commercial use of domestic L.P.G. cylinders.

Along with this, the Department runs special beneficiary schemes for Below Poverty Line people, viz. Annapurna Anna Yojna, Antyodaya Anna Yojna, etc. The affords are made to make people aware about these and other schemes under Jagriti Shivir Yojna.

II. Consumer Affairs

The Government has established Grievance Redressal Machinery to safeguard consumer's right. The Government has established State Commission and two District Forums to settle Consumer complaint regarding goods & service. Consumer complaint can include:-

- (a) Loss or damage suffered due to unfair trade practice by any trade.
- (b) Defective good.
- (c) Price of goods charged is excess than fixed by law / displayed on packet / displayed on goods.

You may complain before

District Forum, Porvorim/Margao
State Commission
National Commission

If complaint value

Up to Rs.20 lakhs
Up to Rs.1 crore
Above Rs.1 crore

PLEDGED FOR THE BETTERMENT OF ALL GOANS AND ALL CONSUMERS.

*Issued By:
Government of Goa,
Department of Civil Supplies & Consumer Affairs
Panaji Goa.*



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E-mail: vlcgoa@goatelecom.com
Internet: <http://www.larkindia.com>

GOA STATE POLLUTION CONTROL BOARD

- ☛ The Board has now established Physical, Analytical and Microbiological Laboratories - sophisticated instruments are installed and put into operation.
- ☛ The Laboratories of the Board are recognized by the Ministry of Environment and Forest (MOEF) and CPCB under EP Act (1986).
- ☛ The Board has brought the total transparency in its working and consents are issued immediately.
- ☛ The Board has computerized its activities after procuring 22 computers and website is launched (goaspbc@gov.in)
- ☛ The Board has set up "WEATHER MONITORING STATION" in Panaji, "MOBILE LABORATORY" to measure pollutants and started "REGIONAL CENTRE" at Verna for industries located in South.
- ☛ The Board had issued "SHOW CAUSE NOTICES" to all Municipalities for non implementation of MSW-Rules 2000. District Collectors have the ultimate responsibilities for implementation of the Rules. The matter is sub judice.
- ☛ The Board has forced many industries to fix pollution control equipments, operate and maintain them to control pollution.

DR. L. U. JOSHI
CHAIRMAN

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—Rigveda

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Issued by:
**GOA TILLARI IRRIGATION
DEVELOPMENT CORPORATION**
Junta House (Annexe), 5th Floor, Panaji-Goa



"I am worried I may have been at risk of getting HIV where and how can I get tested?"

Integrated Counselling & Testing Centre (ICTC) is a place where a person is counseled and tested for HIV on his own free will or as advised by a doctor.

Walk in for a free & confidential testing at any of our ICTC centres at:

- Goa Medical College, Bambolim (Ground Floor, Blood Bank)
- Hospicio Hospital, Margao.
- Asilo Hospital, Mapusa.
- Cottage Hospital, Chicalim
- Community Health Centres at: Pernem, Valpoi, Canacona, Curchorem

Call our toll free AIDS Helpline 1097 available 24x7

Goa State AIDS Control Society
1st Floor, Dayanand Smruti Building
Swami Vivekanand Road, Panaji.

Tel. 2427286/2421381/2422519

Fax: 2422518

E-mail: goaaids@dataone.in
goaaids@gmail.com



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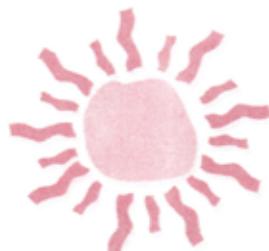
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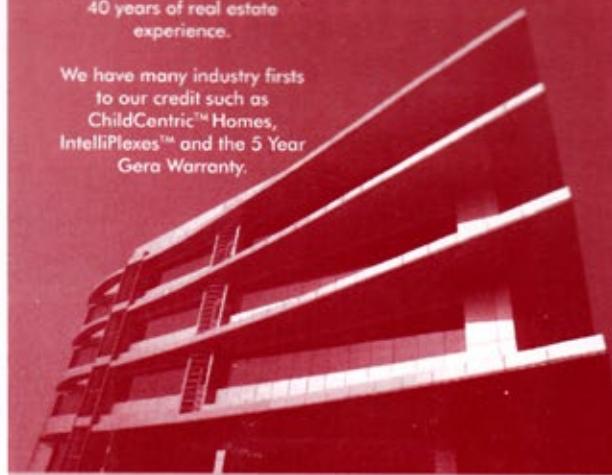
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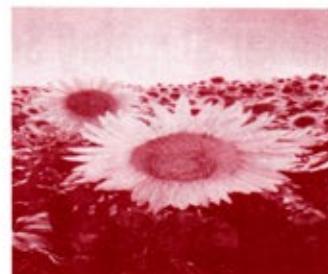
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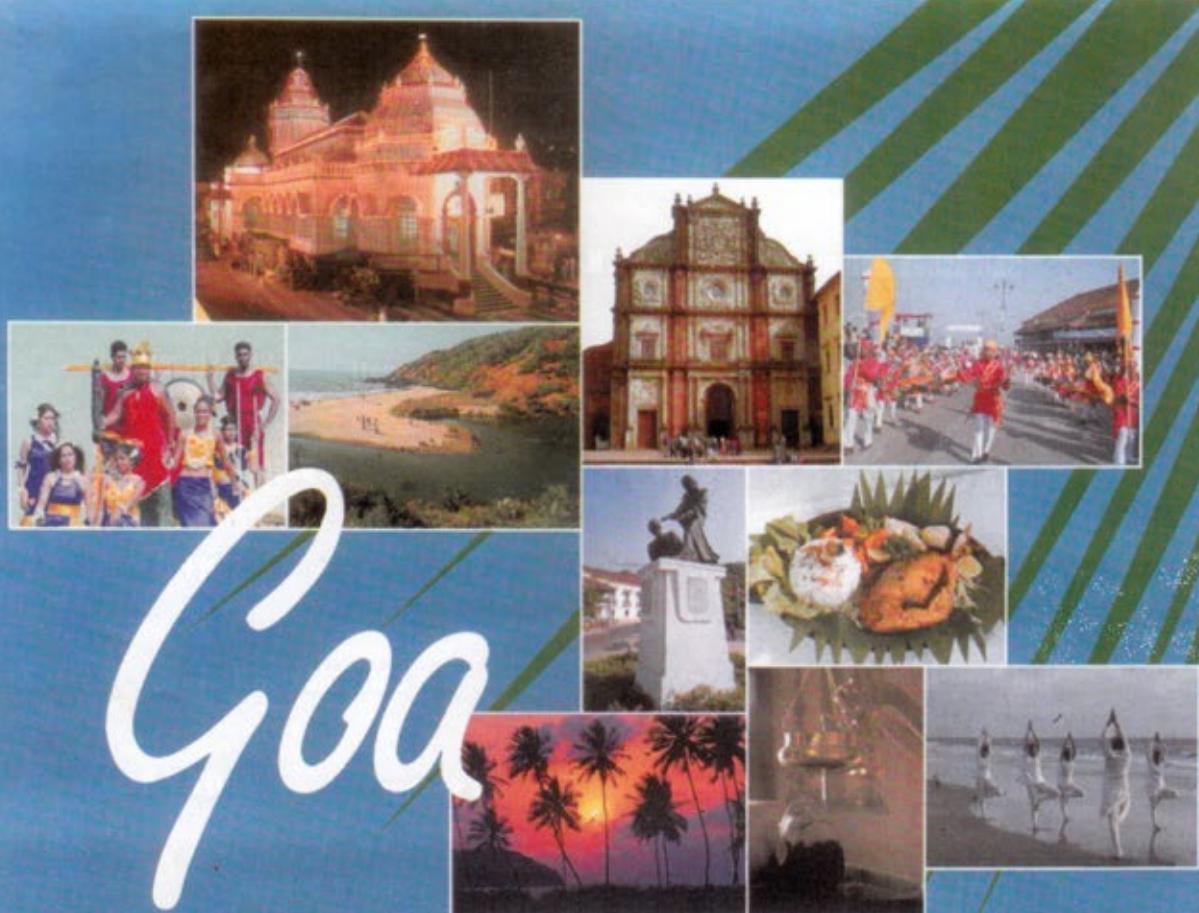
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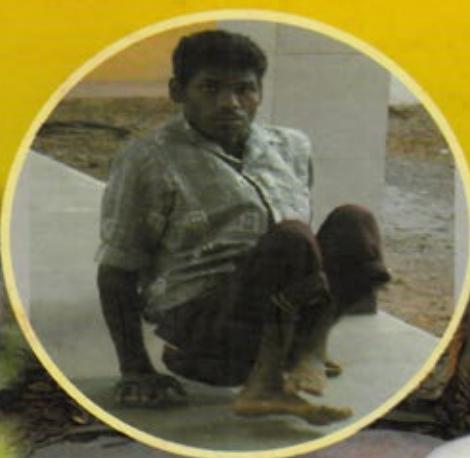
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