

National AIDS Control Organization (NACO)

24.1 INTRODUCTION

NACO is the nodal organization for National AIDS response in the Ministry of Health and Family Welfare. National AIDS Control Programme is a fully funded Central Sector Scheme implemented through State/ UT AIDS Control Societies (SACS) in States/Union Territories (UTs) and closely monitored through District AIDS prevention and control unit (DAPCU) in 188 high priority districts. Currently, National AIDS Control programme (NACP)-IV (extension) is under implementation for the period 2017-20.

Components:

- A. **Prevention:** Targeted Interventions (TI) for High Risk Groups (Female Sex Workers-FSW, Men who have Sex with Men-MSM, Injecting Drug Users-IDU, Transgenders Hijra- TGH) and Bridge population (migrants, truckers etc) is fundamental to AIDS response and aims to keep these population Human Immunodeficiency Virus (HIV) free through awareness generation, safe behaviour promotion, HIV testing etc. Interventions for HIV prevention are also important for inmates of prisons and other closed settings. People who have Sexually Transmitted Infections (STI) have higher risk of HIV infections and hence the NACP provides quality standardized STI/RTI services at Designated STI/RTI Clinic (DSRC), branded as Suraksha Clinic. Safe blood (free of HIV, Malaria, Syphilis, Hep B and Hep C) is ensured through a NACO supported network of blood transfusion services.
- B. **Information, Education and Communication (IEC):** Awareness generation services were rolled out 25 years ago with a focus on awareness generation on the modes of transmission of HIV/AIDS and the services available for testing and treatment, and continues to be the mainstay of NACP through vibrant multi-media approach comprising Mass media, mid-media and on-ground mobilization & Inter Personal Communications across the country.
- C. **Testing:** NACP provides free HIV counselling and testing services (HCTS) for early detection of HIV infections. Free counselling and testing of pregnant women are also provided at these facilities towards prevention of parent to child transmission of HIV.
- D. **Treatment:** Treatment services offer free Antiretroviral Treatment (ART) as well as comprehensive management of HIV infected people with respect to treatment and prevention of opportunistic infections. 'Test and Treat' policy has been adopted to enhance the uptake of treatment services by all irrespective of CD4+ counts. Single window delivery of TB and HIV services has also been initiated across all ART centers. Molecular diagnosis/testing (e.g. CBNAAT) is being offered to people living with HIV (PLHIV) identified as presumptive Tuberculosis (TB) cases for early diagnosis of TB.

- E. **Laboratory Services:** Quality of testing under NACP is ensured through laboratory services through State reference laboratory. Besides, there are laboratories to monitor CD4 level among PLHIV in the programme. Moreover, routine viral load (VL) testing for all PLHIV on ART has been outsourced to a private firm. The firm is responsible for sample collection, VL testing and delivery of reports. Early Infant Diagnosis is provided through 6 National Laboratories.
- F. **Mainstreaming & Partnership and Social Protection:** Mainstreaming & partnership is one of the key strategies in NACP to strengthen multi-sectoral response to HIV and AIDS. Till date, NACO has signed 17 Memorandum of Understanding (MoUs) with key Ministries/ Departments of Govt. of India.
- G. **Strategic Information (SI):** NACO recognizes rigorous and scientific evidence as central to an effective response and hence, having a strong SI management was a high priority agenda under NACP-IV. The successes of the NACP rest on the bedrock of evidence that India could generate and very effectively use, to make critical policy and programmatic decisions over the last two decades.

24.2 OVERVIEW OF HIV EPIDEMIC IN INDIA

As per the recently released, India HIV Estimation 2017 report, national adult (15–49 years) HIV prevalence in India is estimated at 0.22% (0.16% – 0.30%) with 0.25%(0.18-0.34) among males and 0.19% (0.14-0.25) among Females. The adult HIV prevalence at national level has continued its steady decline from an estimated peak of 0.38% in 2001-03 through 0.34% in 2007, 0.28% in 2012 and 0.26% in 2015 to 0.22% in 2017.

Among the States/UTs, in 2017, Mizoram has shown the highest estimated adult HIV prevalence of 2.04% (1.57-2.56), followed by Manipur

(1.43%, 1.17-1.75), Nagaland (1.15%, 0.92-1.41), Telangana (0.70%, 0.50-0.95) and Andhra Pradesh (0.63%, 0.47-0.85). Besides these States, Karnataka (0.47%, 0.37-0.63), Goa (0.42%, 0.21-0.79), Maharashtra (0.33%, 0.25-0.45) and Delhi (0.30%, 0.18-0.47) have shown estimated adult HIV prevalence greater than the national prevalence (0.22%), while Tamil Nadu (0.22%, 0.14-0.31) had a point prevalence like the national average. All other States/UTs have levels of adult HIV prevalence below 0.22%.

The total number of PLHIV in India is estimated at 21.40 lakhs (15.90 lakhs–28.39 lakhs) in 2017. Children (< 15 years) account for 0.61 (0.43-0.85) lakh while female(15+years) accounts for 8.79 (6.61-11.62) lakh PLHIV in India. Among the States/UTs, in 2017, Maharashtra has the highest estimated number of PLHIV (3.30 Lakhs, 2.53-4.35) followed by Andhra Pradesh (2.70 Lakh, 2.00-3.58), Karnataka (2.47 Lakh, 1.91-3.23), Telangana (2.04 Lakh, 1.49-2.77), West Bengal (1.44 Lakh, 1.03-1.91), Tamil Nadu (1.42 Lakh, 0.93-1.97), Uttar Pradesh (1.34 Lakh, 1.01-1.77) and Bihar (1.15 Lakh, 0.83-1.58). These Eight States together account for almost three fourth (75.00 %) of total estimated PLHIV. Other all states have less than 1 lakh people living with HIV.

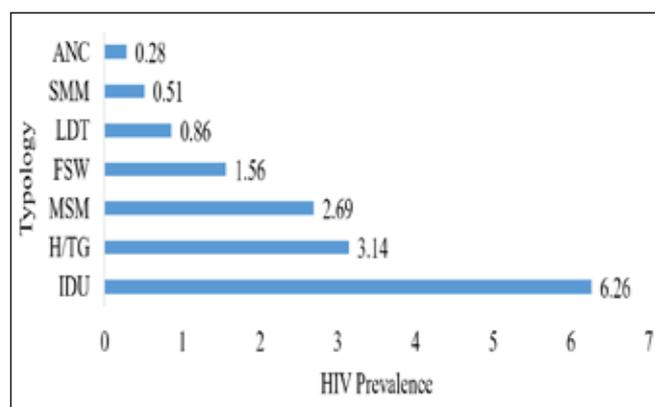
India is estimated to have around 87.58 (36.45–172.90) thousand new HIV infection cases in 2017, showing new HIV infection decline by 85% since the peak of 1995 and by 27% between 2010-2017. Women accounted for 40% of annual new HIV infection in 2017. Annual new HIV infections are increasing in three States of the North-East Region - Assam, Mizoram and Meghalaya and also in Uttarakhand, while in Nagaland, Manipur, Delhi, Chhattisgarh and Jammu & Kashmir, decline is less than 10% in last 7 years. Ten States account for 71% of total annual new HIV infection: Telangana, Bihar, West Bengal, Uttar Pradesh, Andhra Pradesh, Maharashtra, Karnataka, Gujarat, Tamil Nadu and Delhi.

Since 2005, when the number of AIDS related deaths (ARDs) started to show a declining trend,

the annual number of AIDS related deaths has declined by almost 71%. In 2017, an estimated 69.11 (29.94 –140.84) thousand people died of AIDS-related causes nationally. AIDS-related deaths have dropped in all of India's States/UT with the exception of Assam, Bihar, Jharkhand, Haryana, Delhi, and Uttarakhand.

India is estimated to have had 22.67(10.92-40.60) thousand HIV positive women who gave birth in 2017. State wise Prevention to Mother to child transmission (PMTCT) number were highest in Maharashtra (2.41 thousand) followed by Uttar Pradesh (2.29 thousands), Bihar, Andhra Pradesh, Karnataka, Telangana, West Bengal, Gujarat and TamilNadu, least being in Sikkim.

Figure 24.2.1: HIV Prevalence (%) among ANC Client, FSW, MSM, IDU & other risk groups, India (HSS 2016-17)



24.3 TARGETED INTERVENTIONS

NACO through its NACP aims at halting and reversing HIV epidemic in India. India's HIV epidemic is considered to be concentrated in nature.

NACO has targeted its preventive efforts towards sub-groups of population identified to be at high risk of acquiring HIV infection. These High Risk Groups (HRGs) include FSW, MSM, Hijra(H)/ Transgenders (TG), IDU and Bridge Populations such as Migrants and Long Distance Truckers. They are provided with a number of preventive services through around 1,443 NGO/CBO led TIs at present, including; HIV prevention and

screening, treatment, care and support services to various HRGs. People from high risk communities are engaged to deliver services and act as catalysts linking them for services and commodities.

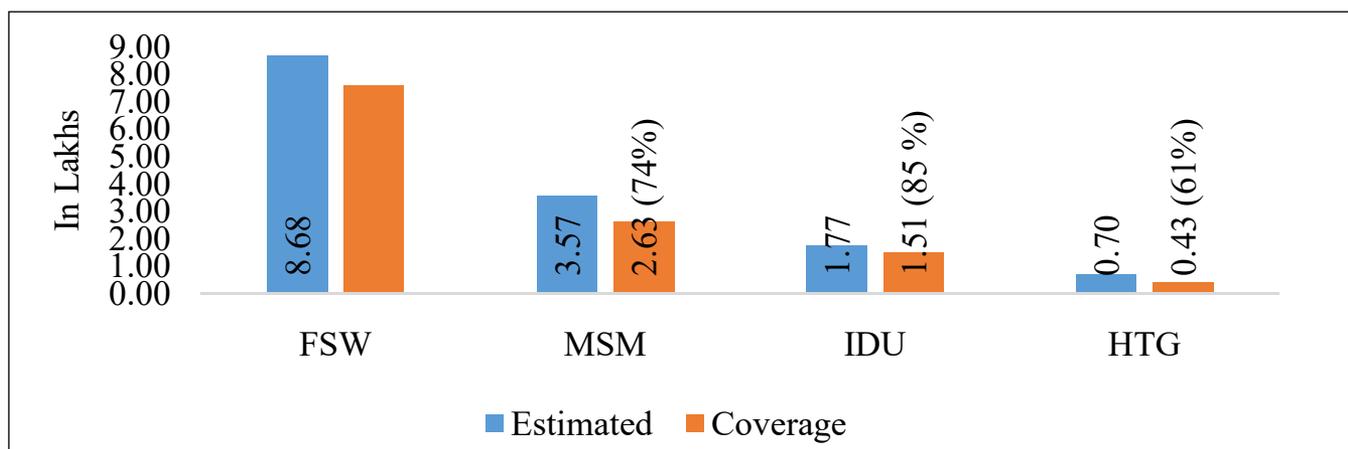
TI projects provide a package of prevention, support and linkage services to HRGs through drop-in-centre (DIC) and outreach-based service delivery model which includes screening for and treatment of STI, free condom and lubricant, among core groups, Behaviour Change Communication (BCC), creating an enabling environment with community involvement and participation, linkages to integrated counselling and testing centers for HIV testing, linkages with care and support services for HIV positive HRGs, community mobilization, ownership building and specifically for IDUs, free distribution of sterile needles and syringes, abscess prevention and management, Opioid Substitution Therapy (OST) and linkages with detoxification/ rehabilitation services.

The entire programme is built on the peer led approach in partnership with NGOs/CBOs along with SACS and Technical Support Units (TSU). They extend mentoring, handholding and technically supporting the TIs for quality service delivery and enhancing the overall program performance.

24.3.1 Performance of TI Programme

Coverage of core HRG group: As far as the coverage of Hijra (H)/ Transgender (TG) population is concerned, NACO has been making consistent efforts to scale up the programme and improve the coverage in high priority States. Based on the recommendations of Mid Term Appraisal, option paper developed for TIs, States were guided to re-structure the TIs keeping in parameters such as positivity, number of years of HRG's association with TI programme, changing dynamics in sex work and injecting practices, etc. These strategies will help to enrol new and young HRGs across typology. TSUs have been directed to provide on-site assistance and handholding to revise the outreach plan so as to cover hard-to-reach and hidden population.

Coverage of Core HRGs (FSW, MSM, IDU and H/TG) (April 2018 to March 2019)

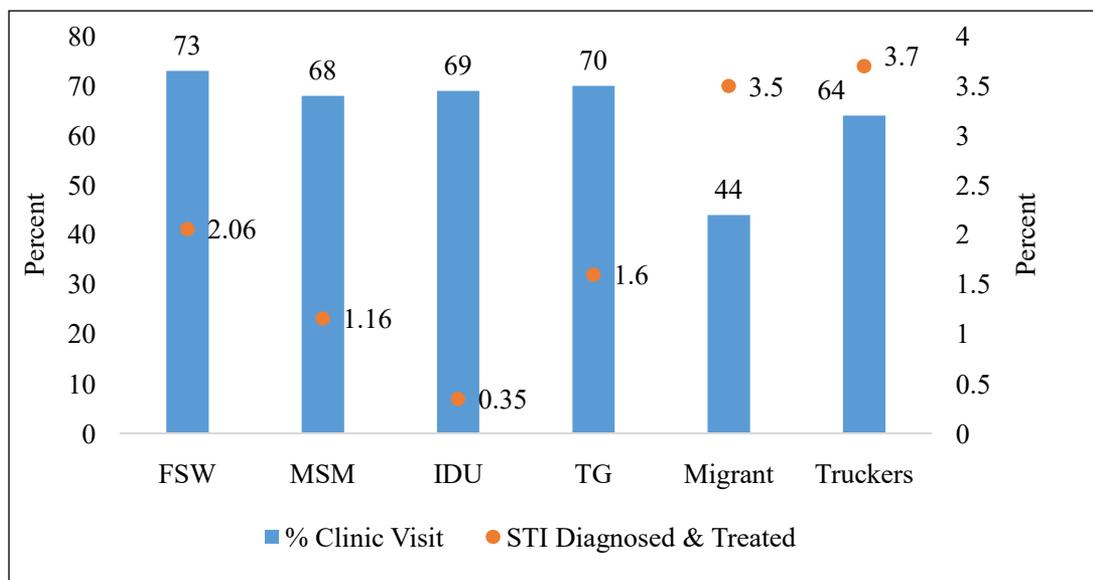


STI Diagnosed & Treated against Clinic Visit:

As per NACO guidelines every HRGs should visit STI clinics every quarter, especially for regular medical check-up and for treatment of STI / Reproductive Tract Infections (RTI). The clinic footfall for STI screening was approximately more than 68% among all core groups, however

STI/RTI cases diagnosed and treated was high among FSWs as 2.06% while MSM population has recorded more than 1.16 %. Out of total migrant provided STI clinical services, 3.5% are having STI infections; similarly out of total foot fall of truckers 3.7% found STI infections.

STI Diagnosed & Treated against Clinic Visit in Percentage (April, 2018 to March, 2019)



Source: Monthly Indicator of TI Reporting (MITR) 2019

HIV testing and positivity rate among HRGs:

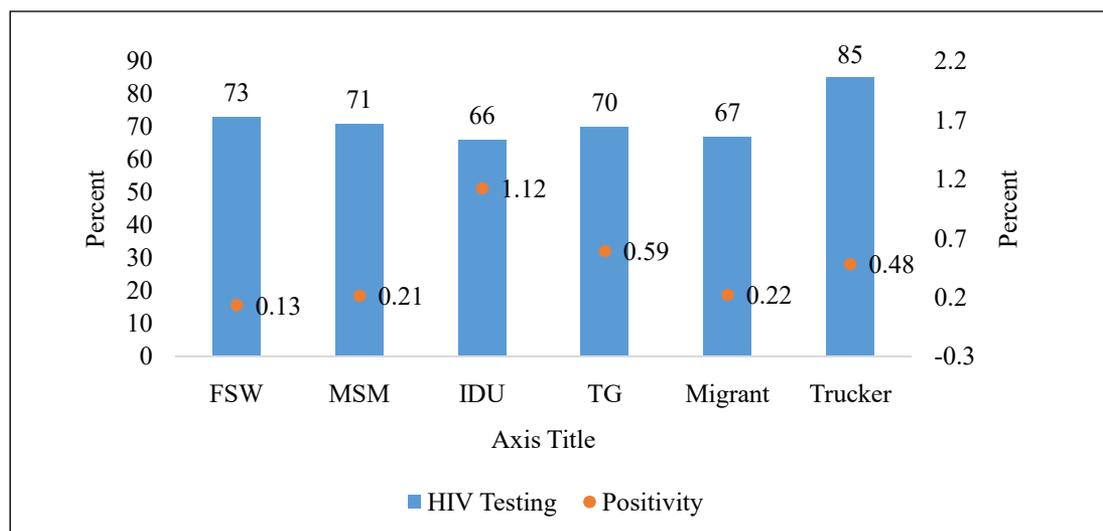
As per the NACO guidelines, all core HRGs should be tested for HIV once every six months. The below figure depicts the percentage of HIV tests

performed among HRGs through referrals from TI programmes. The positive detection amongst HRGs has been less than 1.12% and the positivity recorded 0.22 % and 0.48 % among migrant and

trucker respectively. The programme statistics reveals that HRGs who have been associated with TIs for more than five years have been regular to testing and keeping consistent efforts to remain negative across majority of the States. However,

positivity has remained a matter of concern among IDUs and HTG population. Testing among the Bridge Population remains a challenge because of their mobility. Positivity among migrants and truckers is the same as in last year (0.2%).

HRGs tested for HIV and positivity rate (April, 2018 to September, 2018)



Source: Monthly Indicator of TI Reporting (MITR) 2019

Alive PLHIV (in numbers) HRG currently registered at ART Centre (Table 24.3.1): Under the test and treat strategy, all positive HRG should

be on ART. However, 100% achievement is still not being achieved.

Table 24.3.1: Alive PLHIV (in numbers) HRG currently registered at ART Centre (April, 2018 to March, 2019)

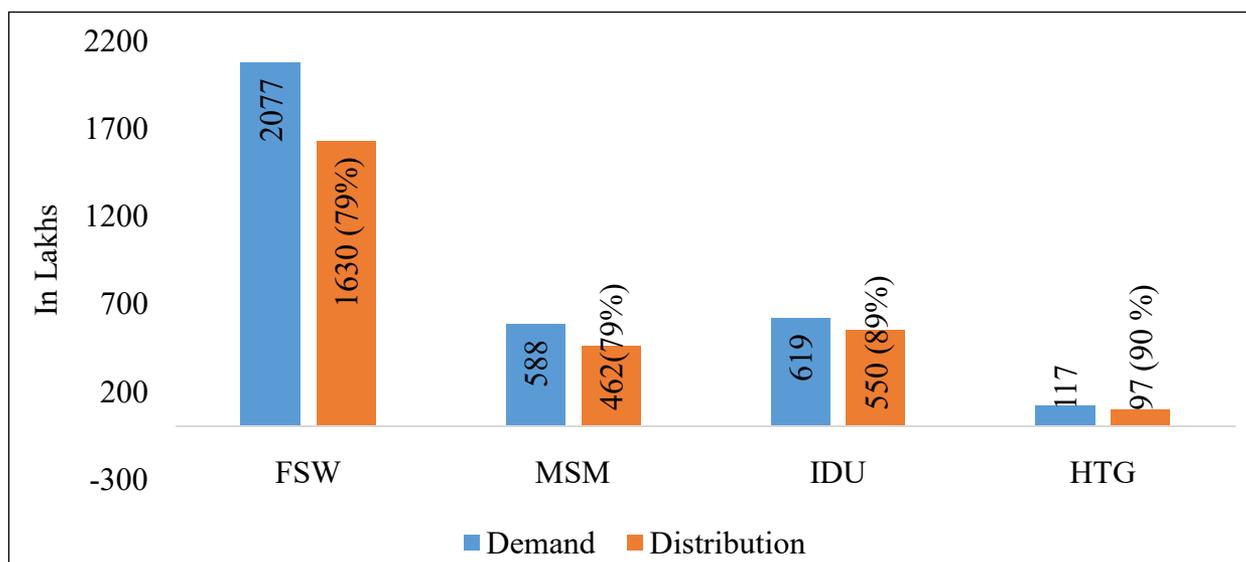
HRG/Bridge Population	PLHIV identified & registered to ART	Currently on ART	Achievement (in %)
FSW	10433	9563	92%
MSM	5451	4888	90%
IDU	6722	5678	84%
HTG	1297	1197	92%
Migrant	3025	2602	86%
Trucker	582	478	82%

Source: Monthly Indicator of TI Reporting (MITR) 2019

Condom distribution among HRGs: Condoms are distributed to HRGs as per their requirement through NGOs/CBOs implementing TI programme. Peer Educators and Outreach workers engaged in TI programme emphasize on consistent

and correct usage of condoms in all sexual encounters through one-to-one and one-to-group interpersonal communication. Fig 24.3.4 shows the typology-wise number of condoms (free and social marketing) distributed to the HRGs.

Typology-wise condom pieces distributed to HRGs (April, 2018 to March, 2019)



Source: Monthly Reporting of TI Indicators March 2019

Needle & Syringe distribution patterns among IDUs: As part of the overall Harm Reduction strategy, to prevent HIV amongst IDUs, free clean needles and syringes are distributed to IDUs as per their requirement through NGOs implementing TI programme. Peer educators at the field as well as at the DICs and IDUs are encouraged to return the used syringes and needles, which ensures availability

of sterile syringes and needles and reduces the possibility of sharing injecting equipment, thus decreasing risk of HIV transmission and other blood borne diseases. Programme data shows that the distribution of needles and syringes to be consistently high (more than 87%), while the return rate observed is more than 79%.

Fig 24.3.5: Distribution and Return of Needles & Syringes (April, 2018 to March, 2019)

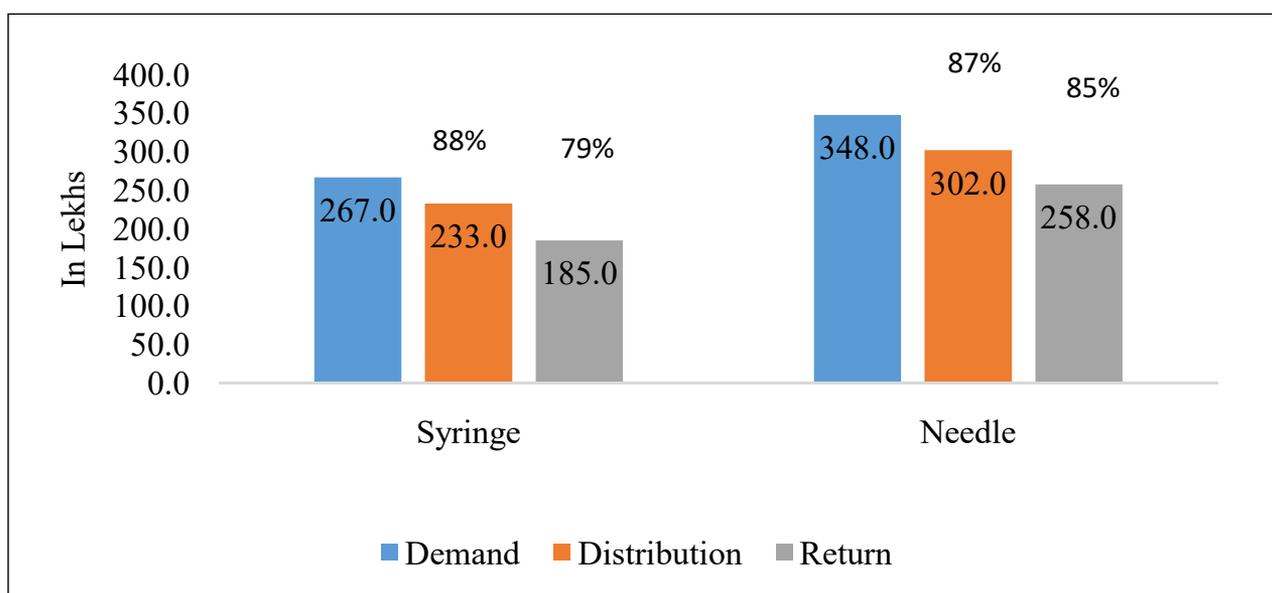


Table 24.3.2: State-wise and Typology-wise distribution of Targeted Interventions (TIs) supported by NACO during the FY 2018-19 (April, 2018 to March, 2019)

States	FSW	MSM	IDU	TG	CC	Migrants*	Truckers	Total
Andhra Pradesh	8		3		71	8	2	92
Arunachal Pradesh	4	1	2		7	6		20
Assam	17	1	5		17	1	2	43
Bihar	3	2	8		11	-	1	25
Chandigarh	4	2	2		1	2	1	12
Chhattisgarh	8		4		17	4	3	36
Delhi	31	11	13	6	0	13	4	78
Goa	6	3	1		1	2	2	15
Gujarat**	12	13	3	1	30	26	3	88
Haryana	2	1	1		19	-	0	23
Himachal Pradesh	9		1		5	2	0	17
Jammu Kashmir Kashmir	2	1	5		3	2	0	14
Jharkhand	17		1		7	1	1	27
Karnataka	32	18	1	2	12	8	3	76
Kerala	20	13	5	6		15	2	61
Madhya Pradesh	16	2	4		35	5	4	66
Maharashtra	44	8	1	5	25	42	9	134
Manipur	2	1	37		12	2	0	54
Meghalaya	3	0	4		2	-	0	9
Mizoram	1	1	18		8	4	0	32
Mumbai	14	6	1	4	0	8	1	34
Nagaland	2	3	22		14	1	1	43
Odisha	9	2	6		20	9	2	48
Puducherry	1	1			2	1	0	5
Punjab	10	3	18		24	5	2	62
Rajasthan	6	1	2	2	17	6	3	37
Sikkim	3		3			-		6
Tamil Nadu	16	11	1	7	37	7	3	82
Telangana	11	0	2		28	6	2	49
Tripura	5	0	1		4	3		13
Uttar Pradesh	3	0	8	2	57	6	5	81
Uttarakhand	6	0	4		7	4	3	24
West Bengal	19	3	6	1	3	1	4	37
All India	346	108	193	36	496	200	64	1,443

*Destination migrant, note: The blank cell represents no intervention Source: TI Monthly indicator report till Dec 2018.

** Gujarat Includes Ahmadabad.

Table 24.3.3: State Wise Typology wise coverage of High Risk Groups under the programme 2018-19 (April to March, 2019)

State	Core Group				Bridge Population	
	FSW	MSM	IDU	TG	Migrant	Truckers
Ahmedabad	2,534	2,293	409	123	2,81,488	28,060
Andhra Pradesh	1,06,806	20,262	1,459	2,418	3,81,551	65,953
Arunchal Pradesh	3,513	362	994		54,252	
Assam	16,104	3,749	3,674	353	63,282	58,422
Bihar	12,021	2,950	4,385			26,627
Chandigarh	3,311	2,470	1,690	108	70,524	4,466
Chhattisgarh	25,001	2,434	3,369	751	2,01,426	1,44,949
Delhi	52,458	18,487	14,348	8,721	8,37,453	2,08,459
Goa	5,025	3,666	322	49	50,556	33,298
Gujarat	23,120	23,918	574	1,531	6,51,285	1,82,042
Haryana	8,430	4,688	2,547			
Himachal Pradesh	5,988	479	489		63,290	
Jammu & Kashmir	1,830	464	2,271			
Jharkhand	11,549	1,103	743	220	16,873	38,440
Karnataka	1,37,180	40,603	2,147	3,027	4,13,576	4,12,396
Kerala	19,588	13,683	2,855	1,978	4,99,702	79,647
Madhya Pradesh	31,110	10,773	7,338	285	2,58,563	1,14,785
Maharashtra	59,056	25,239	513	4,222	19,82,074	2,92,493
Manipur	7,089	1,698	21,477		48,386	
Meghalaya	1,553	282	1,343			
Mizoram	1,161	595	10,074		13,699	
Mumbai	24,199	13,192	441	3,325	4,63,355	25,609
Nagaland	3,887	1,776	21,741		28,668	2,347
Odisha	12,523	2,804	3,108	3,768	3,58,060	17,390
Puducherry	1,973	1,773		8	15,086	
Punjab	15,054	3,539	15,477		1,40,747	61,893
Rajasthan	16,009	5,446	1,642	631	22,6,384	79,718
Sikkim	919		1,437			
Tamil Nadu	42,718	30,115	384	4,268	1,69,441	76,782
Telangana	74,730	16,184	1,245	764	59,782	1,97,115
Tripura	4,933	303	819	35	6,132	
Uttar Pradesh	22,703	7,505	19,109	4,228	77,816	71,820
Uttarakhand	5,410	1,484	1,869	76	1,32,214	1,96,609
West Bengal	16,752	1,421	1,652	287	94,954	1,84,208
All India	7,76,237	2,65,740	1,51,945	41,176	76,60,619	26,03,528

Source: Monthly Indicator of TI Reporting (MITR) March, 2019

Note: The blank cell represents no Coverage of particular typology and Daman and Diu and Dadar Nagar Haveli have no coverage.

24.3.2 Opioid Substitution Therapy (OST) Programme for IDUs

OST was included as a part of the Harm Reduction package in 2008. India has adopted two model of OST service delivery: - NGO Model and Collaborative Model. In collaborative model, the OST services are being delivered at the Government Health Facilities in coordination with the link IDU-TI. There has been massive OST scale up in India from 56 centres in 2007 covering 5,500 IDUs (approx.) to 212 Stand-alone centres and 13 Satellite centres currently covering 29,543 active IDUs (approx.) while the overall IDU ever on OST are more than 70,000.

For providing and assuring quality services, a continuous process of capacity building is being

followed under OST programme for IDUs. The operational guideline on OST for clinical staff has been revised incorporating new development in the area. A training manual on special needs of Female Injecting Drug Users (FIDU) has been developed which aims to address the issues of FIDU. Quality Assurance Protocol (QAP-Medical) of OST in India (A reference guide for mentors) has been developed. The QAP serves as a resource material for mentors, entrusted with the task of carrying out periodic 'Quality Assurance (QA) visits' to OST centres.

With the successful implementation of OST, it is now being recognized as an effective treatment option under the Narcotic Drug and Psychotropic Substances (NDPS Amendment Act, 2014). NDPS allows "management" of drug dependents.

Table 24.3.4: Number of OST Centers FY2018-19 (April, 2018 to Dec, 2019)

State	No. of Centers	Satellite OST Centre	Coverage
Ahmedabad	1		17
Andhra Pradesh	1		116
Arunachal Pradesh	2		123
Assam	2		174
Bihar	2		169
Chandigarh	4		470
Chhattisgarh	4		752
Delhi	11	1	1,802
Goa	1		35
Gujarat	1		35
Haryana	9		1,175
Himachal Pradesh	1		39
Jammu & Kashmir	2		279
Jharkhand	2		61
Karnataka	2		124
Kerala	10		531
Madhya Pradesh	12		1,014

State	No. of Centers	Satellite OST Centre	Coverage
Maharashtra	0		0
Manipur	23	3	2,813
Meghalaya	5	2	726
Mizoram	17	7	2,691
Mumbai	1		65
Nagaland	31	7	3,334
Odisha	4		279
Punjab	30		9,372
Rajasthan	2		165
Sikkim	4		324
Tamil Nadu	1		55
Tripura	3		491
Uttar Pradesh	11		1,465
Uttarakhand	5		493
West Bengal	8		683
All India	212	13	29,989

Source: Monthly Indicator of TI Reporting (MITR) March, 2019

Methadone Based Opioid Substitution Treatment: The Methadone based Opioid Substitution Treatment launched at RIMS has increased the treatment options for people who inject drugs (PWID). This facility is also available in Punjab.

Community Based Screening (CBS): As per the national guideline all the HCTS facilities have been divided into two types of facilities based on their services provided for individuals i.e. Screening facilities & Confirmatory Facility. Hence to ensure

100% coverage of High-Risk-Group for HIV testing, screening for HIV by TI started CBS in TI and Link Worker Scheme(LWS). At present 1,150 TIs and 63 LWS started implementing CBS from FY 2018-19.

States like Delhi, Andhra Pradesh, Rajasthan, Gujarat and West Bengal started implementing 100% CBS. Approximate 3.2 lakh screenings were done through core TIs for existing HRG and 7,726 hard to reach HRGs. Approximate 2.6 Lakhs bridge population was screened through CBS.

Table 24.3.5: Typology wise coverage of Community Based Screening

Sl. No.	Typology	Screened for HIV	Confirmed Positive	Linked to ART	% of Linked
1	HRG	3,22,062	1,103	959	86%
2	Non-HRG	7,762	111	94	84%
3	Spouses	8,524	65	65	100%
5	Migrant	2,10,356	301	241	80%
6	Truckers	57,415	118	89	75%

TB Screening & Treatment Cascade: In India, there are 20.2 Lakh new TB cases annually, with the highest TB burden in the world. Also, there is a concentrated HIV epidemic in India which is focussed only due to its risky behaviour within a limited population. NACP of India and Revised National Tuberculosis Programme (RNTCP) recognized the importance of HIV/TB co-infection

and its control efforts fifteen years back in early 2001. Considering the above, TB screening has been initiated by TIs in July, 2018; total 24,465 core HRGs and bridge population have been screened out of which 42,178 were referred for TB testing, 24,465 were tested for TB and 793 HRGs diagnosed for TB. Total 589 were put on TB treatment out of 793 diagnosed for TB.

Table 24.3.6: TB Screening and Treatment Cascade (April, 2018 to Mar, 2019)

TB Screening & Treatment	FSW	MSM	IDU	TG	MIGRANT	TRUCKERS	Total
a. No. of HRGs Screened for TB	257,852	65,105	49,278	9,326	85,318	12,366	4,79,245
b. Out of a, No. of HRG referred for TB Testing	18,922	5,003	6,026	1,810	8,820	1,597	42,178
c. Out of b, No. of HRGs tested for TB	12,056	4,283	2,762	709	4,103	552	24,465
d. Out of c, No. of HRGs diagnosed as TB	286	126	119	63	179	20	793
e. Out of d, No. of HRGs on TB treatment	215	84	108	19	149	14	589

Source: Monthly Indicator of TI Reporting (MITR) March, 2019

24.3.3 HIV and TB intervention in Prisons & other Closed Settings

NACO is implementing HIV/TB intervention in a phased manner in prisons and other closed settings in India. While Phases I&II were being stabilised in North-Eastern (NE) States, Punjab, Chandigarh

and Haryana, Phase-III was observed extensively across the country during this reporting period. Based on the direction of AS & DG (NACO), the intervention has been expanded to Women, living in Swadhar, Ujjawala and other State-run Homes in India in close collaboration with Ministry of Women and Child Development, Govt. of India.



Following were some of the key activities carried out during this reporting period:

- AS & DG, NACO launched HIV/AIDS intervention programme for women living in correctional Homes at a function held in State Home for Women, Guwahati in the presence of Principal Secretary, Health and Family Welfare, Govt. of Assam and other senior officials from line departments.
- HIV Prevention, Treatment and Care Programme in prisons and other closed settings for Haryana was launched by Shri K.L. Panwar, Hon'ble Jail Minister, Govt. of Haryana at a high level meeting held in Chandigarh.
- HIV prevention in prisons and other closed settings was launched by AS & DG, NACO in Jaipur in the presence of Additional Chief Secretary, Health Services, Govt. of Rajasthan and other senior officials from State prisons and women and child development departments.
- HIV & TB intervention in prisons & other closed settings in Madhya Pradesh was launched by Additional DG, NACO and Shri G S Meena, Addl. Director General of Prisons & Correctional Services, Government of Madhya Pradesh.
- HIV and TB Intervention in prisons and other closed settings in Telangana was launched by AS & DG (NACO), at a high-level function held in Hyderabad, in the presence of Deputy Inspector General of Prisons, Govt. of Telangana, Director, Department of Women Development & Child Welfare, Govt. of Telangana, Project Director, TSACS, Zonal Director, NCB, Member, Secretary State Legal Service Authority.
- HIV and TB intervention in prisons and other closed settings in Odisha was launched by AS & DG (NACO), at a function held in Bhubaneswar, in the presence of Commissioner-cum-Secretary, Department of Health and Family Welfare, Government of Odisha, DIG Prisons, Director, Family Welfare, Deputy Secretary, State Legal Aid Services.
- An inter-divisional meeting was organized under the chairmanship of AS & DG (NACO) to enhance synergies between HIV & TB intervention in prisons and other closed settings.
- A consultation meeting with NCB, MSJE, BPR&D and UNODC in the context of drug use & HIV in prisons and other closed settings was chaired by JS-NACO and JS-Social Defence Division at NACO. During the meeting, MSJE informed that the proposals submitted by State Governments would be given priority to start the drug de-addiction centres in prisons.
- Three consultation meetings were held under the chairmanship of AS&DG (NACO) with key stakeholders in New Delhi. Inputs received from technical experts have helped NACO submit to the final draft operational guidelines on HIV/TB intervention in prisons and other closed settings which was approved by AS&DG (NACO) during this reporting period- the printing and dissemination of the guidelines is currently in process.

The National Consultation on HIV Intervention in Prisons and Other Correctional Institutions was held under the Chairmanship of AS & DG, NACO in New Delhi.

The commitment to the issue was evident in the participation of senior officials from: MHA, MSJE, MoWCD, NCB, Office of Delhi Police Commissioner, Customs, BPR&D, WHO, UNODC, USAID, CDC, NICED, NARI, State Prisons Departments, Social Welfare Dept. and Dept. of Women and Child Development from

different States, civil society organizations including FHI360, Emmanuel Hospital Associations (EHA), Solidarity and Action Against HIV Intervention in India as well as representatives from Swadhar and Ujjawala Homes and TI-NGOs. The inputs received from the experts have helped in finalising the Operational Guidelines for implementing HIV interventions in Prisons and other Closed Settings and setting up Surveillance sites in prison settings.



The progress of the intervention is being monitored using 17 indicators monthly reporting format and the overall report has been compiled at National-level. The table given below describes the progress achieved during the reporting period.

Table 24.3.7: Progress of Prison and Swadhar

Settings	Prisons	Swadhar/ Ujjawala Homes
No. of sites covered	709	45
Total Inmates	3,99,338	1,478
Inmates Tested for HIV	2,27,536	906
Inmates found HIV Positive	3,121	23
Inmates linked to ART	2,651	23
Inmates diagnosed with Hep-C	5,252	1
Inmates on Hep-C Treatment	365	1
Inmates screened for TB	18,712	67
Inmates diagnosed with TB	1,969	3
Inmates on TB -DOTS Treatment	351	3
STI Treated	820	1

A two-day national consultation was organized with the authorities of police training academies under the chairmanship of Shri Sanjeeva Kumar, AS&DG (NACO, RNTCP & CGHS) on 10th and 11th of January, 2019 in New Delhi. The National Consultation was organized by NACO in close collaboration with Sardar Vallabhbhai Patel National Police Academy, UNAIDS and UNODC. The overall objective of the National consultation



was to advocate with police training academies to include topics related to drug use and HIV/AIDS into their police training curricula.

In his inaugural address, Shri Sanjeeva Kumar, Additional Secretary & Director General (NACO, RNTCP & CGHS), Ministry of Health and Family Welfare, said that the unifying theme for this initiative is to create awareness about HIV/AIDS among police personnel. He said NACO is taking concerted efforts to engage with other agencies in terms of providing technical support on training and capacity building to enhance access to various HIV prevention and treatment services. He had advised NACO officers to fast-track signing formal MoUs with key Ministries and Departments to move forward on this important initiative. He had reiterated the need to incorporate the experiences of CBOs and NGOs while finalising the topics on drug use and HIV for police training academies.

Key achievements (Prisons):

- 23 States and 7 UTs have commenced the implementation of HIV/TB intervention in prisons
- 85% of the HIV positive inmates have been registered for ART while only 18% of the TB cases have been linked for treatment
- Only 7% of the Hep-C cases were linked for treatment
- 10% -21% of total prison inmates were identified as drug addicts (% vary across States –Punjab and NE States reported high numbers)
- Significant number of STI cases were treated across 7 States (3 UTs & 4 States)
- SACS have been requested to liaise with concerned State TB Officer to make TB prevention and treatment services available for prison inmates
- It was proposed to establish F-ICTC, ART and OST in all 139 central prisons. As of now, only 145 testing facilities (28 ICTC + 117 FICTC); 16 Link ART centres; and 12 satellite OST centres have been established.





Key achievements (Swadhar, Ujjawala & State-run Homes):

- HIV/TB intervention launched by AS & DG, NACO in Assam has paved way for expanding the intervention to women living in other closed settings across other States. CBS, mobile ICTC and health camp approaches are being deployed for carrying out HIV testing facilities amongst women.
- 100% ART and TB treatment linkages have been achieved by the team implementing programmes in homes.
- Nine States have commenced the implementation of HIV/TB prevention and treatment services in homes and other States are in the process of rolling out the intervention.

Based on the guidance of AS & DG (NACO), majority of the States where intervention formally inaugurated have signed MoU between SACS, State Prisons department and Dept. of Women and Child Development to ensure effective implementation of proposed HIV/TB intervention.

Enhancing Partnerships between Law Enforcement Agencies & Civil Society Organizations in the Context of Drug Use and HIV:

The legal and structural barriers continue to pose huge challenges in reaching out to the most vulnerable population with HIV prevention and treatment services. In order to sensitize and forge partnerships between officials enforcing law; NGOs implementing TI interventions and senior officials working with State Health System, a State-level sensitization workshop was organized under the chairmanship of AS & DG, NACO in Guwahati, Assam. There were 7 national-level consultations held and 36 State/district-level sensitization workshops were organized through which more than 1,400 officials were sensitized on various aspects of drug use and HIV; and NDPS Act. These workshops provided a stage for discussion and experience sharing in promoting partnerships between key functionaries of law enforcement Agencies (LEA), TI-NGOs and the State Health Department.

Other Initiatives under TI

With the cooperation of Development Partners, bilateral and multilateral agencies NACO is making concerted efforts to pilot newer initiatives.

Following are some of the key highlights:

- a) **Sunrise:** The Project supports the NACO's efforts to curb the epidemic through an

accelerated response of prevention to care and treatment continuum services among key populations (KP)/HRG, with a focus on PWID/IDU. Project Sunrise has been implementing data-driven and innovative approaches in collaboration with NACO, SACS and TI NGOs to accelerate the HIV/AIDS response to achieve epidemic control.



- b) **Linkages:** 'Linkages across the continuum of HIV Services for KPs Affected by HIV (LINKAGES Project) is to provide Technical Assistance (TA) for promoting the HIV cascade of services. LINKAGES in India is being implemented in six PEPFAR cluster districts in states of Andhra Pradesh (Krishna, Guntur and East Godavari) and Maharashtra (Mumbai, Pune and Thane); and providing support to NACO to strengthen specific areas of services for KP through innovative strategies.

- c) **Cluster Strategy:** USAID and CDC in collaboration with NACO jointly developed cluster strategy and implementing various activities to enhance HIV/AIDS Care Prevention and Treatment services at selected districts. (USAID/CDC through FHI360 and

other development partners).

- d) **Hridaya:** Hridaya is implemented by India HIV/AIDS Alliance, as a part of Alliance Integrated Harm Reduction Programme (AIHRP) of International HIV/AIDS Alliance Brighton. The Project Hridaya has been designed to address the capacity building needs and implementation gaps in Uttarakhand, Uttar Pradesh and Bihar. More than 2700 IDUs and 700 of their female sex partners have been provided with essential harm reduction services during this reporting period.

- e) **Nirantar:** Project Nirantar is a civil society capacity building for advocacy and response to the HIV/AIDS epidemic among KPs (FSW, MSM, H/TG and IDU)

in Chhattisgarh, Madhya Pradesh and Odisha primarily focusing on building the local capacity initiatives of TI NGOs and SACS. The project has built the capacity of more than 128 TIs through a mentorship programme; enabled KPs to avail social protection schemes; sensitized healthcare providers across facilities at district level; and obtained community feedback by deploying community score card approaches to ensure quality service delivery.

- f) **Multi-country South Asia HIV program for MSM & HTG:** The regional HIV programme is to reduce the impact of HIV on MSM and H/TG in South Asia funded by Global Fund to Fight AIDS, TB and Malaria (GFATM) under Round 9. Under the VHS-MSA DIVA Project during the year 2018 – 2019, the project has capacitated more than 250 TI staff on various components of NACO TI operational guidelines on HTG people, sensitised around 100 Government and key stakeholders on issues affecting HTG people, advocated with around 600 people at State and local levels on HIV related issues affecting HTG people.
- g) **Community System Strengthening:** NACO is leading a focused initiative on vulnerability reduction and Community System Strengthening (CSS) focussing on CBOs of Andhra Pradesh, Telangana, Karnataka, Maharashtra and Tamil Nadu for FSWs program (BMGF through SWASTI). During the reporting period (January, 2018 to September, 2018), the project has continued to provide technical support on vulnerability reduction services for 64 COs across 5 States (Andhra Pradesh, Telangana, Tamil Nadu, Maharashtra & Karnataka).
- h) **Employer Led Model (ELM):** The ELM has been designed to provide HIV/AIDS prevention to care services to informal labourers including migrants and truckers,

who are linked to the industries directly or indirectly. Under this model, efforts are made to involve major industries and associations to integrate comprehensive HIV/AIDS prevention to care programme within their existing structure. MoUs are signed by the SACS with the respective employers. SACS/TSU build the capacity of the employers and support them to conduct different activities for the informal labourers. Around 527 MoUs are signed with the industries. The achievements for MoU signing is 72%. Out of total MoUs signed, about 444 number of industries have started implementing activities for the informal labourers and around 1.60 lakh informal workers are covered through the outreach activities.

District AIDS Prevention and Control Units (DAPCU)

In NACP-III, as a major structural reform, the management of HIV prevention and control programme was decentralized to district level. Using the HIV Sentinel Surveillance data (2004-2006), all the districts in the country were divided into four categories (Category A, B, C and D) based on the disease burden. As per this, there were 156 Category A and 39 Category B districts (total 195 districts) across the country that required priority attention. NACO established DAPCUs in 188 such districts to provide programmatic oversight through decentralized facilitation, monitoring and coordination of HIV/AIDS programme activities in the district.

The major responsibility of DAPCU is facilitation, monitoring and coordinating NACP activities at the district and sub-district level by integrating with the health system to the extent possible for better synergy and optimal results. DAPCUs, through active engagement of the district administration engages allied line departments and private sector in mainstreaming the programme and advocates district-specific initiatives even by leveraging local resources. This helps in linking vulnerable

population with various social entitlements and welfare schemes. DAPCU staff builds the capacity of the facility staff, monitor the referrals and linkages through regular supervisory visits to HIV facilities and monthly review meetings, addresses supply chain management issues through inter and intra-district transfers and make troubleshoot visits, wherever necessary.

A team of experts under DAPCU National Resource Team (DNRT), have been able to continuously mentor these district level units, at the same time, have been providing technical assistance at the state and national level to improve the functioning of DAPCUs. To promote wider sharing of knowledge within the districts, different platforms have been created. One of them is identification of successful approaches and models, documenting them as case studies and sharing them widely with all the DAPCU staff in the form of “DAPCU Series”. This practice has encouraged many DAPCUs to document and present their achievements to SACS and NACO through DAPCU series. While it is difficult to include all the experiences through this mode, the need for a larger space was felt. “DAPCU SPEAK” (<http://dapcuspeak.blogspot.in/>), is another initiative that emerged from this experience. This helps in peer learning and gradual building of knowledge in the field staff, if used properly.

Link Worker Scheme (LWS) - Reaching-out to Rural Populations

In fourth phase of NACP, the LWS has been designed to intensify and consolidate the prevention services focusing on risk population in the rural areas with a mandate to work in 128 districts across 16 States of India in the FY 2018-19. Two districts are withdrawn since last year. The LWS aims to address complex needs of rural HIV prevention, care and support through identification and training of village level workforce of Zonal Supervisors, Cluster Link Workers and other stakeholders on issues of HIV/AIDS, gender, sexuality and Sexual Tract Infections.

The scheme envisages creation of demand for various HIV/AIDS related services, linking of the target population to existing services (as the scheme itself does not create any service delivery points), creating an enabling and stigma free environment, ensuring the target population continue to access information, services in a sustained manner, creating linkages with services of other departments through ASHA volunteers, anganwadi workers, panchayat heads etc.

The scheme involves highly motivated and trained community members – 20 Cluster Link Workers in each district for clusters of villages (usually 5 villages each) – responsible for establishing linkages between the community on one hand and information, commodities and services on the other. These Cluster Link Workers are supervised by 2 Zonal Supervisors in each district.



The specific objective of the scheme includes: Reach out to HRGs and vulnerable men and women in rural areas with information, knowledge, skills on STI/HIV prevention and risk reduction. This entails: (a). Increasing the availability and use of condoms among HRGs and other vulnerable men and women. (b). Establishing referral and follow-up linkages for various services including treatment for STIs, testing and treatment for TB, ICTC/PPTCT services, HIV care and support services including ART, (c). Creating an enabling environment for PLHA and their families, reducing stigma and discrimination against them through interactions with existing community structures/groups, e.g. Village Health Committees (VHC),

Self Help Groups (SHG) and Panchayat Raj Institutions (PRI).

LWS Progress in FY 2018-19

In FY 2018-19, LWS was proposed to be implemented in 128 districts across 16 States. As on March, 2019, LWS was implemented in 121 districts. Under the scheme, over 50,311 FSW, 4,121 IDUs, 5,100 MSMs and 226 TGs were reached in rural areas nationally. In addition to this, the scheme also covered nearly 5.0 lakh migrants, 0.78 lakh truckers and 6.4 lakh other vulnerable populations. The programme also reached out to 21,637 PLHIV; 1.4 Lakh ANC and around 12,559 TB cases. Around 8.8 Lakh population were tested for HIV; and 41,907 cases have sought treatment for STI. The above services were provided by establishing linkages with existing services. 60,04,025 free condoms and approximately 6,75,112 socially marketed condoms were distributed during the period.



Condom Promotion Programme

Condom promotion by the MoHFW, Government of India (GoI) has a long history. In the initial period, condom was promoted under National Family Planning Program. With the emergence of HIV as a serious health threat, promotion of condom for preventing HIV/AIDS was taken under the NACP. With the knowledge that maximum percent of HIV infection is transmitted through unsafe sex, significant efforts have been made by NACO to increase the awareness and usage of condoms to prevent the transmission of HIV/AIDS. NACP

has consistently focussed on prevention from HIV/AIDS through safe sex practices. Given the significant role of condoms in the prevention of STI/HIV infections, the NACO promotes condom use for controlling the epidemic.

In view of the prevailing status regarding condom usage in the country, a well-focussed national level condom programme has been implemented that includes distribution of free condoms among the most vulnerable ones. The desired behavioural outcomes of the condom programme are to increase consistent use of condoms among men with the non-regular sexual partners or in commercial sex encounters and among married couples for preventing unwanted pregnancies.

Condom Demand Generation

NACO continued to follow its communication framework devised under the current strategy adopted for long term that is based on promoting condom use by enhancing self-risk perceptions. The primary objective is to motivate the behaviour change among the key target population like HRGs, bridge population as well as general population especially the youth as a category. Under this strategy, all condom promotion communication activities were developed to focus on bringing positive behaviour change towards consistent condom use. These promotions are designed to promote condoms for its benefits of triple protection from the risks of HIV/AIDS, STI and unwanted pregnancy.

NACO promotes safe sex and regular condom use through its campaigns on mass media. These condom promotion campaigns on mass media are aired on national networks of Door-darshan, leading Cable & Satellite Channels, All India Radio and private FM channels to ensure countrywide footprints. This year, a new mass media campaign was developed in Hindi and other regional languages.

The new campaign is based on theme of 'making regular condom use a habit' to ensure its consistent

use. The basic premise of this communication is to encourage audience to adopt safe sex practice by using condom every time. This campaign has been developed in two parts depicting various common incidents and events occurring in daily life of a lay man. The essence of each of these episodes is to highlight benefits of good habits and thus appealing for making condom use a habit in order to play safe while having sex. This campaign was conceived to be an integrated one encompassing compatibility across various media platforms including television, radio, outdoor, social media sites on the internet, mid-media activities, leaflets and merchandise as promotion material for display at the points of purchase. Digital cinema screening was also included in condom campaign; media plan to reach out to the target population through cinema halls of smaller towns. Only those cinema halls located in priority districts are shortlisted.

Free Supply of Condoms

Condom programme implemented by NACO focuses on optimizing the supply of free condoms to ensure availability to the vulnerable population and minimize the wastage of free condom. The institutional mechanism has been established to regularly track, free condom supply received from Ministry of Health & Family Welfare to SACS to avoid stock out situation at SACS; to analyse free condom from SACS to TI-NGOs and subsequent distribution from various TI-NGOs to Most at Risk Populations (MARPs); and estimate free condom demand at TI-NGO and SACS levels based on previous data analysis. The annual condom demand is estimated at SACS based on HRGs coverage, past condom usage trends and reviews of existing inventory of free condoms at SACS as well as at TI-NGOs covered by SACS. NACO in close collaboration with respective SACS ensures availabilities of free condoms under National Health Mission (NHM) and stocks are transferred from NHM to SACS wherever feasible. Based on the budget available with NACO, below is the State wise supply of free condoms in FY 2018-19:

Table 24.3.8: Free Condom Estimation under NACO for 2018-19

States	Estimated Annual Demand of Free Condoms	Total Supply
Ahmedabad	2,412,000	2,050,000
A&N Islands		-
Andhra Pradesh	47,046,960	43,412,900
Arunachal Pradesh	444,000	450,000
Assam	5,412,000	5,500,000
Bihar	5,304,528	3,000,000
Chandigarh	2,418,000	2,000,000
Chhattisgarh	9,000,000	8,200,000
Dadar & Nagar Haveli	14,400	100,000
Daman & Diu	390,000	400,000
Delhi	24,948,000	21,118,950
Goa	1,680,000	1,500,000
Gujarat	12,384,000	11,800,000
Haryana	4,848,000	4,700,000
Himachal Pradesh	1,801,452	1,700,000
Jammu & Kashmir		250,000
Jharkhand	1,200,000	1,000,000
Karnataka	27,186,492	26,000,000
Kerala	4,920,000	4,025,000
Lakshadweep		50,000
Madhya Pradesh	7,200,000	6,300,000
Maharashtra	60,600,000	56,000,000
Mumbai	12,000,000	11,000,000
Manipur	3,600,000	3,200,000
Meghalaya	369,600	250,000
Mizoram	999,996	328,727
Nagaland	2,078,136	1,850,000

States	Estimated Annual Demand of Free Condoms	Total Supply
Odisha	6,564,000	5,900,000
Punjab	4,343,796	4,200,000
Puducherry	1,020,000	900,000
Rajasthan	6,660,000	5,500,000
Sikkim	244,440	500,000
Tamil Nadu	18,763,500	18,000,000
Telangana	28,788,600	22,807,678
Tripura	1,080,000	600,000
Uttar Pradesh	16,018,200	15,192,313
Uttarakhand	1,800,000	1,400,000
West Bengal	4,324,632	3,600,000
Total	327,864,732	294,785,568

24.4 SEXUALLY TRANSMITTED INFECTIONS (STI) AND REPRODUCTIVE TRACT INFECTION (RTI) CONTROL & PREVENTION PROGRAM

The prevention and control of STIs is a well-recognised, cost effective strategy for controlling

HIV transmission and reducing reproductive morbidity. Early diagnosis; appropriate and complete treatment of STI/RTI reduces the transmission rate of HIV infection by more than 40%. Syndromic Case Management (SCM), with minimal laboratory tests is the cornerstone of STI/RTI management under NACP. The key strategies for STI prevention and control are to (a) interrupt transmission where it spreads fastest, and (b) provide services for all who may need them.

Currently, there are 1,165 NACO supported DSRC across the country (at least one DSRC per district). There are two arms of DSRC are a) Obstetrics & Gynaecology OPD and b) STI OPD under dermatovenereology clinics and provide services through existing public health care delivery system.

The details of number of individual availed STI service and diagnosed STI and pregnant women tested for Syphilis and diagnosed syphilis during FY 2017-18 and FY 2018-19 (from January, 2018 till March, 2019 along with North –East data), are provided in the following table.

Table 24.4.1: STI/RTI Testing and sero-prevalence

FY	No. of Individual availed RPR/VRDL Service	No of Individual Reactive	No. of Individual referred to ICTC for HIV test	No. of Individual Found HIV positive	Total ANC registration reported in STI/RTI centre	No. of PW tested for Syphilis	No. of PW found Syphilis reactive	No. of PW Treated for Syphilis
2017-18	40,21,460	16,863 (0.4%)	36,77,932	15,840 (0.43%)	44,98,740	36, 80,696 (82%)	3946 (0.11%)	1882 (48%)
2018-19*	5036552	21734 (0.43%)	4602583	18179 (0.39%)	5670876	4685829 (82.64%)	5073 (0.10%)	2591 (51.07%)

(* from Jan, 2018 till Mar, 2019)

The sero prevalence of Syphilis is observed to be declining steadily among patients with STI/RTI, pregnant women and HRGs.

NACO target is to manage 94.8 lakh episodes of STI/RTI in 2018-19, out of which the program has achieved 88.35 lakh (93%) till March, 2019.

Pre-packed STI/RTI colour-coded Kits

The colour coded STI/RTI kits have been provided for free supply at all DSRCs and TI NGOs to standardize the treatment. The pre-packaging of the drugs is being recognized as one of the global innovation in STI programme management. The

drugs used to treat common STI/RTI are included in the National/State List of Essential Drugs. The division also procured Injection Benzathine Penicillin 2.4 million units for all health facilities including NHM facilities.

Regional STI/RTI Training, Research and Reference Laboratories

There are 10 functional Regional STI Training, Reference and Research Laboratories supported & strengthened by NACO. These are located at :

- 1) Osmania Medical College, Hyderabad
- 2) Medical College Kolkata and Institute of Serology, Kolkata
- 3) Government Medical College, Nagpur
- 4) Government Medical College, Baroda
- 5) Institute of Venereology, Chennai
- 6) Maulana Azad Medical College, New Delhi
- 7) BYL Nair Hospital, Topiwala National Medical College, Mumbai
- 8) Government Medical College, Guwahati, Assam
- 9) Post Graduate Institution of Medical Education and Research, Chandigarh
- 10) Safdarjung Hospital, New Delhi which acts as the Apex Centre as well as Regional

Laboratory for the country.

The key functions of these laboratories are to provide etiologic diagnosis of common STI/RTI syndromes, validation of syndromic diagnosis, monitoring of drug sensitivity of gonococci and implementation of Syphilis External Quality Assessment Service (EQAS).

NACO and CDC with SHARE India have conducted assessment of all the Regional STI Centre last year, during assessment of Quality management system and programme component.

During the period May-August, 2017, Apex Regional center, (Safdarjung Hospital) has conducted STI Surveillance and community based study in HRGs to find out the Susceptibility & Sensitivity Pattern of Gonococci (GASP), first line drug used for the Gonorrhoea.

Training and Capacity building and regular onsite mentoring of STI/RTI service providers.

Standardized training curriculum for doctors, staff nurse, laboratory technician and counsellor is in place. The training to these staff is provided in a cascade form through a cadre of national, State and regional resource faculties across all States. All faculty members have been trained using the same training material, following adult learning methods. The State and regional resource faculties in turn have conducted training of STI/RTI clinic staff in the designated clinic and TI NGO. Additionally, each district has district resource facilities for training doctors, nurses and laboratory technicians on STI/RTI management for sub district health facilities (PHC, CHC, and Sub –district hospital), and doctors in private sector also.

Basics of STI programme activities were included in the curriculum developed for trainings of ANM at FICTC and laboratory technicians of ICTC, wherein the related curriculum has been incorporated into their existing curriculum so as to make service delivery comprehensive. To enable screening of pregnant women accessing labour room directly, a training module was designed to orient labour room nurses for screening of direct walk in pregnant women both for HIV and Syphilis.

Convergence with NHM

STI/RTI services are also an integral part of services provided at all Government health facilities including PHC/CHC. At each of these health facilities a standardized service delivery protocol is followed. Medical and paramedical staffs are trained, free STI treatment is provided to patients and monthly reports on STI/RTI indicators

are reported by these facilities through existing HMIS.

In addition of earlier indicators, the following indicators of Syphilis have been incorporated in the Health Management Information system (HMIS).

1. Number of PW tested using POC test for Syphilis
2. Out of above, number of PW found sero-positive for syphilis
3. Number of pregnant women tested for Syphilis
4. Number of pregnant women tested found sero-positive for Syphilis
5. Number of syphilis positive pregnant women treated for Syphilis
6. Number of babies diagnosed with Congenital Syphilis
7. Number of babies treated for congenital Syphilis

National operational guidelines and training modules for medical officers and para-medical staff for STI/RTI services have been developed jointly by NACO & NHM and disseminated. A joint convergence meeting between NACO and NHM is conducted once every quarter. STI curriculum is integrated in the training module for nurses and an integrated package of STI/HIV training is imparted by Indian Nursing Council for nursing staff as per the standardized curriculum.

NACO has revised national STI/RTI technical guidelines, 2014 in consultation with NHM. STI Division and NHM are jointly implementing Elimination of Parent to Child Transmission (EPTCT) of Syphilis and has done joint procurement of Inj. Benzathine Penicillin for NHM.

Provision of STI/RTI Services in HRG Population

The provision of a standardized package of STI/RTI services to HRG population is an important

component of the TI projects. All the core group population receives packages of services which include:

1. Free consultation and treatment for their symptomatic STI complaints
2. Quarterly medical check-up
3. Asymptomatic treatment (presumptive treatment)
4. Bi-annual syphilis and HIV screening

Preferred Private Provider approach has been rolled out to scale up STI/RTI services to HRG population under TI Projects. These providers are selected by the community members through group consultation. This approach has enhanced access to services for the HRG. Under this approach, all the HRG receives free STI/RTI treatment and the providers receive a token fee of Rs.75 per consultation. A total of 3400 preferred providers are providing STI/RTI services to the HRG. All these preferred providers are trained using a standardized curriculum on syndromic case management. Colour coded STI/RTI drug kits have also been made available to these providers for free treatment of sex workers, MSM and IDU, and data collection tools are also provided to them.

Partnering with PSU and Professional Organization

The major proportion of patients with STI/RTI seek services from the vast network of private health care delivery systems ranging from freelance private practitioners to large public hospitals. Also, many populations are accessing services from public health care systems under other sectors like railways, ESI, Armed Forces, CGHS, Railways, Port hospitals as well as health facilities of public sector undertakings like Coal India Ltd, SAIL etc. It has been felt that reaching out to maximum number of people suffering from STI/RTI is not possible without partnership with private sector and organized public sector. NACO has initiated

partnership with organized public sector and private sector through professional associations to support the delivery of STI/RTI services with the objective to reach the populations presently not covered by the public health care delivery system. STI/RTI services have been rolled out in major port hospitals, ESIC, private medical colleges.

National Strategic Plan 2017-2024 (NSP)

The vision of STI/RTI control and prevention program is to provide standardized STI/RTI services and Sexual and Reproductive Health services (SRH) at all levels of health system through convergence with NHM and private sector; especially focusing on women, adolescent and marginalized population.

The strategies propose to provide comprehensive STI/RTI services not only to vulnerable populations and HRGs but also to the general population and communities at large. In doing so, NACO will ensure greater convergence and ownership of STI/RTI management in the general health system and partnership with private sector.

24.5 BLOOD TRANSFUSION SERVICES

The annual requirement of blood for the country is estimated at 1.5 crore units of blood and the endeavour is to meet the blood needs of the country through voluntary non-remunerated donation through a well-coordinated and networked blood transfusion service.

Blood Transfusion Services (BTS)

The BTS comprise of 3,108 licensed blood banks across all states and sectors, of which a network of 1,131 blood banks are supported by NACO in the way of equipment, manpower and consumables. Overall 75.05% of blood was subjected to componentization in NACO supported Blood Component Separation units in 2018-19.

NACO has been primarily responsible for ensuring provision of safe blood for the country since 1992. During NACP, the availability of safe blood increased from 44 lakh units in 2007 to 1.22 crore units by 2018-19. During this phase, incidence of donor HIV sero-reactivity has declined from 1.2% to 0.14% in NACO supported blood banks.

Table 24.5.1: Blood Donation statistics for Blood Transfusion Services, India

Financial Year	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19
Total Collection(in Millions)	9.8	9.95	10.83	10.8	11.09	11.45	12.20
Collection in NACO supported BB (in millions)	5.48	5.76	6.64	6.3	6.6	6.9	7.2
Voluntary Blood Donation in NACO supported BB (%)	84	84	84	79	77	78	76
HIV (%)	0.2	0.2	0.14	0.14	0.12	0.13	0.14
HBsAg (%)	1.1	1	0.85	0.86	0.92	0.89	0.78
HCV (%)	0.4	0.4	0.33	0.34	0.3	0.29	0.33
MP (%)	0.1	0.1	0.08	0.07	0.05	0.07	0.05
VDRL (%)	0.2	0.2	0.18	0.15	0.21	0.18	0.23
Component Separation in NACO supported BCSU	-	58.70%	61.60%	69%	68%	71%	75.05%

During the FY 2018-19, 70.2 lakh blood units were collected across the country in NACO supported blood banks. 76.30% of the collection was through voluntary blood donation (VBD). The VBD percentage is comparatively lower than the previous years due to a change in definition of voluntary blood donor, so as to exclude family donors.

Key Strategies:

Government has adopted a comprehensive approach towards strengthening BTS, key strategies for which include:

- Increasing regular voluntary non-remunerated blood donation to meet the safe blood requirements of safe blood in the country;
- Promoting component preparation and availability along with rational use of blood in health care facilities and building capacity of health care providers to achieve this objective;
- Enhancing blood access through a well networked regionally coordinated BTS;
- Establishing Quality Management Systems to ensure safe and quality blood and
- Building implementation structures and referral linkages.

National Blood Transfusion Council (NBTC)

The functions of NBTC as the policy formulating apex body in relation to all matters pertaining to operation of blood centers are as follows:

- Commitment to provide safe and adequate quantity of blood, blood components and blood products through an organized blood transfusion service in the country;
- Formulate and implement National Blood Policy and implement National Blood Programme in the country; Make latest technology available for operating the

BTS and encourage the appropriate use of blood and blood product and encourage the research and development of field transfusion medicine and related technology

- Take adequate regulatory and legislative steps in blood transfusion process and provide adequate resource policy framework of blood bank services in the country.

NBTC and State Blood Transfusion Council (SBTC) are the apex bodies responsible for BTS at national and state level.

Activities of NBTC in 2018-19 include:

1. EQAS through two Proficiency Testing providers @ Rs. 4,000 per blood bank per year for
 - a) 179 blood banks through CMC, Vellore completed
 - b) 189 blood banks through SDMH, Jaipur Completed
2. Review meeting of SACS/SBTC and RTC held in March, 2018
3. Dissemination of report of National Study on Blood Requirement in India
4. TRG meeting held in May, 2018
5. Draft document of BB and BTS Standards submitted to TRG for review
6. Observance of World Blood Donor Day through a month long campaign
7. Nation-wide VBD drives in partnership with Akhil Bharatiya Terapanth Yuvak Samiti, TCIF, NTR trust, Rotary Club
8. First meeting of Standing Committee of NBTC under the chairpersonship of JS Policy, MOHFW on 27th June, 2018
9. First meeting of Expert Working Group for VBD Guidelines held on 28th June, 2018

10. Dissemination of revised Manpower Norms for blood banks with recommendation to DCG(I) for regulatory amendments
11. MoU with AATM for conduction of trainings for private sector blood banks
12. National Review Meeting for Regional Training Centres and curriculum review in September, 2018
13. Expansion of pool of master trainers for counselling blood donors in September, 2018
14. Review and revision of specifications of blood bags to include triple blood bags with SAGM and diversion pouch in triple and quadruple blood bags.
15. Review and revision of specifications of testing kits to include IVth generation kits for HIV ELISA, HIV Rapid and HCV ELISA.
16. Recruitment against vacancy of Programme Officer QC
17. Training of the Technical Officers for lab services and blood bank conducted in NACO HQ in March, 2019
18. Joining of Medical Officer with Pathology qualification through detailment from CGHS
19. Development of Mobile app for NBTC, security audit and upgradation of NBTC website.



भारत सरकार स्वास्थ्य एवं परिवार कल्याण मंत्रालय
GOVERNMENT OF INDIA MINISTRY OF HEALTH AND FAMILY WELFARE

NATIONAL BLOOD TRANSFUSION COUNCIL
राष्ट्रीय रक्त संघरण परिषद्

Ministry of Health and Family Welfare, Government of India NACO

HOME ABOUT NBTC FOR CITIZENS FOR BLOOD BANKS GALLERY NEWS & EVENTS SETCS IMPORTANT LINKS CONTACT US DONOR LOGIN FACILITY LOGIN

3023 Blood Banks

11.45 Million Units of Blood Collected*

78% of Blood Collected from Voluntary Blood Donors*

*Source - BTX Data 2017-18, NACO

Announcements For counselling training will be held on 26, 27 & 28th March 2019 at K.E.M Hospital Mumbai. For any information please contact Dr. Charusmita Modi, Chief

Welcome to the website of National Blood Transfusion Council of India.

Promotion of Voluntary Blood Donation

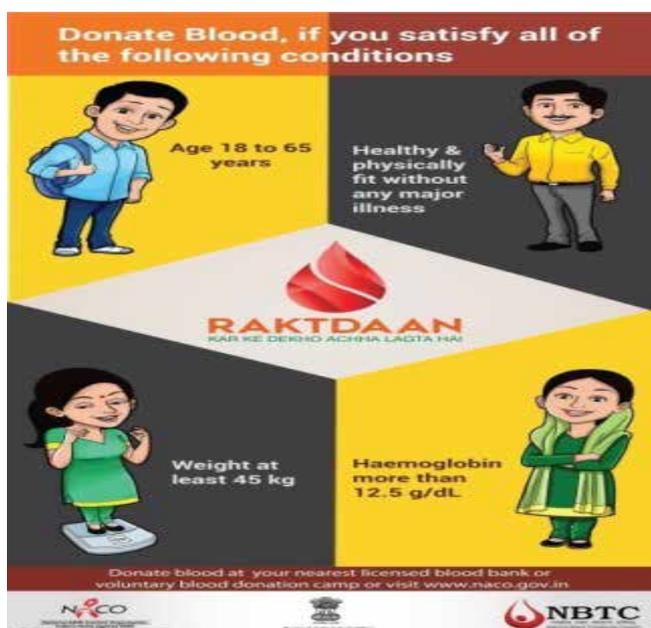
Special days such as World Blood Donor Day and National Voluntary Blood Donation Day were observed at national and state level recognizing the contribution of repeat non-remunerated repeat voluntary blood donors.

Logo and tagline for VBD has been developed (Raktdaan, Karke Dekho, Achcha Lagta Hai). It will be used extensively in all the IEC Material developed and will give a separate entity to VBD.

IEC material has also been created which consists of posters, leaflets, standees, corporate docket, short movie and exhibition panels. These IEC Material was developed by taking inputs from central & State officers of BTS, VBDs, SACS Youth and IEC officers along with field experts in transfusion medicine, blood donor counselling, blood donor motivation and recruitment and representatives of NGOs engaged in promotion of VBD.

Communication Strategy has also been developed to support the optimal use of IEC materials.





24.6 BASIC SERVICE DIVISION (BSD)

The BSD of the NACO provides HCTS for HIV infection, the first critical step in detecting and linking people with HIV to access treatment cascade and care. It also provides an important opportunity to reinforce HIV prevention. The national programme is offering these services since 1997 with the goal to identify as many people living with HIV, as early as possible (after acquiring the HIV infection), and linking them appropriately and in a timely manner to prevention, care and treatment services. The introduction of ART services for people living with HIV/AIDS in

2004, gave a major boost to counselling and testing services in India.

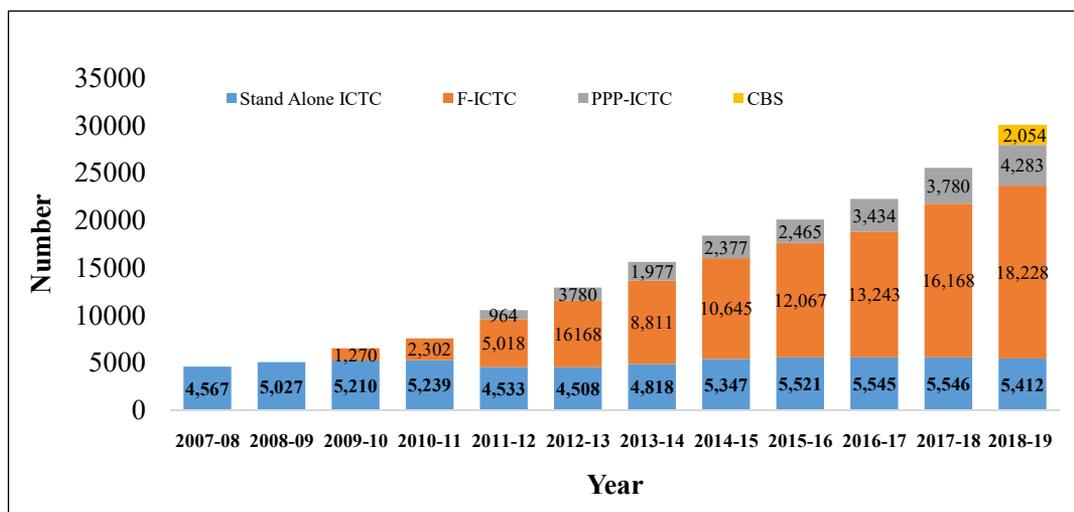
The HCTS include the following components:

- Integrated Counselling and Testing Centres (ICTC)/HCTS
- Prevention of Parent-To-Child Transmission of HIV (PPTCT)
- HIV/TB collaborative activities

A. Integrated Counselling and Testing Centre (ICTC)

There are different types of HCTS facilities in India, which include Standalone ICTC (SA-ICTC), Mobile ICTC, Facility Integrated Counselling and Testing Centres (F-ICTCs), Public Private Partnership ICTCs (PPP ICTCs), and CBS for HIV including Village Health Nutrition Day (VHND). The terminology of ICTC becomes HCTS Centre after the release of National HCTS Guideline Dec 2016. In order to offer HIV testing to every pregnant woman in the country, so as to enhance detection of all HIV positive pregnant women and eliminate transmission of HIV from parent to child. There is an increase in the number of ICTCs in the country, clearly portraying integration of counselling and testing services under general health services, increase in geographical coverage of these services below block level, better accessibility and addressing sustainability.

Scale-up of ICTCs during the period from 2007-08 to 2018-19



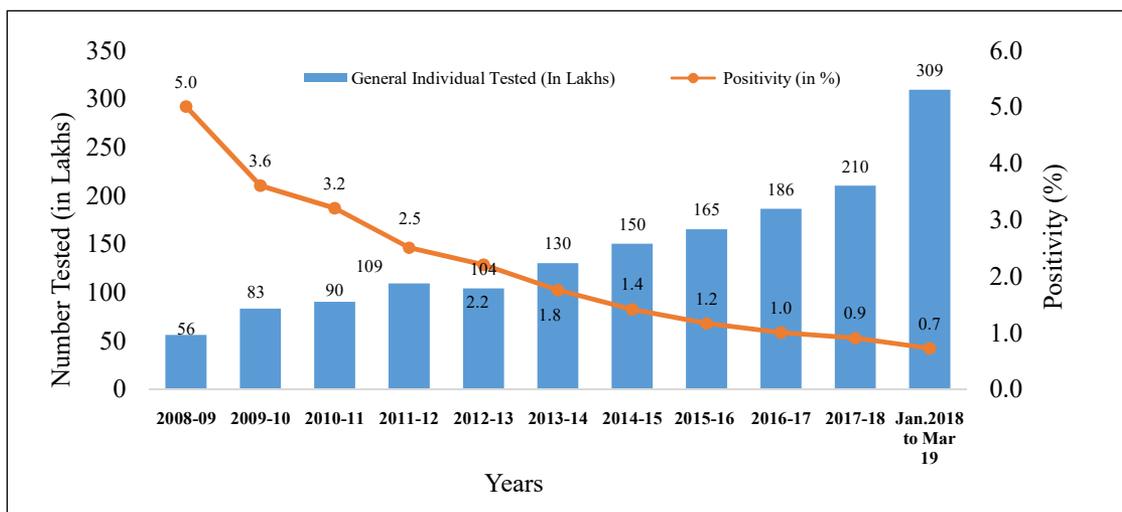
(data (provisional) source is Strategic Information Management System (SIMS) as on March, 2019 and the cumulative data since April, 2018 –March, 2019 has been taken)

HIV Counselling and Testing Services of General Individuals

During the FY 2017-18, around 209.9 lakhs general individuals were tested for HIV out of against the annual target of 180.7 lakhs and out of which 182,397 general individuals were diagnosed

HIV positive. While, during Jan, 2018 to March, 2019, around 308 lakhs general individuals have been tested for HIV, out of which 2,21,428 were diagnosed HIV Positive. The below Figure shows year wise general individuals tested for HIV and the positivity.

Scale-up of General Individuals tested and positivity in ICTCs during the period from 2007-08 to 2018-19



(data (Provisional) source is SIMS as on 22nd April, 2019 and the cumulative data for Jan, 2018 to March, 2019 has been taken)

B. Prevention of Parent to Child Transmission of HIV (PPTCT)

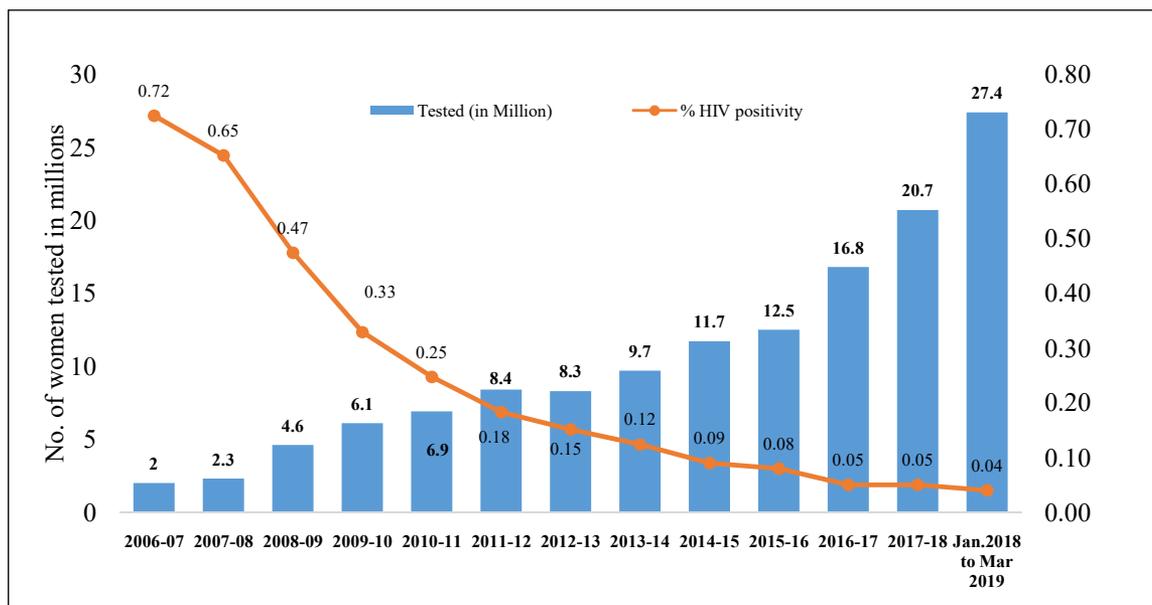
The PPTCT programme was started in the country in the year 2002. As on 2019 March, 29,977 ICTCs in the country offer PPTCT services. The aim of the PPTCT programme is to offer HIV testing to every pregnant woman (universal coverage) in the country, so as to cover all estimated HIV positive pregnant women and eliminate transmission of HIV from mother-to-child. During the FY 2015-16, NACO has decided to implement Early Infant Diagnosis(EID) service through all SA-ICTCs (fixed) across the country. Currently this service is available through all (5,412) SA-ICTCs.

In the FY 2017-18, against the target of 180.7 lakhs pregnant women, 207.7 lakhs were tested for HIV. Out of which, 9,550(new cases) pregnant women

were found HIV positive. There were 4,792* known HIV positive Pregnant women were also reported in FY 2017-18. Out of total (new +known) 14,342 HIV positive pregnant women, 93% (13,276) were registered at ART and 91% (13,027) were initiated lifelong ART. Further HIV exposed live birth reported in 2017-18 is 11,409 out of which, 87% babies were initiated ARV prophylaxis.

During the period of January, 2018 to March, 2019, around 274 Lakhs of pregnant women were tested** for HIV, and total 18,240 (11,839 new cases & 6,401 known cases*) HIV positive cases were reported, out of which, 91% (16,604) were initiated lifelong ART*. During Jan, 2018 to Mar, 2019, around 13,768 HIV exposed live birth were reported, out of which 11,870 (86.2%) babies were received ARV prophylaxis.

Scale-up of Pregnant Women tested and positivity in ICTCs during the period from 2007-08 to 2018-19



(**data (provisional) source is SIMS as on 22nd Apr., 2019 and the cumulative data since Jan, 2018 to March, 2019 has been taken)

*(CST-MPR Report)

1. Early Infant Diagnosis (EID)

HIV exposed infants born to infected pregnant women have to undergo DNA-PCR tests using Dried Blood Spot (DBS) test (DNA-PCR). During

January, 2018 to March, 2019, about 7,491 babies (6 weeks to 6 months) were tested under the EID Programme using DBS DNA PCR, out of which 137(1.8%) babies were confirmed HIV positive

under DBS DNA PCR confirmatory test, and 100 (73%) babies were put on ART. Under this period, 5,216 HIV exposed babies (6 weeks to 6 months) were initiated on CPT.

Total no. of HIV exposed babies who underwent 18-month antibody test was 9,234, among these babies 399 (4.3%) were diagnosed/confirmed HIV positive and 356 (89.2%) initiated on Paediatric ART.

2. Quality Improvement Initiatives under Basic Services

I. Supervision and Monitoring Mechanism:

Supportive Supervisory visit conducted by BSD Official to NACP facilities in Haryana, Punjab and Chandigarh from 7th & 10th-12th July, 2018 to review on ground implementation of the NACP services. This visit was aligned with PLHIV-ART Linkage System (PALS) Training programme organized by Chandigarh and Haryana SACS.

II. Quality assurance and EQAS: The diagnostic services provided through ICTCs across the country are strictly monitored by a strong Internal and External Quality Assurance Scheme (EQAS).

III. Supply Chain Management: A strong monitoring mechanism for inventory management is in place. The inventory status for all commodities at the State, District and Facility level is monitored on monthly basis at the National level.

IV. PLHIV-ART Linkage System (PALS): NACO has implemented PALS in India for tracking & monitoring of cascade of services provided to HIV Positive general individuals, pregnant women and their children. PALS allow the tracking services provided by different health facilities at different time points & geo-locations. All States/UTs implemented PALS and are reporting data in it.

V. Community Based Screening approach:

CBS is an important approach for improving early diagnosis, reaching first-time testers and people who seldom use clinical services, including men and adolescents in high-prevalence settings and HRG populations. To improve HCTS access and coverage, community-based HIV screening is carried out through various approaches such as:-

- a) Mobile HCTS;
- b) Screening by ancillary health-care providers (ANC);
- c) Screening for HIV by TI (TI-ICTC);
- d) HCTS for prison inmates and
- e) HCTS at the workplace.

Currently the bulk of CBS efforts are through targeting HRGs via TIs and Other Development Partners and CSO.

- In this regards regional ToT were conducted in different regions to create master pool for conducting the field level training. NACO has completed the TOTs and around 2,015 master trainer are trained from all 36 States/UTs.
- Standard Operating Procedures for CBS and training manual "Testing through TI" for Community Based HIV testing under National HIV Counselling & Testing Services Guidelines, 2016 has been shared with all the States.
- As on 2018 December, 1,821 CBS sites were established under different settings as mentioned above and reporting to NACP through SIMS.
- In current financial year approximately 8 lakh Pregnant Women were screened for HIV through VHND level testing.
- As per the current SIMS Report, 25 States are implementing CBS. Out of 1,427 TIs,

786 TIs are reporting in SIMS with 4.1lakh individuals screened since April, 2018, and there are multiple civil society organizations having conducted a cumulative of 100,000+ screenings.

- VI. Achieving Elimination of Mother to Child Transmission of HIV (EMTCT):- Every year, globally, an estimated 10.4 lakh women living with HIV become pregnant. Untreated, they have a 15-45% chance of transmitting the virus to their children during pregnancy, labour, delivery or breastfeeding. However, the risk drops to just over 1% if ARV medicines are given to both mothers and children at the stages when chances of transmission can occur. As treatment for prevention of mother-to-child-transmission is not 100% effective, elimination of

transmission is defined as a reduction of transmission to such a low level that it no longer constitutes a public health problem.

India is signatory for achieving the EMTCT of HIV and Syphilis by 2020. A road-map for achieving EMTCT was prepared and has been steadily rolled-out under the current NACP.

Looking at elimination of MTCT goals, NACO has conducted the data verification for EMTCT of HIV & Syphilis in the 6 identified States(phase-1); Andhra Pradesh, Telangana, Maharashtra, Tamil Nadu, Karnataka, Mizoram and data validation in the State of Maharashtra, which have demonstrated successful implementation & achievements of EMTCT in our country, based on certain programme indicators which are outlined in the global guidelines on criteria and process of EMTCT verification.

National Workshop on Elimination of Mother to Child Transmission of HIV, October, 2018



National Workshop on Elimination of Mother to Child Transmission of HIV, October, 2018

To accelerate the activities towards EMTCT data verification exercise in the States, NACO has initiated the process of data verification in the identified EMTCT Phase-2 States of the country (viz. Assam, Bihar, Delhi, Gujarat, Odisha, Jharkhand, MP, Manipur, Rajasthan, UP, West

Bengal, Punjab and Chandigarh) and (phase-1) viz. Andhra Pradesh, Telangana, Maharashtra, Tamil Nadu, Karnataka and Mizoram). EMTCT assessment activities is going on 19 States (phase-1 & phase-2).

VII. Review meetings

As part of program, the BSD, NACO has been conducting review meetings on BSD components at regular intervals both at National and State level, which includes, review meeting for SACS (ICTC/PPTCT) and STI components, National TB HIV Joint review meetings, National TB HIV Coordination committee (NTCC) and, National TB HIV Technical Working Group (NTWG) meetings. The main purpose of the meeting is evaluating the performance of the States/UTs under NACP.

VIII. Training

- a) EMTCT Phase 2 State Assessment Leads (Training of Trainers) along with orientation of SACS officials in 19 States/UTs held at Chennai on 26-27 September, 2018. The 2 days training was organized by ICMR-NIE Chennai. This training was planned to train the identified resource persons on the national/state/district/facility level for EMTCT assessment activities. They will subsequently conduct the assessments and train the District Implementation Teams at the state/regional level. The representatives from 19 States/UTs, Development Partners and Officials from NACO attended the training.
- b) So far the progress made regarding the training of ANM/Staff Nurse and Counsellor by project Saksham-Prerak of TISS is as below:
 - i. ToT of Project Saksham-Prerak Staff was conducted at TISS, Mumbai from 22nd to 24th October, 2018.
 - ii. All 10 (Chandigarh, Bhubaneswar, Patna, Lucknow, Imphal, Guwahati, Chennai, Bhopal, Jaipur and Pune) Regional Training Units (RTU) and one NACO PC at Delhi are in place.
 - iii. The training of ANM & Staff nurses on HIV & Syphilis screening of pregnant

women has started in December, 2018 and so far we have conducted 34 training batches in 11 States & one UT.

- iv. 605 facilities (411 PHCs, 16 CHCs and 178 other type) covering 968 healthcare service providers (439 ANMs, 270 staff nurses and 259 other similar profiles).
 - v. Of these 563 facilities are newly created FICTCs registered 1st January, 2018 onwards.
 - vi. Agency for developing E-learning platform for virtual training has been selected and in the same breath TISS Saksham-Prerak has requested to support for selection of Consultant to develop eLearning Module Content.
 - vii. Around 30 batches covering approx. 30 participants each are planned in Feb, 2019.
- c) E-learning module: With the aim to introduce innovation in technology and ease of comfort for counsellors, lab technicians and other healthcare providers in this journey; NACO, in collaboration with UNAIDS has captured the National HCTS guidelines in an engaging, simplistic, and retainable eLearning module in Hindi and English languages, to facilitate smooth scale up, efficient implementation and uptake of HCTS. With these digitized learning modules, we aim to empower our teams, ensure accurate implementation of the guidelines, and realization of our national goals with reference to the global SDG's.
- AS&DG (NACO), MoHFW, GOI, launched the "eLearning Module on HIV Counselling and Testing Services Guideline" on 26th October, 2018 during National EMTCT workshop held on 24th to 26th October, 2018 at Hyatt Regency New Delhi.
- The eLearning on HCTS guidelines has been

rolled out with 25 States and UTs through “WebEx session” at UNAIDS Office. NACO is organising regular webinars to facilitate counsellors and lab technicians in SACS, DAPCU and ICTC levels to adopt the digitised trainings.

- More than 800 counsellors joined WebEx session till December, 2018.
- Around 130 counsellors completed the course from the State Madhya Pradesh and received their certificate.
- NACO is continuously requesting State/UTs to motivate their counsellor to access the eLearning platform (<http://elearninghcts.org/>) and complete certification.

Newer Initiatives:

1. Implementation of E-Learning Module on HCTS guideline to digitalize the training of HCTS staff with aim to introduce innovation in technology and ease of comfort for counsellors, lab technicians and other critical partners in this journey, NACO, in collaboration with UNAIDS has captured the National HCTS guidelines in an engaging, simplistic, and retainable eLearning module in Hindi and English languages, to facilitate smooth scale up, efficient implementation and uptake of HCTS.
2. EMTCT Phase –II, State assessment has been conducted in 19 States (phase II states via; Assam Bihar Delhi, Gujarat, Odisha Jharkhand, Madhya Pradesh, Manipur, Rajasthan, Uttar Pradesh West Bengal, Punjab, Chandigarh and phase I Andhra Pradesh, Telangana, Maharashtra Tamil Nadu, Karnataka and Mizoram).
3. CBS of HIV has been scaled up through TI project, VHND level screening of PW and through CSO.
4. BSD-NACO has decided to make paperless

register in all HCTS centers and the preparatory work has begun since August 2017. E-fountain, an IT firm has been appointed for developing the e-registers (software format of Counselling registers uses in SA-ICTC and F-ICTC) in software format. Finally, the software for registers has been developed and piloted in 10 HCTS facilities (both SA-ICTC &F-ICTC) in Delhi State.

Way forward:

1. Scaling up of CBS of HIV by 100% saturation of TI Projects and VHND level HIV Screening of Pregnant women across the country.
2. All the State will be oriented on the eLearning Module by end of March, 2019, following which all SACS will ensure that all the counsellors go through the E-learning module package.
3. Implementation of risk assessment tool in ICTC for assessing the risk and vulnerability of self-initiated client to reach first 90.
4. F-ICTC has to start in different OPD of all the medical colleges, in coordination with MCI.
5. Implementation of Digitalized ICTC/PPTCT register with minimum typing content for counsellor with the support of PATH.

d) HIV/TB Collaborative Activities

TB disease is the commonest opportunistic infection among HIV-infected individuals. Further it is also known that, TB being a major public health problem in India accounts for 25% of deaths among PLHIV. It is known that nationally about 3% TB patients registered under the Revised National Tuberculosis Control Programme (RNTCP) also have HIV infection. In Manipur and Mizoram States, HIV positivity among TB patients is more than 10%. Thus, while the country is dealing

effectively with HIV burden, TB associated HIV epidemic is posing a great challenge.

Broadly the national HIV/TB response includes activities to reduce burden of HIV among TB patients and TB among HIV infected individuals. These activities are closely guided through duly constituted National HIV-TB Coordination Committee, National Technical Working Group and State and District level Coordination Committees. The NACO and RNTCP have been successful in increasing access and uptake of HIV testing and counselling for all TB and presumptive TB patients.

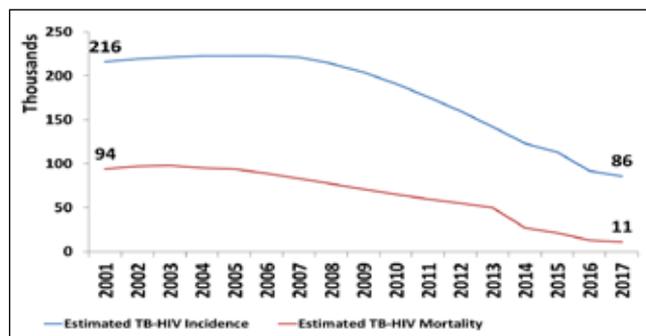
The objectives of the collaboration are to have close coordination between RNTCP and NACP at National, State and District levels & to decrease morbidity and mortality due to TB among persons living with HIV/AIDS. The framework adopted a four-pronged strategy

- Preventive activities focusing on IPT and infection control measures
- Early detection of TB/HIV with the use of molecular diagnostics
- Prompt treatment of TB/HIV with FDC, including test and treat policy for PLHIV
- Management of TB/HIV cases in special situations

TB services are provided as a referral service to the most vulnerable populations which include FSW, MSM, TG/, IDU and Bridge Populations such as Migrants and Truckers as part of harm reduction services. During the routine outreach services, the Peer Educator and other outreach team member screen HRGs and bridge populations for TB symptoms & refer them to the nearest TB centre for confirmation and treatment. In order to promote intensified TB case finding at TIs and increasing awareness and reduce stigma for both TB & HIV, three different models are proposed based on the location, and facilities available at TI level. The models being adopted by the programme are (a)

TB Screening through outreach, (b) Screening of Presumptive TB cases through RMC&C, (c) TB Screening at OST centre.

Annual trend of TB-HIV burden for India (2001-2017)



The co-location of Designated Microscopy Centres (DMCs) and HIV testing facilities was 85% as on April 2018. The trend in the Linkage of TB HIV co-infected patients to CPT and ART is also showing healthy trend in India. 93% & 89% of co-infected patients received CPT and ART respectively during 2018-19 (till Dec, 2018) whereas 92% & 88% of TB HIV co-infected patients were linked to CPT and ART during FY 2017-18.

Intensified TB Case Finding (ICF)

Under ICF, all ICTC clients are screened by ICTC counsellors for presence of TB symptoms at the time of pre/post-test counselling. Clients who have symptoms or signs of TB, irrespective of their HIV status, are referred to RNTCP diagnostic and treatment facility located in nearest/co-located institution. During FY 2018-19 (Jan, 18-Mar, 2019) 7.3% (0.6% - 23.6%) of general clients (except pregnant women) receiving pre-test counselling/information have been referred for TB testing from ICTC, and detected total 83,907 TB cases i.e. 5.3% TB cases out of referred and found 9,851 individuals co-infected with TB and HIV both at ICTC i.e. 0.6% of total referral.

Patients diagnosed with TB are linked to first line anti TB drugs daily regimen for TB patients diagnosed in the respective ART centers. 93%

(8,83,456 out of 9,48,551) PLHIV attending ART centre were screened for ICF for 4 TB symptoms at ART centres and subsequently 6% (50,053 out of 8,83,456) were identified as Presumptive TB cases & 69% (34,732 out of 50,053) presumptive TB cases were referred to RNTCP, among whom 85% (29,620 out of 34,732) were tested for TB and 3,444 PLHIVs were diagnosed with TB i.e., 12% as per monthly ART centre report (MPR-Mar., 2019).

Isoniazid (INH) Preventive Therapy (IPT):

IPT is one of the strategies globally recommended for prevention of incident TB among HIV infected individuals. IPT is a key public health intervention for the prevention of TB among people living with HIV. IPT Coverage among eligible PLHIV is 43% as on March, 2019.

Newer Initiatives:

- Launch of E-Nishchit implementation of initiative on capacity building of ART centres using ECHO Platform for HIV TB on 2nd April, 2018 at National Institute of Tuberculosis and Respiratory Diseases (NITRD), New Delhi.
- Country-wide coverage of policy for HIV testing among all presumptive TB cases.
- Expansion of TB HIV collaborative activities in private sector health facilities.
- Nationwide implementation of TB infection control activities at all ART centers.
- TB active case finding campaign among HRGs of HIV across various districts of the country.

Way forward

- Scaling up Provider Initiated HIV testing and Counselling (PITC) across the country among Presumptive TB cases and Private sector TB patients.
- Strengthening IPT implementation

- Assessing feasibility of other innovative TB prevention therapies like 3 months of Isoniazid and Rifampentine, 4 months of Rifampicin as an alternative to 6 months Isoniazid preventive therapy with INH.
- Strengthening linkages of TB and HIV patients for nutritional support.

24.7 CARE, SUPPORT AND TREATMENT

The Care, Support and Treatment (CST) component of the NACP aims to improve the survival and quality of life of Person Living with HIV (PLHIV) with Universal access to Comprehensive HIV care.

CST services are provided through a spectrum of service delivery models including ART Centers (ARTCs), Center of Excellence (CoE), PaediatricCenters of Excellence (P-CoE), Facility Integrated ART Centers (FI-ART), Link ART Centers (LAC), Link ART Plus Centre (LAC Plus) and Care & Support Centers (CSCs) established by NACO in health facilities across the country with aim to provide universal access to free and comprehensive CST Services. There are active linkages and referral mechanism for monitoring, mentoring, decentralization and specialized care.

The CST services includes free universal access to lifelong standardized ART, free lab diagnostic and monitoring services (baseline tests, CD4 testing, targeted VL), facilitating long term retention in care, prevention, diagnosis and management of opportunistic Infections and linkages to care and support services and linkage to social protection scheme.

Facilities	March-2019
ARTCenter	544
Link ART Centers	1108
Care and Support Centers	310
Center of Excellence (CoE)	11
PediatricCoE	07
ART Plus Center	93
PPP-ART	26

Beneficiaries	March-2019
PLHIV on ART	1292938
PLHIV in Preparedness Phase	31579
PLHIV on Second Line	52192
PLHIV on Third Line	2295
CLHIV	75521

24.7.1 Accomplishments and Learning

A. National Technical Guidelines

Standardized and uniform national technical guidelines are necessary for standardizing treatment practices and hence improving the quality of HIV care across all sectors of health care in our country context especially when many guidelines with spectrum of recommendations already exist. Based on recent developments, the guidelines for ART were revised. Major focus and inclusions in the revised guidelines are as follows:

- Focus on National recommendations
- Considering the availability of diagnostic and treatment options in the country
- Harmonize the treatment practices between public and private sector since there are patients seeking care from both sectors simultaneously or at different point of time
- Consolidate various existing guidelines and include recommendations for all age groups and populations
- Provide standardized guidelines for prophylaxis, prevention, screening, diagnosis and management of common opportunistic infections among PLHIV.

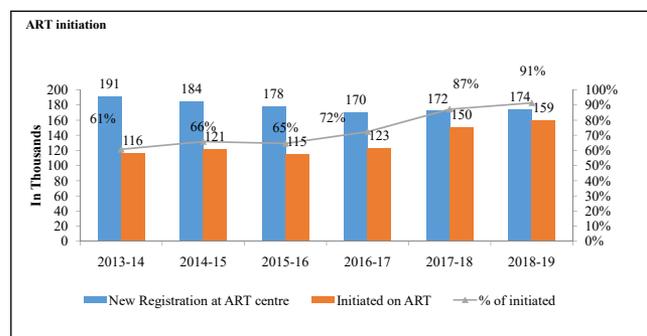
B. Improving ART retention

ART retention cascade refers to the sequential steps of patients from diagnosis of HIV to linkage with ART care, ART initiation and retention of patients who are on ART. The retention across the country has been leveraged up to 75% through CBS, prison outreach activities, differentiated service delivery

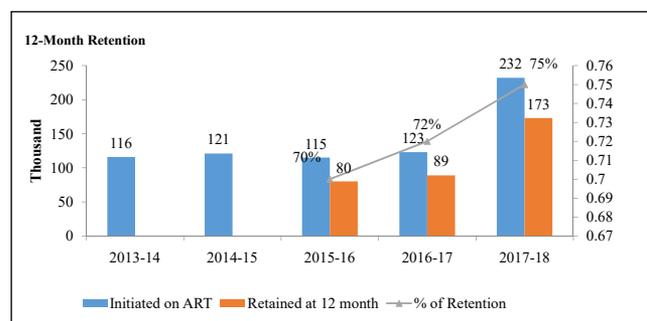
Model and Test & Treat policy. Other interventions such as, quarterly feedback and score card have also facilitated in improving retention rate.

The major stages in retention cascade are as following:

- **Diagnosis to Registration at Treatment site:** ICTC to ART linkage has increased from 80% in 2013-14 to 91% in 2017-18. There are approx. 1,52,000 HIV positive cases diagnosed at ICTC.
- **ART Initiation:** The program has achieved a remarkable improvement in ART initiation rate from 61% in 2013-14 to 91% in 2018-19. There are around 1,74,667 new registrations at ART centre across the country and 1,59,208 new initiations in ART at the end of the reporting year.



- **12-month retention:** The program retains 75% of PLHIV after 12 month of ART initiation which is a significant achievement towards the 90-90-90 target. CST division is closely monitoring retention cascade as quality indicator at State and facility level. Over the last three years the program has seen significant improvement in treatment retention.



C. Mission “SAMPARK”

To extend the benefit of test and treat policy and reach out to all those “*who are aware of their HIV positive status*” but “*are not on ART*” and linking them back as much as possible for HIV care, Govt. of India took the initiative in the form of “Mission SAMPARK”, launched on 1st December, 2017.



Under “Mission SAMPARK”, it was planned to focus on three specific groups:

- 80 New registrations after April, 2017
- Patients in pre-ART care in March, 2017
- Loss to follow-up clients

Two-pronged strategy was adopted for implementation of this initiative:

- A. Data cleaning
- B. Outreach

Outcome:

• New registrations after April, 2017:

Between April, 2017 to March, 2018, 1.73 lakh PLHIV were registered at ART centre out of which 1.51 (87%) have been initiated on ART. In the current financial year, since April 2018, 1.19 lakh PLHIV have been registered out of which 1.06 lakh have been already initiated ART by end of November, 2018 which is 90% of the registration.

• Patients in pre-ART care in March 2017

As per March 2017, 1.85 lakh PLHIV were in pre-ART care. This category was specifically focused on counselling and tracking for ART initiation. By

November, 2018, it has decreased to approximately 40,000 (28000 are backlogs and 12000 are newly registered clients) patients in Pre-ART care.

Out of these 1.85 lakh, 1.2 lakh (65%) already been initiated on ART. Another 28,000 are under preparedness and others 37,000 patients (20%) were lost cases. Intensified efforts are continuing to bring them back to the treatment.

• Loss to follow-up:

During the drive, line list of more than 4.2 lakh was received and priority was given to LFU after 2010. Out of which 49,774 LFUs linked back to HIV care, 31877 LFUs reported died, 20,432 PLHIV who have been contacted but yet not linked back and are in process of counselling and 236,712 PLHIVs found as untraceable, where addresses were incorrect or where person has migrated to other place without providing next address.

D. Differentiated Care

The ARTC infrastructure under the NACP has expanded from 8 centres in 2004 to 544 centres in 2018. Currently, the national HIV program provides free first line, second line and third line ARVs to approx.10.3 lakhs. Programme has adopted “Test and Treat” policy with aim to expand access to life saving ART and achieve 90-90-90 targets by 2020. With the implementation of the policy, 3 challenges were foreseen;

- Overcrowding at the ART Centers
- Maintaining 12-month retention levels
- Enhancing adherence amongst On-ART patients

Resolving these 3 challenges is essential to achieve the target of third 90. Decongesting ART Centers can help in improving quality of care and services offered to PLHIV. National Consultations on ‘Differentiated Care’ was organized with the objective of seeking inputs from technical experts, SACS, HIV community and development partners on key models and experience from implementation of differentiated models across the globe.



Based on the recommendations, following differentiated care strategies have been initiated:

- **Multi-Month Prescription (MMP):** 2 months dispensation was already approved in guidelines, however due to various issues the access to it was very limited. Country has started 3-month dispensation for stable PLHIV since Sep-2018 in phased manner. In first phase it is limited to people who are on TLE. App 6 lakh PLHIV are on this regimen.
- **Intensified Adherence Counselling:** As more than 30% become MIS within first 3 months, it is important to counsel and follow-up the newly initiated patients during the first three months specially to help the PLHIV who might have developed side-effects due to initiation of ART. Under this approach, now all newly initiated clients are being actively followed up by ORW for first three months to ensure their retention and adherence during this critical period.
- **Community Led ART Dispensation:** The ART dispensation for stable clients is now also available at selected Care & Support centers managed by PLHIV network as well as NGOs running TIs for KPs. Currently app 1200 PLHIV are availing these service.

E. End Mile Supply Chain Solution

In order to strengthen national response to AIDS, NACO with the support of Global Fund has signed

MoU with Plan India (a civil society organization) for the last mile solution for supply chain management of all ARV drugs and testing kits.

The last mile solution for Supply chain mechanism for ARVs and testing kits engages third party logistics to ensure physical delivery of the commodities till last facility (ICTC/ARTC). The project envisions efficient transformation and coordination of NACO/SACS commodity supply chain, with good data visibility, in order to ensure consistent supply and continuous availability of ARV drugs and Testing Kits at ART and ICTC.



24.7.2 Feedback Mechanism

The ART services have grown many folds since its launch, through 8 ART centers in 2004 to 544. These ART centers are providing free treatment to approx. 12.73 lakh People Living with HIV/AIDS (PLHA) till date.

Along with quantitative scale up, the division has been working consistently towards maintaining the

quality of services provided under the programme. To ensure this, CST division has designed a set of monitoring and evaluation (M&E) tools namely 1) Score Card and 2) Quarterly feedback report.

a. Score Card

The tool is developed with an intention to provide performance status of each ART center on pre-

decided critical indicators in an individual state at a single glance to the programme managers at SACS. The performance under the indicators are denoted by colour coding wherein green color denotes good performance, yellow as in average and red denotes the performance deficit. These scorecards are being sent quarterly to all the SACS.

NACO		National CST Score Card (Jul - Sep 2018)														
State	Load at ARTC	ART initiation	ART initiation within 2 months	12 mo mths retention	>95% adherence	LFU in FY	Cumulative LFU	LFU tracked back	4S Screening	Co Infected started on ART	Co Infected started on ATT	IMS-NIPR mismatch for ZLN	IMS-NIPR mismatch for TLE	Mismatch in NIPR	Subjective	Total Score (out of 100)
JNIMS	Manipur	High	Green	Red	Yellow	Green	Yellow	Red	Green	Green	Green	Red	Red	Green	Green	Yellow
RIMS	Manipur	High	Green	Red	Yellow	Green	Yellow	Red	Green	Green	Green	Red	Red	Green	Green	Yellow
Churachandpur DH	Manipur	Medium	Green	Red	Yellow	Green	Yellow	Red	Green	Green	Green	Red	Red	Green	Green	Yellow
Bishnupur DH	Manipur	Low	Green	Red	Yellow	Green	Yellow	Red	Green	Green	Green	Red	Red	Green	Green	Yellow
Chandel DH	Manipur	Low	Green	Red	Yellow	Green	Yellow	Red	Green	Green	Green	Red	Red	Green	Green	Yellow
ART centre, CHC Moreh	Manipur	Low	Green	Red	Yellow	Green	Yellow	Red	Green	Green	Green	Red	Red	Green	Green	Yellow
JNIMS (pCoE)	Manipur	Low	Green	Red	Yellow	Green	Yellow	Red	Green	Green	Green	Red	Red	Green	Green	Yellow
Senapati DH	Manipur	Low	Green	Red	Yellow	Green	Yellow	Red	Green	Green	Green	Red	Red	Green	Green	Yellow
Tamenglong DH	Manipur	Low	Green	Red	Yellow	Green	Yellow	Red	Green	Green	Green	Red	Red	Green	Green	Yellow
Thoubal	Manipur	Low	Green	Red	Yellow	Green	Yellow	Red	Green	Green	Green	Red	Red	Green	Green	Yellow
Ukhrul DH	Manipur	Low	Green	Red	Yellow	Green	Yellow	Red	Green	Green	Green	Red	Red	Green	Green	Yellow

b. Quarterly Feedback Report

The report is developed by CST division to provide feedback on the position of the state’s performance on the indicators critical in way to achieve the India’s committed target of 90-90-90 by 2020. These reports are sent after every three months to states. As of now all the four quarter’s reports have been sent. These reports have resulted in bringing

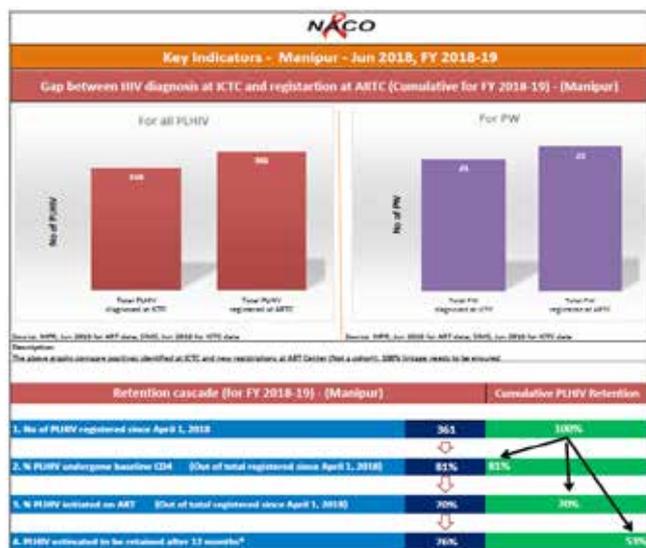
remarkable improvement in ART initiation, drug adherence, retention and mortality and morbidity reduction among PLHIV in states during the year 2018.

24.7.3 Annual Review Meeting

The National Review Meeting of the CST division of NACO was held from 15th to 17th January, 2019 at Bhubaneswar, Odisha. The objective of the meeting was to review the progress made in CST programme with focus on new strategies adopted in last two years - Test & Treat policy, Mission Sampark and Differentiated Care model and to address the issues at State level.

CST Division presented the progress made in CST program (2018) and plan for 2019. It included the accomplishment and learnings, challenges, limitations, determinants and road map for 2019. The data for ICTC- ART linkage, ART initiation and 12-month retention was presented.

Major topics covered during the technical sessions were:



- a. National Technical Guidelines of Anti-Retroviral Therapy
- b. HIV/AIDS (Prevention & Control) Act
- c. VL Monitoring
- d. Differentiated ART service Delivery – SOP
- e. M&E Reporting Formats
- f. Supply Chain Management and Blended Training

24.7.4 Future Activities

A. Intensified Mission SAMPARK

Mission SAMPARK was launched to extend the benefit of test and treat policy and reach out to all those “*who are aware of their HIV positive status*” but “*are not on ART*” and linking them back as much as possible for HIV care, GoI took this initiative and launched on 1st December, 2017.

As the Mission SAMPARK is being implemented successfully in the field, it has been further decided to conduct intensified Mission SAMPARK to clear pre-ART back-log cases across the country.

Under Intensified Mission SAMPARK, latest updated MLL from all SACS were collected and segregated patients registered at ARTC and were not initiated on ART during 2015 to 2018. As a result, line list of nearly 55000 PLHIVs were prepared and shared with India HIV/AIDS Alliance for further validation and to share with CSCs for further follow up and get definite outcome. Currently the list has been shared with CSCs and follow-up with patients are on track.

This initiative will leverage the expansion of Test and Treat policy which smoothens the path to achieve 90-90-90 target.

B. Predictive Analysis

Predictive analytics is an area of statistics that deals with extracting information from data and using it to predict trends and behaviour patterns. For patients with chronic HIV infection, the ability

to remain retained in continuum of care plays a critical role in achieving good health outcomes. NACO collects vast programmatic data on treatment outcomes of PLHIV through various data sources such as Inventory Management System (IMS), patient master line list (MLL) and monthly progress reports (MPR). NACO has been using this data in descriptive data analytics to design interventions for improving patient outcomes such as retention and adherence. For instance, the retention trends from IMS data were analysed which gave an insight that ~2/3rd of patients are being lost within 3 months of ART initiation. For improving retention, NACO has developed a predictive model capable of identifying on-treatment patients that are likely to become LFU in the next 4 months using IMS data. The model demonstrated that the top 20% of its’ suggested names were able to accurately identify ~70% of all LFU patients.

Identifying those at risk of becoming LFU would allow the program to provide pre-emptive counselling to target patients and in potentially decreasing loss-to-follow-up among PLHIV receiving ART. If identified through such a model, these patients can be counselled during their visit, rather than following them up at a later date when they have become LFUs.

C. Blended Training

NACO has signed an MoU with SAATHII to strengthen the technical capacity of different cadres of ARTC/ICTC staff through Blended Clinical Trainings. One of the key activities under this project is development of a Learning Management System (LMS) which will allow different cadres to access the curriculum, contents and modules in an online mode. The initial training sessions will be conducted online which include quizzes and tests. Once the trainee qualifies the tests, he or she will be eligible for classroom/physical trainings. The LMS will also have a dashboard which will allow NACO/SACS to track progress and assess training needs of the staff.



D. Scale Up of DSDM:

Differentiated Service Delivery Model (DSDM) has emerged as an approach for HIV programs seeking to better service delivery to the needs of people living with HIV, reduce overcrowding in the ART centers and improve client outcomes. By providing differentiated care, the health system can refocus resources to those most in need.

Most current evidence focuses on multi month dispensation of ARVs to clinically stable adult clients in ART centers. The program started 3-month dispensation for stable PLHIV since Sep-2018 and scaled it up in a phased manner. In the first phase it is limited to people who are on TLE which is approx. 6 lakh PLHIV who are on this regimen. The programme plans to leverage to other regimens also ensuring the ample stock of drugs.

A client-centered approach to address the overcrowding and provide quality services to the PLHIV, the pilot adapting SALEM Model was conducted in 10 centers across the country. Based on the findings, the programme has decided to scale up across all the high load ART centers.

E. Self-Verified Adherence (SVA) (स्वः) under 99 DOTS for PLHIV on ART at the ART centers

Retention in care, treatment adherence and subsequent effective VL suppression are critical measures of HIV care interventions as they positively influence the treatment and prevention benefits. While keeping the client clinically healthy, the viral suppression significantly reduces the risk of ongoing transmission of HIV (i.e. treatment as prevention). The prevention benefits of viral suppression to undetectable levels, especially among KP, is of great public health importance and contributes to cost effectiveness of the program.

Since, the HIV epidemic in India is concentrated on KP, maintenance of high adherence among KP have a great impact on overall HIV response.

One of the most important factors determining VL suppression in PLHIV on ART is adherence to the treatment. Achieving the clinical and prevention benefits of treatment largely depends on adherence to medication. In addition, poor adherence leads to emergence of drug resistance strains which increases morbidity and mortality among clients; and adds to the burden to the health care system (in terms of second and third line ART). Thus, adherence monitoring and supporting the client to adhere to medication is crucial to reap the benefits of ART.

Currently, the mechanism of adherence monitoring includes the following:

- **Self-reporting:** Client is asked regarding his/her adherence and it is documented as reported by client.
- **Pill counting:** Client brings the remaining pills along during the visit. Counsellor counts the pills and based on this actual adherence is calculated.
- **On time pill pick up:** Adherence is calculated based on the appointment given and actual visit of client.

There is a felt need to have more intensive tools for adherence monitoring to trigger early adherence support. Though the ART is a life-long therapy, it has been observed based on programme data that first 6 -12 months of ART are crucial. Maximum loss to follow up and poor pill pick up is observed in this period.

Similar to TB treatment, ART also requires strict adherence for the beneficial outcomes of the treatment. The RNTCP in India is successfully implementing treatment adherence system using ICT platform with the use of tools such as 99 DOTS and Pill box and also proposes adherence monitoring strategies of automated dose reminders,

prompts for timely actions, etc. In this regard, NACO is also planning a pilot on स्वः(SVA: Self Verified Adherence) under 99 DOTS for PLHIV on Antiretroviral Therapy (ART) at the ART centers.

24.8 LABORATORY SERVICES

Laboratory Services Division functions at the cross-cutting interface of all other divisions. It is recognised that work related to laboratory services are not just confined to HIV testing, but are overarching and have an impact on other interventions including those under prevention, care, support and treatment, STI management, blood safety, procurement and supply chain management. Emphasis on quality assured laboratory service delivery is important to the success of the NACP. Universal availability and routine access to quality assured HIV related laboratory services is ensured in all service delivery points through this division. In NACP IV, laboratory services have been positioned as an independent division at the state level as well.



The assurance of quality in HIV testing services through the implementation of External Quality Assessment Scheme (EQAS) for HIV and CD4 testing has been addressed in NACP with special focus. NACO launched “National External Quality Assessment Scheme” (NEQAS) in the year 2000 to assure the standard quality of the HIV tests being performed in the programme.

EXTERNAL QUALITY ASSURANCE (EQA):

The EQA was set up to ensure high reliability and validity to the HIV and CD4 tests under the programme and higher levels of proficiency in the participating laboratories.

NEQAS categorized the laboratories into four tiers, as follows:

- Apex Laboratory (first tier) - National AIDS Research Institute, Pune.
- National level: 13 (NRLs) (second tier).
- State level: 117 State Reference Laboratories (SRLs) (third tier).
- Districts-level: all standalone ICTC.

Thus, a complete network of laboratories has been established throughout the country. Each NRL has attached SRLs for which it has the responsibility of supervision. Each SRL, in turn, has ICTC which it monitors. One Technical Officer at each SRL is supported by funds from NACO to facilitate supervision, training and continual quality improvement in all SRLs and linked ICTCs.

EQA for HIV is done in two ways:

1) Panel Testing:

- The participation and performance of NRL in FY’ 18-19 is 100%,
- The % participation and % discordance of SRL in FY’ 18-19 is 98.7% and 0.85% respectively,
- The % participation and % discordance of ICTCs in FY’ 18-19 is 89.2% and 0.33% respectively,

2) Re-testing/ Reverse Testing:

In the four quarters of FY’ 18-19, the average percentage of participation of ICTCs is 85.7 %, and average percentage of concordance is 99.9%.

Consortium:

Apart from the above, NCDC Delhi; NICED Kolkata and NIMHANS Bangalore, under supervision of NARI have been identified for panel preparation and evaluation of HIV, HCV and HBV kits procured by NACO. These laboratories form 'Consortium for Quality' developed by NACO for kit evaluation. In FY' 18-19, total 102 batches of kits are evaluated (including 91 HIV; 6 HBV and 5 HCV).

CD4 Testing

There were 278 CD4 testing centres under NACP in the country till 2017. However, 200 new POC machines were procured and installed at various ARTCs in February, 2018. Therefore, now there is a total 482 CD4 testing machines under NACP which are installed at 463 CD4 testing centers. These include 166 FACS Count Machines, 27 Calibur machines, 67 Partec machines, 2 Beckmen Coulter and 220 Point of Care CD4 machines. All machines procured by NACO are either under warranty or maintenance (CAMC). A total of 20,29,599 tests were performed in FY' 18-19.

To strengthen the implementation of Quality Management System, all Lab Technicians of CD4 labs undergo annual training conducted by NACO and SACS. Around 278 ART Laboratory Technicians operating the lab based CD4 machines have been trained

CD4 EQAS

NACO established EQAS for CD4 count estimation for the laboratories linked to NACO ART centers with a pilot run in April, 2005 for 24 participating laboratories. National AIDS Research Institute (NARI), Pune functions as an apex laboratory for conducting the EQAS for all these laboratories with three rounds every year. NARI, is engaged in CD4 proficiency program nationwide, that provides stabilized blood samples as proficiency panels to the participating laboratories, analyses the data received from participating laboratories

and provides proficiency reports to the respective laboratories. The apex laboratory is co-ordinating all these activities with the support from NACO, Delhi.

Improvement in Quality Management Systems (QMS) and accreditation of HIV testing Laboratories

In an effort to strengthen quality of HIV testing, continuous mentoring and supervision to implement and improve the QMS of HIV testing laboratories is undertaken. Lab Service Division is providing support to NRLs/ SRLs for accreditation. Out of 130 referral laboratories (13 NRLs and 117 SRLs), 93 laboratories (13 NRLs and 80 SRLs) have been accredited by National Accreditation Board for Testing and calibrating Laboratories (NABL) as per ISO 15189: 2012 standards. Apart from this, another 3 SRLs have applied for NABL accreditation.

National Programme on Early Infant Diagnosis (EID) for children under 18 Months

EID of HIV is a National HIV/AIDS care and treatment program in India with the objective to diagnose HIV-1 infection in infants and children <18 months. Currently, there are 6 EID referral laboratories. The current test of choice is the HIV-1 PCR which detects HIV pro-viral DNA & RNA. Hence, it is used to diagnose HIV-1 infections in infants less than 18 months. Initially, there



were 1157 EID centres where DBS of infants are collected. This is being upscaled to 5266 standalone ICTCs. From April, 2018 to March, 2019, total of 15,230 babies were tested and 499 babies were found confirmed positive on PCR.

24.8.1 New Initiatives in Lab Services Division

Improvement and Implementation of Quality Management System (QMS) at Standalone ICTCs in cluster districts

To extend the scope of QMS to ICTCs, NACO has laid Quality standards and implemented a checklist for implementation of quality in ICTCs in the cluster districts of Andhra Pradesh, Maharashtra, Manipur, Mizoram and Nagaland.

A total of 871 participants were trained from high

prevalence districts of Maharashtra (Mumbai, Pune and Thane), Andhra Pradesh (East Godavari, Guntur and Krishna), Nagaland (Dimapur, Kohima, Wokha, Tuensang and Mokokchung), Mizoram (Aizwal, Champai, Lunglei) and Manipur (Churachandpur, Thoubal, Imphal East and Imphal West). Out of 265 ICTCs in cluster, a total of 71 (AP= 18, Mumbai= 12 and Manipur= 20 and Maharashtra = 21) ICTCs have been awarded Certificate of Excellence.

Viral load testing

Shri J P Nadda, Union Minister of Health and Family Welfare launched the “Viral Load testing for all People Living with HIV/AIDS on February 26, 2018.





Launch of Viral Load testing for all PLHIV

The initiative will provide free of cost VL testing for more than 12 lakh PLHIV on treatment in the country at least once a year”. “Viral Load test is of immense importance to monitor the effectiveness of treatment of patients taking lifelong Antiretroviral Therapy”.

NACO has introduced routine VL monitoring of all patients on ART in a phased manner. Broadly there are 2 strategies as below:

- 1) PPP model by engaging Metropolis started in phased manner: since 8/2/2018
 - The PPP (Public Private Partnership) model engages Metropolis to test for VL on a turnkey basis. Metropolis is responsible for sample collection from 525 ART Centers, VL testing and delivery of reports.
 - To monitor the VL tests done by Metropolis under PPP model “Guidelines on NACO’s Quality Monitoring System for outsourced VL tests’ has been developed.

The document defines processes and procedures for monitoring of VL testing in outsourced labs and provides list of quality indicators and monitoring checklist for assuring quality of services.

- Testing has started from 8th Feb, 2018.
 - It has been planned to conduct 2, 10,000 tests in 1st year, 4, 25,000 tests in 2nd year & 6, 80,000 tests in 3rd year.
- 2) Scale up of in-house VL laboratories:
 - To strengthen country’s capacity, NACO has procured VL machines to meet the demand of VL tests for more than 10 lakhs per year.

VL testing for monitoring of PLHIV on ART, NACO has developed two guidelines:

- (1) National Operational Guidelines for VL Testing and
- (2) National Guidelines for HIV-1 VL Testing.



Launch of National Operational Guidelines for Viral Load Testing and National Guidelines for HIV-1 Viral Load Testing

Labs for Life Project (L4L):

The 3rd phase of the L4L project, a partnership initiative between NACO, MoHFW, CDC-India and BD, started in September, 2018. The project focuses on the 22 ART co-located public health laboratories in Andhra Pradesh and Maharashtra cluster districts which were identified in the 2nd phase.

Under the 3rd phase of the project, the specific objectives are the following:

- Training and Lab Mentorship.
- Specimen referral system/Innovative, cost-effective sample transportation systems.
- Improve the access to TB diagnosis, drug resistance detection, and treatment monitoring.
- Utilize multiple communication platforms to deliver HIV and TB information.
- Develop a Centre of Excellence (CoE) form Phlebotomy, Injection safety bio-medical

waste management, and air-borne infection.

24.9 INFORMATION, EDUCATION & COMMUNICATION & MAINSTREAMING

Strategic Communication plays a vital role in addressing the whole spectrum of the HIV programme from prevention, treatment to care and support. Building on the lessons learnt, IEC is integrated with all programme components with the objective of HIV prevention and increasing utilization of services communication in NACP.

The major activities undertaken during 2018-19 under IEC, Youth & Mainstreaming are:

Mass Media Campaigns: An annual media calendar was prepared to strategize, streamline and synergise mass media campaigns with other outreach activities and mid-media activities. NACO conducted 360-degree multimedia campaigns on youth & HIV & promotion of HIV counselling and testing on Door-darshan, cable

and satellite channels, All India Radio (AIR), and FM radio networks. To amplify the reach of mass media campaigns, innovative technologies were also utilised viz. dissemination of advertisements through cinema theatres and internet also. In Outdoor Advertising Awards (OAA, 2018) held in Mumbai on 27th -28th July, 2018, NACO has bagged awards for the Youth & HIV campaign in public & social service category. In Exchange for Media Awards (EFM) 2019 held in February 2019 in Delhi, NACO bagged award for the innovation in outdoor media under Youth & HIV campaign.

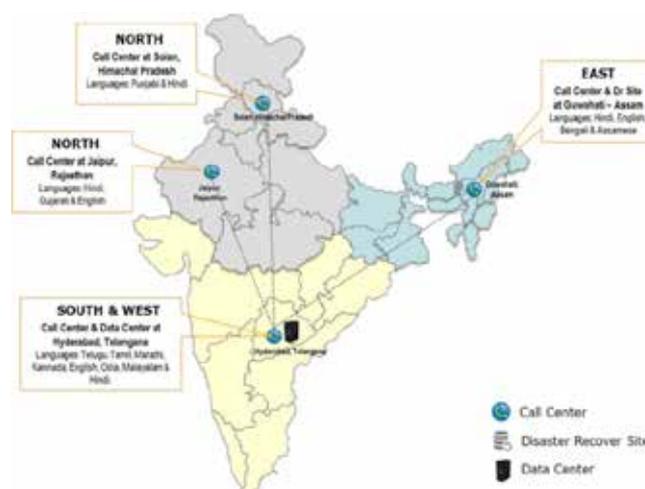
Long Format Radio and TV programmes:

NACO and SACS have been conducting various long format programmes like phone-in and panel discussions on HIV related issues on regional networks of All India Radio and Door-darshan. These live phone-in programmes are interactive programmes that help in dissemination of information and also address the doubts of audience/ listeners. On 2nd December, 2018 the Total Health Show programme on DD News was dedicated to the theme of HIV/AIDS. During the programme, NACO has showcased the achievements of NACP and detailed about the various facilities and services related to HIV/AIDS.

Outdoor Activity: Outdoor activities like hoardings, bus panels, pole kiosks, information panels, and panels in railways and metro trains were implemented by the SACS to disseminate information on HIV prevention and related services. NACO has developed a well-coordinated plan involving different agencies to avoid duplication of activities. Wall writings have been emphasised in many States to maximise the reach of HIV awareness to rural population. The National Toll Free Helpline no. 1097 has also been promoted in all the outdoor activities.

Helpline: National Toll Free AIDS Helpline – 1097 is consistently operational since its launch on 01st December, 2014 by Hon'ble Union Health

& Family Welfare Minister Sh. J.P Nadda on the occasion of World AIDS Day. The helpline currently operates in 12 regional languages from 04 hubs (Hyderabad, Guwahati, Jaipur & Solan) in the country. 49 trained and experienced counsellors keep the helpline functional 24/7. Toll Free Helpline number 1097 can be reached from any mobile/landline across the country. Information, Counselling, Referral & Feedback services regarding HIV/AIDS are provided to the callers. Total received call volume recorded on the helpline server till 31st March, 2019 is 27,12,034.



Key Milestones:

- “Pradhan Mantri Rashtriya Swasthya Suraksha Mission” initiative was integrated with 1097 helpline during May & June, 2018.
- An “Online Grievance Management Redressal System” was developed and is made operational from Jan, 2019 to address the complaints received through the helpline.

Folk-Media and IEC Vans: NACP has extensively used folk media as an innovative tool for developing an effective communication package to reach the unreached in the remote and media dark areas. Folk Media has been recognized as a powerful communication tool to reach out to people with social messages particularly in rural areas.



In order to ensure effective and efficient utilization of folk media to disseminate HIV/AIDS messages, standardize scripts are developed by SACS in the regional languages. Folk troupes have been selected and trained on SACS/NACO vetted scripts by SACS. Folk performances are completed by folk troupes in remote villages as per planned route plan as decided by SACS.

Budgets are earmarked to 32 SACS for the State level folk workshop and folk performances in FY 2018-19. The folk campaign is being implemented in two phases focusing on women and youth covering 32 States and UTs. In year 2018-19 through 7348 performance SACS have reached more than 1.41 crore people.

Youth Interventions

Adolescence Education Programme (AEP) is a key intervention to build life skills of young

people, help adolescents, cope with negative peer pressure and develop positive behaviour improving awareness on sexual health preventing HIV infections. Program is implemented in collaboration with NCERT. 16-hour curriculum is taught in the schools to adolescent students of class VIII, IX and XI. Currently, the programme is functional in more than 55,000 schools in the country.



Red Ribbon Club (RRC) programme is a comprehensive promotional and preventive intervention to harness the potential of youth in educational institutions, specifically to mainstream HIV and AIDS prevention, care & support and treatment, impact mitigation, stigma reduction and enhance VBD.

It also prepares and promotes youth peer educators within and outside the campuses. Currently there are 12616 Red Ribbon clubs constituted/functional in colleges under the program.

Activities undertaken by the members of RRCs are:

- Observance of important events (International Youth Day, Rally and awareness of VBDD, RRC competition, World AIDS Day, National Youth Day, College fest).
- Community outreach and mobilisation of youth.
- Training of Peer Educators.
- Constitution of Joint Working Group Committee (JWG) at state.



Out of school youth (OSY) intervention aims to sensitise school dropouts who are not covered under AEP. It is implemented through NIOS (learners' engagement activities) and NYKS (state level engagements). The program is functional in 7 states Bihar, Chhattisgarh, Meghalaya, Nagaland, Rajasthan, Sikkim and West Bengal.

Orphan and vulnerable children (OVC) of KP: This project is being implemented in 10 districts of 5 States i.e. (i) Maharashtra (Mumbai, Thane, Pune) (ii) Andhra Pradesh (Guntur, Krishna, East Godavari) (iii) Manipur (Imphal East & Imphal West), (iv) Nagaland (Dimapur) and (v) Mizoram (Aizawl). This project aims to follow the case management approach for children of key population (CKP) to address the health and non-health needs (nutrition, education, psychosocial and social safety).

Goals:

- To reduce vulnerability of children of KPs by improving their access to health, social services and social protection schemes.
- To improve parental capacity to meet children's needs.

24.9.1 Events

World AIDS Day: # KnowYourStatus

World AIDS Day (WAD) is observed on 1st December every year across the World. The observance of WAD is the commitment of the Government in order to strengthen HIV/AIDS response and providing care & treatment to those infected and affected by HIV and AIDS.

Film Festival:

Epidemics like HIV/AIDS know no geographical boundaries and as such they have to be fought collectively by everyone. Realizing the potential power of collaborations, NACO, MoHFW, Govt. of India, in partnership with PEPFAR, the American Centre and the UNAIDS hosted "Live Life Positively:





Like every year, this year also, NACO, MoHFW, Govt. of India organized a mega event in BHIM Auditorium, Dr. Ambedkar International Centre (DAIC), Janpath, New Delhi.



The event was attended by more than 1000 people from civil society organizations, Central Govt. Hospitals, community members, students from schools and colleges, volunteers from NYKS, HRGs & PLHIVs representatives from NGOs, Bilateral and Multilateral Development Partners, officials from different Government departments.



A Film Festival” from December 1st – 8th, 2018, featuring a list of films produced in India & America, portraying humanity’s fight with an unknown virus that showed up in the United

States in the late 1970s and early 80s and soon engulfed in the entire World. The Film Festival was inaugurated by Smt. Preeti Sudan, Secretary (HFW), Govt. of India.



The objective to conduct the film festival was to use the absolute power of cinema in spreading awareness about the HIV/AIDS epidemic by bringing back some of the empowering cinematic portrayals which were so ahead of their times that they still fit best in the periphery of the issues faced by PLHIV on day to day basis such as stigma & discrimination.

North-East Multimedia Campaign 2018

First North-East Multi Media Campaign was organized by NACO & hosted by Nagaland SACS on 18th Feb 2019, at Khuochiezie, Local Ground, Kohima, Nagaland. The event indeed marked a big success as the total number of audience was more than 10,000.

Co-creation Workshop for the development of new communication prototypes for KP

NACO has planned to craft innovative communication materials for this new era of multi modal communication for better awareness, reach adherence, societal acceptability and better prevention on HIV/AIDS. On this noble innovative initiative of NACO, FHI360 supported for further development and Co-creation workshop is being done for ideating and creating some of the best communication prototypes.

The workshop was successfully organized at “Hotel ITC Rajputana”, Jaipur from 16th - 19th January, 2019.



The workshop had sketch, strategize, develop and implement the National Communication Strategy on HIV/AIDS with prototypes visualized for the national program which will further lead to development, pre-testing, iteration and finalization of prototypes. The four-day co-creation workshop was attended by NACO, SACS, Community Members, Creative Experts, and Development Partners to flesh out the new communication material designing & strategies through a consultative process.

The National Consultation on Dissemination of Orphan and Vulnerable Children (OVC) Project Phase-I was held under the Chairpersonship of Shri. Sanjeeva Kumar, AS & DG (NACO), NACO on 29th May, 2018 in Delhi.



National Dissemination Meet on HIV/AIDS OVC Social Protection Project

OVC project is dedicated to provide comprehensive care, support & treatment, linkages & uptake of social protection to OVC.

Objectives of the workshop are:

1. To disseminate key learning's of OVC Project Phase I,
2. To replicate different Models of OVC project in other States.

Representatives from various sectors like SACS, Development Partners, Project Directors etc were present at the workshop.

The entire workshop was bifurcated in the five sessions. The major focus areas were strategies to enhance identification, assessment and service delivery for all vulnerable CABA and need for OVC/CABA interventions.

24.9.2 The HIV and AIDS (Prevention and Control) Act, 2017

The Human Immunodeficiency Virus and Acquired Immune Deficiency Syndrome Bill, 2014 was passed by the Rajya Sabha on 21st March, 2017 and by Lok Sabha on 11th April, 2017. The bill received the Presidential assent on 20th April, 2017.

The Human Immunodeficiency Virus and Acquired Immune Deficiency Syndrome (Prevention and Control) Act, 2017 was notified on e-gazette on 21st April, 2017.

Some of the major provisions of the Act are:

- Addressing stigma & discrimination in healthcare setting, education setting, at workplace etc.
- Provision of enabling environment for enhancing access to services and safeguards rights of PLHIV & those affected by HIV.
- Provision of free diagnostic facilities related to ART and Opportunistic Infection management.
- Promotion of safe workplace in healthcare settings to prevent occupational exposure.
- Grievance redressal mechanism in the form of placement of Ombudsman at State level and Complaints Officer at establishment level.

The HIV and AIDS Act, 2017 came into force on 10th September, 2018. Rules covering manner of notification of HIV and AIDS policy for establishments (Section 12) and grievance

redressal mechanism at establishments (terms of reference, manner of inquiry and disposal of cases, confidentiality etc of Complaints Officer) (Section 21) were notified on 17th September, 2018 by the Central Government.

24.9.3 Mainstreaming and Partnership

A. Partnership with Ministries and Roll out of MoUs:

NACO is collaborating with various key Ministries/ Departments of Govt. of India with objective of multi-pronged, multi-sectoral response which will ensure better use of available resources for risk reduction and impact mitigation of HIV. NACO has formalized partnership with key Ministries/ Departments of Govt. of India.

During the current financial year, the emphasis was given on roll out of 16 MoUs signed between NACO and other key Ministries/ Department of Government of India. SACS have been implementing the roll out of MoUs with the technical assistance of Regional Communication Officers (RCOs) in the priority States/UTs.

NACO initiated partnership with few more Ministries through entering into MoU. Discussions have been initiated to formalize partnership with North Eastern Council (NEC), Ministry of Development of North Eastern Region (M/o DoNER); Department of Social Justice & Empowerment and Ministry of Micro, Small and Medium Enterprises. Emphasis was given to mobilise department concerned, institutions and civil society in the States/UTs through Joint Working Group meeting at the state level under the chairpersonship of Project Director SACS. Joint Working Group meetings were conducted in several States viz. Andhra Pradesh, Rajasthan, Odisha, Jharkhand, Karnataka, Meghalaya, Madhya Pradesh, Himachal Pradesh, and Gujarat etc.

B. Memorandum of Understanding signed between North Eastern Council (NEC) and NACO

The 17th MoU was signed between NACO

and North Eastern Council (NEC), Ministry of Development of North Eastern Region (M/o DoNER) on 8th March, 2019 at M/o DoNER, Vigyan Bhawan Annexe, New Delhi.



The MoU was signed by Shri Ram Muivah, Secretary on behalf of North Eastern Council (NEC), Ministry of Development of North Eastern Region and Shri Sanjeeva Kumar Additional Secretary & Director General, NACO & RNTCP, MoH&FW in the august presence of Dr. Jitendra Singh, Hon'ble Minister, MOS (IC) M/o DoNER and Dr. InderJit Singh, Secretary, M/o DoNER, Govt. of India.

C. World of Work Response to HIV:

Regional Workshop on ‘Strengthening Public and Private Sector Response in NACP IV’ in Chandigarh: A regional workshop on ‘Strengthening Public and Private Sector Response in NACP IV’ was organized by NACO in collaboration with International Labour Organization (ILO) in Chandigarh on 24th & 25th May, 2018.



The workshop was attended by officials from Labour Department, Construction Workers Welfare Board, Dattopant Thengadi Board for Worker Education and Development (Formerly known as CBWE), Employer Organization, Confederation of Indian Industry, Enterprises like Ambuja Cement Foundation, GMR-Toll Plaza, GMR Foundation, Helpage India, Anand Automotive, WIPRO, CIPLA, Morepen Labs, Sun Pharma, KCCI, SAFL, SACS official from eight states Punjab, Haryana Chandigarh, Himachal Pradesh, Jammu & Kashmir, Uttaranchal, Delhi and Karnataka.

State specific presentations on ICTC data analysis for eight States were presented by ILO and NACO. Experiences and good practice were presented by selected industries like Ambuja Cement Foundation, WIPRO, GMR, HelpAge India and state experience on industry mobilization by SACS' representatives.

Sessions were planned on to share experience and strategy to reaching workers engaged in formal and informal sector, importance of communication in strengthening programme, briefing by network of positive people in special reference to reduce stigma & discrimination at the workplace.

Regional Workshop on 'Strengthening Public and Private Sector Response in NACP IV' in Gangtok, Sikkim

A regional workshop on 'Strengthening Public and Private Sector Response in NACP IV' organized by NACO in collaboration with International Labour Organization and Sikkim SACS in Gangtok, Sikkim from 26th to 27th September, 2018. The two-day workshop was inaugurated by Sh. Arjun Kumar Ghatani, Hon'ble Minister, Health & Family Welfare, Government of Sikkim. The inaugural function was also graced by presence of Dr. Naresh Goel, Deputy Director General, NACO; Ms. Zug Castillo Brigitte, Senior Technical Specialist, International Labour Organization Geneva; Dr. Pempa Tshering Bhutia, Health Principal Director, Government of Sikkim.

Consultation on 'Fast Track VCT @ Work' in Gujarat

World of work response to HIV is one of the strategic priorities of NACP in India. NACO through SACS in collaboration with ILO has made several efforts to strengthen engagement of industries of public and private sector, employer organizations and other key stakeholder to strengthen national response to HIV and AIDS in the world of work and to promote voluntary testing among workers through campaign 'VCT@Work'.

To move ahead with an agenda to strengthen 'VCT@Work' campaign, NACO in collaboration with ILO and Gujarat SACS were successfully organized consultations on 'Fast Track VCT@Work' in the three priority districts of Gujarat namely Ahmedabad, Surat and Jamnagar on 11th, 13th and 18th March, 2019 respectively.



Engagement of Industries (Public and Private Sector) in various States:

Regional Workshops were organized by NACO in collaboration with ILO. States have taken lead to follow up with identified industries for their engagement in HIV/AIDS prevention activities. The progress made in different States is listed as follows:

- **West Bengal:** HIV/AIDS awareness programme strengthened in various industries. FICTC started in companies like Coal India, Damodar Valley Corporation, Kolkata Port Trust, Haldia Dock Complex. FICTC started in Coal India, DVC, KPOT and Haldia. Advocacy meeting is done in

private sector like L&T, Asian Leather etc.

- **Jharkhand:** Coordination established with public and private sectors. CCL started two ICTC centre in project hospital in mining areas (Khlari and Rajrappa). Awareness programme started for workers in coal mining areas. Blood donation camps started. USHA Martin and TICF organized awareness programme for truckers. CMPDI started awareness programme for daily wages workers.
- **Bihar:** 13 training sessions have been conducted and 750 officials were participated. Advocacy and sensitization programme conducted in industries namely COMFED-Sudha Dairy, Tirupati Transport-Hazipur, Hasanpur Sugar Mill- Samastipur, Bihar State Road Development Corporation Ltd- Patna, NTPC Ltd. Barh Project- Patna, NTPC Ltd. Barh Project- Patna.
- **Odisha:** - Follow up done with Odisha SACS. No major activity has been conducted.
- **Gujarat Ahmedabad:** 15 major industries are mobilized. 198 training sessions are conducted by SACS as well as Industries. 13000 workers are trained. 30 banners, 45 wall painting and 4 hoardings erected by industries. Gujarat State Road Transport Corporation (GSRTC) prepared flex banner, training programmed for drivers, conductor Helpers were organized. Express Freight Consortium (TATA-Baroda) and Gayatri Consortium have adopted workplace policy, trainings were conducted. Kandla Port Trust started ICTC, HIV/AIDS prevention programme conducted on the regular basis with the support of local NGO. Wall Painting and folk programme conducted. Sensitization and training programme are conducted for industries association and railways by Ahmedabad SACS.
- **Mumbai & Maharashtra:** HPCL and IOCL have displayed banner at their petrol pump on occasion of World AIDS Day. IOCL sponsored ANAND Mela, a carnival for CLHIV, 1074 police officials were sensitized at 22 Police Station in Mumbai. Meeting conducted with Railway Officials.
- **Chhattisgarh:** Major industries are mobilized like JK Lakshmi Cement, Censuri Cement, Nalwa Steel, Kalptaru Power Transmission Limited, Shri Bajrang Power & Ispat Ltd, HPCL and Transport Workers association. Sensitization, awareness programme and HIV testing programme were carried out in these industries. More than 1400 workers were tested for HIV in industries (JK Lakshmi, Censuri Cement Nalwa Steel and KPTL). Maruti Clean Coal & Power Ltd conducted HIV/AIDS awareness programme on WAD, voluntary counselling and testing at dispensary. 2 Blood donation camp were organized.
- **Madhya Pradesh:** 5 advocacy and sensitization programme were conducted in Pithampur, Dewas, Mandideep and Gwalior industrial areas. Approx. 100 industries representative attended.
- **Rajasthan:** Sensitization and training programme was conducted. Agenda HIV/AIDS is integrated in training module. Regular training programme is conducted for workers engaged in metro rail project. HIV/AIDS sensitization programme for Transport workers, drivers and their family member were organized by Reliance Industries Ltd., Jaipur.
- **Goa:** HIV/AIDS sensitization programme for Hotel Industries (Goa Tourism Development Corporation) were organized at GTDC Complex. 53 people participated in the training.

250 people sensitized and 27 employees tested for HIV in the awareness drive for HPCL, MPT, GSL and Konkan railways. Two training programme was conducted by Siemens. 70 workers participated and 40 were voluntarily tested for HIV. Sensitization programme Kadamba Transport Corporation Ltd (KTCL) was mobilized and announce 100% travel concession to PLHIV.

- **Telangana:** 15 Industries are mobilized for HIV/AIDS programme. Meeting conducted with Dept. of Labour. Sensitization programme was conducted for Factory Inspector. 280 workers were sensitized. Linkages developed with HIV facilities and TI Migrant NGOs. IEC activities were carried out by industries for workers.
- **Puducherry:** Meeting was carried out for Industries association in Karaikal region. Training programme conducted for peer educators in ONGC and Port Pvt. Ltd. Sensitization programme conducted for 20 labour contractors who are engaged in various activities.
- **Tamil Nadu:** HIV/AIDS awareness programme were conducted for industries. 212 people sensitized in Sterlite Industries Tuticorin, HIV/AIDS awareness drive started and 500 people reached in Tollgate (Tuticorin to Madurai) Vahikulum, Tuticorin. Awareness programme and HIV testing were carried out in Port Trust, Tuticorin. IEC activities are carried out for local van and auto drivers in Vilathikulum. 70 people were participated in the programme.

Besides the above, efforts have been made to mobilize various industries, corporations in the North-Eastern region.

D. Meeting with Key Ministries on HIV/AIDS prevention and roll out of MoU

Meeting with key Ministries held in NACO

A meeting between NACO and key Ministries/ Departments of Government of India to strengthen

collaboration and partnership through sharing of data on activities carried out on HIV/AIDS prevention, testing and treatment was held on 12th September, 2018 in New Delhi.

The purpose of the meeting was to strengthen collaboration and partnership to garner support in reaching out to large number of people with information on HIV/AIDS, prevention activities and services on voluntary counselling & HIV testing and Anti-Retroviral (ARV) treatment and sharing of report on activities undertaken on HIV/AIDS prevention & control by respective Ministries of Government of India. The meeting was attended by senior officials from six ministries of Govt. of India viz. Department of Internal Security MHA, Department of Defence, Ministry of Labour & Employment, Ministry of Petroleum & Natural Gas, Ministry of Railways and Ministry of Coal.

Meeting with Department of Defence (AFMS) and NACO

A meeting of NACO officials with those of the AFMS was held at Office of the DG-AFMS, 'M' Block, New Delhi on 12th Nov, 2018. The meeting was attended by various stake holders from the AFMS and NACO departments. The objectives of the meeting were overview of partnership between NACO and AFMS, sharing of activities carried out on HIV/AIDS prevention by AFMS, understanding the existing facilities and services offered on counselling, testing and ART, system of capturing data and its confidentiality in the Armed Forces and to discuss mechanisms to share data with NACO/ SACS.

Meeting with Northern Railways Central Hospital and NACO

A meeting between Northern Railways Central Hospital and NACO was held on 16 November, 2018 to understand the existing mechanism of services offers by M/o Railways primarily

on voluntary testing and ARV treatment and prevention activities carried out by Railways. A team comprising officials from NACO visited Northern Railways Central Hospital.

Meeting with ESIC, Ministry of Labour & Employment and NACO

A meeting was held between ESIC, Ministry of Labour & Employment and NACO on 16 November, 2018 at ESIC Headquarter in New Delhi. A team comprising officials of various division of NACO had visited ESIC headquarters. The purpose of the meeting is to strengthen collaboration and understanding on the services offered by ESIC on HIV/AIDS prevention and treatment.

24.10 STRATEGIC INFORMATION

One of the key strategies of NACP-IV is SI Management. It is envisaged to have an overarching knowledge management strategy that encompasses the entire gamut of SI activities starting with data generation to dissemination and effective use. The strategy ensures high quality of data generation systems through surveillance, programme monitoring and research; strengthening systematic analysis, synthesis, development and dissemination of knowledge products in various forms; emphasis on knowledge translation as an important element of policy making and programme management at all levels; and establishment of robust evaluation systems for outcome as well as impact evaluation of various interventions under the programme.

24.11 MONITORING, EVALUATION AND SURVEILLANCE

Programme monitoring is vital to evidence-based national AIDS response. As country moved towards fast track targets and aims to “End of AIDS by 2030”, the system is crucial to assess the progress towards stated targets and goals. There are various information management systems at place to manage and monitor the patient records



Home page of SIMS

and data. Major information systems of NACO are SIMS (Strategic Information Management System), PALS (PLHIV ART Linkage System), IMS (Inventory Management System) and Excel Based Analytical Tool for Core Group at NGO-TI level. Among all, SIMS is backbone of the programme monitoring and currently hosted on the MeghRaj Cloud of Govt. of India. The reporting is mostly 80% or more across the components.

Sankalak, a bulletin of monitoring, evaluation and surveillance division, aims to report progress of national AIDS response on select key indicators including those from the 2020 fast track targets. It summarizes the data, at national and State level, on epidemic and shows progress made under prevention, detection and treatment components. Sankalak contributes to regular and systematic analysis and dissemination of the progress on critical indicators to policy-makers, programme managers and technical staff as well as to other stakeholders in the NACP.

Programme monitoring reports the progress towards stated targets and goals through various mechanisms. Monthly Cabinet Report is a summary report to the cabinet for each month on the key predefined indicators. Besides, there are various monthly/quarterly/annual reports to various national and international stakeholders on the India's AIDS response.

Table 24.10.1: Achievement on Key Indicators under NACP during FY 2018-19

Sl. No	Indicator	2018-19	
		Target	Achievement
			(till March 2019)
1	No. of High-Risk Group and Bridge Population covered through Targeted Interventions	56 lakh	73 lakh
2	No. of High-Risk Groups & Vulnerable Population covered through LWS	18.09 lakh	14.65 lakh
3	No. of free Distribution of Condoms	27.75 crore pieces	18.83 crore pieces
4	No. of Campaigns released on Mass Media - TV/Radio	4	3
5	New Red Ribbon Clubs formed in Colleges	250	134
6	No. of persons trained under Mainstreaming training programmes	1.50 lakh	2.66 lakh
7	No. of STI/RTI patients managed as per national protocol	94.8 lakh	88.35 lakh
8	No. of Blood collection in NACO supported blood bank	78 lakh	71.35 lakh
9	Proportion of blood units collected by Voluntary blood donation in NACO Supported Blood Banks	80%	76%
10	No. of General Clients tested for HIV	218.60 lakh	250.73 lakh
11	No. of Pregnant Women tested for HIV	218.60 lakh	230.44 lakh
12	a. Percentage of mothers initiated on lifelong ART	90%	90.77%
	b. Percentage of babies initiated on ARV prophylaxis	90%	86.40%
13	HIV-TB Cross Referrals	24.3 lakh	23.00 lakh
14	PLHIV on ART (Cumulative)	14.5 Lakh	12.93 lakh
15	Opportunistic Infections treated	3.5 lakh	4.16 lakh
16	No. of Viral Load test	2.1 lakh	2.4 lakh

The M&E officers at the state levels are managed by this unit and they have been trained in two batches: first batch from 8th to 11th May, 2018 and second batch from 4th June to 7th June, 2018 on the monitoring and evaluation component of NACP and also provided hands on training of various tools for developing of state specific monitoring and evaluation report.

Release of India HIV Estimation 2017

NACO undertakes HIV estimations biennially in collaboration with the Indian Council of Medical Research (ICMR) - National Institute of Medical Statistics (NIMS). The objective of HIV estimations is to provide updated information on the status of the HIV epidemic in India at the national and State/UT level.



Release of India HIV Estimation 2017 Report

Shri Sanjeeva Kumar, AS&DG (NACO & RNTCP), MoHFW Released the “India HIV Estimation 2017” on 14th September, 2018.

Shri Alok Saxena (JS-NACO), Dr. Bilali Camara (Country Director, UNAIDS India), Dr. Swaroop Sarkar (Director, Department of Communicable Diseases, WHO, SEARO), Dr. DCS Reddy (Former HOD, Dept. of PSM, Institute of Medical Sciences, BHU), Dr Raman R. Gangakhedkar (Scientist G & Head, Epidemiology and Communicable Diseases, ICMR), Dr. Payden (Deputy WHO Representative to India), Dr. Ryan D. McGee (Deputy Country Director, CDC India), Dr. D K Shukla (Scientist

G & Chair NWG, ICMR-NIMS) and Dr. Shobini Rajan (ADG, SI, NACO) also graced the occasion. The meeting was attended by representatives from development partners, civil societies, national and regional institutes of surveillance as well as various SACS.

Initiation of 16th round of HIV Sentinel surveillance at Central Prison site across 35 States/UT in India

The National HIV Sentinel Surveillance (HSS) is mainstay of second generation HIV surveillance in India. This is one of the largest HIV survey system across the globe providing evidences on

the magnitude and directions of HIV epidemic in various population groups and geographical areas and, thus, provides inputs to programme for strengthening prevention and control activities.

Globally, HIV interventions at correctional institutions is strongly recommended with 'prisoners' identified as one of the groups at higher risk of HIV infection. In this view NACO has initiated HIV intervention among prison setting. In December 2017, NACO organized a national consultation to improve the ongoing prison HIV interventions. The consultation was attended by all the key stakeholders including those from Ministry of Home Affairs, Narcotics Control Bureau, World Health Organization and United Nations Office on Drug and Crime.

24.12 RESEARCH AND EVALUATION

Research & Evaluation is a vital component of SI Management.

- During the FY 2018-19, 12 research studies initiated in 2017-18 are ongoing to generate evidence through operational research on critical gaps in programme implementation. These areas vary from survival analysis among adult and paediatric, EID, HIV-HCV burden among transgenders, vulnerability assessment study among select female migrant populations, hard to reach MSM, changing trends in sex work dynamics and use of new technology, understanding sero-discordant settings etc.
- There are eight studies completed projects on priority areas identified by the programme viz., functional convergence of services among RCH and NACP for KP and for attendees at public health care facilities, biomarkers to identify immunological and virologic failure, service linkages between HIV and family planning to improve use of dual protection among HIV positive people, prevalence of WHO recommended TB Symptom Screening complex among patients attending ART centres, dose related pharmacokinetics of Rifabutin during concomitant ritonavir administration in HIV infected TB patients.
- The Division started a new initiative in the form of Brown Bag Seminar Series with the aim to inform as well as build capacities and knowledge of programme managers at NACO and SACS, civil society and community, academicians and scientists, development partners and other key stakeholders. The seminar series serves as a gateway for knowledge sharing, open dialogue of information, resulting into cross-learning on new developments, programme management and strengthening NACO's research agenda. The 'Brown Bag Seminar Series' has been playing a vital role, in creating a new culture of 'learning something new' and 'broadening our perspective' through sharing of knowledge and experiences over informal gatherings. Eight talks were organized during the FY 2018-19.
- Aligned with the mandate to build capacities in evidence generation, the Research & Evaluation Division organised a 'Capacity Building Workshop on Operational Research for Strengthening HIV/AIDS Programmatic' in collaboration with USAID and FHI 360 from 18 – 21 September, 2018 at Pune. The workshop focused on priority research areas identified for evidence generation under the national programme. Participants from TISS, NARI, NICED, PGIMER NIE, Population Council, programme managers from NACO and SACS attended the Workshop. The participants worked under the guidance of mentors, experts in the field of public health and HIV/AIDS research. During the workshop, six protocols were developed on key gaps in programme implementation – strategies to address stigma & discrimination, treatment literacy, risks and vulnerabilities among adolescents and the youth, understanding emerging epidemics. A follow-up workshop on Operational Research in HIV/AIDS was organised in October, 2018 to review the status of the studies.



Additional Secretary & DG, NACO, MoHFW with participants of OR Workshop

- One Expert Committee meeting was organised this year – 18th meeting of the TRG on Research. The TRG reviewed 18 agenda items including research protocols and progress reports for technical review.
 - Promoting Operational Research at local levels - This year, there was a consolidated effort to promote Operational Research at SACS and involving the States in programme formulation, data generation, evidence, and planning processes. Programme Managers from SACS were involved in identifying priority areas, conducting operational research studies for finding localised solutions to programmatic gaps at state and district levels.
- Synergies with other Key Stakeholders –
- Technical coordination with National Surveys e.g. National Family Health Survey (NFHS) and National Sample Survey (NSS).
 - Technical collaboration on Indo-foreign collaborative research proposals referred by Health Ministry's Screening Committee, and intra-mural research projects under Project Review Committee on STI & HIV, Indian Council of Medical Research.
 - Technical collaboration on DBT-ICMR programme for integrating the treatment cohorts through NACO and initiating activities for integrating with the proposed national bio-repository in this programme and enabling storage of treatment samples; towards the same initiating policy and funding integration; and exploration of joint studies towards common goals in socio-behavioural and epidemiological research through the platform.
 - Indo-Dutch collaborative programme under which NACO is a scientific partner; capacity building through the PhD and training initiatives and stakeholder from the perspective of implementing policies based on programme output.
 - India-Africa (India-SA MRC) platform through partnership in scientific areas of common interest, initiating policy integration; and research knowledge

exchange across regions;

- Indo-US Joint Working Group for technical collaboration on HIV research.

Exposure visits

- To build advocacy for HIV/AIDS research and orient young post graduate medical students on the NACP, the Division

facilitated exposure-cum-training visits by Armed Forces Medical College, Pune in September 2018 and Vivekananda College of Nursing, Lucknow in March 2019 and by. Interactive discussions and presentation on all components (incl. research) of NACP were held with the visiting students/faculty and NACO officers.



Joint Secretary, NACO, MoHFW with AFMC delegates-NACO Internship Programme

NACO has initiated the Internship Programme in 2018 for young students who wish to engage with the Government. The internship programme envisages an opportunity for young students to get familiar with and understand the various dimensions of policy making & implementation of the (NACP). It serves as an exposure for the interns regarding functioning of GoI. It is mutually beneficial for the organization as well as students to have a structured internship programme under the aegis of NACO, MoHFW.

Till date 11 interns have successfully completed their internship and have submitted project reports

on varied priority areas such as secondary data analysis of ICTC and PPTCT programme, MSM interventions, EID programme, primary research and data analysis on community perceptions on HIV/AIDS Act, 2017 and Transgender Persons (Protection of Rights) Bill, 2018.

24.13 DATA ANALYSIS & DISSEMINATION UNIT (DADU)

Data Analysis & Dissemination Unit (DADU), a key component of Strategic Information, NACO focuses on strengthening data quality, use and management, systematic analysis, synthesis,

developing standardized approaches, methods and tools for quality monitoring, validation and analysis of different datasets etc. It is mandated to support and supervise SACS to strengthen the capacity of staff at various levels particularly in analysing data and making better use of it in decision making, performing on-site data validations and data verification for informing policy making and programme management at all levels including field units to SACS upto Central level.

DADU also lays emphasis on knowledge translation as an important element of policy making and programme management at all levels. With this in view, DADU has initiated Round 2 of National Data Analysis Plan (NDAP) to analyze the huge amount of data generated under the programme, to develop analytic documents, scientific papers, journal articles, etc. for publication and wider dissemination and to provide scientific evidence for programme management by strengthening and scaling up appropriate strategies.

24.14 PROCUREMENT

Under the NACP, NACO provides free Antiretroviral (ARV) drugs to approx. 1.27 Million PLHIV. In addition, approx. 45 Million HIV tests

are conducted annually. Procurement Division does the procurement of ARV Drugs, HIV testing Kits, Blood Bags & equipment etc. Procurements are done through procurement Agent i.e. M/s RITES Limited & Central Medical Services Society (CMSS) and direct contract management by NACO. M/s RITES Limited is providing services to NACO as procurement agent in terms of the contract signed between NACO and M/s RITES Limited on 08th Oct, 2015 and further renewal from 08th Oct, 2017 to 07th Oct, 2019. Central Medical Services Society (CMSS) has been associated with NACO as a Procurement Agent since 2016.

The details of expenditure (year wise) from 2014-15 to 2018-19 are given below:

Year-wise Expenditure (Exp.) during 2014-15 to 2018-19 (Rs. In crore)

Financial Year	Revised Estimates	Expenditure
2014-15	1,397.00	1,287.39
2015-16	1,615.00	1,605.72
2016-17	1,753.00	1,749.12
2017-18	2,163.06	2,009.76
2018-19	1,925.00	1,803.19

