CHAPTER 24

National AIDS Control Organization (NACO)

24.1 INTRODUCTION

In order to control the spread of HIV/AIDS, the Government of India is implementing the National AIDS Control Programme (NACP) as a 100% centrally sponsored scheme. Prevention and Care, Support & Treatment (CST) form the two key pillars of all HIV/AIDS control efforts in India. The programme succeeded in reducing the estimated number of annual new HIV infections in adults by 57% during the last decade through scaled up prevention activities. Wider access to ART has resulted in a decline of the estimated number of people dying due to AIDS related causes.

Launched in 1992, followed by NACP-II in 1999, NACP-III in 2007 and NACP-IV in 2012, the focus of the National AIDS Control Programme is on achieving the seventy five percent (75%) reduction in new HIV infections; 90-90-90 (90% of those who are HIV positive in the country know their status and that 90% of those who know their status are on treatment and 90% of those who are on treatment experience effective viral load suppression); elimination of mother-to-child transmission of HIV and syphilis and elimination of discrimination and stigmatization of people living with HIV in the next three years and within seven years will reduce the new HIV infections by 80% and 95% of those who are HIV positive in the country know their status and that 95% of those who know their status are on treatment and 95% of those who are on treatment experience effective viral load suppression.

The package of services includes two types of services i.e. Prevention services and Care Support & Treatment services.

- **Prevention services** Targeted Interventions (TI) for High Risk Groups and Bridge Population (Female Sex Workers (FSW), Men who have Sex with Men (MSM), Transgenders/Hijras, Injecting Drug Users (IDU), Truckers & Migrants; Needle-Syringe Exchange Programme (NSEP) and Opioid Substitution Therapy (OST) for IDUs; Migrant population at source, transit and destinations; Link Worker Scheme (LWS) for High Risk Groups (HRGs) and vulnerable population in rural areas; Prevention & Control of Sexually Transmitted Infections/Reproductive Tract Infections (STI/RTI); Blood Transfusion Services; HIV Counseling & Testing Services; Prevention of Parent to Child Transmission; Condom promotion; Information, Education & Communication (IEC) and Behaviour Change Communication (BCC) – Mass Media Campaigns through Radio & TV, Mid-media campaigns through Folk Media, display panels, banners, wall writings etc., Special campaigns through music and sports, Flagship programmes, such as Red Ribbon Express; Social Mobilization, Youth Interventions and Adolescence Education Programme; Mainstreaming HIV/AIDS response; Work Place Interventions.
- **Care, Support & Treatment Services** Laboratory services for CD4 Testing, Viral Load testing, Early Infant Diagnosis of HIV in infants and children up to 18 months age and confirmatory diagnosis of HIV-2; Free First line & second line Anti-Retroviral Treatment (ART) through ART centres and Link ART Centres, Centres of Excellence & ART plus centres; Paediatric ART for children; Early Infant Diagnosis for HIV exposed infants and children below 18 months; Nutritional and Psycho-social support through Community and Support Centres; HIV-TB Coordination (Cross-referral, detection and treatment of co-infections; Treatment of Opportunistic Infections).

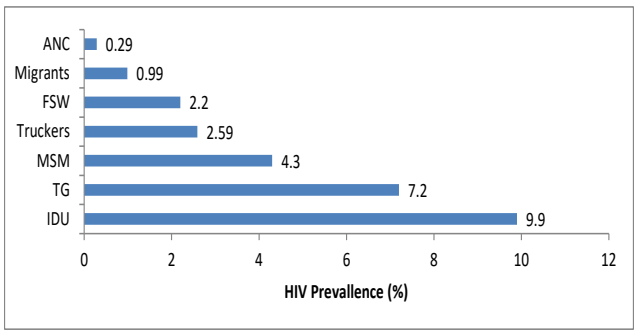
24.2 OVERVIEW OF HIV PREVALENCE IN INDIA

As per 2015 HIV Estimation report, the adult (15–49 years) HIV prevalence was estimated at 0.26% (Male-0.30% and Female-0.22%) in 2015 in India. 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 to 0.26% in 2015. Similar consistent declines were noted among men and women at the national level. Among the States/UTs, in 2015, Manipur has shown the highest estimated adult HIV prevalence (1.15%), followed by Mizoram (0.80%), Nagaland (0.78%), Andhra Pradesh & Telangana (0.66%), Karnataka (0.45%), Gujarat (0.42%) and Goa (0.40%). Besides these States, Maharashtra, Chandigarh, Tripura and Tamil Nadu have shown an estimated adult HIV prevalence greater than the national prevalence (0.26%), while Odisha, Bihar, Sikkim, Delhi, Rajasthan and West Bengal have shown an estimated adult HIV prevalence in the range of 0.21– 0.25%. All other States/UTs have adult HIV prevalence below 0.20%.

The total number of people living with HIV (PLHIV) in India was estimated at 21.17 lakhs (17.11 lakhs–26.49 lakhs) in 2015 compared with 22.26 lakhs (18.00 lakhs-27.85 lakhs) in 2007. Children (< 15 years) accounted for 6.54%, while women contributed around two fifth (40.5%) of total HIV infections. Undivided Andhra Pradesh and Telangana have the highest estimated number of PLHIV (3.95 lakhs) followed by Maharashtra (3.01 lakhs), Karnataka (1.99 lakhs), Gujarat (1.66 lakhs), Bihar (1.51 lakhs) and Uttar Pradesh (1.50 lakhs). These seven States together account for two thirds (64.4%) of total estimated PLHIV. Rajasthan (1.03 lakhs), Tamil Nadu (1.43 lakhs) and West Bengal (1.29 lakhs) are other States with estimated PLHIV numbers of 1 lakh or more. In India, the estimated number of new HIV infections in 2015 were around 86 (56 – 129) thousand.

Since 2007, when the number of AIDS related deaths (ARD) started to show a declining trend, the annual number of AIDS related deaths had declined by 54%. In 2015, an estimated 67.6 (46.4 –106.0) thousand people died of AIDS-related causes nationally. This decline is consistent with the rapid expansion of access to ART in the country. The given below figure (fig. 24.2.1) showed the HIV prevalence among Antenatal Care attendees and high risk groups:

Figure 24.2.1: HIV Prevalence (%) among ANC Client (HSS 2014-15), FSW, MSM, IDU, TG (IBBS 2014-2015), Migrants and Truckers (HSS 2010-11), India



24.3 TARGETED INTERVENTIONS

Considering the concentrated nature of the HIV epidemic in the country, 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) are provided with a number of preventive services through NGO/CBO led Targeted Interventions (TIs).

At present, around 1500 such interventions are providing HIV prevention, treatment, care and support services to various High Risk Groups including Female Sex Workers (FSWs), Men who have Sex with Men (MSM), Injecting Drug Users (IDU), Hijra and Transgenders (HTG), and Bridge Populations such as Migrants and Long Distance Truckers. Target Interventions (TIs) 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 Sexually Transmitted Infections (STI), free condom and lubricant provision among core groups, Social Marketing of condoms, Behaviour Change Communication (BCC), creating an enabling environment with community involvement and participation, linkages to Integrated Counselling and Testing Centres (ICTC) 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

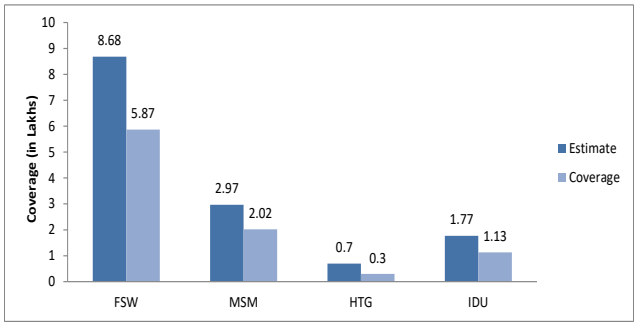
management, Opioid Substitution Therapy (OST) and linkages with detoxification / rehabilitation services. The national programme adopts the peer led approach in partnership with NGOs/CBOs along with State AIDS Control Societies (SACS) and Technical Support Unit (TSU) for mentoring and supporting the TIs for quality service delivery and enhancing the overall program performance.

Mid Term Appraisal (MTA) of NACP IV carried out in 2016 had recommended commissioning an Options Paper for TI. In order to develop options paper, and operational plans for implementing various recommendations of MTA, the following sub committees were formed: Governance; Design next generation TIs; Immediate course correction in implementation of TI and Monitoring, Evaluation and Size Estimation.

Performance of TI Programme (Sept. 2017)

Coverage of High Risk Groups (HRG): The performance of TIs with regard to coverage is consistent over the years. As far as the coverage of HRG & HTG populations, NACO is making consistent efforts to scale up the programme and improve the coverage in high priority States. Based on the recommendations of MTA, 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 enrolling new and young HRGs across typology. Technical Support Units (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.

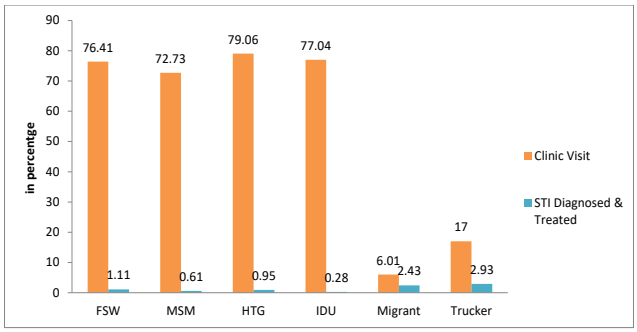
Fig 24.3.1: Coverage of Core HRGs (FSW, MSM, IDU and HTG) under the Targeted Interventions programme during the FY 2017-18 (April-September, 2017).



STI Diagnosed and Treated against Clinic Visit

As per NACO guidelines every HRG should visit STI clinics every quarter, especially for regular medical check-up and for treatment of Sexually Transmitted Infections (STI) / Reproductive Tract Infections (RTI). The clinic footfall for STI screening was over 70% among all core groups, however STI/RTI cases diagnosed and treated was high among FSWs while TG population has recorded nearly 1% against the clinic visit made by them. The clinic footfall amongst Migrants and Truckers (Bridge population) was more than 50% of the targets fixed for this reporting period and STI positivity among bridge population continues to remain high.

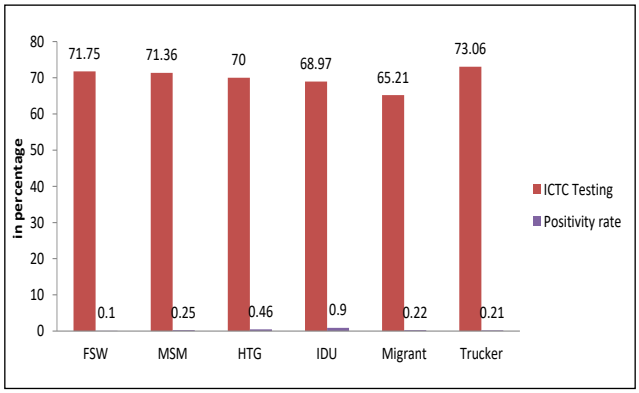
Fig 24.3.2: Percentage Distribution of STI Diagnosed and Treated against the Clinic Visit made by HRGs under the Targeted Interventions programme during the FY 2017-18(April-September, 2017).



HIV testing and ART linkages among HRGs

As per the NACO guidelines, all core HRGs should be tested for HIV once every six months. Fig 24.3.3 depicts the percentage of HIV tests performed among HRGs through referrals from targeted intervention programmes. The percentage of testing across all typology has been consistent over the years. The positive detection amongst HRGs has been low (ranges from 0.1% to 0.4%) except among IDUs (0.9%). The programme data reveals that HRGs who are associated with TIs for more than five years have been regular for testing and taking consistent efforts to remain negative across majority of the States. However, the positivity among IDUs and HTG population continues to remain a concern. Testing among Bridge Population continue to remain a challenge owing to their mobility. Positivity among migrants and truckers continues to be the same as in last year (0.2%).

Fig 24.3.3: Percentage Distribution of HIV testing and HIV positivity among HRGs under the Targeted Interventions programme during the FY 2017-18 (April-September, 2017).



More than 80% of the PLHIV identified among core group and bridge population are linked to ART centres except HTG (74%). NACO has been making continuous efforts to improve post-test counselling and enhance ART linkages across typologies. Community based HIV testing and Test and Treat policy approved recently by NACO would eventually address the gaps identified in the programme.

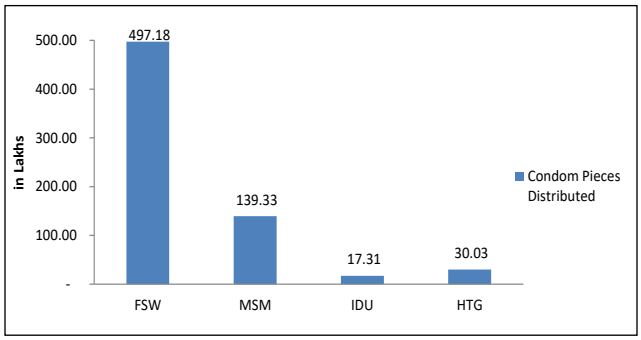
Table 24.3.1: Percentage Distribution of PLHIV from HRGs linked to ART centre under the Targeted Interventions programme during the FY 2017-18 (April-September, 2017).

HRGs Typology	PLHIV identified and linked to ART
FSW	100%
MSM	92.28%
IDU	81.20%
HTG	73.85%
Migrant	91.88%
Trucker	81.69%

Condom distribution among High Risk Group (HRG)

Condoms are distributed to HRGs as per their requirement through NGOs/CBOs implementing TI programme. Peer Educators and Outreach workers engaged in TI programme emphasis 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.

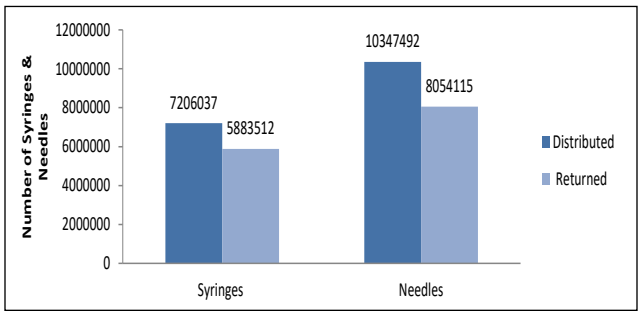
Fig 24.3.4: Distribution of Condoms (in pieces) among HRGs by Typology-wise under the Targeted Interventions programme during the FY 2017-18 (April-September, 2017).



Needle and Syringe distribution 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 Drop-In-Centres 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 for HIV transmission and other blood borne diseases. Programme data shows distribution of Needles and Syringes consistently high (more than 90%), while the return rate is marginally increased over the last year (more than 75%).

Fig 24.3.5: Distribution and Return of Needles and Syringes among IDUs under the Targeted Interventions programme during the FY 2017-18 (April-September, 2017).



Capacity Building

NACO has identified development partners for building capacity of staff engaged in delivering various prevention services (NGOs/CBOs/OST). Table 24.3.2 shows the partners who were given responsibility to conduct Training of Trainers (ToTs) workshops at National, Regional and State levels to create Resource Pools specific to all typologies. Currently Master Trainers are conducing trainings across the country for the staff implementing TI programme and providing OST services.

Table 24.3.2: Region and Typology wise Distribution of Training Programme among Development Partners/Organisation

Organization	Typology	Region/States
Public Health Foundation of India	Female Sex Workers/ Truckers	Pan-India except North-east
Family Health International	All typologies and IDUs	North-east region & IDU TIs pan India
Voluntary Health Services (VHS)	Transgender/ Hijra	Pan-India except North-East
Humsafar Trust	Men who have sex with Men	Pan-India except North-East
PIPPSE	Migrants	Pan-India except North-East

Table 24.3.3:State-wise and Typology-wise distribution of Targeted Interventions (TIs) supported by NACO during the FY 2017-18 (April-September, 2017).

State/UT	FSW	MSM	IDU	HTG	Core Composite	Migrants (Dest.)	Truckers	Total TIs functional
Andhra Pradesh	8	-	3	-	71	8	2	92
Arunachal Pradesh	4	1	2	-	7	6	-	20
Assam	29	1	6	-	11	2	2	51
Bihar	4	3	8	-	12	-	1	28
Chandigarh	4	2	2	-	1	2	1	12
Chhattisgarh	9	-	3	-	16	5	3	36
Dadra & Nagar Haveli	-	-	-	-	-	1	1	2
Daman & Diu	-	-	-	-	2	2	1	5
Delhi	32	11	13	6	-	13	4	79
Goa	6	3	1	-	1	2	2	15
Gujarat	13	13	3	2	22	31	6	90
Haryana	2	2	1	-	-	-	-	5
Himachal Pradesh	9	-	1	-	-	3	-	19
Jammu & Kashmir	2	1	3	-	3	3	2	14
Jharkhand	18	-	2	-	8	1	3	32

State/UT	FSW	MSM	IDU	HTG	Core Composite	Migrants (Dest.)	Truckers	Total TIs functional
Karnataka	31	19	2	2	11	8	4	77
Kerala	20	13	6	6	-	13	2	60
Madhya Pradesh	18	5	9	-	26	5	3	66
Maharashtra	59	16	1	9	30	52	12	179
Manipur	2	1	37	-	13	2	-	55
Meghalaya	3	-	4	-	2	-	-	9
Mizoram	1	1	18	-	7	4	-	31
Nagaland	2	3	23	-	15	1	1	45
Odisha	12	-	6	1	22	9	2	52
Puducherry	1	1	-	-	2	1	-	5
Punjab	11	-	20	-	19	4	2	56
Rajasthan	12	2	4	2	9	7	3	39
Sikkim	3	-	3	-	-	-	-	6
Tamil Nadu	11	11	1	2	37	6	4	72
Telangana	16	-	2	-	27	6	2	53
Tripura	8	-	2	-	-	1	3	14
Uttar Pradesh	12	3	10	2	47	4	6	84
Uttarakhand	6	-	5	-	8	7	3	29
West Bengal	21	3	4	1	2	2	4	37
Total	**389**	**115**	**205**	**33**	**437**	**211**	**79**	**1469**

Table 24.3.4: State-wise and Typology-wise Coverage of High Risk Groups under the Targeted Interventions programme during the FY 2017-18 (April-September, 2017).

Name of State/UT	Core Group				Bridge Population	
	FSW	MSM	IDU	HTG	Migrants (Dest.)	Truckers
Andhra Pradesh	84018	17068	789	1480	95521	6345
Arunachal Pradesh	2194	620	1062	-	66022	
Assam	15699	2558	2800	291	1192	5417
Bihar	10075	2271	4076		-	-
Chandigarh	2846	1716	1307	103	33630	3327
Chhattisgarh	19203	1584	2462	472	243768	17927
Dadra & Nagar Haveli	-	-	-	-	7526	6580

Name of State/UT	Core Group				Bridge Population	
	FSW	MSM	IDU	HTG	Migrants (Dest.)	Truckers
Daman & Diu	626	726	-	-	5445	1202
Delhi	40148	12891	9278	5368	65492	-
Goa	3845	2907	275		30003	2776
Gujarat	18969	22147	904	1479	676990	37118
Haryana	1831	2158	434	-	-	-
Himachal Pradesh	5159	530	313	-	4252	-
Jammu & Kashmir	1349	338	1385	-	8154	3221
Jharkhand	71755	703	490	59	-	4885
Karnataka	80708	26678	1846	2062	11863	5715
Kerala	15185	11191	2360	1825	395599	108233
Madhya Pradesh	22773	7364	6331	-	106578	29329
Maharashtra	72871	23920	704	7118	1770708	-
Manipur	5727	1137	16703	-	4640	-
Meghalaya	1268	270	1946	-	-	-
Mizoram	690	532	8579	-	87992	
Nagaland	2884	1273	15614	-	470	422
Odisha	10667	2595	2447	2242	67782	13940
Puducherry	1861	1863	-	99	30797	-
Punjab	12793	2110	11745		51031	6685
Rajasthan	12492	3691	1361	618	253305	7730
Sikkim	809	-	1138	-	-	-
Tamil Nadu	40575	28679	516	3978	-	-
Telangana	51557	12366	1051	483	-	-
Tripura	5016	196	581	-	32411	-
Uttar Pradesh	20619	8063	13168	2634	59995	14863
Uttarakhand	5131	1789	1753	101	152431	46103
West Bengal	17761	1321	1036	234	9914	13537
All India	**6,59,104**	**2,03,255**	**1,14,454**	**30,646**	**42,73,511**	**3,35,355**

Opioid Substitution Therapy (OST) Programme for IDUs

For providing and assuring quality services, a continuous process of capacity building is being followed under Opioid Substitution Therapy (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. Quality Assurance Protocol (QAP-Medical) of OST in India has been developed. The protocol serves as a resource material for mentors, entrusted with the task of carrying out periodic 'Quality Assurance (QA) visits' to OST centres.

Table 24.3.5: Number of Opioid Substitution Therapy (OST) Centres for IDUs under the Targeted Interventions programme during the FY 2017-18 (April-September, 2017).

Name of State/UT	No. of Centers	Coverage
Andhra Pradesh	1	164
Arunachal Pradesh	2	112
Assam	2	175
Bihar	2	214
Chandigarh	4	372
Chhattisgarh	6	622
Dadra & Nagar Haveli	-	-
Daman & Diu	-	-
Delhi	11	1970
Goa	1	37
Gujarat	2	76
Haryana	9	759
Himachal Pradesh	1	22
Jammu & Kashmir	2	223
Jharkhand	2	192
Karnataka	2	100
Kerala	10	488
Madhya Pradesh	12	943
Maharashtra	1	106
Manipur	27	2191
Meghalaya	5	816
Mizoram	17	1646
Nagaland	31	2164
Odisha	4	234
Puducherry	-	-
Punjab	28	7961
Rajasthan	2	174
Sikkim	3	215
Tamil Nadu	1	53
Telangana	-	-
Tripura	3	349
Uttar Pradesh	11	1374
Uttarakhand	5	315
West Bengal	8	536
India	**215**	**24,603**

HIV Prevention and Treatment Services in Prison Settings

Analysis of Indian prison data (2015) indicate that across 1,401 prisons, there were 4, 19,623 prison inmates including 2, 82,076 under trial (67.2% of total inmates). 88% of the under-trial prisoners were below the age of 50 years and will eventually return to the community outside the prison. Therefore spread of HIV in prisons has significant public health implications as almost all prisoners return to their community thereby facilitating the spread of HIV infection to the general population. In order to address this critical issue with a comprehensive HIV prevention and treatment service, the recently approved (June 2017) National Strategic Plan for HIV/AIDS and STI (2017–2024) titled "Paving the Way for an AIDS Free India" included prison HIV component under NACP-IV.

Followed by the formal launch of prison HIV interventions as a part of project "Sunrise" by the Hon'ble Union Minister of Health & Family Welfare Shri Jagat Prakash Nadda on 6th February, 2016 at Imphal, Manipur HIV prevention and treatment services have been initiated in prisons across Manipur, Mizoram, Meghalaya, Nagaland, Assam, Sikkim, Punjab and Chandigarh Emmanuel Hospital Association provides technical assistance for implementing prison HIV interventions in Punjab, Chandigarh and Haryana.

Progress made under Prison HIV interventions Programme

The results achieved through phase-I implementation of HIV interventions in 15 prison sites across 7 States (10 central jails from Punjab and Chandigarh: Amritsar, Ludhiana, Kapurthala, Ferozpur, Faridkot, Gurdaspur, Hoshiarpur, Patiala, Bathinda, Chandigarh; and 5 central jails from North-East States: Imphal, Aizwal, Dimapur, Shillong, and Guwahati) provides strong evidence to scale up the interventions across other prisons in the country. Nearly 922 inmates were found to be HIV Positive of 35,691 inmates tested for HIV; 603 inmates have already been linked to ART services (2.4% positivity in Punjab and 7.1% in North-East States). Overall, 31.9% of 13282 prisoners were infected with HCV of which 869 inmates treated for Hep-C with the support of medical facilities provided by State Government (20.5% and 18.3% Hep-C positivity registered in Punjab and North-East respectively). Around 110 inmates have been linked for TB treatment of 120 inmates diagnosed with TB. During this reporting period, 90 inmates were treated for STI.

Table 24.3.6: Prisoners testing for HIV, TB & STI under the Prison HIV interventions programme during the FY 2017-18 (April-September, 2017).

Central Prisons	Total prisoners	Tested for HIV	Found HIV Positive	Linked to ART	Diagnosed with Hep-C	Treated for Hep-C	Screened for TB	Diagnosed with TB	Treated for TB	Treated for STI
Amritsar	2500	7206	271	197	1548	37	65	56	47	1
Bathinda	1500	2090	9	9	31	8	8	4	4	0
Faridkot	2000	3792	113	98	151	0	64	1	1	1
Firozpur	1380	1625	131	62	519	68	17	17	17	0
Gurdaspur	1000	2187	30	20	179	212	134	14	14	75
Hoshiarpur	1000	1933	48	40	268	85	25	8	8	0
Kapurthala	2500	5154	165	77	710	74	30	4	4	2
Ludhiana	2600	6929	76	70	710	380	12	0	0	0
Patiala	2800	3735	24	22	118	5	75	14	14	1
Chandigarh	875	288	1	0	0	0	0	0	0	1
Manipur	577	37	1	0	0	0	0	0	0	0
Mizoram	624	91	0	0	0	0	0	0	0	0
Meghalaya	404	403	51	3	0	0	2	0	0	0
Nagaland	131	43	0	0	1	0	25	2	1	3
Assam	1143	178	2	5	8	0	0	0	0	6
Total	**21,034**	**35,691**	**922**	**603**	**4243**	**869**	**457**	**120**	**110**	**90**

State level inter-departmental meetings between SACS and State prisons departments were organized to develop prison HIV interventions joint action plan for Bihar, Uttar Pradesh, Uttarakhand and Rajasthan during this reporting period. These States are currently operationalizing phase-II implementation of HIV interventions in 67 prison sites which will cater to nearly 98300 inmates. The process has already commenced to formalize the ongoing HIV interventions including OST service implemented in Tihar Prisons by Delhi State AIDS Control Society. Communication from Addl. Sec. & DG, NACO has been recently sent to Director General/Inspector General of Prisons and SACS of the following States to initiate the process of implementing phase-III Prison interventions: Andhra Pradesh, Telangana, Odisha, Jharkhand, West Bengal, Maharashtra, Madhya Pradesh, Haryana and Chhattisgarh.

State level inter-departmental meetings between SACS and State prisons departments

Strengthening partnerships between law enforcement agencies & civil society organizations: Section 71 of the Narcotics Drugs and Psychotropic Substances (Amendment) Act 2014 now allows for 'management' of drug dependence, thereby legitimizing opioid substitution, maintenance and other harm reduction services in the country. In order to sensitize officials enforcing law; NGOs implementing TI interventions and senior officials working with State Health System, series of State/district-level workshops were organized especially in north-eastern States. There were 26 such workshops organized and more than 1100 officials were sensitized on various aspects of drug use and HIV and NDPS Act. These workshops provided a stage for discussion and of experience sharing in promoting partnerships between key functionaries of law enforcement Agencies (LEA), TI-NGOs and the State health department. During the workshop, the role of LEA in enhancing access to Harm Reduction services has been highlighted. It was also reiterated that Harm Reduction services provided by NACO through NGOs and Govt. Health facilities are legitimate, recognized and approved by the law under Section 71 of the NDPS Act.

Sensitization meeting with Law Enforcement Officials in the North-Eastern States

Other Initiatives under Targeted Interventions

NACO in collaboration with development partners, bilateral and multilateral agencies has been taking concerted efforts to pilot newer initiatives. Following are some of the key highlights:

i) **Sunrise Project:** The project Sunrise is complementing the ongoing National AIDS Control Programme (NACP) primarily by improving coverage, quality and scale of HIV interventions in the North-Eastern (NE) States among People Who Inject Drugs (PWID). The project activities are being implemented through the existing system in close coordination with State AIDS Control Societies (SACS) in the 8 North-East States (CDC through FHI 360).

ii) **Linkages:** The project is aimed at ensuring and enhancing treatment cascade in 6 Districts of Andhra Pradesh & Maharashtra. It has a specific focus to accelerate the ability of Govt. and Civil Society Organizations to achieve global targets, i.e. 90-90-90 through the HIV cascade of reach, test, treat & retain Key Populations (USAID through FHI 360).

iii) **Cluster Strategy:** The cluster strategy is aimed at intensifying efforts in high burden areas. USAID and CDC in collaboration with NACO jointly developed Cluster strategy and implementing various activities to enhance HIV/AIDS Care Prevention and Treatment services in select districts.

iv) **Project Hridaya:** Project Hridaya was designed to fill in the implementation gaps of TIs through its approach in Uttarakhand, Uttar Pradesh, and Bihar. The India HIV/AIDS Alliance (Alliance India) supports the delivery of effective, innovative, community-based HIV harm reduction programmes to key populations affected by the HIV epidemic, through the

network of partners in these States.

v) **Nirantar:** This is a civil society Capacity Building project for advocacy and response to the HIV/AIDS epidemic among Key Populations (KPs) (Female Sex Workers, Men having sex with Men, Transgenders/Hijras and Injecting Drug User) in Chhattisgarh, Madhya Pradesh and Odisha primarily focusing on building the local capacity initiatives of TI-NGOs and SACS. The goal is to enhance the capacity of CSOs (NGOs, CBOs) and other local institutions to improve access to HIV prevention to care and treatment continuum services including social protection schemes in an enabling environment for KPs.

vi) **Multi-country South Asia HIV program for MSM & HTG:** The regional HIV programme is to reduce the impact of HIV on men who have sex with men (MSM) and Hijra and Transgender (HTG) in South Asia funded by GFATM under Round 9. The regional programme is community-driven and centered around sexual diversity and access to health, focusing on community systems strengthening (CSS) as a mechanism to enable MSM and HTG organizations to improve the quality of their interventions (Global Fund through VHS and Humsafar Trust).

vii) **Community System Strengthening:** A focused initiative on vulnerability reduction and Community System Strengthening (CSS) (87 CBOs in the southern States) in Andhra Pradesh, Telangana, Karnataka, Maharashtra and Tamil Nadu for Female Sex Workers program (BMGF through SWASTI).

viii) **Methadone Based Opioid Substitution Treatment:** The Methadone based opioid substitution treatment launched at RIMS has increased the treatment options for people who inject drugs. NACO in coordination with SACS and other key stakeholders currently firming up the plan to scale up the service in other high priority States in the country.

ix). **Employer Led Model:** In order to reach informal migrants at industries an employer led model is being implemented. Under this model more than 400 industries have partnered with various State AIDS Control Societies for HIV related activities. More than 8 Lakh migrants have been covered through these programs.

District AIDS Prevention and Control Units (DAPCU)

Around 188 DAPCU were established to coordinate, facilitate & monitor NACP activities at district & sub district level.

During the period of April to August, 2017, two themes were posted in the DAPCU Blog (http://dapcuspeak.blogspot.in/) as a part of generating discussions: DAPCU's role in addressing stigma and discrimination and mobilizing support for high risk groups and people living with HIV; and Improving data quality in the reports. Brief case studies were developed by DAPCUs to illustrate problems encountered by the community and the role played by them in facilitating necessary action by the concerned department. Among several responses received from DAPCUs, few of the suitable narratives were selected and posted on DAPCU Blog.

DAPCU Surat, in coordination with District Level Network, assisted an HIV positive woman renew her work contract. The woman had been denied a contract by the school Principal on the basis of her HIV positive status. The matter was placed before the DAPCC and a complaint made to the District Magistrate and Collector who directed the Principal to renew the contract. DAPCU Kozhikode brought together and sensitized local government officials, health functionaries and community leaders to help address stigma and discrimination related issues and establish a supportive environment for people living with HIV and their families.

DAPCU Kanyakumari conducted sensitization and training programmes for Government staff, which resulted in improved delivery of social welfare services to high risk groups and people living with HIV. They also took steps to organize sensitization programs in

villages involving local community members to raise awareness, improve acceptance and reduce cases of stigma and discrimination.

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

In fourth phase of National AIDS Control Program (NACP-IV), the Link Worker Scheme (LWS) has been designed to intensify and consolidate the prevention services focusing on at risk population in the rural areas with a mandate to work in 131 districts across 17 States of India in the FY 2017-18. The Link Worker Scheme 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.

Progress made under LWS programme during the FY 2017-18

Up to August, 2017, LWS is being implemented in 109 districts. Through this intervention, over 68,119 HRGs (FSWs, MSMs, TGs and IDUs) are reached in rural areas nationally. In addition, the Scheme also covers nearly 8.29 lakhs Bridge Population members (truckers and migrants) and vulnerable population members. The programme has also reached out to 26,988 people living with HIV (PLHIV) with services. Around 43,054 HRGs have been tested for HIV under this intervention during the FY 2017-18. Over 1,562 HRGs have sought treatment for STI symptoms under this intervention. This has been done by establishing linkages with existing services. Also, about 29,99,577 free condoms and approximately 2,48,328 socially marketed condoms were distributed during the FY 2017-18 in the villages covered through this intervention.

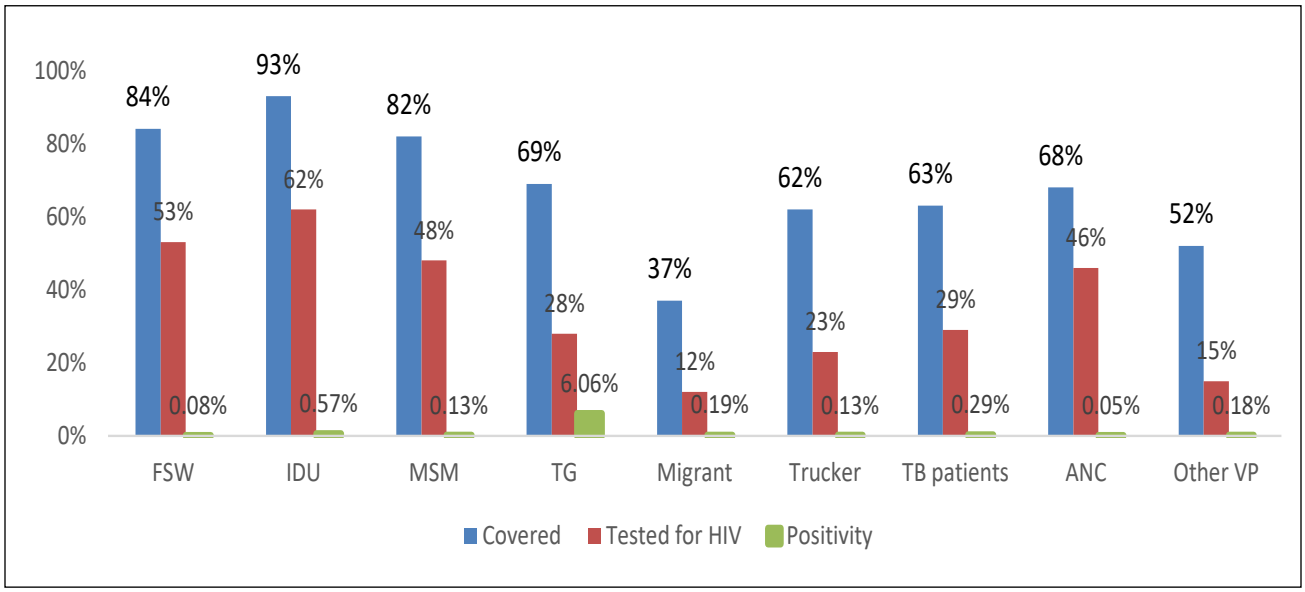


Table 24.3.7: Typology-wise Performance of Link Worker Schemes in terms of Coverage, HIV testing, and Positivity during the FY 2017-18 (as on September, 2017)

Typology	Covered			HIV testing		HIV Detection		Linkages to ART	
	Line listed	Covered	% coverage	HIV tested	% tested	Positive detected	% of positive detected	Total linked with ART	% linked
FSW	70385	58912	84%	37430	53%	31	0.08%	24	77%
IDU	3966	3,686	93%	2456	62%	14	0.57%	12	86%
MSM	6529	5,361	82%	3102	48%	4	0.13%	4	100%
TG	233	160	69%	66	28%	4	6.06%	4	100%
Migrant	7,99,181	2,99,457	37%	97833	12%	188	0.19%	179	95%
Trucker	1,04,000	64,247	62%	23974	23%	31	0.13%	26	84%
TB patients	13,187	8,352	63%	3791	29%	11	0.29%	10	91%
ANC	1,17,918	80,424	68%	54676	46%	25	0.05%	21	84%
Other Vulnerable population	7,27,231	3,76,870	52%	110840	15%	202	0.18%	178	88%
PLHIV	29,346	20,585	70%	-	-	-	-	-	-

Condom Promotion Programme

Condom promotion by the Ministry of Health & Family Welfare, Government of India 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 up under National AIDS Control Programme (NACP). With nearly 86 percent of HIV infection 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. National AIDS Control Programme (NACP) has consistently focused on prevention from HIV/AIDS through safe sex practices. Given the significant role of condoms in the prevention of STI/HIV infections, the National AIDS Control Organisation (NACO) promotes condom use for controlling the epidemic.

NACO promotes safe sex and regular condom use through its mass media campaigns. These condom promotion campaigns are aired on national networks of Doordarshan, leading cable & satellite channels, All India Radio, private FM channels, digital cinema, social media, outdoor media etc. to ensure countrywide footprints. This year, a new mass media campaign was developed in Hindi and other regional languages.

The new integrated 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 ordinary individuals. 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.

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 to State AIDS Control Societies (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 High Risk Group (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 were transferred from NHM to SACS wherever feasible.

Capacity Building

Project Managers, Counsellors, M&E Officers, ORWs and PEs working with TI-NGOs have been trained/ oriented on effective implementation of condom programme. These trainings are also aimed at building confidence of TI staff in addressing key barriers in condom usage, dispelling myths and misconceptions associated with condom use.

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

The Prevention and control of sexually transmitted infections 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 National AIDS Control Program. 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 1165 NACO supported Designated STI/RTI Clinic (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 Dermato-venereology clinics and provide services through existing public health care delivery system. During the period April-September'2017, a total of 18,17,454 RPR tests were conducted among attendees of DSRCs of which only 0.4% (8872) were reactive. Number of patients referred to the Integrated Council and Testing centres (ICTC) were 16, 50,608 of which 0.4% (7411) were found tested positive for HIV. Among the pregnant women attending antenatal care 21, 28,310 ANC women were registered, of them 17,17,894 were screened for syphilis of which 81% of the total registered ANC attendees. The Syphilis ANC positivity is 0.10% and those was found reactive for syphilis and were provided treatment. The sero-prevalence of Syphilis is observed to be declining steadily among patients with STI/RTI, Pregnant women and high risk groups.

NACO target is to manage 90 lakh episodes of STI/ RTI in 2017-18, out of which the program has achieved 47.45 (51%) lakhs till September, 2017.

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 and 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 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 EQAS .

NACO and CDC with SHARE have conducted assessment of all the Regional STI Centre last year, during assessment 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 High Risk Groups 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 counselor 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. A total of 1531 personnel were trained including 61 doctors, 40 staff nurses, 113 laboratory technicians, 906 counsellors and 411 preferred providers. The States could not conduct the training due to non-availability of funds.

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 –divisional Hospital). Till September' 2017, a total of 2293 persons from sub-district health facilities were trained in syndromic case management which includes 822 doctors and 1471 nursing staff. About 85 doctors were also trained in private sector.

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 indicator 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 paramedical 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 of Syphilis and has done joint procurement of Inj. Benzatrhine Penicillin for NHM.

Provision of STI/RTI Services in High Risk Group Population

The provision of a standardized package of STI/RTI services to High Risk Group (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 provider 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. During the period of April-September, 2017, a total of about 17.35 lakhs visits have been made by HRG and 10.53 lakhs regular medical check-up have been conducted. The involvement of private practitioners for providing STI services to HRG at such a large scale is one of the few successful initiatives globally.

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.

New Initiative under STI/RTI Programme

1. Elimination of Parent to Child Transmission of Syphilis

The STI/RTI division in collaboration with Maternal Health Division under MoHFW and WHO/SEARO has drafted National Strategy on EPTCT of Syphilis and launched this programme initiative in collaboration with the National Health Mission.

Under the EPTCT of syphilis, NACO and Maternal Health Division are aiming for early registration, early screening for both Syphilis and HIV and treat those found reactive, promote institutional delivery and follow up the new born up to 24 months of age.

Key Strategy for implementing the elimination Strategy:

- Ensuring universalization of ANC check-up (>95%)
- Testing for Syphilis and HIV together and both the tests to be an essential test in ANC service packages.
- Treatment of all sero reactive mothers, partners

and new borns for Syphilis.

- Reporting and line listing of all the cases of maternal syphilis and HIV and institutional delivery of them. Follow up of the new born and child for 24 months.
- Collaboration and functional convergence between NACO and NHM.
- Allocation of resource (line item in APP, purchase of commodities, training, monitoring etc) for elimination of congenital syphilis and HIV.
- Introduction of newer and simple technologies in scaling up of testing for Syphilis (Point of care test)
- Making availability and supply of commodities like syphilis test kits, HIV test kits, inj. benzathine Penicillin, etc.

TRG for STI has recommended STI program to liaise with Non-Communicable Disease division MoHFW to expand screening for cervical cancer of women attending STI/ RTI clinics, ART centres and female sex workers by strengthened referral linkages between these facilities and NCD clinics. TRG also recommended to explore feasibility and introduction of vaccination for HBV and HPV to most at risk populations by working together with Immunization division, MoHFW. TRG, further, suggested that program should work towards elimination of chancroid and donovanosis in-addition to congenital syphilis.

National Strategic Plan 2017-2024 (NSP)

The vision of STI/RTI control and prevention programme 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

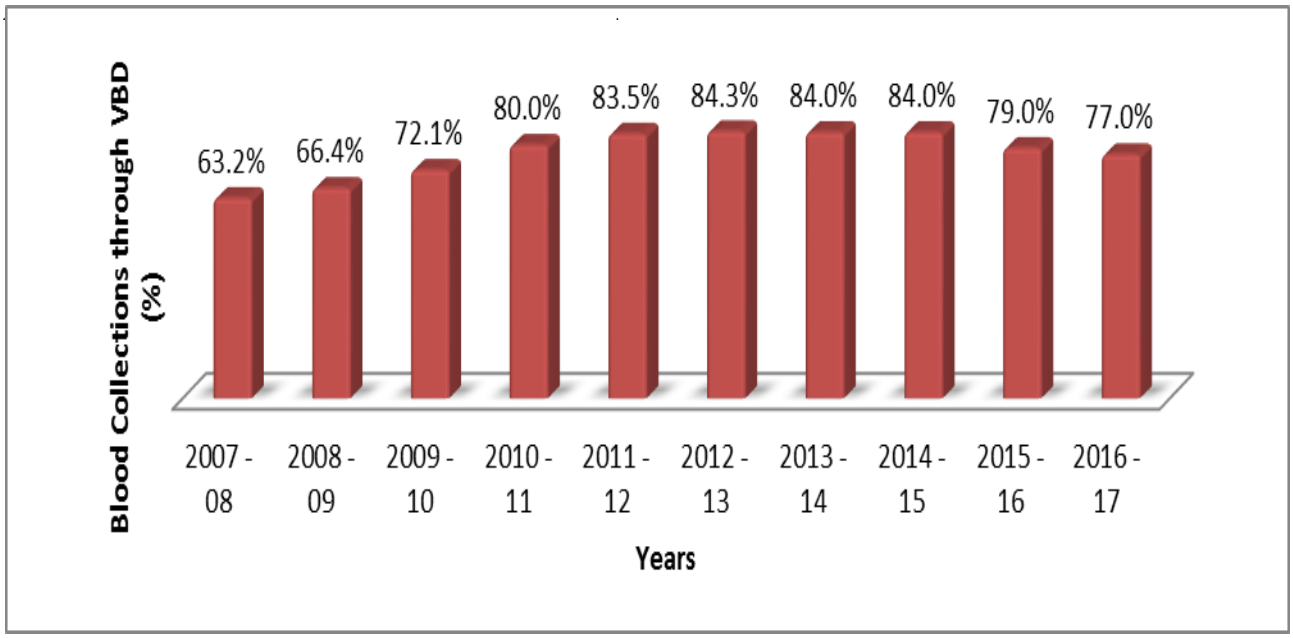
The annual requirement of blood for the country is estimated at 12.8 million units of blood and the endeavour is to meet the blood needs of the country through voluntary non-remunerated donation through a well-coordinated and networked blood transfusion service.

Current Scenario

The blood transfusion services comprise of 2903 licensed blood banks across all States and sectors, of which a network of 1,131 blood banks, which comprises of 398 Blood Component Separation Units (BCSU), 34 Model Blood Banks, 108 Major Blood Banks & 591 District level blood banks and are further supported by NACO by way of one time equipments, supplementary manpower and consumables, in addition to support received under State Governments. All blood banks collecting more than 3000 blood units are also provided with one Blood Bank Counselor to provide pre and post donation counseling and improve donor retention.

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 110 lakh units by 2016-17. During this phase, incidence of donor HIV sero-reactivity has declined from 1.2% to less than 0.12% in NACO supported Blood Banks. NACO supported blood banks are functional across the country in all barring 74 districts. Access to safe blood however continues to be limited especially in rural areas in States like Uttar Pradesh, Uttarakhand, Jharkhand, Bihar, and Chhattisgarh. Till September, 2017, 33.66 lakh units were collected among these NACO supported Blood Banks, 77% of these blood units were collected through Voluntary Blood Donation (VBD). HIV sero-reactivity has remained low in tune of 0.14% in these blood banks. At present, component separation is 50% in NACO supported Blood Banks.

Fig. 24.5.1: Percentage Distribution of Voluntary Blood Donations in collections made through NACO Supported Blood Banks during the years (from 2007-08 to 2016-17)



Government has adopted a comprehensive approach towards strengthening blood transfusion services, 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 blood transfusion services;
- Establishing Quality Management Systems to ensure safe and quality blood; and
- Building implementation structures and referral linkages.

National Blood Transfusion Council (NBTC)

The 26th Meeting of Governing Body of NBTC was held on 1st June, 2017 under the chairpersonship of AS & DG (NACO) & President, NBTC. The guidelines for blood donor selection and blood donor referral have been approved by the NBTC. It has also been directed that Standards for Blood Banks and Blood Transfusion Services be reviewed and revised. A Standing Committee has been constituted under joint chairpersonship of Joint Secretary (Policy) and Joint Secretary (NACO) to look into coordination of activities to strengthen Blood Transfusion Services of the country.

Promotion of Voluntary Blood Donation

It has been recognized world over that collection of blood from regular (repeat) voluntary non remunerated blood donors should constitute the main source of blood supply. Definition of Voluntary Blood Donor has been revised as per recommendations of NBTC governing body to exclude family donors. 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.

Inauguration of Voluntary Blood Donation Camp at Dr. RML Hospital New Delhi by Former Secretary-HFW on 3rd March, 2017

14th June, 2017 was celebrated as World Blood Donor Day with theme "What can you do?" The slogan was "Give blood, Give now, Give often". A half page advertisement was published in more than 150 National & Regional Newspapers. State Blood Transfusion Councils also receive support to conduct activities for promotion of voluntary blood donation, conduction of Blood Donation Camps and provisioning of donor refreshment. Around 37,744 blood donation camps were held across the country from April to August 2017 to support blood collection from voluntary non-remunerated repeat blood donors.

Metro Blood Bank

First phase of Metro Blood Bank Project is approved for Chennai and Kolkata. MoU was signed with Government of West Bengal to establish Metro Blood Bank at Kolkata on 10th July, 2017, which is envisaged as state of art model of centralized blood services and center of excellence from Central Sector Scheme. A Project Implementation Committee has been set up to expedite the implementation of the Project.

Theme of Blood Donor Day-2017

Signing of MoU with Govt. of West Bengal for Metro Blood Bank

State wise Baseline Assessment of Licensed Blood Banks

In the recent, Review Meeting of North East States and Western Region, State specific Assessment Reports of Licensed Blood Banks were released. Reports are also prepared for all other States.

Release of State specific Assessment Reports of Licensed Blood Banks

Blood Mobile Vans

Thirty two state of the art Blood Mobile Vans have been provisioned with mobile blood banks for increasing voluntary blood collection. These vans are stationed at strategic locations and have four beds to simultaneously collect blood from four blood donors. They are fully air-conditioned and equipped with refrigerators to transport blood to the blood bank.

Blood Transportation Vans

Blood needs to be transported under proper cold chain maintenance from the linked mother blood bank to the Blood Storage Centre (BSC). NACO has provided 250 refrigerated blood transportation vans to the RBTC/ District blood banks, which are being maintained through provisioning of fuel & manpower cost. These vans transfer blood units to the BSC on a regular basis and also on demand/emergency situations.

Capacity Building

Training for capacity building is given to the Blood Bank Staff (Medical Officers, Clinicians, Technicians, Nurses and Counselors) through 26 NACO identified training centres across the country based on a standardized curriculum through the coordination with State AIDS Control Societies. Training programmes in all 26 centres are ongoing as per the revised standardized curriculum across the country. Around 4030 Blood Bank staff (Medical Officers- 1125, Laboratory Technicians- 2097 and Nurses- 808) were trained till September, 2017. NACO/NBTC along with project partners and leading experts in Transfusion Medicine has devised a standardized training curriculum (Trainers Guide and Trainee's Handbook) for building capacities of BB staff designated as Technical Manager and Quality Manager together with one Medical Officer in selected NACO supported Blood Banks. 66.59% of the staff from the total of 470 selected NACO supported blood banks were trained till September, 2017.

Research Study

In order to plan and develop appropriate strategies, programmes and policies related to BTS, knowledge on the requirement of blood in the country is essential. Looking towards the need of the estimation of the blood requirement in the country, a study was undertaken on the "Estimation of National Blood requirement in India" through CDC- CMAI project. The protocol for the study was designed with assistance from National Institute of Medical Statistics, CMC Vellore and other transfusion Medicine experts and approved by the Technical Resource Group of BTS and Research. The preliminary findings on this study have been shared.

Strategic Information Management System (SIMS)

Looking towards the need of the estimation of the blood requirement, monthly programmatic data from all blood banks is reported on Strategic Information Management System (SIMS) on a web based format to National AIDS Control Organization. Presently, 2585 blood banks are registered and 2204 blood banks reporting on SIMS. The information procured and data generated from SIMS forms the backbone for spelling out the Annual Action plans and programme management. India is amongst the very few countries that have such a comprehensive national level reporting in transfusion services.

Monitoring and supervision of Blood Transfusion Services (BTS)

State Transfusion Services Core Coordination Committee teams have been constituted in every State to carry out the periodic supervision of all NACO supported blood banks and voluntary blood donation camps. During the FY 2017-18, the States visited include Assam, Maharashtra, Meghalaya, Andhra Pradesh and Madhya Pradesh.

Plasma Fractionation Centre

It was proposed to set up a Plasma fractionation centre at Chennai with a capacity of processing 150,000 litres of plasma per annum and prepare plasma products for use within the country. Keeping in view, that large volume of unutilized plasma is being discarded; plasma policy has been formulated, as an addendum to national blood policy, so as to utilize this plasma by existing fractionators. NBTC has also approved modalities including exchange value for plasma exchange with indigenous fractionators. These guidelines have been adopted by respective State Blood Transfusion Councils. The project of setting up Plasma Fractionation Centre has therefore been kept on hold.

Table-24.5.1: Details of Blood Collections made through all blood banks and NACO supported blood banks under the blood transfusion services during the FY 2017-18 (as on September, 2017)

Sl. No.	State/UT	Total Blood Collection	% Collection through VBD	Annual Collection of NACO supported Blood Banks	% Collection through NACO supported Blood Banks	% Collections in NACO supported Blood Banks through VBD	% Component Separation
1	Andhra Pradesh	2,58,505	77%	127,419	49%	83%	26%
2	Telangana	1,90,881	61%	62,047	33%	60%	36%
3	Arunachal Pradesh	2,101	86%	2,101	100%	86%	0%
4	Assam	1,06,364	44%	73,577	69%	52%	18%
5	Bihar	97,949	49%	66,351	68%	60%	23%
6	Chandigarh	46,047	87%	40,929	89%	85%	95%
7	Chhattisgarh	96,940	43%	48,717	50%	61%	13%
8	Dadra & Nagar Haveli	4,690	100%	4,690	100%	100%	93%
9	Delhi	1,90,179	39%	122,444	64%	37%	65%
10	Daman & Diu	372	77%	372	100%	77%	33%
11	Gujarat	4,16,539	77%	315,895	76%	81%	78%
12	Haryana	1,94,312	62%	90,606	47%	92%	32%
13	Himachal Pradesh	21,208	78%	20,888	98%	78%	13%
14	Jammu & Kashmir	36,638	74%	36,636	100%	74%	42%
15	Jharkhand	95,305	48%	68,879	72%	61%	44%
16	Karnataka	4,41,508	75%	186,690	42%	89%	73%
17	Kerala	2,08,459	80%	114,034	55%	89%	75%
18	Madhya Pradesh	2,41,878	76%	162,232	67%	93%	27%
19	Maharashtra*	5,84,381	98%	369,881	63%	99%	72%
21	Manipur	10,977	40%	10,025	91%	41%	50%
22	Meghalaya	8,096	30%	8,096	100%	30%	47%

Sl. No.	State/UT	Total Blood Collection	% Collection through VBD	Annual Collection of NACO supported Blood Banks	% Collection through NACO supported Blood Banks	% Collections in NACO supported Blood Banks through VBD	% Component Separation
23	Mizoram	11,732	86%	11,627	99%	86%	68%
24	Nagaland	5,881	40%	5,881	100%	40%	0%
25	Odisha	1,76,062	70%	170,467	97%	71%	20%
26	Puducherry	24,203	35%	13,479	56%	25%	77%
27	Punjab	2,24,333	82%	119,766	53%	90%	41%
28	Rajasthan	3,32,762	60%	197,272	59%	57%	49%
29	Sikkim	2,352	79%	2,352	100%	79%	0%
30	Tamil Nadu	4,55,180	92%	194,494	43%	100%	45%
31	Tripura	10,677	85%	10,677	100%	85%	29%
32	Uttar Pradesh	5,36,893	27%	300,717	56%	38%	64%
33	Uttarakhand	65,578	72%	35,349	54%	71%	31%
34	West Bengal	5,84,524	85%	360,488	62%	87%	27%
35	Goa	10,133	79%	9,332	92%	78%	64%
36	Andaman & Nicobar Islands	2,094	88%	2,094	100%	88%	72%
	Total	**56,95,733**	**71%**	**33,66,504**	**59%**	**77%**	**50%**

**Including Mumbai*

24.6 BASIC SERVICE DIVISION (BSD)

The Basic Services Division of the NACO provides HIV counselling and testing services for HIV infection, the critical first 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 counseling and testing services in India.

The HIV Counseling and testing services include the following components:

A. Integrated Counseling and Testing Centres (ICTC)

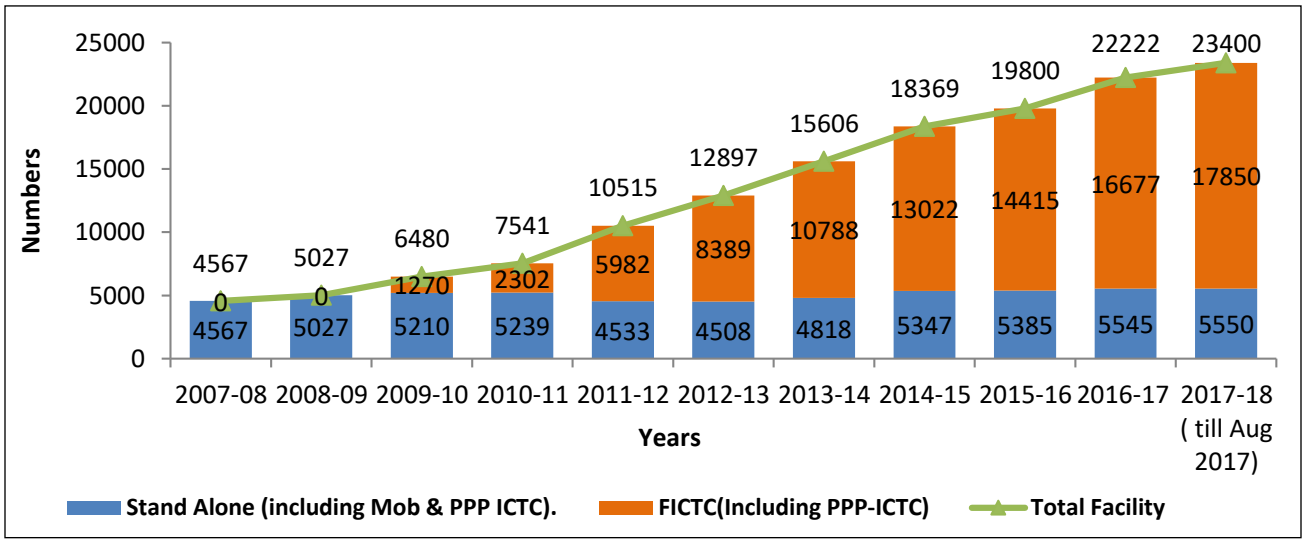
B. Prevention of Parent-To-Child Transmission of HIV (PPTCT)

C. HIV/Tuberculosis collaborative activities

A. Integrated Counselling and Testing Centre (ICTC):

There are different types of HIV counselling and testing services in India which include standalone ICTC (SA-ICTC), Mobile ICTC, Facility Integrated Counselling and Testing Centres (F-ICTCs) and Public Private Partnership ICTCs (PPP ICTCs). In order to offer HIV testing to every pregnant woman in the country, so as to detect all HIV positive pregnant women and eliminate transmission of HIV from parent to child, the community-based HIV screening is conducted by frontline health workers Auxiliary Nurse Midwives (ANM)) at the sub-centre level. 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 (Fig. 24.6.1)

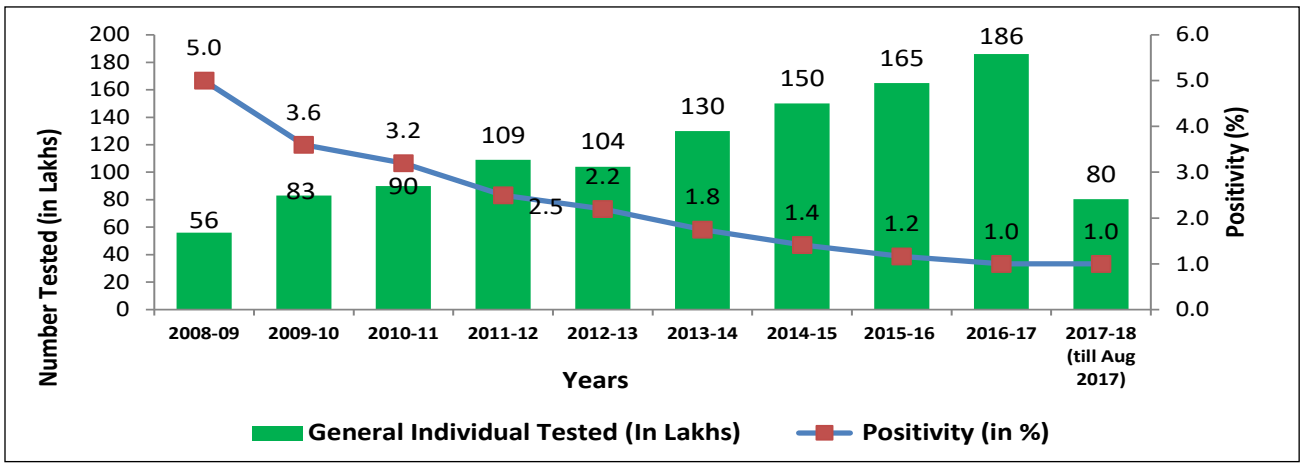
Fig 24.6.1: Scale-up of ICTCs during the period from 2007-08 to 2017-18 (till August, 2017)



HIV Counselling and Testing Services of General Individuals

During the FY 2016-17, around 186.2 lakhs general individuals were tested for HIV out of against the annual target of 140 lakhs and out of which 184,092 general individuals were detected HIV positive. While, during the FY 2017-18 (till Aug.2017), around 80.3 lakhs general individuals have been tested for HIV against annual target of 180 lakhs and out of which 80,955 were diagnosed HIV Positive. The below Fig. 24.6.2 shows year wise general individuals tested for HIV and the positivity.

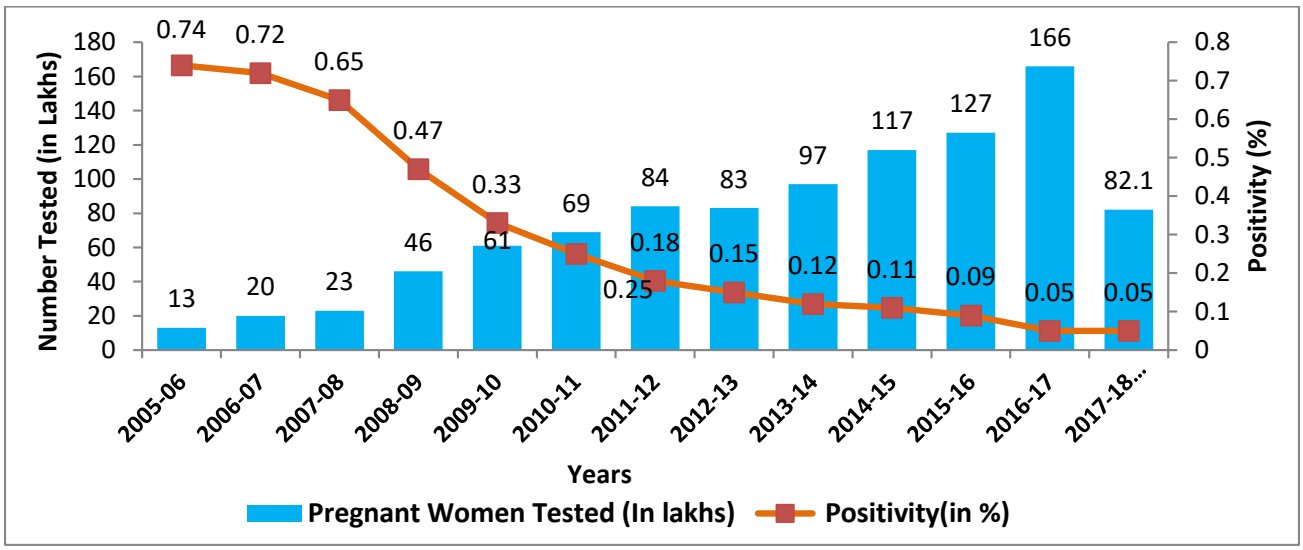
Fig 24.6.2: Scale-up of General Individuals tested and positivity in ICTCs during the period from 2007-08 to 2017-18 (till Aug 2017)



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

The Prevention of Parent to Child Transmission of HIV/AIDS (PPTCT) programme was started in the country in the year 2002. As on August, 2017, 23,400 ICTCs in the country offer PPTCT services to pregnant women. 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 EID service through all 5,237 SA-ICTCs (fixed) across the country.

In the FY 2016-17, out of the target of 140 lakhs pregnant women, 165.6 lakhs were tested for HIV. Out of which, 9,064 (new detection) pregnant women were found HIV positive. During FY 2016-17, out of 14,350 registered pregnant women on ART 91% were initiated on lifelong ART and out of 10,715 HIV exposed babies 88.5% were initiated ARV prophylaxis. During FY 2017-18, till August, 2017, out of the annual target 180 lakhs, 82.1 Lakhs of pregnant women were tested for HIV and 4,443 were diagnosed HIV positive as new cases and out of which 3,780 (85.1%) initiated lifelong ART, the known HIV positive pregnant women availed HCTS service during this period is 2,267. During 2017-18 (till August, 2017), around 4,589 HIV exposed live birth were reported, out of which 4,003 (87.2%) received ARV drug.



1. Early Infant Diagnosis (EID)

HIV exposed infants born to infected pregnant women have to undergo DNA-PCR tests using dried blood spot and whole blood specimen. Details on EID programme are mentioned in the section on Laboratory Services. During the FY 2017-18 (till Aug. 2017), a total of 2,485 HIV exposed babies (6 weeks to 6 months) were initiated on CPT and 3,440 babies (6 weeks to 6 months) were tested under the EID Programme using DBS DNA PCR and 80 (2.3%) babies were found reactive. However a total of 3,395 babies were undergone for 18 month test and only 150 were diagnosed as HIV positive and 128 were initiated on Pediatric ART.

2. Quality Improvement Initiatives under Basic Services

I. Supervision and Monitoring Mechanism: Officers from NACO along with the State AIDS Control Societies and partners visit States/UTs and service delivery centres as part of routine monitoring. During 2017-18, NACO officers visited the States of Andhra Pradesh, Assam, Bihar, Himachal Pradesh, Karnataka, Maharashtra, Meghalaya, Mizoram, Uttar Pradesh, Tamil Nadu, Telangana and Tripura.

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 PLHIV-ART linkage System (PALS) in India for tracking & monitoring of cascaded of services provided to HIV Positive general individuals including pregnant women and their child. PALS allows the tracking services provided by different health facilities at different time points & geo-locations. All States/UTs were implemented PALS and reporting data in it.

V. Community Based Screening approach: Community-Based Screening (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 targeted intervention (TI-ICTC);

d) HCTS for prison inmates; and

e) HCTS at the workplace.

VI. Meetings

1. Review meetings

As a part of Programme Monitoring, the Basic Services Division has been conducting review meetings on BSD components at regular intervals both at National and State level.

i. The 3rd meeting of the National Core Group on Elimination of Mother to Child Transmission (EMTCT) of HIV/Syphilis was held on 19th May, 2017 under the chairmanship of Dr. Ashok Kumar, (Ex. Addl. DGHS, MoHFW) at New Delhi. The objective of the meeting was, to finalize the protocol for EMTCT data validation in the 6 identified States (Andhra Pradesh, Karnataka, Maharashtra, Mizoram Telangana, and Tamil Nadu). Members from development partners, Population Council India, representatives from above said States and NACO officials were presented in the meeting.

ii. National Technical Working Group for TB-HIV Collaborative Activities (NTWG) meeting held at NACO under the chairmanship of DDG/BSD on 19th June, 2017.

iii. A National consultation workshop on Engagement of Private Health Sector for elimination of Mother to Child transmission of HIV and Syphilis on 7th July, 2017 at New Delhi. The objective of this workshop was to enhance the active collaboration with private health sectors with support of SAATHII, who is the technical partner for this activity. The national consultation workshop was fully supported by SAATHII.

iv. National TB/HIV Co-ordination Committee (NTCC) meeting held under the chairmanship of Secretary (H&FW), MOHFW on 31st July, 2017 at New Delhi. Representatives from MOHFW, DGHS, Addl. Secretary NACO, EA (TB), CTD, WHO, IMA, TB Association of India, NARI, NIRT NCPI Plus, NACO and State representatives from UPSACS participated in the meeting.

v. A "National Workshop to review the IEC prototype & Development of Communication Strategies for HIV Counselling and Testing Services (HCTS) & STI" has been conducted by Basic Services Division, NACO on 2nd & 3rd August, 2017 at India Habitat Centre, New Delhi.

vi. Data verification at field level for EMTCT data validation has been done for Tamil Nadu during 20th - 25th August, 2017, for States - Karnataka, Andhra Pradesh ,Mizoram & Telangana from 28th August to 1st September, 2017 and for Maharashtra 4th - 8th September, 2017. The field visit for data validation & verification completely supported by NIE, Chennai.

vii. A Meeting on "Action Plan for Universal Coverage of Pregnant Woman for HIV and Syphilis" has been convened at NACO on 25th September, 2017 for 5 high priority states (Assam, Bihar, Madhya Pradesh, Rajasthan and Uttar Pradesh). The meeting was chaired by Dr. Alok Saxena, Joint Secretary, NACO (MoHFW). The objective of the meeting was to evaluate the action plan put forwarded by the States to achieve the universal coverage of Pregnant Woman for HIV and Syphilis.

VII. Training

a) Regional Training of Trainers (ToT) on revised HIV Counseling and Testing Service (HCTS) guideline 2016: BSD-NACO has recently updated the National HIV counseling and testing Services Guideline (HCTS) 2016. Training of Trainers has been for all States/UTs by July, 2017.

b) Training on PLHIV- ART Linkage System: BSD NACO has implemented PLHIV- ART linkage System (PALS) in India for tracking & monitoring of cascade of services provided to HIV Positive General Individuals as well as HIV Positive pregnant women & their child by the different health facilities at different time points & geo-locations. Currently all ICTC and ART counsellors, DAPCU officials and all BSD & M&E officials of SACS of 35 States/UTs have received hands on training on PALS.

C. 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 high prevalent States/UTs and Districts, positivity among TB patients is more than 10% in selected Districts. 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 National AIDS Control Organization and Revised National TB control programme have been successful in increasing access and uptake of HIV testing and counseling for all TB patients.

TB-HIV Collaboration on World AIDS Day on 1st December, 2017 inaugurated by Hon'ble Union Minister of State for Health & Family Welfare Smt. Anupriya Patel in the presence of Secretary (HFW) Ms. Preeti Sudan and Additional Secretary (Health) Shri Sanjeeva Kumar, WR India and JS (NACO)

The co-location of Designated Microscopy centres (DMCs) and HIV testing facilities was 80% as on June, 2017. The trend of Known HIV Status among TB is increasing i.e. 86 % (ranging from 40% – 100%) in the FY 2017-18 knew their HIV status which has increased from 84% (ranging from 29% – 100%) in the FY 2016-17. The trend in proportion of TB patients notified in private sector knowing their HIV status is also improving from 2% in 2015-16 to 4% in 2017-18 (upto June, 2017). The Linkage of TB HIV co-infected patients to CPT and ART is also showing healthy trend in India. 88% & 92% of co-infected patients received CPT and ART respectively during 2017-18 (till June, 2017) whereas 84% of TB HIV co-infected patients were linked to CPT and ART during FY 2016-17.

Intensified TB Case Finding (ICF)

Under ICF, all ICTC clients are screened by ICTC counsellors for presence of TB symptoms at every encounter (pre, post, or follow-up counselling). Clients who have symptoms or signs of TB, irrespective of their HIV status, are referred to RNTCP diagnostic and treatment facility located in the same institution. Similar to 2016-17, nearly 7% (1% -10%) of general clients (except pregnant women) receiving pre-test counseling/information have been referred for TB testing from ICTC during 2017-18 (Apr-Aug 2017) and detection of about 30540 i.e. 7% TB cases out of which 3619 are found co-infected with TB /HIV at ICTC in FY 2017-2018 (till Aug, 2017).

To reduce the burden of TB among people living with HIV 'Innovative Intensified TB case finding and appropriate treatment at high burden ART centres in India' project to support the three I's for HIV/TB (Intensified case finding, Isoniazid preventive therapy (IPT), and Infection control) was scaled up to cover all ART centres in the country on World TB Day 2016. Patients diagnosed with Tuberculosis are linked to first line anti TB drugs daily regimen for TB patients diagnosed in the respective ART centers. 84% PLHIV attending ART centre were screened for ICF for 4 TB symptoms at ART centres and subsequently 29,341 presumptive TB cases were referred to RNTCP, among whom 85%(25083) were tested for TB and 3066 PLHIVs were diagnosed with TB i.e.12% as per monthly ART centre report (August, 2017).

Use of Rapid Diagnostics (CBNAAT) for early diagnosis of TB & Rif Resistance among People living with HIV

Cartridge Based Nucleic Acid Amplification Test (CBNAAT) is used as rapid TB diagnostic tool established in nearly all districts of the country. In addition to TB diagnosis, this also helps in early diagnosis of Rif Resistance among People living with HIV. For upscaling of linkages of PLHIV for early diagnosis of TB & Rif resistant TB in India, total 628 CBNAAT are available nationwide with 507 new CBNAAT equipments planned to be installed in districts in the coming months. 343 ART centres are functionally collocated with the CBNAAT sites, with the remaining ART centres linked to the CBNAAT site through sputum collection and transport mechanism.

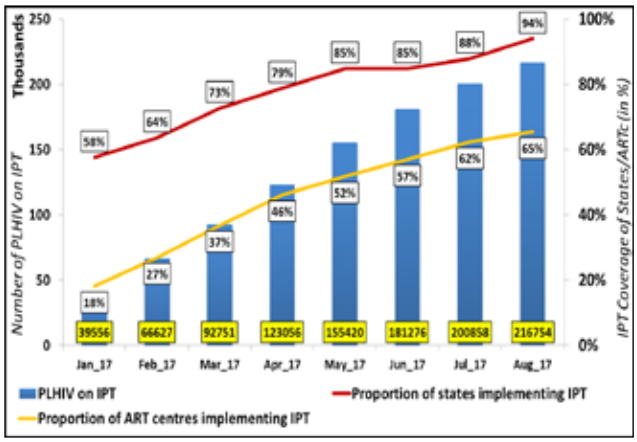
As per the recommendation of NTCC & NTWG HIV-TB, Rapid molecular TB diagnostic test (CBNAAT) is used for early diagnosis of TB among PLHIV at ART centres and ICTC and 559 ICTC/F-ICTC have been linked with CBNAAT.

Isoniazid (INH) Preventive Therapy

Isoniazid Preventive therapy (IPT) services launched on World AIDS Day 2016 is one of the 3I strategy 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 and has been recommended as part of a comprehensive HIV and AIDS care strategy by WHO, UNAIDS.

Isoniazid is the most effective bactericidal drug. It protects against both progression of latent TB infection (LTBI) to active disease (reactivation) as well as from re-infection when exposed to active TB case. Nearly 31 among 33 States/UTs reporting and 348 ART centres were implementing IPT services. 18% (2,16,754) PLHIV who are unlikely to have active TB were initiated on IPT at ART centres as part of a comprehensive package of HIV care till August, 2017 (Figure 24.6.4).

Fig. 24.6.4: Month-wise cumulative number of PLHIV on IPT, ART centres and States implementing IPT



TB Active Case Finding campaign:

Revised National Tuberculosis Control Program (RNTCP) has adopted systematic active tuberculosis (TB) case finding strategy among prioritized vulnerable groups, for reaching the un-reached. Two phases of the campaign have been completed in January and July, 2017, which also included the high risk groups among HIV and the high priority TB HIV districts. As a result of this campaign 4.3 lakh population were mapped, among whom 78% (3.4 lakh) were screened for TB symptoms, following which nearly 1.7% (5672) were examined and subsequently 4% (216) patients were diagnosed with tuberculosis.

Newer Initiatives and way forward:

- Expansion of TB HIV collaborative activities in private sector health facilities.
- Country-wide coverage of policy for HIV testing among all presumptive TB cases.
- Nationwide implementation of TB infection control activities at all ART centers
- District specific intervention in high priority districts identified as per Pragati Review in seven States (Andhra Pradesh, Karnataka, Maharashtra, Mizoram, Chhattisgarh and Tamil Nadu).
- TB active case finding campaign among high risk groups of HIV across various districts of the country.
- Expansion of ICTC/F-ICTC linkage with CBNAAT for the early detection of TB through ICF at ICTC's
- Social support & Nutritional support services for TB-HIV patients

24.7 CARE, SUPPORT AND TREATMENT

The Care, Support and Treatment (CST) component of the National AIDS Control Programme aims to improve the survival and quality of life of Person Living with HIV (PLHIV) with Universal access to Comprehensive HIV care. The policy package includes:

- Free universal access to lifelong standardized Anti Retro Viral Therapy (ART)
- Free lab diagnostic and monitoring services (baseline tests, CD4 testing, targeted viral load)
- Facilitating long term retention in care
- Prevention, diagnosis and management of opportunistic infections
- Linkages to care and support services and linkage to social protection scheme.

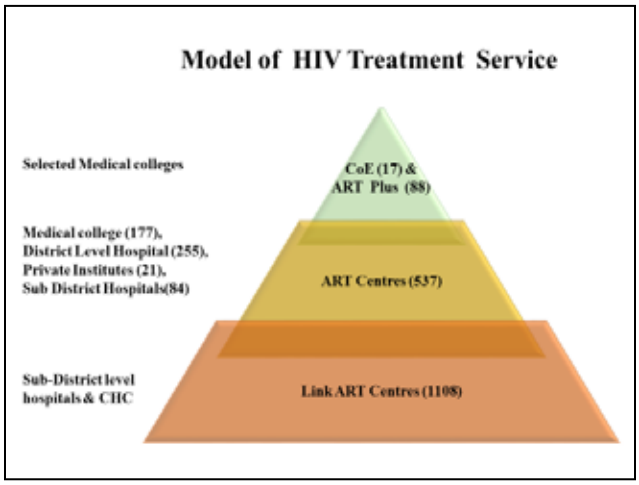
Country has adopted fast track targets of 90-90-90 which aims at ending AIDS as public health threat by 2030 by achieving fast track targets by 2020 as below:

- 90 % of PLHIV knows their Status, of which
- 90 % of PLHIV are on ART, of which
- 90 % of PLHIV have viral suppression.

A significant step of rolling out "test and treat" policy has been taken toward achieving these targets.

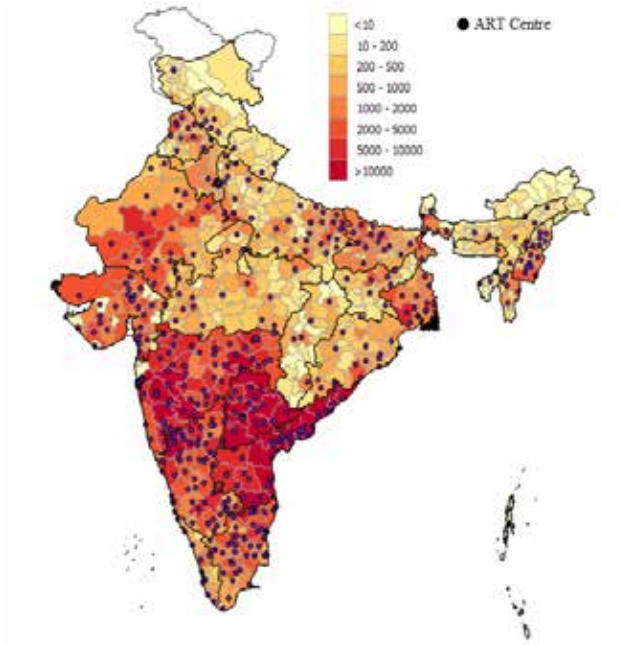
Service Delivery Mechanism for Care, Support & Treatment (CST)

CST services are provided through a spectrum of service delivery models including ART Centers, Centers of Excellence (CoE), Pediatric Centers of Excellence (PCoE), Facility Integrated ART Centers (FI-ART), Link ART Centers (LAC), Link ART Plus Center (LAC Plus and Care & Support Centers 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. CST Services are also linked to ICTCs, STI clinics, PPTCT services and other clinical departments in the institutions of their location as well as with the RNTCP programme in order to ensure proper and comprehensive care and management.



- **Antiretroviral Therapy Centres:** Provision of free antiretroviral therapy (ART) for eligible persons living with HIV/AIDS was launched on 1st April, 2004 in eight Government hospitals located in six high prevalence States. Since then, the programme has been scaled up significantly both in terms of facilities for treatment and number of beneficiaries. The ART centres are established in the Medicine department of Medical colleges and District Hospitals mostly in the Government sector. However, some ART centres are functioning in the sub-district and area hospitals also, mainly in high prevalence States. The ART centers are set up based on prevalence of HIV in the district/ region, volume of PLHIV detected and capacity of the institution to deliver ART related services.

Fig. 24.7.2: Distribution of ART centres across the country under the Care, Support and Treatment Programme



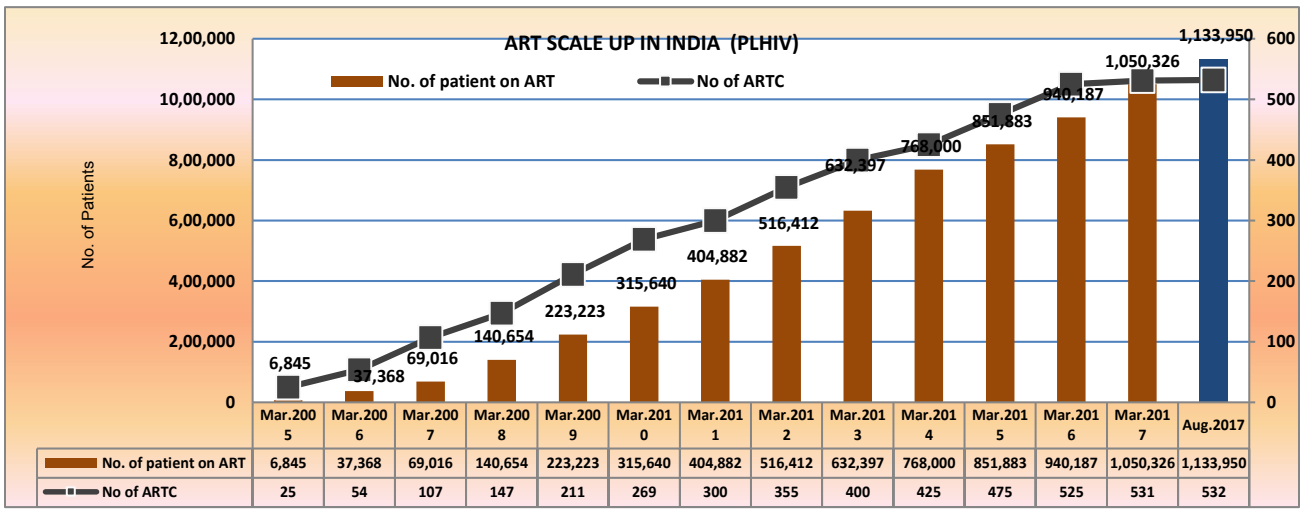
Link ART Centres (LAC): In order to facilitate the delivery of ART services nearer to the beneficiaries, it was decided to set up Link ART Centers located mainly at ICTC in the district/sub-district level hospitals nearer to the patients' residence and linked to a Nodal ART center within accessible distance. The LAC helps in reducing cost of travel; time spent at the center and hence helps in improving clients' adherence to ART.

- **Centres of Excellence (CoE):** To facilitate provision of tertiary level specialized care and treatment, second line and alternative first line ART, training & mentoring and operational research, ten Centers of Excellence have been established in different parts of the country.
- **Pediatric Centres of Excellence:** The Regional Paediatric ART Centres established under NACP III have been upgraded now as Paediatric Centers of Excellence for Paediatric care including management of complicated opportunistic infections, training and research activities. These centers have varying roles and responsibilities for delivery of care and support

to infected children including specialized laboratory services, early diagnosis of HIV among infants, ART to children infected with HIV, counseling on adherence and nutrition, etc. These centres also provide technical support to the other ART centers in Paediatric care.

- **ART Plus Centres**: In order to provide easy access to second line ART, NACO expanded the number of centres that provide second line ART by upgrading some of the ART centers as 'ART Plus'. All the States have been covered under this scheme.
- **Care & Support Centres (CSC):** It provides linkages and access to essential services, supports treatment adherence, reduces stigma and discrimination and improves the quality of life of PLHIV across India. More than 60% of CSC are implemented by PLHIV network making it the biggest community led care and support intervention.

Fig. 24.7.3: Scale-up of Care, Support & Treatment services across the country under the Care, Support and Treatment Programme



	Mar.2005	Mar.2006	Mar.2007	Mar.2008	Mar.2009	Mar.2010	Mar.2011	Mar.2012	Mar.2013	Mar.2014	Mar.2015	Mar.2016	Mar.2017	Aug.2017
No. of patient on ART	6,845	37,368	69,016	140,654	223,223	315,640	404,882	516,412	632,397	768,000	851,883	940,187	1,050,326	1,133,950
No of ARTC	25	54	107	147	211	269	300	355	400	425	475	525	531	532

Comprehensive HIV care under Care Support and treatment

- **Baseline Evaluation:** All positive clients registered at ART centres, undergo a comprehensive baseline evaluation focusing on medical as well as psychological State. A list of essential blood tests, CD4 count and other medical examination are done for all clients to assess current health status, diagnosis of co-infections or co-morbidities and establishing a baseline profile. The clients having co-infection/co-morbidities are managed accordingly. Simultaneously counsellors at ART centers provides pshyco-social support through focused counselling and linkages with PLHIV networks and prepares clients for life long therapy.
- **Standardized Anti Retro Viral Therapy:** Anti-Retro viral therapy is provided to all PLHIV irrespective of CD4 count and WHO clinical stage, after preparing client for life long therapy. National programme is providing standardized, quality assured, fixed dose combinations of drugs free of cost through facilities like ART centers and Link Centers. The treatment is provided after ensuring proper management/prophylaxis of opportunistic infections and preparedness of client for life long therapy.

➢ **First Line ART:** First-line ART is the initial regimen prescribed for an ART naïve patient. As per current guidelines, combination of Tenofovir, Lamivudine and Efavirenz is preferred first line regimen.

➢ **Alternate first line ART:** Few patients develop toxicity/contraindications to first line regimen. In such cases the offending/ contraindicated drug is substituted. These regimens are called

alternate first line.

- **Second Line ART:** In some clients ART loses its efficacy over time, commonly due to poor adherence. In such cases after confirmation of treatment failure complete regimen is switched. The next regimen used subsequently to first line is termed as second line ART. Protease inhibitors are used for second line in most cases.
- **Third Line ART:** Some clients on second line ART also experience treatment failure. National programme rolled out third line regimen for them in 2015. Currently Raltegravir and Darunavir are used for third line regimen.
- **Paediatric ART:** The ART in pediatric population needs special consideration due to factors as weight, palatability, adherence, etc. National Programme is providing Paediatric formulations of Anti Retro Virals.

Table- 24.7.1: ART Drugs available for People Living with HIV/AIDS (PLHIV) in India under the Care, Support, & Treatment Programme

Nucleoside reverse Transcriptase inhibitors (NsRTI)	**Non-nucleoside reverse transcriptase inhibitors (NNRTI)**	**Protease inhibitors (PI)**
Zidovudine (AZT/ ZDV)	Nevirapine (NVP)	Atazanavir (ATV)
Lamivudine (3TC)	Efavirenz (EFV)	Lopinavir (LPV)
Abacavir (ABC)		Ritonavir (RTV)
Nucleotide reverse Transcriptase inhibitors (NtRTI)	**Integrase Inhibitors**	Darunavir (DRV)
Tenofovir (TDF)	Raltegravir (RGV)	

- **Follow up and monitoring:** Patients initiated on ART are regularly followed up on monthly basis. The basic examination including weight measurement, clinical evaluation, and screening for opportunistic infections is done on every visit. Assessment of adherence is done by counsellor on every visit and necessary support is providing as per requirement. CD4 testing is done every six months to monitor the response of ART. During each visit, patients are encouraged to visit care and support centers for psycho-social support and availing various social beneficiary scheme.

- **Management of Opportunistic infection:** Screening, Prophylaxis and Management of various opportunistic infections is an important part of comprehensive HIV care. Following intervention are done at ART centers for this:

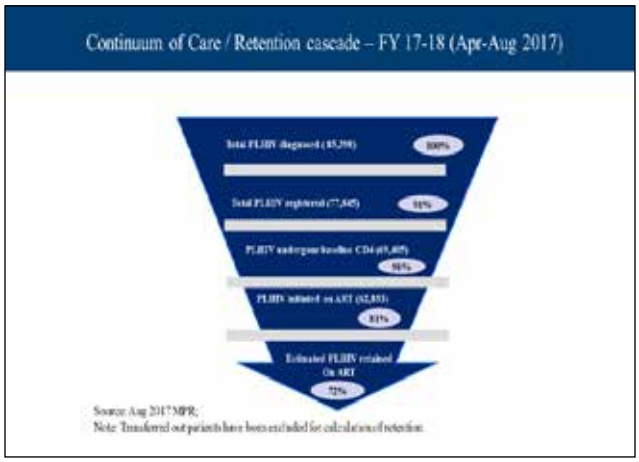
- **HIV-TB:** TB is the most common opportunistic infection among PLHIVs. All patients attending ART centers including new registrations, pre-ART and on ART patients are screened verbally for 4 symptom complex. In case any one of the symptom is present patients are referred for TB testing. Those diagnosed with co-infection are initiated on Anti TB treatment from ART center followed by ART. When TB is ruled out, Isoniazide prophylaxis is offered. NACP works in close coordination with RNTCP for managing co-infections.
- **HIV- Kala Azar:** Kala Azar or Visceral Leishmaniasis is endemic in the some districts of States like UP, Bihar and Jharkhand. All PLHIVs with symptoms suggestive of kala azar are screened for kala azar and those found infected are referred for appropriate treatment.
- **Other OIs:** PLHIVs are regularly screened for co-infection and co-morbidities. Those diagnosed having these are treated appropriately at ART center or are referred to concerned facility. Those who are vulnerable to opportunistic infections due to low CD4 count or any other reasons are provided with prophylaxis, for eg. Co-trimoxazole.

- **Facilitating long term retention:**

- **Following Retention cascade:** The HIV care continuum— also referred to as the HIV retention cascade—is a model that outlines the sequential steps or stages of HIV medical care that people living with HIV go through from initial diagnosis to achieving the goal of viral suppression (a very low level of HIV in the

body), and shows the proportion of individuals living with HIV who are engaged at each stage. CST division is closely monitoring retention cascade as quality indicator at State and Facility level. This has been added as an agenda point for all reviews. Over last three years improvement has been noticed significantly on testing to treatment linkage and ART initiation rate. Both the indicators have reached almost 90% at National level. Currently division is focusing to improve 12 months retention.

Fig. 24.7.4: Continuum of Care/Retention Cascade of People Living with HIV/AIDS (PLHIV) under the Care, Support & Treatment Programme during the FY 2017-18



- **MIS/LFU Tracking Mechanism:** The information on patients lost to follow up (LFU) is captured in the CMIS through the monthly reports from the ART Centers. This information is monitored very closely and centers with high rates of LFU are visited by senior officers of NACO. Presently the cumulative LFU is about 10%. The responsibility of tracking and providing home-based counseling for LFU patients is shared with CCC through outreach workers, PLHA networks and counselors of ICTC in some places.

- **Linkage and referrals:** Comprehensive HIV care aims to provide quality life to PLHIV in terms of health, social and emotional wellbeing. Hence, there are a wide spectrum of needs that the PLHIV might have and that can be met through effective linkages to various service providers. To maintain the continuum of care, linkages are crucial to ensure retention in various stages which may be located at different facilities. To ensure optimum linkages mechanisms like line list sharing, feedback forms, referral forms and regular meeting are established at ART centers with ICTCs/LACs/ CSCs/RNTCP etc.

Fig. 24.7.5: Flow Diagram for People Living with HIV/AIDS (PLHIV) in the country under the Care, Support and Treatment Programme

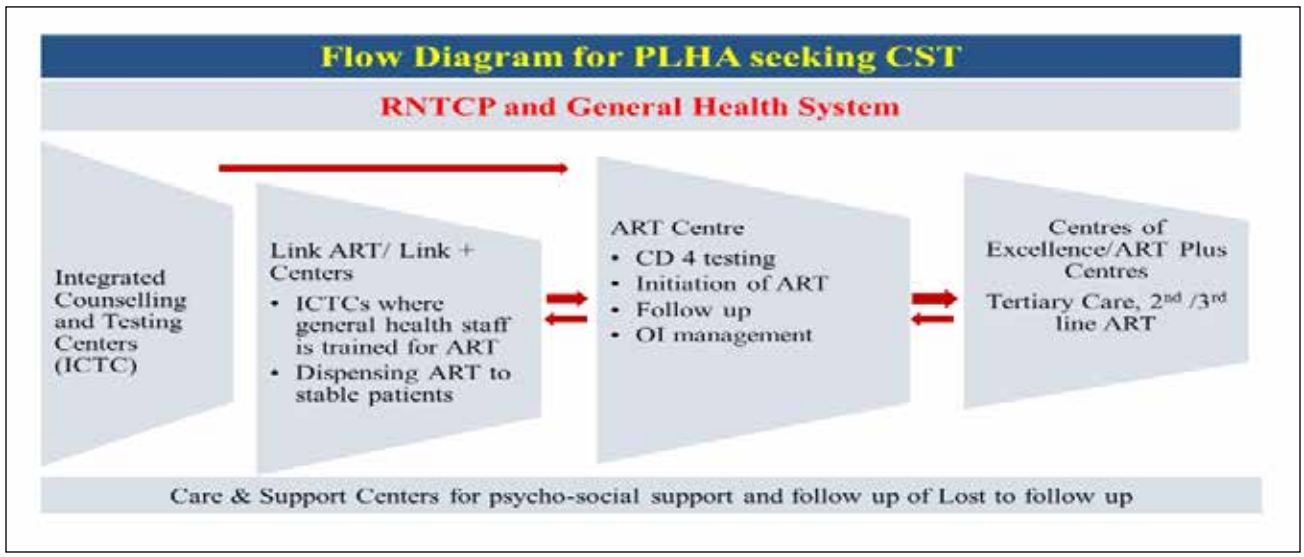


Table- 24.7.2 Current Status of the Care, Support & Treatment Programme in India (as on August, 2017)

Number of ART Centers	Number of Link ART Centers	Number of Care & Support Centers	Patients on ART	Patients in pre-ART care
537	1108	361	11,33,950	1,24,811

Capacity Building

- **Standardized and uniform guidelines:** As part of continuous capacity building efforts, technical guidelines and training modules have been developed which are available for use at various facilities and SACS.

The documents, revised from time to time with the recommendations of the Technical Resource Groups, can be accessed on the NACO website (www.naco.gov.in).

- **Training curriculum:** To ensure uniform standards of services, adherence to operational guidelines and treatment protocols, induction/ refresher training is provided to various personnel using standard curriculum, training modules and tools at identified institutions. Various training programmes organized under CST programme include:

- Orientation of faculty of Medical Colleges/ District Hospital (4 days)
- Training of Medical Officers (SMO/MO) of ART centers (12 days)
- Training of Medical Officers of Link ART Centers (3 days)
- Training of ART Counselors (12 days)
- Training of Data Managers of ART Centers (3 days)
- Training of Laboratory Technicians for CD4 count (2 days)
- Training of Pharmacists (3 days)
- Training of Nurses (6 days)

- **Distant Learning:** As an innovative approach toward efficient capacity building, NACO with support from I-TECH has introduced distant learning platforms and e-library. The details are as following:

- **National Distance Learning Seminar (NDLS):** HIV/AIDS National Distance Learning Seminar Series (NDLS) was introduced in September 2010. The series is aimed at building capacities of health care professionals that provide HIV/AIDS care and treatment services at ART Centres, Link ART Centres, Care and support Centres (CSCs) and other private physicians in coverage of the COEs. During 2017-18 (April – September 2017), 13 NDLS sessions (including one special NDLS on 'Recent Updates in ART') have been conducted with a total of 3,513 participants with an average of over 1039 participants per session, with regular participation from ART centres, Centre of Excellence and Paediatric Centre of Excellence and CSCs. Average participation from ART centres during NDLS sessions is 245.

- **Regional Distance Learning Seminar (RDLS):** Regional Distance Learning Seminar Series (RDLS) was launched in year 2012 aimed at training healthcare workers at ART Centres, Link ART Centres and Care and Support Centres on locally relevant topics, unique case studies and treatment guidelines often in local/regional languages. RDLS is conducted at the regional level and specifically addresses the issues pertaining to the respective state and/or region. The lectures are presented by regional experts on the topics chosen by the regional medical. During 2017-18 total 50 RDLS sessions have been conducted, reaching to total of 5,014 participants with average of 100 participants per session. Besides these, with the launch of 'Implementation of Treat All policy at ART centres' 11 special RDLS sessions were also conducted during July-August 2017 which had a total of 1,642 participants from all over the 393 ART & ART plus centres, 10 CoEs & 7 pCoEs.

- **E-Articles:** I-TECH provides all CoEs with free subscriptions and access to key e-journals. In addition, I-TECH senior medical advisors select and circulate recent, pertinent e-articles every week to all Centres of Excellence which then disseminate these articles to designated ART centres and other facilities in their respective catchment areas. E-articles are also sent as on request by any SACS or CoE or pCoE. During 2017-18 (April – September, 2017), 94 e-articles have been shared by I-TECH.

• **PG Diploma:** NACO, in collaboration with IGNOU, has rolled out a one-year PG Diploma programme in HIV Medicine. This programme is expected to bridge the gap in trained manpower for ART centers. Objectives of this programme are:

- To imbibe comprehensive knowledge on basics of HIV as related to details of management of HIV/AIDS in tertiary care set up;
- To manage all complications as well as opportunistic infections due to HIV/AIDS at the time of need; and
- To recognize and handle emergencies related to HIV/AIDS and its complication and take bedside decision for management whenever required.

Endeavors to enhance and ensure the provision of high quality services

• **TRG:** Technical Resource Groups have been constituted on ART, Pediatric ART and Care & Support services. These groups consist of national and international experts and representatives of organizations like WHO, CDC, Clinton Health Access Initiative and Networks of Positive People. They review the progress and give valuable suggestions and recommendations on various technical and operational issues relating to the programme. Meetings of TRGs are held periodically with clearly drawn agenda and issues for discussion.

• **SGRC:** At the State level, Grievance Redressal Committee has been constituted to routinely review the functioning of the ART Centers. The Committee is headed by the Health Secretary of the State and consists of Project Director of the SACS, Director of Medical Education, Director of Health Services and the Nodal Officers of the ART center, representative of Civil Society/ positive network and NACO. This mechanism ensures that issues pertaining to grievances of PLHIV are brought to the notice of state authorities and SACS in a systematic manner for timely response.

• **Monitoring and Mentoring**

- **National Review Meeting:** Review meetings of all the CST officers from the state and all NACO Regional Coordinators are held on a regular basis in a standard format. During these meetings, the State officers give an update on the various CST related activities in their state and wherever required remedial measures are taken.
- **State Review Meeting:** Regular State level review meetings of the programme are conducted at SACS level. These meetings are attended by representatives of NACO, SACS, Regional Coordinators, Medical Officers and staff of ART centers and other facilities. Review of the performance of individual centers is undertaken during such meetings. Participants are given refresher/reorientation sessions also during such meetings
- **Quarterly Feedback:** The current need of programme is to focus on quality improvement to provide better services to the community. Data monitoring and analysis can be an effective tool for identifying the gaps and plan intervention for quality improvement. Based on Monthly Progress Report and IMS data of April to June 2017, basic analysis of key indicators is being done on quarterly basis and shared with States. The purpose of this analysis is to provide feedback and flag key issues to the States for their understanding and further planning.

New Initiatives in Care Support and Treatment

Test and Treat Policy: The Guidelines on when to start ART has been changing over the years as newer evidence became available from time to time. NACO has revised its policy regarding ART based on WHO recommendations, scientific evidences and TRG recommendations. Guidelines have changed from ART initiation at CD4 200 in 2004 to CD4 500 in 2016.

Launch of Test and Treat All Policy, February, 2017

Hon'ble HFM approved Treat All policy in Feb-2017 and declared the commitment of Government towards this in Parliament in March, 2017. The policy was rolled out in April, 2017.

Moving from CD cut off 500 to Treat All is a major way to reduce new HIV infections, reduce progression to AIDS and prevent TB among PLHIV.

To ensure optimum benefit of the policy, all ART centers have been instructed to actively follow up clients under "Pre-ART care" and initiate ART in these clients. 1 lakh PLHIV has been initiated on ART from May-2017 to Aug-2017.

Single window HIV-TB management: NACO and Central TB Division (CTD) had made the decision to provide single window services for management of HIV-TB co-infections at ART centres so as to improve access to HIV-TB care and ensure seamless services to PLHIV. Further, to reduce the risk of TB transmission, NACO has also initiated measures to strengthen TB infection control practices at ART centres. These measures include intensified case finding (ICF) for TB, Isoniazid preventive therapy (IPT) for all PLHIV and robust airborne infection control (AIC) at ART centres to ensure early detection and reduce the risk of TB transmission.

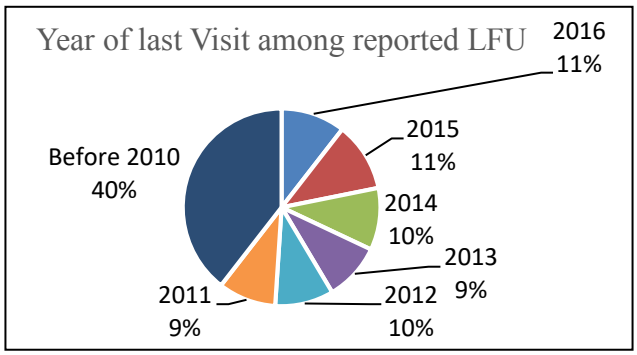
Intensified LFU Drive: Since ART is not really a cure, but a lifelong treatment – it is imperative that once initiated, the patients' need to take the treatment throughout their lives and adhere to strict norms. But due to many compounding factors, some individuals who initiated their treatment with the ART centres stop coming back and discontinue therapy –these are termed as Lost to Follow-up (LFU). This poses a significant challenge to the national programme. One, if the individuals stop taking the drugs will lead to a faster progress of the disease causing morbidity and mortality. Second, the interruption in the treatment may lead to drug resistance and resistant viral strains. Third, critically affects the prevention programme as viral suppression because of ART becomes ineffective and the individual becomes infectious.

The national programme has made some significant

efforts to track the LFU cases include however systemic challenges such as maintaining accurate and complete addresses of the patients, duplication of patients' record, registration of patients at multiple ART centres, completeness of records at centers, and regular use of data for improvement in service provision still needs to be strengthened further.

The preliminary analysis of existing records showed that out of approximately 4.9 lakh reported LFU, 67% were in pre-ART stage and 32% were on ART during their last visits in programme. Following graph shows year of last visit for LFU:

Fig. 24.7.6: Distribution of Lost-to-follow-up (LFU) among reported Lost-to-follow-up (LFU) according to their last visit under the Care, Support and Treatment



Programme Outcome so far: The analysis suggests following results

- 36.5% of reported LFU are untraceable; either valid contact details are not available or client has migrated without a forwarding address
- 10% has a definite outcome (tracked back/ confirmed death) and another 10% are contacted successfully and are being counselled for rejoining care.
- 36% have not yet been contacted through outreach.

Next steps planned by the division in context of LFU drive includes

- Tracking clients who have not been contacted yet, focusing on recent LFUs first
- Focusing on prevention of LFU
- Deduplication exercise on National data to check if untraceable clients are re-registered somewhere in the programme.

LPV/r pellets: Lopinavir boosted with ritonavir is part of preferred regimen for HIV positive children below 3 years of age as per current guidelines. However, challenges presented by the currently available formulations, LPV/r oral syrup, make this recommendation difficult to implement. The LPV/r oral solution requires a cold chain until the point of dispensing and has an unpleasant taste. The complexity of dosage calculation and adherence assessment of LPV/r oral solution makes its use further difficult and leads to the limited uptake of LPV/r based first line regimen. Recently CDSCO approved a heat-stable oral pellet formulation of LPV/r which has the potential to improve availability of optimal LPV/r containing first-line regimens to a vulnerable population. NACO has introduced this formulation for use in National Programme to benefit children living with HIV in country.

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 included 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 National AIDS Control Programme (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 ASSESSMENT SCHEME (EQAS):

The External Quality Assurance Scheme (EQAS) 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.

In last four quarters, the average percentage of participation of ICTCs is 87 %, and average percentage concordance is 99.88%. 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 2017, total 110 batches of kits are evaluated (including 85-HIV; 11-HBV; and 14-HCV).

CD4 Testing

There are 278 CD4 testing centres serving 528 ART Centres. These include 165 FACS Count Machines, 28 Calibur machines, 67 Partec machines, 2 Beckmen Coulter 20 Point of Care CD4 machines. All machines procured by NACO are under warranty or maintenance. 18,87,935 CD4 tests were performed in the year 2016-17 and 8,15,055 CD4 tests were performed from 1st April-31st August, 2017

To strengthen the implementation of Quality Management System all Lab Technicians of CD4 labs undergo annual training conducted by NACO and SACS. Around 238 ART Laboratory Technicians operating these machines have been trained from April to October, 2017.

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, analyzes the data received from participating laboratories and provides proficiency reports to the respective laboratories. The apex laboratory is co-coordinating 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), 76 laboratories (13 NRLs and 63 SRLs) have been accredited by National Accreditation Board for Testing and calibrating Laboratories (NABL) as per ISO 15189: 2012 standards. Apart from this, another 6 SRLs have applied for NABL accreditation.

Improvement and Implementation of Quality Management System (QMS) at CD4 laboratories

To extend the scope of QMS to CD4 laboratories, NACO has laid Quality standards and implemented a checklist for implementation of Quality in CD4 labs. A training module was developed in consultation with CST division to train the CD4 lab staff on QMS.

For this, Laboratory Service Division conducted training of SRL and NRL In-charges, In-charges of CD4 labs in case the SRL/NRL is not co-located, Technical Officer, CD4 Lab Technicians, (through 13 such trainings) total 489 participants were trained.

Viral Load Testing to Support Second-Line ART

The Viral Load (VL) assays are provided for patients failing first line ART. NACO piloted VL testing at two centres for ten months from January 2008. Currently, there are ten viral load labs, supporting clinical decision-making at 17 COEs (including ten paediatric COEs)-second line centres and 88 ART plus centres for patients estimated to transit to second line therapy. NACO is now planning to expand the Viral Load testing for monitoring of all patients on the ART once in a year. For immediate scale-up, NACO has proposed to outsource viral load testing on "Turn Key" model basis to private providers. Simultaneously, NACO intends to institutionalize viral load testing under the program through strengthening public labs. This would involve upgrading public sector laboratories and setting up necessary equipment to perform molecular testing. Additionally, a quality assurance mechanism, similar to HIV testing laboratory network with inclusion of EQAS, will be developed for Viral Load.

It is proposed to set up 80 units of Viral Load testing in the country to test nearly 16,00,000 patients. The proposed 80 sites, will be planned such that the patients have to travel less for getting their VL test done.

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

Early Infant Diagnosis 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 Dried Blood Spot (DBS) of infants are collected. This is being upscale to 5266 standalone ICTCs. From April to September, 2017, total 5725 tests were performed.

24.9 INFORMATION, EDUCATION & COMMUNICATION & MAINSTREAMING

Information, Education & Communication is the key to create awareness on prevention as well as to motivate to access treatment, care and support.

Key activities undertaken during the FY 2017-18:

Mass Media Campaigns:

An annual calendar was prepared to strategize, streamline and synergise mass media campaigns with other outreach and mid-media activities. A multimedia campaign on Condom Promotion "Condom-Ek Aachi Aadat", was implemented in two phases across the country through various medium.

NACO has bagged three awards for the campaign in the recently held, Outdoor Advertising Awards (OAA, 2017) in Mumbai during 28th - 29th July, 2017. The details of awards with theme and categories are given below table.

Table-24.9.1: Details of awards with theme and categories

S.No.	Theme	Award
1	Public & Social Service - "Condom - Ek Achi Aadat"	Gold
2	Innovation of the Year - "Signalling a better tomorrow"	Gold
3	Best Use of Ambient Media - "A Bus Stop to Stop AIDS"	Bronze

Three campaigns on PPTCT and Test & Treat Strategy have been implemented nationally during this financial year. Innovative technologies (like advertisements by synchronizing with the traffic signals with outdoor backlit boxes, screenings at movie theatres and installation of sun boards at public utilities etc.) were used to amplify the reach of the campaigns across the country.

Outdoors

Outdoor activities like hoardings, bus panels, pole kiosks, information panels, and panels in railways and metro trains were implemented by the State AIDS

Control Societies to disseminate information on HIV prevention and related services.

Folk Media and IEC Vans

National AIDS Control Program has extensively used the folk media as an innovative tool for developing an effective communication package to reach the unreached in the remote and media dark areas and especially in rural areas. Folk troupes have been selected and trained on standardize scripts prepared by SACS and vetted by NACO. Folk performances are completed by folk troupes in remote villages as per route plan as planned by SACS. Budgets are earmarked to 21 State AIDS Control Societies for the State level folk workshops and folk performances for the current financial year. State level Folk Workshop has been organised in 7 States (out of 21 as planned in the Annual Action Plan of the States). The campaign has been rolled out in these 7 States (till September, 2017).

Folk performance by folk troupes

Helpline

The National Toll Free AIDS Helpline 1097 has received more than 19 lakhs calls till September 27, 2017. The helpline is available Hindi, English, Punjabi, Bengali, Telugu, Tamil, Marathi, Kannad, Oriya, Assamese, Malayalam and Gujarati. This Toll Free Helpline no. 1097 is being promoted in all the outdoor activities.

Adolescence Education Programme (AEP): AEP is a key intervention to build life skills of young people and help adolescents cope with negative peer pressure and develop positive behaviour improving awareness on sexual health preventing HIV infections. Under the programme, sixteen hour sessions are scheduled during the academic terms of classes VIII, IX and XI. SACS have further adapted the NCERT module for training of teachers and transaction of AEP in classroom. Currently, the programme is running in more than 55,000 schools. The programme which was earlier suspended in Mumbai and Chhattisgarh has been resumed due to continuous efforts at National as well as State level. State-wise details of AEP is given in the **table 9.2**.

Red Ribbon Clubs (RRC): Red Ribbon Club (RRC) Programme is a comprehensive promotional and preventive intervention to harness the potential of youth in educational institution, specifically to mainstream HIV & AIDS prevention, care & support and treatment, Impact mitigation, stigma reduction and enhance voluntary blood donation. It also prepares and promotes youth peer educators within and outside the campuses. More than 12000 clubs are functional and are being supported for these activities. State-wise details of RRC is given in the **table 24.9.2**.

Table-24.9.2: Adolescence Education Programme (AEP) and Red Ribbon Clubs (RRC) across the country during the FY 2017-18

States/UT	No. of AEP	No. of RRC
Andaman & Nicobar Islands	101	8
Andhra Pradesh	6783	600
Arunachal Pradesh	50	25
Assam	0	209
Bihar	0	391
Chandigarh	133	25
Chhattisgarh	0	50
Dadra & Nagar Haveli	26	3
Daman & Diu	35	6
Delhi	0	82
Goa	429	140
Gujarat*	10266	300
Haryana	3351	226
Himachal Pradesh	0	285
Jammu & Kashmir	500	116
Jharkhand	1400	127
Karnataka	5398	1527

States/UT	No. of AEP	No. of RRC
Kerala	4000	375
Madhya Pradesh	0	650
Maharashtra#	183	1170
Manipur	22	46
Meghalaya	50	50
Mizoram	0	41
Nagaland	958	71
Odisha	0	662
Puducherry	250	70
Punjab	5000	500
Rajasthan	0	600
Sikkim	60	90
Tamil Nadu	9580	2021
Telangana	6783	770
Tripura	200	26
Uttar Pradesh	0	443
Uttarakhand	0	250
West Bengal	0	424
India	55,558	12,379

**Including Ahmedabad District AIDS Control Society; and #Including Mumbai District AIDS Control Society*

Signing of Memorandum of Understanding (MoU) between National AIDS Control Organization and Department of Internal Security

The 15th Memorandum of Understanding (MoU) was signed NACO and Department of Internal Security on 1st September, 2017. The MoU was signed by Shri Sanjeeva Kumar, Additional Secretary & Director General, NACO and Dr. Mukesh Saxena, Additional Director General Medical CAPFs, NSG & AR, Department of Internal Security, Ministry of Home Affairs, Govt. of India. Senior officials from NACO and MHA were presented during the signing of MoU.

The MoU aims to a) Reach large number of Central Armed Police Forces with information on preventions and control of STI/HIV/AIDS; b) Facilitate building of humane perspective and appropriate skills among police force to reduce stigma and discrimination against PLHIV and MARPs; c) Integrate STI/HIV/AIDS services in the medical and health services under the control of Department of Internal Security, Ministry of Home Affairs; and d) Direct all forces under purview of Department of Internal Security to include the issue of HIV/AIDS in the training.

Roll out of MoUs in States/UTs

The progress in roll out of MoUs at the state level has been quantified based on the process indicators and output indicators. The process indicators were nomination of nodal officer by department, constitution of joint working group, meeting of joint working group, & action plan developed etc.

Signing of Memorandum of Understanding (MoU) between National AIDS Control Organization and Department of Internal Security, September, 2017

Table-24.9.3: State-wise details of Roll Out of MoUs with the Output Indicators during the FY 2017-18 (till September, 2017)

Sl. No.	Indicators	Number
Trainings		
1	Number of People Trained (Govt. Departments, PSU/Private Sector, Civil Society)	54877
2	Number of Resource persons trained (TOT)	2135
3	Number of Institutions incorporated HIV Module in training	76
IEC		
4	Number of hoarding erected by Dept./PSUs	211
5	IEC material developed/displayed	46
6	No. of IEC material developed electronically	6
7	Any other IEC activities	30
Services		
8	Number of ICTC established	16
9	Number of FICTC established	27
10	Number of STI clinic established	8
11	Integration of TB detection or treatment in any facility	7
PSU/Private Sector		
12	Number of PSUs and Private Sector mapped	595
13	Number of PSUs and Private Sector approached and meetings held	270
Social Protection		
14	Number of Directives issued by Govt. to include HIV (Inclusive)	27
15	Number of Directives issued by Govt: for specific schemes (Exclusive)	23
Directives from Other Departments		
16	Number of Directives issued by other Departments	126
Knowledge Product		
17	Directory of HIV Sensitive Social Protection	13

HIV/AIDS Act, 2014

On 11th April, 2017, the Lok Sabha passed the long awaited HIV/AIDS Bill, 2014. The Bill was earlier passed by the Rajya Sabha on 21st March, 2017.

Terming the unanimous passage of the Bill in the Lok Sabha as "historic", the Hon'ble Union Minister for Health & Family Welfare, Shri J P Nadda said the government "stands committed for free treatment of HIV patients." The Bill seeks to ensure an enabling environment for availing services, and is a people - centric initiative aimed at improved welfare of all those affected by HIV. The main objective of the Act are to address stigma and discrimination, to safeguard rights of People Living with HIV (PLHIV) & those affected by HIV, to create an enabling environment for enhancing access to prevention & treatment services, to promote safe workplace in healthcare setting to prevent occupational exposure to HIV and to strengthen the system of grievance.

NACO Website redeveloped

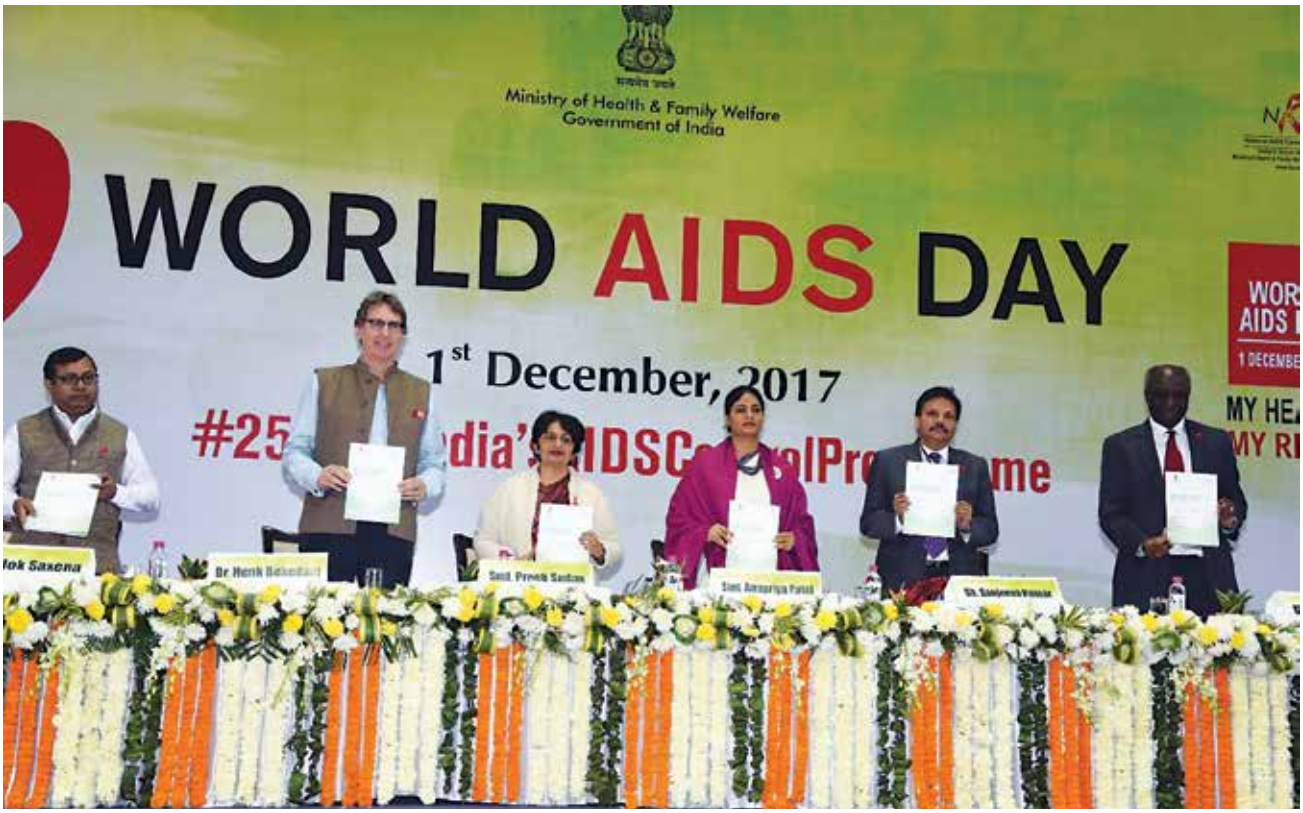
The official website of NACO was re-developed by NIC in accordance with the Guidelines for Indian Government Website (GIGW) Compliance. The Standardisation Testing Quality Certification (STQC) has granted Website Quality Certificate to NACO in respect of the organisation's official website (URL-http://naco.gov.in) on 24th April, 2017, valid for 3 years.

World AIDS Day 2017

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. The day is an opportunity for people worldwide to unite in the fight against HIV, show their support for people living with HIV and to commemorate people who have died. On WAD, awareness activities are implemented at ground root level by States involving communities, NGO's, Youth etc. Like every year, this year also, National AIDS Control Organisation (NACO), Ministry of Health and Family Welfare, Government of India organized a mega event in Jawaharlal Nehru Stadium (JLN) in Delhi. The event was attended by more than 2500 people from civil society organizations, Central Govt. Hospitals, community members, students from schools and colleges, volunteers from NYKS, High Risk Groups (HRGs) & PLHIVs representatives from NGOs, Bilateral and Multilateral Development Partners, officials from different government departments. Smt. Anupriya Patel, Hon'ble MoS for Health & Family Welfare, Government of India as the Chief Guest , Ms. Preeti Sudan, Secretary (HFW), Dr. Bilali Camara, Country Coordinator, UNAIDS, Dr. Henk Bakedam, WHO Representative to India, Shri Sanjeeva Kumar, Additional Secretary (Health) & Director General, NACO and Shri Alok Saxena, Joint Secretary,NACO graced the occasion.

During the event, two key initiatives (National Strategic Plan on HIV/AIDS and STI, 2017-2024; and Short clip showcasing Mission Sampark) were launched by Hon'ble Minister of State for Health & Family Welfare along with the various e-reports, monographs and National Blood Transfusion Website.

Inagural Function of World AIDS Day on 1st December, 2017 in the presence of Hon'ble Union Minister of State for Health & Family Welfare Smt. Anupriya Patel in the presence of Secretary (HFW) Ms. Preeti Sudan and Additional Secretary (Health) Shri Sanjeeva Kumar, WR India and JS (NACO)



Smt. Anupriya Patel, Hon'ble MoS for Health & Family Welfare launching report on World AIDS Day 2017 Event

National level workshop for Developing Communication Strategy towards 100% Voluntary Blood Donation

A National level workshop for Developing Communication Strategy towards 100% Voluntary Blood Donation was organized on 8th & 9th May, 2017 at Vishakapatnam under the banner of NACO, NBTC and CDC-CMAI Project with the objective to review the various existing IEC materials, which were developed to strengthen the BTS activities across the country during the different phases of the National AIDS Control Programme. Around 60 participants from various capacities like Central & State Officers of BTS, VBDs, SACS Youth and IEC officers along with field experts in Transfusion Medicine, Blood Donor Counseling, Blood Donor motivation and recruitment and representatives of Non-Governmental Organizations engaged in promotion of Voluntary Blood Donation from different States actively participated in the workshop and shared their expertise and concerns to standardize the communication strategies for 100% VBD.

National level workshop for Developing Communication Strategy towards 100% Voluntary Blood Donation

National Workshop to Review the IEC Prototype and Development of Communication Strategies

Keeping in view of the shift in need and perception of the target groups and service providers, a Workshop to Review Existing IEC Prototype & Development of Communication Strategy for Counselling and Testing Services and STI was held in New Delhi on 2nd & 3rd August, 2017 with the collaboration of Plan India. This review helped in identifying the gaps & challenges in the existing material.

National and Regional Workshops on Strengthening World of Work Response to HIV

The World of Work response to HIV is one of the strategic priorities of NACP IV in order to strengthen HIV and AIDS prevention among workforce engaged in formal and informal sector. A National level workshop on 'Strengthening World of Work and Private Sector Response' was organized by NACO in collaboration with International Labour Organization (ILO) on 16th - 17th February, 2017 in Delhi. As per the recommendation, a two-day regional workshop on 'Strengthening Public and Private Sector Response in NACP IV' was successfully organized by NACO in collaboration with ILO and West Bengal State AIDS Control Society on 11th & 12th July, 2017 in Kolkata. Sharing of good practice on implementation of HIV/AIDS programme by industries, State specific representations on ICTC data analysis indicating HIV positivity trends in different occupations, workplace and experience on reaching worker engage in informal economy, reducing stigma and discrimination against PLHIV at workplace were the highlights of the workshop. Team of NACO and SACS had visited the head office of Coal India Limited (CIL) to understand the work initiated by Coal India and their nine subsidiaries units (Public Sector Units) on HIV/AIDS prevention. Second two-day regional workshop on 'Strengthening Public and Private Sector Response in NACP IV' was successfully organized by NACO in collaboration with ILO and Madhya Pradesh State AIDS Control Society on 21st & 22nd July, 2017 in Bhopal. Team of NACO and SACS' had visited Anant Spinning Mill to understand initiative taken on workplace intervention and bringing awareness among youth and nearby communities. In the series, the third regional workshop on 'Strengthening Public and Private Sector Response in NACP IV' was organized by NACO in collaboration with ILO and Goa State AIDS Control Society on 6th & 7th September, 2017 in Panjim, Goa. Industries of Public and Private Sectors, employer organizations, chamber of commerce, trade union, network of positive people, civil societies and officials from ILO, NACO and State AIDS Control Societies had participated in the workshop. Team of NACO and SACS' had visited Mormugao Port Trust to understand the activities initiated by major port at the workplace and nearby communities. Meeting held with senior management, medical team and concerned officials engaged in HIV/AIDS prevention activities.

Workshop on Strengthening World of Work Response to HIV

Consultations on Ideation of Strategies for reduction of stigma and discrimination in health and non-health settings

Two consultations on ideation of strategies for prevention, management and redressal of stigma in health and non-health setting were organized on 14th and 28th March, 2017 respectively. During the consultations, the framework of guidelines for prevention and management of stigma associated with HIV/AIDS (stigma guidelines) was discussed. The first consultation was attended by officials from NACO; representatives from various communities like Female Sex Worker, Injecting Drug Users and Men have Sex with Men, Transgender, representative from civil societies and HIV/AIDS Alliance. The second consultation was attended by representative from various non-health ministries like Ministry of Empowerment of Person with Disability, Defence, Road Transport & Highways, Human Resource

Development, Rural Development, Housing and Urban Poverty Alleviation, Shipping, officials from NACO, consultants from UNDP and ILO.

24.10 RESEARCH AND EVALUATION

Research & Evaluation is a vital component of Strategic Information Management.

- During the FY 2017-18, 12 research studies were initiated 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 currently ongoing on priority areas identified by the programme viz. functional convergence of services among RCH and NACP for Key Population 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, feasibility of operationalization of immediate ART and testing of counselling intervention, dose related pharmacokinetics of Rifabutin during concomitant ritonavir administration in HIV infected TB patients.
- The Section 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.
- Aligned with the mandate to build capacities in evidence generation, the Research & Evaluation Division organised a 'Capacity Building Workshop on Operational Research, Ethics & Data Analysis in HIV/AIDS Research' in collaboration with CDC and WHO from 30 January – 2 February, 2017 at New Delhi. The workshop focused on priority research areas identified for evidence generation under the national programme. Participants from AIIMS, NARI, NICED, STM, NIE, PGIMER, 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–LFU, issues of adherence, Tenofovir toxicities, strategies to increase detection, congenital syphilis. A follow-up workshop on Operational Research in HIV/AIDS was organised during 16-17 October, 2017 to review the status of the studies.
- Another capacity building initiative was the fifth round of NACO Research Fellowship Scheme (NRFS). NACO has formulated the NACO Research Fellowship Scheme to promote young scientists enrolled in MD/ MPhil/PhD in relevant discipline from any recognized Indian University. In the 5th round of NRFS, three fellowships were awarded–2 from National AIDS Research Institute, Pune and 1 from Government Medical College, Amritsar. A call for applications was issued followed by selection through a Technical Evaluation Committee. Selected candidates have been provided financial support from NACO.
- Three Expert Committee meetings were organised this year – 16th & 17th meetings of the Technical Resource Group on Research (TRG on R&D) and the 13th Meeting of the NACO-Ethics Committee. The TRG reviewed

15 research protocols and 5 progress reports for technical review; while the NACO-Ethics Committee reviewed 5 research protocols for ethical review.

- **Review meetings** – This year four review meetings – North Eastern region, Western region, Review involving 13 States and one at NARI, Pune was undertaken by the Research & Evaluation Division. The team reviewed all the research related activities completed and ongoing in the States.

- **Promoting Operational Research at local levels** - This year, there was a consolidated effort to promote Operational Research at State AIDS Control Societies (SACS) and involving the States in programme formulation, data generation, evidence, and planning processes. Programme Managers from SACS were involved in 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 (and India-SA MRC) platform through partnership in scientific areas of common interest, initiating policy integration and research knowledge exchange across regions; and

  - 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 National AIDS Control Programme, the Division facilitated exposure-cum-training visits by Vivekananda College of Nursing, Lucknow in February, 2017 and by Armed Forces Medical College, Pune in September, 2017. Interactive discussions and presentation on all components (incl. research) of NACP were held with the visiting students/faculty and NACO officers.

  - A key area of focus in the India-Africa steered South-South collaboration is geared toward creation of a suitable consortium between Indian and African clinical research centres (CRCs), key population communities and other institutes and organizations of regional importance. Taking this initiative forward, a nine-member team consisting of community representatives from Kenya and Rwanda and officials of International AIDS Vaccine Initiative (IAVI) visited India during 13-17 March, 2017 and during 24-28 July, 2017. The main objectives of the visits were to work towards developing a joint population based community engagement study protocol between India and Africa key populations with a focus on early HIV detection and social media engagement. The delegation visited NACO on 27th July, 2017 to interact and share experiences with

senior officials of NACO. The teams also visited Mumbai District AIDS Control Society, TI sites of Ekta Foundation and Humsafar Trust in Mumbai; SPACE an MSM and TG intervention and YRG CARE Sites in New Delhi.

24.11 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 analyzing 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.

Second Surveillance Audit of ISO 9001:2008 Certification

An external surveillance audit of implementation of Quality Management System of ISO 9001:2008 in NACO was carried out by STQC auditors during 4-6 October, 2017. It was completed successfully without any Non-Compliance. It just gives indication how NACO professionally work. This can be role model for other National disease control programme in the country.

24.12 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 and data. Major information systems of NACO are SIMS (Strategic Information Management System), PALS (PLHIV ART Linkage System), IMS (Inventory Management System), MSDS (Migrant Service Delivery System) & Excel Based Analytical Tool for Core Group at NGO-TI level.

Among all, Strategic Information Management System (SIMS) is backbone of the programme monitoring and currently hosted on the MeghRaj Cloud of GoI. The reporting is mostly 80% or more across the components.

संकलक (Sankalak), a bulletin of Monitoring, Evaluation and Surveillance division, aims to report progress of national AIDS response on select key indictors 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 for FY 2016-17. Sankalak will contribute 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.

Epidemic Surveillance

HIV Sentinel Surveillance (HSS) and HIV estimates provide key evidences on the level of the HIV epidemic and its trends across population groups and locations. 15th Round of HIV Sentinel Surveillance was implemented between February, 2017 to August, 2017. It was implemented at 1317 sentinel sites-829 sites among ANC clinic attendees and 488 sites among the high-risk group & bridge population: Female Sex Workers (FSW), Men having Sex with Men (MSM), Injecting Drug Users (IDU), Hijra/Transgender People (H/TG), Single Male Migrants (SMM) & Long-Distance Truckers (LDT). A brief technical report has been prepared from the 15th round summarizing the key findings on HIV level and trends.

National AIDS Control Organization (NACO),

Ministry of Health & Family Welfare, Government of India periodically undertakes HIV estimation process to provide the updated information on the status of HIV epidemic in India. The first HIV estimation in India was done in 1998, while the last round was done in 2015. India HIV Estimates 2017 is under progress and will provide the most recent evidences on the HIV epidemic in the country and the States/Union Territories on key parameters of HIV prevalence, number of people living with HIV (PLHIV), new HIV infections, AIDS-related mortality and treatment needs.

Under HIV Estimations 2017, "Expert Consultation-Cum-Capacity Building Workshop" was organized by Surveillance division from 16-19 August, 2017 at Dr. Ramalingaswami Board Room, AIIMS, New Delhi. The workshop was inaugurated by Shri Sanjeeva Kumar, Additional Secretary & Director General, National AIDS Control Organization (NACO). The workshop was also honoured with presence of Padma Shri Dr Randeep Guleria, Director, AIIMS. Representatives from UNAIDS, CDC-DGHT India, WHO India, USAID India and FHI360 also attended the workshop.

Expert Consultation-Cum-Capacity Building Workshop

Surveillance is information for action and dissemination of epidemiological investigations. District categorization for decentralized and focused response was done as early as 2006. As the programme matured, HSS sites were scaled up across the country; HRG size estimates were implemented and initiatives like use of facility-based data and triangulating them with epidemiological data were initiated. All this helped in better understanding of the epidemic and subsequent fine tuning of the responses upto the district level. In continuation, State epidemiological fact sheets were published during 2017-18 for disseminating most recent epidemiological evidences up to the district level.

24.13 PROCUREMENT

Procurement are done using funds under the GFATM. The World Bank and Domestic Fund, through Procurement Agent i.e M/s RITES Limited, M/s Strategic Alliance Management Services Private Limited and Central Medical Services Society (CMSS). M/s RITES Limited continued to provide services to the NACO as Procurement Agent in terms of the contract signed between National AIDS Control Organization and M/s RITES Limited on 8th October, 2015 and valid for 2 years. The renewal of contract in under process. M/s Strategic Alliance Management Services Private Limited is appointed as Procurement Agent in the FY 2015-16 and a contract is signed between NACO and M/s Strategic Alliance Management Services Private Limited on 14th October, 2015 for 2 years. NACO had also appointed CMSS as a procurement Agent in the Year 2016.

24.14 ADMINISTRATION

NACO is headed by the Additional Secretary & DG to the Government of India, who is assisted by the Joint Secretary, four Deputy Director General, one Assistant Director General, one Director, one Deputy Secretary and two Under Secretaries.

Shri Sanjeeva Kumar has taken charge as Additional Secretary & DG, NACO. Besides the regular staff (33 Nos.) of the Organization in Group "A", "B", "C" and "D", there are contractual staff to assist the Organization in discharging its assigned functions. The work allocated to the National AIDS Control Organization as per the existing Allocation of Business

Rules, as under:

- Inter-Sectoral, Inter-Organisational and Inter-Institutional Coordination, both under the Central and State Governments, in areas related to HIV/AIDS Control and prevention
- Providing institutional framework for high-end research for control, prevention, cure and management of HIV/AIDS and all coordination in this regard.
- Dissemination of accurate, complete and timely information about HIV/AIDS to motivate, equip and empower people and promotion of measures for effective protection against the spread of the disease.
- International Co-operation, exchange programme and advanced training in HIV/AIDS Management and Research.
- Promoting research studies in the field of HIV/AIDS prevention and control.
- National Blood Transfusion Council, an Autonomous Body.
- Matter relating to collection processing and supply of safe blood. Management of Blood Transfusion Service.
- All policy matters relating to National AIDS Control Programme, Prevention and Control of HIV/AIDS.

The information on the Organization and its various activities are provided on the NACO website of the (http://www.naco.gov.in) and is updated from time-to-time. The website is linked to the Centralized Public Grievance Redress and Monitoring System (CPGRAMS) of Department of Administrative Reforms and Public Grievance and Pensions, Ministry of Personnel, Public Grievances and Pensions.

24.15 FINANCIAL MANAGEMENT

Financial management deals with the review of annual plans and budgets, fund flow mechanisms and accounting and internal control systems. It focuses on financial analysis for programmatic and management use that forms basis for better decisions, reducing delays and bottlenecks. This provides reasonable assurance that:

- Operations are being conducted effectively and efficiently in accordance with NACP norms;
- Financial and operational reporting are reliable;
- Laws and regulations are being complied with

NACO, which was co-terminous with 12th Five year Plan has been proposed for continuation from April, 2017 to March, 2020 with outlay of another Rs. 7300.00 crores by Expenditure Finance Committee.

Key functions:

- **Budgeting**
  - Preparation of Demands for Grant
  - Preparation for Budget Estimate/Revised Estimate in consultation with the Programme Divisions
- **Accounting functions**
  - Annual Action Plan (AAP) Processing and conveying approval
  - Releases to State Government for onward transmissions to the corresponding SACS
  - Expenditure accounting of NACO and SACS
  - Monitoring of Utilization Certificates
- **Audit Functions**
  - Coordination for statutory as well as internal audit of SACS
  - Submission of audit reports to Ministry, Donor agencies etc.
  - Facilitate audit at NACO level

Table-24.15.1: Year-wise Expenditure during the NACP-IV (Rs. in crore)

2014-15		2015-16		2016-17		2017-18	
RE	Expenditure	RE	Expenditure	RE	Expenditure	BE	Expenditure *
1397.00	1287.39	1615.00	1605.72	1753.00	1749.12	2000.00	1169.26

** Booked Figure up to 13th October, 2017*