



STRATEGIC INFORMATION ANAGEMENT

National AIDS Control Programme, Phase-III, India

Publications from NACO in this series

National AIDS Control Programme: Response to HIV Epidemic in India

Targeted Interventions: National AIDS Control Programme, Phase-III, India

Condom Promotion: National AIDS Control Programme, Phase-III, India

Care Support & Treatment: National AIDS Control Programme, Phase-III, India

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STRATEGIC INFORMATION MANAGEMENT

National AIDS Control Programme, Phase-III, India



सत्यमेव जयते



National AIDS Control Organisation

India's voice against AIDS

Department of AIDS Control

Ministry of Health & Family Welfare, Government of India

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INTRODUCTION AND BACKGROUND

NACP-III is based on the experiences and lessons learnt from NACP-I and II, and is built upon their strengths. The strategies and approaches of NACP-III are guided by the principle of unifying credo of Three Ones, i.e., one Agreed Action Framework, one National HIV/AIDS Coordinating Authority and one Agreed National Monitoring and Evaluation System. This framework ensures effective use of information generated by government agencies, non-government organisations (NGO), civil society and development partners. NACP-III is a scientifically well-evolved programme grounded on a strong structure of policies, programmes, schemes, guidelines, rules and operational norms. Formulating each of them is a rigorous process of undertaking research, reviewing evidence, consolidating field observations and programme experiences, conducting detailed discussions and deliberations, piloting and periodic evaluations.

“NACP-III aims at strengthening data collection, compilation, analysis and its use”

Strengthening the nationwide Strategic Information Management System is one of the four key strategies of NACP-III. Having a strong Strategic Information is a high priority agenda under NACP-III, towards building up an effective response to the HIV epidemic in the country. The effective utilisation all available information for evidence-based planning and implementation brought out the need for establishing the Strategic Information Management Unit (SIMU) under NACP-III. It is set up at national level and at state level for tracking the epidemic and the effectiveness of the response. It helps in assessing how well NACO, SACS and all the partner organizations are fulfilling their commitment to meet the agreed objectives.



Participatory evaluation at a FSW TI

INTRODUCTION AND BACKGROUND

SIMU comprises of three divisions – Programme Monitoring Division, Research & Evaluation Division, and Surveillance and Epidemiology Division. They generate and manage crucial information on the entire spectrum of HIV epidemic and its control – vulnerabilities and risk behaviours pre-disposing HIV transmission, patterns of spread of the epidemic and factors contributing to it, disease progression, treatment requirements and regimens, planning and implementing interventions, monitoring service delivery and tracking beneficiaries, programme gaps and ways to overcome them, effectiveness and impact of interventions. Another key function of SIMU is to promote data use for policy making, programme planning, implementation and review at national, state, district and reporting unit level.

This document captures the system of monitoring and evaluation which has been developed and strengthened under the National AIDS Control Programme.



Group of NGO workers filling up MIS formats

PROGRAMME MONITORING

For programme management and monitoring following key activities are undertaken:

1. Managing Computerised Management Information System (CMIS)/ Strategic Information Management System (SIMS) for routine reporting from programme units, including system development and maintenance, finalising reporting formats, ensuring modifications/improvements based on feedback, training programme personnel in its use, trouble-shooting and mentoring.
2. Monitoring programme implementation across the country through CMIS/SIMS and providing feedback to concerned programme divisions and SACS
3. Monitoring and ensuring data quality, timeliness and completeness of reporting from programme units
4. Data Management, Analysis and Publications
5. Data Sharing and Dissemination
6. Maintenance of NACO Website

“Reports, Dashboard, Annual Report, CMIS, CPFMS and surveys are key monitoring tools”

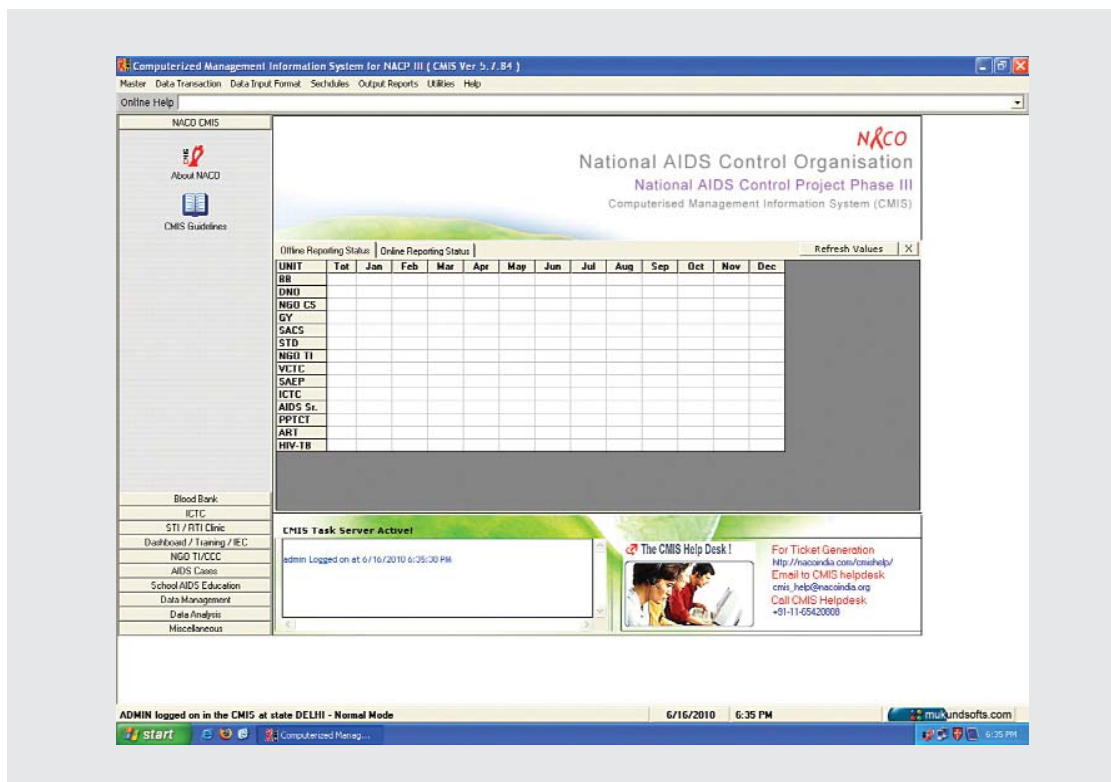


Group of NGO workers involved in mapping

7. Processing Data Requests
8. Capacity Building in programme monitoring and data management
9. Preparation of programme status notes and reports (Annual Report, Monthly Cabinet Note, Results Framework Document, UNGASS Report, Universal Access Report, etc.)

Computerised Management Information System

A Computerised Management Information System (CMIS) was designed to provide information on specified NACP-II components to National AIDS Control Organization (NACO) and State AIDS Control Societies to assist in programme monitoring and planning. CMIS is a three-tier data flow system with the capability to handle state and district data for monthly, quarterly and annual reports. Major modifications of the CMIS have been carried out based on feedback received from SACS and Municipal AIDS Control Societies (MACS). These modifications have led to a more comprehensive and flexible system that allows the generation of customised reports with the provision of an electronic data collection mechanism from the primary data generation units. Currently, the monthly reports are received from 35 SACS and 3 Municipal AIDS Control Societies with over 10,000 reporting units. A systematic approach has been undertaken in order to improve timeliness and completeness of the reporting through CMIS. Timeliness and completeness of reporting is monitored on monthly basis, and feedback is provided to SACS for improving the quality and completeness of reporting. Uniform tools are restricted through CMIS trainings along with ongoing mentored support. All these have contributed to the improvements in reporting status significantly. Percentage Reporting Status of CMIS as on March, 2011 has reached up to 91%, which is a remarkable achievement as compared to previous years. A screen shot of CMIS website is given below:



Screenshot of CMIS

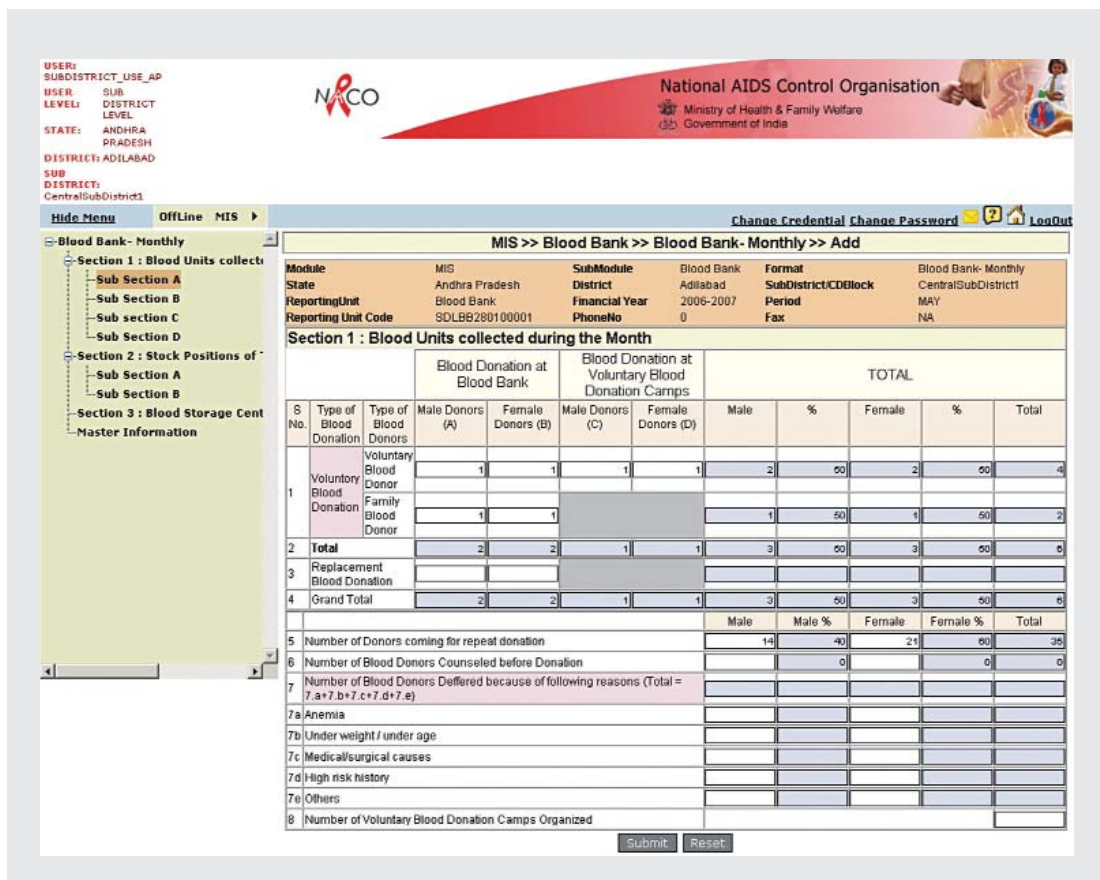
Strategic Information Management System

In order to meet the objectives of NACP-III and to ensure robust reporting and monitoring, Strategic Information Management System (SIMS), a web-based integrated monitoring and evaluation system is being developed as a mechanism for improving CMIS.

SIMS is a centralised system that will allow the users to capture the data at various levels like Reporting Unit, District Level, and State Level and enable them to view the data whenever required. It is proposed to increase the efficiency of computerised M&E system by having adequate data quality through centralised validated data. Data transfer mechanisms shall be improved by using the web-enabled application and efficient data management rights (Access Rights Control) from reporting unit to national level. It will provide evidence to track the progression of epidemic with respect to demographic characteristics and geographical area including GIS support. This system will enable individual level data collection for key programme areas (e.g., ICTC, ART) and has built-in real-time analytic, triangulation and data validation capabilities.

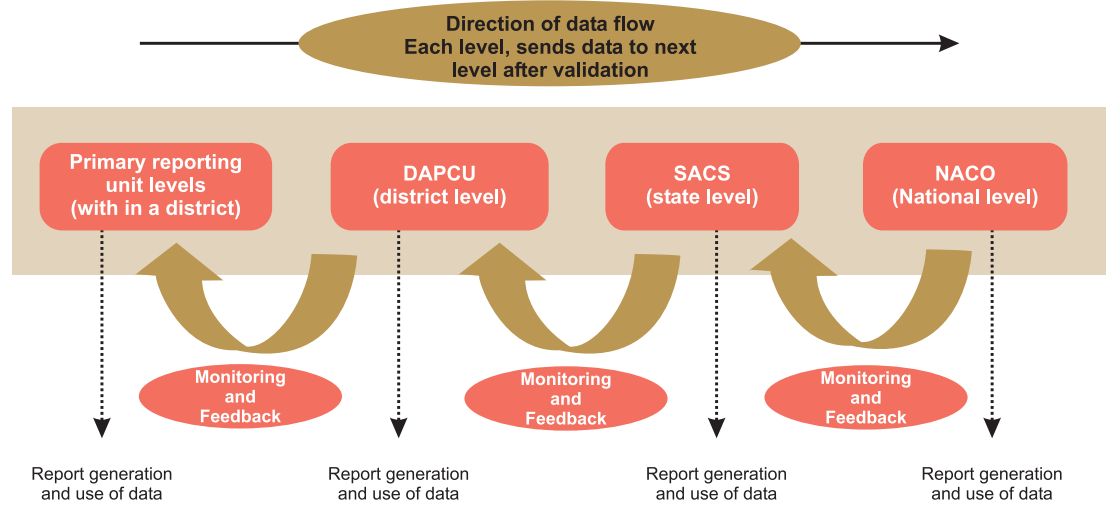
SIMS also provides tools for better decision making through data triangulation from different sources and thereby facilitates ease of evaluation, monitoring and taking policy decisions at strategic or tactical level. The Built in rules, regulations and policies to facilitate alerts and data integrity checks, The Ad-hoc reporting through data warehousing, drill-down and slice-n-dice facility shall also be available through cubes. With the implementation of SIMS application, efficiency of computerised M&E system and quality of data will improve substantially.

“SMIS established in NACO and SACS aims to enhance data flow and feedback at all levels”



Screenshot of SIMS Application

Data Flow in SIMS



Training on programme monitoring tools

Capacity Building on Strategic Information Management System (SIMS)

For effective training and guidance, two kinds of manuals were developed i.e. System Administrator Manual and User manual. System Administrator Manual was developed for SACS/DAPCU level M & E Officer/Assistant for user creation and to provide assistance to reporting unit personnel.

SIMS application contains following modules (both online and offline mode).

Table 1: Module Developed under SIMS Application

Sl.No.	Components	Periodicity
	a. Web based data entry application	
1	Blood Bank	Monthly/Quarterly
2	Lab Services	Monthly
3	Integreted counseling & Testing Centre(ICTC)	Monthly/Daily
4	Targeted Intervention	Monthly/Daily
5	Sexually Transmitted Infection	Monthly/NRHM-Monthly/ RSTRL-Monthly
6	Link workers	Monthly
7	Anti Retroviral Treatment	Monthly/Daily
8	Community Care Centre	Monthly
9	Training	Monthly
10	Dashboard	Monthly
11	IEC/Mainstreaming	Monthly
12	Adolescence Education Programme	Monthly
13	Red Ribbon Club	Monthly
14	Drop-in-Centre(DIC)	Monthly
15	Condom Promotion	Monthly
16	Procurement	Monthly
17	Surveillance	Monthly
18	Annual Action Plan	Yearly
	b. Analytical Reports (All component)- Analytical Intelligence/Reporting/ Data entry Quality Solution	
	c. Portal, Mail Messaging, & content Management	

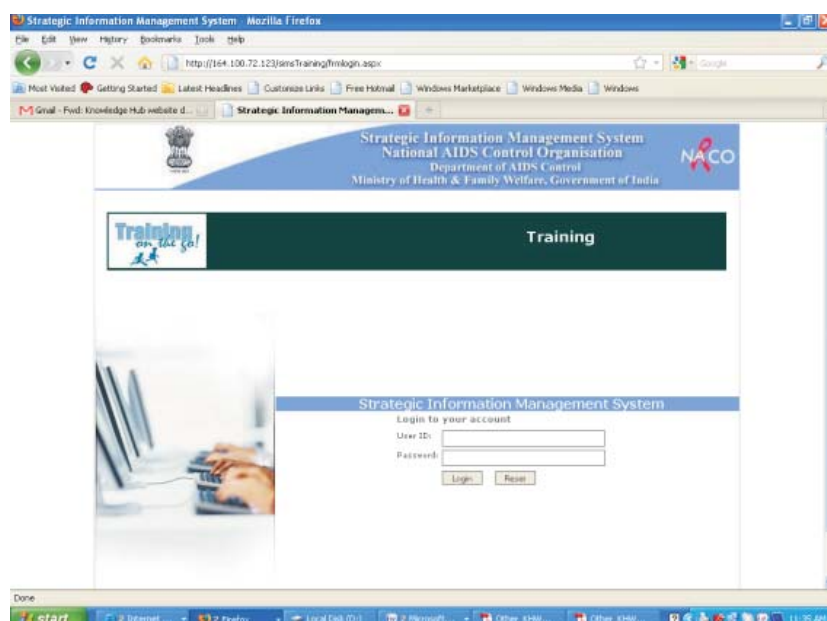


A link worker sharing his field experiences

User Manuals on modules for Blood Bank, STI/RTI, ICTC (Offline), TI and Surveillance are developed to help the user for easy data entry. Data Definitions are also developed to support SIMS users in order to explain the indicators of various MIS formats, while performing the data entry in this web application.

Dashboard Indicators

On a quarterly basis the SIMU produces a summary of the data collected through the CMIS. This quarterly report will contain a standardized set of tables and graphs that show the month by month progress of various programme areas through selected output indicators. These indicators include those identified as dashboard indicators at the output level. Through the review of key indicators of Dashboard, states must be able to identify districts which are particularly vulnerable to HIV and which appear to have difficulties in implementing programmes effectively. The management response to these types of indicators may be to focus greater resources and supervisory supports to specific districts or to investigate the reasons low performing services have such poor uptake. The District level managers may also be most interested in the dashboard indicators for the services in their district. In some cases, there may be only one or a handful of sites providing a particular service (e.g. one VCT in a district, one NGO providing targeted interventions, etc.) Therefore, the concern at the district level is whether the suite of services is in place and meets the needs of the district community. Districts often play a role in coordinating supplies from central warehouses at the state level (e.g. test kits, condoms, essential medicines, etc.) that may mean a greater focus on input indicators as well. Programme performance is monitored quarterly through dashboard indicators. These are the following.



1. Number of Targeted Intervention Projects (By category)- Total
2. Number of TI's reporting condom Stock-out in last month (%)
 - a. Number of ICTC Clients Tested (Non-Cumulative)
 - b. Number of ICTC Clients post test counselled and received result
3. Number of HIV positive pregnant women (mother & baby) receiving complete course of ART prophylaxis (Non-cumulative)
4. Percentage of blood units provided by voluntary blood donors
5. Number of ART Centres
6. Number of eligible persons with advance HIV infection receiving ART (Cumulative Total)
7. Percentage of SACS with HRG representatives included in SACS decision making bodies
8. Percentage of districts with at least one functional PLHA Network
9. Percentage of funds disbursed relative to target
10. Percentage of SACS having approved financial and administrative delegations
11. Percentage of states where Donor Partnership forum met last quarter
12. Percentage of SACS where JD(TI)/AD(TI)/DD(TI) position in SACS filled
13. Percentage of SACS where Project Director is sole in-charge of SACS for more than one year
14. Percentage of SACS with at least 80% CMIS reporting

“The dashboard gives early warnings of weaknesses and failing processes”

15. Percentage of SACS which submit Dashboard to NACO regularly
16. Percentage of due procurement contracts awarded during original validity period
17. Number of ICTC's reporting test kits stock out during quarter
18. Percentage of SACS where Governing body met during the reporting quarter
19. Number of districts with District Unit (DAPCU) established

Data Sharing

NACO has developed policy and guidelines that regulate sharing of data to external institutions/Organisations/Researchers. The data requests are processed as per the guidelines and data provided accordingly (Guidelines:

http://nacoonline.org/About_NACO/Policy_Guidelines/Policies_Guidelines_Table_for_download)

Preparation of Documents and Reports

Programme monitoring personnel prepare various vital planning documents and reports. Strategic Plan Document of Department of AIDS Control for next 5 years and the Outcome Budget Document 2011-12 for the Department of AIDS Control were prepared. Bulletins and reports are prepared on regular basis for dissemination of the programme data.

Providing Data for National/International Documents

NACO provides data from time to time to national and international documents such as Economic Survey, National Health Profile, India Report, Plan Documents, Joint Implementation Review Mission Reports, Results Framework Document, UNGASS report, Universal Access report, SAARC report, etc. all of which are in public domain in the respective websites.



Record keeping at the ART centre

SURVEILLANCE

HIV Sentinel Surveillance

One of the significant outcomes of the National AIDS Control Programme is the establishment of a robust and credible HIV Sentinel Surveillance (HSS) system. HIV surveillance system in India is the largest HIV surveillance system in the world. The impressive expansion and improvised strategies adopted in HIV Sentinel Surveillance in India places it as one of the best HIV surveillance systems in the world. In the two-and-a-half decade long journey of HIV surveillance in India, the system has gone through a remarkable development both in terms of coverage, processes and implementing structure.

In 1998, NACO formalized annual HIV Sentinel Surveillance (HSS) across the country. Over the years, the numbers of sentinel sites were increased from 180 in 1998 to 1361 in 2010. The population groups monitored under HSS include pregnant women attending antenatal clinics (ANC), patients attending

Table 1.3: Scale-up of Sentinel Sites in India, 1998-2010

Site Type	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2010
STD	76	75	98	133	166	163	171	175	251	248	217	184
ANC	92	93	111	172	200	266	268	267	470	484	498	503
ANC (Rural)	-	-	-	-	-	210	122	124	158	162	162	182
ANC (Youth)	-	-	-	-	-	-	-	-	8	8	8	8
IDU	5	6	10	10	13	18	24	30	51	52	61	79
MSM	-	-	3	3	3	9	15	18	31	40	67	98
FSW	1	1	2	2	2	32	42	83	138	137	194	267
Migrant	-	-	-	-	-	-	-	1	6	3	8	20
Eunuchs	-	-	-	-	-	-	-	1	1	1	1	3
Truckers	-	-	-	-	-	-	-	-	15	7	7	17
TB	2	2	-	-	-	-	7	4	-	-	-	-
Fisher-Folk/ Seamen	-	-	-	-	-	1	-	-	1	-	-	-
Total	176	177	224	320	384	699	649	703	1122	1134	1215	1361

“HIV surveillance system in India is the largest in the world with 1361 sentinel sites”

Sexually Transmitted Diseases Clinics (STD), Female Sex Workers (FSW), Men who have Sex with Men (MSM), Injecting Drug Users (IDUs), High Risk Migrants/Single Male Migrants and Long Distance Truckers. The national exercise of sentinel surveillance is implemented through coordination, support and supervision by National Institute of Health and Family Welfare, New Delhi as the national nodal agency and seven Regional Public Health Institutions in the country. Ten National Reference Laboratories and a network of more than 100 testing labs provide laboratory support to HSS. Entire process of testing samples under HSS is subject to external quality assurance mechanisms.

HIV Estimation 2010

National AIDS Control Organisation undertakes estimation of HIV burden in the country every year using the data from the annual rounds of HIV Sentinel Surveillance (HSS) among high risk groups and general population. National Institute of Medical Statistics (ICMR), New Delhi is the nodal agency for developing national estimates of HIV prevalence and burden in India. The first HIV estimation in India was done in 1994 based on data from 52 sites. Since then, the process of estimation of HIV infected persons in the country has evolved to a very great extent. Since, the data from HIV Sentinel Surveillance is not representative of the general population, certain assumptions were used to generate estimates for the general population. Over the years, these assumptions were gradually refined with the help of other available data sources.

In the recent (2010) round of HIV estimations, Estimation Projection Package (EPP) was used, which is specially designed to estimate the HIV burden in low and concentrated epidemics. EPP gives more emphasis to new infections and allows the user to see the incidence patterns and distribution of incidence among the various sub-populations/ risk groups in a national projection. EPP also takes into consideration the impact of provision of antiretroviral therapy, which increases survival of people living with HIV. The latest version of EPP developed by the ‘Global Reference Group on Estimates, Modelling and Projections’ has been used coupled with updated Spectrum Package to derive HIV estimates in 2010. The Spectrum Package has been customized to India by using Indian population projection figures.

Key features of the HIV Estimations 2010 are:

1. Rigorous process of cleaning and ensuring quality of data used as input into the models
2. More robust estimates developed using an improved methodology & updated epidemiological data
3. Separate epidemic curves generated for each risk group in each state
4. Reliable estimates on HIV incidence and AIDS related deaths developed for the first time
5. Impact of the Anti Retroviral Treatment Programme on the increasing survival of PLHA taken into account

Thus, the recent HIV estimations not only provide an improved understanding of HIV epidemic in India, but also offer important insights for impact evaluation of interventions under NACP-III.

Behavioural Surveillance Survey

In conformity with the National AIDS Prevention and Control Policy, National AIDS Control Organisation (NACO) commissioned the first Behavioural Surveillance Survey (BSS) in 2001 as a part

of NACP-II. This provided the baseline information on high risk behavioural patterns, knowledge, awareness and practices related to spread of HIV/AIDS in the country. Towards the end of NACP-II, after a gap of five years since the first wave of BSS, NACO commissioned the second wave of BSS in 2006 to measure the changes in behavioural indicators. In 2009, BSS was conducted in six states as a part of Mid-Term Review of NACP-III.

Target Groups covered in BSS 2009 include Brothel-based FSWs, Non-brothel based FSW, Men who have Sex with Men (MSM), Injecting Drug Users (IDUs), Single Male Migrants (SMM), Youth 15-24 years old (Urban and Rural) & Male & Female in General Population (Urban and Rural) 15-49 years. Thematic Areas Surveyed were Knowledge of HIV/AIDS, Transmission Modes and Prevention Methods, Condoms, Stigma & Discrimination, STIs, Substance Use, Sex Work and Migration, Sexual Behaviour and Condom Use, Injecting Practices and Needle Sharing Behaviour and Practices, Awareness of HIV/AIDS Programmes, Exposure to Interventions, Risk Perception and HIV Testing and Empowerment and Community Mobilisation.

RESEARCH & EVALUATION

Research

The main objective of the research agenda under NACP-III is to position NACO as the leading national body, promoting and coordinating research on HIV/AIDS nationally and in the South Asia region through:

- developing guidelines, norms and standards for undertaking HIV/AIDS research;
- partnerships and networking with multiple stakeholders and established national academic and other research institutions;
- supporting capacity building in social, clinical & biomedical, basic and operational research related to HIV/AIDS and allied subjects;
- functioning as the central repository of all relevant resources, research documents and data base on HIV/AIDS in the country; and
- ensuring translation of research outputs into programmatic action and policy formulation.

The main activities in the area of HIV/AIDS research are as follows:

Setting Priority Areas for Evaluation, Operational Research in HIV/AIDS and Development of Research Protocols

Identifying and setting priority areas for research in HIV/AIDS is one of the primary functions of the Research Division of NACO. Discussions are held with officers managing different programme components at NACO and SACS to identify the key information gaps that hinder effective planning and implementation of respective interventions and a draft list of priority areas is developed. The list is then circulated among development partners and other stakeholders for their inputs. The list is also discussed in various Technical Resource Groups advising NACO on different thematic areas. Finally, the priority areas are deliberated in Technical Consultations with experts in the respective fields and major research institutions. The list of priority areas thus finalised is circulated among NIIHAR Network and proposals are invited. This rigorous process of identifying and setting priority areas in HIV/AIDS research is undertaken once in six months to one year, taking into consideration, the emerging evidence from the research that is already initiated. The process of review and approval of the research proposals is shown in fig.1.4.

Coordinating activities of Technical Resource Group (TRG) on Research and Development and NACO Ethics Committee

The Technical Resource Group (TRG) on Research & Development is a group of experts in disciplines such as epidemiological, clinical, behavioral and social sciences that advises NACO on the broad policy and strategy to be adopted for promoting HIV/AIDS research in the country. All the research proposals on HIV/AIDS received by NACO are reviewed by the TRG through periodic meetings. Technical inputs and recommendations are given by the experts to refine the proposals and make them more relevant

to the programme. The TRG monitors the progress in the studies commissioned and reviews interim as well as final outcomes. Besides, the TRG also advises NACO in fulfilling its research agenda including setting priority areas for research, capacity building initiatives and dissemination.

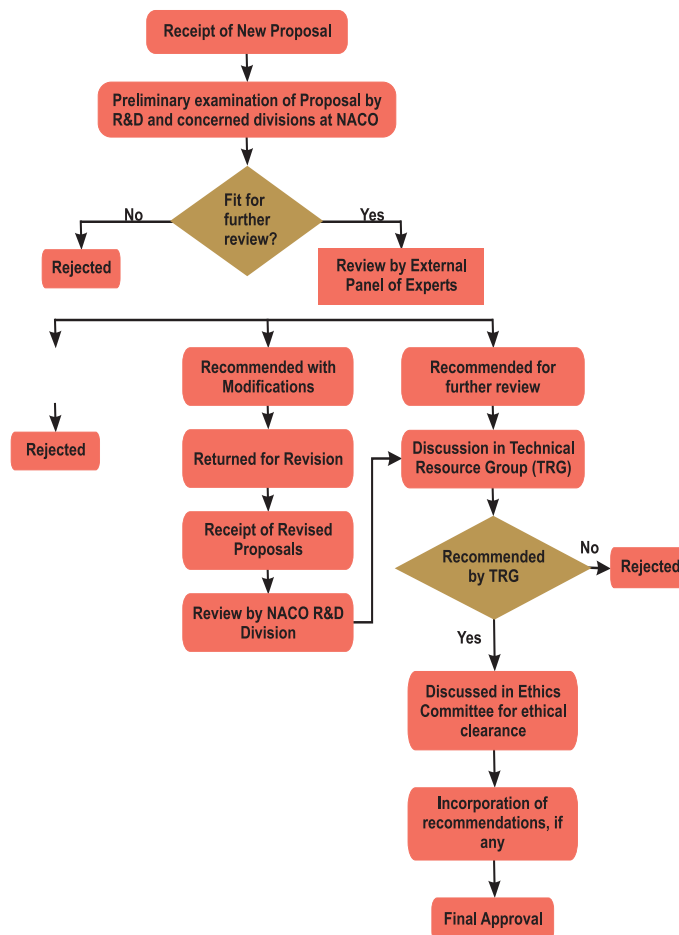
The NACO Ethics Committee was constituted with the primary responsibility of ensuring that all the ethical considerations and sensitivities in the context of HIV/AIDS are adequately addressed in the research proposals and that such research is consistent with legislative and statutory requirements, and thereby accord ethical clearance for initiating the research. The NACO ethics committee has developed the 'National Guidelines on Ethics for Research on HIV/AIDS', including template for informed consent.

“Core evaluation indicators are selected on the basis of their validity, utility and feasibility”

Dissemination of HIV/AIDS Research Outcomes

The 'National Conference on HIV/AIDS Research' which was organized during January 2011 with three main objectives:

- i. Providing a National platform for exchange of views, ideas and learnings for the researchers, programme managers and policy makers in India;



- ii. Providing evidences for programme planning and policy formulation; and
- iii. Integrate and linking preventive and therapeutic research on HIV /AIDS with NACP

The theme of the conference was “Towards Evidence-Policy linkages in HIV/AIDS Research”. The Conference was organized under four thematic sessions namely, Research in Basic Sciences, Clinical & Biomedical Research, Socio-behavioral Research and Evaluation Studies. In addition, symposia on important research areas and key note addresses by eminent experts provided valuable direction for the participants. The Conference was preceded by a Pre-Conference Continuing Education Workshop on the theme “HIV/AIDS Research: Challenges & Perspectives”.

Network of Indian Institution for HIV/AIDS Research (NIIHAR)

The ‘Network of Indian Institutions for HIV/AIDS Research (NIIHAR)’ was constituted to facilitate and undertake HIV/AIDS research. 42 reputed institutions are currently members of the NIIHAR Consortium.

NACO Research Fellowship Scheme (NRFS) for MD/M.Phil/Ph.D students

NACO Research Fellowship Scheme was conceptualized with the main objective of encouraging and facilitating capacity building of young researchers in the country for undertaking HIV/AIDS research and communicating research findings with the aim of impacting policy and programme. The NACO Research Fellowships will provide financial assistance to pursue research, ultimately leading to attainment of higher professional degrees, under experienced academicians and researchers.

Capacity Building in Operations Research and Ethics in HIV/AIDS Research

NACO with the support of development partners undertakes periodic capacity building programmes for young scientists in the area of Operations Research with relevance to AIDS control programme as well as in Ethics in HIV/AIDS research.



A researcher conducting in-depth interview

IMPROVING EVIDENCE BASED STRATEGIC PLANNING

Epidemiological Profiling of HIV/AIDS Situation at District and Sub-district Level Using Data Triangulation

Besides a robust and expanded HIV Sentinel Surveillance system, monthly reporting from over 10,000 programme units, mapping and size estimations, behavioural surveys as well as several studies, research projects and evaluations are generating a rich evidence base on HIV/AIDS under the National AIDS Control Programme. The district level focus of the programme demands information that helps to understand HIV/AIDS scenario in each district, understand reasons for different scenarios in different districts and the role of contextual factors, identify districts for priority attention and identify Programme Areas that need focus within a district. During the first half of NACP-III, greater information has become available for substantial number of districts in the country.

In this context of increased availability of data and requirements of decentralized planning at the district level, NACO has undertaken a project titled "Epidemiological Profiling of HIV/AIDS Situation at District and Sub-district Level using Data Triangulation" in 25 states (567 districts) in two phases during 2009-10 & 2010-11. Phase-I covered 7 states while phase-II covered 19 states. The districts of Uttar Pradesh were covered in two phases.

This exercise was undertaken with the objective of developing district HIV/AIDS epidemic profiles based on which strategies, programme focus and prioritisation can be made more effective. This project also aimed at building the capacity of the state and district program managers and M & E persons in data analyses, triangulation and use for program review and planning. It also contributed to refine district prioritisation as well as revising the Annual Action Plans of NACO and SACS.

Two key features of implementation of this exercise are Institutional Strengthening and Capacity Building of programme staff. A public health institution or medical college was identified as State Coordinating Agency for the project that worked closely with the programme units – State AIDS Control Societies and Technical Support Units in each state. A team of epidemiologists, statisticians and programme managers is made responsible for implementation of the project in the state. This not only built a resource pool in HIV/AIDS analysis in every state, it also fostered linkages between programme units and academic institutions that will help address any future strategic information needs in the programme.

Involvement of district level programme managers and staff of service delivery units in the entire process starting from identifying programme questions, performing quality checks & data validation and preparation of data tables, and making them responsible for development of their respective district profiles is another unique aspect of this exercise. This has built the capacities of the peripheral functionaries in handling and analyzing data, enabled them to understand the importance of the data they generate and the need for ensuring its quality, and appreciate the use of data for programme review, decision-making and effecting improvements. It also enhanced, among the district personnel, a sense of ownership of the programme response in their district.

"Epidemiological profiling of HIV/AIDS is important for decentralised planning"

Important Outcomes of District Epidemiological Profiling include:

1. Cleaning up and validation of programme data from 2004 onwards
2. Systematic compilation of all data related to HIV for each district at one place for routine use
3. District reports describing the profile of HIV epidemic and programme response in each district
4. Development of Framework for Re-prioritisation of districts under the programme
5. Prioritisation extended up to sub-district/block level with high priority blocks identified
6. Identification of Information Gaps at district and state level for planning Strategic Information Activities
7. Capacity building of district level programme managers and staff of service delivery units in handling and analyzing data, enabling them to understand the importance of the data they generate and to appreciate the need for ensuring quality of data, and its use for programme review, decision-making and effecting improvements
8. Enhanced understanding among the programme managers of HIV epidemic and response in the state and different districts
9. Better use of data in developing District and State Annual Action Plans
10. Institutional Strengthening (building state level resource pools) and fostering linkages between programme units and academic institutions for addressing Strategic Information needs in the programme

Development of Framework for Reprioritisation of Districts using Data Triangulation

A Working Group on reprioritisation of districts was constituted to review the data tables, district reports and observations emerging from the data triangulation and develop a framework for reprioritization of districts. A framework for the prioritisation of districts has been developed on the basis of the data from multiple sources and the observations from district profiling.

ABBREVIATIONS

AAP	Annual Action Plan
AD	Assistant Director
AIDS	Acquired Immuno-deficiency Syndrome
ART	Antiretroviral therapy
CMIS	Computerized Management Information System
CPFMS	Computerized Project Financial Management System
DAPCU	District AIDS Prevention & Control Unit
DD	Deputy Director
HIV	Human Immunodeficiency Virus
HRG	High Risk Group
HSS	HIV Sentinel Surveillance
ICTC	Integrated Counseling and Testing Centre
JD	Joint Director
MACS	Municipal AIDS Corporation Society
M & E	Monitoring & Evaluation
MIS	Management Information System
NACO	National AIDS Control Organisation
NACP	National AIDS Control Programme
NARI	National AIDS Research Institute
NERO	North East Regional Office
NGO	Non Government Organisation
PLHA	People Living With HIV/AIDS
PPTCT	Prevention of Parent to Child Transmission
RTI	Reproductive Tract Infection
SACS	State AIDS Control Society
SAARC	South Asian Association for Regional Co-operation
SIMU	Strategic Information Management Unit
SIMS	Strategic Information Management System
STD	Sexually Transmitted Diseases
STI	Sexually Transmitted Infections
TI	Targeted Interventions
UNGASS	United Nations General Assembly
UT	Union Territory
VCTC	Voluntary Counseling and Testing Centre

NACO envisions an India where every person living with HIV has access to quality care and is treated with dignity. Effective prevention, care and support is possible in an environment where human rights are respected and where those infected or affected by HIV/AIDS live a life without stigma and discrimination.

NACO has taken measures to ensure that people living with HIV have equal access to quality health services. By fostering close collaboration with NGOs, women's self-help groups, faith-based organisations, positive people's networks and communities, NACO hopes to improve access and accountability of the services. It stands committed to building an enabling environment wherein those infected and affected by HIV play a central role in all responses to the epidemic - at state, district, and grassroots level.

NACO is thus committed to contain the spread of HIV in India by building an all-encompassing response reaching out to diverse populations. We endeavour to provide people with accurate, complete and consistent information about HIV, promote use of condoms for protection, and emphasise treatment of sexually transmitted diseases. NACO works to motivate men and women for a responsible sexual behaviour.

NACO believes that people need to be aware, motivated, equipped, and empowered with knowledge so that they can protect themselves from the impact of HIV. We confront a stark reality - HIV can happen to any of us. Our hope is that anyone can be saved from the infection with appropriate information on prevention. NACO is built on a foundation of care and support, and is committed to consistently fabricate strategic responses for combating HIV/AIDS situation in India.



National AIDS Control Organisation

India's voice against AIDS

Department of AIDS Control

Ministry of Health & Family Welfare, Government of India
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