

**DEPARTMENT OF AIDS CONTROL**  
**(OUTCOME BUDGET 2011-12)**

**MINISTRY OF HEALTH & FAMILY WELFARE**

## **Part 4**

### **DEPARTMENT OF AIDS CONTROL (OUTCOME BUDGET 2011-12)**

### **GRANT NO. 49**

**MINISTRY OF HEALTH & FAMILY WELFARE**

## Outcome Budget for Department of AIDS Control (2011-12)

<b>Outcome Budget 2011-12</b>		
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## Outcome Budget for Department of AIDS Control (2011-12)

### Executive Summary

After the discovery of the first HIV infection in 1986, the Government of India initiated programmes of prevention and raising awareness under the Medium Term Plan (1990-92), the first plan (NACP-I, 1992-99) and the second plan (NACP-II, 1999-2006). The HIV sentinel surveillance data suggests that these initiatives have started showing results with signs of stabilization in some parts of the country.

Phase-III (2007-2012) of NACP seeks to learn from the lessons of implementation of the previous two phases and build on the strengths. Its overall goal is to halt and reverse the epidemic in India over the five-year period.

In order to implement wide range of interventions indicated above, a financial resource plan has been worked out. Resources required for NACP-III are estimated to be Rs. 11,585 crore as under:

<b>Programme Component</b>	<b>Amount (Rs. crore)</b>	<b>Percentage to total</b>
Prevention	7,786	67.20
Care, Support and Treatment	1,953	16.90
Programme Management	910	7.90
Strategic Information Management	360	3.00
Contingency	576	5.00
<b>Total</b>	<b>11,585</b>	<b>100.00</b>

The Department of AIDS Control under Ministry of Health and Family Welfare envisions preventing and reducing HIV burden in India. The NACP Phases I, II and III was initiated by National AIDS Control Organisation (NACO) and during the NACP Phase III the Department of AIDS Control was made as a department under Ministry of Health and Family Welfare. Now NACO is working under Department of AIDS Control. The Department of AIDS Control envisions preventing and reducing HIV burden in India. The mission is to reduce HIV prevalence in population groups at risk of HIV/AIDS by an integrated prevention, care and support programme.

The **National AIDS Control Programme** (NACP) is being implemented as a comprehensive programme for prevention and control of HIV/AIDS in India since 1992 when it was launched with support from the World Bank. With improved understanding of the complex HIV epidemic in India, substantial changes have been made in the policy frameworks and approaches of NACP. The focus has shifted from raising awareness to behaviour change, from a national response to a more decentralized response and to increasing involvement of NGOs and network of PLHAs.

Phase-III (2007-2012) of NACP seeks to learn from the lessons of implementation of the previous two phases and build on the strengths. Its overall goal is to halt and reverse the epidemic in India over the five-year period. Highest priority has been placed on preventive efforts while, at the same time, prevention is sought to be integrated with care, support and treatment through a four-pronged strategy:

1. Preventing new infections in high risk groups and general population through:
  - a. Saturation of coverage of high risk groups with targeted interventions (TIs)
  - b. Scaled up interventions in the general population
2. Providing greater care, support and treatment to larger number of PLHA.
3. Strengthening the infrastructure, systems and human resources in prevention, care, support and treatment programmes at the district, state and national levels.

#### 4. Strengthening the nationwide Strategic Information Management System.

The specific objective is to reduce new infection as estimated in the programme's first year by 60% in high prevalence states so as to obtain reversal of the epidemic; and by 40% in the vulnerable states so as to stabilize the epidemic. NACP's organizational structure was decentralized to implement programmes at the district level, with priority for Category A and B districts.

#### **Guiding Principles for NACP-III**

The goal, objectives and strategies of NACP-III are reflected by the following guiding principles:

- The 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.
- Equity is to be monitored by relevant indicators in both prevention and impact mitigation strategies i.e. percentage of people accessing services disaggregated by age and gender.
- Respect for the rights of people living with HIV/AIDS (PLHA), as it contributes most positively to prevention and control efforts. NACP-III has evolved mechanisms to address human rights and ethics issues concerning HIV/AIDS. Particular focus is on the fundamental rights of PLHA and their active involvement as important partners in prevention, care, support and treatment initiatives.
- Civil society representation and participation in the planning and implementation of NACP-III is essential for promoting social ownership and community involvement.
- Creation of an enabling environment wherein those infected and affected by HIV can lead a life of dignity. This is the cornerstone of all interventions.
- Provide universal access to HIV prevention, care, support and treatment services.

- For making the implementation mechanism more responsive, proactive and dynamic, the HRD strategy of NACO and SACS is based on qualification, competence, commitment and continuity.

Strategic and programme interventions are to be evidence-based and result oriented with scope for innovations and flexibility. Priority is accorded to specific local contexts.

### Functions

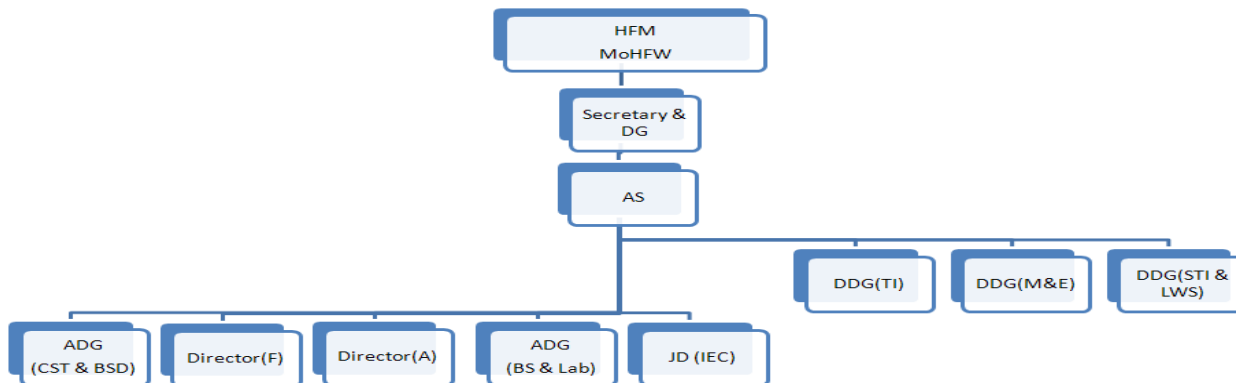
- Targeted Interventions for High Risk Group and Bridge populations
- Link Worker Scheme
- Management of Sexually Transmitted Infection / Reproductive Tract Infection
- Promotion of Condom use
- Blood Safety including promotion of Voluntary Blood Donation
- Integrated Counseling and Testing, and Prevention of Parent to Child Transmission services
- Information Education and Communication, and Social Mobilisation including mainstreaming
- Care, Support and Treatment including Antiretroviral therapy (ART) services and Treatment of Opportunistic Infections, HIV-TB Cross Referral and Community Care services for People Living with HIV/AIDS.
- Strategic Information Management including Monitoring & Evaluation, Surveillance and Research
- Post Exposure Prophylaxis (PEP)
- Promotion of safe practices and infection control
- Intersectoral coordination and mainstreaming

For effective outreach, the implementation structure will be decentralized to district level through the District AIDS Prevention and Control Units in A & B category districts.

### Organisational Set-up

In keeping with the functions and responsibilities outlined and for facilitating the growing number of players in the implementation of the HIV/AIDS strategies, the organizational structure of NACO HQ is reconfigured. Accordingly, under NACP-III, the organizational structure of NACO is to be strengthened as depicted in the figure below:

### Organogram





**Programmes / Schemes**

NACP-III is based on the experiences and lessons drawn from NACP-I and II, and is built upon their strengths. Its priorities and thrust areas are drawn up accordingly and include the following:

- Considering that more than 99 percent of the population in the country is free from infection, NACP-III places the highest priority on preventive efforts while, at the same time, seeks to integrate prevention with care, support and treatment.
- Sub-populations that have the highest risk of exposure to HIV will receive the highest priority in the intervention programmes. These would include sex workers, men-who-have-sex-with-men and injecting drug users. Second high priority in the intervention programmes is accorded to long-distance truckers, prisoners, migrants (including refugees) and street children.
- In the general population those who have the greater need for accessing prevention services, such as treatment of STIs, voluntary counselling and testing and condoms, will be next in the line of priority.
- NACP-III ensures that all persons who need treatment would have access to prophylaxis and management of opportunistic infections. People who need access to ART will also be assured first line ARV drugs.
- Prevention needs of children are addressed through universal provision of PPTCT services. Children who are infected are assured access to paediatric ART.
- NACP-III is committed to address the needs of persons infected and affected by HIV, especially children. This will be done through the sectors and agencies involved in child protection and welfare. In mitigating the impact of HIV, support is also drawn from welfare agencies providing nutritional support, opportunities for income generation and other welfare services.
- NACP-III also plans to invest in community care centres to provide psycho-social support, outreach services, referrals and palliative care.

- Socio-economic determinants that make a person vulnerable also increase the risk of exposure to HIV. NACP-III will work with other agencies involved in vulnerability reduction such as women's groups, youth groups, trade unions etc. to integrate HIV prevention into their activities.

Mainstreaming and partnerships are the key approaches to facilitate multi-sectoral response engaging a wide range of stakeholders. Private sector, civil society organisations, networks of people living with HIV/AIDS and government departments all have a crucial role in prevention, care, support, treatment and service delivery. Technical and financial resources of the development partners are leveraged to achieve the objectives of the programme.

The following package of services is provided under NACP-III:

- Creating awareness about symptoms, spread, prevention and services available through a strong IEC campaign
- Condom promotion
- Promotion of voluntary blood donation and access to safe blood
- Integrated Counseling and Testing (ICT)
- Prevention of Parent To Child Transmission
- Management of Sexually Transmitted infection and Reproductive Tract infections
- Targeted intervention for High Risk Group and Bridge population
- Care, support and treatment services for People Living with HIV/AIDS
- Post Exposure Prophylaxis (PEP)
- Promotion of safe practices and infection control
- Intersectoral coordination and mainstreaming

**HIV Sentinel Surveillance & HIV Estimation – Strategic Improvements During NACP-III**

During NACP-III, many efforts are being made to improve the surveillance system, technically as well as operationally. It is also being ensured that surveillance system is shaped to fulfill the epidemiological requirements of the new dynamics of HIV epidemic in the country. While revising the recruitment strategy and improving the sample collection method at high risk group sites are the major strategic changes on the technical front, focus on establishing an effective & structured training programme and institutionalizing a strong monitoring & supervision system are the important strategic efforts on the operational front. Overall, quality has been the central focus in HIV Sentinel Surveillance programme during NACP-III.

**Targeted Interventions for Population at High Risk**

It is recognised that HIV in India is a concentrated epidemic. Not only is the epidemic concentrated in certain states of the country, HIV infection is also seen to be concentrated among certain groups of individuals. These groups, termed the 'High Risk Groups' (HRGs), comprise Female Sex Workers (FSWs), Injecting Drug Users (IDUs) and Men having Sex with Men (MSM). HIV sentinel surveillance carried out by NACO shows that the prevalence among the HRGs is at least 10–20 times more than that among the general population. In addition, two other groups are seen to be acting as carriers of HIV from these HRGs to the general population. These groups, together called the Bridge population, comprise truckers and migrants.

Apart from the common factor of increased HIV prevalence among the HRGs, other factors increasing their vulnerability to HIV infection include the marginalisation of HRGs from the mainstream of the society, reluctance among HRGs to avail general health care services as well as laws against them. Targeted interventions (TIs) approach has been found to be effective worldwide to increase the accessibility of HIV prevention services to the HRGs. Recognising the above, NACP III has laid emphasis on the saturation of the high risk population through Targeted Intervention approach in order to halt and reverse the HIV epidemic in India.

The core element of the control strategy is to ensure that people who are at high risk do not transmit the infection to the rest of the population. These populations are at a greater risk of acquiring and transmitting HIV infection due to more frequent exposure to HIV, higher levels of sexually transmitted infections and insufficient capacity or power to decide to protect themselves.

### **Link Workers' Scheme**

Link Workers' Scheme is a short term community based intervention to address the HIV prevention and care needs of the rural community with special focus on High Risk Population and other vulnerable groups. Link Worker scheme under National AIDS Control Programme III was designed with the premise that there are significant numbers of high risk population in rural areas and there is need to reach out to them in order to saturate these groups. This scheme is designed to be implemented in all 'A' and 'B' category districts across the country. Now it is planning to expand the scheme to same source migrant districts also.

This scheme is implemented by capacitating the rural community through selection and training of Link Workers and other district level staff with the ultimate aim of linking the target population with HIV related services. The scheme works closely with different cadre of workers from various departments working at the village level. This scheme is operationalised through the mechanism of Lead and district level agencies.

### **Sexually Transmitted Infection Control (STI) / Reproductive Tract Infections(RTI) Programme**

Provision of STI/RTI care services is a very important strategy to prevent HIV transmission and promote sexual and reproductive health under the National AIDS Control Programme (NACP-III) and Reproductive and Child Health programme (RCH II) of the National Rural Health Mission (NRHM). Enhanced syndromic case management (ESCM) with minimal laboratory tests is the cornerstone of STI/RTI management under NACP-III.

An estimated 30 million episodes of STI/RTI occur every year in the country and the NACP-III target is to reach 15 million episodes annually. These targets are to be jointly reached by NRHM and NACO in the proportion of 2/3 and 1/3 depending upon the access of STI/RTI patients at various health facilities.

The STI/RTI service delivery being strengthened through targeted intervention programme for the HRGs. The service to the HRG are presently provided through TI STI clinics and through linkages to the designated STI/RTI clinics. Preferred Private Providers are being identified, networked and trained to provide quality STI/RTI services to the high risk population being covered under TI project. NACO is coordinating with NRHM and has proposed to procure colour-coded drug kits for the PHCs and CHCs under NRHM.

### **Blood Safety**

The objective of Blood Safety programme under NACP-III is to ensure provision of safe and quality blood even to the far-flung remote areas of the country in the shortest possible time through a well-coordinated National Blood Transfusion Service. The specific objective is to ensure reduction in the transfusion associated HIV transmission to less than 0.5 per cent. It is planned to raise voluntary donation to meet 90% of blood unit requirement by 2012.

NACO supported the installation of blood component separation units and also funded modernization of all major blood banks at state and district levels. In addition to constantly enhancing awareness about the need to access safe blood and blood products, NACO has supported the procurement of equipments, test kits and reagents as well as the recurring expenditure of government blood banks and those run by voluntary / charitable organizations that were modernized.

This is proposed to be achieved through a four-pronged strategy as follow:

- Ensuring that regular (repeat) voluntary non-remunerated blood donors constitute the main source of blood supply through phased increase in donor recruitment and retention;
- Establishing blood storage centres in the primary health care system for availability of blood in far-flung remote areas;
- Promoting appropriate use of blood, blood components and blood products among the clinicians; and
- Capacity building of staff involved in Blood Transfusion Service through a organised training programme for various categories of staff.

The requirement of blood for the country is estimated to be 85 lakh to 1 crore units/year, whereas the available supply is only 74 lakh units/year (2008-09 report). 71.01% of blood units collected during April to Dec 2010-11 are through voluntary blood donation by organizing 603,468 blood donation camps.

In order to streamline Blood Transfusion services in the country, National and State Blood Transfusion Councils were established as registered societies. These councils are provided with necessary funds through NACP. While the National Blood Transfusion Council provides policy direction on all issues related to Blood and related areas, the State Blood Transfusion Councils implement the decisions taken by National Blood Transfusion Council.

New initiatives includes 4 Metro Blood Banks (one lakh units capacity each) are being established in the four metropolitan cities- New Delhi, Mumbai, Chennai & Kolkata a Centres of Excellence in Tansfusion Medicine, and one large Plasma Fractionation Centre at Chennai with processing capacity of 1.5 lakh litres plasma annually.

#### **Laboratory Services: Assessing Quality of laboratory services**

The assurance of quality in kit evaluation, assessment of HIV testing services through implementation of EQAS, CD4 testing has been addressed in NACP-III with focus. NACO launched "National External Quality Assessment Scheme" (NEQAS) in year 2000 to assure standard quality of the HIV tests being performed in the programme. The objectives of NEQAS are:

- Monitoring laboratory performance and evaluate quality control measures.
- Establish intra laboratory comparability and ensure creditability of laboratory.
- Promoting high standards of good laboratory practices.
- Encouraging use of standard reagents/methodology and trained personnel.
- Stimulating performance improvement.
- Influencing reliability of future testing.
- Identifying common error.

- Facilitate information exchange.
- Supporting accreditation.
- Educating through exercises, reports and meetings. Assess the performance of a various laboratories engaged in testing of HIV which will be used for finalization of the India specific protocols.

### **Information Education & Communication**

NACO's communication strategy aims at promoting safe behavioral practices and demand for services. Regular campaigns are conducted on mass media channels (TV, Radio, Newspapers) supported by outdoor (hoardings, bus panels, information kiosks etc.), mid-media (folk theatre and IEC vans) and inter-personal communication (trainings of SHGs, Anganwadi workers, PRIs, government officials, NGOs/ CBOs, corporate sector etc.). The target is general population with focus on youth and women, high risk groups, migrants, truckers and service providers

**Some of the noteworthy multi-media campaigns conducted during the year 2010-11 and the follow-up activities proposed for 2011-12 are as follows:**

**(i) Red Ribbon Express (RRE) phase-II and follow up plan:**

NACO implemented the second phase of Red Ribbon Express (RRE) project during 2009-10. Under the project, a special exhibition train with messages on HIV/ AIDS and other health issues travelled across 22 states, covering 152 halt stations. The outreach part of the project was conducted through mobile exhibition vans and folk troupes. The project got overwhelming response and directly reached to over 80 lakh people with HIV/ AIDS prevention messages and information on other health issues. Over 81,000 district level resource persons such as members of Panchayati Raj Institutions, self help groups, government officials, health workers, youth organizations, teachers, police personnel etc. were trained on board the train in the districts through which it passed. 36,000 people were tested for HIV. The evaluation reports show higher knowledge levels about HIV/ AIDS among those exposed to project than those not exposed.

As a follow-up, it is under consideration to have a mini-run of the RRE in 2011-12 through the priority districts with high HIV vulnerability and poor health indicators in UP and Bihar. Mobile IEC vans and Mobile Health Units will also be put in operation in these districts to cover rural areas with HIV/ AIDS and health information along with provision of treatment services and referrals.

**(ii) Multi-media campaigns in the States of North-East:**

The multi-media campaign on HIV/AIDS, 'Red Ribbon Super Stars', targeted youth aged 15 – 29 and covered three north-eastern states of Manipur, Nagaland and Mizoram in 2009-10. It was scaled up to cover all the eight states in the NE in 2010-11 and was extended to Assam, Tripura, Arunachal Pradesh, Meghalaya and Sikkim. The campaign focuses on increasing risk perception particularly through injecting drug use and unprotected sex, stigma & discrimination and HIV related services. It is using a combination of music competitions and football tournaments organised at district level culminating into the state level mega events. These are further amplified through the use of TV, radio, newspapers and outdoor media. Faith based organisations and youth clubs are also being involved in the campaign to broaden its reach. It is proposed to continue the campaign in 2011-12.

**(iii) Long format Radio & TV programs:**

Special episodes on HIV/ AIDS in tele-serial *Kyonki Jina Isi ka Naam Hai* were telecast by NACO in collaboration with UNICEF on Doordarshan during prime time for the second year during 2010-11. As per the evaluation of the programme, the recall of HIV messages was very high. Further, during the month of December-January, *Kalyani* Health Magazine from regional networks of Doordarshan in the states of UP, MP, Rajasthan, Bihar, Jharkhand, Chattisgarh, Assam and Orissa was telecast during 2010-11. *Kalyani* programme is proposed to be continued in the year 2011-11. NACO is also going to launch a 3 month weekly series of programmes on a TV news channel towards the end of 2010-11. In addition, the State AIDS Control Societies are also conducting phone-ins and panel discussions on regional networks of Doordarshan which will continue for the year 2011-12. The States also run radio programmes on state AIR networks and will continue with the same during 2011-12.



**(iv) Mass Media campaigns:**

During 2010-11, NACO released campaigns on Voluntary Blood Donation, condom promotion, sexually transmitted infections and stigma and discrimination on Doordarshan, AIR, Cable and Satellite channels and FM radio. Campaigns on ICTC and PPTCT are also planned to be released. As per TAM (Television Audience Measurement) data, almost each of the campaigns has been watched by upto ten crore plus population. New creatives were developed for these campaigns. The spots on voluntary blood donation have been acclaimed in media as best of the spots. The mass media campaigns on different themes will continue during 2011-12.

**(v) Special Events**

State AIDS Control Societies organize special events to reach out to masses on the occasions of World AIDS Day, World Blood Donor Day, National Voluntary Blood Donation Day, International Women's Day, International Day against Drug Abuse and Illicit Trafficking. These events aimed at raising awareness will also be organized in the year 2011-12.

**(vi) Mid Media:****(A) Outdoor (Hoardings, Bus Panels, Kiosks etc.):**

Outdoor is an important activity to increase visibility. Hoardings, bus panels, pole kiosks, information panels, wall writings etc are done by the State AIDS Control Societies, Condom Social Marketing Organizations (SMOs) of NACO, TCIF and under Link Workers Scheme. NACO also plans to directly implement the plan. A well coordinated plan involving different agencies has been developed to avoid duplication of these activities. It is proposed to intensively scale up outdoor activities during 2011-12.

**(B) Folk Media and IEC vans:** States have been hiring IEC exhibition vans and folk troupes to disseminate messages to rural population. In order to ensure that the correct messages are disseminated in the most effective manner, NACO conducted national workshops on folk media to standardize scripts and performances. Folk experts/ resource persons and troupes belonging to different folk forms were called to Delhi to develop scripts covering various themes of HIV communication and further develop performances accordingly. Now these trained resource persons are being engaged at the state levels to train more troupes before further roll out of the programme at the field level. The messaging through folk is going to be scaled up during 2011-12 for increasing outreach to rural areas.

**(vii) Materials for interpersonal communication:**

NACO developed materials for migrants, truckers, STI clinics and Early Infant diagnosis during 2010-11 and sent the soft copies to State AIDS Control Societies for replication. Flip charts, General information booklet, brochures, folders and short films were printed by SACS for use at service centers, fairs, exhibitions and for outreach activities such as Red Ribbon Express and IEC Vans. The materials specially targeting high risk groups have been replicated and disseminated by most of the State AIDS Control Societies. During 2011-12, materials specific to population groups such as truckers, migrants and for STI clinics etc will also be replicated in large quantity by SACS to reach out different population groups. .

**(viii) Adolescence Education Programme (AEP):**

The AEP is a programme run in secondary and senior secondary schools to build up life skills of adolescents to cope with the physical and psychological changes associated with growing up. Under the programme sixteen (16) hours sessions are scheduled during the academic sessions in classes IX and XI. As the follow-up to the suspension of AEP the toolkit was revised and same was disseminated to all the States in 2008. The SACS have further adapted the modules after state consultations with stakeholders such as NGOs, Academicians, psychologists, parents-teachers bodies and. A few states including Kerala has resumed the programme. Gujarat has integrated the HIV component in another module on health introduced in the schools. During 2010-11, about 50,000

schools were covered under the programme. Efforts are on for resumption of the programme in some states where it is suspended. The programme will continue during 2011-12.

**(ix) Red Ribbon Clubs (RRCs)**

The purpose of Red Ribbon Club formation in colleges is to encourage peer to peer messaging on HIV prevention and a safe space for young people to seek clarification to their doubts and myths surrounding HIV/AIDS. The RRCs also promote voluntary blood donation among youth. Over 8,000 clubs are already functional. The programme is being evaluated. It will be further scaled up during 2011-12.

**Mainstreaming**

In order to facilitate a strong multi-sectoral response to HIV/ AIDS, the National Council on AIDS (NCA) headed by the Prime Minister of India has been constituted, which held its first meeting in February 2006. Subsequent to the formation of National Council on AIDS, State Councils on AIDS have been formed in 25 states.

**Mainstreaming efforts made through key Ministries / Departments are as follows:**

**(i) Training of front line workers:** As part of the mainstreaming efforts at the grassroots level, NACO through the State AIDS Control Societies has undertaken trainings of frontline functionaries including women self help groups, Anganwadi Workers, ANM and ASHA on HIV and AIDS Issues. Already over 6 lakh frontline workers have been trained in the last years. During 2010-11, 2.5 lakh more frontline workers are expected to be covered by State AIDS Control Organizations in collaboration with concerned departments. These trainings are helping in increasing awareness and promoting safe behaviours, addressing stigma and discrimination issues and also in providing linkages with services.

- (ii) **Ministry of Panchayati Raj:** In continuation with Panchayati Raj Ministry's Directive to include HIV during regular PRI training programme, the State AIDS Control Societies are working with the Departments of Panchayati Raj in the States so that the HIV/ AIDS component is included in the ongoing training programmes of the PRIs.
- (iii) **Ministry of Labour and Employment (MOLE):** MOLE in association with International labour organization (ILO) and NACO has launched the National Policy on HIV/AIDS in the World of Work. NACO through State AIDS Control Societies is working with industries and corporate sector for adoption of the policy by them. The policy aims at providing information on HIV/ AIDS to the employees both formal and informal at the work places and also provide them linkages with HIV/ AIDS related services. It also ensures that no employee is discriminated on account of being HIV positive.
- (iv) **Ministry of Tribal Affairs:** The Tribal Action Plan has been launched in 65 Integrated Tribal Development Areas in 13 States to specifically cover the vulnerable tribal population. The programme will continue during 2011-12.
- (v) **Mainstreaming through GIPA:** 22 state level networks and 221 district level networks of people living with HIV have been facilitated to ensure community access to various services, like ART Centre, CCCs, and Drop-in centers. The Government of India is committed to the principles of Greater Involvement of People Living with HIV/ AIDS (GIPA) for effective programme implementation.

Some of the states are providing transport concession to PLHIV to come to the ART centre for treatment, extra ration through PDS shops to meet their nutritional needs, widow pension scheme etc. Railways is also providing travel concession to PLHIV for coming to the ART centre for treatment. A national consultation to bring PLHIV under health insurance coverage was organized in New Delhi in which national and international experts on health insurance participated. Efforts are on to include PLHIV under health insurance as most of the health insurance products do not cover them. The effort will be to bring more and more PLHIV within the ambit of welfare schemes during 2011-12.

(vi) **Drop-in-Centres (DIC):** Drop-in Centres are setup primarily in A and B category and highly vulnerable districts and are run by registered associations/networks of People Living with HIV (PLHIV). A total of 208 DICs are functional across 20 states in category A and B category and some highly vulnerable districts. They help build capacity and skills of People Living with HIV (PLHIV) to cope with infection, create an enabling environment, establish linkages for PLHAs with existing health services, NGOs, CBOs and other welfare organizations and protect their rights. 10 Legal Aid Cells are operational at the district level in states of Andhra Pradesh and Tamil Nadu to ensure free legal aid to PLHIV. These DICs have recently been evaluated and in general have been found very useful in providing a platform of psycho-social support to PLHIV and linkages to services. It is proposed to open more DICs during 2011-12 to cover remaining A and B category districts.

**Condom Promotion:** Condom is the most effective prophylaxis for preventing the transmission of HIV. The NACP-III Goals for Condom distribution is 350 crore pieces by 2012 and Condom outlets target of 30 lakh by 2012.

#### **Basic Services (ICTC/PPTCT/HIV-TB Collaboration)**

The Integrated Counselling and Testing Centres (ICTC) is the first interface of citizens for HIV services. The ICTC services include HIV Counselling and testing for the general clients and antenatal women. The entire counselling and testing programme in the country is funded by Global Fund under Rounds II, III and VI. While Round II focuses on the Prevention of Parent to Child Transmission (PPTCT) programme, Round III focuses on HIV-TB collaborative activities. Rounds II and III focus on the 6 high prevalent states and Round VI covers the rest of the country. Since December, 2009 these components have been merged under Rolling Continuation Channel (RCC) Round II funded by the Global Fund.

ICTCs have been established at medical colleges and district hospitals across the country and in sub district level hospitals and Community Health Centers in category A & B districts. Their main functions include early detection of HIV, provision of basic information on modes on transmission and prevention of HIV/AIDS to promote behavioural change & reducing vulnerability, to link people with other HIV prevention, care and treatment services, and collaborate with the RNTCP & RCH programmes.

ICTCs provide HIV-TB Collaborative services and cross referrals with the RNTCP program. TB patients with unknown HIV status are to be referred to the nearest and most-convenient ICTC, the ICTC Counsellor will in turn screen clients for TB symptoms and refer their clients suspected to have TB to the DMC and DOTS centres.

The Prevention of Parent to Child Transmission of HIV/AIDS (PPTCT) programme was started in 2002, and aims to prevent the perinatal transmission of HIV from an HIV infected pregnant mother to her new born baby. HIV positive women and the newborn are given prophylactic dose of Nevirapine to prevent transmission of HIV from the mother to child.

### **Care, Support & Treatment Programme for People Living with HIV/AIDS**

The programme provides comprehensive management of PLHA with respect to treatment and prevention of Opportunistic infections, Antiretroviral Therapy, psychosocial support, home based care, positive prevention and impact mitigation. ART is offered free of cost to all PLHA who are eligible clinically.

Provision of comprehensive Care, Support and Treatment of HIV+ population is one of the two main objectives of NACP-III. For this, NACP-III has set up following targets to be achieved by March 2012:

- i) Provide free ART to 300,000 adult & 40,000 children through 250 ART Centres;
- ii) Achieve and maintain a high level of drug adherence and minimize the number of patients lost to follow up, so that drugs are effective for longer period of time; and
- iii) Provide comprehensive care, support and treatment by establishing 350 CCCs.
- iv) Smart Cards will be provided to enable them to access ART at any centre.
- v) The free ART programme launched on 1<sup>st</sup> April, 2004 with expansion to 250 ART centres by March 2012.
- vi) 40,000 CLHA are planned to be provided ART by 2012. Seven ART centres are being upgraded as Regional Paediatric Centres of Excellence.

Ten Regional Centres of Excellence have been established to provide state of art services for PLHAs, be our knowledge hubs, resource centres and centre for training of other doctors on HIV/AIDS.

### **Monitoring and Evaluation**

The National AIDS Control Programme in Phase-III intends to intensify the efforts to control and reverse the epidemic in India during its implementation period. Achieving this, calls for a strong Strategic Information Management System which is responsive to the requirements of the programme, acts like an 'early warning mechanism' and support evidence-driven management. The National AIDS Control Organisation is committed to strengthen the M&E systems countrywide so that issues related to data collection, compilation, analysis and use are adequately addressed. This involves establishing and strengthening institutional mechanisms & capacities at National and state level.

**Strengthening systems for better M&E:** An assessment of existing systems was done including manpower, infrastructure, hardware and software and connectivity etc. Recruitment was closely monitored so as to have required capacities in place. To ensure **supportive supervision**, a system of quarterly review and training of M&E Officers is initiated. A review on quantity and quality of reporting is done. Directions & guidelines for on-site verifications are developed and sent to SACS. **Component specific consultations** are organized to assess the information needs, current information sources and tools being used, identify gaps and discuss on proposed plan for better monitoring for improved programme outcomes.

**Computerised Management Information System (CMIS):** A Computerised Management Information System (CMIS) for monitoring the implementation of the National AIDS Control Programme in India was initiated in 2001. The CMIS has been designed to provide continuous critical information on the course of the HIV/AIDS epidemic in India. The CMIS enabled National AIDS Control Organization and State AIDS Control Societies to use evidence based planning for identifying appropriate strategies and for developing state level capacities for collection, analysis, interpretation of data and relevant remedial action. After using the system for more than two years SACS and NACO redesigned the system based on the experience gained form CMIS. New version of CMIS has been released in June 2004, which contains more possibilities in terms of data analysis has been introduced in the system. Input formats for collecting data on a

regular basis from the reporting are been designed. The data flows to the SACS/MACS from all the reporting units (at district or below district) directly in hard copy. SACS/MACS enter the data and send the soft copy of the data to NACO where the comprehensive database is maintained through email system. Checks and validations have been incorporated in the data entry module so as to ensure its authenticity. There is a decentralisation module present in CMIS being used for installation and use at District and Sub-district Units.

**Key Achievements of Strategic Information Management Unit include**

- i) Improvement in completeness of Reporting
- ii) Improvements in Timelines

**Development of Strategic Information Management System (SIMS):** NACO is in process of developing Strategic Information Management System (SIMS). It will be a web-based integrated monitoring and evaluation system covering Data Migration from Computerised Management Information System (CMIS); Data Entry Application shall provide Online and Offline Data Entry, Data Consolidation/Aggregation, Reporting & Analysis, Data Integrity and Consistency, Scalability & Audit Trails; Data Integration from various sources; Data Warehouse (DW) / Business Intelligence (BI) Solution will cover Extract Transform Load, Creation of Data Marts, Creation of Cubes (Logical Representation of Data Marts), Creation of Reporting, Dashboard and Key Process Indicators (KPI's), Geographical Information System (GIS), Portal facility would provide Interactive Data for each level (NACO, State, District, Reporting Unit); Messaging solution, Document Management Facility, Bulletin Board and Chatting Facility, Effective Feedback and Communication Facility. SIMS will be a comprehensive web-based application with central server & sophisticated tools as mentioned and integration from different data sources / platforms. The contract for development of SIMS was awarded to M/s iBilt Technologies (now known as Vayam Technologies Limited) in December, 2009. The agency undertook detail systems study, requirement study and developed data input tools in consultation with all programme division and submitted the System Requirements Specifications (SRS) and Design Document (DD) for review by NACO. User's acceptance testing and pilot testing has been completed. Plan for roll out is being finalised. This system is proposed to replace the existing CMIS and integrate with the systems like Computerised Project Financial Management System (CPFMS) and Smart Card



System. In order to make the system transparent the same data will be available to NACO/SACS/DAPCU and Reporting Units. SIMS was launched by Secretary& DG, NACO in August 2010 and is scheduled to be fully implemented during 2011. Currently capacity building of personnel is on-going.

### **Evaluation and Operational Research: The “Network of Indian Institutions for HIV/AIDS Research (NIIHAR)”**

India is a large multi-ethnic country with varying demographic and social framework. Any exploratory research conducted in a limited setting does not reflect Indian scenario. Similarly any intervention found effective in one setting may not work in another setting. It thus being important to develop protocol on relevant research areas and conduct multi-centric studies to draw valid conclusions for policy formulation and programme management and national and/or regional level. Secondly, there are institutions with potential to undertake quality research but their capacity is utilized locally in the absence of any recognition and support at the national level. It was thus considered necessary be important to constitute a consortium of institutions having capacity to undertake research specifically in the field of HIV/AIDS.

It was in this context that NACO decided to constitute a national consortium of research institutions for undertaking operational, epidemiological and bio-medical research in the field of HIV/AIDS. This consortium will have linkages with universities, ICMR, CSIR, DST, ICSSR and others stakeholders including donor organizations. This consortium was named the ‘Network of Indian Institutions for HIV/AIDS Research (NIIHAR)’. The consortium will be responsible for facilitating and undertaking research activities in the operational, bio-medical, clinical, epidemiological, behavioral and social disciplines. This consortium will pool resources and expertise to conduct high quality, collaborative, multi-center research that will help evidence based decision making on policy, management and evaluation of interventions.

### Major Programmes or Schemes in respect of women

- **HIV+ pregnant women and babies receiving ARV prophylaxis:** This indicator measures the absolute number of HIV positive pregnant women giving live births who along with their babies receive prophylactic anti-retro viral drugs (a single dose of Nevirapine to the HIV positive mother during labour and to the newborn within 72 hours of delivery) in order to prevent mother to child transmission of HIV. (Data Source: CMIS)

### Policy Implications and Future Directions

If the investment on prevention activities among high risk populations is scaled up with particular attention to ART coverage and positive prevention measures, NACP-III will be able to halt and reverse the epidemic. This will involve:

- Saturation of the coverage of high risk groups through greater involvement of community based organizations and extensive network of institutions both in public and private sectors;
- Greater focus on changing attitudes and behaviour of vulnerable sections of general population to prevent transmission;
- Comprehensive care, support and treatment with adequate follow up measures;
- Providing high quality HIV related services to those who need at various levels; and
- Creation of appropriate mechanisms and capacities at national, state and district levels to implement and monitor the interventions.

NACP-III envisages a substantial increase in budgetary allocation to the programme activities with increased emphasis on prevention. Of the total programme costs, 60-70 per cent should be on prevention and 15-20 per cent on care, support and treatment. Additionally, capacity building and strategic information management will require an investment of around 10 per cent and 5 per cent of the NACP-III budget respectively to achieve the HIV related Millennium Development Goal (MDG).

## Outcome Budget 2011-12

S. No	Name Of Scheme /Programme	Objective/ Outcome	Outlay 2011-12			Quantifiable Deliverables/ Physical Outputs	Projected Outcomes	Processes/ Timelines	Remarks/Risk Factors
			4(i)	4(ii)	4(iii)				
1	2	3	4			5	6	7	8
			Non-Plan Budget	Plan Budget	Complementary Extra-Budgetary Resources				
1	<b>Secretariat Social Services</b>		0.00	11.62					
2	<b>Grants in aid to State AIDS Control Societies</b>								
2.1	Prevention activities viz Targeted Intervention(TI), sexually transmitted infection(STI), Blood safety, mainstreaming, surveillance & link worker scheme		0.00	714.9		Targeted Intervention including New Targeted Interventions established	170	31st March 2012	Timely approval of contracts at state level
						STI/RTI intervention including STI/RTI patients managed as per national protocol	120 lakh	31st March 2012	Data flow from NRHM

					Blood Safety including Blood Component Separation Units established	24	31st March 2012	
					New District Level Blood Banks set up	23	31st March 2012	
2.2	Care, support & treatment(CST) including Anti-Retroviral Therapy, Integrated Counselling & Testing Centres		0.00	381.9	Link Worker Scheme intervention including Districts covered under Link Worker Scheme	67	31st March 2012	
					ICTC Centres established	0	31st March 2012	
					Clients Tested for HIV	120 lakh	31st March 2012	Shortage of Testing Kits
					Pregnant Women tested for HIV	90 lakh	31st March 2012	Shortage of Testing Kits
					HIV+ Pregnant Women & Babies receiving ARV prophylaxis	17,500	31st March 2012	Shortage of NVP

					HIV-TB Cross Referrals	9.5 lakh	31st March 2012	
					New ART Centres established	48	31st March 2012	
					PLHA on ART	4.5 lakh	31st March 2012	
					Opportunistic Infections treated	3.1 lakh	31st March 2012	
3	<b>Information, Education and Communication</b>		0.00	62.50				
					Campaigns released on Mass Media - TV/Radio	9	31 <sup>st</sup> March, 2012	
					New Red Ribbon Clubs formed in Colleges	1,000	31 <sup>st</sup> March, 2012	
					Persons trained under Mainstreaming training programmes	1,50,000	31 <sup>st</sup> March, 2012	
4	<b>Procurement of Drugs/kits</b>		0.00		Procurement			
4.1	Blood safety/Testing equipments etc.		0.00	75.23			31st March 2012	
4.2	Drugs & consumables		0.00	312.8				

5	<b>National/State Blood Transfusion Councils</b>		0.00	2.00		Blood safety including Voluntary blood donation	90%	31st March 2012	
6	<b>Supply of Condoms</b>		0.00	136.1		Social Marketing of condom by NACO contracted Social Marketing Organisation	34.9 crore pieces	31st March 2012	
7	<b>Programme for Blood &amp; Blood Products</b>		0.00	1.00					
8	<b>Capital outlay for Setting up of Metro Blood Banks</b>		0.00	1.00					
9	<b>Contribution to International bodies</b>		0.00	1.00					

### Reform Measures and Policy Initiatives

- Up-scaling of services to improve coverage as well as quality.
- Communication strategy to focus more on behavioral change than on awareness.
- Sub-population with largest risk of exposure to HIV to receive high priority.
- All persons who require treatment to have access to prophylaxis and management of opportunistic infection.
- Persons who need access to ART to be assured first line ART drugs.
- 2<sup>nd</sup> line ART will be given to all eligible patient as per recommendation of State AIDS Clinical Expert Panel.
- Early Infant Diagnosis has been initiated for children below 18 months in 767 ICTCs and 181 ART Centres.
- Partnership with a range of stakeholders to facilitate multisectoral response.
- Building up of a strong Strategic Information Management System.
- Strengthening the Surveillance and Research components.

### Metro Blood Bank

The government is setting up of 4 Metro Blood Banks as Centres of Excellence which will be collecting more than 1 Lakh Units per year. For setting up of Metro Blood Banks; Design Detailed Project Report Consultants have been selected. Layout Plans and Detailed Project Report have been received for all 4 sites. Equipment requirement planned, Bilateral Agreement draft prepared and documents for municipal approvals are being obtained. DPR- 1 has been approved by the steering committee.

### Plasma Fractionation Centre

The Government is setting up a Plasma Fractionation Centre at Chennai which will have capacity of processing 1.5 lakh litres of plasma. The project budget is of Rs 250 Crores. The Project Management Consultants selection process is ongoing.

**Policy Implications and Future Directions**

If the investment on prevention activities among high risk populations is scaled up with particular attention to ART coverage and positive prevention measures, NACP-III will be able to halt and reverse the epidemic. This will involve:

- Saturation of the coverage of high risk groups through greater involvement of community based organizations and extensive network of institutions both in public and private sectors;
- Greater focus on changing attitudes and behaviour of vulnerable sections of general population to prevent transmission;
- Comprehensive care, support and treatment with adequate follow up measures;
- Providing high quality HIV related services to those who need at various levels; and
- Creation of appropriate mechanisms and capacities at national, state and district levels to implement and monitor the interventions.

NACP-III envisages a substantial increase in budgetary allocation to the programme activities with increased emphasis on prevention. Of the total programme costs, 60-70 per cent should be on prevention and 15-20 per cent on care, support and treatment. Additionally, capacity building and strategic information management will require an investment of around 10 per cent and 5 per cent of the NACP-III budget respectively to achieve the HIV related Millennium Development Goal (MDG).



S.No.	Objective/Outcome	National AIDS Control Programme Phase – III					
		Indicators	2009-10		2010-11		2011-12
			Targets	Achievements	Targets	Achievements up to Jan. 2011	Targets
1	To halt and reverse the epidemic in India over the next 5 years by	Setting new core group targeted interventions	114	119	110	152	170
2		Set up new bridge population targeted interventions	47	45	30	23	
3	(i) 60% reduction in new infections as estimated in 2007-08 in high prevalence states so as to obtain the reversal of the epidemic	Treat new STI cases	100 lakh	82.4 lakh	100 lakh	74.96 lakh**	120 lakh
4		Set up new Blood Component Separation Units	40	28	12	10	24
5		Set up new District Level Blood Banks	8	4	6	5	23
6		Treat persons living with HIV/AIDS with anti retroviral drugs (Cumulative)	3,00,000	3,15,640	4,04,815	3,87,205*	4.5 lakh
7		Set up Anti Retroviral Therapy Centres (Cumulative)	200	267	332	292*	340
8		Set up Community Care Centres (Cumulative)	261	287	316	259*	259
9	(ii) 40% reduction in new infections as estimated in 2007-08 in vulnerable states so as to stabilise the epidemic	Set up new Integrated Counselling and Testing Centres	176	191	40	23	0
10		Mothers Counselling & tested at ICTC	70.15 lakh	59.49 lakh	86.49 lakh	46.51 lakh*	90 lakh
11		Persons Counselling & tested at the ICTC	5.19 lakh	81.08 lakh	111.71 lakh	61.53 lakh*	120 lakh

Note: \*Up to December 2010 \*\* Up to November 2010

## (Mid Year Achievement for 2010-11)

Objective	Actions	Success Indicator	Unit	Target	Achievement
1. Prevent infections through saturation of coverage of high-risk groups with targeted interventions (TIs) and scaled up interventions in the general population.	Targeted Interventions	New TIs established	No.	150	89
		Districts covered under Link Worker Scheme	No.	61	61
	Integrated Counselling and Testing including PPTCT	ICTC Centres established	No.	40	13
		Clients Tested for HIV	No. in Lakh	100	32.99*
		Pregnant Women tested for HIV	No. in Lakh	80	24.98*
		HIV+ Pregnant Women & Babies receiving ARV prophylaxis	No.	11,800	3,995*
	STI Care	STI/RTI patients managed as per national protocol	No. in Lakh	120	20.76*
	Condom Promotion	Social Marketing of Condoms by NACO Contracted Social Marketing Organisations (SMO)	No. of pieces in Crore	25	13.63
	Blood Safety	Blood Component Separation Units established	No.	20	10
		New District Level Blood Banks set up	No.	6	2
		Proportion of blood units collected through Voluntary Blood Donation	%	85	77

Objective	Actions	Success Indicator	Unit	Target	Achievement
(Continued)	IEC and Social Mobilisation	Campaigns released on Mass Media - TV/Radio	No.	6	3
		Districts covered under IEC activities through the Red Ribbon Express	No.	96	77
		New Red Ribbon Clubs formed in Colleges	No.	1,500	1,000
		Persons trained under Mainstreaming training programmes	No.	3,00,000	1,69,258
2. Provide greater care, support and treatment to larger No. of PLHA.	ART	New ART Centres established	No.	30	16
		PLHA on ART	No. in Lakh	3.5	3.55
		ARV Drug Adherence	%	94	92
		12 Month Survival Rate following ART	%	85	85
	HIV-TB Coordination	HIV-TB Cross Referrals	No. in Lakh	90.	2.85
	Treatment of Opportunistic Infections	Opportunistic Infections treated	No. in Lakh	3.1	3.35
	Community Care Centres	New Community Care Centres established	No.	24	33

Objective	Actions	Success Indicator	Unit	Target	Achievement
3. Strengthen infrastructure, systems and human resources in prevention, care, support and treatment programmes at district, state and national levels.	Procurement	Proportion of Procurement contracts awarded during the original validity period	%	90	100
	SIMS Implementation	Implementation of Strategic Information Management System at National, State, Selected District and Reporting Units	Date	31.10.2010	26.08.2010
	Smart Card Implementation	Implementation of Smart Card System at 6 High Prevalence State and Delhi	Date	31.10.2010	Software has been developed. User Acceptance Test is on-going
4. Strengthen the nationwide Strategic Information Management System.	HIV Sentinel Surveillance	Preparation of Provisional Report on HIV Sentinel Surveillance (HSS) and HIV Estimations	Date	31.01. 2011	15.09.2010
	Research	Organisation of National Dissemination Workshop on Research Findings as inputs for Programme Implementation	Date	31.01.2011	Tentative 20.01.2011
	Monitoring & Evaluation	Proportion of State AIDS Control Societies reporting on time	%	90	91.42

\*up to 31.08.2010

3 years Expenditure Statement										(figure in thousand)
Head		2008-09			2009-10			2010-11		
		BE	RE	Exp	BE	RE	Exp	BE	RE	Exp as on 11th Feb. 2011
221006101										
33.22	National AIDS Control Organisation (External aided Component)	38300	45100	36123	51400	51400	44624	33700	44025	31183
33.03	National AIDS Control Programme (EAC)	604300	604300	581018	285000	264200	238281	269000	501200	275129
33.04.31	Grants to NGOs and other Vol. Organisation under NACP	1000	1000	500	1000	500	250	1000	1000	250
33.24.31	National Blood Transfusion	30000	30000	30000	30000	30000	28331	55000	55000	0
33.06.31	Grants to State AIDS Control Societies	3320364	3262964	3460612	3200000	2477700	3009993	4831600	4657451	4678843
33.08.14	Rent. Rates and Taxes	50000	50000	45642	50000	50000	49291	33600	65000	55893
33.12	Expenditure to be incurred for procurement of equipments and supplies (EAC)	1166700	964100	961682	997600	1266500	1220834	1369000	1374812	85666
33.14.31	Grants under UNDP assisted Project	99800	99800	26831	95000	95000	71065	114300	114300	39253
33.16.31	Grants to State AIDS Control Societies under NACP (GC) (New)	93800	93800	93785	93800	50000	0	50000	0	0
33.17	Grants under Global Fund Assisted Project	4225736	4712536	4809943	4265300	3946200	4040188	5455300	5319212	4834219
33.18.31	Grants under USAID assisted Projects	300000	300000	262520	250000	250000	249678	250000	250000	231888
33.21.32	Contribution to the Global Fund to fight AIDS, Tuberculosis and Malaria(G.C.)(New) Contribution	0	0	0	110900	100000	319402	0	0	0
33.23.26	Advertisement and Publicity				300000	300000	108551	200000	170000	104077
421006101330553	Capital Outlay for setting up Plazma Fractionation Centre				200000	0	0	250000	50000	0
255200800050031	2552-North Eastern Areas(Major Head)	1070000	1070000		1070000	920000	0	1437500	1400200	0
	<b>Total</b>	<b>11000000</b>	<b>11233600</b>	<b>10308656</b>	<b>11000000</b>	<b>9801500</b>	<b>9380488</b>	<b>14350000</b>	<b>14002200</b>	<b>10336387</b>

## Outcome Budget for Department of AIDS Control (2011-12)

### ACRONYMS

AIDS	Acquired Immuno Deficiency Syndrome
ANC	Ante Natal Clinic
ART	Antiretroviral Therapy
ARV	Anti Retro Viral
BSS	Behavioural Surveillance Survey
BCSU	Blood Component Separation Unit
CCC	Community Care Centres
CLHA	Children living with HIV/AIDS
CMIS	Computerised Management Information System
CST	Care, Support and Treatment
DAPCU	District AIDS Prevention and Control Unit
DMC	Designated Microscopy Centre
DOTS	Direct Observed Treatment Services
FSW	Female Sex Worker
HIV	Human Immuno-deficiency Virus
HRD	Human Resource Development
HRG	High Risk Group
HSS	HIV Sentinel Surveillance
ICTC	Integrated Counseling & Testing Center
IDU	Injecting Drug User
IEC	Information, Education and Communication

### Outcome Budget for Department of AIDS Control (2011-12)

ITDP	Integrated Tribal Development Project
LWS	Link Worker Scheme
M&E	Monitoring & Evaluation
MSM	Men having Sex with Men
NACO	National AIDS Control Organsiation
NACP	National AIDS Control Programme
NGO	Non-Governmental Organisation
NRHM	National Rural Health Mission
NSS	National Service Scheme
OI	Opportunistic Infection
OST	Oral Substitution Therapy
PLHA	People Living with HIV/AIDS
PPTCT	Prevention of Parent to Child Transmission
RCH	Reproductive & Child Health
RNTCP	Revised National TB Control Programme
RRC	Red Ribbon Club
RRE	Red Ribbon Express
RTI	Reproductive Tract Infection
SACS	State AIDS Control Society
SIMS	Strategic Information Management System
SMO	Social Marketing Organisation
STI	Sexually Transmitted Infection
TI	Targeted Intervention