

Minutes of the Review meeting of Project Directors of SACS held

on 20-10-11 & 21-10-11

Review meeting of the Project Directors was held as per schedule given below and was chaired by Secretary and DG NACO.

Date	States attended
20-10-11	Bihar, Chhattisgarh, Delhi, Gujarat, Himachal Pradesh, Haryana, Jharkhand, Madhya Pradesh, Orissa, Punjab, Chandigarh, Rajasthan, Uttar Pradesh, Uttarakhand, West Bengal
21-10-11	Andhra Pradesh, Arunachal Pradesh, Assam, Goa, Karnataka, Kerala, Manipur, Maharashtra & Mumbai, Meghalaya, Mizoram, Nagaland, Sikkim, Tamil Nadu, Tripura

The Project Directors and key functionaries of the following SACS attended the meeting.

At the outset, AS NACO welcomed the participants and emphasized the importance of the meeting in the last year of NACP III as the programme prepares to transition into the next phase. She updated the SACS representatives on the status of Twelfth Plan approvals and the assurance given by the Planning commission on NACP IV funding. She also drew attention to the following issues for the future:

- Migration interventions (at source, transit and destination) to be re-energised;
- The focus on developing separate TG strategy;
- Quick scale up of truckers' interventions by tying up with brokers and gaining access to toll plazas, petrol pumps etc.
- Thematic roll out of IEC campaigns country-wide with a multimedia approach;
- Focus on blood separation and generation of demand for components through education of doctors in private and public sector;
- Rollout of multi drug PPTCT regimen;
- Personal involvement of Project Directors in management of supply chain for all commodities in light of decentralization of ART supplies;
- The need to fill pending staff vacancies by Dec. 2011

This was followed by presentation of important issues by the Divisional Officers. These have been shared with the states and state response to any deficiencies pointed out therein may be responded to latest by 25.11.2011. Highlights of the general issues and state specific action points is given below, component-wise:-

A. Targeted Interventions

KEY ISSUES

1. TG TIs to be contracted as per AAP and status to be informed NACO
2. Functional linkages to be established with FSW and migrant TIs, to be ensured by TSU
3. FSW and MSM interventions in the north east states required more strategic approach for effective intervention
4. There is no need of mapping of HRGs or bridge population, the estimation in each site /TI level to be done through site validation; it should be monitored at state level.
5. Discrepancy in CMIS reporting was noted and suggested to ensure correct reporting
6. Capacity building of TI staff to be ensured as per training plan and SACSs has to release the budget accordingly to STRCs.
7. Training resource pool to be developed in each state and linked with STRC
8. SACSs have to ensure there is no overlap with Global fund round 9 support for IDU and MSM programme
9. Evidence-based planning for IDU interventions through Operational Research in collaboration with STRCs - Some key areas - Vulnerability of irregular injectors, transition to injecting, addressing attrition after pre-ART registration
10. SACS to ensure site-wise demand estimation and distribution. Check if NGOs are using N/S budget optimally
11. SACS to ensure that OST centres perform stock forecasting and indenting locally; POs to be oriented on mentoring OST centres
12. Quarterly state stakeholder meetings should be held and prior information should be sent to NACO for participation

State Specific Issues

Day 1

SACS/DACS	KEY ISSUE AND NEXT STEPS
Bihar	<ul style="list-style-type: none"> • Expenditure at the TI level needs to be looked into (currently less than 30%) • It is to be ensured that in the next quarter all high risk groups are in the loop of services, as <ul style="list-style-type: none"> -Condom distribution as per demand required strengthening (currently meeting less than 50% of the demand) -Regular medical check-ups (RMS) at less than 40% needs to be improved -ICTC testing is less than 20% of the target • Bihar SACS should ensure that transit migrant sites are being visited at least quarterly once by TI div.

	<p>officers. Hoardings are also to be made available at transit sites.</p> <ul style="list-style-type: none"> • The JAT visit and contracting of TI to be completed by Nov. 15th • Training of PP doctors to be completed by Nov. 15th • Waste management practices to be ensured in IDU TIs from the available budget. • TI review meeting to be planned by Nov. 2nd week – since the same has not been organized by Bihar SACS during current FY. Expedite the process of printing of IEC materials, flip books for truckers, migrant interventions • SACS officers are not visiting to the TIs. During recent visit by NACO officers it was observed that there is lack of conceptual clarity among TI staffs. AS, NACO directed that TI officers should visit at least 15 days and the reports are to be shared with NACO. • All visit reports should be action oriented. Recent visit by NACO officers indicated that actions have not been initiated by SACS even after visits. • A review of SACS under chairpersonship of DG, NACO would be organized at NACO on Nov. 21st 2011. • SACS to take up initiative to install hoardings at petrol pumps through dialogue with CSR branch of Oil Marketing Companies
<p>Chhattisgarh</p>	<ul style="list-style-type: none"> • Less than 40% of funds released to TIs (releases as per AAP are to be ensured) • It is to be ensured that in the next quarter all high risk groups are in the loop of services, as <ul style="list-style-type: none"> -Condom & N/S distribution as per demand required strengthening (currently meeting less than 50% of the demand) -Regular medical check-ups (RMC) at less than 40% needs to be improved -ICTC testing is less than 20% of the target • Hoardings and other IEC materials, flip books are also to be made available at transit sites. • Migrant interventions at destination to be scaled up as per the revised strategy. • Printing and availability of IEC materials and flip books for truckers interventions to be expedited. • SACS to take up initiative to install hoardings at petrol pumps through dialogue with CSR branch of

	Oil Marketing Companies
Delhi	<ul style="list-style-type: none"> • It is to be ensured that in the next quarter all high risk groups are in the loop of services, as <ul style="list-style-type: none"> -Condom distribution as per demand required strengthening (currently meeting less than 50% of the demand) -Regular medical check-ups (RMC) at less than 40% needs to be improved -ICTC testing is less than 20% of the target • OST assessment report to be shared with NACO by the end of October 2011 • TSU POs need to assess districts for Destination Migrants scale up – share reports by Dec. 2011 • Workplace/ PP model migrant interventions to be scaled up in Delhi – assessment report by Dec. 2011 • Delhi SACS needs to review and monitor STRC • Printing and availability of IEC materials and flip books for truckers and migrant interventions has been delayed, the same need to be expedited and should be made available by Dec 2011. • SACS to take up initiative to install hoardings at petrol pumps through dialogue with CSR branch of Oil Marketing Companies
Gujarat & Ahmedabad	<ul style="list-style-type: none"> • Expenditure at the TI level needs to be looked into (currently less than 30%) • TSU POs need to assess districts for Destination Migrants scale up – share reports by Dec. 2011 • Workplace/ PP model migrant interventions to be scaled up in Gujarat – assessment report by Dec. 2011 • Truckers TIs to be visited jointly by SACS and TSG-report by Dec.2011. • Vacancy of JD and AD TI to be filled up by Nov.2011 • Printing and availability of IEC materials and flip books for truckers and migrant interventions has been delayed, the same need to be expedited and should be made available by Dec 2011. • SACS to take up initiative to install hoardings at petrol pumps through dialogue with CSR branch of Oil Marketing Companies
Himachal Pradesh	<ul style="list-style-type: none"> • Expenditure at the TI level needs to be looked into (currently less than 30%) • It is to be ensured that in the next quarter all high risk groups are in the loop of services, as <ul style="list-style-type: none"> -Condom and N/S distribution as per demand required strengthening (currently meeting less than

	<p>50% of the demand) -Regular medical check-ups (RMS) at less than 40% needs to be improved -ICTC testing is less than 20% of the target</p> <ul style="list-style-type: none"> • HPSACS needs to review and monitor STRC • One new TI to be contracted by Nov.2011
Jammu & Kashmir	<ul style="list-style-type: none"> • Scale up targets as per AAP need to be met • ICTC testing is less than 20% of the target and needs improvement in the next quarter • Less than 40% of funds released to TIs (releases as per AAP are to be ensured) • It is to be ensured that in the next quarter all high risk groups are in the loop of services, as <ul style="list-style-type: none"> -Condom distribution as per demand required strengthening (currently meeting less than 50% of the demand) -Regular medical check-ups (RMS) at less than 40% needs to be improved -ICTC testing is less than 20% of the target
Haryana	<ul style="list-style-type: none"> • Scale up targets as per AAP need to be met • Less than 40% of funds released to TIs (releases as per AAP are to be ensured) • It is to be ensured that in the next quarter all high risk groups are in the loop of services, as <ul style="list-style-type: none"> -Condom distribution as per demand required strengthening (currently meeting less than 50% of the demand) -Regular medical check-ups (RMS) at less than 40% needs to be improved -ICTC testing is less than 20% of the target • OST assessment report to be shared with NACO by the end of October 2011 • Workplace/ PP model migrant interventions to be scaled up in Haryana – assessment report by Dec. 2011 • Rapid assessment reports of existing migrant TIs are to be shared by Nov.2011 • Haryana SACS needs to review and monitor STRC • Printing and availability of IEC materials and flip books for migrant interventions has been delayed, the same need to be expedited and should be made available by Dec 2011. • SACS to take up initiative to install hoardings at petrol pumps through dialogue with CSR branch of Oil Marketing Companies

<p>Jharkhand</p>	<ul style="list-style-type: none"> • Expenditure at the TI level needs to be looked into (currently less than 30%) • It is to be ensured that in the next quarter all high risk groups are in the loop of services, as <ul style="list-style-type: none"> -Condom as per demand required strengthening (currently meeting less than 50% of the demand) -Regular medical check-ups (RMC) at less than 40% needs to be improved -ICTC testing is less than 20% of the target <p>Vacancy of AD TI to be filled up by Nov.2011 IEC materials for transit migrant interventions are to be supplied by Nov.2011 – currently there are no IEC materials, flip books and migrant kits available with the transit migrant TIs. Printing and availability of IEC materials and flip books for truckers interventions has been delayed, the same need to be expedited and should be made available by Dec 2011.</p> <ul style="list-style-type: none"> • SACS to take up initiative to install hoardings at petrol pumps through dialogue with CSR branch of Oil Marketing Companies
<p>Meghalaya</p>	<ul style="list-style-type: none"> • Less than 40% of funds released to TIs (releases as per AAP are to be ensured) • It is to be ensured that in the next quarter all high risk groups are in the loop of services, as <ul style="list-style-type: none"> -Condom & N/S distribution as per demand required strengthening (currently meeting less than 50% of the demand) -Regular medical check-ups (RMC) at less than 40% needs to be improved -ICTC testing is less than 20% of the target • Printing and availability of IEC materials and flip books for migrant interventions has been delayed, the same need to be expedited and should be made available by Dec 2011. • Site assessment for MSM population needs to be completed as per the AAP Implementation Plan.
<p>Madhya Pradesh</p>	<ul style="list-style-type: none"> • Training plans need to be shared by end of October 2011 • NGOs for transit sites need to be on board with immediate effect • Vacancy of AD TI to be filled up by Nov.2011 • The destination migrant interventions need to be aligned with revised migrant strategy • Service uptake is very in low in most of the TIs. Regular and need based handholding to be done by

	<p>TSU.</p> <ul style="list-style-type: none"> • Inadequate planning in ongoing migrant health camp is noticed. • Printing and availability of IEC materials and flip books for truckers and migrant interventions has been delayed, the same need to be expedited and should be made available by Dec 2011. • SACS to take up initiative to install hoardings at petrol pumps through dialogue with CSR branch of Oil Marketing Companies
Orissa	<ul style="list-style-type: none"> • CMIS reporting needs to improve (less than 70% currently reporting) • It is to be ensured that in the next quarter all high risk groups are in the loop of services, as <ul style="list-style-type: none"> -Condom as per demand required strengthening (currently meeting less than 50% of the demand) • A joint visit of NACO officers will be planned for supportive supervision and monitoring of the state • Strengthening of Transit Migrant interventions: The outreach at Migrant transit TIs need to be prioritized • Training for Project Officers in the TSU: 5 out of 7 POs have joined only in September 2011. Training in intensive field visits and basic of HIV and specifically core groups is required. A team from the NTSU NACO may visit Orissa for the same. • Printing and availability of IEC materials and flip books for migrant interventions has been delayed, the same need to be expedited and should be made available by Dec 2011. • SACS to take up initiative to install hoardings at petrol pumps through dialogue with CSR branch of Oil Marketing Companies • Workplace interventions to be initiated by SACS may be through mainstreaming support. • Hoardings are available only at 4 places, for rest 7 places to be made available.
Punjab	<ul style="list-style-type: none"> • Regular medical check-ups (RMC) at less than 40% needs to be improved

	<ul style="list-style-type: none"> • ICTC testing is less than 20% of the target • Punjab SACS needs to review and monitor STRC • TSU to submit a proposal on interventions among migrant agriculture labourers and proposal for targeting districts/blocks which recruit large number of truckers. • Printing and availability of IEC materials and flip books for migrant interventions has been delayed, the same need to be expedited and should be made available by Dec 2011. • Workplace interventions to be initiated by SACS may be through mainstreaming support. • STRC performance is poor in Punjab, currently TSU is conducting all training. PD SACS is requested to send an internal report to NACO for necessary action. • SACS to take up initiative to install hoardings at petrol pumps through dialogue with CSR branch of Oil Marketing Companies
Chandigarh	<ul style="list-style-type: none"> • It is to be ensured that in the next quarter all high risk groups are in the loop of services, as <ul style="list-style-type: none"> -Condom & N/S distribution as per demand required strengthening (currently meeting less than 50% of the demand) -ICTC testing is less than 20% of the target • Chandigarh SACS needs to review and monitor STRC • Printing and availability of IEC materials and flip books for migrant interventions has been delayed, the same need to be expedited and should be made available by Dec 2011. • Workplace interventions to be initiated by SACS may be through mainstreaming support- Dec. 2011 • SACS to take up initiative to install hoardings at petrol pumps through dialogue with CSR branch of Oil Marketing Companies
Rajasthan	<p>RSACS has made significant progress in quality indicators and implementation. However, the following points need attention -</p> <ul style="list-style-type: none"> • Expenditure at the TI level needs to be looked into (currently less than 30%) • It is to be ensured that in the next quarter all high risk groups are in the loop of services, as <ul style="list-style-type: none"> -ICTC testing is less than 20% of the target -Regular medical check-ups (RMC) at less than 40% needs to be improved • Printing and availability of IEC materials and flip

	<p>books for migrant interventions has been delayed, the same need to be expedited and should be made available by Dec 2011.</p> <ul style="list-style-type: none"> • Workplace interventions to be initiated by SACS may be through mainstreaming support- Dec. 2011 • TI programme in districts of Sirohi, Churu and Hanumangarh has been observed performing poor. Recent NACO visit report also indicate poor performance in Sirohi. PD SACS has assured action on these issues. • SACS to take up initiative to install hoardings at petrol pumps through dialogue with CSR branch of Oil Marketing Companies • Status of UNFPA/Ashodaya support to CBO development to be documented and shared with NACO by first week of Nov.11
Uttar Pradesh	<ul style="list-style-type: none"> • Scale up targets as per AAP need to be met • Truckers transition report to be shared with NACO • Printing and availability of IEC materials and flip books for migrant interventions has been delayed, the same need to be expedited and should be made available by Dec 2011. • Workplace interventions especially for Noida, Lucknow, Gorakhpur and Kanpur to be initiated by SACS may be through mainstreaming support- Dec. 2011 • Stock out of migrant IEC materials and flip books has been observed in transit migrant interventions. The same need to made available and hoardings, bus panels are to be placed. • SACS to take up initiative to install hoardings at petrol pumps through dialogue with CSR branch of Oil Marketing Companies
Uttarakhand	<ul style="list-style-type: none"> • It is to be ensured that in the next quarter all high risk groups are in the loop of services, as <ul style="list-style-type: none"> -Condom & N/S distribution as per demand required strengthening (currently meeting less than 50% of the demand) -Regular medical check-ups (RMS) at less than 40% needs to be improved -ICTC testing is less than 20% of the target • Workplace/ PP model migrant interventions to be scaled up in Uttarakhand – assessment report by Dec. 2011

	<ul style="list-style-type: none"> • Printing and availability of IEC materials and flip books for migrant interventions has been delayed, the same need to be expedited and should be made available by Dec 2011.SACS to take up initiative to install hoardings at petrol pumps through dialogue with CSR branch of Oil Marketing Companies • Trainings of the PE and Counselors to be completed
West Bengal	<ul style="list-style-type: none"> • Scale up targets as per AAP need to be met • ICTC testing is less than 20% of the target • Quarterly approval of training plans and regular release of funds to STRC is required (with immediate effect) • OST assessment report to be shared with NACO by the end of October 2011 • Printing and availability of IEC materials and flip books for truckes and migrant interventions has been delayed, the same need to be expedited and should be made available by Dec 2011. • Workplace interventions to be initiated by SACS may be through mainstreaming support- Dec. 2011 • Recruitment of JD and AD TI need to be expedited by Nov.2011. The same is lying vacant. Detailed site validation report and action taken by SACS to be shared with NACO. • SACS to take up initiative to install hoardings at petrol pumps through dialogue with CSR branch of Oil Marketing Companies

Day 2

SACS/DACS	KEY ISSUE AND NEXT STEPS
Andhra Pradesh	<ul style="list-style-type: none"> • The performance of the STRC needs improvement • With HIV prevalence in IDU at 6.90%, TIs will require strengthening • For Migrants TSU POs need to assess districts for scale up and share reports by Dec. 2011 • TSU POs should make quarterly visits to TIs that are to be transitioned; Implementing Partner POs to visit TIs that are transitioned SACS (post transition support) • Training of migrant TIs to be completed by Nov.2011 • Printing and availability of IEC materials and flip books for truckers and migrant interventions has been delayed, the same need to be expedited and should be made available by Dec 2011.

	<ul style="list-style-type: none"> • Workplace interventions to be initiated by SACS may be through mainstreaming support- Dec. 2011 Training by STRC need to be reviewed regularly, all training to be completed by Nov.2011 • Learning site development by STRC and TSU is pending- detailed report to be submitted. • Truckers interventions are required to be visited jointly by the SACS and Truckers TSG for improvement in quality. • SACS to take up initiative to install hoardings at petrol pumps through dialogue with CSR branch of Oil Marketing Companies • APSACS to submit the process, strategy and status of linking HRGs to health care services for STI and general health care. • Condom shortage to be addressed through condom TSG. Condom TSG has to take appropriate steps to ensure the adequate supply of condoms.
Arunachal Pradesh	<ul style="list-style-type: none"> • It is to be ensured that in the next quarter all high risk groups are in the loop of services, as <ul style="list-style-type: none"> -Condom & N/S distribution as per demand required strengthening (currently meeting less than 50% of the demand) -Regular medical check-ups (RMS) at less than 40% needs to be improved -ICTC testing is less than 20% of the target • Monthly state co-ordination meeting (NERO, SACS with PO) is effective and needs to be continued ; NACO should be informed of such meetings in advance so as to ensure participation • OST re-assessment reports to be submitted by the end of October 2011 • Printing and availability of IEC materials and flip books for migrant interventions has been delayed, the same need to be expedited and should be made available by Dec 2011.
Assam	<ul style="list-style-type: none"> • SMO needs to co-ordinate with POs • SACS is giving regular feedback on PO reports (needs to be continued) • Printing and availability of IEC materials and flip books for truckers and migrant interventions has been delayed, the same need to be expedited and should be made available by Dec 2011. • Workplace interventions to be initiated by SACS may

	<p>be through mainstreaming support- Dec. 2011</p> <ul style="list-style-type: none"> • PD SACS need to send a report on the quality issues of NERO PO s. As some of the IDU TIs in Karbianglong require attention. • The master trainers selected by SACS and NACO are to be used for training by STRC. This has to be ensured by SACS. • Visit reports of SACS officers (JD and AD TI) to be shared with NACO. These visits should be of priority and TIs which require attention based on the reports of PO s. • SACS to take up initiative to install hoardings at petrol pumps through dialogue with CSR branch of Oil Marketing Companies • Vacant positions of ICTC Counselors and the Lab technicians to be filled in the state.
Goa	<ul style="list-style-type: none"> • Goa SACS is to ensure timely release of funds to STRC • It is to be ensured that in the next quarter all high risk groups are in the loop of services, as <ul style="list-style-type: none"> -Condom & N/S distribution as per demand required strengthening (currently meeting less than 50% of the demand) -ICTC testing is less than 20% of the target • Printing and availability of IEC materials and flip books for truckers and migrant interventions has been delayed, the same need to be expedited and should be made available by Dec 2011. • Workplace interventions to be initiated by SACS may be through mainstreaming support- Dec. 2011 • All training to be completed by Nov.2011 • SACS to take up initiative to install hoardings at petrol pumps through dialogue with CSR branch of Oil Marketing Companies
Karnataka	<ul style="list-style-type: none"> • Expenditure at the TI level needs to be looked into (currently less than 30%) • ICTC testing is less than 20% of the target and needs improvement in the next quarter • Printing and availability of IEC materials and flip books for truckers and migrant interventions has been delayed, the same need to be expedited and should be made available by Dec 2011. • Workplace interventions to be initiated by SACS may be through mainstreaming support- Dec. 2011 • PBS activities to be completed by Nov.2011 and a detailed report of 3 rounds of PBS to be prepared by

	<p>SACS.</p> <ul style="list-style-type: none"> • SACS to take up initiative to install hoardings at petrol pumps through dialogue with CSR branch of Oil Marketing Companies
Kerala	<ul style="list-style-type: none"> • Condom & N/S distribution as per demand required • Printing and availability of IEC materials and flip books for truckers and migrant interventions has been delayed, the same need to be expedited and should be made available by Dec 2011. • SACS to take up initiative to install hoardings at petrol pumps through dialogue with CSR branch of Oil Marketing Companies
Manipur	<ul style="list-style-type: none"> • Scale up targets as per AAP need to be met • ICTC testing is less than 20% of the target and needs improvement in the next quarter • State Steering Committee meetings are a good step taken by MACS as many partners work in Manipur; NACO should be informed of such meetings in advance so as to ensure participation • NERO to ensure that supportive supervision is also provided to UNODC and DFID sites • Implementing Partners POs should also be reviewed by SACS • The targets of overlapping sites between TIs and TI & LWS need to be revised. The line list for each will have to be examined individually. • The data from mapping is to be rationalized prior to transitioning of TIs. Transition plans for programmes other than those of ORCHID need to be submitted (NERO to draw out mapping of all partners, duration and location of projects) • OST re-assessment reports need to be submitted by the first week of November 2011 • SACS to take up initiative to install hoardings at petrol pumps through dialogue with CSR branch of Oil Marketing Companies
Maharashtra	<ul style="list-style-type: none"> • It is to be ensured that in the next quarter all high risk groups are in the loop of services, as <ul style="list-style-type: none"> -Condom & N/S distribution as per demand required strengthening (currently meeting less than 50% of the demand) -ICTC testing is less than 20% of the target • CMIS reporting needs to improve (less than 70% currently reporting) • Scale up targets as per AAP need to be met • Interventions among agricultural laborers to be

	<p>started in Maharashtra (Sugar cane, cotton, grape vine)</p> <ul style="list-style-type: none"> • TSU POs need to assess districts for scale up – share reports by Dec. 2011 • Printing and availability of IEC materials and flip books for truckers and migrant interventions has been delayed, the same need to be expedited and should be made available by Dec 2011. • Workplace interventions to be initiated by SACS may be through mainstreaming support- Dec. 2011 • District wise gap analysis for migrant interventions to be prepared by TSU and scale up plan to be submitted by Dec.2011 • Joint visit (SACS and Truckers TSG is required to all Truckers Sites especially Wadala, Vashi) since the performance of these TIs are being consistently poor. • SACS to take up initiative to install hoardings at petrol pumps through dialogue with CSR branch of Oil Marketing Companies
Mumbai	<ul style="list-style-type: none"> • It is to be ensured that in the next quarter all high risk groups are in the loop of services, as <ul style="list-style-type: none"> -Condom & N/S distribution as per demand required strengthening (currently meeting less than 50% of the demand) -Regular medical check-ups (RMS) at less than 40% needs to be improved -ICTC testing is less than 20% of the target • Scale up targets as per AAP need to be met • Printing and availability of IEC materials and flip books for truckers and migrant interventions has been delayed, the same need to be expedited and should be made available by Dec 2011. • Workplace interventions to be initiated by SACS may be through mainstreaming support- Dec. 2011 • Joint visits (SACS and Truckers TSG) to all truckers TI since the performance being consistently very poor. • SACS to take up initiative to install hoardings at petrol pumps through dialogue with CSR branch of Oil Marketing Companies
Meghalaya	<ul style="list-style-type: none"> • Less than 40% of funds released to TIs (releases as per AAP are to be ensured) • It is to be ensured that in the next quarter all high risk groups are in the loop of services, as <ul style="list-style-type: none"> -Condom & N/S distribution as per demand required strengthening (currently meeting less than 50% of

	<p>the demand) -Regular medical check-ups (RMS) at less than 40% needs to be improved -ICTC testing is less than 20% of the target</p>
Mizoram	<ul style="list-style-type: none"> • Condom & N/S distribution as per demand required • The proposal for commercial drivers and short distance drivers is under consideration. A comprehensive strategy is being planned by TI, IEC, STI division at NACO.
Nagaland	<ul style="list-style-type: none"> • It is to be ensured that in the next quarter all high risk groups are in the loop of services, as -Condom & N/S distribution as per demand required strengthening (currently meeting less than 50% of the demand) -Regular medical check-ups (RMS) at less than 40% needs to be improved -ICTC testing is less than 20% of the target • Scale up targets as per AAP need to be met • Printing and availability of IEC materials and flip books for migrant interventions has been delayed, the same need to be expedited and should be made available by Dec 2011. • SACS to take up initiative to install hoardings at petrol pumps through dialogue with CSR branch of Oil Marketing Companies
Sikkim	<ul style="list-style-type: none"> • CMIS reporting needs to improve (less than 70% currently reporting) • Condom distribution as per demand required • Regular medical check-ups (RMC) at less than 40% needs to be improved -ICTC testing is less than 20% of the target
Tamil Nadu	<ul style="list-style-type: none"> • Less than 40% of funds released to TIs (releases as per AAP are to be ensured) • Quarterly approval of training plans to be done, fund release to STRCs to be streamlined. • SACS has to conduct monthly PO review meeting; SACS to ensure that funds for POs to conduct regional review are available • TSU POs need to assess districts for scale up – share reports by Dec. 2011 • It is to be ensured that in the next quarter all high risk groups are in the loop of services, as -Condom & N/S distribution as per demand required strengthening (currently meeting less than 50% of the demand) -ICTC testing is less than 20% of the target

	<ul style="list-style-type: none"> • Scale up targets as per AAP need to be met • Printing and availability of IEC materials and flip books for truckers and migrant interventions has been delayed, the same need to be expedited and should be made available by Dec 2011. • Workplace interventions to be initiated by SACS may be through mainstreaming support- Dec. 2011 • Joint visit by SACS and Truckers TSG is required for all truckers TIs. As the performance being consistently poor, SACS is required to send a report by Nov.2011 • Vacancy of JD TI to be filled up • SACS to take up initiative to install hoardings at petrol pumps through dialogue with CSR branch of Oil Marketing Companies
Tripura	<ul style="list-style-type: none"> • Less than 40% of funds released to TIs (releases as per AAP are to be ensured) • It is to be ensured that in the next quarter all high risk groups are in the loop of services, as <ul style="list-style-type: none"> -Condom & N/S distribution as per demand required strengthening (currently meeting less than 50% of the demand) -ICTC testing is less than 20% of the target -Regular medical check-ups (RMS) at less than 40% needs to be improved • Tripura SACS is to ensure timely release of funds to STRC • There has been only one batch of training during last 6 months. SACS need to expedite the process of approval for training of TI staffs. • Printing and availability of IEC materials and flip books for migrant interventions has been delayed, the same need to be expedited and should be made available by Dec 2011. • SACS to take up initiative to install hoardings at petrol pumps through dialogue with CSR branch of Oil Marketing Companies

B. Link Worker Scheme

The state specific action points are given below:

Bihar

Contracts for GFATM not signed resulting in delayed implementation. This requires to be expedited.

Orissa

Action Aid Association, the Lead Agency in Orissa has withdrawn its entire Field staff from the relevant Districts due to an Internal Management Decision of not implementing the programme directly. They have proposed to outsource the Human Resource to an agency ODD. It was clarified that outsourcing was not acceptable.

Andhra Pradesh

The Contract of the Lead Agency is coming to an end in December'11. Contract to be extended for the entire project period and not annually. Action by: NACO

Chhattisgarh

CSACS had not intimated the time-line for the selection of the Lead Agency in the State. JD (TI) to make the time line together with the LWS Division.

Gujarat

SACS to obtain expenditure details from Lead Agency and update on CPFMS at the earliest.

Manipur

SACS should ensure that the implementing agency complete and share the SNA data by November 15. The implementing agencies should also start the IEC activities. SACS must also identify a point person for the scheme and intimate all concerned.

Nagaland

Termination of Lead Agency has still not been confirmed by SACS. No further activity is approved for Nagaland and no funds will be released under LWS until this is done.

Tamil Nadu & Karnataka

SACS to closely monitor the UNICEF supported districts.

Tripura

No fund released to Lead Agency for the past 18 months. There was no representation from Tripura SACS in the meeting. SACS may expedite this.

C. Blood Safety

1. **Voluntary Blood Donation Camps** - Voluntary blood donation in NACO supported blood banks has reached the target of 81.2 % .However in some of the states like Bihar Assam, Manipur; Meghalaya is still lagging behind the average target which is 65%. It was found in some of the states like Chhattisgarh, Jharkhand, Maharashtra, Goa, and Rajasthan that more collection is being done at hospital premises. The objective of NACP III is to achieve 90% of the total collection should be through Voluntary blood donation in camps as per the requirement.

The states are suggested to review their Voluntary blood donation programme and camps should be planned according to the need of each district and the per bed requirement which is 5-6 units per bed in district hospitals and 20-25 bed in multi specialty hospitals. Linkages of organization with the blood banks need to be chalked out, as suggested in review meeting of JD BS and VBD consultants.

Minimum 75 units need to be collected in a camp as per the funds allocated in SBTC.

2. **Blood mobiles** – 32 blood mobiles were issued to the Model blood banks. The collection in the blood mobiles seems to be quite less. The blood mobiles need to be optimally utilized as per the guidelines issued by the blood safety division.

Blood mobiles need to conduct at least 10 camps in a week as per the requirement of the blood banks in the district.

3. **IEC materials** need to be developed by the blood safety division as per the guidelines. It was noticed in some states like Bihar, Assam, Jharkhand, Chhattisgarh, Punjab and Goa IEC material were not developed as per the requirement of the Division.
4. **Training**- Training is an integral part of Blood Safety division. Regular training programmes need to be conducted by the blood safety division for the Medical officers, Lab technicians, nurses and donor motivators and organization. During PD review it was noticed that in some of the state's like A&N Islands, Arunanchal Pradesh, Bihar, Chandigarh, Chattisgarh, Daman & Diu, Delhi, Goa, Himanchal Pradesh, J&K, Karnataka, Maharashtra, Meghalayaa, Orissa, Pondicherry, Sikkim, Tripura, Tamil Nadu, West Bengal the training MO, Lab technicians, nurses training has not been conducted so far. Similarly in the states of A&N Islands, Arunanchal Pradesh, Bihar, Chandigarh, Chattisgarh, Daman & Diu, Delhi,

Goa, Himanchal Pradesh, J&K, Karnataka, Maharashtra, Meghalaya, Orissa, Sikkim, Tripura, Uttar Pradesh, and West Bengal – the training of the motivators has not been conducted yet.

States are requested to conduct the trainings as soon as possible. Funds are allocated in the Annual action plan. 17 centers are identified to train the Doctors nurses and Lab technicians. Blood donor Motivation trainings and workshops to be conducted as schedule by the state.

5. **Equipments and AMC** -NACP is implementing a scheme for modernization of Blood Banks by providing one-time equipments for testing and storage as well as annual recurrent grant for support of manpower, kits and consumables and AMC. It was found that in state of Tamil Nadu, Bihar, Chhattisgarh, Jharkhand, Rajasthan, Himachal Pradesh, AMC of the equipment is not being done. States are requested to initiate the process.
6. **Blood Component Separation Units--** In order to promote rational use of blood 80 BCSU were proposed to be operational by the end of NACP III. 75 BCSUs have become operational till dates 5 are in the pipe line of getting the license in the state of Tamil Nadu, Gujarat and Bihar. State of Uttar Pradesh has created 26 new BCSUs. It was informed in PD review that the BCSUs need to be supported by NACO .These BCSUs need to be assessed as per NACO norms and may be supported.
7. **District level blood banks-** 39 newly created districts were identified which do not have a blood bank facility. 19 have been made operational. Since some of the states like Bihar, Jharkhand, Karnataka and Uttar Pradesh and Uttaranchal are not able to complete their task. States are requested to take the matter as soon as possible and to complete the task by the end of NACP III.

D. CST

1. Setting up of ART Centres:

As per the physical target planned for setting up of ART centres in this year, against the cumulative target of 374, 55 ART centres are yet to be made operational. The States of **Karnataka (6); Maharashtra (6), Mumbai (5); Manipur (3), Tamil Nadu (2), Andhra Pradesh (2); Bihar (3); Rajasthan (7); Uttar Pradesh (8); Gujarat (2) and Madhya Pradesh (2)** are yet to operationalise the ART centres as per the numbers indicated against each State.

As discussed in the meeting, all the necessary requirements for making these centres functional, has to be completed by 31st December 2011. The concerned Project Directors of SACS needs to review and ensure that the manpower deployment and their training is conducted and completed by 15th December 2011.

2. Setting up of Link ART Centres:

The States of **Andhra Pradesh (22); Karnataka (20); Maharashtra (21); Tamil Nadu (6); Orissa (9); Chhattisgarh (9); Gujarat (7); Himachal Pradesh (6); Haryana (4) and Punjab (5)** are to ensure that the number of Link ART centres indicated against each of these States be made operational in this year. The fortnightly progress report in regard to setting up of these facilities be intimated to ADG (CST), NACO.

3. It was observed that the rate of **Lost to Follow Up (LFU)** is very high in States like **Chhattisgarh (10.6); Delhi (16); Madhya Pradesh (12.1); Orissa (10.8) and Andhra Pradesh (155.5).**

It was reiterated that this needs to be monitored regularly with the individual ART centre to ensure that the LFU is maintained at <5%.

4. The number of Opportunistic Infections treated has shown a very low coverage. The present coverage as on August 2011 was seen as **Delhi (14%); Jharkhand (17.9%); Chhattisgarh (12.8%); Goa (3.4%); Nagaland (12.5%) and Tripura (3.3%).**

It was observed that the reporting of Opportunistic Infections is not captured as per the laid down M & E tools. Efforts to be made to orient all ARTC In-charges and subsequently monitor their reporting system, so that all Opportunistic Infections treated at these centres are reported in time.

5. As per the requirement of the directive of Supreme Court judgement, the State Grievance Redressal Committee needs to be convened at regular

interval. It was observed that during this year not even a single meeting was held in States of **Maharashtra, West Bengal, Madhya Pradesh, Jammu & Kashmir, Chhattisgarh, Manipur, Meghalaya, Sikkim and Tripura**. All SACS need to pursue on this and ensure that at least one meeting is held in these States before 31st December 2011.

6. The vacancy position was reviewed in the meeting. It was observed that the post of Jt. Director (CST) is lying vacant in **Karnataka, Maharashtra, Tamil Nadu, Bihar, Madhya Pradesh, Rajasthan and Jharkhand**. This requires attention of the concerned Project Director of SACS to ensure that these posts are filled at the earliest. In case any relaxation in terms of experience etc. is required, a proposal to that effect may be prepared and sent to NACO for concurrence.
7. In line with the discussions held during the recently concluded meeting of Regional Coordinators on ART, Jt. Director (CST) and Stores Officer, the following points are reiterated for follow up by Project Director of SACS to ensure proper Supply Chain Management system for ARV drugs.
 - Analysis of the Stock position at ART centre at regular intervals;
 - Distribution of drugs as per their requirement/consumption pattern;
 - Follow up of concept of “FEFO” i.e. “First Expiry First Out” to prevent drug expiry;
 - Prevention of stock out by need based relocation within the States;
 - To put in place mechanism to guard drugs against misuse, pilferage and damage etc.;
 - To ensure quarterly physical reconciliation of stocks; and
 - Timely submission of reports.
8. As per the expenditure pattern, it was observed that the expenditure in States of **Orissa, Bihar, Haryana, Himachal Pradesh, Jammu & Kashmir, Manipur, Goa, Nagaland and Tripura** is <30%. Efforts should be made to ensure regular utilisation and proper monitoring of expenditure status by the respective SACS.
9. It was decided that a NACO team will visit the States of **Bihar, Jharkhand, West Bengal and Tamil Nadu** for detailed review of the programme. It was also decided that the programme will be reviewed after one month in States of **Himachal Pradesh, Orissa and Maharashtra**.

E. Basic Services

1) Establishment of ICTCs under facility integrated model in Government facilities

It was noted that except in states of Chhattisgarh, Andhra Pradesh, Chandigarh, Gujarat, Jharkhand, Kerala, MP, Maharashtra, Manipur and Punjab, progress as regards establishment of ICTCs in PHCs and CHCs under the facility integrated model has not been up to the mark.

The reporting of facility integrated ICTCs in CMIS was not satisfactory in all states except in Punjab, Karnataka, Gujarat and Maharashtra,

2) Establishment of ICTCs under PPP:

The performance of all states except the states of Andhra Pradesh, Assam, Goa, Gujarat, Haryana, Karnataka, Kerala, and Maharashtra has been sub-optimal in establishment of counseling and testing facilities in the private sector. It is important that optimum involvement of the private sector in the national programme is achieved, so that coverage of services can increase

3) Counseling and Testing of General Clients and HRGs:

All the states have made appreciable achievement except the states such as Bihar, Chhattisgarh, Jharkhand, Meghalaya, West Bengal, Uttarakhand, Jammu & Kashmir and Daman & Diu.

All SACS have to ensure adequate priority to provider initiated counseling and testing and the doctors in hospitals are adequately sensitized to refer all STI/RTI and TB cases to the ICTCs for counseling and testing of HIV.

Counseling and Testing of HRGs: The states such as Gujarat, Arunachal, Assam, Maharashtra, Mizoram, Orissa and Sikkim are reporting good achievement in this regard; however, the states such as Bihar, Daman & Diu, Himachal Pradesh, Jammu & Kashmir, Jharkhand, Meghalaya, Uttarakhand and West Bengal are reporting very low referral from Targeted Intervention projects.

All SACS should focus on saturating coverage of line listed individual HRGs through strengthening the linkage with targeted intervention projects. In cases, where the HRG population is situated in hard to reach areas or where health facility based ICTC services are inaccessible, then services through Mobile ICTCs may be considered

It has been observed that in the case of counseling and testing of HRGs both the ICTCs and Targeted intervention projects are reporting different numbers in the monthly reporting system. Such discrepancies should be addressed by regular reconciliation of data at the district and state level

4) Prevention of Parent to Child Transmission Programme (PPTCT):

a) PPTCT Coverage: In the year **2011-12**, a target **10.33 million** were fixed for counseling and testing of pregnant women in the country and the achievement till June is **1.9 million (19%)**. The states of Chandigarh, Manipur, Gujarat, Karnataka and Tamil Nadu made a commendable achievement However; the achievement was less in the states of Arunachal Pradesh, Bihar, Chhattisgarh, Jharkhand, Kerala, Nagaland and Rajasthan.

Many of the states are yet strengthen the co-ordination with NRHM and facility integrated ICTCs should be established on priority, in integration with NRHM, to ensure the coverage of all institutional deliveries happening in the state under PPTCT programme.

The institutional deliveries in the private hospitals have been observed as high in many of the states, especially in southern states. SACS should ensure establishing more facility Integrated centres under PPP model.

It was noted that all ANC registrations are not routinely referred for HIV counseling and testing in ICTCs in some states. SACS should urgently liaise with the RCH programme officers at state and district level, to ensure that all antenatal cases are offered HIV testing. The importance of HIV testing for pregnant women should be emphasized during full site sensitization of the health facilities.

It was noted with serious concern that the follow up of the +ve ANC cases in not done adequately. Follow up of all HIV positive pregnant women should be ensured by the counselors during their outreach work activities on Saturday afternoon and also with the help of ORWs appointed under the IL&FS programme

b) MB Pair Coverage: The low coverage of mother-baby pairs with prophylactic single dose Nevirapine (NVP) in the states of Assam, Chhattisgarh, Daman & Diu, Goa, Haryana, Jammu & Kashmir, Jharkhand, Meghalaya, Tripura, Uttarakhand and West Bengal was noted with utmost concern.

The importance of providing single dose NVP prophylaxis to all HIV+ve pregnant women (except those on ART) and their new born babies needs to be noted with concern by all states.

Line-listing of HIV+ve pregnant women is to be done in all states to improve their follow up and it should be maintained at ICTC level, district level and state level.

c) PPTCT – ART Linkages: Of the total HIV +ve pregnant women detected in the year 2010-11, only 64% of the pregnant women underwent CD4 count. It is noted with concern that in the states of Chhattisgarh, Goa, Orissa, Pondicherry, and Tripura <40% of the total +ve ANC cases went for CD4 count. Pre- ART registration and CD4 count of all positive pregnant women should be ensured.

It is noted with concern that many of the states have not yet initiated line listing of +ve ANC cases. All SACS will make sure that line listing of +ve ANC cases is happening at all facilities and also consolidated at the district and state level.

5) HIV-TB Collaborative activities:

a) HIV-TB cross referrals: In the year **2011-12**, as against target of **16.42 lakh** for cross referral, the achievement for the period April to June, 2011 was **3.28 lakhs (20%)**. The states such as Uttarakhand, Puducherry, Tripura, Haryana, Arunachal Pradesh and Madhya Pradesh have achieved more than 30% of annual target. However, the achievement was less than 10% in the states of Bihar, Orissa, Meghalaya, D & N Haveli, UP and Mizoram

b) Detection of HIV-TB Co-infected cases: During **2011-12**, the annual target for identification of HIV-TB co-infected cases was **58459**, against which the achievement for the period April- June, 2011 was **12,289 (21%)**. The states like Gujarat, Kerala and Tripura have achieved more than 30% of given target for 2011-12. However, it is noted with serious concern that the achievement was less than 5% in the states like Rajasthan, Uttarakhand, Orissa and Chandigarh.

In order to ensure greater co-ordination with the RNTCP programme in the states, the states should ensure,

- SCC (State Coordination Committee) meeting and SWG (State Working Group) meeting to be a part of integrated health program meetings.
- DCC (District Coordination Committee) to be held once in a quarter.
- District Monthly meetings for ICTC should include review of HIV-TB programme also
- Joint visits of STO and SACS officials in the field for monitoring the programme and similar joint visits by DTO and DAPCU at the district level should be conducted

6) General Action Points

- SACS should ensure establishment of Facility Integrated ICTCs (F-ICTCs) to ensure scale up of ICTC services
- Reporting of facility integrated ICTCs should be given priority and all SACS should ensure that all ICTCs are reporting from the consecutive month once the facility is established (staff trained, counseling & testing initiated and reporting started)
- All SACS were asked to perform joint visit by the SACS and NRHM officers to the field should be ensured for effective implementation of the programme.
- Outreach/ camp based counseling and testing of HRGs is still reported from some states even after strict instructions from NACO against this practice. Outreach/ camp based testing of HRGs should immediately be stopped and referral of HRGs through direct or accompanied referral should be ensured. For places where ICTCs are inaccessible to the community, provision of ICTC services through mobile ICTCs may be considered
- ICTC counselors should conduct outreach activities on Saturday afternoons to HRG sites and TI NGOs for mobilizing the community and increase the uptake of ICTC services by the “at risk population”
- Reconciliation of ICTC and TI programme data at the district and state level should be done to ensure consistency in reporting to NACO
- In order to ensure quality integration of the programme, joint visits by the SACS officials should be conducted.

F. STI

Bihar:

- 7% expenditure and 13% physical performance.
- Vacant post of AD STI to be filled.
- 30 posts of STI counselors to be filled and the persons appointed to be trained.
- Poor reporting in CMIS. (56% reporting)
- Trainings to be completed for STI/RTI service delivery for HRG population through PPP approach and all TI NGOs to start reporting in CMIS.
- Convergence with NRHM to be strengthened at state level, training of the district level trainer to be rolled out and subsequently training for sub-district health facilities to be rolled out.
- 19% Syphilis testing and 14% referral to ICTC
- Bihar was visited by STI team in June 2011 and activity plan was prepared and shared, however there is no action taken report from SACS.

Chattisgarh:

- 31% expenditure and 6% physical performance.
- Vacant positions of STI counselors to be filled. (8/19 positions filled)
- Poor reporting in CMIS. (51% reporting)
- Convergence with NRHM to be strengthened at state level.
- One new clinics to be established, which have not been done.
- 32% Syphilis testing and 48% referral to ICTC

Delhi:

- 47% expenditure and 48% physical performance.
- Post of AD STI is vacant.
- Regional STI centre functioning is to be facilitated by SACS with establishment of referral linkages for their effective functioning, esp with TI.
- CMIS reports from STI reporting units not updated from July 2011
- STI service delivery for HRGs to be strengthened
- Coordination with Skin and Gynae departments needs to be strengthened in DSRC
- Fourteen new clinics to be established, which have not been done.
- 20% Syphilis testing and 37% referral to ICTC

Gujarat:

- 25% expenditure and 59% physical performance (99% CMIS reporting)

- Regional STI centre in Baroda to be made fully functional with effective referral linkages, esp with TI.
- STI service delivery for HRGs to be strengthened.
- Trainings not conducted in this financial year.
- Sixteen new clinics to be established, which have not been done.
- 36% Syphilis testing and 43% referral to ICTC

Himachal Pradesh:

- 18% expenditure and 70% physical performance (76% CMIS reporting)
- There is no STI focal person to oversee programme implementation at SACS. Charge should be given to person looking after Basic services
- Four new clinics to be established, which have not been done.
- 54% Syphilis testing and 35% referral to ICTC

J&K:

- 8% expenditure and 20% physical performance
- There is no STI focal person and no activity reports submitted from J&K. No one was deputed to attend STI review.
- J& K had been granted approval as per AAP 2009 – 10 to recruit medical officers in place of STI counselors; however recruitment has not yet been completed in the last three years.
- Poor reporting in CMIS. (60% reporting)
- Five new clinics to be established, which have not been done.
- 45% Syphilis testing and 17% referral to ICTC
- J&K was visited by STI team in May 2011 and activity plan was prepared and shared, however there is no action taken report from SACS.

Haryana:

- 19% expenditure and 48% physical performance
- Poor reporting in CMIS. (68% reporting)
- Three new clinics to be established, which have not been done.
- 34% Syphilis testing and 57% referral to ICTC

Jharkhand:

- 34% expenditure and 18% physical performance (90% CMIS reporting)
- Very poor reporting from NRHM facilities in HMIS
- 28% Syphilis testing and 50% referral to ICTC

MP:

- 24% expenditure and 34% physical performance (79% CMIS reporting)
- Poor STI services and reporting by TI projects

- Convergence with NRHM to be strengthened at state level. District level TOT and sensitization of state and district RCH officers to be completed.
- 33% Syphilis testing and 36% referral to ICTC
- Three new clinics to be established, which have not been done.
- Vacant posts of STI counselors to be filled. (44/61 in place)

Orissa:

- 35% expenditure and 24% physical performance
- Poor reporting in CMIS. (65% reporting)
- Convergence with NRHM to be strengthened at state level especially for data consolidation
- STI service delivery for HRGs to be strengthened.
- Two new clinics to be established, which have not been done.
- 42% Syphilis testing and 41% referral to ICTC

Punjab:

- 45% expenditure and 30% physical performance (95% CMIS reporting)
- Poor reporting from NRHM facilities in HMIS
- Convergence with NRHM to be strengthened at state level
- 56% Syphilis testing and 54% referral to ICTC

Chandigarh:

- 27% expenditure and 53% physical performance (100% CMIS reporting)
- 34% Syphilis testing and 42% referral to ICTC

Rajasthan:

- 47% expenditure and 24% physical performance (84% CMIS reporting)
- Poor reporting from NRHM facilities in HMIS
- Post of STI focal person is vacant and charge is with AD Nursing. Post of STI PO in TSU recently filled. Both need to step up programme implementation in state.
- Convergence with NRHM is to be strengthened and maintained through regular coordination meetings.
- Trainings and supportive supervision to be conducted regularly.
- STI service delivery for HRGs to be strengthened.
- Drug logistics are not being monitored leading to stock out in TI projects and expiry (disposal in garbage) in other sites.
- Enquiry report on media coverage of dumping of drug kits in Bikaner yet to be submitted by SACS.

- Rajasthan was visited by STI team in July 2011 and activity plan was prepared and shared, however there is no action taken report from SACS.
- 35% Syphilis testing and 51% referral to ICTC

UP:

- 24% expenditure and 17% physical performance (92% CMIS reporting)
- Poor reporting from NRHM facilities in HMIS
- STI service delivery for HRGs to be strengthened; monitoring to be strengthened especially because of large number of unqualified providers.
- Vacant posts of PO STI in TSU is to be filled.
- Convergence with NRHM needs strengthening especially for data convergence
- 31% Syphilis testing and 56% referral to ICTC

Uttarakhand:

- 35% expenditure and 34% physical performance (80% CMIS reporting)
- Trainings and supportive supervision to be done regularly.
- Convergence with NRHM needs to be strengthened at state level.
- STI service delivery for HRGs to be strengthened. Vacant posts of PO STI in TSU is to be filled.
- Three new clinics to be established, which have not been done.
- 24% Syphilis testing and 25% referral to ICTC

West Bengal:

- 23% expenditure and 14% physical performance (94% CMIS reporting)
- All facilities are under performing. 34 DSRC are underutilized.
- Regional STI centre functioning is to be facilitated by SACS with establishment of referral linkages for their effective functioning, esp with TI.
- STI service delivery for HRGs to be strengthened and require frequent strong mentoring. Vacant post of PO STI in TSU is to be filled.
- 33% Syphilis testing and 45% referral to ICTC

Andhra Pradesh:

- 31% expenditure and 47% physical performance (98% CMIS reporting)
- Nil reporting from NRHM
- Regional STI centre functioning is to be facilitated by SACS with establishment of referral linkages for their effective functioning, esp with TI.
- Trainings for DSRC staff, especially for paramedical staff is to be completed.

- Supportive supervision is to be regularly conducted.
- Convergence with NRHM to be strengthened at state level.
- Referral linkages between STI, Gynae, ICTC, ART and TI to be improved.
- 30% Syphilis testing and 36% referral to ICTC

Arunachal Pradesh:

- 30% expenditure and 45% physical performance
- Poor reporting in CMIS. (60% reporting)
- Poor reporting from NRHM
- Underutilization of services at all DSRC
- Convergence with NRHM to be strengthened at state level.
- STI service delivery for HRGs to be strengthened.
- Trainings of DSRC staff not conducted.
- 6 of 16 DSRC have not been visited in the last six months.
- 66% Syphilis testing and 46% referral to ICTC
- 3% RPR positivity among STI attendees

Assam:

- 50% expenditure and 21% physical performance (92% CMIS reporting)
- Convergence with NRHM to be strengthened at state level for training on SCM and ensuring data flow from sub-district level facilities.
- STI service delivery for HRGs to be strengthened.
- 27% Syphilis testing and 54% referral to ICTC

Goa:

- 26% expenditure and 70% physical performance (82% CMIS reporting)
- Convergence with NRHM to be strengthened at state level. Funds not earmarked for STI/RTI services in NRHM PIP and HMIS reporting on STI indicators is only done till May 2011
- STI service delivery for HRGs to be strengthened.
- 20% Syphilis testing and 32% referral to ICTC

Karnataka:

- 29% expenditure and 80% physical performance (88% CMIS reporting)
- Posts of 7 STI counsellors are vacant, though 7 new clinics are reported to have been set up.
- Trainings not conducted in FY 2011 - 12
- Convergence with NRHM to be strengthened at state level.
- STI service delivery for HRGs to be strengthened.
- 21% Syphilis testing and 24% referral to ICTC

Kerala:

- 27% expenditure and 26% physical performance (85% CMIS reporting)
- Nil reporting from NRHM
- Underutilization of services at all DSRC
- Post of DD STI and PO STI to be filled at the earliest.
- Trainings and supportive supervision to be done regularly.
- Convergence with NRHM to be strengthened at state level.
- 42% Syphilis testing and 25% referral to ICTC

Manipur:

- 20% expenditure and 60% physical performance
- Poor reporting in CMIS (71%)
- Infrastructure development of DSRC using one time grant is still not complete.
- Underutilization of services at all DSRC
- Recruitment of STI counselors has recently been done and they should be oriented for STI services and issued TOR and provided training
- Trainings and supportive supervision is not happening.
- Convergence with NRHM to be strengthened at state level.
- STI service delivery for HRGs to be strengthened.
- Issue of CRC for drug procurement pending.
- 24% Syphilis testing and 30% referral to ICTC

Maharashtra:

- 58% expenditure and 26% physical performance
- Poor reporting in CMIS (68%)
- Two posts of STI focal person in SACS is vacant since last two years adversely affecting the programme implementation and monitoring.
- PO STI TSU recently recruited, one additional post of CSO TSU is still vacant.
- Physical achievement from NRHM is to be stepped up through regular reporting.
- Regional STI centre functioning is to be facilitated by SACS with establishment of referral linkages for their effective functioning, esp with TI.
- STI service delivery for HRGs to be strengthened.
- Trainings and supportive supervision is not done.
- 29% Syphilis testing and 45% referral to ICTC
- Pockets of areas in Maharashtra with high syphilis positivity (Yavatmal, Latur, Sangli) which require to be studied by Regional STI centres.

Mumbai:

- 39% expenditure
- Coordination with urban health centres to utilize their services for HRG.
- All other indicators are clubbed with Maharashtra

Meghalaya:

- 26% expenditure and 27% physical performance (96% CMIS reporting)
- There is no STI focal person in SACS, which is adversely affecting programme implementation and monitoring.
- No activities are being conducted.
- One new clinic is to be set up in NEIGHRIMS, which is pending since last two years.
- 48% Syphilis testing and 55% referral to ICTC
- High syphilis seroreactivity in both STI attendees (6%) and in ANC (2%). HIV positivity among STI attendees is also 2%

Mizoram:

- 36% expenditure and 83% physical performance (99% CMIS reporting)
- Very poor reporting from NRHM facilities.
- Underutilization of services at 5 DSRC
- Convergence with NRHM to be strengthened at state level especially for reporting in HMIS
- No trainings for DSRC done in this FY.
- STI service delivery for HRGs to be strengthened.
- 36% Syphilis testing and 41% referral to ICTC

Nagaland:

- 58% expenditure and 51% physical performance (89% CMIS reporting)
- Poor reporting from NRHM facilities
- Not completed trainings of DSRC staff and TI STI providers
- Convergence with NRHM to be strengthened at state level.
- STI service delivery for HRGs to be strengthened.
- Issue of CRC for STI drugs pending
- 40% Syphilis testing and 45% referral to ICTC
- RPR positivity among STI attendees is 5%

Sikkim:

- 38% expenditure and 22% physical performance (92% CMIS reporting)

- Nil reporting from NRHM facilities
- Convergence with NRHM to be strengthened and maintained at state level. Informs that there is no receipt of STI/RTI drug kits at district level consignees.
- STI service delivery for HRGs to be strengthened.
- 41% Syphilis testing and 52% referral to ICTC

Tamil Nadu

- 36% expenditure and 58% physical performance (100% CMIS reporting)
- 110 out of 156 DSRC are underutilized. Reporting from NRHM is contributing to physical target achievement.
- TN SACS to take over STI activities of Chennai MACS to ensure standardized STI services in Chennai. Funds have been released to TN SACS as per AAP.
- Regional STI centre functioning is to be facilitated by SACS with establishment of referral linkages for their effective functioning, esp with TI.
- Convergence with NRHM needs to be strengthened at state level.
- 53% Syphilis testing and 46% referral to ICTC

Tripura

- 28% expenditure and 51% physical performance (88% CMIS reporting)
- Half the posts of STI counsellor are vacant.
- Convergence with NRHM to be strengthened at state level
- STI service delivery for HRGs to be strengthened.
- Five new clinics are to be set up, which has not been done.
- 51% Syphilis testing and 55% referral to ICTC
- Issue of CRC for STI drugs pending

G. IEC

1. SACS need to follow the quarterly action plan to achieve the physical and financial targets.
2. IEC activities should be implemented in campaign mode rather than stand alone activities. The campaign should include activity on mass TV and Radio (long format programmes) where ever applicable, mid media activities and outdoor activities should support the campaign at the ground level. The activities should sync with the campaign calendar for the mass media activities. The campaign calendar is attached for reference.
3. It was found that some of the states have not undertaken the printing of IEC material. IEC division and procurement division should coordinate to expedite the procurement of material as well as other mid media and outdoor activities.
4. The mid media and outdoor activities should be implemented in coordination with SMOs, TCIF and LWS to avoid any duplication of activities by agencies.
5. The activities implemented should be documented, monitored and impact assessment should be done by SACS.
6. In some of the states Adolescent Education programmes is either suspended or there is slow progress. NACO had sent instructions to the states. Where programme is suspended to use alternate strategy using NGOs to implement the programme. The targets set in the AAP should be achieved by all as this is last year of NACP-III
7. Regarding Red Ribbon Clubs activities, some of the SACS are not following up with NSS. NSS officers should be oriented and activities earmarked in AAP should be completed.
8. NACO is planning to launch third phase of RRE from 12th Jan, 2012. The route chart will be shared after approval.
9. The set physical targets for the folk performance should be completed by SACS by end of Dec, 2011.
10. During the review it was found that the mainstreaming activities are not being undertaken by SACS and there is very weak mechanism for follow up of the activities. SACS should concentrate on the following departments in addition to the activities approved in AAP which are very important in terms of mainstreaming the activities.
 - Panchayati Raj: Training of all PRIs using two and half hour module and also through Satcom wherever applicable.
 - Ministry of Home Affairs (Policy and Paramilitary Forces)
 - Ministry of Urban Development and Poverty alleviation (integration with Urban Health Structures)

- Ministry of Labour (Implementation of work place policy in all PSUs, Corporate and private firms)
- Ministry and Child Development (Covering CDPOs, Supervisors and ICDS workers)

S.No	SACS	ISSUES
1.	Bihar	<ul style="list-style-type: none"> • Very poor performance under IEC activities. The posts of JD (IEC) and DD (IEC) are lying vacant which is hampering the roll out of the activities. • There is very slow progress under youth intervention and mainstreaming activities.
2.	Maharashtra	<ul style="list-style-type: none"> • Folk performances are being implemented smoothly in the state. • There is delay in implementation of other IEC activities. Lack in coordination with other programme division.
3.	Mumbai	<ul style="list-style-type: none"> • Outdoor activities need focus in the District.
4.	Delhi	<ul style="list-style-type: none"> • SACS need to streamline the IEC activities. Activities under Youth intervention are badly delayed. • Outdoor activities are being implemented without proper plan. • Messages given needs to be vetted by team from different components.
5	Goa	<ul style="list-style-type: none"> • Poor performance • SACS should develop strategy for targeting tourist.
6	Manipur	<ul style="list-style-type: none"> • Enhanced mainstreaming efforts will increase the outreach • Quarterly break up of activities as projected in AAP should address seasonality issues
7	Nagaland	<ul style="list-style-type: none"> • SACS completed Multimedia campaign. The follow should be done by SACS
8	Assam	<ul style="list-style-type: none"> • North East multimedia campaign yet to start. • Delay in implementation of other IEC activities.
9	Mizoram	<ul style="list-style-type: none"> • Proposed change of SCERT for roll out of AEP need urgent actions
10	Meghalaya	<ul style="list-style-type: none"> • Recruitment of DD (IEC) is pending due to qualification relaxation issue. SACS should send justification for relaxation to fast track the decision process.
11	Rajasthan	<ul style="list-style-type: none"> • Position of Mainstreaming Officer and GIPA Coordinator are vacant. • Outdoor media activities such as installation of hoardings, hiring of vans are pending. • In RRC program component the progress made is slow. • Mainstreaming training expenditure is quite low which may please be looked into.

12	Madhya Pradesh	<ul style="list-style-type: none"> • Two quarters are almost over and progress made in most of the sub activities is quite low. • The position of Deputy Director (IEC), AD (Documentation & Publicity) and GIPA Coordinator are vacant. • Locations for the hoardings are yet to be finalized. • No new IEC material has been printed this year so far. • Similarly in RRC program component no proposal for continuation and formation of target 583 RRCs has been finalized. • Mainstreaming training expenditure is nil.
13	Karnataka	<ul style="list-style-type: none"> • Two quarters are almost over and progress in the implementation of program activities under most of the sub activities is low. • Post of AD (Documentation & Publicity) is vacant. Despite functional STRC, the expenditure incurred on training component as on date is nil. • Out of 50 permanent hoardings, 120 auto top / bus shelter display and 5000 wall writings, not a single job has been undertaken. • Most of the service centres do not have any IEC material, signages and the stock is nil. • Against the allocation for strengthening the RRC formation in colleges, no proposal is prepared, the expenses incurred is nil.
14	Chandigarh	<ul style="list-style-type: none"> • Post of DD(IEC) and AD (D&P) lying vacant.
15	Punjab	<ul style="list-style-type: none"> • Position of JD (IEC) lying vacant. • Youth activities are weak.
17	Haryana	<ul style="list-style-type: none"> • Youth and mainstreaming programme to be strengthened
18	Himachal Pradesh	<ul style="list-style-type: none"> • IEC Expenditure of the state is very low • Bills were pending and settlement of advances • Position of Consultant (Youth Affairs) - vacant from 2007 two times advertised in 2007 and 2008.
19	Uttarakhand	<ul style="list-style-type: none"> • Position of JD (IEC), Consultant (CSM) and AD (Doc. and Publicity) to be filled. • Long format radio programmes not yet started. • Long format TV programmes only 1 done out of 5
20	Orissa	<ul style="list-style-type: none"> • Folk programme yet to started following the approved • Long format TV and Radio programmes not implemented properly • Outdoor and mid media activities yet to be started,
21.	Andhra Pradesh	<ul style="list-style-type: none"> • Very slow progress under AEP and RRC. • JD(IEC) position yet to be filled.
22.	West Bengal	<ul style="list-style-type: none"> • JD(IEC), DD(IEC), and Youth Consultant lying vacant.

		<ul style="list-style-type: none"> • IEC activities needs to be strengthened in the migrant districts.IEC kiosks should be placed at the major Railway stations.
23	Tamil Nadu	<ul style="list-style-type: none"> • JD(IEC) position is vacant. • Poor implementation of IEC activities including youth and mainstreaming programme. • SACS needs to replicate IEC material for service centres.
24	Kerala	<ul style="list-style-type: none"> • Poor expenditure • Non availability of IEC material in the service centres.
25	Gujarat	<ul style="list-style-type: none"> • Activities not implemented as per quarterly action plan. • Folk performances are badly delayed.

MASS MEDIA CAMPAIGN CALENDAR

Component	Timelines	
	Start	End
Mass Media		
<i>Campaign on Blood Safety</i>		
<i>Phase-I (Completed)</i>	10.6.11	30.06.11
<i>Phase-II (completed)</i>	25.09.11	25.10.11
<i>Phase-III</i>	05.01.12	25.01.12
<i>Campaign on ICTC</i>	Nov,11	Dec,11
<i>Campaign on Youth</i>	10.01.12	10.02.12
<i>Campaign on PPTCT</i>	20.11.11	19.12.11
<i>Campaign on HIV-TB</i>	10.12.11	10.1.12
<i>Campaign on Condom Promotion- I</i>	Phase- I – Oct-Nov,11	
<i>Phase-II</i>	Phase -II – Dec,11	
<i>Phase-III &IV</i>	Phase-III – Jan-Feb,12	
	Phase-IV- Feb-March,12	
<i>Campaign on Stigma</i>	15.11.11	15.12.11
<i>Campaign on STI</i>	30.10.11	30.11.11

H. Finance

Financial performance of all SACS was reviewed focusing on fund utilisation, idle cash balance and adjustment of advances. States like Andhra Pradesh that had issues outstanding from previous JIRMs were requested to resolve these before the start of the next and last JIRM in December this year. PDs were requested to keep themselves abreast with finance management guidelines regularly issued by NACO and focus on the following issues:

- i. Recoveries from discontinued / terminated NGOs;
- ii. Timely clearance of staff advances, and levy of penal interest in cases of delayed adjustment;
- iii. Regular periodic adjustment of TI advances on unaudited SoEs and reconciliation with audited accounts;
- iv. Regular reconciliation of e-payments with banks

The planning on transition from NACP II to NACP IV was also shared with the SACS emphasizing the need to ensure a seamless transition with minimum loss in momentum of continued activities. It was explained that Planning Commission had accepted the need for NACP IV, in principle. There was no need for states to prematurely terminate contracts on 31.3.2012 and re-contract in 2012-13 as this would be time consuming and may even result in higher rates for goods and services. Detailed guidelines for transitioning funds and accounts would be issued in due course. States should, however, make maximum efforts to adjust all outstanding advances by March 2012.

Detailed state-wise action points are being circulated separately.

I. M&E

- i. DDG (M&E) briefly presented status of timeliness and completeness of CMIS reporting, SIMS application development status, training, national rollout plan and preparedness for rolling out of SIMS.
- ii. With regard to timely reporting to CMIS, Chhatisgarh, Delhi, Haryana, Jammu and Kashmir and Tripura were behind the timeline.
- iii. As per the completeness of reporting is concerned, Arunachal Pradesh, Bihar, Chhatisgarh, Haryana, Kerala, Jammu and Kashmir, Madhya Pradesh, Maharashtra and Odisha were below 80% during the period of July to September, 2011.
- iv. The reporting of Blood Bank component is poor in case of Andhra Pradesh, Arunachal Pradesh, Assam, Bihar, Chhattisgarh, Delhi, Haryana, Himachal Pradesh, Jammu and Kashmir, Jharkhand, Kerala, Maharashtra and Madhya Pradesh and West Bengal.
- v. The SIMS roll out preparedness includes number of functional units, computer availability with required configuration, power supply and internet connectivity and personnel trained in SIMS.
- vi. Of the total stand alone ICTCs, 85% of ICTCs having computer with required configuration, 67% of computers having regular power supply, 65% having internet connectivity and 274 personnel remain to be trained in SIMS. Chhattisgarh, Jharkhand, Mizoram and Nagaland do not have internet connectivity in standalone ICTCs.