

TI Program Performance Analysis 2010-11



National AIDS Control Organisation

India's voice against AIDS

Department of AIDS Control

Ministry of Health & Family Welfare, Government of India

www.nacoonline.org

National AIDS Control Organization (NACO) acknowledges all the field level functionaries from SACS, TSU & DAPCU, who have been collating, compiling and sharing data on a regular basis. We thank grass root level workers (Program Managers, M&E officers, Accountants, Outreach workers and Peer Educators) who are pillars of the program and have been contributing by collecting datasets and sending them from the field to TI and State level.

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Acronyms

AAP	:	Annual Action Plan
ART	:	Anti-Retroviral Therapy
CMIS	:	Computerized Management Information System
CSM	:	Condom Social Marketing
FSW	:	Female Sex Worker
GUD-H	:	Genital Ulcer Disease – Herpetic
GUD-NH	:	Genital Ulcer Disease – Non-Herpetic
HRGs	:	High Risk Groups
HIV	:	Human Immunodeficiency Virus
ICTC	:	Integrated Counseling and Testing Centre
IDUs	:	Injecting Drug Users
M&E	:	Monitoring and Evaluation
MSM	:	Men who have Sex with Men
NACP	:	National AIDS Control Program
N/S	:	Needles / Syringes
NTSU	:	National Technical Support Unit
OST	:	Oral /Opioid Substitution Therapy
PID	:	Pelvic Inflammatory Disease
PPP	:	Preferred Private Provider
PT	:	Presumptive Treatment
RMC	:	Regular Medical Check-up
RTI	:	Reproductive Tract Infection
SACS	:	State AIDS Control Society
STI	:	Sexually Transmitted Infection
TI	:	Targeted Intervention
TSU	:	Technical Support Unit
UD	:	Urethral Discharge
VCD	:	Vaginal Cervical Discharge

TI Program Performance Analysis -2010-11

Source of Data: TI and STI monthly reports (CMIS, NACO)

Introduction

This report is second in series of CMIS data analysis relating to TI performance. During the FY 2010-11, the focus was on improving quality of TI service delivery. NACO, SACS and TSUs have continued their efforts in providing on-site and off-site technical, programmatic and data management support.

Regular analysis and review of data captured through CMIS helps in improving the quality of data, minimizes reporting errors, improves timeliness of reporting and enables the programme managers at different levels to understand trends and programmatic thrust areas. State AIDS Control Society may do such analysis periodically and give regular feedback to the individual Targeted Interventions for improvement of quality of service delivery. The Targeted Interventions may do similar analysis for outreach/ peer unit wise to strengthen actions right at the base unit level.

I. Number of TIs in the program

There were 1423 NACO/SACS supported TIs on board across the states (Table 1) as on March 2011. In addition, 224 TIs were directly supported by Development Partner/s in 6 states (Andhra Pradesh, Tamil Nadu, Karnataka, Maharashtra, Manipur and Nagaland). In all, there were 1647 functional targeted interventions (TIs) projects across the country.

Table 1: Number of Targeted Intervention projects across the states as of March 2011.

Sl. No.	Name of the State	FSW	MSM	IDU	Composite TIs	Migrant	Truckers	Total SACS TIs	Total partner TIs	Total TIs in the state
1	Andaman & Nicobar Islands	0	0	0	0	0	0	0		0
2	Andhra Pradesh	35	6	6	3	16	5	71	66	137
3	Arunachal Pradesh	6	0	3	6	6	0	21		21
4	Assam	38	5	8	0	6	1	58		58
5	Bihar	8	3	13	14	6	1	45		45
6	Chandigarh	4	2	2	1	4	0	13		13
7	Chhattisgarh	10	2	4	9	2	2	29		29
8	Dadra & Nagar Haveli	0	0	0	0	2	1	3		3
9	Daman & Diu	0	0	0	0	4	1	5		5
10	Delhi	40	17	20	0	4	4	85		85
11	Goa	6	3	2	1	5	2	19		19
12	Gujarat	16	19	3	42	24	7	111		111
13	Haryana	13	7	16	8	9	0	53		53
14	Himachal Pradesh	11	0	2	7	3	0	23		23
15	Jammu & Kashmir	3	1	1	0	1	0	6		6
16	Jharkhand	27	4	4	0	5	3	43		43
17	Karnataka	16	9	2	2	7	4	40	18	58
18	Kerala	20	14	8	8	8	2	60		60
19	Lakshadweep	0	0	0	0	0	0	0		0
20	Madhya Pradesh	19	10	9	26	3	4	71		71
21	Maharashtra	37	7	5	0	46	10	105	64	169
22	Manipur	6	3	44	0	3	0	56	16	72
23	Meghalaya	3	0	3	0	1	0	7		7
24	Mizoram	2	1	23	0	7	0	33		33
25	Nagaland		2	24	7	1	1	35	13	48
26	Orissa	19	4	8	24	15	1	71		71
27	Puducherry	0	0	0	1	0	0	1		1
28	Punjab	6	0	11	12	4	3	36		36
29	Rajasthan	23	5	5	6	8	3	50		50
30	Sikkim	2	0	2	0	2	0	6		6
31	Tamil Nadu	15	15	2	0	11	5	48	47	95
32	Tripura	8	1	2	2	9	0	22		22
33	Uttar Pradesh	11	5	16	45	6	7	90		90
34	Uttaranchal	11	2	4	7	6	0	30		30
35	West Bengal	41	10	11	0	7	8	77		77
Total TIs		456	157	263	231	241	75	1423	224	1647

II. Status of TI Reporting during FY 2010-11

The priority task at NACO was to ensure that all TIs start reporting regularly through SACS to NACO. Each month, the TI division would coordinate with the M&E division at NACO and identify non reporting TIs. Based on the information provided by the M&E division, NTSU M&E officers rigorously followed with these States and ensured timely submission of monthly CMIS data. Periodic quarter wise analysis reports were prepared and feedback shared with States to ensure 100% reporting across all States.

Of the 35 SACS, 33 were reporting regularly through CMIS. Daman and Diu have been reporting on sporadic basis. Overall reporting status as of March 2011 stood at 90.8 %. It was also observed that over the four quarters, there was considerable improvement in timely submission of CMIS report. To conclude, majority of the states showed consistent increase in monthly reporting during 2010-11. 14 SACS were falling below the national average. Out of the 14 SACS, one had zero reporting (Daman & Diu) and Andaman & Nicobar and Lakshadweep were not having any TIs during the financial year.

Table 2: TI reporting – quarter wise comparative reporting status since Jan 2010

(source: CMIS, M&E division, NACO)

Sl. No.	Name of the state	Total No. of TIs as on March 2011*	Per cent of TI reported in CMIS				
			Jan. to March 2010	April to June 2010	July to Sept. 2010	Oct. to Dec. 2010	Jan. to March 2011
1	Chandigarh	13	100.0	100.0	97.4	100.0	100.0
2	Dadra & Nagar Haveli	3	100.0	100.0	88.9	100.0	100.0
3	Goa	19	100.0	94.4	94.4	98.1	100.0
4	Karnataka	58	59.6	92.8	97.7	98.1	100.0
5	Kerala	60	80.9	94.8	93.6	91.5	100.0
6	Meghalaya	7	75.0	87.5	100.0	100.0	100.0
7	Puducherry	1	20.0	100.0	66.7	100.0	100.0
8	Tamil Nadu	95	93.2	97.4	99.6	100.0	100.0
9	West Bengal	77	85.6	98.7	88.2	99.5	100.0
10	Gujarat	111	86.9	94.1	99.1	100.0	99.7
11	Delhi	85	67.1	91.3	97.8	94.0	99.6
12	Manipur	72	93.3	89.2	98.0	93.8	99.5
13	Uttar Pradesh	90	84.7	94.3	100.0	98.6	98.6
14	Chhattisgarh	29	77.1	83.3	70.8	91.7	97.9
15	Uttaranchal	30	56.0	89.9	66.7	65.3	97.5
16	Assam	58	84.2	89.7	89.1	89.1	94.8
17	Punjab	36	52.9	86.0	92.5	92.0	94.0

Contd...

Sl. No.	Name of the state	Total No. of TIs as on March 2011*	Per cent of TI reported in CMIS				
			Jan. to March 2010	April to June 2010	July to Sept. 2010	Oct. to Dec. 2010	Jan. to March 2011
18	Tripura	22	81.8	100.0	100.0	92.4	93.9
19	Rajasthan	50	99.2	96.3	81.5	90.7	93.0
20	Andhra Pradesh	137	73.9	88.8	98.7	97.4	92.6
21	Orissa	71	95.3	97.3	61.2	93.3	90.8
22	All India	1647	79.3	90.6	89.8	90.1	90.8
23	Mizoram	33	97.5	100.0	94.0	96.7	90.0
24	Sikkim	6	83.3	100.0	100.0	100.0	88.9
25	Nagaland	48	79.5	92.9	96.8	83.3	86.3
26	Jharkhand	43	43.0	98.4	93.7	73.1	82.8
27	Himachal Pradesh	23	60.0	93.3	100.0	82.2	82.5
28	Arunachal Pradesh	21	98.4	100.0	100.0	74.6	82.4
29	Bihar	45	0.0	0.0	82.1	70.5	76.3
30	Madhya Pradesh	71	66.1	82.1	53.0	66.7	72.9
31	Maharashtra	169	76.8	76.8	82.5	80.3	72.2
32	Haryana	53	77.5	90.0	67.5	80.7	69.3
33	Jammu & Kashmir	6	85.7	100.0	85.7	71.4	33.3
34	Daman & Diu	5	0.0	33.3	0.0	0.0	0.0
35	Andaman & Nicobar Islands	0	0.0	0.0	0.0	0.0	0.0
35	Lakshadweep	0	0.0	0.0	0.0	0.0	0.0

***Includes partner NGOs**

III. Program Performance Analysis

The following are the key observations based on CMIS data analysis and compared across quarters /half yearly (Apr 2010 to Mar 2011).

Factors taken into account for analysis of data in this report:

- The current CMIS did not provide data on the number of HRGs ever contacted or registered, hence the denominator used was covered HRG population for 2010-11 mentioned in Annual Action Plan (AAP) for the year 2011-2012 by respective SACS.
 - In SIMS number of HRG ever contacted or registered is incorporated.
- During last 3 years, no targeted intervention projects have been implemented in Andaman Nicobar Island and Lakshadweep, hence no data was available from these SACS.
- Two union territories, namely Dadra & Nagar Haveli and Daman & Diu were not having core HRG intervention sites till July 2010. One TI intervention was started in Dadra & Nagar Haveli in Aug-Sept 2010. For these two Union Territories (UTs), analysis was not done for the first quarter and Dadra & Nagar Haveli was included from the 2nd quarter onwards.
- The data from Mumbai DACS and Ahmedabad DACS was merged into Maharashtra and Gujarat SACS respectively.

This analysis report is based on CMIS data retrieved in June 2011 for the period April 2010 to March 2011. The data was extracted from both STI and TI CMIS monthly reporting.

The HRG population were categorized as below:

Core Group: FSW, MSM and IDU

Bridge group: Truckers and Migrants.

This analysis report describes the following five broad components:

1. Clinic services
2. Referrals and Linkages
3. Care and Support services
4. Condom demand and distribution
5. Needle and syringes demand and distribution

I. Clinic Services

The clinic services data has been analyzed in five key segments:

1. Number of HRGs undergone Regular Medical Checkup.
2. STI/RTI episodes among HRGs.
3. Syndromic distribution of STI/RTI episodes in HRG.
4. Proportion of PLHIV HRG with STI/RTI episodes amongst total STI/RTI episodes treated in HRG population.
5. Number of HRGs screened for Syphilis and found reactive.

A. Regular Medical Checkup (RMC)

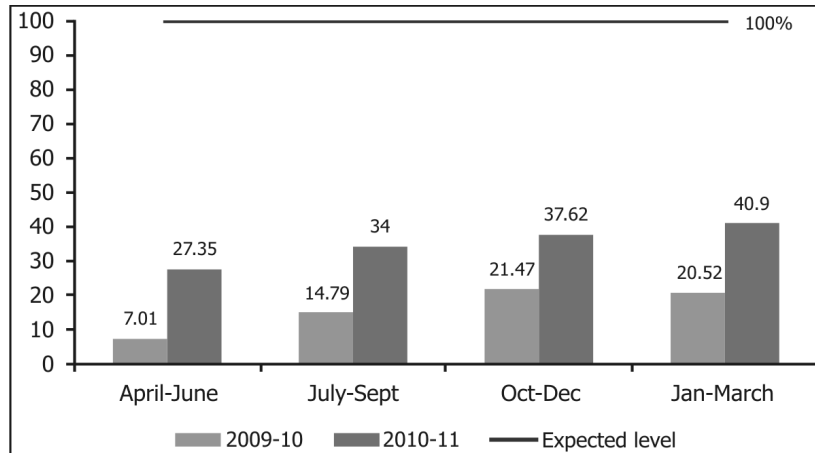
RMC refers to medical check-up including internal examination of HRG, to be done once in a quarter (3 months period). RMC is done to promote health care seeking behaviour and reinforce preventive messages. The internal genital and ano-rectal examination may include speculum and proctoscope examination to diagnose STIs.

As per program guidelines under NACP III, every registered core group member (FSW and MSM) needs to undergo medical check-up once in three months. This implies that all registered FSWs and MSMs should avail clinical services at least 4 times in a year.

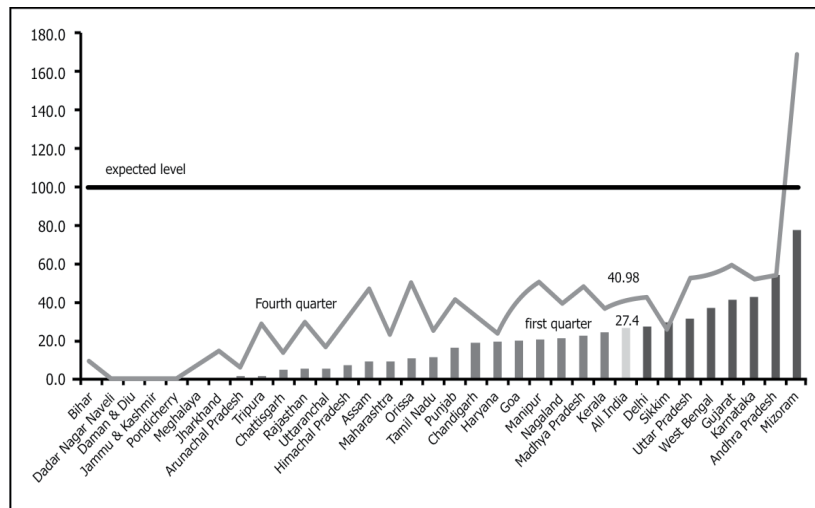
Table 3: State wise comparative analysis on Regular Medical Checkup (RMCs).

Sl. No.	Name of the States	Coverage data pertains to FSW+MSM	RMC visits in		RMC visits in		RMC visits in		RMC visits in	
			April-June 2010		July-Sept. 2010		Oct-Dec. 2010		Jan-Mar 2011	
			Number	%	Number	%	Number	%	Number	%
1	Andhra Pradesh	166342	90659	54.5	90891	54.6	96022	57.7	91683	55.1
2	Arunachal Pradesh	3788	73	1.9	90	2.4	167	4.4	262	6.9
3	Assam	20400	1894	9.3	3208	15.7	5539	27.2	9486	46.5
4	Bihar	19385	0	0.0	4	0.0	284	1.5	1711	8.8
5	Chandigarh	6267	1177	18.8	1656	26.4	1391	22.2	2037	32.5
6	Chhattisgarh	14950	798	5.3	1648	11.0	2214	14.8	2116	14.2
7	Dadra & Nagar Haveli	0	0	0.0	0	0.0	0	0.0	0	0.0
8	Daman & Diu	265	0	0.0	0	0.0	0	0.0	0	0.0
9	Delhi	52900	14534	27.5	19718	37.3	22252	42.1	22852	43.2
10	Goa	5839	1207	20.7	1165	20.0	2204	37.7	2444	41.9
11	Gujarat	76041	31765	41.8	37944	49.9	41013	53.9	45653	60.0
12	Haryana	19900	3903	19.6	4247	21.3	4628	23.3	4776	24.0
13	Himachal Pradesh	7200	541	7.5	773	10.7	2253	31.3	2339	32.5
14	Jammu & Kashmir	1549	0	0.0	0	0.0	0	0.0	0	0.0
15	Jharkhand	12111	82	0.7	1182	9.8	1079	8.9	1771	14.6
16	Karnataka	101245	43725	43.2	48527	47.9	52104	51.5	52630	52.0
17	Kerala	53472	13240	24.8	13463	25.2	14303	26.7	19925	37.3
18	Madhya Pradesh	19970	4546	22.8	6250	31.3	7019	35.1	9677	48.5
19	Maharashtra	134655	12756	9.5	34662	25.7	41078	30.5	32837	24.4
20	Manipur	6600	1402	21.2	2006	30.4	3171	48.0	3301	50.0
21	Meghalaya	1880	2	0.1	6	0.3	35	1.9	157	8.4
22	Mizoram	1923	1493	77.6	2702	140.5	2758	143.4	3232	168.1
23	Nagaland	3820	826	21.6	1002	26.2	1272	33.3	1521	39.8
24	Orissa	17575	2025	11.5	4434	25.2	6254	35.6	8852	50.4
25	Puducherry	4208	0	0.0	0	0.0	0	0.0	0	0.0
26	Punjab	16300	2762	16.9	4486	27.5	6040	37.1	6815	41.8
27	Rajasthan	24850	1401	5.6	2441	9.8	4057	16.3	7396	29.8
28	Sikkim	721	218	30.2	123	17.1	0	0.0	190	26.4
29	Tamil Nadu	104255	12649	12.1	13676	13.1	16109	15.5	26731	25.6
30	Tripura	9100	192	2.1	1194	13.1	1279	14.1	2566	28.2
31	Uttar Pradesh	30125	9631	32.0	15776	52.4	14470	48.0	15845	52.6
32	Uttaranchal	7090	423	6.0	517	7.3	1036	14.6	1240	17.5
33	West Bengal	43505	16366	37.6	22273	51.2	21726	49.9	23847	54.8
All India		988231	270290	27.4	336064	34.0	371757	37.6	403892	40.9

Graph 1: Percentage of RMCs conducted in four quarters across 2009-10 and 2010-11 (FSW & MSM).



Graph 2: Comparative graph of % RMC conducted across states during first (bar chart) and fourth quarter (trend line) for the year 2010-11.



Observations

1. There was substantial increase in RMC undertaken by HRGs in 2010-11 compared with the previous year. RMC went upto 41% among registered HRGs in FY 2010-11 from 21% in the last FY 2009-10.
2. The following twenty states showed steady increase in RMC in 2010-11: Arunachal Pradesh, Assam, Bihar, Delhi, Gujarat, Haryana, Himachal Pradesh, Karnataka, Kerala, Madhya Pradesh, Manipur, Meghalaya, Mizoram, Nagaland, Orissa, Punjab, Rajasthan, Tamil Nadu, Tripura and Uttaranchal.
3. Two states, namely, Jammu and Kashmir and Puducherry, did not report in any quarter, hence it was assumed that these two SACS achieved NIL RMC.
4. Rest of the states showed mixed response in the quarters which is depicted in table 3.
5. Mizoram showed abnormally high numbers under RMC second to fourth quarter (July 2010 - March 2011).
6. At national level, percentage of HRG accessing RMCs showed increasing trend (from 27% in the first quarter to 41% in the last quarter).
7. No State accomplished 100% RMCs in any of the four quarters in the year 2010-11.

Action Points

- The gap between expected and actual RMC is significant and should be addressed by SACS and TSU.
- “No reporting” by TI projects needs to be examined by Jammu & Kashmir and Puducherry SACS.
- Mizoram has shown high numbers of HRG accessing services for RMC from second to fourth quarter. This data requires validation by NERO and TI division of SACS.
- At TI level, the team may analyse how many individual HRGs are coming regularly for RMCs, how many are missing RMCs and the reasons thereof. Accordingly they should do micro planning.
- At TI level, the team should take efforts to link to DSRC, (Obs/Gynae or STI OPD) during the HRG visit for HIV / Syphilis testing.

All States should prioritize on improving RMCs.

B. STI/RTI Episodes among HRGs

The current CMIS captures number of STI/RTI episodes treated among clinic attendees and total clinic uptake in a month. Current CMIS does not capture individual data therefore the numbers of episodes treated cannot be linked to number of individuals attending over a period of time. Hence it was not possible to calculate the actual number of visits made and episodes treated of individual HRG's over a period of time. The NACO STI guidelines recommend that each of the individual HRG should attend clinical service at least once in a quarter, data for which is available in CMIS, hence total number of STI/RTI episodes per 100 footfalls in the reported year in given population was calculated.

The 2009-10 and 2010-11 data has been revisited using the above assumption; Table 4a and 4b shows total achievement of the program in a given year.

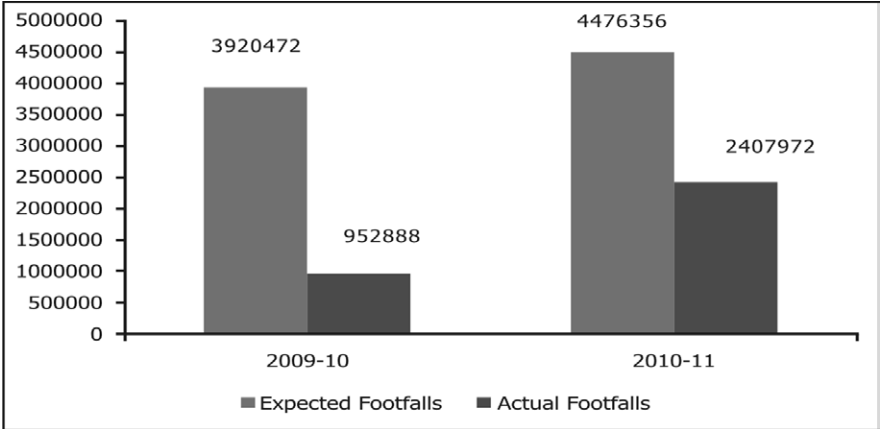
Table 4a: Incidence of STI/RTI episodes during the year 2009-10.

Sl. No.	Name of the State	Coverage for core groups	Expected footfalls in the year	Actual footfalls during the year	Cumulative number of STI/RTI episodes treated during the year	STI/RTI episodes per 100 footfalls	% gap between expected and actual footfalls
1	Andhra Pradesh	142761	571044	282149	43897	16	51
2	Arunachal Pradesh	5842	23368	4138	2285	55	82
3	Assam	24101	96404	21911	19578	89	77
4	Bihar	19027	76108	13306	4748	36	83
5	Chandigarh	7350	29400	6829	5676	83	77
6	Chhattisgarh	10620	42480	1849	1386	75	96
7	Dadra & Nagar Haveli	N.A	0	0	0	0	0
8	Daman & Diu	N.A	0	0	0	0	0
9	Delhi	57700	230800	55645	22825	41	76
10	Goa	6914	27656	2554	734	29	91
11	Gujarat	75504	302016	162658	48613	30	46
12	Haryana	19900	79600	19924	18372	92	75
13	Himachal Pradesh	--	0	0	0	0	0
14	Jammu & Kashmir	--	0	0	0	0	0
15	Jharkhand	21207	84828	9233	5261	57	89
16	Karnataka	106113	424452	79166	25608	32	81
17	Kerala	64088	256352	43789	10100	23	83
18	Madhya Pradesh	41988	167952	24108	17763	74	86
19	Maharashtra	130525	522100	8810	5599	64	98
20	Manipur	36600	146400	3997	1344	34	97
21	Meghalaya	3500	14000	388	144	37	97
22	Mizoram	16970	67880	7588	3528	47	89
23	Nagaland	26304	105216	5473	2439	45	95
24	Orissa	17025	68100	8303	8852	107	88
25	Puducherry	--	0	0	0	0	0
26	Punjab	16750	67000	9424	7615	81	86
27	Rajasthan	22660	90640	28751	21854	76	68
28	Sikkim	1203	4812	1711	459	27	64
29	Tamil Nadu	--	0	0	0	0	0
30	Tripura	6850	27400	6851	5270	77	75
31	Uttar Pradesh	37575	150300	38919	20696	53	74
32	Uttaranchal	10950	43800	2200	1210	55	95
33	West Bengal	50091	200364	103214	41812	41	48
All India		980118	3920472	952888	347668	37	76

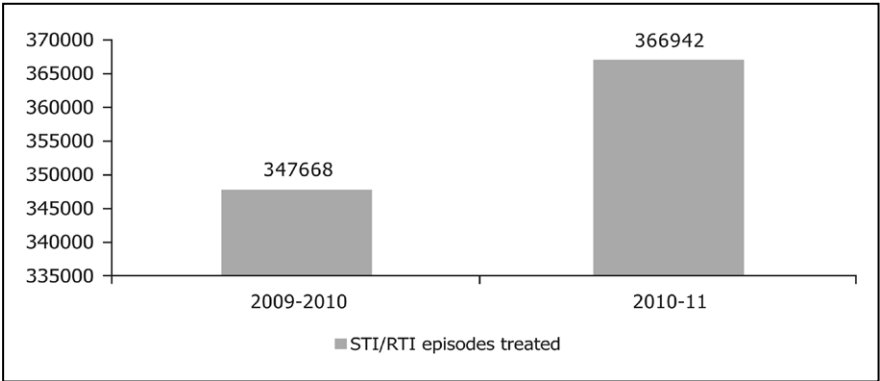
Table 4b: Incidence of STI/RTI episodes during the year 2010-11.

Sl. No.	Name of the State	Coverage for core groups	Expected footfalls in the year	Actual footfalls in the year	Cumulative STI/RTI episodes treated during the year	STI/RTI Episodes per 100 footfalls	% gap between expected and actual footfalls
1	Andhra Pradesh	168142	672568	450747	27947	6	33
2	Arunachal Pradesh	5516	22064	2144	1122	52	90
3	Assam	23750	95000	34523	5325	15	64
4	Bihar	23627	94508	6848	4389	64	93
5	Chandigarh	7572	30288	9035	5010	56	70
6	Chhattisgarh	17015	68060	14266	2552	18	79
7	Dadra & Nagar Haveli	0	0	0	0	0	0
8	Daman & Diu	265	1060	0	0	0	100
9	Delhi	62500	250000	124097	20393	16	50
10	Goa	6471	25884	14358	1874	13	45
11	Gujarat	77051	308204	327390	18183	6	0
12	Haryana	24100	96400	36125	15478	43	63
13	Himachal	8000	32000	8730	2055	24	73
14	Jammu & Kashmir	1849	7396	0	0	0	100
15	Jharkhand	12551	50204	21220	13796	65	58
16	Karnataka	102162	408648	305912	44408	15	25
17	Kerala	59690	238760	118353	6524	6	50
18	Madhya Pradesh	24894	99576	69673	12574	18	30
19	Maharashtra	136834	547336	286100	48604	17	48
20	Manipur	26000	104000	27773	9122	33	73
21	Meghalaya	3330	13320	1335	179	13	90
22	Mizoram	17123	68492	31068	3669	12	55
23	Nagaland	23248	92992	21008	5178	25	77
24	Orissa	19475	77900	31148	12948	42	60
25	Puducherry	4208	16832	1600	1557	97	90
26	Punjab	26300	105200	24301	7947	33	77
27	Rajasthan	25750	103000	40816	14432	35	60
28	Sikkim	2170	8680	3200	1553	49	63
29	Tamil Nadu	105301	421204	119876	19995	17	72
30	Tripura	10150	40600	11424	3896	34	72
31	Uttar Pradesh	35675	142700	102448	19286	19	28
32	Uttaranchal	8590	34360	15994	6004	38	53
33	West Bengal	49780	199120	146460	30942	21	26
	All India	1119089	4476356	2407972	366942	15	46

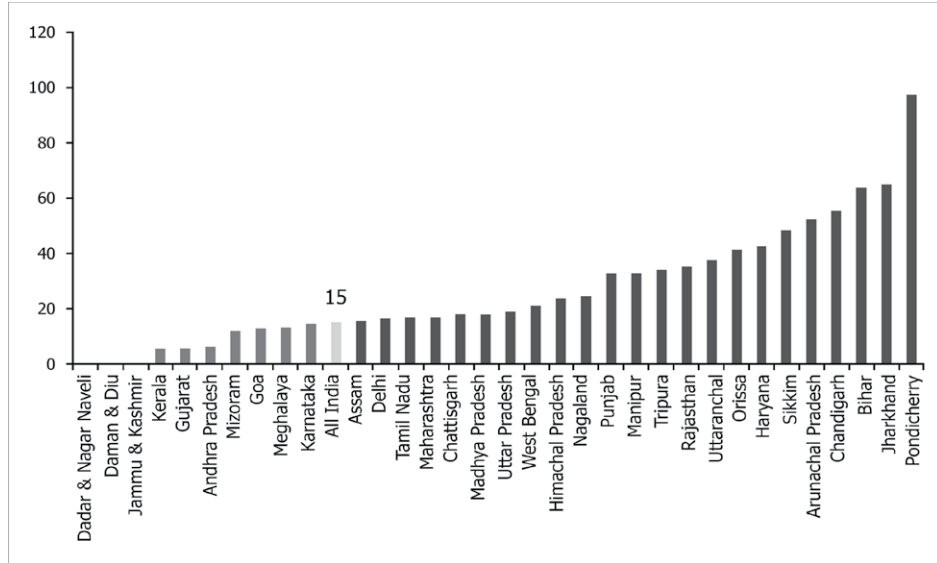
Graph 3: Expected footfalls versus actual footfalls at the national level.



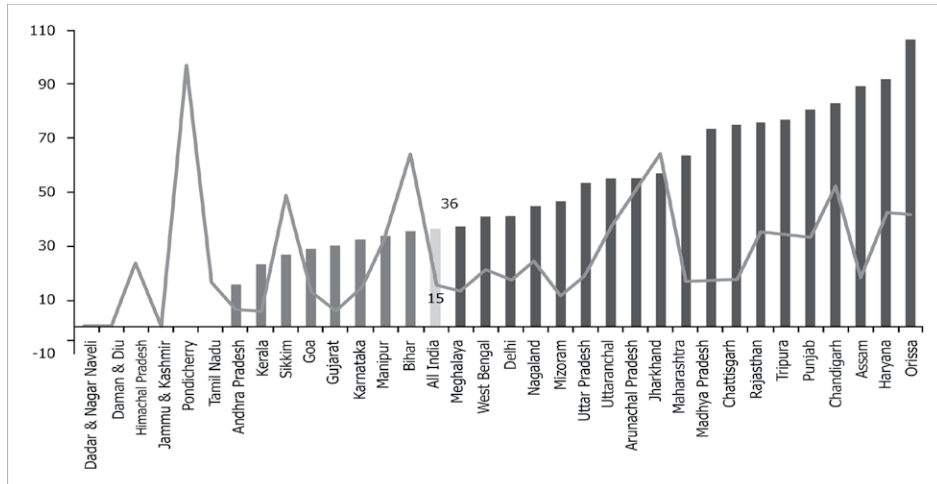
Graph 4: STI/RTI episodes in year 2009-10 and 2010-11.



Graph 5: State wise STI/RTI episodes per 100 footfalls for the year 2010-11.



Graph 6: State wise comparison of STI/RTI episodes per 100 footfalls -2009-10 (Bar graphs) & 2010-11 (Trend Line).



Observations

1. All over India, there was a significant increase in the service uptake by HRGs between 2009-10 and 2010-11 from 952,888 (24% of expected footfalls) to 2,407,972 (54% of expected footfalls) respectively. It is likely to be due to improved outreach and improvement in HRG's health seeking behaviour.
2. The number of STI/RTI episodes treated per 100 footfalls was 36.5 in 2009-10 and 15.2 in 2010-11. The reduction in number of STI/RTI episodes per 100 footfalls is likely to be due to one or more of the following reasons viz. increased clinic visits in 2010-11, improved health care seeking behaviour of HRGs, increase in condom usage.
3. Seven States reported less number of STI/RTI episodes per 100 footfalls than the national average of 15.2 in 2010-11: Andhra Pradesh, Goa, Gujarat, Karnataka, Kerala, Mizoram and Meghalaya.
4. Number of States not reporting reduced from six to three between 2009-10 to 2010-11. Six states have not reported STI/RTI data in 2009-10 (Dadra & Nagar Haveli, Daman and Diu, Himachal Pradesh, Jammu & Kashmir, Puducherry and Tamil Nadu). Three States did not report STI/RTI data in 2010-11 (Dadra & Nagar Haveli, Daman & Diu and Jammu & Kashmir).
5. Only 24% of the expected visits happened in 2009-10 which implies that there was 76% gap in expected visits. All States except for West Bengal and Gujarat had reported more than 50% gap in expected visits in 2009-10.
6. In 2010-11, about 54% of the visits were undertaken and gap was reduced to 46%, however, most of the States except Andhra Pradesh, Goa, Gujarat, Karnataka, Madhya Pradesh, Maharashtra, Uttar Pradesh and West Bengal still reflected more than 50% gap in expected visits in 2010-11.

Action Point:

1. The outreach team should develop good communication strategy to make HRGs aware about symptoms of STI/RTI and need for regular medical check-up and also about possibility of infections without symptoms (asymptomatic infection).
2. The TI should facilitate STI/RTI service provision to HRG during their hospital visit for HIV /Syphilis testing.

Table 5: Proportionate HRG PLHIV treated out of total STI/RTI episodes treated in HRG during 2010-2011.

Sl. No.	Name of the State	Total STI/RTI episodes reported in Apr-Jun 2010	No. of PLHIV with STI/RTI e episodes	Total STI episodes reported in Jul-Sept 2010	No. of PLHIV with STI/RTI episodes	Total STI episodes reported in Oct- Dec 2010	No. of PLHIV with STI/RTI episodes	Total STI episodes reported in Jan- Mar 2011	No. of PLHIV with STI/RTI episodes
1	Andhra Pradesh	8289	86	6728	79	6262	29	6668	38
2	Arunachal Pradesh	360	0	425	0	215	0	122	0
3	Assam	1480	2	1522	5	1597	3	726	7
4	Bihar	0	0	227	0	884	7	3278	5
5	Chandigarh	1384	10	1599	4	1042	3	985	0
6	Chhattisgarh	394	2	740	6	871	1	547	0
7	Dadra & Nagar Haveli	288	0	163	0	309	0	172	0
8	Daman & Diu	0	0	0	0	0	0	0	0
9	Delhi	6043	8	4807	19	4675	8	4868	0
10	Goa	307	0	461	0	627	0	479	0
11	Gujarat	4893	64	4446	73	3976	35	4868	83
12	Haryana	3805	3	3279	1	3064	7	5330	5
13	Himachal Pradesh	283	0	446	0	523	0	803	34
14	Jammu & Kashmir	0	0	0	0	0	0	0	0
15	Jharkhand	3397	0	3619	5	3593	2	3187	31
16	Karnataka	11929	212	12014	147	10448	105	10017	106
17	Kerala	2032	21	1222	0	1316	0	1954	0
18	Madhya Pradesh	2632	8	3567	16	2479	8	3896	6
19	Maharashtra	12688	123	13616	92	12897	75	9403	54
20	Manipur	1072	58	2523	241	2674	109	2853	129
21	Meghalaya	74	0	46	0	52	0	7	0
22	Mizoram	1056	89	1355	189	629	133	629	70
23	Nagaland	1514	8	1374	8	1050	2	1240	0
24	Orissa	3782	13	3834	258	2715	159	2617	99
25	Puducherry	154	0	362	0	425	0	616	96
26	Punjab	1508	0	1851	0	2977	104	1611	0
27	Rajasthan	3380	34	4005	10	3731	6	3316	3
28	Sikkim	431	1	455	1	317	0	350	0
29	Tamil Nadu	5338	0	3951	0	4957	0	5749	0
30	Tripura	1037	0	670	0	850	0	1339	30
31	Uttar Pradesh	5783	20	5445	9	4116	14	3942	16
32	Uttaranchal	904	2	1854	2	1762	1	1484	2
33	West Bengal	7879	72	8828	77	7010	106	7225	65
All India		94116	836	95434	1242	88043	917	90281	879
% of PLHIV with STI among total STI treated		0.89		1.30		1.04		0.97	

Observations

As per STI CMIS report from Targeted Intervention projects the national average for PLHIV HRG treated for STI/RTI services was 1.1% for 2010-11. Across four quarters of 2010- 11, the number of PLHIV HRG treated for STI / RTI showed stable trend (ranging from 0.89% to 1.30%). State wise distribution showed variations such as Karnataka, Manipur, Orissa, Puducherry and Gujarat reported significant number of PLHIV HRGs being treated for various STI/RTI while TN did not report any episodes of STI/RTI treated in PLHIV HRG. These States need to validate their data. Every project should monitor their PLHIV HRGs and provide essential STI/RTI services package, condom and syphilis screening and treatment, if found reactive as part of positive prevention package.

Action Point:

The TI project should engage more with PLHIV HRGs as part of positive prevention package and especially focus on those who are having STI and make efforts to ensure safe behaviour. If such PLHIV are on ART the counselling session on safer sex practices should be strengthened.

Table 6: The syndromic pattern of STI/RTI episodes during the year 2010-2011.

Sl. No.	Name of the State	% Vaginal/ Cervical Dis-charge (VCD)	% Genital Ulcer disease (GUD)-non herpetic	% Genital ulcer disease (GUD) – herpetic	% Lower abdominal pain (LAP)	% Urethral dis-charge (UD)	% Ano-rectal dis-charge (ARD)	% Inguinal Bubo (IB)	% Painful scrotal swelling (SS)	% Genital warts	% Other STIs	% Asymptomatic STI treatment	% PLHIV treatment for STI/RTI
1	Andhra Pradesh	36.4	7.7	4.3	12.0	24.3	3.5	1.1	2.5	1.2	4.9	1.3	0.8
2	Arunachal Pradesh	27.5	1.9	1.4	19.1	3.1	0.6	1.5	1.5	0.8	11.9	30.7	0.0
3	Assam	13.9	1.4	0.5	7.8	2.0	0.5	0.5	0.1	0.1	9.8	63.3	0.3
4	Bihar	40.2	3.9	4.6	7.1	10.3	5.5	1.2	2.2	3.2	4.8	16.7	0.3
5	Chandigarh	24.3	3.4	1.1	9.6	13.2	2.2	0.0	0.3	0.3	18.6	26.7	0.3
6	Chhattisgarh	24.5	9.0	6.1	11.0	9.6	1.2	1.9	1.7	0.3	11.6	22.9	0.4
7	Dadra & Nagar Haveli	2.2	11.1	4.1	0.0	47.9	0.3	4.8	1.1	0.0	28.5	0.0	0.0
8	Daman & Diu	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.
9	Delhi	41.5	3.5	1.8	14.8	9.4	2.7	0.6	0.7	0.4	9.2	15.2	0.2
10	Goa	35.0	5.5	3.1	6.6	21.8	2.2	2.5	2.0	2.2	16.5	2.7	0.0
11	Gujarat	19.2	10.9	3.4	2.2	25.9	4.1	2.1	3.2	0.5	12.8	14.4	1.4
12	Haryana	12.5	36.6	1.2	10.7	2.7	1.5	0.3	1.0	0.7	13.0	19.9	0.1
13	Himachal Pradesh	29.9	2.0	0.7	12.8	3.2	0.5	0.1	0.1	0.4	6.2	43.4	1.7
14	Jammu & Kashmir	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.

Sl. No.	Name of the State	% Vaginal/Cervical Dis-charge (VCD)	% Genital Ulcer disease (GUD)-non herpetic	% Genital ulcer disease (GUD) – herpetic	% Lower abdominal pain (LAP)	% Urethral dis-charge (UD)	% Ano-rectal dis-charge (ARD)	% Inguinal Bubo (IB)	% Painful scrotal swelling (SS)	% Genital warts	% Other STIs	% Asymptomatic STI treatment	% PLHIV treatment for STI/RTI
15	Jharkhand	26.7	5.8	1.5	11.9	23.5	1.4	0.6	1.6	1.6	11.0	14.4	0.3
16	Karnataka	72.6	2.7	2.0	8.5	5.2	0.9	1.1	0.3	0.1	2.2	3.2	1.3
17	Kerala	51.2	3.8	0.8	18.9	4.1	0.1	1.6	0.8	1.3	5.0	12.0	0.3
18	Madhya Pradesh	39.1	6.4	2.4	13.4	13.9	2.5	1.1	1.0	0.6	6.7	12.5	0.3
19	Maharashtra	22.6	7.6	4.0	5.2	28.0	2.8	2.8	4.6	2.2	18.2	1.5	0.7
20	Manipur	35.4	6.3	4.6	9.7	14.8	0.8	1.0	1.8	1.5	9.9	9.1	5.9
21	Meghalaya	57.5	0.5	0.5	20.4	1.8	0.9	0.0	1.4	0.0	6.3	10.9	0.0
22	Mizoram	21.4	7.2	2.6	7.4	12.4	0.1	1.2	2.6	3.3	1.9	31.0	13.1
23	Nagaland	22.8	9.2	6.8	7.4	26.3	4.6	1.8	4.0	2.4	6.5	7.8	0.3
24	Orissa	14.3	6.7	4.9	6.9	11.9	3.0	2.7	4.4	4.3	9.5	29.0	4.1
25	Puducherry	20.7	5.2	6.5	13.0	1.1	0.0	0.0	0.1	5.0	42.9	0.0	6.2
26	Punjab	18.0	2.1	1.3	5.3	6.2	0.2	0.4	0.2	0.1	4.1	61.7	1.3
27	Rajasthan	29.6	3.6	2.0	13.0	8.8	1.2	0.7	0.5	0.8	16.0	23.6	0.4
28	Sikkim	52.1	1.7	1.7	18.4	5.0	0.2	0.3	0.5	1.7	9.4	9.1	0.1
29	Tamil Nadu	20.3	3.7	1.2	5.9	7.0	0.7	0.8	1.1	0.8	40.6	1.6	0.0
30	Tripura	43.3	0.5	0.6	11.4	0.8	0.4	0.8	0.0	0.0	1.4	40.5	0.8
31	Uttar Pradesh	22.3	8.2	3.3	10.0	29.7	3.5	1.8	1.9	1.1	14.6	3.3	0.3
32	Uttaranchal	43.6	3.0	1.5	14.4	22.6	4.1	1.5	4.3	1.7	3.3	0.0	0.1
33	West Bengal	40.3	5.0	3.1	12.3	13.6	2.0	1.2	1.2	5.6	5.1	9.7	1.0
	All India	31.1	7.8	2.5	9.4	13.3	1.9	1.2	1.7	1.4	12.1	15.5	1.1

Observations

1. Majority of STI/RTI episodes among females occurred due to VCD and comparable to national estimates of 27% to 30%. It is also equally important to ensure that FSWs with complaint of vaginal discharge undergo speculum examination to know the source of discharge –is it coming from vagina or cervix or both. Significant proportion of VCD was due to Candidiasis and Bacterial Vaginosis. All the FSWs with repeat episodes are motivated to undergo lab screening. Thirteen states are showing more than national average of 31.1% with Karnataka being the highest (72.6%) and Dadra & Nagar Haveli (2.2%) and Haryana (12.5%) with the lowest.
2. GUD contributed to more than 10% of morbidity with 3:1 ratio between bacterial to viral ulcers. TI should ensure that all those diagnosed with GUD should be screened for syphilis also.

3. The high number of bacterial genital ulcers reinforces the need for regular screening for syphilis.
4. LAP to VCD ratio was 1:3 and within the expected range and showed significant improvement suggesting improved skills of providers in diagnosis.
5. UD was still the second largest syndrome suggesting poor coverage of MSM including TS/ TG for STI services, further it also suggests poor coverage with presumptive treatment among asymptomatic newly identified MSM recruits and/or uncovered HRGs with pool of infection among them or significant migration happening.
6. The ratio of UD to GUD in males was almost 1:1 indicating stable levels in incidence of STI cases happening in HRG community.
7. UD cases indicate recent infection. It also reflects poor condom program in the TI and suggests that knowledge on prevention needs to be reinforced.

Action points

- All HRGs diagnosed with STI/RTI should be encouraged to come for follow up. All FSWs diagnosed with LAP should be motivated to attend first follow up on day 3 following treatment.
- All HRGs should be counselled on compliance to STI treatment and follow up, risk reduction and partner treatment. Project to ensure administration of Kit 1 under direct observation.
- Partner management of all HRGs diagnosed with STI should be ensured.
- All HRGs should be encouraged to seek STI services at least once every 3 months to promote health seeking behaviour by getting examined for detection and treatment of hidden STI/RTI.

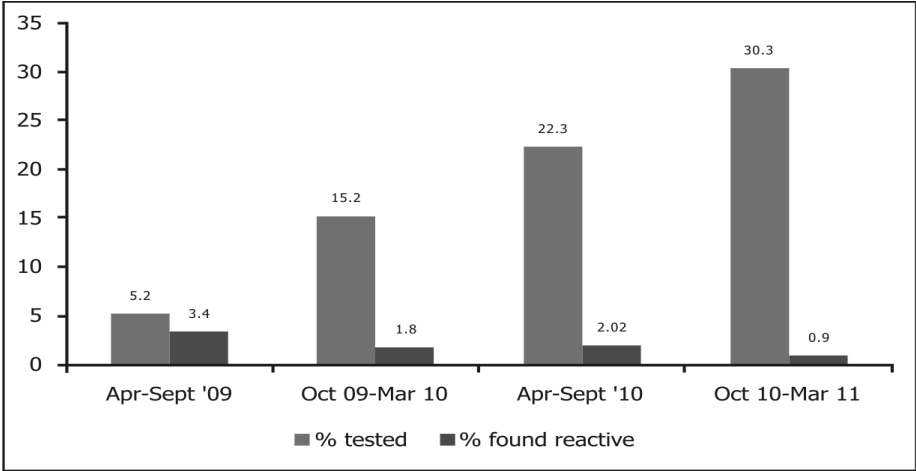
C. Syphilis Testing and Reactivity

Table showing the status of the syphilis test conducted across the states biannually for the year 2010-11.

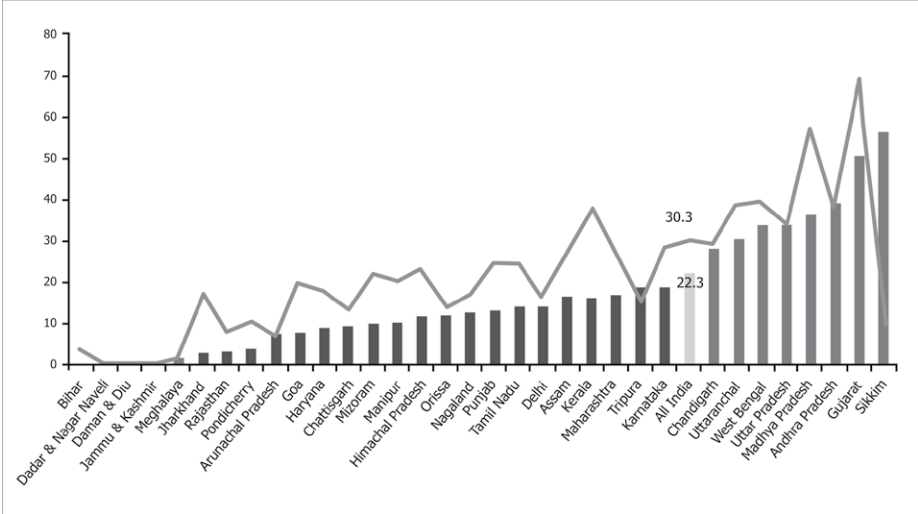
Table 7: Bi-annual Syphilis screening and positive rate across states in the year 2010-11.

Sl. No.	Name of the State	Coverage data based on AAP 2010-11 (Core group)	Tested for syphilis April to Sept. 2010		Found reactive for Syphilis April to Sept. 2010		Tested for syphilis October 2010 to March 2011		Found reactive for syphilis October 2010 to March 2011	
			Number	%	Number	%	Number	%	Number	%
1	Andhra Pradesh	168142	65481	38.9	471	0.7	64568	38.4	337	0.5
2	Arunachal Pradesh	5516	421	7.6	8	1.9	362	6.6	11	3.0
3	Assam	23750	3922	16.5	43	1.1	6115	25.7	36	0.6
4	Bihar	23627	1	0.0	0	0.0	825	3.5	17	2.1
5	Chandigarh	7572	2122	28.0	24	1.1	2237	29.5	2	0.1
6	Chhattisgarh	17015	1634	9.6	190	11.6	2259	13.3	40	1.8
7	Dadra & Nagar Haveli	0	0	0.0	0	0.0	0	0.0	0	0.0
8	Daman & Diu	265	0	0.0	0	0.0	0	0.0	0	0.0
9	Delhi	62500	8915	14.3	80	0.9	10500	16.8	101	1.0
10	Goa	6471	498	7.7	4	0.8	1249	19.3	3	0.2
11	Gujarat	77051	39083	50.7	254	0.6	52733	68.4	307	0.6
12	Haryana	24100	2158	9.0	72	3.3	4198	17.4	51	1.2
13	Himachal Pradesh	8000	951	11.9	0	0.0	1834	22.9	0	0.0
14	Jammu & Kashmir	1849	0	0.0	0	0.0	0	0.0	0	0.0
15	Jharkhand	12551	364	2.9	41	11.3	2192	17.5	66	3.0
16	Karnataka	102162	19177	18.8	569	3.0	28985	28.4	261	0.9
17	Kerala	59690	9829	16.5	16	0.2	22683	38.0	55	0.2
18	Madhya Pradesh	24894	9078	36.5	319	3.5	14101	56.6	246	1.7
19	Maharashtra	136834	23045	16.8	1006	4.4	37324	27.3	329	0.9
20	Manipur	26000	2653	10.2	22	0.8	5136	19.8	31	0.6
21	Meghalaya	3330	63	1.9	10	15.9	49	1.5	2	4.1
22	Mizoram	17123	1711	10.0	235	13.7	3702	21.6	41	1.1
23	Nagaland	23248	2966	12.8	371	12.5	3888	16.7	193	5.0
24	Orissa	19475	2388	12.3	185	7.7	2686	13.8	15	0.6
25	Puducherry	4208	155	3.7	1	0.6	447	10.6	0	0.0
26	Punjab	26300	3392	12.9	56	1.7	6549	24.9	101	1.5
27	Rajasthan	25750	834	3.2	82	9.8	2171	8.4	14	0.6
28	Sikkim	2170	1221	56.3	15	1.2	220	10.1	3	1.4
29	Tamil Nadu	105301	14773	14.0	161	1.1	25211	23.9	304	1.2
30	Tripura	10150	1889	18.6	12	0.6	1387	13.7	3	0.2
31	Uttar Pradesh	35675	12089	33.9	183	1.5	12273	34.4	83	0.7
32	Uttaranchal	8590	2586	30.1	47	1.8	3293	38.3	30	0.9
33	West Bengal	49780	16701	33.5	567	3.4	19736	39.6	377	1.9
All India		1119089	250100	22.3	5044	2.0	338913	30.3	3059	0.9

Graph No. 7: Percentage of HRG tested for syphilis and found reactive in 6 month interval since April 2009 to March 2011 – All India.



Graph 8: Comparative graph showing % of Syphilis test conducted across states during first six months (bar chart) and second six months (trend line) for the year 2010-11



Observations

1. As per the guidelines, all registered HRGs should be tested for syphilis once in six months. The data reveals that all States were below the expected level of conducting syphilis testing.
2. The proportion of HRG undergoing syphilis screening has increased significantly from 5.2% in first six months of 2009-10 to 30.3% in 2nd six months of 2010-11. Syphilis testing rate has increased from 22% in the first half of 2010-11 to 30% in the second half.
3. During 2010-11 the data analysis shows:
 - a) Twenty five states showed increase in testing between the 1st six months and second six months.
 - b) Overall there was an increase of 88813 HRGs undergone testing in the 2nd six months.
 - c) Six states showed a sizeable increase in testing numbers in the second part of six months - Bihar, Gujarat, Karnataka, Kerala, Maharashtra and Tamil Nadu.
 - d) No reporting from Daman & Diu and Jammu & Kashmir.
 - e) States such as Andhra Pradesh, Arunachal Pradesh, Sikkim, Meghalaya and Tripura showed decline in testing.
4. Overall, the percentage reactive showed a decline which is a positive sign (from 2.02% in the first six months to 0.9% in the second six months of 2010-11). The TI projects were reporting high bacterial GUDs among HRG (Bacterial to Viral GUD is 3:1) however, this observation is not in sync with low syphilis reactivity.
5. Further, the trends showed considerable increase in Syphilis testing of HRGs since April 2009. It increased from 5% in Apr-Sept 2009 to 30% in October 2010-March 2011.
6. Though there was an increase in the number of HRGs screened for syphilis, TIs were yet to achieve desired 100 % screening every six months.
7. All those who were found syphilis reactive, should be treated and motivated to undergo HIV testing. Those treated for syphilis should be retested after 3 months to document serological cure. Those who remain positive after 3 months of treatment should be referred to higher centre for expert advice and management.

Action Points

SACS and TSU to pay attention on ensuring that all HRGs are tested for syphilis atleast once in half year and those found positive should be treated with the recommended regimen. Quality of syphilis testing is also equally important and paid attention.

II. HIV Testing

It is very important for the core groups (FSW, MSM and IDU) population to undergo HIV testing in ICTC once in every six months as they are most vulnerable to acquire and transmit HIV infection. The parameters assessed were:

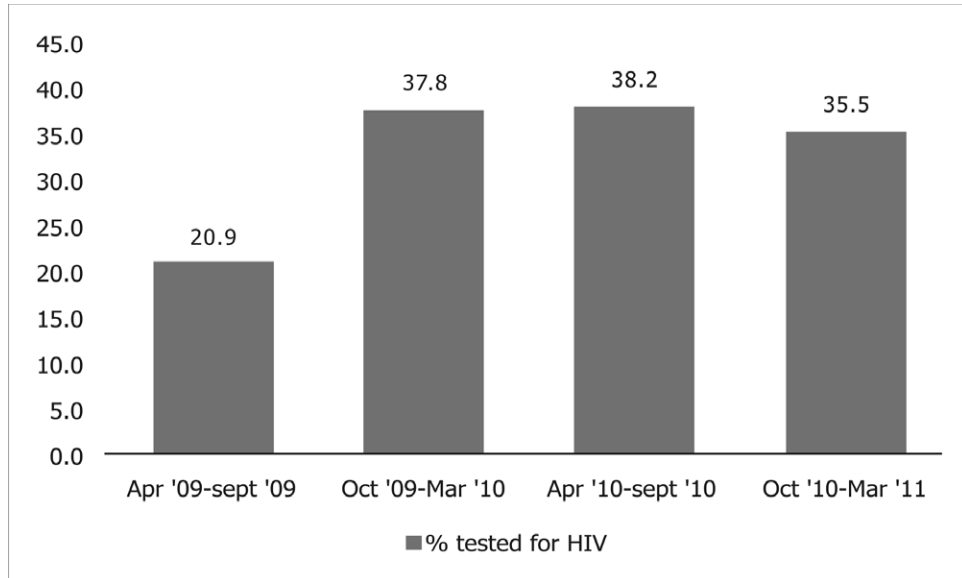
- Number of HRG referred
- Number of HRG tested
- Number of HRG found positive

The analysis is done typology wise for the core group.

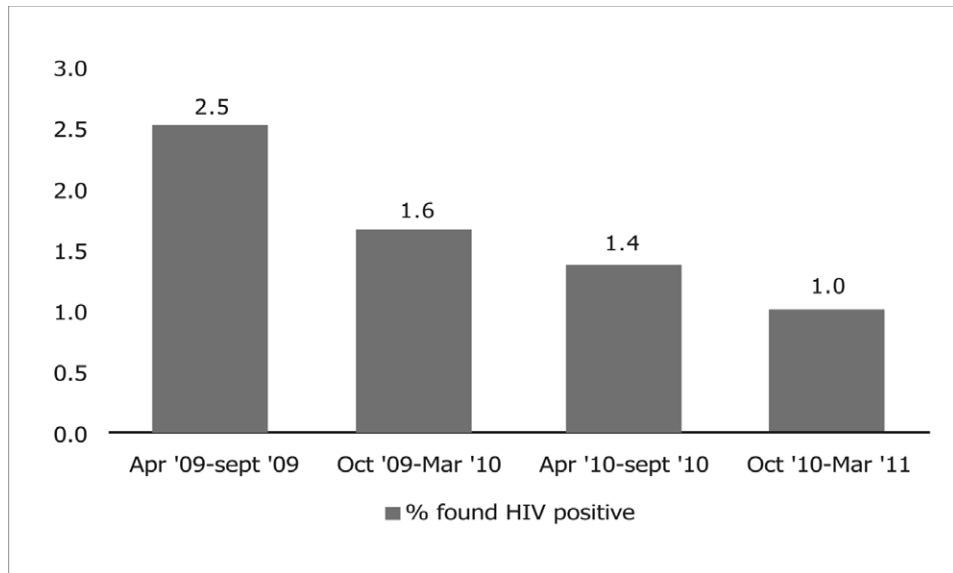
Table 8: HRGs referred to ICTC, tested for HIV and found HIV positive in the year 2010-11 in six month interval.

Typology	All India covered HRG population	Apr- Sept 2010			Oct 2010 – Mar 2011		
		Total referred	Total tested	Total positive	Total referred	Total tested	Total positive
Core Group							
FSW	712700	430000	268656	3115	383345	248297	1920
MSM	275531	174975	118896	1598	149401	103461	961
IDU	130858	61860	40057	1163	72287	45146	1173
Total	1119089	666835	427609	5876	605033	396904	4054
Bridge Population							
Truckers	3187471	76852	25842	273	60501	22721	316
Migrant	2261831	310183	118912	1030	336080	125028	752
Total	5449302	387035	144754	1303	396581	147749	1068

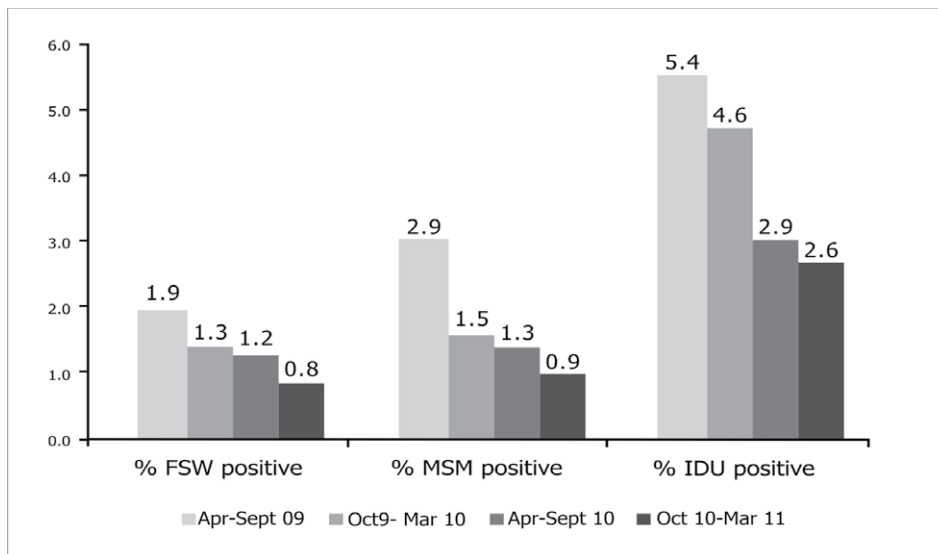
Graph 9a: Comparative percentage of HRG tested between 2009-10 and 2010-11 among the core group (FSW, MSM and IDU) with six month interval – All India.



Graph 9b: Comparative percentage of HRG found HIV positive between 2009-10 and 2010-11 among the core group (FSW, MSM and IDU) with six month interval – All India.



**Graph 9c: Typology wise comparison on the positivity rate since April 2009 to March 2011
– All India**



Observations

The above table and graphs gives summary of HIV testing at the national level. Coverage of core groups (FSW, MSM and IDU) increased from 1,098,156 in 2009-10 to 1,119,089 in 2010-11. HIV testing continued to be around 35%. However, it should be noted here that TIs promoted HIV testing among those HRGs only who were found HIV negative in their previous test. Hence, persons detected HIV positive previously were not included here.

There was a consistent decline in the positivity rate of those tested for HIV from 2009-10 till 2011. This decline was also seen individually in each typology (FSW, MSM, IDU). The positivity among FSW and MSMs was below 1% but among IDUs it was still over 2.5%.

Action Points

- HRG should be encouraged to undergo HIV counselling and testing at ICTC once in every six months.
- Both syphilis and HIV testing to be done through single window of ICTC located in the hospital where DSRC is located. This initiative will enhance service uptake by HRG.
- TI NGO should undertake demand generation activities to promote HIV and syphilis screening by HRG.

Contd...

- All HRG who are found HIV positive should be linked with ART centre and counsellor to document ART registration number. This is a joint responsibility of counsellor of ICTC and TI staff.

State and typology wise analysis are detailed below:

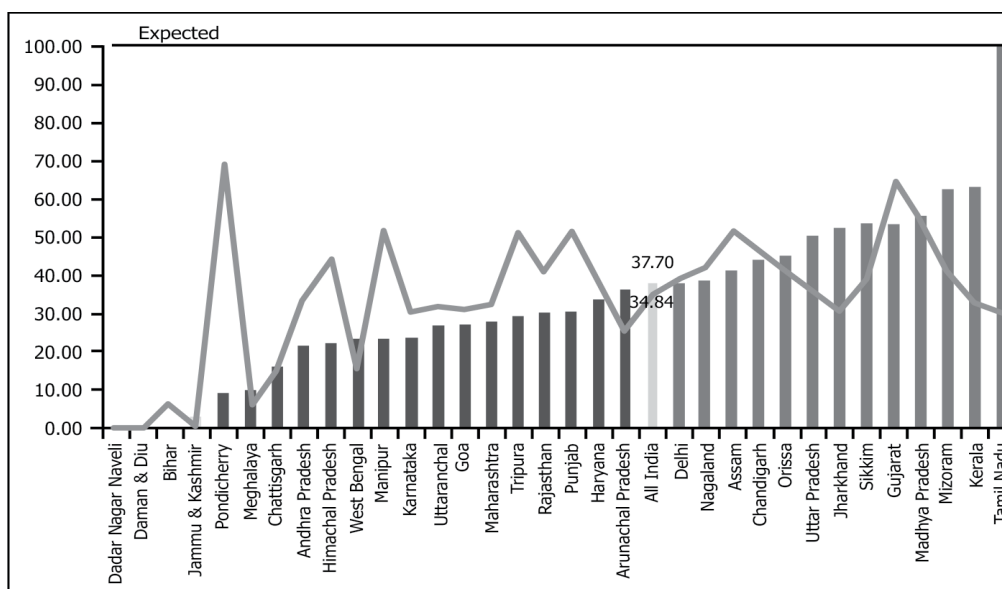
FSW INTERVENTIONS

Table 9: ICTC referral and HIV testing at ICTC for the year 2010-11 in six month interval for FSW.

SI No	Name of the State	FSW coverage population	Apr- Sept 2010			Oct 2010 – March 2011		
			FSW referred	FSW tested	FSW positive	FSW referred	FSW tested	FSW positive
1	Andhra Pradesh	133070	43627	28966	175	50871	45294	205
2	Arunachal Pradesh	3788	1834	1368	0	1590	950	0
3	Assam	18400	12193	7637	19	13870	9539	16
4	Bihar	15925	366	73	2	2527	1103	19
5	Chandigarh	3957	2054	1744	3	2276	1830	3
6	Chhattisgarh	12300	3575	1986	19	3095	1883	7
7	Dadra & Nagar Naveli	0	0	0	0	0	0	0
8	Daman & Diu	155	0	0	0	0	0	0
9	Delhi	37550	25149	14215	48	26403	14733	44
10	Goa	3028	1173	827	4	1218	935	7
11	Gujarat	34561	20799	18535	71	25352	22295	83
12	Haryana	14800	10540	4996	31	13006	5614	44
13	Himachal Pradesh	6900	4218	1553	0	5403	3035	0
14	Jammu & Kashmir	1249	74	40	0	41	10	0
15	Jharkhand	11631	10117	6091	19	7093	3547	13
16	Karnataka	77152	21724	18434	818	25527	23419	444
17	Kerala	31013	28281	19606	13	21507	10030	10
18	Madhya Pradesh	13388	10722	7441	41	10569	7361	50
19	Maharashtra	97285	42525	27044	739	48212	31555	557
20	Manipur	5500	1390	1295	40	3087	2862	41
21	Meghalaya	1680	258	169	2	132	97	0
22	Mizoram	1431	1461	893	33	754	590	14
23	Nagaland	2620	1326	1015	38	1555	1103	19
24	Orissa	12075	8897	5450	36	9840	5001	33
25	Puducherry	2085	249	194	3	1615	1435	1
26	Punjab	13750	6687	4183	17	11299	7061	24

Sl No	Name of the State	FSW coverage population	Apr- Sept 2010			Oct 2010 – March 2011		
			FSW referred	FSW tested	FSW positive	FSW referred	FSW tested	FSW positive
27	Rajasthan	20500	13716	6192	114	17263	8489	38
28	Sikkim	721	386	386	0	284	284	0
29	Tamil Nadu	64681	112799	65408	637	29640	19836	167
30	Tripura	8700	3137	2555	6	6100	4410	4
31	Uttar Pradesh	20350	13341	10231	81	14372	7304	16
32	Uttaranchal	5650	2581	1513	3	3178	1794	6
33	West Bengal	36805	24801	8616	103	25666	4898	55
All India		712700	430000	268656	3115	383345	248297	1920

Graph 10: Comparative graph in % of FSW undergone HIV counselling and testing conducted at ICTC across states during first six months (bar chart) and second six months (trend line) for the year 2010-11 in FSW intervention



Observations

1. Status of HIV counselling and testing at ICTC during April to September 2010

During this period, out of 712700 FSW registered, 430000 (60.3%) were referred to ICTC. Of those referred, 268656 (62.5%) were tested. The percentage of FSW tested for HIV was 37.7% (268656/712700) which is about one third of target of 100% testing in six months' time. Among 268656 FSW tested, 3115 were found positive (1.2%).

2. Status of HIV counselling and testing at ICTC during October 2010 to March 2011

During this period, out of 712700 (FSW) registered, 383345 (53.8%) were referred to ICTC. Of those referred, 248297 (64.8%) were tested. The percentage of FSW tested for HIV was 34.8% (248297/712700) which is about one third of target of 100% testing in six months' time. Among 248297 FSW tested, 1920 (0.8%) were found positive.

3. There has been no improvement in the testing rate across the States.
4. The positive rate has gone below 1% in the second half of the year.
5. Overall the referral to ICTC is far below the expected level of 100%.

Action Points

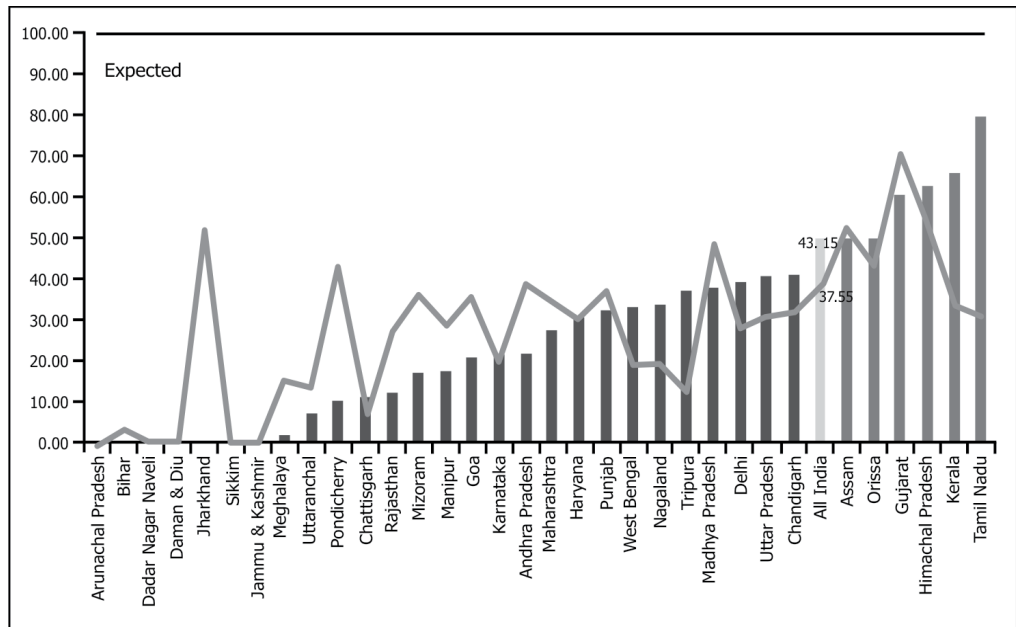
- The Project Manager should facilitate micro planning activity so as to track FSW for undertaking HIV testing.
- All HRG found HIV positive should be linked with ART centre and counsellor to document ART registration number.
- The positive HRG should be met more frequently and ensure to provide condoms, motivate them to seek STI services, biannual syphilis screening and treatment.

MSM INTERVENTION

Table 10: ICTC referral and HIV counselling and testing at ICTC for the year 2010-11 in six month interval for MSM.

SI No	Name of the State	MSM coverage population	Apr- Sept 2010			Oct 10 – Mar 2011		
			MSM referred	MSM tested	MSM Positive	MSM referred	MSM tested	MSM positive
1	Andhra Pradesh	33272	15508	7366	29	16317	12988	105
2	Arunachal Pradesh	0	3	1	0	47	25	0
3	Assam	2000	1245	990	1	1504	1055	3
4	Bihar	3460	2	0	0	587	121	10
5	Chandigarh	2310	1459	949	10	984	725	1
6	Chhattisgarh	2650	2915	299	18	146	122	2
7	Dadra & Nagar Haveli	0	0	0	0	0	0	0
8	Daman & Diu	110	0	0	0	0	0	0
9	Delhi	15350	10472	6057	103	7890	4379	51
10	Goa	2811	816	592	8	1093	1009	6
11	Gujarat	41480	26472	25179	154	31685	29378	131
12	Haryana	5100	2119	1569	27	2585	1603	5
13	Himachal Pradesh	300	597	187	0	377	161	0
14	Jammu & Kashmir	300	19	2	0	0	0	0
15	Jharkhand	480	0	0	0	419	254	0
16	Karnataka	24093	7642	5210	217	5833	4579	72
17	Kerala	22459	15927	14681	6	15621	7569	4
18	Madhya Pradesh	6582	3872	2497	14	5013	3236	46
19	Maharashtra	37370	17739	10361	341	18203	13415	235
20	Manipur	1100	197	194	6	434	320	48
21	Meghalaya	200	4	4	0	41	30	1
22	Mizoram	492	110	84	3	186	179	1
23	Nagaland	1200	415	405	20	304	241	11
24	Orissa	5500	4636	2740	29	5185	2351	27
25	Puducherry	2123	261	217	1	1078	925	2
26	Punjab	2550	1362	823	11	1693	956	11
27	Rajasthan	4350	983	536	12	2608	1188	24
28	Sikkim	0	0	0	0	0	0	0
29	Tamil Nadu	39574	49361	31528	499	17603	12113	116
30	Tripura	400	349	149	1	65	50	0
31	Uttar Pradesh	9775	6726	3965	50	6998	3008	25
32	Uttaranchal	1440	556	102	1	752	198	6
33	West Bengal	6700	3208	2209	37	4150	1283	18
All India		275531	174975	118896	1598	149401	103461	961

Graph 11: Comparative graph in % of MSM undergone HIV counselling and testing conducted at ICTC across states during first six months (bar chart) and second six months (trend line) for the year 2010-11 in MSM interventions.



Observations

1. Status of HIV counselling and testing at ICTC during April to September 2010

During this period, out of 275531 MSM registered, 174975 (63.5%) were referred to ICTC. Of those referred, 118896 (67.9%) were tested. The percentage of MSM tested for HIV was 43.2% (118896/275531). Among 118896 MSM tested, 1598 were found positive (1.3%).

2. Status of HIV counselling and testing at ICTC during October 2010 to March 2011

During this period out of 275531 MSM registered, 149401 (54.2%) were referred to the ICTC. Of those referred, only 103461 (69.3%) were tested. The percentage of MSM tested for HIV was 37.5% (103461 / 275531). Among 103461 MSM tested, 961 were found positive (0.9%).

3. The referrals to ICTC centers and HIV testing have not improved during the year. This needs attention by the TIs, TSU and State. Most of the States have shown mixed response on the referrals and testing. The pattern of data across States suggests that the focus on ICTC was less.
4. With increase in coverage, the absolute numbers of those tested for HIV should also increase as time progresses and community becomes better aware; however there was a decline in testing from 43.2% in the first six months to 37.5% in the second half. Tamil Nadu and Kerala showed maximum decline in HIV testing in the second half of the year.
5. The HIV positive rate came down from 1.3% from the first six months to 0.9% in the second half of the year, which is encouraging.

Action Points

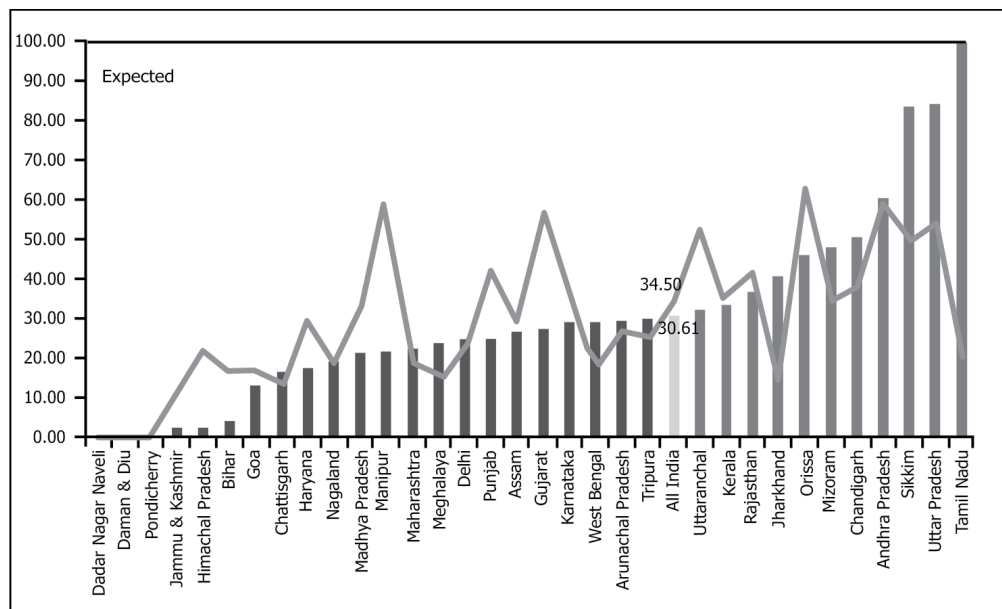
- SACS/TSU should build capacities of TIs to encourage newly registered HRGs to access HIV testing.
- At TI level, TSU should identify reasons why MSMs are not accessing ICTC and develop solutions including BCC messaging to address the same.
- TIs should also identify MSMs who have missed HIV testing in consecutive 6 month periods and prioritise them through outreach.

IDU INTERVENTION

Table 11: ICTC referral and HIV counselling and testing at ICTC for the year 2010-11 in six month interval for IDU.

SI No	Name of the State	IDU coverage population	Apr- Sept 2010			Oct 10 – Mar 2011		
			IDU Referred	IDU tested	IDU positive	IDU referred	IDU tested	IDU positive
1	Andhra Pradesh	1800	1506	1089	9	2001	1069	18
2	Arunachal Pradesh	1728	751	508	0	714	446	0
3	Assam	3350	2199	894	10	2170	976	2
4	Bihar	4242	311	177	10	1364	717	34
5	Chandigarh	1305	816	659	10	542	476	7
6	Chhattisgarh	2065	521	346	5	483	254	0
7	Dadar Nagar Haveli	0	0	0	0	0	0	0
8	Daman & Diu	0	0	0	0	0	0	0
9	Delhi	9600	3824	2381	99	3569	2071	126
10	Goa	632	121	83	1	167	109	3
11	Gujarat	1010	357	276	3	719	579	12
12	Haryana	4200	1328	739	32	2031	1233	76
13	Himachal Pradesh	800	80	20	0	327	169	4
14	Jammu & Kashmir	300	43	7	0	71	33	0
15	Jharkhand	440	194	177	0	117	44	0
16	Karnataka	917	478	265	1	547	312	0
17	Kerala	6218	3882	2087	2	3374	2194	26
18	Madhya Pradesh	4924	1354	1056	31	1867	1581	57
19	Maharashtra	2179	961	490	98	793	385	25
20	Manipur	19400	4623	4250	295	12737	11533	378
21	Meghalaya	1450	355	344	0	323	201	0
22	Mizoram	15200	8192	7291	147	6332	5204	53
23	Nagaland	19428	11218	3671	41	11137	3652	15
24	Orissa	1900	1353	873	12	1808	1192	9
25	Puducherry	0	0	0	0	0	0	0
26	Punjab	10000	3427	2493	191	6527	4270	217
27	Rajasthan	900	402	328	9	466	379	8
28	Sikkim	1449	1290	1207	2	734	705	0
29	Tamil Nadu	1046	1429	1073	4	315	210	1
30	Tripura	1050	474	314	0	581	253	0
31	Uttar Pradesh	5550	6658	4655	119	7357	2999	63
32	Uttaranchal	1500	1019	481	16	1006	786	7
33	West Bengal	6275	2694	1823	16	2108	1114	32
All India		130858	61860	40057	1163	72287	45146	1173

Graph 12: Comparative graph of percentage of HIV counselling and testing conducted at ICTC across states during first six months (bar chart) and second six months (trend line) for the year 2010-11 in IDU intervention



Observations

1. Status of HIV counselling and testing at ICTC during April to September 2010

Out of 130858 IDU registered, 61860 (47.2%) were referred to ICTC. Of those referred, 40057 (64.8%) were tested. The percentage of IDU tested for HIV was 30.6% (40057/130858) which is about one third of target of 100% testing in six months' time. Among 40057 IDU tested, 1163 were found positive (2.9%).

2. Status of HIV counselling and testing at ICTC during October 2010 to March 2011

Out of 130858 IDU registered, 72287 (55.2%) of IDU were referred to ICTC. Of those referred, 45146 (62.5%) were tested. The percentage of IDU tested for HIV was 34.5% (45146 / 130858) which is about one third of target of 100% testing in six months' time. Among 45146 IDU tested, 1173 were found positive (2.6%).

3. The referrals to the ICTC centers improved over the months (from 47.2% in the first half to 55.2% in the second half). The referrals were still far below expected level.
4. Haryana, Manipur and Punjab showed good increase in the testing numbers.
5. Overall the testing rate increased from 30.6% to 34.5% of the coverage.
6. The analysis also revealed that the positive rate marginally decreased from 2.9% in the first six months to 2.6% in the second six months.

Action points:

- As seen in Graph 9c, positivity among IDUs tested continued to be high (above 2%). It is imperative that all positives (2336) be linked to ART centres.
- NSEP needs to be strengthened in States showing high positivity i.e Punjab (above 5%), Haryana (above 5%), Delhi (above 6%) and Manipur (above 4%).
- In the two states where less than 50% of those referred actually got tested such as Assam (40%) and Nagaland (32%); NERO and SACS need to examine reason for drop out (referral to testing).

BRIDGE POPULATION INTERVENTION

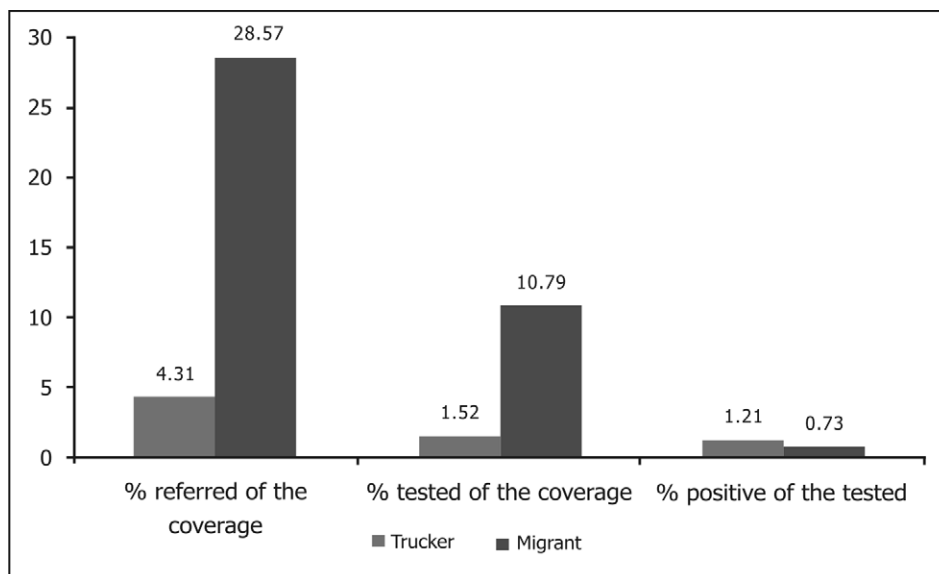
Table 12: ICTC referral and HIV counselling and testing at ICTC for the year 2010-11 in six month interval for Trucker.

SI No	Name of the State	Trucker coverage population	Apr- Sept 2010			Oct 10 – Mar 2011		
			Trucker referred	Trucker tested	Trucker positive	Trucker referred	Trucker tested	Trucker positive
1	Andhra Pradesh	232433	4774	2635	25	4757	2257	29
2	Arunachal Pradesh	0	0	0	0	0	0	0
3	Assam	18861	567	321	1	780	320	4
4	Bihar	23551	2	0	0	434	71	3
5	Chandigarh	840	0	0	0	0	0	0
6	Chhattisgarh	108486	290	58	11	1007	147	10
7	Dadra Nagar Haveli	23406	1104	80	0	372	2	0
8	Daman & Diu	35857	321	66	0	0	0	0
9	Delhi	183178	1640	954	5	1607	254	6
10	Goa	41883	459	22	0	900	210	4
11	Gujarat	301091	5036	2591	19	7888	4942	52
12	Haryana	N.A.	48	14	0	0	0	0
13	Himachal Pradesh	0	0	0	0	0	0	0
14	Jammu & Kashmir	0	0	0	0	0	0	0
15	Jharkhand	157585	3149	585	4	2933	653	14
16	Karnataka	153268	999	492	16	1416	988	18
17	Kerala	177572	3345	517	1	2288	19	0
18	Madhya Pradesh	263376	2543	204	3	1563	93	2
19	Maharashtra	501522	17631	3210	62	9512	5360	74
20	Manipur	0	0	0	0	0	0	0
21	Meghalaya	0	0	0	0	0	0	0
22	Mizoram	0	0	0	0	0	0	0
23	Nagaland	36908	537	375	1	363	138	0
24	Orissa	30175	1188	163	0	1828	181	0
25	Puducherry	0	0	0	0	0	0	0
26	Punjab	123770	1595	426	8	1435	250	2
27	Rajasthan	135820	1588	198	2	2092	476	3
28	Sikkim	0	0	0	0	0	0	0
29	Tamil Nadu	167697	21501	12059	101	10137	5415	37
30	Tripura	0	0	0	0	0	0	0
31	Uttar Pradesh	330379	4002	548	10	4766	363	3
32	Uttaranchal	0	0	0	0	0	0	0
33	West Bengal	139813	4533	324	4	4423	582	55
All India		3187471	76852	25842	273	60501	22721	316

Table 13: ICTC referral and HIV counselling and testing at ICTC for the year 2010-11 in six month interval for MIGRANT.

SI No	Name of the State	Migrant coverage population	Apr- Sept 2010			Oct 10 – Mar 2011		
			Migrant referred	Migrant tested	Migrant positive	Migrant referred	Migrant tested	Migrant positive
1	Andhra Pradesh	88544	17420	10602	253	15993	11436	74
2	Arunachal Pradesh	50350	6382	3028	0	6286	2107	0
3	Assam	30156	5063	1100	3	5906	1375	0
4	Bihar	50350	0	0	0	0	0	0
5	Chandigarh	25267	2016	1514	4	2027	1387	3
6	Chhattisgarh	10350	1297	609	1	952	451	1
7	Dadra Nagar Haveli	75287	3810	122	1	3647	116	0
8	Daman & Diu	22000	649	24	0	0	0	0
9	Delhi	40000	0	0	0	0	0	0
10	Goa	14453	1530	1096	128	2013	1388	14
11	Gujarat	105066	32324	17436	63	47801	21374	65
12	Haryana	53000	19656	5221	8	15244	4611	4
13	Himachal Pradesh	15000	3261	543	0	2906	653	0
14	Jammu & Kashmir	15000	49	40	0	52	39	0
15	Jharkhand	50000	20	35	1	0	0	0
16	Karnataka	151816	6635	2684	19	6572	3047	8
17	Kerala	40000	6122	1818	1	1441	913	2
18	Madhya Pradesh	251000	502	302	0	1640	598	0
19	Maharashtra	674037	110332	39181	294	147570	51232	465
20	Manipur	16036	177	156	15	214	207	10
21	Meghalaya	5000	55	4	0	21	0	0
22	Mizoram	48702	13388	3582	11	4760	2174	13
23	Nagaland	46000	1842	362	5	2802	198	8
24	Orissa	77114	23831	7117	30	20896	5426	19
25	Puducherry	3784	321	206	1	986	717	5
26	Punjab	12566	2589	1069	40	2901	1260	9
27	Rajasthan	36717	5205	1502	3	6221	2669	6
28	Sikkim	4084	181	176	0	80	73	0
29	Tamil Nadu	85080	22988	13938	120	6791	3745	7
30	Tripura	62849	7415	3718	5	9745	5700	13
31	Uttar Pradesh	24723	0	0	0	0	0	0
32	Uttaranchal	30000	2648	858	3	3403	1079	2
33	West Bengal	47500	12475	869	21	17210	1053	24
All India		2261831	310183	118912	1030	336080	125028	752

Graphs 13: ICTC referrals, counselling and tested and positivity among bridge population (Truckers and Migrants) during the year 2010-11.



Observations

1. Status of HIV counselling and testing at ICTC during April to September 2010

1.1 Trucker Intervention

From the table 12, Only 76852 (2.4% of the coverage) truckers were referred to ICTC centres for HIV testing. Of those referred, 25842 (33.6%) were tested. Of those tested, 273(1.1%) truckers were found positive.

1.2 Migrant Intervention

From the table 13, 310183 (13.7% of the coverage) migrants were referred to ICTC centre for HIV testing. Of those referred, 118912 (38.3%) were tested. Of those tested, 1030 (0.9%) were found positive.

2. Status of HIV counselling and testing at ICTC during October 2010 – March 2011

2.1 Trucker Intervention

During the period, only 60501 (1.9% of the coverage) truckers were referred to ICTC centres for HIV testing. Of those referred, only 22721 (37.6%) were tested. Of those tested, 316(1.4%) truckers were found positive.

2.2 Migrant Intervention

From the table 13, During the period, 336080 (14.9% of the coverage) migrants were referred to ICTC for HIV testing. Of those referred, 125028 (37.2%) were tested. Of those tested, 752 (0.6%) were found positive during the period October 2010 to March 2011.

3. From the trucker intervention, the referrals to ICTC centers were negligible and referral from migrant intervention was also not encouraging.
4. In Trucker intervention, the testing rate showed slight increase (from 33.6% in the first six months to 37.6% in the second six months of the year of those referred) while in migrant intervention it declined from 38.3% to 37.2% when compared bi-annually.
5. From the graph 13, only 1.52% and 10.79% of the trucker and migrant coverage population respectively has been tested at the ICTC centers, which is quite low.

Action Points

- Trucker and migrant interventions should ensure that all clinic attendees are referred to ICTC for HIV testing. Efforts to maximize accompanied referrals should be made as it is seen that the community is not motivated enough for HIV testing.
- TI staff should also ensure that truckers collect HIV test results, this has been observed as a gap during field visits.
- TIs should network with district health authorities to ensure that mobile ICTC route plans include distant hotspots where migrants congregate or truckers halt point away from main town.

III. Care and Support

Linkages to ART

As per NACP III guidelines all the HRGs tested positive are to be registered for pre ART registration.

In order to improve health and reduce transmission of HIV infection, all HRGs who are found HIV positives are encouraged to be linked to ART centre for care and support services. Linkages of HIV positive HRG to ART centre improved in 2010-11 as compared to the previous year. During 2010-11 in core group population more number of FSW, MSM and IDU are linked to ART centers than the number of HRG found positive. This indicates that some of the HRG diagnosed positive in the previous years were also linked to ART services in 2010-11. However, in bridge population, ART linkage was found to be weak and required strengthening. Those declared positive (only 44% of migrants and 34% of truckers) were linked to ART services. It could be concluded that the core group TIs emphasized on positive HRGs linking to ART whereas the linkage was weak in the bridge population TIs.

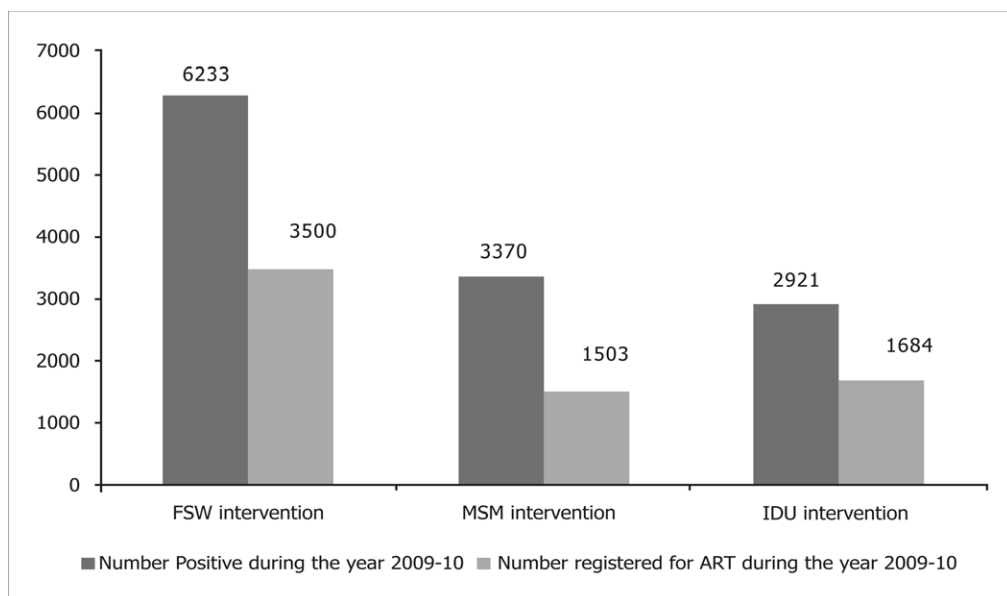
Table 14: HRG tested HIV positive and linked to ART centers during the year 2010-11 (Core group)

SI No	Name of the State	Total FSW found positive	Total FSW registered at ART	Total MSM found positive	Total MSM registered at ART	Total IDU found positive	Total IDU registered at ART
1	Andhra Pradesh	380	558	134	333	27	35
2	Arunachal Pradesh	0	0	0	0	0	0
3	Assam	35	40	4	1	12	12
4	Bihar	21	14	10	1	44	7
5	Chandigarh	6	6	11	16	17	9
6	Chhattisgarh	26	25	20	62	5	3
7	Dadra Nagar & Haveli	0	0	0	0	0	0
8	Daman & Diu	0	0	0	0	0	0
9	Delhi	92	68	154	240	225	101
10	Goa	11	17	14	11	4	3
11	Gujarat	154	118	285	221	15	6
12	Haryana	75	22	32	22	108	5
13	Himachal Pradesh	0	5	0	0	4	4
14	Jammu & Kashmir	0	0	0	0	0	0
15	Jharkhand	32	26	0	0	0	0
16	Karnataka	1262	303	289	120	1	0
17	Kerala	23	52	10	48	28	78

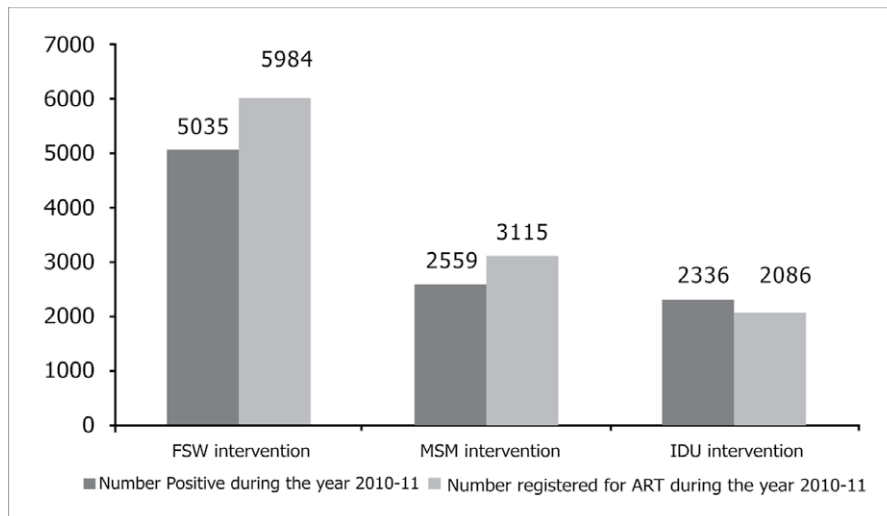
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SI No	Name of the State	Total FSW found positive	Total FSW registered at ART	Total MSM found positive	Total MSM registered at ART	Total IDU found positive	Total IDU registered at ART
18	Madhya Pradesh	91	71	60	50	88	52
19	Maharashtra	1296	528	576	264	123	55
20	Manipur	81	64	54	3	673	691
21	Meghalaya	2	6	1	0	0	2
22	Mizoram	47	50	4	4	200	253
23	Nagaland	57	28	31	6	56	65
24	Orissa	69	67	56	40	21	51
25	Puducherry	4	6	3	10	0	0
26	Punjab	41	23	22	20	408	339
27	Rajasthan	152	94	36	29	17	30
28	Sikkim	0	0	0	0	2	0
29	Tamil Nadu	804	3440	615	1534	5	70
30	Tripura	10	10	1	1	0	0
31	Uttar Pradesh	97	56	75	46	182	99
32	Uttaranchal	9	5	7	9	23	38
33	West Bengal	158	282	55	24	48	78
All India		5035	5984	2559	3115	2336	2086

Graph 14: Total number of positives found and registration done at ART centers for core groups during the year 2009-2010.



Graph 15: Total number of positives found and registration done at ART centers for the three core groups during the year 2010-2011.



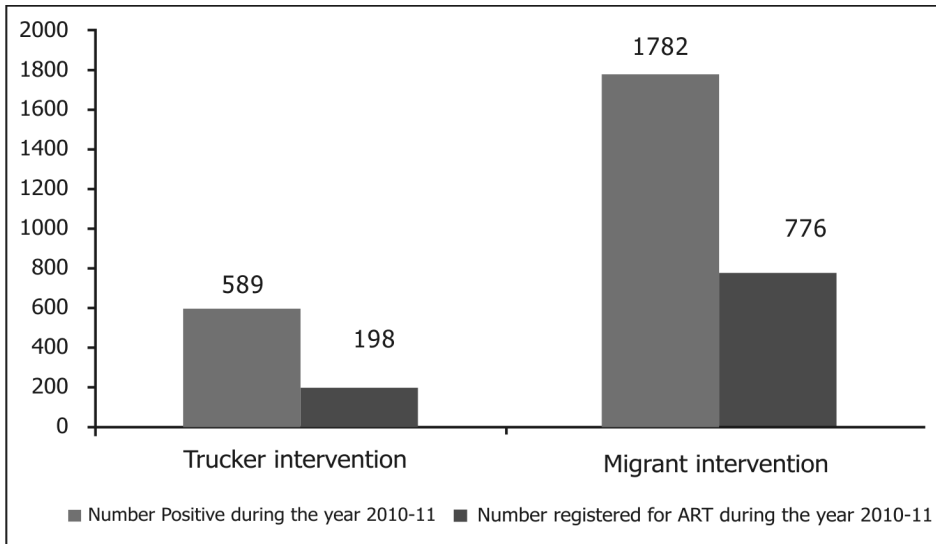
Observations

1. Overall the pre-registration with the ART centers went up in FSW and MSM interventions.
2. Comparatively, in the IDU intervention, the number registered was slightly less than the positives detected during the year. State, TSU and TIs may take efforts to ensure linkage with ART centers.
3. In few states (Andhra Pradesh, Assam, Chhattisgarh, Delhi, Himachal Pradesh, Kerala, Mizoram, Meghalaya, Puducherry, Tamil Nadu and West Bengal) the ART registration was higher than the number of people tested positive during the specified period. This might be due to the registration of previously detected positive HRGs with ART centers.
4. Some of the States (Maharashtra, Karnataka, Nagaland, Sikkim and Uttar Pradesh) registered less number of positives for the ART registration than detected .
5. The States showing wide gap between tested positive and registered with ART need to focus on the registration for ART.

Table 15: HRG tested HIV positive linked to ART centers during the year 2010-11 (Bridge group).

SI No	Name of the State	Total TRUCKER found positive	Total TRUCKER registered at ART during the year	Total MIGRANT found positive	Total MIGRANT registered at ART
1	Andhra Pradesh	54	33	327	119
2	Arunachal Pradesh	0	0	0	0
3	Assam	5	3	3	2
4	Bihar	3	1	0	0
5	Chandigarh	0	0	7	1
6	Chhattisgarh	21	0	2	0
7	Dadra Nagar & Haveli	0	0	1	0
8	Daman & Diu	0	0	0	0
9	Delhi	11	3	0	0
10	Goa	4	1	142	22
11	Gujarat	71	29	128	94
12	Haryana	0	0	12	6
13	Himachal Pradesh	0	0	0	1
14	Jammu & Kashmir	0	0	0	0
15	Jharkhand	18	4	1	1
16	Karnataka	34	16	27	15
17	Kerala	1	1	3	3
18	Madhya Pradesh	5	2	0	1
19	Maharashtra	136	37	759	370
20	Manipur	0	0	25	9
21	Meghalaya	0	0	0	0
22	Mizoram	0	0	24	16
23	Nagaland	1	0	13	4
24	Orissa	0	1	49	32
25	Puducherry	0	0	6	4
26	Punjab	10	5	49	12
27	Rajasthan	5	4	9	5
28	Sikkim	0	0	0	0
29	Tamil Nadu	138	0	127	0
30	Tripura	0	0	18	14
31	Uttar Pradesh	13	6	0	0
32	Uttaranchal	0	0	5	2
33	West Bengal	59	52	45	43
All India		589	198	1782	776

Graph 16 : Total number of HRGs found positive and pre-registration done at ART centers in the bridge group intervention during the year 2010-2011.



Observations

1. Truckers Intervention

- 1.1 During the year, 589 Truckers were found positive.
- 1.2 The registration at ART during the year was only 198 (34% of the total positives identified).

2. Migrants Intervention

- 2.1 During the year, 1782 migrants found positive.
3. Overall there has been a huge gap between number of positives detected and registration at ART in all States.

Action Points

Bridge TI intervention need to strengthen care and support linkages.

IV. Condom Promotion

As stated in NACO's operational guidelines for TIs, the primary strategy for condom promotion amongst FSWs, MSMs, TGs and IDUs is to provide free supply of condoms through TI NGOs/CBOs.

The secondary strategy is to provide supply of socially marketed condoms. This is being done in collaboration with Social Marketing organizations (SMOs).

However, the guidelines reiterate the principle that "condoms should always be available for free".

The TI data collection formats now provide scope for recording actual demand of condoms among core groups. This demand has to be considered while TI plans for distribution and indent of stock to SACS. The PEs should attempt that the HRGs are met every week for distribution of condoms.

Accurate indicators for 'correct and consistent condom usage' are yet to be developed. However TI must ensure that:

- All core group HRGs are given free condoms to meet the demand
- HRGs must be asked by PEs/counsellor about condom use in last sexual act
- Clusters of population that are showing STI cases should be monitored for condom usage

The demand for condoms varies for each typology. All States should know actual requirement of condoms for the coverage in each typology and for each HRG which is obtained through PEs based on their interaction with the HRGs. For the said period, actual condom demand was not available for analysis.

Hence an attempt is made in this report which estimates average condom demand for each typology. These estimates were used for analysis.

Assumptions for calculating condom estimates

FSW & MSM condom requirement:

The calculation for condom requirement has been extrapolated from AAP 2010-11. The calculation arrived at is for the purpose of this report only.

The States are expected to use the actual condom demand in each TI while monitoring demand Vs distribution data reported by TIs.

The following assumptions were made based on AAP figures.

- Every FSW and MSM would require atleast 2 condoms per day i.e. 2 condoms per day X 20 days a month = A requirement of 40 condoms per FSW/MSM per month.
- Every IDU would require atleast 2-3 condoms per week i.e. 2-3 condoms per week X 4 weeks in a month = A requirement of 10 condoms (minimum) per IDU per month.
- High Risk behaviour Migrant would require 3 condoms per week i.e. 3 condoms per week X 4 weeks in a month = A requirement of 12 condoms per Migrant per month.

TRUCKER intervention condom requirement:

The condom promotion strategy under the truckers’ programme follows 3 objectives:

- Accessibility** through non tradition outlets at hotspots
- Availability** of condoms 24*7 through CVMs through places of sex and solicitation
- Demand generation** through IPC and mid media activities

As per Behavioural Tracking Survey (BTS–IV), following calculation has been suggested.

Type of partner	Number of Sex act	Number of sex acts per year	Number of sex acts per month
PAID	4 sex act in 3 months	16	1.33
UNPAID	2 sex acts in a month	24	2
MSM ACTIVITIES	4 sex act in 3 months	16	1.33
Total		56	4.66 (or say 5 sex act per month)

NOTE: As per the growth trajectory for condoms under NACP-III, 33% of condoms were sold through CSM in 2005, and by the year 2011, it was projected to be 57%. Taking average of it, we assume 50% of condoms would be sold through social marketing.

Based on these assumptions, every trucker would be requiring 5 condoms per month out of which 50% will be covered through social marketing (from various sources). The prevention project will meet 50% demand. Hence 50% (average of 2.5 condoms per trucker per month) has been taken as condom demand for this report.

Following table gives detailed breakup of condom distribution against the requirement for all 5 categories of HRGs for the year 2010-11.

Table 16: State wise condom distribution among FSW against the annual demand for the year 2010-11.

Sl. No	Name of the State	FSW coverage	Annual condom demand	% of free condom distributed against annual demand	% of condom social marketing against annual demand	% of total condom distribution against annual demand
1	Andhra Pradesh	133070	63873600	102.3	1.9	104.2
2	Arunachal Pradesh	3788	1818240	15.3	0.8	16.1
3	Assam	18400	8832000	44.3	0.5	44.9
4	Bihar	15925	7644000	10.8	0.2	11.0
5	Chandigarh	3957	1899360	33.1	3.9	37.0
6	Chhattisgarh	12300	5904000	28.3	0.0	28.3
7	Dadra & Nagar Haveli	0	0	0.0	0.0	0.0
8	Daman & Diu	155	74400	0.0	0.0	0.0
9	Delhi	37550	18024000	68.9	0.0	69.0
10	Goa	3028	1453440	39.5	0.8	40.3
11	Gujarat	34561	16589280	56.8	1.2	58.0
12	Haryana	14800	7104000	19.2	1.4	20.7
13	Himachal Pradesh	6900	3312000	37.7	2.6	40.3
14	Jammu & Kashmir	1249	599520	1.8	0.1	1.9
15	Jharkhand	11631	5582880	30.1	0.2	30.3
16	Karnataka	77152	37032960	88.8	0.2	89.0
17	Kerala	31013	14886240	27.4	3.1	30.5
18	Madhya Pradesh	13388	6426240	81.5	1.3	82.8
19	Maharashtra	97285	46696800	67.9	1.5	69.4
20	Manipur	5500	2640000	58.9	1.1	59.9
21	Meghalaya	1680	806400	21.9	0.0	21.9
22	Mizoram	1431	686880	39.6	0.1	39.7
23	Nagaland	2620	1257600	35.8	0.1	35.9
24	Orissa	12075	5796000	51.8	0.6	52.4
25	Puducherry	2085	1000800	83.0	0.8	83.8
26	Punjab	13750	6600000	47.0	1.3	48.3
27	Rajasthan	20500	9840000	60.5	1.0	61.5
28	Sikkim	721	346080	29.1	0.5	29.6
29	Tamil Nadu	64681	31046880	0.0	0.0	0.0
30	Tripura	8700	4176000	29.2	0.0	29.2
31	Uttar Pradesh	20350	9768000	86.1	2.1	88.3
32	Uttaranchal	5650	2712000	37.0	0.8	37.8
33	West Bengal	36805	17666400	21.1	49.8	70.9
All India		712700	34,20,96,000	59.4	3.6	63.0

Graph 17: Percentage of condoms distributed through Free and Social Marketing against demand across four Quarters in FSW intervention.

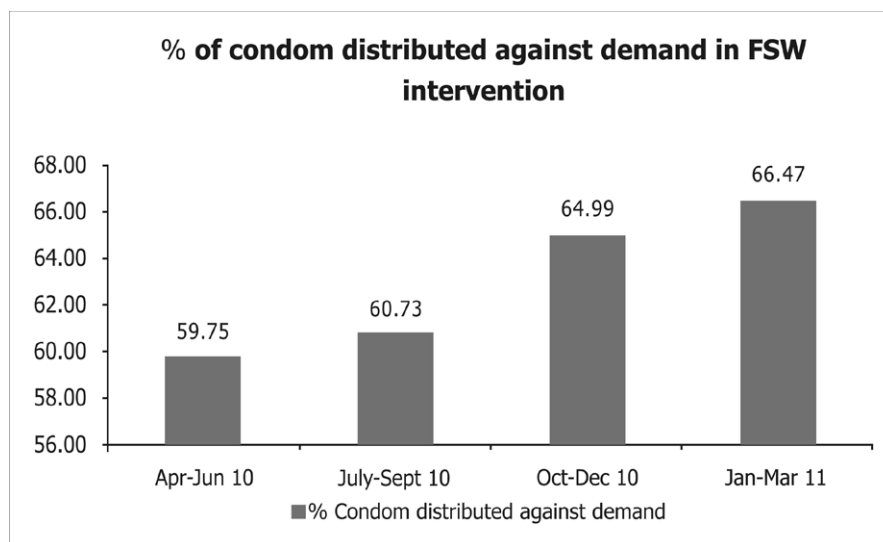


Table 17: State wise condom distribution among MSM against the annual demand for the year 2010-11.

Sl. No.	Name of the State	MSM coverage	Annual condom requirement	% of free distributed against annual demand	% of social marketing against annual demand	% of total distributed against annual demand
1	Andhra Pradesh	33272	15970560	121.0	2.3	123.3
2	Arunachal Pradesh	0	0	0.0	0.0	0.0
3	Assam	2000	960000	39.7	0.6	40.3
4	Bihar	3460	1660800	7.6	0.2	7.8
5	Chandigarh	2310	1108800	25.0	5.3	30.3
6	Chhatisgarh	2650	1272000	12.8	0.0	12.8
7	Dadra & Nagar Haveli	0	0	0.0	0.0	0.0
8	Daman & Diu	110	52800	0.0	0.0	0.0
9	Delhi	15350	7368000	41.2	0.0	41.2
10	Goa	2811	1349280	30.3	0.1	30.4
11	Gujarat	41480	19910400	38.7	0.9	39.6
12	Haryana	5100	2448000	21.5	1.8	23.3
13	Himachal Pradesh	300	144000	61.8	10.0	71.8
14	Jammu & Kashmir	300	144000	0.2	0.1	0.3
15	Jharkhand	480	230400	20.2	0.0	20.2

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Sl. No.	Name of the State	MSM coverage	Annual condom requirement	% of free distributed against annual demand	% of social marketing against annual demand	% of total distributed against annual demand
16	Karnataka	24093	11564640	60.9	0.0	60.9
17	Kerala	22459	10780320	24.8	3.1	27.8
18	Madhya Pradesh	6582	3159360	42.8	0.3	43.1
19	Maharashtra	37370	17937600	33.6	0.2	33.8
20	Manipur	1100	528000	59.2	0.7	59.9
21	Meghalaya	200	96000	9.4	0.0	9.4
22	Mizoram	492	236160	17.4	0.0	17.4
23	Nagaland	1200	576000	29.5	0.0	29.5
24	Orissa	5500	2640000	60.4	0.2	60.6
25	Puducherry	2123	1019040	98.5	2.6	101.1
26	Punjab	2550	1224000	31.7	1.1	32.8
27	Rajasthan	4350	2088000	34.7	0.1	34.8
28	Sikkim	0	0	0.0	0.0	0.0
29	Tamil Nadu	39574	18995520	0.0	0.0	0.0
30	Tripura	400	192000	28.1	0.0	28.1
31	Uttar Pradesh	9775	4692000	59.6	0.9	60.5
32	Uttaranchal	1440	691200	22.0	0.4	22.4
33	West Bengal	6700	3216000	45.9	2.2	48.1
All India		275531	132254880	43.8	0.9	44.7

Graph 18: Percentage of condoms distributed through Free and Social Marketing against demand across four Quarters in MSM intervention.

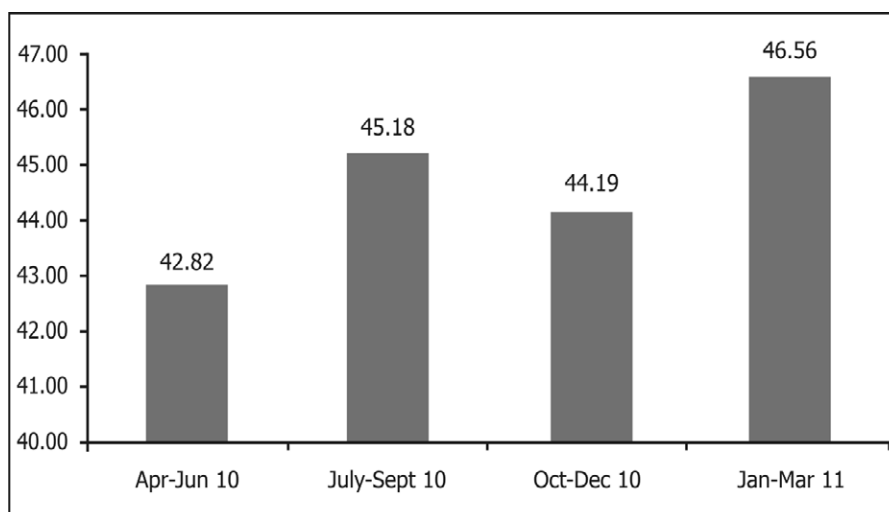


Table 18: State wise condom distribution among IDU against the annual demand for the year 2010-11.

SL No	Name of the State	IDU coverage	Annual condom requirement	% of free distribution against annual demand	% of social marketing against annual demand	% of total distribution against annual demand
1	Andhra Pradesh	1800	216000	130.2	10.5	140.7
2	Arunachal Pradesh	1728	207360	45.1	4.9	50.0
3	Assam	3350	402000	71.1	0.0	71.1
4	Bihar	4242	509040	34.0	0.2	34.2
5	Chandigarh	1305	156600	48.2	4.2	52.4
6	Chhatisgarh	2065	247800	27.3	0.0	27.3
7	Dadra & Nagar Haveli	0	0	0.0	0.0	0.0
8	Daman & Diu	0	0	0.0	0.0	0.0
9	Delhi	9600	1152000	23.3	0.0	23.4
10	Goa	632	75840	14.5	0.0	14.5
11	Gujarat	1010	121200	23.4	0.2	23.6
12	Haryana	4200	504000	31.0	6.0	37.0
13	Himachal Pradesh	800	96000	19.6	1.4	21.0
14	Jammu & Kashmir	300	36000	25.0	0.0	25.0
15	Jharkhand	440	52800	55.4	0.0	55.4
16	Karnataka	917	110040	33.0	0.0	33.0
17	Kerala	6218	746160	15.9	0.2	16.1
18	Madhya Pradesh	4924	590880	40.6	0.0	40.6
19	Maharashtra	2179	261480	13.0	0.0	13.0
20	Manipur	19400	2328000	76.4	0.1	76.5
21	Meghalaya	1450	174000	130.5	0.0	130.5
22	Mizoram	15200	1824000	53.8	0.4	54.2
23	Nagaland	19428	2331360	43.5	0.2	43.6
24	Orissa	1900	228000	68.1	0.2	68.3
25	Puducherry	0	0	0.0	0.0	0.0
26	Punjab	10000	1200000	24.9	1.7	26.6
27	Rajasthan	900	108000	77.8	2.9	80.7
28	Sikkim	1449	173880	82.9	0.0	82.9
29	Tamil Nadu	1046	125520	0.0	0.0	0.0
30	Tripura	1050	126000	62.6	12.3	75.0
31	Uttar Pradesh	5550	666000	125.3	1.8	127.1
32	Uttaranchal	1500	180000	47.9	1.1	49.1
33	West Bengal	6275	753000	31.0	1.2	32.2
All India		130858	15702960	50.0	0.9	50.9

Graph 19: Percentage of condoms distributed through Free and Social Marketing against demand across four Quarters in IDU intervention.

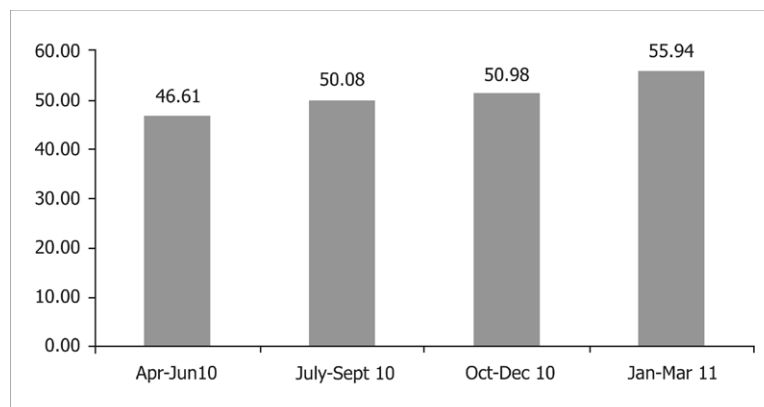


Table 19: Condom distribution among Truckers against the requirement for the year 2010-11.

As per NACO operational guidelines for Trucker TIs, only social marketing condoms are to be provided.

SL No	Name of the states	TRUCKER coverage	Annual condom requirement	% of free distribution against annual demand	% of social marketing against annual demand	% of total distribution against annual demand
1	Andhra Pradesh	232433	6972990	1.8	0.4	2.2
2	Arunachal Pradesh	0	0	0.0	0.0	0.0
3	Assam	18861	565830	0.0	1.9	2.0
4	Bihar	23551	706530	0.0	0.0	0.0
5	Chandigarh	840	25200	4.4	1.4	5.8
6	Chhatisgarh	108486	3254580	0.0	0.0	0.0
7	Dadra & Nagar Haveli	23406	702180	2.1	0.3	2.5
8	Daman & Diu	35857	1075710	0.0	0.0	0.0
9	Delhi	183178	5495340	0.4	1.1	1.5
10	Goa	41883	1256490	0.0	0.1	0.1
11	Gujarat	301091	9032730	0.0	0.4	0.4
12	Haryana	0	0	0.0	0.0	0.0
13	Himachal Pradesh	0	0	0.0	0.0	0.0
14	Jammu & Kashmir	0	0	0.0	0.0	0.0
15	Jharkhand	157585	4727550	0.0	0.3	0.4
16	Karnataka	153268	4598040	0.2	0.2	0.3
17	Kerala	177572	5327160	0.2	0.2	0.4
18	Madhya Pradesh	263376	7901280	0.0	1.0	1.0

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SL No	Name of the states	TRUCKER coverage	Annual condom requirement	% of free distribution against annual demand	% of social marketing against annual demand	% of total distribution against annual demand
19	Maharashtra	501522	15045660	0.7	1.1	1.8
20	Manipur	0	0	0.0	0.0	0.0
21	Meghalaya	0	0	0.0	0.0	0.0
22	Mizoram	0	0	0.0	0.0	0.0
23	Nagaland	36908	1107240	0.3	0.0	0.3
24	Orissa	30175	905250	6.5	0.1	6.6
25	Puducherry	0	0	0.0	0.0	0.0
26	Punjab	123770	3713100	0.2	0.3	0.5
27	Rajasthan	135820	4074600	0.1	0.5	0.6
28	Sikkim	0	0	0.0	0.0	0.0
29	Tamil Nadu	167697	5030910	0.0	0.0	0.0
30	Tripura	0	0	0.0	0.0	0.0
31	Uttar Pradesh	330379	9911370	0.9	1.9	2.8
32	Uttaranchal	0	0	0.0	0.0	0.0
33	West Bengal	139813	4194390	1.1	0.7	1.8
All India		3187471	95624130	0.6	0.7	1.3

Graph 20: Percentage of condoms distributed through Free and Social Marketing against demand across four Quarters in TRUCKER intervention.

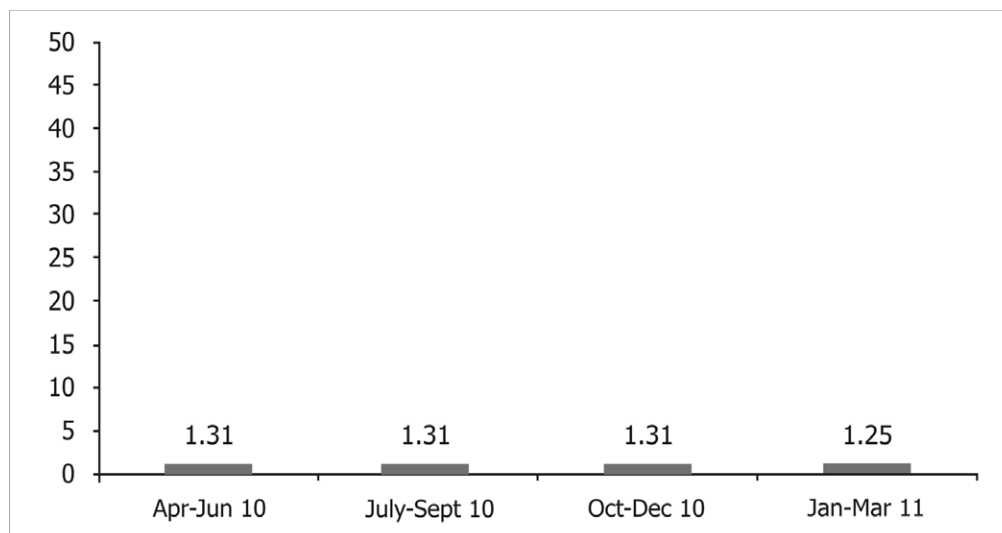
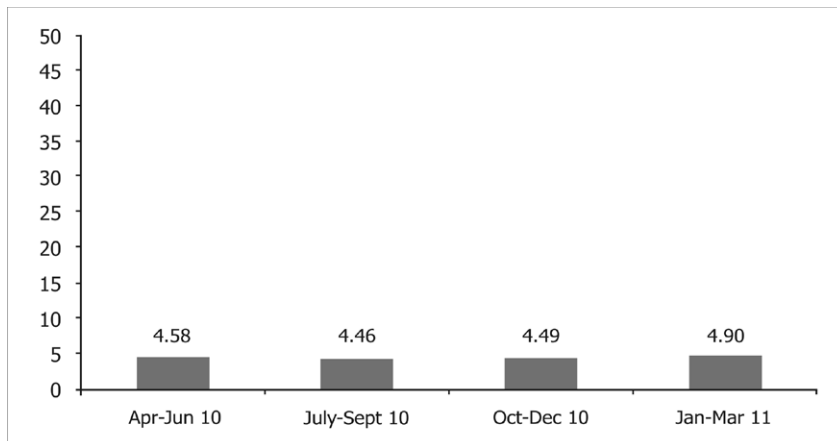


Table 20: Condom distribution among Migrants against the requirement for the year 2010-11.

As per NACO operational guidelines for migrant TIs, condom programming should ensure availability of adequate supply of social marketed condoms. However TIs continue to report free distributions of condoms.

SL No	Name of the State	MIGRANT coverage	Annual condom requirement	% of free distribution against annual demand	% of social marketing against annual demand	% of total distribution against annual demand
1	Andhra Pradesh	88544	12750336	29.2	0.0	29.2
2	Arunachal Pradesh	50350	7250400	1.4	0.1	1.5
3	Assam	30156	4342464	1.6	1.3	2.9
4	Bihar	50350	7250400	0.1	0.0	0.1
5	Chandigarh	25267	3638448	4.1	0.1	4.2
6	Chhatisgarh	10350	1490400	0.3	0.0	0.3
7	Dadra & Nagar Haveli	75287	10841328	1.4	0.0	1.4
8	Daman & Diu	22000	3168000	0.0	0.0	0.0
9	Delhi	40000	5760000	0.0	0.0	0.0
10	Goa	14453	2081232	2.1	0.3	2.3
11	Gujarat	105066	15129504	10.4	1.9	12.3
12	Haryana	53000	7632000	7.0	2.0	9.1
13	Himachal Pradesh	15000	2160000	4.2	0.0	4.2
14	Jammu & Kashmir	15000	2160000	0.4	0.0	0.4
15	Jharkhand	50000	7200000	0.2	0.0	0.2
16	Karnataka	151816	21861504	0.7	0.0	0.7
17	Kerala	40000	5760000	2.1	0.3	2.4
18	Madhya Pradesh	251000	36144000	0.7	0.0	0.7
19	Maharashtra	674037	97061328	2.6	0.8	3.4
20	Manipur	16036	2309184	5.1	0.1	5.1
21	Meghalaya	5000	720000	1.4	0.0	1.4
22	Mizoram	48702	7013088	9.8	0.2	9.9
23	Nagaland	46000	6624000	0.6	0.0	0.6
24	Orissa	77114	11104416	11.9	0.1	12.0
25	Puducherry	3784	544896	0.0	2.2	2.2
26	Punjab	12566	1809504	6.9	0.0	6.9
27	Rajasthan	36717	5287248	6.1	0.5	6.6
28	Sikkim	4084	588096	2.0	0.0	2.0
29	Tamil Nadu	85080	12251520	0.0	0.0	0.0
30	Tripura	62849	9050256	8.4	0.0	8.4
31	Uttar Pradesh	24723	3560112	0.7	0.0	0.7
32	Uttaranchal	30000	4320000	4.7	0.3	5.0
33	West Bengal	47500	6840000	1.2	4.7	5.9
All India		2261831	325703664	4.1	0.5	4.6

Graph 21: Percentage of condoms distributed through Free and Social Marketing against demand across four Quarters in MIGRANT intervention.



Observations

1. Core Group HRGs

- 1.1 TIs attempted to meet maximum condom demand through free condom.
- 1.2 As seen from the data tables number 16, 17,18, free condom distribution averaged at 60% for FSWs, at 44% for MSM, and 50% among IDUs respectively.
- 1.3 Significant improvement in condom distribution among FSWs and MSMs was seen when compared to 2009-10 (FSW 30% to 60%, MSM 20% to 44%).
- 1.4 Andhra Pradesh, Karnataka and Uttar Pradesh showed more than 80% condom distribution in FSW TIs.
- 1.5 Except for West Bengal, which shows 50% of FSW condom demand met through social marketing, all other States showed below 5%.
- 1.6 In States that have significant MSM population, only Andhra Pradesh has met condom demand. Other states are below 60%.

2. Bridge Population

- 2.1 TIs were doing a combination of free plus social marketing.
- 2.2 Figures reported by bridge population TIs indicated huge unmet demand. However, accurate information on access to condoms by these populations was a challenge.

Action Points

- Among core group HRGs, SACS and TSU need to strengthen outreach to ensure that all HRGs are met every fortnight to fulfil condom demand. This will ensure improved percentage of condom distribution. As stated before, condom distribution must be assessed in comparison to actual condom demand.
- Social marketing needs to be strengthened across bridge population TIs.

V. Needles and Syringes Management (N/S)

As per Operational Guidelines under NACP III, the primary purpose of the needles syringe exchange programme (NSEP) is to give IDUs the means to use a new needle and syringe every time they inject, in order to reduce transmission of blood-borne viruses including HIV. The goal of NSEP is to ensure that every injecting act is covered with a safe needle / syringe. The Operational Guidelines of NACO also indicate that on an average, 1 syringe and 1 or 2 needle per day per IDU is required. Hence for the purpose of this report, the needle/ syringe demand was considered as 30 needle /syringe per IDU per month.

Table 21: Distribution of Needles & Syringes against minimum requirement per quarter during the year 2010-2011.

Sl. No	Name of the state	Coverage population	Quarterly demand of N/S	% of N/S distributed in Apr-Jun 2010	% of N/S distributed in Jul-Sept 2010	% of N/S distributed in Oct - Dec 2010	% of N/S distributed in Jan - Mar 2011
1	Andhra Pradesh	1800	162000	57	66	84	90
2	Arunachal Pradesh	1728	155520	73	71	37	48
3	Assam	3350	301500	91	74	117	102
4	Bihar	4242	381780	0	17	60	100
5	Chandigarh	1305	117450	79	86	66	21
6	Chhattisgarh	2065	185850	25	20	30	44
7	Dadra & Nagar Haveli	0	0	0	0	0	0
8	Daman & Diu	0	0	0	0	0	0
9	Delhi	9600	864000	87	111	110	152
10	Goa	632	56880	53	44	53	45
11	Gujarat	1010	90900	105	140	162	197
12	Haryana	4200	378000	55	84	74	87
13	Himachal Pradesh	800	72000	16	6	18	55
14	Jammu & Kashmir	300	27000	0	0	0	2
15	Jharkhand	440	39600	47	62	38	96
16	Karnataka	917	82530	127	127	102	104
17	Kerala	6218	559620	42	41	43	45
18	Madhya Pradesh	4924	443160	26	43	34	62
19	Maharashtra	2179	196110	19	43	26	21
20	Manipur	19400	1746000	86	112	114	124
21	Meghalaya	1450	130500	100	139	155	179
22	Mizoram	15200	1368000	64	56	59	62
23	Nagaland	19428	1748520	70	69	63	68
24	Orissa	1900	171000	85	36	83	102
25	Puducherry	0	0	0	0	0	0

Contd...

Sl. No	Name of the state	Coverage population	Quarterly demand of N/S	% of N/S distributed in Apr-Jun 2010	% of N/S distributed in Jul-Sept 2010	% of N/S distributed in Oct - Dec 2010	% of N/S distributed in Jan - Mar 2011
26	Punjab	10000	900000	72	75	128	162
27	Rajasthan	900	81000	112	119	121	134
28	Sikkim	1449	130410	159	196	166	265
29	Tamil Nadu	1046	94140	0	0	0	0
30	Tripura	1050	94500	24	38	48	55
31	Uttar Pradesh	5550	499500	299	269	306	325
32	Uttaranchal	1500	135000	166	168	113	195
33	West Bengal	6275	564750	138	140	135	141
All India		130858	11777220	81	87	94	109

Graph 22: Distribution of Needles & Syringes against requirement across quarters in 2010-11

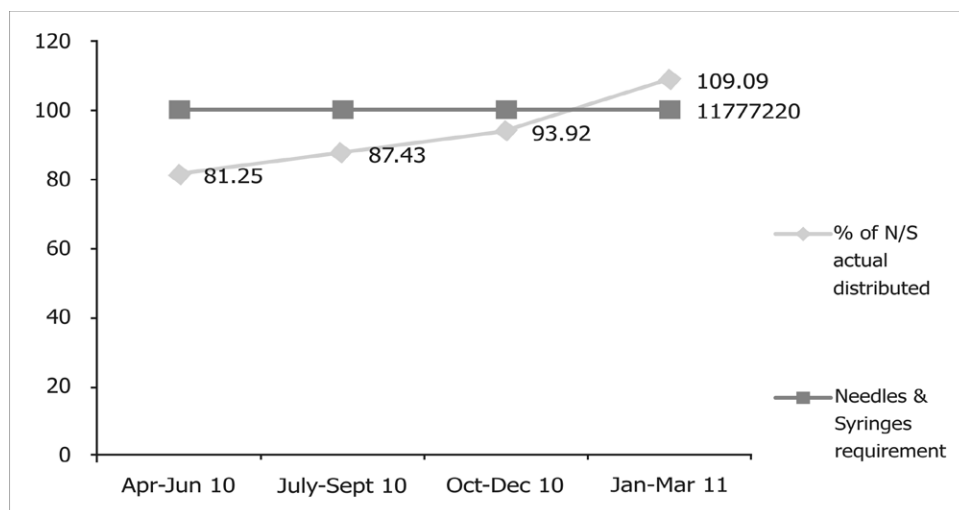


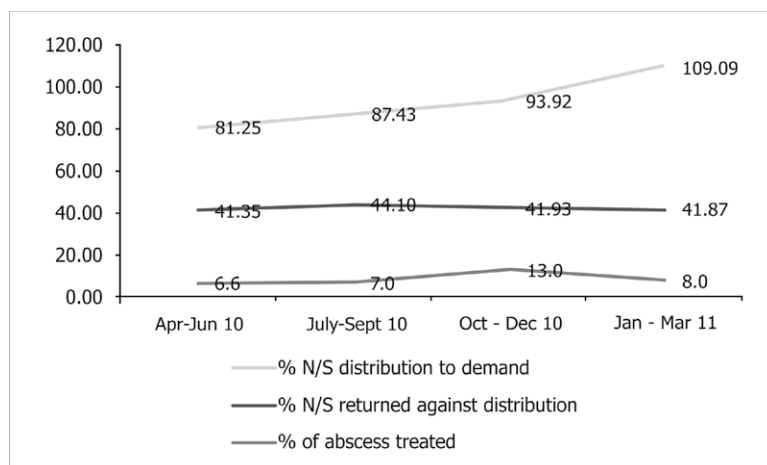
Table 22: Status on quarterly needle syringe return rate during the year 2010-11

Sl. No	Name of the state	N/S distributed	% of N/S returned	N/S distributed	% of N/S returned	N/S distributed	% of N/S returned	N/S distributed	% of N/S returned
		Apr-Jun '10		Jul-Sept '10		Oct - Dec '10		Jan-Mar '11	
1	Andhra Pradesh	92043	44.7	107137	57.7	135527	54.9	145945	61.7
2	Arunachal Pradesh	113080	23.6	109667	29.0	56942	22.9	75272	19.9
3	Assam	273459	14.8	223810	24.8	353865	19.4	310708	24.1
4	Bihar	7	42.9	63159	40.0	236581	24.3	381353	19.3
5	Chandigarh	92207	46.7	100705	49.9	76983	55.6	24263	80.4
6	Chhattisgarh	46200	40.6	38077	53.5	55976	38.9	81147	38.7
7	Dadra & Nagar Haveli	0	0.0	0	0.0	0	0.0	0	0.0
8	Daman & Diu	0	0.0	0	0.0	0	0.0	0	0.0
9	Delhi	754518	59.6	955302	57.0	947715	49.0	1316184	40.3
10	Goa	30191	74.5	24769	101.9	30130	96.8	25690	88.9
11	Gujarat	95454	30.3	127475	25.9	147388	25.6	178689	25.5
12	Haryana	208560	20.5	318993	27.9	336949	15.9	400912	17.5
13	Himachal Pradesh	11700	9.2	4250	22.9	25822	1.2	45342	7.3
14	Jammu & Kashmir	0	0.0	2	0.0	0	0.0	408	14.7
15	Jharkhand	18799	26.0	24748	22.1	14928	41.9	59629	32.7
16	Karnataka	104445	21.5	105004	25.9	84096	24.7	85491	23.0
17	Kerala	240519	27.8	228799	34.1	242023	30.8	251115	29.3
18	Madhya Pradesh	113907	22.0	207415	19.6	254344	23.6	484505	31.0
19	Maharashtra	52015	93.3	84237	75.8	50053	96.0	61192	97.0
20	Manipur	1596946	30.0	1983341	30.8	2052152	32.3	2160177	33.0
21	Meghalaya	130690	41.9	180804	42.7	202566	39.2	234388	36.8
22	Mizoram	874338	41.0	791072	43.2	811583	43.9	873644	46.6
23	Nagaland	1232425	31.0	1217548	33.9	1170373	31.6	1206884	33.0
24	Orissa	153615	59.0	114896	64.1	142633	44.8	185917	46.1
25	Puducherry	163	0.0	513	0.0	388	0.0	0	0.0
26	Punjab	650330	41.1	674818	47.9	1172969	43.5	1491221	38.9
27	Rajasthan	90494	28.3	96688	46.2	114325	47.9	109036	39.7
28	Sikkim	207328	53.7	255390	50.2	0	0.0	345496	50.4
29	Tamil Nadu	0	0.0	0	0.0	0	0.0	0	0.0
30	Tripura	22708	47.5	35543	34.1	45680	33.1	52084	37.0
31	Uttar Pradesh	1494020	47.0	1345832	55.9	1529344	58.4	1625187	67.5
32	Uttaranchal	223813	25.3	226487	31.2	227990	33.2	263130	27.4
33	West Bengal	781054	75.7	791870	76.3	762650	75.5	796035	73.2
	All India	9705028	41.4	10438351	44.1	11281975	41.9	13271044	41.9

Table 23: Abscess treatment across the states during the year 2010-11

Sl. No.	Name of the state	IDU Coverage	% IDUs treated during APR-JUN 2010	% IDUs treated during JUL-SEP 2010	% IDUs treated during OCT-DE 2010	% IDUs treated during JAN-MAR 2011
1	Andhra Pradesh	1800	2.4	4.1	12.0	3.4
2	Arunachal Pradesh	1728	2.1	3.4	3.6	3.9
3	Assam	3350	4.3	3.3	3.3	1.8
4	Bihar	4242	0.0	0.2	124.9	11.2
5	Chandigarh	1305	15.3	7.7	7.7	4.8
6	Chhatisgarh	2065	3.0	0.9	1.4	0.6
7	Dadra & Nagar Haveli	0	0.0	0.0	0.0	0.0
8	Daman & Diu	0	0.0	0.0	0.0	0.0
9	Delhi	9600	9.0	11.1	11.5	12.0
10	Goa	632	0.0	0.0	0.0	0.0
11	Gujarat	1010	13.4	15.5	25.6	15.1
12	Haryana	4200	6.1	9.7	9.0	7.3
13	Himachal Pradesh	800	1.6	0.3	4.5	9.9
14	Jammu & Kashmir	300	0.0	0.0	0.0	0.0
15	Jharkhand	440	27.3	0.9	362.0	1.6
16	Karnataka	917	4.6	3.1	2.2	1.5
17	Kerala	6218	3.0	1.8	1.5	0.8
18	Madhya Pradesh	4924	2.1	1.8	2.0	4.5
19	Maharashtra	2179	11.7	6.9	11.3	4.4
20	Manipur	19400	0.5	0.7	0.7	0.5
21	Meghalaya	1450	0.0	0.0	0.2	0.2
22	Mizoram	15200	7.7	8.8	8.0	9.6
23	Nagaland	19428	15.8	16.1	18.0	18.1
24	Orissa	1900	1.7	1.6	2.7	1.6
25	Puducherry	0	0.0	0.0	0.0	0.0
26	Punjab	10000	7.4	8.6	11.2	12.5
27	Rajasthan	900	18.1	31.6	60.8	65.0
28	Sikkim	1449	6.4	3.6	0.0	5.6
29	Tamil Nadu	1046	0.0	0.0	0.0	0.0
30	Tripura	1050	2.7	3.2	4.4	7.2
31	Uttar Pradesh	5550	5.1	5.9	6.3	5.9
32	Uttaranchal	1500	5.1	2.5	2.1	2.7
33	West Bengal	6275	7.3	8.4	6.6	4.0
	All India	130858	6.6	7.0	13.0	8.0

Graph no. 23: Showing the percent of needles & Syringes distributed, returned and Abscess treated in each quarter during the year 2010-2011.



Observations

1. Needles & Syringes Exchange Program (NSEP)

- 1.1 There has been consistent improvement in the N/S distribution. In the last quarter of 2009-10, N/S distribution reached 77%. As seen in 2010-11, N/S distribution has further improved from 81% in first quarter towards 100% in the last quarter.
- 1.2 Certain States seem to have exceeded demand by significant margin. Such states, may compare the distribution with actual demand.
- 1.3 N/S distribution in Chandigarh has seen a decline. This needs to be examined.
- 1.4 Tamil Nadu and Jammu & Kashmir have not reported on N/S. This needs to be addressed.
- 1.5 N/S exchange rate averages 40% across all quarters.

2. Abscess Management

- 2.1 Bihar, Jharkhand and Rajasthan have shown unusually high number of abscess treated during third quarter. This needs to be examined.
- 2.2 Jammu and Kashmir and Tamil Nadu have not reported on abscess treated. This needs to be addressed.
- 2.3 SACS and TSU need to look at TI specific data to understand if these are recurring incidents of abscesses.

Action Points

- SACS and TSU to strengthen the understanding of number of injecting acts at TI level and accordingly meet the demand.
- System to establish secondary distribution of N/S (beyond PEs) may be developed. This will improve N/S return rate.
- SACS and TSU may develop quality messages that address unsafe injecting practices.
- Collection of used syringes and Needles from the field, disinfection and final disposal mechanism should be strengthened.

The way forward...

Most states have achieved scale in identifying high risk behaviour groups (HRGs) and contracting Targeted Interventions (TIs). The TIs have registered the HRGs for services and regularly provide access to Condoms, Needles/Syringes, Clinic services, screening for Syphilis and HIV, linkages for care and support including ART, Counselling and advocacy support to address issues of stigma and discrimination.

The TIs must now adopt a comprehensive approach and aim to achieve an enlightened and empowered community that strives to ensure that there are no new HIV sero-conversions among them. To achieve this, TIs will have to use field intelligence to plan their interventions. Program Managers, Out reach workers, Peer Educators will have to be trained to look at their respective sites to understand the varying typologies/sub-groups among their respective communities and their varying vulnerabilities/needs (eg HRGs missing the services, HRGs diagnosed with repeat STIs, HRGs not accessing HIV testing, PLHIV HRGs diagnosed with STI, HRGs with regular partners/ lovers etc). The TI functionaries will have to plan and provide tailor-made response for the sub-groups. Some of these responses will require networking and linkage beyond TI services.

- Currently 40% (national average) of core group HRGs (FSW and MSM) access clinic every quarter. TIs must now ensure that this is scaled up to more than 75% every quarter. Among these, it is essential to prioritise clinic outreach to
 - Reach HRGs that have never accessed clinic in the past year. TI should identify and address reasons thereof.
 - Reach HRGs diagnosed repeatedly with STI. TI should engage with regular partners of this cohort and link them for STI care.
 - Increase numbers of STI referrals to DSRCs.
- Currently 30% (national average) of core group HRGs (FSW, MSM and IDUs) are screened for syphilis in 6 months. TIs must now ensure that this is scaled upto more than 70% every six months. Further, TIs must
 - Prioritise outreach to reach HRGs that have never been screened for syphilis in the past year. TI should identify and address reasons thereof.
 - Ensure that all HRGs found sero-positive for syphilis are treated.

- Strengthen linkage to enable maximum numbers are referred to DSRCs for syphilis screening and treatment. This will also ensure that HRGs receive comprehensive STI care.
 - Plan outreach in a manner that HRGs are sent to Govt. facilities where screening for Syphilis and HIV can happen in the same instance (one prick).
- Currently 35% (national average) of core group HRGs (FSW, MSM and IDUs) access HIV testing in 6 months. TIs must now ensure that this is scaled upto more than 70% every six months. Further, TIs must
 - Prioritise outreach to reach HRGs that have never accessed HIV testing in the past year. TI should identify and address reasons thereof.
 - Ensure that newly registered HRGs access HIV testing at the earliest.
 - Ensure that all HRGs found sero-positive for HIV are linked with ART centre.
 - Provide comprehensive STI care to PLHIV HRGs diagnosed with STI.
 - Ensure that linkage with Govt. TB facility is strengthened especially for PLHIV HRGs.
- Currently 50% (national average is 63% for FSWs and 44% for MSMs) of the condom demand is met through TIs. TIs must ensure that 100% condom of core group HRGs is met through TIs. TIs should monitor stock sharply and provide data to TSU and SACS to enable them to plan condom procurement and facilitate re-location of condoms to prevent stock-outs. TIs must also triangulate hotspot wise condom distribution data with data of STIs diagnosed in the respective areas and tailor behaviour change communication messages accordingly.
- Currently 100% (national average) of the N/S demand is reportedly met through TIs. However, this is attributed to more than 100% distribution in 13/29 states in consideration which is indicative of under-estimation of demand. TIs must capture field based data to understand demand and devise their distribution strategy accordingly. In the remaining 16 states, TIs must ensure that 100% N/S demand is met through TIs.
- Currently 42% (national average) of the used N/S are returned through PEs to the TIs for disinfection and final disposal. TIs must now scale this N/S return rate to more than 70% and strengthen their waste disposal management to prevent cross-infection.

- Currently 8% (national average) of the IDUs are treated for abscess. TIs must ensure that IDUs repeatedly being diagnosed with abscesses should be prioritised for counselling. TIs must design abscess prevention messages to address incorrect injecting practices.
- Migrant TIs must ensure that
 - Every high risk behaviour migrant accesses TI DIC and Clinic. This will ensure their registration for project services and comprehensive STI care including counselling.
 - Linkages with ICTC are strengthened to improve access to HIV testing among high risk behaviour migrants. Further those migrants who are found sero-reactive for HIV are linked to ART centres.
 - Adequate condom outlets are setup in client sensitive locations and socially marketed condoms are adequately available
- HIV testing numbers reported by Truckers TIs have to be seen against the clinic attendees with STI symptoms. This data has to be analysed at TI level. TIs must ensure all such clinic attendees are referred to ICTCs. Further, TIs must network with ICTCs to ensure that truckers receive their HIV test results so that they can take informed decisions. As truckers are mobile, TIs will have to take up the challenge to link PLHIV truckers with ART centres in consultation with them.
- The data on condoms access by truckers is limited and hence TI must ensure that BCC sessions are focussed on condom use.

