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**National AIDS Control Organisation**

India's voice against AIDS

Ministry of Health & Family Welfare, Government of India

# **Narrative country progress report of India: Global AIDS Response Progress Reporting 2015**

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## Status of HIV Epidemic in India:

The HIV epidemic in India is concentrated among High Risk Groups and is heterogeneous in its distribution. The vulnerabilities that drive the epidemic are different in different parts of the country. Overall trends of HIV portray a declining epidemic at national level, though regional variations exist. The Department of AIDS Control has been monitoring levels and trends of HIV among different population groups to craft effective responses to control HIV/AIDS in India through the HIV Sentinel Surveillance System since 1998. For monitoring HIV prevalence among Antenatal Clinic (ANC) attendees (considered proxy for prevalence among general population), the thirteenth round of HIV Sentinel Surveillance (HSS) was implemented during 2012-2013 in 34 States and Union Territories in the country.

The overall HIV prevalence among ANC clinic attendees, considered a proxy for prevalence among the general population, continued to be low at 0.35% (90% CI: 0.33%-0.37%) at national level. The highest prevalence was recorded in Nagaland (0.88%), followed by Mizoram (0.68%), Manipur (0.64%), Andhra Pradesh (0.59%) and Karnataka (0.53%). Chhattisgarh (0.51%), Gujarat (0.50%), Maharashtra (0.40%), Delhi (0.40%) and Punjab (0.37%) are other states which recorded HIV prevalence of more than the national average. Bihar (0.33%), Rajasthan (0.32%) and Odisha (0.31%) recorded HIV prevalence slightly lower than the country average.

Similar to the 12<sup>th</sup> round of HSS (2010-11), all states have shown less than 1% HIV prevalence among ANC clinic attendees in this most recent 13<sup>th</sup> round (HSS 2012-13). However, at the district level, 37 districts showed HIV prevalence of 1% or more while another 130 districts showed moderate HIV prevalence between 0.5% and 1%. Site-wise analysis showed that overall, 80 sentinel sites have shown HIV prevalence of 1% or more among ANC clinic attendees. Of these, 27 sites were in the moderate and low prevalence states of Arunachal Pradesh, Bihar, Chhattisgarh, Gujarat, Jharkhand, Madhya Pradesh, Meghalaya, Odisha, Rajasthan, Uttar Pradesh, Uttarakhand and West Bengal. Twelve sites across the country recorded a prevalence of 2% or more including 3 sites, one each in the low prevalence states of Chhattisgarh, Gujarat and Rajasthan. It has also been noted that while the number of high prevalence pockets has gone down in high prevalence states, the number has increase in the low to moderate prevalence states over the last few years.

Analysis of HIV prevalence among ANC clinic attendees by their background characteristics showed that HIV prevalence increases with age. The pattern is same in most of the states except Arunachal Pradesh, Goa, Meghalaya, Mizoram, Nagaland, Punjab, Sikkim, Uttarakhand & West Bengal where 15-24 yr old respondents had higher HIV prevalence than those who were 25 yrs and older. HIV prevalence among ANC clinic attendees decreased with increase

in literacy status, at national level as well as in most of the states, except Bihar & Chhattisgarh where HIV prevalence increased with literacy status. HIV prevalence among ANC clinic attendees increased with the order of pregnancy, at the national level. Primigravida i.e. those who were pregnant for the first time showed a HIV prevalence of 0.34%.

There is no significant difference in HIV prevalence among ANC clinic attendees by their current place of residence (urban/ rural) at national level, though in some states HIV prevalence was higher among those residing in rural areas than urban areas. HIV prevalence was higher among respondents who were skilled/ semi-skilled workers (0.72%), domestic servants (0.60%) & non-agricultural labourers (0.56%). Data on HIV prevalence among ANC clinic attendees by the occupation of their spouse showed that HIV prevalence was the highest among those whose spouses were truck drivers/ helpers (0.87%), followed by those whose spouses were hotel staff (0.49%) & local transport worker (auto/ taxi driver) (0.45%). Respondents whose spouse was migrant had higher HIV prevalence (0.45%) compared to the respondents whose spouse were non-migrant (0.34%).

Data from consistent sites has been analysed to interpret HIV trends. An overall decline in HIV prevalence among ANC clinic attendees was noted at a national level as well as in the erstwhile high prevalence states in the south and northeast regions of the country. However, rising trends among ANC clinic attendees were observed in some moderate and low prevalence states such as Chhattisgarh, Gujarat, Jharkhand, Punjab, Assam, Delhi, Haryana, Uttar Pradesh and Uttarakhand.

The declining trend of the HIV epidemic in the country was also corroborated by a decreasing number of sentinel sites that showed a prevalence of 1% or more. The number of surveillance sites among ANC increased from 476 sites in 2003, 626 in 2006 and finally to 750 sites in HSS 2012-13. However, during the same period, the number of ANC HSS sites showing a prevalence of 1% or more decreased from 140 in 2003 to 80 in 2012-13.

Intra-state variations existed with respect to the trends of HIV prevalence among ANC clinic attendees. While some districts showed stable to declining trends, some districts showed rising trends of HIV prevalence warranting focused attention on these pockets.

Considerable decline in HIV prevalence has been recorded among Female Sex Workers at national level (5.06% in 2007 to 2.67% in 2011) and in most of the States where longstanding targeted interventions have focused on behaviour change and increasing condom use. Declines have been achieved among Men who have Sex with Men (7.41% in 2007 to 4.43% in 2011) also, though several pockets in the country have shown higher HIV prevalence among them with mixed trends.

In some of the North Eastern States, Injecting Drug Use has been identified to be the major vulnerability fuelling the epidemic. Stable trends have been recorded among Injecting Drug Users at national level (7.23% in 2007 to 7.14% in 2011). Besides North Eastern States where declines have been achieved, newer pockets of high HIV prevalence among IDU have emerged over the past few years in the States of Punjab, Chandigarh, Delhi, Mumbai, Kerala, Odisha, Madhya Pradesh, Uttar Pradesh and Bihar. Prevention strategies for IDU in the newer areas have been initiated recently and have been prioritised for further scale-up during the coming years.

Analysis of drivers of the emerging epidemic in some low prevalence States points towards the possible role of out-migration from these States to high prevalence destinations. Low levels of HIV among high risk groups in these out-migrant districts, large volume of outmigration from rural areas to high prevalence urban areas, higher HIV prevalence among ANC attendees in rural than urban population and higher prevalence among pregnant women with migrant spouses noted in these States support this observation. Evidences about vulnerabilities among migrants highlighted by other behavioural studies and migrant-corridor studies further corroborate this possibility. In addition, long distance truckers also show high levels of vulnerability and thus form an important part of bridge population.

According to the last round of HIV Estimations 2012, the adult (15-49 years) HIV prevalence at national level continued its steady decline from the estimated level of 0.41% in 2001 to 0.27% in 2011. Declining trends in adult HIV prevalence were sustained in all the erstwhile high prevalence States. However, some States like Assam, Delhi, Chandigarh, Chhattisgarh, Jharkhand, Odisha, Punjab and Uttarakhand showed rising trends in adult HIV prevalence. At national level HIV prevalence among the young (15-24 years) population also declined from around 0.30% in 2001 to 0.11% in 2011.

The total number of people living with HIV/AIDS in India was estimated at around 20.9 lakh in 2011, 86% of whom were in 15-49 years age-group. Children less than 15 years of age accounted for 7% (1.45 lakh) of all infections in 2011. Of all HIV infections, 39% (8.16 lakh) were among women.

India has demonstrated an overall reduction of 57% in estimated annual new HIV infections (among adult population) during the past decade from 2.74 lakh in 2000 to 1.16 lakh in 2011. India was estimated to have around 14,500 new HIV infections among children in 2011. This is one of the most important evidences of the impact of the various interventions under National AIDS Control Programme and scaled-up prevention strategies.

It is also estimated that about 1.48 lakh people died of AIDS related causes in 2011 in India. Deaths among HIV infected children accounted for 7% of all AIDS-related deaths. Wider access to ART has led to 29% reduction in estimated annual AIDS-related deaths during NACP-III period (2007-2012). Greater declines in estimated annual deaths were noted in States where significant scale up of ART services had been achieved. In erstwhile high prevalence States the estimated AIDS-related deaths decreased by around 42% during the period 2007 to 2011.

Above evidence shows that India is on the track to achieve the global targets of 'Zero new infections and Zero AIDS-related deaths'. However, sustaining prevention focus and intensity in the areas where significant declines have been achieved, is highly critical to consolidate the gains while effectively addressing the emerging epidemics.

## **National AIDS Control Programme – Phase IV**

Consolidating the gains made till NACP-III, the National AIDS Control Programme Phase-IV aims to accelerate the process of reversal and further strengthen the epidemic response in India through a cautious and well defined integration process during 2012-17. The objective of NACP-IV was to reduce new infection by 50% (2007 baseline of NACP-III) and to provide comprehensive Care, Support and Treatment to all persons living with HIV/AIDS. The said objective are achieved through key strategies of intensifying and consolidating prevention services with a focus on HRG and vulnerable population, increasing access and promoting comprehensive Care, Support and Treatment, expanding IEC services for general population and High Risk Groups with a focus on behavior change and demand generation, building capacities at National, State & District levels and strengthening the Strategic Information Management System.

The package of services provided under NACP-IV includes:

### **Prevention Services:**

- i. Targeted Interventions (TI) for High Risk Groups and Bridge Population (Female Sex Workers (FSW), Men who have Sex with Men (MSM), Transgenders/Hijras, Injecting Drug Users (IDU), Truckers & Migrants.
- ii. Opioid Substitution Therapy (OST) through NGOs and Government health facilities as prevention strategy for IDUs.
- iii. Prevention Interventions for Migrant population at source, transit and destinations.
- iv. Link Worker Scheme (LWS) for High Risk Groups and vulnerable population in rural areas
- v. Prevention & Control of Sexually Transmitted Infections/Reproductive Tract Infections (STI/RTI)
- vi. Blood Transfusion Services
- vii. HIV Counseling & Testing Services
- viii. Prevention of Parent to Child Transmission
- ix. Condom promotion

- x. Information, Education & Communication (IEC) and Behaviour Change Communication(BCC) – Mass Media Campaigns through Radio & TV, Mid-media campaigns through Folk Media, display panels, banners, wall writings etc., Special campaigns through music and sports, Flagship programmes such as Red Ribbon Express.
- xI. Social Mobilization, Youth Interventions and Adolescence Education Programme
- xII. Mainstreaming HIV/AIDS response
- xIII. Work Place Interventions

### **Care, Support & Treatment Services:**

- I. Laboratory services for CD4 Testing, Viral Load testing, Early Infant Diagnosis of HIV in infants and children up to 18 months age and confirmatory diagnosis of HIV-2.
- II. Free First line & second line Anti-Retroviral Treatment (ART) through ART centres and Link ART Centres, Centres of Excellence & ART plus centres.
- III. Pediatric ART for children
- IV. Early Infant Diagnosis for HIV exposed infants and children below 18 months
- V. Nutritional and Psycho-social support through Community and Support Centres
- VI. HIV-TB Coordination (Cross-referral, detection and treatment of co-infections)
- VII. Treatment of Opportunistic Infections

### **Status of Implementation of Key Interventions:**

- I. Targeted Intervention:** Targeted Intervention programme is one of the important prevention strategies under the National AIDS Control Programme. Targeted Interventions (TIs) comprise preventive interventions working with focused client populations in a defined geographic area where there is a concentration of one or more High Risk Groups (HRGs). 80% of HRGs are planned to be covered via TIs with primary prevention services like treatment for STI, Condoms, needles/syringes, Opioid

Substitution Therapy (OST), Behavioral Change Communication (BCC), enabling environment, with community involvement and linkages with Care and Support services. The key risk groups covered through Targeted Intervention (TI) programme include: Core High Risk Groups (HRGs)-Female Sex Workers (FSW), Men who have Sex with Men (MSM) including Transgenders (TGs), Injecting Drug Users (IDU) and Bridge Populations- Migrants and Truckers. Various components of Targeted Intervention programme includes: Behaviour Change Communication, Condom promotion, Treatment for Sexually Transmitted Infection, Needle Syringe Programme, abscess management, general medical services and Opioid Substitution Therapy (for IDUs), Linkage with HIV testing and treatment services, Community mobilization and Enabling Environment. It is a peer led intervention making services available at the doorstep of the HRGs through outreach and drop-in-centers (DIC). HRGs have the choice of availing these services as per their needs and requirements. During 2013-14, 246 TIs were established against the annual target of 300 and during 2014-15, till Mar' 2015, 66 TIs are established against the annual target of 220.

**II. Link Worker Scheme:** This community-based intervention addresses HIV prevention and care needs of the high risk and vulnerable groups in rural areas by providing information on HIV, condom promotion and distribution and referrals to counseling, testing and STI services through Link workers. During 2013-14, in partnership with various development partners, the Link worker scheme was operational in 161 districts covering and during 2014-15, LWS is operational in 137 districts of India.

**III. Management of Sexually Transmitted infections (STI)/Reproductive Tract Infection (RTI) prevention and control Programme:** The STI/RTI Prevention and Control Programme aims for providing effective control of sexually transmitted infections including Reproductive Tract Infections for General Population through continued support to the designated STI/RTI clinics (Surakasha Clinics) in public sector and for High Risk population through Targeted Interventions (TI) programme. The program also reaches employees of organized sectors under public undertakings (Railways, Employees State Insurance Corporation, Port Trust, Defense and Professional Associations), and Private sector by developing partnerships. The Program support the seven Regional STI Training, Research and Reference Laboratories (for



providing etiological-based diagnosis), which are now scaled up to Ten. In addition the Program is in the process of establishing 45 State Reference Centres during the current FY 2014-15.

The programme supports about 1,136 Suraksha Clinics located at district hospitals, medical colleges and select sub-district hospitals. The Programme supports training and capacity building of the staff (doctors, staff nurses, laboratory technicians and counselors), provision of a counselors, free colour coded standardized STI/RTI drug kits and by all these aims to standardize STI/RTI treatment to the patients. In coordination with the TI NGOs, STI/RTI treatment, care and prevention services are delivered for high risk groups such as sex workers, Men who have Sex with Men, migrant population such as truckers and People who inject drugs.

During 2013-14, against the physical target of treating 68 lakh episodes of STI/RTI, 67.7 lakh episodes of STI/RTI were treated. The coverage of Sexually Transmitted Infections services has been scaled up through designated STI clinics and 75.46 Lakh STI/RTI patients were treated as per the national protocol against the target of 70 lakh during FY 2014-15.

- IV. Condom Promotion:** The NACO has successfully implemented four phases of the Condom Social Marketing Programme in 15 States. During the FY 2012-13, 39.02 crore pieces of condoms were distributed through social marketing surpassing the target of 35 crore pieces and 46.17 crore pieces of condom were distributed free against the target of 44.5 crore pieces. During 2013-14, around 51.62 crores pieces of condom have been distributed through social marketing by the NACO contracted social marketing organizations against the target of 35 crore pieces for 2013-14 and during 2014-15, 60.8 crore pieces against the target of 44 crore pieces. During 2013-14, against the target of 36 crore, 32.15 crore pieces of condom were distributed free up to March, 2014 and during 2014-15, 27.2 crore pieces against the annual target of 37 crore pieces.
- V. Blood Transfusion Services:** Blood is an intrinsic requirement for health care and proper functioning of the health system. The NACO has been primarily responsible for facilitating provision of safe blood for the country. During NACP III, the availability of safe blood increased from 44 lakh units in 2007 to 98 lakh units by 2012-13. During

this time HIV sero-reactivity also declined from 1.2% to 0.2% in the NACO supported Blood Banks. Voluntary blood donation has been enhanced through concerted programme efforts.

The NACP IV Working Group on Blood Safety suggested that the nomenclature should be changed from Blood Safety to Blood Transfusion Service. National Blood Transfusion Council (NBTC), the apex policy making body for issues pertaining to blood and plasma is a part of NACO.

The NACO endeavors to meet the blood needs of the country through voluntary non-remunerated donation through a well-coordinated Blood Banking Programme. Mechanism for better coordination between NBTC and SBTC and providing technical, financial and managerial assistance to SBTC as needed to implement the national blood programme would also be developed.

Key strategies for the programme are

- Increasing regular voluntary non-remunerated blood donation to meet the safe blood requirements of safe blood in the country
- Promoting component preparation and availability along with rational use of blood in health care facilities and building capacity of health care providers to achieve this objective
- Enhancing blood access through a well networked regionally coordinated blood transfusion services
- Establishing Quality Management Systems to ensure Safe and quality Blood
- Building implementation structures and referral linkages

NACP continues to implement a scheme for modernization of blood banks by providing need based equipment grant for testing and storage, as well as annual recurrent grant for support of manpower, kits and consumables.

The blood transfusion services supported by the NACO comprise a network of 1,137 blood banks, including 34 Model Blood Banks, 258 Blood Component Separation Units, 180 Major Blood banks and 665 District level Blood Banks were covered under the NACO support. NACO would support the establishment of component separation facilities and also funded modernization of all major government and charitable blood

banks at state and district levels. Besides enhancing awareness about the need to access safe blood and blood products, the NACO has supported the procurement of equipment, blood bags, test kits and reagents as well as the recurring expenditure of government blood banks and those run by voluntary/charitable organizations, which are under the umbrella of NACO support.

During 2013-14, against the target of 55 lakh blood collection at the NACO supported blood bank, 57.48 lakh blood units were collected across the country, 84% of this was through voluntary blood donation. During 2014-15, against the target of 60 lakh blood collection at the NACO supported blood bank, 63.2 lakh blood units were collected across the country, 84% of this was through voluntary blood donation. World Blood Donor Day was observed through a National event on 14<sup>th</sup> June 2014 to felicitate blood donors for their valuable contribution. National Plasma policy as an addendum to National Blood Policy has been prepared and disseminated.

**VI. Basic Services:** The Basic services include free Counseling and Testing for HIV infection. It has three main components viz: (i). Integrated Counseling and Testing Centres (ICTCs), (ii). Prevention of Parent to Child Transmission (PPTCT), and (iii). HIV-TB collaborative activities.

**i. Integrated Counseling and Testing Centres:** An Integrated Counseling and Testing Centre (ICTC) is a place where free counseling and testing for HIV is offered to a person on his own free will or as advised by a medical provider. The population availing these services is mainly persons engaged in the high risk behavior, STI patients, TB patients and are more prone to acquire the HIV infection. In India, ICTCs are often the first interface of citizens with the entire gamut of preventive, care, support and treatment services provided under the umbrella of the National HIV/AIDS Control Programme. HIV counseling and testing services were started in India in 1997.

With the increase in number of ICTCs, the uptake of clients who are counseled and tested in these centres has seen a commendable scale up in the past four years with 27 lakh clients accessing these services in 2007-08 to 104 lakh (increase of four fold) clients in 2012-13. The strategy over the past three years for scaling up of service delivery has been through establishing more and more Facility - Integrated Model

ICTCs (through the existing general health system) and Public Private Partnership (PPP) Model ICTCs (through greater involvement of private sector providing health services). Free counseling and testing services are being provided through 5,559 Stand Alone ICTCs, 10,387 Facility- ICTCs and 2,153 PPP - ICTCs. During 2013-14, 130.30 lakh general clients have been provided with free counseling and testing services for HIV and 142.64 lakh general clients during 2014-15.

- ii. Prevention of Parent to Child Transmission (PPTCT):** The prevention of parent to child transmission (PPTCT) of HIV transmission under NACP involves free counseling and testing of pregnant women, detection of HIV positive pregnant women, and the administration of prophylactic ARV drugs to HIV positive pregnant women and their infants to prevent the mother to child transmission of HIV. The NACO has decided to provide ARV drugs to Pregnant Women infected with HIV, irrespective of CD4 count nationwide, w.e.f January, 2014. During 2013-14, 97.52 lakh Pregnant Women have been provided with free counseling and testing for HIV. Also 84% of HIV positive Pregnant Women and their babies received ARV prophylaxis for Prevention of Mother to Child Transmission and during 2014-15, 106.10 lakh pregnant Women have been provided with free counseling and testing for HIV with 97% received HIV positive Pregnant Women and their babies received ARV prophylaxis for Prevention of Mother to Child Transmission of HIV.
- iii. HIV-TB collaborative activities:** TB disease is the commonest opportunistic infection among HIV-infected individuals. Further it is also known that TB being a major public health problem in India accounts for 20-25% of deaths among PLHIV. It is known that nationally about 5% TB patients registered under the Revised National Tuberculosis Control Programme (RNTCP) also have HIV infection. In high prevalent states and districts, positivity among TB patients is more than 10% and is as high as 40% in select districts. Thus, while the country is dealing effectively with HIV burden, TB associated HIV epidemic is posing a great challenge.

Broadly the national HIV/TB response includes Intensified TB case finding at HIV Care Settings, Intensified TB-HIV Package, and Strategy for TB prevention among PLHIV.

These activities are closely guided through duly constituted National HIV-TB Coordination Committee, Nation Technical Working Group and State and District level Coordination Committees. During 2013-14, 14.88 lakh cross referrals have been made between ICTC & RNTCP and 16.83 lakh cross referrals have been made between ICTC & RNTCP during 2014-15.

**VII. Care, Support & Treatment Programme:** The Care, Support and Treatment programme under NACP includes comprehensive management of PLHIV with respect to treatment and prevention of Opportunistic infections, Anti-retroviral therapy (ART), Psycho-Social support, Home Based Care, positive prevention and impact mitigation.

The ART is offered free of cost to all PLHIV who are eligible clinically. Any person who has a confirmed HIV infection is subjected to further evaluation for determining whether he requires ART or not by undergoing CD4 count and other baseline investigations. All those PLHIV eligible as per technical guidelines are initiated on first line ART. Some of these PLHIV who develop resistance to first line ART are started on second line ART.

In the late nineties & early 2000s, the ART was beyond the reach of most of positive patients due to high cost (Rs. 20,000-30,000 per month), which came down significantly due to production of generic ARV drugs by Indian pharmaceutical companies. Considering the need of patients, the Government of India launched free ART programme on 1<sup>st</sup> April, 2004 in eight government hospitals in six high prevalence states.

Establishment of ART Centre has been scaled up significantly to 475 ART centres till March' 2015. In addition 987 link ART centres have also been set up to facilitate the delivery of ART nearer to residence of PLHIV. Against the establishment of 45 new ART Centers in 2014-15, 50 new ART centres has been established and 8.51 lakh People living with HIV/AIDS are receiving free ART in government health facilities up to March' 2015. In addition to this 325 Care and Support Centres (CSC) are functional to provide a range of psychosocial services to PLHIV.

**VIII. Laboratory Services:** Under NACP, routine access to quality assured HIV related laboratory services is made universal available. All testing laboratories are assessed for

their performance under the External Quality Assurance Scheme. 11 National Reference Laboratories and 29 State Reference Laboratories (SRLs) under NACP have been accredited for HIV testing by the National Accreditation Board for Testing and Calibration of Laboratories. 12 SRLs have applied for accreditation.

**IX. Information Education & Communication:** The NACO's communication strategy has moved from creating general awareness to Behaviour Change Communication. It aims to motivate behavioural change among most at risk populations, raise awareness and risk perception among general population, particularly youth and women, generate demand for HIV/AIDS related health services like condoms, ICTC/PPTCT facilities; and create an enabling environment that encourages HIV related prevention, care and support activities and to reduce stigma and discrimination at individual, community and institutional levels. The NACO implements integrated and comprehensive campaigns using 360° communication approach. Regular campaigns are conducted at national and state level using mass media, mid-media, outdoor, interpersonal communication, and innovative media vehicles like digital cinema, panels in metro trains, digital screens, internet, and mobile phones among others.

During 2013-14, the target of 9 Campaign released on Mass Media-TV/Radio, has been achieved and against the annual target of 8 media campaign, 3 has been achieved during 2014-15. Against the target of 500 new Red Ribbon Clubs (RRC) formed in colleges in during 2013-14, 800 has been achieved and during 2014-15, against the target of 550, 550 new RRC has been formed and under mainstreaming training and around 3.51 lakh personnel till Mar' 2015 from various department at State, District level were trained as against the annual target of 3.2 lakh.

## **X. Mainstreaming and Social Protection**

The NACO, with an objective to formalize its partnership with the various departments/ ministries, entered into Memoranda of Understanding with the following 12 Departments/Ministries till Feb' 2015, presented in Table 1 below. These partnerships aimed at risk reduction, improved access to service and social protection for PLHIV and High risk Groups.

**Table 1: Memorandum of Understanding with Ministries & Departments**

S.No	Name of Department/ Ministry	Date of Signing (Till Mar' 2015)
1.	Department of Empowerment of Persons living with Disabilities	January 27, 2015
2.	Department of Electronics & Information Technology (DIETY)	July 23,2014
3.	Department of Telecommunications (DOT)	July 23,2014
4.	Ministry of Road Transport & highways	June 09, 2014
5.	Ministry of Defense	February 18, 2014
6.	Ministry of Shipping signed	February 14,2013
7.	Ministry of Housing & Urban Poverty Alleviation	December 11, 2013
8.	Ministry of Petroleum & Natural Gas	December 5,2013
9.	Department of Sports, Ministry of Youth Affairs & Sports	November 29,2013
10.	Department of Youth Affairs, Ministry of Youth Affairs & Sports	November 29,2013
11.	Ministry of Coal	September 09, 2013
12.	Department of Higher Education, Ministry of Human resource development	August 6,2013

HIV sensitive Social Protection is a set of public measures that a society provides for its members to protect them against economic and social distress which very often may push them towards risk behaviors of HIV. This may be caused by the absence or a substantial reduction of income from work, sickness, maternity, unemployment, invalidity, old age, and death of the breadwinner.

The NACO recognizes the fact the reduction of vulnerability is a key to the success of its prevention, care, support and treatment programme. Hence, it has placed social protection as one of its core strategies in NACP-IV. DAC works closely with other government departments to identify and advocate for amendment/adaptation of policies and schemes for social protection of marginalized groups. India and its States/Union Territories have taken significant steps taking into consideration the special vulnerabilities faced by people affected by HIV and AIDS.

**XI. Procurement:** Procurements are done using Pool Fund, Global Fund for AIDS, Tuberculosis and Malaria (GFATM) and Domestic Funds, through M/s RITES Limited as Procurement Agent. All the main items required for the programme, including test kits {HIV (Rapid), HIV (ELISA), HBs Ag (Rapid), HBs Ag (ELISA), HCV (Rapid), HCV (ELISA)}

and other items such as ARV Drugs, STI Drug kits, blood bags etc, are centrally procured and supplied to peripheral units and State AIDS Control Societies (SACS). To ensure transparency in the procurement of goods Bid Documents, Minutes of pre-bid meetings and Bid Opening Minutes are uploaded on the websites of M/s RITES Ltd. ([www.rites.com](http://www.rites.com)) and the NACO ([www.naco.gov.in](http://www.naco.gov.in)). Procurement at state level remained an area of importance for the NACO. For smooth and efficient procurement at State level, hand-holding support to the State AIDS Control Societies is being provided by the procurement division at the NACO. With increasing number of facilities (ICTCs, ART Centres, Blood Banks, STI clinics) being catered in the National Programme, the issue of Supply Chain Management (SCM) has gained importance. Efforts made to streamline the Supply Chain Management of various supplies to consuming units include provision of training to the Procurement Officials of SACS.

- XII. Strategic Information Management:** India has a robust system of annual HIV Sentinel Surveillance (HSS) for monitoring the HIV epidemic in the country among general population as well as High Risk Groups. HSS 2012-13 was conducted at 750 Antenatal Clinic (ANC) surveillance Sites, covering 556 districts across 34 States and UTs. The methodology adopted during HSS was consecutive Sampling with Unlinked Anonymous Testing. Specimens were tested for HIV following the two test protocol. A total of 2,95,246 ANC samples were tested from 741 valid sites during HSS 2012-13. Besides epidemic trend analysis, data from surveillance are also used for strategic planning and prioritization under the programme as well as estimation of adult HIV prevalence, HIV incidence and mortality. Globally accepted models are used to estimate and project the HIV burden in the country. Data collection of HIV surveillance among pregnant women has been rolled out in phase manner.

**The NACO is currently implementing National Integrated Biological & Behavioural Surveillance (IBBS)** among high risk groups and bridge population. Around a hundred national trainers, including representatives from eight regional institutes (National Institute of Medical Statistics (NIMS), New Delhi, National AIDS Research Institute (NARI), Pune, National Institute of Health & Family Welfare (NIHFW), New Delhi, AIIMS, New Delhi, PGI Chandigarh, NIECD, Kolkata, NIE, Chennai, RIMS, Imphal), five field research agencies, national working group and ten national training consultants were



trained in the methodology, tools, steps, operational guidelines and implementation protocol. In six region data collection is almost over and specimen is tested parallel. In remaining two regions NARI and NIHFW, data collection for the main survey will be initiated in the first week of April, 2015. Top line findings of National IBBS will be available by September 2015 and National report by December 2015.

The programme generates rich data on service delivery through around 20,000 reporting units across the country. The Strategic Information Management System (SIMS), a web-based system for data management and analysis of all programme data has been rolled out across the country. Data quality, analytics, and integration of Geographical Information System support are being developed, which will further improve the decision support system of programme monitoring.

A National Data Analysis Plan has been developed and rolled out to analyse the huge amount of data generated under the programme and develop analytic reports to support and for evidence based planning and programme management. An overarching Knowledge Management Strategy has been developed with focus on data quality, analysis and its use for programmatic action.

The 'Network of Indian Institutions for HIV/AIDS Research' was constituted to facilitate and undertake HIV/AIDS research; 42 reputed institutions are currently members of this Consortium. In order to address the programme needs with respect to evidence and research and make best use of the available data, a structured research plan has been developed for identifying research priorities and commissioning research studies accordingly. A detailed exercise to assess existing information gaps in the programme was conducted involving programme managers at the NACO, state levels and development partners and research areas prioritised. Over 30 priority topics have been identified for research covering epidemiological, socio-behavioural, operational and bio-medical areas.

A summary of key achievements made under NACP during the last two financial years (2013-14) and 2014-15 presented in Table 2.

**Table 2: National AIDS Control Programme Performance on key indicators**

S. No	Indicator	2013-14		2014-15	
		Target	Achievement	Target	Achievement
1	New Targeted Interventions established	300	246	220	66
2	STI/RTI patients managed as per national protocol	68 lakh	67.7 lakh	70 lakh	75.46 Lakh
3	Blood collection in NACO supported blood bank	55 lakh	57.48 lakh	60 lakh	63.2 lakh
4	Proportion of blood units collected by Voluntary blood donation in NACO Supported Blood Banks	80%	84%	75%	84%
5	Districts covered under Link Worker Scheme (Cumulative)	163	161	163	137
6	Clients tested for HIV (General clients)	102 lakh	130.30 lakh	118 lakh	142.64lakh
7	Pregnant Women tested for HIV	102 lakh	97.52 lakh	118 lakh	106.10 lakh
8	Proportion of HIV+ pregnant Women and Babies who are initiated on Multidrug Antiretroviral regimen	75%	84%	85%	97%
9	HIV-TB Cross Referrals	12 lakh	14.88 lakh	13 lakh	16.83 Lakhs
10	New ART Centres established	420 (Cumulative)	425 (Cumulative)	45	50
11	PLHIV on ART (Cumulative)	7.10 lakh	7.68 lakh	8.31 lakh	8.51 lakh
12	Opportunistic Infections treated	2.9 lakh	4.35 lakh	3.0 lakh	3.97 lakh
13	Campaigns released on Mass Media - TV/Radio	9	9	8	3
14	New Red Ribbon Clubs formed in Colleges	500	800	550	550
15	Persons trained under Mainstreaming training programmes	3 lakh	3.75 lakh	3.2 lakh	3.51 lakh
16	Social Marketing of condoms by NACO contracted Social Marketing Organisations	35 crore pieces	51.62 crore pieces	44 crore pieces	60.8 crore Pieces
17	Free Distribution of Condoms	36 crore pieces	32.15 crore pieces	37 crore pieces	27.2 crore pieces

(Please note, 1 lakh = 100,000)