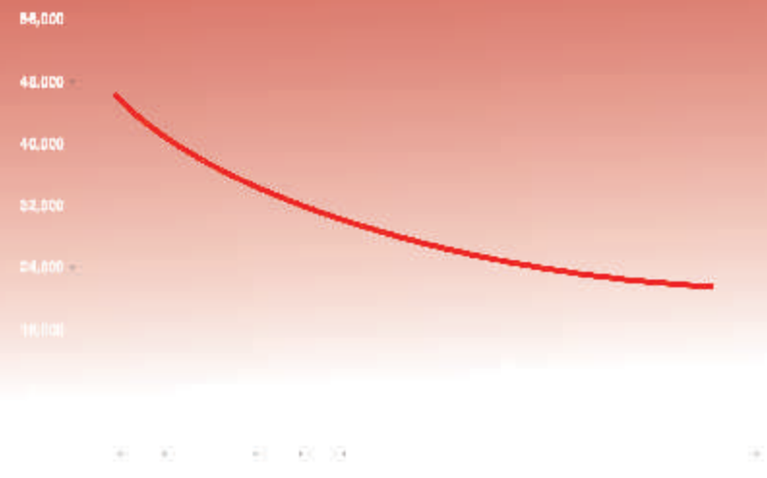
ANNUAL CMIS BULLETIN 2008-09



National AIDS Control Organisation
Department of AIDS Control
Ministry of Health & Family Welfare
Government of India

Content

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Foreword

The National AIDS Control Programme collects periodic information on six programme components from 35 States/Union Territories and 3 Municipal Corporations. In all, 10,649 reporting units which include Blood Banks, Integrated Counseling and Testing Centres, STI/RTI Clinics, ART Centres, NGOs implementing targeted interventions and Community Care Centres, feed into the CMIS. This information is collected on a monthly basis since 2001 in standard reporting formats across the country through a comprehensive software Computerized Management Information System (CMIS) installed at all State AIDS Control Societies. Special efforts made during 2008-09 have effected considerable improvement in the CMIS reporting in terms of quality as well as quantity. The data provide a wealth of information for decision making and day-to-day management for making the programme more effective.

At present, HIV in India is considered to be a "concentrated epidemic" with high-risk groups including "core" groups such as Female sex Workers (FSWs), Men who have Sex with Men (MSM) and Injecting Drug Users (IDUs) and "bridge" population i.e. clients of sex workers, truckers and migrants labourers. From the epidemiological profile prospective approaches require a focus on containing the transmission of HIV from sex workers, MSM and IDUs to the general population. There emphasis has been on intensified targeted interventions among "core" and "bridge" population. NACO with its partners has been working with these groups on HIV prevention, and providing access to testing, counseling and treatment services.

The CMIS Bulletin aims to promote use of information by the project directors and programme managers of each component at National and State levels for programme management, strategy refinement and problem solving. This can be used by SIMU at state and national level to closely monitor the programme information, triangulate it with other data sources and facilitate evidence based programming.

This annual issue of CMIS Bulletin gives an in-depth analysis of the current status of the response of the National AIDS Control Programme during FY 2008-09. There are known issues associated with the routine data collection and limitation to provide timely and accurate information. The analyses presented here highlight some problems that need implementer's attention and others needing further inquiry through special studies and research.

I would specially like to acknowledge the contributions of Dr. S. Venkatesh, DDG (M&E), Mr. Rajesh Kumar Singh, Mr. Ugra Mohan Jha, Dr. Yujwal Raj, Mr.Y.Shreenu and Ms. Neeti Saxena, Technical Officers in bringing out this Annual Bulletin. All divisional heads of NACO have contributed with critical review and feedback for improving the analysis; and WHO has extended financial support for printing.

(K. Chandramouli)

List of Abbreviations

AIDS	Acquired Immunodeficiency Syndrome
ANC	Antenatal Clinic
ART	Anti-Retroviral Therapy
BS	Blood Safety
CMIS	Computerized Management Information System
CSW	Commercial Sex Worker
CCC	Community Care Centre
DOTs	Directly Observed Treatment Short - Course
FSW	Female Sex Worker
HBV	Hepatitis B Virus
HBC	Hepatitis C Virus
HIV	Human Immunodeficiency Virus
HRG	High Risk Group
ICTC	Integrated Counseling and Testing Centre
IDU	Injecting Drug User
IEC	Information Education Communication
M&E	Monitoring and Evaluation
MSM	Men having Sex with Men
NACO	National AIDS Control Organisation
NACP	National AIDS Control Programme
NE	North-East
NGO	Non-Governmental Organisation
NVP	Nevirapine
OI	Opportunistic Infections
ORW	Out Reach Worker
PE	Peer Educator
PPTCT	Prevention of Parent to Child Transmission
PLHA	Person living with HIV / AIDS
RTI	Reproductive Tract Infection
SACS	State AIDS Control Society
SIMU	Strategic Information Management Unit
STI	Sexually Transmitted Infections
TI	Targeted Intervention
TTI	Transfusion Transmissible Infections
UT	Union Territory
VDRL	Venereal Disease Research Laboratory Test

Chapter 1

NACO - Computerized Management Information System (CMIS)

Background

It is seen that computers have become pervasive in every aspect of our lives. Networks including the Internet have made computer facilities almost ubiquitous. Information management technologies can support key organization functions, resources and their monitoring and hence the decision support processes. In a developing country like India, where considerable resources are earmarked for social development, a need to monitor the utilization of these resources and the performance achieved has been increasingly felt.

The National AIDS Control Organisation collects data on components related to HIV/AIDS through various mechanisms such as routine monitoring through CMIS, sentinel surveillance systems, Behavioral Surveillance surveys and other evaluations / operations research studies. The main objectives of this information collection through integrated M&E system are to track the progress of HIV/AIDS epidemic and the response in the country and to track the performance of National AIDS Control Programme.

A Computerised Management Information System (CMIS) for monitoring the implementation of the National AIDS Control Programme in India was initiated in 2001. The CMIS has been designed to provide continuous critical information on the response to the HIV/AIDS epidemic in India. The CMIS enables National AIDS Control Organisation, State AIDS Control Societies and district units to use programmatic information for evidence based planning, for identifying appropriate strategies and for developing district and state level capacities for collection, analysis, interpretation of data and relevant remedial actions.

1.1 Data Flow and Reporting Units

CMIS is designed in line with the existing structure for implementing project activities and the data flow. The primary data generation unit for the reporting is the facility, which includes 2,582 Blood Banks, 1,400 STI Clinics, 4,938 Integrated Counseling and Testing Centres (ICTCs), 200 Anti Retroviral Therapy (ART) Centres, 258 Community Care Centres (CCCs), 1,271 Targeted Intervention Projects among high risk groups (HRG) implemented through NGO's. Current version of CMIS follows client-server architecture and data flow is as shown in the figure.

Currently CMIS is installed at all 35 State AIDS Control Societies and 3 Municipal AIDS Control Societies and all except Lakshadweep are reporting through CMIS. While CMIS was implemented in phased way, the computerization actually took place only at State level. However, recently many states have decentralized the systems and data gets computerized at district or facility level. States which have achieved this are Karnataka, Gujarat and Chandigarh with more states opting for the same. ART CMIS module is web-based and data from all ART Centres is directly uploaded on the NACO server. The details of the formats can be found in the NACO M&E toolkit

1.2 Registration of Reporting Units

Any reporting unit, once functional, is registered in CMIS. Reporting units supported by development partners / donors are also registered in CMIS with information about the 'External Support Agency'. Once registered and data entered for a few months, the data remains available. A reporting unit which seizes to exist is de-activated but never deleted as the past data is required for reference.

Figure 1.1: Data Collection Flow

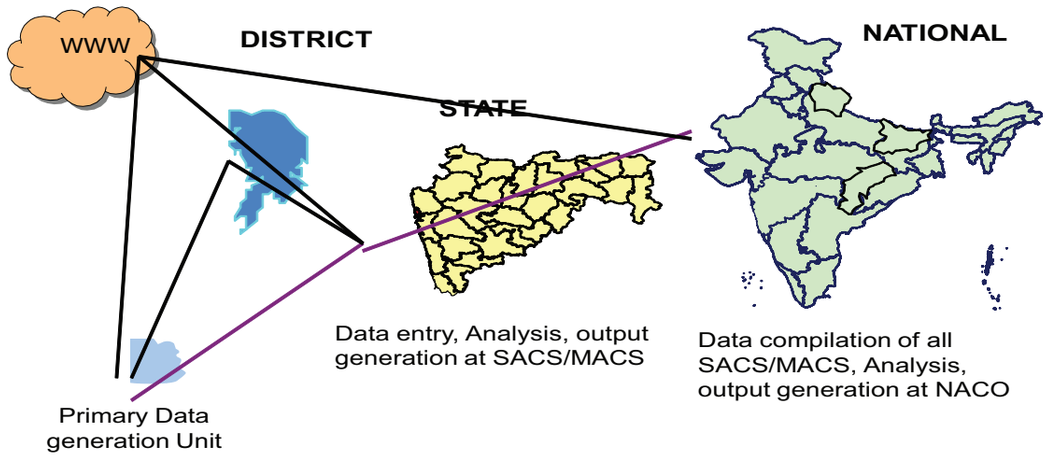


Table 1.1 gives the details of registration of reporting units in CMIS.

Table 1.1: Details of reporting units registered and average reporting 2008-09

S.No	Reporting Unit Type (including all)	Total Registered Units	Number of units reporting during 2008-09 (at least once)	Percentage Reporting
1.	ART Centre	**200**	**186**	93.0
2.	Blood Bank	**2,582**	**2,177**	84.3
3.	CCC	**258**	**130**	50.2
4.	ICTC	**4,938**	**4,225**	85.6
5.	STI Clinic	**1,400**	**867**	61.9
6.	Targeted Interventions	**1,271**	**837**	66.0
	Total	**10,649**	**8,422**	**79.1**

The data collected is aggregate health service statistics, coverage and basic user characteristics such as gender and age segregation; individual data is not captured in the CMIS. The reporting units mentioned above include NACO supported, private and charitable/NGO supported. The reporting from external agencies is initiated recently and thus percentage reporting is less.

1.3 Report Generation in CMIS

CMIS provides unique feature of generating reports and extracting raw data in MS Excel. This helps in data analysis and generation of graphs using different analytical softwares such as SPSS, STATA etc. The reports can be generated at national level with drill down up to reporting unit level for any selected period. Graphical and map outputs are available only for limited users.

1.4 Strengthening Programme M&E using CMIS

To improve reporting, ongoing training programmes are conducted. M&E Division, NACO is responsible for overall support in CMIS implementation and troubleshooting. The data from CMIS is used extensively for strategic planning and desk research. Development of software is an evolving process and though validations and verifications are inbuilt to improve data quality, more and more use of data from this source would encourage the implementers to improve M&E.

Also, some immediate changes in terms of refining and developing output reports, developing modules for non-existent components like ART/ AIDS Cases, visits to major non-reporting states to rectify problems of non-reporting, re-enforcing the uniform tools, organizing CMIS trainings, providing ongoing support in rectifying problems related to formats, software and clarifying issues regarding reporting masters helped improving the reporting percentages.

1.5 Way Forward

As per the principle of "Three Ones", which forms the basis of national M&E Plan, it is important to have a M&E system in place which is technically sound, having clear definitions and standardized tools, designed well to capture and produce critical information, easy to use at all levels, based on appropriate technology and has capability to integrate data from different sources, partners even on different platforms. One challenge is to include information from non NACO funded HIV projects such as TI NGOs funded by bilateral or multilateral partners and ART and ICTC services offered by private hospitals, etc.

Strategic Information Management System (SIMS) is envisioned to achieve all these features and is underway. The system is expected to be ready for roll-out by the middle of 2010 with web-enability, GIS and statistical analysis in-built.

Providing continuous care and follow up for PLHAs is of outmost importance. As a first step towards achieving this, the **Smart Card Project** is aimed at ensuring computerization of patient records accessing ART with biometric identifiers, so that the treatment and other related services can be accessed from across the network of ART Centres without duplication (unique identifiers), easy retrieval of reports with adequate confidentiality. It is expected that this project will improve the tracking of patient monitoring including treatment adherence and linkages.

Chapter 2

Blood Safety

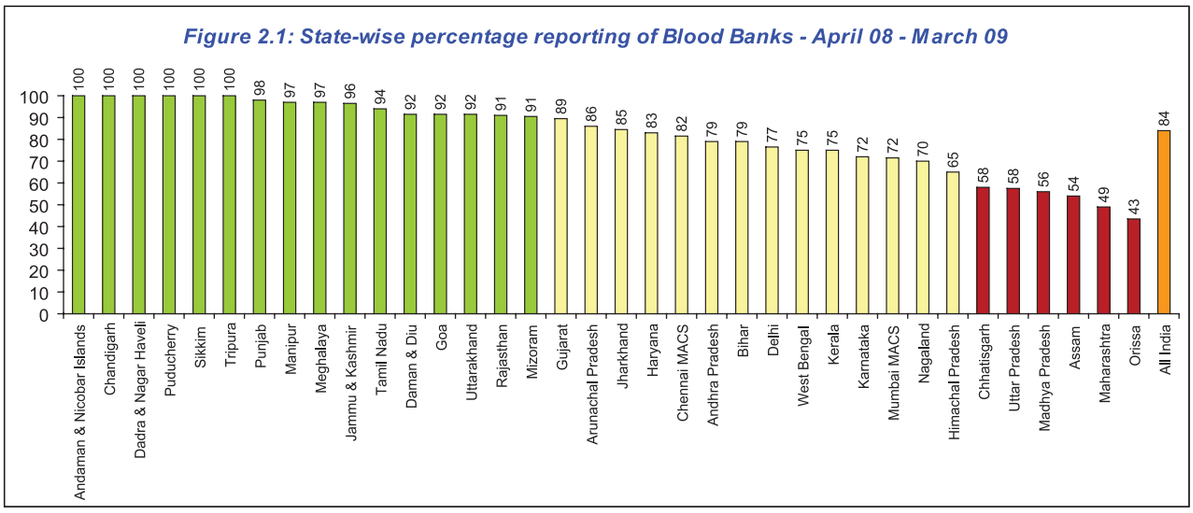
The Blood safety programme aims at ensuring access to safe blood and blood products to all at a reasonable cost, adequate to meet the needs of all patients and transfused only when necessary. This is provided as part of a sustainable blood safety programme within the existing health care system. Blood transfusion which is a crucial part of health delivery system unfortunately can be a cause of dreadful transmissions of microbes like HIV. While the vast majority of HIV infections in India are attributed to the sexual route of transmission, transmission through infected blood product is a major preventable risk. Ensuring the widespread availability of safe and quality blood is a critical component of the National AIDS Control Programme.

A safe blood supply is critical for the prevention of both HIV and other blood borne illnesses such as hepatitis and syphilis. In a concentrated epidemic, unscreened blood poses one of the most direct risks of transmission that may affect those in the general population. Maintaining a safe blood supply is mandated by law and is the primary responsibility of NACO. By ensuring that all blood is screened properly for blood borne diseases before it is used for transfusions, this risk can be effectively eliminated. Another important step in safeguarding the supply of blood, is to promote voluntary, unpaid blood donations rather than to rely on directed (i.e. persons who donate blood as a means of replacing units required by friends or members of their family) or paid blood donors. It has been shown in many places that voluntary blood donors, tend to have a lower likelihood of being infected with blood borne diseases compared to paid and directed donors.

2.1 Reporting Status

Total number of blood banks in 2009 was 2,582, this includes Government (1,087), Private (1,081) and Charitable (349) blood banks and others (65)

Figure 2.1: State-wise percentage reporting of Blood Banks - April 08 - March 09



*green: States with good reporting status,
* yellow: States with average reporting status and scope to further improve
*red: States with poor or very poor reporting status with an urgent need to improve

The all India reporting percentage of NACO supported as well other Blood Banks during April 2008 to March 2009 is 84 percent.

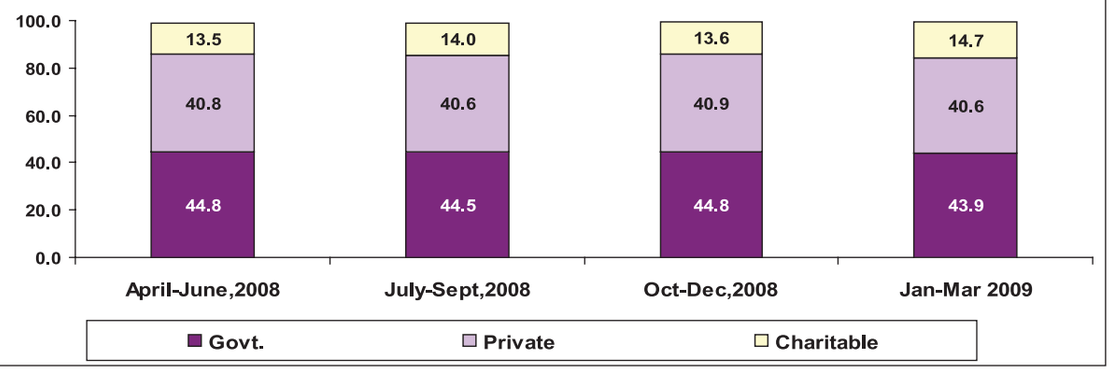
The All India Snapshot of reporting is given in Table-2.1.

Table 2.1: Details of reporting units

Type of Blood Bank	No. of Blood Banks Registered in CMIS	Reported during Year 2008-09	Percentage Reporting
Government	1,087	965	88.8
Private	1,081	885	81.9
Charitable	349	307	88.0
Not Specified	65	20	30.8
Total	**2,582**	**2,177**	**84.3**

Percentage reporting is highest among Government supported and charitable blood banks.

Figure 2.2: Proportion of Government.Private and Charitable Blood Banks among the reported - April, 08- March, 09

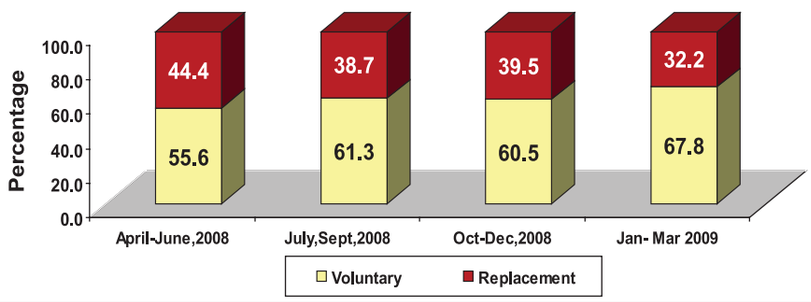


**NA is not highlighted in the figure*

2.2 Blood Collection: Voluntary vs. Replacement

The total annual requirement of blood in India is 10 million units of blood while the total collection is about 6 million units. Voluntary donation is the considered to be safest form of the blood donation and thus systematically promoted through blood safety programme. **Fig. 2.3** shows the aggregated proportion of blood collection- Voluntary and Replacement

Figure 2.3:- Percentage reporting of Voluntary and Replacement Blood Collection



The NACP III target for voluntary blood donation was 70 percent for 2008-09 However in the financial year 2008–09, 65,21,363 units of blood were collected of which 39,78,619 (61%) were through voluntary blood donation.

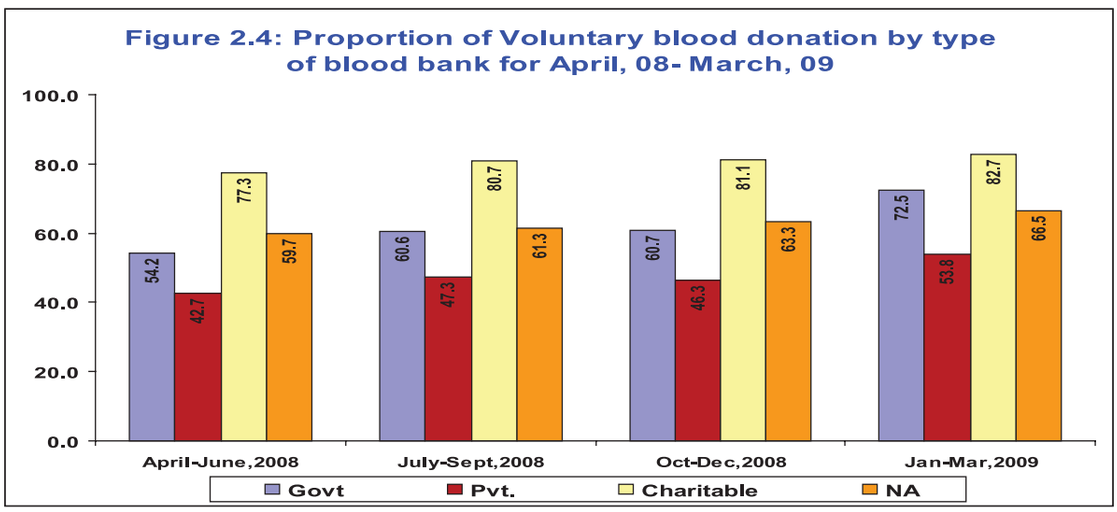
However, separate analysis for government, private and charitable blood banks shows variable performance (Table 2.2). The percentage of voluntary blood donation was 61.4 percent in government supported blood banks, 47.3 percent in private blood banks and 80.3 percent in charitable blood banks for the year 2008-09 (Table 2.2)

The Average collection per Blood Banks was highest in Charitable (4,970 units), followed by Government Blood Bank (2,824 units) and Private Blood Bank (2,537 units).

Table 2.2 : Performance of Blood Banks by type

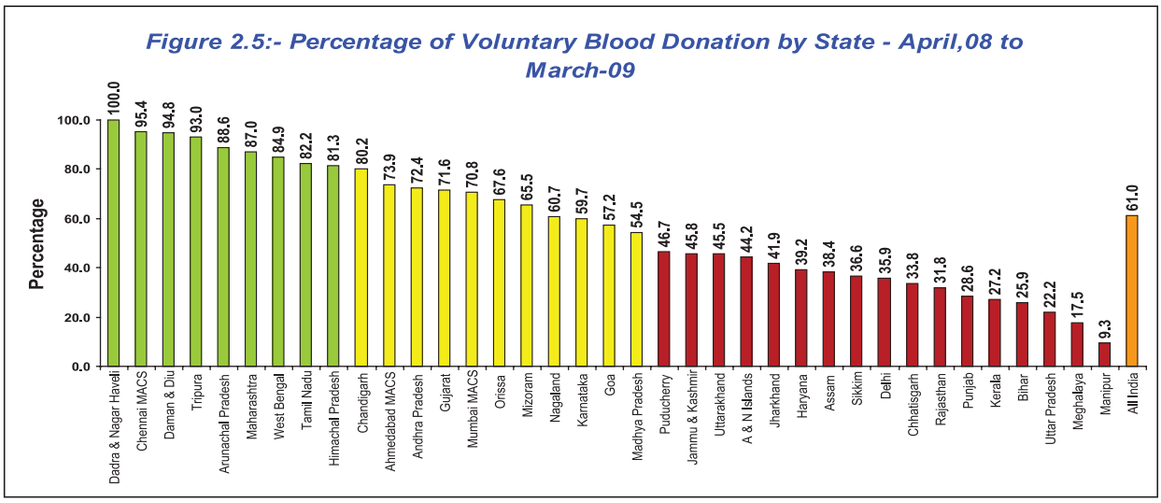
Type of Blood Bank	Total Reported	Total Collection	Percentage Voluntary Collection	Average Collection per Bank
Charitable	307	15,25,744	80.3	4,970
NA	20	25,881	62.2	1,294
Government	965	27,24,907	61.4	2,824
Private	885	22,44,831	47.3	2,537
Total	**2,177**	**65,21,363**	**61**	**2,996**

The quarterwise details of the voluntary blood donated in **Fig. 2.4.** Show a consistent increase in percentage voluntary donation among Government & Charitable blood banks in the four quarters.

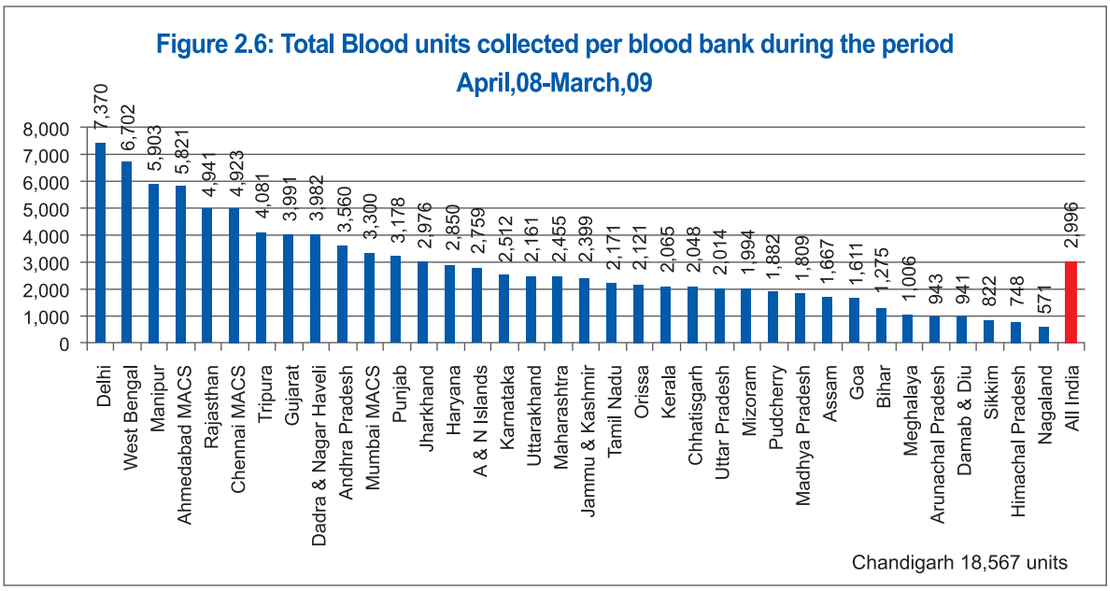


2.3 Statewise distribution of Voluntary Blood Donation

The percentage of voluntary blood donation of all the states ranges from 9.3 percent in Manipur to 100 percent in Dadra and Nagar Haveli. The graph shows percentage of voluntary blood donation by states.



Comparative performance by state for total blood units collected per blood bank during April, 08-March,09 is detailed in Annex-1 Fig. 2.6



2.4 Gender Distribution of Donors

The gender distribution among donors during the period April, 08 to March, 2009. Percent of female donors is very low at 5.5 percent. and male donors 94.5 percent.

2.5 Sero -Reactive Status

The sero-reactivity status includes all transfusion transmissible Infections (TTIs) i.e. HIV, Hepatitis B, Hepatitis C, VDRL and Malaria. Table 2.4 shows no variation between the 4 quarters in the percentage sero-reactivity of all the essential tests performed at blood banks at all India level.

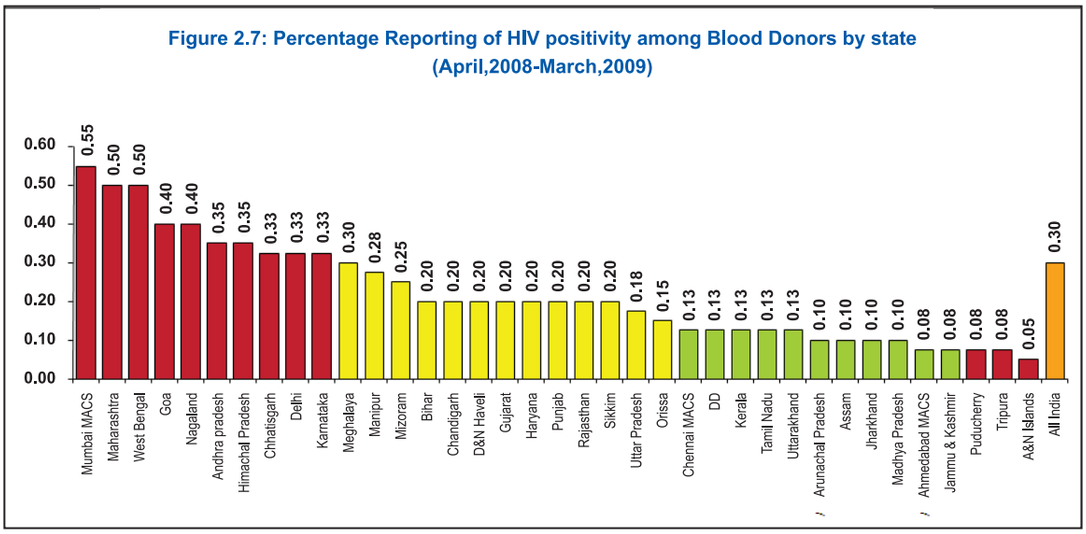
Table 2.4: Sero-reactivity for all TTI markers

Quarter	HIV	Hep B	Hep C	VDRL	Malaria
April-June, 2008	0.3	1.2	0.4	0.3	0
July-Sept, 2008	0.3	1.2	0.4	0.3	0
Oct-Dec, 2008	0.3	1.2	0.4	0.3	0
Jan-March, 2009	0.3	1.1	0.4	0.2	0
Average 2008-2009	0.3	1.2	0.4	0.3	0

Annex–2 gives the state-wise list of sero-reactivity reported by blood banks

2.6 Positivity trends of state

Fig. 2.7 shows the state-wise graph of HIV sero-reactivity. The all India sero-reactivity is 0.3 percent. Mumbai MACS, Maharashtra, West Bengal, Goa, Nagaland, Andhra Pradesh, Himachal Pradesh, Chhattisgarh, Delhi and Karnataka reported higher sero-reactivity than the national average.



2.7 Blood Component Separation

Total 36,93,953 units were processed for blood component separation during 2008-09).(*Table 2.5)*

Table 2 .5: Proportion of Blood Components

Details	Whole Blood	Packed Cells	Platelet Concentrate	Fresh Frozen Plasma	Cryoprecipi-tate	Plasma
Collected/ Prepared	36,93,953	16,20,059	8,93,717	14,09,267	66,658	1,32,634
Units Supplied	33,81,733	17,68,101	7,92,566	11,45,578	55,927	73,711
Balance with Blood Bank	10,47,017	3,31,757	107,360	10,15,800	42,895	56,932

Chapter 3

Integrated Counseling and Testing Centre

Integrated Counseling and Testing Centre is a place where a person is counseled and tested for HIV on his/ her own (client initiated) or as advised by a medical provider (provider initiated). These centres can be entry points for reinforcing HIV prevention messages and linking the HIV positive people to HIV care and treatment services.

HIV testing is a critical service for both prevention and care & treatment objectives of NACPIII. Due to the late stage at which symptoms appear, it is important to encourage persons having risk factors to seek testing regularly so that they can seek early management of their disease as well as prevent further transmission to others. In addition to increasing the number of people who seek testing and know their status, NACP also seeks to ensure that individuals have appropriate pre- and post-test counseling and that the test results provided are reliable and meet the quality standards. There are several contexts for providing HIV testing services: voluntary counseling and testing, prevention of parent to child transmission, screening of TB patients, and diagnostic testing among symptomatic patients. In NACP III, the concept of the Integrated counseling and testing Centres (ICTC) illustrates a modified approach to providing HIV testing services, in which the ICTC acts as a hub to smooth the link between testing services and the broader continuum of care and support services.

The all India details of clients undergoing Pre-test counseling, HIV Testing and Post-test Counseling at ICTC's for the period April,08-March,09 are summarized in the Table 3.1

Table 3.1: Service details at ICTC (April, 2008 - March, 2009) *GC- General Clients

Client Type	Pre-test Counseling	Testing for HIV out of pre-test counseled (%)	Post-test Counseling out of test performed (%)	Testing HIV Positive	HIV Sero-Positivity (%)
Client Initiated (GC*)	27,61,985	24,70,445 (89.44%)	23,59,809 (95.52%)	1,38,377	5.60
Provider Initiated (GC*)	33,20,763	31,47,568 (94.78%)	30,32,948 (96.36%)	1,41,867	4.51
Pregnant Women (ANC)	46,52,468	43,42,764 (93.34%)	40,76,778 (93.88%)	20,050	0.46
Pregnant Women (Direct Delivery)	3,58,023	2,92,743 (81.77%)	2,73,500 (93.43%)	1,759	0.60
Total	**110,93,239**	**102,53,520 (92.43%)**	**97,43,035 (95.02%)**	**3,02,053**	**2.95**

Figure 3a: HIV Counseling and Testing, by C

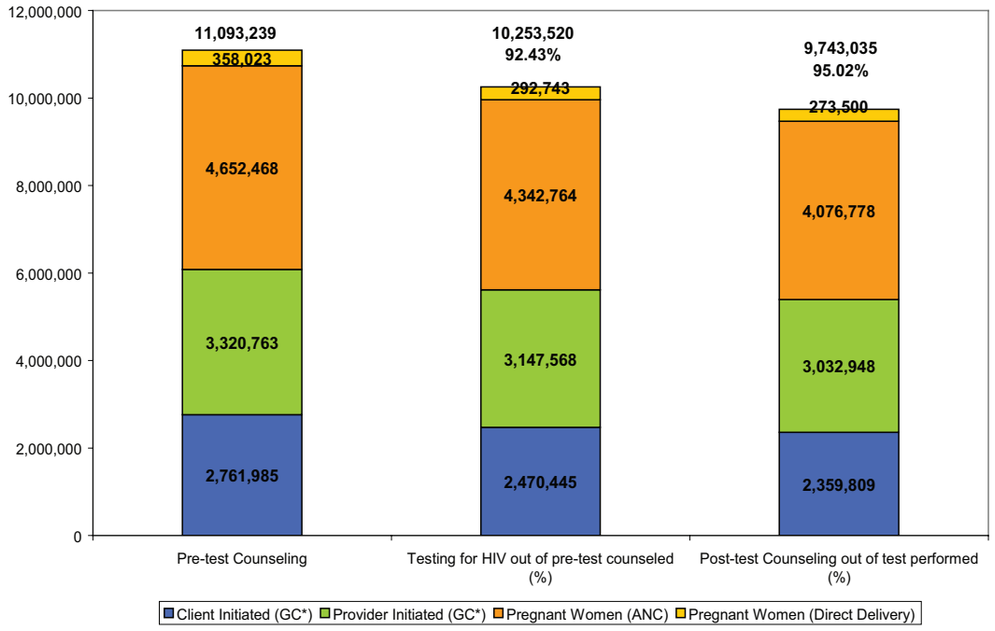
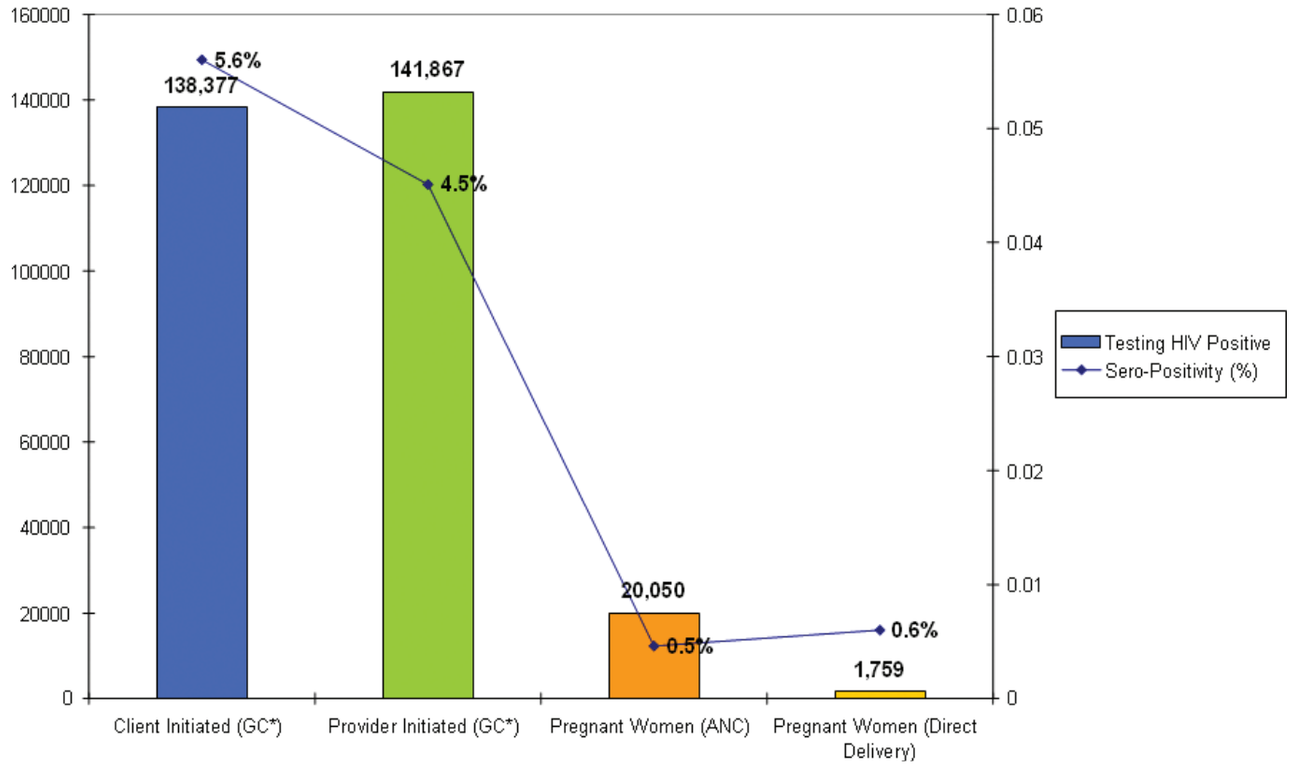
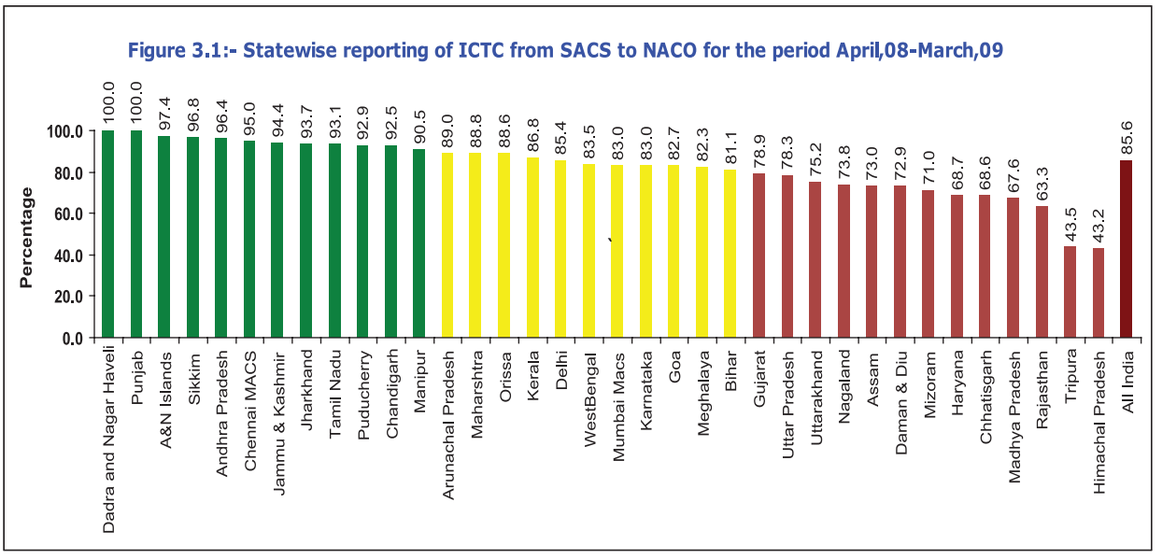


Figure 3b: Number HIV positive and percentage positivity, by client type



3.1 Reporting Status

Overall reporting of ICTC is 85.6 percent for the year 2008-09. Except for the UT of Lakshadweep, all SACS/MACS have reported in CMIS. ***Fig. 3.1*** shows the detailed percentage of reporting information from all states and Union Territories.



*green: States with good reporting status,
* yellow: States with average reporting status and scope to further improve
*red: States with poor or very poor reporting status with an urgent need to improve

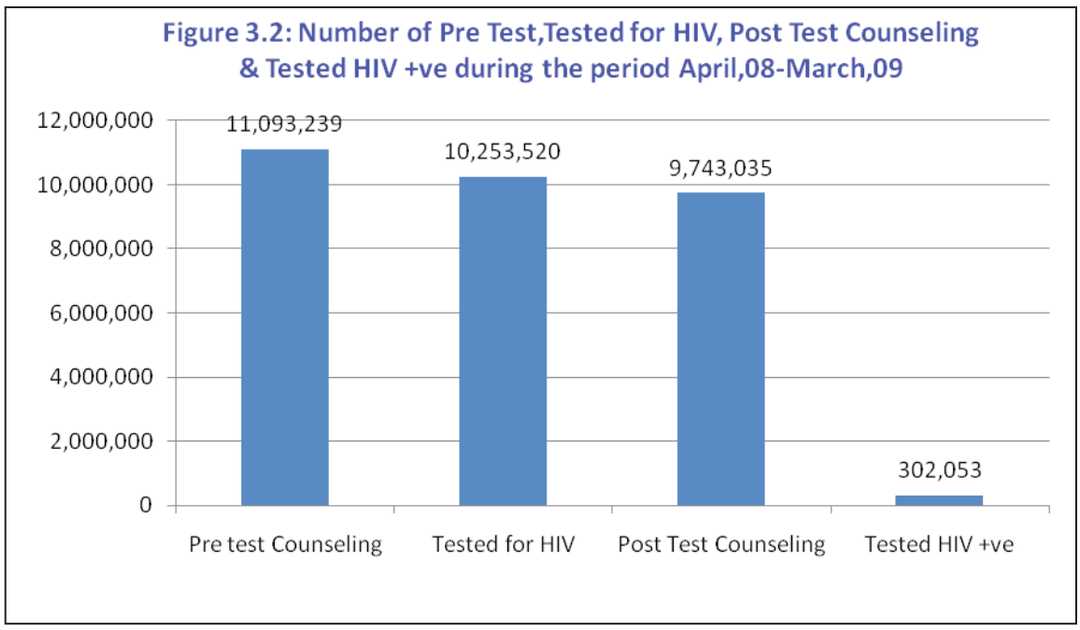
The reporting from Dadra & Nagar Haveli, Punjab, Andaman and Nicobar Islands, Sikkim, Andhra Pradesh, Chennai MACS, Jammu & Kashmir, Jharkhand, Tamil Nadu, Puducherry, Chandigarh, and Manipur were more than 90 percent. The lowest reporting is from Himachal Pradesh (43.2%).

3.2 ICTC General Clients

ICTC data gives the trends in percentage positivity among the clients coming for HIV testing by gender, age, and type of clients (Client initiated or provider initiated) along with counseling details. The indicators for testing and counseling are common for both General Clients and Pregnant women.

3.2.1 Pre and Post test counseling

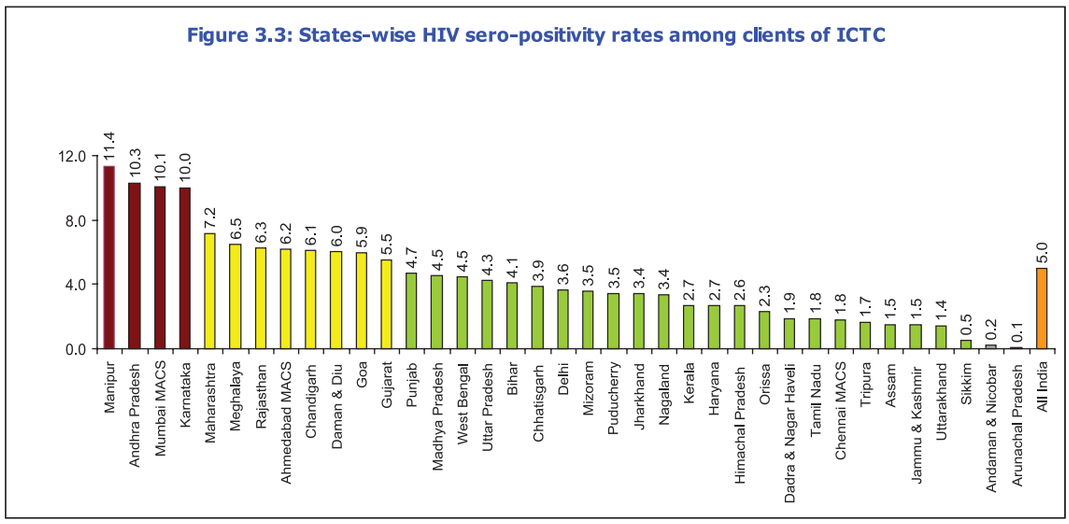
Fig. 3.2 shows the information related to pre-test counseling, tested for HIV, post test counseling and Tested HIV +ve among all clients of ICTCs.



After pre-test counseling, 92 percent undergo HIV testing and 95 percent among the tested get post-test counseled and know their results**.** Out of those tested for HIV 2.95 percent found to be HIV +ve.

3.2.2 State-wise HIV sero-positivity rates among clients of ICTC

Fig. 3.3 shows the state-wise HIV sero-positivity rates among clients of ICTC . Manipur, Andhra Prdesh, Mumbai MACS and Karnataka shows more than ten percent HIV sero-positivity among clients of ICTC. These are high prevalent states needs special focus.



Maharashtra, Meghalaya, Rajasthan, Ahmadabad MACS, Chandigarh, Daman& Diu, Goa, and Gujarat have HIV sero-positivity between 5-10 percent among the clients of ICTC. Sikkim, Aurnachal Pradesh and Andman and Nicobar Islands have HIV sero-positivity of less than 1 percent. Overall All India HIV sero-positivity is 5 percent among the clients of ICTC. States with

high sero-positivity needs constant effective programme implementation so that spread of HIV could be controlled.

The State-wise detail of HIV positivity client initiated and provider initiated cases tested at ICTC among are shown in Fig 3.3 a & b respectively.

Figure 3.3a: Percenatge reporting of HIV positivity among clients initiated cases of ICTC from SACS to NACO

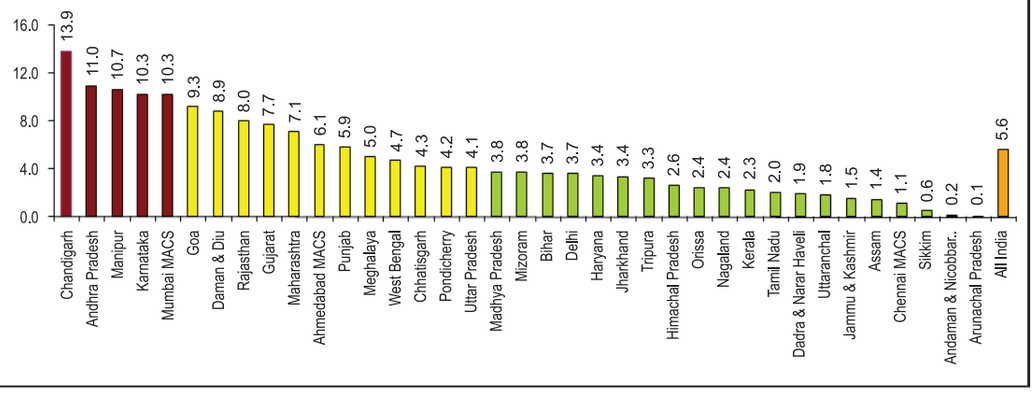
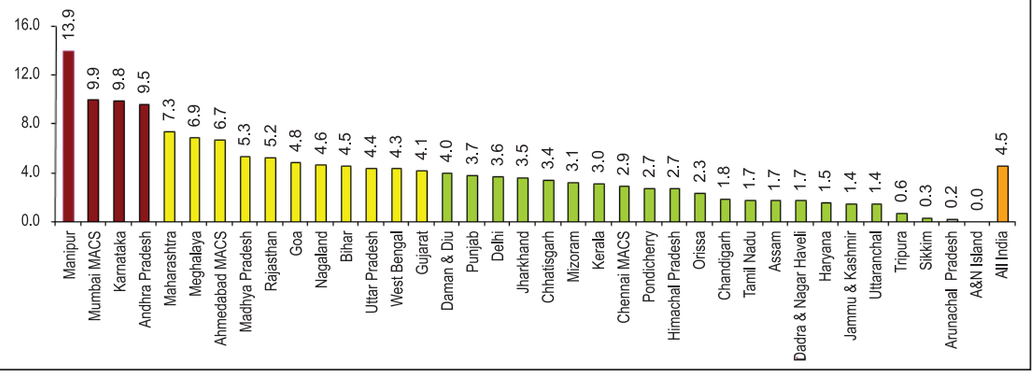


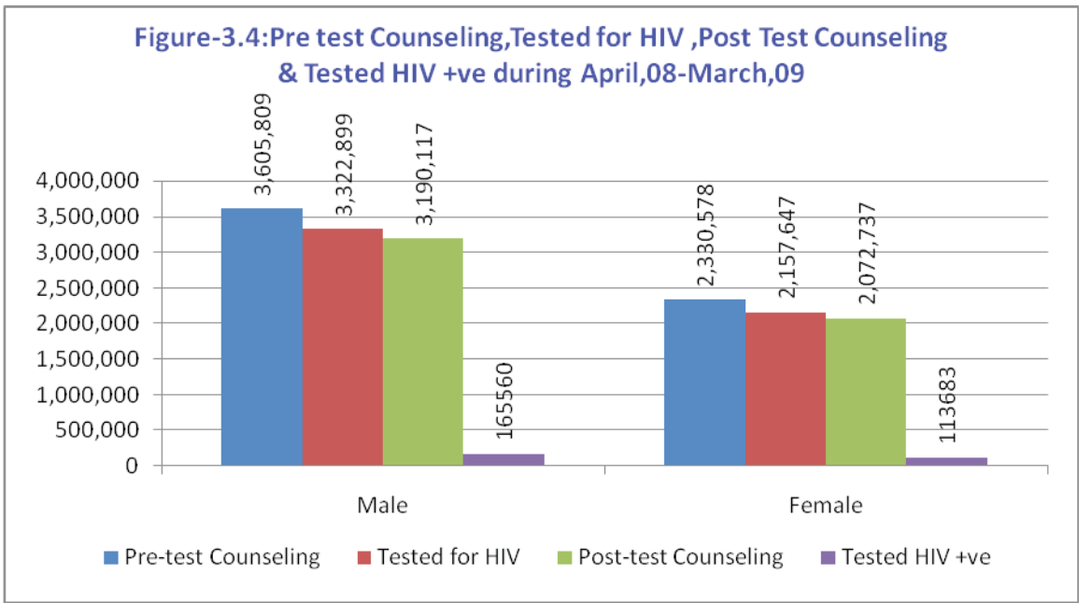
Figure 3.3b: Percenatge reporting of HIV positivity among provider initiated clients of ICTC from SACS to NACO



3.2.3 Gender wise accessibility of services for pre test counseling, tested for HIV and post test counseling

Total 5,936,387 general clients (client initiative & Provider initiative) have undergone pre test counseling and 5,480,546 have availed post test counseling services of ICTC for the reporting period (April, 08-March, 09). ***Fig. 3.4*** shows the gender wise accessibility of services for pre-test counseling, tested for HIV, post-test counseling and Tested HIV +ve for the reporting period. Proportion of male accessing services at ICTC is about 53 percent and 46.9 percent respectively in Pre-test and Post-test counseling. 92.2 percent tested out of those pre test counseled and 96 percent of those tested has been post-test counseled.

Proportion of female accessing services at ICTC is about 52.9 percent and 47 percent respectively in Pre-test and Post-test counseling. 92.6 percent tested out of those pre test counseled and 96 percent of those tested has been post-test counseled.



3.2.4 Route of transmission-by gender

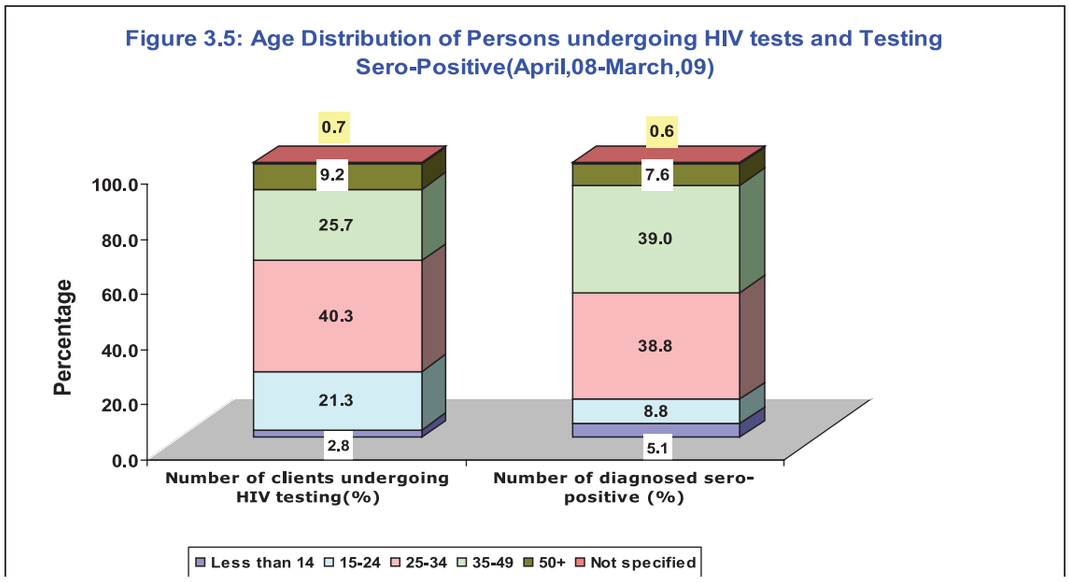
Table 3.2 shows gender -wise percentages of various routes of transmission among the reported HIV positive clients. It has been observed that the main route of transmission is through heterosexual contacts among both males (86 percent) and females (87 percent) followed by Parent to child transmission (for children) which is nearly 6 percent in each category

Table 3.2 Percentage of route of Transmission of HIV Positive males and Females in April,08-March,09

Route of Transmission	Males (%)	Females (%)
Hetero-sexual	86.2	87.7
Parent to child (for children)	5.4	6.0
Homosexual/bisexual	1.5	0.5
Through blood and blood products	1.0	1.1
Through infected syringes and needles	1.6	0.5
Not specified / unknown	4.2	4.1

3.2.5 Age distribution among tested and positives

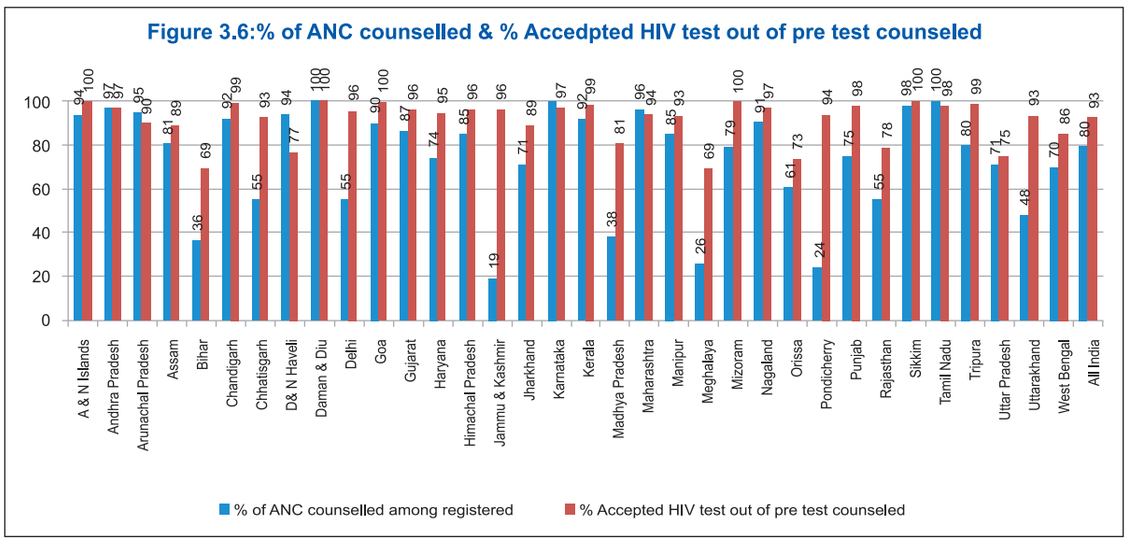
Fig. 3.5 shows the composition of persons undergoing HIV tests and testing sero-positive by age. As reported, the highest numbers of clients who were tested (40.3 percent) and found to be positive were (38.8 percent) among the age group 25-34 years .Second highest number of clients who were tested (25.7%) and found to be HIV positive were(39%) among the age group of 35-49 years.



3.3 Services at PPTCT

Fig. 3.6 shows the percentage of ANC cases Pre-Counseled out of registered and percentage accepted HIV tested out of pre-counseled pregnant women.

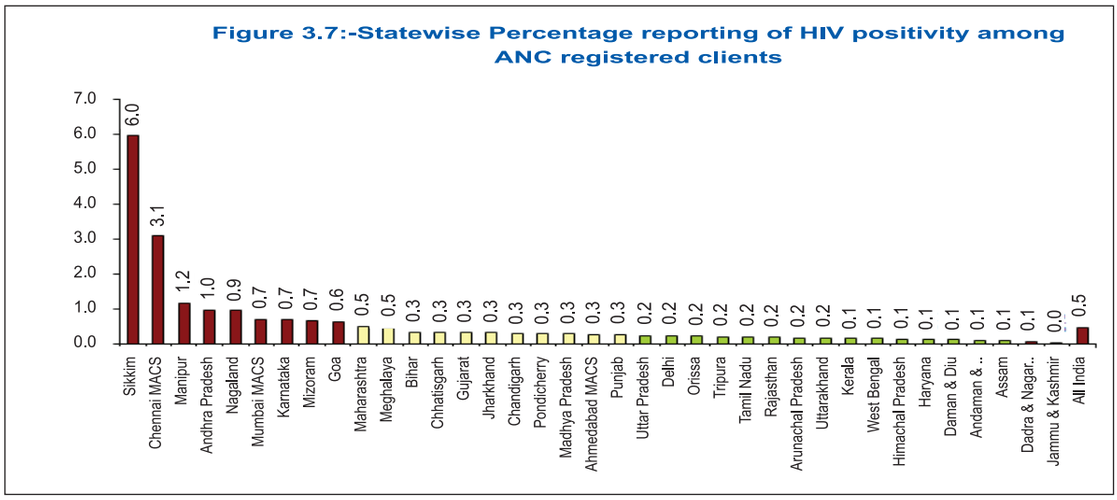
Among the state which reported, 17 states had 80 percent and above registered ANC cases who underwent HIV testing. Andaman and Nicobar Islands, Andhra Pradesh, Aurnachal Pradesh, Chandigarh, Daman and Diu, Goa, Karnataka, Kerala, Maharashtra, Nagaland, Sikkim and Tamil Nadu (Including Chennai MACS) reported 90 percent registered ANC cases and having underwent HIV testing. The national average of accepting HIV test out of those pre-counseled is 93 percent.



The detail of statewise percentage of ANC cases registered, Pre-test Counseled, tested for HIV and receiving post test counseling among all the registered ANC cases at ICTC (Pregnant women) is given in **Annex 3.**

3.3.1 HIV Positivity among PPTCT Clients

The PPTCT clients are segregated in two categories ANC registered pregnant women and those who come directly in labour. The following ***Fig. 3.7*** shows the percent positivity reported at ICTC (for ANC registered cases) as 0.5 in the reporting period April, 08-March, 09. Sikkim, Chennai MACS, Manipur, Andhra Pradesh, Nagaland, Mumbai MACS, Karnataka, Mizoram and Goa have reported positivity more than the national average of 0.5%.



3.3.2 Proportion of Positive deliveries, Live births and administration of Nevirapine (NVP)

Fig. 3.8 shows the detailed percentage of reporting information for all the states and union territories of India. Out of total reported positive deliveries at the institutions, 81.7 percent were live births and among the live-births, 95.8 percent Mother–baby pair received Nevarapine. The number of pregnant women detected positive at ICTC during the reporting period were 21,017. The total number of HIV positive deliveries to women were 13,811.The gap is mainly attributable to deliveries at places other than the same institutions, including home delivery.

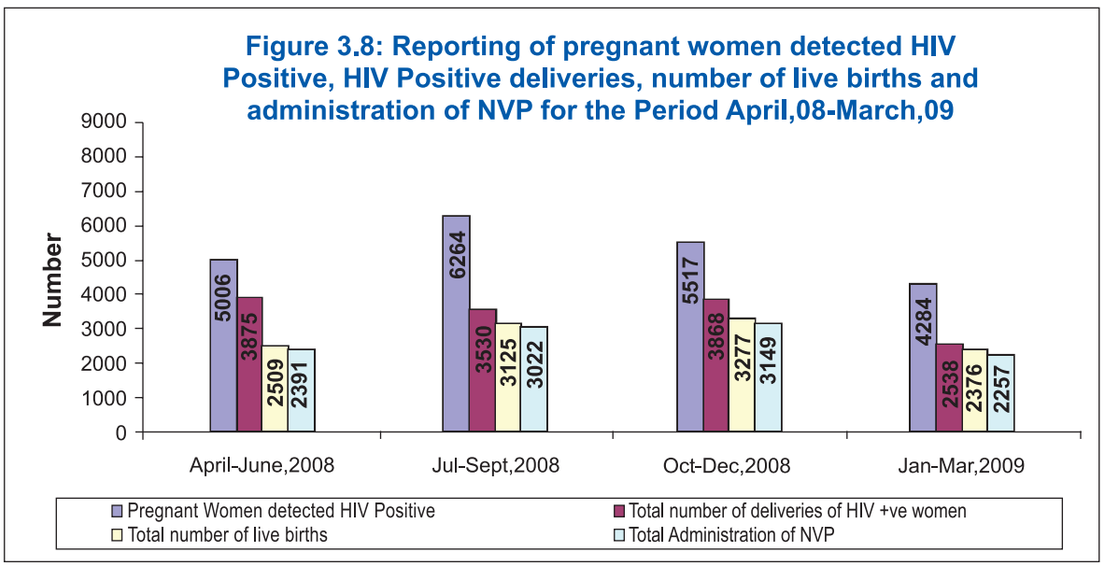


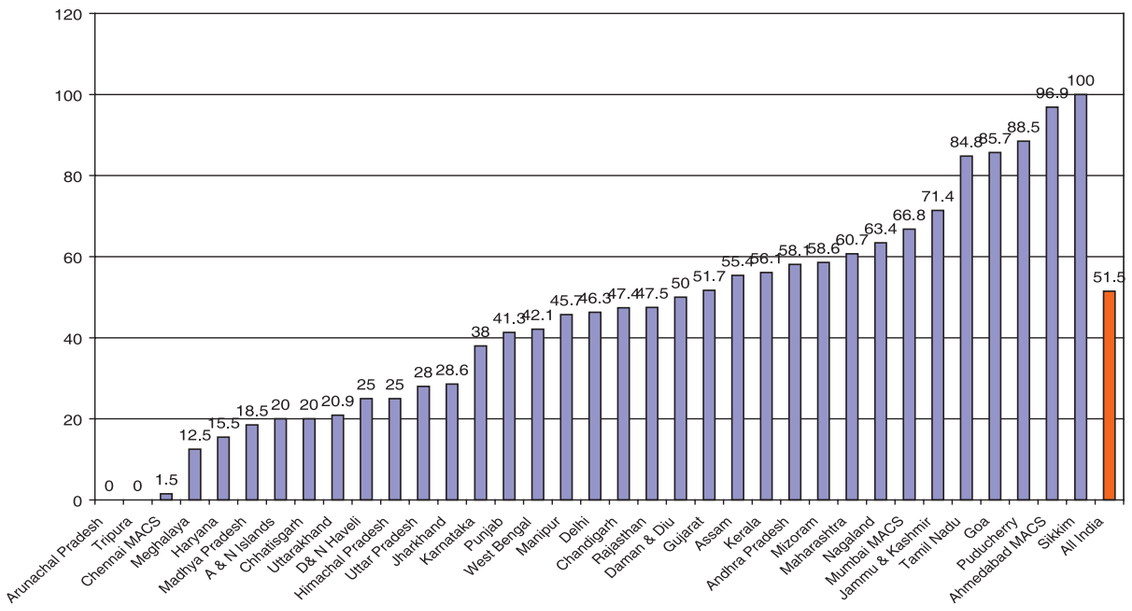
Table 3.4 summarizes the state-wise reporting of pregnant women detected HIV positive, HIV positive deliveries, positive mothers delivering live births and Mother-baby pairs receiving NVP.

Table 3.4: State-wise reporting of pregnant women detected HIV positive, Mother-baby pairs receiving Nevirapine (NVP) and %HIV+ve mothers pairs receiving NVP(April, 08 - March, 09)

States	Pregnant Women detected HIV Positive	Mother-baby Pairs receiving NVP	(%) HIV +ve mother-baby Pairs receiving NVP
All India	21,017	10,819	51.5
Ahmedabad MACS	32	31	96.9
A & N Islands	5	1	20.0
Andhra Pradesh	5,772	3,353	58.1
Arunachal Pradesh	11	0	0.0
Assam	56	31	55.4
Chandigarh	57	27	47.4
Chennai MACS	1,455	22	1.5
Chhattisgarh	85	17	20.0
D& N Haveli	4	1	25.0
Daman & Diu	2	1	50.0
Delhi	307	142	46.3
Goa	70	60	85.7
Gujarat	654	338	51.7
Haryana	71	11	15.5
Himachal Pradesh	20	5	25.0
Jammu & Kashmir	7	5	71.4
Jharkhand	84	24	28.6
Karnataka	3,933	1,493	38
Kerala	139	78	56.1
Madhya Pradesh	162	30	18.5
Maharashtra	3,931	2,387	60.7
Manipur	258	118	45.7
Meghalaya	8	1	12.5
Mizoram	87	51	58.6
Mumbai MACS	728	486	66.8
Nagaland	164	104	63.4
Puducherry	26	23	88.5
Punjab	179	74	41.3
Rajasthan	221	105	47.5
Sikkim	5	6	100.0
Tamil Nadu	1,838	1,559	84.8
Tripura	1	0	0
Uttar Pradesh	357	100	28
Uttarakhand	43	9	20.9
West Bengal	299	126	42.1

* Due to inconsistency, data from Bihar and Orissa has been removed.

Figure 3.9: Percentage of HIV +ve mother Baby Pairs receiving Nevirapine



Programme implication: Only in Tamil Nadu, Goa, Puducherry, Ahmadabad and Sikkim is the percentage of mothers and babies receiving NVP above 80%. In 20 States, less than one out of 2 mother baby pairs received NVP

Average Monthly tests per ICTCs in a state

The averages are calculated for General population and pregnant women for the period April, 2008-March, 2009.

Table 3.5: State wise average monthly tests at ICTC (Monthly)

State	Number of ICTC	Total tested in year	Average monthly tests per ICTC
Andaman & Nicobar Isl	13	21,517	138
Andhra Pradesh	679	12,27,139	151
Arunachal Pradesh	34	22,070	54
Assam	80	1,15,553	120
Bihar	210	2,06,922	82
Chandigarh	10	38,497	321
Chhattisgarh	62	53,490	72
Dadra & Nagar Haveli	1	8,495	708
Daman & Diu	4	2,783	58
Delhi	96	2,91,135	253
Goa	13	27,881	179
Gujarat (Including Ahmedabad MACS	318	4,60,588	121
Haryana	83	1,48,271	149
Himachal Pradesh	40	37,166	77
Jammu & Kashmir	22	52,888	200

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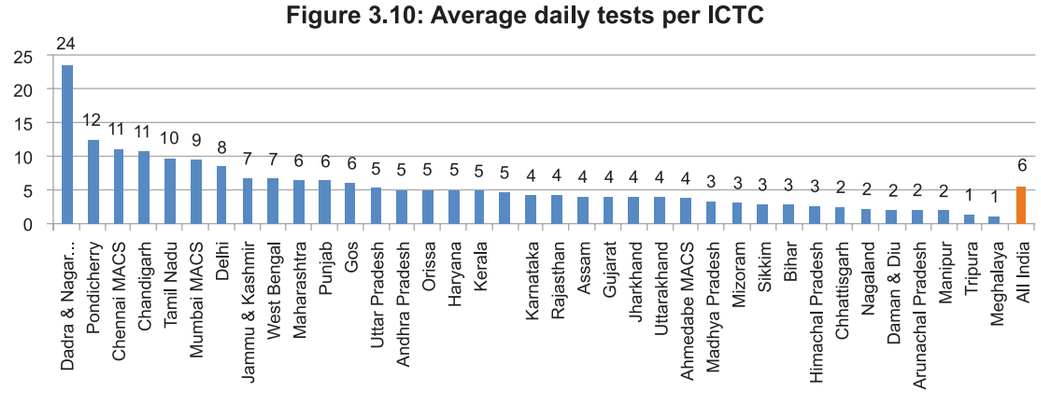
State	Number of ICTC	Total tested in year	Average monthly tests per ICTC
Jharkhand	55	75,899	115
Karnataka	581	8,75,465	126
Kerala	106	1,81,866	143
Madhya Pradesh	103	1,19,774	97
Maharashtra (Including Mumbai)	678	17,96,450	221
Manipur	52	32,497	52
Meghalaya	9	2,769	26
Mizoram	28	30,508	91
Nagaland	62	45,058	61
Orissa	138	2,49,754	151
Puducherry	7	31,106	370
Punjab	71	1,62,271	190
Rajasthan	156	2,32,893	124
Sikkim	13	13,337	85
Tamil Nadu (Includign Chennai)	792	28,82,050	303
Tripura	9	3,872	36
Uttar Pradesh	222	4,18,516	157
Uttarakhand	46	63,597	115
West Bengal	136	3,21,443	197
All India	**5,062**	**102,53,520**	**168**

Figure 3.10: Average daily tests per ICTC



3.4 General client referred-in and referred-out (HIV positive) from different service providers

Out of total 10,253,520 patients tested for HIV, 24,70,445 were client Initiated (General client), 3,147,568 were Provider Initiated (General client) and rest was ANC cases and pregnant women.

Out of these 3,452,348 cases were In-referral from different type of facility and 432,784 cases were referred-out (+ve) to different type of facility.

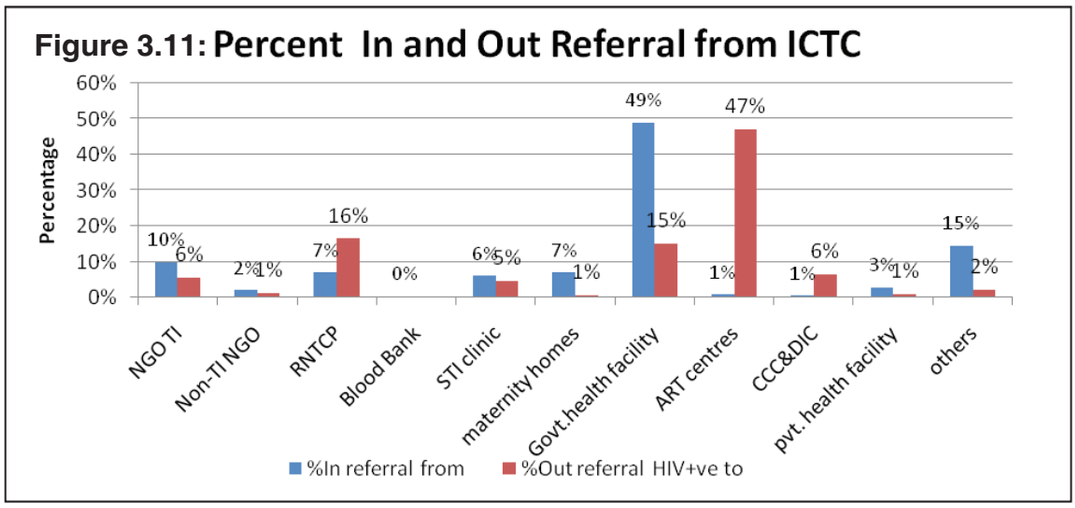
Table 3.6a describe the In-referral to the different service providers for the reporting period April,08 to March,09.Out of total 3,452,348 In-referral,10 percent were from NGO-TI ,6 percent from STI clinic,7 percent from RNTCP,3 percent from Pvt.health facility and 49 percent from Govt. health facility.

Table 3.6a describe the Out-referral (HIV positive) to the different service providers for the reporting period April,08 to March,09.Out of total 432,784 out-referred(HIV positive patient,6 percent were to NGO-TI,16 percent to RNTCP,47 percent to ART centres,6 percent to Community Care Centre(CCC) and 47 percent to Govt. health facility.

Table3.6a: Service provider wise In-referral description for the period (April, 08-March, 09)

Table3.6a: Service provider wise Out-referral (HIV positive) description for the period (April, 08-March, 09)

Type of facility	Number referred in for testing	Proportion of in-referral	Number referred out (+ve) for testing	Proportion of out-referral (+ve)
NGO TI	343,125	10%	23,943	6%
Non-TI NGO	70,067	2%	5,618	1%
RNTCP	239,216	7%	71,312	16%
Blood Bank	15,037	0%		
STI clinic	207,505	6%	19,897	5%
Maternity homes	240,207	7%	2,433	1%
Govt.health facility	1,691,603	49%	65,455	15%
ART Centres	26,629	1%	203,368	47%
CCC&DIC	18,731	1%	27,456	6%
Pvt. health facility	98,053	3%	4,368	1%
Others	502,175	15%	8,934	2%
Total	3,452,348	100%	432,784	100%



3.5 HIV-TB status for the reporting period April, 08-March, 09

Table 3.7: Intensified TB cases finding at ICTC

State	Total number of ICTC clients	Number of TB suspects referred to RNTCP	Percentage of TB suspects referred to RNTCP	Number of referred TB suspects with confirmed TB	Percentage of referred TB suspects with confirmed TB positive	Number of TB patients receiving DOTS	Percentage of TB suspects with confirmed TB receiving DOTS
Ahmedabad MACS	22,639	14	0.06	5	35.71	4	80
A & N Islands	22,136	0	0.00	0	0.00	0	0
Andhra Pradesh	1,260,358	46,968	3.73	8,424	17.94	3,088	36.66
Arunachal Pradesh	25,789	55	0.21	14	25.45	2	14.29
Assam	126,171	562	0.45	128	22.78	15	11.72
Bihar	302,073	10	0.00	0	0.00	0	0.00
Chandigarh	38,692	137	0.35	72	52.55	10	13.89
Chennai MACS	169,574	0	0.00	0	0.00	0	0.00
Chhattisgarh	58,302	1,785	3.06	413	23.14	149	36.08
D & N Haveli	9,981	0	0.00	0	0.00	0	0.00
Daman & Diu	2,799	0	0.00	0	0.00	0	0.00
Delhi	323,334	1,328	0.41	75	5.65	52	69.33
Goa	27,970	0	0.00	0	0.00	0	0.00
Gujarat	458,221	12,417	2.71	2,485	20.01	1,676	67.44
Haryana	168,306	4,246	2.52	301	7.09	34	11.30
Himachal Pradesh	39,410	148	0.38	60	40.54	17	28.33
Jammu & Kashmir	54,021	352	0.65	347	98.58	16	4.61
Jharkhand	90,075	1,875	2.08	559	29.81	114	20.39
Karnataka	902,468	17,531	1.94	2,610	14.89	1,915	73.37
Kerala	184,889	0	0.00	0	0.00	0	0.00
Madhya Pradesh	143,669	1,623	1.13	585	36.04	151	25.81
Maharashtra	1,660,372	3,048	0.18	5	0.16	5	100.00

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State	Total number of ICTC clients	Number of TB suspects referred to RNTCP	Percentage of TB suspects referred to RNTCP	Number of referred TB suspects with confirmed TB	Percentage of referred TB suspects with confirmed TB positive	Number of TB patients receiving DOTS	Percentage of TB suspects with confirmed TB receiving DOTS
Manipur	34,198	35	0.10	2	5.71	2	100.00
Meghalaya	3,733	0	0.00	0	0.00	0	0.00
Mizoram	31,005	309	1.00	234	75.73	29	12.39
Mumbai MACS	256,288	7,176	2.80	7	0.10	8	114.29
Nagaland	47,288	1,947	4.12	450	23.11	248	55.11
Orissa	383,151	5	0.00	2	40.00	2	100.00
Puducherry	31,337	0	0.00	0	0.00	0	0.00
Punjab	165,866	2,472	1.49	950	38.43	266	28.00
Rajasthan	286,649	2,392	0.83	821	34.32	196	23.87
Sikkim	13,341	0	0.00	0	0.00	0	0.00
Tamil Nadu	2,773,798	66,478	2.40	14,589	21.95	4,398	30.15
Tripura	3,971	9	0.23	1	11.11	1	100.00
Uttar Pradesh	536,878	6,428	1.20	2,931	45.60	1,225	41.79
Uttarakhand	69,959	67	0.10	25	37.31	1	4.00
West Bengal	364,520	1,800	0.49	340	18.89	149	43.82
All India	**464,834**	**181,217**	**38.99**	**36,435**	**20.11**	**13,773**	**37.80**

Chapter 4

Sexually Transmitted Infections/Reproductive Tract Infection

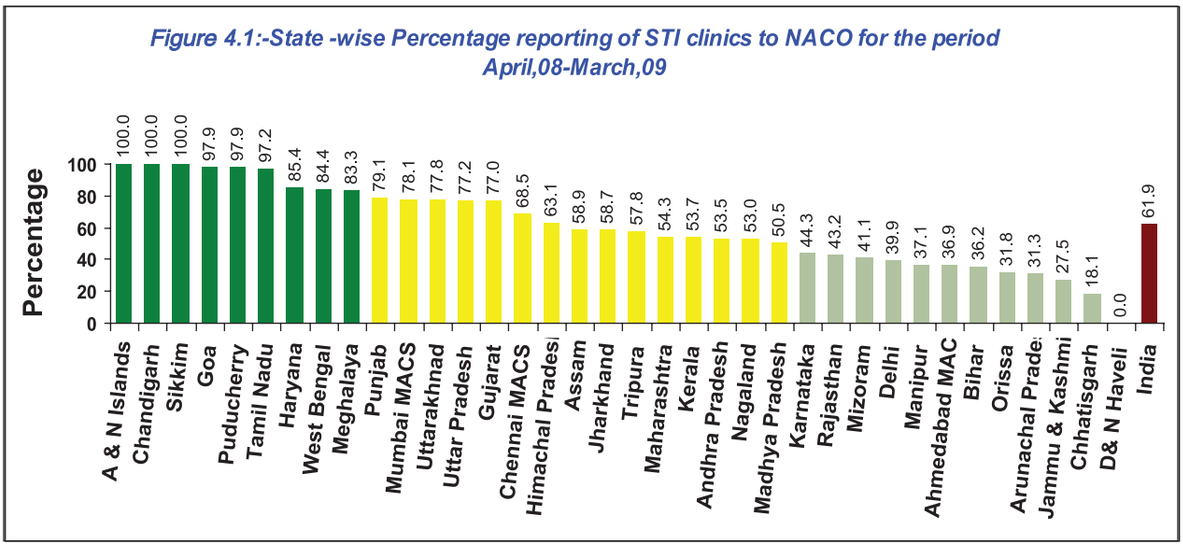
Early diagnosis and effective treatment of STI/RTI can significantly reduce the transmission of HIV. Treatment seeking behavior in case of STI/RTIs forms an important component in the overall STI/RTI management and also towards the significant curb of HIV/AIDS.

It is established fact that the prevention and control of sexually transmitted Infections is most effective approach of reversing the HIV epidemic progression. NACO under NACP III, envisages treating all STI/RTI episodes and strengthening STI/RTI services at all levels including sub district facilities and identified preferred private providers. Most STIs cause no or only acute symptoms but undetected infections can have serious consequences that includes infertility, pelvic inflammatory disease, cervical cancer and adverse pregnancy outcomes. The exact data on STI prevalence in India especially in general population is lacking. The disease prevalence is estimated to be 6 % in India and total of 30 million people may be affected out of 340 million worlds over.STI poses a major public health problem and adversely affects the reproductive health of poor and untreated women. So RTI and STI together present a huge burden of diseases. They cause suffering for both men and women around the world but their consequences are far more devastating and widespread among women than among men. But most of the STI/RTI can be reduced by plasticizing safe sex by limiting the number of partners and using condoms.

4.1 Reporting status

This analysis is based on all 1,400 STI clinics registered in CMIS for the states and Union territories for the period April, 08-March 09. The 1400 STI Clinics include 822 general STI clinics, 90 Gynecology clinics and 488 NGO STI Clinics. Overall, reporting from STI clinics is low at 61.9 percent; however this is mainly because of low reporting from NGO STI Clinics. Karnataka, Rajasthan, Mizoram, Delhi, Manipur, Ahmedabad MACS, Bihar, Orissa, Aurnachal Pradesh, Jammu & Kashmir, Chhattisgarh and Dadra & Nagar Haveli reported below 50 percent.

Figure 4.1:-State -wise Percentage reporting of STI clinics to NACO for the period April,08-March,09



*green: States with good reporting status
* yellow: States with average reporting status and scope to further improve
*red: States with poor or very poor reporting status with an urgent need to improve

4.2 Utilization of STI/RTI Clinic Services:

Majority of patients who availed the STI/RTI clinic services are from Andhra Pradesh, Chennai MCAS, Gujarat, Haryana, Jharkhand, Maharashtra, Mumbai MACS, Puducherry, Punjab, Tamil Nadu, Uttar Pradesh and West Bengal.

Table 4.1: Utilization of STI/RTI Clinic Services

State	Total no of visits by the patients	First clinic visits (Symptomatic)	First clinic visits (Asymptomatic)	Repeat visit to clinic (Symptomatic)
Ahmedabad MACS	3,940	2,063	674	1,203
A & N Islands	3,162	1,467	973	722
Andhra Pradesh	61,615	21,380	18,087	22,148
Arunachal Pradesh	1,503	911	488	104
Assam	23,985	16,257	3,486	4,242
Bihar	27,076	17,527	5,484	4,065
Chandigarh	14,170	8,101	1,644	4,425
Chennai MACS	1,13,526	33,364	72,770	7,392
Chhattisgarh	1,133	1,025	35	73
Dadra & Nagar Haveli	0	0	0	0
Delhi	20,343	7,971	6,281	6,091
Goa	2,070	1,169	827	74
Gujarat	5,83,421	65,401	500,620	17,400
Haryana	56,386	21,080	28,556	6,750
Himachal Pradesh	25,837	12,319	12,176	1,342
Jammu & Kashmir	3,798	3,319	298	181
Jharkhand	72,401	21,205	45,336	5,860
Karnataka	15,374	8,663	3,624	3,087
Kerala	29,204	1,600	27,149	455
Madhya Pradesh	20,972	15,696	2,891	2,385
Maharashtra	1,14,128	17,965	89,447	6,716
Manipur	511	458	5	48
Meghalaya	2,499	1,760	573	166
Mizoram	8,990	2,534	6,264	192
Mumbai MACS	84,908	20,275	52,776	11,857
Nagaland	1,670	1,431	180	59
Orissa	17,637	7,403	9,926	308
Puducherry	38,499	15,647	5,713	17,139
Punjab	37,002	20,883	11,728	4,391
Rajasthan	23,214	18,529	3,733	952

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State	Total no of visits by the patients	First clinic visits (Symptomatic)	First clinic visits (Asymptomatic)	Repeat visit to clinic (Symptomatic)
Sikkim	2,425	1,655	686	84
Tamil Nadu	2,60,661	77,582	85,481	97,598
Tripura	7,456	5,995	715	746
Uttar Pradesh	10,43,689	2,40,917	7,33,368	69,404
Uttarakhand	25,588	9,033	13,023	3,532
West Bengal	35,394	13,650	16,886	4,858
All India	**27,84,187**	**7,16,235**	**17,61,903**	**3,06,049**

Fig. 4.2 shows that out of total 2,784,187 patients who availed the STI/RTI services in the country 2008-09, 42 percent were in the age-group of 25-44 years followed by, 26 percent in the age-group of 20-24 years while16 percent in the age groups of less than 20 years and more than 44 years.

Figure 4.2:Age-group-wise distribution of total no. of visits by the patients to STI/RTI clinics for the Period April,08-March 09

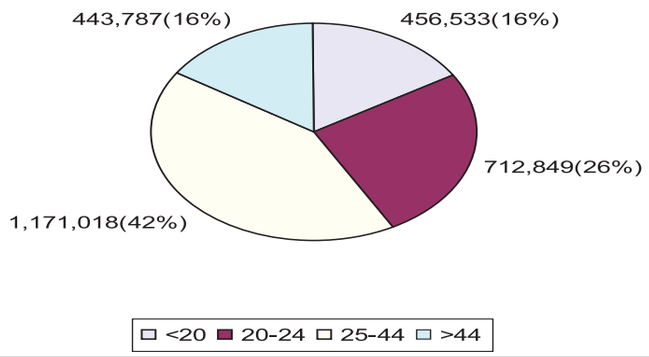


Fig. 4.3 shows the type of visit made by the patients to STI/RTI clinics in the different quarters reporting period 2008-09. The first clinic visit by the asymptomatic patients has increased substantially from 2,73,702 in the first quarter (April-June 08) to 5,55,428 in the fourth quarter (January-March 09) Also there was steady increase in the numbers of symptomatic patients who visited STI clinics for the first time or made repeat visits.

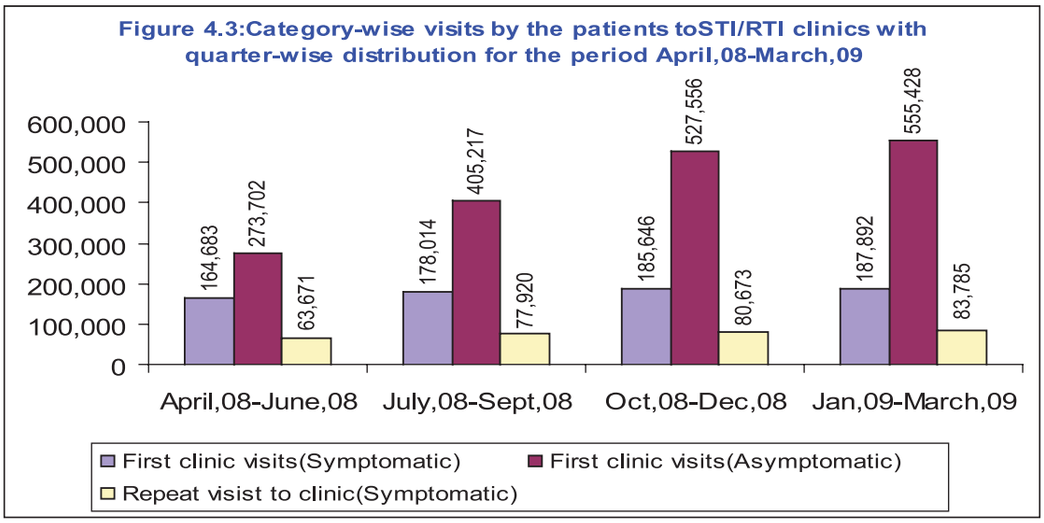
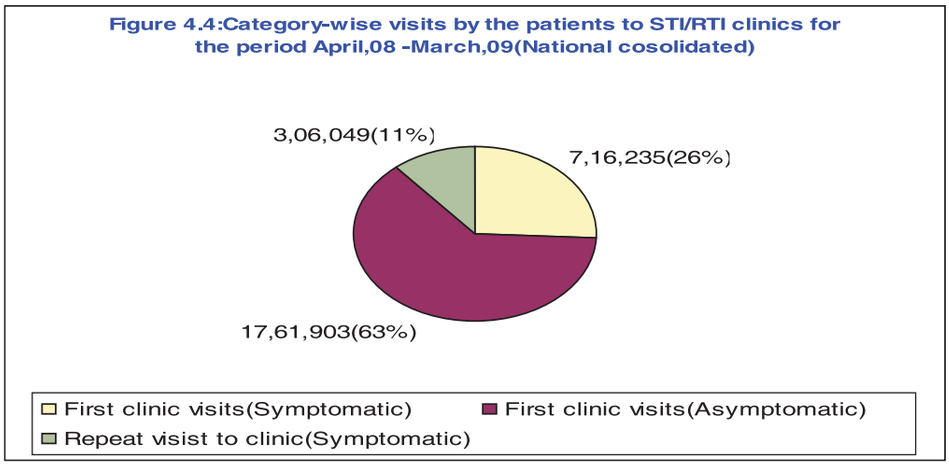


Fig. 4.4 described the type of visits made by the patients to the STI/RTI clinics. It is found that for the reporting period April, 2008-March, 2009, out of total 2,784,187 patients who visited the STI/RTI clinics 26 percent were STI/RTI symptomatic patient 11 percent were symptomatic patients who visited again to the STI/RTI clinics and 63 percent were those patient who were asymptomatic patients.



4.3 Proportion of symptomatic patients among total new attendees at STI/RTI/RTI Clinics

Not every STI/RTI clinic attendee has an STI/RTI, many have phobia (Venerophobia) and seek consultation. It restores confidence, reduces self and quackery treatment and make them aware about not only STI/RTI/RTI but also on HIV/AIDS and about safer sexual practices.

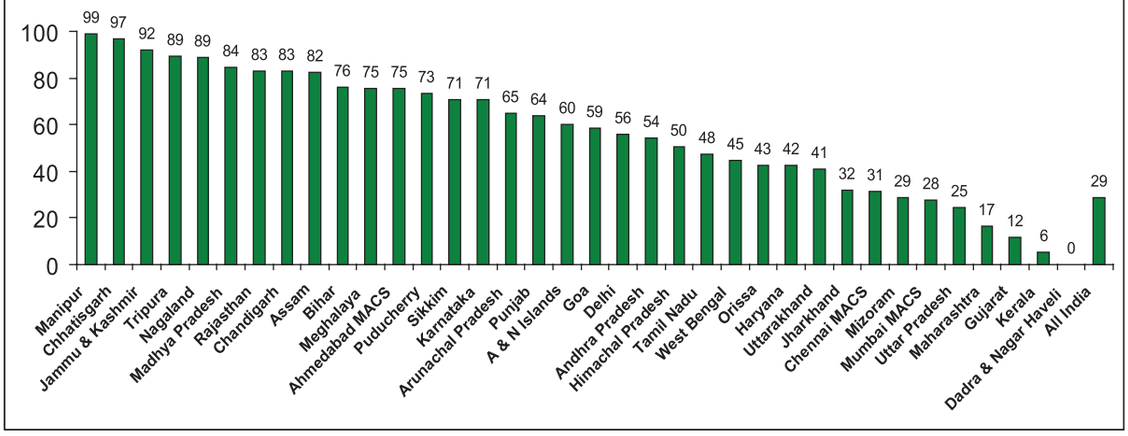
If the community has confidence on the quality of services offered by clinic then it is directly reflected in the number accessing the services. Observing the proportion of symptomatic among

the new attendees reflects how well the clinic is oriented towards STI/RTI services and the confidence of patients attending the clinics.

The national average of symptomatic tends to be about 40 % (2003-06) and slowly it is declining and currently it is 29 percent. This may be due to reducing infection among reservoir or increased condom usage or behavior change and safe sex practices.

Manipur, Chhattisgarh and Jammu & Kashmir reported more than 90 percent of clinic new attendees were symptomatic for the period April, 2008 to March, 2009.It could be due to selective reporting or poor quality of data.

Figure 4.5:Proportion of symptomatic out of new attendees for the period April,08 - March,09



Uttar Pradesh, Maharashtra, Mumbai MACS, Gujarat, Kerala and Dadra and Nagar Haveli reported less than national average in the reporting period April, 2008- March, 2009.

4.4 New Male and Female attendees at designated STI/RTI Clinics:

The number of new male and female STI/RTI clinic attendees has been shown to be sensitive indicator of sexual transmission trends.

Male STI/RTIs are typically of acute onset and frequently symptomatic. Male STI/RTI patients frequently report contact with sex workers, thus male STI/RTI incidence is an indirect measure of the effectiveness of targeted prevention efforts.

Table 4.2: Gender distribution of new STI/RTI clinic attendees statewise for the period April, 2008- March, 2009

State	New Male Attendees	New Female Attendees
Ahmedabad MACS	1,498	1,172
A & N Islands	1,060	1,380
Andhra Pradesh	15,750	23,383
Arunachal Pradesh	544	855
Assam	5,533	14,160
Bihar	9,839	13,078
Chandigarh	2,612	7,133
Chennai MACS	2,886	1,03,242
Chhattisgarh	240	820

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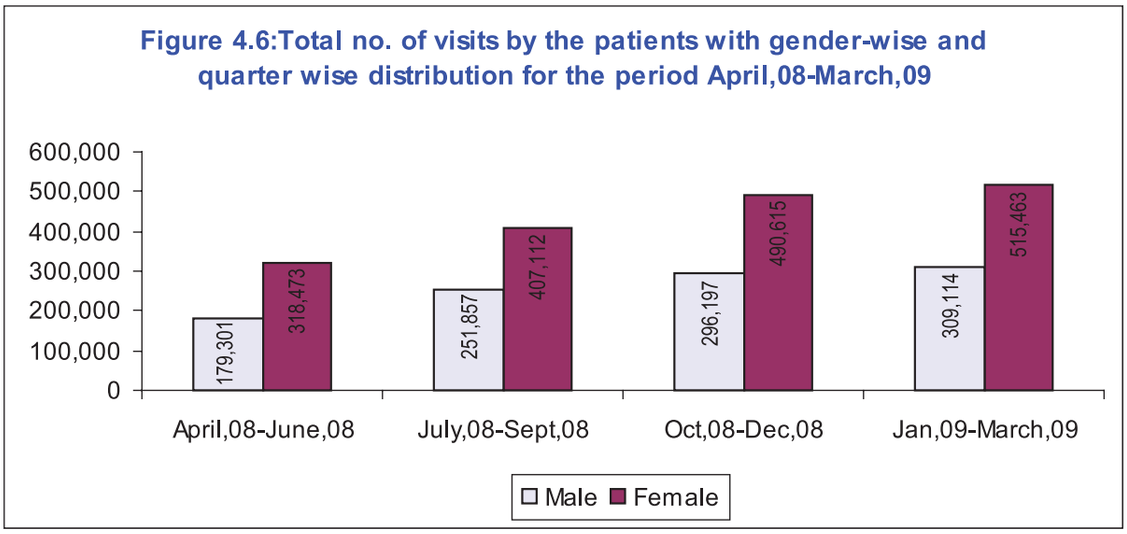
State	New Male Attendees	New Female Attendees
Dadra & Nagar Haveli	0	0
Delhi	6,377	7,533
Goa	1,135	847
Gujarat	2,46,313	3,18,538
Haryana	19,706	29,930
Himachal Pradesh	8,321	15,983
Jammu & Kashmir	1,341	2,276
Jharkhand	27,800	38,582
Karnataka	3,896	8,352
Kerala	14,339	14,407
Madhya Pradesh	4,642	13,890
Maharashtra	47,323	56,547
Manipur	152	302
Meghalaya	715	1,618
Mizoram	3,921	4,876
Mumbai MACS	25,095	47,615
Nagaland	621	990
Orissa	9,458	7,855
Puducherry	932	20,428
Punjab	7,799	24,715
Rajasthan	4,424	17,836
Sikkim	844	1,494
Tamil Nadu	71,549	90,425
Tripura	2,211	4,483
Uttar Pradesh	3,41,680	6,26,370
Uttarakhand	3,582	18,431
West Bengal	14,818	15,608
India	**9,08,956**	**15,55,154**

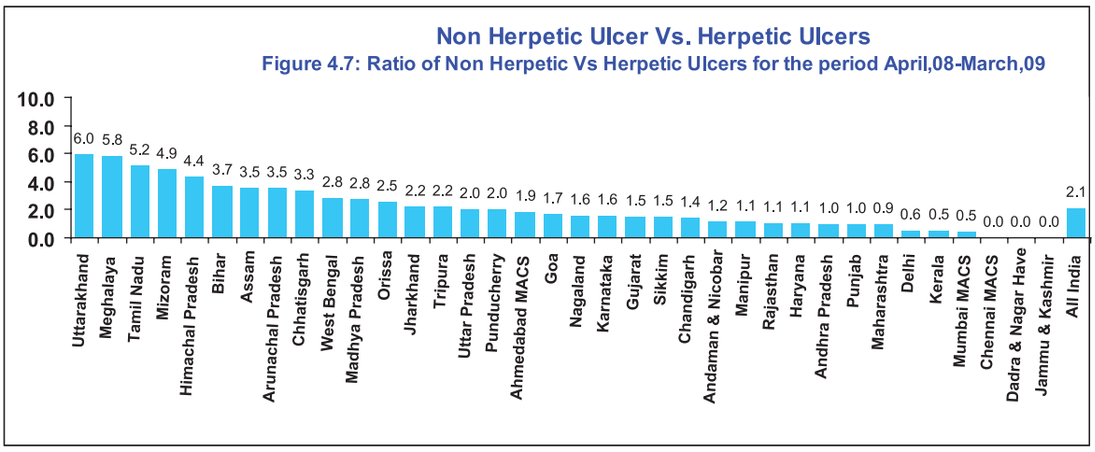
Andhra Pradesh, Gujarat, Haryana, Maharashtra, Mumbai MACS, Jharkhand, Tamil Nadu, Uttar Pradesh and West Bengal has highest number of new male symptomatic STI/RTI clinic attendees. As far as Female attendees in concern Andhra Pradesh, Chennai MACS, Gujarat, Haryana, Jharkhand, Maharashtra, Mumbai MACS, Puducherry, Punjab, Tamil Nadu and Uttar Pradesh has highest number of female new attendees.

Fig. 4.6 shows quarter wise distribution of patient coming to STI/RTI clinics. Over the period in the reporting quarter patient availing the STI/RTI services has steadily increased. More female are availing the services then male



4.5 Ratio of Non-Herpetic Vs Herpetic Genital Ulcer

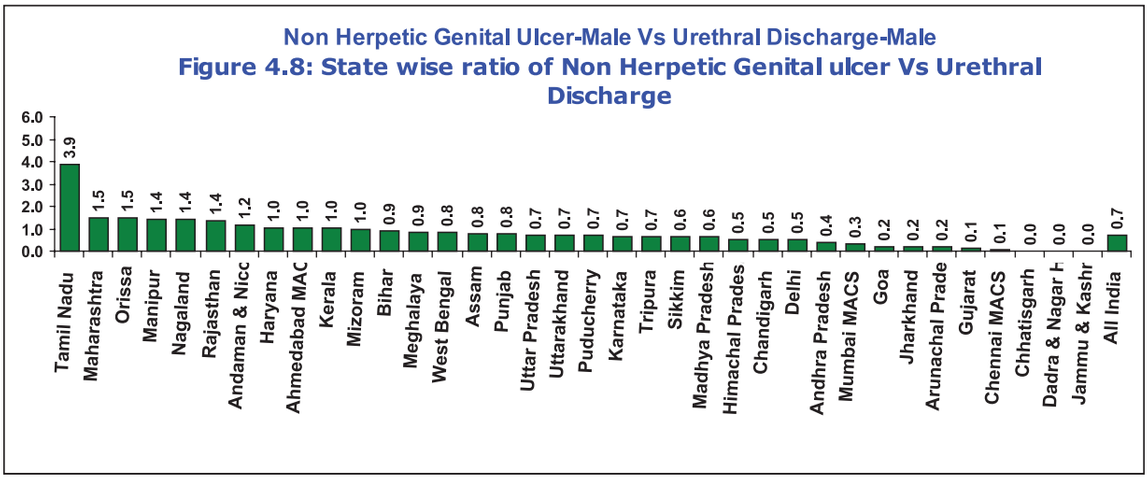
Fig. 4.7 shows the ratio of Non Herpetic Genital Ulcer (bacterial genital ulcer) Vs Herpetic Genital ulcer (Viral ulcer) for all the states and union territories of India. National average signifies high bacterial genital ulcers which is typical of low HIV prevalence settings. Maharashtra, Delhi, Kerala, Mumbai MACS, are showing high viral ulcers as compared to bacterial ulcers. While Uttarakhand,Meghlaya,Tamil Nadu,Mizoram,Himachal Pradesh, Bihar, Assam ,Aurnachal Pradesh and Chhattisgarh are showing increasing prevalence of bacterial genital ulcers. Chennai MACS, Dadra and Nagar Haveli and Jammu and Kashmir are reporting zero are not reflected in the Fig..



4.6 Ratio of Non-Herpetic Genital Ulcer-Male VS. Urethral Discharge-Male

Fig. 4.8 highlights the ratio of Non-Herpetic Genital Ulcer Vs Urethral Discharge among new male attendees in STI/RTI clinics in different states with national average of 0.7.
The graph shows that in the states like Tamil Nadu, Maharashtra, Orissa, Manipur, Nagaland, Rajasthan and Andman & Nicobar Islands have more bacterial genital ulcers among males than urethral discharge, but in these cases the true bacterial ulcers or mixed infections need to be

looked into. Rest of the states showed high prevalence of short incubating urethral discharge than bacterial genital ulcers.



4.7 Proportion of Females suffering from Vaginal Cervical Discharge out of the total new females attending STI/RTI Clinic

Table 4.3 shows the proportion of new female patients suffering from Vaginal Cervical discharge and attending the designated STI/RTI clinics for the period April, 2008-March, 2009.About 16 percent females are suffering with VCD during the reporting period. It may mean that providers are missing many cases due to not conducting detailed internal exams.

Table 4.3: Vaginal cervical discharge among the new female attendees for the period April, 2008-March, 2009

State	New attendees-Female	Vaginal cervical discharge	Ratio
Ahmedabad MACS	1,172	373	0.32
Andaman & Nicobar Islands	1,380	482	0.35
Andhra Pradesh	23,383	12,381	0.53
Arunachal Pradesh	855	270	0.32
Assam	14,160	8,038	0.57
Bihar	13,078	7,792	0.60
Chandigarh	7133	3,791	0.53
Chennai MACS	10,3242	17,401	0.17
Chhattisgarh	820	62	0.08
Dadra & Nagar Haveli	0	0	0.00
Delhi	7533	3,418	0.45
Goa	847	307	0.36
Gujarat	31,8538	23,179	0.07
Haryana	29,930	7,782	0.26
Himachal Pradesh	15,983	2,940	0.18
Jammu & Kashmir	2,276	225	0.10

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State	New attendees-Female	Vaginal cervical discharge	Ratio
Jharkhand	38,582	8,101	0.21
Karnataka	8,352	4,676	0.56
Kerala	14,407	491	0.03
Madhya Pradesh	13,890	5,966	0.43
Maharashtra	56,547	6,163	0.11
Manipur	302	185	0.61
Meghalaya	1,618	623	0.39
Mizoram	4,876	923	0.19
Mumbai MACS	47,615	7,576	0.16
Nagaland	990	174	0.18
Orissa	7,855	1,309	0.17
Puducherry	20,428	1,472	0.07
Punjab	24,715	9,413	0.38
Rajasthan	17,836	5,337	0.30
Sikkim	1,494	636	0.43
Tamil Nadu	90,425	35,821	0.40
Tripura	4,483	2,535	0.57
Uttar Pradesh	6,26,370	57,395	0.09
Uttarakhand	18,431	2,462	0.13
West Bengal	15,608	4,899	0.31
All India	**15,55,154**	**2,44,598**	**0.16**

4.8 Syphilis Screening, Confirmation and Treatment among Pregnant Women

Table 3.4 shows the total ANC Registration of Pregnant women, number of women who underwent RPR/VDRL screening, Number of RPR/VDRL reactive confirmation with TPHA and treatment for syphilis for the period April 2008-March, 2009. It is very evident from the figure that the women are missing their syphilis screening and diagnosis and are directly going for treatment of syphilis.

Table 4.4: ANC Registration, Syphilis Screening, Confirmation and Treatment among Pregnant Women

States	Total ANC Registration	Number of RPR /VDRL test performed	Number of RPR/ VDRL reactive	Number of RPR/VDRL reactive confirmed with TPHA	Number of pregnant women treated for syphilis
Ahmedabad MACS	7,382	26	0	0	0
A & N Islands	2,053	2,053	17	9	17
Andhra Pradesh	18,606	11,640	464	43	322
Arunachal Pradesh	831	800	39	2	30
Assam	11,513	3,915	183	0	167
Bihar	10,230	1,604	0	0	6,368

Contd...

States	Total ANC Registration	Number of RPR /VDRL test performed	Number of RPR/ VDRL reactive	Number of RPR/VDRL reactive confirmed with TPHA	Number of pregnant women treated for syphilis
Chandigarh	16,169	10,540	40	1	6
Chennai MACS	39,422	29,682	8	3	620
Chhattisgarh	1,802	1,122	26	0	88
Dadra & Nagar Haveli					
Delhi	489	9,047	49	32	1
Goa	6,666	3,548	11	0	4
Gujarat	102,889	42,376	154	13	54
Haryana	28,096	12,347	86	1	570
Himachal Pradesh	11,447	14,625	155	15	116
Jammu & Kashmir	4,190	2,582	191	3	27
Jharkhand	18,742	2,506	30	12	356
Karnataka	42,118	23,784	123	1	944
Kerala	5,513	746	5	1	0
Madhya Pradesh	15,035	5,798	89	0	936
Maharashtra	69,338	49,195	156	5	1,889
Manipur	0	0	0	0	0
Meghalaya	7,823	1,587	89	26	33
Mizoram	1,201	334	9	0	4
Mumbai MACS	45,522	36,351	78	28	1,049
Nagaland	778	976	94	2	27
Orissa	12,459	6,288	66	2	2
Puducherry	7,666	40	0	0	0
Punjab	16,897	8,856	87	4	23
Rajasthan	58,996	17,338	209	98	311
Sikkim	2,500	1,667	54	13	583
Tripura	759	1,315	104	0	5
Uttar Pradesh	126,912	53,830	795	98	1,587
Uttarakhand	5,932	1,214	0	0	0
West Bengal	44,282	23,286	39	1	12
All India	**744,258**	**381,018**	**3,450**	**413**	**16,151**

Chapter 5

Targeted Intervention

The HIV epidemic in the India is categorized as a concentrated form of an epidemic. HIV prevalence among high risk population has been observed to be persistently high in comparison to the general population. Therefore one of the objectives of NACP III is proposed to be achieved through prevention of new infections in high risk groups and general population through:

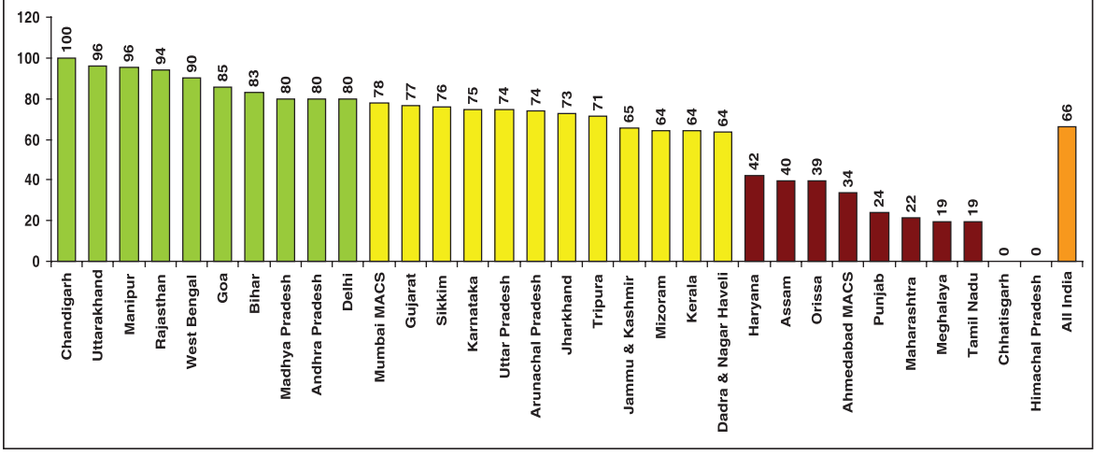
a) Saturation of coverage of high risk groups with targeted interventions (TIs)
b) Scaled up interventions in the general population

Targeted Intervention (TI) is one of the activities undertaken for high risk groups implemented through NGOs. During this period the Targeted Intervention projects were scaled-up from 574 in April, 2008 to 1,271 in March, 2009.

5.1 Reporting status

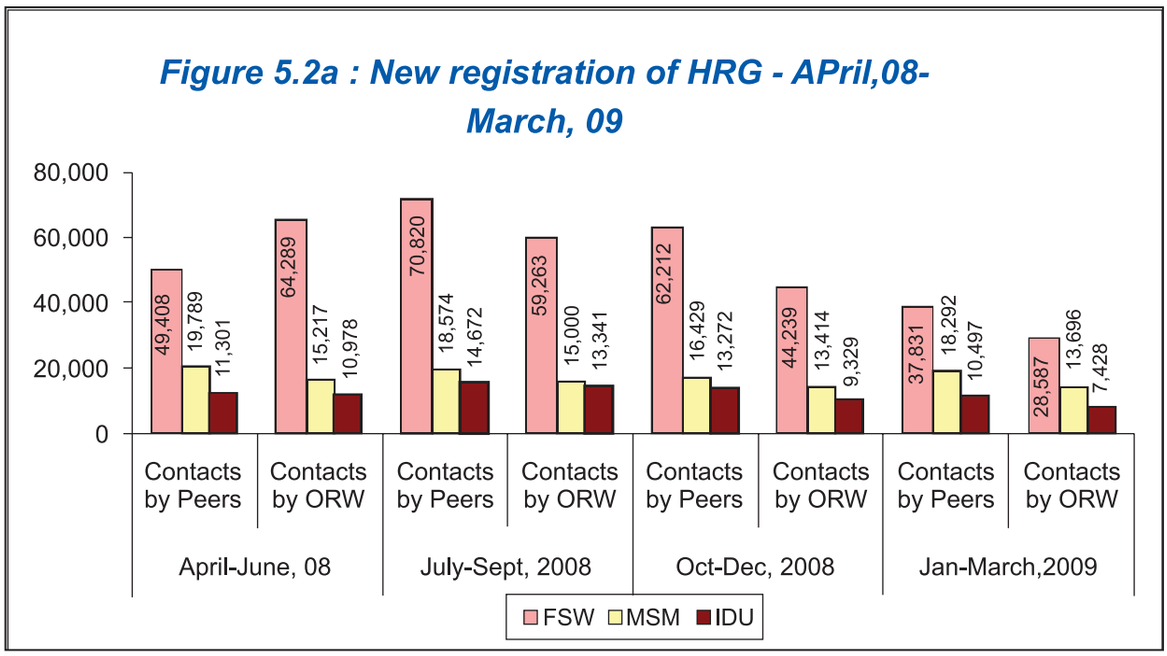
Fig. 5.1 shows the detailed percentage reporting from NGO (TI). The overall reporting from NGO (TI) is 66 percent for the period April, 2008 to March, 2009. The reporting percentage ranges from 100 percent in Chandigarh to 19 percent in Tamil Nadu and Meghalaya. West Bengal, Rajasthan, Manipur, and Uttrakhand have achieved reporting 90 percent and above. Reporting is low from the states like Orissa (39 percent), Tamil Nadu (19 percent), Maharashtra (22 percent) and zero reporting from Chhattisgarh & Himachal Pradesh during the year.

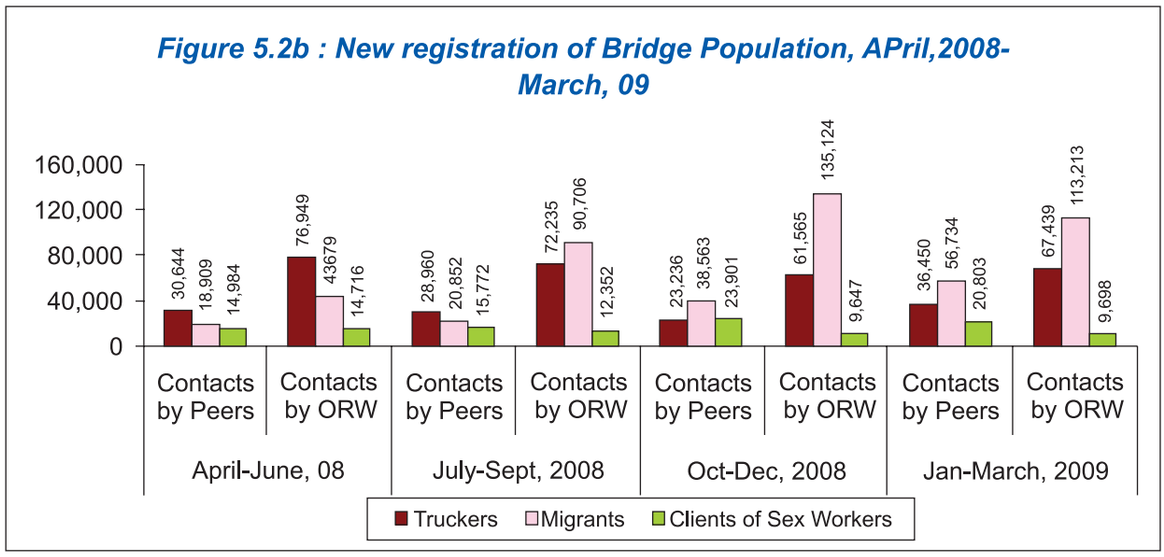
Figure 5.1:Reporting status of NGO TIs during the period April 2008-March 09



5.2 New Contacts among Different Typologies

Number of new contacts giving reach among different typologies by peers and outreach workers are given in Fig. 5.2a and 5.2b.





All India New contacts by Peers is 3,43,097 and New contacts by ORW is 2,94,781 of HRG Population

Statewise details are given in Annexes 4a and 4b

5.3 Outreach Coverage

This section deals with the extent to which identified core groups i.e. : FSW, MSM and IDU and bridge population like truckers and migrant labourers were registered or contacted by the outreach worker and peer educators to reduce their vulnerability to HIV/AIDS through use of various methods of prevention.

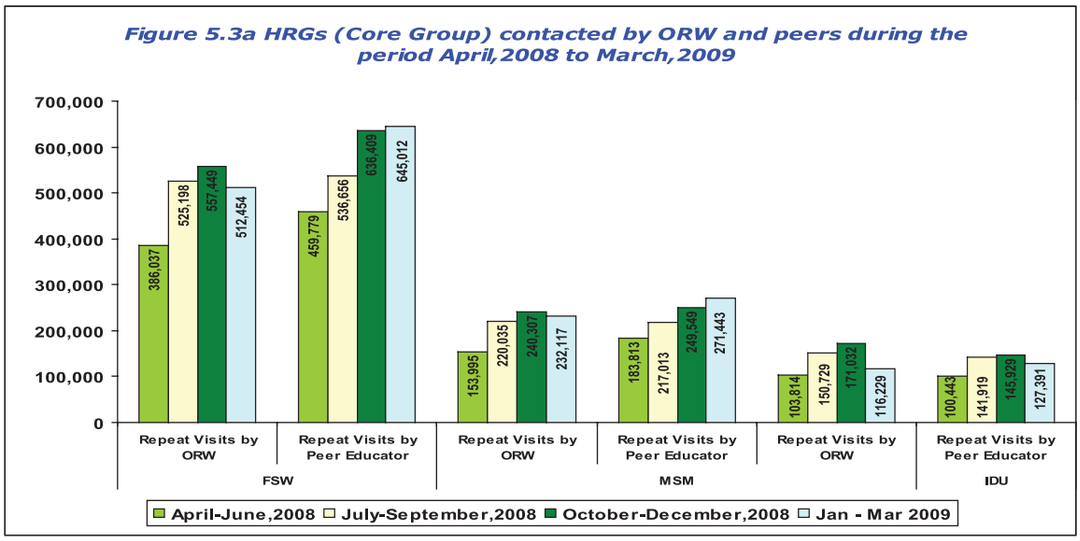


Fig. 5.3a & 5.3b highlight the total numbers in core groups- FSW, MSM and IDU and bridge population contacted through outreach activities (repeat visits) by the ORW and peer educators respectively.

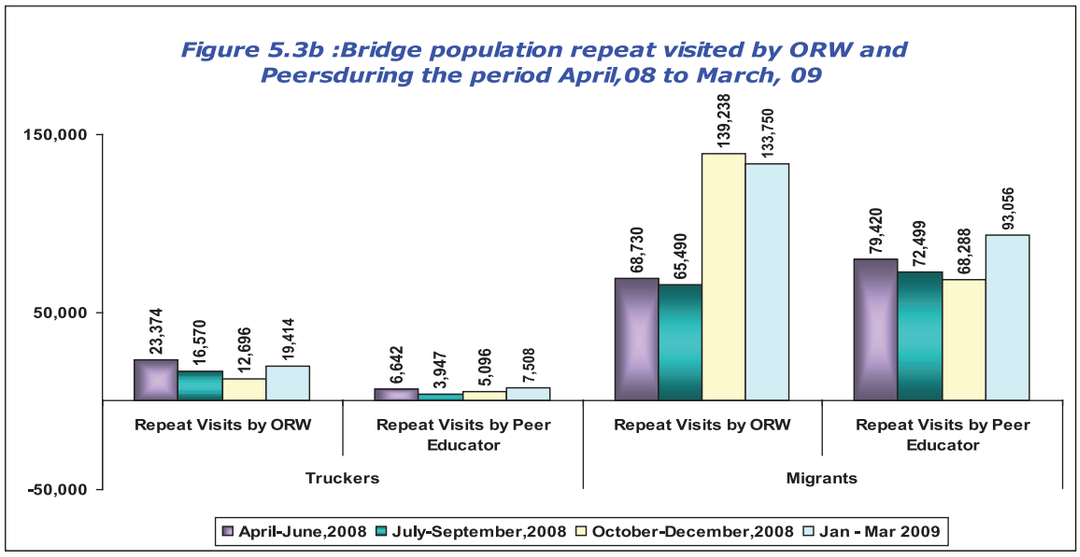


Table 5.1 describes total outreach coverage, new contacts and repeat visit made by the outreach workers and peers for the period April, 2008 to March, 2009.During the Period of April, 2008 to March, total coverage by the outreach workers and peers was 9, 575, 479, out of that 1,675,009 were new contacts and 79,00,470 was repeat visits. Total coverage only by outreach worker during the reporting period was 48,50,762 while total coverage only by peers during the reporting period was 47,24,717.

Out of total 95,75,479 outreach coverage, FSW (49%), MSM (20%), IDU (12%), Truckers (5%), Migrants (13%) and Client of Sex Workers (1%) were either contacted or visited.

Table 5.1:New contacts and repeat visit made by Outreach Worker and Peers for the period April,2008 to March,2009

Type of HRG	New individual Contacts by ORW	New individual Contacts by Peers	Repeat visits by ORW	Repeat visits by Peers	Total Coverage
FSW	196,378	2,20,271	19,81,138	22,77,856	46,75,643
MSM	57,327	73,084	8,46,454	9,21,818	18,98,683
IDU	41,076	49,742	5,41,804	5,15,682	11,48,304
Truckers	2,78,188	1,19,290	72,054	23,193	4,92,725
Migrants	3,82,722	1,35,058	4,07,208	3,13,263	12,38,251
Clients of Sex Workers	46,413	75,460			1,21,873
Total	10,02,104	6,72,905	38,48,658	40,51,812	95,75,479

5.4 Group meetings and condom demonstration

Table5.2 shows the number of group meetings held with communication aids and condom demonstration for FSW, MSM, IDU, Truckers and Migrants during the year.

Table 5.2: Number of group meetings held with communication aids & Demonstration of Condoms during the periodApril,2008 to March,2009

Quarter	FSW	MSM	IDU	Truckers	Migrants
April-June,2008	2,30,720	69,790	34,065	39,514	7,374
July-September,2008	2,63,609	86,828	49,228	32,569	5,894
October-December,2008	2,51,994	89,646	1,44,694	24,719	28,964
Jan - Mar 2009	2,06,964	1,01,177	4,691	30,797	17,952
Total	9,53,287	3,47,441	2,32,678	1,27,599	60,184

5.5 IEC Activities undertaken by NGO TI

Table 5.3 highlights the various IEC activities carried out by NGOs (TI) during the year. Total 65,476 events were conducted during the year in which total about 28 lakh HRG's and bridge population attended.

Table 5.3: IEC activities conducted (Quarter wise April,2008-March,2009)

Activities	April-June,2008		July-September,2008		Oct-Dec,2008		Jan-Mar,2009	
	Number of events	Number attended	Number of events	Number attended	Number of events	Number attended	Number of events	Number attended
Awareness Camps	2,816	98,652	3,128	97,905	3,729	2,79,667	3,722	2,08,713
Health Camps	1,191	42,700	2,037	66,687	3,080	1,24,015	3,385	1,15,083
Street Plays	802	54,773	890	49,730	1,307	1,21,565	2,163	2,05,266

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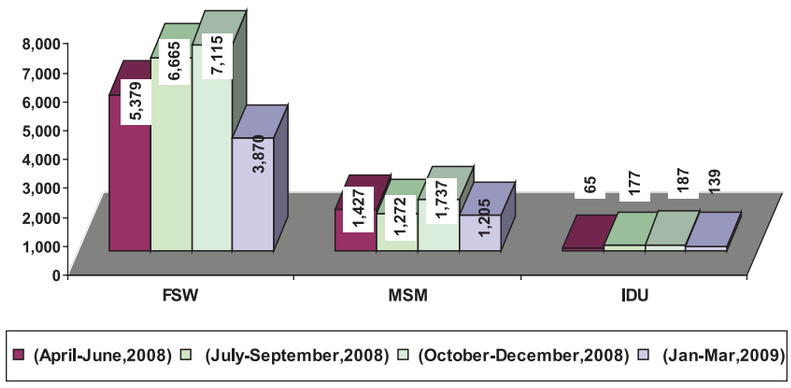
Activities	April-June,2008		July-September,2008		Oct-Dec,2008		Jan-Mar,2009	
	Number of events	Number attended	Number of events	Number attended	Number of events	Number attended	Number of events	Number attended
Exhibitions	4,192	49,865	4,645	56,333	4,774	76,382	4,662	71,155
Advocacy Meeting	1,989	41,826	2,999	75,447	2,973	108,205	3,804	1,18,351

5.6 Community mobilization

Community mobilization is a key strategy for creating sustainable and effective target intervention programmes for HRGs. **Fig. 5.4** highlights the number Community Based organizations reported functional in different quarters of the year.

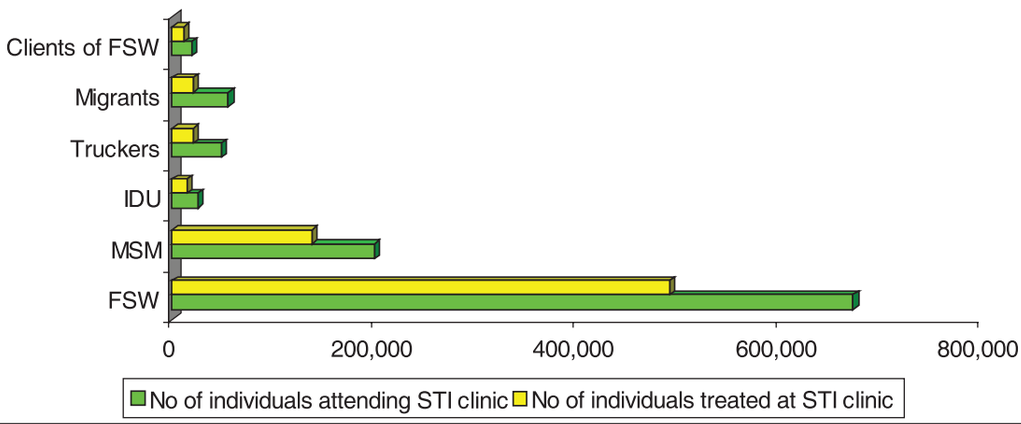
Figure 5.4 Functional Community Based Organisations



5.7 Number of STD cases detected and treated

The **Fig. 5.5** shows the number of target group individuals attending STI clinics and treated at STI clinic during the period April, 2008-March, 2009. The percentage of cases treated among attendees ranges from 73 percent for FSW to 37 percent in case of migrants.

Figure 5.5 : Provisioning of STI services for HRG and Bridge Population



5.8 Referrals from Targeted Intervention

The targeted intervention projects are referring the clients to various facilities including ICTC. Among those referred, 71 percent FSW, 74 percent MSM and 61 percent IDU's visited ICTC. The same percentage is reported lower among bridge population i.e. 13 percent among truckers and 37 percent among migrants. There might be a possibility that this mobile population has visited some ICTC without knowledge of the project staff. **Fig. 5.6** shows the referral vs. Visited to ICTC of different HRG and bridge population of targeted intervention projects.

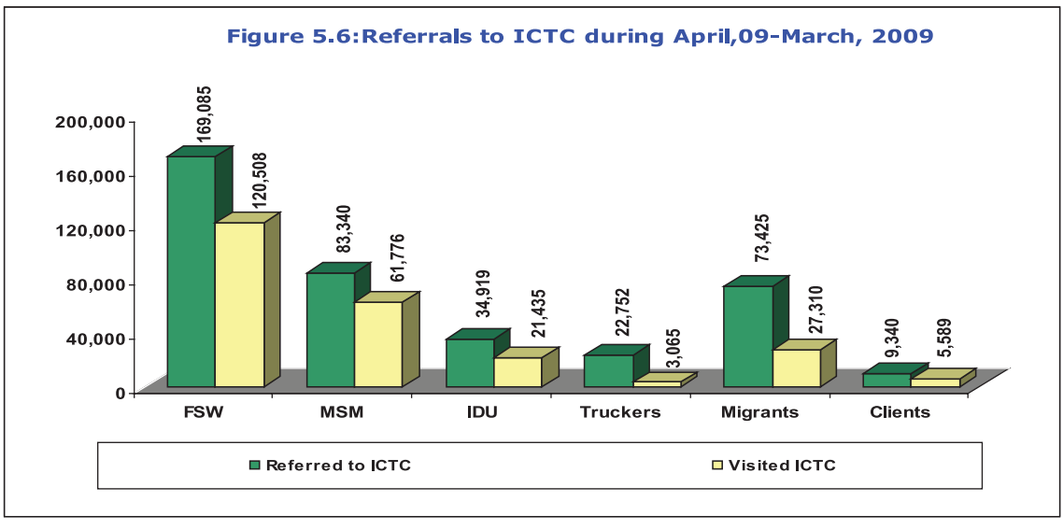


Table 5.4 shows state-wise performance on ICTC referrals.

Table 5.4:State-wise details of proportion of HRG referred who visited ICTC

State	Percent of referred who Visits to ICTC						
	FSW	MSM	IDU	Truckers	Migrants	Clients of SW	Others
All India	71.3	74.1	61.4	13.5	37.2	59.8	56.4
Ahmedabad MACS	83.5	100.0	0.0	0.0	66.9	100.0	100.0
Andhra Pradesh	47.4	39.4	35.9	0.0	59.1	44.7	75.7
Arunachal Pradesh	64.6	0.0	55.1	78.2	62.9	66.7	42.0
Assam	171.6	44.0	48.7	8.8	49.0	61.3	50.1
Bihar	35.8	40.1	45.7	21.0	8.9	14.4	19.2
Chandigarh	93.0	79.1	84.9	0.0	26.8	103.3	92.3
Chhattisgarh	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Dadra & Nagar Haveli	0.0	0.0	0.0	0.2	3.5	0.0	0.0
Delhi	64.5	60.0	63.5	0.0	57.9	0.0	0.0
Goa	85.9	69.4	43.9	9.1	63.8	84.8	96.5
Gujarat	72.7	70.5	69.1	98.1	37.6	87.7	99.0
Haryana	55.5	55.9	42.1	0.0	102.9	70.0	104.7
Himachal Pradesh	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Jammu & Kashmir	55.5	6.7	80.0	0.0	0.0	55.7	54.0

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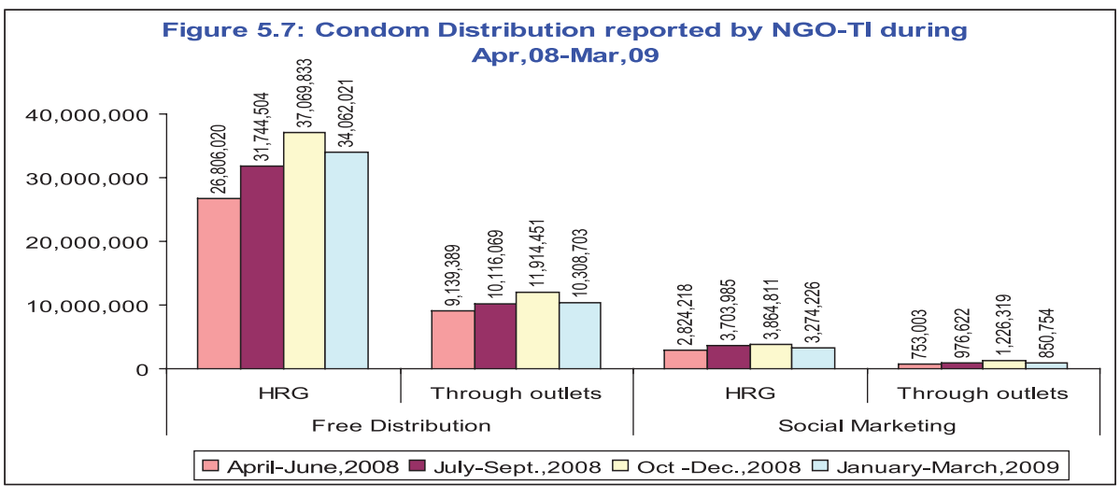
State	Percent of those referred who Visits to ICTC						
	FSW	MSM	IDU	Truckers	Migrants	Clients of SW	Others
Karnataka	61.4	88.5	35.8	34.5	41.4	93.1	185.0
Kerala	181.6	155.4	238.6	0.0	138.3	80.3	147.4
Madhya Pradesh	57.1	72.8	0.0	0.0	0.0	42.9	0.0
Maharashtra	82.7	85.2	99.3	0.0	59.0	95.1	65.6
Manipur	64.7	75.3	76.5	10.3	72.7	57.1	64.6
Meghalaya	82.7	0.0	84.2	60.0	0.0	0.0	0.0
Mizoram	41.5	63.9	48.2	2.8	33.8	166.7	195.7
Mumbai MACS	89.4	68.2	187.7	0.0	76.8	93.5	32.8
Nagaland	91.5	80.0	61.8	0.0	100.0	86.4	76.3
Orissa	45.5	41.5	28.4	72.6	27.6	60.7	68.7
Puducherry	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Punjab	67.4	64.8	66.8	27.6	52.0	94.0	73.9
Rajasthan	39.1	51.0	7.3	6.3	17.1	19.4	43.0
Sikkim	34.5	0.0	84.2	26.9	3.5	0.0	11.1
Tamil Nadu	62.9	74.7	46.4	29.3	40.9	0.0	37.9
Tripura	102.8	211.8	87.8	37.9	92.8	73.4	57.7
Uttar Pradesh	62.1	57.9	54.1	47.8	17.0	49.8	65.1
Uttarakhand	56.8	40.5	52.5	0.0	0.0	0.0	142.9
West Bengal	56.1	84.1	76.7	12.3	17.4	56.5	20.2

5.9 Condom Distribution reported by NGO-TI

Fig. 5.7 shows the number of condom reported to be distributed by TI's across the country through free distribution and social marketing. Proportion of condoms distributed through social marketing is very low.



State-wise distribution of total number of condoms to HRG and Outlets during the period April, 2008 to March, 2009 is given in Annex 5. Chhatisgarh, Himachal Pradesh and Puducherry reported

nil condom distribution during the period. Total condom distributed during the reporting period was 192 million pieces. Karnataka and Andhra Pradesh with 53 million and 41 million pieces of condom distribution are highest and second highest respectively while Sikkim and Jammu and Kashmir with 43 thousand and 63 thousand are lowest and second lowest condom distribution state.

5.10 Commodity distribution-IDU

Table 5.5 shows the performance of the Needle Syringe Exchange Program (NSEP) among IDU's for year April, 08-March, 09.

Table 5.5 Performance of IDU Program during 2008-09

Quarter	No. of Syringes distributed	No. of Needles distributed	No. of Needles and syringes returned	No. of IDUs treated for Abscess	No, of IDUs referred to detox centre
April-June,2008	9,78,419	10,00,310	6,34,392	6,043	737
July-Sept. 2008	17,93,756	17,00,101	11,59,520	7,918	1,148
Oct-Dec, 2008	22,53,298	24,87,700	14,40,201	9,840	1,107
Jan-Mar, 2009	15,39,974	20,67,169	13,00,781	5,473	1,119
Total	**65,65,447**	**72,55,280**	**45,34,894**	**29,274**	**4,111**

Table 5.6 gives the state-wise details of NSEP.Out of total 49,742 registered IDU'S in TI projects by peer educators,31,452(63%) received Needles/Syringes for at least 20 days in a month on an average.

Table 5.6: Performance of IDU - Needle Syringe Exchange Programme during 2008-09

State	Number of IDU's registered (New contacts by peer educators)	Number of Syringes Distributed	Number of Syringes and Needles Returned	Number of IDUs received NSEP at least for average 20 days in a month
Andhra Pradesh	163	16,244	4,262	74
Arunachal Pradesh	1,314	77,122	30,238	244
Assam	1,373	65,027	48,154	1,496
Bihar	1,902	1,52,780	1,22,768	929
Chandigarh	109	44,505	56,495	182
Delhi	3,466	2,90,337	3,50,073	873
Goa	183	31,512	21,207	10
Gujarat	201	5,635	2,078	17
Haryana	633	8,287	5,790	46
Jammu & Kashmir	76	161	174	4
Jharkhand	380	37,525	31,167	50
Karnataka	3	2,621	2,033	4
Kerala	277	3,837	4,308	127
Maharashtra	167	7,070	7,769	82
Manipur	944	5,35,740	3,25,839	2,102

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State	Number of IDU's registered (New contacts by peer educators)	Number of Syringes Distributed	Number of Syringes and Needles Returned	Number of IDUs received NSEP at least for average 20 days in a month
Meghalaya	383	353	309	2
Mizoram	9,511	16,52,306	9,84,907	3,206
Mumbai MACS	608	25,755	20,658	299
Nagaland	2,499	13,75,792	6,92,710	9,460
Orissa	157	27,802	19,247	140
Punjab	4,031	1,97,518	1,38,671	580
Rajasthan	88	15,866	487	1
Sikkim	1,918	1,54,469	49,323	1,187
Tamil Nadu	102	29,961	18,395	222
Tripura	489	18,433	13,323	172
Uttar Pradesh	7,622	10,55,440	8,92,654	7,505
Uttarakhand	419	35,595	9,840	167
West Bengal	10,724	6,98,054	6,82,015	2,363
All India	**49,742**	**65,65,747**	**45,34,894**	**31,542**

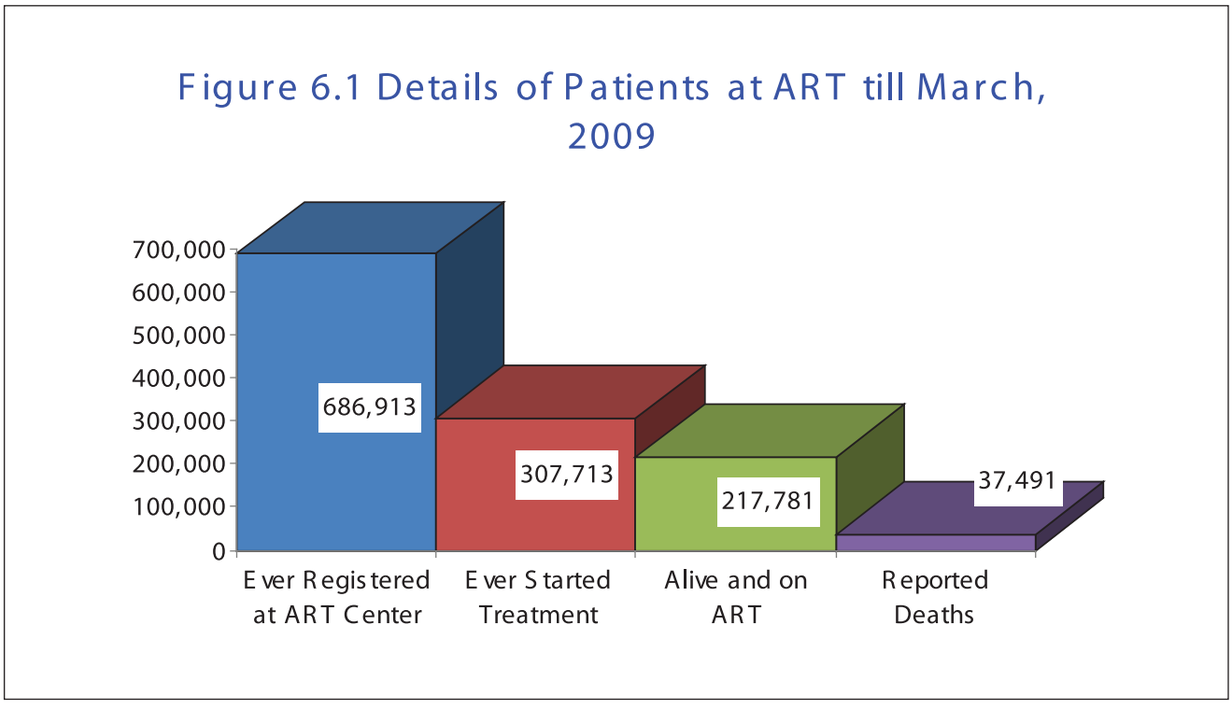
Chapter 6

Anti Retroviral Therapy Programme (ART)

Free drugs are being provided through ART Centres to people living with HIV/AIDS and some are availing private facilities. The NACP-III target is to scale up the ART mission to 250 Centres by 2011-12 to provide free ART to 3,00,000 adults and 40,000 children.

The analysis is based on the report received from 200 ART Centres till March, 2009.

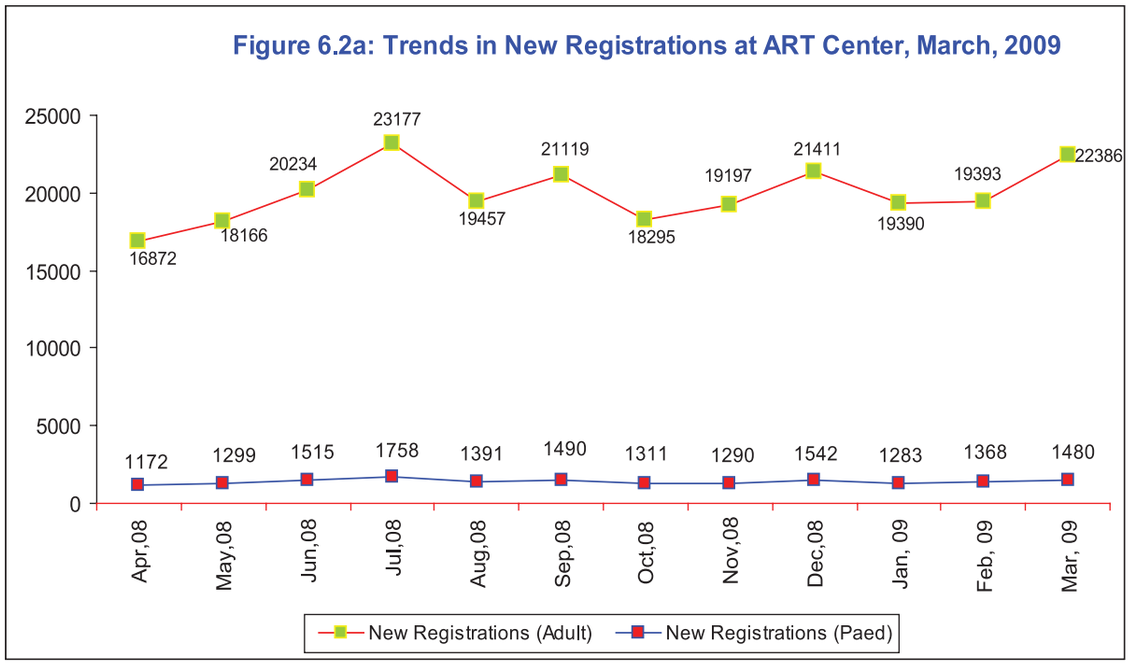
6.1 Proportion of Patients Ever Started and on ART as against Registered



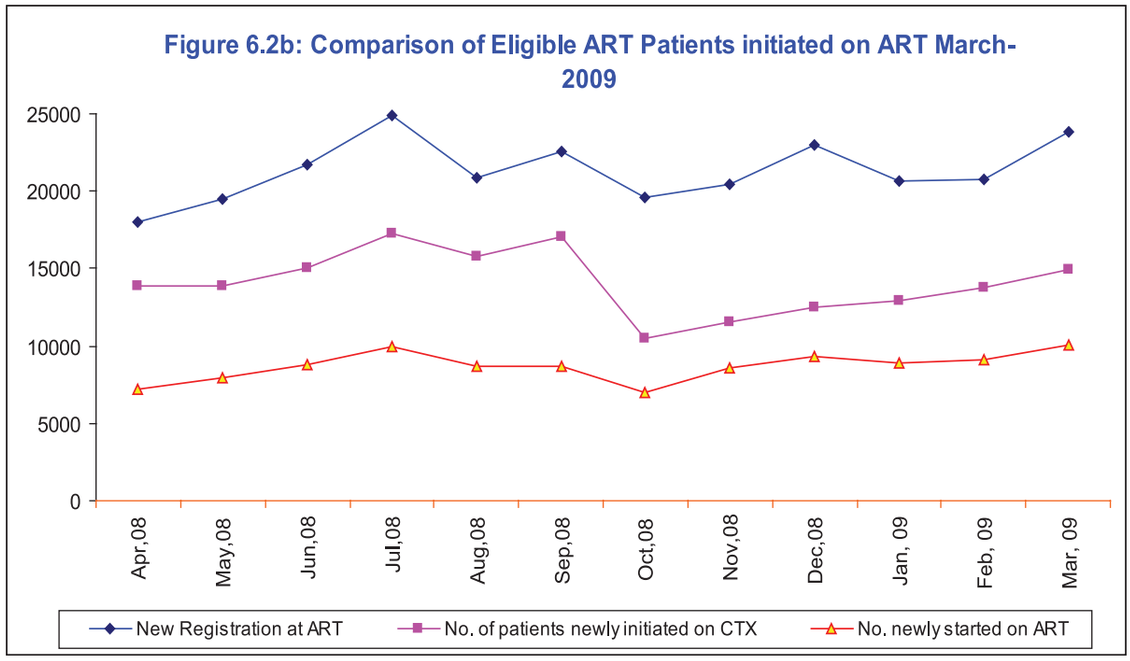
Till the end of March, 2009 total numbers of patients ever registered at ART Centre are 686,913. Among them 45 percent (307,713) patients ever started on ART treatment based on eligibility, till March, 2009. Out of the patients ever started the treatment, 71 percent(217,781) are alive and on ART since beginning of the program.

6.2 New Registrations at ART Centre

At ART Centre, the person coming for the first time are enrolled in HIV Care (pre-ART). The trend in new registrations among adults and pediatric children are shown in **Fig. 6.2a.**

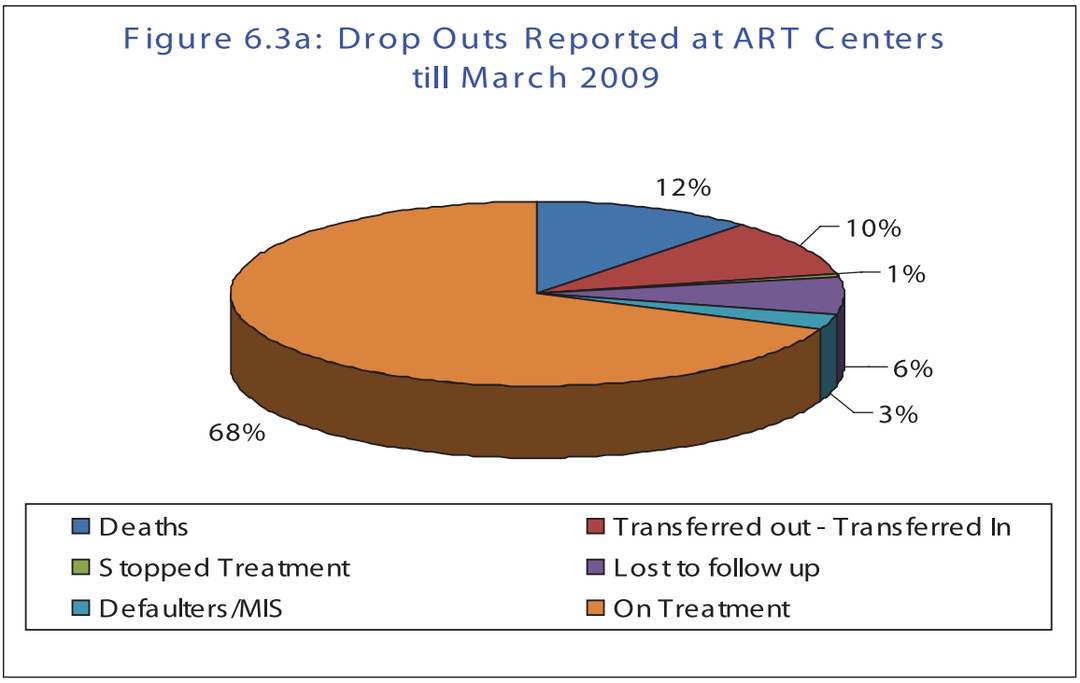


Out of total 255,996 new registrations at ART Centre, 168,996 (66%) were initiated on (CTX) Co-trimoxazole Prophylaxis Treatment and of the eligible, based on initiation of CTX, total 104,442 (61.8%) initiated newly on ART during the year.



6.3 Details of Patients who Dropped Out

The details of patients dropped out due to (LFU) Lost to Follow up, (MIS) Missed Treatment, death, and the difference (transferred out transferred in) is shown in fig 6.3a.



Cumulative cases of Lost to follow up cases at all India level since 2004 is 20616 (6% approximately) and out of which 1442 reentered after tracking and total death 37,491 (12% approximately). Transferred out cases are 30,439 (10% approximately), while 14,141 cases are reported as transferred-in. Highest deaths are reported by ART Centre at Govt. Medical College, Guntur (1331); KIMS ART Centre, Hubli, Dharwad (1274); Govt. MC (King George Hospital), Visakhapatnam (1258). Andhra Pradesh has reported highest cumulative deaths. **The state-wise details are as given in Table 6.1**

States with highest MIS (missed treatment) are Andhra Pradesh (4169), Maharashtra (1276), Tamil Nadu (742) and Karnataka (719). No MIS reported in Meghalaya and Sikkim.

Table 6.1: State-wise Details of Drop-outs reported by ART Centres

S.No.	State	Ever started on ART (Cumulative beginning)	Cumulative Number Lost to follow-up (LFU) (%)	Number missed treatment (%)	Cumulative Deaths (%)	Total reported Transferred Out (%)
1	Andhra Pradesh(28)	71,829	7,184 (10%)	4,169 (5.8%)	9,052 (12.6%)	5,431 (7.56%)
2	Maharashtra(37)	70,094	3,376(4.8%)	1,276(1.82%)	6,510(9.29%)	7,213 (10.29%)
3	Tamil Nadu(27)	45,373	2,894(6.4%)	742(1.64%)	4,968(10.95%)	5,087 (11.21%)
4	Karnataka(27)	34,549	1,205(3.5%)	719((2.08%)	5,824(16.86%)	3,209(9.29%)
5	Gujarat(9)	13,156	828(6.3%)	235(1.79%)	1,347(10.24%)	2,235(16.99%)
6	Uttar Pradesh(7)	11,241	1,126(10%)	219(1.95%)	1,274(11.33%)	1,216(10.82%)
7	Rajasthan(4)	7,506	518(6.9%)	187((2.49%)	1,325(17.65%)	1,062(14.15%)
8	Delhi(9)	8,244	810(9.8%)	211(2.56%)	958(11.62%)	857(10.40%)
9	West Bengal(4)	5,303	326(6.1%)	86(1.62%)	654(12.33%	628(11.84%)
10	Manipur(6)	6,440	273(4.2%)	169(2.62%)	647(10.05%)	537(8.34%)
11	Madhya Pradesh(4)	4,109	432(10.5%)	197(4.79%)	703(17.11%)	251(6.11%)
12	Kerala(6)	4,794	252(5.3%)	48(1%)	784(16.35%)	292(6.09%)

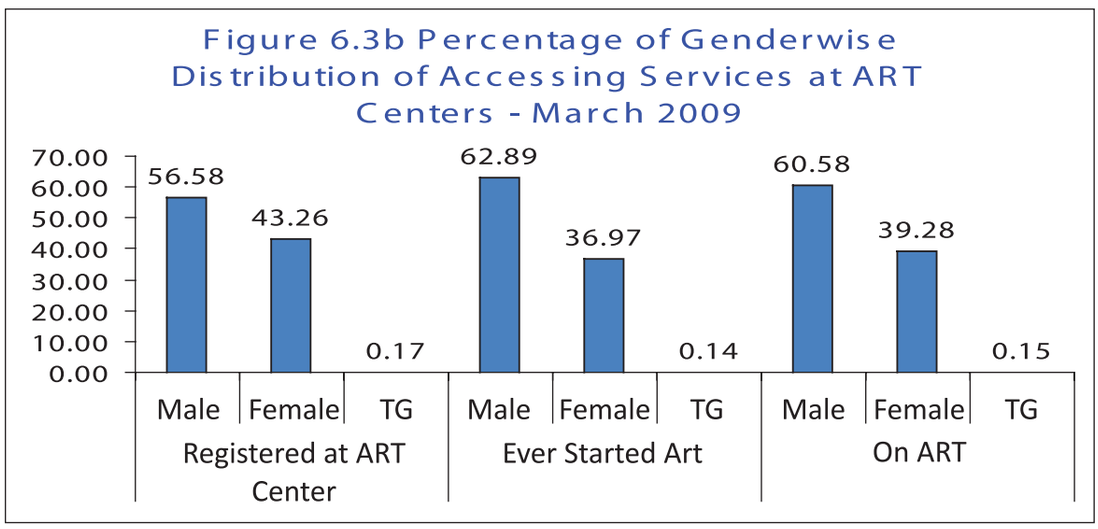
Contd...

S.No.	State	Ever started on ART (Cumulative beginning)	Cumulative Number Lost to follow-up (LFU) (%)	Number missed treatment (%)	Cumulative Deaths (%)	Total reported Transferred Out (%)
13	Bihar(4)	4,615	209(4.5%)	123(2.67%)	452(9.79%)	448((9.71%)
14	Chandigarh(1)	2,591	24(0.9%)	36(1.39%)	304(11.73%)	743(28.68%)
15	Orissa(2)	2,204	295(13.4%)	96(4.36%)	259(11.75%)	393(17.83%)
16	Punjab(3)	4,317	125(2.9%)	90(2.08%)	561(13%)	234(5.42%)
17	Chhattisgarh(1)	1,686	287(17%)	241(14.29%)	140(8.3%)	26(15.4%)
18	Haryana(1)	1,765	96(5.4%)	23(1.3%)	490(27.76%)	16((0.91%)
19	Jharkhand(2)	1,368	30(2.2%)	27(1.97%)	285(20.83%)	84(6.14%)
20	Goa(1)	1,028	60(5.8%)	9(0.88%)	217(21.11%)	27(2.63%)
21	Assam(3)	877	38(4.3%)	34(3.88%)	107(12.2%)	127(14.48%)
22	Jammu & Kash-mir(2)	707	57(8.1%)	14(1.98%)	87(12.31%)	85(12.02%)
23	Nagaland(4)	1,249	13(1%)	3(0.24%)	150(12.01%)	75(6%)
24	Puducherry(1)	729	29(4%)	29(3.98%)	82(11.25%)	90(12.35%)
25	Himachal Pradesh(1)	768	55(7.2%)	9(1.17%)	142(18.49%)	17(2.21%)
26	Uttarakhand(1)	520	34(6.5%)	13(2.5%)	77(14.81%)	26(5%)
27	Mizoram(1)	423	9(2.1%)	12(2.84%)	59(13.95%)	3(0.71%)
28	Tripura(1)	98	18(18.4%)	5(5.10%)	9(9.18%)	19((19.39%)
29	Sikkim(1)	43	6(14%)	0(0%)	16(37.21%)	0(0%)
30	Arunachal Pradesh(1)	37	3(8.1%)	1(2.70%)	5(13.51%)	5(13.51%)
31	Meghalaya(1)	50	4(8%)	0(0%)	3(6%)	2(4%)
	Total	**307,713**	**20,616(6.7%)**	**9,023(2.93%)**	**37,491(12.18%)**	**30,438(9.89%)**

The state wise percentage of dropout (Lost to follow-up, MIS missed treatment, Death & Transferred Out - Transferred In) is high in Andhra Pradesh (25,836), Maharashtra (18,375), Tamil Nadu (13,691), Karnataka (10,957), Gujarat (4,645), Uttar Pradesh (3,835), Rajasthan (3,092) & Delhi (2,836).

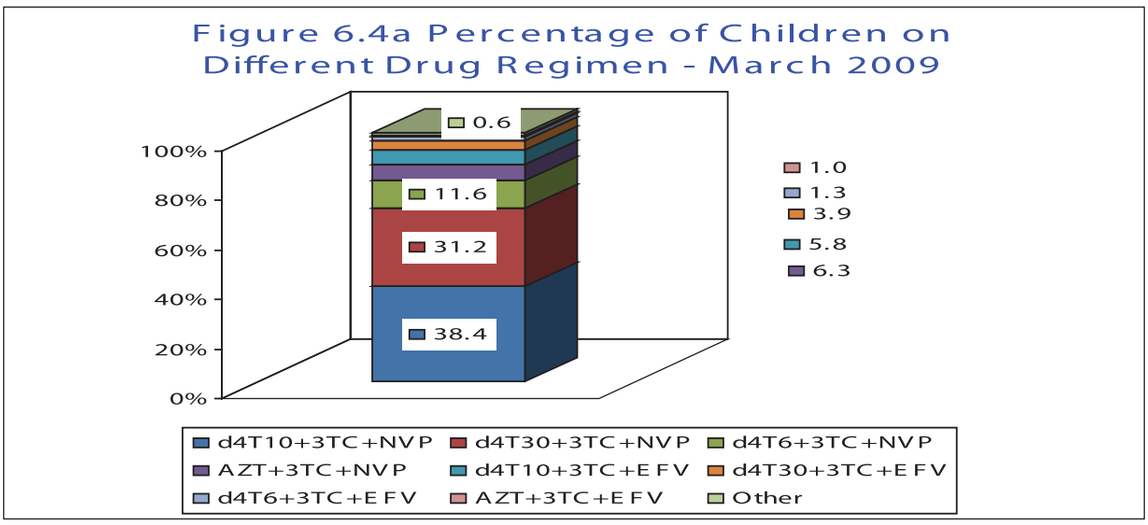
6.3.1 Details of patients accessing ART: Gender-wise

The **Fig. 6.3b** shows the gender differential in registration, starting ART and living on ART.



6.4 Percentage of Patients on Various Drug Regime

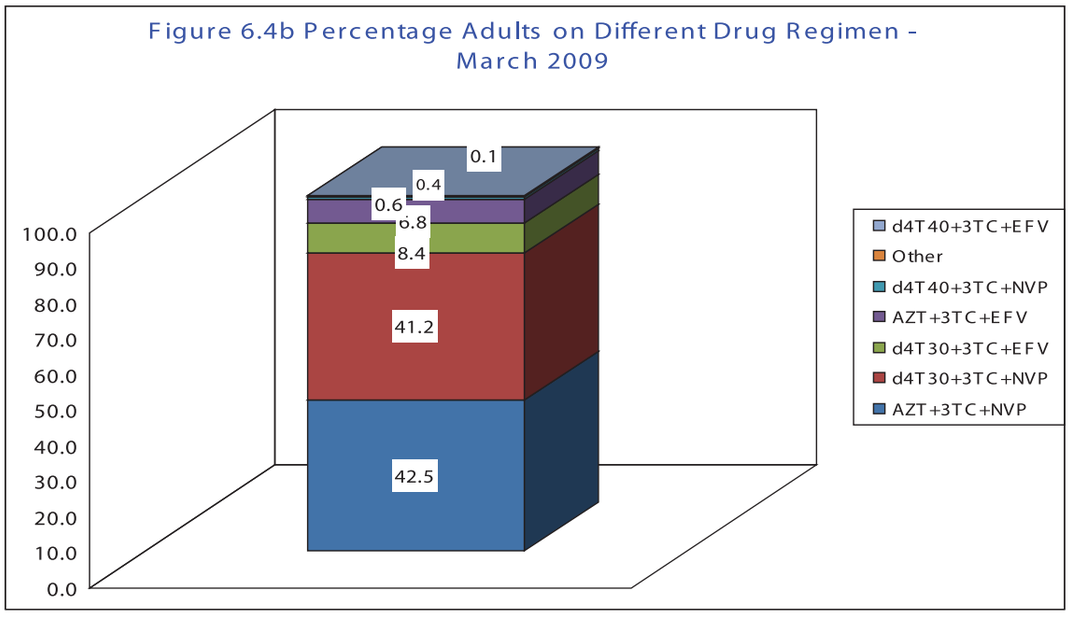
Different drug regimes are given to adult and pediatric patients at ART Centres. The distribution of children on various drug regimes is given in **Fig. 6.4a.**



Highest number of children on ART are reported to be on drug regimen d4T10+3TC+NVP (38.4 %) followed by d4T30+3TC+NVP (31.2) and d4T6+3TC+NVP (11.6). The proportions of children on various regimens are shown in the Fig. 6.4a.

6.4.1 Percentage of Adults on Various Drug Regimes

As seen from Fig. 6.4b, maximum percentage of adults are on the regimen AZT+3TC+NVP (42.5 %) followed by d4T30+3TC+NVP (41.2%).



6.5 Drug Adherence

The top ten Centres with 95% and above adherence rates are Govt. Hospital for Thoracic Medicine, Chennai (No. of patients 6,067); B.J. Medical College, Pune (No. of patients 4,721); GGH,

Vijayawada, Krishna (No. of patient 4,021); District Head Quarters Hospital, Eluru, West Godavari (No. of patient 3,460); Government Hospital, Namakkal (No. of patient 3,349); Government Medical College, Sangli (No. of patient 3,302), King George Hospital, Vizag (No. of patient 2,973), Government district hospital, Ongole,Prakasm (No. of patient 2,952), Medical College Salem (No. of patient 2,893), LTMG Sion Hospital, Mumbai (No. of patient 2,700)

6.6 Details of Anti-Tuberculosis Treatment at ART Centre

The PLHA on ART initiated on DOTS and non-DOTS anti-tuberculosis treatment is increasing. Details are given in table 6.2.

Table 6.2: Details of ART Patients on Anti-Tuberculosis Treatment

State Name	Total Number Alive and on ART	Number of patients on ART initiated on DOTS	Number of patients on ART initiated on non-DOTS anti-tuberculosis treatment
Andhra Pradesh	48,184	893	320
Tamil Nadu	32,147	945	8
Maharashtra	53,661	649	176
Karnataka	24,867	472	64
Uttar Pradesh	7,552	115	328
Gujarat	9,126	78	18
Rajasthan	4,635	75	4
Orissa	1,209	22	41
Bihar	3,577	50	9
Nagaland	1,038	12	35
Delhi	5,379	31	13
West Bengal	3,760	40	3
Punjab	3,383	27	5
Kerala	3,406	28	3
Jharkhand	1,026	21	6
Madhya Pradesh	2,611	23	2
Manipur	4,887	7	9
Mizoram	383	13	0
Chandigarh	1,309	7	3
Himachal Pradesh	568	7	0
Haryana	1,113	6	0
Puducherry	518	4	1
Jammu & Kashmir	474	3	1
Goa	719	3	0
Chhattisgarh	1,106	2	0
Tripura	49	2	0

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State Name	Total Number Alive and on ART	Number of patients on ART initiated on DOTS	Number of patients on ART initiated on non-DOTS anti-tuberculosis treatment
Assam	612	1	1
Meghalaya	42	1	1
Uttarakhand	394	1	0
Arunachal Pradesh	23	0	0
Sikkim	23	0	0
All India	**2,17,781**	**3,538**	**1,051**

PLHA on ART initiated on DOTS in the month in the descending order for are as follows: Govt. Hospital for Thoracic Medicine, Chennai, Tamil Nadu (505); Madras Medical College, Chennai, Tamil Nadu (232); Govt. Medical College, Guntur, Andhra Pradesh (227); District Civil Hospital, Satara, Maharashtra (213).

PLHA on ART initiated on non-DOTS anti-tuberculosis treatment in the month in descending order are as follows: KGMC, Lucknow, Uttar Pradesh (292); District Headquarter Hospital, Medak, Andhra Pradesh (144); Govt. Medical College, Guntur, Andhra Pradesh (93); AFMC Pune, Maharashtra (89).

6.7 Opportunistic Infections (OI)

Fig. 6.5 shows that percentage of PLHA on ART having one or opportunistic infection. Uttrakhand, West Bengal and Andhra Pradesh are states where Percentage of PLHA on ART having one or more OIs is more than 10 percent. Tamil Nadu, Kerala, Rajasthan, Jharkhand and Nagaland are states where Percentage of PLHA on ART having one or more OIs is more than 5 percent. All India percentage is 4.93.This shows the programme has to work more effectively to tackle such situation in the patient.To control the OIs in the patient cross referral of patient to other OIs programme is necessary so that the infection can be control. Meghalaya, Goa, Mizoram, Chandigarh, Sikkim, Himachal Pradesh, Tripura, Chhattisgarh, Punjab, Jammu & Kashmir, Arunachal Pradesh and Puducherry have not reported any OI's in the PLHA on ART.

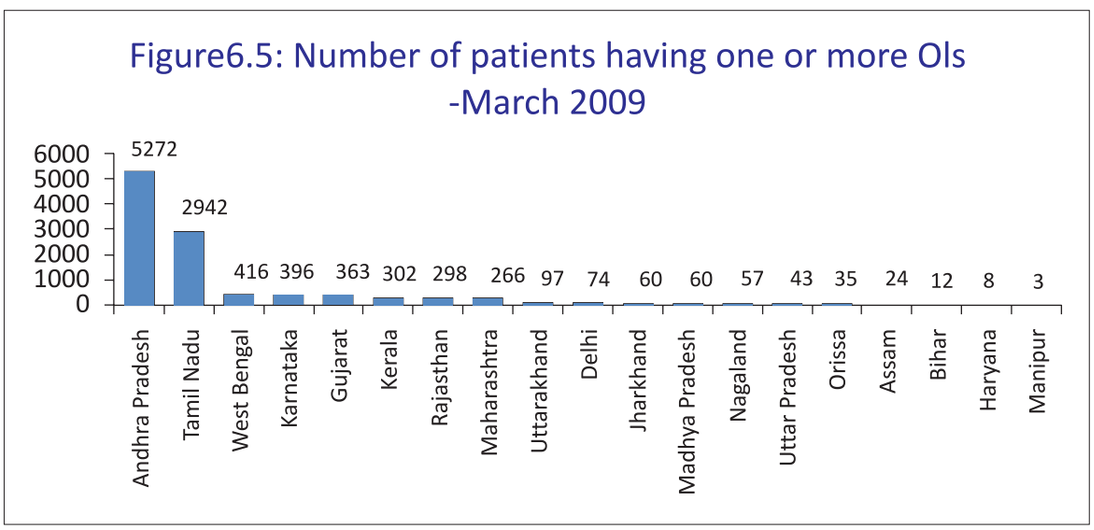


Table 6.3 shows number of PLHA's diagnosed with Opportunistic Infection during 2008-09. It is evident from the table that maximum cases diagnosed for Tuberculosis, Candidiasis, Bacterial

Infections (Respiratory) & Chronic Diarrhea .It has been found that in the states of Uttarakhand,West Bengal,Andhra Pradesh & Tamil Nadu number of PLHA's diagnosed with Opportunistic Infection is highest among all the states.

Table 6.3 : Number of PLHA's diagnosed with Opportunistic Infections

Opportunistic Infections OI	PLHA diagnosed with OIs No.	PLHA diagnosed with OIs % age
Tuberculosis	2,974	24.6
Candidacies	2,809	23.3
Bacterial Infections (Respiratory)	2,786	23.1
Chronic Diarrhea	1,837	15.2
Herpes Zoster	447	3.7
PCP	243	2.0
Cryptococcus Meningitis	103	0.9
CMV Retinitis	50	0.4
Toxoplasmosis	39	0.3
MAC	14	0.1
Others	764	6.3
Total	**12,066**	**100.0**

Chapter 7

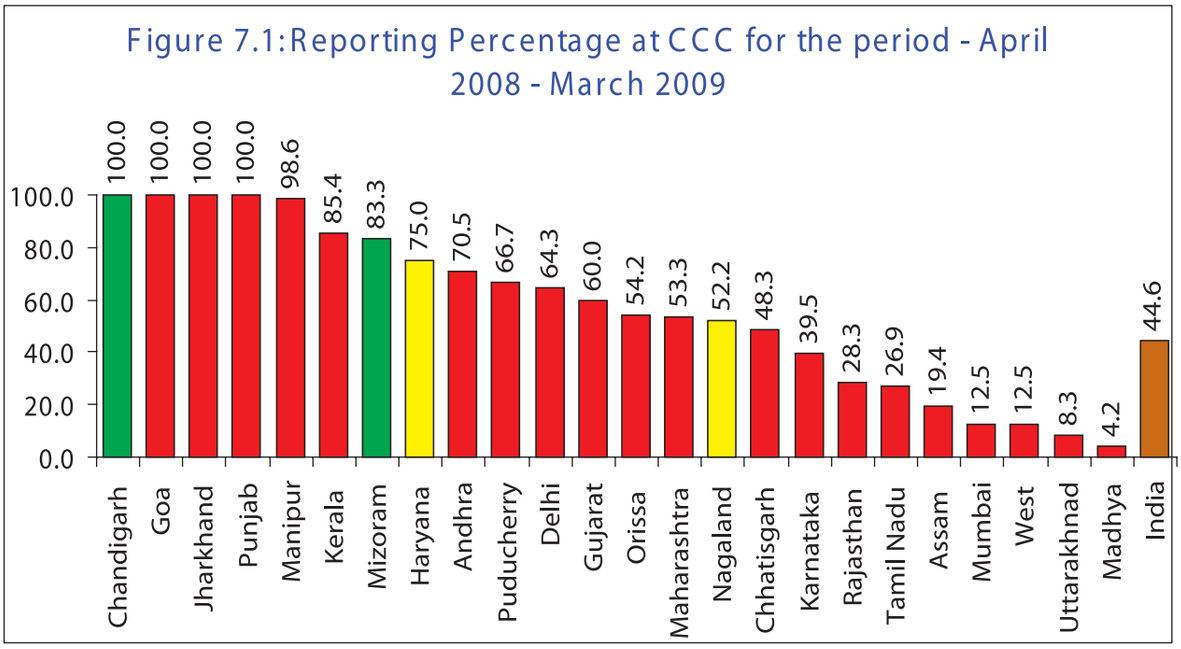
Community Care Centre

Community Care Centre (CCC) is implemented by NGO's. The report is based on 227 CCC Reporting Units registered in CMIS (172 CCC's were registered in April 2008 and 227 CCC's registered till March 2009) out of 235 CCC Reporting Units across 28 states.

7.1 Reporting Status

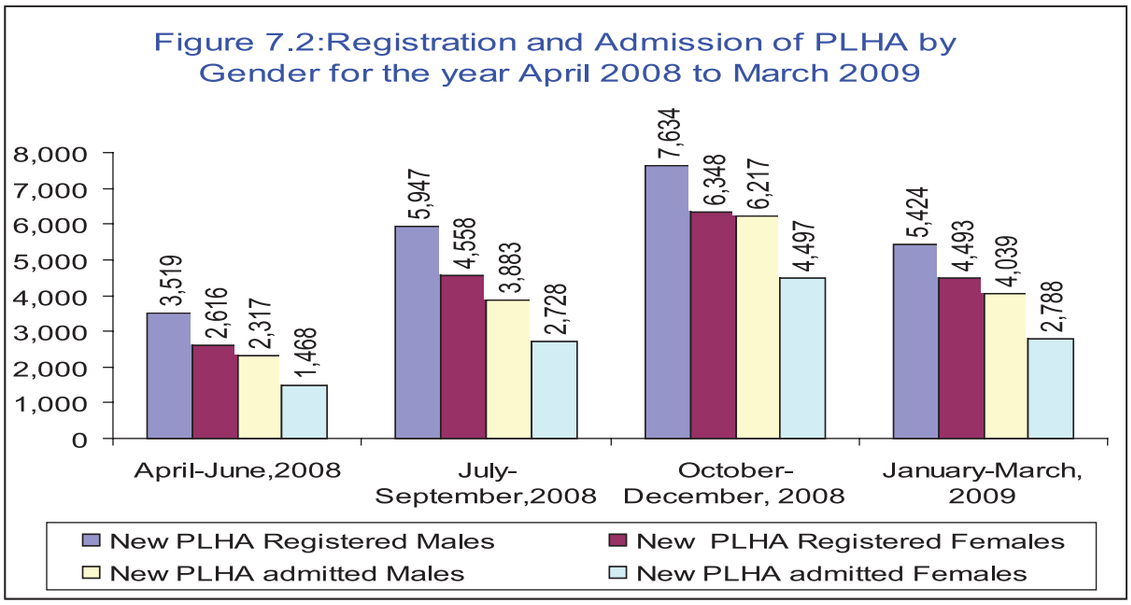
Fig. 7.1 shows the state-wise percentage reporting of CCC for the period April, 2008 to March, 2009.

Figure 7.1:Reporting Percentage at CCC for the period - April 2008 - March 2009



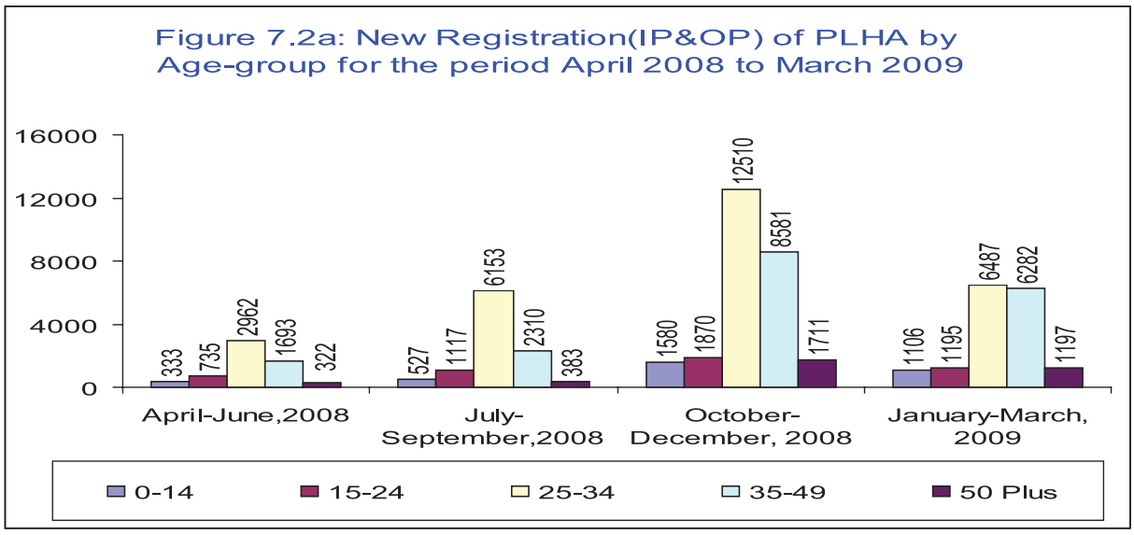
100 percent reporting is achieved by Puducherry. High percentage reporting is also achieved by Chandigarh, Goa, Jharkhand, Punjab and Manipur. The overall reporting percentage is 50.2 % which is low because of the zero reporting by the states like Bihar, Chhatisgarh, Himachal Pradesh, Madhya Pradesh, Tripura and Uttar Pradesh and may require urgent attention. Immediate attention may also be required in the states of West Bengal, Rajasthan, Mumbai MACS, Assam, Uttrakhand and Tamil Nadu. High prevalence states like Andhra Pradesh, Karnataka, Maharashtra and Delhi may require initiatives for further increasing the reporting.

7.2 Registration and Admission of PLHA at CCC by Gender



We can see from Fig. 7.2 that registration and admission of the PLHA are highest in the third quarter October-December 2008. Eighty one percent of registered males & Seventy one percent of registered females are admitted in October-December, 2008.

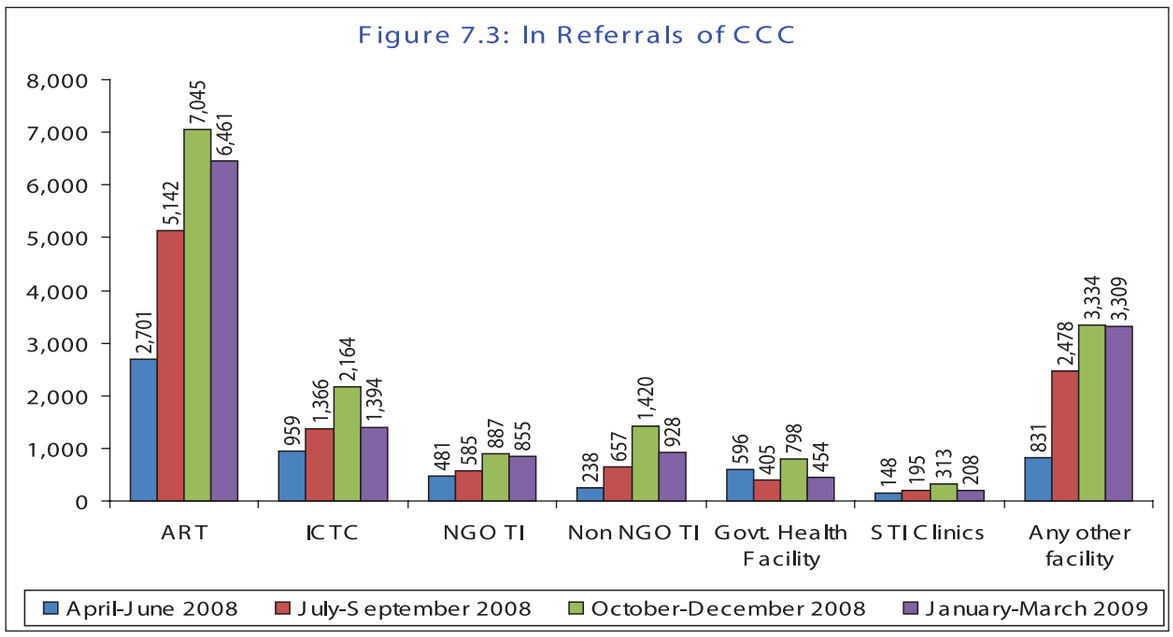
There is 17 percent decrease in male registration and female registration respectively in the fourth quarter January-March 2009 as compared with third quarter October-December 2008 similarly male and female admissions decreased by 21 percent and 23 percent in the fourth quarter January-March 2009 as compared with third quarter October-December 2008.



Quarter/Age-Group (Years)	0-14	15-24	25-34	35-49	50 Plus	Not specified
April-June,2008	333	735	2,962	1,693	322	1
July-September,2008	527	1,117	6,153	2,310	383	6
October-December, 2008	1,580	1,870	12,510	8,581	1,711	1
January-March, 2009	1,106	1,195	6,487	6282	1,197	3
Total	**3,546**	**4,917**	**28,112**	**18,866**	**3,613**	**11**
Percentage	**6.0**	**8.3**	**47.6**	**31.9**	**6.1**	**0.0**

The maximum registrations reported among PLHAs were in the age group 25-34 (47.6 percent) followed by the age group 35-49 (31.9 percent). The maximum registrations 26,253 (44 percent) are reported in October December 2008.

7.3 In Referrals and Out Referrals of CCC



In Referrals to CCC	No.	%	Out Referrals of CCC	No.	%
ART	21,349	46.1	**ART**	20,520	31.4
ICTC	5,883	12.7	**ICTC**	8,420	12.9
NGO TI	2,808	6.1	**NGO TI**	1,286	2.0
Non NGO TI	3,243	7.0	**Non NGO TI**	1,979	3.0
Govt. Health Facility	2,253	4.9	**Govt. Health Facility**	8,204	12.6
STI Clinics	864	1.9	**STI Clinics**	1,511	2.3
Any other facility	9,952	21.5	**CD4 Facility**	17,239	26.4
	46,352	100.0	**Any other facility**	6,157	9.4
				65,316	100.0

The in referral of CCC Fig. 7.3 shows 46.1 percent of in referrals are from ART. The out referrals are 31.4 percent to ART followed by 26.4 percent to CD4 Facility.

	April-June 2008	July-September 2008	October-December 2008	January-March 2009	Total
In Referrals of CCC(Number)	5,954	10,828	15,961	13,609	46,352
Percent	12.8	23.4	34.4	29.4	100.0

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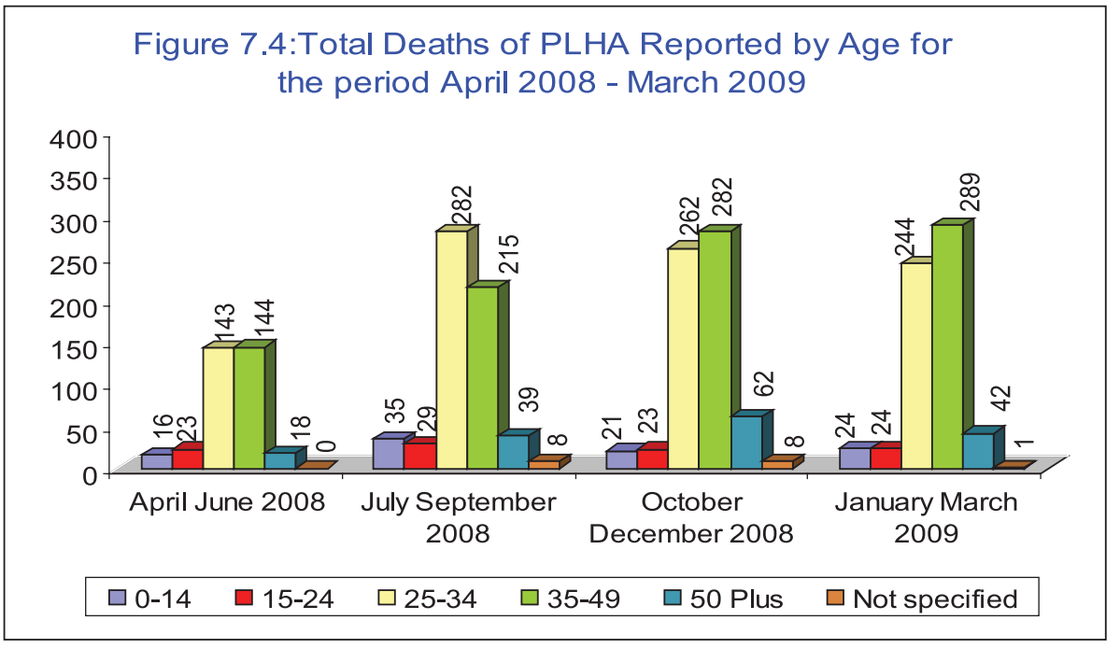
	April-June 2008	July-September 2008	October-December 2008	January-March 2009	Total
Out Referrals of CCC(Number)	10,958	14,116	23,876	16,366	65,316
Percent	16.8	21.6	36.6	25.1	100

(In referrals were 5,954; 10,828; 15,961 & 13,609 in the four quarters and out referrals were 10,958; 14,116; 23,876 & 16,366) when analysed by in the quarters maximum in referrals (15,923; 34.1 percent) and out referrals (23,876; 36.6 percent) were reported in the third quarter October-December 2008.

7.4 Total Deaths of PLHAs Reported by CCC in year



Total Deaths of PLHA Reported by Age	0-14	15-24	25-34	35-49	50 Plus	Not specified	Total
April June 2008	16	23	143	144	18	0	344
July September 2008	35	29	282	215	39	8	608
October December 2008	21	23	262	282	62	8	658
January March 2009	24	24	244	289	42	1	624
Total	**96**	**99**	**931**	**930**	**161**	**17**	**2234**
Percentage	**4.3**	**4.4**	**41.7**	**41.6**	**7.2**	**0.8**	**100.0**

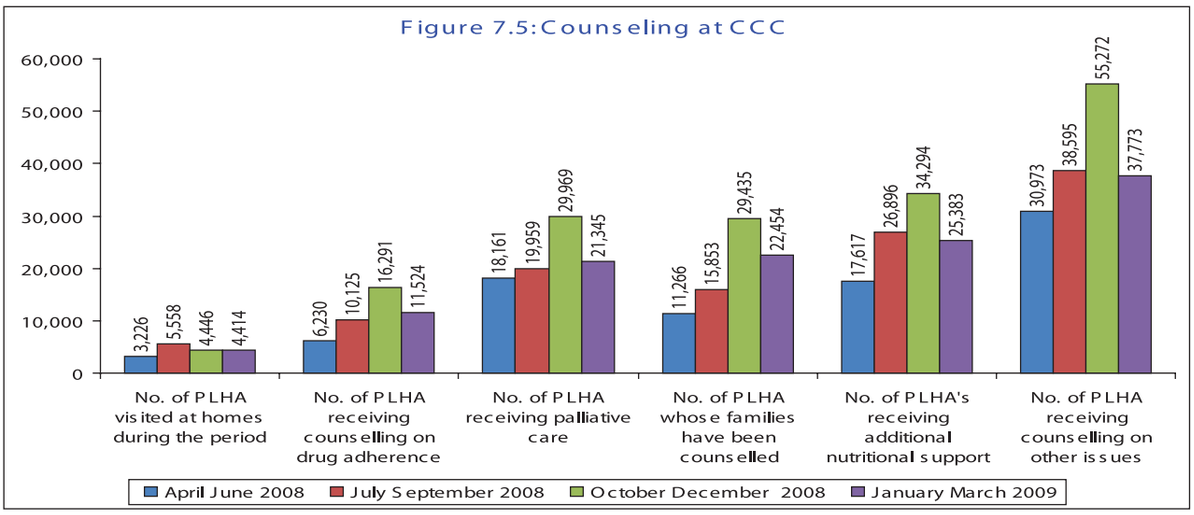
The maximum death reported among PLHAs were in the age group 25-34 (41.7 percent) followed by the age group 35-49 (41.6 percent). More emphasis may be required in these age groups.

Total Opportunistic Infections (OI) Among PLHA visiting CCC is 34,419; 47,369; 71,851 & 52,563 in the four quarters respectively. Maximum Opportunistic Infections were treated in the third quarter(October,2008 to December,2009).The Opportunistic Infections treated in is Other, Bacterial Infections (Respiratory), Candidacies, Chronic Diarrhea and Tuberculosis, are the highest five OI treated. Toxoplasmosis, CMV Retinitis, Cryptococcus Meningitis, and Herper Zoster are the five least OI infection treated .Emphasis is required for Other, Bacterial Infections (Respiratory), Candidacies, Diarrhea and Tuberculosis.

7.5 Quarterwise Details of Opportunistic Infections Treated

Details of Opportunistic Infections Treated	April - June 2008	July September 2008	October December 2008	January March 2009	Total
Toxoplasmosis	148(0.43%)	118(0.25%)	150(0.21%)	174(0.33%)	590(0.29%)
CMV Retinitis	189(0.55%)	233(0.49%)	220(0.31%)	181(0.34%)	823(0.40%)
Cryptococcus Meningitis	228(0.66%)	287(0.61%)	376(0.52%)	260(0.49%)	1,151(0.56%)
MAC	362(1.05%)	519(1.10%)	410(0.57%)	244(0.46%)	1,535(0.74%)
Herpes Zoster	567(1.65%)	642(1.36%)	1,037(1.44%)	742(1.41%)	2,988(1.45%)
PCP	1,043(3.03%)	1,199(2.53%)	1,399(1.95%)	1,312(2.50%)	4,953(2.40%)
Tuberculosis	2,953(8.58%)	4,644(9.80%)	6,976(9.71%)	3,574(6.8%)	18,147(8.80%)
Chronic Diarrhea	5,519(16.03%)	5,925(12.51%)	8,305(11.56%)	5,633(10.72%)	25,382(12.31%)
Candidiasis	5,740(16.58%)	7,324(15.46%)	9,233(12.85%)	6,395(12.17%)	28,692(13.91%)
Bacterial Infections (Respiratory)	6,103(17.73%)	9,582(20.23%)	16,121(22.44%)	12,081(22.98%)	43,887(21.28%)
Other	11,567(33.61%)	16,896(35.67%)	27,624(38.45%)	21,967(41.79%)	78,054(37.85%)
Grand Total	**34,419(100%)**	**47,369(100%)**	**71,851(100%)**	**52,563(100%)**	**206,202(100%)**

7.6 Counseling at CCC



The counselling is showing a decrease in the fourth quarter as compared to the third one.

There is 46.6 % decrease in counseling in fourth quarter as compared to third quarter. This may require immediate attention.

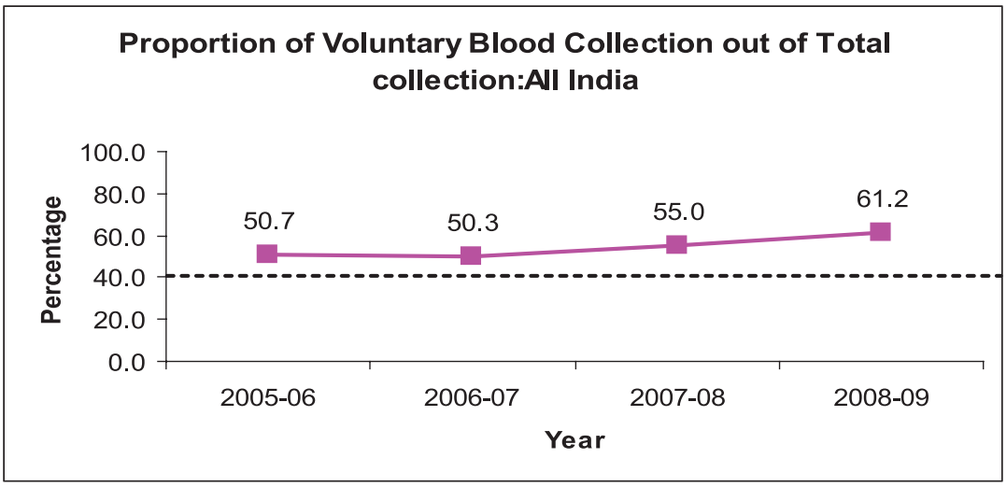
Counseling at CCC	April June 2008	July September 2008	October December 2008	January March 2009	Total
No. of PLHA visited at homes during the period	3,226	5,558	4,446	4,414	**17,644**
No. of PLHA receiving counseling on drug adherence	6,230	10,125	16,291	11,524	**44,170**
No. of PLHA receiving palliative care	18,161	19,959	29,969	21,345	**89,434**
No. of PLHA whose families have been counselled	11,266	15,853	29,435	22,454	**79,008**
No. of PLHA's receiving additional nutritional support	17,617	26,896	34,294	25,383	**104,190**
No. of PLHA receiving counselling on other issues	30,973	38,595	55,272	37,773	**162,613**
Total	**87,473**	**116,986**	**169,707**	**122,893**	**497,059**

Chapter 8

Trend Analysis

Trends in Voluntary Blood Donation

1. Trends of the national average of voluntary blood donation percentage are showing an overall increasing pattern during the years 2005-06 to 2008-09.



2. In 2005 -06; the national average of voluntary donation percentage was 50.7

   a) In the high prevalence states of Manipur, voluntary donation was only 10.4 percent. In other high prevalence Nagaland (40.51%), Andhra Pradesh (51.60%), Karnataka (52.4%), Maharashtra (70.7%), and Tamil Nadu (74.77%)

   b) In North Eastern (NE) states of Meghalaya voluntary blood donation was only 10.3 percent while in other NE states, Assam (46.7%),Sikkim(39.83%) and Mizoram(61.77%),Aurnachal Pradesh is one of the highest voluntary blood donation states with 82.19 percent

   c) In Union Territories (UTs) the voluntary blood donation is highest in Dadra & Nagar Haveli (100%) and Delhi (26.02%), Chandigarh (73.73%), and Puducherry (44.42%).

   d) In other low prevalence states, voluntary blood donation was comparatively very low to national percentage, Orissa (53.15%), Madhya Pradesh (39.43%), Bihar (29.37%), Jharkhand (29.66%), Rajasthan (24.2%), Uttar Pradesh (24.55%), Uttarakhand (13.88%) and Chhattisgarh (28.27%).

   e) In Northern states Himachal Pradesh (62.9%), Punjab (19.08%), Haryana (33.12%) and Jammu & Kashmir (21.8%)

   f) Among coastal states Goa had voluntary blood donation 53.51 percent, Gujarat (63.82%) and Kerala (32.64%).However in West Bengal voluntary blood donation was 85.99 percent.

3. In 2006-07; the national average of voluntary donation percentage was 50.3

   a) In the high prevalence states of Manipur, Voluntary donation was only 12.4 percent. In other high prevalence Nagaland (48.24%), Andhra Pradesh (51.04%), Karnataka (56.4%), Maharashtra (76.51%), and Tamil Nadu (75.71%).

b) In North Eastern (NE) states of Meghalaya voluntary blood donation was only 8.5 percent while in other NE states, Assam (46.8%), Sikkim (56.94%), Mizoram (63.73%) and Aurnachal Pradesh (61.43%)

c) In Union Territories (UTs) the voluntary blood donation was highest in Dadra & Nagar Haveli (100%) and Delhi (27.52%), Chandigarh (76.38%), and Puducherry (45.94%).

d) In other low prevalence states, voluntary blood donation was comparatively very low to national percentage, Orissa(62.21%),Madhya Pradesh(42.7%), Bihar(24.08%), Jharkhand (31.57%), Rajasthan (25.43%), Uttar Pradesh (22.21%), Uttarakhand (31.88%) and Chhattisgarh (34.79%).

e) In Northern states voluntary blood donation in Himachal Pradesh(69%),Punjab (20.64%), Haryana (33.21%) and Jammu & Kashmir (21.5%)

f) Among coastal states Goa had voluntary blood donation of 57.26 percent Gujarat (61.17%) and Kerala (35.34%).However in West Bengal voluntary blood donation was 86.59 percent

4. In 2007-08; the national average of voluntary donation percentage was 55.0

a) In the high prevalence states of Manipur, Voluntary donation was only 11.8 percent. In other high prevalence Nagaland (49.81%), Andhra Pradesh (56.82%), Karnataka (53.0%), Maharashtra (77.83%), and Tamil Nadu (78.43%).

b) In North Eastern (NE) states of Meghalaya voluntary blood donation was only 12.8 percent while in other NE states, Assam (49.6%), Sikkim (44.44%), Mizoram (63.47%) and Aurnachal Pradesh (67.67%)

c) In Union Territories (UTs) the voluntary blood donation was highest in Dadra & Nagar Haveli (100%) and Delhi (29.83%), Chandigarh (71.70%), and Puducherry (41.38%).

d) In other low prevalence states, voluntary blood donation was comparatively very low to national percentage, Orissa(67.2%),Madhya Pradesh(50.3%),Bihar(22.22%), Jharkhand (27.94%), Rajasthan (21.09%), Uttar Pradesh (15.31%), Uttarakhand (32.63%) and Chhattisgarh (36.61%).

e) In Northern states voluntary blood donation in Himachal Pradesh(76.5%),Punjab (19.08%), Haryana (27.65%) and Jammu & Kashmir (27.7%).

f) Among coastal states Goa had voluntary blood donation is 53.06 percent, Gujarat (64.85%) and Kerala 33.92% However, in West Bengal voluntary blood donation was 82.98 percent.

5. In 2008-09; the national average of voluntary donation percentage was 61.2

a) In the high prevalence states of Manipur, Voluntary donation was only 9.3 percent. In other high prevalence Nagaland (62.8%), Andhra Pradesh (72.3%), Karnataka (59.7%), Maharashtra (83.51%), and Tamil Nadu (85.33%).

b) In North Eastern (NE) states of Meghalaya voluntary blood donation was only 17.5 percent while in other NE states, Assam (38.7%), Sikkim (36.6%), Mizoram (67.3%) and Aurnachal Pradesh (90.1%)

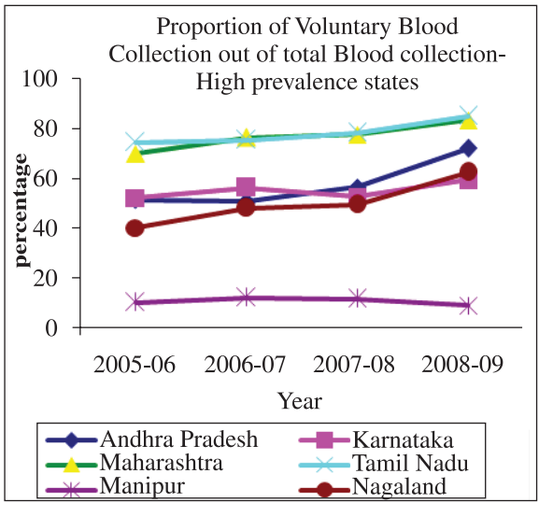
c) In Union Territories (UTs) the voluntary blood donation is highest in Dadra & Nagar Haveli (100%), Delhi (36.7%), Chandigarh (80.2%), and Puducherry (46.7%).

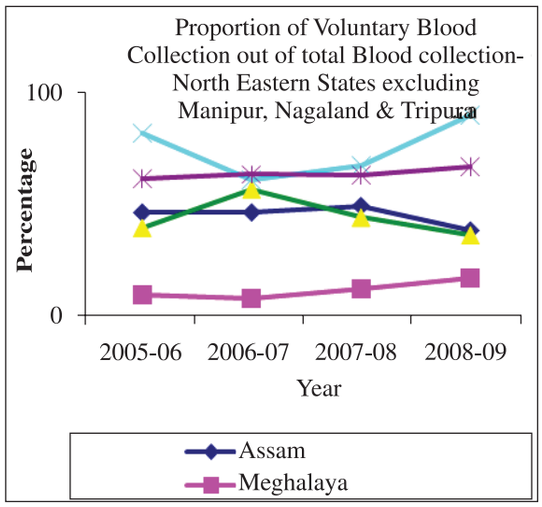
d) In other low prevalence states, voluntary blood donation was comparatively very low to national percentage, Orissa(67.6%),Madhya Pradesh(54.5%),Bihar(25.6%), Jharkhand (41.6%), Rajasthan (32.5%), Uttar Pradesh (22.7%), Uttarakhand (45.6%) and Chattisgarh (33.7%).

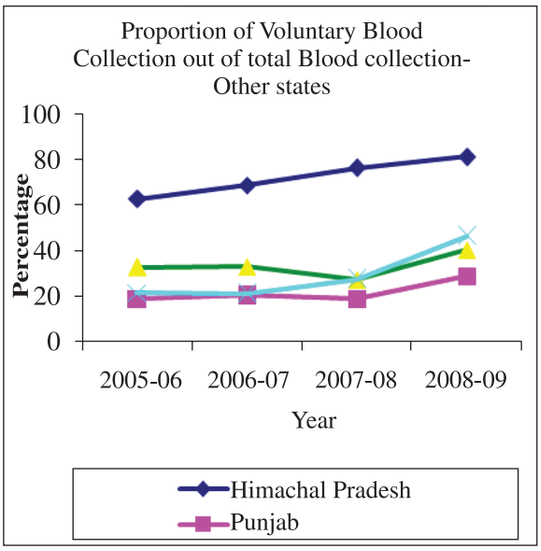
e) In Northern states voluntary blood donation in Himachal Pradesh (81.3%), Punjab (29.2%), Haryana (40.6%) and Jammu & Kashmir (46.7%)

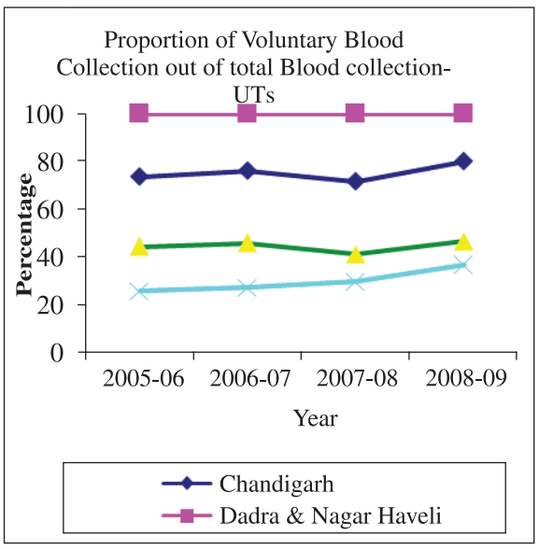
f) Among coastal states, Goa had voluntary blood donation was of 57.2 percent. In Gujarat (71.81%), Kerala (28.5%). However in West Bengal voluntary blood donation was 85.1 percent

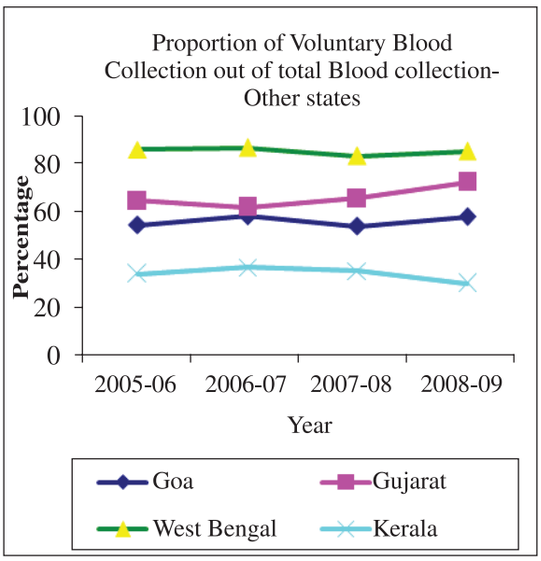
Graphs

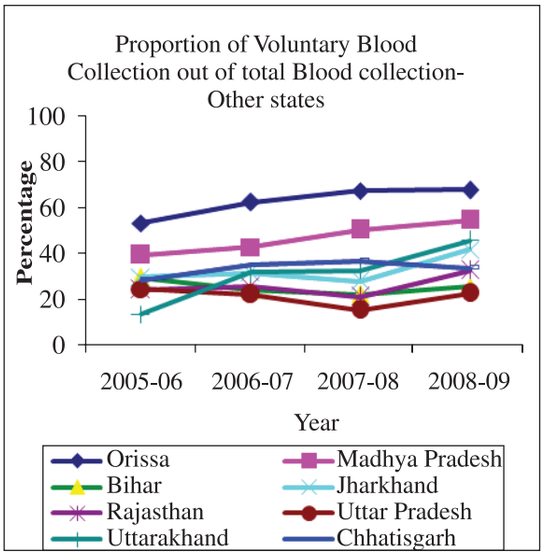












6. Over all voluntary blood donation percentage is showing increasing trend

a) In high prevalence states, it is increasing except Manipur which shows up and down trend over the period.

b) In NE states Mizoram and Meghalaya is showing increasing trend while other NE states, it is not the same.

c) In UTs voluntary blood donation is steadily increasing except Dadra & Nagar Haveli where voluntary blood donation is 100 percent throughout the period.

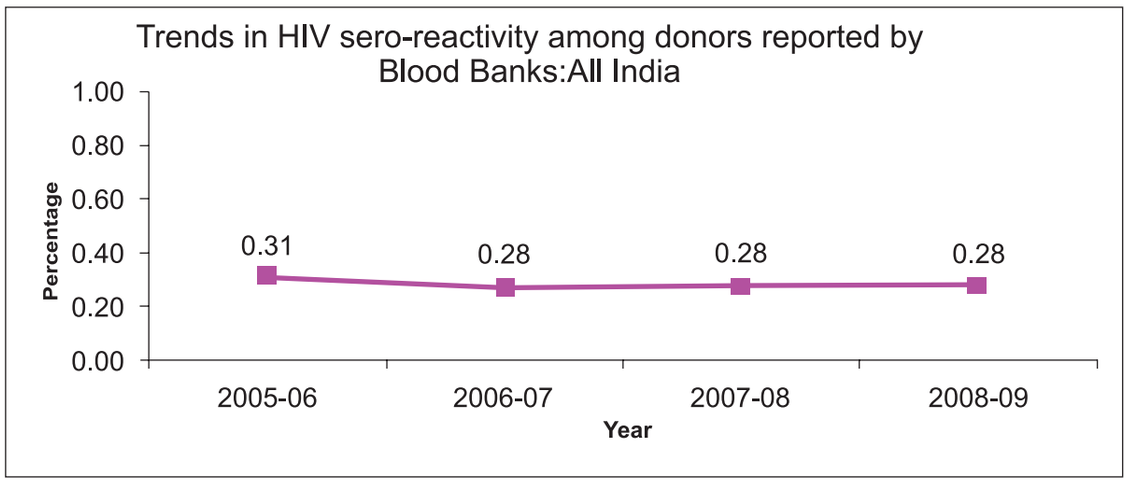
d) In other low prevalence states; Orissa, Madhya Pradesh, Uttarakhand, Chhattisgarh, Rajasthan and Jharkhand are showing increasing trend at the same time Bihar and Uttar Pradesh, trend is somewhat up and downward.

e) In Northern states of Jammu & Kashmir and Himachal Pradesh voluntary donation is showing increasing trend over the period. However Punjab and Haryana is showing rather up and down trend over the period.

f) In coastal states of Gujarat trend over the period is showing increasing. In West Bengal trend is consistently good over the period. In Goa and Kerala trend is somewhat up and down trend.

Trends of the HIV Sero-rectivity among donors reported by Blood Bank

1. The national average percentage of HIV sero-rectivity among blood donor are showing liner trend of HIV sero-rectivity among donors of blood reported by Blood Bank during the years 2005-06 to 2008-09.



2. In 2005 -06; the national average percentage of HIV sero-rectivity among blood donor was 0.31

a) In the high prevalence states except Tamil Nadu ,all the other states's percentage of HIV sero-rectivity was greater than national average

b) In North Eastern (NE) states Aurnachal Pradesh and Mizoram, HIV sero-reactivity was greater than national average. In Sikkim, Meghalaya and Assam HIV sero-reactivity was fairly low.

c) In Union Territories (UTs) except Chandigarh ,all the other UTs percentage of HIV sero-rectivity was greater than national average

d) In other low prevalence states, except Chhattisgarh and Bihar ;Orissa, Madhya Pradesh, Uttar Pradesh,Uttarakhand,Jharkhand and Rajasthan, percentage of HIV sero-rectivity was lesser than national average

e) In Northern states of Haryana, percentage of HIV sero-rectivity was greater than national average and Himachal Pradesh, Punjab and Jammu & Kashmir; it is lesser than national average.

f) In coastal states of Goa and West Bengal, percentage of HIV sero-rectivity was greater than national average. Kerala and Gujrat this percentage is comparatively low.

3. In 2006 -07; the national average percentage of HIV sero-rectivity among blood donor was 0.28

a) In the high prevalence states except Tamil Nadu ,all the other states's percentage of HIV sero-rectivity was greater than national average

b) In North Eastern (NE) states Sikkim and Mizoram, HIV sero-reactivity was greater than national average. In Aurnachal Pradesh, Meghalaya and Assam HIV sero-reactivity was fairly low.

c) In Union Territories (UTs) except Delhi, all the other UTs percentage of HIV sero-rectivity was lesser than national average.

d) In other low prevalence states, except Chhattisgarh and Uttarakhand ;Orissa, Madhya Pradesh, Uttar Pradesh,Bihar,Jharkhand and Rajasthan, percentage of HIV sero-rectivity was lesser than national average

e) In Northern states of Haryana, Himachal Pradesh, Punjab and Jammu & Kashmir; it is lesser than national average.

f) In coastal states of Goa and West Bengal, percentage of HIV sero-rectivity was greater than national average. Kerala and Gujrat this percentage is comparatively low.

4. In 2007 -08; the national average percentage of HIV sero-rectivity among blood donor was 0.28

a) In the high prevalence states except Tamil Nadu ,all the other states's percentage of HIV sero-rectivity was greater than national average

b) In North Eastern (NE) states Sikkim and Mizoram, HIV sero-reactivity was greater than national average. In Aurnachal Pradesh, Meghalaya and Assam HIV sero-reactivity was fairly low.

c) In Union Territories (UTs) except Delhi, all the other UTs percentage of HIV sero-rectivity was lesser than national average.

d) In other low prevalence states, except Chhattisgarh ;Orissa, Madhya Pradesh, Uttar Pra desh,Bihar,Jharkhand,Uttarakhand and Rajasthan, percentage of HIV sero-rectivity was lesser than national average

e) In Northern states of Haryana, Himachal Pradesh, Punjab and Jammu & Kashmir; HIV sero-rectivity among blood donor was lesser than national average.

f) In coastal states of West Bengal and Goa percentage of HIV sero-rectivity was greater than national average and in Kerala, and Gujrat this percentage is comparatively low.

5. In 2008 -09; the national average percentage of HIV sero-rectivity among blood donor was 0.28

a) In the high prevalence states Manipur has exactly same as national average and Tamil Nadu has comparatively low HIV sero-rectivity among blood donor. All the other states percentage of HIV sero-rectivity was greater than national average

b) In North Eastern (NE) states Meghalaya HIV sero-reactivity was greater than national average. In Aurnachal Pradesh, Sikkim and Mizoram, and Assam HIV sero-reactivity was fairly low.

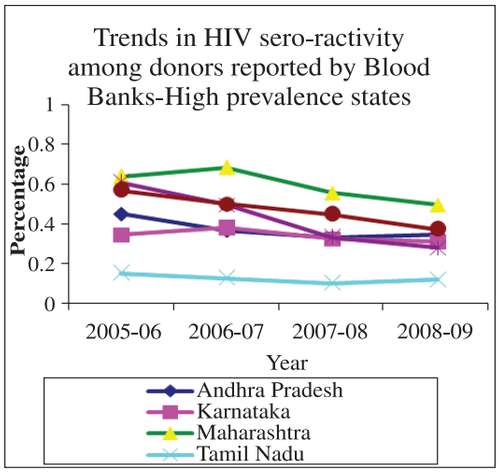
c) In Union Territories (UTs) except Delhi, all the other UTs percentage of HIV sero-rectivity was lesser than national average.

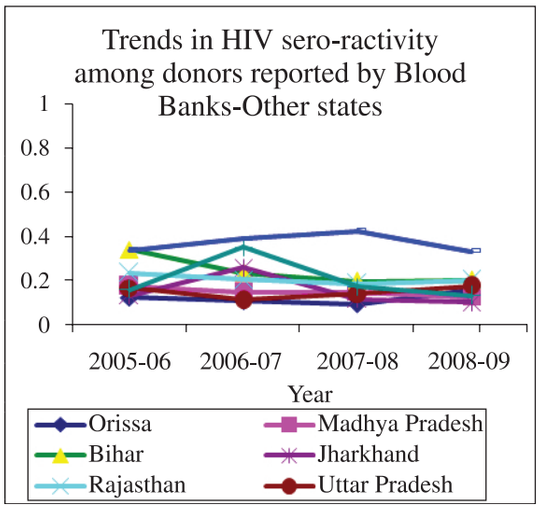
d) In other low prevalence states, except Chhattisgarh ;Orissa, Madhya Pradesh, Uttar Pra desh,Bihar,Jharkhand,Uttarakhand and Rajasthan, percentage of HIV sero-rectivity was lesser than national average

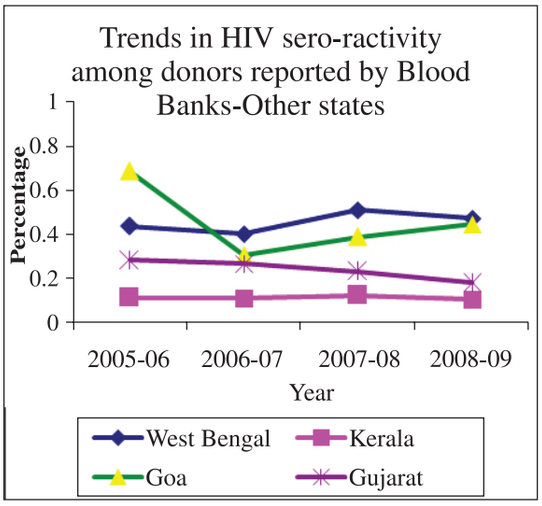
e) In Northern states except Himachal Pradesh; Haryana, Punjab and Jammu & Kashmir had HIV sero-rectivity among blood donor was lesser than national average.

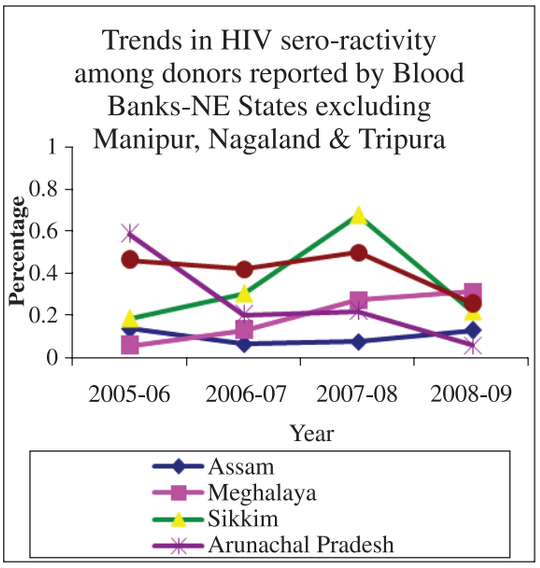
f) In coastal states of West Bengal and Goa percentage of HIV sero-rectivity was greater than national average and in Kerala, and Gujrat this percentage is comparatively low.

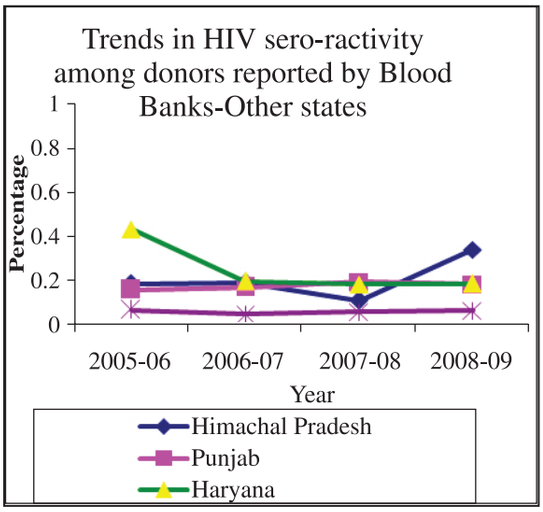
Graphs

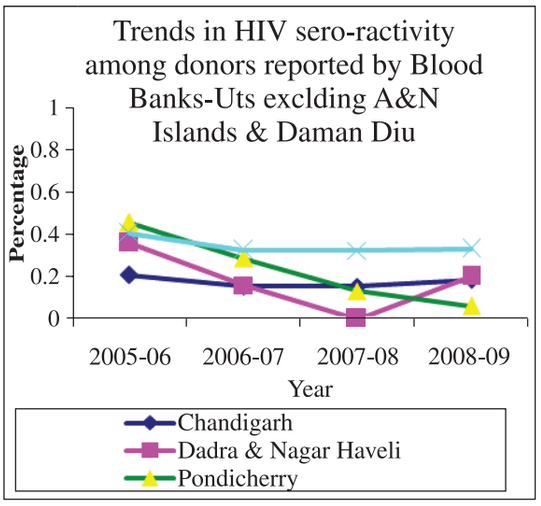

Trends in HIV sero-ractivity among donors reported by Blood Banks-High prevalence states
Percentage
1
0.8
0.6
0.4
0.2
0
2005-06
2006-07
2007-08
2008-09
Year
Andhra Pradesh
Karnataka
Maharashtra
Tamil Nadu


Trends in HIV sero-ractivity among donors reported by Blood Banks-Other states
1
0.8
0.6
0.4
0.2
0
2005-06
2006-07
2007-08
2008-09
Year
Orissa
Madhya Pradesh
Bihar
Jharkhand
Rajasthan
Uttar Pradesh


Trends in HIV sero-ractivity among donors reported by Blood Banks-Other states
Percentage
1
0.8
0.6
0.4
0.2
0
2005-06
2006-07
2007-08
2008-09
Year
West Bengal
Kerala
Goa
Gujarat


Trends in HIV sero-ractivity among donors reported by Blood Banks-NE States excluding Manipur, Nagaland & Tripura
Percentage
1
0.8
0.6
0.4
0.2
0
2005-06
2006-07
2007-08
2008-09
Year
Assam
Meghalaya
Sikkim
Arunachal Pradesh


Trends in HIV sero-ractivity among donors reported by Blood Banks-Other states
Percentage
1
0.8
0.6
0.4
0.2
0
2005-06
2006-07
2007-08
2008-09
Year
Himachal Pradesh
Punjab
Haryana


Trends in HIV sero-ractivity among donors reported by Blood Banks-Uts exclding A&N Islands & Daman Diu
Percentage
1
0.8
0.6
0.4
0.2
0
2005-06
2006-07
2007-08
2008-09
Year
Chandigarh
Dadra & Nagar Haveli
Pondicherry

6. over all percentage of HIV sero-rectivity among blood donor showing decreasing trend

a) In high prevalence states, almost all the state is showing decreasing over the period.

b) In NE states Meghalaya is showing increasing trend while Assam is remain same over the period. Other NE states, trend is decreasing.

c) In almost all UTs percentage of HIV sero-rectivity among blood donor trend is decreasing.

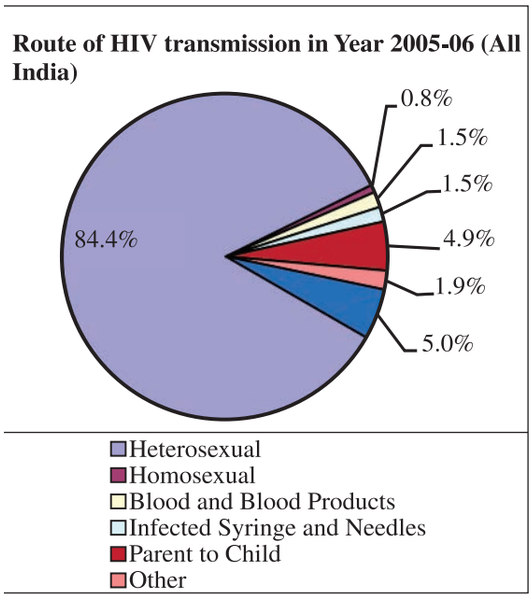
d) In other low prevalence states; except Uttar Pradesh and Orissa; Madhya Pradesh, Uttarakhand, Chhattisgarh, Rajasthan, Bihar and Jharkhand are showing decreasing

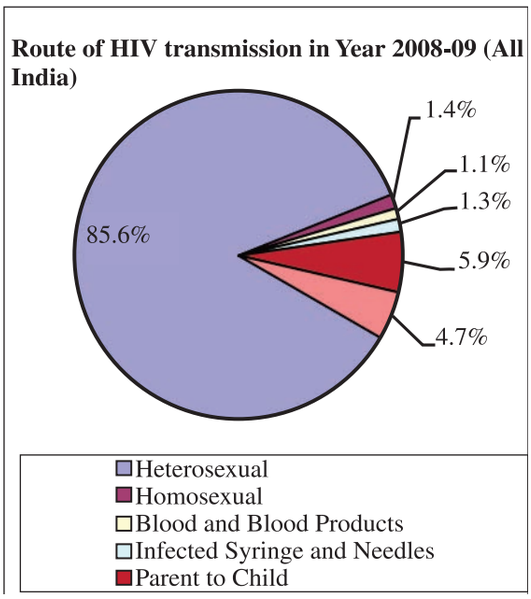
e) In Northern states except Himachal Pradesh; Jammu & Kashmir, Punjab and Haryana trend is showing decreasing trend.

f) In coastal states of Goa and Gujrat is showing increasing trend of HIV sero-reactivity among donor.West Bengal and Kerala is trend is somewhat up and down trend.

Route of HIV transmission

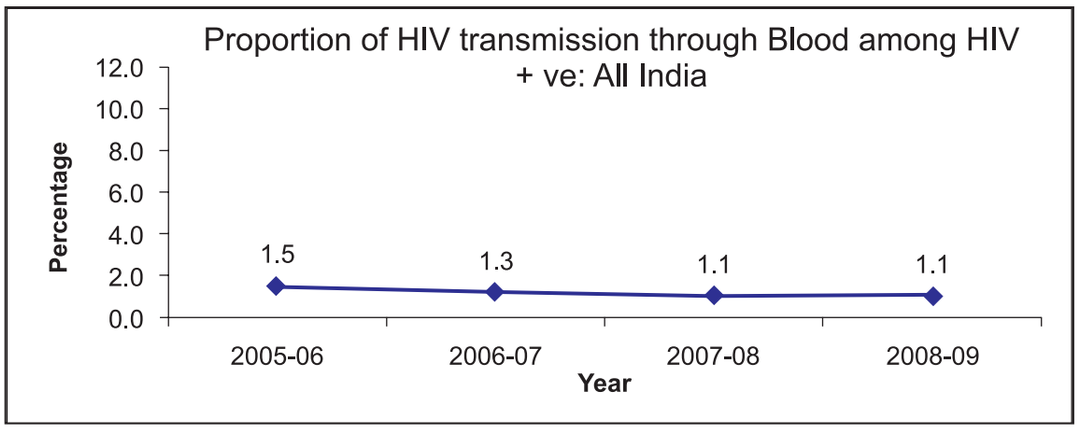
1. All India, route of HIV transmission through hetro sex shows marginal increase from 84.4 percent to 85.6 percent during the period 2005-06 to 2008-09.Through blood and blood products HIV transmission decreases from 1.5 percent to 1.1 percent and through parent to child HIV transmission increases from 4.9 percent to 5.9 percent. Reasons for these changes may be explored at the service delivery level.



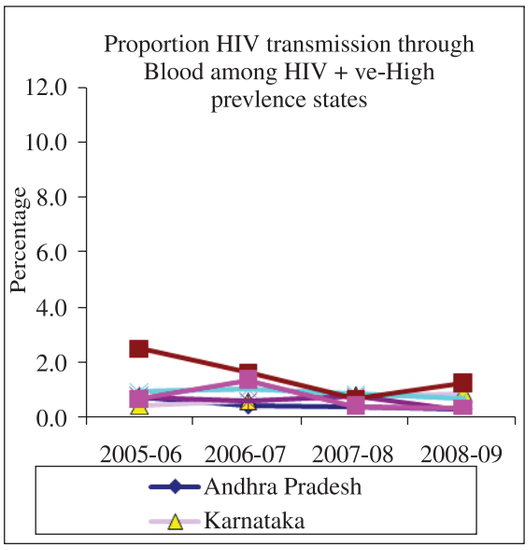


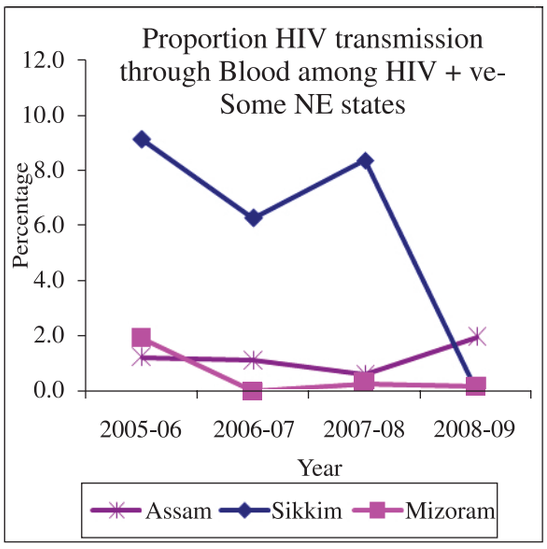
Trend of HIV transmission through Blood among HIV sero-positive

1. The national average percentage of HIV transmission though blood among HIV sero-positive showing liner trend during the years 2005-06 to 2008-09.

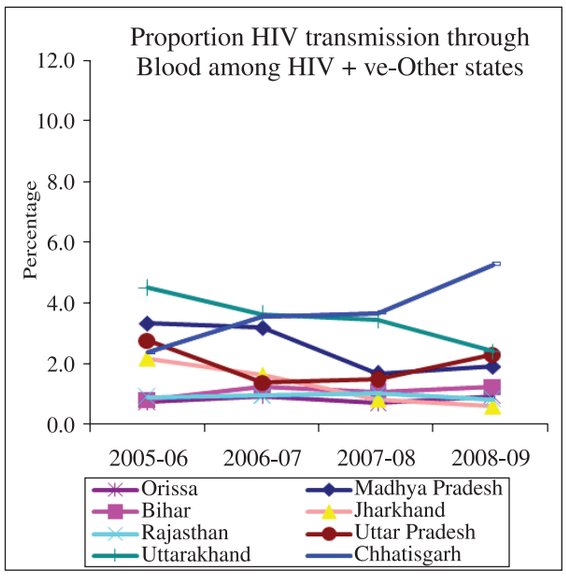


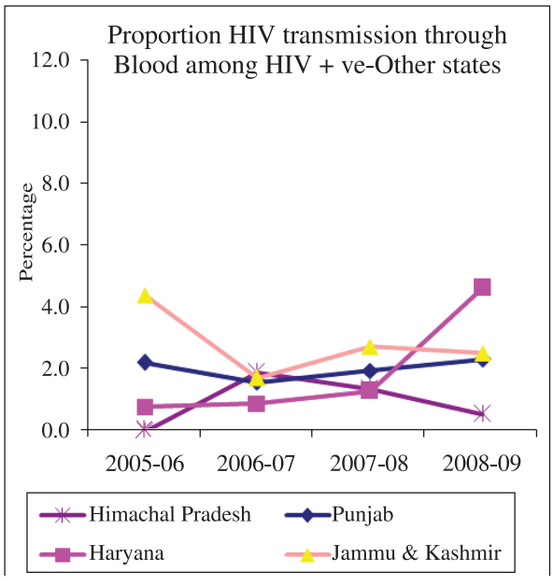
2. HIV transmission through blood among HIV +ve person in high prevalence state is relatively low in comparison to national average.trend is almost linear except Manipur and Nagaland .In North Eastern(NE)states Sikkim is showing very high figure over the period. Other NE states has comparatively less than two percent of HIV transmission from blood

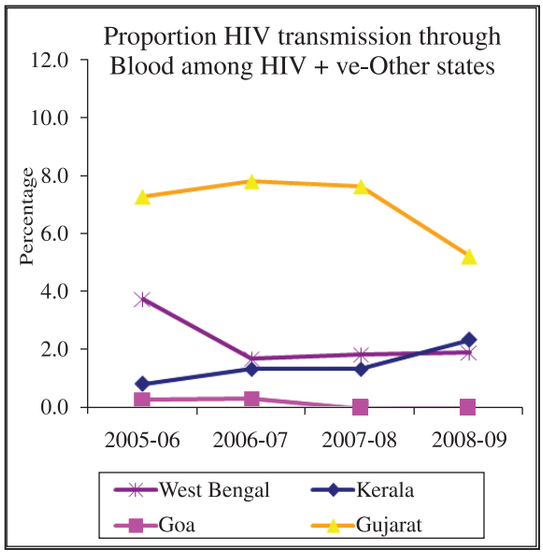


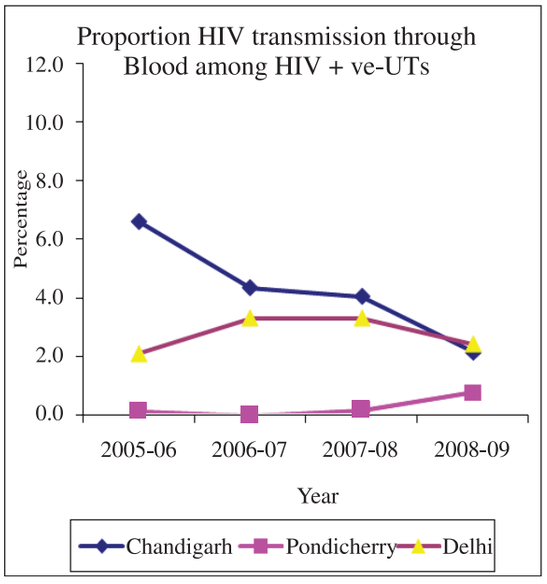


3. HIV transmission through blood among HIV +ve person in UTs ;Chandigarh showing decreasing trend but had very high percentage of HIV transmission from blood. Puducherry and Delhi showing increasing trend but it is relatively low percentage of transmission from blood.
4. In other low prevalence state; Bihar and Chhattisgarh showing increasing trend of HIV transmission through blood among HIV+ve person. Madhya Pradesh, Jharkhand and Uttarakhand is showing decreasing trend over the period. Orissa and Rajasthan shows liner trend with low percentage of HIV transmission from blood
5. In Northern state of Haryana showing increasing trend and Jammu & Kashmir is showing decreasing trend but Punjab and Himachal Pradesh trend is not clear showing up and down over the period.
6. In the costal state; Gujrat and West Bengal showing decreasing trend but had very percentage of HIV transmission from blood among HIV +ve person.



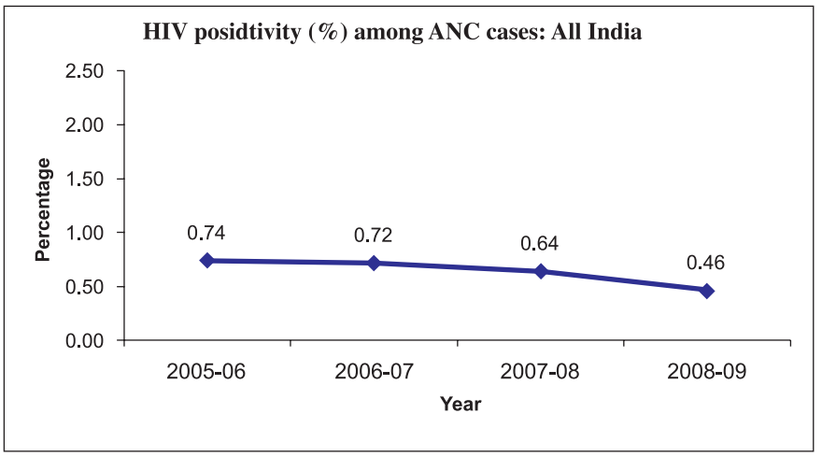




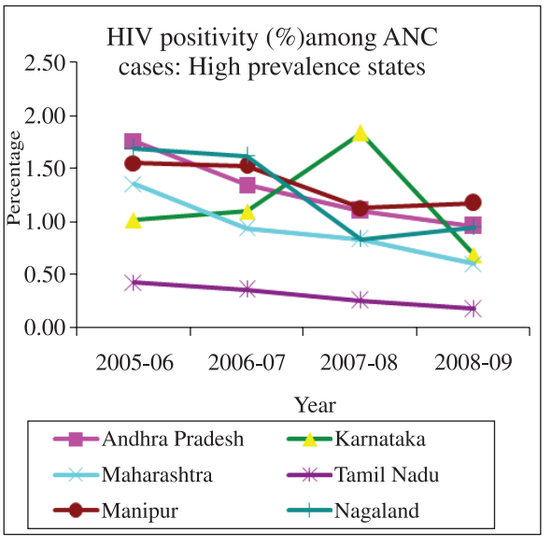


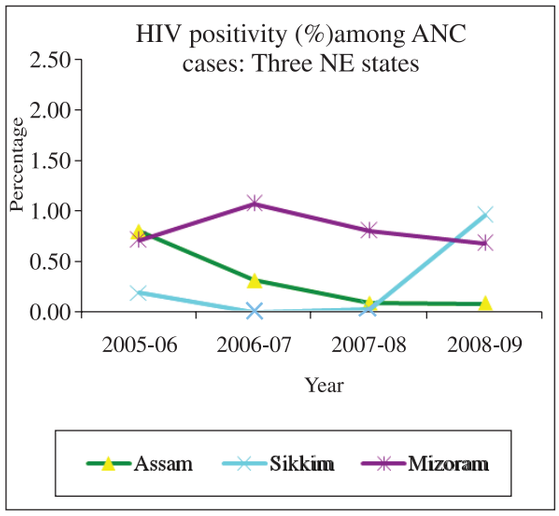
Trend of HIV positivity among ANC cases

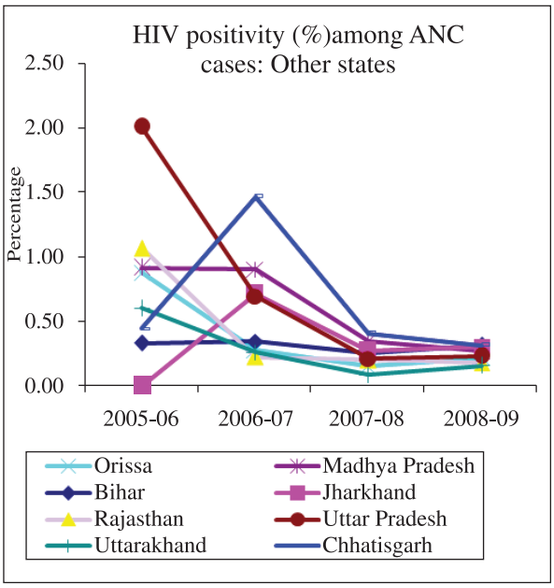
1. All India level; HIV positivity percentage among ANC cases is showing decreasing trend.

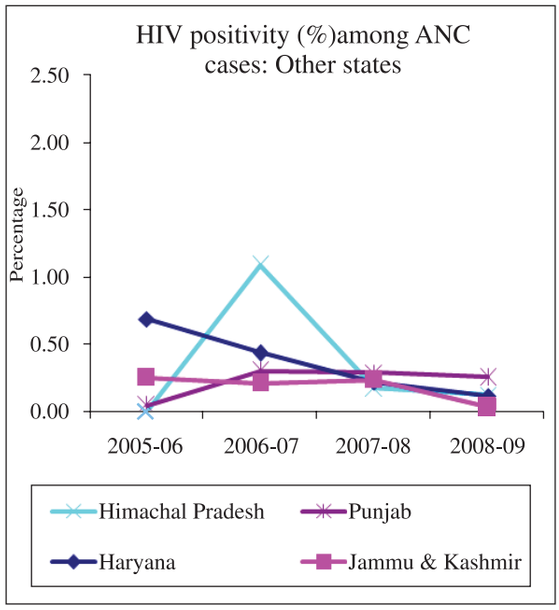


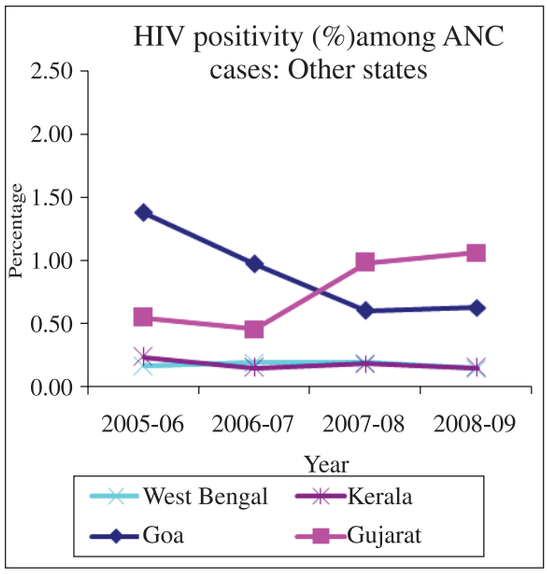
2. In almost all high prevalence state decreasing trend is shown related to HIV positivity among ANC cases. In North Eastern (NE) state Assam, Mizoram and Sikkim had relatively low level of HIV positivity among ANC cases.
3. Inother state ;Orissa, Uttar Pradesh, Uttarakhand, Madhya Pradesh, Chhattisgarh, Bihar ,Jharkhand, and Rajasthan trend is rather up-down and then liner .
4. In Northern state Haryana is showing decreasing trend of HIV positivity percentage among ANC cases.
5. In costal state Gujarat is showing increasing trend over the period.
6. In UTs trend is linear with relatively very low percentage of HIV positivity among ANC cases.

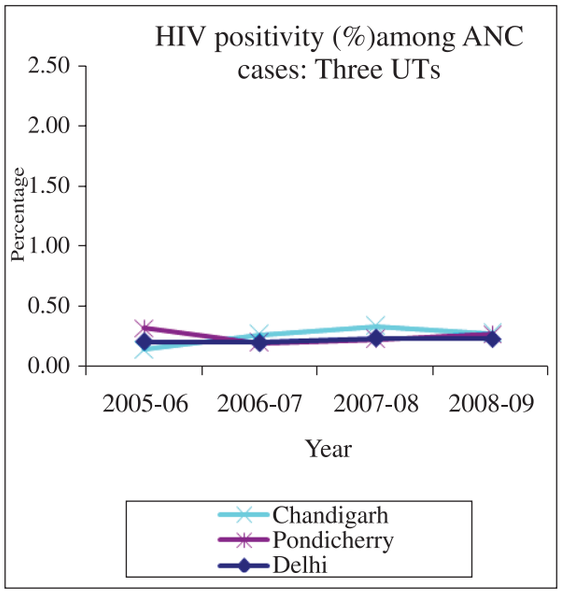






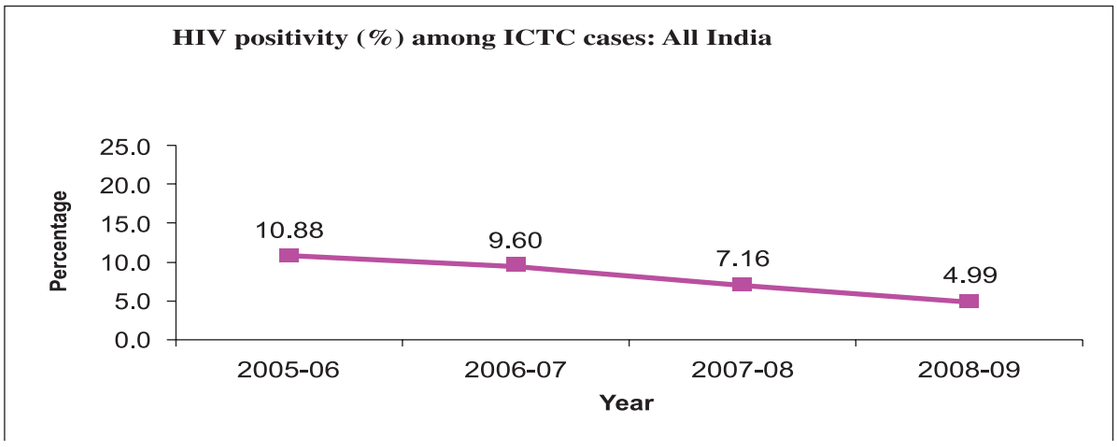






Trend of HIV positivity among ICTC cases (General clients)

1. All India level HIV positivity among ICTC cases is showing downward trend over the period from 2005-06 to 2008-09.



2. Similar to National trend almost all the state of India is showing downward trend with regard to HIV positivity among ICTC cases over the period from 2005-06 to 2008-09.

Trends of ratio of Urethral Discharge (UD) syndrome to Genital Ulcer Disease Non Herpetic (GUD-ND) syndrome among males from 2005-06 to 2008-09

What is this indicator about

- STIs in men are more significant and specific of true STIs in comparison to women.
- Regular tracking of STI syndromes throws light towards transmission dynamics and sexual behaviour patterns of community of the region under study. They provide information on areas where attention is needed and the result of our prevention efforts.
- This indicator signifies transmission trends of curable bacterial STI syndrome among males.

- The UD syndrome is the shortest incubating syndrome (3 to 6 days) among males and strongly specifies STI as well unprotected sex with an infected partner.
    - The common causes of this syndrome are – Gonococci & Chlamydia
- The GUD-NH syndrome in males can have varying incubation period ranging from 3 to 90 days; as well strongly correlates with STI and past unprotected sexual encounter.
    - The common causes of this syndrome are – Syphilis, Chancroid, GV
- The ratio between GUD-NH and UD syndrome among males is a reliable indicator of recent transmission of STIs in the region, and of condom usage among males and STI coverage of core group through targeted intervention projects in the region.
- Hence study of trends of this indicator, throws insight to STI control status of the region.

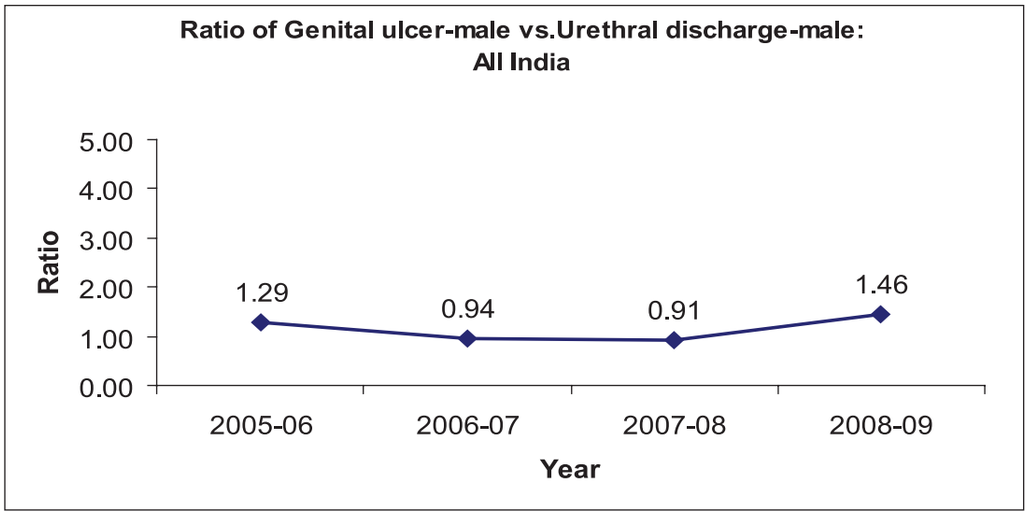
How to interpret this indicator

- The value of the indicator can be less than 1 ; equal to 1, or more than 1.
- When the value of indicator is less than 1 :
    - Genital Ulcer Diseases Non Herpetic is more than Urethral Discharge syndrome among the male attendees of STI clinics.
    - Possible reasons for this type of scenario are –
        - Active private sector
        - Self treatment
        - Low levels of gonococcal and chlaymdeial infectious pool among the core group.
        - Latent genital ulcers among the core group
        - Low levels of syphilis screening and treatment
        - Condom usage rates at or about 50%
- When the value of indicator is more than 1 :
    - Genital Ulcer Diseases Non Herpetic is less than Urethral Discharge syndrome among the male attendees of STI clinics.
    - Possible reasons for this type of scenario are –
        - Untrained private sector – different regimens of treatment
        - Prevalence of Drug resistant gonococcal strains
        - Poor diagnosis
        - High levels of gonococcal and chlaymdeial infectious pool among the core group.
        - High levels of in- migration in the area
        - Low levels of syphilis, Chancroid, GV in core groups, due to may be long standing intervention in the area.
        - Condom usage rates could be less than 50%.
- When the value of indicator is equal to 1 :
    - Prevalence of Genital Ulcer Diseases Non Herpetic is equal to that of Urethral Discharge syndrome among the male attendees of STI clinics.

- Possible reasons for this type of scenario are –
  - Stabilising trends and situation
  - Active private sector
  - Wide spread usage of antibiotics
  - Low levels of syphilis, Chancroid, GV, gonococci and chlymedia in core groups, due to may be long standing intervention in the area.
  - Correct and consistent Condom usage rates could be more than 60%.

Trends of the indicator

1. Trends of the national average is showing a non declining pattern during the years 2005-06 to 2008-09; with marginal dips during 2006-07 and 2007-08.



2. In 2005 -06 ; the national average ratio was 1.3 and Bihar; Delhi; Haryana; HP; J&K; Karnataka; MP; Manipur; Meghalaya; Manipur; Mumbai; Nagaland; Rajasthan; Tamil Nadu; and UP states recorded ratio greater than 1.

   a. The ratio was greater than national average of 1.3 in Bihar; Delhi; Haryana; HP; J&K; MP; Manipur; Meghalaya; Manipur; Mumbai; Nagaland; Tamil Nadu; and UP.

   b. The ratio was less than national average but more than 1 at Karnataka and Rajasthan.

   c. The ratio was highest at MP – 4.23 followed by Haryana 3.55 and Mizoram 2.82

   d. The ratio was about 0.25 at Tripura, Puducherry , Chandigarh and Jharkhand

3. In 2006-07; the national average is 0.94 and Arunachal Pradesh; Assam; Bihar; Delhi; Goa; Haryana; J&K; Karnataka; Mizoram; Mumbai; Punjab; TN and UP states recorded ratio greater than 1.

   a. The ratio was greater than national average of 0.9 in Arunachal Pradesh; Assam; Bihar; Delhi; Goa; Haryana; J&K; Karnataka; MP; Meghalaya; Mizoram; Mumbai; Punjab; Tamil

Nadu; and UP.

b. The ratio was highest at Haryana 5.52 and J & K 3.46

c. The ratio was about 0.32 at Chandigarh and 0.14 at Puducherry.

4. In 2007-08; the national average is 0.91 and Arunachal Pradesh; Bihar; Delhi; Haryana; J&K; Jharkhand; Meghalaya; Mizoram; Mumbai; Punjab; Sikkim; TN and UP states recorded ratio greater than 1.

   a. The ratio was greater than national average of 0.9 in Arunachal Pradesh; Bihar; Delhi; Haryana; J&K; Jharkhand; Manipur; Meghalaya; Mizoram; Mumbai; Punjab; Sikkim; TN and UP states

   b. The ratio was highest at J & K 4.33 and Haryana 4.17

   c. The ratio was about 0.20 at Chandigarh and 0.14 at Puducherry and Nagaland 0.11

5. In 2008-09; the national average is 1.46 and Andhra Pradesh; Arunachal Pradesh; Assam; Bihar; Chandigarh; Delhi; Goa; Gujarat; HP; J&K; Karnataka; Jharkhand; MP; Meghalaya; Mizoram; Mumbai; Puducherry; Punjab; Sikkim; Tripura; Uttaranchal; TN; UP and WB states recorded ratio greater than 1.

   a. The ratio was greater than national average of 1.46 in Arunachal Pradesh; Gujarat; Jharkhand; Mumbai; Puducherry; Sikkim; and Tripura states

   b. The ratio was highest at TN 16.0 and Gujarat 8.07

   c. The ratio could not be generated due to data incoherence at J & K and Chhattisgarh.

6. The trends of ratio was constantly above 1 at **Bihar; Delhi; Mizoram; Mumbai; and UP** states

7. The trend is progressively increasing at Arunachal Pradesh and Delhi states.

8. AP; Arunachal Pradesh; J & K; Jharkhand; Punjab; Mumbai; Sikkim; Uttaranchal; and WB states showing an increasing trends

9. Ahmadabad; Mizoram; Manipur; Nagaland; Rajasthan; showing a declining trends

10. Assam, Bihar, Goa; MP; Meghalaya; Mumbai; Puducherry and Tripura states data is showing oscillating pattern with alternate peaks and slopes, may mean poor quality data reporting.

Note

- STI trends can give meaningful information and programmatic directions when STI data of core group; bridge population and general population from the same region are available.
- In the absence of the additional information, definitive conclusions may not be drawn from data of general population alone.
- The STI data relating to Males closely mimics bridge population trends.
- The data is from designated STI clinics supported by NACO; facility based. Hence prone for

many bias especially not representative of universe. This limits the application of the data to larger population. Nevertheless; the trends reduce the bias levels and gives us broad directional support.

- It is proposed that for data interpretation, it may be limited to data coming from STI clinics attached to teaching hospitals, which are about 200 in number, as the quality of data could be better in view of trained and qualified providers availability.

Conclusions

The CMIS Bulletin aims to promote use of information by the project directors and programme managers of each component at National and State level for programme management, strategy refinement and pritorizing programmatic decisions for all components of National AIDS Control Programme. The performance for the period April, 2008 to March, 2009 shows that that there is need to improve the percentage of voluntary blood collection, PPTCT services to pregnant women, Genderwise accessibility of services for pre and post test counselling, General client referred-in and referred-out (HIV positive) from different service providers and TB-HIV cross referral. There is also need to improve the performance of NGO-TI STD clinics and condom counseling.

Better monitoring mechanism for drug adherence at ART centres needs to be established. Referral linkages among NGO-TI, STD clinics need to improve with ICTC and in turn with ART Centre. The state-wise differences in indicators and trend in positivity pose challenges for further information, investigation and analysis.

Reporting percentages from many states is very low. There is need to improve the reporting both qualitatively and quantitatively and more importantly use it for performance improvement.

Strengthening of linkages with the National Rural Health Mission will help, achieve the targets of universal access for prevention, care and support services.

Capacity building is in-built in national M&E plan. Accordingly, regular sessions for M&E and Programme staff are undertaken. There is focus on quality of data which needs improvement, Impressive gains have been made in Anti-Retroviral Therapy services, up scaling of Integrated Counseling & Testing Centres and identifying People Living with HIV/AIDS. There is significant scale-up of Targeted Interventions, Condom distribution has increased. More emphasis needed on quality in areas with high HIV prevalence and high vulnerability. All in all we can conclude that programme is the moving in right direction. With determined and concerted efforts supported by strategies, based on evidence which actively involve relevant stakeholders, we will be able to achieve the goals and objectives of NACP-III.

Annex: 1

State-wise details of Blood Collection

States	Number of Blood Banks Reported	Annual Blood Collection	Average Total units collected per blood bank
All India	**2,177**	**6,521,363**	**2,996**
Ahmedabad MACS	9	52,392	5,821
A & N Islands	2	5,517	2,759
Andhra Pradesh	179	637,219	3,560
Arunachal Pradesh	3	2,830	943
Assam	60	100,019	1,667
Bihar	57	72,652	1,275
Chandigarh	4	74,266	18,567
Chennai MACS	31	152,623	4,923
Chhatisgarh	15	30,726	2,048
Dadra & Nagar Haveli	1	3,982	3,982
Daman & Diu	1	941	941
Delhi	50	368,512	7,370
Goa	8	12,885	1,611
Gujarat	151	602,695	3,991
Haryana	56	159,621	2,850
Himachal Pradesh	17	12,720	748
Jammu & Kashmir	21	50,374	2,399
Jharkhand	34	101,184	2,976
Karnataka	163	409,490	2,512
Kerala	141	291,183	2,065
Madhya Pradesh	101	182,741	1,809
Maharashtra	230	564,671	2,455
Manipur	3	17,708	5,903
Meghalaya	6	6,038	1,006
Mizoram	9	17,949	1,994
Mumbai MACS	54	178,217	3,300
Nagaland	8	4,569	571
Orissa	57	120,872	2,121
Puducherry	11	20,704	1,882
Punjab	93	295,566	3,178
Rajasthan	76	375,500	4,941
Sikkim	3	2,465	822
Tamil Nadu	245	531,776	2,171
Tripura	6	24,484	4,081
Uttar Pradesh	147	296,008	2,014
Uttarakhand	23	56,612	2,461
West Bengal	102	683,652	6,702

Annex: 2

Sero-reactivity reported by state on five TTI marker during April, 2008 to March, 2009

State	HIV	Hepatitis-B	Hepatitis-C	VDRL	Malaria
All India	**0.3**	**1.2**	**0.4**	**0.3**	**0.0**
Ahmedabad MACS	0.2	0.9	0.3	0.6	0
A & N Islands	0	1.3	0.1	0.7	0
Andhra Pradesh	0.3	1.6	0.3	0.2	0
Arunachal Pradesh	0.1	1.6	0.6	1.8	0.2
Assam	0.1	0.6	0.4	0.4	0.1
Bihar	0.2	1.1	0.2	0.1	0.1
Chandigarh	0.2	0.8	0.6	0.1	0
Chennai MACS	0.1	1.3	0.3	0	0
Chhattisgarh	0.3	1.2	0.3	0.4	0
Dadra & Nagar Haveli	0.2	2.3	0.1	0.1	0
Daman & Diu	0.1	2.1	0.1	0.7	0
Delhi	0.3	1.3	0.7	0.5	0
Goa	0.4	0.8	0.5	0.1	0
Gujarat	0.2	0.8	0.2	0.3	0
Haryana	0.2	1.1	0.7	0.3	0.1
Himachal Pradesh	0.3	0.9	0.4	0.1	0.1
Jammu & Kashmir	0.1	0.8	0.2	0	0
Jharkhand	0.1	0.8	0.1	0.1	0.4
Karnataka	0.3	1.1	0.2	0.1	0
Kerala	0.1	0.5	0.3	0.1	0
Madhya Pradesh	0.1	1.3	0.1	0.3	0
Maharashtra	0.5	1.6	0.4	0.2	0
Manipur	0.3	0.4	1.3	0.3	0
Meghalaya	0.3	0.9	0.5	0.4	0.2
Mizoram	0.3	1.3	1.7	0.1	0
Mumbai MACS	0.5	1.6	0.8	0.3	0
Nagaland	0.4	0.6	1.2	1.2	0.9
Orissa	0.2	0.5	0.1	0.1	0.1
Puducherry	0.1	2.1	0.1	0.1	0
Punjab	0.2	0.8	1.3	0.5	0
Rajasthan	0.2	1.6	0.2	0.4	0
Sikkim	0.2	0.2	0.5	0.2	0
Tamil Nadu	0.1	0.9	0.2	0.1	0
Tripura	0.1	1.8	0.5	0.2	0
Uttar Pradesh	0.2	0.8	0.3	0.1	0
Uttarakhand	0.1	0.8	0.5	0.2	0
West Bengal	0.5	1.6	0.5	0.7	0

Annex: 3

Table 3.3: Percentage of ANC cases Pre counseled, tested for HIV and receiving post test counseling among all registered ANC cases at ICTC (PPTCT) for the period April,08-March,09

States	ANC registration	Pre test	% of ANC counseled among registered	New ANC accepted HIV testing	% Accepted HIV test out of pre test counseled
Ahmadabad MACS	15,462	12,778	83	12,728	99.6
A & N Islands	6,124	5,757	94	5,757	100.0
Andhra Pradesh	6,22,959	6,02,444	97	5,84,479	97.0
Arunachal Pradesh	7,959	7,557	95	6,811	90.1
Assam	99,078	80,518	81	71,844	89.2
Bihar	2,82,677	1,01,978	36	70,788	69.4
Chandigarh	22,317	20,618	92	20,480	99.3
Chennai MACS	47,475	51,763	109	47,875	92.5
Chhattisgarh	53,654	29,315	55	27,132	92.6
D& N Haveli	6,729	6,341	94	4,855	76.6
Daman & Diu	1,822	1,822	100	1,822	100.0
Delhi	2,47,054	1,36,357	55	1,30,409	95.6
Goa	12,566	11,256	90	11,196	99.5
Gujarat	2,57,860	2,24,281	87	2,15,610	96.1
Haryana	84,878	63,004	74	59,530	94.5
Himachal Pradesh	20,738	17,530	85	16,846	96.1
Jammu & Kashmir	1,45,273	27,345	19	26,308	96.2
Jharkhand	38,265	27,314	71	24,349	89.1
Karnataka	5,06,236	5,12,183	101	4,97,469	97.1
Kerala	1,03,442	95,639	92	94,679	99.0
Madhya Pradesh	1,98,337	75,940	38	61,293	80.7
Maharashtra	8,63,163	8,35,357	97	7,83,299	93.8
Manipur	27,918	23,620	85	22,060	93.4
Meghalaya	9,570	2,504	26	1,732	69.2
Mizoram	16,647	13,110	79	13,077	99.7
Mumbai MACS	1,10,864	1,02,903	93	97,952	95.2
Nagaland	14,430	13,086	91	12,691	97.0
Orissa	2,31,822	1,41,842	61	1,04,121	73.4
Puducherry	42,477	10,180	24	9,529	93.6
Punjab	88,666	66,738	75	65,542	98.2
Rajasthan	2,98,617	1,64,284	55	1,28,592	78.3
Sikkim	5,659	5,540	98	5,541	100.0
Tamil Nadu	996,233	991,173	99	972,876	98.2
Tripura	651	521	80	516	99.0
Uttar Pradesh	3,67,806	2,59,798	71	1,94,288	74.8
Uttarakhand	58,730	28,165	48	26,309	93.4
West Bengal	3,43,823	2,39,922	70	2,05,122	85.5
All India	**62,57,981**	**50,10,483**	**80**	**46,35,507**	**92.5**

Annex: 4a

New registration of HRG population during April,08-March,09

State	Female Sex Worker (FSW)		Men having sex with men (MSM)		Injecting Drug Users (IDU)	
	Contacts by Peers	Contacts by ORW	Contacts by Peers	Contacts by ORW	Contacts by Peers	Contacts by ORW
Ahmedabad MACS	21	10	3	3	0	0
Andhra Pradesh	29,647	15,066	3,837	4,331	163	245
Arunachal Pradesh	1,997	2,072	0	0	1,314	1,064
Assam	8,583	6,551	678	405	1,373	687
Bihar	10,550	10,467	1,538	1,277	1,902	1,806
Chandigarh	745	1,175	1,121	479	109	138
Chhattisgarh						
Dadra & Nagar Haveli						
Delhi	11,142	13,488	3,917	4,372	3,466	4,375
Goa	2,511	1,332	1,466	584	183	268
Gujarat	8,025	3,548	12,402	5,633	201	523
Haryana	4,202	4,849	1,501	1,991	633	752
Himachal Pradesh						
Jammu & Kashmir	853	880	13	28	76	77
Jharkhand	8,228	10,336	1,609	1,385	380	193
Karnataka	15,984	9,207	4,263	4,083	3	653
Kerala	2,651	2,276	6,487	4,316	277	566
Madhya Pradesh	22,872	12,973	1,125	1,652	0	0
Maharashtra	2,288	2,490	2,162	2,130	167	24
Manipur	110	193	47	47	944	1,514
Meghalaya	290	152	4	30	383	349
Mizoram	698	714	30	63	9,511	8,525
Mumbai MACS	7,659	4,461	5,809	6,280	608	422
Nagaland	408	628	15	25	2,499	2,771
Orissa	2,986	1,347	776	432	157	169
Puducherry						
Punjab	3,719	4,955	583	733	4,031	2,639
Rajasthan	16,954	18,082	394	327	88	138
Sikkim	448	327	25	20	1,918	658
Tamil Nadu	1,413	2,224	643	919	102	96
Tripura	4,078	4,143	336	463	489	461
Uttar Pradesh	17,686	16,048	10,875	8,464	7,622	7,528
Uttarakhand	2,738	806	389	205	419	222
West Bengal	30,785	45,578	11,036	6,650	10,724	4,213
All India	**2,20,271**	**196,378**	**73,084**	**57,327**	**49,742**	**41,076**

Annex: 4b

New registration of Bridge population during April,08-March,09

State	Truckers		Migrants	
	Contacts by Peers	Contacts by ORW	Contacts by Peers	Contacts by ORW
Ahmedabad MACS	0	0	869	26,925
Andhra Pradesh	14	82	5,515	11,217
Arunachal Pradesh	0	0	40	17,565
Assam	3,704	4,719	3,456	16,045
Bihar	5,334	24,290	147	2,223
Chandigarh	0	0	138	15,220
Chhattisgarh				
Dadra & Nagar Haveli	0	5,191	0	12,549
Delhi	0	0	16,449	29,714
Goa	1,820	2,156	2,284	14,379
Gujarat	377	7,838	17,038	62,214
Haryana	99	103	12,065	32,720
Himachal Pradesh				
Jammu & Kashmir				
Jharkhand	7	18	5	60
Karnataka	664	744	5,498	24,553
Kerala	1	15	0	572
Madhya Pradesh	0	0	0	0
Maharashtra	0	0	4,251	28,831
Manipur	140	255	0	601
Meghalaya	387	801	70	1,134
Mizoram	1,022	7,848	11,122	30,176
Mumbai MACS	115	53	1,292	4,142
Nagaland	1,489	3,404	15	37
Orissa	0	0	576	5,338
Puducherry				
Punjab	9	134	5	13,758
Rajasthan	0	211	0	205
Sikkim	246	130	388	4,249
Tamil Nadu	5,317	6,212	818	3,810
Tripura	1,606	2,892	11,644	51,800
Uttar Pradesh	11	70	42	224
Uttarakhand				
West Bengal	96,928	2,11,022	41,331	72,461
All India	**1,19,290**	**2,78,188**	**1,35,058**	**4,82,722**

Annex: 5

State wise distribution of total Number of condom to HRG and outlets during the period April,2008 to March,2009

State	FSW	MSM	IDU	Truckers	Migrants	Clients of SW	Distribution through outlets	Total Condom distributed
Ahmedabad MACS	6,31,630	213,358	0	4,550	1,415,768	0	317,251	2,582,557
Andhra Pradesh	26,847,336	8,245,774	13,395	0	362,445	77,087	6,170,997	41,717,034
Arunachal Pradesh	1,79,405	250	78,228	1,616	44,205	3,493	97,774	404,971
Assam	1,077,636	31,455	33,774	14,663	33,944	93,640	654,269	1,939,381
Bihar	2,323,770	503,287	288,502	651,527	248,357	164,915	1,600,430	5,780,788
Chandigarh	2,79,517	177,760	47,255	50	45,645	23,900	345,973	920,100
Chhattisgarh	0	0	0	0	0	0	0	0
Dadra & Nagar Haveli	0	0	0	52,807	97,102	0	167,957	317,866
Delhi	5,656,040	1,151,591	201,417	6,887	179,222	190,804	1,360,061	8,746,022
Goa	2,07,999	95,057	8,195	18,723	62,592	54,083	596,784	1,043,433
Gujarat	6,909,897	4,834,078	20,287	5,804	1,358,169	80,327	4,503,220	17,711,782
Haryana	4,87,041	95,534	7,438	12,546	209,552	22,499	367,433	1,202,043
Himachal Pradesh	0	0	0	0	0	0	0	0
Jammu & Kashmir	19,165	200	2,100	1,740	200	10,187	29,424	63,016
Jharkhand	780,571	46,725	8,389	33,757	12,347	38,562	297,697	1,218,048
Karnataka	35,180,300	1,257,380	24,647	77,262	110,582	204,004	16,612,191	53,466,366
Kerala	1,636,806	1,285,018	14,692	0	4,170	24,042	613,223	3,577,951
Madhya Pradesh	1,525,572	223,611	0	0	0	3,476	652,737	2,405,396
Maharashtra	1,851,366	6,90,388	20,683	10,300	97,656	5,222	490,558	3,166,173

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State wise distribution of total Number of condom to HRG and outlets during the period April,2008 to March,2009								
State	**FSW**	**MSM**	**IDU**	**Truckers**	**Migrants**	**Clients of SW**	**Distribution through outlets**	**Total Condom distributed**
Manipur	1,49,678	24,439	328,111	25,318	24,124	5,201	127,982	684,853
Meghalaya	5,939	120	1,765	29,100	21,945	24,987	386,740	470,596
Mizoram	164,114	36,829	806,211	21,098	343,957	8,447	511,800	1,892,456
Mumbai MACS	2,290,563	1,169,426	9,890	0	22,833	25,565	520,947	4,039,224
Nagaland	681,592	62,609	701,500	13,356	2,923	48,181	367,722	1,877,883
Orissa	229,799	138,233	7,486	8,039	8,468	41,471	140,127	573,623
Puducherry	0	0	0	0	0	0	0	0
Punjab	754,400	142,293	116,859	28,110	35,191	40,054	734,790	1,851,697
Rajasthan	1,958,732	36,056	7,514	29,634	20,888	69,944	841,144	2,963,912
Sikkim	8,453	0	18,779	10,680	3,795	703	820	43,230
Tamil Nadu	262,032	148,307	19,974	30,626	49,129	0	34,962	545,030
Tripura	335,634	24,430	9,358	12,660	138,453	58,649	102,533	681,717
Uttar Pradesh	6,189,637	1,925,761	1,603,206	48,182	41,155	311,047	4,908,385	15,027,373
Uttarakhand	233,771	31,639	13,202	0	0	0	21,560	300,172
West Bengal	9,940,838	350,992	216,268	1,214,143	329,321	504,498	2,531,258	15,087,318
All India	**108,799,233**	**22,942,600**	**4,629,125**	**2,363,178**	**5,324,138**	**2,134,988**	**46,108,749**	**192,302,011**

Annex: 6

State-wise distribution of registrations in HIV Care at ART Centres till March,2009

State Name	Male (Adult)	Female (Adult)	TG (Adult)	Total (Adult)	Percent Female (Adult)	Male (Pediatric)	Female (Pediatric)	Total (Pediatric)	Percent Female (Pediatric)
Tamil Nadu(27)	54,523	46,034	353	100,910	46	3,631	3,106	6,737	46.1
Maharashtra(37)	75,940	57,966	197	134,103	43	6,889	4,760	11,649	40.9
Andhra Pradesh(28)	86,094	72,979	115	159,188	46	6,112	5,091	11,203	45.4
Karnataka(27)	38,155	33,413	57	71,625	47	3,880	2,947	6,827	43.2
Manipur(6)	6,050	4,210	39	10,299	41	941	793	1,734	45.7
Nagaland(4)	1,800	1,799	0	3,599	50	159	198	357	55.5
Delhi(9)	11,677	5,613	190	17,480	32	935	413	1,348	30.6
Chandigarh(1)	2,123	1,244	6	3,373	37	214	139	353	39.4
Rajasthan(4)	7,484	4,822	9	12,315	39	608	352	960	36.7
Gujarat(9)	14,942	8,156	78	23,215	35	1,140	626	1,769	35.4
West Bengal(4)	6,822	3,842	5	10,669	36	284	203	487	41.7
Uttar Pradesh(7)	10,768	6,579	23	17,370	38	816	389	1,205	32.3
Goa(1)	1,647	1,135	1	2,783	41	122	98	220	44.5
Kerala(6)	5,233	3,470	0	8,703	40	289	265	554	47.8
Himachal Pradesh	591	561	0	1,152	49	80	59	139	42.4
Puducherry(1)	542	419	3	964	44	56	44	100	44
Bihar(4)	5,887	3,473	0	9,360	37	386	194	580	33.4
Madhya Pradesh(4)	3,712	2,102	9	5,823	36	285	181	466	38.8
Assam(3)	1,076	500	3	1,579	32	52	40	92	43.5
Arunachal Pradesh(1)	43	21	0	64	33	2	1	3	33.3
Mizoram(1)	735	600	0	1,335	45	39	45	84	53.6
Punjab(3)	4,177	3,144	8	7,329	43	395	227	622	36.5
Sikkim(1)	54	26	0	80	33	1	0	1	0
Jharkhand(2)	1,396	980	2	2,378	41	148	91	239	38.1

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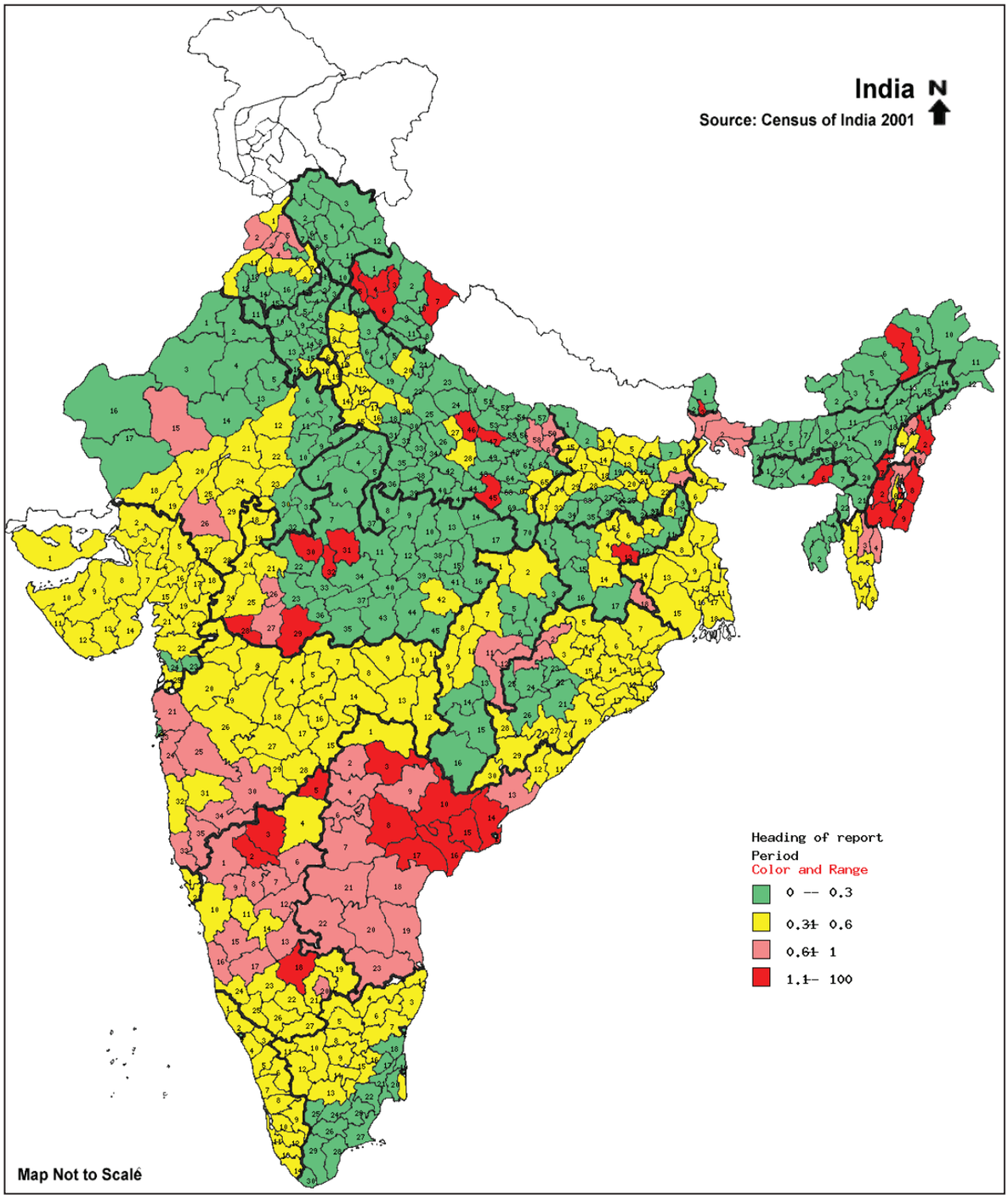
State Name	Male (Adult)	Female (Adult)	TG (Adult)	Total (Adult)	Percent Female (Adult)	Male (Pediatric)	Female (Pediatric)	Total (Pediatric)	Percent Female (Pediatric)
Haryana(1)	2,140	1,400	1	3,541	40	174	96	270	35.6
Uttarakhand(1)	459	310	2	771	40	47	31	78	39.7
J & K(2)	672	321	3	996	32	51	27	78	34.6
Orissa(1)	2,916	1,816	11	4,743	38	237	148	385	38.4
Chhattisgarh(1)	1,416	820	0	2,236	37	101	69	170	40.6
Tripura(1)	95	31	0	126	25	4	2	6	33.3
Meghalaya(1)	61	62	0	123	50	2	3	5	60
All India	**3,49,230**	**2,67,848**	**1,115**	**6,18,232**	**43**	**28,080**	**20,638**	**48,721**	**42.4**

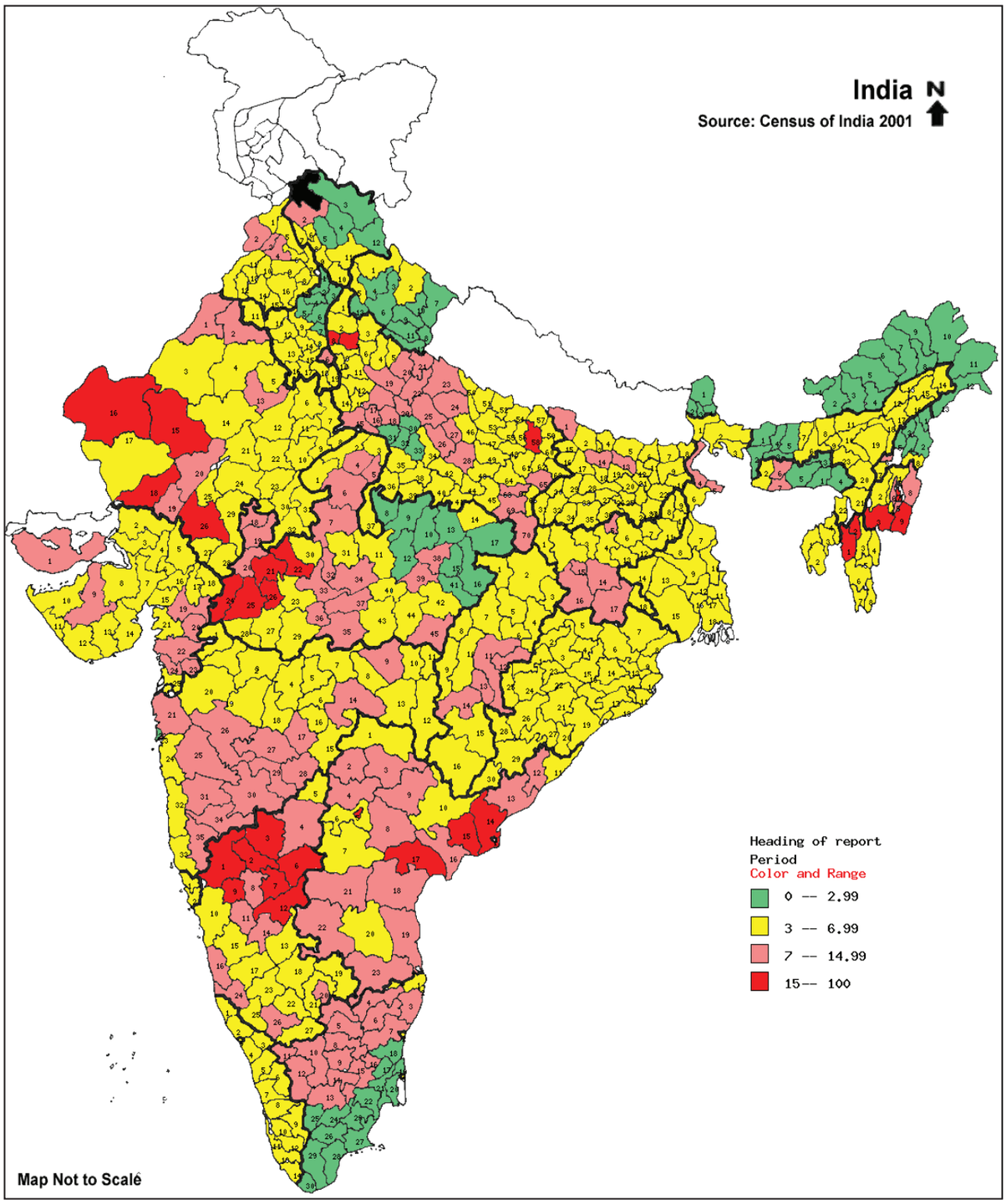
Annex: 7

HIV positivity among clients of PPTCT



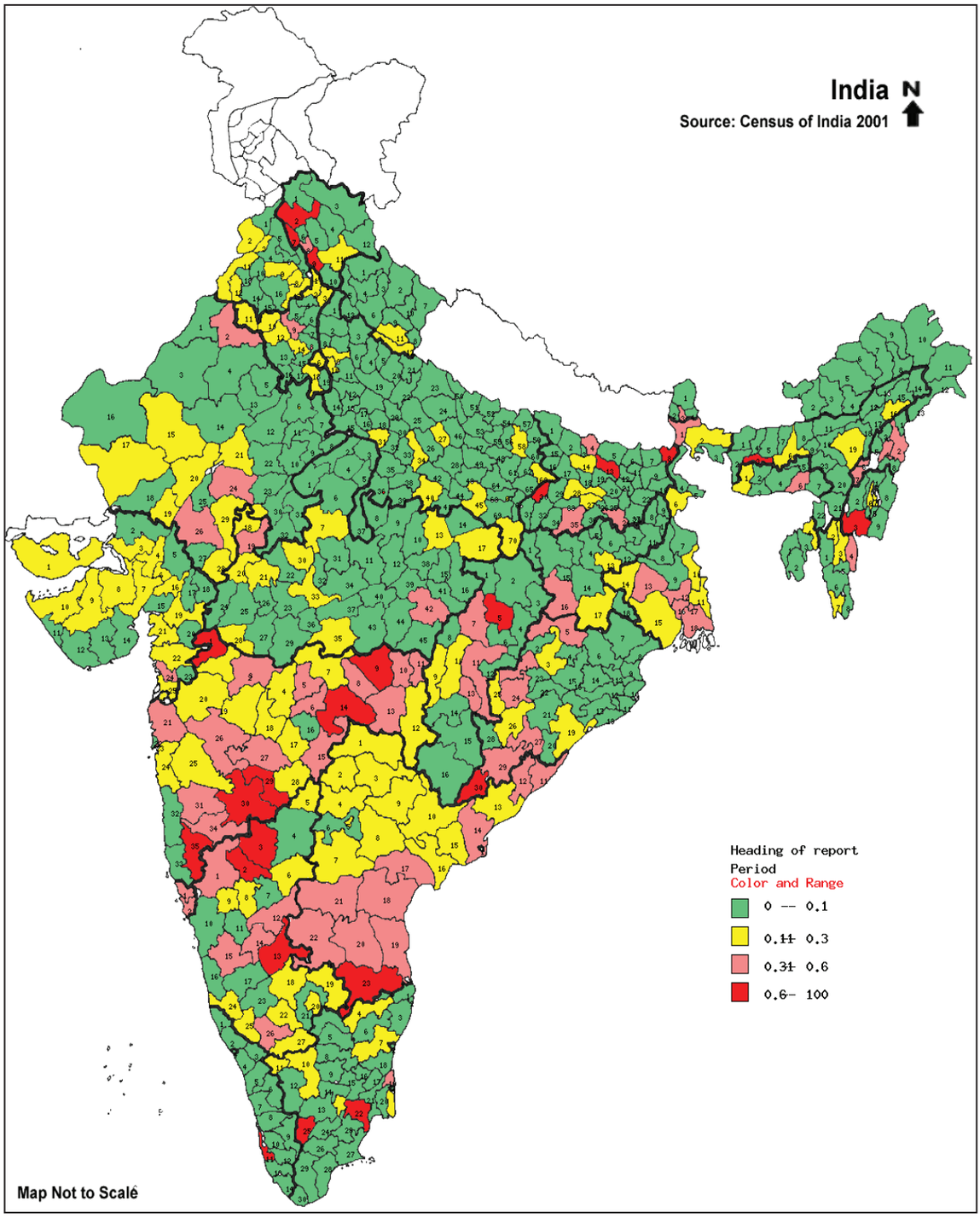
Annex: 8

HIV Positivity among clients of VCTC



Annex: 9

HIV Sero-positivity among the blood donors



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

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

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

The information support for decision making and day-to-day management for making programme results more effective is provided by Computerized Management Information System (CMIS). In all there are 10,649 reporting units which include Blood Banks, Integrated Counseling and Testing Centres, STI/RTI Clinics, ART Centres, NGOs implementing targeted interventions and Community Care Centres, feed into the CMIS during 2008-09. The CMIS Bulletin aims to promote use of information by the project directors and programme managers at National and State levels for programme management, strategy refinement and problem solving.

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