

Analysis of TI program performance – April 2009- March 2010
(Source of Data: CMIS, NACO, data sets from STI and TI CMIS)

I. Introduction:

The National AIDS Control Programme phase III (NACP III) has primarily focused at prevention, mainly by establishing targeted Intervention (TI) among the core high risk groups viz. Female Sex Workers, Male Sex Workers, Injecting drug users' and bridge population comprising of Truckers and Migrants.

The Targeted Intervention program is designed to bring in behaviour change among high risk groups (HRGs) through effective counseling and testing, STI care, condom distribution, needle syringe exchange facilities and linkages with care and support programs such as ART and other health care. This is done with the primary objective of reducing their vulnerability to acquire HIV infection and also prevent transmission of infection to bridge and general population.

II. HIV Prevention Activities:

Targeted interventions (TI) offers a “package” of services through its program implementation for the HRGs. These packages of services are broadly classified as the following components of TI program.

1. Behaviour Change Communication

This component involves understanding and assessment of individual and group practices/behaviour which can pose risk to acquire and transmit HIV infection. Through peer counseling and TI/ ICTC counselors HRGs are counseled to reinforce safe practices and behaviour change by developing context specific strategies.

2. Access to STI services

This component is aimed at improving the access to STI services, as STI (both symptomatic and asymptomatic) pose greater risk for acquiring and transmission of HIV infection. Under NACP-III, the access to STI services is provided through different service outlets i.e. Project owned Clinics, project linked or referral clinics (PPP clinics), out reach clinics or health camps and through Designated STI/RTI Clinics.

3. Provision of commodities to ensure safer practices

TI programmes ensure safe practices by providing choices and options of easy accessibility, availability and acceptability of condom and needles and syringes (these have been defined as commodities). The commodities supplied are through peers, outreach workers and social marketing. For IDUs, there are provisions of Needle, Syringe and OST drugs through free distribution. The provision for Migrant and Truckers TIs is through social marketing mode.

4. Linkages to Care and Support Programme

NACO has experienced that lack of mechanism to strengthen linkage with care and support programme(ICTC, ART, Community Care Centre, RNTCP Programme, Drug Detox Centre) has affected access to these essential services meant to reduce vulnerability. NACO under NACP-III has envisaged building capacity of the counsellors and health care providers at care and support institutions and through them ensuring linkages to various services.

5. Enabling Environment through structural intervention

Under NACP-III, NACO envisaged identification of power structures and their influence on the access and control over resources for sustaining safe behaviour and practices.

6. Community mobilization and Ownership Building

NACO envisaged that engaging Community Based Organisation (CBOs) in programme management by developing their capacity and ownership will lead to increased quality of program. Presently the TIs have been able to provide services through peers representing the community, where the larger community plays a passive role. Experience shows such strategy has not been able to achieve the desired scale and coverage, reduce the violence and discrimination which impede active participation in accessing services optimally.

III.ASSESSMENT OF PERFORMANCE / ACHIEVEMENT FROM APRIL 2009 – MARCH 2010:

1. Coverage of TIs in the program

In 2008, the focus of NACO was to increase the coverage across all the states as per mapping data. As per the NACP III estimates, there were to be 2100 TIs on board by the end of 2011 as part of saturation in coverage. But the midterm review of NACP III recommended that the saturation in coverage need not be based on the number of TIs but on the actual identification of potential areas for saturation in coverage. Based on the identification of areas, it was felt that number of TIs to be established is to be decided at the state level by maximizing the coverage per TI. As a result, most of the SACS have identified the area(s) and scope for a target intervention. As of July 2010, there are 1377 SACS TIs on board across the state (Table 1). In addition donor partner are also funding TIs in 6 states (Andhra Pradesh, Tamil Nadu, Karnataka, Maharashtra, Manipur, Nagaland). There are 224 such TIs on board. In all, there are 1601 functional TIs across the country.

Table 1: Number of Targeted Intervention across the states as of July 2010

SL.	Name of the State	FSW	MSM	IDU	Composite TIs	Migrant	Truckers	Total SACS TIs	Partner TIs	Total TIs in the state
1	Andaman & Nicobar Islands	0	0	0	0	0	0	0		0
2	Andhra Pradesh	31	9	5	3	15	7	70	66	136
3	Arunachal Pradesh	6	0	3	6	6	0	21		21
4	Assam	36	4	9	0	6	3	58		58
5	Bihar	9	1	11	16	0	0	37		37
6	Chandigarh	4	2	2	1	4	0	13		13
7	Chhattisgarh	14	1	3	9	6	0	33		33
8	Dadra & Nagar Haveli					2	1	3		3
9	Daman & Diu					2	1	3		3
10	Delhi	36	17	22	0	7	2	84		84
11	Goa	6	3	2	1	5	2	19		19
12	Gujarat	18	18	3	42	25	8	114		114
13	Haryana	11	5	8	8	9	0	41		41
14	Himachal Pradesh	7	0	2	7	0	7	23		23
15	Jammu & Kashmir	4	1	1	0	0	0	6		6
16	Jharkhand	24	3	2	0	0	2	31		31
17	Karnataka	15	8	2	2	6	1	34	18	52
18	Kerala	19	14	8	8	3	1	53		53
19	Lakshadweep	0	0	0	0	0	0	0		0
20	Madhya Pradesh	24	8	5	26	2	2	67		67
21	Maharashtra	37	7	5	0	31	7	87	64	151
22	Manipur	5	2	42	0	3	2	54	16	70
23	Meghalaya	7		3	0	1	1	12		12
24	Mizoram	2	1	24	0	7	7	41		41
25	Nagaland		2	28	7	1	1	39	13	52
26	Orissa	15	4	7	24	15	2	67		67
27	Pondicherry				1			1		1
28	Punjab	8	2	18	12	4	3	47		47
29	Rajasthan	29	3	3	6	9	5	55		55
30	Sikkim	2		2	0	3	0	7		7
31	Tamil Nadu	21	15	7	0	6	4	53	47	100
32	Tripura	6	0	1	2	9	0	18		18
33	Uttar Pradesh	14	8	16	45	6	7	96		96
34	Uttaranchal	9	1	4	7	6	0	27		27
35	West Bengal	32	4	11	0	7	9	63		63
Total TIs		451	143	259	233	206	85	1377	224	1601

2. Status on TI Reporting:

Prior to September 2008, there was limited mechanism to track the number of reports being received. Hence, reports received in September 2008 have been used as the baseline to track the progress on reporting since then.

In October 2008, an exercise was conducted on TIs reporting through CMIS. The numbers of TIs on board as of September 2008 were 1184 (as SACS funded TIs only were registered in NACO CMIS). Of 1184 TIs, only 32.7% of TIs have reported in the month of September 2008. Secondly the TIs who have reported are from 18 SACS (out of 35 SACS in the country) in the month of September 2008 (Table 2).

Current status is that out of 35 SACS, 33 SACS have ensured to report through CMIS on regular basis. The two SACS who are not reporting (for varied reasons) are – Andaman & Nicobar Island, Lakshadweep (since April 2008).

One of the main challenges experienced was new TIs on board to report through CMIS after three months from their contract agreement signed. The other was consistent reporting by each TI every month.

Hence the priority task at NACO was to ensure all the TIs start reporting regularly through SACS to NACO. As an activity, each month, the TI division at NACO coordinated with the M&E division at NACO and identified the TIs that have not reported. Based on the information given by the M&E division, rigorous follow up with the states on “TIs not reporting” was carried out each month (from January 2009 to December 2009). This was primary task of the NTSU M&E staff stationed at the NACO to do the follow up and ensure reports are received. Towards end of December 2009 and again in the month of June 2010, an analysis on consistent reporting from each TI was carried out. The following was progress made when compared to the reports received in Sept 2008.

Table 2: TI reporting – a comparative status since Sept 2008
(source: TI division, NACO)

Name of the State	Total TIs in Sept '08	% TIs reported in CMIS in Sept '08	Total TIs as July 2010 *	% TIs reported in CMIS consistently in 2009 (Jan-Dec'09)	% TIs reported in CMIS consistently in 2010 (Jan-June 2010).
Chandigarh	14	64.3	13	99.4	100
Dadra & Nagar Haveli	3	66.7	3	50	100
Meghalaya	6	0	12	46.6	100
Mizoram	43	27.9	41	90.6	100
Sikkim	8	62.5	7	100	100
Tamil Nadu	61	0	100	58.2	99.3
Delhi	65	52.3	84	94.1	98.9
Rajasthan	20	10	55	88.9	97.4
Arunachal Pradesh	19	73.7	21	92.1	96.8
Gujarat	109	33	114	93.9	96.4
Goa	16	56.3	19	100	94.7
Uttar Pradesh	96	65.6	96	87.4	94.1
Orissa	44	0	67	77.7	94
Tripura	16	0	18	93.1	93.5
Himachal Pradesh	21	0	23	84.2	91.7
Manipur	57	91.2	70	76.6	90.9
Haryana	32	0	41	91.4	88.7
Assam	59	49.2	58	79.2	88.6
Punjab	25	0	47	72.4	87.9
West Bengal	63	0	63	56.6	86.8
All India	1184	32.7	1601	72.5	85.3
Jharkhand	26	76.9	31	58	84.9
Nagaland	41	92.7	52	84.1	84.6
Andhra Pradesh	66	33.3	136	69.85	82.2
Kerala	42	64.3	53	58.7	81.7
Madhya Pradesh	60	0	67	70.6	79.6
Uttaranchal	4	0	27	47.2	79.2
Chhattisgarh	27	0	33	55.2	77.4
Karnataka	34	35.3	52	55.6	76.9
Jammu & Kashmir	6	0	6	76	64.6
Pondicherry	0	0	1	15	60
Maharashtra	70	1.4	151	53.2	54.6
Daman & Diu	3	0	3	0	16.7
Andaman & Nicobar Islands	0	0	0	0	0
Bihar	28	0	37	40.4	0
Lakshadweep	0	0	0	0	0

* Includes 224 reporting from partner TIs

PROGRAM PERFORMANCE:

The following key tasks were identified for improving TI program:

- To increase the coverage as envisaged in the NACP III guidelines.
- To build the capacities of SACS and TSU staff.
- To build the capacities for each cadre of TI staff
- To ensure a uniform MIS system in place across the states.
- To evolve quality monitoring systems in place at state, district and at TI level. Using of data by the SACS at the state level for tracking performance at district and at state level and ensure feedback mechanism in place.
- Strengthen STI care facilities (infrastructure and supplies) to ensure that all core group HRGs have access to clinic services at least once in a quarter
- Strengthen referral linkages with ICTCs to ensure that all core group HRGs have access to HIV testing at least once in 6 months
- Strengthen supply chain for availability of condoms and needles/syringes to ensure all sex acts/injecting acts are covered with condoms/needles-syringes.

Strategies Developed and Implemented

Systems at the state, District and at TI level were strengthened, which would lead to improved performance of TI across all the components specified above. Key strategies developed and implemented / shared with the state, district and at the TI are:

1. 123 Project Officers (POs) in 27 States were appointed @ 1:10 TIs for supportive supervision.
2. A standardized data collection tools to be implemented at the TI level have been developed and rolled out across the states.
3. Capacitating the POs on all the TI components and management of TIs for better program performance.
4. Develop a quality guide to ensure effective monitoring at each level (TSU, TI) to ensure Quality Data collection and analysis to track program performance.
5. Introduced a performance tracking tool (concept of **“one data set”** in sharing and using with built in percentage calculation for each set of indicator) to be used from TI level to SACS level for tracking performance on monthly basis. This will lead to consistency in the data use and analysis at every level.
6. Continuous **on site** as well as **off site** support to the SACS, TSU and to TIs on program components, ensuring quality program, collection of data and analysis on one hand, addressing site level issues arising from time to time on TI performance on the other hand were carried on.
7. Onsite mentoring and handholding of STI focal persons at SACS and PO-Clinical Services at TSUs and STI service providers. Ensure services are accessed by HRG population through TI Projects and DSRCs. Standardized monitoring tools are used to document the observations and to follow up the action taken on key issues identified. All STI/RTI service providers linked to TI projects were provided with standardized capacity building training to ensure quality service delivery. TI projects were facilitated in procuring essential STI/RTI drugs from GMP certified pharma companies.

Based on these inputs and technical support, it is expected that the performance of TIs would show gradual improvement across the months. Having completed one year of intensive support, an assessment on the performance made during last one year was felt, which will guide on whether the inputs given are in the right direction or needs some tuning.

The following are the key components on which the performance is being assessed.

- 1. Clinic Component**
- 2. Linkages**
- 3. Care and Support**
- 4. Condom**
- 5. Needle & syringes**

Factors taken into account for analysis in this report:

- As there is no data available in CMIS on the number of HRGs ever contacted or registered, hence the covered HRG population (used as denominator) has been taken from the Annual Action Plan (AAP) reported for the year 2009-2010 by each SACS.
- Since last 2 years, no intervention is happening in Andaman Nicobar Island and in Lakshadweep and hence no data is available for these areas.
- Two union territories, namely Dadar Nagar Haveli and Daman & Diu do not have core HRG intervention sites hence not been considered for analysis wherever analysis for the core group was taken up.
- The data from Mumbai DACS and Ahmedabad DACS have been merged into Maharashtra and Gujarat SACS reporting respectively at the state level.

Hence the analysis in this report is based on 27 state level data. The analysis is based on the CMIS reports submitted to NACO and covers data from STI and TI reporting units.

I. CLINIC COMPONENT

For assessing clinic performance, three set of activities have been considered. They are:

1. Number of HRGs undergoing Regular Medical Checkup,
2. Number of HRGs diagnosed and treated for STI/RTIs and
3. Number of HRGs screened for Syphilis and found reactive.

Denominator for consideration for analysis in clinic component:

Of the 27 states, 4 states were not considered for analysis on this component as the data from these states were not made available in CMIS though the core population interventions are happening in these states – Tamil Nadu, Himachal Pradesh, Jammu Kashmir and Pondicherry. The data used for analysis in this section have been taken from CMIS STI reports submitted to NACO.

A. Regular Medical Checkup:

Every registered core group HRGs (FSW and MSM) needs to undergo medical checkup once in three months (once in 90 days) for routine STI/RTI check up. This means 100% check up for each registered HRG in a quarter and at least 4 times in a year.

Observations:

1. None of the states have had cent percent RMCs in any of the quarter for the analysis period.
2. The states that have shown a **steady increase** on RMC in each quarter – **Andhra Pradesh, Chandigarh, Delhi, Goa, Gujarat, Haryana, Kerala, Mizoram, Orissa, Punjab, and Uttar Pradesh.**
3. In the following states, the RMC status is poor and needs immediate attention. - **Arunachal Pradesh, Chhattisgarh, Karnataka, Jharkhand, Maharashtra, Meghalaya, Sikkim, Tripura, Manipur and Uttaranchal.**

Conclusion from the data:

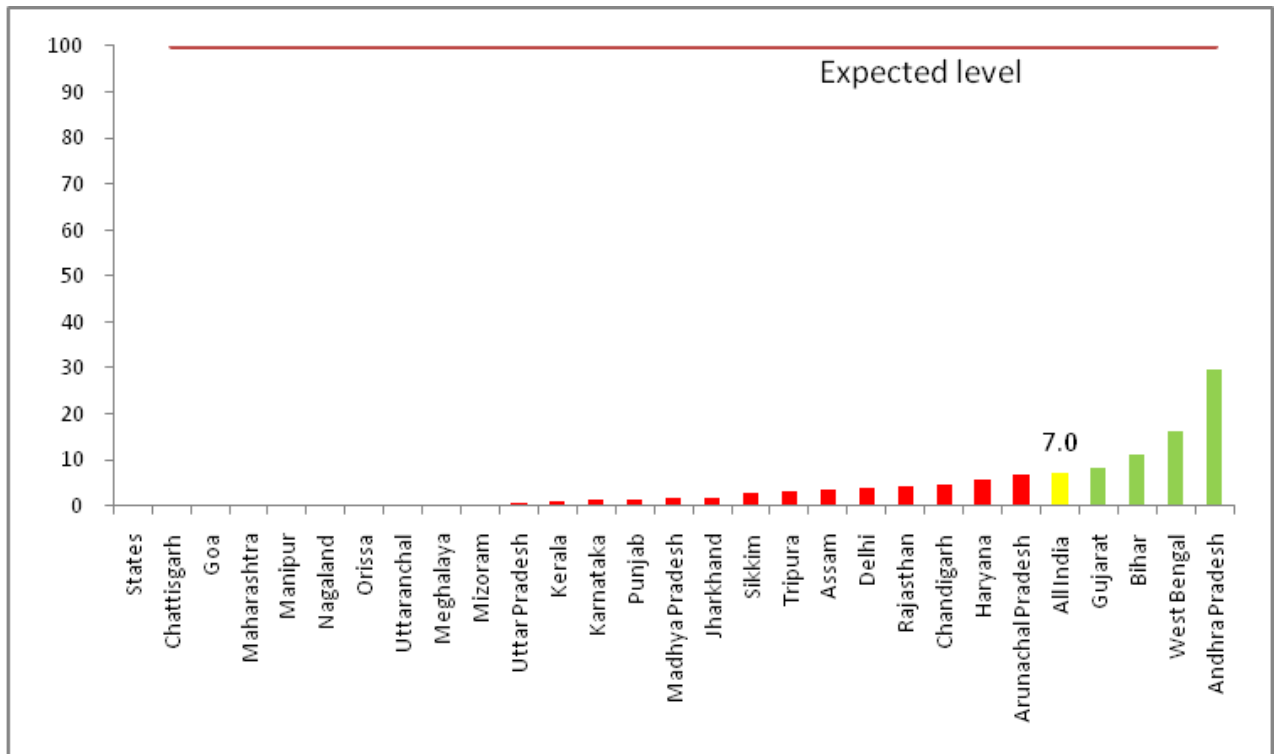
From the table 3, it could be concluded that none of the state could accomplish 100% RMCs in any given quarter. When seen at the national level (Graph 1), the RMCs across the country are gradually increasing (Ranging from 7% in first quarter to 21% in the fourth quarter) but still falls behind the expected level.

All States should focus on improving RMCs. State with very poor RMC referral should first concentrate on improving RMC, thereby STI detection and treatment will automatically improve.

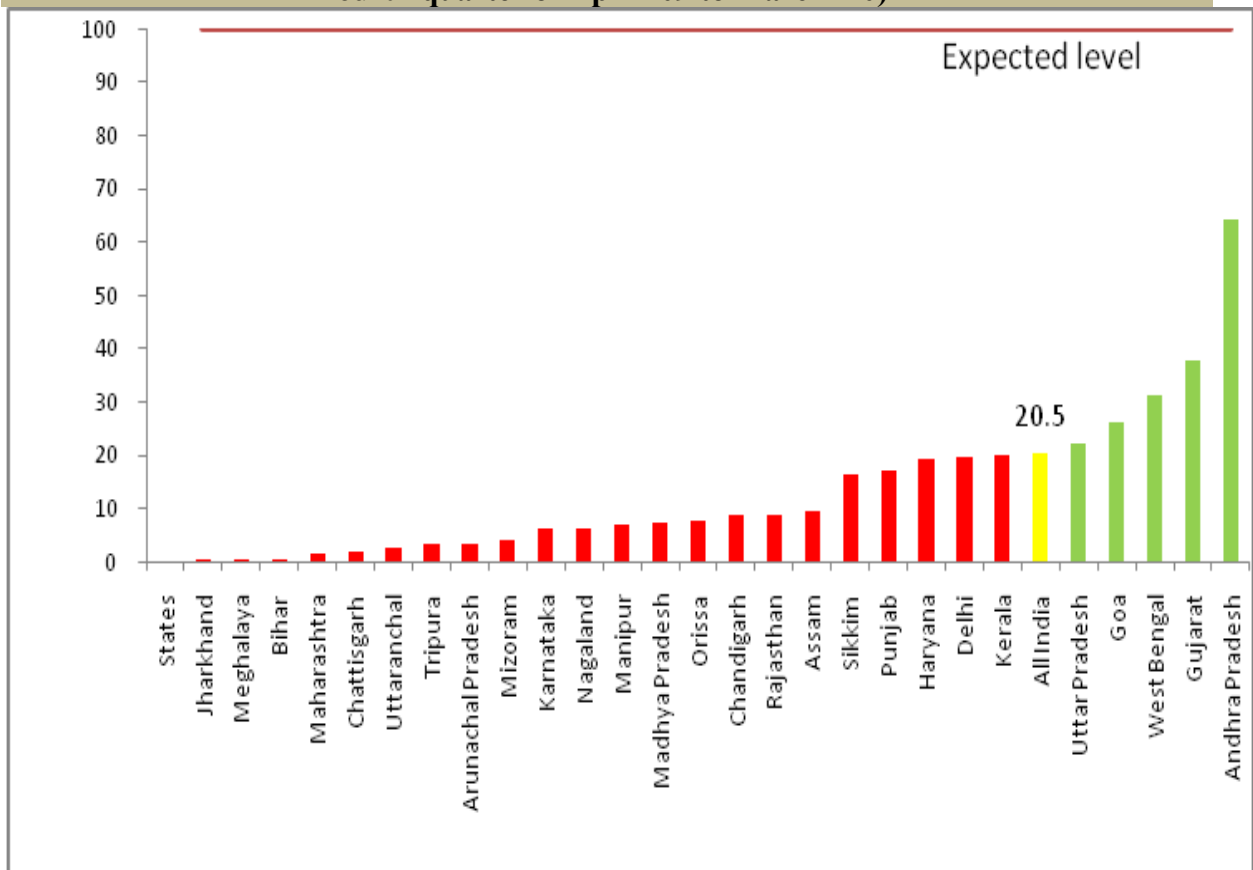
Table 3: State wise status on Regular Medical Checkup (RMCs) conducted in each quarter of 2009-10

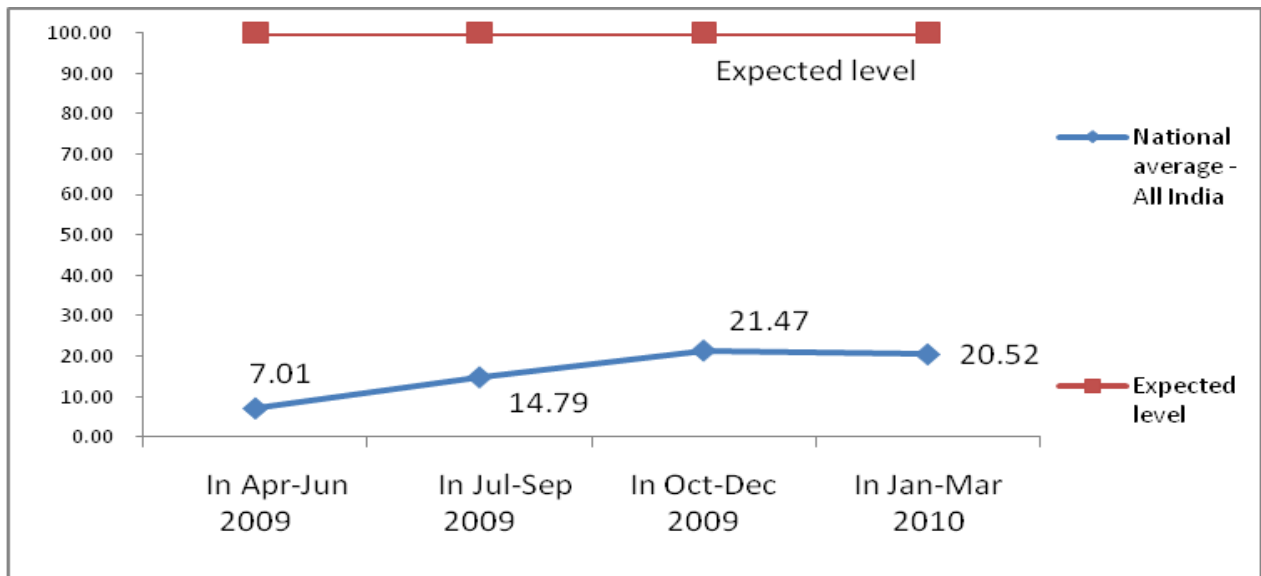
Sl No	States	Coverage data for core groups	RMC visits in Apr-June 09	RMC visits in Jul – Sept 09	RMC visits in Oct – Dec 09	RMC visits in Jan – Mar 10
1	Andhra Pradesh	142761	42354	78384	87749	91658
2	Arunachal Pradesh	5842	390	202	331	205
3	Assam	24101	831	1876	1763	2288
4	Bihar	19027	2143	1873	953	72
5	Chandigarh	7350	331	305	492	642
6	Chhattisgarh	10620	0	0	531	208
7	Dadar Nagar & Haveli	N.A.	--	--	--	--
8	Daman & Diu	N.A.	--	--	--	--
9	Delhi	57700	2229	3526	5827	11418
10	Goa	6914	0	132	170	1799
11	Gujarat	75504	6165	15849	18693	28416
12	Haryana	19900	1162	1889	2605	3830
13	Himachal Pradesh	--	--	--	--	--
14	Jammu & Kashmir	--	--	--	--	--
15	Jharkhand	21207	340	108	127	42
16	Karnataka	106113	1561	21107	57181	6723
17	Kerala	64088	551	2935	6032	12794
18	Madhya Pradesh	41988	650	2772	1781	3118
19	Maharashtra	130525	0	0	3586	1820
20	Manipur	36600	0	0	661	2613
21	Meghalaya	3500	12	0	0	11
22	Mizoram	16970	61	480	601	708
23	Nagaland	26304	0	806	760	1676
24	Orissa	17025	0	60	161	1326
25	Pondicherry	--	--	--	--	--
26	Punjab	16750	253	599	1166	2895
27	Rajasthan	22660	956	1254	2112	1983
28	Sikkim	1203	35	30	29	196
29	Tamil Nadu	--	--	--	--	--
30	Tripura	6850	226	314	235	221
31	Uttar Pradesh	37575	297	3246	5335	8406
32	Uttaranchal	10950	0	0	88	300
33	West Bengal	50091	8115	7244	11441	15719
	All India	980118	68662	144991	210410	201087

Graph showing % of RMC conducted across states during April – June 2009 (the first quarter of April '09 to March '10)



Graph showing % of RMC conducted across the states during Jan – Mar 2010 (the fourth quarter of April '09 to March '10)



Graph showing All India % on RMCs conducted against the total coverage**B. STI /RTI Diagnosis and Treatment**

The available evidence suggests that about 30% of the HRGs might suffer from some form of 'reproductive morbidity' (STI /RTI problems) in a given year. Based on this, a calculation has been made on the expected STI/RTI episodes from the covered population per quarter. Table below shows the actual STI/RTI syndromes diagnosed and treated against the expected number of STI/RTI syndrome episodes in each of the four quarter.

General Observation:

1. Overall, the STI/RTI syndromes treated numbers have gone above the expected numbers when tracked across four quarters (Graph 2).
2. The states that have reported more than expected level of STI/RTI syndromes treated in all the four quarter - **Assam, Chandigarh, Gujarat, Haryana, Rajasthan, Tripura and West Bengal** (Table 4).
3. **When compared within quarters, Delhi and Punjab** have shown steady increase in number of STI cases treated from quarter 1 to quarter 4.
4. **On the other hand, Arunachal and Bihar** have shown steady decline in number of STI cases treated from quarter 1 to quarter 4.
5. In 7 states, data are not available in some of the quarters hence no conclusion could be drawn for these states. They are **Goa, Maharashtra, Manipur, Meghalaya, Nagaland, Orissa and Uttaranchal**.

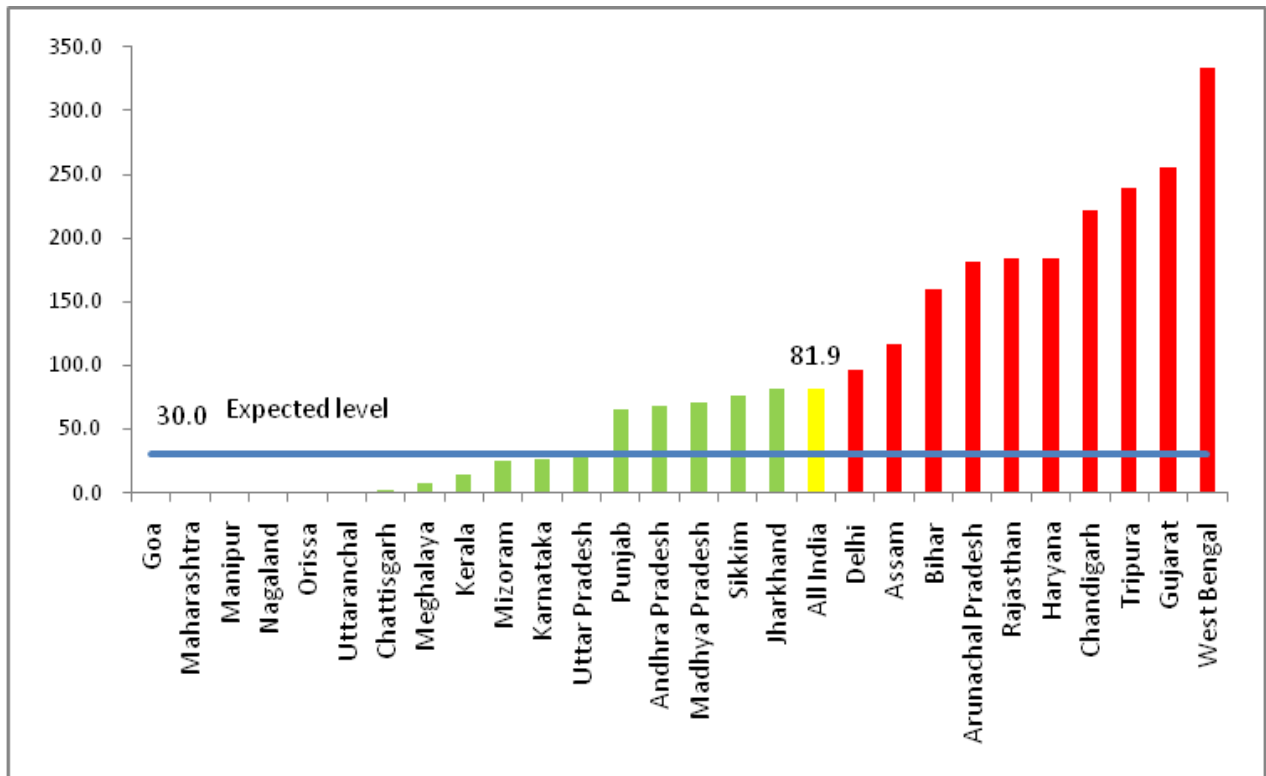
Conclusions:

- Steady increase is seen in number of HRG attending clinics and getting treated which gives us indication that
 - HRG's health seeking behaviour is improving as they are accessing services (Caution is required in interpreting the data which needs to be analysed against the spectrum of syndromes diagnosed and treated)
 - The volume of STI/RTI syndromes detected indicates lack of consistent and correct condom usage among HRGs.

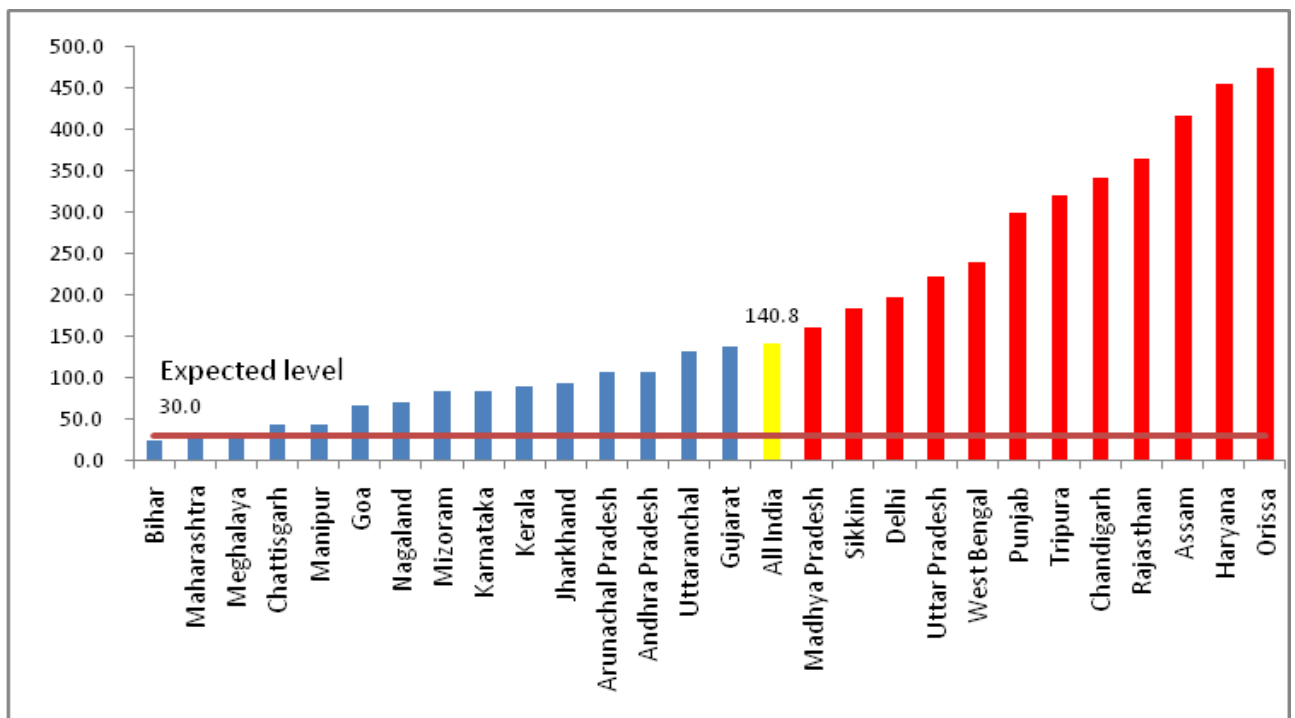
Table 4: Showing state wise STI/RTI syndromes diagnosed and treated against the expected reproductive morbidity among HRG in 2009 – 2010

Sl No.	Name of the State	Coverage data for core groups	Expected STI cases per quarter (30% of 1/4 th of total covered population)	STI treated April to June 09	STI treated Jul to Sept 09	STI treated Oct to Dec 09	STI treated Jan to Mar 10
1	Andhra Pradesh	142761	10707	7259	12825	12360	11453
2	Arunachal Pradesh	5842	438	793	522	502	468
3	Assam	24101	1808	2110	4504	5439	7525
4	Bihar	19027	1427	2285	1245	883	335
5	Chandigarh	7350	551	1218	807	1766	1885
6	Chhattisgarh	10620	797	16	23	1011	336
7	Dadar Nagar Haveli	N.A	N.A	N.A	N.A	N.A	N.A
8	Daman & Diu	N.A	N.A	N.A	N.A	N.A	N.A
9	Delhi	57700	4328	4146	4815	5300	8564
10	Goa	6914	519	0	177	216	341
11	Gujarat	75504	5663	14476	15974	10365	7798
12	Haryana	19900	1493	2751	4092	4734	6795
13	Himachal	--	--	--	--	--	--
14	Jammu & Kashmir	--	--	--	--	--	--
15	Jharkhand	21207	1591	1298	1102	1386	1475
16	Karnataka	106113	7958	2109	3873	12921	6705
17	Kerala	64088	4807	631	2620	2610	4239
18	Madhya Pradesh	41988	3149	2227	6265	4236	5035
19	Maharashtra	130525	9789	0	0	2941	2658
20	Manipur	36600	2745	0	0	182	1162
21	Meghalaya	3500	263	18	0	53	73
22	Mizoram	16970	1273	321	943	1202	1062
23	Nagaland	26304	1973	0	202	864	1373
24	Orissa	17025	1277	0	545	2250	6057
25	Pondicherry	--	--	--	--	--	--
26	Punjab	16750	1256	816	1407	1626	3766
27	Rajasthan	22660	1700	3121	5984	6546	6203
28	Sikkim	1203	90	68	150	75	166
29	Tamil Nadu	--	--	--	--	--	--
30	Tripura	6850	514	1228	941	1456	1645
31	Uttar Pradesh	37575	2818	766	5197	8472	6261
32	Uttaranchal	10950	821	0	0	125	1085
33	West Bengal	50091	3757	12522	9939	10352	8999
	All India	980118	73509	60179	84152	99873	103464

Graph showing % of STI/RTI syndromes treated of the coverage against the expected STI cases across the states during April – June 2009 (the first quarter of the year - April '09 to March '10)



Graph showing % of STI/RTI syndromes treated of the coverage against the expected STI cases across the states during Jan – Mar 2010 (the fourth quarter of the year - April '09 to March '10)



Graph showing number of STI/RTI syndromes treated against the average expected numbers across the four quarters.

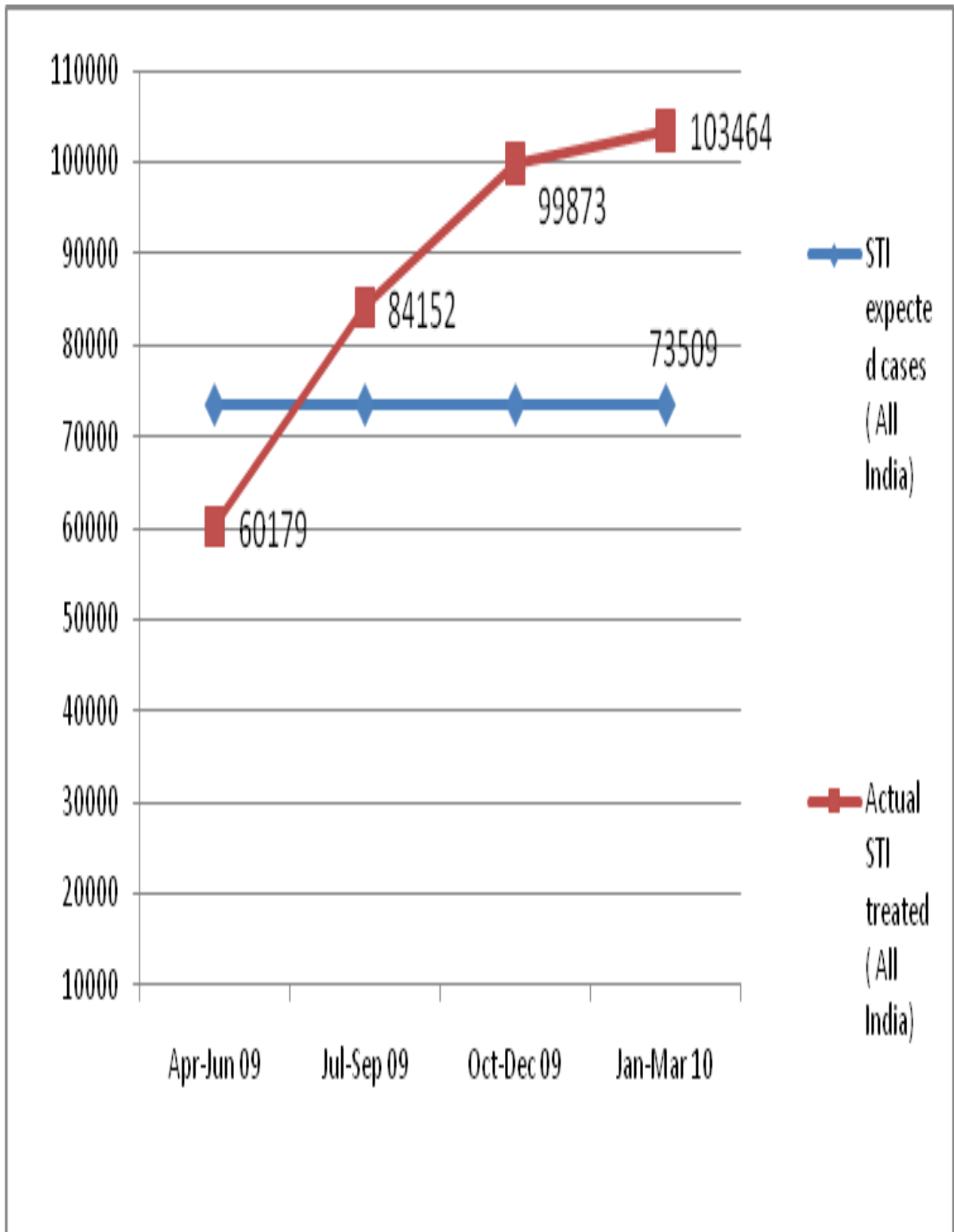


Table 5 shows the pattern of STI/RTI syndromes diagnosed and treated. State wise during Apr 2009-March 2010

Name of the State	% Vaginal/Cervical	% Genital Ulcer (GUD)-	% Genital ulcer(GU)	% Lower abdomina	% Urethral discharge	% Ano-rectal discharge	% Inguinal Rubo(IR)	% Painful	% Genital warts	% Other STIs	% Asymptomatic STI treatment	% PLHAs attended with STI/RTI
Andhra Pradesh	38.8	7.8	2.5	12.8	17.2	3.1	1.0	1.3	1.0	5.0	6.5	2.9
Arunachal Pradesh	29.7	5.0	2.0	20.2	5.4	0.7	1.4	3.7	2.5	6.6	22.8	0.0
Assam	27.0	4.4	1.3	11.4	3.2	0.7	0.7	0.9	0.3	4.2	45.8	0.1
Bihar	26.6	14.8	4.1	11.9	6.0	0.9	7.5	0.7	0.9	21.8	1.8	2.9
Chandigarh	35.7	2.3	0.3	11.5	9.9	0.8	0.0	0.1	0.2	17.2	21.2	0.8
Chhattisgarh	30.8	4.1	0.9	22.6	0.4	4.1	1.2	0.0	0.4	13.0	22.1	0.4
Delhi	49.3	5.1	2.2	18.3	5.2	3.3	0.5	0.9	2.5	8.0	4.6	0.2
Goa	47.5	6.7	2.3	11.5	10.9	1.2	0.3	1.6	2.4	9.1	4.5	2.1
Gujarat	13.4	7.7	2.9	1.8	13.7	2.1	1.4	1.9	1.3	9.6	42.6	1.5
Haryana	34.0	6.2	1.7	17.6	4.8	1.3	0.8	2.2	1.1	6.9	23.4	0.1
Jharkhand	36.8	16.6	2.6	15.0	5.0	0.2	1.0	2.1	1.3	9.4	6.2	3.8
Karnataka	66.9	4.0	2.4	7.4	4.2	1.3	0.2	0.3	0.5	5.0	7.0	0.8
Kerala	39.8	7.4	2.0	18.5	3.5	0.5	2.1	0.3	0.8	6.3	17.6	1.3
Madhya Pradesh	40.2	4.3	1.3	12.2	3.1	1.1	0.4	0.4	0.4	7.4	28.0	1.2
Maharashtra	29.4	2.6	1.0	8.5	14.9	1.0	1.3	1.9	2.2	14.5	20.4	2.2
Manipur	44.4	4.4	3.9	11.2	23.1	0.1	1.3	2.0	1.1	6.3	0.1	2.0
Meghalaya	44.8	1.4	0.0	37.9	0.7	0.0	0.0	2.8	2.8	9.0	0.0	0.7
Mizoram	23.4	6.8	5.0	12.7	24.8	0.2	1.9	2.4	6.4	2.7	7.8	6.0
Nagaland	13.7	17.0	7.5	5.5	25.1	3.3	1.6	4.1	9.5	5.2	6.0	1.7
Orissa	19.4	6.6	4.4	10.6	8.0	2.9	2.6	4.2	2.3	9.2	29.4	0.5
Punjab	31.3	1.1	2.9	7.0	3.7	0.4	0.1	0.1	0.4	7.1	44.4	1.6
Rajasthan	34.4	5.8	3.6	15.6	3.7	1.7	0.7	1.2	1.7	8.0	23.0	0.4
Sikkim	41.8	4.1	1.9	7.8	11.9	0.2	0.8	1.8	2.3	16.0	9.5	1.9
Tripura	42.5	1.5	0.6	16.4	5.0	0.4	0.8	0.5	0.1	6.7	25.2	0.2
Uttar Pradesh	28.8	7.1	3.7	19.6	9.0	3.7	2.3	4.5	6.8	7.1	7.0	0.4
Uttaranchal	42.2	5.5	4.8	21.2	5.1	3.0	0.8	5.3	2.2	9.3	0.5	0.0
West Bengal	29.0	4.6	2.8	11.3	12.1	1.0	1.4	1.2	4.5	8.8	22.3	1.1
All India	34.67	6.05	2.57	11.73	9.13	1.82	1.15	1.49	1.98	7.62	20.55	1.24

Observations::

1. VCD occupies larger portion of STI/RTI syndrome among FSWs across the country. Karnataka is reporting maximum number of FSWs treated for this syndrome. Among all the STI/RTI syndromes, VCD has least sensitivity and its specificity will improve when coupled with good history taking, detailed physical examination and conducting internal examination. Skills of providers in this regard need to be built on a continuous basis.
2. Across country, the ratio between GUD-NH vs GUD-H shows that still there are more bacterial STI than viral. Significant number of HRGs getting treated for GUDs is cause of concern
3. Number of HRGs detected with GUD that have undergone syphilis screening HIV testing and counseling at ICTC is important to look into.
4. The quality of diagnosis by STI care providers needs to be understood when PO-STI (TSU) and DD/AD STI visit TIs and STI care facilities.
5. The ratio between VCD and PID is 3:1 which is a cause of concern as PID being a complicated syndrome indicates missed opportunities of treating a case of cervical discharge.
6. SACS and TSU need to monitor the quality of diagnosis through prescription audit and also to cross check how many of these HRG attended follow after 3 days, which would give an indication of the quality of outreach and communication link between clinic and outreach staff.
7. Plateau in number of UD syndrome among males indicates that the incidence of STIs among male HRGs is not declining indicating
 - a. Lacunae with condom usage behaviour or availability issues as well
 - b. Untreated reservoir of infection among HRG or uncovered HRG population (should have been treated by PT).
8. AP, Manipur, Mizoram and Nagaland are still reporting large number of cases of UD and need to be validated by SACS and TSU.

Conclusions

1. Declining numbers of HRG treated for various other STI/RTIs also indicates improving skills of providers.
2. Low levels of PLHIV getting treated for STI/RTIs is also a good sign.
3. Almost 1/5th of HRG receiving PT, and need to be bifurcated how many of them are receiving for first time and how many more than once.
4. The number of newly identified HRG receiving PT or STI/RTI treatment yields better information about STI transmission dynamics among HRGs in the given area.
5. The outlier States need to revisit the quality of service delivery and may be some of the cases can be assessed through laboratory methods.

Syphilis testing and found reactive:

As per NACP III guidelines, all the Core HRG group (FSW, MSM and IDU) registered with the program are to get tested for syphilis once in six months. This means each registered HRG are to be tested twice in a year. Table 6 reveals the status of the syphilis tested conducted across the states with six month interval. Following is the key observations from the table.

Observations:

1. All the states are far below the expected level of conducting Syphilis testing.
2. Though the states are far below the expected level but overall increase in the Syphilis testing could be seen in the second six month testing.
3. Syphilis reactive rate showing decline from 3.4% in the first six month testing to 1.8% in second six month testing.
4. Twenty one states have shown steady increase in number of Syphilis test conducted when compared between two interval of testing - (**Andhra Pradesh, Assam, Chandigarh, Chhattisgarh, Delhi, Goa, Gujarat, Haryana, Karnataka, Kerala, Madhya Pradesh, Mizoram, Nagaland, Orissa, Punjab, Rajasthan, Sikkim, Tripura, Uttar Pradesh, Uttaranchal and West Bengal**).
5. Three states have shown decline in Syphilis testing – **Arunachal Pradesh, Bihar and Jharkhand when compared between the test interval**.
6. Data for Maharashtra, Manipur and Meghalaya is in complete (only one testing period data has been reported).

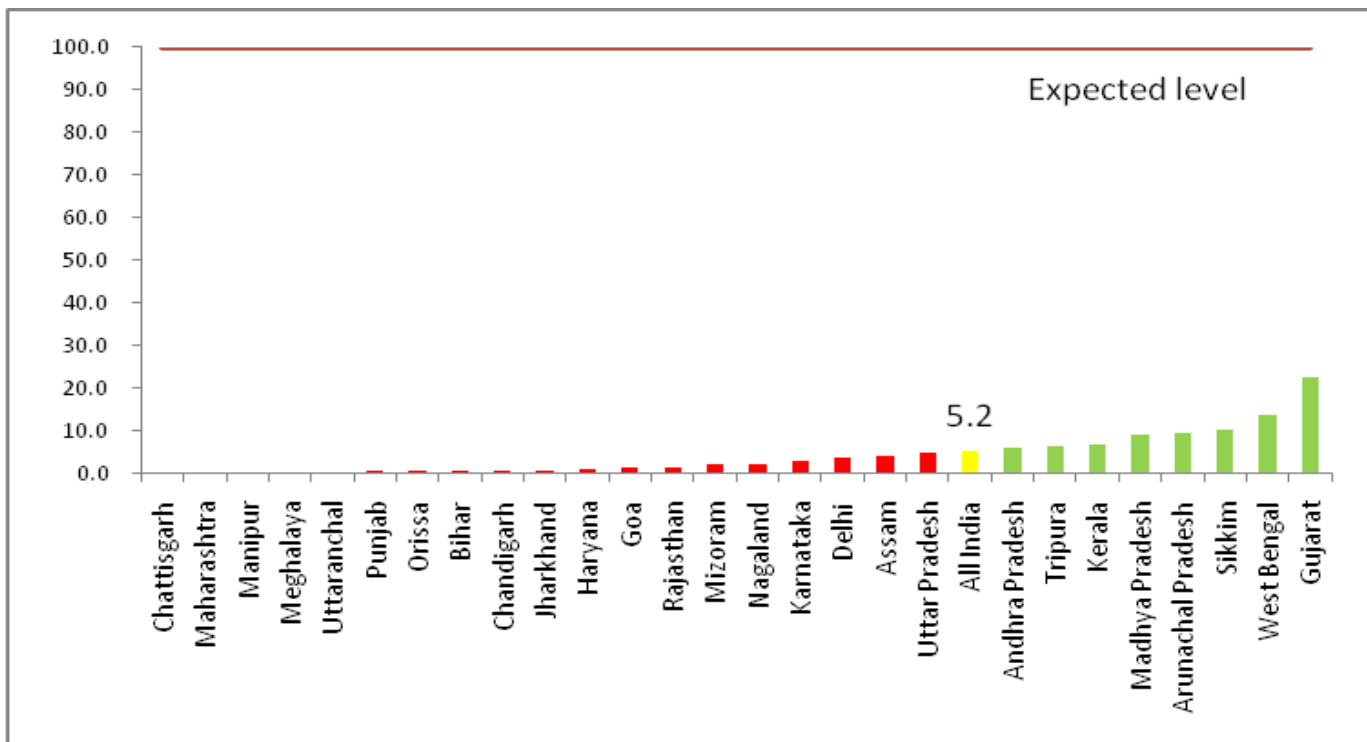
To conclude:

1. Overall the status on the syphilis testing is a concern as seen across all the states.
2. The national average as shown in Graph 3 reveals that only 5.2 per cent of the coverage population has under gone syphilis testing in the first six months.
3. Though there is an increase of 10% (from 5.2 to 15.2 per cent in the second six months period), but still far behind of 100% testing.
4. Of the 50520 tested during Apr-Sept 09, 1734 (3.4%) were found reactive. The testing for syphilis rose to 149141 during Oct 09 to March 2010 and 2604 (1.8%) were found reactive.
5. All those who were found reactive, should be treated for syphilis and should be motivated to undergo HIV testing.

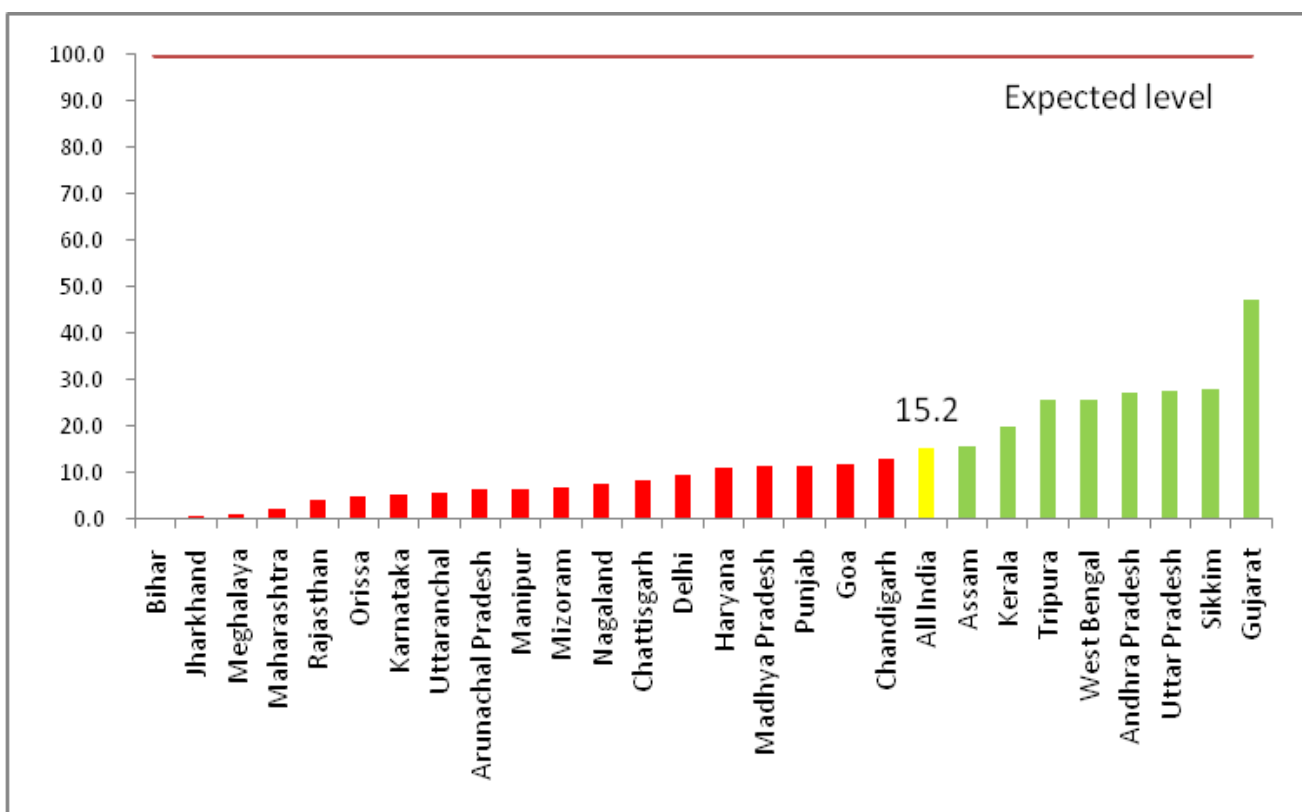
Table 6 shows Syphilis screening and positive rate across the state with six month interval – All India

Sl No.	Name of the State	Coverage data based on AAP 2009-10 (FSW, MSM and IDU)	Tested for Syphilis Apr-Sept '09	Number found reactive (Apr - Sept '09)	Tested for Syphilis Oct 09 - Mar '10	Number found reactive (Oct '09 - Mar '10)
1	Andhra Pradesh	142761	8387	14	38808	38
2	Arunachal Pradesh	5842	551	51	367	49
3	Assam	24101	950	25	3692	43
4	Bihar	19027	89	12	0	0
5	Chandigarh	7350	35	2	946	22
6	Chhattisgarh	10620	0	0	858	17
7	Dadar Nagar & Haveli	N.A	N.A	N.A	N.A	N.A
8	Daman & Diu	N.A	N.A	N.A	N.A	N.A
9	Delhi	57700	2070	53	5430	47
10	Goa	6914	73	0	800	3
11	Gujarat	75504	16876	298	35637	326
12	Haryana	19900	134	0	2132	32
13	Himachal Pradesh	--	--	--	--	--
14	Jammu & Kashmir	--	--	--	--	--
15	Jharkhand	21207	131	14	62	16
16	Karnataka	106113	2881	44	5309	255
17	Kerala	64088	4245	43	12781	192
18	Madhya Pradesh	41988	3789	362	4745	182
19	Maharashtra	130525	N.A	0	2740	120
20	Manipur	36600	N.A	0	2356	0
21	Meghalaya	3500	N.A.	0	24	1
22	Mizoram	16970	342	142	1116	87
23	Nagaland	26304	537	76	1930	326
24	Orissa	17025	58	5	805	33
25	Pondicherry	--	--	--	--	--
26	Punjab	16750	40	1	1900	47
27	Rajasthan	22660	252	22	889	27
28	Sikkim	1203	121	4	334	4
29	Tamil Nadu	--	--	--	--	--
30	Tripura	6850	425	39	1743	33
31	Uttar Pradesh	37575	1820	97	10367	73
32	Uttaranchal	10950	0	0	608	53
33	West Bengal	50091	6714	430	12762	578
	All India	980118	50520	1734	149141	2604

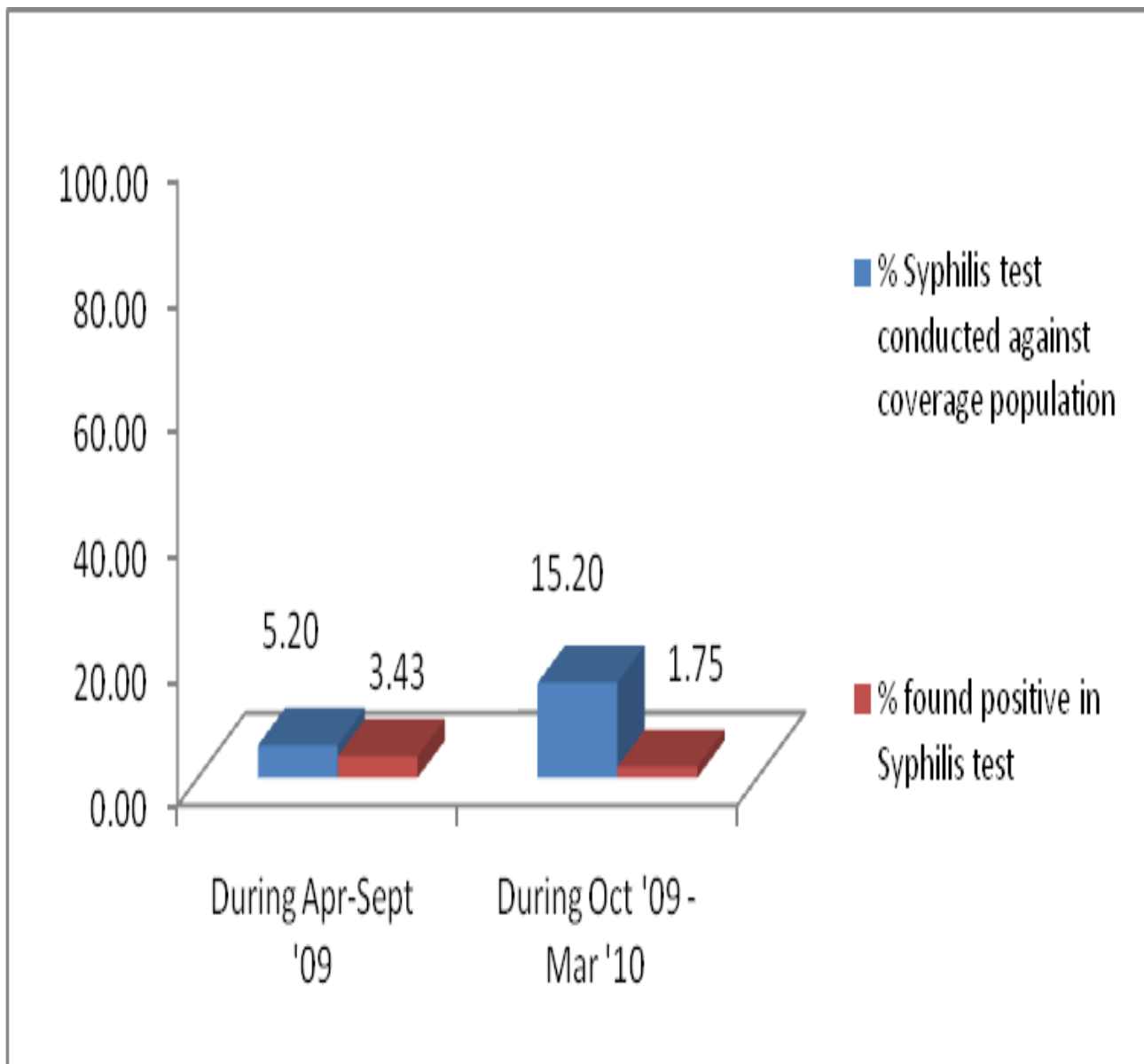
Graph showing % of Syphilis test done against the expected test of 100 percent across the states during first half of the year - April '09 to March '10



Graph showing % of Syphilis test done against the expected test of 100 percent across the states during second half of the year - April '09 to March '10



Graph showing % of Syphilis tested and positive rate in 6 month interval – All India



II. LINKAGES

Denominator for consideration for analysis in linkage component:

In two UTs, namely Dadar Nagar & Haveli and Daman and Diu do not have core HRG population intervention. Hence these two UTs were not considered. The analysis is based on data reported from 31 states. The data used for analysis in this section is from TI CMIS. The analysis based in this section is by typology wise.

As per NACP III guidelines, all the HRGs registered should be tested on HIV status at the ICTC centers twice in a year. Hence an attempt has been made to analyse the trends in each of the typology (core HRG group).

Observations:

1. None of the category of HRG group could be covered 100% referrals in stipulated period of six months.
2. Overall the referral made for FSW, MSM and IDU taken together, shows that 23% and 32% has been referred from the covered HRG population in six month interval during the period April 09 to March 10.
3. A steady increase in the **referrals made and test conducted** could be seen in the second half of the year when compared with the first half of the year. This is a positive sign that linkages are improving.
4. Of those referred, 67% were tested during April-Sept 09 (first six months period) and 87% were tested during Oct 09 – Mar 10 (second six month period). This reveals that in the second half of the year, more number of testing was conducted.
5. Of those tested during April-Sept 09, 2.5% of HRGs were found positive. This positive rate came down to 1.6% of those tested during Oct 09- Mar 10.

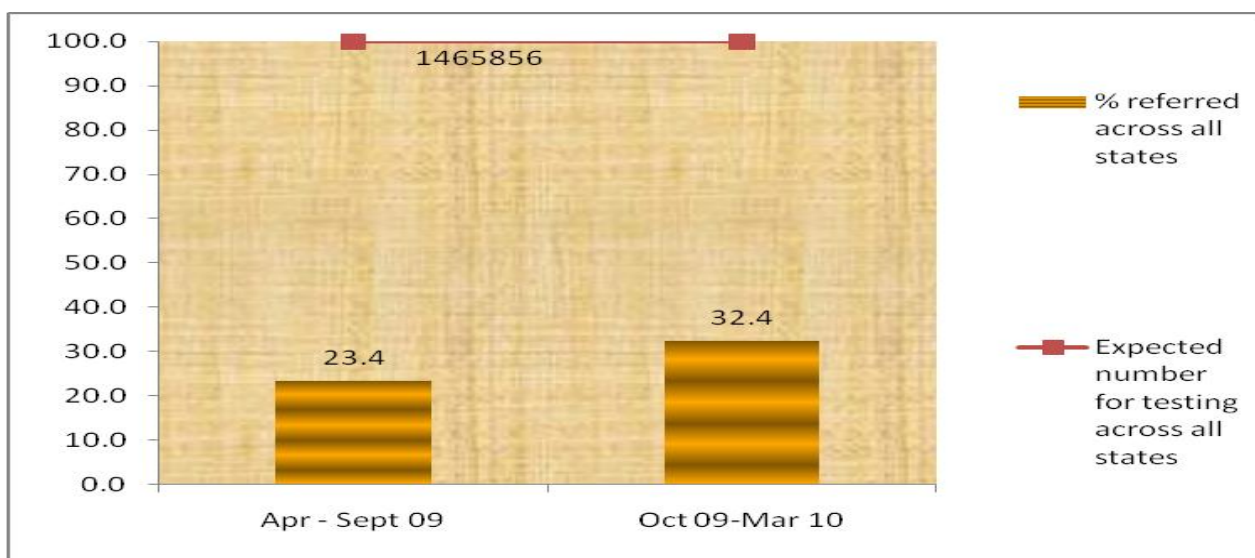
Conclusions:

1. Typology wise analysis at the national level showed that there is a decrease in the positive rate for the entire 3 core HRG group.
2. Positive rate for the IDU is figuring high when compared with other two typology group shows concern.

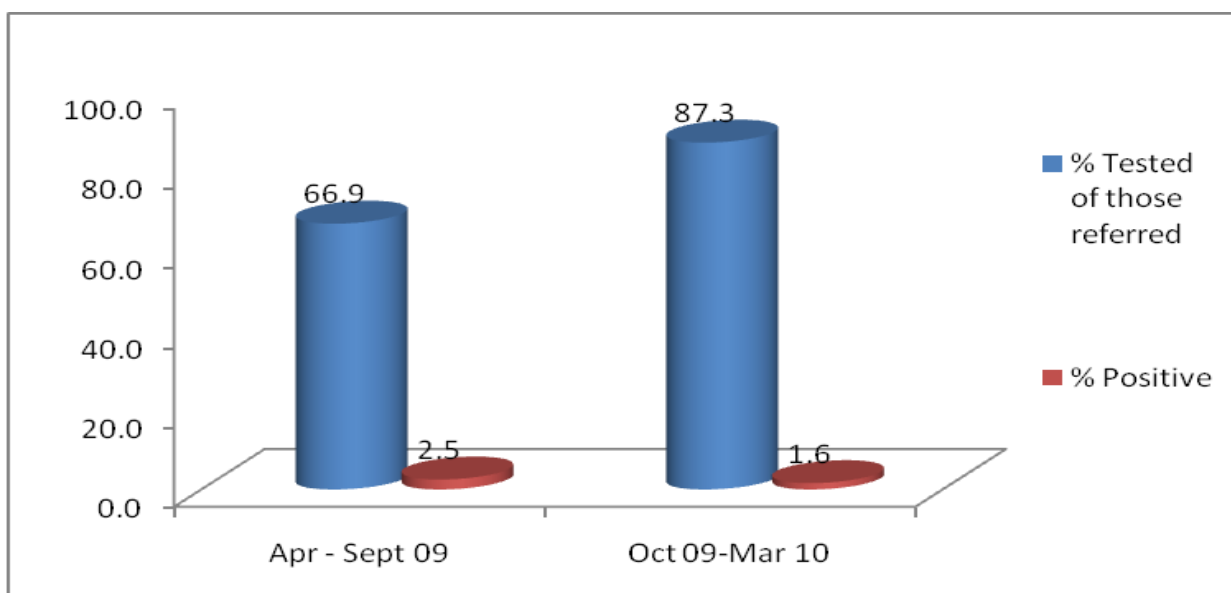
Table 7: Typology wise break up on number of HRGs referred, tested and the positivity

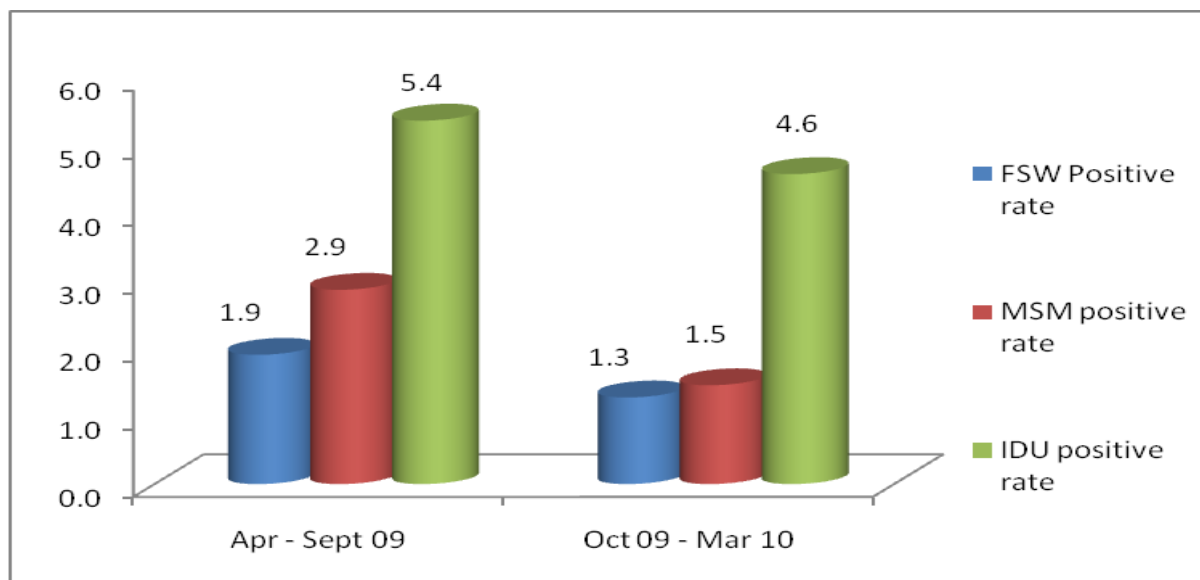
Typology	All India covered HRG population	Apr- Sept 09			Oct 09- Mar 10		
		Total referred	Total tested	Total positive	Total referred	Total tested	Total positive
FSW	1044866	213707	146079	2784	303489	268905	3449
MSM	285403	91931	62492	1797	118115	107432	1573
IDU	135587	37609	21176	1139	54039	38850	1782
Total	1465856	343247	229747	5720	475643	415187	6804

Graph showing status of ICTC referrals among the core group (FSW, MSM and IDU) – All India



Graph showing status of ICTC tested and positive rate among the core group (FSW, MSM and IDU) with six month interval –All India



Graph showing the typology wise comparison on the positivity rate – All India (2009-10)

It is very crucial for all the core group to get 100% ICTC test done every six months. Hence it is important to analyze the performance by typology wise for the core group and assess the performance by typology wise. The typology wise analysis and observations are enumerated below.

FSW INTERVENTION**Observations :**

In all 0.67 million FSWs have been covered in 31 states as per AAP coverage data for 2009-10. The analysis is based on these covered population. Table 8 gives state wise ICTC coverage.

ICTC status during April to September 2009.

During this period, 213707 (31.6%) were referred at the ICTC. Of those referred, 146079 (68.4%) have been tested. Of the tested, HRGs found positive are 2784 (1.9%).

ICTC status during October 09 to March 2010.

During this period, 303489 (44.8%) were referred at the ICTC. Of those referred, 268905 (88.6%) were tested at the ICTC. Of the tested, HRGs found positive are 3449 (1.3%).

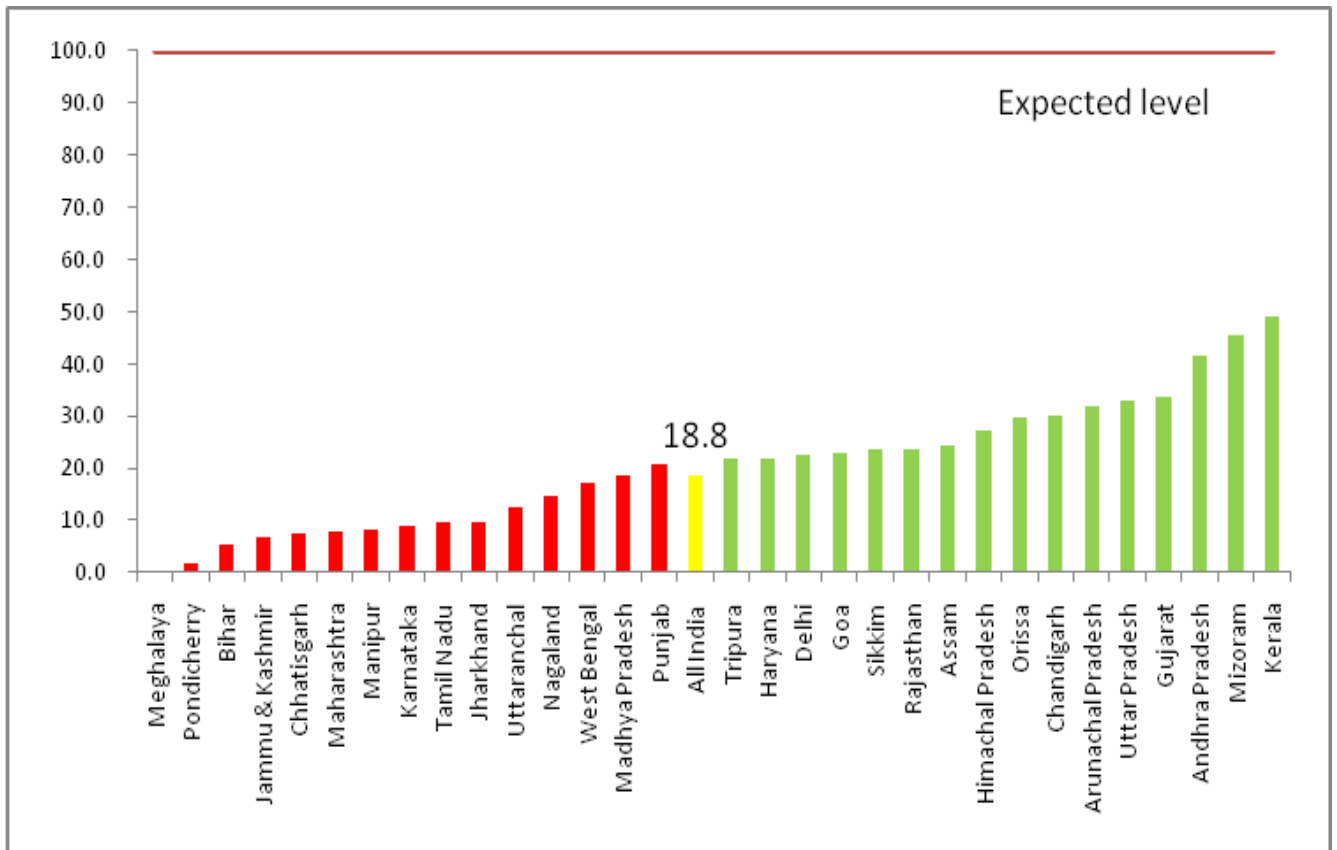
Conclusions:

1. The referrals to the ICTC centers itself have not crossed even 50% of the coverage and shares a concern when seen in both the intervals.
2. The testing rate has increased in the second half of the reference period when compared with the first half of the year.
3. The positive rate has come down from 1.9% from the first six months to 1.3% in the second half of the year which is a positive sign in FSW intervention.

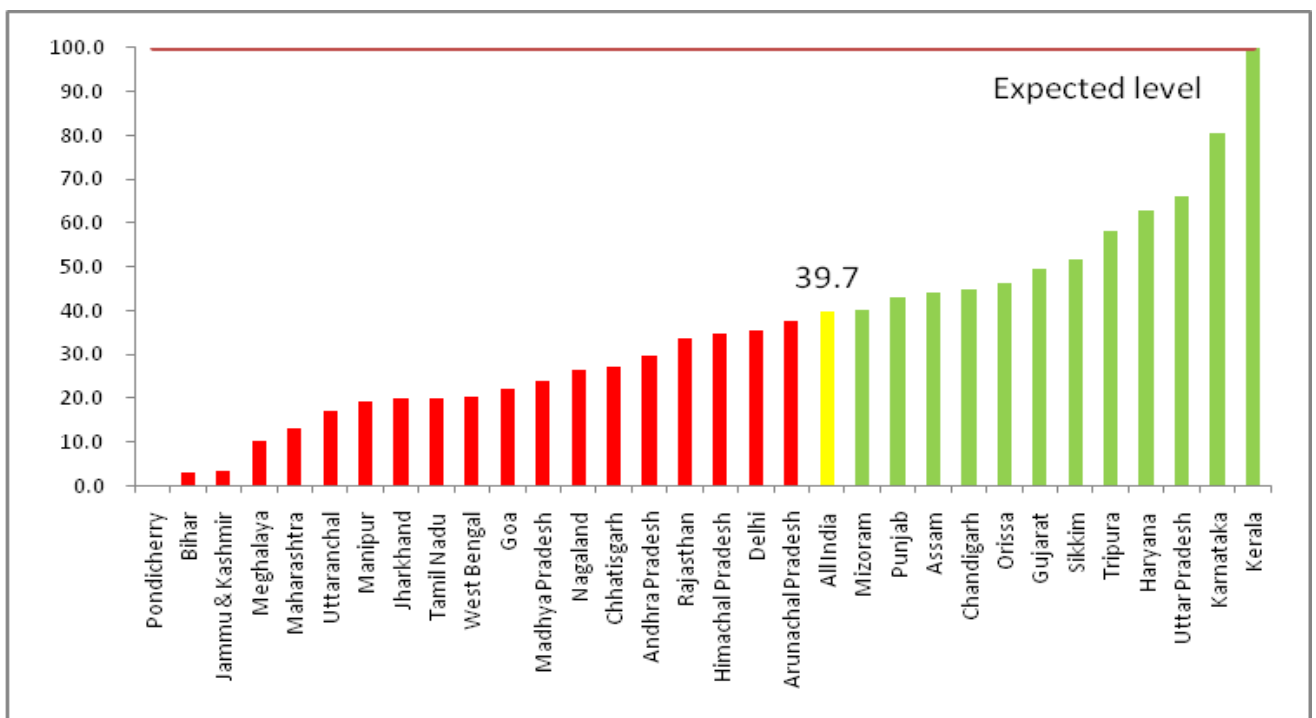
Table 8 shows the status on ICTC referral from the FSW population across the states - Six month interval

Sl No	Name of the State	FSW coverage population	Apr- Sept 09			Oct 09- Mar 10		
			FSW referred	FSW tested	FSW positive	FSW referred	FSW tested	FSW positive
1	Andhra Pradesh	103325	57777	42980	860	36953	30836	353
2	Arunachal Pradesh	3446	1630	1103	0	2058	1291	43
3	Assam	17945	9137	4377	15	12667	7881	14
4	Bihar	13725	2159	731	30	989	412	9
5	Chandigarh	3750	1421	1123	46	1995	1683	6
6	Chhattisgarh	8850	1167	665	12	3996	2391	31
7	Dadar Nagar Haveli	--	--	--	--	--	--	--
8	Daman & Diu	--	--	--	--	--	--	--
9	Delhi	37900	13421	8478	36	28654	13404	99
10	Goa	3864	1226	882	80	1095	849	23
11	Gujarat	33573	14316	11290	117	19255	16579	103
12	Haryana	13600	4319	2977	186	14210	8535	183
13	Himachal Pradesh	8250	5589	2256	5	6049	2868	5
14	Jammu & Kashmir	975	127	66	5	213	33	0
15	Jharkhand	19292	3823	1827	17	5634	3853	17
16	Karnataka	79120	7141	6914	92	24656	63628	941
17	Kerala	34986	11830	17165	6	22782	41871	7
18	Madhya Pradesh	25894	7674	4858	54	9316	6226	35
19	Maharashtra	85202	10029	6594	512	15188	11213	642
20	Manipur	5000	405	406	64	971	966	48
21	Meghalaya	2000	9	7	0	246	202	4
22	Mizoram	1470	922	666	7	955	589	22
23	Nagaland	3475	626	504	20	1085	920	28
24	Orissa	9525	6457	2814	45	8974	4422	85
25	Pondicherry	2077	62	33	8	22	0	0
26	Punjab	10000	3834	2085	59	6473	4305	18
27	Rajasthan	19850	10242	4675	60	14157	6647	43
28	Sikkim	705	205	166	0	369	363	0
29	Tamil Nadu	60726	11625	5748	79	22199	12196	120
30	Tripura	5800	1535	1257	8	3345	3369	11
31	Uttar Pradesh	19300	10254	6334	247	19263	12748	395
32	Uttaranchal	7400	2363	928	7	2009	1262	21
33	West Bengal	36141	12382	6170	107	17711	7363	143
	All India	677166	213707	146079	2784	303489	268905	3449

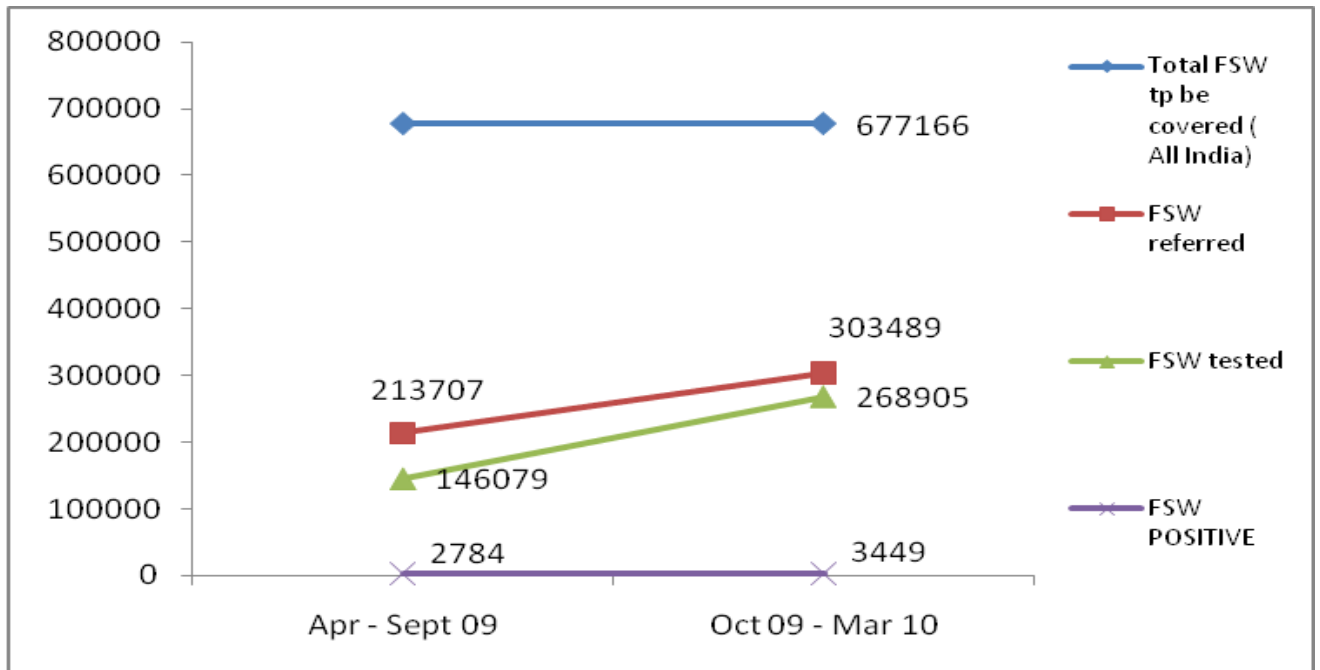
Graph showing % of registered FSW undergone ICTC test against the expected test of 100 percent across the states during first half of the year - April '09 to March '10



Graph showing % of registered FSW undergone ICTC test against the expected test of 100 percent across the states during second half of the year - April '09 to March '10



Graph showing the total ICTC referrals, tested and positive status of the FSW – All India



MSM INTERVENTION

Observations:

In all 2.9 lac MSMs (including transgender) have been covered in 28 states as per AAP coverage data for 2009-10. The analysis is based on these covered populations. Table 9 gives state wise coverage on ICTC.

ICTC status during April to September 2009.

During this period, 91931 (32.2%) MSM were referred to the ICTC. Of those referred, 62492 (68.0%) have been tested. Of the tested, HRGs found positive are 1573 (2.9%).

ICTC status during October 09 to March 2010.

During this period, 118059 (41.4%) were referred to the ICTC. Of those referred, 107386 (91.0%) were tested at the ICTC. Of the tested, HRGs found positive are 3449 (1.5%).

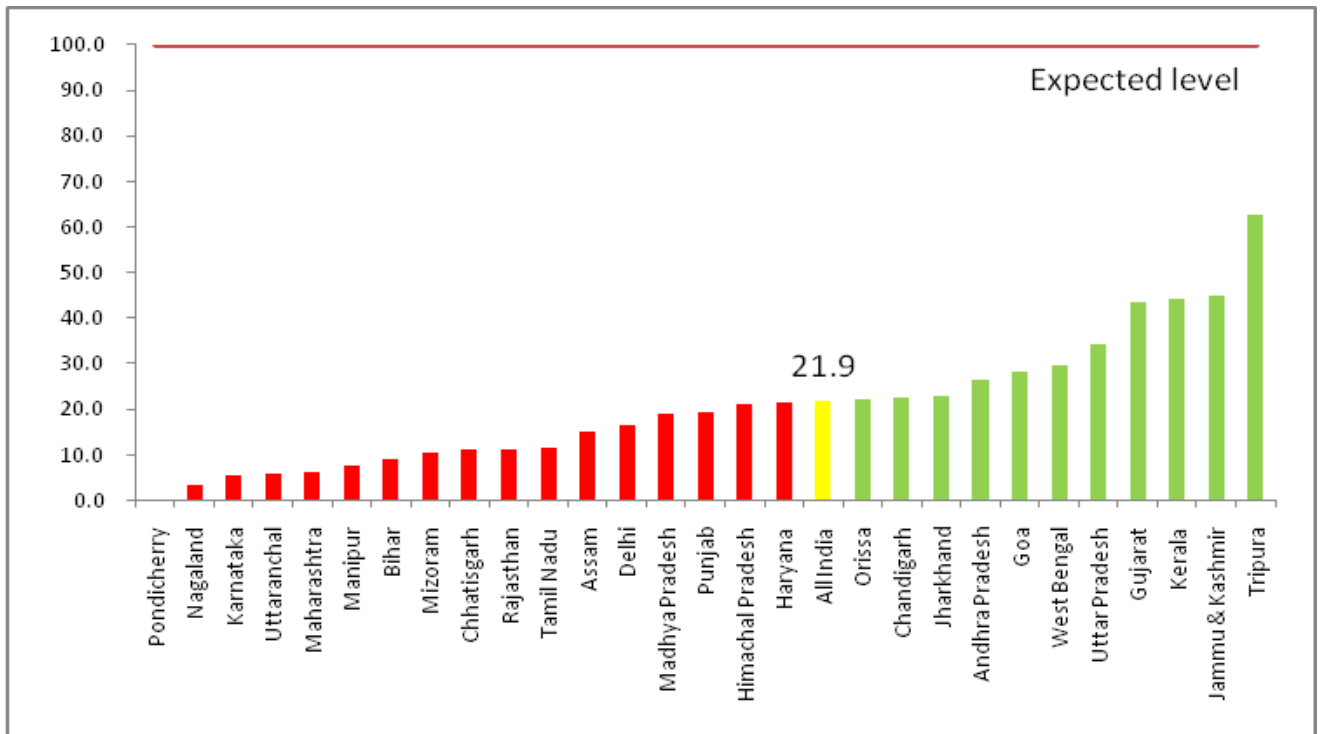
Conclusions:

1. The referrals to the ICTC centers stand at 41% which are considered far below satisfactory.
2. When comes to the testing rate, it has increased considerably **from 68%** from 1st six months **to 91%** in the second half of the financial year which is encouraging.
3. For the same period, the positive rate has come down from 2.9% from the first six months to 1.5% which is a positive sign.

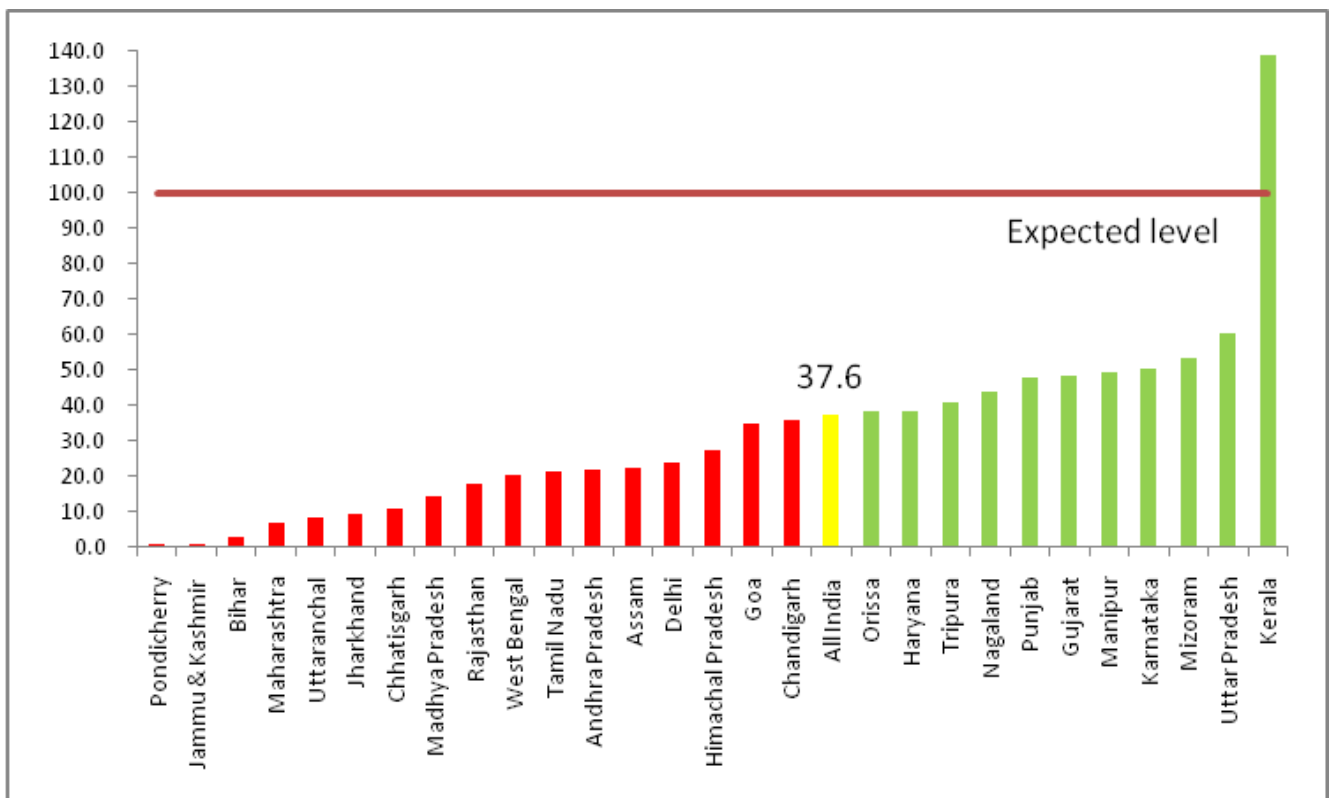
Table 9 shows the status on ICTC referral from the MSM population across the states - Six month interval

Sl No	Name of the State	MSM Coverage	Apr-Sept 09			Oct 09- Mar 10		
			MSM referred	MSM tested	MSM positive	MSM referred	MSM tested	MSM positive
1	Andhra Pradesh	37936	17156	9976	246	14511	8366	178
2	Arunachal Pradesh	--	--	--	--	--	--	--
3	Assam	2042	758	306	0	1023	458	1
4	Bihar	3060	448	276	12	226	88	3
5	Chandigarh	2500	960	563	5	1212	898	4
6	Chhattisgarh	800	132	90	12	664	88	5
7	Dadar Nagar & Haveli	N.A	N.A	N.A	N.A	N.A	N.A	N.A
8	Daman & Diu	N.A	N.A	N.A	N.A	N.A	N.A	N.A
9	Delhi	15000	4196	2454	211	9575	3581	197
10	Goa	2500	1195	705	9	1395	872	6
11	Gujarat	40881	20343	17792	222	21529	19883	152
12	Haryana	3700	1700	790	20	2047	1430	9
13	Himachal Pradesh	1300	790	273	1	888	355	1
14	Jammu & Kashmir	114	71	51	0	24	1	0
15	Jharkhand	1335	267	307	6	188	123	0
16	Karnataka	26192	1207	1420	18	6296	13222	155
17	Kerala	24280	12890	10766	8	16913	33688	231
18	Madhya Pradesh	10643	3422	2001	66	2779	1525	12
19	Maharashtra	42122	4101	2632	178	4187	2877	160
20	Manipur	600	48	46	3	84	297	6
21	Meghalaya	--	--	--	--	--	--	--
22	Mizoram	300	37	31	1	160	160	1
23	Nagaland	800	28	28	2	99	351	8
24	Orissa	5550	2430	1227	54	4181	2126	49
25	Pondicherry	1475	12	0	0	55	10	0
26	Punjab	1550	499	299	11	1087	739	11
27	Rajasthan	1750	577	198	1	849	317	3
28	Sikkim	--	--	--	--	--	--	--
29	Tamil Nadu	40908	10208	4730	67	16670	8794	113
30	Tripura	400	131	250	5	224	164	4
31	Uttar Pradesh	8925	6228	3048	227	8833	5380	234
32	Uttaranchal	1540	342	91	0	257	127	8
33	West Bengal	7200	1755	2142	412	2103	1466	22
	All India	285403	91931	62492	1797	118059	107386	1573

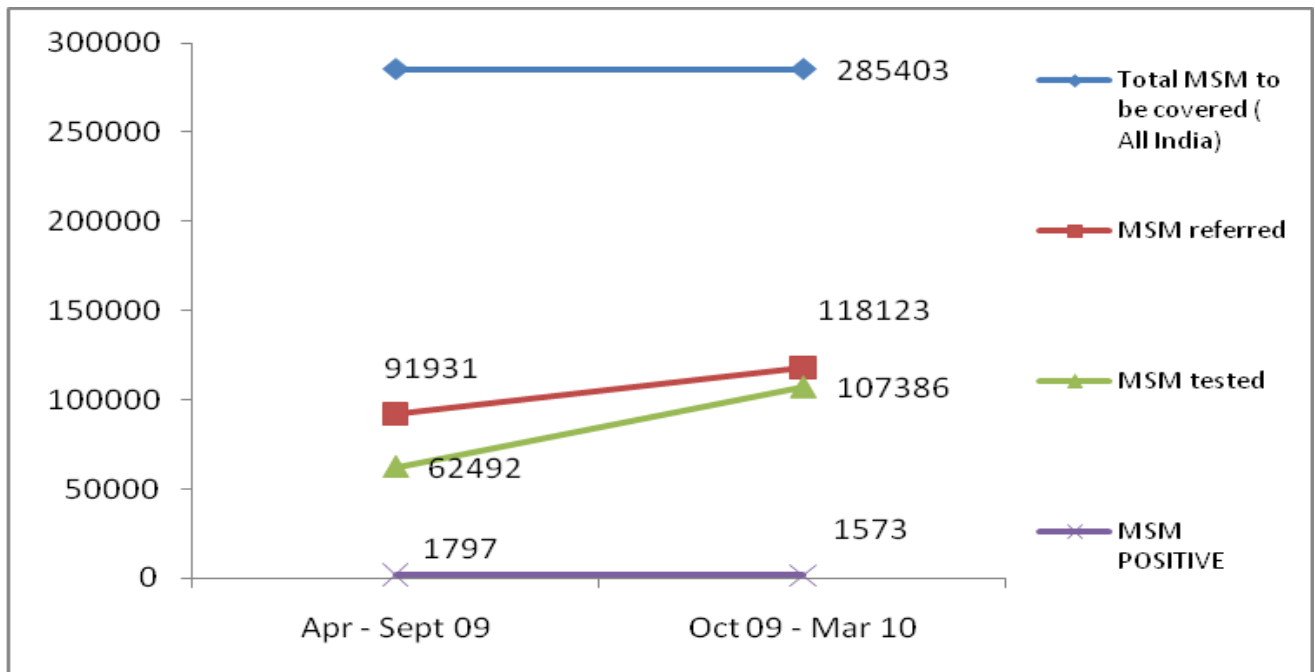
Graph showing % of registered MSM undergone ICTC test against the expected test of 100 percent across the states during first half of the year - April '09 to March '10



Graph showing % of registered MSM undergone ICTC test against the expected test of 100 percent across the states during second half of the year - April '09 to March '10



Graph shows the total ICTC referrals, tested and positive status of the MSM – All India



IDU INTERVENTION

Observations:

In all 1.4 lac IDUs have been covered in 31 states as per AAP coverage data for 2009-10. The analysis is based on these covered populations. Table 10 gives state wise coverage on ICTC linkages.

ICTC status during April to September 2009.

During this period, 37609 (27.7%) IDUs were referred to the ICTC. Of those referred, 21176 (56.3%) have been tested. Of the tested, HRGs found positive are 1139 (5.4%).

ICTC status during October 09 to March 2010.

During this period, 54039 (39.9%) were referred to the ICTC. Of those referred, 38850 (71.9%) were tested at the ICTC. Of the tested, HRGs found positive are 3449 (4.6%).

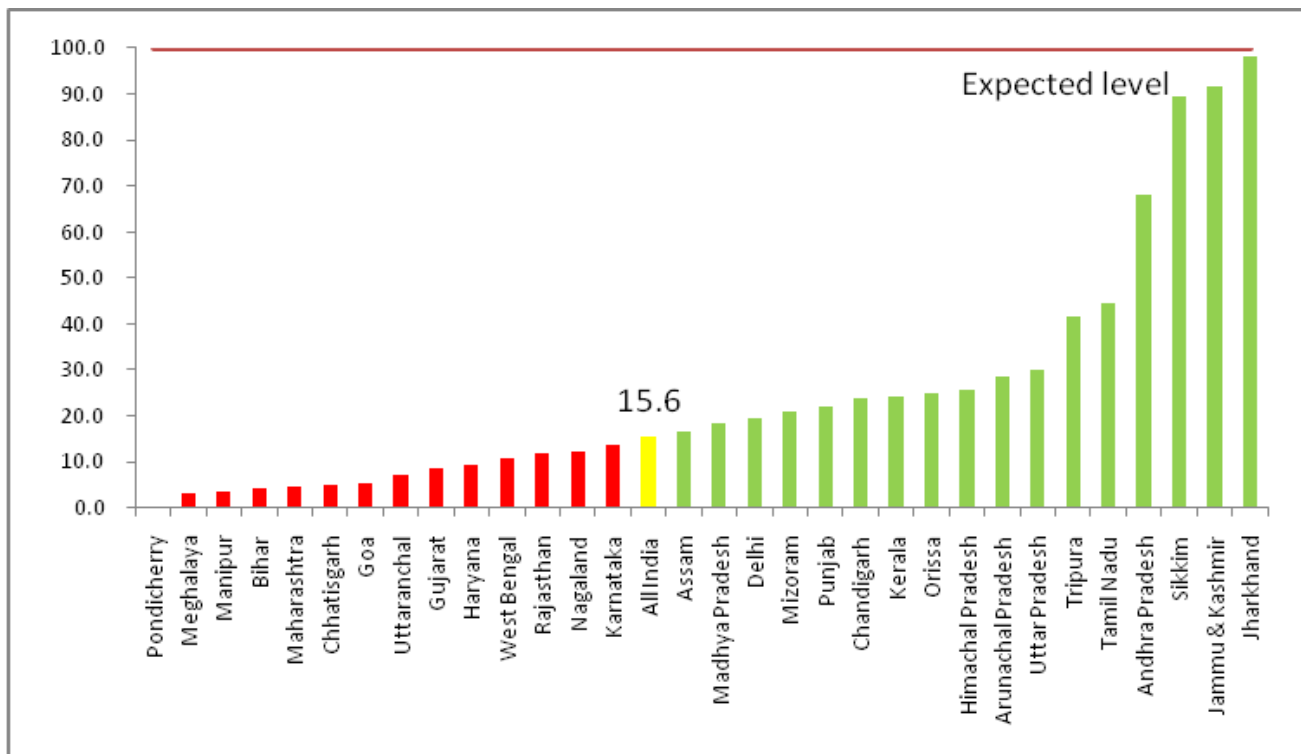
Conclusions:

1. The referrals to the ICTC centers stand at 40% which are far below expected level.
2. As per Graph below, only 20% have been tested in the second six months.
3. When analyzed on testing across two interval period, the testing rate has increased from 56% from 1st half of the financial year to 72% in the second half of the financial year.
4. The analysis also reveals that the positive rate has come down marginally from 5.4% from the first six months to 4.6% which is a positive sign.

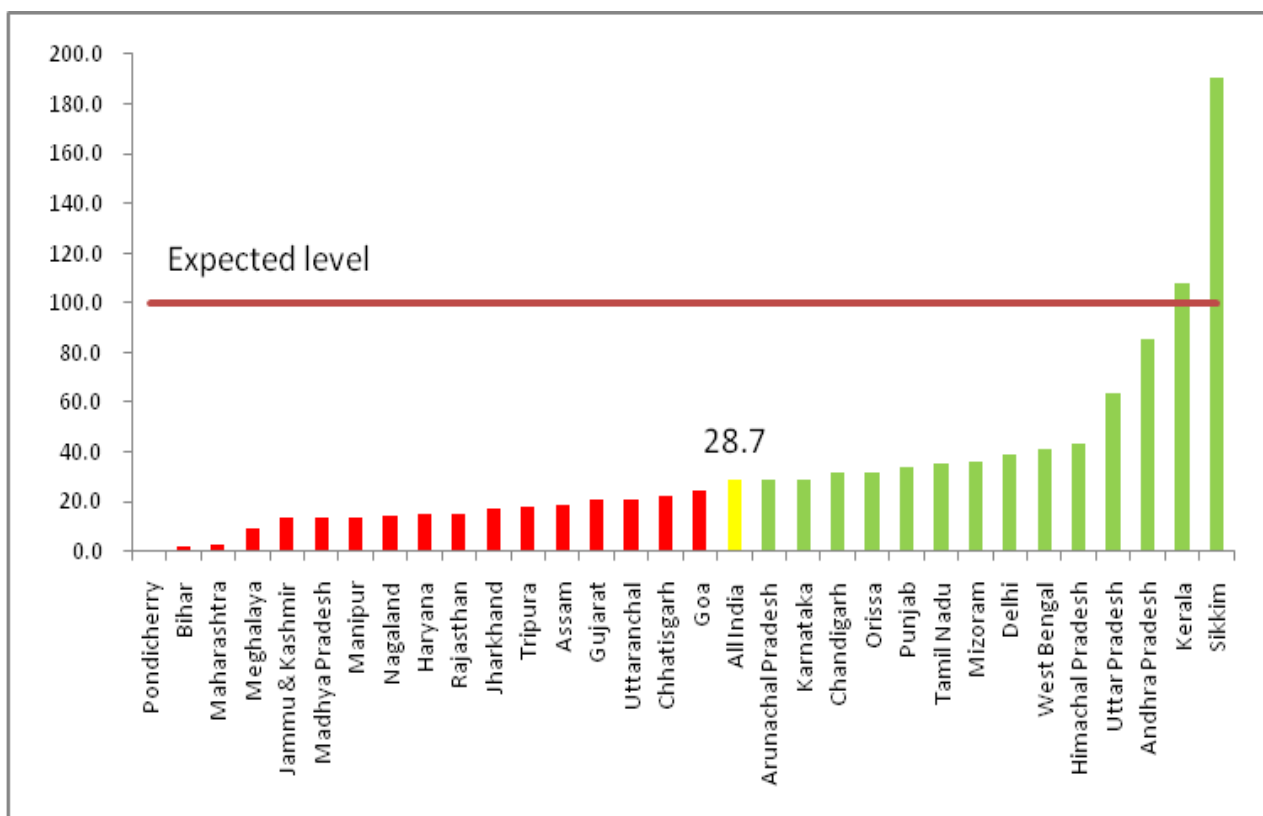
Table 10 shows the status on ICTC referral from the IDU population across the states - Six month interval

Sl No	Name of the State	IDU Coverage	Apr – Sept 2009			Oct 09 – Mar 10		
			IDU referred	IDU tested	IDU positive	IDU referred	IDU tested	IDU positive
1	Andhra Pradesh	1500	1326	1020	29	1377	1281	23
2	Arunachal Pradesh	2396	944	682	0	1194	689	31
3	Assam	4114	1854	680	7	2003	755	7
4	Bihar	2242	207	96	0	75	37	0
5	Chandigarh	1100	326	263	17	434	348	7
6	Chhattisgarh	970	98	49	0	446	217	7
7	Dadra & Nagar Haveli	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.
8	Daman & Diu	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.
9	Delhi	4800	1576	943	104	2560	1854	122
10	Goa	550	55	30	2	195	135	0
11	Gujarat	1050	330	92	4	361	220	10
12	Haryana	2600	463	239	5	614	383	6
13	Himachal Pradesh	600	326	153	1	421	262	0
14	Jammu & Kashmir	178	196	163	0	128	24	0
15	Jharkhand	580	177	569	16	137	100	0
16	Karnataka	801	169	110	0	267	233	51
17	Kerala	4822	1392	1159	34	2769	5192	26
18	Madhya Pradesh	5451	1590	1012	87	1419	757	41
19	Maharashtra	3201	214	151	12	156	93	6
20	Manipur	31000	1190	1063	173	4444	4321	496
21	Meghalaya	1500	80	50	0	185	134	0
22	Mizoram	15200	6414	3184	56	7133	5429	97
23	Nagaland	22029	6867	2734	55	7963	3179	43
24	Orissa	1950	1153	483	26	1269	625	12
25	Pondicherry	140	0	0	0	0	0	0
26	Punjab	5200	2088	1147	142	2605	1772	211
27	Rajasthan	1060	203	127	2	380	162	7
28	Sikkim	498	222	446	57	1041	948	1
29	Tamil Nadu	1295	830	574	13	792	456	9
30	Tripura	650	158	270	0	179	116	0
31	Uttar Pradesh	9350	5659	2813	263	9360	5916	522
32	Uttaranchal	2010	474	146	12	702	424	21
33	West Bengal	6750	1028	728	22	3430	2788	26
	All India	135587	37609	21176	1139	54039	38850	1782

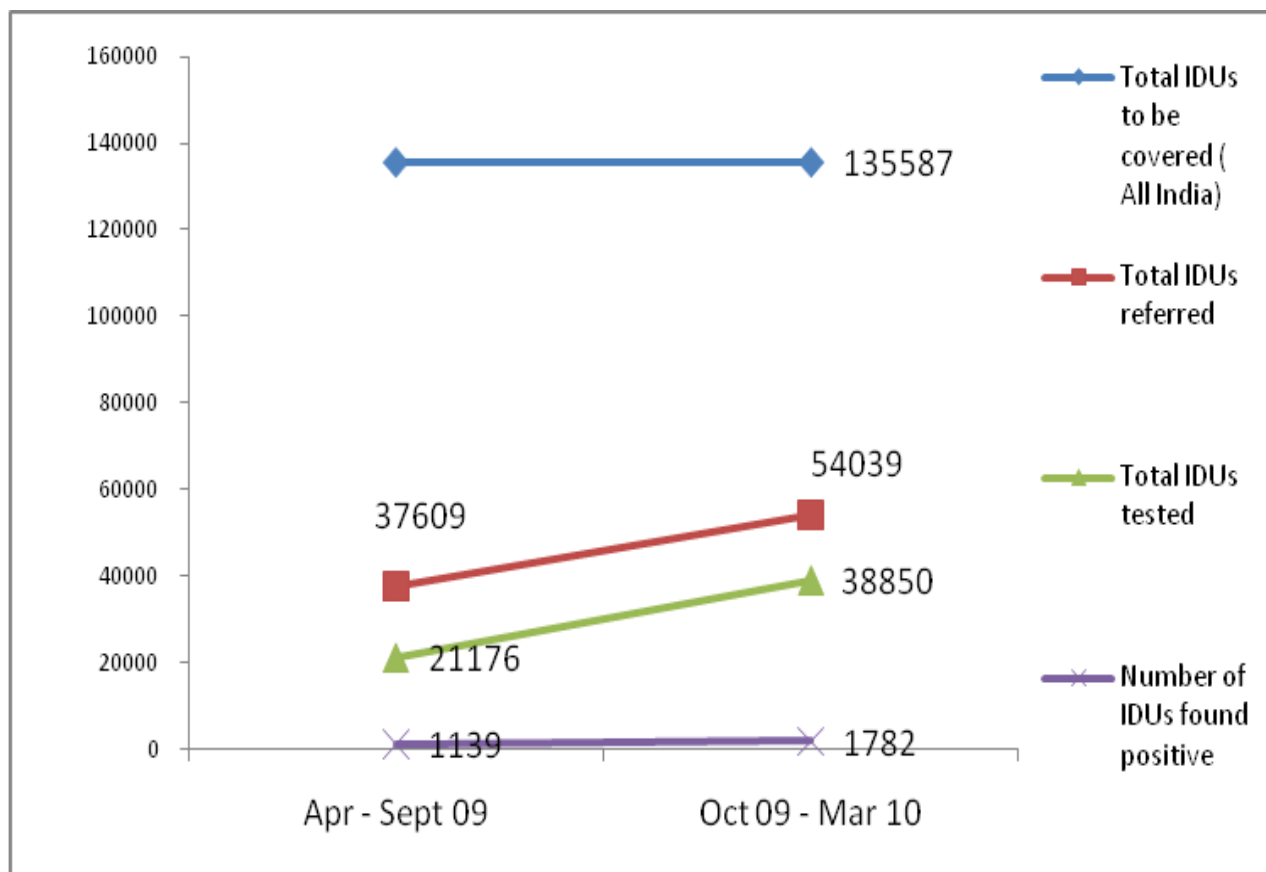
Graph showing % of registered IDUs undergone ICTC test against the expected test of 100 percent across the states during first half of the year - April '09 to March '10



Graph showing % of registered IDUs undergone ICTC test against the expected test of 100 percent across the states during second half of the year - April '09 to March '10



Graph showing the total number of ICTC referrals, tested and positive status of the IDU - National average



III. CARE AND SUPPORT

As per guidelines all the HRGs tested positive are to be registered for pre ART registration. During the year 2009-10, 12712 HRGs across the states were tested positive. During the same period, 6687(52.6%) HRGs were registered at the ART center. This concludes that linkages with ART are poor. All States must improve linkage to ART center.

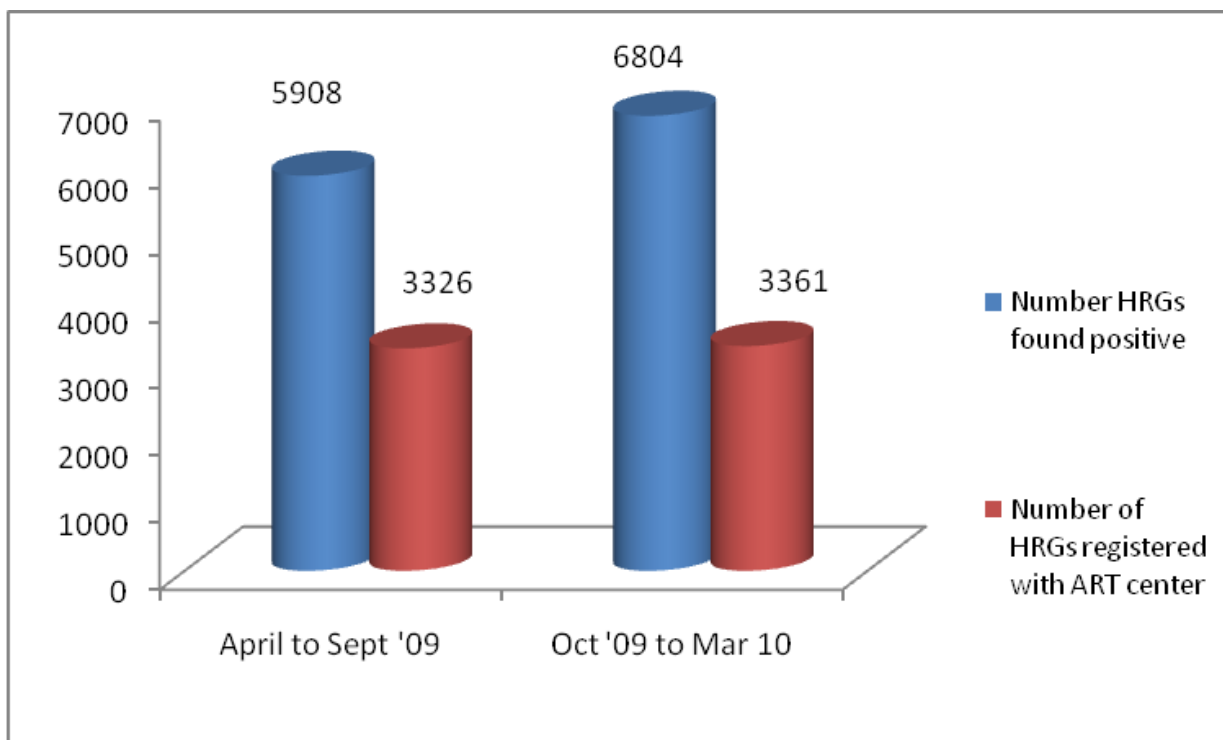
Observations and conclusions:

1. The Graph below gives All India six month break of positives tested and registered with the ART centers by state wise.
2. The data from the table reveals that out of total 12712 tested positive during the year, 5908 tested positive during Apr-Sept 2009 and 6804 during Oct 09-Mar 10.
3. During the same period the registration numbers with the ART stood at 3326 and 3361 respectively for the corresponding period.
4. The states which shows wide gap between **tested positive and registered with ART** are – **Andhra Pradesh, Maharashtra, Uttar Pradesh, West Bengal, Karnataka, Haryana and Manipur.**

Table 11 showing status on the HIV tested positive linked to ART centers across the states – Six month interval

Name of the State	Tested positive during Apr - Sept '09	Registered at ART from Apr-Sept '09	Tested positive during Oct '09 - Mar '10	Registered at ART from Oct '09 -Mar '10
Andhra Pradesh	1130	397	554	328
Arunachal Pradesh	0	0	74	0
Assam	22	23	22	19
Bihar	42	14	12	6
Chandigarh	66	11	17	14
Chhattisgarh	24	14	43	69
Delhi	369	209	418	136
Goa	91	31	29	24
Gujarat	345	298	265	233
Haryana	210	59	198	24
Himachal Pradesh	8	6	6	8
Jammu & Kashmir	5	0	0	0
Jharkhand	23	43	17	18
Karnataka	110	228	1147	175
Kerala	25	92	264	96
Madhya Pradesh	265	174	88	75
Maharashtra	701	256	808	208
Manipur	217	182	550	279
Meghalaya	0	0	4	0
Mizoram	63	112	120	129
Nagaland	86	70	79	45
Orissa	117	225	146	236
Pondicherry	8	2	0	0
Punjab	247	64	240	159
Rajasthan	64	96	53	81
Sikkim	57	0	1	0
Tamil Nadu	153	420	242	599
Tripura	13	4	15	10
Uttar Pradesh	897	145	1151	208
Uttaranchal	21	6	50	13
West Bengal	529	145	191	169
All India	5908	3326	6804	3361

Graph below shows number of HRGs found positive Vs number registered (pre registration) at ART centers – All India



IV. CONDOM DISTRIBUTION

The demand for condoms varies for each typology. Hence before distribution, a state should know the exact requirement of condoms for the coverage in each typology and for each HRG. For the said period, there is no condom demand analysis was carried for each typology and for each HRG.

Hence an attempt is made (as per NACP III guidelines) which gives average condoms to be distributed for each typology group.

In this report these averages were used to analysis on the number of condom distributed against each typology requirement and extent of gap identified across four quarters.

The demand for the all the five categories of HRG group has been analysed. The average calculation available and taken into consideration has been detailed below.

FSW & MSM condom requirement analysis:

Every FSW and MSM would be involving at least 3 sex act per day resulting in at least 3 condoms per day for 25 days in a month has been calculated. A requirement of 75 condoms per person per month has been derived for use in the analysis.

IDU intervention condom requirement:

On an average 2 sex act per week for 4 weeks in a month. This is based on the AAP 2010-11 calculation. An average requirement of 8 condoms per person per month has been derived for use in the analysis.

MIGRANT intervention condom requirement:

On an average a migrant indulge in 3 sex acts per week. An average requirement per month comes to 12 sex acts resulting minimum requirement of 12 condoms per person per month. The same number has been used to derive the demand for this group and used in the analysis.

TRUCKER intervention condom requirement:

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

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

:

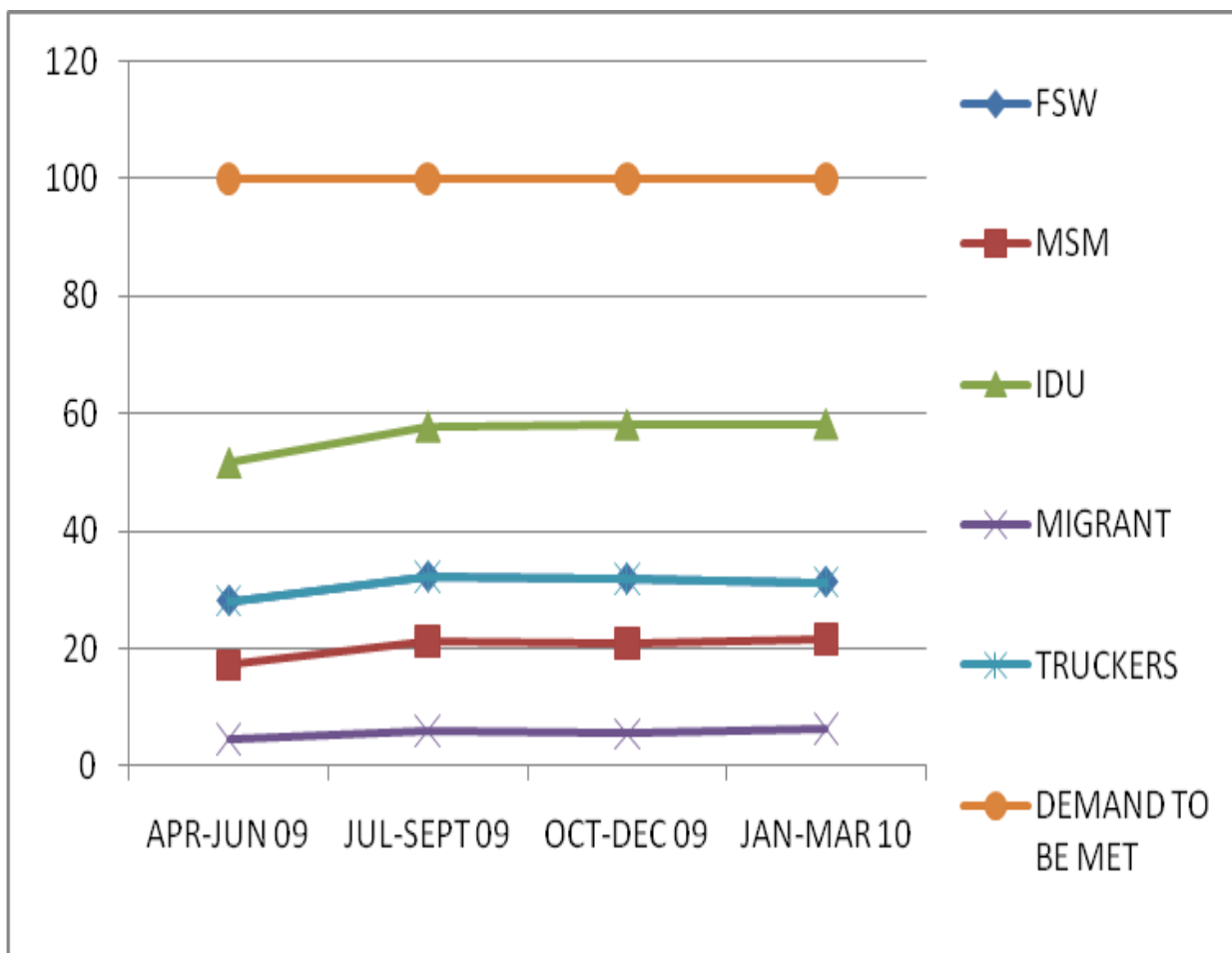
NOTE: *As per the growth trajectory for condoms under NACP-III, 33% of condoms were sold through CSM in 2005, and by the year 2011, it is projected to be 57%. Taking average of it, we assume 50% of condoms would be sold through social marketing.*

From the above calculation, every trucker requirement would be 5 condoms per person per month out of which 50% will be covered through social marketing (from various sources). The prevention project will fill the rest of 50% gap. Hence 50% (average of 2.5 sex act per person per month) have been taken into consideration for calculating the requirement of condoms for analysis purposes in the trucker intervention.

Observations:

1. Overall across all the typologies, the distribution is not meeting the minimum demand analysis.
2. The graph below reveals that the gap is wide among the bridge population –Migrant and Truckers.
3. The pattern reveals that there is no linkage between the demand analysis and the distribution.

Graph showing the % of condom distributed against demand across all four quarters for all five categories.



Following table gives detailed breakup of condom distribution against the requirement as per calculation described above for all the 5 categories of HRGs. A state wise distribution across 4 quarters (April 2009 – March 2010) has been detailed below. The tables 12 through 16 reveals that overall under each of typology; none of the state could meet the demand of the condoms.

Table 12 shows the condom distribution pattern for FSW intervention against the requirement across four quarter for the year 2009-10

STATUS ON CONDOM DISTRIBUTION IN FSW INTERVENTION							
Sl No	Name of the State	Coverage population	condom requirement for distribution	% of condom distributed in quarter Apr-Jun 2009	% of condom distributed in quarter Jul-Sept 2009	% of condom distributed in quarter Oct-Dec 2009	% of condom distributed in quarter Jan-Mar 2010
1	Andhra Pradesh	103325	23248125	47.75	54.12	57.16	60.01
2	Arunachal Pradesh	3446	775350	3.13	4.17	4.50	5.79
3	Assam	17945	4037625	7.19	18.20	21.13	25.62
4	Bihar	13725	3088125	18.18	9.53	11.09	3.75
5	Chandigarh	3750	843750	5.85	12.71	16.80	16.70
6	Chhattisgarh	8850	1991250	1.41	5.02	13.33	14.14
7	Dadra & Nagar Haveli	0	0	0	0	0	0
8	Damn & Diu	0	0	0	0	0	0
9	Delhi	37900	8527500	17.35	20.21	30.47	28.12
10	Goa	3864	869400	10.98	16.35	21.17	22.71
11	Gujarat	33573	7553925	26.93	28.69	27.39	19.42
12	Haryana	13600	3060000	11.78	11.76	13.09	13.99
13	Himachal Pradesh	8250	1856250	21.50	23.86	15.63	22.92
14	Jammu & Kashmir	975	219375	1.87	2.45	3.61	3.20
15	Jharkhand	19292	4340700	5.70	7.87	5.32	7.48
16	Karnataka	79120	17802000	47.04	44.08	37.97	37.22
17	Kerala	34986	7871850	10.18	13.62	10.21	20.26
18	Madhya Pradesh	25894	5826150	12.18	18.22	15.01	15.67
19	Maharashtra	85202	19170450	40.75	39.62	33.87	20.34
20	Manipur	5000	1125000	9.45	10.93	18.58	24.85
21	Meghalaya	2000	450000	0.42	0.83	0.55	3.54
22	Mizoram	1470	330750	14.07	22.62	16.24	15.67
23	Nagaland	3475	781875	29.67	27.62	28.01	18.30
24	Orissa	9525	2143125	8.01	28.95	25.93	33.01
25	Pondicherry	2077	467325	0.07	0.51	1.32	11.19
26	Punjab	10000	2250000	13.16	33.96	24.41	27.86
27	Rajasthan	19850	4466250	26.57	30.14	32.96	30.00
28	Sikkim	705	158625	3.66	5.60	7.14	21.66
29	Tamil Nadu	60726	13663350	11.65	31.83	35.76	36.36
30	Tripura	5800	1305000	12.44	14.24	19.29	20.64
31	Uttar Pradesh	19300	4342500	49.03	49.38	47.08	58.67
32	Uttaranchal	7400	1665000	3.21	4.96	8.88	13.92
33	West Bengal	36141	8131725	29.86	31.73	30.63	31.85
	All India	677166	152362350	28.08	32.23	31.86	31.31

Table 13 shows the condom distribution pattern for MSM intervention against the requirement across four quarter for the year 2009-10.

STATUS ON CONDOM DISTRIBUTION IN MSM INTERVENTION							
Sl No	Name of the State	Coverage population	condom requirement for distribution	% of condom distributed in Apr-Jun 2009	% of condom distributed in Jul-Sept 2009	% of condom distributed in Oct-Dec 2009	% of condom distributed in Jan-Mar 2010
1	Andhra Pradesh	37936	8535600	40.25	42.08	47.33	46.32
2	Arunachal Pradesh	0	0	0	0	0	0
3	Assam	2042	459450	3.72	8.28	9.68	16.29
4	Bihar	3060	688500	24.62	12.00	9.99	6.15
5	Chandigarh	2500	562500	5.71	8.73	10.78	12.55
6	Chhattisgarh	800	180000	3.06	7.86	32.81	14.27
7	Dadra & Nagar Haveli	0	0	0	0	0	0
8	Daman & Diu	0	0	0	0	0	0
9	Delhi	15000	3375000	10.57	10.46	15.65	20.72
10	Goa	2500	562500	7.48	8.96	13.41	16.02
11	Gujarat	40881	9198225	16.44	17.64	16.47	11.94
12	Haryana	3700	832500	8.73	8.93	7.65	9.14
13	Himachal Pradesh	1300	292500	20.79	17.56	12.12	18.22
14	Jammu & Kashmir	114	25650	6.78	5.58	0.00	2.03
15	Jharkhand	1335	300375	6.54	5.24	2.90	5.80
16	Karnataka	26192	5893200	22.86	26.75	20.48	20.17
17	Kerala	24280	5463000	8.39	10.62	7.57	19.36
18	Madhya Pradesh	10643	2394675	10.53	13.47	10.85	10.01
19	Maharashtra	42122	9477450	12.39	13.61	9.83	5.85
20	Manipur	600	135000	6.56	61.12	48.25	56.85
21	Meghalaya	0	0	0	0	0	0
22	Mizoram	300	67500	4.69	7.69	12.98	13.32
23	Nagaland	800	180000	16.05	15.97	21.70	20.91
24	Orissa	5550	1248750	8.05	26.64	24.75	33.95
25	Pondicherry	1475	331875	0.02	0.31	0.95	10.00
26	Punjab	1550	348750	12.93	16.75	17.94	25.07
27	Rajasthan	1750	393750	16.48	36.76	28.20	27.36
28	Sikkim	0	0	0	0	0	0
29	Tamil Nadu	40908	9204300	10.69	27.19	29.02	30.16
30	Tripura	400	90000	9.78	11.89	13.89	12.63
31	Uttar Pradesh	8925	2008125	34.02	33.23	32.90	38.25
32	Uttaranchal	1540	346500	2.56	1.23	3.48	4.90
33	West Bengal	7200	1620000	8.77	8.50	9.13	16.80
	All India	285403	64215675	17.19	21.32	20.89	21.59

Table 14 shows the condom distribution pattern for IDU intervention against the requirement across four quarter for the year 2009-10

STATUS ON CONDOM DISTRIBUTION IN IDU INTERVENTION							
Sl No	Name of the State	Coverage population	condom requirement for distribution	% of condom distributed in Apr-Jun 2009	% of condom distributed in Jul-Sept 2009	% of condom distributed in Oct-Dec 2009	% of condom distributed in Jan-Mar 2010
1	Andhra Pradesh	1500	36000	193.73	192.36	127.05	131.23
2	Arunachal Pradesh	2396	57504	22.52	29.83	26.14	39.79
3	Assam	4114	98736	25.45	37.88	39.84	66.82
4	Bihar	2242	53808	90.56	52.46	101.10	4.20
5	Chandigarh	1100	26400	48.50	43.28	63.09	75.68
6	Chhattisgarh	970	23280	0.47	43.60	150.30	77.68
7	Dadra & Nagar Haveli	0	0	0	0	0	0
8	Daman and Diu	0	0	0	0	0	0
9	Delhi	4800	115200	87.06	103.23	94.41	84.34
10	Goa	550	13200	9.92	11.93	12.80	10.08
11	Gujarat	1050	25200	31.63	10.13	11.17	12.70
12	Haryana	2600	62400	36.29	65.07	44.49	30.64
13	Himachal Pradesh	600	14400	64.17	89.06	61.49	93.56
14	Jammu & Kashmir	178	4272	397.94	135.07	90.36	77.95
15	Jharkhand	580	13920	3.11	3.79	19.58	47.23
16	Karnataka	801	19224	12.16	40.67	22.78	72.96
17	Kerala	4822	115728	12.92	19.80	7.07	30.77
18	Madhya Pradesh	5451	130824	19.08	47.51	34.98	33.25
19	Maharashtra	3201	76824	2.80	2.04	2.09	1.16
20	Manipur	31000	744000	27.21	30.18	40.11	46.38
21	Meghalaya	1500	36000	6.90	13.94	17.52	63.23
22	Mizoram	15200	364800	69.13	77.38	73.99	59.54
23	Nagaland	22029	528696	53.86	63.96	57.73	53.44
24	Orissa	1950	46800	47.53	90.95	57.84	86.70
25	Pondicherry	140	3360	0.00	0.00	0.00	17.86
26	Punjab	5200	124800	30.69	43.30	53.00	55.06
27	Rajasthan	1060	25440	54.89	94.79	80.07	52.52
28	Sikkim	498	11952	37.10	54.74	128.80	236.13
29	Tamil Nadu	1295	31080	148.50	175.45	263.53	291.23
30	Tripura	650	15600	70.01	53.39	68.62	96.83
31	Uttar Pradesh	9350	224400	168.55	151.21	131.21	118.44
32	Uttaranchal	2010	48240	12.32	20.48	15.73	23.69
33	West Bengal	6750	162000	26.56	26.15	41.75	48.97
	All India	135587	3254088	51.56	57.85	58.19	58.26

Table 15 shows the condom distribution pattern for MIGRANT intervention against the requirement across four quarter for the year 2009-10

STATUS ON CONDOM DISTRIBUTION IN MIGRANT INTERVENTION							
Sl No	Name of the state	Coverage population	condom requirement for distribution in a quarter	% of condom distributed in Apr-Jun 2009	% of condom distributed in Jul-Sept 2009	% of condom distributed in Oct-Dec 2009	% of condom distributed in Jan-Mar 2010
1	Andhra Pradesh	75000	2700000	11.60	17.86	16.29	28.57
2	Arunachal Pradesh	35291	1270476	1.87	2.12	1.56	2.22
3	Assam	27746	998856	0.33	1.97	2.23	1.81
4	Bihar	0	0	0	0	0	0
5	Chandigarh	20000	720000	1.78	1.89	4.85	4.22
6	Chhattisgarh	30000	1080000	0.00	0.05	1.42	0.00
7	Dadra & Nagar Haveli	10000	360000	6.62	0.00	4.38	14.48
8	Daman & Diu	0	0	0	0	0	0
9	Delhi	60500	2178000	3.79	3.90	1.65	0.18
10	Goa	25000	900000	2.42	0.56	0.59	1.01
11	Gujarat	144365	5197140	9.49	9.45	11.77	8.41
12	Haryana	52000	1872000	6.80	9.34	7.13	9.22
13	Himachal Pradesh	35000	1260000	4.43	6.15	3.30	3.40
14	Jammu & Kashmir		0	0	0	0	0
15	Jharkhand	5000	180000	0.87	3.80	11.16	0.00
16	Karnataka	30000	1080000	3.91	5.30	4.29	4.52
17	Kerala	9923	357228	8.28	10.72	4.88	10.15
18	Madhya Pradesh	45000	1620000	0.00	1.27	1.86	0.61
19	Maharashtra	568097	20451492	3.39	2.68	1.99	2.47
20	Manipur	15000	540000	4.49	2.79	3.61	5.13
21	Meghalaya	5000	180000	3.11	1.97	2.44	1.28
22	Mizoram	46000	1656000	11.65	14.78	8.34	7.77
23	Nagaland	5000	180000	1.23	2.55	3.56	4.48
24	Orissa	59743	2150748	1.60	10.21	10.92	21.12
25	Pondicherry	12515	450540	0.00	0.00	0.00	0.00
26	Punjab	15000	540000	11.85	6.79	8.18	7.38
27	Rajasthan	45000	1620000	1.67	10.07	4.70	5.54
28	Sikkim	2137	76932	1.56	1.12	2.19	6.89
29	Tamil Nadu	50333	1811988	0.00	10.56	12.08	9.58
30	Tripura	60000	2160000	2.78	6.37	9.46	10.96
31	Uttar Pradesh	0	0	0	0	0	0
32	Uttaranchal	20000	720000	1.16	1.45	2.30	7.24
33	West Bengal	41000	1476000	7.67	10.59	13.34	9.46
	All India	1549650	55787400	4.64	5.88	5.50	6.34

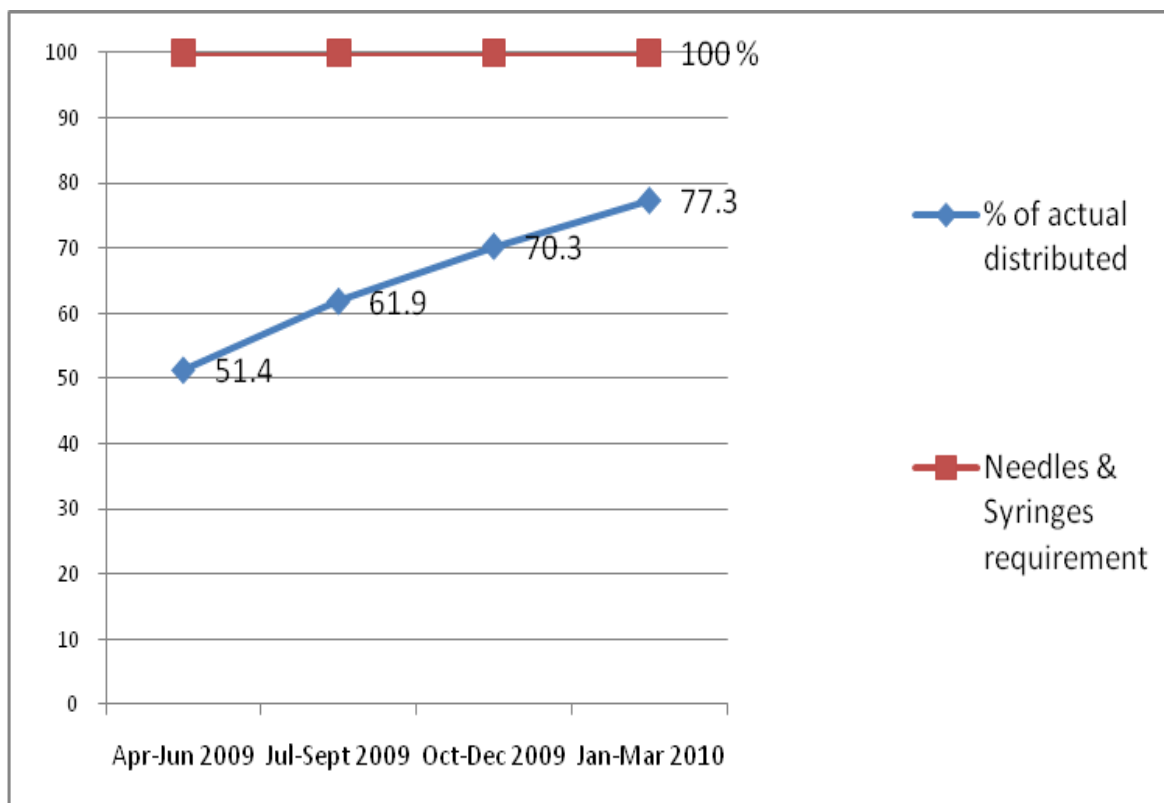
Table 16 shows the condom distribution pattern for TRUCKER intervention against the requirement across four quarter for the year 2009-10

STATUS ON CONDOM DISTRIBUTION IN TRUCKER INTERVENTION							
SI No	Name of the state	Coverage population	Condom requirement for distribution in a quarter.	% of condom distributed in Apr-Jun 2009	% of condom distributed in Jul-Sept 2009	% of condom distributed in Oct-Dec 2009	% of condom distributed in Jan-Mar 2010
1	Andhra Pradesh	25000	187500	83.90	67.99	45.28	41.90
2	Arunachal Pradesh	0	0	0	0	0	0
3	Assam	5475	41063	30.75	35.41	24.99	23.01
4	Bihar	0	0	0	0	0	0
5	Chandigarh	0	0	0	0	0	0
6	Chhattisgarh	40000	300000	0.00	0.00	0.00	0.00
7	Dadra & Nagar Haveli	5000	37500	34.13	0.00	24.99	15.13
8	Daman & Diu	0	0	0	0	0	0
9	Delhi	25000	187500	1.20	0.08	5.08	0.61
10	Goa	10000	75000	14.68	1.57	1.77	1.12
11	Gujarat	50000	375000	2.48	5.04	8.55	4.27
12	Haryana	0	0	0	0	0	0
13	Himachal Pradesh	0	0	0	0	0	0
14	Jammu & Kashmir	0	0	0	0	0	0
15	Jharkhand	0	0	0	0	0	0
16	Karnataka	27310	204825	2.11	4.41	9.93	0.45
17	Kerala	42608	319560	4.88	11.64	1.10	3.60
18	Madhya Pradesh	37210	279075	0.00	0.00	0.00	0.00
19	Maharashtra	261849	1963868	1.53	1.80	1.23	0.95
20	Manipur	0	0	0	0	0	0
21	Meghalaya	0	0	0	0	0	0
22	Mizoram	0	0	0	0	0	0
23	Nagaland	12000	90000	22.96	46.88	11.03	7.93
24	Orissa	5000	37500	12.57	46.99	11.60	5.44
25	Pondicherry	0	0	0	0	0	0
26	Punjab	20000	150000	0.67	1.67	0.00	3.07
27	Rajasthan	10000	75000	3.65	8.72	19.14	20.33
28	Sikkim	0	0	0	0	0	0
29	Tamil Nadu	33884	254130	0.00	46.65	55.75	21.46
30	Tripura	0	0	0	0	0	0
31	Uttar Pradesh	110000	825000	2.54	7.60	0.37	0.15
32	Uttaranchal	0	0	0	0	0	0
33	West Bengal	48000	360000	46.02	10.90	13.07	11.94
	All India	677166	5762520	28.08	32.23	31.86	31.31

V. NEEDLES AND SYRINGES

There is no standard formula to calculate the demand for needles and syringes. (Every TI is asked to calculate actual injection episodes for each IDU and assess N/S demand). In this report, for analysis purpose, it has been considered that each HRG covered on an average would be requiring minimum of 1 needle and syringe per day. Hence requirement for each IDU person per month will be 30 needles and syringes. Based on this calculation, the distribution pattern across four quarters for each state has been analyzed.

Graph showing the % of needles and syringes distributed against the demand – All India



The above graphs show that only 50% of the demand was met in the first quarter which has increased to 77% towards end of fourth quarter.

Observations and conclusions:

1. Overall the distribution pattern is showing increasing trend across most of the states when compared across four quarters in Needles and Syringes (N/S).
2. The state details across four quarter also show that the distribution is **not** happening as per demand analysis. (conclusion drawn is that no demand analysis is in place across the TIs)
3. States distributing needles and syringes more than requirement has been witnessed in 4 states – **Andhra Pradesh, Delhi, Sikkim and Uttar Pradesh.**
4. There are 4 states, the distribution pattern shows that the % of distribution is declining across the quarters – Bihar, Jammu & Kashmir, Jharkhand and Maharashtra.

Table 17 shows the distribution pattern of N/S across the states in each quarter 2009-2010

STATUS ON NEEDLES & SYRINGES DISTRIBUTION IN IDU INTERVENTION							
Sl. No	Name of the state	Coverage population	Minimum requirement N/S for distribution	% of N/S distributed in Apr-Jun 2009	% of N/S distributed in Jul-Sept 2009	% of N/S distributed in Oct-Dec 2009	% of N/S distributed in Jan-Mar 2010
1	Andhra Pradesh	1500	135000	166.8	147.9	101.6	102
2	Arunachal Pradesh	2396	215640	13.9	21.9	30.8	46.5
3	Assam	4114	370260	48.3	65.6	73.1	49.3
4	Bihar	2242	201780	23.3	16	11.3	3.2
5	Chandigarh	1100	99000	39.4	51.2	60.1	81.4
6	Chhattisgarh	970	87300	0	0	1.9	3.7
7	Dadra & Nagar Haveli	0	0	0	0	0	0
8	Delhi	4800	432000	104.2	125.2	120.8	167.3
9	Goa	550	49500	34.9	35.5	38.4	55.4
10	Gujarat	1050	94500	21.7	26.7	54.3	96.3
11	Haryana	2600	234000	23.5	46	39.5	45.8
12	Himachal Pradesh	600	54000	55.1	47.7	64.1	46.1
13	Jammu & Kashmir	178	16020	0	0	1.3	1.3
14	Jharkhand	580	52200	24	13.7	7.2	9.2
15	Karnataka	801	72090	22.5	77	88.2	171.1
16	Kerala	4822	433980	13.3	25.8	11.4	47
17	Madhya Pradesh	5451	490590	21.4	36.5	33.7	22.1
18	Maharashtra	3201	288090	3.9	2.6	2.2	2.2
19	Manipur	31000	2790000	34	41.8	55.9	58.8
20	Meghalaya	1500	135000	4.8	23.2	8.2	30.2
21	Mizoram	15200	1368000	67.6	61.5	68.9	64.8
22	Nagaland	22029	1982610	53.1	63	60.8	63.8
23	Orissa	1950	175500	13.4	59.6	74.3	83
24	Pondicherry	140	12600	0	0	0	7.5
25	Punjab	5200	468000	48.8	69.5	87.8	114.9
26	Rajasthan	1060	95400	66.4	81.4	74.9	74.8
27	Sikkim	498	44820	64.8	144	232.9	410
28	Tamil Nadu	1295	116550	67	42.7	63.3	44.5
29	Tripura	650	58500	26.5	36.7	27.9	48.2
30	Uttar Pradesh	9350	841500	138.2	169.7	202.7	198.6
31	Uttaranchal	2010	180900	16.2	91	133.3	105.2
32	West Bengal	6750	607500	68.6	62.1	88.5	130.2
	All India	135587	12202830	51.4	61.9	70.3	77.3