

PREVENTION PROGRESS UPDATE

2023- 2024

(F O U R T H E D I T I O N)

PREVENTION PROGRESS

UPDATE

2023- 2024

(FOURTH EDITION)

NACO, MoHFW, GoI, 2024

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FOREWORD



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Prevention and control of HIV and STI among high Risk, at risk Population and low Risk population is a critical component of NACP Phase-V to reduce the annual HIV infections in India. Aligned with the objectives of NACP Phase-V, NACO intensified its efforts with meticulous planning and execution of various strategies to address the challenges flagged by the communities. The strategies include initiating health campaigns, scaling up of Targeted Intervention Projects, Link Worker Scheme, reaching the unreached population operating at Spa/Massage Parlour interventions, through Network Operators and on Web-Based Platforms. This also includes increasing access to Opioid Substitution Therapy (OST) combined with providing psychosocial support, increasing operational efficiency, inter-departmental collaboration across the National Health programmes to provide a comprehensive basket of services through effective linkages for PWIDs.

Newer strategies such as Sampoorna Suraksha, One Stop Centre (OSC) and Community System Strengthening (CSS) have also had a significant impact on averting new infections and closing the gap on the first 95. These strategies paved the way to improve access to care and health outcomes by reducing HIV-related disparities and health inequities among high risk and other vulnerable populations and augmented the national priorities of having a high impact sustainable approach to achieve HIV prevention goals. The development of Guidance Documents and Standard Operating Procedures based on the strategies above, have supported in streamlining the operational aspects of the newer interventions and have created a sustainable model for replication under NACP.

The Prevention Progress Update 2023-2024 highlights the key achievements, challenges and potential opportunities in the prevention initiatives under NACP Phase-V. This update presents the national progress by comparing results against annual targets, as a way to monitor progress and trends towards achieving the NACP Phase-V targets.

I appreciate the systematic efforts made across the prevention programme to increase the enrollment of new HRGs, which is essential to achieve the first 95 target. I congratulate the entire team at NACO for making this Prevention Progress Update a signature product of the Prevention Programme. This document will certainly benefit the key stakeholders including SACS, DISHA, TI-NGOs and other development partners engaged in prevention services to design and implement evidence-informed programmes.


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अपनी एचआईवी अवस्था जानें, निकटतम सरकारी अस्पताल में मुफ्त सलाह व जाँच पाएँ
Know your HIV status, go to the nearest Government Hospital for free Voluntary Counselling and Testing

निखिल गजराज, भा.प्र.से.
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PREFACE

The National AIDS and STD Control Programme continuously thrives towards providing demand driven and evidenced based HIV services to the HRGs aligning with the global HIV response. NACO has been directing its efforts in prevention and cascade interventions toward specific sub-groups within the population identified to be at high-risk of acquiring the HIV infections. Therefore, the initiative taken by the Prevention Programme to share an annual Prevention Progress Update with all the key stakeholders including the community, demonstrates transparency, accountability and reaffirmation.

Besides capturing the progress of prevention activities on different headings, this update substantiates the continuation of ongoing interventions and the need for demonstrating newer initiatives among high-risk groups and other vulnerable populations. The program has initiated approaches towards establishing strategic partnerships and coordination with concerned Ministries and Agencies of the Government of India and the State Governments to provide a comprehensive and integrated service provision for various target groups including people who inject drugs.

The prevention programme deploys a host of interventional strategies to keep uninfected HRGs HIV-negative, early detection of HIV infection to reduce their risk behaviors to decrease STI rates and HIV transmission to others, targeting HRGs with chronic HIV infection to reduce their HIV/AIDS morbidity and mortality levels by ensuring adherence to ART. Towards this end, the programme has implemented time-bound expanded prevention mandate including carrying out nationwide campaigns to reach young and new HRGs living in unreached geographies and operating in different spaces.

The system established to build the capacities of staff engaged in various activities deserves special recognition and appreciation. This reporting period has seen remarkable achievements in ensuring that hundred percent of its staff receive induction/refresher training on varied topics through classroom, online and hybrid mediums.

I hope this document will support the programme in understanding where the gaps are in primary prevention, and the inferences and recommendations outlined will act as critical enablers to identify steps required to achieve effective use of prevention methods.

(Nikhil Gajraj)



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MESSAGE

Prevention is one of the key components of National AIDS and STD Control Programme (NACP) that always sets specific and measurable targets aligning with the NACP phase V goals and works with the High Risk Groups, Bridge Populations and other at Risk population who are at risk of acquiring HIV/AIDS and STIs. These groups are often marginalized and remain hidden due to various reasons. Services are provided to these population primarily thorough prevention initiatives including Targetted Intervention Projects, provision of Opioid Substitution Therapy and intervention in Prison and Other Closed settings, Link Worker Schemes for rural HRGs and Vulnerable Populations.

Based on past learnings, the Annual Action Plan for FY 2023-2024 set clear agenda items to achieve results on key indicators by providing critical enablers. The prevention program provided major thrust on the following three areas as part of the ongoing interventions: 1) enrollment of new and young HRGs not covered by the program, including those who are living in hard-to-reach, uncovered geographies, and are operating in different spaces such as massage, spa, and virtual venues; 2) carrying out index testing to ensure key populations and their sexual partners are aware of their HIV status; and 3) ensuring provision of prevention tools including condoms, needles, and syringes, and OST for people at risk of HIV infection. The prevention team estimates the new HIV infection rate using program data to know the characteristics of the newly HIV infected individuals towards development of tailored HIV responses for the key populations.

With the support of the Global Fund Grant, initiatives such as Sampurna Suraksha Kendra (SSK) to provide services to HRGs who were not registered in any of the prevention interventions and 'One Stop Centers' to reach out to key populations living in uncovered areas have gained momentum during this reporting period. These initiatives complement NACP in ensuring access to prevention services for all key populations by addressing structural issues. The implementing partners have been advised to make course corrections based on past learnings.

Full-fledged central sector funding coupled with community-led interventions to reach HRGs operating in traditional and virtual venues provides a resilient ability to deliver prevention services more efficiently than ever. The prevention initiatives are committed to adhere to the principle of "Break the Silos and Build Synergies" and therefore NACO always look forward to new innovations, insights and suggestions from all stakeholders working under NACP to strengthen the programme.

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HIV prevention programs are continuously evolving to keep pace with the changing dynamics of sex work and injecting practices. The era of artificial intelligence has brought about significant changes in different domains, including healthcare. The Prevention Division, with community insight, has the ability to predict, learn, and adapt to situations, which requires the deployment of differentiated and combination prevention techniques to ensure HIV prevention services for most at-risk and other vulnerable populations operating in different spaces.

Under the exceptional leadership of Additional Secretary and Director General, NACO, Ms. V. Hekali Zhimomi, the Prevention Division has been achieving the prevention targets set under Phase V of the NACP. We express our sincere gratitude for her guidance, unwavering support, encouragement and strategic directions.

We warmly express our sincere gratitude to Mr Nikhil Gajaraj, Joint Secretary, NACO, for his advice provided during this short span of time. The inputs and recommendations had shaped the overall presentation of the Prevention Progress Report.

We place our appreciation and heartfelt thanks to Dr. Shobini Rajan, HOD, Prevention Division, NACO, for her mentoring and inspiring leadership, which turned many challenges into potential opportunities. We also take this opportunity to thank Dr. Anoop Kumar Puri, Deputy Director General, Dr. U.B. Das, Sr. CMO (SAG), Dr. Chinmoyee Das, PHS Grade-I, and Dr. Bhawna Rao, Deputy Director, for their technical inputs to strengthen the cross-cutting activities.

We extend our appreciation to all State AIDS Control Societies, DAPCU, DISHA, key Ministries and Agencies of the Government of India and the State Governments, community and development partners for their immense contributions and active collaborations to achieve the prevention target.

I congratulate the Prevention Team, NACO for preparing the prevention progress report and thank the following team members for this seminal work; Mr. Ginmung Ngaihte, Ms. Gunjan Pandey, Mr. Sanjay Verma, Mr. Arvind Kumar, Mr. Rahul Ahuja, Ms. Rachana Shukla Pandey, Dr. Samiksha Sharma, Ms. Ira Madan, Mr. Prashant Kumar Patra, Dr. Payal Sahu, Mr. Samresh Kumar, Mr. Dew Stanely Ephraim, and Mr. Abraham Lincoln.


(Saiprasad Bhavsar)

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ABBREVIATIONS

ABBREVIATIONS

| | |
|-------|---|
| AIDS | Acquired Immune Deficiency Syndrome |
| AAP | Annual Action Plan |
| ANC | Antenatal Care |
| ART | Antiretroviral Therapy |
| ARTC | Antiretroviral Therapy Center |
| BP | Bridge Population |
| BCC | Behavior Change Communication |
| CAB | Community Advisory Board |
| CBO | Community-Based Organization |
| CLM | Community Led Monitoring |
| CSS | Community System Strengthening |
| DACS | District AIDS Control Society |
| DSRC | Designated STI/RTI clinics |
| EMTCT | Elimination of mother-to-child transmission |
| FIDU | Female Injecting Drug Users |
| FSW | Female Sex Workers |
| FY | Financial year |
| GFATM | Global Fund for AIDS, TB and Malaria |
| GoI | Government of India |
| H/TG | Hijra/Transgender |
| HBV | Hepatitis B Virus |
| HCTS | HIV Counselling and screening services |
| HIV | Human immunodeficiency Virus |
| HFW | Health & Family welfare |
| HRG | High Risk Groups |
| HSS | HIV Sentinel Surveillance |
| ICTC | Integrated counselling and screening center |
| ISDM | Integrated Service Delivery Model |
| KK | Kshamta Kendra |
| LWS | Link Worker Scheme |
| MITR | Monthly Indicators for TI reporting |
| MoSJE | Ministry of Social Justice and Empowerment |
| MSM | Men who have Sex with Men |
| NACO | National AIDS Control Organization |
| NACP | National AIDS & STD Control Programme |
| NGOs | Non-Governmental Organization |
| NSEP | Needle-Syringe Exchange Programme |

| | |
|-----------|---|
| NTEP | National Tuberculosis Elimination Programme |
| OCS | Other Closed Settings |
| ORW | Outreach Workers |
| OSC | One Stop Center |
| OST | Opioid Substitution Therapy |
| OVP | Other Vulnerable Population |
| PLHA | People living with HIV/AIDS |
| PLHIVs | People Living With HIV/AIDS |
| P-prisons | Prison |
| PMC | Project Monitoring Committee |
| p-MPSE | Programmatic Mapping and Population Size Estimation |
| MCH | Maternal & Child Health |
| MGNREGA | Mahatma Gandhi National Rural Employment Guarantee Scheme |
| OI | Opportunistic Infection |
| PPP | Public Private Partnerships |
| KP | Key Population |
| PR | Principal Recipient |
| PRI | Panchayat Raj Institutions |
| PWID | People Who Inject Drugs |
| RICE | Regional Institute for Capacity Building and Evaluation |
| RCH | Reproductive & Child Health |
| RTI | Reproductive Tract Infection |
| SAATHI | Solidarity & Action Against The HIV infection in India |
| SACS | State AIDS Control Society |
| SCRG | State Community Resource Group |
| SOCH | Strengthening Overall Care for HIV Beneficiaries |
| SSK | Sampoorna Suraksha Kendra |
| SSS | Sampoorna Suraksha Strategy |
| STI | Sexually transmitted infections |
| TB | Tuberculosis |
| TI | Targetted Intervention |
| TOT | Training of Trainers |
| TRG | Technical Resource Group |
| TSU | Technical Support Unit |

Executive Summary

EXECUTIVE SUMMARY

1. The overarching goal of the global AIDS response is to reduce the number of newly infected people to less than 2,00,000 in 2030. In India, the annual new HIV infections between 2010 and 2022 has declined by 44.23%, while the annual new infection globally has declined by 39%. Prevention Division under the National AIDS and STD Control Programme (NACP) continues its incredible work since 1992. The reporting period of 2023-2024 contributed significantly to avert the new infections.
2. HIV prevalence and incidence are well established among sub-populations, which include female sex workers (FSW), men who have sex with men (MSM), people who inject drugs (PWID), hijra/transgender (H/TG) persons and people living in prisons and other closed settings (P&OCS). The recent HIV surveillance (2021/23) data shows that HIV prevalence among the high-risk groups continues to be much higher (PWID-9.03%; MSM-3.26%; H/TG-3.78%; Prison inmates-1.99%; FSW-1.85%; Truckers-1.00%; Migrants-0.89%) in comparison to the estimated national adult prevalence of 0.20%.
3. Under the Prevention Component, the primary focus is on behavior change through services including HIV testing and linkage to antiretroviral therapy, screening and treatment for other sexually transmitted infections, and increasing the availability of condoms and sterile syringes, etc. This progress update presents the measures taken by the Prevention Division to accelerate the prevention initiatives to reach the NACP goals and by introducing various newer innovative interventions in collaboration with other departments and Ministries to strengthen the programmes. For instance, access to abstinence model provided by the Ministry of Social Justice and Empowerment has been made available to PWID who are availing Harm Reduction services under NACP. This joint pilot initiative between NACO, MoHFW and MoSJE is expected to pave the way for strengthening the integrated service provision for PWUDs in the country.
4. When the prevention program was conceived by NACO about three decades ago, there were defined populations to address HIV prevention activities, namely brothel-based, street-based, home-based, lodge-based, dhaba-based and highway-based FSWs. The advancement of technology through social media and mobile phones, changing social relations, and shifting social and sexual boundaries have changed the landscape of sex work in the country. Therefore, the Prevention Division has rolled out interventions to reach FSWs who are operating in new physical spaces, including massage parlors, spa centers, as well as virtual venues. These interventions have been successfully imbibed into the ongoing targeted interventions; now the specially trained peer educators and outreach workers are targeting these new physical venues with the support of network operators who are closely associated with FSWs, who influence their behavior and remain as part of their operational networks of sex work.
5. While the prevention services aim to keep a large number of HRGs HIV negative (FSW - 9.95 lakhs; MSM - 3.51 lakhs; H/TG - 0.96 lakhs; PWID - 2.88 lakhs; inmates living in prisons and OCS - 21.73 lakhs), the reporting period successfully brought a significant portion of new and young people under the ambit of targeted interventions projects (2,15,817 FSW; 77,235 MSM; 21,012 H/TG; 72,702 PWID). HIV positivity among newly registered

- HRGs (FSW - 1.20%; MSM - 3.78%; H/TG - 3.27%; PWID - 8.93%) and HIV positivity among spouse / partner of PLHIV index cases (FSW - 2.52%; MSM - 2.42%; H/TG - 0.81%; PWID - 7.42%) were significantly higher than the existing HRGs in the TI project (FSW - 0.13%; MSM - 0.93%; H/TG - 0.42%; PWID - 1.64%). NACO, through SACS, has given specific new registration targets to all the NGOs implementing TI projects in the country. While, NACO has also rolled out a countrywide index testing campaign to ensure that all unmet and unreached spouse and partners of PLHIV HRGs are tested and linked to treatment.
6. PWID coverage on OST was around 45% against the national target (50% of total PWID covered in TI). Rigorous steps have been taken through classroom as well as online trainings to ensure that all the clients enrolled in OST service are provided with the optimum dose to prevent recurrent relapse. Significant progress was noted with a 54% retention rate and 84% adherence during this reporting period.
 7. Key focus has been provided to link HRGs to sexually transmitted infections (STI) and reproductive tract infections (RTI) service provision through a network of designated STI/RTI clinics ('Suraksha Clinic'), primary health centers (PHCs), community health centers (CHCs) and sub-centers (SCs). The clinic footfall reported at the national level ranged from 74% to 95% (74% PWID; 78% MSM; 79% H/TG; 83% FSW; 95% migrants; and 95% truckers). The average STI cases reported at the national level ranged from 0.34% to 2.56% (PWID - 0.34%; MSM - 0.90%; H/TG - 1.22%; FSW - 1.51%; Truckers -1.86%; and Migrants - 2.56%).
 8. During FY 2023-24, a total of 13,72, 205 prison inmates were screened for HIV from 1,262 prisons, wherein the HIV sero-positivity was found to be at 0.48%. Similarly, a total of 46,635 inmates were screened from 837 other closed settings, including juvenile homes and drug rehabilitation centers. The highest sero-positivity among P& OCS inmates was seen in Assam (4.31%) followed by Mizoram (3.30%) and Arunachal Pradesh (2.57%). The lowest sero-positivity was seen in Bihar (0.06%). To give further impetus to the national efforts, a nationwide integrated STI, HIV, TB, and hepatitis (ISHTH) campaign was implemented, through which 4,14,291 inmates were offered HIV counseling and testing services; wherein 2,116 HIV cases (0.5%), 150 TB cases and 15,268 STI cases were diagnosed and linked for treatment.
 9. The national average of HIV screening against the annual target among migrants was at 58% (9,13,220); the HIV positivity among migrant's was reported at 0.14% (1316). Total footfall for clinical services among migrants was around 16,45,821 migrants, out of which the total STI cases reported was at 2.56% (42,144). More than 95% (41,879) of STI cases were treated.
 10. The national average of HIV screening against the annual target among transport workers was at 56% (3,11, 052); the HIV positivity among transport workers reported was at 0.14 % (445). Total footfall for clinical services among transport workers was around 9,85,324, out of which the total STI cases reported was around 1.86% (18,328). Among them more than 95% (17,543) STIs cases were treated.
 11. The Link Worker Scheme has expanded to 20 states and 188 districts. During 2023-24, a total of around 12,71,750 lakh beneficiaries were tested for HIV; relatively higher HIV positivity was found among H/TG at 4.49%, followed by PWID population at 2.35% and in MSM at 1.22%. The lowest positivity was observed among ANC cases (0.07%), with FSW at 0.25%, migrant at 0.17%, transport worker at 0.17% and other vulnerable populations at 0.21%.
 12. Condom distribution has been stabilized with centralized procurement, and measures have been undertaken to ensure increased distribution of condoms to HRGs. During financial year 2023-24, a total of 54,582,749 free needles and syringes were distributed to PWID, 87% against the demand nationally.
 13. 'Sampoorna Suraksha Strategy' (SSS) is a new form of service delivery model being demonstrated by NACO to reach out to the 'At Risk -ve' population to keep them continue with HIV Negative status. Under SSS, a total of 150, Sampoorna Suraksha Kendra (SSK) were established in ICTC/DSRC facilities across 20 States/UTs. As of March 2024, more than 1.05 Lakh at risk clients were provided a comprehensive prevention services.
 14. Another initiative to reach out to key populations living in uncovered areas is 'One Stop Centers'. 74 OSCs currently operational across 25 states have registered 1,00, 228 key populations, of which 78,635 were offered HIV counseling and testing services besides provision of basic services including general health check-ups for minor non-communicable diseases, access to social welfare schemes, recreational facilities and DIC-type safe spaces for community members. 986 HIV positive cases, 1,484 STI cases, and 234 syphilis cases were identified during this reporting period and the majority were linked for treatment.
 15. Community System Strengthening (CSS), as a project under NACP identified champions among various key population groups and PLHIV and utilizes their service to coordinate with a significant number of KP, PLHIV including young people, with the overall health system. During this reporting period, the project ensured functionality of community resource groups at the state and the district levels. Under the community championship initiative, a total of 5,233 community champions were trained from 34 States/UTs.
 16. "Virtual intervention" as a strategy has been adopted under NACP Phase V, to effectively reach groups with higher risk as they transition from and move between physical to virtual spaces. Various models that have been developed and piloted were scaled up considerably during this reporting period to respond to the geographic and community specific needs and priorities. Based on the outcomes, virtual outreach and service linkage processes have been initiated in target intervention projects across all the states/UTs. This initiative will be intensified to address the programmatic gap that exists between traditional outreach and virtual interventions.
 17. The Programmatic Mapping and Population Size Estimation (PMPSE) under NACP is conducted periodically to update the size of the HRGs and their congregation points, including those who are operating in virtual spaces. The strategic information obtained through this exercise remains critical to design and deliver the prevention interventions for all the HRGs. This exercise has been carried out jointly by the Prevention and SI Divisions. In order to make the exercise more robust and authentic, an institutional mechanism has been set up where the Community Advisory Board (CAB), State Working Group (SWG), and State Steering Committees (SSC) review the data-sets and approve the estimation for operational use.
 18. NACO monitors and supervises prevention activities at the national, state and district levels, while also providing on-site handholding support. NACO's social contracting mechanism is one of the scientifically evaluated projects across all the Ministries, and NACO's civil society engagement model has been adopted by many government agencies. Six-monthly performance assessment of TI projects is one of the review mechanisms set up by NACO to assess the performance of prevention activities implemented by NGOs/CBOs. There were 1,577 NGOs/CBOs implementing prevention activities at the end of FY 2023-2024; the majority of them were retained for continuation except 24 NGOs/CBOs who failed to deliver the desired work despite of handholding and mentoring supports.
 19. Prevention Division developed various knowledge products both for ongoing as well as new initiatives, which include interventions for bridge populations, SoP and training modules for interventions in prisons and other closed settings, SoP for reaching out to at-risk populations through a hybrid outreach approach, SoP to cover the unreached HRGs at SPA/Massage Parlor, through network operators and on Web-Based Platforms, Guidance Document and SoP to provide an integrated package of services for PWUD in collaboration with MoSJE, Guidance Document for conducting appraisal of TI projects, and a process document on dry ration distributed to sex workers during the COVID-19 pandemic.

Chapter - 01

Introduction

INTRODUCTION

1.1. OVERVIEW OF PREVENTION STRATEGIES UNDER NACP

Prevention of HIV and STI infection is one of the important components of National AIDS and STD Control Programme (NACP). The NACP Phase V (2021-26) aims to reduce annual new HIV infections thereby envisaging that people who are at risk of acquiring HIV infection use comprehensive prevention and access quality STI /RTI services (NACO, 2022).

Aligning with the above, various prevention strategies are initiated by National AIDS Control Organisation (NACO) to provide prevention services primarily among the High-Risk Groups and other vulnerable population who are at risk of acquiring HIV/STI infections. The high-risk groups (HRG) include Female Sex Workers (FSW), Men who have Sex with Men (MSM), Hijra/Transgender persons (H/TG), People Who Inject Drugs (PWID) and the Prison Population. Migrants and Transport workers are considered as bridge population staying between the HRGS and general population and covered under various projects and initiatives. Prevention services are provided to the above population primarily through projects like Targeted Intervention (TI) and Link Worker Schemes (LWS) and activities in Prison and Other Closed Settings (P& OCS) and through Sampoorna Surakhsha Strategy (SSS).

TI and LWS are implemented in partnership with Non-Governmental Organisations (NGOs) and Community Based Organisations (CBOs) contracted through State AIDS Control Societies (SACS) under the Social Contracting Mechanism of NACP. In order to provide comprehensive prevention, new approaches and strategies are

adopted to reach the unreached population, efforts are made to reach the last-mile with a package of prevention, support and linkage services through a peer-led and outreach-based service delivery model in the programme. The TI projects are aimed at reaching out to HRGs and Bridge populations in urban or semi urban areas. Similarly, the rural HRGs and vulnerable populations are covered through LWS. In addition, NACP has laid emphasis to reach the inmates in Prison and other closed setting (P& OCS) with HIV and other health related services. Focus is given to reach out to the spouses and partners of HRGs and sub-groups of high-risk population who are active on the virtual platforms. It also involves expanding and intensifying the coverage of HRGs and Bridge Population, OST among injecting drug users and coverage of 'at-risk' HIV negative through comprehensive prevention packages to keep them negative through Sampoorna Surakhsha Strategy (SSS). Community System Strengthening (CSS) acts as enablers to the overall prevention strategies to augment and achieve the goal of ending the AIDS epidemic by 2030.

The prevention initiatives and projects are scaled up and are designed based on the evidences generated from the Mapping and Population Size Estimation (PMPSE), programme data, field intelligence, community feedbacks, HIV Sentinel Surveillance (HSS) and the inputs from the Technical Resource Groups through a consultative process (ICTC, STD clinics). The latest round of HIV Sentinel Surveillance (2021) suggests that the HIV epidemic is concentrated in nature. The HIV prevalence among the HRGs and the bridge population remains high compared to overall adult HIV prevalence (0.21%) (Figure 1). Further, among various population groups and demographics/states, HIV prevalence vary significantly. HIV prevalence among IDU

remains as high as 43 times higher than general population.

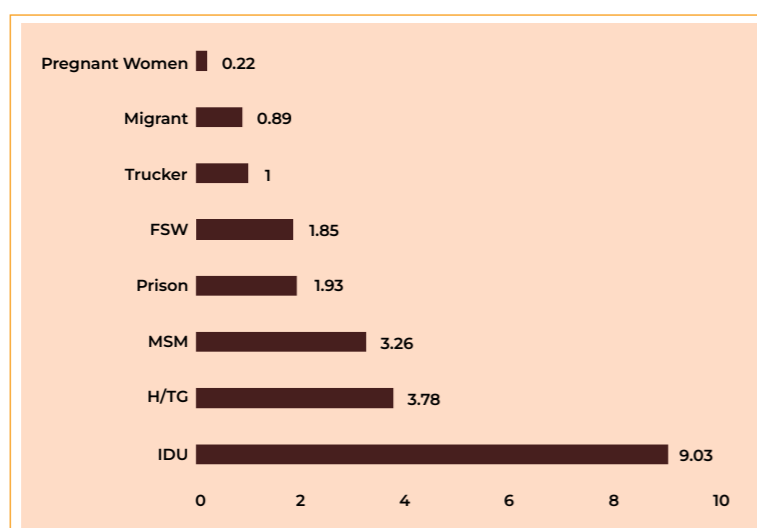
Significant transmission occurs through sharing of needles and syringes, particularly in the states of Manipur, Mizoram, Tripura and Punjab. Prison inmates and FSW exhibit nine times higher risk of HIV as compared to overall adult population. Truckers on the other hand experience a fivefold increase in HIV prevalence. Migrants exhibit four folds' higher prevalence compared to the general population.

In alignment with the evidence provided by the HIV Sentinel Surveillance (HSS) mentioned

above, efforts are made towards scaling up interventions, incorporating new populations and delivering tailored services to beneficiaries within the prevention program.

Prevention progress update 2023-24 provides an overview of the progress made in various activities under prevention initiative of NACP. This includes updates on the coverage of HRGs, Bridge and other vulnerable populations on important indicators, capacity building of staffs, third-party evaluations conducted, and newer initiatives undertaken at national and state levels and the way forward.

Figure 1: HIV Prevalence among various population groups (as per HSS 2021)



1.2. MAJOR PREVENTION INTERVENTIONS FOR HIV/STI SERVICES UNDER NACP

NACP phase V aims to accelerate the reduction in new annual HIV infections and adopts various strategic approaches to cover high-risk, at-risk and low-risk population groups. To meet the NACP goals, focus is given on the peer-led Targeted Intervention projects and Link Worker Schemes. These initiatives

are augmented through implementing pilot projects, scaling up of community-based services and community engagements, and increasing coverage of bridge populations, strengthening monitoring and evaluation of projects, etc. These are also complemented by Global Fund supported projects to add value to the prevention programme. These projects offer prevention, support and linkage services to high-risk groups and bridge populations through peer educators and outreach workers, working with NGOs and CBOs.

Table 1: The comprehensive package of services provided to HRGs and Bridge Population under prevention projects

| Service Components | Activities |
|---------------------------------------|--|
| Behavioral Change Communication (BCC) | Counselling for behaviour change, Interpersonal Communication (IPC) by peers and ORW, Field-Level events/melas, Condom demonstration cum training on condom usage, negotiation skills and usage of needles (for IDUs only), NACO Help Line |
| Commodity Provisions | Free condom & Lubricant distribution, Social marketing condoms, Clean needles/syringe for PWID |
| Community Mobilization | Reach out to the community through outreach workers (ORW) and Peer Leaders, Capacity building of communities to own the programme |
| Clinical Services | Regular Medical Checkups Treatment Sexually Transmitted infections (STIs), Syphilis Screening, Community Based screening for HIV, Opioid Substitution therapy, Abscess Management (for PWID) |
| Referrals & Linkages | Integrated counselling and screening Centres (ICTC) Anti-Retroviral therapy (ART), Centres Enrolment in Social protection schemes through various line departments |
| Enabling Environment | Sensitization, Advocacy and liaison with key stakeholders |

TARGETTED INTERVENTION PROJECTS (TI)

TI Projects are implemented through Non-Governmental Organizations (NGOs) and Community-Based Organizations (CBOs), contracted by respective State AIDS Control Societies (SACS) under the Social Contracting Mechanism of NACP. The selection of target groups and strategic locations for TI interventions are decided based on the programmatic mapping and population size estimates and field intelligence. Every TI project comprises of a Project Manager, Counsellor, M& E cum Account Officer, Outreach Workers, and Peer Educators based on the number of HRGs allotted, etc. Peer educators are engaged from within the community to strengthen the outreach and service delivery arms of the TI projects.

Drop in Centres (DIC) are established under the TI projects to provide communities a safe space, offer clinical services, counselling, commodity provisions (Condoms, N/S, lubes etc.), conduct other social and behavior change communication and capacity building activities and referral services. TI outreach team prepare micro plans for providing services and update the plan periodically to optimize their outreach services. Monthly meetings are conducted at TI level to see the overall progress, gaps and prepare the next month activity plan. A total of 1,577 Targeted Intervention Projects (TIs) were onboarded against the total sanctioned of 1,633 TIs as per the Annual Action Plan (AAP) for FY 2023-24.

OPIOID SUBSTITUTION THERAPY (OST)

Opioid Substitution Therapy (OST) is a vital harm reduction strategy designed to address the health risks associated with injecting drug use, particularly among People Who Inject Drugs (PWIDs). These individuals are at high-risk for HIV, Hepatitis B, and Hepatitis C, often due to sharing of needles and syringes. The vulnerabilities of PWIDs are further heightened by various socio-economic and psychological factors, making them more susceptible to these health risks.

To mitigate these risks, OST is implemented as part of a comprehensive harm reduction approach under the National AIDS and STD Control Programme (NACP). OST involves administering long-acting opioid agonist medications sublingually, which helps to stabilize users by reducing cravings and withdrawal symptoms, ultimately aiding in the cessation of drug injection. This therapy is a cornerstone in reducing the transmission of HIV and other blood-borne infections among PWIDs.

OST is primarily delivered through a “Directly Observed Treatment” model in clinic-based OST Centres, overseen by a Medical Officer. For stable clients, take-home doses are also provided. The therapy is offered through three distinct models: The Collaborative Model at public health facilities, the NGO-Based Model at Targeted Intervention NGOs, and the Satellite Model in prisons and other closed settings. OST is provided to PWID through establishment of around 273 OSTC (Public Health + NGO Run OST Centre). In addition to this, a total of 164 satellite OSTC are established to increase access to OST closer to the doorstep of the PWID clients.

In addition to OST, counseling and support services are essential components of this strategy, addressing the underlying psychological and socio-economic issues that contribute to drug use. By ensuring access to comprehensive healthcare for PWIDs and their families, OST supports both immediate health needs and long-term recovery, making it a critical tool against drug-related harms.

INTERVENTIONS IN PRISON AND OTHER CLOSED SETTINGS (P&OCS)

These interventions have been designed to address the heightened risk of HIV transmission in prison and other closed settings (OCS) due to overcrowding, risky behaviors and limited access to healthcare. The program provides comprehensive HIV prevention, treatment, and care services tailored to the needs of the inmates. Key services include HIV screening and counseling, Antiretroviral Therapy (ART) provision, health education on and post-release linkage services including social reintegration. The program also treats other diseases such as tuberculosis, sexually transmitted infections (STIs), and Hepatitis B and C, ensuring a holistic approach to inmates well-being and reducing the burden of communicable diseases within these high-risk environments.

LINK WORKERS SCHEME (LWS)

The Link Worker Scheme (LWS) is designed to bring HIV prevention, care and support services to rural areas, addressing the needs of high-risk groups (HRGs) and vulnerable populations who are often underserved. This scheme specifically targets Female Sex Workers (FSWs), Men who have Sex with Men (MSM), People Who Inject Drugs (PWID), Hijra/ Transgender, People living with HIV (PLHIV) and vulnerable groups like migrants and truckers, Antenatal cases, Persons with Tuberculosis in rural settings. The primary objective is to bridge the gap in HIV services by providing these populations with access to screening, counseling, treatment and support.

The scheme employs link workers from the community who are trained to conduct outreach, provide information and facilitate access to health services. These link workers play a critical role in identifying individuals at risk, conducting interpersonal communication, distributing condoms, and ensuring referrals to HIV screening and treatment centers. The scheme also involves community mobilization and capacity-building activities to strengthen the local response to HIV. By leveraging local resources and community networks, LWS ensures that rural populations

receive comprehensive and continuous HIV related services, thus reducing the burden of the epidemic in these hard-to-reach areas. The LWS is implemented through NGOs/CBOs contracted through respective SACS under the social contracting mechanism. A total of 173 Link workers Scheme covers 188 districts in and around 25.3 Lakhs populations are covered under the scheme are in place by March 2024 across 20 States.

SAMPOORNA SURAKSHA KENDRA (SSK)

Sampoorna Suraksha Kendra (SSK) are established under Sampoorna Suraksha Strategy (SSS) envisaged under NACP to provide comprehensive preventive services package to the “At Risk -ve” population for HIV and STIs that are not associated with TI and LWS services and are possibly at risk of getting infected. A comprehensive service package was designed to include a holistic set of services customized as per the clients’ needs, with strong linkages and referrals with other health services and social welfare schemes. These SSK were established in shortlisted ICTCs or DSRCs by re-modelling and branded as SSKs with the support of Global Fund grant as an immersion learning model in 150 districts in India. Each SSK is supported by the existing Counsellor/s, Lab technician (ICTC) and additional provision of one SSK Manager and two SSK Outreach Workers was inbuilt in the project.

ONE STOP CENTRE (OSC)

One Stop Centres (OSC) is designed in a person centered approach to provide an integrated HIV prevention-care services in community settings while also addressing other health and well-being requirement through a referral mechanism. Primarily services are provided to the People Who Inject Drugs (PWID), Hijra/ Transgender persons (H/TG) and Bridge population (Migrants, Transport Workers and Other Vulnerable Population) who otherwise do not access HIV prevention, screening and treatment due to high stigma, discrimination and lack of awareness. Under the Global Fund Grant 2021-24, this initiative was implemented by Plan India and YRG Care as PR and SR respectively. The one-stop centers are managed by a full time Center Manager, supported by ANM cum Counsellor, two Outreach Worker (Community), Part Time Doctor (on-call basis or fixed days) and a Logistic Assistant.

Chapter - 02

Targeted Intervention Projects and Coverage of HRGs for Prevention Services

TARGETED INTERVENTION PROJECTS AND COVERAGE OF HRGS FOR PREVENTION SERVICES

2.1 SCALE UP OF TI PROJECTS AND OVERVIEW OF POPULATION COVERAGE

Scale up of new TI projects in a defined geography in the state/UTs is made based on the mapping and population size estimation of

HRGs and field intelligence. Considering the size of the population, either a new exclusive TI or a TI covering more than one typology in a composite mode are positioned. In order to optimize the resources, efforts are made to reconfigure the existing TIs into composite or hybrid mode to cover additional population. The progress on the number of TIs and population coverage is given in the table 2 below;

Table 2: The number of TIs and population coverage against the mapping estimates during FY 2023-24

| Sr. | Typology | On boarding of TI Projects (as on 31st March 2024) | | | | Population Coverage | | |
|-----|----------------------------|---|--------------------|---|---------------------------------------|---|---------------------|---|
| | | Total no. of TIs approved in AAP 2023-24 | Total TIs on-board | Total TI Units (Exclusive + Composite) | | Mapping Estimates (in Lakh) ^b | Coverage (in Lakh) | Percentage Coverage against the Mapping Estimates |
| | | | | No. of composite Units ^a | Total TI Units [Col(c) + Col (d)] | | | |
| (a) | (b) | (c) | (d) | (e) | (f) | (g) | (h) | |
| 1 | Female Sex Worker | 309 | 292 | 612 | 904 | 9.95 | 10.75 | >95 |
| 2 | Men who have Sex with Men | 76 | 75 | 548 | 623 | 3.51 | 3.91 | >95 |
| 3 | People Who Inject Drugs | 207 | 197 | 297 | 494 | 2.89 | 2.6 | 90 |
| 4 | Hijra/ Transgender persons | 44 | 41 | 379 | 420 | 0.96 | 0.87 | 91 |
| 5 | Migrants | 204 | 203 | 262 | 465 | 72 | 77.75 | >95 |
| 6 | Transport Workers | 77 | 77 | 127 | 204 | 20 | 11.21 | 56 |
| 7 | Core Composite* | 716 | 692 | - | - | - | - | - |
| | Total | 1633 | 1577 | - | - | 109.31 | 107.09 | >95 |

(Note: a_ Under Composite intervention more than one typology is covered in a TI, b-Last mapping and population size estimation of FSW, MSM, IDU and H/TG population conducted in 2020-22. For Migrant and trucker's population, the size estimate is from 2008-09)

As shown in Table 2 above, a total of 1,577 Targeted Intervention Projects (TIs) were onboarded against the total sanctioned of 1,633 TIs as per the Annual Action Plan (AAP) for FY 2023-24.

Overall coverage of all subgroups of populations (typologies) covered under TI Projects was more than 95 % of the total estimated population

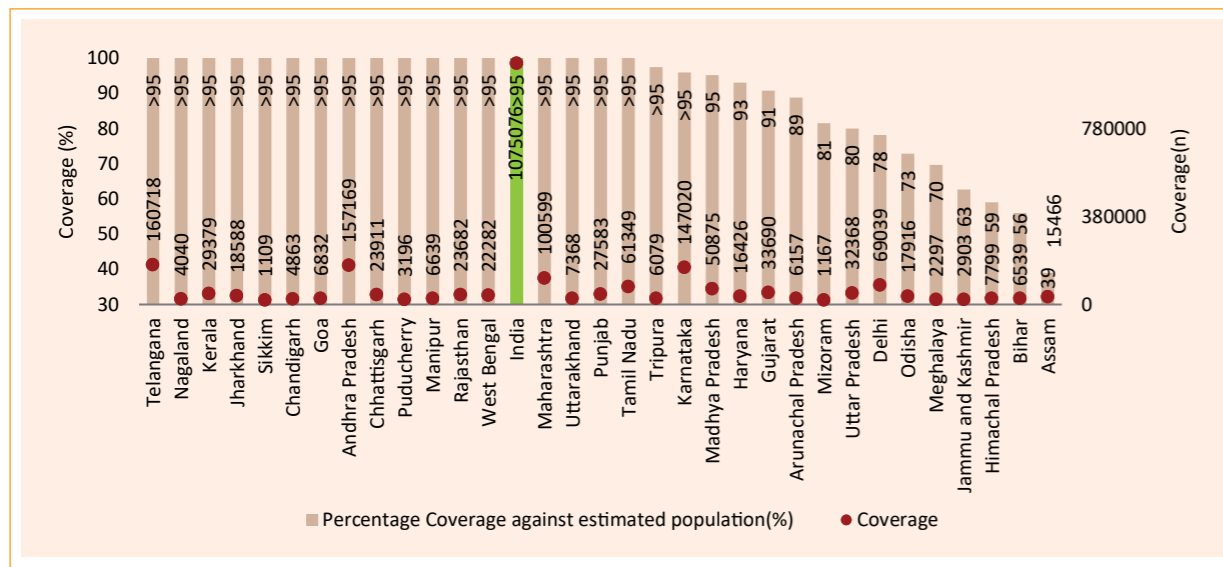
at national level. Notably, coverage of HRGs (FSW, MSM, PWID, H/TG) to the estimated population has increased in 2023-24 compared to the previous year (2022-23) . More specifically, coverage among People Who Inject Drugs (PWID) has increased to 18% in 2023-24. Similarly there is an in coverage of around 23%

Hira/Transgender persons in 2023-24 than in 2022-23. Coverage among FSWs and MSMS remained above 95% consistent to the previous year's coverage. Among the bridge population, coverage of migrants remained above 95%, however, coverage among truckers was the lowest at 56%, though coverage for truckers has increased by 3% as compared to last year's coverage.

The peer-led approach combined with standard package of services increases the coverage of HRGs in TIs. In addition to the active HRGs who regularly access services from TI, there are HRGs who avail services from TIs but not in the same frequency and proportion of that of an active HRGs, hence are considered as the dynamic population covered under TI projects. TI offer routine services to these dynamic populations with the objective to prevent them from acquiring HIV and STI infections.

Typology wise coverage of HRGs and Bridge populations on important service delivery parameters provided through TIs is presented in the subsequent sections. This includes coverage of various sub groups of population against the estimates, clinic visits, STI & Syphilis diagnosis, HIV screening and sero-positivity found, linkages to ART, commodity distribution (Condoms and Needle & Syringes), new registration of HRGs under TI projects, etc.

Figure 2: Coverage against the estimates among FSW (April 2023 to March 2024)



1. In 2022-23, coverage of FSW was 9.70 Lakh, MSM-3.35 Lakh, H/TG-0.65 Lakh, PWID-2.07 Lakh, Migrant-74.47 Lakh, Truckers-10.64 Lakh
 2. National AIDS Control Organisation (2023): Prevention Progress Update 2022-2023, New Delhi, NACO Ministry of Health and Family Welfare, Government of India
 3. National AIDS Control Organisation (2023): Sankalok: Status of National AIDS and STD Response (Fifth edition, 2023), New Delhi, NACO, Ministry of Health and Family Welfare, Government of India

2.2 FEMALE SEX WORKERS

A total of 9.95 lakhs FSWs were estimated during the latest round of Population Mapping and Size Estimation (PMPSE) exercise conducted in 2020-2022. During the FY 2023-24, around 10.75 lakhs FSWs were covered against the estimated population under the TI projects which stands at >95% at the national level (Figure 2). Around 19 States/UTs covered more than 95% of total estimated population in the states. The states were Telangana, Nagaland, Kerala, Jharkhand, Sikkim, Chandigarh, Goa, Andhra Pradesh, Chhattisgarh, Puducherry, Manipur, Rajasthan, West Bengal, Maharashtra, Uttarakhand, Punjab, Tamil Nadu, Tripura and Karnataka. Rest of states States/UTs reported coverage less than 95% of population against the PMPSE estimation with lowest coverage reported in Assam. Efforts are made to increase coverage with the inclusion of FSW population through the existing interventions. Intervention among FSWs was started for the first time in Andaman & Nicobar Islands (A&N Islands) and a total of 28 FSW were covered during the FY 2023-24. Further, there was no TI projects in Dadra & Nagar Haveli and Daman & Diu (DNH & DD) and therefore, coverage data is not shown in the figure.

CLINIC VISITS FOR STI/RTI SERVICES

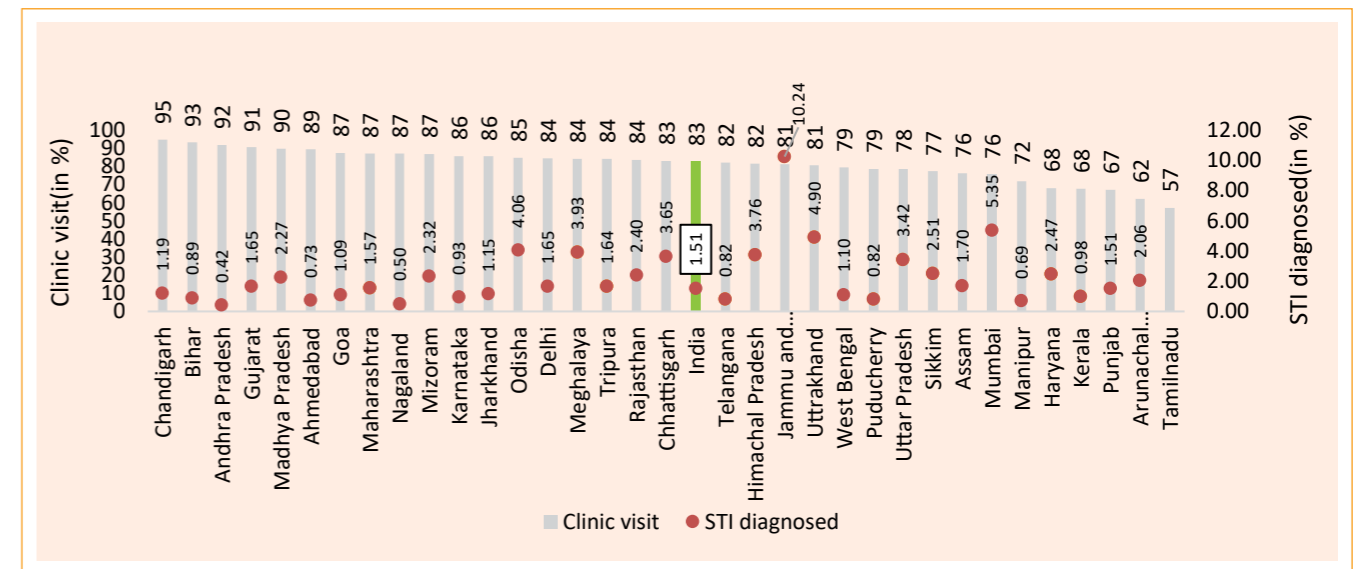
All HRGs are provided with regular medical check-up for STI/RTI once in a quarter at project clinic or through PPP clinic or DSRC. The symptomatic and asymptomatic cases are treated as per the guidelines and provided follow up services. Presumptive treatment for STI/RTIs are provided to all newly registered HRGs who come for the first time to the clinic or the HRGs who come to the clinic after a period of six months without any signs and symptoms.

Total clinical footfall among FSWs was reported to be around 30.82 lakh. The national average of clinic visits (against the annual target) was at 83% (Figure 3). Eighteen States/UTs (Chandigarh, Bihar, Andhra Pradesh, Gujarat, Madhya Pradesh, Ahmedabad, Goa, Maharashtra, Nagaland, Mizoram, Karnataka, Jharkhand, Odisha, Delhi, Meghalaya, Tripura, Rajasthan and Chhattisgarh) reported more than 95% of total estimated population in the states. The states were Telangana, Nagaland, Kerala, Jharkhand, Sikkim, Chandigarh, Goa, Andhra Pradesh, Chhattisgarh, Puducherry, Manipur, Rajasthan, West Bengal, Maharashtra, Uttarakhand, Punjab, Tamil Nadu, Tripura and Karnataka. Rest of states States/UTs reported coverage less than 95% of population against the PMPSE estimation with lowest coverage reported in Assam. Efforts are made to increase coverage with the inclusion of FSW population through the existing interventions. Intervention among FSWs was started for the first time in Andaman & Nicobar Islands (A&N Islands) and a total of 28 FSW were covered during the FY 2023-24. Further, there was no TI projects in Dadra & Nagar Haveli and Daman & Diu (DNH & DD) and therefore, coverage data is not shown in the figure.

Chhattisgarh) reported more clinic visits than the national average. Rest of the sixteen States/UTs (Telangana, Himachal Pradesh, Jammu and Kashmir, Uttarakhand, West Bengal, Puducherry, Uttar Pradesh, Sikkim, Assam, Mumbai, Manipur, Haryana, Kerala, Punjab, Arunachal Pradesh and Tamil Nadu) reported clinic visits below the national average. Chandigarh showed the highest clinic visit at 100% and Tamil Nadu reported the lowest clinic visit at 57%.

A total of around 46,041 STI cases were reported in 2023-24. The national average of STI cases reported among FSWs was at 1.51% (Figure 3). The highest STI cases were reported in Jammu and Kashmir at 10.24%, followed by Mumbai (5.25%), Uttarakhand (4.90%), Odisha (4.06%) Meghalaya (3.93%) and Himachal Pradesh (3.76%). There were eighteen States/UTs which had reported STI cases more than the national average. The lowest STI cases was reported by Andhra Pradesh at 0.42%.

Figure 3: Clinic visit and STI/RTI diagnosed among FSW (April 2023 to March 2024)



SYPHILIS SCREENING AND SERO-REACTIVITY

As per the guidelines, all HRGs undergo syphilis screening twice in a year. The coverage of FSWs for syphilis screening was at 80% at the national level (Figure 4). Seventeen States/UTs (Chandigarh, Madhya Pradesh, Ahmedabad,

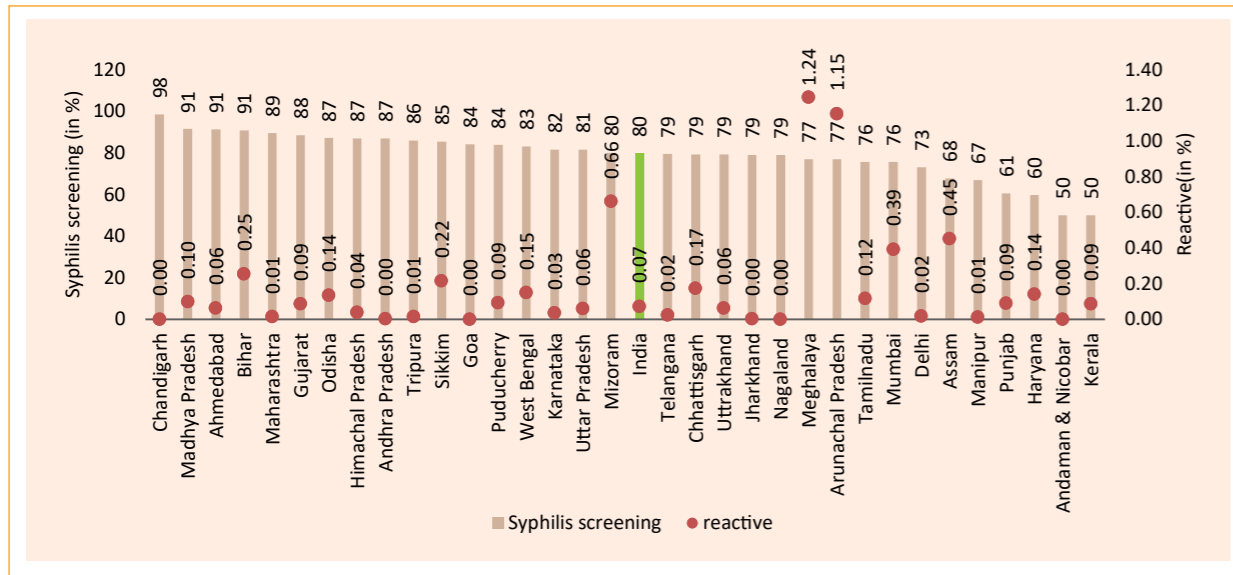
Bihar, Maharashtra, Gujarat, Odisha, Himachal Pradesh, Andhra Pradesh, Tripura, Sikkim, Goa, Puducherry, West Bengal, Karnataka, Uttar Pradesh and Mizoram) reported more than the national average and eighteen States/UTs (Telangana, Chhattisgarh, Uttarakhand, Jharkhand, Nagaland, Meghalaya, Arunachal Pradesh, Tamil Nadu, Mumbai, Delhi, Assam, Manipur, Punjab, Haryana, Andaman & Nicobar, Kerala, Rajasthan and Jammu and Kashmir)

reported less than the national average. Chandigarh showed the highest syphilis screening at 98% while Kerala reported the lowest Syphilis screening at 57%.

The syphilis reactive among FSWs was reported at 0.07% at national level (Figure 4). The highest syphilis reactivity was reported in Meghalaya at 1.24%, followed by Arunachal Pradesh (1.15%),

Mizoram (0.66%), Assam (0.45%) Mumbai (0.39%) and Bihar (0.25%). Eighteen States had reported syphilis reactivity more than the national average. The lowest syphilis reactivity was reported in Andhra Pradesh at 0.003% while nil cases of syphilis were reported in Chandigarh, Goa, Nagaland, Andaman & Nicobar and Jammu and Kashmir.

Figure 4: Syphilis screening and reactivity among FSW (April 2022 to March 2023)



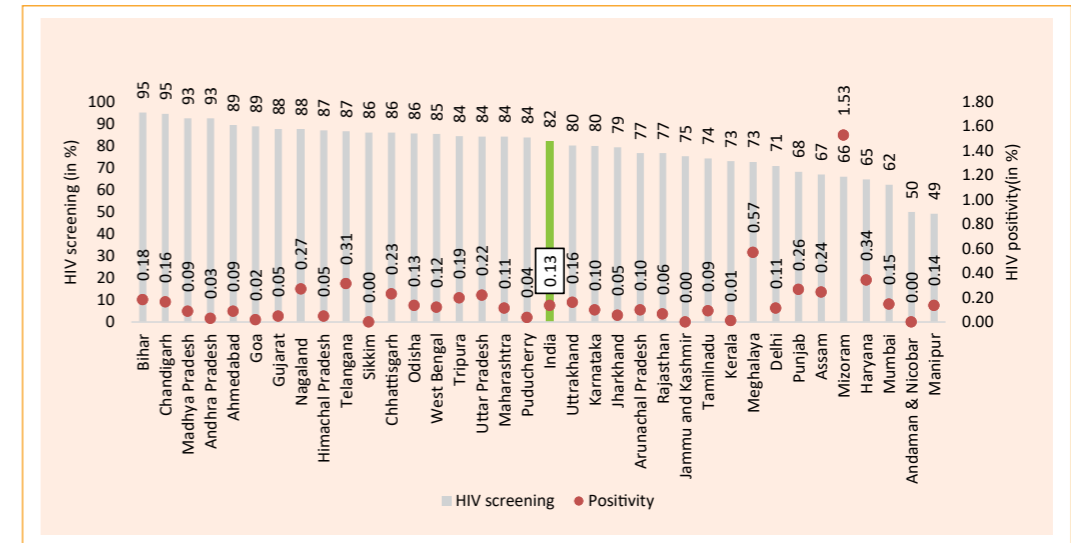
HIV SCREENING AND POSITIVITY

All active HRGs are encouraged to undergo voluntary HIV screening or testing once in every six months and those found HIV positive are referred and linked to ARTC for care and treatment. Total HIV screening among FSWs was around 15.34 lakhs in 2023-24. The national average of HIV screening against the annual target was at 82% (Figure 5). Seventeen States/UTs (Chandigarh, Madhya Pradesh, Ahmedabad, Bihar, Maharashtra, Gujarat, Odisha, Himachal Pradesh, Andhra Pradesh, Tripura, Sikkim, Goa, Puducherry, West Bengal, Karnataka, Uttar Pradesh and Mizoram) reported HIV screening more than the national average. Rest of the eighteen States/UTs (Telangana, Chhattisgarh, Uttarakhand, Jharkhand, Nagaland, Meghalaya,

Arunachal Pradesh, Tamil Nadu, Mumbai, Delhi, Assam, Manipur, Punjab, Haryana, Andaman & Nicobar, Kerala, Rajasthan and Jammu and Kashmir) reported less than the national average. Chandigarh showed the highest HIV screening at 98% while Kerala reported the lowest HIV screening at 57%.

Out of the total FSWs screened for HIV, 2053 FSWs were detected HIV positive. The HIV positivity among FSWs was found at 0.13% (Figure 5) at national level. The highest HIV positivity was reported in Mizoram at 1.53%, followed by Meghalaya (0.57%), Haryana (0.34%), Telangana (0.31%) Nagaland (0.27%) and Punjab (0.26%). Around fifteen States reported HIV positivity more than the national average. The lowest HIV positivity was reported in Kerala at 0.01% while nil HIV positive cases were reported in Sikkim, Jammu and Kashmir and Andaman & Nicobar.

Figure 5 : HIV screening and positivity among FSW (April 2023 to March 2024)

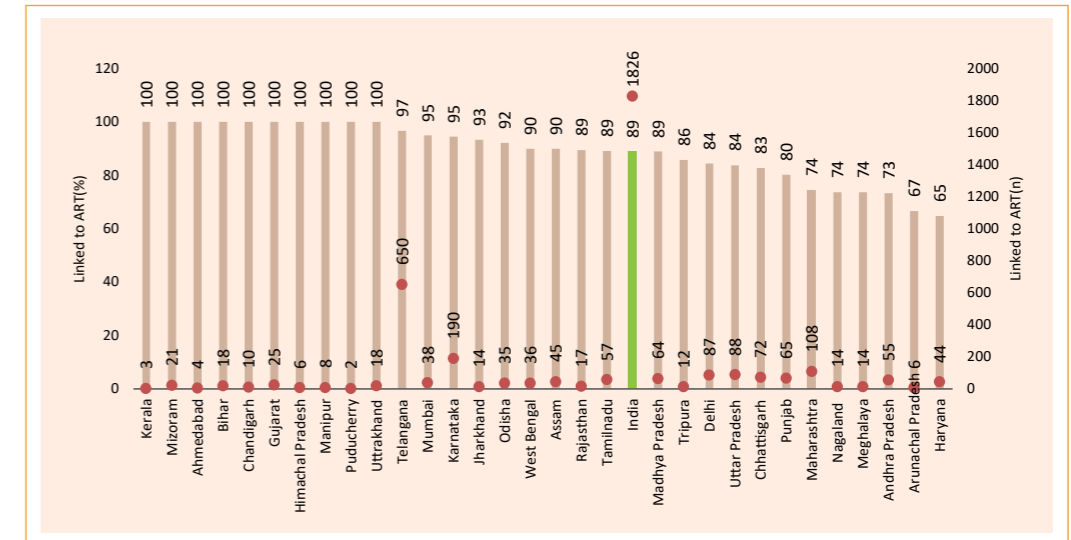


LINKAGES TO ARTC

Out of 2054 FSWs detected HIV positive, a total of 1826 FSWs were linked to ART centers. The ART linkages stand at 89% at the national level (Figure 6). Nineteen States/UTs reported ART linkages more than the national average, i.e. Kerala, Mizoram, Ahmedabad, Bihar, Chandigarh, Gujarat, Himachal Pradesh, Manipur, Puducherry,

Uttarakhand, Telangana, Mumbai, Karnataka, Jharkhand, Odisha, West Bengal, Assam, Rajasthan and Tamil Nadu. Twelve States/UTs that reported less than the national average were Madhya Pradesh, Tripura, Delhi, Uttar Pradesh, Chhattisgarh, Punjab, Maharashtra, Nagaland, Meghalaya, Andhra Pradesh, Arunachal Pradesh and Haryana. The lowest linkages to ART were found in in Haryana.

Figure 6: FSWs detected HIV positive linked to ART (April 2023 to March 2024)



CONDOM DISTRIBUTION

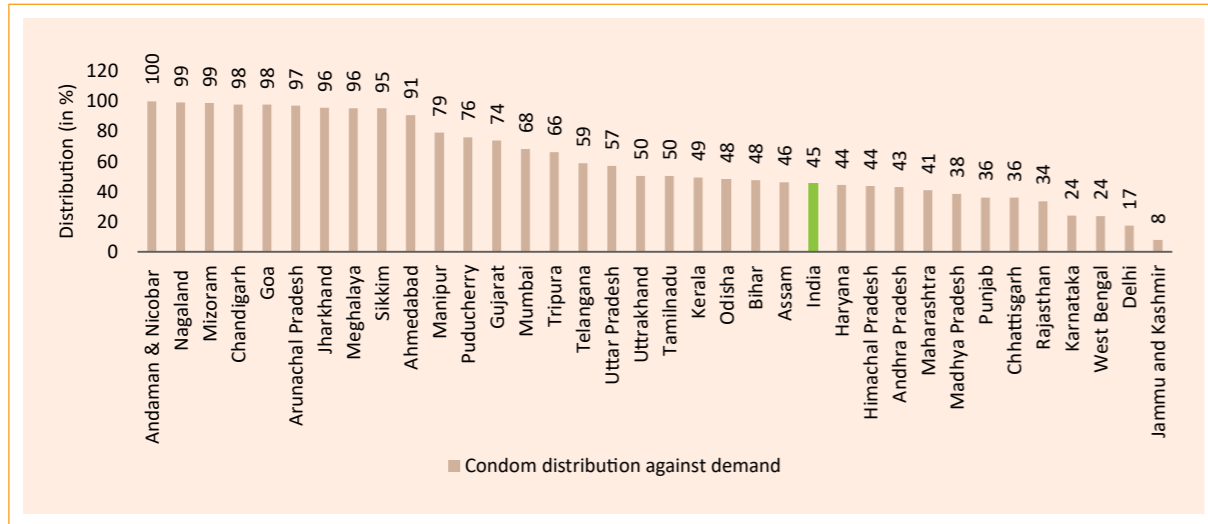
During the financial year 2023-24, a total of 12,45,85,879 free condoms were distributed among FSWs, at around 45% to the total demand

at the national level (Figure 7). Twenty States/UTs (Andaman & Nicobar, Nagaland, Mizoram, Chandigarh, Goa, Arunachal Pradesh, Jharkhand, Meghalaya, Sikkim, Ahmedabad, Manipur, Puducherry, Gujarat, Mumbai, Tripura, Telangana, Uttar Pradesh, Uttarakhand, Tamil Nadu, Kerala,

Odisha, Bihar and Assam) distributed condom more than the national average. Twelve States/UTs (Haryana, Himachal Pradesh, Andhra Pradesh, Maharashtra, Madhya Pradesh, Punjab,

Chhattisgarh, Rajasthan, Karnataka, West Bengal, Delhi and Jammu and Kashmir) distributed condom less than the national average, with the lowest distribution in Jammu and Kashmir at 8%.

Figure 7 : Condom distribution among FSW (April 2023 to March 2024)



NEW FSW REGISTRATION IN TI PROJECTS

During the FY 2023-24, a total of 2,15,817 FSW were registered under the TI Projects at around 26% of the total contracted target as per MoU at national level (Figure 8). Fourteen States/UTs reported percentage of new FSW registration more than the national average, i.e. Haryana, Arunachal Pradesh, Uttarakhand, Delhi, Tripura, Uttar Pradesh, West Bengal, Mumbai, Punjab, Chhattisgarh, Odisha, Jammu and Kashmir,

Himachal Pradesh and Assam). Onboarding of new TI projects in some of the states attributed to the increase in new registration of FSWs in TI projects. Rest of twenty-one States/UTs reported less registration than the national average, i.e. Rajasthan, Goa, Madhya Pradesh, Mizoram, Andhra Pradesh, Chandigarh, Karnataka, Tamil Nadu, Bihar, Maharashtra, Manipur, Telangana, Kerala, Andaman & Nicobar, Puducherry, Sikkim, Gujarat, Nagaland, Jharkhand, Meghalaya and Ahmedabad). Ahmedabad reported the lowest new registration at 13% among FSW.

Figure 8: New registration against the annual contracted target (April 2023 to March 2024)

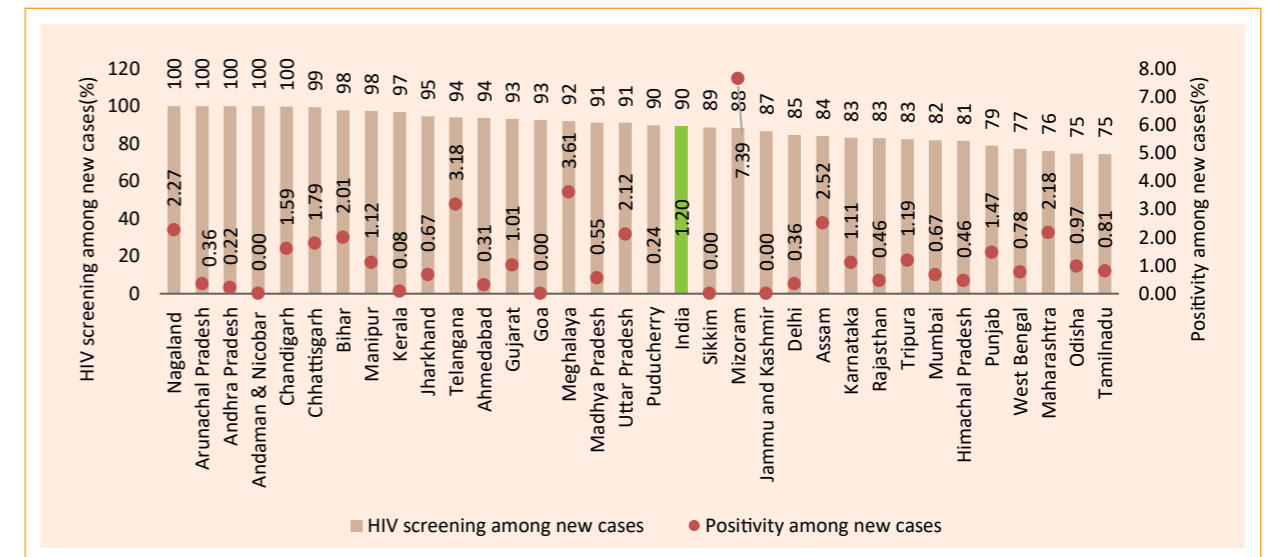


All newly registered FSWs undergo counselling and are offered HIV screening after risk assessment and history. Around 90% of the total newly registered FSWs were screened for HIV at least once during the FY 2023-24 at national level (Figure 9). Eighteen States/UTs reported HIV screening more than the national average (90%), i.e. Andhra Pradesh, Arunachal Pradesh, Nagaland, Andaman & Nicobar, Chandigarh, Chhattisgarh, Bihar, Manipur, Kerala, Jharkhand, Telangana, Ahmedabad, Gujarat, Goa, Meghalaya, Madhya Pradesh, Uttar Pradesh and Puducherry. Seventeen States/UTs reported HIV screening below the national average namely, Sikkim, Mizoram, Jammu and Kashmir, Delhi, Assam, Karnataka, Rajasthan, Tripura, Mumbai, Himachal

Pradesh, Punjab, West Bengal, Maharashtra, Odisha, Tamil Nadu, Uttarakhand and Haryana. Tamil Nadu reported the lowest HIV screening among newly registered FSW at 75%.

The HIV positivity among newly registered FSW was at 1.20% (Figure 9). The highest HIV positivity was reported in Mizoram at 7.39%, followed by Haryana (3.65%), Meghalaya (3.61%), Telangana (3.18%) Assam (2.52%) and Nagaland (2.27%). Around twelve States/UTs have reported HIV positivity more than the national average. The lowest HIV positivity among newly registered FSWs was reported in Kerala (0.08%) while no HIV positive cases among newly registered FSWs were reported in Andaman & Nicobar, Goa, Sikkim, and Jammu and Kashmir

Figure 9 : HIV Screening among new population and sero-positivity (April 2023 to March 2024)



HIV SCREENING AMONG SPOUSE / PARTNERS OF PLHIV FSW INDEX CASES IN TI PROJECTS

Under TI projects, focus is given to screen the Spouses and partners (Sexual and injecting) of PLHIV HRGs (as index case) for HIV. The spouse and partners of HRGs are provided counselling and offered HIV screening/testing services to prevent further transmission and ensure early treatment.

During FY 2023-24, a total of 47, 032 contacts (spouse and partners) were elicited from the

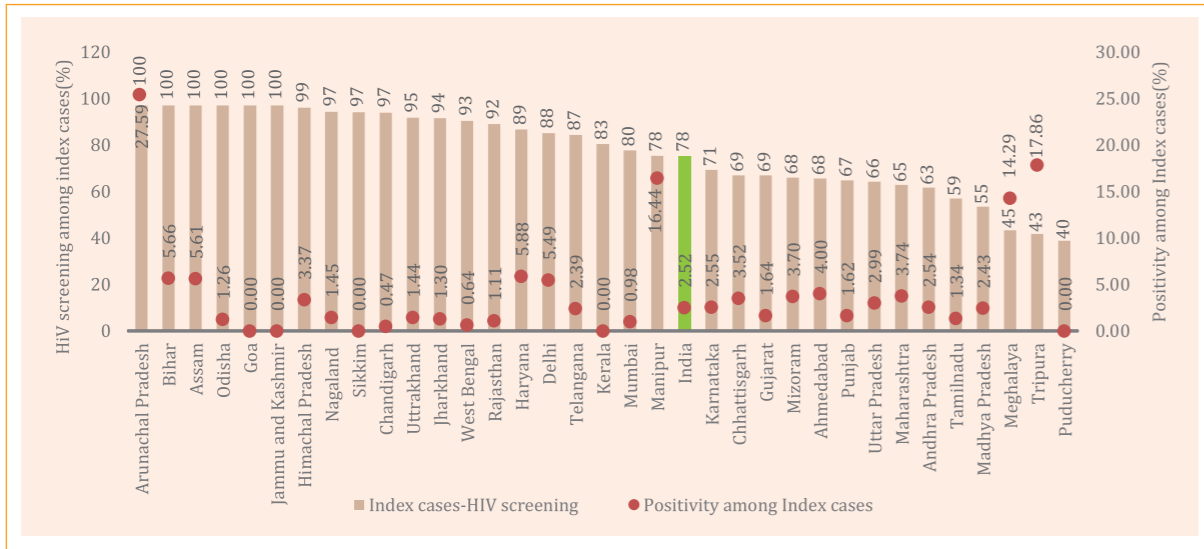
total positive PLHIV FSWs as index cases. Out of the above, a total of 36,504 spouse /partner were tested for HIV and 919 cases were found HIV positive. The national average of HIV screening against the total contacts made was at 78% (Figure 10). Twenty States/UTs screened more contacts than the national average, namely Odisha, Arunachal Pradesh, Assam, Goa, Bihar, Jammu and Kashmir, Himachal Pradesh, Nagaland, Sikkim, Chandigarh, Uttarakhand, Jharkhand, West Bengal, Rajasthan, Haryana, Delhi, Telangana, Kerala, Mumbai, Manipur. The rest of fourteen States/UTs that reported less screening than the national average includes Karnataka, Chhattisgarh, Gujarat, Mizoram, Ahmedabad, Punjab, Uttar Pradesh, Maharashtra, Andhra Pradesh, Tamil Nadu, Madhya Pradesh,

Meghalaya, Tripura and Puducherry. Puducherry reported the lowest HIV screening among index cases of FSW at 40%.

The HIV positivity among spouse/partner of PLHIV FSW index cases was at 2.52% (Figure 10). The

highest HIV positivity was reported in Arunachal Pradesh at 27.59%. The lowest HIV positivity reported at Chandigarh at 0.47% with no cases reported from Goa, Jammu and Kashmir, Sikkim, Kerala and Puducherry.

Figure 10: HIV Screening among spouse/partners of PLHIV FSW Index cases and positivity (April 2023 to March 2024)

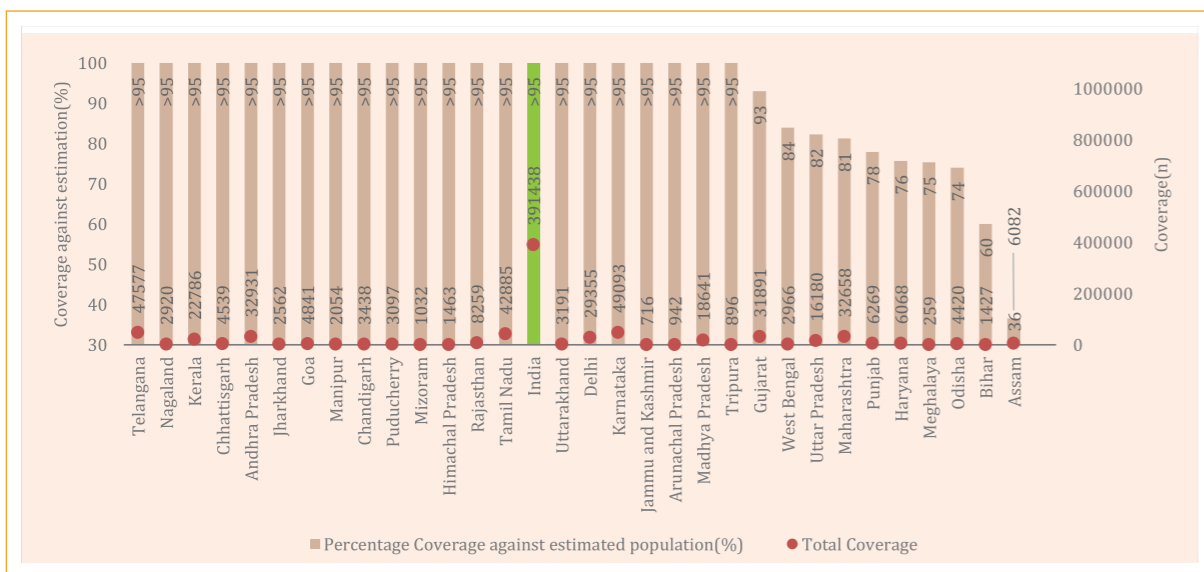


2.3 MEN WHO HAVE SEX WITH MEN

A total of 3.51 lakhs MSM were estimated during the last PMPSE conducted during 2020-2022. During FY 2023-24, around 3.91 lakhs were

covered under the TI projects which stands at >95% (Figure 11) at national level. Around twenty-one States/UTs (Telangana, Nagaland, Kerala, Chhattisgarh, Andhra Pradesh, Jharkhand, Goa, Manipur, Chandigarh, Puducherry, Mizoram, Himachal Pradesh, Rajasthan, Tamil Nadu, Uttarakhand, Delhi, Karnataka, Jammu and

Figure 11: Coverage against the estimates among MSM (April 2023 to March 2024)



Kashmir, Arunachal Pradesh, Madhya Pradesh, and Tripura) covered more than 95% of the estimated MSM population. Rest of ten States namely Gujarat, West Bengal, Uttar Pradesh, Maharashtra, Punjab, Haryana, Meghalaya, Odisha, Bihar and Assam reported less than 95% of the total coverage against PMPSE estimated population. Lowest coverage was reported in Assam. Efforts are made to increase the coverage with the inclusion of MSM population through the existing interventions. There was no intervention in DNH & DD and therefore, coverage data is not shown in the figure.

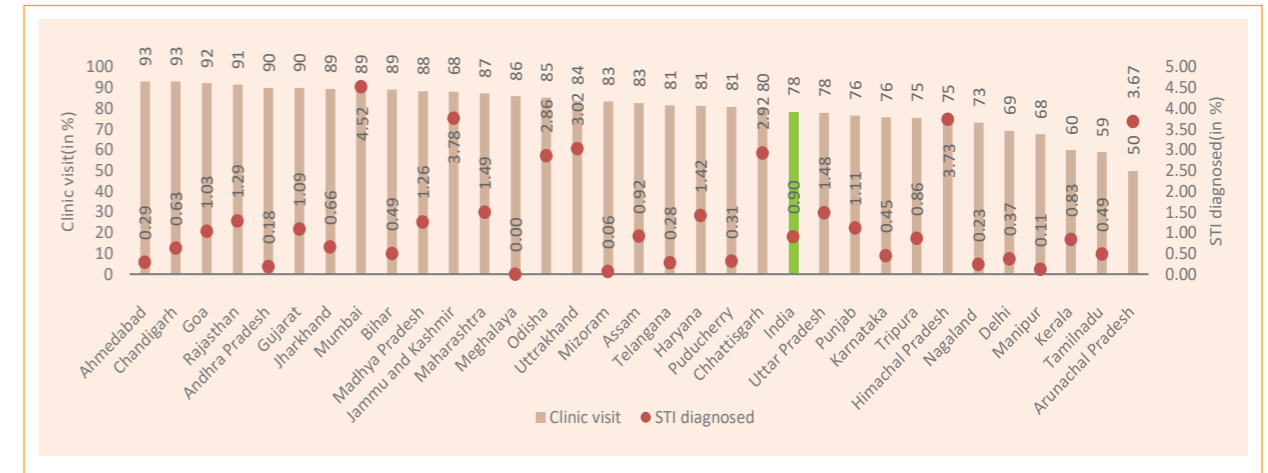
CLINIC VISITS FOR STI/RTI SERVICES

Total clinical footfall among MSM was reported to be around 10.61 lakh. The national average of clinic visits by MSM population in TIs against the annual target was at 78% (Figure 12). Twenty-one States/UTs (Ahmedabad, Chandigarh, Goa, Rajasthan, Andhra Pradesh, Gujarat, Jharkhand, Mumbai,

Bihar, Madhya Pradesh, Jammu and Kashmir, Maharashtra, Meghalaya, Odisha, Uttarakhand, Mizoram, Assam, Telangana, Haryana, Puducherry and Chhattisgarh) reported clinic visits by MSM more than the national average (78%). The rest of thirteen States/UTs (Uttar Pradesh, Punjab, Karnataka, Tripura, Himachal Pradesh, Nagaland, Delhi, Manipur, Kerala, Tamil Nadu, Arunachal Pradesh and West Bengal) reported clinic visits below the national average. Ahmedabad and Chandigarh showed the highest clinic visit at 93% while West Bengal reported the lowest clinic visit by MSMs at around 50% to the annual target.

A total of around 9,421 STI cases were reported in 2023-24. The national average of STI cases reported at 0.90% (Figure 12). Around sixteen States/UTs reported STI cases more than the national average (0.90%). The highest STI cases were reported in Mumbai at 4.52%, followed by J&K (3.76%), Himachal Pradesh (3.73%), Arunachal Pradesh (3.67%), Uttarakhand (3.02%) and Chhattisgarh (2.92%). The lowest STI cases reported by Mizoram (0.06%).

Figure 12: Clinic visit and STI/RTI diagnosed among MSM (April 2023 to March 2024)



SYPHILIS SCREENING AND SERO-REACTIVITY

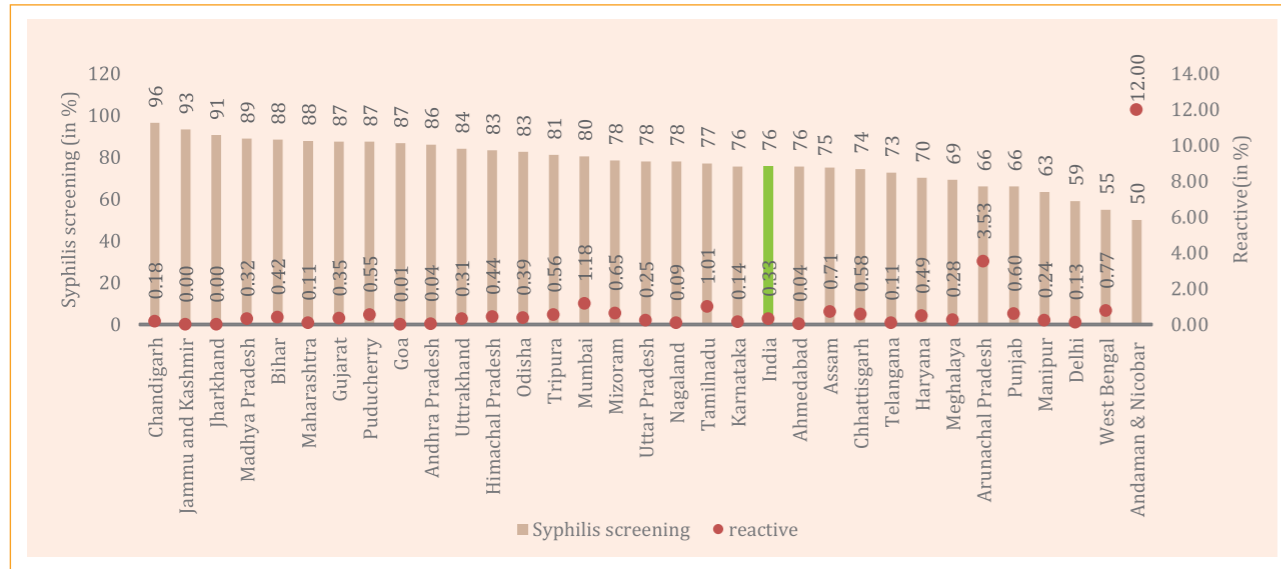
The coverage of MSMs for Syphilis screening was at 76% against the annual target (biannual syphilis screening) at national level (Figure 13). Twenty States/UTs (Chandigarh, Jammu and Kashmir, Jharkhand, Madhya Pradesh, Bihar, Maharashtra, Gujarat, Puducherry, Goa, Andhra Pradesh, Uttarakhand, Himachal Pradesh, Odisha, Tripura,

Mumbai, Mizoram, Uttar Pradesh, Nagaland, Tamil Nadu and Karnataka) reported more than the national average and eighteen States/UTs (Ahmedabad, Assam, Chhattisgarh, Telangana, Haryana, Meghalaya, Arunachal Pradesh, Punjab, Manipur, Delhi, West Bengal, Andaman & Nicobar, Rajasthan and Kerala) reported less than the national average. Chandigarh showed the highest syphilis screening at 96% while Kerala reported the lowest at 40% for MSM.

The syphilis reactivity among MSMs was reported at 0.33% at national level (Figure 13). The highest syphilis reactivity was found in Andaman and Nicobar at 12%, followed by Arunachal Pradesh (3.53%), Mumbai (1.18%), Tamil Nadu (1.01%) and

West Bengal (0.71%). Eighteen States/UTs reported syphilis reactivity more than the national average. The lowest syphilis reactivity was reported by Goa (0.01%) while nil syphilis cases among MSMs were reported in Jammu and Kashmir, Jharkhand and Sikkim.

Figure 13: Syphilis screening and positivity among MSM (April 2023 to March 2024)



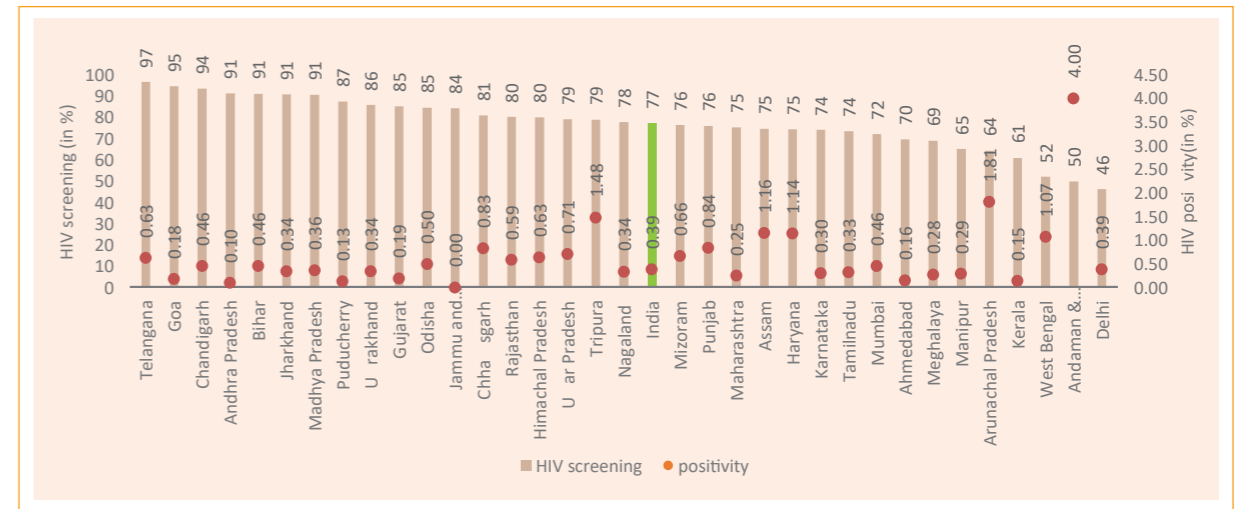
HIV SCREENING AND POSITIVITY

Total HIV screening among MSMs was around 5.25 lakhs in 2023-24. The national average of HIV screening against the annual target among MSMs was at 80% (Figure 14). Eighteen States/UTs (Telangana, Goa, Chandigarh, Andhra Pradesh, Bihar, Jharkhand, Madhya Pradesh, Puducherry, Uttarakhand, Gujarat, Odisha, Jammu and Kashmir, Chhattisgarh, Rajasthan, Himachal Pradesh, Uttar Pradesh, Tripura and Nagaland) reported HIV screening more than the national average. Sixteen States/UTs (Mizoram, Punjab, Maharashtra, Assam, Haryana, Karnataka, Tamil Nadu, Mumbai, Ahmedabad, Meghalaya, Manipur, Arunachal Pradesh, Kerala, West

Bengal, Andaman & Nicobar and Delhi) reported less than the national average. Telangana showed the highest HIV screening at 97% while Delhi reported the lowest HIV screening at 47%.

Out of the total MSMs screened for HIV, 2014 MSMs were detected HIV positive. The HIV seropositivity among MSMs was at 0.93% (Figure 14) at the national level. The highest HIV positivity was reported in Andaman and Nicobar at 4%, followed by Arunachal Pradesh (1.81%), Tripura (1.48%), Assam (1.16%), Haryana (1.14%) and West Bengal (1.07%). Around eighteen States/UTs reported HIV positivity more than the national average. The lowest HIV positivity reported by Andhra Pradesh (0.10%) while nil positive cases were reported in Sikkim and Jammu and Kashmir.

Figure 14: HIV screening and positivity among MSM (April 2023 to March 2024)

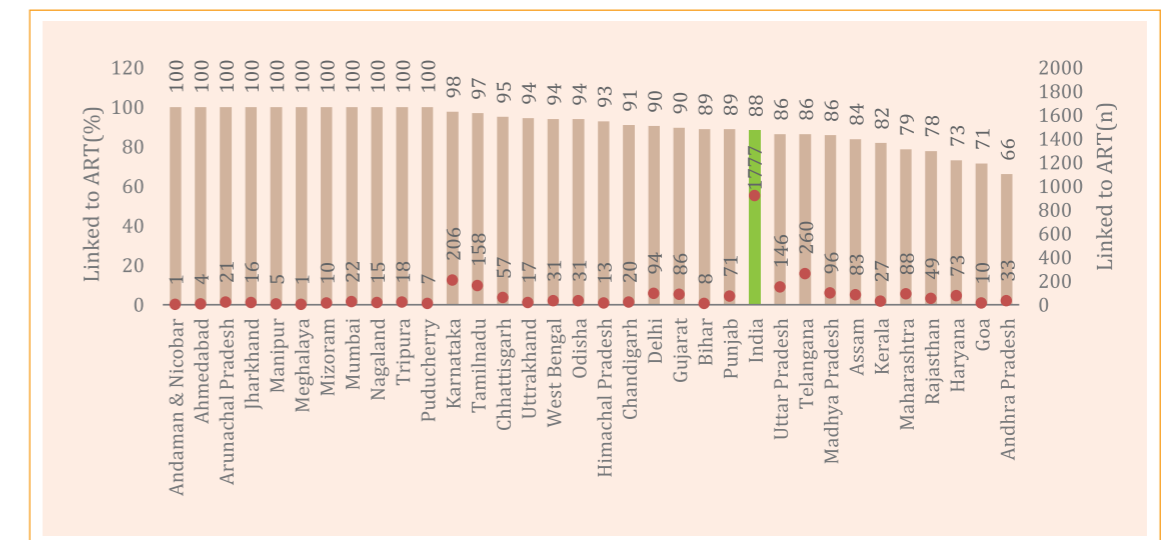


LINKAGES TO ARTC

Out of 2014 MSMs detected HIV positive, a total of 1777 MSMs were linked to ART center. The ART linkages was at 88% at national level (Figure 15). Twenty-three States/UTs reported ART linkages more than the national average, namely Andaman & Nicobar, Ahmedabad, Arunachal Pradesh, Jharkhand, Manipur, Meghalaya, Mizoram, Mumbai, Nagaland, Tripura, Puducherry, Karnataka, Tamil Nadu, Chhattisgarh, Uttarakhand, West Bengal, Odisha, Himachal Pradesh, Chandigarh, Delhi, Gujarat, Bihar and Punjab. Rest of ten States/UTs reported less percentage linkage to ART than the national average, namely Uttar Pradesh, Telangana, Madhya Pradesh, Assam, Kerala, Maharashtra, Rajasthan, Haryana, Goa and Andhra Pradesh.

Uttar Pradesh, Telangana, Madhya Pradesh, Assam, Kerala, Maharashtra, Rajasthan, Haryana, Goa and Andhra Pradesh. The lowest linkages to ART were found in Andhra Pradesh.

Figure 15: Positive detected MSM PLHIVs linked to ART (April 2023 to March 2024)



CONDOM DISTRIBUTION

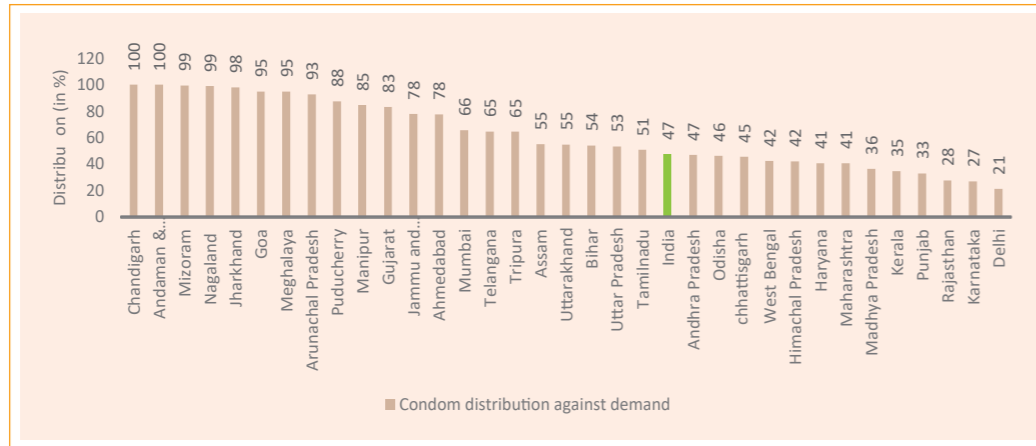
During financial year 2023-24, a total of 4,17,19,324 free condoms were distributed among MSM

population which was around 47% of total demand at the national level (Figure 16). Around thirteen States/UTs distributed condoms more than 75% of the total demand. Twenty States/UTs distributed more condoms than the national average (47%),

i.e Chandigarh, Andaman & Nicobar, Mizoram, Nagaland, Jharkhand, Goa, Meghalaya, Arunachal Pradesh, Puducherry, Manipur, Gujarat, Jammu and Kashmir, Ahmedabad, Mumbai, Telangana, Tripura, Assam, Uttarakhand, Bihar, Uttar Pradesh and Tamil Nadu. Thirteen States/UTs wherein

the condom distribution was less than the national average were Andhra Pradesh, Odisha, Chhattisgarh, West Bengal, Himachal Pradesh, Haryana, Maharashtra, Madhya Pradesh, Kerala, Punjab, Rajasthan, Karnataka and Delhi. Lowest condom distribution was reported in Delhi.

Figure 16: Condom distribution among MSM (April 2023 to March 2024)



NEW MSM REGISTRATION IN TI PROJECTS

New MSM registration in TI projects During the FY 2023-24, a total of 77,235 MSM population were newly registered in the TI Projects, at around 26% of the total contracted target as per MoU at the national level (Figure 17). Sixteen States/UTs reported the percentage of new MSM registration more than the national average, namely in Arunachal Pradesh, Delhi, Andaman & Nicobar, Himachal Pradesh, Uttarakhand, Tripura, Chhattisgarh, West Bengal, Assam, Haryana,

Chandigarh, Uttar Pradesh, Punjab, Karnataka and Rajasthan. Onboarding of new TI projects in some of the states above attributed to the increase in new registration of MSMs in TI projects. Rest of Nineteen States/UTs namely, Odisha, Jammu and Kashmir, Meghalaya, Madhya Pradesh, Andhra Pradesh, Tamil Nadu, Telangana, Bihar, Goa, Maharashtra, Kerala, Mizoram, Puducherry, Jharkhand, Gujarat, Ahmedabad, Manipur, Nagaland and Mumbai reported low registration than among MSM than the national average. Mumbai reported the lowest registration at 10% among MSM.

Figure 17: New registration against the annual contracted target (April 2023 to March 2024)

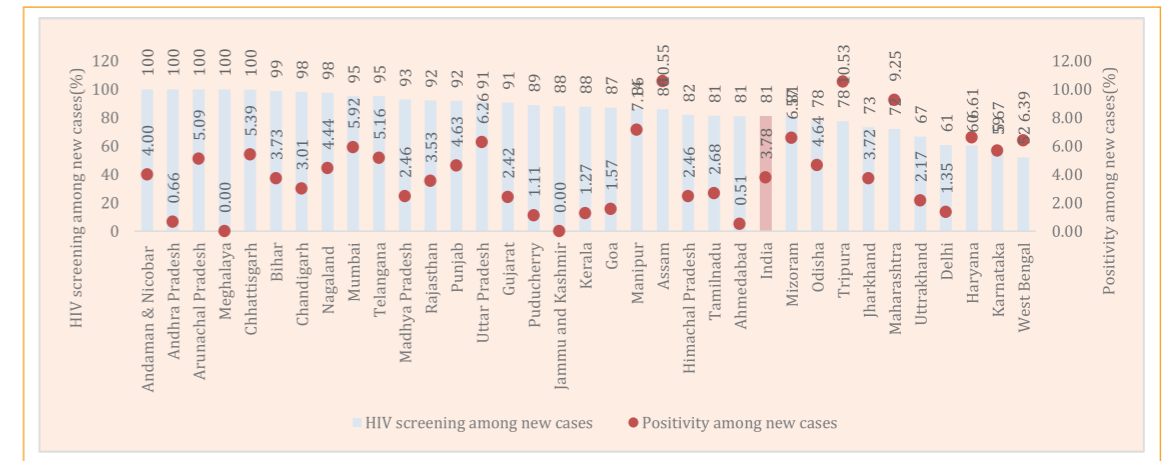


HIV screening among newly registered MSMs was at 81% at national level (at least once during the FY 2023-24). Twenty-four States/UTs reported HIV screening more than the national average among the newly registered MSM, namely in Andaman & Nicobar, Andhra Pradesh, Arunachal Pradesh, Meghalaya, Chhattisgarh, Bihar, Chandigarh, Nagaland, Mumbai, Telangana, Madhya Pradesh, Rajasthan, Punjab, Uttar Pradesh, Gujarat, Puducherry, Jammu and Kashmir, Kerala, Goa, Manipur, Assam, Himachal Pradesh, Tamil Nadu and Ahmedabad. Ten States/UTs reported HIV screening below the national average, namely Mizoram, Odisha, Tripura, Jharkhand, Maharashtra, Uttarakhand,

Delhi, Haryana, Karnataka and West Bengal, wherein West Bengal reported the lowest HIV screening among newly registered MSM at 52%.

The HIV positivity among newly registered MSM was at 3.78% at the national level. The highest HIV positivity was reported in Assam at 10.55%, followed by Tripura (10.53%), Maharashtra (9.25%), Manipur (7.14%), Haryana (6.61%) and Mizoram (6.57%). Around seventeen States reported HIV positivity more than the national average. The lowest HIV positivity was reported in Ahmedabad (0.51%) while no HIV positive cases were reported in Meghalaya and Jammu and Kashmir.

Figure 18: HIV Screening among new population and positivity (April 2023 to March 2024)



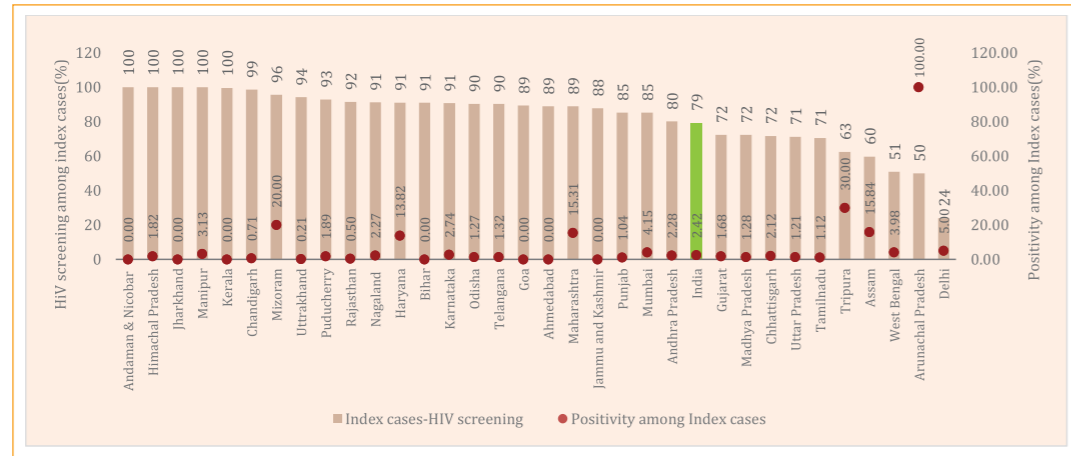
HIV SCREENING AMONG SPOUSE / PARTNERS OF PLHIV MSM INDEX CASES IN TI PROJECTS

During FY 2023-24, a total of 24,043 contacts (spouse and partners) were elicited out of the total PLHIV MSM index cases. Out of the above, a total of 19,088 spouse /partner were tested for HIV and 462 cases were found HIV positive. The national average of HIV screening against the total contacts made was at 79% (Figure 19). Twenty-three States/UTs screened more contacts than the national average, namely in Andaman & Nicobar, Himachal Pradesh, Jharkhand, Manipur, Kerala, Chandigarh, Mizoram, Uttarakhand, Puducherry, Rajasthan, Nagaland, Haryana, Bihar,

Karnataka, Odisha, Telangana, Goa, Ahmedabad, Maharashtra, Jammu and Kashmir, Punjab, Mumbai and Andhra Pradesh. The rest of ten States/UTs that reported less screening than the national average were Gujarat, Madhya Pradesh, Chhattisgarh, Uttar Pradesh, Tamil Nadu, Tripura, Assam, West Bengal, Arunachal Pradesh and Delhi. Delhi reported the lowest HIV screening among index cases of MSM at 24%.

The HIV positivity among spouse/ partner of PLHIV index cases of FSW was at 2.42% (Figure 19). The highest HIV positivity was reported in Arunachal Pradesh at 100%. The lowest HIV positivity was reported by Uttarakhand (0.21%), while no cases were reported from Andaman, Jharkhand, Kerala, Bihar, Goa, Ahmedabad and Jammu and Kashmir

Figure 19: HIV Screening among spouse/partner of PLHIV Index cases of MSM and positivity (April 2023 to March 2024)

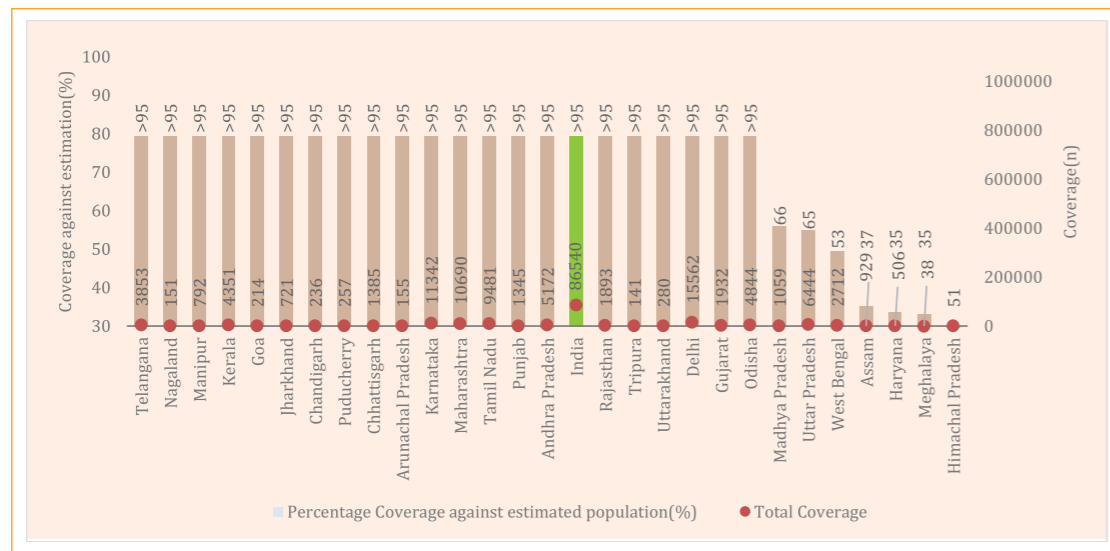


2.4 HIJRA/TRANSGENDER PERSONS

A total of 0.96 lakhs H/TGs population were estimated during the last Programmatic Mapping and Population Size Estimation exercise conducted during 2020-2022. During FY 2023-24, around 0.87 lakhs H/TGs were covered under the TI projects at around 90% of the total estimated population at the national level (Figure 20). Fifteen States/UTs, covered H/TGs more than the national average of 90%, i.e. Telangana, Nagaland, Manipur, Kerala, Goa, Jharkhand, Chandigarh, Puducherry,

Chhattisgarh, Arunachal Pradesh, Karnataka, Maharashtra, Tamil Nadu, Punjab and Andhra Pradesh. Rest of Fourteen States/UTs, namely Rajasthan, Tripura, Uttarakhand, Delhi, Gujarat, Odisha, Madhya Pradesh, Uttar Pradesh, West Bengal, Assam, Haryana, Meghalaya, and Himachal Pradesh reported coverage less than the national average. Himachal Pradesh reported the lowest coverage. Intervention among H/TG persons was initiated for first time in Andaman & Nicobar Islands (A&N Islands) and a total of 4 H/TG persons were covered during the FY 2023-24. There was no intervention in Bihar, DNH & DD, Jammu and Kashmir, Mizoram, Sikkim and therefore, no coverage data is shown in the figure 20.

Figure 20: Coverage against estimates among H/TG (April 2023 to March 2024)



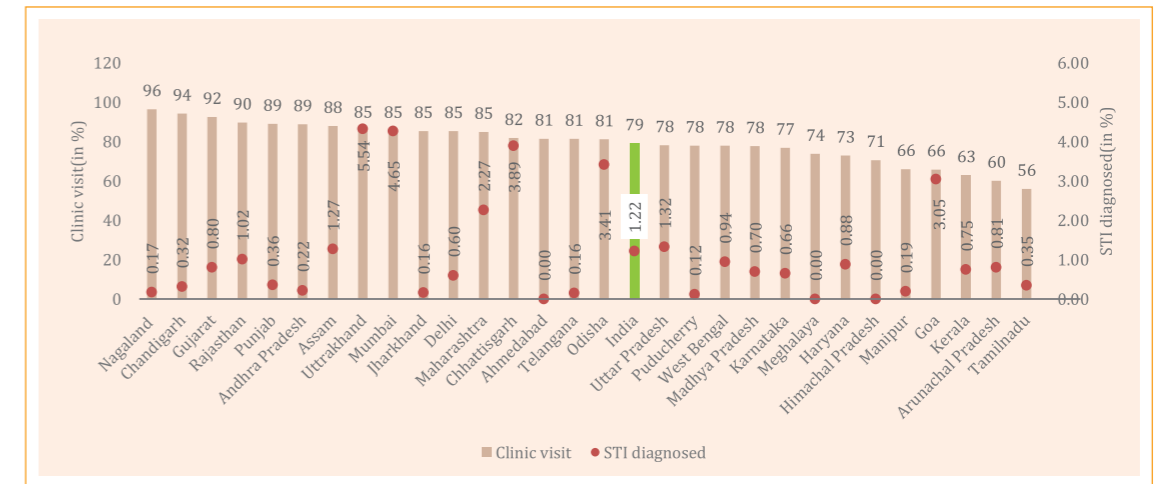
CLINIC VISITS FOR STI/RTI SERVICES

Total clinical footfall among H/TG population was reported to be around 2.55 lakh. The national average of clinic visit (against the annual target) by H/TG was at 79%. Sixteen States/UTs (Nagaland, Chandigarh, Gujarat, Rajasthan, Punjab, Andhra Pradesh, Assam, Uttarakhand, Mumbai, Jharkhand, Delhi, Maharashtra, Chhattisgarh, Ahmedabad, Telangana and Odisha) reported more clinic visits by H/TG than the national average. Rest of the fourteen States/UTs reported clinic visits below the national average, i.e. Uttar Pradesh, Puducherry, West Bengal, Madhya Pradesh, Karnataka, Meghalaya,

Haryana, Himachal Pradesh, Manipur, Goa, Kerala, Arunachal Pradesh, Tamil Nadu and Tripura. Nagaland showed the highest clinic visit by H/TG population at 96% while Tripura reported the lowest clinic visit at 44%.

A total of around 3,056 STI cases were reported among H/TG persons in 2023-24. The national average of STI cases reported was at 1.22% (Figure 21). The highest STI cases were reported in Uttarakhand at 5.54%, followed by Mumbai (4.65%), Chhattisgarh (3.89%), Odisha (3.48%), Goa (3.05%) and Maharashtra (2.27%). There are around eight States/UTs that reported STI cases more than the national average while the lowest STI cases were reported by Puducherry (0.12%).

Figure 21: Clinic visit and RTI/STI diagnosed among H/TG (April 2023 to March 2024)



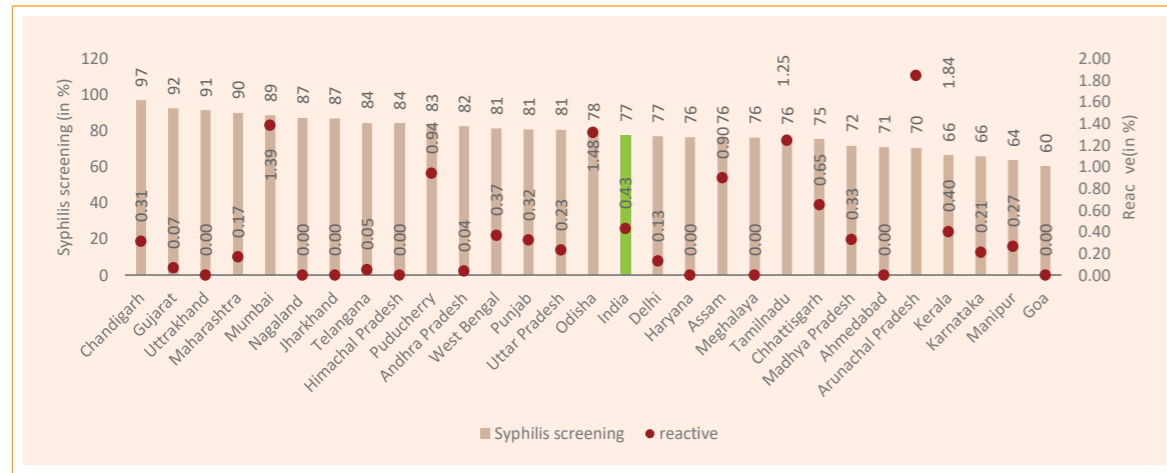
SYPHILIS SCREENING AND REACTIVITY

The coverage of H/TGs for Syphilis screening at national level was at 77% (Figure 22). Fifteen States/UTs (Chandigarh, Gujarat, Uttarakhand, Maharashtra, Mumbai, Nagaland, Jharkhand, Telangana, Himachal Pradesh, Puducherry, Andhra Pradesh, West Bengal, Punjab, Uttar Pradesh and Odisha) reported coverage more than the national average. Sixteen States/UTs reported coverage of H/TG persons for syphilis screening less than the national average, namely Delhi, Haryana, Assam, Meghalaya, Tamil Nadu, Chhattisgarh, Madhya Pradesh, Ahmedabad, Arunachal Pradesh, Kerala, Karnataka, Manipur, Goa, Andaman & Nicobar, Rajasthan and

Tripura. Chandigarh showed the highest syphilis screening at 97% while Tripura reported the lowest Syphilis screening at 45%.

The syphilis reactivity among H/TGs was reported at 0.43% at the national level. The highest syphilis reactivity was found in Andaman and Nicobar at 50%, followed by Arunachal Pradesh (1.84%), Odisha (1.48%), Mumbai (1.39%), Tamil Nadu (1.25%) and Puducherry (0.94%). Around eight States/UTs reported syphilis reactivity more than the national average. The lowest syphilis reactivity reported by Andhra Pradesh (0.04%), whereas nil syphilis cases were reported in Uttarakhand, Nagaland, Jharkhand, Himachal Pradesh, Haryana, Meghalaya, Ahmedabad, Goa, and Tripura.

Figure 22: Syphilis screening and reactivity among H/TC (April 2023 to March 2024)



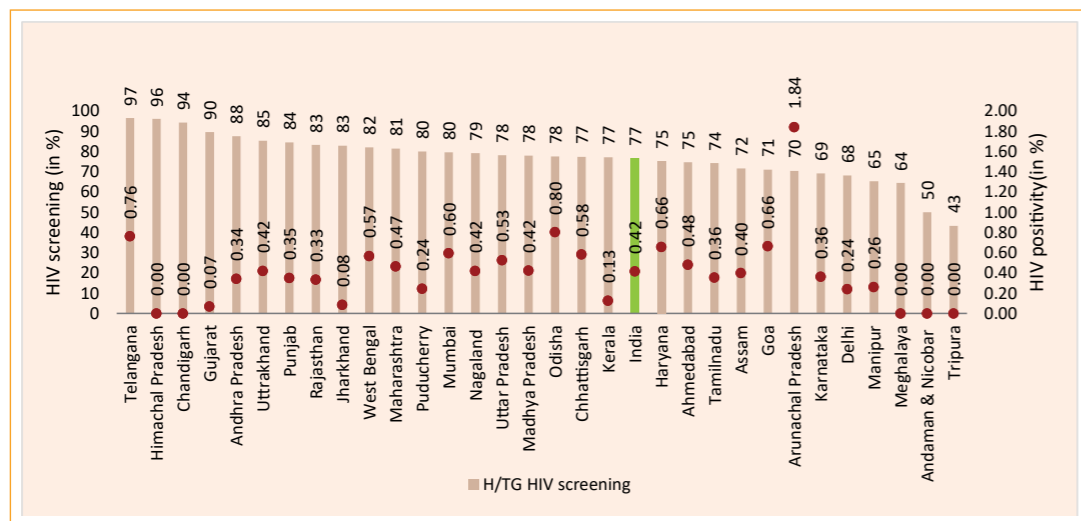
HIV SCREENING AND SERO-POSITIVITY

Total HIV screening among H/TC persons was around 1.26 lakhs in 2023-24. The national average of HIV screening against the annual target among H/TC was at 77% (Figure 23). Nineteen States/UTs reported HIV screening among H/TC population more than the national average, namely Telangana, Himachal Pradesh, Chandigarh, Gujarat, Andhra Pradesh, Uttarakhand, Punjab, Rajasthan, Jharkhand, West Bengal, Maharashtra, Puducherry, Mumbai, Nagaland, Uttar Pradesh, Madhya Pradesh, Odisha, Chhattisgarh and Kerala. Twelve States/UTs that reported coverage less than the national average were Haryana, Ahmedabad, Tamil Nadu, Assam, Goa, Arunachal Pradesh, Karnataka,

Delhi, Manipur, Meghalaya, Andaman & Nicobar and Tripura. Telangana reported the highest HIV screening at 98% while the lowest HIV screening was reported in Tripura at 43%.

Out of the total H/TC persons screened for HIV, 516 were detected HIV positive. The HIV positivity among H/TCs was observed at 0.42% at national level. The highest HIV positivity was reported in Arunachal Pradesh at 1.84%, followed by Odisha (0.80%), Telangana (0.76%), Goa (0.66%), Haryana (0.66%) and Mumbai (0.60%). Around fourteen States/UTs reported HIV positivity more than the national average. The lowest HIV positivity reported by Gujarat (0.07%), whereas nil positive cases were reported in Himachal Pradesh, Chandigarh, Meghalaya, Andaman & Nicobar and Tripura.

Figure 23: HIV screening and positivity H/TC (April 2023 to March 2024)



LINKAGES TO ARTC

Out of 516 H/TC persons detected HIV positive, a total of 449 PLHIV H/TCs were linked to ART center with the ART linkages reported at 87% at the national level (Figure 24). Fifteen States/UTs reported ART linkages more than the national average, namely Arunachal Pradesh, Gujarat, Jharkhand, Nagaland, Puducherry, Uttarakhand, Tamil Nadu, Uttar Pradesh, Karnataka, Delhi, Odisha, Rajasthan, West Bengal, Mumbai, Punjab, Maharashtra, India, Kerala, Madhya Pradesh, Haryana, Assam, Telangana, Chhattisgarh, Andhra Pradesh, Ahmedabad, Goa and Manipur.

Tamil Nadu, Uttar Pradesh, Karnataka, Delhi, Odisha, Rajasthan, West Bengal, Mumbai, Punjab and Maharashtra. Rest of ten States/UTs that reported ART linkages less than the national average were Kerala, Madhya Pradesh, Haryana, Assam, Telangana, Chhattisgarh, Andhra Pradesh, Ahmedabad, Goa and Manipur. The lowest linkages was reported in three states namely Manipur, Goa and Ahmedabad at 50%.

Figure 24: Positive detected H/TCs linked to ART (April 2023 to March 2024)

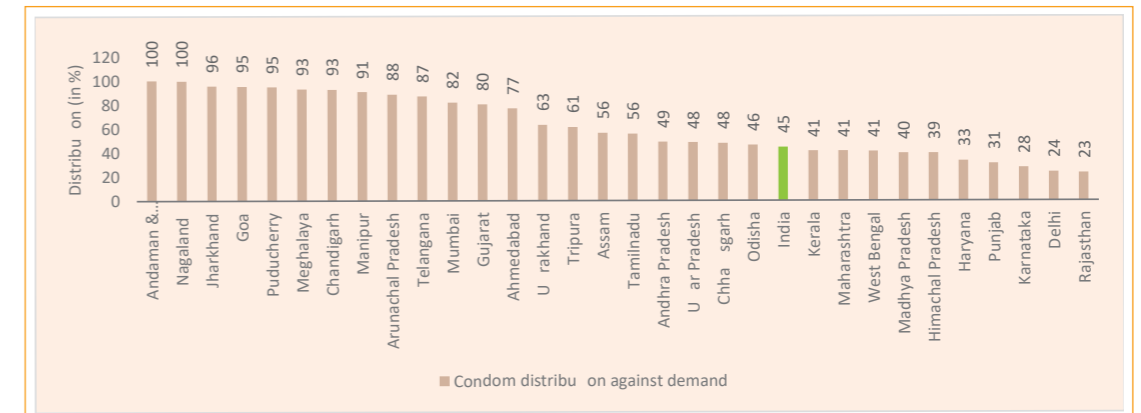


CONDOM DISTRIBUTION

During FY 2023-24, a total of 1,17,45,711 free condoms were distributed among H/TC, at around 45% of total estimated demand at the national level (Figure 25). Around thirteen States/UTs distributed condoms more than 75% of the total demand. Twenty States/UTs distributed condom more than the national average, namely, Andaman & Nicobar, Nagaland, Jharkhand, Goa, Puducherry, Meghalaya, Chandigarh, Manipur, Arunachal Pradesh, Telangana, Mumbai, Gujarat, Ahmedabad, Uttar Pradesh, Tripura, Assam, Tamil Nadu, Andhra Pradesh, Haryana, West Bengal, Chhattisgarh, Odisha, India, Kerala, Maharashtra, West Bengal, Madhya Pradesh, Himachal Pradesh, Punjab, Karnataka, Delhi and Rajasthan.

Puducherry, Meghalaya, Chandigarh, Manipur, Arunachal Pradesh, Telangana, Mumbai, Gujarat, Ahmedabad, Uttarakhand, Tripura, Assam, Tamil Nadu, Andhra Pradesh, Uttar Pradesh, Chhattisgarh and Odisha. Thirteen States/UTs that distributed condom less than the national average were Kerala, Maharashtra, West Bengal, Madhya Pradesh, Himachal Pradesh, Haryana, Punjab, Karnataka, Delhi and Rajasthan. The lowest distribution was observed in Rajasthan.

Figure 25: Condom distribution among H/TC (April 2023 to March 2024)

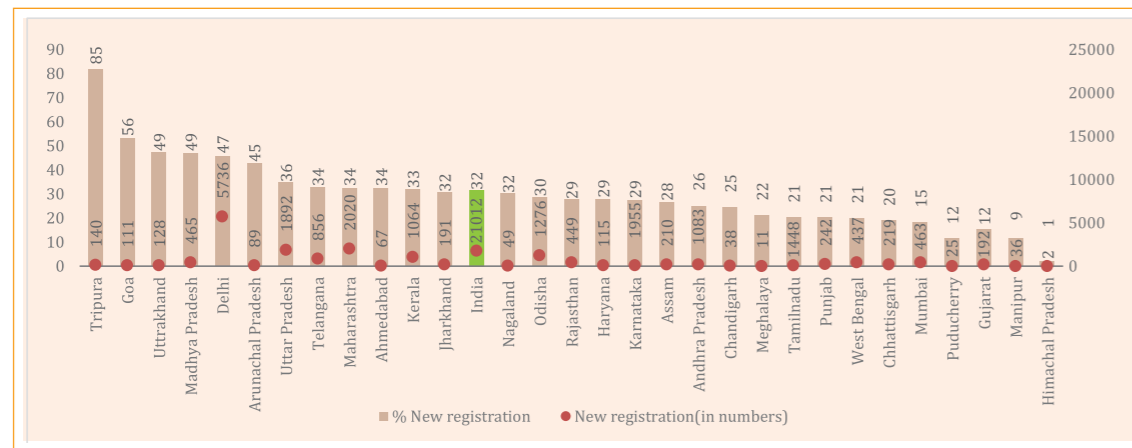


NEW H/TG REGISTRATION IN TI PROJECTS

During the FY 2023-24, a total of 21,012 H/TG persons were newly registered in the TI Projects at around 32 % of the total contracted target at the national level (Figure 26). Twelve States/UTs reported the percentage of new H/TG registration more than the national average, i.e. Tripura, Goa, Uttarakhand, Madhya Pradesh, Delhi, Arunachal

Pradesh, Uttar Pradesh, Telangana, Maharashtra, Ahmedabad, Kerala and Jharkhand. Eighteen States/UTs reported less registration than the national average, namely Nagaland, Odisha, Rajasthan, Haryana, Karnataka, Assam, Andhra Pradesh, Chandigarh, Meghalaya, Tamil Nadu, Punjab, West Bengal, Chhattisgarh, Mumbai, Puducherry, Gujarat, Manipur and Himachal Pradesh. Himachal Pradesh reported the lowest registration at 2% among H/TG

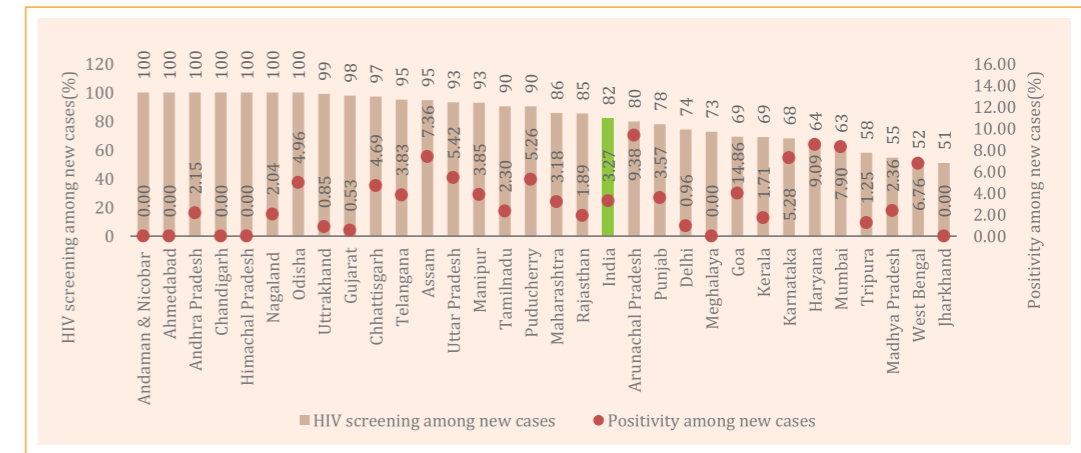
Figure 26: New registration against the annual contracted target (April 2023 to March 2024)



HIV screening among newly registered H/TGs was at 82% at national level (at least once) during the FY 2023-24 (Figure 27). Eighteen States/UTs reported HIV screening among newly registered H/TGs more than the national average, namely Andaman & Nicobar, Ahmedabad, Andhra Pradesh, Chandigarh, Himachal Pradesh, Nagaland, Odisha, Uttarakhand, Gujarat, Chhattisgarh, Telangana, Assam, Uttar Pradesh, Manipur, Tamil Nadu, Puducherry, Maharashtra and Rajasthan. Thirteen States/UTs reported below the national average, namely Arunachal Pradesh, Punjab, Delhi, Meghalaya, Goa, Kerala, Karnataka, Haryana, Mumbai, Tripura, Madhya Pradesh, West Bengal and Jharkhand. Jharkhand reported the lowest HIV screening among newly registered H/TGs at 51%.

The HIV positivity among newly registered H/TG was at 3.27% (Figure 27). The highest HIV positivity was reported in Goa at 14.86%, followed by Arunachal Pradesh (9.38%), Haryana (9.09%), Mumbai (7.90%), Assam (7.36%) and West Bengal (6.76%). Around fourteen States/UTs reported HIV positivity more than the national average. The lowest HIV positivity was reported in Gujarat (0.08%), whereas no HIV positive cases among newly registered population were reported in Andaman & Nicobar, Ahmedabad, Chandigarh, Himachal Pradesh, Meghalaya and Jharkhand.

Figure 27: HIV Screening among new population and positivity (April 2023 to March 2024)



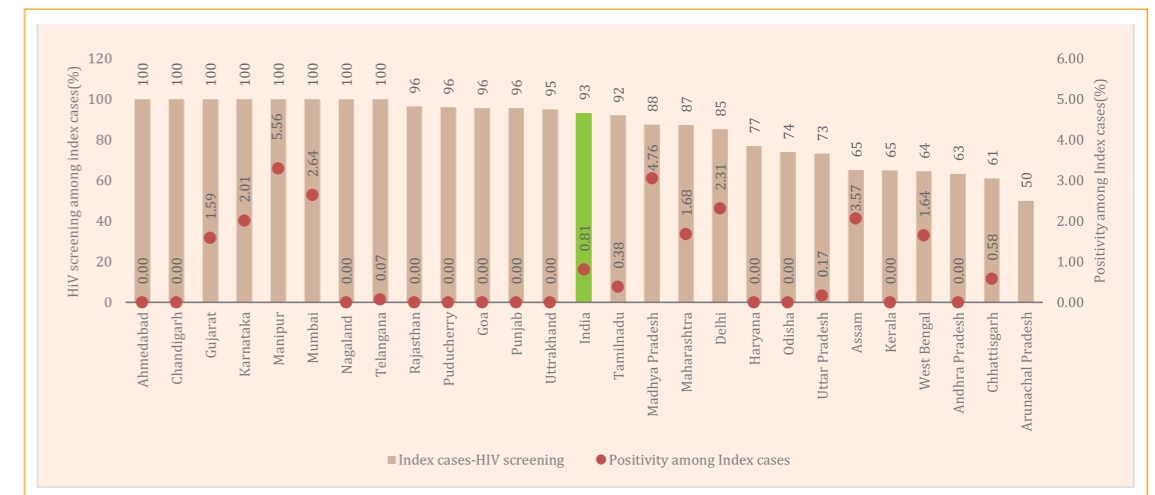
HIV SCREENING AMONG SPOUSE / PARTNERS OF PLHIV H/TG INDEX CASES IN TI PROJECTS

During FY 2023-24, a total of 5841 contacts (spouse and partners) were elicited from the total positive PLHIV H/TG index cases (Figure 28). Out of the above, a total of 5449 spouse/partner were tested for HIV and 44 cases were found HIV positive. The national average of HIV screening against the total contacts was at 93%. Thirteen States/UTs screened higher number of PLHIV H/TG contacts than the national average, namely, Ahmedabad, Chandigarh, Gujarat, Karnataka, Manipur, Mumbai, Nagaland, Telangana, Rajasthan, Puducherry, Goa, Punjab

and Uttarakhand. Thirteen States/UTs that reported less screening of spouse/partners than the national average, were Tamil Nadu, Madhya Pradesh, Maharashtra, Delhi, Haryana, Odisha, Uttar Pradesh, Assam, Kerala, West Bengal, Andhra Pradesh, Chhattisgarh and Arunachal Pradesh. Arunachal Pradesh reported the lowest HIV screening among index cases of H/TG at 50%.

The HIV positivity among spouse/partner of PLHIV index cases of H/TG was at 0.81% (Figure 28). The highest HIV positivity was reported in Arunachal Pradesh at 100%. The lowest HIV positivity reported by Telangana (0.7%) whereas no cases were reported from Ahmedabad, Chandigarh, Nagaland, Rajasthan, Puducherry, Goa, Punjab, Uttarakhand, Haryana, Odisha, Kerala and Andhra Pradesh.

Figure 28: HIV Screening among spouse/partner of PLHIV Index cases of PLHIV H/TG and positivity (April 2023 to March 2024)

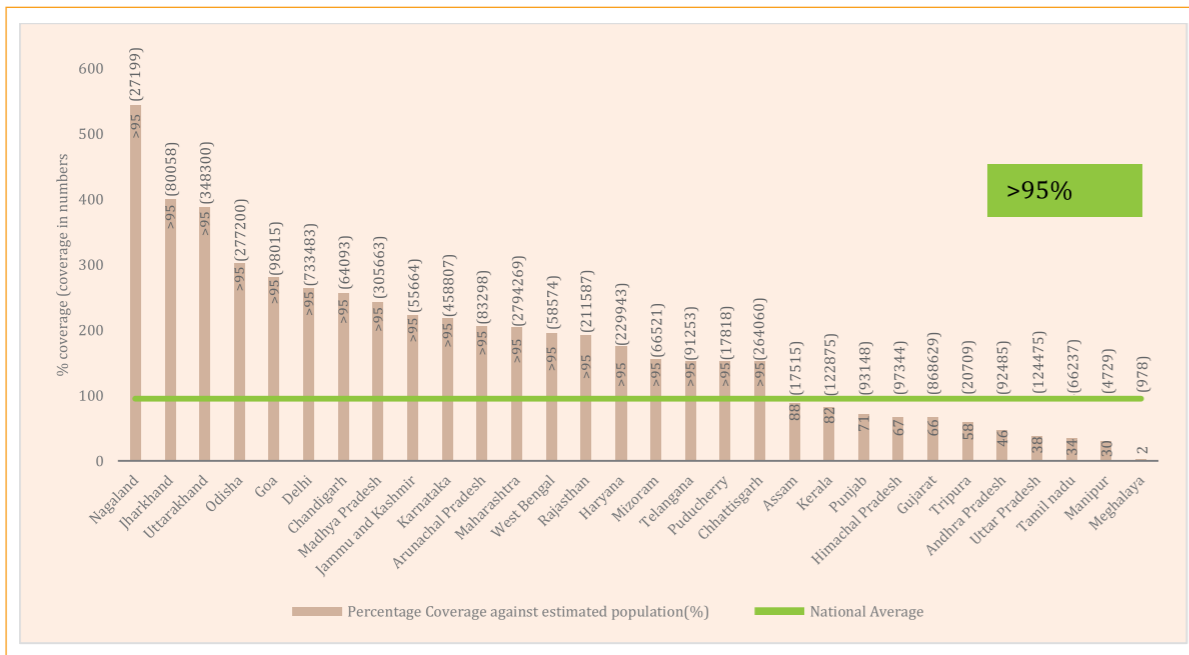


2.5 MIGRANTS

State wise Coverage of migrant population (April 2023 to March 2024)

A total of 77.75 lakhs migrant population were covered during FY 2023-24. The national coverage was more than 95% of the total estimated population (Figure 29). Around nineteen States/UTs covered more than 95% of total estimated population in the states, namely Arunachal Pradesh, Chandigarh, Chhattisgarh, Delhi, Goa, Haryana, Jammu and Kashmir, Jharkhand, Karnataka, Madhya Pradesh, Maharashtra, Mizoram, Nagaland, Odisha, Puducherry, Rajasthan, Telangana, Uttarakhand and West Bengal. Rest of the States/UTs that reported less coverage than the national average includes, Andhra Pradesh, Assam, Gujarat, Himachal Pradesh, Kerala, Manipur, Meghalaya, Punjab, Sikkim, Tamil Nadu , Tripura and Uttar Pradesh. Lowest coverage was reported in Meghalaya at 1.94%.

Figure 29: Coverage of Migrants (April 2023 to March 2024)



CLINICAL SERVICES FOR STI/RTI

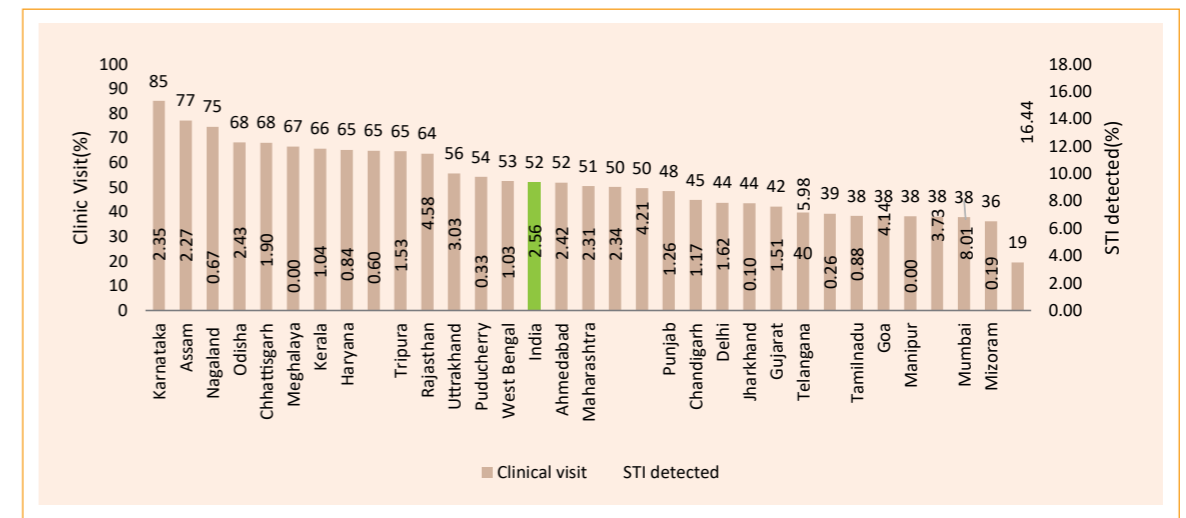
Total clinical footfall among Migrant population was around 16.45 lakh. Around 52% of total migrants (against the annual contracted target given to TIs) availed clinical services at the national level during FY 2023-24 (Figure 30). Fourteen States/UTs such as Karnataka, Assam, Nagaland, Odisha, Chhattisgarh, Meghalaya, Kerala, Haryana, Uttar Pradesh, Tripura, Rajasthan, Uttarakhand, Puducherry and West Bengal reported higher number of clinical services accessed by migrants than the national average (52%). Rest of the twelve States/UTs (Ahmedabad, Maharashtra, Madhya Pradesh, Andhra Pradesh, Punjab, Chandigarh, Delhi, Jharkhand, Gujarat,

Pradesh, Chandigarh, Chhattisgarh, Delhi, Goa, Haryana, Jammu and Kashmir, Jharkhand, Karnataka, Madhya Pradesh, Maharashtra, Mizoram, Nagaland, Odisha, Puducherry, Rajasthan, Telangana, Uttarakhand and West Bengal. Rest of the States/UTs that reported less coverage than the national average includes, Andhra Pradesh, Assam, Gujarat, Himachal Pradesh, Kerala, Manipur, Meghalaya, Punjab, Sikkim, Tamil Nadu , Tripura and Uttar Pradesh. Lowest coverage was reported in Meghalaya at 1.94%.

Telangana, Arunachal Pradesh, Tamil Nadu, Goa, Manipur, Himachal Pradesh, Mumbai, Mizoram, Jammu and Kashmir and Andaman & Nicobar reported clinic visits below the national average. Karnataka reported the highest clinic visit at around 85% while Jammu and Kashmir reported the lowest clinic visit at 19%.

A total of around 42,144 STI cases were reported in 2023-24. The national average of STI cases reported was at 2.56% (Figure 29). The highest STI cases were reported in Jammu and Kashmir at 16.44%, followed by Mumbai (8.01%), Telangana (5.98%), Rajasthan (4.58%), Andhra Pradesh (4.21%) and Goa (4.14%). There are around eight States/UTs that reported STI cases more than the national average. The lowest STI cases was reported in Jharkhand at 0.10%.

Figure 30 : Clinic visit and STI detection among Migrant (April 2023 to March 2024)



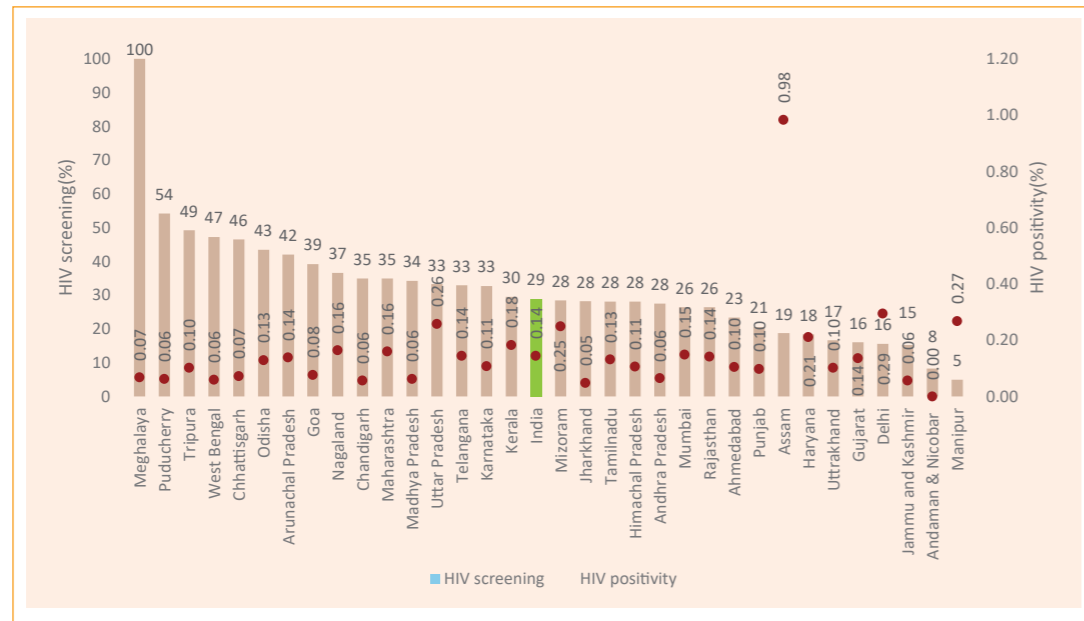
HIV SCREENING AND POSITIVITY

Total HIV screening among Migrants was around 9.13 lakhs in 2023-24. The national average of HIV screening against the annual target among migrants was around 29%(Figure 30). Fifteen States/UTs (Meghalaya, Puducherry, Tripura, West Bengal, Chhattisgarh, Odisha, Arunachal Pradesh, Goa, Nagaland, Chandigarh, Maharashtra, Madhya Pradesh, Uttar Pradesh, Telangana, Karnataka and Kerala) reported HIV screening more than the national average. Rest of seventeen States/UTs (Mizoram, Jharkhand, Tamil Nadu, Himachal Pradesh, Andhra Pradesh, Mumbai, Rajasthan, Ahmedabad, Punjab, Assam, Haryana, Uttarakhand, Gujarat, Delhi, Jammu

and Kashmir, Andaman & Nicobar and Manipur) reported HIV screening less than the national average. Meghalaya reported the highest HIV screening at around 100% while Manipur reported the lowest HIV screening at 5%.

Out of the total Migrants screened for HIV, 1,316 migrants were detected HIV positive. The HIV positivity among migrants was reported at 0.14% at the national level (Figure 31). The highest HIV positivity was reported in Assam at 0.98%, followed by Delhi (0.29%), Manipur (0.27%), Uttar Pradesh (0.26%), Mizoram (0.25%) and Haryana (0.21%). There are eleven States/UTs that reported HIV positivity more than the national average. The lowest HIV positivity was reported by Jharkhand (0.05%), whereas nil positive cases were reported in Andaman and Nicobar.

Figure 31 : HIV screening and positivity among Migrant (April 2023 to March 2024)

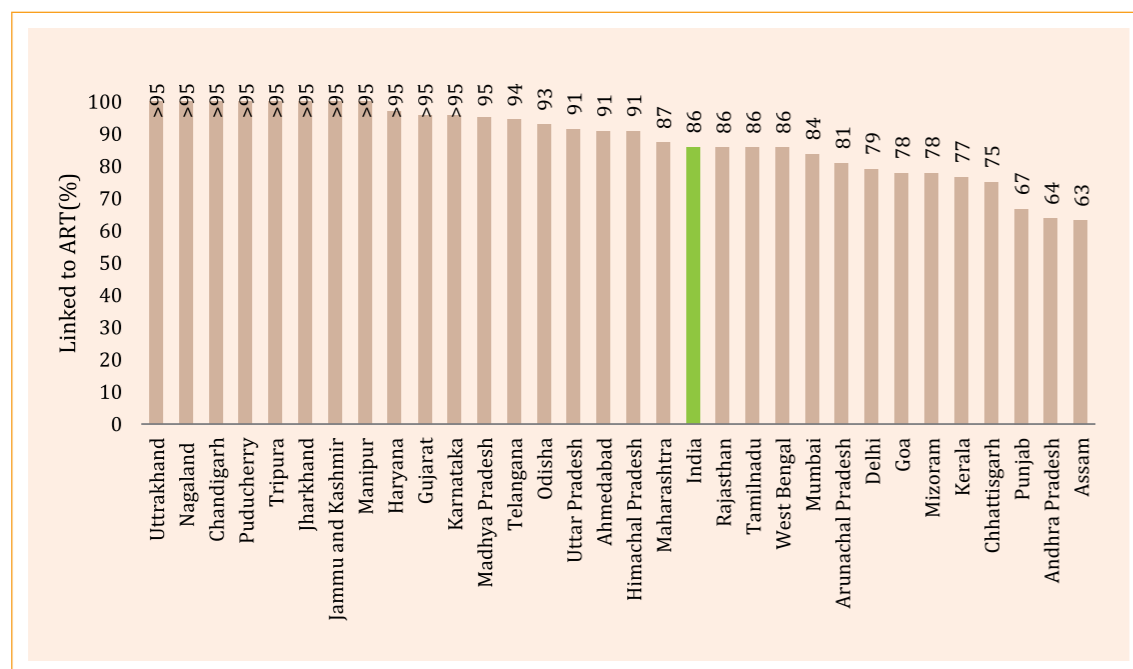


LINKAGES TO ARTC

Out of 1316 migrants detected HIV positive, a total of 1130 migrants were linked to ART center. The ART linkages stand at 86% at the national level. (Figure 32). Eighteen States/UTs reported ART linkages more than the national average., namely Uttarakhand, Nagaland, Chandigarh, Puducherry, Tripura, Jharkhand, Jammu and

Kashmir, Manipur, Haryana, Gujarat, Karnataka, Madhya Pradesh, Telangana, Odisha, Uttar Pradesh, Ahmedabad, Himachal Pradesh and Maharashtra. Thirteen States/UTs that reported less than the national average were Rajasthan, Tamil Nadu, West Bengal, Mumbai, Arunachal Pradesh, Delhi, Goa, Mizoram, Kerala, Chhattisgarh, Punjab, Andhra Pradesh and Assam. The lowest ART linkages was observed in Assam at 63%.

Figure 32: Positive detected Migrant PLHIVs linked to ART (April 2023 to March 2024)



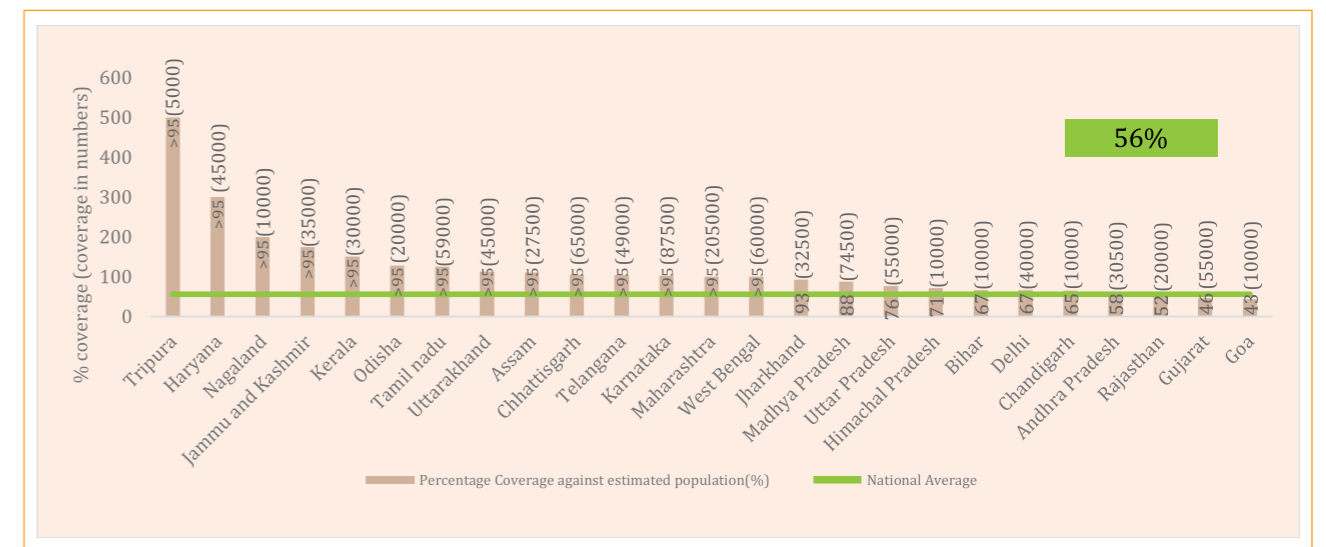
2.6 TRANSPORT WORKERS

State wise Coverage of Transport Workers (April 2023 to March 2024)

A total of 11.20 lakhs Transport Workers were covered during FY 2023-24). The national coverage was more than 56% of the total estimated population (Figure 32). Around twenty-two States/UTs covered more than 95% of total estimated trucker's population in the

states, namely in Andhra Pradesh, Assam, Bihar, Chandigarh, Chhattisgarh, Delhi, Haryana, Himachal Pradesh, Jammu and Kashmir, Jharkhand, Karnataka, Kerala, Madhya Pradesh, Maharashtra, Nagaland, Odisha, Tamil Nadu, Telangana, Tripura, Uttar Pradesh, Uttarakhand and West Bengal. Rest of 4 states reported less coverage than the national average wherein the lowest coverage was reported in Goa at 43 %.

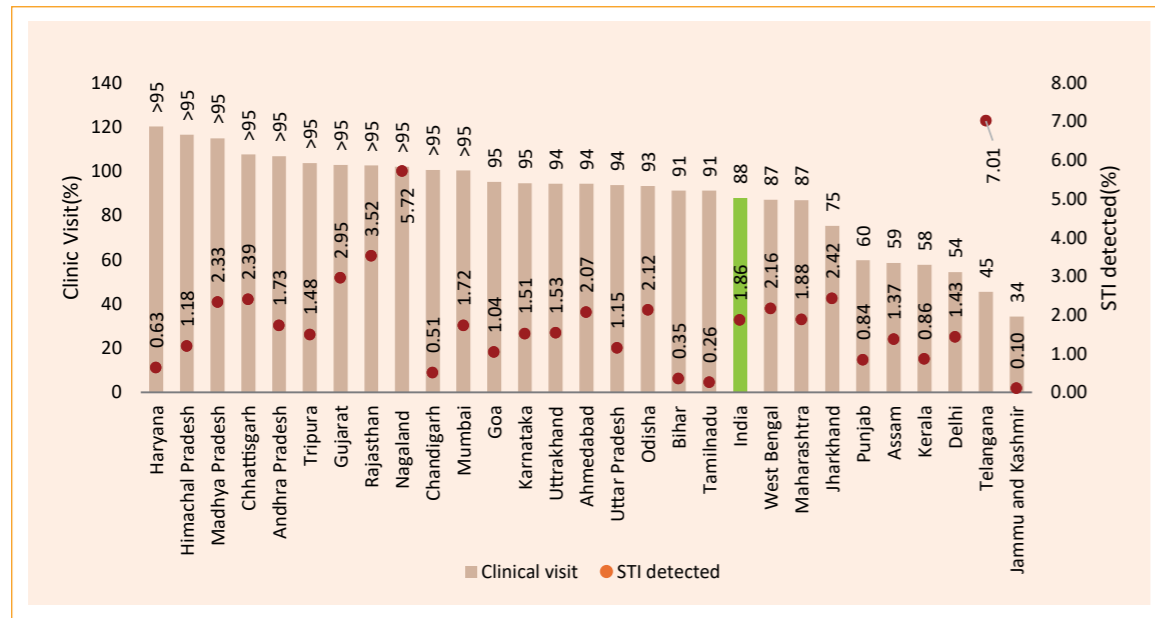
Figure 33: Coverage of Transport Workers (April 2023 to March 2024)



Total footfall for clinical services among transport workers was around 9.85 Lakhs. Around 88% of transport workers registered in TI (against the annual contracted target given to TIs) availed clinical services at the national level (Figure 33). Nineteen States/UTs provided clinical services to transport workers more than the national average, namely Haryana, Himachal Pradesh, Madhya Pradesh, Chhattisgarh, Andhra Pradesh, Tripura, Gujarat, Rajasthan, Nagaland, Chandigarh, Mumbai, Goa, Karnataka, Uttarakhand, Ahmedabad, Uttar Pradesh, Odisha, Bihar and Tamil Nadu. Rest of the States/UTs reported lower coverage than the national average, with Jammu & Kashmir reporting the lowest coverage for clinical services at 34%.

Out of total clinical footfall, around 18,328 STI cases were reported among transport workers. The STI cases reported was at 1.86% at the national level. Eleven states/UTs reported STI cases more than the national average (Figure 33). The highest STI cases was reported in Telangana at 7.01%, followed by Nagaland (5.72%), Rajasthan (3.52%), Gujarat (2.92%), Jharkhand (2.42%), Chhattisgarh (2.39%). The lowest STI cases was reported in Jammu and Kashmir (0.10%).

Figure 34 : Clinic visit and STI detection among Transport Worker (April 2023 to March 2024)



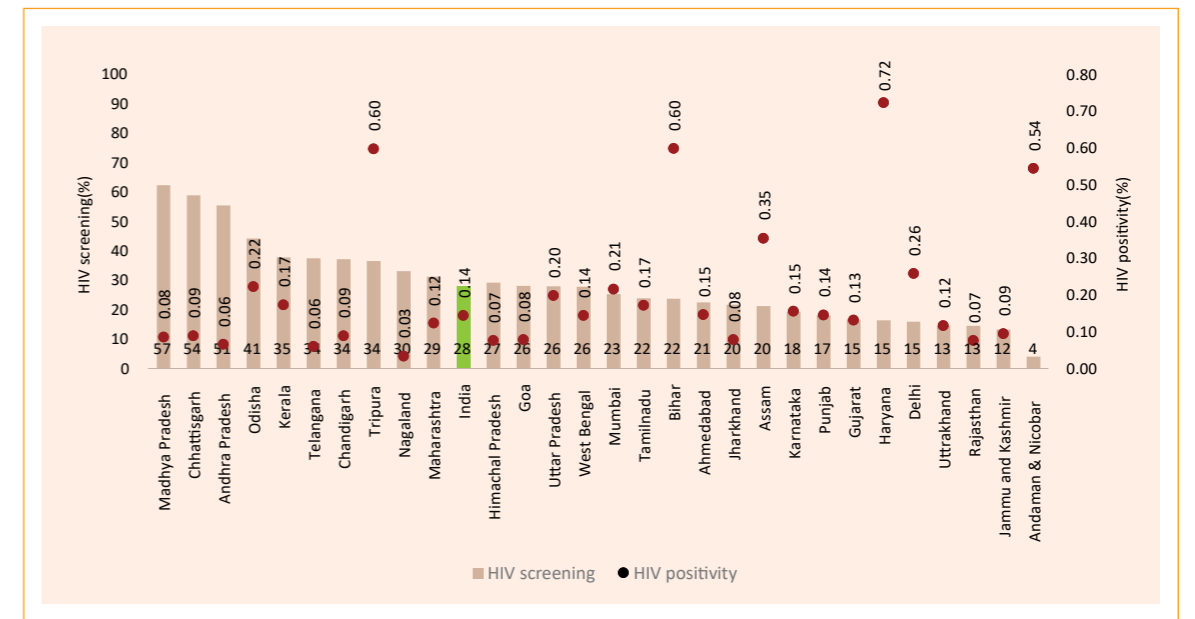
HIV SCREENING AND POSITIVITY

Total HIV screening among transport worker was around 3.11 lakhs in 2023-24. The national average of HIV screening against the annual target among transport worker was at 28% (Figure 34). Ten States/UTs (Andhra Pradesh, Chhattisgarh, Madhya Pradesh, Odisha, Kerala, Telangana, Chandigarh, Tripura, Nagaland, Maharashtra) reported HIV screening more than the national average. Rest of nineteen States/UTs (Himachal Pradesh, Goa, Uttar Pradesh, West Bengal, Mumbai, Tamil Nadu, Bihar, Ahmedabad, Jharkhand, Assam, Karnataka, Punjab, Gujarat, Haryana, Delhi, Uttarakhand, Rajasthan, Jammu and Kashmir and Andaman & Nicobar) reported

HIV screening less than the national average. Madhya Pradesh reported the highest HIV screening at 57% while Andaman and Nicobar reported the lowest HIV screening at 4%.

Out of the total screened for HIV, 445 transport workers were detected HIV positive. The HIV positivity among transport workers was at 0.14% (Figure 35) at the national level. The highest HIV positivity was reported in Haryana at 0.72%, followed by Bihar (0.60%), Tripura (0.60%), Andaman and Nicobar (0.54%), Assam (0.35%) and Delhi (0.26%). There are fifteen States/UTs that reported HIV positivity more than the national average. The lowest HIV positivity reported by Nagaland (0.03%).

Figure 35 : HIV screening and positivity among Transport Worker (April 2023 to March 2024)

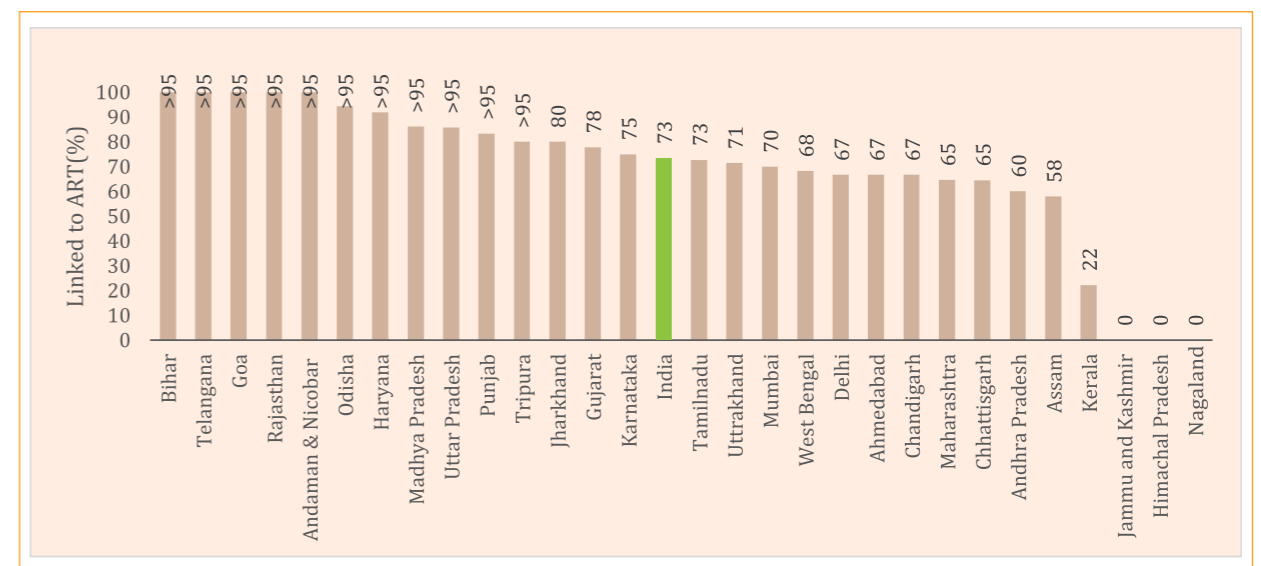


LINKAGES TO ARTC

Out of total of 445 transport workers detected HIV positive during 20223-24, 327 of them were linked to ART center. The ART linkages was 73% at the national level (Figure 36). Fourteen States/UTs reported ART linkages more than the national average, namely in Bihar, Telangana, Goa, Rajasthan, Andaman & Nicobar, Odisha, Haryana, Madhya Pradesh, Uttar Pradesh, Punjab, Tripura, Jharkhand, Gujarat, Karnataka, India, Tamilnadu, Uttarakhand, Mumbai, West Bengal, Delhi, Ahmedabad, Chandigarh, Maharashtra, Chhattisgarh, Andhra Pradesh, Assam, Kerala, Jammu and Kashmir, Himachal Pradesh and Nagaland.

Haryana, Madhya Pradesh, Uttar Pradesh, Punjab, Tripura, Jharkhand, Gujarat and Karnataka. Rest of fifteen States/UTs that reported less than the national average was Tamil Nadu, Uttarakhand, Mumbai, West Bengal, Delhi, Ahmedabad, Chandigarh, Maharashtra, Chhattisgarh, Andhra Pradesh, Assam, and Kerala, while no linkages were reported in J&K, Himachal Pradesh and Nagaland.

Figure 36: Positive detected Transport Worker PLHIVs linked to ART (April 2022 to March 2023)



Chapter - 03

Prevention Services for People Who Inject Drugs

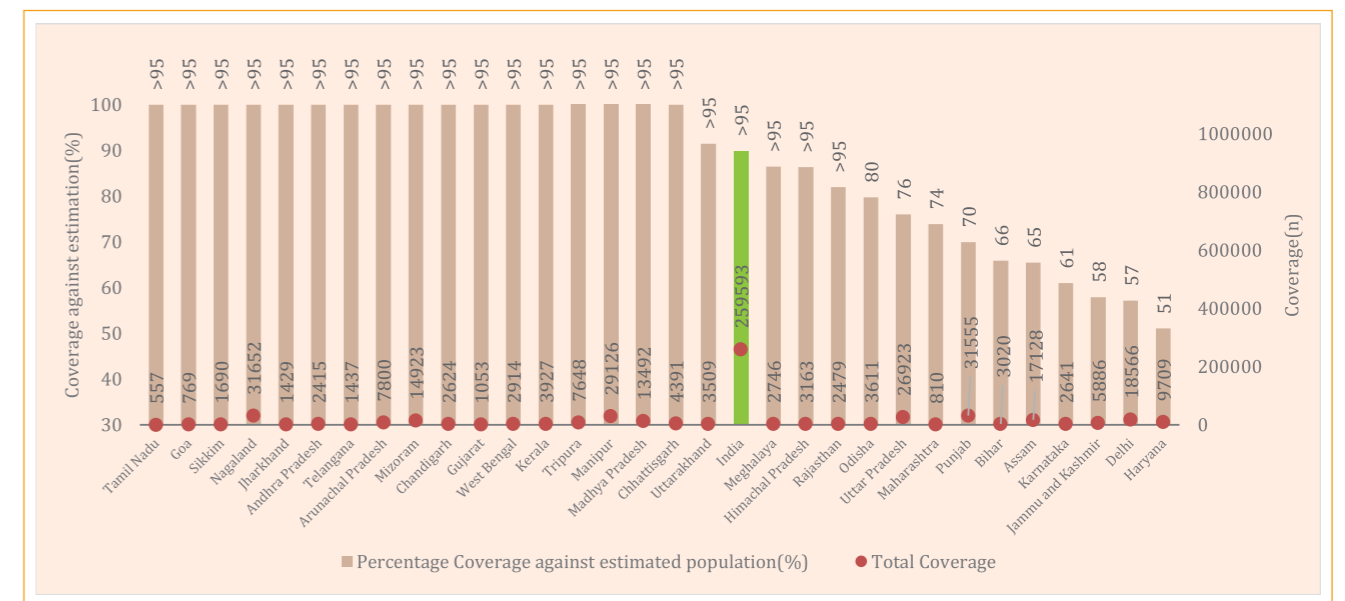
PREVENTION SERVICES FOR PEOPLE WHO INJECT DRUGS

3.1 PEOPLE WHO INJECT DRUGS

A total of 2.88 lakhs PWIDs were estimated during the last round of PMPSE exercise conducted in 2020-2022. During the FY 2023-24, around 2.60 lakhs were covered under the TI projects, at around 90% of the total estimated population at National level (Figure 37). Eighteen States/UTs covered PWIDs more than the national average of 90% (Tamil Nadu, Goa, Sikkim, Nagaland, Jharkhand, Andhra Pradesh, Telangana, Arunachal Pradesh, Mizoram, Chandigarh, Gujarat, West Bengal, Kerala, Tripura, Manipur, Madhya Pradesh, Chhattisgarh and Uttarakhand). Thirteen States/UTs (Meghalaya, Himachal Pradesh, Rajasthan, Odisha, Uttar Pradesh, Maharashtra, Punjab, Bihar, Assam, Karnataka, Jammu and Kashmir, Delhi and Haryana) reported less coverage than the national average, wherein Haryana reported the lowest coverage at 51%. There were no interventions in Puducherry, therefore coverage data is not shown in the figure.

Andhra Pradesh, Telangana, Arunachal Pradesh, Mizoram, Chandigarh, Gujarat, West Bengal, Kerala, Tripura, Manipur, Madhya Pradesh, Chhattisgarh and Uttarakhand). Thirteen States/UTs (Meghalaya, Himachal Pradesh, Rajasthan, Odisha, Uttar Pradesh, Maharashtra, Punjab, Bihar, Assam, Karnataka, Jammu and Kashmir, Delhi and Haryana) reported less coverage than the national average, wherein Haryana reported the lowest coverage at 51%. There were no interventions in Puducherry, therefore coverage data is not shown in the figure.

Figure 37: Coverage against estimation among PWID (April 2023 to March 2024)



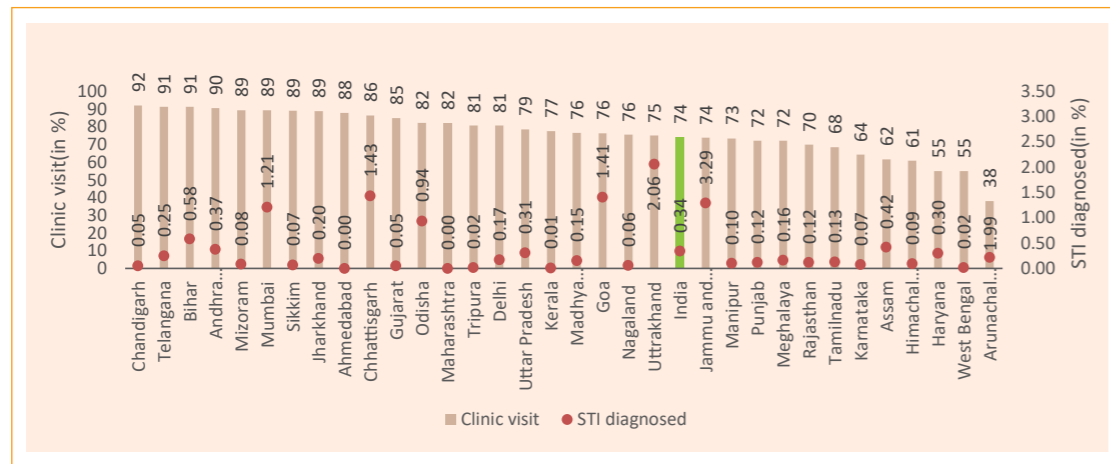
CLINIC VISITS FOR STI/RTI SERVICES

Total clinical footfall of PWID population was around 7.14 lakh. The average clinic visits by PWID against the annual target) was reported at 74% at the national level (Figure 33). Twenty-one States/UTs (Chandigarh, Telangana, Bihar, Andhra Pradesh, Mizoram, Mumbai, Sikkim, Jharkhand, Ahmedabad, Chhattisgarh, Gujarat, Odisha, Maharashtra, Tripura, Delhi, Uttar Pradesh, Kerala, Madhya Pradesh, Goa, Nagaland and Uttarakhand) reported more clinic visits by PWID than the national average. Rest of the twelve States/UTs (Jammu and Kashmir, Manipur, Punjab, Meghalaya, Rajasthan, Tamil

Nadu, Karnataka, Assam, Himachal Pradesh, Haryana, West Bengal and Arunachal Pradesh) reported clinic visits below the national average. Chandigarh reported the highest clinic visit at 92%, while Arunachal Pradesh reported the lowest clinic visit at 38%.

A total of around 2,165 STI cases were reported in 2023-24. The STI cases reported was 0.34% at the national level (Figure 38). The highest STI cases were reported in Jammu and Kashmir at 3.29%, followed by, Uttarakhand (2.06%), Arunachal Pradesh (1.99%), Chhattisgarh (1.43%), Goa (1.41%) and Mumbai (1.21%). Around ten States/UTs reported STI cases more than the national average., while Kerala reported the lowest STI cases (0.01%).

Figure 38: Clinic visit and RTI/STI diagnosed among PWID (April 2023 to March 2024)



SYPHILIS SCREENING AND SERO-REACTIVITY

A total of 3.36 Lakh syphilis screening was conducted among PWID, which stands at 69% coverage at the national level against the annual target given for PWID. Twenty-four States/UTs (Sikkim, Goa, Telangana, Andhra Pradesh, Mumbai, Chandigarh, Tamil Nadu, Bihar, Maharashtra, Gujarat, Jharkhand, Chhattisgarh, Odisha, Karnataka, Kerala, Uttarakhand, Madhya Pradesh, Uttar Pradesh, Delhi, Himachal Pradesh, Tripura, Mizoram, Nagaland, and Manipur) reported coverage more than the national average. Nine States/UTs (Ahmedabad, Meghalaya, Punjab, West Bengal, Assam, Rajasthan, Arunachal Pradesh, Haryana, Jammu and Kashmir) reported less than the national

average. Sikkim reported the highest syphilis screening at 98%, while Jammu and Kashmir reported the lowest Syphilis screening at 47%.

Out of total PWIDs screened for syphilis, 350 cases were reported syphilis reactive. The syphilis reactivity among PWID was at 0.10% (Figure 39) at the national level. Six States/UTs reported syphilis reactivity more than the national average. The highest syphilis reactivity was reported in Haryana at 1.09%, followed by Arunachal Pradesh (0.45%), Mumbai (0.34%), Tamil Nadu (0.30%) and Assam (0.23%). The lowest syphilis reactivity was reported by Delhi (0.02%), whereas nil cases of syphilis were reported in Goa, Telangana, Andhra Pradesh, Chandigarh, Bihar, Maharashtra, Gujarat, Jharkhand, Karnataka, Tripura, Ahmedabad and Rajasthan.

Figure 39: Syphilis screening and positivity among PWID (April 2023 to March 2024)



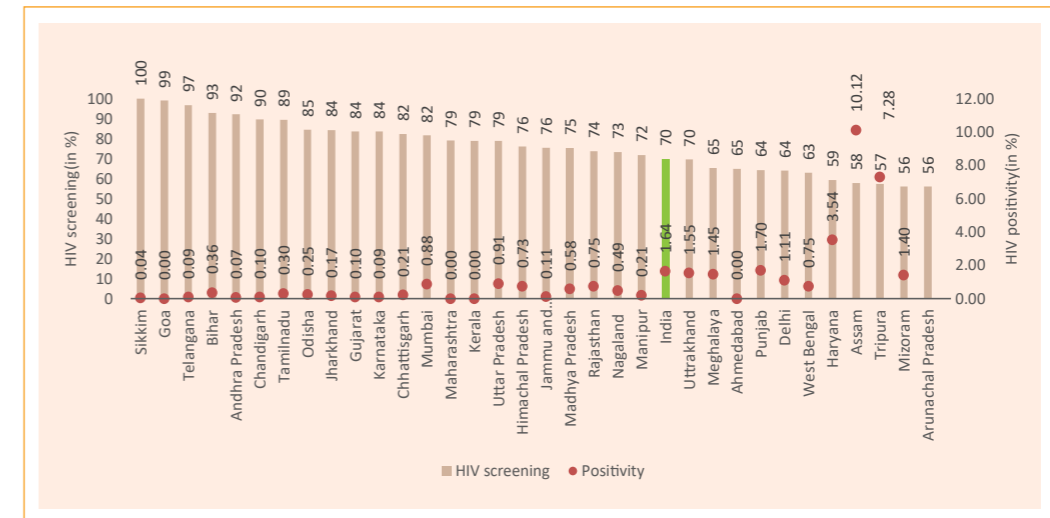
HIV SCREENING AND POSITIVITY

Total HIV screening among PWID population was around 3.37 lakhs in 2023-24. The HIV screening among PWID against the annual target was 70% at national level (Figure 40). Twenty-two States/UTs (Sikkim, Goa, Telangana, Bihar, Andhra Pradesh, Chandigarh, Tamil Nadu, Odisha, Jharkhand, Gujarat, Karnataka, Chhattisgarh, Mumbai, Maharashtra, Kerala, Uttar Pradesh, Himachal Pradesh, Jammu and Kashmir, Madhya Pradesh, Rajasthan, Nagaland and Manipur) reported HIV screening more than the national average. Rest of eleven States/UTs (Uttarakhand, Meghalaya, Ahmedabad, Punjab, Delhi, West Bengal, Haryana, Assam, Tripura, Mizoram and

Arunachal Pradesh) reported HIV screening less than the national average. Sikkim reported the highest HIV screening at around 100%, while Arunachal Pradesh reported the lowest HIV screening at 56%.

Out of the total PWID screened for HIV, 5,516 FSWs were detected HIV positive. The HIV positivity among PWID was 1.64% at the national level (Figure 40). Five States/UTs reported HIV positivity more than the national average. The highest HIV positivity was reported in Assam at 10.12%, followed by Tripura (7.58%), Haryana (3.54%), Arunachal Pradesh (3.52%), and Punjab (1.70%). The lowest HIV positivity reported by Sikkim (0.04%), whereas nil positive cases were reported in Goa, Maharashtra, Kerala and Ahmedabad.

Figure 40: HIV screening and positivity among PWID (April 2023 to March 2024)



LINKAGES TO ARTC

Out of 5,516 PWID detected HIV positive, a total of 4362 PWIDs were linked to ART center. The ART linkages was around 79% at the national level (Figure 41). Eighteen States/UTs reported ART linkages more than the national average, namely Bihar, Jammu and Kashmir, Andhra Pradesh, Gujarat, Karnataka, Sikkim, Tamil Nadu, Telangana, Mizoram, Uttar Pradesh, Punjab, Himachal Pradesh, West Bengal, Assam, Tripura, Nagaland, Madhya Pradesh, Chandigarh, Jharkhand, Manipur, Delhi, Haryana and Meghalaya with the lowest linkages to ART reported in Chhattisgarh.

Telangana, Mumbai, Uttarakhand, Mizoram, Rajasthan, Arunachal Pradesh, Odisha, Uttar Pradesh, Punjab, Himachal Pradesh and West Bengal. Eleven States/UTs that reported ART linkages less than the national average were Assam, Tripura, Nagaland, Madhya Pradesh, Chandigarh, Jharkhand, Manipur, Delhi, Haryana and Meghalaya with the lowest linkages to ART reported in Chhattisgarh.

Figure 41: Positive detected PWID PLHIVs linked to ART (April 2023 to March 2024)

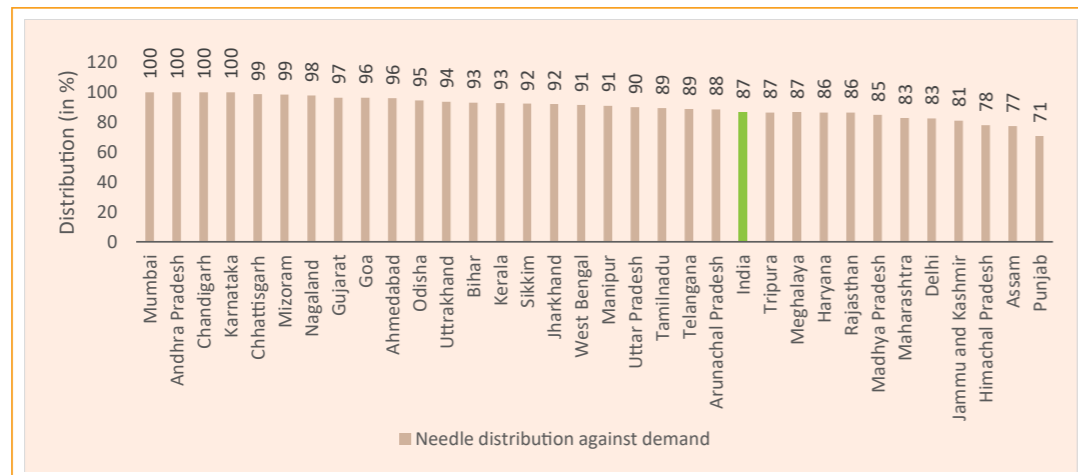


NEEDLE AND SYRINGE DISTRIBUTION

During financial year 2023-24, a total of 54,582,749 pieces of free Needle and Syringes were distributed among PWID, at around 87% against the demand at the national level (Figure 42). Twenty-two States/UTs (Mumbai, Andhra Pradesh, Chandigarh, Karnataka, Chhattisgarh, Mizoram, Nagaland, Gujarat, Goa, Ahmedabad, Odisha, Uttar Pradesh, Bihar, Kerala, Sikkim, Jharkhand, West Bengal, Manipur, Uttar Pradesh, Tamil Nadu, Telangana, Arunachal Pradesh, India, Tripura, Meghalaya, Haryana, Rajasthan, Madhya Pradesh, Maharashtra, Delhi, Jammu and Kashmir, Himachal Pradesh, Assam, Punjab) had distributed Needle and Syringes less than the national average, wherein the lowest distribution was observed in Punjab.

Ahmedabad, Odisha, Uttarakhand, Bihar, Kerala, Sikkim, Jharkhand, West Bengal, Manipur, Uttar Pradesh, Tamil Nadu, Telangana and Arunachal Pradesh) reported distribution of needle and syringes more than the national average. Eleven States/UTs (Tripura, Meghalaya, Haryana, Rajasthan, Madhya Pradesh, Maharashtra, Delhi, Jammu and Kashmir, Himachal Pradesh, Assam and Punjab) had distributed Needle and Syringes less than the national average, wherein the lowest distribution was observed in Punjab.

Figure 42: Needle distribution among PWID (April 2023 to March 2024)

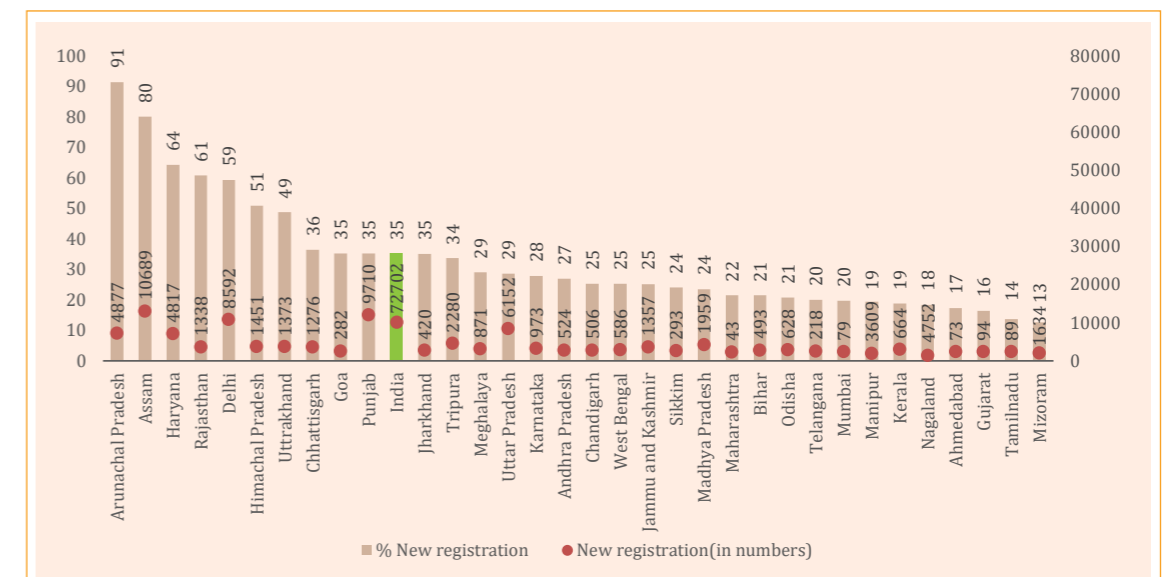


NEW PWID REGISTRATION IN TI PROJECTS

During the FY 2023-24, a total of 72,702 PWID were newly registered in the TI Projects which is 35% of the total contracted target as per MoU at the national level (Figure 43). Ten States/UTs reported higher percentage of new PWID registration than the national average, namely in Arunachal Pradesh, Assam, Haryana, Rajasthan, Delhi, Himachal Pradesh, Uttarakhand, Chhattisgarh, Goa and Punjab. Onboarding

of new TI projects in some of the States above attributed to increase in the new registration of PWIDs in TI projects. Twenty-three States/UTs reported less registration than the national average. The states were Jharkhand, Tripura, Meghalaya, Uttar Pradesh, Karnataka, Andhra Pradesh, Chandigarh, West Bengal, Jammu and Kashmir, Sikkim, Madhya Pradesh, Maharashtra, Bihar, Odisha, Telangana, Mumbai, Manipur, Kerala, Nagaland, Ahmedabad, Gujarat, Tamil Nadu, and Mizoram, with Mizoram reporting the lowest registration at 13% among PWID.

Figure 43: New registration against the annual contracted target (April 2023 to March 2024)

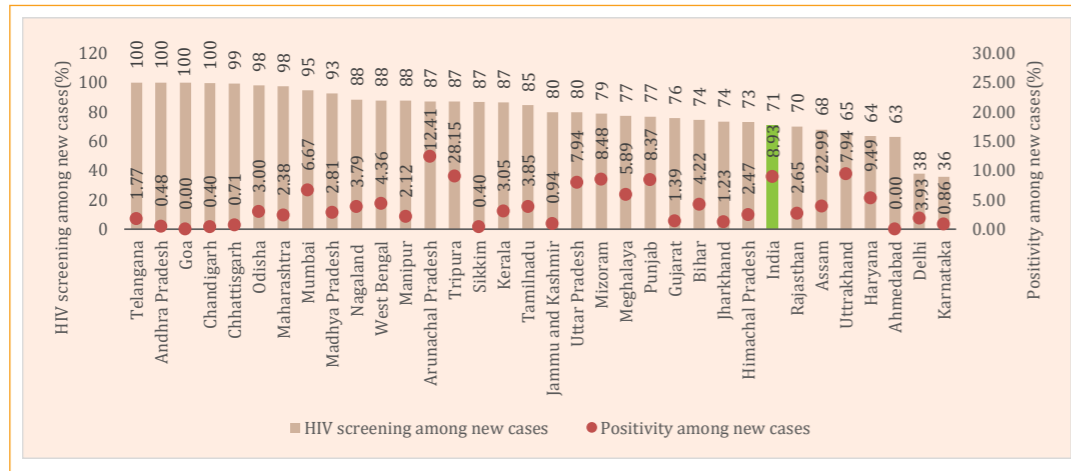


HIV screening among newly registered PWIDs was at 71% at the national level (at least once) during the FY 2023-24 (Figure 41). Twenty-six States/UTs reported HIV screening among newly registered PWID more than the national average, namely in Telangana, Andhra Pradesh, Goa, Chandigarh, Chhattisgarh, Odisha, Maharashtra, Mumbai, Madhya Pradesh, Nagaland, West Bengal, Manipur, Arunachal Pradesh, Tripura, Sikkim, Kerala, Tamil Nadu, Jammu and Kashmir, Uttar Pradesh, Mizoram, Meghalaya, Punjab, Gujarat, Bihar, Jharkhand and Himachal Pradesh. Seven States/UTs that reported below the national average were Rajasthan, Assam, Uttarakhand, Haryana,

Ahmedabad, Delhi and Karnataka, with Karnataka reporting the lowest HIV screening among newly registered PWID at 36%.

The HIV positivity among newly registered PWID was at 8.93% (Figure 44). The highest HIV positivity was reported in Tripura at 28.15%, followed by Assam (22.99%), Arunachal Pradesh (12.41%), Haryana (9.49%), Mizoram (8.48%) and Punjab (8.37%). Four states have reported HIV positivity more than the national average. The lowest HIV positivity was reported in Chandigarh (0.40%) while no HIV positive cases among newly registered PWID were reported in Goa and Ahmedabad.

Figure 44: HIV Screening among new population and positivity (April 2023 to March 2024)



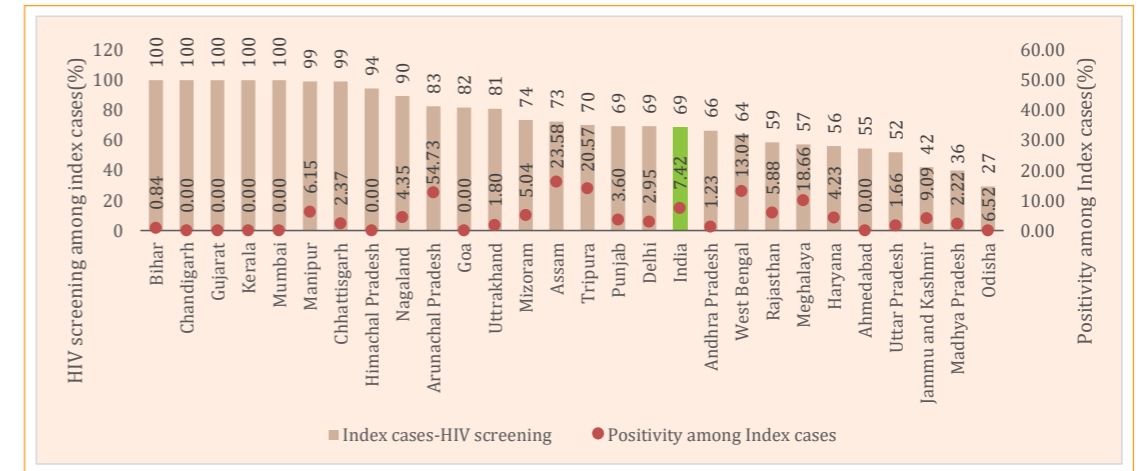
HIV SCREENING AMONG SPOUSE / PARTNERS OF HIV POSITIVE INDEX CASES IN TI PROJECTS

During FY 2023-24, a total of 31,981 contacts (spouse and partners) were elicited from the total positive PLHIV index cases among PWID, of which a total of 22,001 spouse /partner were tested for HIV and 1,632 cases were found HIV positive (Figure 45). The national average of HIV screening against the total contacts made was at 69%. Seventeen States/UTs screened more number of contacts than the national average, namely in Bihar, Chandigarh, Gujarat, Kerala, Mumbai, Manipur, Chhattisgarh, Himachal Pradesh, Nagaland, Arunachal

Pradesh, Goa, Uttarakhand, Mizoram, Assam, Tripura, Punjab and Delhi. Eleven States/UTs that reported less screening than the national average was Andhra Pradesh, West Bengal, Rajasthan, Meghalaya, Haryana, Ahmedabad, Uttar Pradesh, Jammu and Kashmir, Madhya Pradesh, Odisha, Telangana, with Telangana reporting the lowest HIV screening among index cases of PWID at 18%.

The HIV positivity among spouses/partner of PLHIV index cases of PWID was at 7.42% (Figure 45). The highest HIV positivity was reported in Arunachal Pradesh at 54.73%. The lowest HIV positivity was reported in Bihar (0.84%), whereas no cases were reported from Chandigarh, Gujarat, Kerala, Mumbai, Himachal Pradesh, Goa, Ahmedabad and Telangana

Figure 45: HIV Screening among spouse/partner of PLHIV Index cases of PWID and positivity (April 2023 to March 2024)



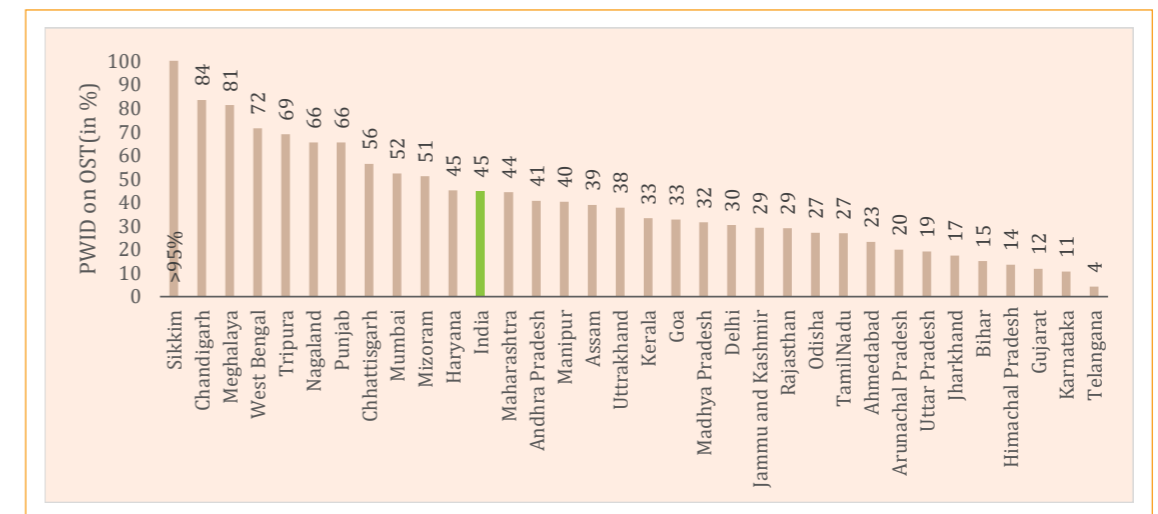
3.2. OPIOID SUBSTITUTION THERAPY (OST)

Percentage of Active PWID population on OST

All States/UTs were given a target to put 50% of total active PWID on OST in FY 2023-24. A total of 2.41 lakh active PWID were covered under the TI projects. Out of which, a total of 54,210 PWIDs (against the annual target of around 1.20 Lakh for FY 2023-24) were put on OST, indicating an achievement of 45% of the annual target at the

national level (Figure 46). Eleven States/UTs covered PWIDs on OST more than the national average. Sikkim had highest percentage coverage on OST, followed by Chandigarh and Meghalaya. Twenty-two States/UTs reported less coverage than the national average, with Telangana reporting the lowest coverage at 4% to the annual target. For providing OST, a total of 273 OST centre are established across states (Public Health + NGO Setting). In addition to this, a total of 164 Satellite OST centres are there to expand the services at the doorstep of the PWID clients.

Figure 46: State wise distribution of percentage of Active PWID population on OST (April 2023 to March 2024)

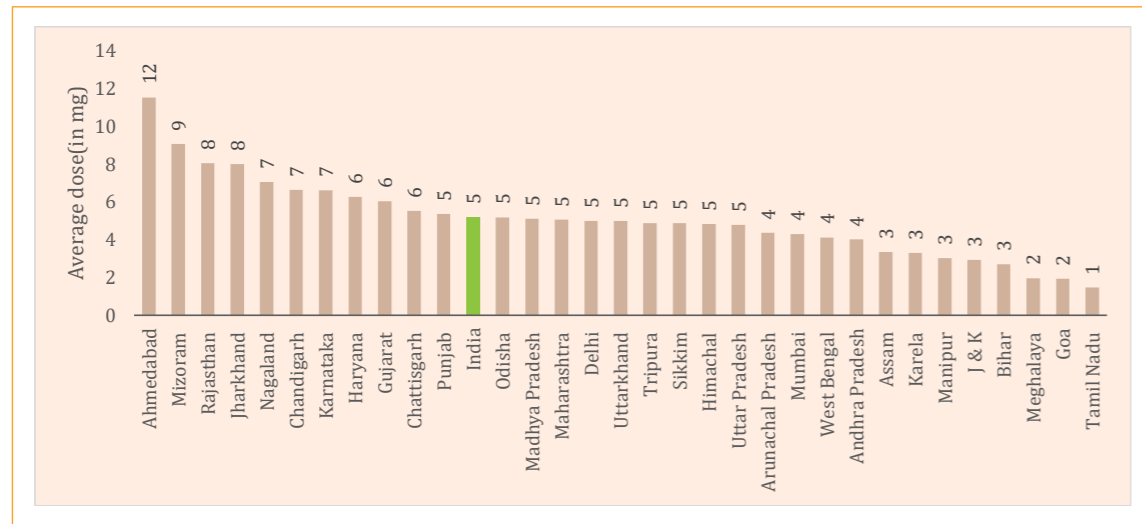


AVERAGE DRUG DOSAGE OF OST CLIENTS (PER CLIENT PER DAY)

The average dose of OST given per client was 5 mg at the national level (Figure 47). Ten States/UTs reported an average dose of OST given

per client more than the national average, while ten States reported average OST dose equivalent to national average. Twelve States/UTs reported less than the average dose at the national level. The highest average dose per client was reported in Ahmedabad at 12 mg per client per day followed by Mizoram at 9 mg per client per day with the lowest average dose of 1 mg reported in Tamil Nadu.

Figure 47: Average dose of OST per client as of March 2024

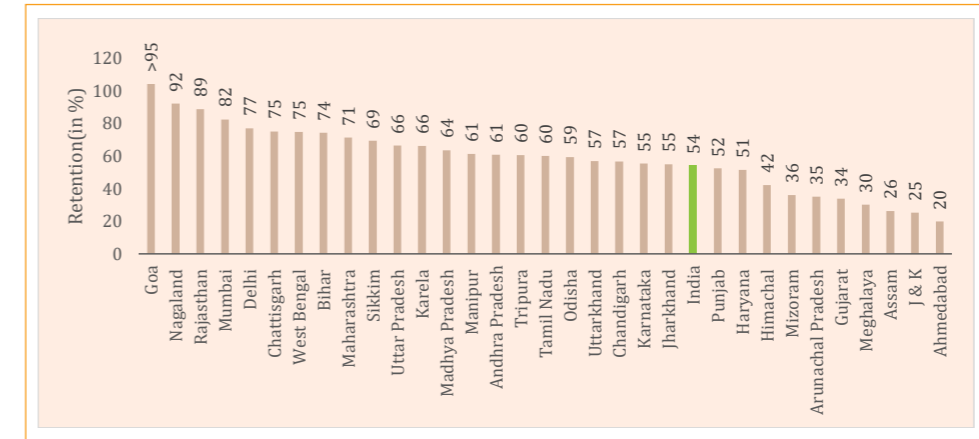


OST RETENTION RATE AMONG EXPECTED OST CLIENTS

The OST retention rate among expected clients was at 54% at the national level (Figure 48). The highest percentage of OST retention rate among expected clients was reported in Goa, followed by Nagaland. Twenty-two States/UTs,

namely, Goa, Nagaland, Rajasthan, Mumbai, Delhi, Chhattisgarh, West Bengal, Bihar, Maharashtra, Sikkim, Uttar Pradesh, Kerala, Madhya Pradesh, Manipur, Andhra Pradesh, Tripura, Tamil Nadu, Odisha, Uttarakhand, Chandigarh, Karnataka and Jharkhand reported retention of OST clients more than the national average. Lowest retention rate was observed in Ahmedabad at 25%.

Figure 48: Percentage of OST retention rate among expected OST clients (April 2023 to March 2024)

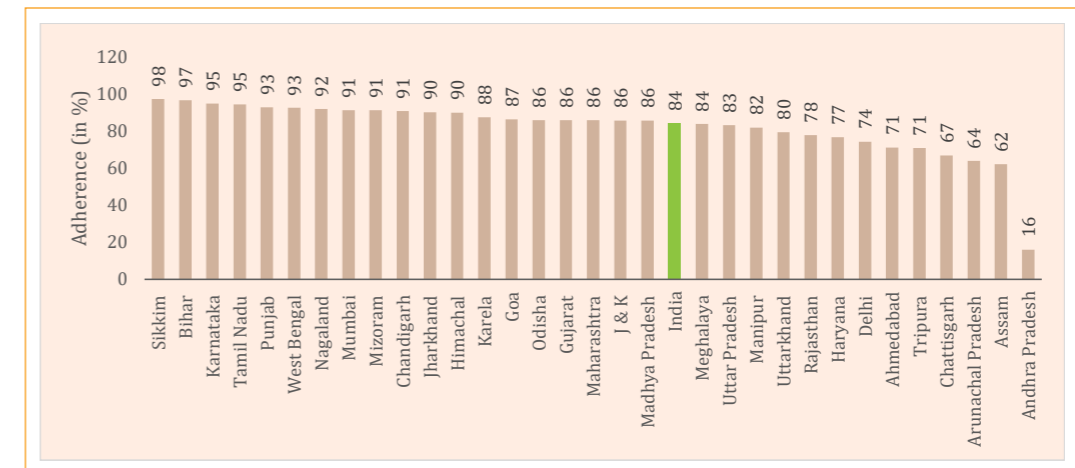


CLIENTS WITH GOOD ADHERENCE ON OST AMONG ACTIVE CLIENTS

Good adherence on OST is defined in the programme as clients who are regular and very regular on OST. percentage of OST Retention rate among expected OST client was at 84% (Figure 49). Nineteen States/UTs reported

adherence more than the national average, namely Sikkim, Bihar, Karnataka, Tamil Nadu, Punjab, West Bengal, Nagaland, Mumbai, Mizoram, Chandigarh, Jharkhand, Himachal Pradesh, Kerala, Goa, Odisha, Gujarat, Maharashtra, J & K and Madhya Pradesh. Thirteen States reported adherence lower than the national average with Andhra Pradesh reporting the lowest adherence at 16%.

Figure 49: Percentage of clients with good adherence on OST among active clients (April 2023 to March 2024)



Chapter - 04

Link Worker Scheme

LINK WORKER SCHEME

Link Worker Scheme (LWS) is implemented to address the rural India's vulnerability to HIV and STIs. It addresses the complex needs of rural population for HIV prevention, care and support through Cluster Link Workers and other stakeholders on issues of HIV, gender, sexuality and Sexually Transmitted Infections (STI). The High-Risk Groups, Bridge and other vulnerable populations in rural areas are referred and linked for HIV related services under the LWS. The population covered under the scheme includes Female Sex Workers (FSW), Men Who have sex with Men (MSM), People who inject drugs (PWID), Hijra/Transgender persons (H/TG), Migrants, Transport worker, Other Vulnerable populations (spouse/partners of sex workers, Youth), TB cases, Antenatal Cases (ANC), and People living with HIV. The LWS reaches out to these groups for dissemination of information and knowledge on prevention and risk reduction of HIV/STI, condom promotion, condom distribution, providing referral, follow-up and linkages. It also includes screening and treatment of HIV/ STI & opportunistic infections.

The specific objective of the scheme includes:

- Reaching out to HRG and vulnerable men and women in rural areas with information, knowledge, skills in STI/HIV prevention and risk reduction.
- Increasing the availability and use of condoms among HRGs and other vulnerable men and women
- Establishing referral and follow-up linkages to various services including treatment for STIs, screening and treatment for TB, ICTC/ PPTCT services, HIV care and support services including ART.

- Creating an enabling environment of PLHIV and their families, reducing stigma and discrimination against them through interactions with existing community structure/groups, e.g., Villages Health Committees (VHC), Self Help Groups and Panchayat Raj Institutions (PRI).

The scheme envisages creating demand for various HIV related services, linking the target population to existing services (as the scheme itself does not create any service delivery points), creating an enabling and stigma free environment, ensuring continued access to information, provision of services in a sustained manner, creating linkages with services of other departments through ASHA Volunteers, Anganwadi workers and panchayat head, etc. The LWS is placed in high risk and vulnerable districts based on consideration of the presence of HRGs, PLHIV burden, migration pattern, etc. One LWS covers approximately 60-100 villages spread over in one district or more than one district based on the vulnerability and proximity of the priority villages. A total of 170 LWS were implemented in 20 states covering a total of around 188 districts. Karnataka implemented LWS in a total of 23 districts, of which LWS in 18 districts were implemented with the financial support from the Government of Karnataka. Typology wise total population covered under LWS is given at Table 3.

Table 3 : Typology wise coverage of population during FY 2023-24

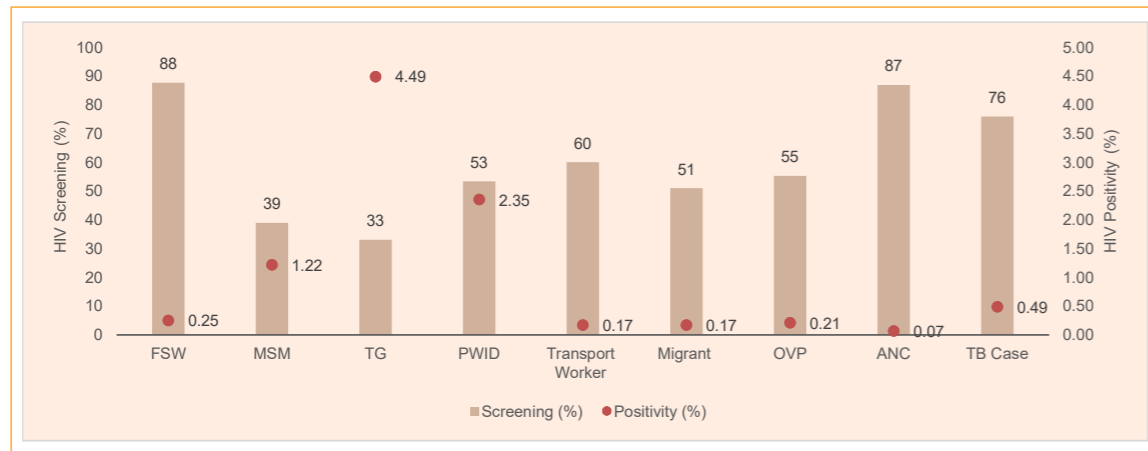
| Typology | FY 2023-24 |
|------------------|------------|
| FSW | 74,127 |
| MSM | 13,228 |
| H/TG | 1,412 |
| PWID | 21,118 |
| Migrant | 8,67,333 |
| Transport Worker | 1,49,931 |
| OVP | 11,49,227 |
| TB Cases | 13,978 |
| ANC | 1,99,353 |
| PLHIV | 44,401 |
| Total | 25,34,108 |

HIV SCREENING, POSITIVITY AND ART LINKAGE IN LWS

During 2023-24, a total of around 12,71,750 lakh population were tested for HIV, of which 2595

persons were detected HIV positive. The highest percentage of HIV screening was reported among FSW at around 88%, followed by ANC cases at around 87%, TB cases at 76%, etc. The lowest HIV screening was observed among H/ TG population at 33% (Figure 50).

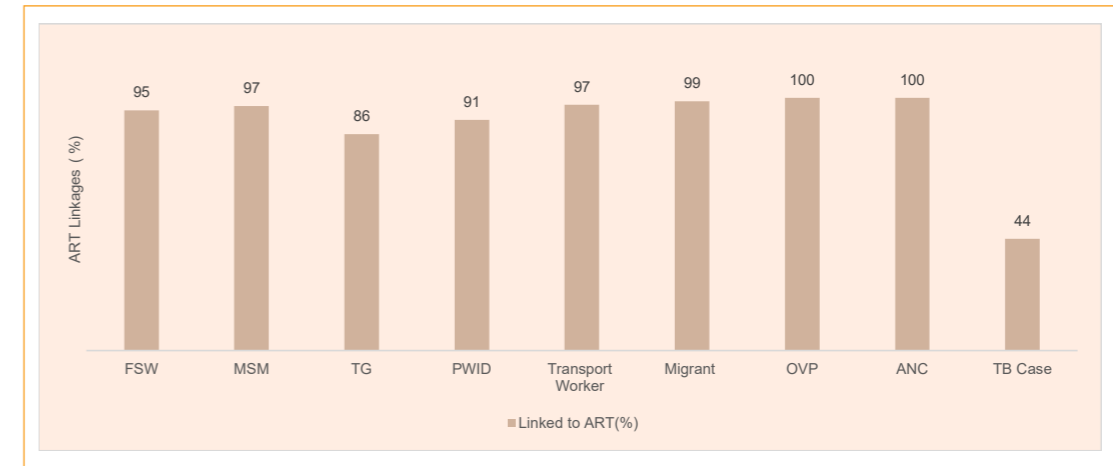
Figure 50: HIV screening and sero-positivity among different population groups (April 2023 to March 2024)



Out of the population tested for HIV, a total of 2595 persons were detected HIV positive (FSW - 166, MSM - 62, H/TG - 21, PWID - 265, Migrants - 623, Transport worker - 150, Vulnerable population - 1141, ANC - 115 and around 52 HIV positive cases among TB Cases). The Figure 51 above shows that higher HIV sero-positivity was found among H/TG at 4.49%, followed by PWID population at

2.35% and in MSM at 1.22%. The lowest positivity was observed among ANC cases (0.07%), FSW (0.25%), Migrant (0.17%) transport worker (0.17%) and other vulnerable population (0.21%). The ART Linkage for all typologies were reported higher than 90% except H/TG at 86% and TB cases at 44% (Figure 48).

Figure 51: ART linkages of different population groups (April 2023 to March 2024)

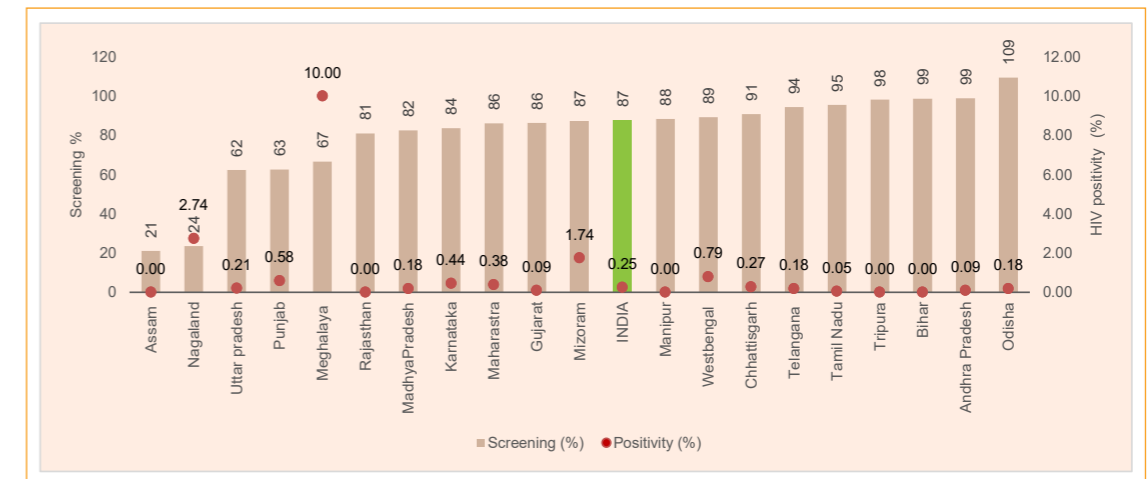


STATE WISE DISTRIBUTION OF HIV SCREENING, POSITIVITY AND ART LINKAGE AMONG FSWs

In FY 2023-24, around 87% of total line listed FSW were tested at least once for HIV (Figure 52). Odisha conducted HIV screening

of 100% of all line listed FSW while the lowest was observed in Assam at 21%. The HIV sero-positivity among FSWs was at 0.25% at the national level. The highest positivity among FSWs was found in Meghalaya. The lowest positivity was reported in Tamil Nadu at 0.05%, while nil positive case were reported in Bihar, Tripura, Manipur, Rajasthan and Assam.

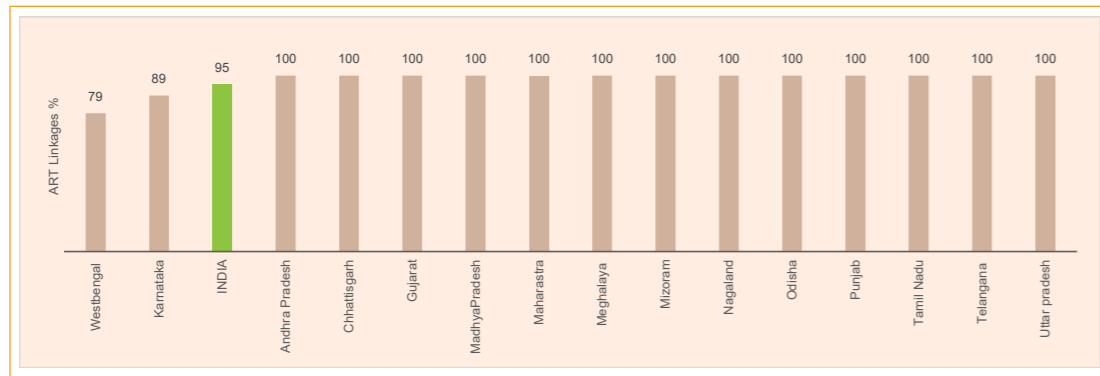
Figure 52: State wise distribution of HIV screening and Sero-positivity among FSWs under LWS (April 2023 to March 2024)



The ART Linkage for FSW was at 95% at the national level (Figure 53). Thirteen States reported ART linkage at around 100% and two

states namely West Bengal and Karnataka reported ART linkages below the national average.

Figure 53: State wise distribution of ARTC linkages of FSWs under LWS (April 2023 to March 2024)



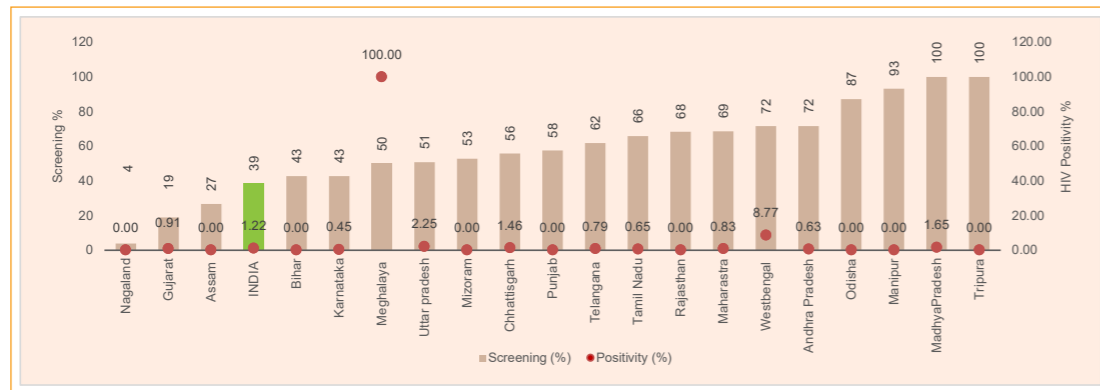
STATE WISE DISTRIBUTION OF HIV SCREENING, POSITIVITY AND ART LINKAGE AMONG MSM

Around 39% of total line listed MSM were tested at least once for HIV at the national level (Figure 54). 100% HIV screening of all line listed MSMs was observed in two states namely

Madhya Pradesh and Tripura, while the lowest screening was observed in Nagaland at 4%.

HIV sero-positivity among MSM population was reported at 1.22%. Highest HIV positivity was reported in Meghalaya and the lowest positivity was found in Karnataka at 0.45%. Nil positivity was reported among MSMs in 7 states, i.e. Nagaland, Assam, Mizoram, Punjab, Rajasthan, Odisha and Tripura.

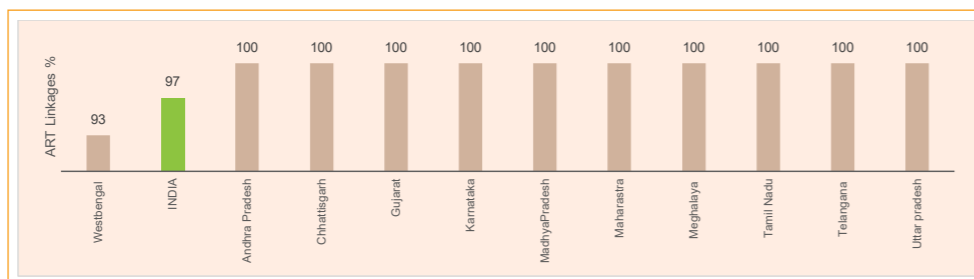
Figure 54: State wise distribution of HIV screening and Sero-positivity among MSMs under LWS (April 2023 to March 2024)



Around 97% MSM PLHIV were linked to ARTC at the national level (Figure 55). Ten states showed around 100% ART linkages such as Meghalaya, Uttar Pradesh, Karnataka, Gujarat,

Maharashtra, Andhra Pradesh, Tamil Nadu, Telangana, Chattisgarh and Madhya Pradesh, whereas one state namely, West Bengal reported ART linkages at around 93%.

Figure 55: State wise distribution of ARTC linkages of MSMs under LWS (April 2023 to March 2024)

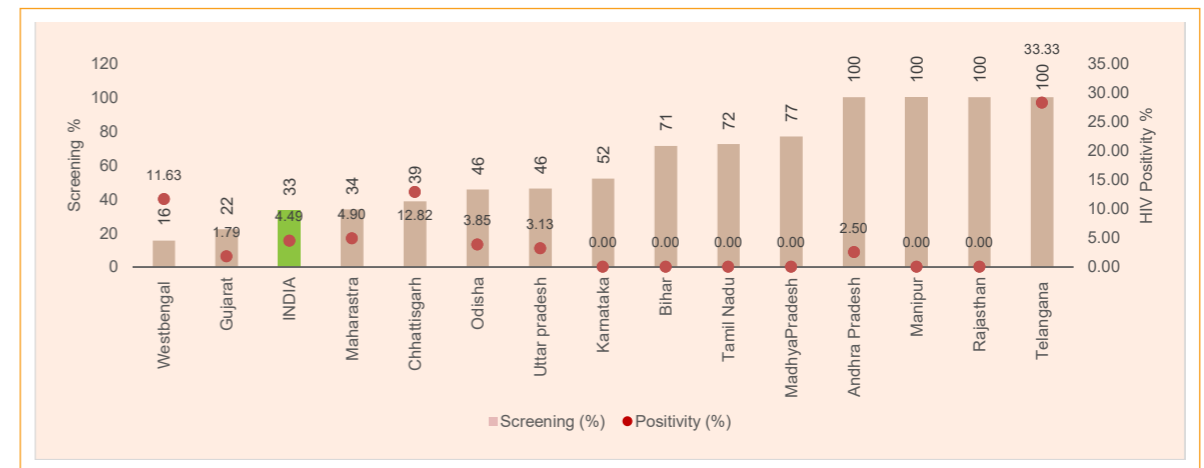


STATE WISE DISTRIBUTION OF HIV SCREENING, POSITIVITY AND ART LINKAGE AMONG H/TG

Out of 20 States, H/TG population were covered in 14 States (Figure 56). Around 33 % of H/TG population were tested at least once for HIV

in FY 2023-24. In four States HIV screening among H/TG population was at 100%, namely in Andhra Pradesh, Manipur, Rajasthan and Telangana. Two states namely Gujarat (22%) and West Bengal (16%) reported screening less than the national average. Highest HIV sero-positivity was observed in Telangana, followed by Chhattisgarh, while no sero-positivity was observed in Tamil Nadu, Madhya Pradesh, Manipur, Rajasthan, Karnataka and Bihar.

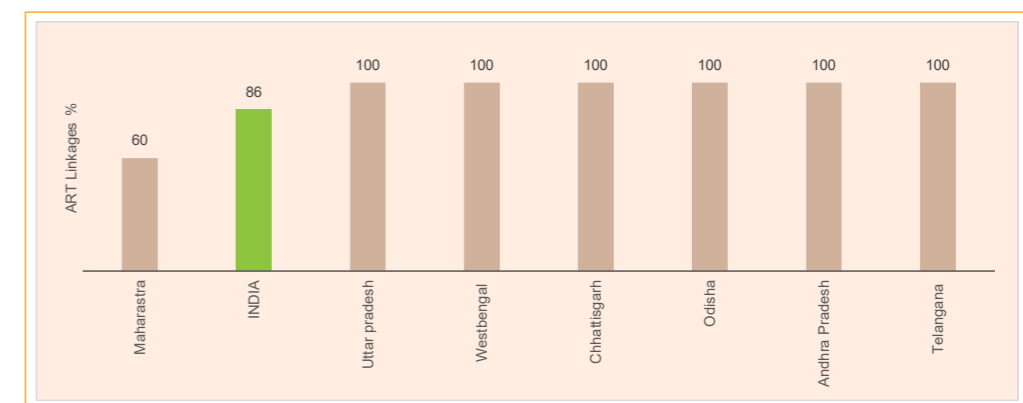
Figure 56: State wise distribution of HIV screening and Sero-positivity among H/TGs under LWS (April 2023 to March 2024)



The ART linkages of H/TG population was at 86% at the national level (Figure 57). Uttar Pradesh, West Bengal, Chhattisgarh, Odisha,

Andhra Pradesh and Telangana reported 100% ART linkages while Maharashtra reported 60% ART Linkages.

Figure 57: State wise distribution of ARTC linkages of H/TGs under LWS (April 2023 to March 2024)



State wise distribution of HIV screening, positivity and ART linkage among PWIDPWID population were covered in 12 states. Around 53% of total covered PWID were tested at least once at national level (Figure 58). 100% of HIV screening was observed in Madhya Pradesh and Rajasthan. The lowest PWID screening was

observed in Nagaland, while no HIV screening was observed in Andhara Pradesh, Chattisgarh, Gujarat, Karnataka, Maharashtra, Odisha, Tamil Nadu and Telangana.

HIV sero-positivity was found at 2.35% (Figure 58). The highest HIV positivity among PWID was observed in Tripura at 9.01%. The

lowest positivity was found in Manipur at 0.19% whereas no positive case were detected in Bihar, Madhya Pradesh, Rajasthan and Meghalaya.

Figure 58: State wise distribution of HIV screening and Sero-positivity among PWID under LWS (April 2023 to March 2024)

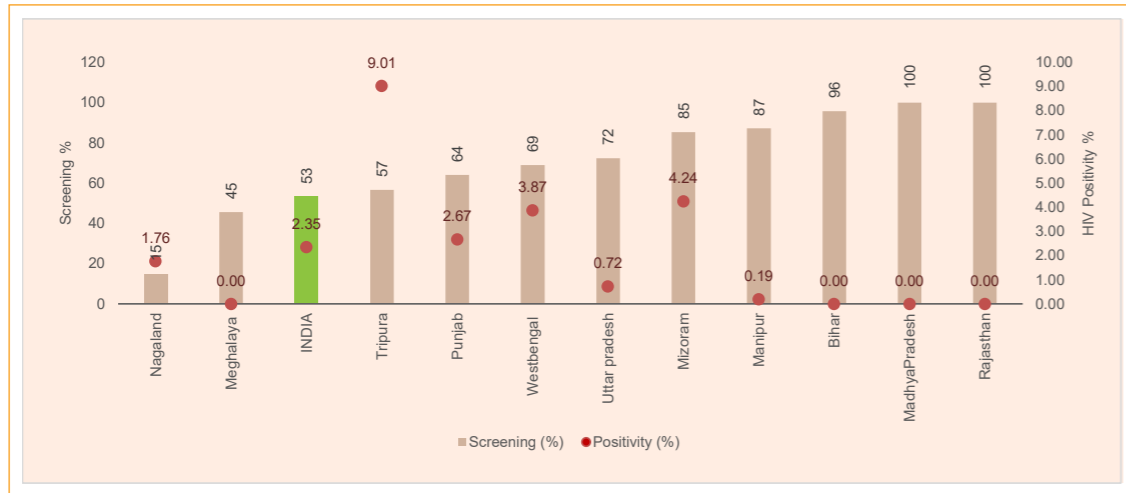
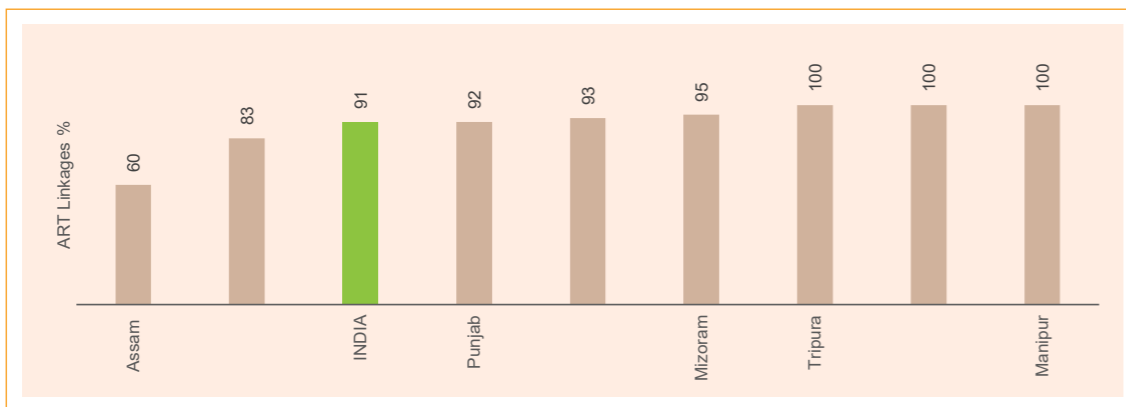


Figure 59: State wise distribution of ARTC linkages of PWID under LWS (April 2023 to March 2024)



ART linkages of PWID PLHIV was at around 91% at the national level (Figure 59). Three states namely Tripura, Uttar Pradesh and Manipur reported

100% ART Linkages. Punjab (92%), Nagaland (93%) and Mizoram (95%) showed ART linkage more than the national average of 91%.

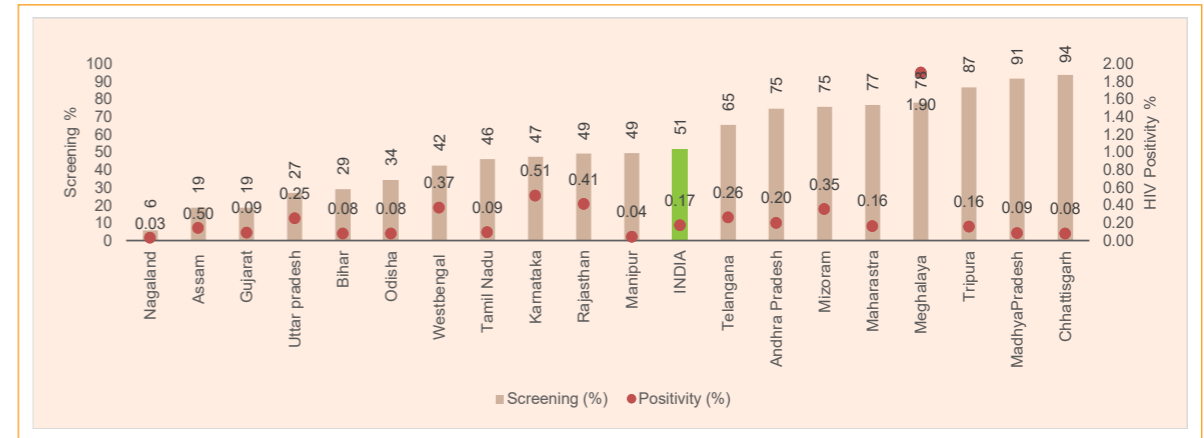
STATE WISE DISTRIBUTION OF HIV SCREENING, POSITIVITY AND ART LINKAGES AMONG MIGRANTS

Nationally 51% of population was screened at least once for HIV under the LWS program (Figure 60). Eight states reported screening more than the national average against the line listing, namely in Telangana, Maharashtra,

Andhra Pradesh, Mizoram, Maharashtra, Meghalaya, Tripura, Madhya Pradesh and Chhattisgarh. The lowest screening was reported in Nagaland at 6%.

HIV sero-positivity among migrants in FY 2023-24 was at 0.17% at the national level. HIV Positivity was reported highest in Meghalaya at 1.90%, followed by Assam (0.50%) lowest in Nagaland (0.03%) and Manipur (0.04%). Zero positivity was reported in Punjab.

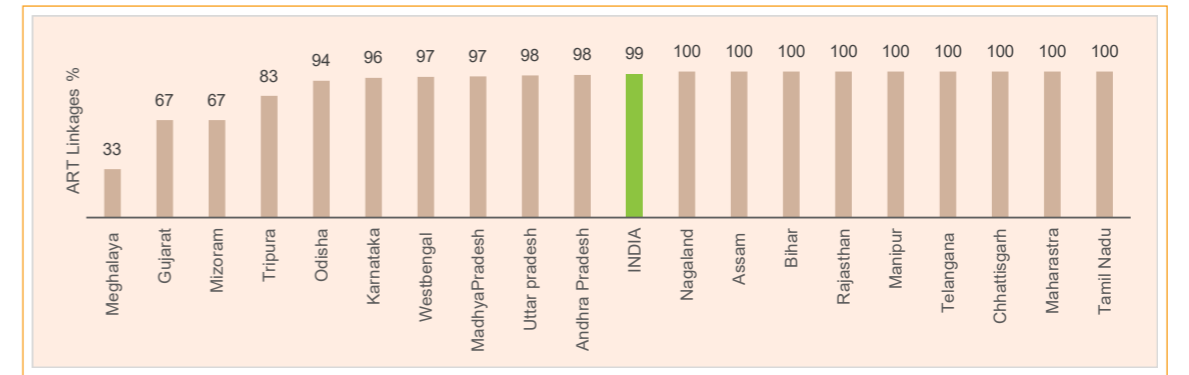
Figure 60: State wise distribution of HIV screening and Sero-positivity among Migrants under LWS (April 2023 to March 2024)



ART Linkage among migrant was reported at 99% at the national level (Figure 61). Nine States reported 100% ART linkages i.e. Nagaland, Assam, Bihar, Rajasthan, Manipur, Telangana, Chhattisgarh, Maharashtra and Tamil Nadu.

Ten states reported ART Linkage less than the national average of 99%. These states were Megalaya, Gujarat, Mizoram, tripura, Odisha, Karnataka, West Bengal, Uttar Pradesh and Andhra Pradesh.

Figure 61: State wise distribution of ARTC linkages of Migrants under LWS (April 2023 to March 2024)



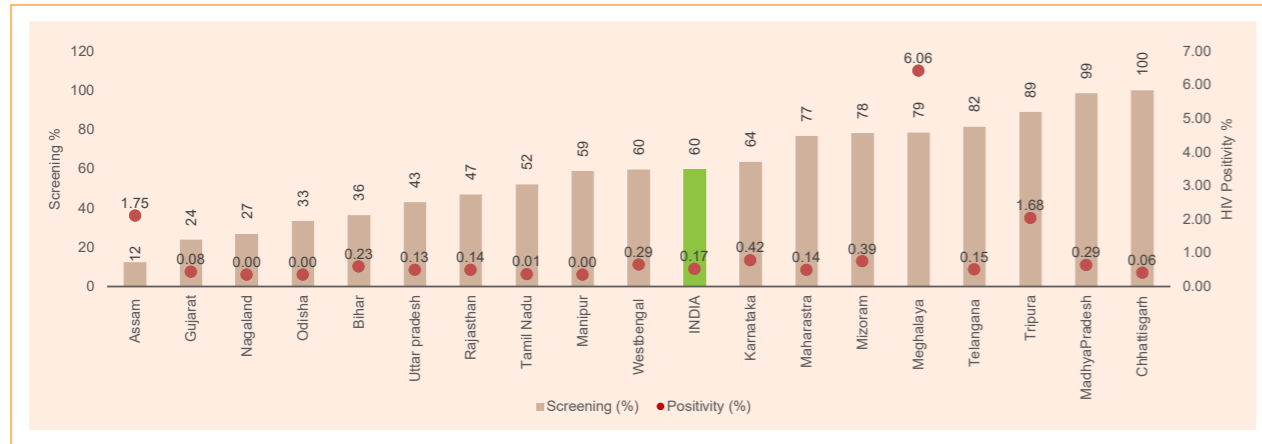
STATE WISE DISTRIBUTION OF HIV SCREENING, POSITIVITY AND ART LINKAGE AMONG TRANSPORT WORKERS

In FY 2023-24, 60% of the transport workers were screened for HIV at the national level (Figure 62). Nine states reported HIV screening more than the national average i.e Karnataka, Andhra Pradesh, Mizoram, Maharashtra, Meghalaya, Telangana, Tripura, Madhya

Pradesh and Chhattisgarh. Rest of the states reported screening less than the national average.

HIV sero-positivity among transport workers was at 0.17% at the national level (Figure 59). Highest positivity was observed in Meghalaya (6.06%) followed by Assam (1.75%) and Tripura (1.68%). The lowest HIV positivity was observed in Chhattisgarh at 0.06%, whereas no positivity was reported in Nagaland, Odisha and Manipur among the transport workers.

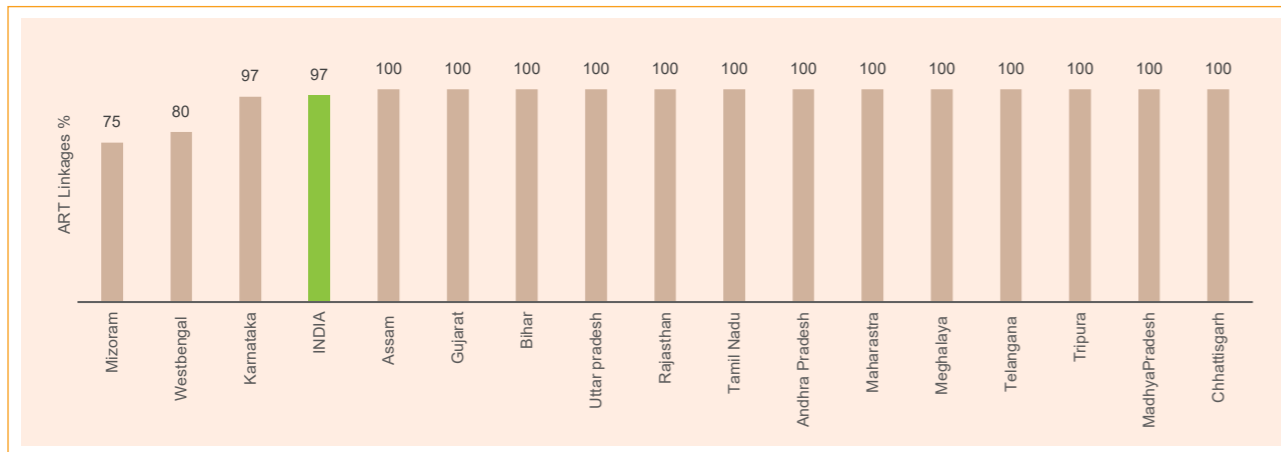
Figure 62: State wise distribution of HIV screening and Sero-positivity among Transport Workers under LWS (April 2023 to March 2024)



ART linkages of transport workers was at 97% at the national level (Figure 63). Assam, Gujrat, Bihar, Uttar Pradesh, Rajasthan, Tamil Nadu, Andhra Pradesh, Maharashtra, Meghalaya, Telangana, Tripura, Madhya Pradesh and

Chhattisgarh reported 100% ART linkage among transport workers. Zero ART linkage was reported in the states of Punjab, Nagaland, Odisha and Manipur

Figure 63: State wise distribution of ART linkages of Transport Workers under LWS (April 2023 to March 2024)

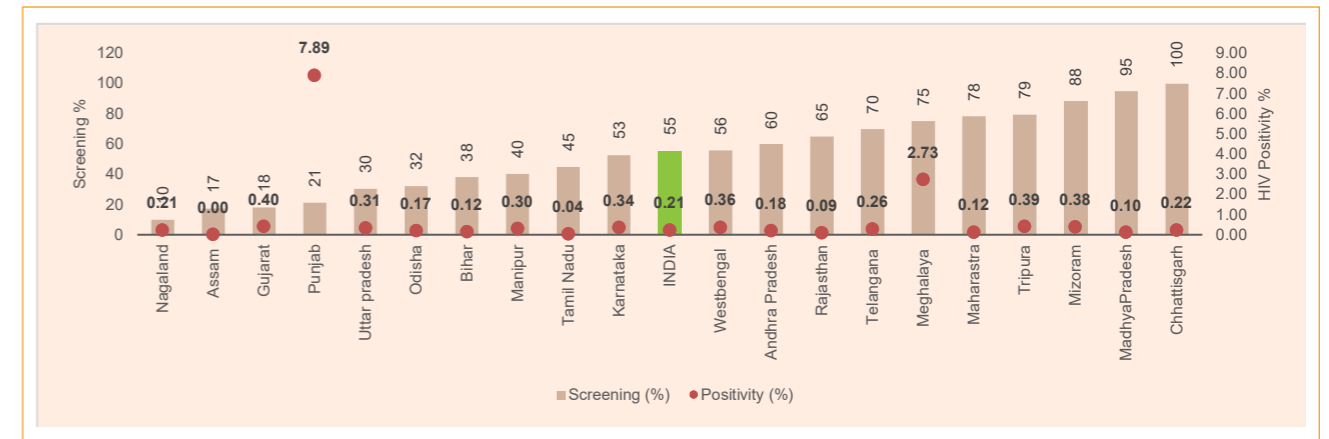


STATE WISE DISTRIBUTION OF HIV SCREENING, POSITIVITY AND ART LINKAGE AMONG OTHER VULNERABLE POPULATION (OVP)

In FY 2023-24, around 55% of the total vulnerable population covered under the scheme were screened for HIV at the national level (Figure 64).

Ten states reported HIV screening percentage more than the national average. Chattisgarh reported the highest screening, whereas the lowest HIV screening was reported in Nagaland. HIV sero-positivity among OVP was at 0.21% at the national level. Punjab reported the highest sero-positivity at 7.89%. The lowest was reported in Tamil nadu (0.04%), while no positive case was detected in Assam.

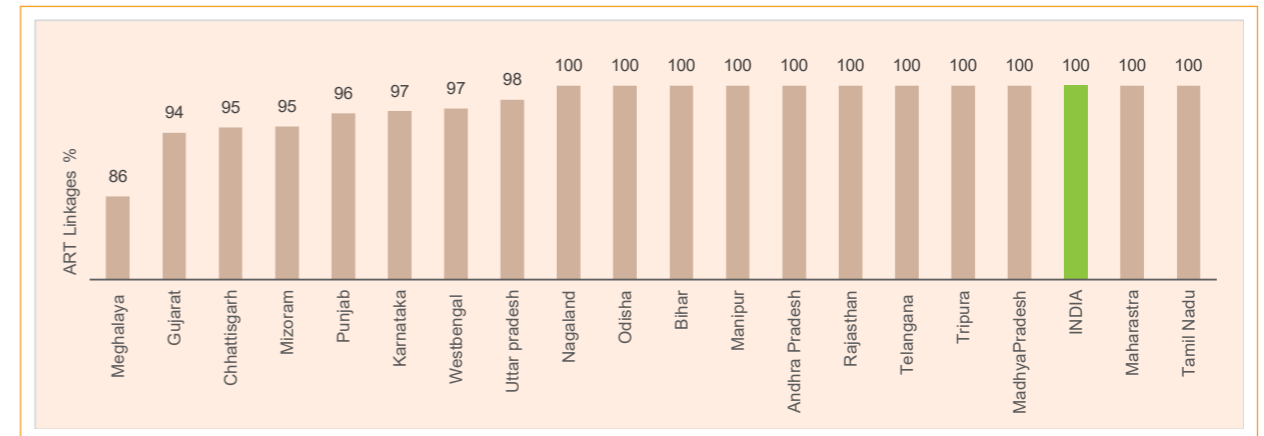
Figure 64: State wise distribution of HIV screening and Sero-positivity among OVPs under LWS (April 2023 to March 2024)



At the national level, (Figure 65) around 100% ART linkages was reported. Eleven states reported 100% ART linkages, namely Nagaland, Odisha, Bihar, Manipr, Andhra Pradesh,

Rajasthan, Telangana, Tripura, Madhya Pradesh, Maharashtra and Tamil Nadu. Lowest ART Linkage was reported in Meghalaya at 86%.

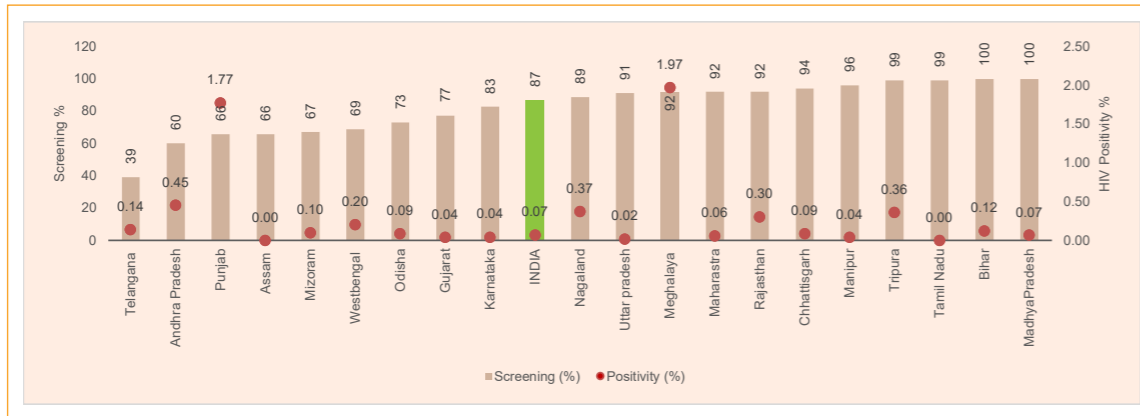
Figure 65: State wise distribution of ARTC linkages of OVPs under LWS (April 2023 to March 2024)



STATE WISE DISTRIBUTION OF HIV SCREENING, POSITIVITY AND ART LINKAGE AMONG ANC

HIV screening of ANC against the total covered was at 87% at the national level (Figure 66). Eleven states reported HIV screening among ANCV more than the national average. 100% screening was reported in Madhya Pradesh and Bihar. Nine states, namely, Telangana (39%), Andhra Pradesh (60%), Punjab (66%), Assam (60%), Mizoram (67%), West Bengal (69%), Odisha (73%), Gujarat (77%) and Karnataka (83%) reported screening less than the national average.

Figure 66: State wise distribution of HIV screening and Sero-positivity among ANC under LWS (April 2023 to March 2024)



(66%), Mizoram (67%), West Bengal (69%), Odisha (73%), Gujarat (77%) and Karnataka (83%) reported screening less than the national average.

HIV Positivity among ANC was reported at 0.07% at the national level (Figure 63). The highest HIV sero-positivity was reported in Meghalaya (1.97%) followed by Punjab (1.77%). Lowest HIV positivity was reported in Uttar Pradesh (0.02%), while no positive cases were detected in Assam and Tamil Nadu.

ART linkages of PLHIV ANCs was at 100% at the national level (Figure 67). Sixteen states reported 100% ART Linkages of PLHIV ANC cases at ARTC. The states were Telangana, Andhra Pradesh, Punjab, Mizoram, Odisha, Karnataka, Madhya Pradesh, Manipur, Meghalaya, Nagaland, Maharashtra, Uttar Pradesh and Tripura.

The lowest ART linkage was observed in West Bengal at 82%.

Figure 67: State wise distribution of ARTC linkages of ANCs under LWS (April 2023 to March 2024)



Chapter - 05

Intervention in Prison and Other Closed Settings

INTERVENTION IN PRISON AND OTHER CLOSED SETTINGS

NACO has been implementing HIV/ TB interventions in Prisons and Other Closed Settings including Swadhar, Ujjawala and State-run Homes in India, in collaboration with Ministry of Women and Child welfare, Ministry of Social Justice and Empowerment, and respective State Prison Departments as well as Department of Women and Child Development. The HIV program was introduced in Prisons and Other Closed Settings during NACP II (1999 – 2006), which was further revived during NACP IV. A comprehensive program was framed encompassing information and education particularly through peers on HIV risk reduction for prevention of sexual transmission, drug dependence treatment, OST, Voluntary Counselling and HIV testing, care, support and treatment. Under NACP Phase V, the intervention has been intensified to achieve the first 95. Continuum services tailored to the prison inmates (convicts and under-trials) was rolled out during this reporting period. The package of services for inmates who stay longer in prisons include HCTS, EMTCT, STI, ART, OST and TB. While BCC, outreach, and linkage services are provided to under trials.

As per Prison Statistics, India 2021, there are 1,319 prisons in the country housed with 5,54,034 prison inmates, which is above the authorized capacity of 4,25,609. This translates to an occupancy rate of 130.2% (Table 4). The occupancy rate stood even higher for district and central jails, at 155.4% and 123.7%, respectively. Of the total 5,54,034 inmates housed, as of 31st December 2021, in all types of jails, 4,27,165 were under-trials, constituting 77.1% of the total inmate population. A significant proportion of under-trials (2,04,637 i.e. 47.9%) were in the age group of 18–30 years. Similarly, 1,75,182 (41.0%) under-trials were in the age group 30–50 years. These figures are not only indicative of the overcrowding in jails but also of the high turnover rate in the prison population, with a majority of prisoners eventually returning to their communities. Reducing transmission of HIV and TB in prisons is therefore, crucial for reducing the spread of these infections in the general community.

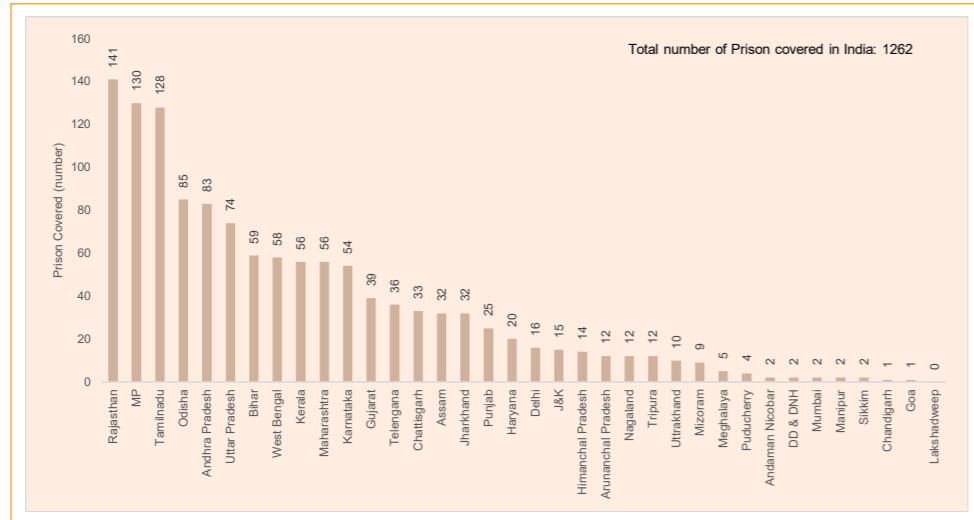
Table 4: Prison Statistics India 2021

| SN | Type of Prisons | Number of Prisons | Capacity | Total Inmates | Occupancy Rate (%) |
|----|-----------------|-------------------|-------------------|-------------------|--------------------|
| 1 | Central Jails | 148 | 1,93,536 | 2,39,311 | 123.7 |
| 2 | District Jails | 424 | 1,63,606 | 2,54,214 | 155.4 |
| 3 | Sub Jails | 564 | 45,436 | 46,736 | 102.9 |
| 4 | Women's Jails | 32 | 6,767 | 3,808 | 56.3 |
| 5 | Open Jails | 88 | 5,953 | 2,178 | 36.6 |
| 6 | Borstal School | 19 | 1,775 | 745 | 42.0 |
| 7 | Special Jails | 41 | 7,473 | 6,582 | 88.1 |
| 8 | Other Jails | 3 | 1,063 | 460 | 43.3 |
| | Total | 1319 | 4, 25, 609 | 5, 54, 034 | 130.2 |

STATE WISE PRISON COVERAGE

With the concerted efforts of SACS and the Global Fund Grant partners, a total of 1262 prisons were covered during FY 2023-24 (Figure 68).

Figure 68: State wise Prison covered (in numbers) (April 2023 to March 2024)



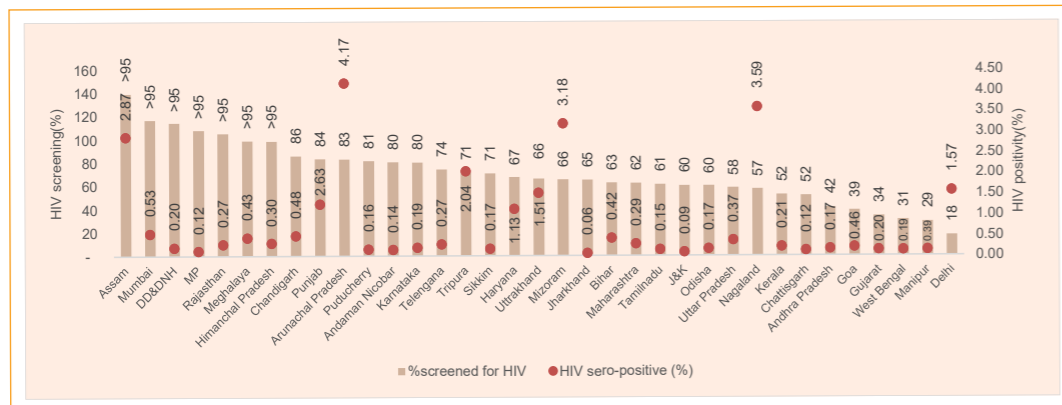
HIV SCREENING, POSITIVITY AND ART LINKAGES IN PRISON

During FY 2023-24, a total of 13,72,205 prison inmates were screened for HIV against the total estimated population which stands at around 65% at the national level (Figure 69). Highest number of prison inmates were screened in Uttar Pradesh (211262 number of inmates)

followed by Madhya Pradesh (177275 number of inmates) and Bihar (157697 number of inmates). The lowest number of screenings was reported in Daman Diu & Dadar Nagar Haveli (505).

The HIV sero-positivity was observed at 0.48% at the national level (Figure 66). HIV sero-positivity was highest among prison inmates in Arunachal Pradesh (4.17%) followed by Nagaland (3.59%) Mizoram (3.18%), Assam (2.87%) and Punjab (2.63%) etc.

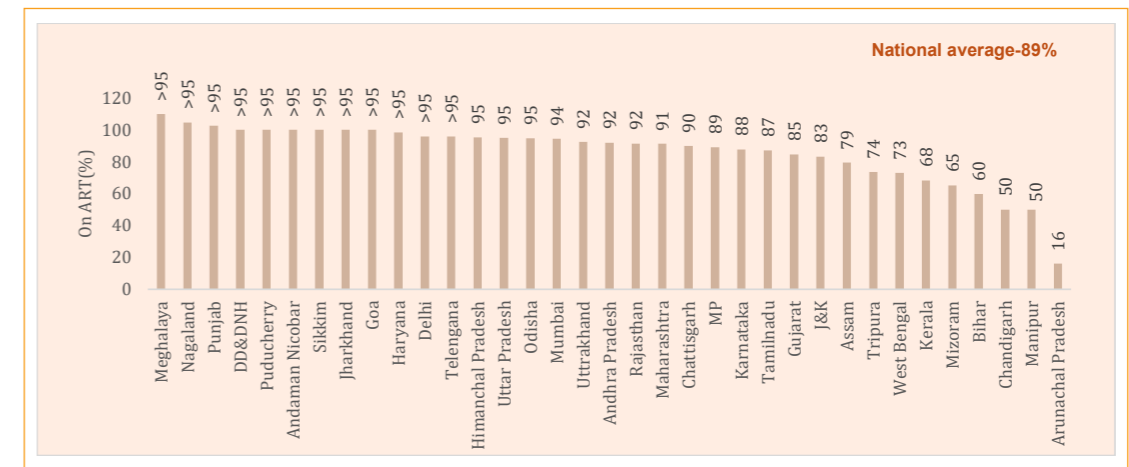
Figure 69: State wise distribution of Prison inmates covered for HIV screening and sero-positivity (April 2023 to March 2024)



ART linkages among prison inmates was reported at 89% at the national level (Figure 70). Andaman Nicobar, DD & DNH, Goa, Jharkhand, Puducherry,

Sikkim, Punjab, Nagaland and Meghalaya reported 100% ART linkage. The lowest ART linkage was reported in Arunachal Pradesh (16%).

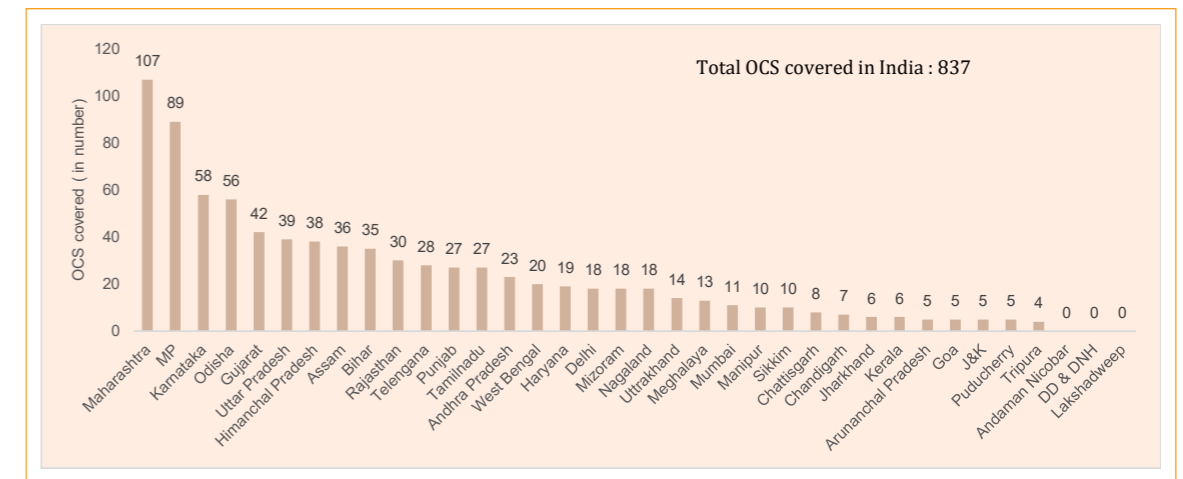
Figure 70: State wise distribution of ARTC linkages of Prison PLHIV (April 2023 to March 2024)



STATE WISE OCS COVERED DURING 2023-24

A total 837 OCS including Juvenile Homes and Drug Rehabilitation Centers were covered in India (Figure 68). Statwise distribution of OCS covered is given in Figure 71 below;

Figure 71: State wise distribution of OSC covered (April 2023 to March 2024)

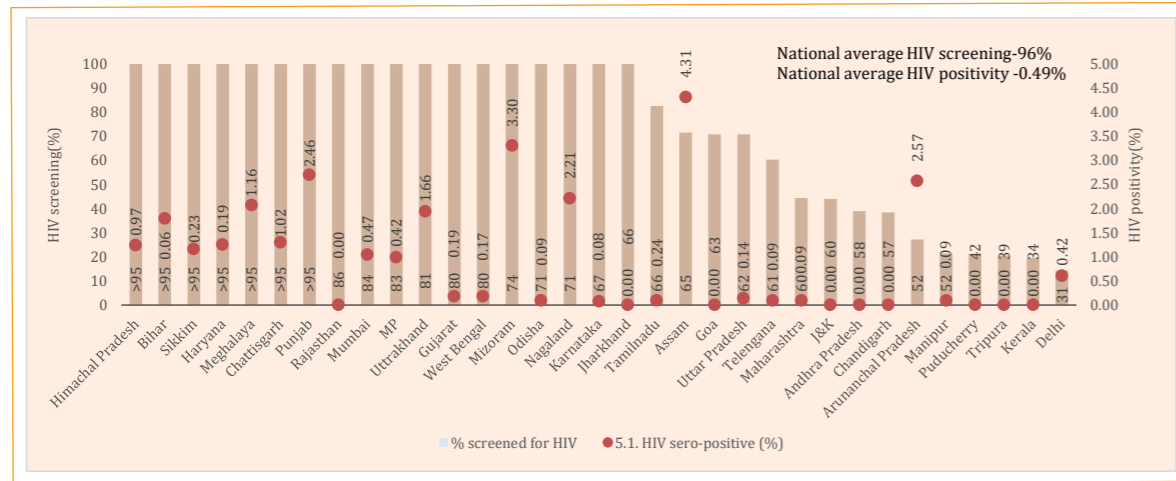


HIV SCREENING, POSITIVITY AND ART LINKAGES IN OCS

A total of 46,635 inmates in OCS were screened for HIV in India (Figure 71). Highest number of OCS inmates were screened in Maharashtra followed by Karnataka, Mumbai and Bihar. The

lowest number of OCS inmates were screened in Puducherry (32 inmates). The highest sero-positivity among OCS inmates was reported in Assam at 4.31%, followed by Mizoram (3.30%) and Arunachal Pradesh (2.57%). The lowest sero-positivity was reported in Bihar at 0.06%.

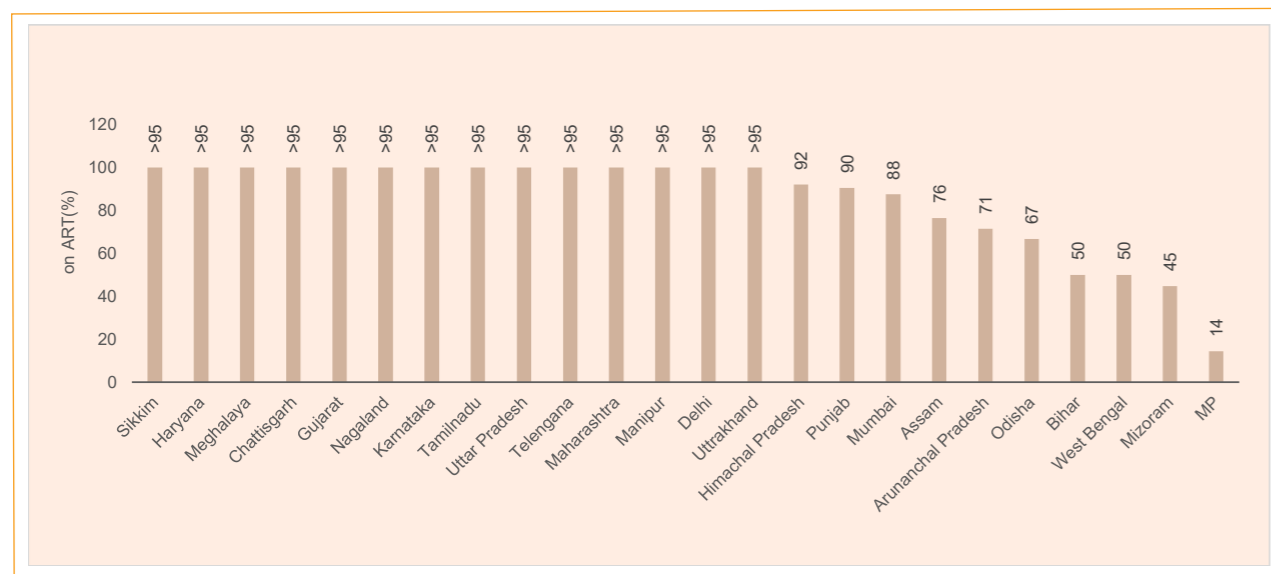
Figure 72: State wise distribution of OCS inmates covered for HIV screening and sero-positivity (April 2023 to March 2024)



Nationally ART Linkage was observed at 80% (Figure 73). Fourteen states reported 100% ART Linkages; such as Chhattisgarh, Delhi, Gujrat, Haryana, Karnataka, Maharashtra, Manipur,

Meghalaya, Nagaland, Sikkim, Tamil Nadu, Telangana, Uttarakhand and Uttar Pradesh. The lowest ART linkage was reported in Madhya Pradesh (14%).

Figure 73: State wise distribution of ARTC linkages of PLHIV OCS inmates (April 2023 to March 2024)



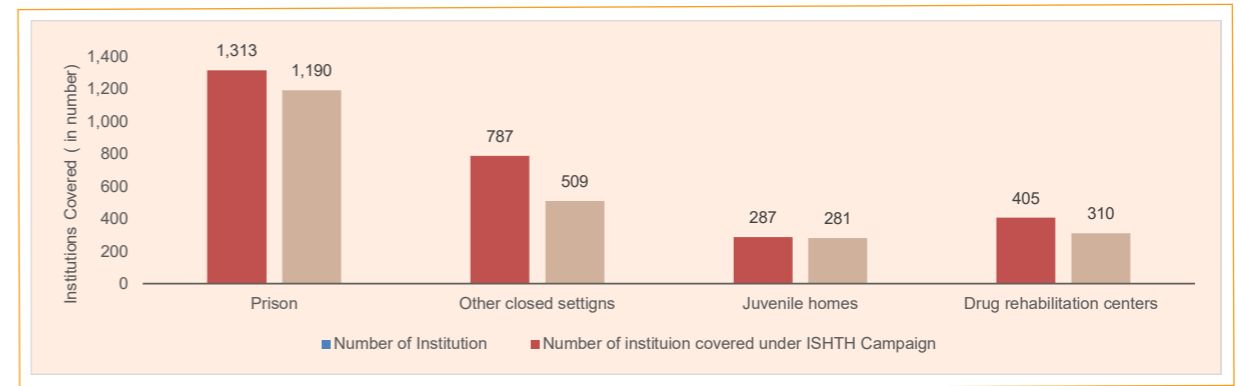
INTEGRATED STI, HIV, TB AND HEPATITIS (ISHTH) CAMPAIGN DURING 2023-24

National AIDS and STD Control Programme (NACP) Phase V aims to universalize NACP interventions in Prisons and Other Closed Settings. In addition to the routine Prison & Other Closed Settings Interventions, the Integrated STI, HIV, TB and Hepatitis (ISHTH) campaign was implemented to saturate the coverage of inmates with testing and treatment services in Prisons

& Other Closed Settings including Juvenile Homes and Drug Rehabilitation Centers across the country in FY 2023–24. As of March 2024, 34 SACS/DACS implemented the ISHTH campaign, covering 1190 prisons, 509 other closed settings, 281 juvenile homes, and 310 drug rehabilitation centres, benefiting a total of 4.14 lakh inmates with HIV/STI/TB/Hep B&C services (Figure 74).

During the campaign around 91% of the prisons, 65% of other closed settings, 98% of juvenile homes and 77% of drug rehabilitation centres were covered by all SACS/DACS, except for in Ladakh and Lakshadweep.

Figure 74: Number of institutions covered during ISHTH campaign (April 2023 to March 2024)



During the Campaign, 4,14,291 inmates received HIV counselling and testing services, with 2116 inmates (0.5%) diagnosed HIV positive, of whom 1981 (93.6%) were linked to ART centres.

Additionally, 150 TB cases and 15268 STI cases were diagnosed and linked successfully for treatment.

Chapter - 06

Monitoring and Supervision of Prevention initiatives

MONITORING AND SUPERVISION OF PREVENTION INITIATIVES

NACO's focus on regular monitoring and supervision of Prevention Initiatives is primarily at three levels. At National level, the data received from the States/UTs is reviewed to analyze the overall progress of the activities. In addition, NACO conducts monitoring and supervisory field visits to the states to oversee the progress of prevention initiatives as well as conducts national

review of prevention activities. Secondly, at the state level, SACS reviews the prevention activities at six-monthly/ Quarterly intervals and conduct field visits to the prevention projects. SACS also conducts six-monthly performance assessment of TI projects to see the progress. Thirdly, at the district level, review of the prevention activities implemented are conducted by DISHA.

6.1 SIX MONTHLY APPRAISAL OF TI PROJECTS UNDER NACP

The six-monthly performance appraisal of Targeted Intervention Projects was initiated in 2023. It enables SACS to take timely corrective action and decisions for further assertion continuation or discontinuation of low performing TI projects, at the level of Project Director, SACS. NACO in consultation with SACS developed the guidance document for conducting six-monthly appraisals. The guidance document explains the process and tools to be adopted to assess the performance of TI Projects in the state by SACS. This appraisal is done bi-annually by SACS (every six month) on quantitative and qualitative

parameters in the areas of programme delivery, organizational capacity and financial aspects of the projects.

Each appraisal is done in two phases; in the first phase, performance of TIs is assessed based on the monthly progress reports received from TI projects. The TIs who secure less than 70% of marks in the overall assessment are considered for field visit in the second phase of assessment. In the second phase, a team constituted by SACS conducts the field visits to verify the records/ registers, take feedback from the community/ stakeholders, visit hotspots/facilities pertaining to the programmatic, human resource and financial aspects of the TI projects. During this second phase, if any TI Project is not able to secure marks up to the benchmark, SACS then takes appropriate action for continuation or discontinuation of the projects.

Table 5: Summary of six-monthly appraisals of TIs in the States/UTs

| Major Indicators | First Appraisal for the period of April 2023 - Sept 2023 | Second Appraisal for the period of October 2023 - March 2024 |
|--|--|--|
| Total No of States submitted Six monthly appraisal | 32 | 32 |
| Total TIs On boarded during FY 2023-24 | 1540 | 1577 |
| Total TIs eligible for Appraisal (Out of total TIs) | 1342 (87%) | 1391 (88%) |
| Total TIs scored less than 70% Score | 162 (12%) | 106 (7.6%) |
| Total TIs under gone second level field appraisal by SACS Team | 162 | 106 |
| Total TIs qualifies the second appraisal | 160 | 102 |
| Total TIs discontinued after Appraisal | 02 (Haryana-01 & Rajasthan-01) | 04 (Haryana-02, Manipur-01 & Telangana-01) |

6.2 SOCH FOR TI, OST AND INTERVENTION AMONG P&OCS

NACO has rolled out the live SOCH application to enable a centralized repository of Electronic Health Record of all individual beneficiaries

under the NACP. The objective of Project SOCH is to create a beneficiary-centric web and mobile based system, to track and record beneficiary service and inventory transactions in the National HIV program to improve service delivery and beneficiary health outcome. In FY 2023-24 all the TI, OST Centres and Prisons & OCS used the SOCH portal, wherein for twenty-three states/UTS, usage of SOCH was more than 80%.

6.3 PROGRAMMATIC MAPPING AND POPULATION SIZE ESTIMATION(PMPSE)

The Programmatic Mapping and Population Size Estimation (PMPSE) under NACP is conducted periodically to update the size and site of High-Risk Groups (HRGs). The main objective of the PMPSE exercise is to examine the “size of the high-risk group population to inform the design, implementation, monitoring and evaluation for a comprehensive package of interventions”. The exercise is jointly facilitated by Prevention Division, NACO and the Strategic Information Division, NACO. The top line findings of the PMPSE exercise was finalized with due consultation with SACS and the inputs from the TRG.

To reach the final estimation, the following validation process was adopted for analyzing and disseminating the top-line findings:

- Data collection was completed concurrently with NORMS input, and information was shared to states to freeze the data for each TI Project.
- To preserve data quality, a series of review meetings were conducted wherein feedback was provided to the States/UTs. The objective was to validate the methods used in the mapping process.
- Interim size estimates were also shared with the States/UTs, who were required to record the reasons for unexpected results and HRG population patterns.
- Each State/UT conducted a final Community Advisory Board (CAB) meeting, from wherein the recommendations of the members was submitted to the State Working Group. The consolidated data was then presented to the State Steering Committees for final approval.
- Post approval, the data was shared with NACO, which was then presented with the final adjusted estimation to the Technical Resource Group for Surveillance.

Accordingly, the state wise population groups estimated are placed below:

Table 6: State/UT wise adjusted estimated size, PMPSE (HRGs), 2020-22

| State/UT | FSW | MSM | IDU | H/TC |
|-------------------|---------------------|-----------------|-----------------|-----------------|
| Andhra Pradesh | 1,19,367 | 22,060 | 1,332 | 5,364 |
| | (1,02,886-1,35,848) | (18,565-25,555) | (1,060-1,604) | (4,419-6,309) |
| Arunachal Pradesh | 6,941 | 901 | 5,143 | 140 |
| | (6,264-7,618) | (810-991) | (4,677-5,608) | (112-168) |
| Assam | 39,721 | 16,667 | 26,156 | 2,481 |
| | (34,891-44,550) | (14,545-18,789) | (22,963-29,348) | (2,186-2,777) |
| Bihar | 11,682 | 2,376 | 4,585 | 846 |
| | (11,020-12,344) | (2,236 - 2,517) | (4,250-4,921) | (775 - 918) |
| Chandigarh | 3,333 | 2,569 | 1,908 | 164 |
| | (2,997-3,668) | (2,306-2,832) | (1,701-2,115) | (142-185) |
| Chhattisgarh | 18,375 | 2,889 | 3,923 | 1,118 |
| | (16,859 - 19,891) | (2,630 - 3,148) | (3,535 - 4,310) | (990-1,246) |
| Delhi | 88,399 | 27,026 | 32,481 | 17,907 |
| | (87,811-88,987) | (24,985-29,068) | (29,447-35,515) | (16,188-19,626) |
| Goa | 5,040 | 3,339 | 302 | 132(116-148) |
| | (4,305-5,776) | (2,787-3,891) | (247-356) | |
| Gujarat | 37,118 | 34,299 | 779 | 2,605 |
| | (33,445-40,792) | (30,661-37,938) | (637-920) | (2,396-2,814) |
| Haryana | 17,668 | 8,022 | 19,025 | 1,435 |
| | (16,084-19,251) | (7,205-8,839) | (17,193-20,856) | (1,275-1,594) |
| Himachal Pradesh | 13,210 | 1,252 | 3,662 | 258 |
| | (11,888 - 14,533) | (1,081 - 1,423) | (3,214-4,109) | (223 - 293) |
| Jammu And Kashmir | 4,634 | 677 | 10,162 | 614 |
| | (3,899 - 5,369) | (548 - 805) | (8,022 -12,302) | (531-696) |
| Jharkhand | 11,860 | 1,742 | 779 | 483 |
| | (10,568 - 13,152) | (1,494 - 1,991) | (641-916) | (421 - 544) |

| | | | | |
|----------------|---------------------|-------------------|------------------|------------------|
| Karnataka | 1,53,337 | 45,631 | 4,331 | 10,926 |
| | (1,40,576-1,66,098) | (41,397- 49,864) | (3,771-4,890) | (9,836-12,016) |
| Kerala | 16,623 | 13,836 | 3,276 | 2,604 |
| | (14,316 - 18,922) | (11,647 - 16,021) | (2,628-3,922) | (2,167-3,036) |
| Madhya Pradesh | 53,455 | 18,085 | 11,919 | 1,614 |
| | (47,189-59,721) | (15,782-20,387) | (10,446-13,392) | (1,424-1,803) |
| Maharashtra | 95,352 | 40,187 | 1,096 | 10,323 |
| | (88,080- 1,02,622) | (37,261-43,113) | (910-1,282) | (9,250- 11,396) |
| Manipur | 5,662 | 1,507 | 24,985 | 468 |
| | (4,484-6,839) | (1,258-1,755) | (20,447-29,523) | (395-541) |
| Meghalaya | 3,297 | 344 | 3,175 | 110 |
| | (2,756-3,837) | (252-435) | (2,715-3,634) | (85-135) |
| Mizoram | 1,434 | 841 | 10,397 | - |
| | (1,256-1,611) | (717-965) | (8,928-11,867) | |
| Nagaland | 2,246 | 1,239 | 16,802 | 82 |
| | (1,766 - 2,726) | (1,051-1,426) | (14,137-19,468) | (62 - 102) |
| Odisha | 24,620 | 5,977 | 4,526 | 7,209 |
| | (21,529 -27,712) | (5,261 -6,694) | (3,918-5,134) | (6,277 -8,141) |
| Puducherry | 2,514 | 2,489 | 21 | 203 |
| | (2,197 212,832) | (2,179 - 2,798) | (13- 28) | (227- 229) |
| Punjab | 27,304 | 8,045 | 45,098 | 1,316 |
| | (24,301 - 30,307) | (7,015 - 9,075) | (40,325 -49,872) | (1,167 - 1,464) |
| Rajasthan | 21,034 | 7,351 | 3,024 | 2,126 |
| | (19,196-22,871) | (6,512 - 8,190) | (2,711 - 3,336) | (1,883 -2,369) |
| Sikkim | 732 | - | 821 | - |
| | (635 - 828) | | (713 - 929) | |
| Tamil Nadu | 60,775 | 38,284 | 115 | 9,211 |
| | (54,633-66,917) | (33,927-42,641) | (92- 138) | (7,734 - 10,687) |
| Telangana | 75,381 | 16,427 | 816 | 995 |
| | (68,300-82,461) | (15,282-17,573) | (657-974) | (919-1,072) |

| | | | | |
|---------------|-----------------------------|----------------------------|----------------------------|--------------------------|
| Tripura | 6,242 | 876 | 6,500 | 159 |
| | (5,750-6,734) | (808-944) | (5,953-7,047) | (154-164) |
| Uttar Pradesh | 40,480 | 19,668 | 35,412 | 9,846 |
| | (37,075-43,885) | (17,776-21,561) | (31,670-39,155) | (8,880-10,813) |
| Uttarakhand | 7,213 | 2,883 | 3,835 | 321 |
| | (6,387-8,040) | (2,647-3,119) | (3,407-4,264) | (293-349) |
| West Bengal | 20,452 | 3,532 | 2,334 | 5,134 |
| | (18,937 - 21,968) | (3,234 - 3,830) | (1,997-2,670) | (4,731-5,538) |
| India | 9,95,499 | 3,51,020 | 2,88,717 | 96,193 |
| | (9,02,277-10,88,712) | (3,13,860-3,88,175) | (2,53,025-3,24,408) | (85,206-1,07,174) |

The estimates generated through PMPSE are being used for epidemiological as well as programmatic purposes.

Apart from above, Mapping of client of sex workers and the population working in virtual platform was also initiated. SI Division and Prevention Division NACO facilitated development of Operational Manual for the above exercise and held a Training of Trainers (ToT) in Delhi in

June 2023. A pilot exercise was initiated in the selected states for conducting mapping of above population groups during 2023-24. Based on the learning and experience, the above exercise will be scaled up in all SACS in 2024-25. In addition to above, discussion on the PMPSE Round 2 was initiated to primarily to cover the states wherein the current coverage of HRGs in TI Projects were higher than the estimated population.

Chapter - 07

Evaluation of Prevention Projects

EVALUATION OF PREVENTION PROJECTS

Targeted Intervention Projects (TI) and Link Workers Schemes (LWS) are being implemented under NACP to provide HIV and STI prevention, testing and treatment services to High Risk and vulnerable populations in urban and rural areas. The evaluation of TI/LWS are being done by third party using the standard evaluation tools and manuals developed by NACO in 2019-20. According to the guidelines, i.e (during the 32nd and 33rd month) and subsequently after every two years. The TIs/LWS are evaluated based on different indicators, including: Organizational Capacity, Financial Capacity and Program Delivery Component. As per norms, contracts of Targeted Intervention projects and Link Worker Schemes are extended by State AIDS Control Societies (SACS) after performance assessment of projects through external evaluation.

NACO, as Principal Recipient of the Global Fund Grant (2021-2024), partnered with the Tata Institute of Social Science (TISS) (Sub-Recipient) to conduct the external evaluation of TI and LWS in all States/UTs. In pursuit of the same, TISS under the project "Saksham-Pramaan" has partnered with five academic institutions as Sub-Sub Recipient (SSR) known as Regional Institute of Capacity building and Evaluation (RICE) for conducting TI and LWS evaluations located in five geographical zones. TISS and RICE worked closely with SACS to conduct seamless evaluations of the projects and complete the task as per the timeline. Region wise RICE supported the evaluation activities is placed in the table below;

Table 7: Distribution of Region Regional Institute of Capacity building and Evaluation (RICE)

| Region | Name of the Institute |
|---------|--|
| North | Aditi Mahavidyalaya, Delhi University, Delhi |
| Central | The Maharaja Sayajirao University (MSU) of Baroda, Baroda |
| West | The College of Social Work, Nirmala Niketan, Mumbai |
| East | The XIM University, Bhubaneswar |
| South | The Regional Centre for Urban and Environmental Studies (RCUES), Osmania University, Hyderabad |

During FY 2023-24, a total of 862 TIs & LWS were evaluated, out of which 24 TIs were recommended for discontinuation. The details of state-wise number of Interventions evaluated by TISS and RICE partners are as placed below in Table 8:

Table 8: State wise number of TI & LWS evaluated during 2023-24

| Sr. No | State Name | FY 2023-24 | | | |
|--------|--------------------------|------------|-----------|------------|--------------|
| | | TI | LWS | Total | Discontinued |
| 1 | Andaman | - | - | - | - |
| 2 | Arunachal Pradesh | - | - | - | - |
| 3 | Assam | 6 | 0 | 6 | 0 |
| 4 | Andhra Pradesh | - | - | - | - |
| 5 | Bihar | - | - | - | - |
| 6 | Chandigarh | 8 | 0 | 8 | 0 |
| 7 | Chhattisgarh | 15 | 4 | 19 | 0 |
| 8 | Delhi | 55 | 0 | 55 | 0 |
| 9 | DNDH | - | - | - | - |
| 10 | Goa | 15 | 0 | 15 | 0 |
| 11 | Gujrat (incl. Ahmedabad) | 91 | 1 | 92 | 0 |
| 12 | Haryana | 28 | 0 | 28 | 3 |
| 13 | Himachal Pradesh | 12 | 0 | 12 | 1 |
| 14 | Jammu & Kashmir | 19 | 0 | 19 | 1 |
| 15 | Jharkhand | - | - | - | - |
| 16 | Karnataka | 6 | 0 | 6 | 1 |
| 17 | Kerala | 64 | 0 | 64 | 0 |
| 18 | Madhya Pradesh | 28 | 6 | 34 | 5 |
| 19 | Maharashtra | 91 | 5 | 96 | 1 |
| 20 | Manipur | - | - | - | - |
| 21 | Meghalaya | 10 | 2 | 12 | 1 |
| 22 | Mizoram | 36 | 8 | 44 | 0 |
| 23 | Mumbai | 24 | 0 | 24 | 1 |
| 24 | Nagaland | 30 | 0 | 30 | 0 |
| 25 | Odisha | - | - | - | - |
| 26 | Puducherry | 4 | 0 | 4 | 0 |
| 27 | Punjab | 42 | 5 | 47 | 0 |
| 28 | Rajasthan | 26 | 0 | 26 | 0 |
| 29 | Sikkim | - | - | - | - |
| 30 | Tamil Nadu | 78 | 16 | 94 | 1 |
| 31 | Telangana | - | - | - | - |
| 32 | Tripura | 14 | 0 | 14 | 2 |
| 33 | Uttar Pradesh | 53 | 3 | 56 | 4 |
| 34 | Uttarakhand | 28 | 0 | 28 | 0 |
| 35 | West Bengal | 28 | 1 | 29 | 3 |
| | TOTAL | 811 | 51 | 862 | 24 |

POOL OF EXTERNAL EVALUATORS CREATED

A group of National Evaluators were created in the third year of the Grant (i.e 2023-24).

Saksham Pramaan had empanelled a total of 830 eligible independent consultants across five zones. During the third fiscal year, 300 plus evaluators conducted 862 evaluations till March 2024 (Table 9).

Table 9: Zone wise pool of evaluators created

| Indicators (In numbers) | North | Central | West | East | South |
|---|-------|---------|------|------|-------|
| *Zonal Level (No repetition of number within the Zone) | | | | | |
| The zonal pool of evaluators | 147 | 206 | 244 | 157 | 279 |
| Number of evaluators conducted the evaluations in FY 23-24 | 64 | 48 | 86 | 49 | 62 |
| Trained evaluators who conducted evaluations in FY 23-24 | 63 | 36 | 85 | 29 | 61 |
| Untrained Evaluators Conducted the Evaluations in FY 23-24 | 1 | 12 | 1 | 20 | 1 |
| ** National Level (After removing zonal duplicates) | | | | | |
| The pool of evaluators created | | | | | 830 |
| Evaluators actually conducted evaluations in the evaluation cycle | | | | | 336 |

MAJOR ACHIEVEMENTS

- 3 offline and 6 online regional training batches were conducted. Offline trainings were conducted by North, South and West Zone. A total of 44 evaluators were trained. 6 online batches were conducted (2 batches by south & 4 batches by west zone).
- In total, 181 evaluators were trained through online mode in third year of the project (2023-24)
- A total of 862 evaluations were conducted in 25 States/UTs DACS in FY 23-24

- Development of Training Of Trainers manual of TI/LWS evaluations.
- Meeting of all stakeholders viz: NACO, SACS, TISS and RICE was organised in a timely manner.
- Learnings and Challenges
- Drop out of the evaluators was high due to late finalizing of calendar, postponing of the dates, late approvals, etc.
- Less honorarium of evaluators may have impacted drop out rate.
- Travel arrangements in the remote areas become a challenge for new evaluators.

Chapter - 08

Capacity Building Initiatives

CAPACITY BUILDING INITIATIVES

Capacity building of project staff is one of the critical components under prevention initiatives of NACP. In order to build the capacity of TI/LWS project Staffs, Kshamta Kendra (TI training institute) were established under the Global Fund Grant support. One Kshamta Kendra (KK) caters to one state or more based on the geographical proximity and the overall training load of the state(s). Nineteen Kshamta Kendra were established in India to cover all the States/UTs. The primary role of Kshamta Kendra is to build the capacities, knowledge and skills of the field staff who work in the prevention projects. At the same time, KK also focuses on creating Master Trainers, development of training modules and conduct down training of staff in close coordination with SACS.

SAATHII, as Principal Recipient (PR) under the Global Fund Grant manages these institutes (KK). Apart from above, training of staffs on Opioid Substitution Therapy (OST) are conducted by SACS with the help of Master Trainers created for OST

8.1 CAPACITY BUILDING THROUGH KSHAMTA KENDRA

The state wise distribution of 20 Kshamta Kendra operational during 2023-24 is presented in the table 10 below:

Table 10: State wise distribution of KK and the locations

| Sr No. | State/UT | Location of Kshamta Kendra (KK) | Name of the implementing Agency |
|--------|---|---------------------------------|--|
| 1 | Andhra Pradesh | Vijayawada | Social Service Centre |
| 2 | Assam, Meghalaya, Arunachal Pradesh, Sikkim | Guwahati | BOSCO Reach Out |
| 3 | Bihar, Chhattisgarh, Jharkhand | Patna | Bihar Voluntary Health Association |
| 4 | Chandigarh, Himachal Pradesh, J&K, Ladakh, Punjab | Mohali | Society for Promotion of Youth and Masses |
| 5 | Delhi, Haryana, Uttarakhand | Delhi | Society for Promotion of Youth and Masses |
| 6 | Gujarat, Daman & Diu, Dadra and Nagar Haveli | Kutch | Shree Sevanidhi Trust |
| 7 | Karnataka | Mysore | Swami Vivekananda Youth Movement |
| 8 | Kerala | Thiruvananthapuram | Centre for Advanced Research in Health & Human Behaviour |
| 9 | Madhya Pradesh | Bhopal | The Bhopal School of Social Sciences |
| 10 | Maharashtra | Nagpur | Indian Institute of Youth Welfare |
| 11 | Manipur | Imphal | Nirvana Foundation |
| 12 | Mizoram | Aizwal | Child and Women Foundation |
| 13 | Mumbai, Goa | Mumbai | National Institute of Public Health of Training & Research |
| 14 | Nagaland | Kohima | Kripa Foundation |
| 15 | Odisha | Sundargarh | Self-Employed Workers Association Kendra |

| Sr No. | State/UT | Location of Kshamta Kendra (KK) | Name of the implementing Agency |
|--------|---|---------------------------------|---|
| 16 | Rajasthan | Jaipur | IIHMR University |
| 17 | Tamil Nadu, Puducherry | Dindigul | Gandhigram Institute of Rural Health and Family Welfare Trust |
| 18 | Telangana | Warangal | Telangana State Institute of Rural Development |
| 19 | Uttar Pradesh | Prayagraj | Lok Smriti Sewa Sansthan |
| 20 | West Bengal, Tripura, Andaman & Nicobar Islands | Kolkata | Child In Need Institute |
| 20 | Manipur | - | - |
| 21 | Meghalaya | 10 | 2 |
| 22 | Mizoram | 36 | 8 |
| 23 | Mumbai | 24 | 0 |
| 24 | Nagaland | 30 | 0 |
| 25 | Odisha | - | - |
| 26 | Puducherry | 4 | 0 |
| 27 | Punjab | 42 | 5 |
| 28 | Rajasthan | 26 | 0 |
| 29 | Sikkim | - | - |
| 30 | Tamil Nadu | 78 | 16 |
| 31 | Telangana | - | - |
| 32 | Tripura | 14 | 0 |
| 33 | Uttar Pradesh | 53 | 3 |
| 34 | Uttarakhand | 28 | 0 |
| 35 | West Bengal | 28 | 1 |
| | TOTAL | 811 | 51 |

8.2 PROGRESS ON THEMATIC TRAINING CONDUCTED BY KK

Table 11: Cadre-wise staffs trained during FY 2023-24

| TI Cadre- Wise Progress | Target | Achievement (%) |
|-------------------------|---------------|----------------------|
| Outreach Workers | 5,616 | 4,531 (81%) |
| Peer Educators | 12,866 | 6,986 (54%) |
| Program Managers | 1,336 | 907 (68%) |
| M&E and Accountants | 1,335 | 871 (65%) |
| Total | 21,153 | 13, 295 (63%) |

TRAINING OF LINK WORKER SCHEME STAFF

Out of the target of 3,955 staff, a total of 1,157 (29%) persons were trained. Around 35% of Zonal Supervisor, 30% of Data Manager and 29% each of District Resources Person and Cluster Link Workers were trained. Remaining 2,798 LWS were to be trained by September 2024.

The SAATHII team in coordination with NACO

8.3. NATIONAL REVIEW OF CAPACITY BUILDING OF PREVENTION STAFFS THROUGH KK

NACO conducted a National Review of Capacity Building of prevention project staff (TI & LWS) during 27th and 28th February 2024 at Indian Habitat Centre, New Delhi. The objective of the meeting was: a) to review the capacity building of prevention staff (TI & LWS) through Kshamta Kendra; b) to discuss and develop capacity building micro plan for the FY 2024-25; and c) to provide a platform for experience sharing and cross learning from each other on the good practices of Kshamta Kendra. During the review meeting, more than 90 participants including Prevention Officers of all SACS, officials from respective KK and SAATHII PR team participated.

Training of TI staff

During FY 2023-24, a total of 13,295 TI & LWS staffs (63% of total training load) were trained through 20 Kshamta Kendra (KCs). The cadre wise staff trained during the year is placed in the table 11 below:

and SACS completed the trainings through KCs. Project Directors and officers from various SACS visited KCs for monitoring and mentorship, while the KK team increased visits to SACS to resolve training bottlenecks. The SAATHII PR team trained KK staff to analyze pre-test scores in real-time, informing Master Trainers of knowledge gaps. KCs held periodic review meetings with Master Trainers, using trainee feedback to improve training. Translating pre and post-test questionnaires into regional languages improved trainee comprehension and responses.

A key outcome of the meeting was the issuance of a communication from NACO to all Project Directors of the 35 SACS, which outlined several directives including completion of all induction training for all new or untrained staff (those not trained in FY 2023-24) by September 2024; refresher training for TI/LWS/OST project staff (those trained in FY 2023-24) to commence only after September 2024; ensure the timely release of funds to KK, disbursing funds in two or three installments based on availability and the proposed training load of the KK; renew the MoU between SACS and Kshamta Kendra based on satisfactory performance for a three-year period according to the FY 2024-27 grant cycle to avoid annual delays in renewal and training of project staff; and ensure the involvement of SACS and DISHA in the implementation and monitoring of training sessions.

Chapter - 09

Project Supported Initiatives

PROJECT SUPPORTED INITIATIVES

Major prevention initiatives under NACP are implemented with the financial support from domestic budget of Government of India. Some of the newer initiatives/Projects which are envisaged to complement and supplement the overall prevention initiatives are implemented through Global Fund Grant support. Some of the such initiatives are placed below;

9.1 SAMPOORNA SURAKSHA KENDRA (SSK)

The Sampoorna Suraksha Strategy (SSS) under NACP V aims at augmenting NACP's goal of reducing new infection by reaching out to the 'At Risk HIV -ve' population. This contributes to bridge the gap of 1st 95. SSS was designed and implemented by NACO under Global Fund Grant 2021-24 as a form of "Immersion Learning Model" for the provision

of a comprehensive package of service delivery for at-risk HIV-negative people. Under this Strategy, as on March 2024 accros 20 States/ UTs, 150 Sampoorna Suraksha Kendra (SSK) were established by re-modelling the existing ICTCs or DSRCs at the district level, using pre-determined criteria.

These SSKs primarily focus on reaching out to the at-risk population who are tested negative for HIV or the population who are at higher risk of HIV due to their risky behavior or the behavior of their spouse/ partner/s. The clients coming to the SSKs are provided with the cyclical, need-based comprehensive preventive service package (Essential and Desirable services) as per their needs to keep them HIV Negative. Services and commodity provisions made under SSK provided directly and/or through referrals & linkages are placed below in the table 12:

Table 12 : Services and Commodity Provisions under SSK

| Essential Services | Desirable Services |
|--|---|
| <p>Differential HIV Testing</p> <ul style="list-style-type: none"> • Social and Sexual Network Mapping • Client, Index and Partner Testing <p>Comprehensive Prevention & General health</p> <ul style="list-style-type: none"> • Co-morbidity screening, referral, and treatment • STI Management • Risk Reduction • Mental Health Counselling <p>Strengthening Services</p> <ul style="list-style-type: none"> • OST, Abscess Management, Overdose Management, Harm reduction • Legal and Human Right services • TI and CCC referrals • Referral to community support centers • Referrals to drug treatment centers | <p>Comprehensive Prevention & General health</p> <p>Gender transition related counselling and referral support (HRT, post GRS care, etc.)</p> <p>Gender Counselling on Hormone Replacement therapy</p> <ul style="list-style-type: none"> • Linkage with OPD of other communicable and non-communicable diseases • Screening and Treatment referrals for other medical conditions, including NCDs, HPV, cervical cancer screening, SRH, RCH, MCH, abortion etc. <p>Strengthening other Services</p> <ul style="list-style-type: none"> • Skill development / Vocational training • Social Security & Social Welfare Schemes • Next generation ACSM • Referrals and linkages to various Social Protection Schemes (SPS) and other government programmes run through NGOs |

Apart from the services provided through SSK, outreach activities including Camps are conducted in the strategic vulnerable places to increase awareness, offer Community Based Screening for HIV and Syphilis, reach out to the target population, distribute IEC material & condoms among the targeted communities.

In SSKs, the counsellors assess the risk of clients through specific risk assessment questions covering the following areas;

- a) **Using /sharing injecting drugs**
- b) **Kind of sexual partner(s) you have**
- c) **Sexual partner beyond spouse/partner**
- d) **Bought sex in past**
- e) **Provided (Sold) sex**
- f) **STI symptom in last 3 months**
- g) **Spouse or partner is PLHIV**

State wise distribution of SSKs established in the respective districts is placed in the table 13.

Table 13: State & District wise distribution of SSK

| S.No. | STATES/UTs | No of SSKs | SSK Districts |
|-------|----------------|------------|--|
| 1 | Andhra Pradesh | 12 | Chittoor, West Godavari, Guntur, Krishna, Vizianagaram, East Godavari, Prakasam, Anantapur, Cuddapah, Kurnool, Visakhapatnam, Nellore |
| 2 | Assam | 1 | Cachar |
| 3 | Bihar | 8 | Gopalganj, Gaya, Muzaffarpur, Madhubani, Patna, Purnia, Rohtas, Siwan |
| 4 | Chandigarh | 1 | Chandigarh |
| 5 | Delhi | 5 | South, North East, North West, New Delhi, West |
| 6 | Gujarat | 13 | Surat, Ahmedabad, Vadodara, Sabar Kantha, Banas Kantha, Anand, Gandhinagar, Panch Mahals, Kheda, Rajkot, Bharuch, Mehsana, Bhavnagar |
| 7 | Haryana | 3 | Sonapat, Panipat, Hissar |
| 8 | Jharkhand | 1 | Ranchi |
| 9 | Karnataka | 7 | Belgaum, Bangalore Urban, Mysore, Bagalkot, Bijapur, Bellary, Koppal |
| 10 | Maharashtra | 8 | Pune, Aurangabad, Satara, Thane, Solapur, Nashik, Nagpur, Ahmednagar |
| 11 | Mizoram | 1 | Aizawl |
| 12 | Madhya Pradesh | 16 | Bhopal, Jabalpur, Ratlam, Sagar, Hoshangabad, Bhind, Shivpuri, Indore, Barwani, Rewa, Raisen, Seoni, Guna, Gwalior, Rajgarh, Vidisha |
| 13 | Nagaland | 1 | Kohima |
| 14 | Odisha | 3 | Khordha, Ganjam, Cuttack |
| 15 | Punjab | 6 | Ludhiana, Fazilka, Amritsar, Jalandhar, Patiala, Gurdaspur |
| 16 | Rajasthan | 15 | Udaipur, Jaipur, Jodhpur, Kota, Bikaner, Banswara, Bharatpur, Ajmer, Barmer, Sikar, Nagaur, Hanumangarh, Ganganagar, Alwar, Chittaurgarh |
| 17 | Telangana | 9 | Mahbubnagar, Rangareddi, Hyderabad, Nizamabad, Warangal, Nalgonda, Karimnagar, Medak, Adilabad |
| 18 | Uttarakhand | 1 | Dehradun |
| 19 | Uttar Pradesh | 26 | Meerut, Aligarh, Agra, Bijnor, Varanasi, Lucknow, Gorakhpur, Prayagraj, Ghaziabad, Bareilly, Gautam Buddha Nagar, Jhansi, Mathura, Barabanki, Azamgarh, Kanpur Nagar, Muzaffarnagar, Ambedkar Nagar, Deoria, Hathras, Sultanpur, Ayodhya, Rae Bareilly, Basti, Moradabad, Mainpuri |
| 20 | West Bengal | 13 | Kolkata, South Twenty Four Parganas, North Twenty Four Parganas, Nadia, Hugli, Paschim Medinipur, Haora, Koch Bihar, Darjiling, Murshidabad, Paschim Barddhaman, Maldah, Purba Barddhaman |

Major achievements of SSK during 2023-24 is placed in the table 13 below;

Table 14: Service coverage under SSK (Till March 2024)

| Major Areas | Coverage Details |
|--|--|
| Registration of 'At Risk' HIV Negative Clients | 1,05,263 |
| Risk Assessment done | 1,09,504 (This includes the repeat assessment of clients done during follow up visits) |
| Positive clients identified | 30 registered clients were detected as HIV positive during the follow up testing. Approximately, 94 HIV positive clients were identified through SSS activities. |
| Screened for Hepatitis C | Out of registered clients, 19,438 screened for HCV |
| Screened for Hepatitis B | Out of registered clients, 23,871 (22.75%) clients screened for HBV, 635 (2.7%) were found reactive |
| Screened for TB | Out of registered clients, 3,921 were screened for TB. 55.4% (2,171) were suspected of TB |
| Outreach Camps by SSKs | A total of 3,203 camps were organized in 16 States/UTs and a total of 2,50,000 populations which includes approx. 35,000 youths & adolescents were reached out and provided with the IEC |

9.2 ONE STOP CENTERS

One Stop Centres (OSCs) are established for HRGs (H/TG and PWID) and Bridge Population with a person-centred and resource-effective approach with the support of Global Fund Grant. It aimed to deliver an integrated HIV prevention-care-cascade services to new and uncovered key and bridge population that were beyond reach of traditional HIV programmes; thereby eliminating facility navigation bottlenecks and contributing towards improved individual as well as community level health outcomes. This approach supplements the core objectives of NACP Phase V, aiming to address the needs of high-risk populations facing stigma, discrimination, and lack of awareness.

The OSC program is offering prevention and care services to high-risk populations especially Hijra/Transgender persons, People Who Inject Drugs and Bridge Populations (including client of sex workers, truckers and allied population) within the community setting by providing them with the information, means and skills they need to minimize HIV transmission and improving their access to care, support and treatment services. In addition to HIV services, OSCs provide general health check-ups for minor non-communicable diseases, access to social welfare schemes, recreational facilities, and a welcoming and safe space for community members.

Objectives of the One Stop Centre

- To provide screening & treatment linkages to all the uncovered & new Key & Bridge Population.
- To provide enabling environment to the community and thus, reduce Stigma & Discrimination.
- Empowerment of the communities by generating awareness and engaging in various skill development programs at OSCs.

Target Population: New and uncovered members of following communities, who engage in high-risk behavioural practices, thus putting them at a higher risk of contracting HIV and other STI/RTI.

- Hijra/Transgender Persons (H/TG)
- People Who Inject Drugs (PWID) & People Who Use Drugs (PWUD)
- Bridge population (Truckers, Migrants & Allied group)

Service Provisioned

Common across all typologies (all 74 OSCs)

1. Disease Screening: HIV, TB, Syphilis, STI, Hepatitis B, Hepatitis C
2. Screening for Non-Communicable Diseases- Diabetes & Hypertension
3. Pre & Post screening counselling
4. IEC on various diseases, safe behavioural practices, etc.
5. Index testing
6. Behaviour change counselling
7. Mental and Reproductive Health counselling
8. Commodity Supply (Condoms*)
9. Screening & treatment of minor illnesses, OI, provision of first aid, etc.
10. Legal Awareness- workshops on HIV/AIDS ACT etc.
11. Assisting in applications for National Cards (Aadhar cards, ABHA cards, etc.).

12. Creating awareness about and facilitating linkages with various social protection schemes, like SMILE, MGNREGA, etc.
13. DIC services to address the issue of safe space and social & recreational needs of the community.
14. Financial assistance in the form of travel support for lab investigations/GAS/HRT etc., purchase of emergency medicines & injections, affidavit charges for TG cards etc., mainly for financially vulnerable community members.
15. Disease confirmation and treatment initiation (Referral & linkages)
16. Assisted Referrals for serious medical illnesses (Referral & linkages)

OSCs for various population groups are established under the Global Fund Support and implemented in 25 states across India by Plan India (as PR) with support from its SR partner YRG Care. The additional services provided in OSCs are indicated below;

Table 15: Additional services provided to HRGs

| Additional Services for TG OSCs | Additional Services for PWID OSCs |
|---|--|
| 1. Literacy and skill development (Referral & linkages) | 1. Literacy and skill development (Referral & linkages) |
| 2. Gender affirmation Services/Hormone therapy/Laser therapy (accompanied referrals) | 2. Linkages with Harm Reduction services-OST (accompanied referrals) |
| 3. Affidavit support & accompanied referrals for TG cards & TG certificates application (referrals & linkages). | 3. Rehabilitation support through referrals & linkages with private/public facilities (accompanied referrals). |
| 4. Distribution of lubricants* | 4. Drug Over dose management |
| 5. Intensive follow up for behaviour change | 5. Distribution of NS* |
| 6. Treatment adherence support | 6. Abscess Management |
| 7. Regular Health Screenings | 7. Intensive follow up for behaviour change |
| 8. Legal awareness workshops on TG Act. | 8. Treatment adherence support |
| | 9. Regular Health Screenings |
| | 10. Legal awareness workshops on NALSA/DALSA |

Table 16: Coverage (Effective implementation period Sept '22 - March '24)

| PF-Core Indicator (As per GFATM) | Registered Population | HIV Testing | Percentage Achievement |
|--|-----------------------|-------------|------------------------|
| Percentage of other vulnerable populations that have received an HIV test during the reporting period and know their results | 81,031 | 61,099 | 75.4% |
| Percentage of transgender people that have received an HIV test during the reporting period and know their results | 8,215 | 7,221 | 88% |
| Percentage of people who inject drugs that have received an HIV test during the reporting period and know their results | 10,982 | 10,315 | 94% |

Figure 75 : Coverage for HIV services (Sept '22 - March '24)

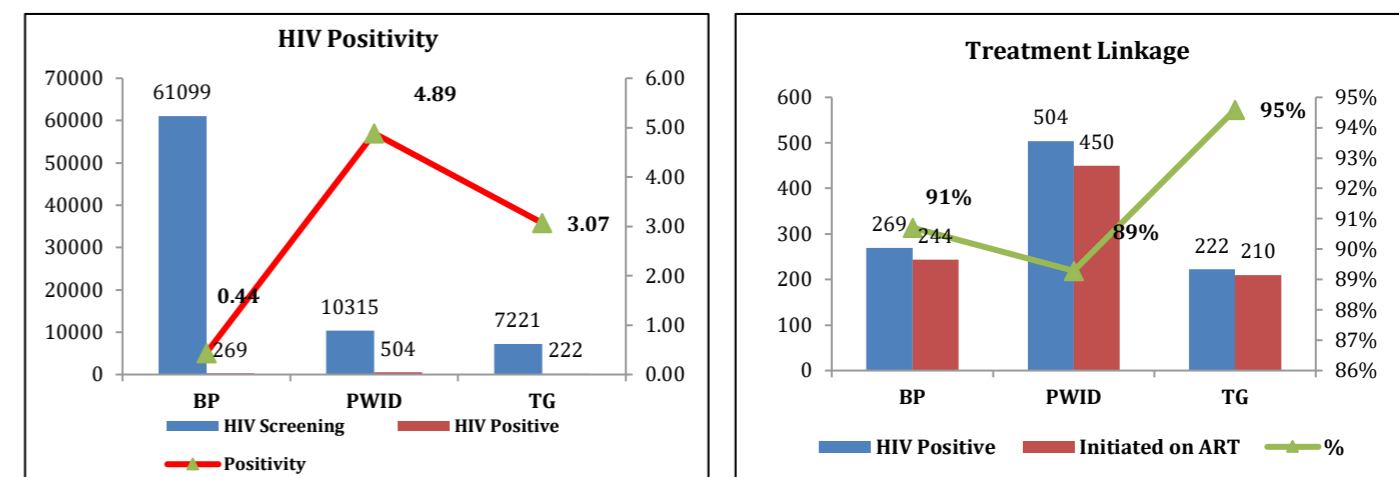
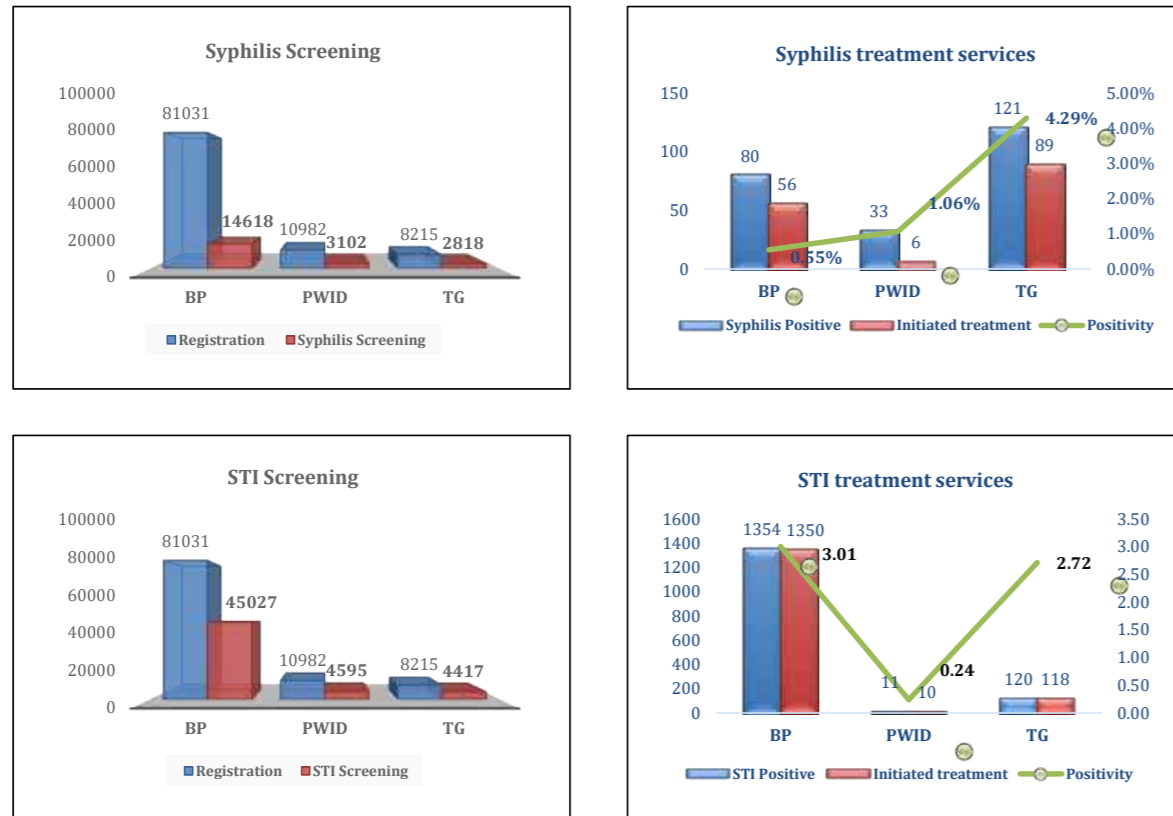


Figure 76: Coverage for STI and Syphilis (Sept '22 - March '24)



Figures 77: Coverage for TB and Viral Hepatitis (Sept '22 - March '24)

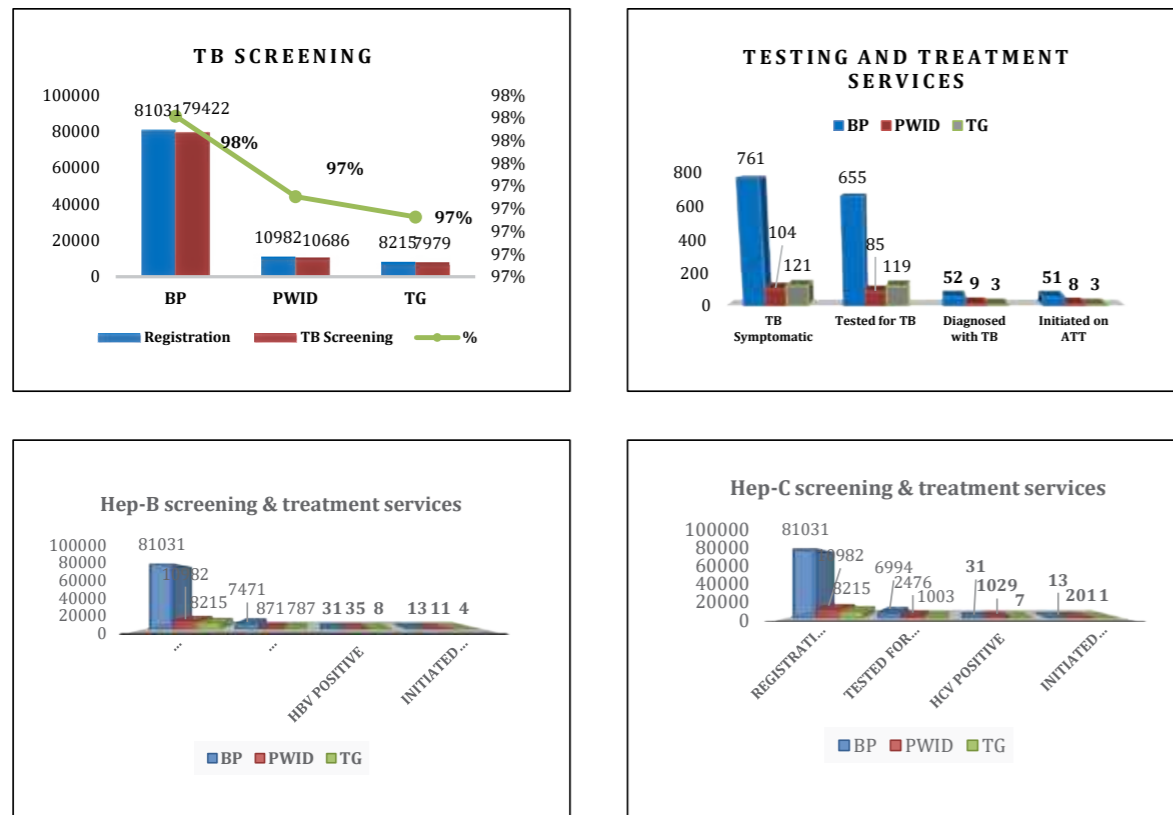


Table 17: State and typology wise distribution of OSC

| Sr No. | State | District | Typology of OSC (No. of Centres) | | | Total |
|--------|-------------------|----------------|----------------------------------|------|----|-------|
| | | | Bridge Population | PWID | TG | |
| 1 | Arunachal Pradesh | East Siang | | 1 | | 1 |
| | | Namsai | | 1 | | 1 |
| 2 | Assam | Kamrup Urban | | 1 | | 1 |
| | | Catcher | | 1 | | 1 |
| | | Kamrup Urban | | | 1 | 1 |
| | | Nalbari | | | 1 | 1 |
| | | Goalpara Mines | 1 | | | 1 |
| | | Dhubri | 1 | | | 1 |
| | | | | | | |
| 3 | Bihar | Kaimur | | 1 | | 1 |
| | | Patna | | | 1 | 1 |
| 4 | Chhattisgarh | Bilaspur | | 1 | 1 | 2 |
| | | | | | | |
| 5 | Delhi | Central | 1 | 1 | | 2 |
| | | North West | | 1 | | 1 |
| | | NDMC | | | 1 | 1 |
| | | South East | | | 1 | 1 |
| | | South West | 1 | | | 1 |
| | | | | | | |
| 6 | Gujarat | Surat | 1 | | | 1 |
| | | Bharuch | 1 | | | 1 |
| | | Kutch | 1 | | | 1 |
| 7 | Haryana | Sirsa | | 1 | | 1 |
| | | Kaithal | | 1 | | 1 |
| | | Panipat | 1 | | | 1 |
| | | YamunaNagar | 1 | | | 1 |
| | | | | | | |
| 8 | Himachal Pradesh | Solan | 1 | 1 | | 2 |
| | | Una | 1 | | | 1 |
| 9 | Jammu & Kashmir | Sapora | | 1 | | 1 |
| | | Samba | 1 | | | 1 |
| 10 | Jharkhand | Jamshedpur | 1 | | 1 | 2 |
| | | Dhanbad | 1 | | | 1 |
| | | Bokaro | 1 | | | 1 |
| 11 | Karnataka | Yadgir | | | 1 | 1 |
| | | Bellari | | | 1 | 1 |
| | | Belagavi | 1 | | | 1 |
| 12 | Kerala | Kozhikode | | | 1 | 1 |
| | | | | | | |
| 13 | Madhya Pradesh | Jabalpur | | | 1 | 1 |
| | | Morena | | | 1 | 1 |
| 14 | Maharashtra | Jalgaon | | | 1 | 1 |

| Sr No. | State | District | Typology of OSC (No. of Centres) | | | Total |
|--------------|---------------|--------------------|----------------------------------|-----------|----|-------|
| | | | Bridge Population | PWID | TG | |
| | | Chandrapur | 1 | | | 1 |
| | | Kolhapur | 1 | | | 1 |
| | | Ahmednagar | 1 | | | 1 |
| 15 | Manipur | Imphal West | 1 | | | 1 |
| 16 | Meghalaya | East Jaintia Hills | 1 | | | 1 |
| 17 | Mizoram | Aizwal | | 1 | | 1 |
| 18 | Nagaland | Shamator | | 1 | | 1 |
| 19 | Odisha | Keonjhar | 1 | | | 1 |
| | | Rourkela | 1 | | | 1 |
| | | Jajpur | 1 | | | 1 |
| 20 | Punjab | Fazilika | | | 1 | 1 |
| 21 | Tamil Nadu | Madurai | | | 1 | 1 |
| | | Ariyalur | 1 | | | 1 |
| | | Tiruppur | 1 | | | 1 |
| | | Krishnagiri | 1 | | | 1 |
| 22 | Telangana | Warrangal | 1 | | | 1 |
| 23 | Tripura | West Tripura | | 1 | | 1 |
| | | Sepahijala | | 1 | | 1 |
| | | Dhallai | | 1 | | 1 |
| | | Gomathi | | 1 | | 1 |
| 24 | Uttar Pradesh | Varanasi | | 1 | 1 | 2 |
| | | Meerut | 1 | | 1 | 2 |
| | | Kanpur | 1 | | | 1 |
| | | Moradabad | 1 | | | 1 |
| | | Noida | 1 | | | 1 |
| 25 | West Bengal | Jalpaiguri | | 1 | 1 | 2 |
| | | Murshidabad | | | 1 | 1 |
| | | Howrah | 1 | | | 1 |
| Total | 34 | 20 | 20 | 74 | | |

NATIONAL REVIEW OF OSCS (4TH & 5TH MARCH 2024)

The National Review Meeting on One Stop Centres (OSC's) was conducted under the Chairpersonship of Dr Shobini Rajan, HoD, NACO and Dr. Sai Prasad Bhavsar, DD, NACO on 4th and 5th March 2024 at NACO through Virtual Mode. The objective of the meeting was to review the progress, challenges, and best practices of OSCs catering to specific typologies (BP, PWID, H/TG). Further, to discuss the implementation of Integrated Service Delivery Package for PWUD in selected 9 districts, examine the implications of new National Guidelines for the Bridge Population (BP) on BP OSC's, data validation, coordination with SACS, recommendations and the way forward for FY 2024-25.

Major Achievements and Learnings

- Establishing OSC in remote and difficult terrain was an opportunity to reach the unreached population and contribute directly towards the fast track target of 95:95:95.
- HIV case detection among PWID through the OSC has been high, ranging from 10-18% across five states namely Haryana, Delhi, Assam, Tripura and Mizoram. These critical states requires special focus and intensive interventions.
- Engagement of communities as staff of OSC helped increasing coverage for services.
- OSCs have been able to establish strong linkages with various line departments for availing social protection and entitlement schemes, as a result many beneficiaries were covered under various central and state government schemes. Under this, many state specific schemes were also explored and offered to OSC clients like Free Housing Scheme, etc.

Regular meetings with SACS, community members and OSC staffs, and review at national level has contributed to improved project outcome and impact.

9.3 COMMUNITY SYSTEM STRENGTHENING

NACP Phase V envisages "Keep beneficiary and community in center" of HIV epidemic as one of the key guiding principles. This aims to maximum the benefits to its diverse target population in a friendly ecosystem, offering a basket of tailored integrated services across prevention-detection-treatment spectrum. Further, NACP recognizes the need for community - engaged responses as key to elimination of HIV/AIDS related stigma and discrimination. NACP phase V institutionalizes community engagement and meaningful participation at the most granular level in the form of community system strengthening (CSS).

Under NACP Phase V, National AIDS Control Organisation's vision for Community System Strengthening (CSS) has been to ensure meaningful involvement of Key Populations (KP) and people living with HIV (PLHIV) with focus on strengthening community system interventions to achieve strategic health outcomes. The core component of CSS is to mobilize, link, collaborate and coordinate with all KP, PLHIV including Youth and with the overall health systems.

Under the Global Fund Grant 2021-24 in FY 2022-23, CSS has been implemented with a defined strategy involving concentrated focus on capacity building of community resource pool like Community Master Trainers and Community Champions resulting in strengthening leadership, institutionalization of Community-Led-Monitoring and advocacy, as well as creation of community resource groups at the State and the district level.

Out of the cadre of 100 Master Trainers from the community that were trained under the program in year 2022, 59 Master Trainers participated in the Refresher Training conducted by NACO's sub-recipient HLFPPPT. The training was focused on topics ranging from HIV demand generation to the implementation framework on CLM based on the learnings from the CLM Pilots. These Community Master Trainers have been engaged for the cascade training of community champions, training of TI staff for community sensitization and engagement, social protection schemes and other related topics, as trainers in

Kshamata Kendra as a resource person as well as by development partners for several programs as staff or resource persons.

Under the community championship initiative, a total of 5233 community champions were trained from 34 States/UTs except Odisha (Table 15). Community Championship is a mechanism that is being adopted as a part of the CSS strategy to bring forth community voices, create opportunity across different typologies of key populations, vulnerable groups and PLHIV to engage as per their strengths and create structured engagement processes within the NACP. The trained CCs have been supporting in

identifying the community people and linking them with services including TI, ICTC, and ARTC, instrumental in facilitating organizing health camps for KPs and in community mobilization activities, engaged as positive speakers in training of different cadres under NACP, engaged for linking the community with social entitlement/security services such as TG ID cards, Voter IDs, TG job Cards, House Schemes, Subsidy loans, Health Cards, etc.

Table 18: Details of Community Champions trained in each State/UT(April 2023- March 2024)

| SN | State | Number of Community Champions Trained | | | | | | Total |
|----|---------------------------|---------------------------------------|-----|------|------|-------|----------|-------|
| | | FSW | MSM | H/TG | PWID | PLHIV | KP Youth | |
| 1 | Andhra Pradesh | 25 | 26 | 23 | 6 | 25 | 25 | 130 |
| 2 | Andaman & Nicobar Islands | 2 | 6 | 1 | 1 | 2 | 5 | 17 |
| 3 | Arunachal Pradesh | 18 | 5 | 2 | 24 | 7 | 11 | 67 |
| 4 | Assam | 58 | 48 | 29 | 59 | 48 | 61 | 303 |
| 5 | Bihar | 20 | 16 | 27 | 9 | 34 | 35 | 141 |
| 6 | Chandigarh | 3 | 5 | 3 | 1 | 1 | 1 | 14 |
| 7 | Chhattisgarh | 61 | 52 | 22 | 18 | 63 | 48 | 264 |
| 8 | Delhi | 41 | 25 | 14 | 29 | 17 | 0 | 126 |
| 9 | DNH & DD | 0 | 6 | 4 | 0 | 3 | 6 | 19 |
| 10 | Goa | 5 | 4 | 4 | 4 | 6 | 4 | 27 |
| 11 | Gujarat | 52 | 58 | 29 | 4 | 68 | 49 | 260 |
| 12 | Haryana | 28 | 24 | 11 | 21 | 25 | 17 | 126 |
| 13 | Himachal Pradesh | 28 | 13 | 10 | 14 | 19 | 21 | 105 |
| 14 | Jammu & Kashmir | 11 | 3 | 0 | 30 | 22 | 20 | 86 |
| 15 | Jharkhand | 13 | 5 | 3 | 3 | 13 | 5 | 42 |
| 16 | Karnataka | 62 | 62 | 58 | 4 | 58 | 62 | 306 |
| 17 | Kerala | 28 | 27 | 17 | 12 | 26 | 26 | 136 |
| 18 | Madhya Pradesh | 94 | 110 | 26 | 50 | 82 | 42 | 404 |
| 19 | Maharashtra | 71 | 66 | 52 | 4 | 61 | 62 | 316 |
| 20 | Manipur | 8 | 11 | 5 | 16 | 6 | 14 | 60 |
| 21 | Meghalaya | 17 | 4 | 2 | 14 | 17 | 9 | 63 |

| | | | | | | | | |
|--------------|---------------|-------------|------------|------------|------------|-------------|------------|-------------|
| 22 | Mizoram | 11 | 9 | 2 | 18 | 13 | 12 | 65 |
| 23 | Mumbai | 5 | 4 | 5 | 3 | 4 | 4 | 25 |
| 24 | Nagaland | 17 | 9 | 2 | 19 | 15 | 17 | 79 |
| 25 | Odisha | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 26 | Puducherry | 8 | 8 | 4 | 2 | 7 | 7 | 36 |
| 27 | Punjab | 39 | 37 | 10 | 23 | 8 | 14 | 131 |
| 28 | Rajasthan | 55 | 56 | 33 | 20 | 63 | 63 | 290 |
| 29 | Sikkim | 6 | 3 | 2 | 6 | 2 | 6 | 25 |
| 30 | Tamil Nadu | 74 | 73 | 59 | 19 | 76 | 72 | 373 |
| 31 | Telangana | 77 | 33 | 17 | 3 | 39 | 34 | 203 |
| 32 | Tripura | 15 | 14 | 4 | 16 | 13 | 15 | 77 |
| 33 | Uttar Pradesh | 137 | 126 | 83 | 112 | 124 | 119 | 701 |
| 34 | Uttarakhand | 16 | 8 | 6 | 9 | 9 | 10 | 58 |
| 35 | West Bengal | 9 | 33 | 35 | 15 | 33 | 33 | 158 |
| Total | | 1114 | 989 | 604 | 588 | 1009 | 929 | 5233 |

A document “Community System Strengthening Response in India: A Process Document” was developed with the support of USAID to outline the processes, the roles and responsibilities of the people involved, the tools and resources that have been developed under CSS. The document has been developed with the aim to equip the community, networks, community-based organizations, implementing partners and bilateral partners on the process that are followed and adopted throughout the CSS implementation process.

Lastly, NACO as a support and coordination mechanism for CSS ensured regular meetings for orientation on CSS and monitoring of CSS related activities. The work has involved coordination, providing supportive supervision and monitoring of activities being conducted by CSS implementing partners under GFATM and PEPAR by NACO. While also facilitated meetings for the smooth implementation of activities at the district, state and national level

VIRTUAL INTERVENTION

National AIDS and STD Control Programme Phase V aims to ensure that newer strategies are adopted, piloted, and scaled-up under the programme to respond to the geographic and community specific needs and priorities. Under Goal 1: the focus is to continue and evolve the existing peer-led targeted interventions projects for integrated service provision to our priority population and implement comprehensive strategies that target both traditional and emerging risk behaviours with the primary goal to reduce annual new HIV infections and AIDS related mortalities by 80% by the year 2025 – 26.

India has joined a global trend of rapidly expanding internet access, ushering in age of fast-paced, virtual connections. Online platforms are changing how Indians communicate, increasingly using virtual channels to find partners as well as to build and seek information to maintain communities. Acknowledging the influence of social media among the HRGs specific to HIV epidemic in India, the fifth phase of National AIDS and STD Control Programme has made adaptive efforts in response to the evolving epidemic and network dynamics in reaching the last mile of HIV control goal of the country. Therefore, “Virtual intervention” as a strategy has been adopted to effectively reach groups with higher risk as they transition from, and move between, physical to virtual spaces – populations who are not routinely reached by the national HIV Programme currently.

At present various models of virtual intervention are being implemented in the country to promote HIV and STI related services among at-risk population, which exclusively socialize over virtual platform. However, four such initiatives are recognized by NACP, including Global Fund supported ‘Netreach’, and PEPFAR supported ‘Safe Zindagi’, ‘Project ASPIRE’ and ‘Project Sunshine’.

Under the prevention program, while virtual outreach and service linkage process have also been initiated in target intervention projects across states and union territories, evidence also suggested emergence of uncovered HRGs at new physical and virtual spaces such as SPAs and Massage Parlours or web-based platforms where solicitation takes place. The sex work patterns have undergone a change owing to technology and social media including the dependence on mediators termed Network Operators for client solicitation. Therefore, designing HIV Interventions focusing on these specific key populations was of paramount importance to bridge the gap between this population and the HIV services. Aligned with the above, the “Standard Operating Procedure for reaching the unreached HRGs operating at Spa/ Massage Parlours, through Network Operators and on Web Based Platforms under NACP V” is developed. The document is developed with the aim to implemented strategies to reach out to the unreached high-risk population not covered by traditional Targetted Interventions projects under the programme.

Chapter - 10

Way Forward

WAY FORWARD

The National AIDS and STD Control Programme (NACP) continues to focus on the prevention, testing and treatment cascade to contain the HIV/AIDS epidemic in India. Findings on the progress of prevention activities during financial year 2023-24 suggest a requirement for optimization of existing intervention, adoption of newer strategies and scaling up of interventions to saturate coverage of the target population. The prevention projects (TI projects and LWS) and other initiatives such as Sampurna Suraksha Strategy have been able to reach out to increasing population, yet gaps are still observed with respect to identification and coverage of new HRGs and vulnerable populations who operate virtually or in new physical spaces and do not specifically identify themselves as HRGs or lack any self - risk perception. More attention is required on the following areas:

- **Timely on-boarding of Prevention Projects (TI, LWS, OST):** One of the key strategies for achieving the prevention targets is the timely on-boarding of new Targeted Intervention Projects (TIs), Link Workers Schemes (LWS) and Opioid Substitution Therapy (OST) units to provide prevention services in the emerging and newer pockets as identified during the Annual Action Plan (AAP) Exercise and through evidence from the Programmatic Mapping and Population Size Estimation. Based on the AAP targets, the number of interventions including the sub-DICs and satellite centres to be scaled up in a timely manner to cater to the new and unreached population with the objective to achieve saturation in coverage with prevention services. Early containment of the HIV/AIDS epidemic is dependent on the early completion of this important activity amongst other factors at the start of each financial year.
- **Interventions in Spa and Massage Parlours:** Newer strategies such as the Spa and massage parlour interventions play a key role in expanding coverage to reduce risks and vulnerability to HIV and STIs in erstwhile non-traditional settings such as the hospitality sector. It is understood that due to a lack of proper regulation, many spa and massage parlours have become a hub for high-risk sexual activities and exchange of sex for payment. Learnings from the initial Spa and massage parlour interventions should be leveraged to increase identification and testing for HIV and STIs, adoption of new strategies for outreach and delivery of comprehensive prevention testing and treatment services in similar settings across the country.
- **Increase coverage of PWID on OST:** Evidence has shown that Opioid Substitution Therapy is one of the most effective HIV prevention strategy among PWIDs by removing the need for injecting, thereby reducing HIV transmissions through sharing of contaminated needle and syringes and bringing the PWID closer to the health system for testing and treatment for other co-morbidities. The benefits of OST also include improved adherence to ART, and TB treatment whilst addressing the underlying psychological and socio-economic issues that contribute to drug use. Focus should

be given to increasing the demand, the accessibility and enrolment on OST as one of the key strategies for interventions among the PWIDs and their spouses and partners.

- **Clinical services with specific reference to STI treatment, Syphilis screening and treatment:** The occurrence of STIs accounts for exposure to sexual risk and unsafe sex among the HRG population and may indicate higher than average risk to HIV. Bi-annual HIV and Syphilis screening for all HRGs, STI syndromic management during regular medical check-ups and partner notification will continue to be a mainstay of the prevention program for early detection and treatment. Under NACP Phase V, the revised Technical Guidelines for STI/RTI Treatment has been developed and to strengthen the prevention activities. Capacity building of the facility staff on the new Technical Guidelines for STI/RTI Treatment, provision of dual test kits, etc., will play a key role in reducing the new infections and ensuring reach to the last mile.
- **Increase data entry of TI, LWS and OST in SOCH:** SOCH (Strengthening Overall Care for HIV beneficiaries) has been designed to create a beneficiary-centric web and mobile based system, to track and record, beneficiary service and inventory transactions in the National HIV program to improve service delivery and beneficiary health outcome. The system has been designed to capture service delivery and health outcome pertaining to individual beneficiaries throughout the HIV continuum. Priority focus should be given to increasing the data entry in SOCH by the TI, LWS and OST facilities to enable individual tracking and monitoring across the prevention and treatment cascade and optimising the SOCH system for HIV beneficiaries
- **Risk assessment of population in Bridge Population TIs:** The Revised Bridge Population Guidelines lay emphasis on revision of definitions of bridge populations to be catered to with HIV and STI services, strategic components of interventions, identification of new intervention sites, outreach strategies, risk assessments, health camps and inclusion of spouse and partner testing in the package of services. The strategy is aimed at reaching the bridge populations with a comprehensive package of services covering the entire spectrum of prevention, testing, treatment and care cascade. The

expanded coverage targets will include transport workers including short and long-distance transport workers, and intra and inter-state/district migrants followed by other vulnerable populations who may be engaged in high risk behaviour. Under the revised strategy, the risk assessment tool will include history of mobility, knowledge of HIV status, sexual and injecting practices and reported history of STI/ART linkages for bridge and other vulnerable populations.

- **Strengthening Prison and Other Closed Setting interventions:** Inmates of Prison and Closed Settings constitute as a considerable risk population for HIV and STI transmission. The P & OCS intervention has been designed to address the high risk of infections due to overcrowding, high risk behaviors and limited access to healthcare. The program provides comprehensive services including HIV screening and counseling, screening and treatment for tuberculosis, sexually transmitted infections (STIs), and Hepatitis B and C, provision of Antiretroviral Therapy (ART) along with health education activities ensuring a holistic approach to inmate health and reducing the burden of communicable diseases within these high-risk environments. Additionally, referrals are made for continued care post-release. Based on the learnings from the successful ISHTH (Integrated STI, HIV, TB, Hepatitis campaign), the guidelines for Management of Integrated Interventions for STIs, HIV, TB and Hepatitis in Prison and other Closed Settings has been developed to further strengthen the prevention efforts under NACP among these populations.
- **Build the capacity of TI/LWS project staffs through Kshamta Kendra:** The quality and achievement of the prevention program is directly affected by the capacity of the facility level staffs in the performance of their duties. Staff turnovers also hamper the consistency in performance at the facility level. To address these gaps, under the NACP Phase V, 19 Kshamta Kendra (KKs) Regional Training Institutes have been established to cover all the States/UTs with the support of the Global Fund Grant (2021-24). The primary role of Kshamta Kendras is to develop a cadre of Master trainers, develop Training modules and roll out the down training of all facility staffs in close coordination with SACS. Positioning of these Kshamta Kendras have been made taking into consideration

the individual and regional training loads. The TI training modules have also been revised in light of revamped strategy and newer initiatives under NACP Phase V These trainings should be planned and executed in a timely manner to improve the

- performance of TI/LWS program Apart from above, the newer initiatives under Global

Fund Grant are expected to supplement the overall prevention activities under NACP. Therefore, the progress of all Global Fund Grant supported activities to be reviewed and strengthened to augment to the overall prevention initiatives under NACP.

10.1 KNOWLEDGE PRODUCTS DEVELOPED DURING FY 2023-24

- Operational Guidelines on HIV/STI/TB and Hepatitis Intervention in Prison & Other Closed Settings. Available at: <https://naco.gov.in/sites/default/files/Operational%20Guidelines%2026.09.2023%20%281%29.pdf>
- Strategy Document on Prisons & Other Closed Settings Intervention. Available at <https://naco.gov.in/sites/default/files/Strategy%20Document%2027.09.23.pdf>
- Training Module for Medical Officers and Paramedics of Prisons & Other Closed Settings. Available at <https://naco.gov.in/sites/default/files/Training%20Module%203.08.23.pdf>
- Standard Operating Procedure for reaching out to At-Risk Population for Screening/Testing and Linkages to Treatment of (STI, HIV, TB & Hepatitis B & C) through Hybrid Outreach Approach.
- Guidelines for Interventions among Bridge Population under NACP. Available at. <https://naco.gov.in/sites/default/files/Bridge%20revised%20OOC%20final%20version%20website.pdf>
- Guidance Document- Integrated Package of Services for People Who Use Drugs: A joint approach of MoSJE & MoHFW
- Standard Operating Procedure for Providing Integrated Package of Services for People Who Use Drugs: A Pilot initiative of MoHFW and MoSJE
- Guidance document for conducting Six monthly appraisal of Targeted Intervention (TI) Projects under NACP"
- Standard Operating Procedures for reaching out to the Unreached HRGs Operating at SPA/ Massage Parlours, through Network Operators and at Web-Based Platforms under NACP. Available at https://naco.gov.in/sites/default/files/SoP%20for%20reaching%20the%20unreached%20HRGs%20operating%20at%20Spa_through%20Network%20Operators_at%20web%20based%20platforms%20under%20NACP_0.pdf
- Dry Ration Distribution to Sex Workers During COVID -19 Pandemic –Process Documentation Report 2023. Available at https://www.undp.org/sites/g/files/zskgke326/files/2023-09/dry_ration_final_report_revised_ti_division_16092023.pdf
- Guidance Document for conducting External Evaluation of TI and LWS through Tata Institute of Social Science (TISS) & Regional Institute of Capacity Building and Evaluation (RICE) in States under NACP.
- Guidelines for Organising Integrated STI, HIV, TB and Hepatitis Campaign in Prisons & Other Closed Settings, Drug Rehabilitation Centers and Juvenile Homes.
- Community System Strengthening Response in India under the National AIDS and STD Control Programme, Phase-V,2024 . Available at https://naco.gov.in/sites/default/files/Community%20System%20Strengthening%20Response%20in%20India_A%20Process%20Document_0.pdf

10.2 GLIMPSES OF MAJOR ACTIVITIES UNDERTAKEN DURING FY 2023-24

1- Technical Resource Groups Meetings



TRG meeting for Interventions among H/TG under NACP V



TRG Meeting for Intervention among MSM under NACP V

2- Meeting of National Working Group on Prison & Other Closed Settings interventions



3- National Review meeting of Prevention Program held in Mumbai



4. National consultation on “SOP for reaching the unreachable at SPA & Massage Parlours, through Network Operators and on Web-based platforms”



5. Release of Guidance Document on Integrated Package of Services for People Who Use Drugs by AS & DG, NACO and JS, MoSJE



6. Release of Operational Guidelines for Bridge Population



7. ToT on the Guidelines for Intervention among Bridge and Other Vulnerable Populations



8. National meeting to review the progress of Kshamta Kendra



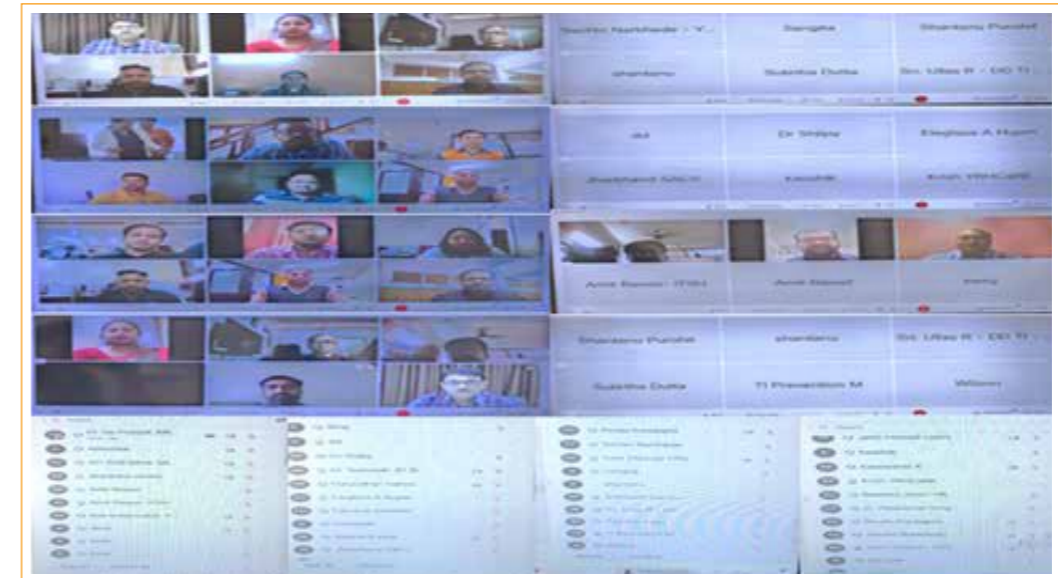
10. Integrated STI, HIV, TB, and Hepatitis Campaign in Prison and Other Closed Settings



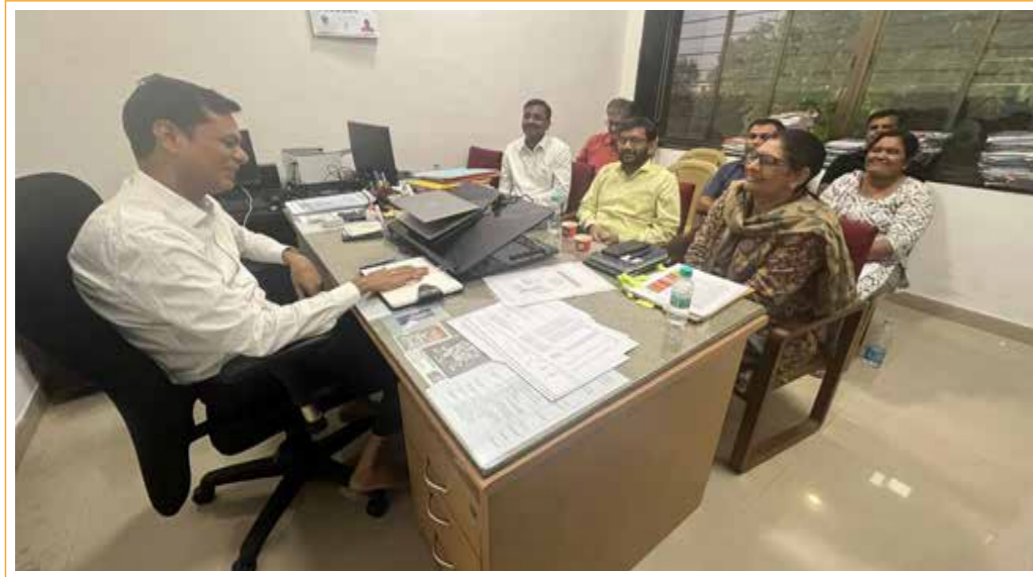
9. National Dissemination of ISHTH Campaign and Review Meeting of Prison and Other Closed Settings Interventions



11. National meeting to review the progress of One Stop Centers



12. Field visit by Dr. Shobini Rajan, CMO (SAG), to Gujarat, Daman & Diu, and Uttar Pradesh



14. CLM Meeting in Bangkok



13. NACO officials at the ToT conducted on Mapping of Clients of Sex Workers and virtual populations.



15. National Consultation on the Development of Community-LED Monitoring Implementation Framework under CSS



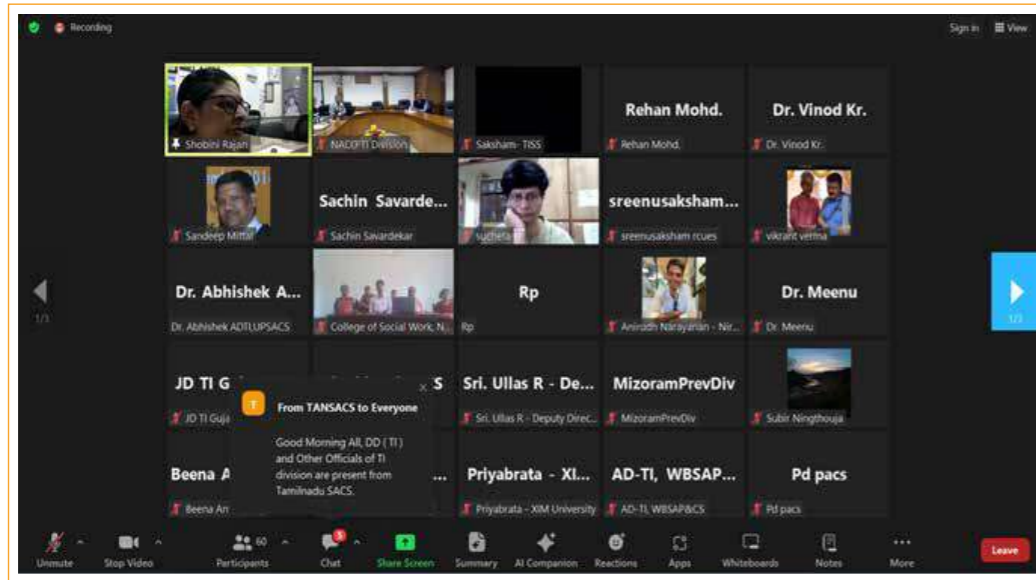
16. Sensitization Workshop to enhance partnerships between Law Enforcement Agency and Public Health in the Context of Drug Use and HIV



17. Field visit by Dr. Shobini Rajan, (CMO-SAG), NACO to Bihar



18.18-Review meeting of the TI/LWS Evaluation activities under Saksham Pramaan Project



REFERENCES & SUGGESTED READINGS

1. National AIDS Control Organisation (2023): Sankalak: Status of National AIDS and STD Response (Fifth edition, 2023), New Delhi, NACO , Ministry of Health and Family Welfare, Government of India
2. National AIDS Control Organisation (2023): Prevention Progress Update 2022-2023, New Delhi, NACO Ministry of Health and Family Welfare, Government of India
3. National AIDS Control Organization (2022). Strategy Document: National AIDS and STD Control Programme (2021-26), New Delhi: NACO, Ministry of Health and Family Welfare, Government of India
4. Sampoorna Suraksha Strategy (2022): A new 'Immersion Learning Model' to reach to the Population " At Risk" for HIV and STIs, Guidance Note, February 2022

19. Release of SoP for reaching out to the unreached HRGs operating at Spa/Massage Parlours, through Network Operators and at Web-Based Platforms under NACP and Process Document on Community System Strengthening Response in India





National AIDS Control Organisation
India's response to HIV & Sexually Transmitted Infections
Ministry of Health & Family Welfare, Government of India
www.naco.gov.in