

## **Tripura State AIDS Control Society**

National AIDS Control Programme under the Ministry of Health and Family Welfare is being implemented in India through 37 HIV/AIDS Prevention and Control Societies. As the epidemic spread, need was felt for a Nationwide programme and an organization to steer the programme. In 1992 India's first National AIDS Control Programme (1992-1999) was launched, and National AIDS Control Organization (NACO) was constituted to implement the programme. In 1986, following the detection of the first AIDS case in the country, the National AIDS Committee was constituted in the Ministry of Health and Family Welfare.

A National Council on AIDS chaired by the Prime Minister and consisting of 31 ministries, seven Chief Ministers, civil society representatives, positive people's network and private sector organizations was constituted with the following objectives:

- To mainstream HIV/AIDS issues in all ministries and departments by considering it as a development challenge and not merely a public health problem.
- To provide leadership to mount multi-sectoral response to combat HIV/AIDS in the country with special reference to youth, women and the workforce (estimated number of pregnant women in 2017-18 is 87491).

**The followings are the main components of HIV/AIDS Control Programme:**

### **A. National AIDS Control Programme (NACP)**

#### **I. Targeted Intervention:**

##### **Objective of the component**

Targeted Intervention (TI) is one of the major sub-components under 'Prevention' component of the National AIDS Control Programme (NACP) –IV. As the overall goals of the NACP –IV to reduce new infections by 50 % (2007 base line of NACP-III) and comprehensive care, support and treatment to all persons living with HIV/AIDS; therefore, highest priority has been given to cover the sub-populations that have the highest risk of exposure to HIV through intervention programmes. This High-Risk Group (HRG) includes Female Sex Workers (FSWs), Injecting Drug Users (IDUs) and Man Having Sex with Man (MSMs). Also high priority in intervention programme is accorded to Migrant Labourers (ML) and long-distance Truckers.

As on 31<sup>st</sup> March, 2018, total 14 TI projects are running across the Tripura State out of which 11 are among HRGs (8 exclusive FSWs, 1 Core Composite MSM & FSW, 2 exclusive IDUs) and 3 among Destination Migrants.

The Tripura State AIDS Control Society has given priority for ensuring coverage of all available hot-spots of HRGs through TI projects. Tripura plays an important role in HIV epidemic in case of FSWs and IDUs. Recent upsurge in economic activities in north-eastern States has drawn a lot of consideration in terms of movement of truckers and migrants through the State.

Based on the epidemiological importance, National AIDS Control Organisation (NACO) in consultation with the Tripura SACS has carried out participatory size estimation/site assessment for saturation of all active High Risk Groups and hot spots. Development of micro plans has been conducted by all TI projects. All project staff, inclusive of peer educators has been trained.

## **Selection and Role of TI NGOS-**

The aim of NGO collaboration is to educate the vulnerable groups engaging in high risk behaviour and to promote safe sex practices. Tripura State AIDS Control Society (TSACS) encourages area and population-specific intervention programmes through the NGOs followed by the selection criteria laid down by National AIDS Control Organisation (NACO), Govt. of India, and New Delhi. Tripura SACS supports and links up with many NGOs to create awareness, provide proper counselling, and promote safe sex, care and treatment - seeking for HIV / AIDS cases. Broadly there are two types of organisations which are supported by Tripura SACS. The first group comprises NGOs / CBOs who undertake intervention projects. The second group includes organisations of People Living with HIV/AIDS, with a focus on activities related to care support and treatment.

As part of its policy of transparency, Tripura SACS places advertisements in newspapers inviting application from NGOs. The selection of NGOs involves three stages:

1. Scrutiny of the proposal by the Technical Advisory Committee (TAC).
2. A pre-sanction Field inspection by the Joint Appraisal Team (JAT).
3. Approval by the Executive Committee.

All proposals from NGOs are appraised by the Technical Advisory Committee (TAC), comprised of one member from and two members from TSACS (AD – TI & Procurement I/c). Proposals recommended by the TAC are inspected by Joint Appraisal Team (JAT) who makes field visits to verify the working of the NGO, their capability and the community's perception of the NGO. After field inspection, the proposals along with the field inspection reports are presented to the Technical Advisory Committee of Tripura SACS. Based on the inspection reports & recommendation of the TAC, Executive Committee (EC), Tripura SACS make necessary approval.

Tripura SACS periodically inspects the NGOs to monitor the progress made. Intervention programmes are aimed at promoting safe behaviour by providing vulnerable and marginalised groups with access to condoms, counselling and STD treatment services. The groups identified for intervention programmes are mainly 'People at Risk', eg. Truck Drivers, Female Sex Workers (FSW), Migrant Labour (ML), Man having Sex with Man (MSM), Injecting Drug Users (IDU), industrial workers, hotel and lodge workers, domestic helper, students, street children etc. Tripura SACS has developed working relationships with NGOs to ensure that the HIV/AIDS situation is properly and adequately addressed in the appropriate manner.

Through NGOs, Tripura SACS provides support for the following activities:

- i. Behaviour change communication(BCC)
- ii. Counselling
- iii. Services to prevent STD/STI (Sexually Transmitted Diseases/ Sexually Transmitted Infection) and treatment as well.
- iv. ICTC Services (Integrated Counselling & Testing Centre) to know HIV infection status and provide necessary care, support and treatment, etc.).
- v. Commodities services (Condom, Lubes & Needle / Syringe) for safe practices as a part of 'Harm Reduction'.
- vi. Home care for people living with AIDS

The continuous efforts in improving awareness levels and regular advocacy have created an environment for Community Members & PLHA ( People Living with HIV/AIDS) as well as to come out in the open to disclose their status and united to form an organisation to empowered themselves and address social stigma discrimination etc with the help of Tripura SACS.

Name of NGO	Typology	District covered
Sanghadip	FSW	North & Unakoti (Dharmanagar & Kumarghat Sub div.)
Prabaha Dhalai	FSW	Dhalai Dist
Village Development Team	FSW	West & Sipahijala District including Agartala AMC
Village Development Team	MSM	West, Sipahijala & Khowai District including Agartala AMC
Hambai Club	FSW	Khowai & West
Udaipur Bignan O Sanskriti Mancha	FSW	Gomati District (Udaipur & Amarpur Sub-Division)
Udaipur Bignan O Sanskriti Mancha	FSW	South District (Shantirbazar Sub-Division)
Dishari	FSW	South (Belonia NP, Hrishaymukh & Rajnagar Block)
Voluntary Social Development Organisation	FSW	South (Sabroom Sub div.)
St Vincent Welfare Society	IDU	Dhalai & Unakoti Dist
Socio Economic welfare Society	IDU	North District
Teresa Social welfare Organisation	FSW & MSM	Dharmanagar & Kanchanpur Sub-Division
Prabaha Dhalai	Destination Migrant	Dhalai Dist
Narikalyan Samity	Destination Migrant	Gomati Dist
Organisation For Rural Survival	Destination Migrant	South Dist
	Employer Lead Migrants	North & Unakoti

### **Link Workers Scheme**

**Goal:-** To reverse the HIV/ AIDS epidemic in rural parts of the country by –preventing new infections in high risk groups & vulnerable populations and linking persons living with HIV/AIDS to receive care and treatment,

Young people i.e. FSW, MSM, IDU & partners / spouses of migrants, mobile population, young girls/women, persons infected and affected by HIV, particularly in the context of stigma and discrimination and their linkage to care, support and treatment are vulnerable. These sub- populations of 200 remote villages (100 villages of each district) are being addressed by 2 Link Worker Scheme (LWS) in the State i.e. undivided North Tripura District from 2009 & West Tripura district from 2010 (based on District mapping of rural areas).

### **Opioid Substitution Therapy (OST):-**

Three(3) OST centres are functioning in the State i.e.1 centre for North Dist & 2 centers for Unakoti Dist in the State through Public Health facilities i.e. Kumarghat Rural Hospital, Unakoti Dist, RGM Hospital, Kailashahar, Unakoti & Jampui PHC, North Dist. to provide Oral Substitute Therapy for Injecting Drug Users. Another OST Centre at Damcharra PHC, North district is ready to be commissioned shortly due to the recent surge in identification of new HIV cases among IDUs.

<b>Year</b>	<b>Total Number of Blood Samples screened</b>		<b>Total number of new PLHIVs detected</b>		
	<b>State</b>	<b>North</b>	<b>State</b>	<b>North (All)</b>	<b>North (IDUs)</b>
<b>2014-15</b>	82442	7971	264	51	0
<b>2015-16</b>	102089	12588	293	54	11
<b>2016-17</b>	127201	13531	321	86	31
<b>2017-18</b>	134715	11791	306	105	28

Injecting drug use (IDU) is recognised as an important mode of transmission of HIV in India and elsewhere. Sharing of needles/syringes and other injecting paraphernalia among IDUs is as resulting high positivity rate in the country. In addition, HIV spreads from the IDUs to their female sexual partners, leading to spread of HIV to the general population. To address this issue, National AIDS Control Organisation (NACO) has adopted 'Harm Reduction' as a strategy to prevent HIV among IDUs.

OST involves substitution of illicit, unsafe opioid drugs which may be taken through injecting route with licit psychotropic drugs which has similar properties as that of the injection opioid but taken with a safer route. The medicine is prescribed by a doctor and administered under the supervision of a trained health-care staff in such doses that the opioid dependent IDUs would not have craving or withdrawals. As the medicine takes care of the drug hunger, IDUs stop or reduce injecting drugs, leading to decreased risk of transmission of HIV and other blood borne viruses.

## **II. Blood Transfusion Services:**

### **Introduction:**

Blood transfusion services play a vital role in the Health care delivery system. The Blood Safety program of National AIDS Control Program is targeting Low Risk population by providing adequate and safe Blood for those who seek Blood Transfusion Services in Hospitals / First Referral Units (FRUs) functioning in the State. Tripura State AIDS Control Society aims to ensure easily accessible and adequate supply of safe and quality Blood & Blood components from a voluntary non-remunerated regular Blood donor in well-equipped premises, which is free from Transfusion Transmitted Infections (TTI), and is stored and transported under optimum conditions.

Tripura State AIDS Control Society aims to reduce transmission of HIV infection through Blood and Blood products by reducing the Sero-reactive rates among the Blood donors. All the Blood Units collected in the Blood Banks are mandatorily tested for 5 TTI markers namely HIV (I & II), HBV, HCV, Malaria, and Syphilis as per the rules laid down in the Drugs and Cosmetics Act 1940.

Tripura State Blood Transfusion Council was formed on 04-07-1996 as per direction of honorable Supreme Court, with the vision to setup a well organized blood transfusion service in our state as per the National Blood Policy.

### **Role and Functions of State Blood Transfusion Councils (SBTCs):**

**The State Blood Transfusion Council** is a society registered under the Societies registration Act. The SBTC should be a representative body having in it representation from the Directorate of Health Services in the state, State Drug Controller, Department of Finance of the State/UT, Indian Red Cross Society, private blood banks, NGO active in the field of securing voluntary blood donations. The Secretary to the Government in-charge of Department of Health would be the president of the SBTC. The SBTC will be responsible for overall implementation, within individual state/UT, all policy decisions for the BTS taken by the NBTC, within the parameters of the NBP and as detailed in the Action Plan for blood safety. This encompasses:

1. Organising the BTS in their state /UT into a network of RBTC, BB and BSCs with participation from government, private, IRCS and other NGO run blood centres with SBTC monitoring their functioning.
2. Developing a structured donor recruitment and retention programme for the state including IEC campaigns for youth, to generate voluntary non-remunerated blood donors and phase out replacement donors.
3. Implementing a mechanism to recognise the services of regular voluntary donors and donor organisers.
4. Developing a comprehensive quality management system for the BTS in the state including EQAS/ accreditation.
5. Providing adequate facilities for transporting blood and blood products including cold chain maintenance and ensuring appropriate management of blood supply.
6. Organise in-service training programme for all category of personnel working in the BTS including drug inspectors and other officers from regulatory agencies. Create a separate cadre for the blood transfusion services in the state to retain suitably trained medical and paramedical personnel in the field and improve their career prospects and opportunities for promotion.
7. Make a corpus of funds available to facilitate research in transfusion medicine and technology related to blood banking.
8. Ensuring adherence to bio safety guidelines and disposal of bio hazardous waste as per the provisions of the existing guidelines/rules.

### **Role of National AIDS Control Organization:**

1. Operate Blood Safety programme as an integral component of NACP through technical, financial and administrative support.
2. Establish National Blood Transfusion Council.
3. Support funding of NBTC and facilitate its functioning as the apex policy making and implementation body.
4. Provide funds for NBTC and SBTC.
5. Provide support to TRG for best practices in the BTS.
6. Provide funds for training program in the area of blood transfusion to different functionaries.

### **Role of AIDS Control Society:**

1. Operate Blood Safety programme as an integral component of NACP through technical, financial and administrative support.
2. To establish SBTC.
3. Support funding of SBTC and facilitate its functioning as per the role assigned to it by NBTC for implementation of the action plan in the state.
4. Ensure that the policies laid down by NBTC are followed.
5. Supply of consumable item Blood Bank, Reagents kits etc to NACO supported Blood Bank.

### **III. Information, Education and Communication (IEC)**

**Information, Education & Communication:** The focus of IEC activities has been on promoting safe behaviours, reduction of HIV stigma and discrimination, demand generation for HIV/AIDS services, and condom promotion. Mass media campaigns were synergised with other outreach activities and mid-media activities. Adolescence Education Programme is being implemented in States covering 400 schools. Red Ribbon Clubs are functional in 24 colleges throughout the State. The Red Ribbon Express project, the biggest of its kind in the world, has become a model for such campaigns in the FY 2013-14. In its third phase, the project covered 3 AIR stations in the State reaching out to about 20 Lakhs people and training over 1110 stakeholders. Over 1 Lakh persons were counselled and tested for HIV. Mobilization of political leaders and enormous support of State Governments and district administrations have been the keys to the success of this project.

**Mainstreaming:** Mainstreaming facilitates the expansion of key HIV/AIDS services through integration with health systems of various stakeholders and designs policies, programmes and schemes to support social protection needs of PLHIV and HRG. Initiatives are being taken for strengthening convergence of NACP.

#### **Major Achievements in awareness generation and Information, Education & Communication (IEC) related activities:**

- **300 nos. of youth group and other stakeholders** have been sensitized on HIV/AIDS at Damcherra & Jampui Hills, North Tripura.
- **22 nos. of Red Ribbon Clubs (RRC)** have been functional in the University/College/Institutions throughout the State.
- **810 nos. of Nursing Students and Faculty** have been sensitized on HIV/AIDS.
- Promotion of positive message on HIV/AIDS via **Talk Shows in All India Radio** (Agartala, Kailashahar, Belonia).

- Positive message on HIV/AIDS was promoted via **Talk Shows & Jingles through 27 nos. of electronic channels** in the FY 2017-18.
- 320 nos. of Mid Media (**Street Drama & Puppet Show**) activities are being conducted through out the State.
- Sensitization Programme on HIV/AIDS & IDU with **Law Enforcement Agencies** at Dharmanagar, North Tripura.
- 650 nos. of School/College Students have been sensitized on HIV/AIDS under Adolescence Education Programme and Red Ribbon Club programme.

#### • **IV. Integrated Counselling & Testing:**

- An Integrated Counselling and Testing Centre is a place where a person is counselled and tested for HIV, on his own free will or advised by a medical provider. The main functions of an ICTC are - Early detection of HIV, basic information on modes of transmission and prevention of HIV/AIDS, Link people with other HIV prevention, care and treatment services.
- In our State there are 22 nos. Stand Alone ICT Centres and 85 nos. FICTC (Facility Integrated ICTC), and 2 PPP ICTCs and 1 Mobile ICTC are functioning throughout the State.
- These 85 nos. ICT Centres are functioning in 8 district of our State.

District wise Breakup of Stand Alone ICT Centres is as follows:

Name of the District	No. of Stand Alone ICT Centres	Name of the District	No. of Stand Alone ICT Centres
West	3	Gomoti	2
Sipahijala	3	South	3
Khowai	2	Unokoti	1
North	4	Dhalai	4
<b>State Total</b>		<b>22</b>	

#### **V. Sexually Transmitted Diseases (STD):**

STD Clinics are meant for syndromic management of Sexually Transmitted Infection (STI)/Reproductive Tract Infection (RTI) for syndromic treatment and control and management, as persons suffering from STI/RTI are more vulnerable to acquire and transmit of HIV among the population. So, STD Clinics are established for prevention and treatment of STI/RTI to control the spread of HIV. For the above stated purpose, at present total 18nos STD Clinics are established in 8(eight ) districts of Tripura which are as follows:

In all the STI clinics, STI/RTI diseases like Gonorrhoea, Chlamydia, Syphilis, Chancroid, Lympho Granuloma Venereum, Herpes Simplex, Vaginal Discharge, Cervical Discharge, Pelvic Inflammatory Diseases (PID), Inguinal Bubo (IB), Scrotal Swelling etc. are syndromically diagnosed and syndromically treated with STI/RTI Drugs freely supplied by Government.

#### **VI. Care, Support and Treatment:**

The Care, Support and Treatment (CST) needs of HIV positive people vary with the stage of the infection. The HIV infected person remains asymptomatic for the initial few years; it manifests by six to eight years. As immunity falls over time the person becomes susceptible to various opportunistic infections (OIs). At this stage, medical treatment and psycho-social support is needed. Access to prompt diagnosis and treatment of Opportunistic infection ensures that PLHAs live longer and have a better quality of life.

Under NACP-II & III, focus was given on low-cost care, support and treatment of common opportunistic infection. Apart from further improving the availability, accessibility and affordability of ART treatment to the poor and also plans to strengthen family and community care through psycho-social support to the individuals, more particularly to the marginalised women and children affected by the epidemic, improve compliance of the prescribed ART regimen, and address stigma and discrimination associated with the epidemic.

To achieve this objective, Tripura State AIDS Control Society along with 1(one) nos. of Anti Retroviral Treatment (ART) Plus Centre which is present at AGMC & GBP Hospital, Agartala, 2 nos. of Facility Integrated (FI) -ART center viz. District Hospital North (Dharmanagar) & Dhalai District Hospital and 3 nos. of Link ART (LA) Centre among them one is at District Hospital Gomoti, 2nd one is at District Hospital Unokoti (RGM) Hospital and rest one is at Sabroom S.D Hospital, South District and also 1 nos. of Community Support Centre (CSC) namely Anandalok CSC, works together to provide counseling for drug adherence, nutritional needs, treatment support, referral and outreach for follow up, social support and legal services.

Tripura State AIDS Control Society aims to Reduce sexual transmission of HIV, Reduce transmission of HIV among people who inject drugs, Estimate new HIV infection among children and substantially reduce AIDS related maternal death, Reach positive people living with lifesaving antiretroviral treatment, Reduce tuberculosis death in people living with HIV, Eliminate gender inequalities and gender base abuse and violence and increase the capacity of women and girls to protect themselves from HIV, Eliminate stigma and discrimination against people living with HIV/AIDS etc.

Proposed new treatment target in NACP-IV is 90:90:90 which are 90 % of the general people will be tested, among them 90 % of positive clients will bring on treatment and among them 90 % will be virally suppressed. Expected Outcome At least 73% of all people living with HIV worldwide will be virally suppressed – a two- to three-fold increase over current rough estimates of viral suppression. Modeling suggests that achieving these targets by 2020 will enable the world to end the AIDS epidemic by 2030, which in turn will generate profound health and economic benefits and Tripura State AIDS Control Society will also work accordingly.

## **VII. STRATEGIC INFORMATION MANAGEMENT UNIT:**

The Strategic Information Management Unit (SIMU) comprises four divisions: Monitoring & Evaluation Division, Research Division, Surveillance & Epidemiology Division and Data Analysis & Dissemination Unit. In our State, only M&E Division is responsible for SIMU. The division generates and manages crucial information on the entire spectrum of the HIV epidemic and its control including HIV vulnerabilities and risk behaviours, levels, trends and patterns of spread of HIV and factors contributing to it, disease progression, treatment requirements and regimens, planning and implementing interventions, monitoring service delivery and tracking beneficiaries, effectiveness and impact of interventions. Another key function of SIMU is to promote data use for policymaking, programme planning, implementation and review at national, State, district and reporting unit levels.

### **Key activities undertaken by Monitoring and Evaluation (M&E) division include:**

- i. Managing Strategic Information Management System (SIMS) for monthly reporting from programme units, training programme personnel in its use, troubleshooting and mentoring.
- ii. Monitoring programme performance across the state through SIMS/CMIS and providing feedback to concerned programme divisions and SACS.
- iii. Monitoring & ensuring data quality, timeliness and completeness of reporting from programme units data management, analysis and publications.
- iv. Processing data requests and data sharing.



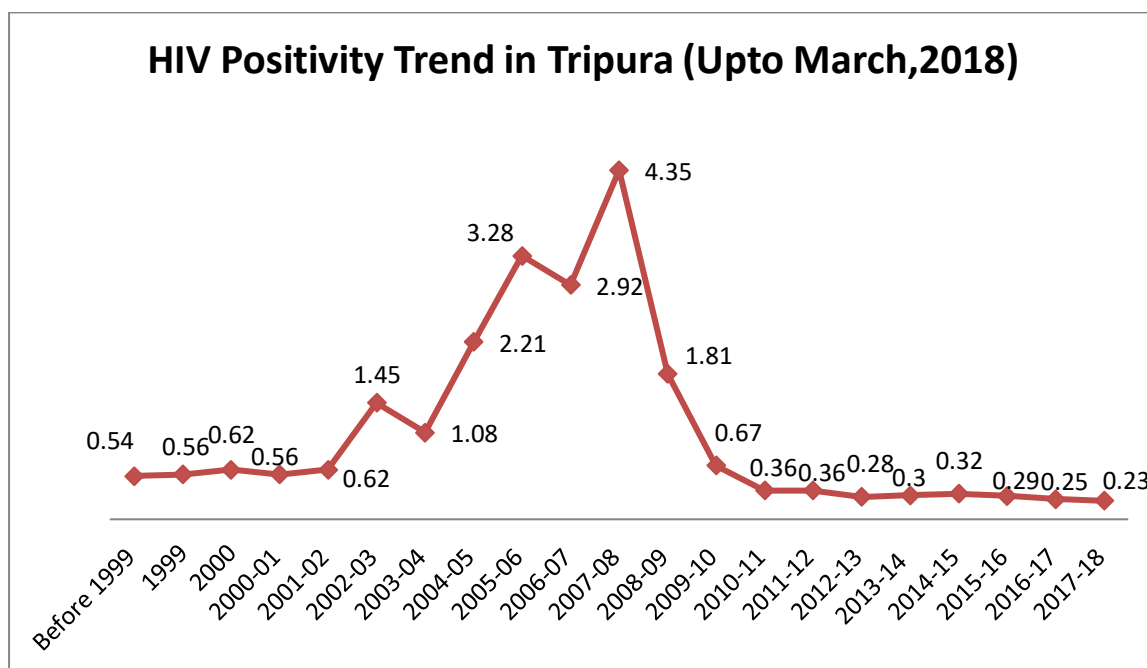
- v. Capacity building in strategic information areas.
- vi. Preparation of Programme Status Notes and Reports (Annual Report, Monthly report for NACO and State Government, etc.)
- vii. Providing Data for National/State level documents

**Strategic Information Management System:**

Strategic Information Management System (SIMS) is a web-based integrated monitoring and evaluation system that allows capture of the data directly from various levels such as reporting units, districts, and States, and enables it to be viewed anywhere on a real time basis. It undertakes automatic aggregation of key indicators that can be reviewed through standard and customised reports at any level. It enhances the efficiency of the computerised M&E system by ensuring adequate data quality through centrally validated data. It can be integrated with all other data bases such as Surveillance, PLHIV database, other survey data etc. It enables capture of individual level information from Counselling and testing centres and ART centres, with all security measures to ensure data confidentiality of personal information. It is modular, expandable & scalable with slice & dice capabilities. SIMS also provides tools for better decision-making through data triangulation from different sources and thereby facilitates ease of evaluation, monitoring and taking policy decisions at strategic or tactical levels.

Total 22 Integrated Counselling & Testing Centres, 85 Facility Integrated Counselling & Testing Centres, 18 Designated STI/RTI Clinics, 6 Blood Banks, & 14 Targeted Intervention NGOs are registered in SIMS throughout Tripura. Online reporting system has been rolled out in our state likewise the whole country. We have trained almost 100 participants for online reporting in SIMS. Amongst them, around 50 nos of HMIS Assistants of NHM have been trained from different PHC/CHCs where the FICTCs are functional for online SIMS reporting. As a result, the SIMS reporting of ICTC & FICTC have been increased to 100% and 75%, respectively in the FY 2016-17. In the FY 2017-18, SIMS Reporting percentage of ICTC & FICTC has been increased to 100% and 77% respectively.

Like First Annual Report of Tripura SACS for the FY 2012-13, the 2<sup>nd</sup> and 3<sup>rd</sup> Annual Report of TSACS was also released by the honourable Principal Secretary, Health. Now since 2016-17 to 2017-18 the soft copy of Annual Report has been prepared and approved by Higher Authority.



## Physical Achievement of Tripura State AIDS Control Society for the FY 2017-18:

### Targeted Intervention:

Indicators	Typology as defined by NACO			
	FSW	MSM	IDU	Migrant
Clinic Access	16266	701	1615	10116
Syphilis Screening	7839	334	548	2027
Syphilis Reactive	3	1	0	1
STI Treated	408	1	0	194
ICTC Tested	9086	344	694	5519
No of positive	8	2	24	8
Linked to ART	9	2	17	7
Condom Distribution/	1650775	40771	86653	81715
N/S Distribution (Demand Vs Distribution)			395833	
N/S Return			72240	

### Blood Safety:

Sub-component	Target of 2015-16	Achievement of 2015-16	Target of 2016-17	Achievement of 2016-17	Achievement of 2017-18
Blood Donation Camps	330	742	330	831	489
Blood Collection	32000	28084	33000	28610	27574
% of voluntary Blood Collection	100%	27101Units (96.5%)		27161 (94.93%)	22833 (82.80%)

### Information Education & Communication:

Activity	AAP Target 2017-18	Achievements
Mass Media Activities (TV, Radio, Newspaper Advt.)	1758	1781
Mid Media Activities (Hiring of Folk Troupe, Exhibition and Event)	340	377
IEC Material Production, replication	20000	20000
License fee for Outdoor (Hoarding)	14	14
Events	5	3
Piggy Back Activity	15	29
Youth intervention (AEP, RRC, Out of school youth)	153	157
Mainstreaming & GIPA Activities	2043	244 + 1130+ 300 + 200 (Non Target) Migrant Labour, AWW, Elected members, School/College Students, NYK Volunteers etc.

**Integrated Counselling and Testing Centre:**

S.No.	Sub-Component	2015-16		2016-17		2017-18	
		Target	Achieved	Target	Achieved	Target	Achieved
1	Testing for General clients	68335	70184	71773	89252	64000	89627
2	Positive found		276		295		284
3	Testing of PWs during ANC	50000	31305	42585	37949	50000	45088
4	Positive found		17		26		25
5	Mother Baby Pair received Nevirepine	17	10	20	16		22
6	HIV-TB Cross referral	6838	2140	7177	3306		1145
7	HIV/TB co-infection to be detected		12		5		2

**Sexually Transmitted Disease (STD):**

Sub Component	Target in 2016-17	Achievement	Target in 2017-18	Achievement
Establishment of New Facilities	2		0	0
STI/ RTI episodes to be <b>managed/ Tested</b> by Designated STI Clinics	18347	10880 /59987 nos. <b>(RPR reactive 134)</b>	<b>25389</b>	12120/50965 nos. <b>(RPR reactive 76)</b>
STI/ RTI episodes to be managed/ Tested by TI – NGOs	5360	865/ 11804 nos. <b>(RPR reactive 14)</b>	<b>5686</b>	670/10748 nos <b>(RPR reactive 8)</b>

**Care Support & Treatment (CST):**

Indicator	Achievement of 2017-18 (Cumulative)
ART Plus Centers (Cumulative)	1
LAC(Cumulative)	3
FI-ART Centres(Cumulative)	2
PLHIV ever registered at ART Centre	1828
PLHIV ever started ON ART	1671
PLHIV alive & on ART	1186

## **B. Supplementary Programme:**

### **B.1. Project Sunrise:**

“Project Sunrise” is an additional supplement to the ongoing programme which will address special issues that have come up in the North East States; it will not deviate from its original concept.

It is a five year intervention aimed at complementing the ongoing National AIDS Control Programme (NACP). The project will be implemented in 20 high priority districts in the entire North East States in initial phase of the programme which is primarily to improve coverage, quality and scale of HIV interventions **among People Who Inject Drugs (PWID) in eight North East States.**

Out of 20 high priority districts in the entire North East States (selected based on prevalence of IDUs in the region and its issues and problems) **North Tripura District** of the State is one of that and started implementing in the initial phase of the programme.

It is a joint venture of FHI (Family Health International) 360 and Centre for Disease Control (CDC) under the overall guidance of NACO (National AIDS Control Organization) with the following interventions:

- ✘ Emphasis to identify new spot and HRGs (IDUs), specially in Damcharra and in Kanchanpur area.
- ✘ Initiated a secondary needle, syringe and condom distribution through non-conventional outlets, managed by community people (IDU), at Damcherra project site.
- ✘ OST drug dispensing by TI Out Reach Workers among stabilized clients in Kanchanpur project DIC .
- ✘ The process of establishment a Drop-In-Centre at Damcherra, is in progress.
- ✘ Sensitization programme with Stakeholders.

**TRIPRA STATE AIDS CONTROL SOCIETY**

**FINANCIAL STATUS REPORT UP TO THE PERIOD OF 31ST MARCH, 2018**

Funding Agency	NACO Approved Action Plan for FY 2017-18	TSACS Revised AAP for FY 2017-18	Opening balance Cash/Bank	Opening balance of Advances	Total Opening balance	Inter unit fund Transfer	Other Receipts (Refund & Intt.)	Loan Taken	Fund received from NACO against FY 2017-18	Total fund available	Fund utilised			Closing balance advance	Closing balance bank
											HR	Programme (Other than HR)	Total		
1	2	3	4	5	6=(4+5)	7	8	9	10	11=(6+7+8+9+10)	12			13	14={(11 - (12+13))}
<b>GF-II (ICTC)</b>	104.97	129.43	38.70	1.02	39.72	0.00	1.46	0.00	87.48	128.66	109.82	13.30	123.12	0.48	3.02
<b>GF-VII (LWS)</b>	56.28	56.28	7.98	0.00	7.98	0.00	0.46	0.00	56.25	64.69	0.00	54.90	54.90	0.55	9.24
<b>NDBS</b>	0.00		70.70	5.21	75.91	0.00	6.77	0.00	308.57	391.25				3.32	122.13
1. STI	38.59	41.97			0	0.00				0.00	36.80	1.35	38.15		
2. BTS	63.17	48.61			0	0.00				0.00	28.75	12.22	40.97		
3. IEC	64.97	63.87			0	0.00				0.00	0.00	35.58	35.58		
4. IS	89.80	171.21			0	0.00				0.00	107.10	28.17	135.27		
5. Lab. Service	5.15	5.15			0	0.00				0.00	2.31	1.90	4.21		
6. SIMS	4.25	4.25			0	0.00				0.00	0.00	4.55	4.55		
<b>GF-IV (CST)</b>	42.87	46.94	27.55	0.00	27.55	0.00	1.27	0.00	35.73	64.55	38.22	3.8	42.02	0.00	10.73
<b>TIPF</b>	272.55	268.49	85.43	0.00	85.43	0.00	5.15	0.00	272.43	363.01	27.50	222.94	250.44	6.40	102.87
<b>Total</b>	<b>742.60</b>	<b>836.20</b>	<b>230.36</b>	<b>6.23</b>	<b>236.59</b>	<b>0.00</b>	<b>15.11</b>	<b>0.00</b>	<b>760.46</b>	<b>1012.16</b>	<b>350.50</b>	<b>378.71</b>	<b>729.21</b>	<b>10.75</b>	<b>247.99</b>
<b>1. TOTAL NACO FUND AVAILABLE WITH TSACS UP TO THE PERIOD OF 31ST MARCH, 2018 : Rs. 1,012.16 Lakhs (6+7+8+9+10).</b>															
<b>2. TOTAL FUND UTILISED UP TO THE PERIOD OF 31ST MARCH, 2018 is Rs. 729.21 lakhs (98.19 % on Rs. 742.60 L) and (87.20 % on Rs 836.20 L).</b>															
<b>3. GOI (NACO) FINANCIAL ENVELOUP (AAP-2017-18) IS FOR RS. 742.60 lakhs.</b>															
<b>4. REVISION ON NACO APPROVED AAP AND REVISED BY TSACS AS WAS APPROVED BY EC ON 22.06.2017 SHOWN IN COLUMN NO 3 ABOVE.</b>															

