



राष्ट्रीय एड्स नियंत्रण संगठन

एड्स के खिलाफ भारत की आवाज
स्वास्थ्य परिवार कल्याण मंत्रालय, भारत सरकार
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CHANDIGARH STATE AIDS CONTROL SOCIETY, U.T. CHANDIGARH

संकलक (विश्लेषण) (2021-22)

M&E Annual Report

Prepared by:
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SI Component (In-charge)

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Exclusive Summary of HIV Prevalence Level 2021-22

HIV Sentinel Surveillance	(ANC - GMSH-16) started date 01-01-2021 completion date 01-03-2021 (ANC - CHC-22) started date 01-01-2021 completion date 07-04-2021
Population Group	Current HIV Prevalence Level
2021-22	PPTCT (ANC) - 0.06% ICTC (Gen) - 0.59% Blood Banks - 0.10%
HRG Population	Program coverage (FY - 2021-22)
FSW	0.04%
MSM	0.20%
IDUs	0.16%
Bridge Population	
Trucker	0.02%
Migrants	0.08%
TG	0.45%

Mapping Data

Mapping conducted in 2007 by Raman Development.	FSWs	IDUs	MSMs	Trucker	Migrant
	3,644	1,048	2,345	15,330	22,334

Phase wise details of National AIDS Control Programme

NACP Phase - I	1992 - 1999
NACP Phase - II	1999 - 2006
NACP Phase - III	2007 - 2012
NACP Phase - IV	2012 - 2020
NACP Phase - V	2021 - 2026

Shri Yash Pal Garg Secretary Health cum Chairman, Chandigarh State AIDS Control Society, Chandigarh	Dr. Suman Director Health&Family Welfare Chandigarh Administration	Dr. V.K Nagpal Medical Superintendent-cum- Joint Director Health Services-cum- Jt. Principal Medical Officer-cum- Project Director, CSACS	Ms Poonam Bakshi Strategic Information (SI) P.O., Chandigarh State AIDS Control Society, Chandigarh
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Yashpal Garg, IAS
Secretary Health



U.T. Secretariat, Deluxe Building,
Sector 9-D, Chandigarh-160009

D.O.No.PA/Secy(Health) 2022/75

Dated: 23rd September, 2022



Message

It is my pleasure to share this "Sankalak" booklet of Chandigarh State AIDS Control Society, as this edition is summarized with the progress across HIV care continuum for the financial year of 2021-22. This booklet reflects the activities of Chandigarh SACS and the output in the control of HIV/AIDS.

"Sankalak" is the evidence of State level HIV/AIDS response towards attaining Sustainable Development Goal (SDG) of ending the AIDS epidemic as public health threat by the year 2030. Chandigarh State AIDS Control Society (SACS) is providing prevention and curative services through a network of 13 Testing & Counseling centres, 12 Targeted Interventions for High Risk Groups, 5 free clinics to manage sexually transmitted infection and 2 Antiretroviral Therapy Centre's. All services provide accurate information about HIV and help the clients to undergo HIV Test in a supportive and confidential environment under National AIDS Control Programme.

The success in stabilizing the HIV prevention and the declining trend is due to the active and focused involvement of all the stakeholders including the staff of Chandigarh SACS. I am confident that all the decision-makers, programme managers will use this consolidated document to further strengthen HIV/AIDS response in Chandigarh.

I wish all the best to Chandigarh team for developing this evidence rich publication.


(Yashpal Garg)



From the Desk of Director Health Services


Message

Chandigarh State AIDS Control Society publishes "Sankalak": Status of Chandigarh HIV/AIDS response annually M&E Booklet. This fact-sheet of the F.Y 2021-22 is the complete overview of the approach of the Strategic Information component which reflects the achievement, hardships of the organization's mission as well as the goal undertaken by the sincere efforts of Chandigarh SACS.

The consolidated evidence of this booklet reflects the performance of the reporting units against the given target and also achieving the outstanding result under reporting system with the consistent years. I congratulate the entire team for their consistent efforts for bringing out their performance and key achievement in the form of this booklet. And also hope that this booklet will be further shared to those who are working with us in the area of HIV/AIDS to better understand the importance of reporting system under National AIDS Control Program (NACP).

I am sure that Chandigarh State AIDS Control Society will take appropriate actions towards attaining Sustainable Development Goal (SDG) of ending the AIDS epidemic as a public health threat by 2030.

I wish all the best to Chandigarh team for developing this evidence based rich publication.


Dr. Sumedha Singh
Director Health Services
Union Territory, Chandigarh

*Message from
Project Director*



Chandigarh State AIDS Control Society publishes annual booklet named “SANKALAK” – a state level AIDS Response, represents comprehensive evidence collections from different sources. This booklet is based on program factsheet for the year of 2021-22 and also the reflection of the organization's missions as well as the sustainable development goal of ending the AIDS epidemic as a public health treat by 2030.

NACO has revamped the reporting mechanism by introducing Real time monitoring system under Strategic Information (SI) division, which is a very important tool for data analysis and evidence based action, timely corrective measures for program managers and policy makers which helps in monitoring at grass root level. The success of the program in Chandigarh is evident from the data in this booklet – 'SANKALAK'

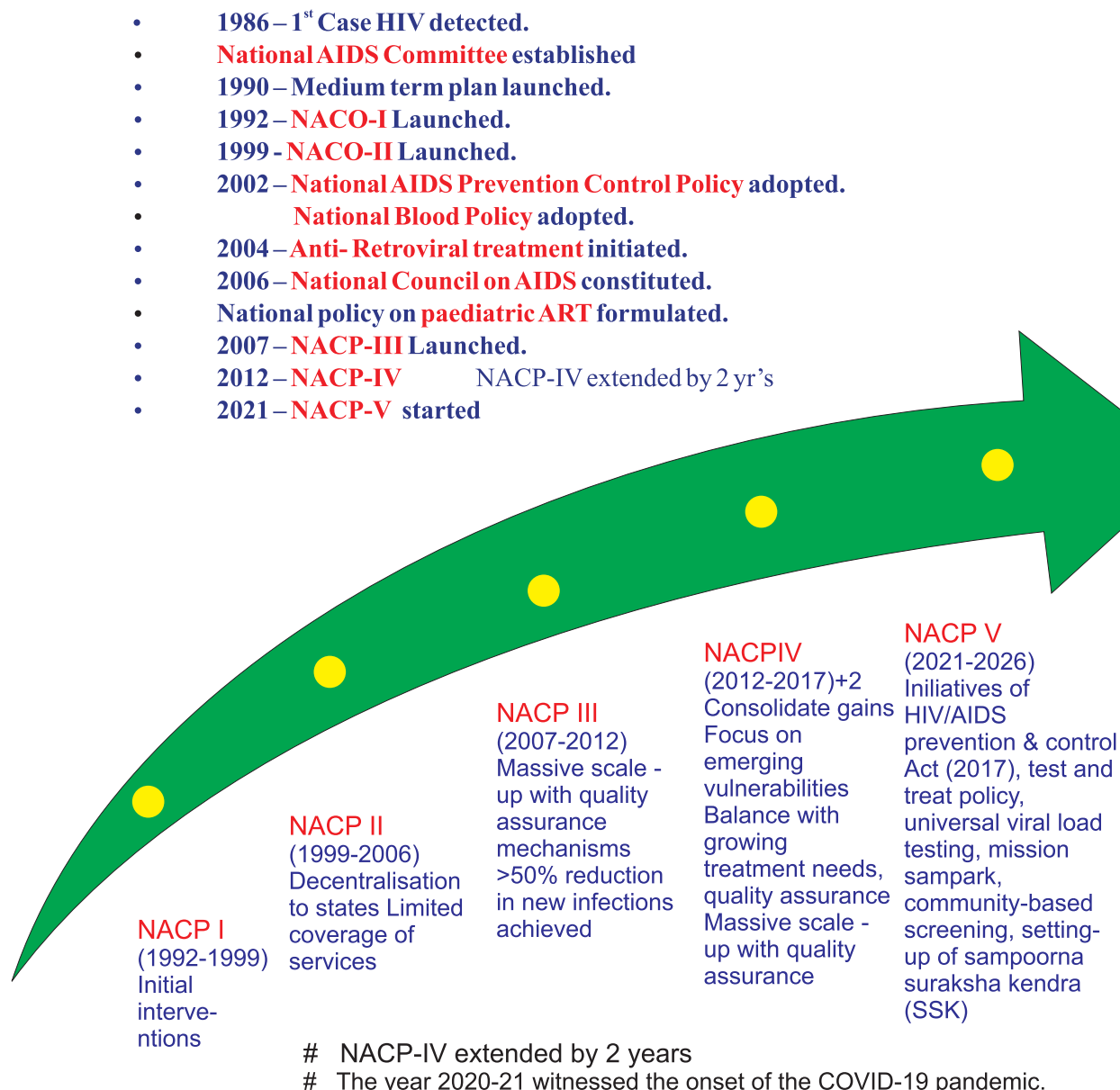
Chandigarh SACS takes prides to be consistent in its efforts to publish this edition of “Sankalak” every year. And I am confident that all the decision-makers, programme managers will definitely use this consolidated document to further strengthen HIV/AIDS response.

I wish all the best to Chandigarh team for developing this evidence rich publication.

**Project Director
Chandigarh State AIDS Control Society
U.T. Chandigarh**

National AIDS Control Program

Tracking the journey in India



Union Cabinet approves continuation of National AIDS and STD Control Programme (NACP, Phase-V) from 1st April 2021 to 31st March 2026

NACP Phase-V will take the National AIDS and STD response till Financial Year 2025-26 towards the attainment of United Nations' Sustainable Development Goals 3.3 of ending the HIV/AIDS epidemic as a public health threat by 2030 through a comprehensive package of prevention, detection and treatment services.

NACP-V (Thematic Area's)

Prevention
Testing & STI
Treatment & Lab Services
SI, PMR, IS

Overview of NACP Phase-V (2021-26)

National AIDS Control Program (NACP) Phase-V is a Central Sector Scheme, fully funded by the Government of India with the aim to reduce annual new HIV infections and AIDS-related mortalities by 80% by 2025-26 from the baseline value of 2010.

NACP Phase-V also aims to attain dual elimination of vertical transmission, elimination of HIV/AIDS related stigma while promoting universal access to quality STI/RTI services to at-risk and vulnerable populations.

The specific objectives of the NACP Phase-V are as below:

a. HIV/AIDS prevention and control

- 95% of people who are most at risk of acquiring HIV infection use comprehensive prevention
- 95% of HIV positive know their status, 95% of those who know their status are on treatment and 95% of those who are on treatment have suppressed viral load.
- 95% of pregnant and breastfeeding women living with HIV have suppressed viral load towards attainment of elimination of vertical transmission of HIV
- Less than 10% of people living with HIV and key populations experience stigma and discrimination

b. STI/RTI prevention and control

- Universal access to quality STI/RTI services to at-risk and vulnerable populations
- Attainment of elimination of vertical transmission of syphilis

Goals

Goal 1: Reduce annual new HIV infections by 80%

Goal 2: Reduce AIDS-related mortalities by 80%

Goal 3: Eliminate vertical transmission of HIV and Syphilis

Goal 4: Promote universal access to quality STI/RTI services to at-risk and vulnerable populations

Goal 5: Eliminate HIV/AIDS related stigma and discrimination

Number of Reporting Units Working for HIV/AIDS in Gov. & Non Govt Sectors in Chandigarh

	ICTCs			TOTAL		Blood Bank		TOTAL	Tis	STI Clinics		TOTAL	Care & Support	
Chd	Stand Alone	F-ICTCs/ PPP Model	Mobile ICTC		EID Centre	Govt	Private /NGO		NGO Tis	Designated NACO -STI Clinics	NGO Based Clinics		ART Centre	Link ART (LAC)
	12	13+3	1	29	3	3	1	4	12	5	12	17	2	1

Reporting Units details

Standalone ICTC (13)	<p>PGIMER (Gen+PW)</p> <ul style="list-style-type: none"> * HIV Diagnostic & Disease Monitoring Laboratory, Deptt. Of Immunopathology, Room No.2019-20, 2nd Level, New OPD, PGIMER Chd * Deptt. of Obs. & Gynae, Room No-2058, 2nd Floor New OPD Block, PGIMER, Chd <p>GMCH-32 (Gen+PW)</p> <ul style="list-style-type: none"> * Deptt of Microbiology, Room No 1401 Level-1 B- Block GMCH-32 Chd * Deptt. of Obs. & Gynae, Room No- 2315, Level-2. B- Block, GMCH 32, Chd. <p>GMSH-16 (Gen+PW)</p> <ul style="list-style-type: none"> * Microbiology lab and I/c Mobile ICTC, Room No-309, 2nd Floor, New OPD GH-16, Chd * Mobile ICTC, GMSH, Sec-16, Chd. * Deptt. of Obs. & Gynae, Room No-150. GMSH 16, Chd. <p>Hospital, Mani -Majra.</p> <ul style="list-style-type: none"> * Room No-16, Ground Floor, B-Block, M.Majra, Chd <p>Civil Hospital, Sector- 22</p> <ul style="list-style-type: none"> * Room No-62, Sec-22 Chd <p>ESI Hospital, Ramdarbar</p> <ul style="list-style-type: none"> * Room No-26 Ground Floor, Industrial Area, Phase-II, Ramdarbar <p>Civil Hospital, Sector 45</p> <ul style="list-style-type: none"> * Room No-29, Ground Floor, Sec-45, Chd <p>Police Hospital-26</p> <ul style="list-style-type: none"> * Room No 103, Sec-26, Chd. <p>Civil Dispensary, Mauli Jagran</p> <ul style="list-style-type: none"> * Room No-6 , Mauli Jagran, Chd.
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F-ICTC's (16)	<ul style="list-style-type: none"> * Urban Health Training Centre (UHTC), Sector-44, Chandigarh * Rural Health Training Centre (RHTC), Sector-56, Chandigarh * ITBP, Chandigarh, Near Airport, Chandigarh * Kajheri Dispensary Sector-52, Chd. * Daddu Majra Dispensary, Chandigarh * Dhanas Dispensary, Chandigarh * Sarangpur Dispensary, Chandigarh * Public Health Dispensary, Sector – 25, Chandigarh * FPAI (PPP Model) #-4 Hari Village, Panchkula * TCIF – Sec-26, Chandigarh * Burail Jail, Sec-52, Chandigarh * CITCO Dispensary, Industrial Area, Chandigarh * Drug De-addition Rehabilitation Centre (DDRC), Sec-18, Chandigarh NEW FICTCs <ul style="list-style-type: none"> * Health & Wellness Centre (HWC), Maloya * HWC, Sector-33 * Civil dispensary, Sec.26
EID Centre's (3)	<p>PGIMER</p> <ul style="list-style-type: none"> * Deptt. of Obs. & Gynae, Room No-2058, 2nd Floor New OPD Block, PGIMER, Chd <p>GMCH-32</p> <ul style="list-style-type: none"> * Deptt. of Obs. & Gynae, Room No- 2315, Level-2. B- Block, GMCH 32, Chd. <p>GMSH-16</p> <ul style="list-style-type: none"> * Deptt. of Obs. & Gynae, Room No-150, GMSH 16, Chd.
NGO-TI Projects (12)	<ul style="list-style-type: none"> * Family Planning Association of India, (FPAI), Mohali Branch (FSW Project) * Servants of the People Society (FSW +MSM Projects) (1 N.G.O. running two projects) * Society for Social Health (SOFOSH) – (FSW Project) * YUVSATTA (FSW Project) * APSDWP [Composite Project] (FSW+MSM Projects) * FPAI- PKL Branch (MSM Project) * Society for Education in Health & Allied Training (SEHAT) (IDU Project) * SOSVA (IDU Project) * TCI (Migrant Project) * CSI (Migrant Project) * Transport Corporation of India Foundation (TCIF) (Trucker Project)
Designated STI Clinics (NDSC's) (5)	<p>PGIMER (STI+Gynae)</p> <ul style="list-style-type: none"> * Deptt of Dermatology, Venerology & Leprology, Room No 512, 5th Floor, C-Block, New OPD, Sec-12, Chd <p>GMCH-32 (Gen+PW)</p> <ul style="list-style-type: none"> * Deptt of Obs & Gynae Room No-2058, 2nd Floor, C-Block, New OPD, Sec-12, Chd <p>GMSH-16 (Gen+PW)</p> <ul style="list-style-type: none"> * Deptt of Dermatology, Venerology & Leprology, Room No-4301, B-Block, 4th Floor, GMCH-32, Chd * Deptt of Obs & Gynae Room No- 2316, B-Block, 2nd Floor, GMCH-32, Chd * Skin OPD, Room No-521, 5th Floor, Level-4, New OPD Block, GMCH-16, Chd * Gynae Deptt, GMSH-16, Chd. <p>Police Hospital-26</p> <ul style="list-style-type: none"> * Room No-103, Sector-26, Chd <p>Civil Hospital, Mani -Majra.</p> <ul style="list-style-type: none"> * Room No-16, Ground Floor, B-Block M.Majra, Chd
ART Centre's (2)	<p>PGIMER</p> <ul style="list-style-type: none"> * Deptt of Internal Medicine, Room No-2021, 2nd Floor, B-Block, New OPD, Sec-12, Chd <p>GMCH-32</p> <ul style="list-style-type: none"> * Deptt of Internal Medicine, Room No- 5405, B-Block, 5th Floor, GMCH-32, Chd
Link ART Centre (1)	<p>Civil Hospital, Mani -Majra</p> <ul style="list-style-type: none"> * Room No-16, Ground Floor, B-Block M.Majra, Chd

National Vs State Epidemiology Facts

(India HIV Estimation-Technical Report 2021)	
National Level	Chandigarh Level
Estimated 24.01 Lakh people living with HIV (PLHIV)* (15+yrs)*	Estimated 1921 people living with HIV (PLHIV)
Adult Prevalence (Aged 15-49) 0.21%	Adult Prevalence (Aged 15-49) 0.19%
Annual New HIV Infection = 62.967 (thousand) -HIV incidence per 1000 uninfected population =0.05	Annual New HIV Infection = 0.07
AIDS Related Death 41.97 (per thousand) - - AIDS related Deaths per 100,000 population = 3.08	AIDS Related Death = 0.01 (thousand) AIDS related mortality per 100,000 population =0.54
Estimated PMTCT* Need for ART = 20,612 thousand (Pregnant Mother -to-child Transmission)*	Estimated PMTCT* Need for ART = 0.02 (per thousand)

(Source: India HIV Estimate Report-2021)

Adult Prevalence (Aged 15-49)

Year Wise	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
	0.28	0.26	0.25	0.24	0.23	0.22	0.21	0.21	0.20	0.20	0.20	0.19

HIV Estimation 2021 (NACO Technical Brief) has been implemented through the robust institutional structures. The institutes include :-

- All India Institute of Medical Sciences (AIIMS-Delhi),
- ICMR-National Institute of Medical Statistics (ICMR-NIMS, New Delhi),
- ICMR-National AIDS Research Institute (ICMR-NARI, Pune),
- ICMR-National Institute of Epidemiology (ICMR-NIE, Chennai),
- Post Graduate Institute of Medical Education and Research (PGIMER, Chandigarh),
- ICMR-National Institute of Cholera and Enteric Diseases (ICMR-NICED, Kolkata)
- Regional Institute of Medical Sciences (RIMS-Imphal).

- Under the NACP institutional arrangements for IESE, ICMR-NIMS undertakes HIV burden estimations in collaboration with NACO's Surveillance & Epidemiology (Strategic Information) division.

ACRONYMS

AEP : Adolescent Education Program	CST : Care Support and Treatment
AIDS : Acquired Immuno-Deficiency Syndrome	EQAS : External Quality Assurance System
ARD : AIDS related Death	F-ICTC : Facility Integrated Counseling and Testing Centre
ART : Anti-Retroviral Treatment	FSW : Female Sex Workers
ARTC : ART Centre	H/TG : Transgender
ARV : Antiretroviral	HCTS : HIV counseling & Testing Services
BCC : Behavior change Communication	HMIS : Health Management Information System
CBO : Community Based Organizations	IBBS : Integrated Biological and Behavioral Surveillance
CCU : Consistent Condom Use	LAC : Link ART centre
CD4 : Cluster of Differentiation	

Prevention of new HIV infection among general population

A. 1. Prevention of new HIV infection among general population				
A. Information, Education Communication Youth and Mainstreaming				
	2018-19	2019-20	2020-21	2021-22
School with operational Adolescent Education Program (AEP)	150	150	150	150
Colleges with operational Red Ribbon Clubs (RRC)	25	25	25	25
Persons trained under mainstreaming	4632	4854	4039	4177
No. of calls received at helpline	605	1009	1050	1150

B. Sexually Transmitted Infection (STI) Reproductive Tract Infection (RTI) Management				
	2018-19	2019-20	2020-21	2021-22
Designated STI/RTI Clinic (DSRC)	5	5	5	5
Client managed	9441	8866	1845 (less testing due to COVID-19)	4607
RPR tests conducted	9389	8718	1824	4558
Syphilis seropositivity (%)	1.76%	1.84%	2.79%	3.2%

C. Blood Transfusion Services (NACO supported)				
	2018-19	2019-20	2020-21	2021-22
Licensed Blood Banks	4	4	4	4
Blood units collection (in lakhs)	92626	92239	92626	85793
Voluntary blood collection (%)	91.5%	88.2%	91.5%	76%

Blood Bank Activities under F.Y 2021-22							
B. Banks	Total Collection	Voluntary	Replacement	HIV	Ref	VDRL	Ref
PGIMER	56378	38937	17441	42	30	52	5
GMCH-32	15019	12364	2655	18	12	42	21
GMCH-16	5052	4491	561	1	1	0	0
ROTARY	9344	9344	0	29	23	8	4
Total	85793	65136	20657	90	66	102	30



Blood Bank Activities (2021-22)



↑ Blood Bank Activities PGIMER ↑



↑ Blood Bank Activities GH -16 ↑



↑ Blood Bank Activities GMCH - 32 ↑



↑ Rotary & Blood Bank Society Resource Centre ↑

2. Prevention of New infection among High Risk Group and Bridge Population				
A. Targeted Interventions and Opioid Substitution Therapy (OST)				
	2018-19	2019-20	2020-21	2021-22
Targeted Interventions	12	12	12	12
OST Center's	4	4	4	4

	B. FSW's			C. MSM's		
	2019-20	2020-21	2021-22	2019-20	2020-21	2021-22
Estimated size	3644			2345		
Coverage (%)	2952	2954	3156	2030	2026	2.63
Condoms distributed	1289206	1325166	1460377	608220	587007	679582
Tested for HIV (Apr- Sep)	5909	2683	3050	3767	1613	1970
HIV sero-positive	8	2	1	5	4	3
ART linked	8	2	1	5	4	3
Tested for HIV (Oct- Mar)		2935	3058		1946	1910
HIV sero-positive		2	2		6	5
ART linked		2	1		5	5
Clinic Visits	10833	9999	11701	7713	6751	7760
STI/RTI treated	249	185	158	92	76	65
Presumptive treatment	707	462	409	241	307	414

	D. IDU's			E. TG's		
	2019-20	2020-21	2021-22	2019-20	2020-21	2021-22
Estimated size	1048			100		
Coverage (%)	1468	1574	1706	107	101	124
Condoms distributed	71159	80714	113395	34518	43419	55753
Tested for HIV (Apr- Sep)	2566	1192	1488	222	105	102
HIV sero-positive	10	8	1	1	0	1
ART linked	10	7	1	1	0	1
Tested for HIV (Oct- Mar)		1418	1621		93	118
HIV sero-positive		2	4		0	0
ART linked		1	4		0	0
Clinic Visits	4710	4967	6149	370	368	423
STI/RTI treated	8	4	8	1	2	0
Presumptive treatment	22	6	7	32	38	26

	F. Migrants		
	2019-20	2020-21	2021-22
Estimated size	25000		
Coverage (%)	24918	83937	22334
Condoms distributed			
Tested for HIV (Apr- Sep)	7640	2301	3846
HIV sero-positive	8	6	6
ART linked	8	5	6
Tested for HIV (Oct- Mar)		4499	5079
HIV sero-positive		3	2
ART linked		3	2
Clinic Visits	10950	10538	9739
STI/RTI treated	129	157	123
Presumptive treatment			

	G. Trucker's			H. Prison Inmate's
	2019-20	2020-21	2021-22	2021-22
Estimated size	15330			1100
Coverage (%)	10000	37594	40703	
Condoms distributed			94260	
Tested for HIV (Apr- Sep)	2076	490	2025	443
HIV sero-positive	3	1	0	0
ART linked	3	0	0	0
Tested for HIV (Oct- Mar)		1430	2202	335
HIV sero-positive		1	1	3
ART linked		2	1	3
Clinic Visits	9761	8801	9762	
STI/RTI treated	53	46	47	

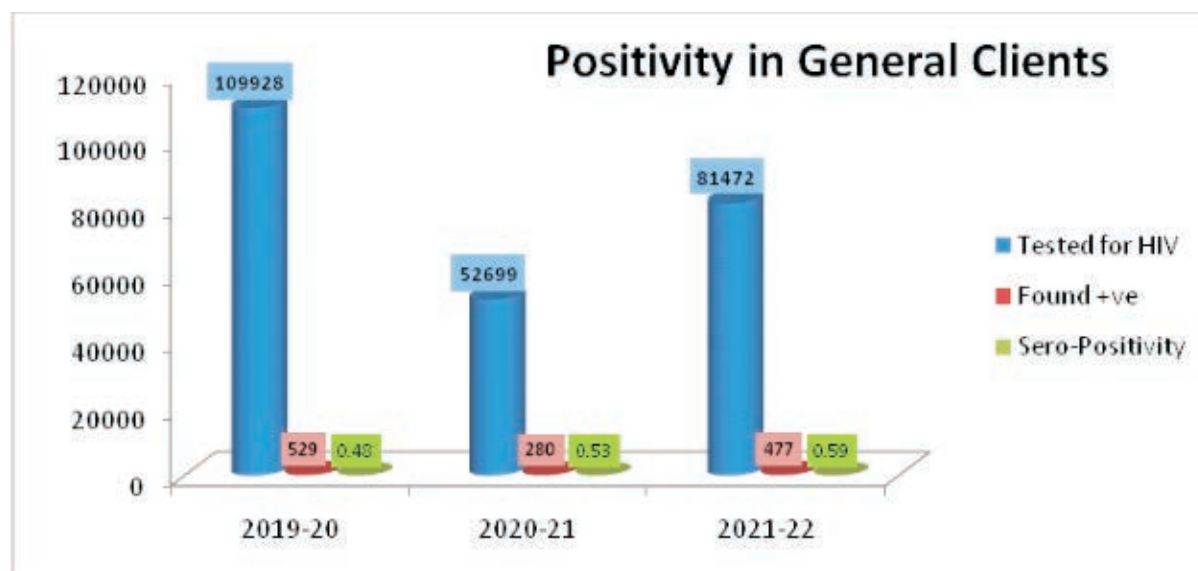


NGO's Activities Under TI Projects (2021-22)



HIV Testing among vulnerable population (excluding Pregnant women)			
	2019-20	2020-21	2021-22
1. Tested for HIV (Total)	109928	52699	81472
1.1 Stand-alone	94027	35573	58374
1.2 Facility Integrated (Govt)	3882	4510	5272
1.3 Facility Integrated (PPP)	2518	1347	4853
1.4 CBS	9502	11269	12973
2. Found HIV +ve among tested	529	280	477
3. HIV sero-positivity(%) among tested	0.48	0.53	0.59
4. Spouse/sexual partner testing of HIV positive people identified (Tested/+ve)	265/104	137/50	163/66
5. HIV-TB cross referral* (only SA/ICTC)			
5.1 In-referral from TB program**	3705	3301	3911
5.1.1 HIV sero-positive (%)	0.25%	0.3%	0.43%
5.2. ICTC clients referred to NTEP***	471	46*	33

Source details		
Indicator	Explanation	Source
5. HIV-TB Cross referral*	Cross referral from ICTC-NTEP and NTEP-ICTC	Sum of Total of S.N 5.1+5.2 below to be taken
5.1 In-referral from TB Program**	Total Cases Referred from NTEP to ICTC	Data need to be taken form NIKSHAY (NTEP Web portal)
5.2 ICTC Clients referred to NTEP***	Total Presumptive TB Cases Referred from SA-ICTC to NTEP	Section E of the SA-ICTC SIMS data need to be taken

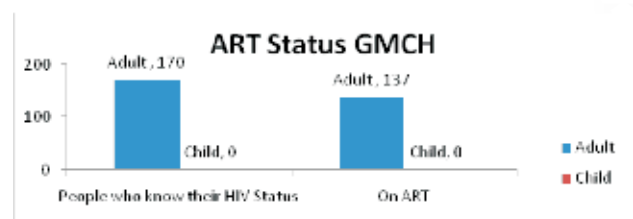
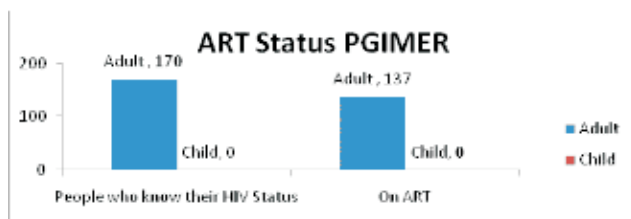


4. Initiation and retention on ART of HIV infected people			
A. Treatment facilities	2019-20	2020-21	2021-22
1. ART Centre's	2	2	2
1.1 Centre of Excellent (Adult)	1	1	1
1.2 Centre of Excellent (Pediatric)	N.A.		
2. Link ART Centre's	1	1	1
3. Care Support Centre's	1	1	1

4. Treatment uptake			
	2019-20	2020-21	2021-22
1. HIV positive cases diagnosed (At ICTC)	588	294	477
2. New PLHIV Registered at ART center*	693	358	430
2.1 Initiated on ART**	621	325	399
3. PLHIV alive and on ART***	6480	6478	343
4. 12 months retention on ART (%) ****	82.18	86.42	87%
5. Lost to follow-up cases *****	487	475	14
6. Among all PLHIV attendees, % screened for TB	100%	100%	100%

ART-wise data

Source	Indicator	ART's	Adult			Children <15 Yrs		TOTAL
ART [MPR for March,21]	People who know their HIV Status		M	F	TG	M	F	
		PGI-ART	181	56	1	16	7	261
		GMCH-32	131	39	0	0	0	170
		TOTAL	312	95	1	16	7	431
	On-ART	PGI-ART	166	52	1	16	7	242
		GMCH-32	100	37	0	0	0	137
		TOTAL	266	89	1	16	7	379



SOURCE (Treatment Uptake)

S.N	Indicator	Explanation	Source
2	New PLHIV registered at ART Centre *	No. of new registration at the ART centre during F.Y	MPR (2.11 a)
2.1	Initiated on ART **	No. of PLHIV initiated on ART out of the newly registered PLHIV during the F.Y	MPR (2.11 d)
3.	PLHIV Alive and on ART ***	No of PLHIV alive and on ART at the end of the F.Y	MPR (3.10)
4.	12-month Retention on ART (%) ****	Denominator : The cohort of patients initiated on ART 12 months back Numerator : No. of individuals of this cohort of patients still on-ART at the end of 12 months	IMS/SOCH
5.	Loss to follow-up PLHIV on ART (Cumulative) *****	It is a dynamic number of patients & reported as cumulative number of PLHIV on ART, whose status is "LFU" at the end of the F.Y	MPR (3.8)
6.	Among all PLHIV attending ART Centre. % screened for TB * *****	No. of PLHIV for 4S at ART centre's during F.Y	Total No. of PLHIV visited the ART centre's during the year
*	No. of PLHIV attending ART centre's, screened for TB in the reporting month	No. of PLHIV who underwent 4S screening, out of those attending ART centre during the month- 4.c.2 of MPR	No. of PLHIV attending ART centre during the month (Pre-ART+On ART) 4.c.1 of MPR

5. Viral Suppression and laboratories

A. Treatment facilities and service uptake

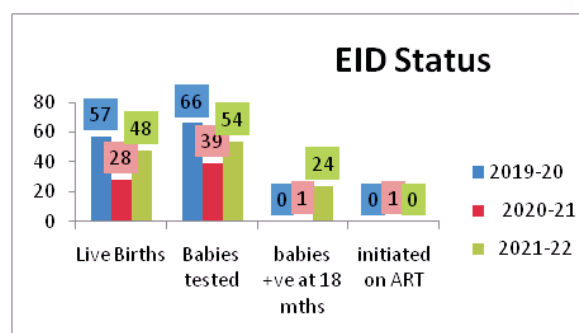
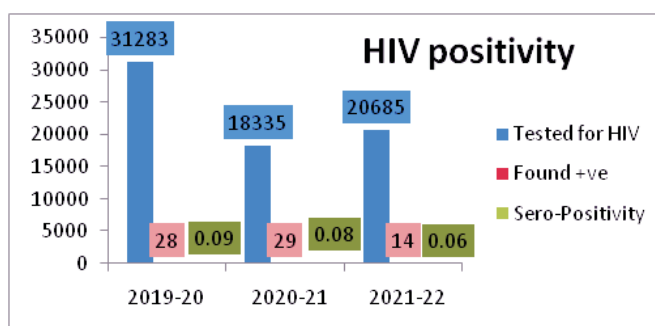
	2019-20	2020-21	2021-22
1. Viral load laboratories	1	1	1
1.1 Viral load laboratories accredited	1	1	1
2. Viral load testing conducted	5699	2469	5305
2.1. Virally suppressed (%)	77.60	86.90	89.08%
3. National reference laboratories (NRL)	N.A.		
3.1 NRL accredited			
4. State reference laboratories (SRL)	1	1	1
4.1 SRL accredited	1	1	1



6. Estimation of mother to child transmission of HIV

A. Treatment facilities and service uptake

	2019-20	2020-21	2021-22
Indicator			
1. Estimated pregnant women (PW)	23000		
2. HIV testing among PW	31283	18335	20685
2.1. Stand-alone	28579	16341	18584
2.2. Facility integrated (Govt)	2469	1938	1973
2.3. Facility integrated (PPP)	235	56	128
2.4. CBS	0	0	0
3. HIV sero-positivity (%) among tested*	0.09	0.08	0.06
4. HIV Positive PW (old + new detections)**	57	28	48
4.1 Babies tested HIV (6 week- 6 month)	66	39	54
6. HIV positive babies at 18 months	0	1	24
7. HIV positive babies initiated on ART	0	1	0



ICTC-ART Linkages Data (2021-22)

GENERAL CLIENTS SIMS Vs PALS Status (2021-22)						
Year 2020-21	TOTAL HIV+ve CASES AS PER SIMS	ART-PCIMER LEVEL	ART-OMCH LEVEL	OTHER STATES	DEATH	LFU
PGI	206	89	0	94	23	
32-G	136	4	91	26	15	
GH-16	31	21	10			
22	12	10	1	1		
M.Majra	18	7	9	2		
ESI-RD	19		18			1
Urban CHC	17	6	8	3		
Pollic-26	5	1	3			1
M.Jagran	3		3			
PGI-P	8	5		3		
32-P	8		8			
16-P	2	2				
Mob.	12	2	10			
TOTAL	477	147	161	129	38	2

PW CLIENTS SIMS Vs PALS Status (2021-22)					
Year 2020-21	TOTAL HIV+ve CASES AS PER SIMS	ART-PCIMER LEVEL	ART-OMCH LEVEL	OTHER STATES	DEATH
PGI	0				
32-G	0				
GH-16	0				
22	3	1	1	1	
M.Majra	2	2			
ESI-RD	0				
Urban CHC	5		5		
Pollic-26	0				
M.Jagran	0				
PGI-P	0				
32-P	0				
16-P	4	3		1	
Mob.					
TOTAL	14	6	6	2	0

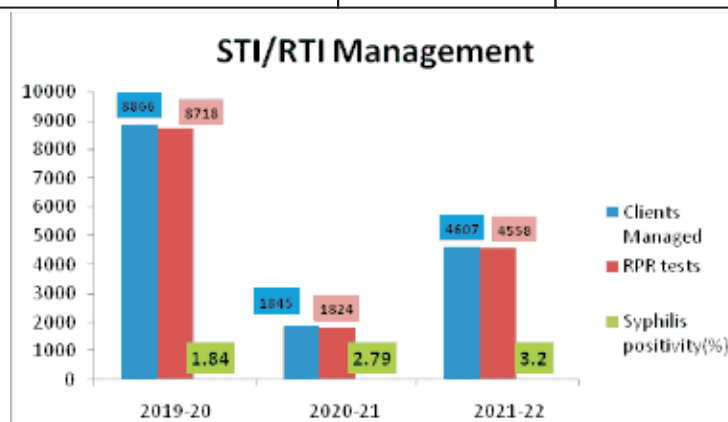
Elimination of HIV/AIDS related Stigma and Discrimination	
	2019
1. State rules notified for HIV/AIDS Prevention and Control Act (2017)	Notified in 2022
2. State designated/appointed Ombudsman	Notified in 2022

Source details (Estimation of mother to child transmission of HIV)

3. HIV sero-positivity (%) among tested*	%age of total Positive Out of Total Pregnant women Tested for irrespective of the category of Facilities	Numerator - SIMS – SA-ICTC data (mobile + Fixed) total no. of Positive Diagnosed section D to be taken For Denominator (total No of HIV Testing conducted in All Facilities (SA-ICTC+F-ICTCs + PPP-ICTCs +CBS) irrespective of the category
4. HIV Positive PW (old + new detections)**	Total no. of HIV positive cases reported Among Pregnant women including PNC during the period	New cases Diagnosed and reported in SIMS Sec-D including PNC cases reported and Known positive cases reported in the Monthly Progress Report(MPR- ART) indicator 4.a.1 (sum of Already registered Pre ART & Already Registered on ART)
4.1 On life-long ART***	Total no. of Pregnant women initiated on ART during the period	Monthly Progress Report(MPR- ART) indicator 4.a.1 Already Registered on ART + sum of data in 4.a.2
5. Live births among HIV positive PW	Total Live Birth reported in SIMS	SIMS SA-ICTC Data Sec-D
5.1 Babies tested HIV (6 week- 6 month)	HIV Exposed Babies Tested for DNA PCR with in 6 weeks to 6 months	SIMS –SA-ICTC Data Sec D Follow up for Babies, Sum of Babies Tested 6 weeks to < 2 months and 2 months to 6 months during 1st Visit
6. HIV positive babies at 18 months	HIV exposed babies Tested for HIV at the age of 18 months need to be produced	SIMS Sec-D Follow up
7. HIV positive babies initiated on ART	HIV Positive babies put on ART Confirmed By DNA PCR Test and 18 month antibody test	SIMS Sec-D Follow up Babies put on ART after Confirmed HIV Positive With DNA PCR Test between 6 weeks to 6 months and babies confirmed positive put on ART after antibody test at 18 months

Sexually Transmitted Infections (STI)/Reproductive Tract Infections (RTI) Management

	2019-20	2020-21	2021-22
Designated STI/RTI Clinics (DSRC)	5	5	5
Clients managed*	8866	1845	4607
RPR Tests conducted**	8718	1824	4558
Syphilis seropositivity (%)	1.84	2.79	3.2



Source Details

Indicator	Section in SIMS Report	Type of patients	Source
Clients* Managed	Section 1: No. of Patients Aailed STI/RTI services in this month	Clinic visit with STI/RTI complaint and were diagnosed with an STI/RTI	
		Clinic visit with STI/RTI complaint but were NOT diagnosed with an STI/RTI. -Clinic visit for Syphilis Screening (Excluding ANC) -For TI-NGO's RMC, PT, Syphilis screening whichever applicable.	SIMS Master (Month-wise F.Y Wise)
		Follow up visit for this index STI/RTI complaint	
		Total No. of Visits	

	Section in SIM Report	Explanation	M/F/TG	Source
RPR Test Conducted **	Section 3: Details of other services provided to patients availing STI/RTI Services in this month	1.No. of patients counseled 2.No. of condoms provided. 3.No. of RPR/VDRL test conducted. 4.No. of patients found reactive. 5.No. of partner notification undertaken. 6.No. of partner managed. 7.No. of patients referred to ICTC 8.No. of patients found HIV infected (of above) 9.No. of patients referred to other services.		SIMS Master (Month-wise F.Y Wise)

PROGRAMMATIC MAPPING AND POPULATION SIZE ESTIMATION (p-MPSE) OF HIGH-RISK GROUPS

The National AIDS Control Programme (NACP) has periodically implemented Mapping and Population Size Estimation (MPSE) to inform the designing, implementation, monitoring and evaluation of a comprehensive package.

This p-MPSE methodology has several unique features, including the use of existing programmatic structures for carrying out the mapping and size estimations and community representation in all aspects of planning, implementation and analysis. The p-MPSE is truly 'of the programme' and 'for the community', as much as it is 'by the community'.

This operational manual for community-led programmatic Mapping and Population Size Estimation (p-MPSE) was developed by NACO with technical support from CDC, WHO and UNAIDS. It provides comprehensive technical as well as operational guidance in implementing the national p-MPSE exercise across the country.

Implementing p-MPSE is instrumental to better understand the HIV epidemic, the geographical areas and communities most affected, and guiding NACP to meet the target of ending AIDS by 2030.



Figure 1: Two-Pronged Strategy for p-MPSE under revamped TI guidelines of NACP-IV

STRATEGY 1 Aggregate Working	STRATEGY 2 Sub-component 1: Community-led p-MPSE	STRATEGY 2 Sub-component 2: Mid-course Correction
<ul style="list-style-type: none"> • Use existing mapping & programme data from TSUs • Adjust for the uncovered/rural/other unmapped population • Extrapolate for the uncovered population/location • Derive working estimate up to district-level 	<ul style="list-style-type: none"> • Field-based community-led p-MPSE by TI, TSU with strong monitoring Broad mapping of physical locations and numbers associated with each location (rural & urban) 	<ul style="list-style-type: none"> • Only for districts with discrepancy between size estimates and programme reach • Methodology same as community-led p-MPSE by TI, TSU with strong monitoring

Inbuilt into periodic programmatic Mapping

- (i) Mapping of HRGs operating through virtual platforms-separate exercise
- (ii) To be complemented by Survey Driven Estimates for calibration and independent full-fledged Mapping and Estimations in Exceptional Scenarios

Creation of district level Community Advisory Board <ul style="list-style-type: none"> • Date of CAB constituted – 27th November'20 • Date of first CAB Meeting – 21st Dec'20 • Date of second CAB Meeting – 23rd Feb'21 • Date of third CAB Meeting 24th Sep'21 	Data collection in districts with TI and districts with no TIs <ul style="list-style-type: none"> • Initiation of field work data collection – 22nd Jan'21 • Whether the field work data collection completed - Completed 	Review of progress by State Working Group <ul style="list-style-type: none"> • Progress has been reviewed by the State Working Groups during data collection through spot check and through backchecks and in CAB meetings. The progress of p-MPSE has also been reviewed by the PO during visits to the TI
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1.	Members of State Steering Committee - Name & Designation
2.	Project Director, Chandigarh SACS, Chairman
3.	Dr. Arun Aggarwal, Professor, Department of Community Medicine and School of Public Health, PGIMER, Chandigarh
4.	Dr. Gaurav Gaur, Assistant Professor, Centre of Social Work, Panjab University, Chandigarh
5.	Mr. Manish Kumar, Team Leader, TSU, Chandigarh
6.	Ms. Rita, ORW, TI project, NGO SOPS – FSW representative
7.	Mr. Mukesh, ORW, TI project, NGO SEHAT – IDU representative
8.	Ms. Oshan Sarkar, Transgender representative
9.	Mr. Rajinder Kumar, MSM representative
10.	Ms. Poonam Bakshi, Monitoring & Evaluation Officer, Chandigarh SACS
11.	Ms. Teenu Khanna, Deputy Director (IEC), Chandigarh SACS
12.	Dr. Jitender Dahiya, Assistant Director (SPM), Chandigarh SACS
13.	Mr. Manjeet Singh Gulia, Assistant Director (Lab Service), Chandigarh SACS
	Mr. Sunil Panghal, Assistant Director (Youth affairs)
14.	Dr. Manoj Kumar, Assistant Professor, MPH, Panjab University, Chandigarh
15.	Mr. Sandeep Mittal, Deputy Director (TI), Chandigarh SACS – Convener

Rapid field assessment		
Indicator	Outcomes	Date of Finalized
Identification & Listing the Hotspots (Existing hotspots/ New Hotspots Catchment Areas)	146	15 th Dec-20
Identification & Listing the Network operators	0	15 th Dec-20
Identification & Listing the Community liaisons	7	15 th Dec-20
Identification & Listing of the potential KIs & stakeholders	Done for all 146 Hotspots	15 th Dec-20

Micro Planning at the TIs & District level -

Sorting of the hotspots typology wise and merge the duplicate hotspots- 30th Dec-20 & 12th January'21

Constitution of the team for the data collection and allocation of the hotspots- 30th Dec-20 & 12th January'21

Day wise planning for data collection at the Team level - 18th January' 21

P-MPSE Status in Chandigarh

Constitution of State Steering Committee	October '20
1 st Meeting of State Steering Committee	20th Nov'20
Constitution of CAB in the district	CAB constituted on 27th November
First CAB Meeting	21-Dec-20
Date of initiation of field work in the district	22-Jan-21
Date of second CAB Meeting	23-Feb-21
Date of completion of field work in the district	01-Feb-22
Date of third CAB Meeting	24th September'21
Date of 4th CAB Meeting	20th June '22

Consolidation of results and review

- The results have been consolidated and reviewed with CAB by CSACS and PO-TSU

State level stakeholder consultation on initial results

- Initial results have been regularly shared with SCAS & TSU for consultation by PO-TI.

Review of results by State Steering Committee and recommendation to NACO

- It's going on today.

Creation of State Steering Committee and development of roadmap

- State Steering Committee created – Yes
- 1st Meeting held of the State Steering Committee – Yes
- Date of Meeting - 20th November'20

Creation of State Working Group

- Chandigarh SACS
- Technical Support unit
- Representatives of CAB

Training of state, district and TI staff

- Training of State & district officials –Virtually Conducted by NACO
- Induction Training of PO – 2nd and 3rd July'20 by TL TSU & SACS Refresher Training of Po–6th Jan.'21 Virtually conducted by NACO
- Induction Training of PMs & M& E, A TI - 07th Sep.'20 Virtually conducted by PO TITSU
- Induction Training of TIs- 26th to 27th November'20 conducted by SACS & TSU Refresher Training of TIs: 12th January'21 conducted by SACS



IEC Activities 2021-22

IEC, Youth & Mainstreaming (FY 2021-22)



IEC, Youth & Mainstreaming (FY 2021-22)



IEC Activities 2021-22

Out Door Media

To create awareness about HIV/AIDS Awareness messages were put up on radio cabs and AUTORIKSWA .



International Women's Day 8th March 2022.

International Women's Day is observed on 8th of March every year. Chandigarh State AIDS Control Society (Chandigarh SACS) conducted a maga event for appreciating women who have worked extra ordinarily in the field of HIV/AIDS on 8th March, 2022.

AIDSCON 11 – The National Hybrid Conference “Towards AIDS-Free World”

National Conference AIDSCON 11, was organized by Chandigarh State AIDS Control Society it was inaugurated by Sh. Alok Saxena, Additional Secretary & Director General, National AIDS Control Organization, Govt. of India, Ministry of Health & Family Welfare, New Delhi on 11th March, 2022 along with Sh. Yashpal Garg IAS, Secretary Health UT Chandigarh alongwith Dr. Suman Singh, Director Health Services UT, Chandigarh. This 11th National Conference was organized in a hybrid mode. More than 910 people from all over the world joined the Conference virtually and more than 100 people physically. Speakers from Global Organizations, WHO, UNAIDS, USAIDS, CDC, PLAN India, SAATHI working in the field of HIV/AIDS shared their strategies to ensure effective implementation of National AIDS Control Programme (NACP) Phase V which was launched recently.



CYCLOTHONE ON WORLD AIDS DAY 2021

Every year, on 1st December, the world commemorates World AIDS Day. People around the world unite to show support for people living with and affected by HIV and to remember those who lost their lives to AIDS. To observe World AIDS Day, Chandigarh State AIDS Control Society had organized a Cyclothon (By-cycle Rally) on 1st December 2021 from Sukhna Lake to Lake in Sector 42, Chandigarh. The rally was flagged off by Sh. Yashpal Garg, Secretary Health, UT Chandigarh from Sukhna Lake. More than 350 Cyclists from the city participated. The youngest Cyclist was 13 years old and the oldest was 66 years. College Students formed the bulk of the Cycle Rally. Cars with Banners as well as an Ambulance followed the Cyclists for their safety. On this day PLHVs were Honoured by Chandigarh SACS.

MAINSTREAMING ACTIVITIES UNDER FY 2021-22

As per the physical Target, total 4170 persons were Sensitized/ trained out of the target of 3840 persons (109 %) in 46 workshops/ Trainings/ Sensitization Activities



General Community : HIV/AIDS Awareness programm was conducted with the help of State Legal Services Authority for rural/ slum belt persons on 28/8 at Dhanas in which 162 Persons were counseled

Ladies of various Self Help Groups were sensitized for HIV/AIDS Awareness in different four programmes. The programmes were conducted in continuation of Joint working Groups with Developmental Cell (UPA Cell) of Municipal Corporation office Chandigarh. Two programmes were conducted at MC office on 24th and 26th November 2021 and two were conducted at Community Centre Dispensary of Sector 25, Chandigarh on 17th & 27th October



Front Line Workers :- 40 Anganwari workers on July 17th at Community Centre 47 Chandigarh were sensitized for HIV/ AIDS Awareness with the help of department of Social welfare.





Chandigarh SACS organized the HIV Awareness & Free HIV Screening Camp at Nari Niketan, Sector 26, Chandigarh on 14th December 2021. Dr. Jitender Dahiya, AD (SPM) educate the audience about General Health care & HIV. Total 57 seven women were checked for HIV.



Youth Groups and Students:- 80 female students at “MCM DAV College for Women” on 27 Aug, were taught on HIV/AIDS. 6 sessions were taken in different Govt.Model school in which 190 Students were sensitized on HIV prevention and Self Care.

Total 21 volunteers from Rajiv Gandhi Institute for Youth Development, Sec 12, Chd under NYKS were trained in a full day workshop were made aware about General Health Care, Prevention of HIV Infection, Importance of Blood donation, Child Abuse and Drug Abuse Prevention.



Training of CRPF and ITBP (Under Central Armed Forces) :- One full day Training on HIV Prevention was conducted on 13th December 2021 for 110 cadets of 13 BN, CRPF Chandigarh



GIPA Activities

The activities were conducted with the Help of Chandigarh Network for PLHIVs, (CNP +) & some other charitable organisations. They were taught about HIV/AIDS Awareness, healthy life style after becoming HIV Infected and also facilitated to link with other departments. Total 4 programmes conducted on 25th of June, 25 Sept, and 25th February 2022



Ration and other domestic utility items were also distributed amongst PLHIVs, HRGs on different occasions by Chandigarh SACS



चंडीगढ़ एड्स कंट्रोल सोसाइटी और युवसत्ता ने आयोजित किया एचआईवी/एड्स महिला स्वास्थ्य शिविर

आज समाज नेटवर्क

चंडीगढ़। एचआईवी/एड्स के प्रति लोगों की धारणा बदलने के मिशन के तहत मुक्तधर को कोविड के सभी प्रोटोकॉल का पालन करते हुए सेक्टर-26 स्थित किलाब घर में चंडीगढ़ एड्स कंट्रोल सोसाइटी (सीएससीएस) और शहर की स्वयंसेवी संस्था युवसत्ता की ओर से महिला स्वास्थ्य शिविर का आयोजन किया गया। इस शिविर में 82 से अधिक महिलाओं की एचआईवी/एड्स और सिफिलिस की जांच की गई। चंडीगढ़ एड्स कंट्रोल सोसाइटी के अतिरिक्त निदेशक डॉ. जितेंद्र दहिया इस अवसर पर मुख्य अतिथि के तौर पर उपस्थित थे। इस मौके पर युवसत्ता के संयोजक इमोद शर्मा भी मौजूद थे। इस मौके पर डॉ. जितेंद्र दहिया ने कहा कि दुनिया भर में एचआईवी से पीड़ित लोगों की संख्या



चंडीगढ़ एड्स कंट्रोल सोसाइटी और युवसत्ता ने आयोजित किया एचआईवी/एड्स महिला स्वास्थ्य शिविर।

में आधे से ज्यादा महिलाएं हैं। और युवा महिलाओं (10-24 वर्ष की आयु) में समान उम्र के युवा पुरुषों की तुलना में एचआईवी होने की संभावना दोगुनी होती है क्योंकि असमान सांस्कृतिक, सामाजिक और आर्थिक स्थिति के

कारण उत्पन्न भेदभाव की वजह से एचआईवी महिलाओं और किशोरियों को असमान रूप से अधिक प्रभावित करता है। इस अवसर पर इमोद शर्मा ने महिलाओं व उपस्थित अन्य लोगों को



आज समाज

कोरोना वायरस संक्रमण के विभिन्न पहलुओं के साथ-साथ संक्रमण को रोकने के लिए एहतियाती उपायों और स्वस्थ रहने के बारे में शिक्षित किया। अंत में विजय अटर्स बुर के कार्टूनियर्स द्वारा 'नो एड्स फॉर नो एड्स' विचार पर

एक नुक्कड़ नाटक का आयोजन किया गया। इस अवसर पर इनर वोल्ट क्लब, चंडीगढ़ के सदस्यों ने कार्यक्रम में भाग लेने वाली अतिथि रूप से कमजोर व वंचित महिलाओं को 250 नए कंकल वितरित किया।



Red Ribbon Club (RRC) Activities in 2021-22

List of Red Ribbon Clubs (RRC)

1	Sri Guru Gobind Singh College for Education, Sec-26, Chd	14	Brahm Rishi Yoga Training College-Sec19, Chd.
2	Sri Guru Gobind Singh College for Women,Sec-26, Chd	15	DAV College, Sec-10, Chd.
3	Dev Samaj College of Education, Sec-36 B, Chd	16	Govt. College of Commerce & Business- 42 Chd.
4	Dev Samaj College for Women Sec-45 B, Chd	17	Govt. Polytechnic College, Sec-10, Chd.
5	Chd College for Eng. & Tech., Degree wing, Sec-26, Chd	18	Govt. College for Girls, Sec-42, Chd.
6	Govt. College, Sec-46, Chd.	19	Govt. College of Education, Sec- 20, Chd.
7	P.G. Govt. College , Sec-11, Chd	20	College of Nursing PGIMER, Chd.
8	Sanatan Dharma College, Sec-32 C, Chd	21	Punjab Engineering College,Sec-12, Chd.
9	P.G Govt. College for Girls , Sec-11, Chd	22	GMCH, Sec-32, Chandigarh
10	MCM DAV College, Sec-36, Chd.	23	Dr. HSJ Institute of Dental Sciences, Sec-25, Chd
11	Sri Guru Gobind Singh College of Pharmacy, Sec-26, Chd	24	Deptt. Of Education, Punjab University, Sec-14, Chd
12	Govt. College of Yoga & Health Education, 23- Chd	25	Centre for Public Health, PU, Sec-25, Chd
13	Home Science College for Girls, Sec-10, Chd		



National Level Quiz 2021-22 in Agartala



Regional Level Quiz 2021-22 in Shimla

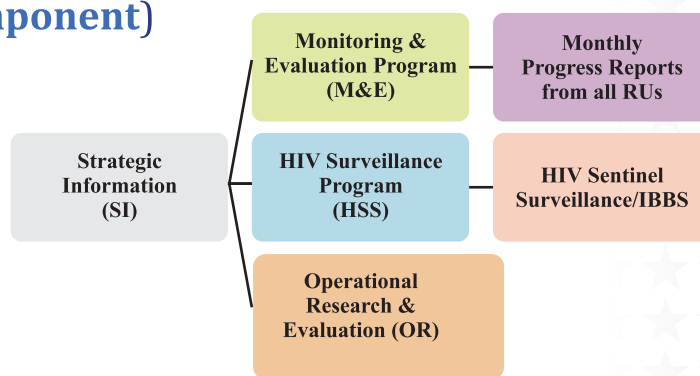


Sub-Regional Level Quiz 2021-22 in Chandigarh

Strategic Information Management (SI Component)

Operational Research

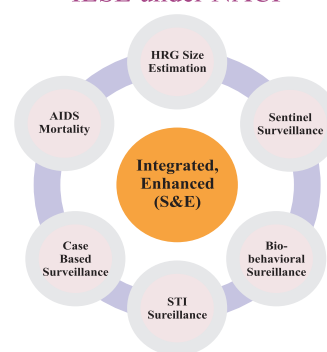
Research & Evaluation is a vital component of Strategic Information Management under the National AIDS Control Programme (NACP). National AIDS Control Organisation (NACO) focuses on ensuring translation of research outputs into programmatic action and policy formulation. NACP IV envisaged that research priorities will be customised to the emerging needs of the programme.



National HIV/AIDS Research Plan

In order to identify key evidence gaps and research needs of the programme and to systematically address them through scientific research, NACO has articulated the 'National HIV/AIDS Research Plan' (NHRP). NHRP focused on commissioning time-bound research studies in a phased manner, with a multi-centric approach and evolving a strong mechanism to use the research outcomes for programmatic purposes. The two key activities under the National HIV/AIDS Research Plan is setting priority areas for research in HIV/AIDS and to commission & initiate research studies on the key priority areas.

Strategic Framework of IESE under NACP



Vision	Objectives
<p>The key defining features of NHRP are as follows:</p> <ol style="list-style-type: none"> 1. Research focused to assist evidence based policy decisions and programming 2. Multi-centric and representative research for meaningful evidence at the national level 3. Ability to offer solutions customised to region specific context 4. High standards of scientific rigour and robustness 5. Innovative research methods to overcome research barriers 6. Institutional collaboration and cross-learning 7. Active involvement of programme leading to ownership of research outcomes and their translation into programme. 	<ol style="list-style-type: none"> 1. To identify the information gaps and research needs in the programme that require research to generate fresh evidence 2. To develop and finalise research priorities in consultation with programme divisions, partners and technical experts 3. To commission epidemiological, socio-behavioural, operational, clinical research and evaluations through identified institutes / organisations 4. To consolidate & disseminate research outcomes for programmatic use from time to time. 5. To promote scientific publication in the form of papers/ articles/ reports/ briefs etc.

Integrated And Enhanced Surveillance Epidemiology (IESE)

Surveillance & Epidemiology (S&E) plays a fundamental role in public health. HIV surveillance systems always monitor the magnitude and trends in the prevalence of infection and risk behavior. Data from HIV surveillance system are used for evidence-based program planning.

National AIDS Control Organization (NACO) has formulated Integrated and Enhanced Surveillance and Epidemiology (IESE) of HIV, STIs and related co morbidities to anchor the national AIDS response till 2030.

The strategic framework of IESE is a natural extension of the strategy document of the National AIDS & STD Control Programme Phase-V (2021-2026) which identify Strategic Information as the third guiding principle. The framework for the Second Generation Surveillance (SGS) has five components

- (i) Mapping of HRGs.
- (ii) HIV sentinel Surveillance.
- (iii) Behavioral Surveillance Survey (BSS)/ Integrated Bio-Behavioral Surveillance (IBBS) survey.
- (iv) Sexually Transmitted Diseases (STD) Surveillance. v. HIV case and mortality

Operational Research & Evaluation (OR&E)

Operational Research is the study of **“How to Make Decision Effectively”**

- HIV operations research (OR) has been defined as a process of identifying and solving programme problems with the goal of increasing the efficiency, effectiveness, quality, availability, accessibility and acceptability of services
- It helps to identify solutions to problems that limit program quality, efficiency and effectiveness, or to determine which alternative service delivery strategy would yield the best outcomes.

Objectives:

- To finalise research priorities in consultation with program divisions, partners and technical experts.
- To consolidate & disseminate “Research Outcome” for programmatic use.
- To identify the gaps in program to generate fresh evidences.
- To promote scientific publications in form of brief note, reports and articles.

Total Agencies = 4

1. Deptt. of Community Medicine (PSM) GMCH-32, Chandigarh
2. Centre for Public Health, (CPH) Panjab University, Chandigarh.
3. Centre for Population Research (PRC), Panjab University, Chandigarh.
4. Indian Association of Adolescent Health (IAAH)

Selected Research Topics for Chandigarh (F.Y 2021-22)



NACO Approved “Primary Research Topics”			
1.	Assessment of the Adolescence Education Programme concerning HIV/AIDS and Sexual Health Awareness in Schools of Chandigarh.	<ol style="list-style-type: none"> 1) To evaluate the programmatic outcomes of AEP achieved and its linkages with other departments. 2) To examine the knowledge regarding HIV/AIDS sexual health behavior of adolescent students. 3) To explore opinions of students and teachers regarding their felt needs and difficulties encountered in implementation of AEP. 	Department of Community Medicine GMCH-32, Chd.
2.	Evaluation of Quality of HIV Counseling Services and experience of clients attending Integrated Counseling & Testing Service Centre's of Chandigarh – a Mixed method Study.	<ul style="list-style-type: none"> • To evaluate the <i>quality</i> of the counselling sessions • To evaluate the <i>content</i> of the counselling sessions • To evaluate counsellor <i>burnout</i> • To evaluate <i>client satisfaction</i> with the client–counsellor interaction • To assess the reasons for gap between pre-test and post counselling 	

	NACO Approved “Primary Research Topics”		
3.	Impact of Information Education Communication (IEC) & Youth	<ol style="list-style-type: none"> 1. To identify the target groups/audiences/segments. 2. To assess media habits, preferred media, mass media (TV, radio, print, Film). 3. Folk media, outdoor, IPC, Health worker etc, and their efficacy. 4. To understand knowledge, awareness, attitudes and practices about HIV and AIDS and STI. 5. To understand reasons for risk perceptions, beliefs, habits and opinions about HIV and AIDS and STIs. 	Centre for Public Health, Panjab University, Chandigarh.
4.	Barriers to access Opioid substitution therapy (OST) among Injecting Drug Users in Chandigarh : A mixed method study	<ol style="list-style-type: none"> 1. Study the socio-demographic profile of the Injecting Drug Users (IDUs) 2. Assess the gaps and barriers in the accessibility of the OST services of LFU cases 3. Study the motivating factors for the regular intake of OST 4. Determine the Patients' and Providers' Perspective on the feasibility and effectiveness of the OST Services 	Population Research Centre, Panjab University, Chandigarh. And Centre for Social Work, Panjab University, Chandigarh.

Achievement: All these 4 Research Projects of F.Y 2021-22 are running and allotted to empanelled research institutes.

Chandigarh Scorecard (2021-22)

SI	% of NACP facilities active in SOCH (G= \geq 90%, Y=75-89%, R= $<$ 75%)	
	Status of State Data Management Committee (G=one meeting, Y=no meeting held, R=not constituted)	
	Status of finalized Priority areas for Operational Research and Evaluation (G=4, Y=3, R= $<$ 3)	
	RANK	1
<div>Green =3Marks</div> <div>Yellow = 2Marks</div> <div>Red= 1Mark</div>		





World AIDS
Day

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