MONITORING & EVALUATION

National AIDS Control Programme, Phase-III, India

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NACO

National AIDS Control Organisation

India's voice against AIDS
Department of AIDS Control
Ministry of Health & Family Welfare, Government of India
www.nacoonline.org

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CONTENTS

INTRODUCTION AND BACKGROUND

India's response to the evolving Human Immuno-deficiency Virus (HIV) epidemic is largely based on evidence generated from multiple sources such as HIV surveillance, programme data and research studies on HIV/AIDS and risk behaviours. The HIV surveillance system in India has been characterized by a growing network of sentinel and facility-based HIV sero-prevalence surveys, used for measuring trends in HIV prevalence and developing state and national prevalence estimates. Behavioural surveillance surveys and research studies have also been conducted in a number of states to track HIV-related risk behaviours. The Computerised Management Information System (CMIS), established nation-wide, is another source of strategic information for programme monitoring and evaluation. Similarly, the National AIDS Control Programme III (NACP-III) has also successfully established a Computerized Project Financial Management System (CPFMS). Previously, under NACP-II, programme implementation lacked a strategic approach and the implementation units were not effectively using programme data for planning.

"NACP-III aims at strengthening data collection, compilation, analysis and its use"

Of particular concern was that neither programmatic data from the CMIS nor sentinel surveillance data were sensitive enough to detect emerging "hot spots." Analytical capacities at the state level were weak and had not utilized the existing data for planning purposes. State ownership and recognition of the importance of monitoring and evaluation (M&E) were weak and only 50% of the M&E positions were filled by 2005. Andhra Pradesh and Tamil Nadu have developed state-specific initiatives and showed leadership in utilizing programme data for effective programme planning and monitoring.

Patricipatory evaluation at a FSW TI

Tamil Nadu has also brought on board all the key partners in the state and created a common platform to share the programme data and implementation plans. With further decentralization to the district level, there is a greater need to enhance these skills in all states.

NACP-III intends to intensify the efforts to control and reverse the epidemic in India during its implementation period. Achieving this, calls for a strong Strategic information management system which is responsive to the requirements of the programme, acts like an "early warning mechanism" and supports evidence-driven management. NACO is committed to strengthening the M&E systems countrywide so that issues related to data collection, compilation, analysis and use are adequately addressed. This involves establishing and strengthening institutional mechanisms and capacities at the national and state levels.

This document captures the system of monitoring and evaluation which has been developed and strengthened under the National AIDS Control Programme.

Group of NGO workers filling up MIS formats

PROGRAMME MONITORING

Based on the lessons learnt from NACP-II and consultations with State AIDS Control Societies (SACS) and development partners (DPs), NACP-III is in the process of establishing "one nationwide monitoring and evaluation framework" in the spirit of the "Three Ones." This framework ensures effective use of information generated by government agencies, non-governmental organizations (NGOs), civil society and development partners. The group has also developed programme indicators, operational plans and an "Operational Manual for Strategic Information Management (SIM)." During appraisal of NACP-III, one M&E framework and one joint review mechanism will be used.

> "SIMU established in NACO and SACS to enhance data flow and feedback at all levels"

Strategic Information Management Unit (SIMU)

In order to maximize effective use of all available information and implement evidence-based planning, NACP-III is establishing a Strategic Information Management Unit (SIMU). It is present at the national, state and select district levels to address strategic planning, monitoring and evaluation, surveillance and research. The Strategic Information Management Unit assists NACP-III in tracking the epidemic and the effectiveness of the response and helps assess how well NACO, State AIDS Control Societies, and all partner organizations are fulfilling their commitment to meet agreed objectives.
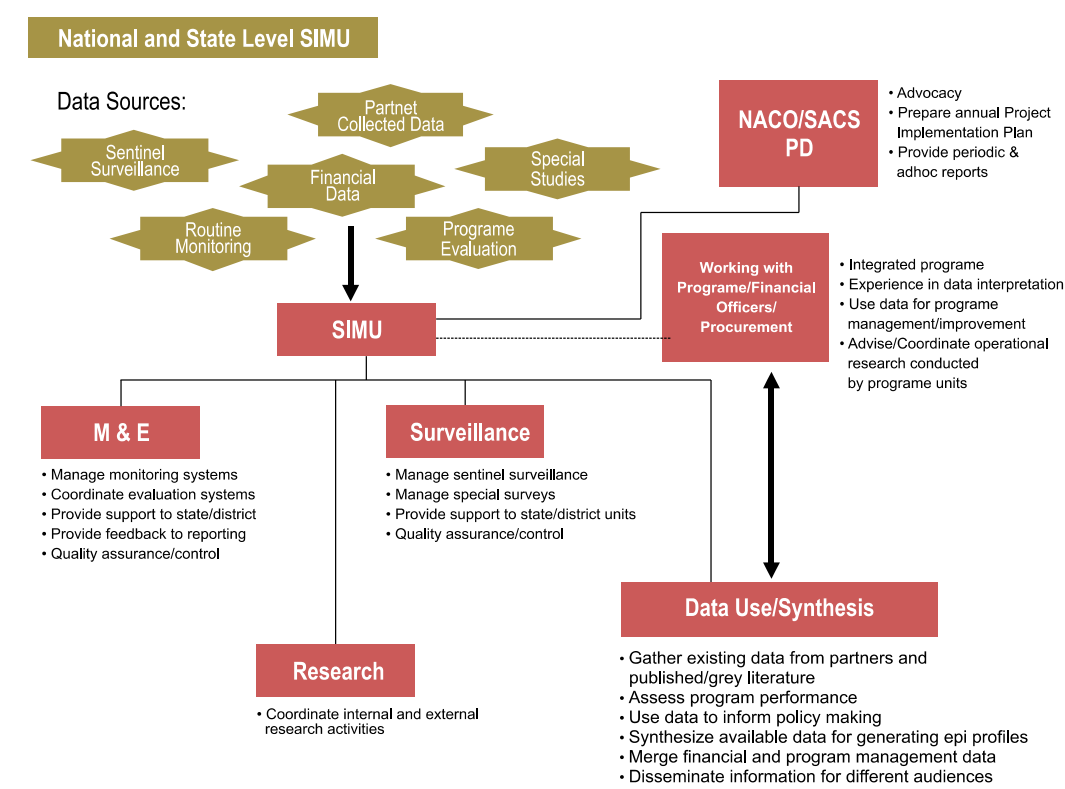

Group of NGO workers involved in mapping

NACP-III is in the process of rolling out a robust Strategic Information Management System (SIMS) which focuses on programme monitoring, evaluation and surveillance, and knowledge gathering. Quality standards for all programmatic areas are being established in consultation with technical officers, and will be the basis for measuring performance, analyzing variances, identifying bottlenecks, alerting the programme managers and facilitating corrective measures.

Strategic Information Management Units established in NACO and State AIDS Control Societies are enhancing data flow and feedback at all levels. The responsibilities of programme officers in the Strategic Information Management Unit are depicted below:

Strategic Information Management Units and Data Flows

National and State Level SIMU

Data Sources:

- Partnet Collected Data
- Sentinel Surveillance
- Financial Data
- Special Studies
- Routine Monitoring
- Programe Evaluation

NACO/SACS PD
- Advocacy
- Prepare annual Project Implementation Plan
- Provide periodic & adhoc reports

SIMU

Working with Programe/Financial Officers/ Procurement
- Integrated programe
- Experience in data interpretation
- Use data for programe management/improvement
- Advise/Coordinate operational research conducted by programe units

M & E
- Manage monitoring systems
- Coordinate evaluation systems
- Provide support to state/district
- Provide feedback to reporting
- Quality assurance/control

Surveillance
- Manage sentinel surveillance
- Manage special surveys
- Provide support to state/district units
- Quality assurance/control

Research
- Coordinate internal and external research activities

Data Use/Synthesis
- Gather existing data from partners and published/grey literature
- Assess program performance
- Use data to inform policy making
- Synthesize available data for generating epi profiles
- Merge financial and program management data
- Disseminate information for different audiences

Data Dissemination: An Important Activity of the SIMU

At the national level, the Strategic Information Management Unit is being established with the skilled staff to coordinate and provide technical oversight to the SIMU. At the state level, the SIMU is providing support to State AIDS Control Societies for programme planning, implementation and monitoring and is overseeing and providing supportive supervision and capacity building for the district level monitoring and evaluation. At the district level, an M&E system is being established to monitor programme activities within the district and provide information and feedback on programme performance to State AIDS Control Societies and implementation partners. Induction training of newly recruited strategic information management and M&E personnel, project directors and technical

officers at the district and state levels includes basic training on monitoring, evaluation and appropriate use of strategic information.

Areas that Needed Improvement

Based on the experience gained in NACP-II, several areas that required strengthening in NACP-III included:

- Reviewing and modifying indicators to be consistent with national needs, and international standards and global comparison (e.g., for antiretroviral therapy, an indicator handbook was prepared).

- Upgrading CMIS software to include indicators from newly developed programmatic areas, such as HIV, TB, antiretroviral therapy (ART), and integrated counseling and testing centre (ICTC) and for the software to allow entry of data from all partners and newly developed programmes.

- Updating the Strategic Information Management System to combine technical, logistic and financial programme monitoring.

- Creating standardized reports for each programme area, which can easily be generated by various implementation units.

- Carrying out regular reviews of the programme at the district, state, and national levels.

Programme Management, Implementation, and Monitoring Tools

Five key data streams have been identified to strengthen programme management, accountability, learning and planning aspects. These include:

1. Programme reports being produced on a monthly or quarterly schedule at the national, state, and district level using information from the CMIS. The reports focus on specific areas of programme

"Reports, Dashboard, Annual Report, CMIS, CPFMS and surveys are key monitoring tools"

Training on programme monitoring tools

management such as antiretroviral therapy and blood safety. Programme managers at the national, state, and district level are the key users of these reports.

2. A "dashboard" with information on key indicators serves as a quarterly monitoring tool. It is based on data from the CMIS and state monthly programme reports. It helps in management oversight at State AIDS Control Societies, NACO and the National AIDS Control Board (NACB) levels.

3. An annual report on the state of the epidemic and response is produced at the national level using data from the CMIS, surveillance, special surveys, research, Computerised Project Financial Management System (CPFMS), and other sources.

4. Programme evaluations are being planned for mid-term and at the end of programme. These evaluations will be based on information from the field, annual reports, special surveys, and evaluation processes.

5. Key research findings, surveys, special studies and other reports are being published on a regular basis to inform NACO, State AIDS Control Societies, partners and a wider audience.

In consultation with development partners, formats for two products have been prepared—a quarterly dashboard, and a set of annual core evaluation indicators. These serve as the basis of the Annual State of the Epidemic report.

Computerized Management Information System (CMIS)

A Computerized Management Information System (CMIS) was designed to provide information on specified NACP-II components to the National AIDS Control Organization (NACO) and State AIDS Control Societies to assist in programme monitoring and planning. The CMIS is a three-tier data flow system with the capability to handle state and district data for monthly, quarterly and annual reports. Major modifications of the CMIS have been carried out based on feedback received from SACS and Municipal AIDS Control Societies (MACS). These modifications have led to a more comprehensive and
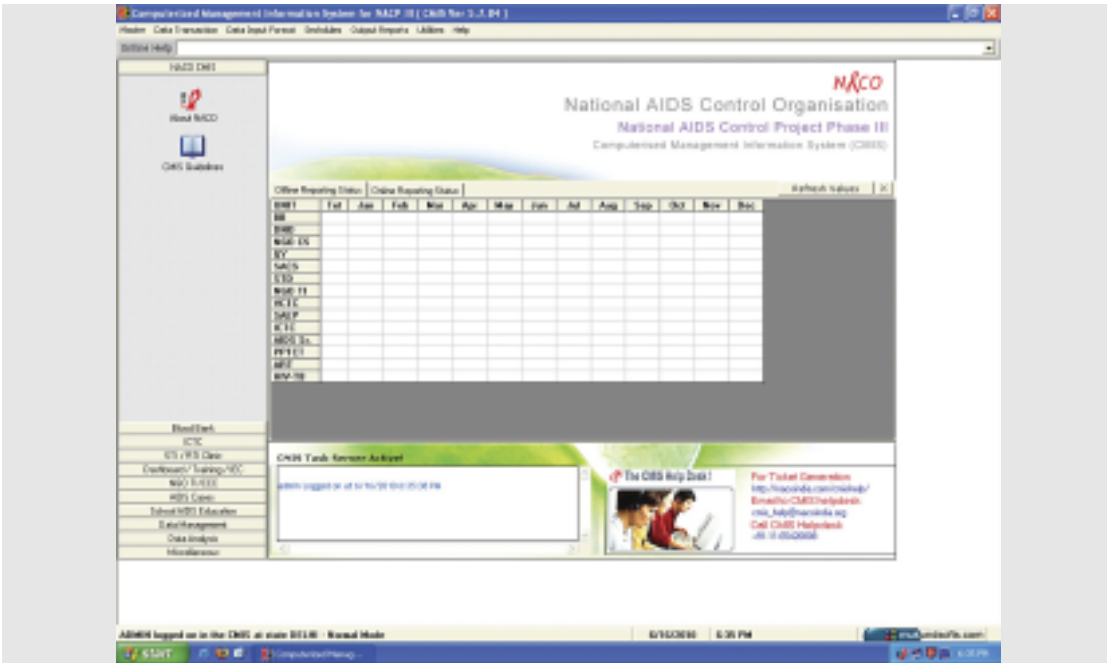
Screenshot of CMIS

flexible system that allows for generation of customized reports with the provision of an electronic data collection mechanism from the primary data generation units.

A number of gaps and deficiencies have, however, led to incomplete implementation of the CMIS. These include:

- Low reporting by primary data generation units (in 2005, on an average, only 70% of units reported)
- Lack of skills to appropriately use information generated through the CMIS
- Poor quality of data due to inadequate training of the primary data collection units
- Lack of routine feedback from NACO to State AIDS Control Societies and from State AIDS Control Societies to primary data collection units
- Lack of systems to regularly share information with key stakeholders

NACP-III revamped the CMIS to address the gaps and add features to support decentralization to the district level. Manpower and infrastructure needs for operation of the CMIS are supported through contracts to professional agencies. Regular review of issues related to the CMIS is carried out through meetings of programme managers and M&E officers.

Dashboard

The dashboard is the key tool for programme management at the national and state level. It comprises a set of process indicators - inputs and outputs - that are collected quarterly. These help managers on the programme implementation status and provide early warnings of weaknesses and processes which are failing. The dashboard facilitates management oversight starting from the National AIDS Control Board, the National AIDS Control Organisation, and State AIDS Control Societies. NACO is using

"The dashboard gives early warnings of weaknesses and failing processes"

A link worker sharing his field experiences

state dashboards to monitor and brief the National AIDS Control Board about indicators that are off track and overall performance of State AIDS Control Societies.

The dashboard is planned and reviewed yearly. Efforts are being made to enhance the use of state dashboards not only as management tools but also for rewarding good performance, local innovations and perhaps even for performance-based financing.

Key Indicators

• Percentage of reporting units providing complete, regular and timely reports.

• Number of states with 70% completion of the district data analysis sheets (to be measured every six months).

• Number of State AIDS Control Societies producing a report every quarter which includes: a) monitoring indicators, and b) findings of the ongoing evaluation.

• Number of states conducting at least two key intervention evaluations per year.

• One participatory programmatic and one scientific/analytical evaluation by NACO every three years.

• Number of states with timely annual antenatal clinic HIV reporting according to standard protocol including prevention of parent-to-child transmission (PPTCT) programme.

• Proportion of districts with M&E staff in place.

• Percentage of budget spent on M&E at national, state and district level.

• Number of state project directors conducting: a) quarterly review meetings including a review of M&E information; b) engaging partners in the review meeting; and c) providing feedback on performance and reporting.

Improvements Made During NACP-III

Development of an integrated M&E plan for NACP-III

A sound strategy has been developed laying down the conceptual framework for M&E under NACP-III in the Project Implementation Plan. For developing that M&E plan, an M&E assessment using Global Fund (GFATM) diagnostic tools along with all implementing partners was done to find strengths and weaknesses. Based on the principle of three ones, using the M&E strengthening tool, a comprehensive M&E plan was developed. This plan lays down the basic rules, definitions and operating procedures to ensure a strong M&E system to monitor progression of the HIV epidemic in India as well as tracking the performance of the programme in the country. This consists of an Operational Guideline for Strategic Information Management Unit (SIMU) and a handbook of core indicators giving details of definitions, source of collection, frequency, level of use, and strengths and limitations.

Strengthening systems for better M&E

An assessment of existing systems was done including manpower, infrastructure, hardware and software, and connectivity, etc. Recruitment was closely monitored so as to have required capacities in place. NACO supported state SIMUs have dedicated data-entry operators to improve on reporting. Follow-up for filling the positions of statistical officers and assistants is done. Strengthening the staff has improved the quantity and quality of reporting.

To ensure supportive supervision, a system of quarterly review and training of M&E officers has been initiated. A review on quantity and quality of reporting is done. Directions and guidelines for on-site verifications have been developed and shared with SACS.

Component specific consultations are organized to assess the information needs, current information sources and tools being used, identify gaps and to discuss proposed planning for better monitoring for improved programme outcomes.

> "A comprehensive M&E plan was developed on the principle of three ones using the M&E strengthening tool"

Improving component specific M&E

1. **ART Centres:** A "training of trainers" is organized for improving recording and reporting including computerization at ART centres. The training of ART staff is organized across the country to cover all ART centres. The training focuses on basic definitions of indicators, orientation on M&E systems, data analysis and use of critical indicators. An M&E training module has been developed with the support from the World Health Organization. A team approach was used for these trainings so that there is a complete understanding of the issue, systems, roles and responsibilities. For these trainings, community medicine in-charges of Department of Preventive and Social Medicine at medical colleges were trained and are being used as resources.

2. **Integrated counseling and testing centres:** For improving HIV-case reporting, it is essential that the recording systems at ICTC's are improved. The staffs at ICTCs are oriented on M&E systems and computerization. Client line-listing software has been prepared with support from the development partner KHPT. An extensive training of ICTC staff (mainly counselors) on M&E, including basics of computers and the software is done.

3. **STI and RTI reporting:** This is one of the components whose reporting performance was sub-optimal. The overall efforts for improving the performance by simplifying the tools, training on the definitions, communicating clear guidelines and highlighting issues for action in review meetings

Debriefing session with the TI team

of M&E officers and programme officers is helping in improving reporting both in terms of quality and quantity. The M&E sessions in trainings of Joint Directors/Deputy Directors of STD in SACS have also an impact on improving reporting.

4. **Community Care Centres:** A simple uniform record-keeping system has been developed to implement at Community Care Centres. An M&E manual has also been developed for the training of Community Care Centre staff on M&E.

Improving CMIS and overall reporting

For improving reporting, a systematic approach has been undertaken. Immediate changes in terms of refining and developing a few output reports, developing modules for non-existent components like ART, visits to major non-reporting states to rectify problems of non-reporting, reinforcing the uniform tools, organizing CMIS trainings, providing ongoing support in rectifying problems related to formats, software and clarifying issues regarding reporting masters helped improve the reporting percentages.

Development of Strategic Information Management System (SIMS)

SIMS is a web-based application with a central server and sophisticated tools aiding in data analysis and integration from different data sources/platforms. It is proposed to increase the efficiency of computerised M&E system by having adequate data quality through centralized validated data. Data transfer mechanisms shall be improved by using the web-enabled application and efficient data management rights (Access Rights Control) from reporting unit to national level will be there. It will provide evidence to track the progression of epidemic with respect to demographic characteristics, geographical area including GIS support. It 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 level. The Built in rules, regulations and policies to facilitate

Record keeping at the ART centre

alerts and data integrity checks. The Ad-hoc reporting through data warehousing, drill-down and slice-n-dice facility shall also be available through cubes.

Key Achievements of the Strategic Information Management Unit

1. **Improvement in completeness of reporting:** The overall reporting percentage has increased from 46% in 2006 to 83% in 2009. There are component specific variations and some have improved more than others. The same can be said about the states, some have responded better than the others.

2. **Improvement in data quality:** By making validations and cross-references in the input formats automated, the quality of data has improved. The data are more consistent for all components.

Initiating Use of Information for Decision Making

1. **Data analysis:** Data is analyzed at various levels. Dissemination of the quarterly CMIS bulletin with analysis of CMIS data on programme performance, comparisons and trends helps in taking corrective actions on time. The categorization of districts based on prevalence rates is used as a basis for planning decisions for various schemes. Outputs of the SIMU define the plan for developing various reports using various data sources to inform decisions.

2. **Supporting development of strategic planning:** Evidence-based planning is the key to effective programme outcomes. The Annual Action Plan 2009-10 templates for SACS has been designed. TSU Team Leaders for Strategic Planning and Monitoring and Evaluation Officers of SACS were trained, and district and facility level data were used in the process of planning and budgeting. The state Annual Action Plans are published on the NACO website www.nacoonline.org. The programme data were extensively used while developing and reviewing the plans for establishing new centres or fixing the annual targets.

> "Programme data is extensively used while developing and reviewing the annual
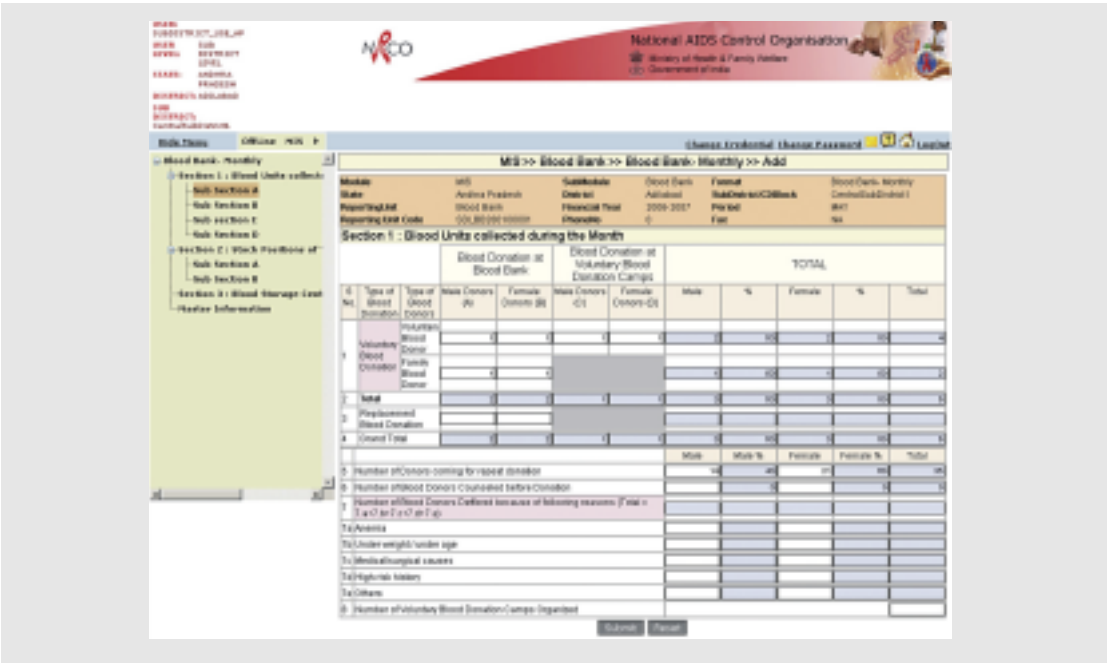
Screenshot of SIMS

3. **Using partner data:** Good progress has been made on harmonisation of M&E systems of partners with national M&E systems. Some common formats have been agreed upon for tracking the technical assistance provided. A software has been developed with support from UNAIDS to collate donor information, which gradually will be integrated into SIMS. Detailed guidelines are sent to partners and state M&E officers on donor reporting. Major states like Andhra Pradesh, Maharashtra, Tamil Nadu, and Karnataka have initiated reporting from donor-supported facilities.

SURVEILLENCE

HIV Sentinel Surveillance

One of the significant outcomes of National AIDS Control Programme is the establishment of a robust and credible HIV Sentinel Surveillance (HSS) system. HIV surveillance system in India is the largest HIV surveillance system in the world. The impressive expansion and improvised strategies adopted in HIV Sentinel Surveillance in India places it as one of the best HIV surveillance systems in the world. In the two-and-a-half decade long journey of HIV surveillance in India, the system has gone through a remarkable development both in terms of coverage, processes and implementing structure.

In 1998, NACO formalized annual HIV Sentinel Surveillance (HSS) across the country. Over the years, the numbers of sentinel sites were increased from 180 in 1998 to 1215 in 2008. The population groups monitored under HSS include pregnant women attending antenatal clinics (ANC), patients attending Sexually Transmitted Diseases Clinics (STD), Female Sex Workers (FSW), Men who have Sex with Men (MSM), Injecting Drug Users (IDUs), High Risk Migrants/Single Male Migrants and Long Distance Truckers. The national exercise of sentinel surveillance is implemented through coordination, support and supervision by National Institute of Health and Family Welfare, New Delhi as the national nodal agency and seven Regional Public Health Institutions in the country. Ten National Reference Laboratories and a network of more than 100 testing labs provide laboratory support to HSS. Entire process of testing samples under HSS is subject to external quality assurance mechanisms.

> "HIV surveillance system in India is the largest in the world with 1215 sentinel sites"

Behavioural Surveillance Survey

In conformity with the National AIDS Prevention and Control Policy, National AIDS Control Organisation (NACO) commissioned the first Behavioural Surveillance Survey (BSS) in 2001 as a part of NACP-II. This provided the baseline information on high risk behavioural patterns, knowledge, awareness and practices related to spread of HIV/AIDS in the country. Towards the end of NACP-II, after a gap of five years since the first wave of BSS, NACO commissioned the second wave of BSS in 2006 to measure the changes in behavioural indicators. In 2009, BSS was conducted in six states as a part of Mid-Term Review of NACP-III.

Target Groups covered in BSS 2009 include Brothel-based FSWs, Non-brothel based FSW, Men who have Sex with Men (MSM), Injecting Drug Users (IDUs), Single Male Migrants (SMM), Youth 15-24 years old (Urban and Rural) & Male & Female in General Population (Urban and Rural) 15-49 years. Thematic Areas Surveyed were Knowledge of HIV/AIDS, Transmission Modes and Prevention Methods, Condoms, Stigma & Discrimination, STIs, Substance Use, Sex Work and Migration, Sexual Behaviour and Condom Use, Injecting Practices and Needle Sharing Behaviour and Practices, Awareness of HIV/AIDS Programmes, Exposure to Interventions, Risk Perception and HIV Testing and Empowerment and Community Mobilisation.

RESEARCH & EVALUATION

Evaluation

Under the National AIDS Control Programme Phase-III, all intervention programmes have evaluation plans. Ongoing evaluation of district and state programmes and mid-term and terminal external evaluation of such programmes is on track.

Table 1: Evaluation Plan

Product/Tool	Levels	Purpose/Audience	Sources of Information
Dashboard Quarterly	National State	Management tool for NACO and partners used by NACB to monitor NACO & NACO to monitor SACS	State dashboards
State of the Epidemic and Response Annual	National State	Strategic management and governance tool for National Council on AIDS, National AIDS Control Board NCA, NACB, NACO, SACS, partners, GoI, Public, International Community Planning Monitoring Accountability Quality Dissemination	CMIS, surveillance special surveys, research, CPFMS
External Programme Evaluation Reports Mid-term, End of Programme	National State and District	Measurement of progress against objectives GoI, NCA, NACB, NACO, Development partners, SACS	Annual reports, special surveys, evaluation process
Programme Reports Monthly/Quarterly	National State and District	Programme management of specific areas (e.g., ART, Blood Safety) Programme Managers at National, State, and District level	
Published Research/ Other Reports Periodic	Any	NACO, SACS, Partners, Wider Audience	Research Studies, Surveys

Core Evaluation Indicators

The core evaluation indicators are a subset of 130 indicators selected on the basis of their validity, utility and feasibility. The indicators cover the goal and objectives of NACP-III and the United Nations General Assembly Special Session (UNGASS) targets. Information on core indicators provides the basis for the Annual Report on the State of the Epidemic and Response in India. This report is widely disseminated, and fulfills global information needs. It is also used to track progress of the programme. It is important to recognize that these indicators will not answer all questions about programme performance or progress against targets and do not preclude special studies on particular issues or more robust evaluation processes. State level targets are also planned to be identified and agreed between NACO and State AIDS Control Societies.

"Core evaluation indicators are selected on the basis of their validity, utility and feasibility"

Research

Successful HIV interventions reported from various parts of the world are always based on sound knowledge and research support and are in turn scientifically evaluated and tested for efficacy and replication. Since early 1990s, HIV-related research in India in diverse disciplines (e.g., epidemiological, clinical, behavioural and social sciences) has contributed to a much better understanding of the dynamics of the epidemic. However, issues of quality of research, knowledge utilization, transfer and management continue to be areas of concern. Further, much research remains non-validated, scattered and underutilized because of poor documentation and dissemination practice. The potential of intervention and action research and inter-disciplinary approach to crosscutting themes has to be utilised.

The main objective of the research agenda is to position NACO as the leading national body, promoting and coordinating research on HIV/AIDS nationally and in the South Asia region through partnerships and networking with multiple stakeholders, supporting capacity building for research through

A researcher conducting in-depth interview

established national academic and other research institutions, and as the central repository of all relevant resources, research documents and database on HIV/AIDS in the country.

The overall outcome of the research in NACP-III will be: enhanced knowledge and evidence base on various aspects of the epidemic, up-scaled HIV research crosscutting, multi-disciplinary themes, improved research quality, better research capabilities and expanded partnerships; better mechanisms for effective and efficient production, utilization and management of research-based knowledge on HIV/AIDS; relevant, measurable and context specific indicators for tracking the epidemic and assessing impact; and an action-oriented research agenda for testing and evaluating interventions for prevention, care and support.

Key Activities

- Establish a research wing division at the National AIDS Control Organization with strong linkages developed with research/academic institutions at regional and state levels.

- Constitute a multi-disciplinary Research Advisory Committee to guide implementation of research agenda during NACP-III.

- Identify critical gaps in existing knowledge through a commissioned comprehensive research review in relevant disciplines to develop an appropriate research agenda for filling in gaps at various levels.

- Identify key areas of research in bio-medical, clinical, epidemiological, behavioral and social fields which have a direct bearing on the HIV epidemic.

- Support ongoing applied research programmes for better understanding of the epidemic – its spread and impact and filling critical gaps in existing knowledge.

- Strengthen operations research and evaluation studies on the design, strategies, implementation and testing of HIV intervention programmes and measure their impact related to risk and vulnerability reduction, behaviour change, stigma reduction, HIV prevalence rate, etc.

- Build and improve capacity of researchers in the country for undertaking HIV research including inter-disciplinary, multi-site, action, intervention and operations research, and to increase skills in communicating research findings for impacting policy and programme.

- Build capacity for developing innovative methods to carry out studies on "hard-to-reach" and marginalized populations, mobile and migratory groups, stigmatized populations and other vulnerable groups like youth, adolescents, children, housewives, MSM, and transgender groups.

- Build capacity for monitoring and evaluating community-based interventions, school-based adolescent education programmes and support groups of positive people.

- Build networks, alliances and partnerships with national, state and district level research organizations to produce contextualised knowledge for local initiatives.

- Identify and promote a national research agency or consortium to organize a national conference on HIV/AIDS research once in every two years to share new developments on HIV/AIDS research.

IMPROVING EVIDENCE BASED STRATEGIC PLANNING

Epidemiological Profiling of HIV/AIDS Situation at District and Sub-district Level Using Data Triangulation

Under the third phase of the National AIDS Control Programme (NACP-III), the resources for HIV prevention, care and support interventions are allocated largely based on the district classification into A, B, C and D categories. In the absence of any other relevant data at the district level, the classification of districts was done using the data from HIV sentinel surveillance (HSS) on the prevalence among antenatal clinic attendees and high risk groups during 2004-2006. But now NACP-III is generating large volume of programme data as well as through several studies and research projects. During the first half of NACP-III, many more data sets are available for substantial number of districts in the country.

"Epidemiological Profiling of HIV/AIDS is important for decentralised planning"

Expanded HIV Sentinel Surveillance System in India
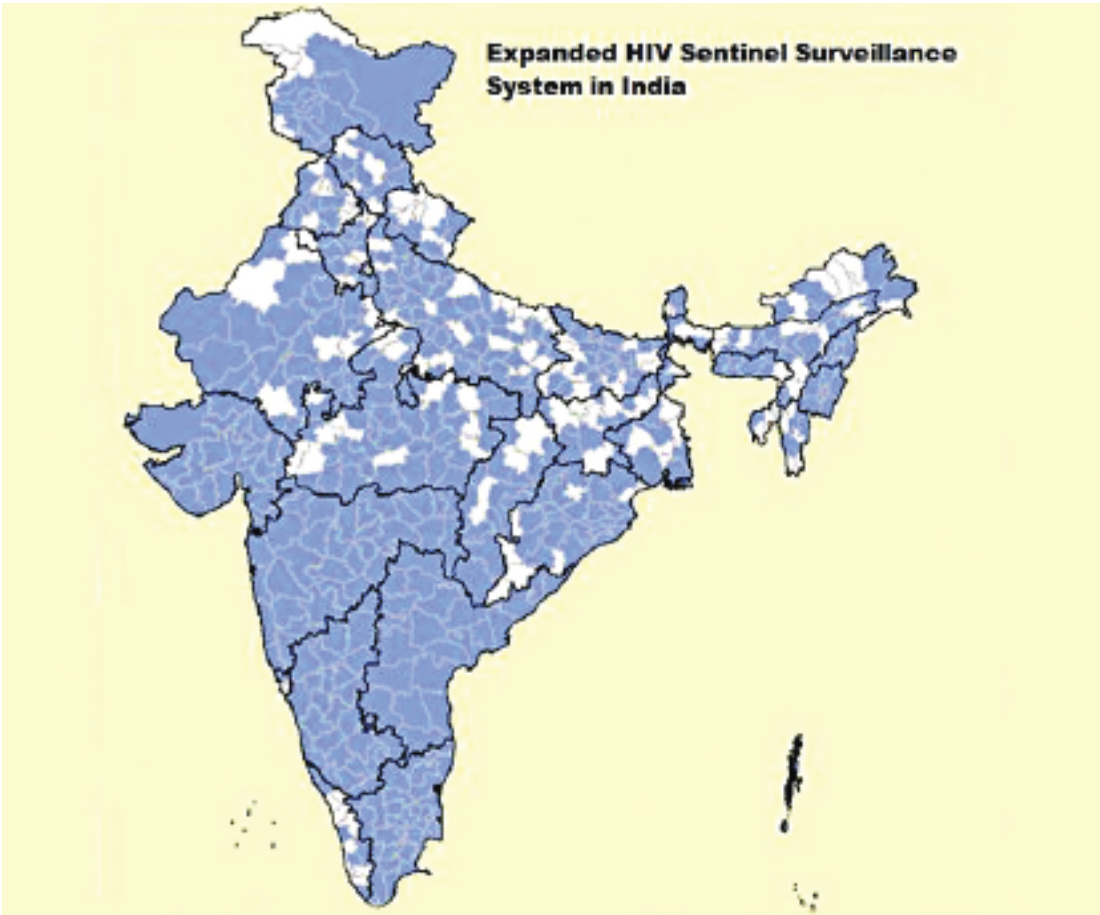
In this context of increased availability of data and decentralized planning at the district level, NACO undertook a project titled **"Epidemiological Profiling of HIV/AIDS Situation at District and Sub-district Level Using Data Triangulation"** in seven states (182 districts) during July - November 2009. This is done with the objective of developing district HIV/AIDS epidemic profiles based on which strategies, programme focus and prioritisation can be made more effective. This project also aims at building the capacity of the state and district programme managers and M & E persons in data analyses, triangulation and use for programme review and planning. This will also contribute to refine district prioritisation as well as revising the Annual Action Plans of NACO and SACS.

The exercise during phase-I has been very successful and the experience has given some important lessons in terms of technicalities and operational issues. Consolidating the lessons learnt from the recent exercise, NACO is undertaking the Phase-II of this project in 20 other important states (January-May 2010).

The important outputs from this exercise include:

1. District reports describing the profile of HIV epidemic and programme response in each district

2. Quality checks, cleaning up and validation of programme data since 2004

3. Systematic compilation of all the data related to HIV for each district at one place for regular use

4. Training of around 500 district level officers (in Phase-I) in data cleaning, analysis and use of data for programmatic decision-making

5. Enhanced understanding among the programme managers of HIV epidemic and response in the state and different districts

6. Better use of data in developing District & State Annual Action Plans

7. Development of framework for reprioritisation of districts under the programme

8. Prioritisation extended upto *Taluka*/Block level with high priority *talukas* identified

9. Identification of information gaps at district and state level for planning Strategic Information Activities.

CAPACITY BUILDING

Capacity Building: Strengthening M&E

Capacity Building is in-built in national M&E plan. Accordingly regular sessions for M&E and programme staff are undertaken.

Training of M&E Officers: In April 2009, Training on Bio-statistical methods and Analysis was organized for M&E Officers and Team Leaders (Strategic Planning) of TSU at CMC Vellore. Similar trainings were organized for M&E Officer of North Eastern States and Union Territories in 1st week of August, 2009 at Guwahati.

MESST Workshop: NACO in collaboration with UNAIDS organized a two days National Stakeholders Workshop in New Delhi on 18-19 February 2010, using M&E System Strengthening Tools (MESST) that was suggested by the Global Fund. The workshop, intended for key stakeholders discussed the National M&E system for HIV.

The workshop was organised with following objectives:

- Orient the participants/stakeholders about the M&E systems strengthening tool.
- Assess the M&E Plan of the HIV-AIDS Programme, data management capacities, and the reporting systems of the Programme per area.
- Develop a cost effective Action Plan to address the M&E weaknesses and shortcomings at the 3 levels (M&E Plan, Data Management Capacities and Reporting Systems).

There were 65 Participants in the workshop which included State M&E Officers from Selected SACS (Andhra Pradesh, Karnataka, Delhi and Gujarat), representatives from all the Principal Recipients (PR), selected Sub-Recipient (SR) of GFATM representative from NACP-III Development Partners, UN agencies and Officers from NACO.

> "Capacity Building of M&E officers and TSU is in-built in national M&E plan"

Training session at FSW TI

ACRONYMS

AIDS	Acquired Immuno-deficiency Syndrome
BCC	Behaviour Change Communication
BSS	Behavioural Surveillance Survey
CCC	Community Care Centre
CSMP	Condom Social Marketing Programme
CSW	Commercial Sex Worker
CVM	Condom Vending Machine
FC	Female Condom
FSW	Female Sex Worker
HIV	Human Immuno-deficiency Virus
HLFPPT	Hindustan Latex Family Planning Promotion Trust
IDU	Injecting Drug User
IPC	Interpersonal Communication
LAC	Link ART Centre
MoHFW	Ministry of Health and Family Welfare
MSM	Men who have Sex with Men
NACO	National AIDS Control Organization
NACP	National AIDS Control Programme
NFHS	National Family Health Survey
NRHM	National Rural Health Mission
NGO	Non-Governmental Organization
NSS	National Service Scheme
OI	Opportunistic Infections
RTI	Reproductive Tract Infection
SACS	State AIDS Control Society
SMO	Social Marketing Organization
STD	Sexually Transmitted Disease
STI	Sexually Transmitted Infection
TI	Targeted Intervention
TSG	Technical Support Group
ART	Anti Retroviral Therapy
ICTC	Interpersonal Counseling and Testing Center

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

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

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

NACO believes that people need to be aware, motivated, equipped, and empowered with knowledge so that they can protect themselves from the impact of HIV. We confront a stark reality - HIV can happen to any of us. Our hope is that anyone can be saved from the infection with appropriate information on prevention. NACO is built on a foundation of care and support, and is committed to consistently fabricate strategic responses for combating HIV/AIDS situation in India.