Snapshot of STI Program across 14 Priority States

(Covering 67 priority Districts)

December 2011

Snapshot of STI Program across 14 Priority States (Covering 67 priority Districts)

December 2011

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

NACO acknowledges effort of all field level functionaries, clinic in-charge, counselor of designated clinic, DACO and other DAPCU staff; Programme manager, ORW, peer educators, preferred providers of the TI NGO for contributing towards generating and transmitting data from the field. We also acknowledge contribution of state focal persons at SACS (DD/AD STI, JD TI, TL TSU, PO STI, PO TI, M&E officer and all other staff) in collecting, compiling, analyzing and transferring data to us. Our thanks to all Project Directors of SACS in ensuring timely reporting of data from field and SACS.

Table of Contents

Snapshot of STI Program across 14 Priority States
(Spread across 67 Priority Districts)

(Source: 2010-11, STI CMIS report from DSRC and TI Projects, NACO)

Background

During NACP III, the HIV program has adapted a decentralised approach and district was made as basic implementing unit. The data triangulation exercise facilitated to categorize the 609 districts into A/B/C/D Categories based on HIV prevalence among ANC (surrogate for general population) and HRGs.

The HIV prevalence has not shown appreciable changes in certain districts inspite of active program implementation. There were total 67 such high priority districts identified which spread across 14 states.

It is known that there is synergy between STI and HIV; STI control can help to reduce HIV infections by 40%. Hence, the STI scenario of these 67 districts was analysed using 2010-11 CMIS data and presented. This 2010-11 CMIS STI data analysis from both DSRC and TI Projects pertaining to 67 high priority districts will be used as benchmark for comparison of future data analysis findings and specifically to track performance in these 67 districts on year on year basis. This report gives information on key set of indicators identified for STI and its related components in targeted intervention.

Introduction

During the year 2010, it was felt that some of the districts, showing high prevalence or no improvement, if prioritized and focused, will have a great impact on the reduction of HIV positive rate and decrease in STI/RTI incidence rate. As part of this , 67 priority districts were selected and intensive support is being given. The primary objective for these priority districts is to support TIs on program planning to enable them for an effective implementation of program under close monitoring. The expected outcome from this intensive support is a reduction in the STI/RTI and HIV in these districts which leads to overall decline of the epidemic.

The following criteria were used to select 67 priority districts:

- ANC prevalence of HIV infection >=3% in 3 out of 6 years or
- ANC prevalence of HIV infection 1-3% in 5 out of 6 years or
- HRG prevalence of HIV infection >= 15% in 3 out of 6 years or
- HRG prevalence of HIV infection 5-15% in 4 out of 6 years.

The list of priority districts and states with number of TIs covered under each district are given in the Table 1:

Table1: Number of TIs covered under 67 priority districts across 14 priority states				
Sl No.	**Name of State**	**Name of Priority District**	**No. of TIs covered**	**Total No. of TIs in the State**
1	Andhra Pradesh	Guntur	17	109
2		Krishna	10	
3		Prakasham	9	
4		Vizianagaram	3	
5		Hyderabad	21	
6		Vishakapatnam	9	
7		Warangal	7	
8		Anantapur	12	
9		Khammam	5	
10		West Godavari	6	
11		East Godavari	10	
12	Karnataka	Belgaum	10	47
13		Bagalkot	5	
14		Koppal	2	
15		Dharwad	4	
16		Bijapur	3	
17		Bangalore	19	
18		Gulbarga	4	
19	Maharashtra	Chandrapur	2	98
20		Yavatmal	3	
21		Ahmadnagar	3	
22		Pune	16	
23		Kolhapur	4	
24		Latur	5	
25		Jalgaon	4	
26		Sangli	5	
27		Satara	2	
28		Thane	7	
29		Mumbai	26	
30		Mumbai (suburban)	21	

Table1: Number of TIs covered under 67 priority districts across 14 priority states				
31	Manipur	Ukhrhul	2	36
32		Chandel	8	
33		Bishnupur	5	
34		Churachandrapur	5	
35		Imphal West	16	
36	Tamil Nadu	Namakkal	3	26
37		Trichurapalli	7	
38		Chennai	9	
39		Villupuram	4	
40		Salem	3	
41	Chandigarh	Chandigarh	10	10
42	Delhi	North	7	14
43		North East	7	
44	Gujarat	Mehsana	2	43
45		Rajkot	9	
46		Surat	25	
47		Baroda	7	
48	Orissa	Ganjam	4	10
49		Khurda	6	
50	West Bengal	Darjeeling	13	35
51		Kolkata	9	
52		Jalpaiguri	2	
53		Purba Medinipur	4	
54		Barddhaman	7	
55	Uttar Pradesh	Allahabad	3	18
56		Azamgarh	3	
57		Gorakhpur	3	
58		Basti	3	
59		Mau	3	
60		Varanasi	3	
61	Bihar	Katihar	2	2

Table1: Number of TIs covered under 67 priority districts across 14 priority states				
62	Nagaland	Dimapur	10	27
63		Kohima	8	
64		Tuensang	9	
65	Mizoram	Aizawl	19	26
66		Kolasib	3	
67		Champai	4	

There are 501 TI projects in these 67 priority districts which are being monitored on monthly basis through a structured tool with core indicators (data being captured directly from TIs in 13 defined indicators) on monthly basis. On month on month, based on the performance shared through 13 indicator data, feedback with suggestion for improvement is given to each TI covered under these 67 districts.

The typological distributions of TIs projects covered under 67 districts are given below.

Table 2: Number of TIs typology wise across priority districts (based on data being reported on monthly basis as of August 2011) from 13 indicator data.

S. No	State	Name of the priority district	Core Composite	FSW	MSM	IDU	IDU-OST	Migrant	Trucker	Total TIs
1	**Andhra Pradesh**	Guntur		9	8					17
		Krishna	4	4	1	1				10
		Prakasam		7	1			1		9
		Vizianagaram	3							3
		Hyderabad	1	15	2	1		2		21
		Vishakapatnam	5	1		1		2		9
		Warangal	2	2		1		2		7
		Anantapur	12							12
		Khammam	4	1						5
2	**Bihar**	Katihar		1		1				2
3	Chandigarh	Chandigarh		5	3	2				10
4	Delhi	North Delhi		2	4	1				7
		North East Delhi		4	1	2				7

5	Gujarat	Mehesana	2							2
		Rajkot	4	2	2				1	9
		Surat	5	5	5	1		8	1	25
		Baroda	1	2	4					7
6	Karnataka	Belgaum		8	2					10
		Bagalkot		4	1					5
		Koppal		1	1					2
		Dharwad		2	2					4
		Bellary								0
		Bijapur		2	1					3
		Bangalore		10	6	3				19
		Gulbarga	1	2	1					4
7	Maharastra	Chandrapur		1				1		2
		Yavatmal		1	1			1		3
		Ahmednagar		1	1			1		3
		Pune		7	5	1		3		16
		Kolhapur		1	1			2		4
		Latur		2	2			1		5
		Jalgaon	1	1	1			1		4
		Sangli		1	2			2		5
		Satara		1	1					2
		Thane		6		1				7
		Mumbai		12	7	1		6		26
		Mumbai (Suburban)		9	1	3		8		21
8	Manipur	Ukhrul				2				2
		Chandel		4		4				8
		Bishnupur		2	1	2				5
		Churchandpur		2		3				5
		Imphal West		1	1	13		1		16
9	Mizoram	Aizwal		2	1	15		1		19
		Kolasib		1		2				3
		Champai		1		3				4
10	Nagaland	DIMAPUR		2	1	5	1	1		10
		KOHIMA		2	1	5				8
		Tuensang		2		7				9
11	Orissa	Ganjam		2	2					4
		Khurda		2	2	2				6

12	Uttar Pradesh	Allahabad		1	1	1				3
		Azamgarh		1	1	1				3
		Gorakhpur		1	1	1				3
		Basti		1	1	1				3
		Mau		1	1	1				3
		Varanasi		1	1	1				3
13	Tamil Nadu	Namakkal		1	1				1	3
		Trichnapalli		4	3					7
		Chennai		3	5	1				9
		Villupuram		2	2					4
		Salem		2	1					3
14	West Bengal	Kolkata		4	2	1		2		9
		Jalpaiguri		2						2
		Purba Medinipur		3				1		4
		Barddhaman		5	1			1		7
		Darjeeling		5	2	6				13
TOTAL			**48**	**202**	**100**	**97**	**1**	**50**	**3**	**501**

Objective

During NACP III efforts have been taken to establish systems to gather the data regarding implementation of various activities by the respective departments. The data collected and analysed gives very good information regarding implementation and outputs. The large amount of data, which is collected at different levels will be of use, if at every level right from the facility centre level to district, state and national level the respective departments analyse the data and draw some inferences. These analytical observations will give insight to program implementers regarding the direction in which the epidemic is moving and the results of the efforts taken by all the partners and stakeholders in the program. It will assist in taking mid course corrections, additional interventions wherever needed.

The key objective of this booklet is to inculcate habit of program data usage including basic analysis. This helps us to understand how program is implemented and facilitates to revisit programmatic activities for better outputs. It is expected that this activity is replicated not only state level by focal persons for STI at SACS and TSU, M&E Officers but also at facility level by grass root level implementers. It also helps in identifying the problem areas and activities.

Target audience

This data analysis booklet series 1 is meant for STI and M&E Program Managers at SACS and TSU, STI service providers at designated STI/RTI clinics, TI STI service providers, TI Program Managers, M&E person/accountant in-charge of data at TI.

Methodology adopted for analysing performance for these selected districts

The passively reported STI CMIS data by Designated STI/RTI clinics (STI & Gynae OPDs at government hospitals) and Targeted Intervention Projects for the year 2010-11 were used for this analysis.

As the CMIS do not capture the typology of HRG treated, all five sub groups of population were clubbed as HRG for analysis.

The data was analysed on the following parameters:

1. Reporting Status - Number of DSRC and TI projects registered and reported for the reporting period.
2. Utilization of services - Average foot falls per facility per working day (for uniformity 300 working days was considered for the year both for DSRC and TI projects).
3. Proportion of symptomatic out of total attendees is calculated both for DSRC and TI projects.
4. Three core ratios were considered to understand the pattern of STI/RTI.
    a. Genital Ulcer Disease Non Herpetic to Herpetic (males, females and TG were clubbed)
    b. Genital Ulcer Disease to Urethral Discharge syndrome among males.
    c. Vagino-Cervical Discharge to Lower Abdominal Pain among females.
5. Proportion of attendees for STI services screened for syphilis and the resulting positivity
6. Proportion of attendees for STI services referred for HIV counselling and testing and the resulting positivity
7. Proportion of registered ANC attendees screened for syphilis and the resulting positivity
8. Number of partner notifications made and number of partners managed

For each state, all India and respective state picture was given for comparison. A snapshot of priority districts performance against their own state and India is also given for quick insight.

State wise analysis across 14 priority states

Andhra Pradesh

Priority State and District	Average footfalls per working day per facility		Proportion of symptomatics among total attendees		GUD NH:GUD H		GUD : UD		VCD : LAP	
	DSRC	TI	DSRC	TI	DSRC	TI	DSRC	TI	DSRC	TI
India	7	5	53%	15.44%	1.0	2.0	0.7	0.4	2.4	3.4
State AP	11	8	67%	6.20%	0.6	1.8	0.6	1.8	3.3	3.0
Khammam	14	11	83%	2.30%	0.2	1.0	0.3	0.1	1.6	1.3
Vizianagaram	21	9	27%	6%	1.1	1.4	1.1	1.4	3.3	2.9
Vishakhapatnam	18	5	73%	12%	0.2	49	0.2	49	2.9	12.5
East Godavari	11	7	46%	6%	0.2	3.5	0.2	3,5	5.0	2.6
West Godavari	14	9	61%	6%	0.9	1	0.9	1.0	4.7	2.5
Krishna	12	6	66%	11%	0.3	2.2	0.3	2.2	3.9	3.7
Guntur	8	14	54%	5%	0.3	3.4	0.3	3.4	2.5	3.4
Prakasam	10	7	81%	4%	1.1	2.7	1.1	2.7	2.1	4.0
Anantapur	10	11	61%	4%	0.2	0.9	0.2	0.9	5.6	3.3
Hyderabad	10	6	46%	14%	0.7	1.5	0.7	1.5	3.3	4.6
Warangal	14	6	87%	15%	0.8	0.8	0.8	0.8	1.4	1.6

Priority State and District	% of attendees screened for Syphilis		% of attendees found reactive for Syphilis		% of attendees referred for HIV		% of attendees found reactive for HIV		No of ANC registrations	Number screened for syphilis	Number found sero reactive	% Positivity
	DSRC	TI	DSRC	TI	DSRC	TI	DSRC	TI	ANC	ANC	ANC	
India	42.50%	23.30%	1.80%	1.70%	32%	37%	2%	1%	1917266	1235230	55249	4.47
State AP	40%	29%	2%	0.60%	26%	29%	6%	1.30%	224407	84655	9593	11.33
Khammam	52%	46%	0.80%	0%	36%	23%	1.70%	0.20%	5997	4720	1	0.02
Vizianagaram	32%	18%	1%	0%	25%	32%	3%	0.08%	1269	1040	3	0.29
Vishakhapatnam	20%	7%	2.40%	0.50%	19%	45%	3%	2%	25626	19228	2151	11.19
East Godavari	52%	10%	2%	1.40%	19%	17%	3.50%	1.20%	11009	2231	80	3.59
West Godavari	30%	32%	0.40%	0%	11%	30%	14.64%	0.50%	12342	4311	0	0.00
Krishna	49%	36%	2.80%	0.80%	33%	34%	7.50%	0.80%	11278	4631	1319	28.48
Guntur	45%	32%	4.30%	0.90%	31%	19%	17%	0.21%	14238	1574	0	0.00
Prakasam	49%	14%	0.60%	0.10%	22%	28%	7.50%	0.20%	10528	782	0	0.00
Anantapur	22%	38%	4%	0%	26%	18%	2%	0.10%	10315	2742	45	1.64
Hyderabad	60%	10%	0.34%	3%	24%	38%	6%	0.70%	44517	9507	3667	38.57
Warangal	31%	40%	0.40%	0.04%	26%	33%	2%	4%	828	715	250	34.97

Key observations

1. The proportion of STI symptomatic out of total HRG attendees is very low at 6% than the expected 30%. While the proportion among DSRC attendees is nearer to expected norm (60%).
2. The viral GUD are reported more than bacterial GUD by DSRC while the reverse is observed among HRGs. This observation is not getting supported with just 0.6% positivity for syphilis among HRG. It suggest poor syndromic diagnosing skills of providers or documentation errors.
3. UD is more than GUD among DSRC attendees, while the reverse was true for HRG. It suggests low condom usage, poor partner treatment or significant migration and entry of new recruits.
4. The VCD to LAP ratio is within expected level both at DSRC and TI Project. To improve quality of service delivery, it will be a good practice to verify the proportion of the women treated for LAP, came for first follow up on day 3 post starting treatment.
5. 60% of DSRC and 71% of HRG are missing syphilis screening; similarly 74% of DSRC and 71% of HRG are missing HIV referral. Both facts suggest that all the patients are not referred for testing and these two tests are not performed through single window i.e. ICTC centre.
6. HIV positivity is three times higher than national average among DSRC attendees tested for HIV. These figures need cross checking and SACS to ensure that each of these HIV positives was linked with ART centre.
7. Only 38% of registered pregnant women are getting syphilis screening against the 100% screening norm. Eleven (11%) percent positivity among pregnant women is very high and an outlier and requires urgent cross checking.
8. SACS to ensure treatment of all syphilis positive attendees and ensure retesting them 3 months after treatment administration to document sero-cure.

Bihar

Priority State and District	number of reporting units as per CMIS		Average footfalls per working day per facility		Proportion of symptomatics among total attendees		GUD NH:GUD H		GUD : UD		VCD : LAP	
	DSRC	TI	DSRC	TI	DSRC	TI	DSRC	TI	DSRC	TI	DSRC	TI
India	1010	1661	7	5	53%	15.44%	1	2	0.7	0.4	2.4	3.4
Bihar	46	26	11	< 1	31%	62.00%	0.9	0.9	0.2	0.7	2.1	5.22
Katihar	1	3	1	< 1	63%	27.00%	0	0	0	0	60	1

Priority State and District	% of attendees screened for Syphilis		% of attendees found reactive for Syphilis		% of attendees referred for HIV		% of attendees found reactive for HIV		No of ANC registrations	Number screened for syphilis	Number found sero reactive	% reactive
	DSRC	TI	DSRC	TI	DSRC	TI	DSRC	TI	ANC	ANC	ANC	
India	42.50%	23.30%	1.80%	1.70%	32%	37%	2%	1%	1917266	1235230	55249	4.47
Bihar	13%	4%	1.70%	2.30%	7%	40%	4.20%	1.40%	23648	10447	73	0.70
Katihar	5%	0%	0.00%	0%	0%	22%	0.00%	13.00%	NR	NR	NR	NR

Key observations

1. The utilization of STI clinic services is very poor at TI projects.
2. The proportion of STI symptomatic out of total HRG attendees is double at 62% than the expected 30%. While the proportion among DSRC attendees is less (31%) than expected norm (60%).
3. The viral GUD to bacterial GUD at both DSRC and HRGs attendees is equal. This observation is not getting supported with low positivity for HIV among DSRC and HRG attendees. It suggest poor syndromic diagnosing skills of providers or documentation errors.
4. UDs are more than GUD among male DSRC and TI attendees. It suggests low condom usage, poor partner treatment or significant migration and entry of new recruits and poorly performing TI STI services.
5. The VCD to LAP ratio is less than expected level at DSRC while it is within range at TI Project. To improve quality of service delivery, it will be a good practice to verify the proportion of the women treated for LAP, came for first follow up on day 3 post starting treatment.
6. 87% of DSRC and 96% of HRG are missing syphilis screening; similarly 93% of DSRC and 60% of HRG are missing HIV referral. Both facts also suggest that these two tests may not be performed through single window.
7. HIV positivity is double than national average among DSRC attendees tested for HIV. These figures need cross checking and SACS to ensure that each of these HIV positives was linked with ART centre.
8. Only 44% of registered pregnant women are getting syphilis screening against the 100% screening norm. Though positivity among pregnant women is less at 0.7% the report states treating 508 syphilis positive pregnant women while the total reported positives for syphilis among pregnant women is only 73 and requires urgent cross checking.
9. SACS to ensure treatment of all syphilis positive attendees and ensure retesting them 3 months after treatment administration to document sero-cure.

Chandigarh

Priority State and District	number of reporting units as per CMIS		Average footfalls per working day per facility		Proportion of symptomatics among total attendees		GUD NH:GUD H		GUD : UD		VCD : LAP	
	DSRC	TI	DSRC	TI	DSRC	TI	DSRC	TI	DSRC	TI	DSRC	TI
India	1010	1661	7	5	53%	15.44%	1	2	0.7	0.4	2.4	3.4
Chandigarh	4	13	5	5	58%	56.00%	0.4	3.2	4.2	0.3	1.6	2.5

Priority State and District	% of attendees screened for Syphilis		% of attendees found reactive for Syphilis		% of attendees referred for HIV		% of attendees found reactive for HIV		No of ANC registrations	Number screened for syphilis	Number found sero reactive	% reactive
	DSRC	TI	DSRC	TI	DSRC	TI	DSRC	TI	ANC	ANC	ANC	
India	42.50%	23.30%	1.80%	1.70%	32%	37%	2%	1%	1917266	1235230	55249	4.47
Chandigarh	57%	48%	3.00%	0.60%	57%	73%	0.80%	0.30%	16657	13587	28	0.2%

Key observations

1. The utilization of STI clinic services is poor at DSRC.
2. The proportion of STI symptomatic out of total HRG attendees is double at 56% than the expected 30%. While the proportion among DSRC attendees is (56%) within expected norm (60%).
3. The viral GUD were more than bacterial GUD at DSRC while the reverse is true among HRGs attendees. This observation is in contrast with low positivity for syphilis among HRG attendees and higher positivity among DSRC attendees. It concludes that syndromic diagnosing skills of providers are poor or documentation errors.
4. GUDs are more than UD among male DSRC attendees and less among male HRGs. It suggests the source of infection among male DSRC attendees may not be the HRG catered by projects apart from that it also suggests low condom usage, poor partner treatment or significant migration and entry of new recruits and poorly performing TI STI services.
5. The VCD to LAP ratio is less than expected level at DSRC while it is within range at TI Project. To improve quality of service delivery, it will be a good practice to verify the proportion of the women treated for LAP, came for first follow up on day 3 post starting treatment.
6. 43% of DSRC and 52% of HRG are missing syphilis screening; similarly 43% of DSRC and 27% of HRG are missing HIV referral. Both facts also suggest that these two tests may not be performed through single window.
7. 82% of registered pregnant women are getting syphilis screening against the 100% screening norm. The positivity among pregnant women is less than national average at 0.2% .
8. SACS to ensure treatment of all syphilis positive attendees and ensure retesting them 3 months after treatment administration to document sero-cure.

Delhi

Priority State and District	number of reporting units as per CMIS		Average footfalls per working day per facility		Proportion of symptomatics among total attendees		GUD NH:GUD H		GUD : UD		VCD : LAP	
	DSRC	TI	DSRC	TI	DSRC	TI	DSRC	TI	DSRC	TI	DSRC	TI
India	1010	1661	7	5	53%	15.44%	1	2	0.7	0.4	2.4	3.4
State Delhi	17	80	4	5	47%	17.00%	0.4	1.93	2.83	0.4	1.71	2.8
North East Delhi	2	6	5	6	48%	8.00%	0.1	0.2	8.4	0.2	2.7	3.0
North Delhi	2	15	2	7	71%	13%	0.4	1.4	4.9	0.5	1.7	2.6

Priority State and District	% of attendees screened for Syphilis		% of attendees found reactive for Syphilis		% of attendees referred for HIV		% of attendees found reactive for HIV		No of ANC registrations	Number screened for syphilis	Number found sero reactive	% reactive
	DSRC	TI	DSRC	TI	DSRC	TI	DSRC	TI	ANC	ANC	ANC	
India	42.50%	23.30%	1.80%	1.70%	32%	37%	2%	1%	1917266	1235230	55249	4.47
State Delhi	46%	16%	2.91%	0.93%	44%	43%	1.60%	0.60%	65193	61210	2305	3.76%
North East Delhi	46%	25%	1.90%	0.2	60%	34%	2.00%	1.00%	14737	7126	15	0.21%
North Delhi	59%	10%	1%	1%	71%	36%	1%	1.00%	2764	3499	681	19.46%

Key observations

1. The utilization of STI clinic services is poor at DSRC.
2. The proportion of STI symptomatic out of total HRG attendees is half of the expected norm of 30% while it is less than expected among DSRC attendees.
3. The viral GUD are more than bacterial GUD at DSRC, while the reverse is true among HRGs attendees. This observation is not getting supported with 3% positivity for syphilis among DSRC and 0.9% among HRG attendees. It concludes that the providers are not practising syndromic management or documentation errors.
4. GUDs are more than UD among male DSRC attendees. It suggests low condom usage, poor partner treatment or significant migration and entry of new recruits and poorly performing TI STI services.
5. The VCD to LAP ratio is nearer to expected level at both DSRC and TI Project. To improve quality of service delivery, it will be a good practice to verify the proportion of the women treated for LAP, came for first follow up on day 3 post starting treatment.
6. 54% of DSRC and 84% of HRG are missing syphilis screening; similarly 40% of DSRC and 66% of HRG are missing HIV referral. Both facts also suggest that these two tests may not be performed through single window.
7. HIV positivity is less than national average among DSRC attendees tested for HIV. These figures need cross checking and SACS to ensure that each of these HIV positives were linked with ART centre.
8. Only 6% of registered pregnant women are missing syphilis screening against the 100% screening norm. The positivity among pregnant women is high at 4% and requires urgent cross checking.
9. SACS to ensure treatment of all syphilis positive attendees and ensure retesting them 3 months after treatment administration to document sero-cure.

Gujarat

Priority State and District	number of reporting units as per CMIS		Average footfalls per working day per facility		Proportion of symptomatics among total attendees		GUD NH:GUD H		GUD : UD		VCD : LAP	
	DSRC	TI	DSRC	TI	DSRC	TI	DSRC	TI	DSRC	TI	DSRC	TI
India	1010	1661	7	5	53%	15.4%	1	2	0.7	0.4	2.4	3.4
State Gujarat	44	119	11	10	40%	5.50%	1.0	3.3	0.5	0.5	3.13	0.5
Mehsana	1	2	6	11	64%	2.00%	0.4	1	1.5	0.4	5.5	5
Rajkot	3	11	4	7	74%	5%	0.3	4	0.4	0.5	4	6.1
Baroda	2	8	7	6	56%	4%	0.5	2.8	0.6	1.0	2	6.7
Surat	4	26	73	13	25%	4%	1.7	2.0	0.3	0.5	6.3	9.6

Priority State and District	% of attendees screened for Syphilis		% of attendees found reactive for Syphilis		% of attendees referred for HIV		% of attendees found reactive for HIV		No of ANC registrations	Number screened for syphilis	Number found sero reactive	% reactive
	DSRC	TI	DSRC	TI	DSRC	TI	DSRC	TI	ANC	ANC	ANC	
India	42.50%	23.30%	1.80%	1.70%	32%	37%	2%	1%	1917266	1235230	55249	4.47
State Gujarat	47%	27%	1.40%	0.76%	45%	36%	1.09%	0.64%	125573	116409	523	0.5%
Mehsana	88%	42%	3.20%	0.4	81%	34%	1.55%	0.30%	2889	2600	9	0.3%
Rajkot	78%	22%	3%	3%	64%	24%	1.38%	1.68%	10138	8532	335	4.00%
Baroda	61%	43%	3%	2%	62%	46%	2%	1%	7480	8090	36	0.4%
Surat	33	30	0.6	0.6	37	44	0.67	0.24	27706	27155	25	0.09%

Key observations

1. The utilization of STI clinic services are good and can be improved further both at DSRC and TI projects.
2. The proportion of STI symptomatic out of total HRG attendees is very low than expected norm of 30% while it is less than expected among DSRC attendees.
3. The bacterial GUD are more than viral GUD at TI and it is equal to one at DSRC. It is suggest that the providers are not practising syndromic management or documentation errors.
4. UD is more than GUD among male DSRC and HRG attendees. It suggests low condom usage, poor partner treatment or significant migration and entry of new recruits and poorly performing TI STI services.
5. The VCD to LAP ratio is nearer to expected level at DSRC and very low at TI Project. To improve quality of service delivery, it will be a good practice to verify the proportion of the women treated for LAP, came for first follow up on day 3 post starting treatment.
6. 53% of DSRC and 73% of HRG are missing syphilis screening; similarly 55% of DSRC and 64% of HRG are missing HIV referral. Both facts suggest that all the patients are not referred for testing and these two tests are not performed through single window of ICTC.
7. SACS to ensure that each of the HIV positives detected were linked with ART centre.
8. Only 7% of registered pregnant women are missing syphilis screening. State achieved 93% target against the 100% screening norm. The positivity among pregnant women is high at 4% at Rajkot and requires urgent cross checking.
9. SACS to ensure treatment of all syphilis positive attendees and ensure retesting them 3 months after treatment administration to document sero-cure.

Karnataka

Priority State and District	number of reporting units as per CMIS		Average footfalls per working day per facility		Proportion of symptomatics among total attendees		GUD NH : GUD H		GUD : UD		VCD : LAP	
	DSRC	TI	DSRC	TI	DSRC	TI	DSRC	TI	DSRC	TI	DSRC	TI
India	1010	1661	7	5	53%	15.44%	1	2	0.7	0.4	2.4	3.4
Karnataka	46	81	6	14	85%	18.00%	1	1.4	0.6	0.2	2.5	8.6
Bagalkot	1	3	9	22	92%	19.00%	2.2	2.6	0.4	0.6	2.7	7.1
Hubli Dharwad	2	4	5	6	74%	14%	0.3	0.7	13.0	1.1	4.9	8.3
Koppal	2	2	3	7	88%	38%	10.0	1.9	2.4	0.3	5.5	3.3
Gulbarga	3	3	6	15	79%	14%	3.5	0.0	2.3	1.0	1.7	2.9
Belgaum	4	4	8	36	93%	13%	2	0.3	0.4	0.4	3.1	6.9
Bangalore	5	18	2	13	96%	28%	0.5	1.8	3.2	0.1	0.6	12.8
Bijapur	3	2	4	23	61%	20%	0.5	3.1	1.1	11.0	1.8	5.4
Bellary	3	3	2	36	89%	9%	0.1	0	2.0	0.1	17.4	7.9

Priority State and District	% of attendees screened for Syphilis		% of attendees found reactive for Syphilis		% of attendees referred for HIV		% of attendees found reactive for HIV		No of ANC registrations	Number screened for syphilis	Number found sero reactive	% reactive
	DSRC	TI	DSRC	TI	DSRC	TI	DSRC	TI	ANC	ANC	ANC	ANC
India	42.50%	23.30%	1.80%	1.70%	32%	37%	2%	1%	1917266	1235230	55249	4.47
Karnataka	37%	10%	1.13%	1.30%	31%	18%	7.00%	2.00%	100920	62369	588	0.9%
Bagalkot	57%	14%	7.00%	2%	20%	14%	34.00%	9.00%	2086	1293	18	1.4%
Hubli Dharwad	60%	5%	1%	5%	49%	8%	3%	5.00%	5080	4273	3	0.7%
Koppal	47%	0%	0%	0%	41%	25%	2%	0%	946	564	0	0
Gulbarga	44%	22%	0.50%	0.70%	13%	23%	31.40%	0.50%	2538	2288	1	0.04%
Belgaum	36%	10%	0.3%	3.4%	24%	5.90%	6%	2.40%	13207	3459	2	0.06%
Bangalore	54%	11%	7%	2%	54%	23%	14%	2%	4104	2105	399	19%
Bijapur	20%	13%	2.40%	0.90%	15%	12%	11%	9%	3323	2312	1	0.04%
Bellary	58%	8%	0.40%	0.50%	23%	9%	9%	0.65%	2131	846	0	0

Key observations

1. The utilization of STI clinic services is poor at DSRC.
2. The proportion of STI symptomatic out of total HRG attendees is about half of expected norm of 30% while it is more than expected among DSRC attendees.
3. The bacterial GUD to viral GUD is equal at DSRC and bacterial are more than viral GUD at TI. It is suggesting that the providers are not practising syndromic management or documentation errors.
4. UD is more than GUD among male DSRC and HRG attendees. It suggests low condom usage, poor partner treatment or significant migration and entry of new recruits and poorly performing TI STI services.
5. The VCD to LAP ratio is nearer to expected level at DSRC and high at TI Project. To improve quality of service delivery, it will be a good practice to verify the proportion of the women treated for LAP, came for first follow up on day 3 post starting treatment.
6. 53% of DSRC and 90% of HRG are missing syphilis screening; similarly 69% of DSRC and 82% of HRG are missing HIV referral. Both facts also suggest that these two tests may not be performed through single window.
7. 7% HIV positivity among DSRC attendees is an outlier SACS to ensure that each of the HIV positives detected were linked with ART centre.
8. 38% of registered pregnant women are missing syphilis screening against the 100% screening norm. The positivity among pregnant women is high at Bangalore and requires urgent cross checking.
9. SACS to ensure treatment of all syphilis positive attendees and ensure retesting them 3 months after treatment administration to document sero-cure.

Maharashtra

Priority State and District	number of reporting units as per CMIS		Average footfalls per working day per facility		Proportion of symptomatics among total attendees		GUD NH:GUD H		GUD : UD		VCD : LAP	
	DSRC	TI	DSRC	TI	DSRC	TI	DSRC	TI	DSRC	TI	DSRC	TI
India	1010	1661	7	5	53%	15.44%	1	2	0.7	0.4	2.4	3.4
State Maharastra	75	174	7	5	53%	18.00%	0.5	2.04	1.0	0.4	3.4	4.09
Ahmadnagar	1	4	12	2	30%	14.00%	2.4	25.0	0.4	0.7	4.5	6.9
Chandrapur	1	4	23	8	37%	26%	2.2	1.8	0.5	0.6	4.6	86.5
Jalgaon	1	5	19	3	43%	16%	1	2.1	1.1	0.2	3.1	3
Kolhapur	1	4	12	2	71%	33%	1.2	0.6	0.3	11.6	3.4	0.6
Latur	1	4	5	2	60%	17%	0.4	4.5	0.5	0.2	7	6.3
Mumbai	27	41	5	4	29%	10%	0.2	1.9	1.9	2.6	3.4	6
Pune	3	16	3	2	58%	38%	0.2	2.2	5	0.3	25	4.6
Sangli	2	5	2	2	84%	26%	0.2	0.8	6.4	0.2	3.8	2.6
Satara	1	1	9	3	67%	24%	0.3	0	1.3	0.3	8.9	5.8
Thane	3	19	4	5	60%	15%	0	3.1	5.8	0.6	2.4	3.5
Yavatmal	1	4	6	5	76%	6%	0.3	5.5	1.5	0.1	4.6	6.7

Maharashtra

Priority State and District	% of attendees screened for Syphilis		% of attendees found reactive for Syphilis		% of attendees referred for HIV		% of attendees found reactive for HIV		No of ANC registrations	Number screened for syphilis	Number found sero reactive	% reactive
	DSRC	TI	DSRC	TI	DSRC	TI	DSRC	TI	ANC	ANC	ANC	
India	42.50%	23.30%	1.80%	1.70%	32%	37%	2%	1%	1917266	1235230	55249	4.47
Maharastra	35%	20%	2.10%	2.50%	31%	57%	3.30%	1.50%	225292	166496	13392	8.00
Ahmadnagar	33%	39%	0.70%	2%	37%	88%	1.00%	2.00%	3220	1636	0	NA
Chandrapur	66%	64%	2%	1%	14%	72%	3%	1.00%	5393	5393	1	0.02%
Jalgaon	7%	44%	1%	0.3	23%	80%	4%	1%	2990	2812	518	18%
Kolhapur	8%	19%	0.70%	1.80%	17%	159%	2%	0.60%	4562	3400	340	12%
Latur	76%	33%	0.60%	4.70%	27%	52%	10%	1.30%	5650	4383	0	NA
Mumbai	52%	31%	1.40%	0.80%	31%	74%	5%	1.34%	38015	31069	1157	4%
Pune	29%	22%	61%	3.10%	28%	58%	10%	1.10%	17162	14668	2863	20%
Sangli	23%	4%	0.70%	0.02	25%	20%	4.40%	1.50%	5665	3500	0	NA
Satara	64%	0%	0.40%	NA	29%	0.60%	2.50%	33.30%	1197	1197	0	NA
Thane	43%	6%	0.20%	1.50%	55%	65%	3%	1%	9489	6001	0	NA
Yavatmal	34%	21%	0%	1.80%	62%	38%	1%	1%	4366	4366	5	0.12%

Key observations

1. The utilization of STI clinic services is moderate at DSRC and TI projects with scope to improve.
2. The proportion of STI symptomatic out of total HRG attendees is half of expected norm of 30% while it is less than expected among DSRC attendees.
3. The viral GUD are more at DSRC, while the reverse was true at TI. It is suggesting that the providers are not practising syndromic management or documentation errors.
4. GUD is equal to UD among male DSRC while UD is more than GUD among HRG attendees. It suggests low condom usage, poor partner treatment or significant migration and entry of new recruits and poorly performing TI STI services.
5. The VCD to LAP ratio is nearer to expected level at DSRC and TI Projects. To improve quality of service delivery, it will be a good practice to verify the proportion of the women treated for LAP, came for first follow up on day 3 post starting treatment.
6. 65% of DSRC and 80% of HRG are missing syphilis screening; similarly 69% of DSRC and 43% of HRG are missing HIV referral. Both facts also suggest that these two tests may not be performed through single window of ICTC.
7. SACS to ensure that each of the HIV positives detected were linked with ART centre.
8. 26% of registered pregnant women are missing syphilis screening against the 100% screening norm. The overall state positivity among pregnant women is very high with 8% and high positivity is reported by DSRCs at Jalgaon, Kolhapur, Mumbai, Pune requires urgent cross checking.
9. SACS to ensure treatment of all syphilis positive attendees and ensure retesting them 3 months after treatment administration to document sero-cure.

Manipur

Priority State and District	number of reporting units as per CMIS		Average footfalls per working day per facility		Proportion of symptomatics among total attendees		GUD NH:GUD H		GUD : UD		VCD : LAP	
	DSRC	TI	DSRC	TI	DSRC	TI	DSRC	TI	DSRC	TI	DSRC	TI
India	1010	1661	7	5	53%	15.44%	1	2	0.7	0.4	2.4	3.4
Manipur	11	62	< 1	1	87%	30.00%	1	1.5	0.4	0.4	3	0
Churachandpur	1	4	<1	<1	100%	32.00%	0	11	0	0.3	0	9
Bishnupur	1	4	<1	3	100%	19%	3	2.4	0.2	0.1	1.8	6.4
Ukhrul	1	4	NR	<1	NR	56%	NR	3.1	NR	0.2	NR	3.5
Imphal East	1	14	<1	3	78	52	3	2	0	0.4	0	2.3
Chandel	1	6	<1	3	77	13	2.3	0.8	2	0.6	1.9	6.5

Priority State and District	% of attendees screened for Syphilis		% of attendees found reactive for Syphilis		% of attendees referred for HIV		% of attendees found reactive for HIV		No of ANC registrations	Number screened for syphilis	Number found sero reactive	% reactive
	DSRC	TI	DSRC	TI	DSRC	TI	DSRC	TI	ANC	ANC	ANC	
India	42.50%	23.30%	1.80%	1.70%	32%	37%	2%	1%	1917266	1235230	55249	4.47
Manipur	26%	28%	1.20%	0.70%	47%	35%	2.40%	3.00%	534	244	0	0.00
Churachandpur	NR	45%	NR	0%	42%	68%	13.00%	5.00%	NR	NR	NR	NR
Bishnupur	19%	12%	4%	0.1	45%	21%	2%	1.00%	307	105	0	0.00
Ukhrul	NR	45%	NR	0%	NR	61%	NR	4%	NR	NA	NA	NA
Imphal East	24	24	0	2	71	39	7	3	NR	NR	NR	NR
Chandel	38	14	0	0	79	19	4	4	127	119	0	0

Key observations

1. The utilization of STI clinic services is very poor both at DSRC and TI projects .
2. The proportion of STI symptomatic out of total HRG attendees is of expected norm of 30% while it is more than expected among DSRC attendees. The data suggests either selective reporting or high STI burden and poor STI services to HRGs.
3. The bacterial GUD are more at TI while they are equal at DSRC. It is reinforcing the inference on provision of quality of STI service to HRG or documentation errors.
4. GUD is equal to UD among male DSRC and among HRG attendees. It suggests low condom usage, poor partner treatment or significant migration and entry of new recruits and poorly performing TI STI services.
5. The VCD to LAP ratio is nearer to expected level at DSRC and LAP was not reported by TI Projects. To improve quality of service delivery, it will be a good practice to verify the proportion of the women treated for LAP, came for first follow up on day 3 post starting treatment.
6. 74% of DSRC and 72% of HRG are missing syphilis screening; similarly 53% of DSRC and 65% of HRG are missing HIV referral. Both facts also suggest that these two tests may not be performed through single window.
7. SACS to ensure that each of the HIV positives detected were linked with ART centre.
8. 54% of registered pregnant women are missing syphilis screening against the 100% screening norm.
9. SACS to ensure treatment of all syphilis positive attendees and ensure retesting them 3 months after treatment administration to document sero-cure.

Mizoram

Priority State and District	number of reporting units as per CMIS		Average footfalls per working day per facility		Proportion of symptomatics among total attendees		GUD NH:GUD H		GUD : UD		VCD : LAP	
	DSRC	TI	DSRC	TI	DSRC	TI	DSRC	TI	DSRC	TI	DSRC	TI
India	1010	1661	7	5	53%	15.44%	1	2	0.7	0.4	2.4	3.4
State Mizoram	9	39	2	2	58%	13.21%	2.2	2.8	0.7	0.7	2.5	3
Champai	2	4	< 1	< 1	27%	32.00%	2	2.2	0.3	0.3	2.6	2.6
Kolasib	1	3	3	2	12%	4%	0	9	0.4	0.2	2	13
Aizawl	1	21	2	2	98%	14%	1.9	2.7	0.7	0.8	9.5	4.1

Priority State and District	% of attendees screened for Syphilis		% of attendees found reactive for Syphilis		% of attendees referred for HIV		% of attendees found reactive for HIV		No of ANC registrations	Number screened for syphilis	Number found sero reactive	% reactive
	DSRC	TI	DSRC	TI	DSRC	TI	DSRC	TI	ANC	ANC	ANC	
India	42.50%	23.30%	1.80%	1.70%	32%	37%	2%	1%	1917266	1235230	55249	4.47
Mizoram	88%	16.31%	3%	6.4%	41%	34%	2.2%	1.4%	976	548	51	9.3%
Champai	93%	28%	0.00%	0.7%	15%	47%	10.00%	7.00%	9	6	0	0
Kolasib	98%	14%	0%	0%	22%	37%	1%	1.40%	118	118	0	0
Aizawl	99%	18%	4%	3%	35%	34%	7%	2%	NR	NR	NR	NR

Key observations

1. The utilization of STI clinic services is very poor both at DSRC and TI projects.
2. The proportion of STI symptomatic out of total HRG attendees is half of expected norm of 30% while it is nearer to expected among DSRC attendees.
3. The bacterial GUD are more than viral GUD at both DSRC and TI. It is underscoring the need for quality STI service to HRG.
4. UD is more than GUD among male DSRC and HRG attendees. It suggests low condom usage, poor partner treatment or significant migration and entry of new recruits and poorly performing TI STI services.
5. The VCD to LAP ratio is nearer to expected level both at DSRC and TI projects. To improve quality of service delivery, it will be a good practice to verify the proportion of the women treated for LAP, came for first follow up on day 3 post starting treatment.
6. 22% of DSRC and 84% of HRG are missing syphilis screening; similarly 59% of DSRC and 66% of HRG are missing HIV referral. Both facts also suggest that these two tests may not be performed through single window of ICTC.
7. SACS to ensure that each of the HIV positives detected were linked with ART centre.
8. 44% of registered pregnant women are missing syphilis screening against the 100% screening norm. The overall state positivity among pregnant women is 9%, which is very high and an outlier.
9. SACS to ensure treatment of all syphilis positive attendees and ensure retesting them 3 months after treatment administration to document sero-cure.

Nagaland

Priority State and District	number of reporting units as per CMIS		Average footfalls per working day per facility		Proportion of symptomatics among total attendees		GUD NH:GUD H		GUD : UD		VCD : LAP	
	DSRC	TI	DSRC	TI	DSRC	TI	DSRC	TI	DSRC	TI	DSRC	TI
India	1010	1661	7	5	53%	15.44%	1	2	0.7	0.4	2.4	3.4
Nagaland	11	55	1	1	53%	25.00%	1.5	1.4	1	0.6	0.9	3.4
Dimapur	1	11	< 1	2	83%	32.00%	1.4	1.3	0.9	0.9	2.7	7.1
Kohima	1	6	2	6	100%	6%	00:00	0.8	2.8	0.4	0.4	1.7
Tuensang	2	9	1	<1	88%	20%	0.9	1.4	1.1	0.8	1.1	4.6

Priority State and District	% of attendees screened for Syphilis		% of attendees found reactive for Syphilis		% of attendees referred for HIV		% of attendees found reactive for HIV		No of ANC registrations	Number screened for syphilis	Number found sero reactive	% reactive
	DSRC	TI	DSRC	TI	DSRC	TI	DSRC	TI	ANC	ANC	ANC	
India	42.50%	23.30%	1.80%	1.70%	32%	37%	2%	1%	1917266	1235230	55249	4.47
Nagaland	73.10	30.84	10.20	8.80	64.37	42.39	3.12	2.18	4366	2926	86	3%
Dimapur	86%	28%	16.00%	7%	51%	44%	9.00%	3.00%	736	736	0	0
Kohima	100%	11%	1%	3%	74%	12%	0%	2.00%	1914	1020	4	0.40%
Tuensang	43%	46%	12%	8%	44%	44%	3%	15%	134	133	1	0.75

Key observations

1. The utilization of STI clinic services is very poor both at DSRC and TI projects.
2. The proportion of STI symptomatic out of total HRG and DSRC attendees is nearer to expected norms of 60% & 30% . The data suggests either selective reporting or high STI burden and poor STI services to HRGs.
3. The bacterial GUD are more than viral GUD at both DSRC and TI. It is underscoring the need for quality STI service to HRG.
4. UD is more than GUD among male HRG attendees, while it is equal at DSRC. It suggests low condom usage, poor partner treatment or significant migration and entry of new recruits and poorly performing TI STI services.
5. The VCD to LAP ratio is nearer to expected level at TI projects while it less at DSRC, suggesting data from Gynae OPD is not getting captured . To improve quality of service delivery, it will be a good practice to verify the proportion of the women treated for LAP, came for first follow up on day 3 post starting treatment.
6. 27% of DSRC and 69% of HRG are missing syphilis screening; similarly 35% of DSRC and 58% of HRG are missing HIV referral. Both facts also suggest that these two tests may not be performed through single window.
7. Syphilis positivity is very high at both DSRC and TI projects. Suggesting inadequate or partial treatment, poor partner treatment and no follow up testing and documentation of cure.
8. The overall state positivity of syphilis among pregnant women is high with 3% and an outlier. SACS to ensure that each of the HIV positives detected were linked with ART centre.
9. 33% of registered pregnant women are missing syphilis screening against the 100% screening norm.
10. SACS to ensure treatment of all syphilis positive attendees and ensure retesting them 3 months after treatment administration to document sero-cure.

Orissa

Priority State and District	number of reporting units as per CMIS		Average footfalls per working day per facility		Proportion of symptomatics among total attendees		GUD NH:GUD H		GUD : UD		VCD : LAP	
	DSRC	TI	DSRC	TI	DSRC	TI	DSRC	TI	DSRC	TI	DSRC	TI
India	1010	1661	7	5	53%	15.44%	1	2	0.7	0.4	2.4	3.4
State Orissa	36	62	8	2	73%	42.00%	0.8	1.4	0.9	0.8	3	2
Ganjam	3	4	4	1	90%	78.00%	0.5	4.4	1.7	1.8	1	2
Khurda	3	6	10	1	75%	25%	1.3	1	0.8	1.3	1.8	1.2

Priority State and District	% of attendees screened for Syphilis		% of attendees found reactive for Syphilis		% of attendees referred for HIV		% of attendees found reactive for HIV		No of ANC registrations	Number screened for syphilis	Number found sero reactive	% reactive
	DSRC	TI	DSRC	TI	DSRC	TI	DSRC	TI	ANC	ANC	ANC	
India	43%	23%	1.80%	2%	32%	37%	2%	1%	1917266	1235230	55249	4.47
State Orissa	42%	16%	1.80%	4%	34%	91%	2%	0.60%	49599	20562	198	0.96
Ganjam	24%	8%	1.70%	0%	13%	52%	72%	0.60%	5445	1150	3	0.26
Khurda	39%	21%	0.4	0.2	33%	62%	0.3	0.2	5010	1878	16	1.00%

Key observations

1. The utilization of STI clinic services is very poor at TI and moderate at DSRC . This suggests that DSRC is not linked with Gynae OPD, ICTC/PPTCT/TI/ART/CCC for in and out referrals.

2. The proportion of STI symptomatic out of total HRG and DSRC attendees is more than expected norms of 60% & 30% . The data suggests either selective reporting or high STI burden and poor STI services to HRGs.

3. The bacterial GUD are more than viral GUD at TI while the reverse is true at DSRC. This observation is also getting underscored by 4% positivity for syphilis among HRGs. It is underscoring the need for quality STI service to HRG.

4. UD is more than GUD among male DSRC & HRG attendees. It suggests low condom usage, poor partner treatment or significant migration and entry of new recruits and poorly performing TI STI services.

5. The VCD to LAP ratio is nearer to expected level at DSRC and less than expected at TI projects. To improve quality of service delivery, it will be a good practice to verify the proportion of the women treated for LAP, came for first follow up on day 3 post starting treatment.

6. 58% of DSRC and 84% of HRG are missing syphilis screening; similarly 66% of DSRC and 9% of HRG are missing HIV referral. Both facts also suggest that these two tests may not be performed through single window.

7. Syphilis positivity is high among HRGs. Suggesting poor STI services, low condom usage, inadequate or partial treatment, poor partner treatment and no follow up testing and documentation of cure.

8. Ganjam reported abnormally high HIV positivity rate, which need cross checking of data. SACS to ensure that each of the HIV positives detected were linked with ART centre.

9. 42% of registered pregnant women are missing syphilis screening against the 100% screening norm.

10. SACS to ensure treatment of all syphilis positive attendees and ensure retesting them 3 months after treatment administration to document sero-cure.

Tamil Nadu

Priority State and District	number of reporting units as per CMIS		Average footfalls per working day per facility		Proportion of symptomatics among total attendees		GUD NH:GUD H		GUD : UD		VCD : LAP	
	DSRC	TI	DSRC	TI	DSRC	TI	DSRC	TI	DSRC	TI	DSRC	TI
India	1010	1661	7	5	53%	15.44%	1	2	0.7	0.4	2.4	3.4
State TN	155	96	7	4	33%	16.00%	2	3	1.3	0.6	3	4
Salem	9	3	5	10	27%	5.00%	0.8	4.0	1.1	0.6	3.1	20.0
Namakkal	6	4	5	9	30%	9%	33	1.5	0.6	1.5	9,2	4.9
Trichy	4	5	16	2	41%	26%	4.4	1.2	2.6	1.2	2.7	4.9
Villipuram	6	2	6	2	53%	9%	3.8	39	0.9	7.3	4.7	3.6
Chennai	14	14	11	7	19%	20%	2.4	1.3	1.2	2.8	5	1.8

Priority State and District	% of attendees screened for Syphilis		% of attendees found reactive for Syphilis		% of attendees referred for HIV		% of attendees found reactive for HIV		No of ANC registrations	Number screened for syphilis	Number found sero reactive	% reactive
	DSRC	TI	DSRC	TI	DSRC	TI	DSRC	TI	ANC	ANC	ANC	
India	42.50%	23.30%	1.80%	1.70%	32%	37%	2%	1%	1917266	1235230	55249	4.47
State TN	53%	34%	1.40%	1.20%	31%	39%	1.50%	1.30%	179993	180378	209	0.11%
Salem	61%	48%	1.1	1.4	39%	48%	1.75	0.91%	9640	9640	0	0.00
Namakkal	85%	12%	0.2	1.3	35%	13%	0.65	1.54%	3039	3039	0	0.00%
Trichy	59%	40%	1.6	9.0	35%	52%	1.6	1.04	7712	7712	0	0
Villipuram	54%	48%	1.1	1,4	44%	34%	1.2	2.2	7619	7624	140	2%
Chennai	40%	56%	1.7	1	34%	67%	3.5	2	36310	36396	4	0.01%

Key observations

1. The utilization of STI clinic services is moderate at DSRC and poor TI projects and need improvement.
2. The proportion of STI symptomatic out of total attendees is half of expected norm both at DSRC and TI . The data suggests either selective reporting or high STI burden and poor STI services to HRGs.
3. The bacterial GUD are more than viral GUD both at DSRC and TI. It is underscoring the need for quality STI service to HRG .
4. GUD is more than UD among male DSRC attendees, while it was reverse at TI projects. It suggests low condom usage, poor partner treatment or significant migration and entry of new recruits and poorly performing TI STI services.
5. The VCD to LAP ratio is nearer to expected level at DSRC, while it was very low at TI sites. To improve quality of service delivery, it will be a good practice to verify the proportion of the women treated for LAP, came for first follow up on day 3 post starting treatment.
6. 47% of DSRC and 66% of HRG are missing syphilis screening; similarly 69% of DSRC and 61% of HRG are missing HIV referral. Both facts also suggest that these two tests may not be performed through single window.
7. SACS to ensure that each of the HIV positives detected were linked with ART centre.
8. More pregnant women are screened for syphilis than registered.
9. SACS to ensure treatment of all syphilis positive attendees and ensure retesting them 3 months after treatment administration to document sero-cure.

Uttar Pradesh

Priority State and District	number of reporting units as per CMIS		Average footfalls per working day per facility		Percentage of symptomatics among total attendees		GUD NH:GUD H		GUD : UD		VCD : LAP	
	DSRC	TI	DSRC	TI	DSRC	TI	DSRC	TI	DSRC	TI	DSRC	TI
India	1010	1661	7	5	53%	15.44%	1	2	0.7	0.4	2.4	3.4
State UP	87	96	12	3.5	51%	18.50%	2.1	2.5	0.8	0.3	1.7	2.2
AZAMGARH	2	1	6	< 1	16%	11.00%	1	1	9	0	01	1.7
BASTI	2	3	5	< 1	71%	5%	2.8	1.4	1.6	1.4	1.7	1.9
GORAKHPUR	4	3	6	1	44%	8%	2.7	1.3	1.2	0.4	2.2	0.4
VARANASI	5	4	3	< 1	65%	19%	0.3	0.5	0.5	0.4	01	1.6
MAU	2	2	2	1	63%	6%	0.7	0	0.4	0	2.9	2.1
ALLAHABAD	4	5	5	2	70%	11%	1.9	1.1	0.4	0.3	1.7	0.9

Priority State and District	% of attendees screened for Syphilis		% of attendees found reactive for Syphilis		% of attendees referred for HIV		% of attendees found reactive for HIV		No of ANC registrations	Number screened for syphilis	Number found sero reactive	% reactive
	DSRC	TI	DSRC	TI	DSRC	TI	DSRC	TI	ANC	ANC	ANC	
India	43%	23%	1.80%	1.70%	32%	37%	2%	1.0%	1917266	1235230	55249	4.47
State UP	46%	24%	2%	1.10%	41%	43%	2%	0.4%	286076	128967	26149	20.28
AZAMGARH	18%	31%	0.00%	0%	7%	13%	0%	0.0%	2795	1547	619	40
BASTI	27%	36%	0.2%	0%	31%	17%	1%	11.0%	1853	350	0	0
GORAKHPUR	29%	18%	2.70%	0%	22%	35%	1%	0.2%	NR	NR	NR	NR
VARANASI	54%	23%	3%	0.60%	44%	24%	2%	1.7%	5952	3958	38	1
MAU	70%	24%	1.70%	0.10%	61%	31%	1%	0.0%	2062	191	0	0
ALLAHABAD	59%	23%	1.50%	0.70%	68%	59%	1%	0.2%	6575	884	514	58

Key observations

1. The utilization of STI clinic services is poor at TI projects and need improvement.
2. The proportion of STI symptomatic out of total attendees is half of expected at TI while it was less than expected at DSRC. The data suggests either selective reporting or high STI burden and poor STI services to HRGs.
3. The bacterial GUD are more than viral GUD both at DSRC and TI. It is underscoring the need for quality STI service to HRG.
4. UD is more than GUD among male DSRC and HRG attendees. It suggests low condom usage, poor partner treatment or significant migration and entry of new recruits and poorly performing TI STI services.
5. The VCD to LAP ratio is less than expected level at DSRC and TI sites. To improve quality of service delivery, it will be a good practice to verify the proportion of the women treated for LAP, came for first follow up on day 3 post starting treatment.
6. 54% of DSRC and 76% of HRG are missing syphilis screening; similarly 49% of DSRC and 57% of HRG are missing HIV referral. Both facts also suggest that these two tests may not be performed through single window.
7. SACS to ensure that each of the HIV positives detected were linked with ART centre.
8. 45% of registered pregnant women are missing screening for syphilis. The overall state positivity is very high with 20%. DSRCs located at Azamgarh and Allahabad reported abnormally high positivity rates.
9. SACS to ensure treatment of all syphilis positive attendees and ensure retesting them 3 months after treatment administration to document sero-cure.

West Bengal

Priority State and District	number of reporting units as per CMIS		Average footfalls per working day per facility		Proportion of symptomatics among total attendees		GUD NH:GUD H		GUD : UD		VCD : LAP	
	DSRC	TI	DSRC	TI	DSRC	TI	DSRC	TI	DSRC	TI	DSRC	TI
India	1010	1661	7	5	53%	15.44%	1	2	0.7	0.4	2.4	3.4
State WB	43	78	5	6	43%	21.20%	0.7	1.64	0.8	0.3	5.3	3.3
Purba Midnapore	4	4	2	6	67%	21.00%	0.3	6.0	0.7	0.3	16.5	6.4
Bardhaman	4	7	3	8	42%	19%	0.8	2.7	0.5	0.6	3.3	1.9
Darjeeling	5	16	9	3	24%	21%	0.7	1.8	0.7	0.8	5	2.9
Jalpaiguri	2	2	5	7	67%	20%	0.2	1.9	2.8	0.3	64.8	1.5
Kolkata	7	15	6	12	50%	24%	0.6	0.7	1.4	0.2	2.2	3.2

Priority State and District	% of attendees screened for Syphilis		% of attendees found reactive for Syphilis		% of attendees referred for HIV		% of attendees found reactive for HIV		No of ANC registrations	Number screened for syphilis	Number found sero reactive	% reactive
	DSRC	TI	DSRC	TI	DSRC	TI	DSRC	TI	ANC	ANC	ANC	
India	42.50%	23.30%	1.80%	1.70%	32%	37%	2%	1%	1917266	1235230	55249	4.47
State WB	31%	25%	1.81%	2.60%	34%	38%	1.91%	0.91%	157790	91453	253	0.3%
Purba Midnapore	30%	23%	0.40%	2%	55%	53%	0.62%	0.21%	11970	6995	1	0.01%
Bardhaman	54%	23%	1%	6%	61%	35%	2%	0.60%	26009	14108	28	0.20%
Darjeeling	11%	26%	3%	5%	13%	40%	2%	1%	3999	2371	11	0.50%
Jalpaiguri	13%	25%	0.60%	1.50%	56%	62%	1.5	0.04	4784	3152	0	0%
Kolkata	51	32	2.3	1.1	34	31	4.4	1.12	27784	9629	40	0.42%

Key observations

1. The utilization of STI clinic services is poor both at DSRC and TI projects and need improvement.
2. The proportion of STI symptomatic out of total attendees is less than expected norm both at DSRC and TI . The data suggests either selective reporting or high STI burden and poor STI services to HRGs.
3. The bacterial GUD are more than viral GUD at TI while the reverse was true at DSRC. It is underscoring the need for quality STI service to HRG .
4. UD is more than GUD among male DSRC and HRG attendees. It suggests low condom usage, poor partner treatment or significant migration and entry of new recruits and poorly performing TI STI services.
5. The VCD to LAP ratio is nearer to expected level at DSRC and TI sites. To improve quality of service delivery, it will be a good practice to verify the proportion of the women treated for LAP, came for first follow up on day 3 post starting treatment.
6. 69% of DSRC and 75% of HRG are missing syphilis screening; similarly 66% of DSRC and 62% of HRG are missing HIV referral. Both facts also suggest that these two tests may not be performed through single window.
7. SACS to ensure that each of the HIV positives detected were linked with ART centre.
8. 43% of pregnant women missed screening for syphilis.
9. SACS to ensure treatment of all syphilis positive attendees and ensure retesting them 3 months after treatment administration to document sero-cure.

Limitations

The analysis report is based on passively reported monthly STI CMIS data by both DSRC and TI Projects. The current CMIS has no provision of knowing the typology of TI project; hence all the five sub groups were clubbed as HRG, which may cause discrepancy in arriving the key ratios and their interpretation.

The percentages and ratio may not represent the absolute numbers; hence both were given in the individual district data. All the decimals were corrected to the nearest digit for ease of understanding, hence may show some discrepancy between district figures and state snap shot.

There are some districts with outlier numbers may be due to documentation and reporting errors.

Conclusion

The data analysis shows significant burden of STI among HRGs and DSRC attendees. There are many opportunities lost such screening for syphilis of DSRC, ANC and HRG attendees and referral for HIV counselling and testing.

The analysis also highlighted the poor quality of data getting reported by many units, suggesting that focal persons are not reviewing the data before its getting uploaded into CMIS. It is reiterated that the focal persons are to review the data reported by units for consistency, validity, and completeness before it is uploaded.

SACS should review the STI data of FSW+MSM/TG; IDU; Trucker+Migrant as different cohorts for given district. SACS and TSU to pay attention and strengthen the opportunities lost and ensure that every reactive for syphilis is treated and undergo a follow up test three months after treatment to establish serological cure.

All PLHVs identified are to be linked with ART centre and care and support services.

The soft copy of the booklet and district wise data sheets and interpretation of key indicators is also available at **www.naconline.org** *for reference*

National AIDS Control Organisation

India's voice against AIDS

Department of AIDS Control

Ministry of Health & Family Welfare, Government of India

www.nacoonline.org