

HANDBOOK OF INDICATORS FOR MONITORING NATIONAL AIDS CONTROL PROGRAMME – II



NATIONAL AIDS CONTROL ORGANISATION

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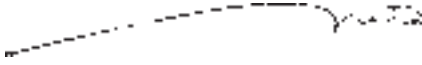
PREFACE

Monitoring and evaluation is essential for the success of National AIDS control programme. Evidence based planning which is crucial to the success of a programme is made possible by an effective Monitoring and Evaluation System. Continuous critical information about the the course of the AIDS epidemic in India helps guide the National AIDS Control Organisation (NACO) and State AIDS Control Societies (SACS) in making decisions and taking corrective measures effectively, as and when necessary. This also helps interventions at the peripheral levels to identify bottlenecks and take corrective action.

This handbook describes a set of indicators and the methods of measuring them for use at National, State and individual Project level. The indicators measure a broad range of issues related to the status of the HIV epidemic and the response at the National and State level to the trend of the epidemic. They track changes occurring over time in key prevention and care areas. Many of the indicators will also facilitate comparison with other countries and situations. The indicators suggested will be used to monitor the progress of all national and state level interventions. The proposed indicators have been tailored to the needs of the country and therefore have practical application in our country.

I congratulate Dr. P. Salil (Joint Director, NACO) and Dr. G.V.S. Murthy (Consultant, M&E) for coordinating discussions with various agencies and compiling the handbook of indicators which will be very useful to policy planners and programme managers at all levels. I thank World Bank, UNAIDS, USAID and DFID for their active participation and guidance in preparing this handbook.

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LIST OF ABBREVIATIONS

AIDS	:	Acquired Immunodeficiency Syndrome
APER	:	Annual Performance Review
API	:	AIDS Programme Effort Index
ARV	:	Anti Retroviral Therapy
BCC	:	Behavioral Change Communication
BSS	:	Behavioral Surveillance Survey
CMIS	:	Computerized Management Information System
CSW	:	Commercial Sex Worker
FHAC	:	Family Health Awareness Campaign
H	:	High prevalence
HIV	:	Human Immunodeficiency Virus
HRG	:	High Risk Group
IDA	:	International Development Association
IEC	:	Information Education Communication
IDU	:	Injecting Drug User
L	:	Low prevalence
M	:	Medium prevalence
MACS	:	Municipal AIDS Control Society
MIS	:	Management Information System
MSM	:	Men having Sex with Men
NACO	:	National AIDS Control Organization
NGO	:	Non Governmental Organization
NPR	:	National Performance Review
NRP	:	Non Regular Partner
OI	:	Opportunistic Infections
OR	:	Operations Research
PFMC	:	Project Finance Management Cell
PMTCT	:	Prevention of Mother to Child Transmission
PLWHA	:	Persons Living With HIV and AIDS
SACS	:	State AIDS Control Society
STD	:	Sexually Transmitted Diseases
STI	:	Sexually Transmitted Infections
TI	:	Targeted Interventions
TRG	:	Technical Resource Group
UT	:	Union Territory
VCT	:	Voluntary Counselling and Testing

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BACKGROUND

The First phase of the National AIDS Control Project (NACP-I) was launched in 1992 under the aegis of NACO. It was the first project in India to develop a national public health program in HIV / AIDS prevention and control, and was implemented between 1992 and 1999, with an extended period of 2 years. The ultimate objective of the project was to slow the spread of HIV to reduce future morbidity, mortality, and the impact of AIDS by initiating a major effort in the prevention of HIV transmission. The specific objectives were to: (i) involve all States and UTs in developing HIV/AIDS preventive activities with a special focus on the major epicenters of the epidemic; (ii) attain a satisfactory level of public awareness on HIV transmission; (iii) develop health promotion interventions among high risk behaviour groups; (iv) screen all blood units collected for blood transfusions; (v) decrease the practice of professional blood donation; (vi) develop skills in clinical management, health education and counseling, and psycho-social support to HIV sero-positive persons, AIDS patients and their associates; (vii) strengthen the control of STD; and (viii) monitor the development of HIV/AIDS epidemic in the country.

NACP-I project substantially achieved its specific objectives and often exceeded the original targets. The nationwide capacity building in managerial and technical aspects of the program in all 35 States and UTs was a major focus during the implementation period. A multi-sectoral approach was adopted in planning, implementing and monitoring of all the key project activities. Maximum efforts were made for integrating relevant project activities with health care system.

NATIONAL AIDS CONTROL PROJECT-II

The increasing incidence of HIV / AIDS epidemic necessitated the extension of NACP-I with larger objectives. As a result, the Phase II of the National AIDS Control Project (NACP-II) became effective from November 1999. The NACP-II project has two key objectives: to reduce the spread of HIV infection in India; and strengthen India's response to HIV/AIDS on a long- term basis. The specific objectives of the project are:

- (i) To shift focus from raising awareness to changing behaviour through interventions, particularly for groups at high risk of contracting and spreading HIV;
- (ii) To support decentralization of service delivery to the States and Municipalities and a new facilitating role of NACO;
- (iii) To protect human rights by encouraging voluntary counseling and testing;
- (iv) To support structured and evidence based annual reviews and ongoing operational research; and
- (v) To encourage management reforms, such as better-managed State level AIDS Control Societies and improved drug and equipment procurement practices.

Building on the lessons learnt from the first National AIDS Control Project, the Phase II has five key components:

Component 1 : Targeted interventions for communities at higher risk

Component 2 : Prevention of HIV transmission among the general population

Component 3 : Provision of low cost AIDS care

Component 4 : Strengthening institutional capacities

Component 5 : Intersectoral collaboration

The project is being implemented under the National AIDS Control Policy, which was formulated and approved by the National AIDS Committee.

MONITORING AND EVALUATION OF THE NACP – II

Under the second phase of the National AIDS Control Project (NACP-II), an extremely important feature is concurrent monitoring and evaluation (M & E) of the program activities. Such a system will provide continuous critical information about the course of the AIDS epidemic in India and help guide National AIDS Control Organization (NACO) and State AIDS Control Societies (SACS) in making decisions and taking corrective measures effectively, as and when necessary. The information generated by the M& E system will indicate how well the program is being implemented and whether the progress made is satisfactory and in tune with the envisaged project objectives.

For the effective monitoring and evaluation of Phase-II of the National AIDS Control Project at National and State level, the following mechanism has been envisaged:

- (i) Creating a Computerized Management Information System (CMIS) at the National and State levels
- (ii) Training NACO staff and health specialists in evidence based health program management
- (iii) Conducting baseline, mid term and final evaluation
- (iv) Conducting the Annual Performance Review (APER)
- (v) Conducting the National Performance Review (NPR) under the National AIDS Control Board

INDICATORS FOR MEASURING IMPACT OF INTERVENTIONS UNDER NACP-II

This handbook identifies a set of indicators and the methods of measuring them for use at National, State and individual Project level. The indicators measure a broad range of issues related to the status of the HIV epidemic and the response at the National and State level to the trend of the epidemic. The indicators track changes occurring over time in key prevention and care areas. Many of the indicators will also facilitate comparison with other countries and help in measuring the international response.

Because substantial resources are needed to collect information to generate indicators, the proposed set of indicators are limited to those capturing information on the critical areas which will measure impact at the National and State levels. The set is therefore not comprehensive and additional indicators may be needed for specific purposes. However the list will provide sufficient information on the trends of the epidemic and the response to the trends in the country. The choice of indicators is based on the objectives, goals, local epidemiology, sexual behaviour and interventions, which constitute the Nation's response.

The indicators have been categorized into three groups:

1. Core Indicators
2. Additional Indicators
3. Optional Indicators

CORE INDICATORS

These are indicators, which are useful at all levels of the HIV epidemic and are equally relevant across the entire country. They will be primarily used to monitor the progress of NACP-II activities and to assess the impact of the strategies adopted under NACP-II. Core indicators relate to important factors influencing the epidemic or for tracking its course.

ADDITIONAL INDICATORS

These indicators are useful in specific situations and complement the Core indicators. Changes in the epidemic status in the country may necessitate some additional indicators being flagged up as Core Indicators in the future.

OPTIONAL INDICATORS

These comprise a set of indicators, which have been used in some countries earlier or are currently under investigation. Some of the indicators are still in the experimental stages. These will need to be evaluated for their application in the country at some date in the near future.

A panel of experts has discussed these indicators extensively, before approving them for use in the country. Experts were drawn from NACO, UNAIDS, World Bank, USAID and DFID.

The set of indicators are dynamic and are amenable to additions and modifications based on the trends in the country.

SOURCE OF INFORMATION

Information for generating the indicators will be collected in three different ways:

- 1. Computerized Management Information Systems:** With IDA assistance, CMIS has been operationalized in the entire country. The system collects information from different primary data generation units including Blood Banks, Targeted Intervention Projects, VCTC, STD Clinics etc. Some information will be available at SACS/NACO level also. This data is collected on an on-going basis and is transmitted to SACS and NACO at a pre determined frequency i.e. Monthly or Annually. Trends are generated at Monthly, Quarterly or Annual intervals.
- 2. Behavioural Surveillance Surveys:** Specially commissioned BSS is being conducted among high-risk groups and the general population. These surveys will be conducted at baseline, mid term and end of the NACP-II. This data will also be used to generate indicators.
- 3. Other Tools:** Information on some indicators will be generated through specially commissioned surveys in the country either at annual or less frequent intervals. These will be conducted on a sample of the population and results will be extrapolated for specific States and the entire country.

TYPE OF INDICATORS

The indicators have been categorized as process and outcome indicators based on the primary end point for the indicator. This is because some indicators are composite in nature and provide information on both the process adopted for delivering services in the country and the outcome or impact of the interventions initiated in the country.

EXPECTED OUTCOMES

The expected progress on each indicator over a 7-year period is also presented. In drawing up the expected outcomes, the current situation in the country (2001) has been taken into account and the possible change based on operational and logistic practicalities has also been considered, in addition to the level of achievement which will have a major impact on the epidemic in the country.

LIST OF CORE INDICATORS

OVERVIEW OF INDICATORS BY PROGRAM AREAS, MEASUREMENT OF INDICATORS AND SOURCE OF INFORMATION TO BE USED FOR MONITORING NACP-II IMPLEMENTATION

	Program Area Indicator	Objective Measurement of Indicator	Source	Type	Expected Outcome
I Condom Programming					
1	Population having good access to condoms	Increase in proportion of population having good access to condoms	BSS	Process	2001 – 60% access within 30 mts. 2004 – 75% access within 30 mts 2007 – at least 90% have access within 30 minutes
2	Condoms sold through retail outlets in the country	Increase in sale of condoms through retail outlets in the country	Retail Audit;	Process	Annual increase of 5% in condoms sold through the retail outlets.
3	Establishing new retail outlets for condoms in TI Projects	Increase in proportion of new retail outlets for condoms in Targeted Intervention Projects	CMIS	Process	5% increase in retail outlets every year
II IEC Activities and Media					
4	Correct knowledge on methods of HIV prevention in general population.	Increase in proportion of general population having correct knowledge on methods of HIV prevention.	BSS	Outcome	2001 – at least 50% identify 2 correct methods 2004 – at least 75% identify 2 correct methods 2007 – at least 90% identify 2 correct methods
5	Incorrect beliefs on HIV transmission among general population.	Increase in proportion of general population having no Incorrect beliefs on HIV transmission	BSS	Outcome	2001 – at least 40% have no incorrect beliefs on transmission 2004 – at least 60% have no incorrect beliefs on transmission 2007 – at least 90% have no incorrect beliefs on transmission
III Inter Sectoral Collaboration					
6	National and State level Government departments (excluding health) implementing policies & programs consistent with NACO guidelines	Increase in proportion of National and state Level government departments (excluding health) implementing policies and programs consistent with NACO guidelines	CMIS	Process	2001 – at least 25% implementing program 2004 – at least 50% implementing program 2007 – at least 75% implementing program
7	Implementation of School HIV Control Programme	Increase in proportion of high schools implementing School HIV Control Programmes	School survey	Process	2001 – at least 40% implementing program 2004 – at least 75% implementing program 2007 – at least 95% implementing program

	Program Area Indicator	Objective Measurement of Indicator	Source	Type	Expected Outcome
IV Voluntary Counselling and Testing					
8	Districts providing VCTC facilities in the country	Increase in proportion of districts providing VCTC facilities	CMIS	Process	2001 – At least 60% districts have VCTC 2004 – 100% districts have VCTC 2007 – 100% districts continue VCTC
9	Voluntary walk-in individuals tested and counseled at VCTC	Increase in proportion of Voluntary walk-in individuals using VCTC services and are counseled and tested as per required standards of care	CMIS	Process	2001 – at least 20% of persons are voluntary walk in persons 2004 – at least 30% of persons are voluntary walk in persons 2007 – at least 50% of persons are voluntary walk in persons
V Sexual Behavior of Young People					
10	Young people reporting sex with a non-regular partner in a one year recall period	Decreased proportion of young people reporting sex with a non-regular partner in a one year recall period	BSS	Outcome	2001 – < 10% report NRSP sex 2004 – < 3% report NRSP sex 2007 – < 1% report NRSP sex
11	Young persons (15-24) reporting use of condom in their last sex with a non regular partner	Increase in proportion of young persons reporting use of condom in their last sex with a non regular partner	BSS	Outcome	2001 – at least 50% report condom use 2004 – at least 75% report condom use 2007 – at least 95% report condom use
12	Young persons reporting consistent condom use in all sexual intercourses with non regular partners in a one year recall period	Increased proportion of young persons reporting consistent condom use in all sexual intercourses with non regular partners in a one year recall period	BSS	Outcome	2001 – at least 30% report consistent use 2004 – at least 50% report consistent use 2007 – at least 75% report consistent use
VI Targeted Interventions for High Risk Groups and Bridge Populations					
13	Specific HRG/bridge population covered by TI (CSW, MSM, IDU, Migrants, Truckers etc)	Increased proportion of specific HRG/ bridge population covered by TI (CSW, MSM, IDU, Migrants, Truckers etc)	CMIS	Process	2001 – at least 30% HRG covered 2004 – at least 75% HRG covered 2007 – at least 90% HRG covered
14	TI implementing quality interventions	Increased proportion of TI implementing quality interventions among all TI being implemented for specific HRG and bridge populations	CMIS	Process	2001 – at least 25% TI meet Quality criteria 2004 – at least 75% TI meet Quality criteria 2007 – at least 95% TI meet Quality criteria

	Program Area Indicator	Objective Measurement of Indicator	Source	Type	Expected Outcome
15	IDU population reporting use of safe equipment in the last IDU experience and all IDU experiences in a week's recall period	Increased proportion of IDU population reporting use of safe equipment in the last IDU experience and all IDU experiences in a week's recall period	CMIS & BSS	Outcome	2001 – at least 50% report use of safe equipment in last use and last week use 2004 – at least 75% report use of safe equipment in last use and last week use 2007 – at least 95% report use of safe equipment in last use and last week use
16	CSW and MSM reporting use of condoms in the last sex experience and in all sex experiences with non regular sex partners in a week's recall period	Increased proportion of CSW and MSM reporting use of condoms in the last sex experience and in all sex experiences with non regular sex partners in a week's recall period	CMIS & BSS	Outcome	2001 – at least 30% report condom use in last sex and last week's recall period 2004 – at least 75% report condom use in last sex and a week's recall period 2007 – at least 95% report use of condoms in last sex and a week's recall period
17	TI projects reporting no interference from local power structures	Increased proportion and range of TI projects reporting no interference from local power structures	CMIS	Process	2001 – at least 75% report no interference 2004 – at least 90% report no interference 2007 – at least 90% continue to report no interference
VII STI Care and Prevention					
18	STI Clinics providing good quality services including adequate supply of essential drugs	Increased proportion of STI Clinics providing good quality services including adequate supply of essential drugs among all STI clinics in public and private sector	Facility Survey	Process	2001 – at least 30% STI clinics meet quality 2004 – at least 90% STI clinics meet quality 2007 – 100% STI clinics meet quality
19	General population seeking treatment for STI from qualified personnel	Increase in proportion of general population seeking treatment for STI from qualified personnel	BSS	Outcome	2001 – at least 40% use recognized services 2004 – at least 75% use recognized services 2007 – at least 90% use recognized services
VIII Blood Safety					
20	Collected blood units tested for HIV	Increase in proportion of collected blood units tested for HIV among all collected blood units	CMIS	Process	2001 – at least 95% units tested 2004 – 100% units tested 2007 – 100% units continue to be tested
21	Proportion of voluntary blood donors	Increase in proportion of voluntary blood donors among all blood donors	CMIS	Outcome	2001 – at least 60% voluntary donors 2004 – at least 80% voluntary donors 2007 – at least 95% voluntary donors

	Program Area Indicator	Objective Measurement of Indicator	Source	Type	Expected Outcome
IX Care and Support					
22	Adequate availability of drugs for treating Opportunistic Infections	Increased proportion of health facilities reporting adequate availability of drugs for treating Opportunistic infections	CMIS	Process	2001 – at least 60% facilities report adequacy 2004 – at least 90% facilities report adequacy 2007 – 100% facilities report adequacy
23	Adequate availability of drugs for Post Exposure Prophylaxis	Increased proportion of health facilities reporting adequate availability of drugs for Post Exposure prophylaxis for health personnel	CMIS	Process	2001 – at least 50% centers report adequacy 2004 – at least 90% report adequacy 2007 – 100% report adequacy
X Stigma and Discrimination					
24	Health care providers' attitudes towards PLWHA	Increase in proportion of health care providers' positive attitudes towards HIV positive persons	Health provider Survey	Process	2001 – at least 50% providers are positive 2004 – at least 75% providers are positive 2007 – 100% providers are positive
XI Mapping AIDS trends					
25	Median age of newly diagnosed AIDS cases	Increase in median age of newly diagnosed AIDS cases	CMIS	Outcome	Increase in median age of newly diagnosed HIV/ AIDS cases.
XII Mother-to-Child Transmission					
26	Antenatal clinics providing testing and quality counseling facilities for HIV	Increased proportion of antenatal clinics providing testing and quality counseling facilities for HIV	CMIS	Process	2001 – < 30% ANC provide facilities 2004 – at least 30% provide facilities 2007 – at least 75% provide facilities
27	Districts covered with PMTCT protocol	Increased proportion of districts where PMTCT protocols have been implemented	CMIS	Process	2001 – Not yet implemented 2004 – at least 30% districts covered (100% in high prevalence States) 2007 – at least 75% districts covered
XIII Sentinel Surveillance					
28	HIV prevalence among pregnant women	Decrease in HIV prevalence among pregnant women	Sentinel Surveillance	Outcome	2001 – < 5% (H); < 3%(M); < 1% (L) 2004 – < 5% (H); < 3%(M); < 1% (L) 2007 – < 5% (H); < 3% (M); < 1% (L)

	Program Area Indicator	Objective Measurement of Indicator	Source	Type	Expected Outcome
29	HIV prevalence among high risk groups (MSM, IDU, STI patients)	Decrease in HIV prevalence among high risk groups (MSM, IDU, STI Clinic patients)	Sentinel Surveillance	Outcome	2001 – < 40% in all HRG 2004 – < 25% in all HRG 2007 – < 10% in all HRG
30	Continuity of sentinel surveillance sites	Increased proportion of sentinel surveillance sites initially identified continuing activity in reporting year	Sentinel Surveillance	Process	2001 – at least 95% continue surveillance 2004 – 100% continue surveillance 2007 – 100% continue surveillance
XIV Women's Empowerment					
31	Accessibility of women to correct information on HIV transmission and prevention and negotiation for safe sex	Proportion of women having access to correct information on HIV transmission and prevention and discuss issues related to safe sex with their spouses	Special survey	Outcome	Negotiation for safe sex 2001 – at least 50% women having access to correct information able to negotiate safe sex 2004 – at least 75% women having access to correct information able to negotiate safe sex 2007 – at least 90% women having access to correct information able to negotiate safe sex
XV Program Management					
32	Regularity of fund flow to TI projects receiving financial support from SACS	Increase in proportion of TI projects receiving financial support from SACS in time	CMIS	Process	2001 – at least 75% meeting criteria receive funds timely 2004 – at least 95% meeting criteria receive funds timely 2007 – 100% meeting criteria receive funds timely
33	States achieving objectives set for the reporting year	Increase in proportion of States achieving objectives set for the reporting year	Annual SACS checklist	Process	2001 – at least 75% States achieving stated objectives 2004 – 100% States achieving stated objectives 2007 – 100% States continue to achieve stated objectives
34	Strengthening of SACS for capacity building, infrastructure, monitoring & evaluation and preparation of strategic plans	Increase in proportion of SACS strengthened for capacity building, infrastructure, monitoring & evaluation and preparation of strategic plans	Annual SACS check list	Process	2001 – at least 60% SACS strengthened 2004 – 100% SACS strengthened 2007 – 100% SACS continue to demonstrate strengthened capabilities

	Program Area Indicator	Objective Measurement of Indicator	Source	Type	Expected Outcome
35	Proportion of general population aged 15-49 covered by Family Health Awareness Campaign	Increase in proportion of general population aged 15-49 covered by Family Health Awareness Campaign	FHAC	Process	2001 – at least 50% population covered 2004 – at least 75% population covered 2007 – at least 90% population covered
36	Proportion of budget spent of budget allocated	Increase in proportion of budget spent of budget allocated	PFMC	Process	2001 – at least 60% of budget allocated spent in the reporting year 2004 – at least 90% of budget allocated spent in the reporting year 2007 – at least 95% of budget allocated spent in the reporting year

LIST OF ADDITIONAL INDICATORS

OVERVIEW OF INDICATORS BY PROGRAM AREAS, MEASUREMENT OF INDICATORS AND SOURCE OF INFORMATION TO BE USED FOR MONITORING NACP-II IMPLEMENTATION

	Program Area Indicator	Measuring Indicator	Source	Type	Expected Outcome
I Condom Programming					
1	Condoms meeting quality specifications	Increase in proportion of condoms tested meeting WHO specifications of quality	Special survey	Process	2001 – at least 90% meet quality specifications 2004 – at least 95% meet quality specifications 2007 – at least 95% continue meeting quality specifications
II IEC Activities and Media					
2	Knowledge of general population on methods of HIV transmission	Increased proportion of general population having correct knowledge on methods of HIV transmission	BSS	Outcome	2001 – > 50% have correct knowledge on transmission 2004 – > 75% have correct knowledge on transmission 2007 – > 95% have correct knowledge on transmission
III Inter Sectoral Collaboration					
3	Industrial and big agricultural units implementing an HIV / AIDS Control Program	Increased proportion of Industrial and big agricultural units (employing > 500 persons) implementing an HIV / AIDS Control Program	CMIS	Process	2001 – < 10% implementing services 2004 – > 30% implementing services 2007 – > 75% implementing services
IV VCTC					
4	HIV positives among voluntary walk-in persons coming back to VCTC to collect test results	Increased proportion of HIV+ voluntary walk-in persons coming back to VCTC to collect test report	CMIS	Process	2001 – <25% receiving test results 2004 – >50% receiving test results 2007 – >75% receiving test results
V Sexual Behavior of Young People					
5	Median age at first sex	Increase in median age at first sex	BSS	Outcome	Increase in median age at first sex by 3 years for both boys and girls by 2007
VI Targeted Interventions for High Risk Groups and Bridge Populations					
6	High risk groups and bridge populations reached through BCC activities	Increased proportion of HRG and bridge populations reached through BCC activities	CMIS & BSS	Process	2001 – < 30% reached 2004 – at least 50% reached 2007 – at least 90% reached

	Program Area Indicator	Measuring Indicator	Source	Type	Expected Outcome
VII STI Care and Prevention					
7	STI clinics & Gynae OPD reporting condom distribution to clients after diagnosis	Increased proportion of clinics reporting distribution of condoms to clients after diagnosis	CMIS	Process	2001- at least 50% distribute 2004 – at least 75% distribute 2007 – at least 90% distribute
8	STI clinics in the public sector reporting adequacy of essential drugs for STI cases	Increased proportion of STI clinics in the public sector reporting adequacy of essential drugs for STI cases	CMIS	Process	2001- < 50% report adequacy 2004 – at least 75% report adequacy 2007 – at least 95% report adequacy
9	Males reporting symptoms of Urethritis in the general population	Decreased proportion of Males reporting symptoms of Urethritis in the general population	BSS	Outcome	2001 – <10% report urethritis 2004 – < 8% report urethritis 2007 – < 5% report urethritis
VIII Blood Safety					
10	Setting up of Component separation facilities in States	Increased proportion of States with availability of component separation facilities.	CMIS	Process	2001- at least 50% set up 2004 – at least 90% set up 2007 – at least 95% set up
11	Proportion of previous voluntary blood donors who have come back for repeat blood donation	Increased proportion of previous voluntary blood donors who have come back for repeat blood donation	CMIS	Outcome	2001 – < 10% repeat donors 2004 – at least 10% repeat donors 2007 – at least 20% repeat donors
IX Care and Support					
12	Primary care givers trained in managing HIV / AIDS persons in the families.	Increased proportion of Primary care givers trained in managing HIV / AIDS persons in the families.	CMIS	Process	2001 – < 30% trained 2004 – at least 50% trained 2007 – at least 90% trained
X Stigma and Discrimination					
13	HIV positive patients reporting no discrimination from employers and colleagues	Increased proportion of HIV+ patients reporting no discrimination from employers and colleagues	Special Survey	Process	2001 – at least 30% reporting no discrimination 2004 – at least 50% reporting no discrimination 2007 – at least 90% reporting no discrimination
14	Accepting attitude towards HIV positive persons	Increased proportion of the general population having an accepting attitude towards HIV+ persons	BSS	Outcome	2001 – at least 30% report accepting attitude 2004 – at least 50% report accepting attitude 2007 – at least 90% report accepting attitude

	Program Area Indicator	Measuring Indicator	Source	Type	Expected Outcome
XI	Mapping AIDS trends				
15	Gender distribution of newly diagnosed AIDS cases	Decrease in proportion of women among newly diagnosed AIDS cases	CMIS	Process	Decrease in proportion of women
16	Routes of Transmission of newly diagnosed AIDS cases	Routes of transmission of newly diagnosed AIDS cases	CMIS	Process	
17	Proportionate prevalence of Opportunistic Infections	Proportionate prevalence of Opportunistic Infections	CMIS	Process	
XII	Program Management				
18	Status of Operations Research	Increased proportion of funding for OR at the national level	NACO	Process	2001 – < 1% funding for OR out of HIV control budget 2004 – 2% funding for OR out of HIV control budget 2007 – 5% funding for OR out of HIV control budget
19	Status of TRG	Increased proportion of States making technical requests to TRG during the reporting year	CMIS	Process	
20	Status of Monitoring & Evaluation	Increased proportion of States where M&E cell has been established and M&E personnel have been employed	CMIS	Process	2001 – > 50% States have M&E cell 2004 – >95% States have 1 M&E cel 2007 – 100% States have M&E cell
21	Training of staff in public sector	Increased proportion of medical and para-medical staff receiving induction training for HIV / AIDS / STI	CMIS	Process	2001 – < 30% staff trained 2004 – > 50% staff trained 2007 – > 95% staff trained

LIST OF OPTIONAL INDICATORS

OVERVIEW OF INDICATORS BY PROGRAM AREAS, MEASUREMENT OF INDICATORS AND SOURCE OF INFORMATION TO BE USED FOR MONITORING NACP-II IMPLEMENTATION

	Program Area Indicator	Measuring Indicator	Source	Type	Expected Outcome
I Policy					
1	AIDS Program Effort Index	Increase in mean scores allocated by a group of experts on 10 component areas of HIV / AIDS control	NACO	Process	Increase in mean scores
2	Health and overall social development budget spent on HIV control	Increase in proportion of overall health and social development budget spent on HIV control	NACO	Process	2001 – at least 5% spent on HIV control 2004 – at least 10% spent on HIV control 2007 – at least 15% spent on HIV control
II IEC Activities and Media					
3	Articles with correct information on HIV / AIDS in daily newspapers	Increase in proportion of articles with correct information on HIV / AIDS in daily newspapers	News-paper audit	Process	2001 – <50% articles with correct information 2004 – at least 75% articles with correct information 2007 – at least 90% articles with correct information
III Voluntary Counseling and Testing					
4	HIV negative walk in individuals receiving post test counseling	Increase in proportion of HIV –ve individuals receiving post test counseling	CMIS	Process	2001 – 30% HIV –ve individuals receive post test counseling 2004 – at least 75% HIV-ve individuals receive post test counseling 2007 – at least 95% HIV-ve individuals receive post test counseling
IV Sexual Behavior of Young People					
5	Age mixing in sexual relationships	Decrease in proportion of women aged 15-19 years having sexual relationships with men 10 years or more older	Special Survey	Outcome	2001 – at least 5% report age mixing 2004 – < 5% report age mixing 2007 – <2% report age mixing
V Targeted Interventions for High Risk Groups and Bridge Populations					
6	Districts with concentration of HRG and bridge populations	Decrease in proportion of districts with concentration of HRG and bridge populations in the country	Mapp-ing	Process	2001 – 10% districts have concentration of HRG /bridge 2004 – < 10% districts have concentration of HRG / bridge 2007 – < 5% districts have concentration of HRG /bridge

	Program Area Indicator	Measuring Indicator	Source	Type	Expected Outcome
7	IDU (Drug injectors) using condom at last sex	Increase in proportion of IDU using condom at last sex	BSS	Outcome	2001 – < 30% use condoms 2004 – at least 50% use condoms 2007 – at least 90% use condoms
VI Targeted Interventions					
8	Correct knowledge on methods of HIV prevention along MSM.	Increase in proportion of MSM having correct knowledge on methods of HIV prevention.	BSS	Outcome	2001 – at least 50% identify 2 correct methods 2004 – at least 75% identify 2 correct methods 2007 – at least 95% identify 2 correct methods
9	Correct knowledge on methods of HIV prevention among IDUs	Increase in proportion of IDU having correct knowledge on methods of HIV prevention.	BSS	Outcome	2001 – at least 50% identify 2 correct methods 2004 – at least 75% identify 2 correct methods 2007 – at least 95% identify 2 correct methods
VII STI Care and Prevention					
10	Multiple STI in clients attending STI clinics and Gynae OPD in public sector and in TI clinics	Decrease in proportion of STI clients suffering from multiple STI	CMIS	Process	2001 – at least 10% with multiple STI 2004 – <10% with multiple STI 2007 – <5% with multiple STI
11	Trends in pattern of microbial resistance	Decrease in proportion of resistant strains reported by Regional Reference Laboratories	CMIS	Process	2001 – 10% reported resistance 2004 – 7% reported resistance 2007 – <5% reported resistance
VIII Care and support					
12	Districts with concentration of HRG having access to low cost community care	Increase in proportion of districts with concentration of HRG having access to low cost community care	CMIS	Process	2001 – < 25% districts covered 2004 – at least 25% districts covered 2007 – at least 75% districts covered
IX Mother – To- Child Transmission					
13	Provision of ARV therapy	Increase in proportion of HIV+ pregnant women provided complete course of ARV	CMIS	Process	2001 – at least 1% receive 2004 – at least 25% receive 2007 – at least 75% receive
X Programme Management					
14	Programme Implementation Index	Increase in Scores achieved on Programme Implementation Index	CMIS	Process and Outcome	Increased scores



CORE INDICATORS

CONDOM PROGRAMMING INDICATOR 1

POPULATION HAVING GOOD ACCESS TO CONDOMS

Level	: Core
Frequency of Collection	: Once in three years
Type of Indicator	: Process
Utilization level	: National and State level

DEFINITION

The proportion of general population having good access to condoms. The indicator will be segregated by rural/urban residence and gender. At the National level in addition to aggregated data, median and range across the different States will be presented. At individual State level, data will be presented across districts. The access includes both free and sold condoms. Good access is defined as 30 minutes traveling time from place of normal residence.

No. of males/females in rural/urban areas reporting accessibility of condoms within 30 minutes traveling time from normal place of residence

No. of males/females in rural/urban area interviewed during the survey in specific State/country

MEASUREMENT TOOLS

Data will be collected during the BSS in the general population, which will be undertaken at 3-year intervals in all States of the country.

WHAT IT MEASURES

The indicator measures the trends in the accessibility of condoms in the country as well as in the different States. By segregating by place of residence and gender, access levels of different population groups will be measured. It is envisaged that by 2004, 75% of all population groups should have good access to condoms and by 2007, more than 90% of all population groups should have good access to condoms.

HOW TO MEASURE IT

In the BSS questionnaire, the following set of questions are asked to feed into this indicator:

- For those who need to procure a condom, do you think they are easily available?
- How long would it take you (or us) to obtain a condom close to your house?

CONDOM PROGRAMMING INDICATOR 2

CONDOMS SOLD THROUGH RETAIL OUTLETS

Level	: Core
Frequency of Collection	: Annual
Type of Indicator	: Process
Utilization level	: National & State level

DEFINITION

The number of condoms sold through sampled retail and social marketing outlets in the country. This will include both those manufactured in the country and those imported and sold across the counter.

MEASUREMENT TOOLS

Retail audit of condoms using a sample of dealers in the urban and rural areas of the country and condoms sold through social marketing schemes of TI projects

WHAT IT MEASURES

The indicator measures the proportion of condoms, which are actually purchased by consumers for use. It measures the success of programs targeted towards change of behavior as condoms purchased for use indicate high levels of motivation and practice. It also indicates the availability of condoms to people at times that they require condoms.

HOW TO MEASURE IT

The Retail Audit provides company wise and brand wise off-take figures of condoms in the country. This information will be collected from 12,251 dealers across 367 sample towns and 983 sample villages on a monthly basis. The retail audit will provide an annual estimate.

Initially it is expected that the proportion of condoms sold through the retail and social marketing sector would be low. Increased proportion of condoms sold through the retail outlets and social marketing will indicate a positive impact of the program efforts in the country and at each State.

CONDOM PROGRAMMING INDICATOR 3

ESTABLISHING NEW RETAIL OUTLETS FOR CONDOMS IN TI PROJECTS

Level	: Core
Frequency of Collection	: Annual
Type of Indicator	: Process
Utilization level	: National, State and Project level

DEFINITION

Proportion of new retail outlets for condoms in Targeted Intervention projects among all Targeted Intervention retail outlets in a specific project, State and National level.

No. of new retail outlets for condoms commissioned in the last financial year in a specific Project / State / Country

Total no. of new + already existing retail outlets for condoms in targeted intervention projects in a specific Project / State / Country

MEASUREMENT TOOLS

Information will be collected from all TI Projects where retailing of condoms is one of the stated activities of the TI project. Information will be collected on a specially designed format to be filled once a year by all TI Projects where retailing of condoms is undertaken.

WHAT IT MEASURES

Provision of retail outlets for condoms is an important activity of all TI Projects working with CSW and other high-risk groups. Such retail outlets make the programme sustainable in the long run and would slowly replace free distribution of condoms to populations covered by a Targeted Intervention. It is envisaged that there would be an increase of 5% in the number of retail outlets over the previous years retail outlets.

HOW TO MEASURE IT

A specially designed CMIS format will be used for collecting relevant information from all applicable TI Projects. The information will be used at Project, State and National level.

IEC INDICATOR 1

CORRECT KNOWLEDGE ON METHODS OF HIV PREVENTION IN GENERAL POPULATION

Level	: Core
Frequency of Collection	: Thrice in five years
Type of Indicator	: Outcome
Utilization level	: National & State

DEFINITION

Proportion, range and median of all respondents with correct knowledge of HIV prevention methods among respondents (stratified by age, place of residence and gender) interviewed during BSS in the general population.

1. No. urban/rural males/females aged 15-49 years reporting correct knowledge on prevention of HIV
No. urban/rural males/females aged 15-49 years interviewed in BSS in a specific state/country
2. No. urban/rural males/females aged 15-24 years reporting correct knowledge on prevention of HIV
No. urban/rural males/females aged 15-24 years interviewed in BSS in a specific state/country

MEASUREMENT TOOL

A pre tested standardized questionnaire containing three questions on proven methods of prevention will be canvassed in the general population during the three rounds of the BSS to be conducted during 2001-2005.

WHAT IT MEASURES

The AIDS Control programme in India targeting the general population promotes mutual monogamy, abstinence and condom use as the primary means of avoiding HIV infection among the sexually active men and women. The indicator measures the extent to which information has reached the general population and more specifically the youth who are an important vulnerable group. The indicator is most sensitive at lower levels of knowledge in the community. Therefore it is very useful in countries, which have recently scaled up control efforts.

HOW TO MEASURE IT

During the BSS in the general population a set of three questions are asked regarding the prevention of HIV. These questions are:

- Can people protect themselves from HIV/AIDS by abstaining from sexual intercourse?
- Can people protect themselves from HIV/AIDS by using a condom correctly every time they have sex?
- Can people protect themselves from HIV/AIDS by having one uninfected faithful sex partner?

Any person who correctly identifies all three answers in the affirmative or at least both the questions on condom and uninfected faithful partner correctly will be labeled as a person with correct knowledge.

IEC INDICATOR 2

INCORRECT BELIEFS ON HIV TRANSMISSION

Level	: Core
Frequency of Collection	: Annual
Type of Indicator	: Outcome
Utilization level	: National & State

DEFINITION

Proportion, range and median of general population with no incorrect beliefs on transmission of HIV among respondents contacted through BSS surveys in the general population

- a. No. urban/rural male/female in general population having no incorrect beliefs regarding HIV transmission

No. of urban/rural male/female interviewed during BSS in general population in specific state/country

- b. No. urban/rural males/females aged 15-24 years in general population having no incorrect belief regarding HIV transmission

No. of urban/rural males/females aged 15-24 years interviewed during BSS in the general population in a specific State/entire country

The indicator can be used to provide information on specific age groups (< 25; 25-34; 35+ etc.) in addition to gender and place of residence (rural/urban) also.

MEASUREMENT TOOLS

A pre tested semi open- ended questionnaire will be canvassed in the general population as part of the BSS Surveys. The questionnaire will seek responses to three questions:

- Can a person get HIV/AIDS by sharing a meal with someone who is infected?
- Can a person get HIV/AIDS from a mosquito bite?
- Can a healthy looking person transmit HIV/AIDS?

Persons will be scored as having no incorrect beliefs if the answer is “No” for the first two questions and “yes” for the last question. All other combinations will be scored as incorrect knowledge on transmission.

WHAT IT MEASURES

The indicator measures the level of awareness regarding incorrect beliefs on transmission of HIV in the general community. Many people who know that condoms protect against AIDS also believe that AIDS can be contacted by sharing a meal or by a mosquito bite. At high levels of HIV related awareness, a reduction in misconceptions may actually be a better reflection of the success of an IEC campaign. This indicator specifically measures progress made in reducing misconceptions.

HOW TO MEASURE IT

As already described, information will be collected from specific population groups on a set of three questions based on common misconceptions. The numerator in the indicator is all persons who could identify the two misconceptions correctly and also knew that a healthy looking person can transmit HIV. The denominator includes all persons interviewed irrespective of whether or not they heard about HIV/AIDS.

For incorporating changes in the programs being implemented in the country, it is best to also look at the response to each question independently so that the specific misconception could be addressed through augmentation of IEC efforts.

INTER SECTORAL COLLABORATION INDICATOR 1

NATIONAL AND STATE LEVEL (EXCLUDING HEALTH) GOVERNMENT DEPARTMENTS IMPLEMENTING POLICIES AND PROGRAMS CONSISTENT WITH NACO POLICIES

Level	: Core
Frequency of Collection	: Annual
Type of Indicator	: Process
Utilization level	: National & State

DEFINITION

The proportion of national and state level government departments (excluding health), implementing an HIV/AIDS control programme among all such departments (all non-health government departments). The indicator will look at national and state level departments separately.

The Government departments include other ministries and departments excluding the health ministry and related departments. The total number of such ministries and departments at the national/state level will form the denominator while the number of departments implementing a control programme will form the numerator

- a.
$$\frac{\text{No. of national level government departments (ministries and other government departments), excluding health, implementing an HIV/AIDS Control Programme}}{\text{No. of national level government departments identified by NACO}}$$
- b.
$$\frac{\text{No. of state level government departments (ministries and other government departments), excluding health, implementing an HIV/AIDS Control Programme}}{\text{No. of state level government departments identified by respective SACS}}$$

MEASUREMENT TOOLS

NACO and the respective SACS will use a pre-tested schedule to collect the information from all the government departments every year. NACO and SACS can contract an agency to collect this information if in house capacity is not available.

WHAT IT MEASURES

The indicator will measure the extent of implementation of HIV/AIDS Control programmes in government departments excluding the health sector. This is a sensitive indicator of the government's response to the HIV epidemic in the country as a whole and at the level of the respective States. Trends in the implementation of the programmes over time can be effectively monitored.

HOW TO MEASURE IT

Every year, NACO and respective SACS will commission a survey for collecting this information. The following elements will be assessed to measure implementation of control activities:

- Non discrimination policy in place
- Provision of HIV testing facilities (or linkage with a testing unit)
- IEC activities through awareness campaigns, provision of IEC material or group discussions.
- Availability of treatment facilities for STI (or linkage with a referral treatment source)

The indicator will be measured once a year.

INTER-SECTORAL COLLABORATION INDICATOR 2

IMPLEMENTATION OF SCHOOL HIV CONTROL PROGRAMME

Level	: Core
Frequency of Collection	: Annual
Type of Indicator	: Process
Utilization level	: National & State

DEFINITION

Proportion and range of high schools where the recommended HIV/AIDS Control Module has been implemented satisfactorily in the preceding year among all recognized private and public high schools.

The indicator will be used both at the national and state level

No. of high schools where recommended HIV/AIDS control module for schools has been satisfactorily implemented in the preceding year

No. of recognized public and private high schools in a specific State/entire country

The indicator should also be segregated for private and public schools and for girls and boys.

MEASUREMENT TOOLS

The respective SACS will use a specially designed schedule to collect the information from all the identified units. NACO and SACS can contract an agency to collect this information if in house capacity is not available.

WHAT IT MEASURES

The indicator will measure the extent of quality implementation of HIV/AIDS Control programmes in high schools. This is a sensitive indicator of the response of the educational system to the HIV epidemic in the country, as a whole, and at the level of the respective States. Trends in the implementation of the programmes over time can be effectively monitored.

HOW TO MEASURE IT

Every year, NACO and respective SACS will commission a survey for collecting this information. Public and private sector high schools will be selected randomly from both the rural and urban areas in each State. The following elements will be assessed to measure satisfactory implementation of the module:

- Whether a minimum of 15 hours of classroom teaching has been scheduled in the current academic year.
- Whether additional activities like quiz, essay, Question Box have been conducted
- Whether school teachers have received training before implementing the module
- Involvement of peer educators from among the high school students in implementation of the module.
- Involvement of an NGO organization in supervising and guiding implementation of the module

All five elements have to be satisfied before a school is designated as satisfactorily implementing the module. The indicator will be measured once a year.

VOLUNTARY COUNSELING AND TESTING INDICATOR 1

DISTRICTS PROVIDING VCTC FACILITIES

Level	: Core
Frequency of Collection	: Annual
Type of Indicator	: Process
Utilization level	: National and State level

DEFINITION

Proportion and range of districts in a specific State/entire country providing VCTC facilities.

No. of districts in a specific State/entire country with VCTC facilities

Total no. of reporting districts in a specific State/entire country

MEASUREMENT TOOLS

An annual input format has been designed for the VCTC, which will be filled up and sent to the respective SACS.

WHAT IT MEASURES

The indicator aims to provide information on the availability and accessibility of VCT services in the country. By 2004, the objective is to establish VCT facilities in every district.

HOW TO MEASURE IT

The information to feed into this indicator will be collected from all VCTC on an annual basis as part of the CMIS set up in the country

VOLUNTARY COUNSELING AND TESTING INDICATOR 2

VOLUNTARY 'WALK-IN' PERSONS TESTED AND COUNSELED AT THE VCTC

Level	: Core
Frequency of Collection	: Monthly
Type of Indicator	: Outcome
Utilization level	: National, State and Project level

DEFINITION

Proportion and range of voluntary 'walk-in' persons tested and counseled among all persons tested at the VCTC.

The indicator should be segregated by age group (especially 15-24 years) and gender.

1. No. of voluntary 'walk-in' persons tested and counseled

Total no. of persons tested at VCTC in specific State/country

2. No. of 15-24 year old male/female voluntary 'walk-in' persons tested and counseled

Total no.15-24 year males/females tested at VCTC in specific State/entire country

For the State level indicator, the numerator and denominator will refer to cumulative figures at all VCTC in State while for the national level indicator they will refer to cumulative figures at the national level. In addition, the median number of voluntary walk in patients at the State and National level will also be compiled.

MEASUREMENT TOOLS

A monthly input format has been designed for the VCTC, which will be filled up and sent to the respective SACS.

WHAT IT MEASURES

The indicator aims to provide information on the utilization of VCT services by voluntary 'walk-in' persons, which reflects the level of awareness about VCT services in the general population. By segregating sub populations by age and gender, the level of awareness among vulnerable groups can be measured.

HOW TO MEASURE IT

The information to feed into this indicator will be collected from all VCTC on a monthly basis as part of the CMIS in the country.

SEXUAL BEHAVIOR OF YOUNG PEOPLE INDICATOR 1

YOUNG PEOPLE REPORTING SEX WITH NON-REGULAR PARTNERS IN PAST 12 MONTHS

Level	: Core
Frequency of Collection	: Thrice in five years
Type of Indicator	: Outcome
Utilization level	: National and State level

DEFINITION

Proportion, range and median of respondents who reported having sex with a non regular sex partner in past 12 months among all respondents reporting sexual activity in the past 12 months.

For the State level indicator, the numerator and denominator will refer to cumulative figures at the State level while for the national level indicator they will refer to cumulative figures at the national level.

The indicator will be most useful if it is segregated by age category and gender to capture sexual behavior of the young people in the country.

1.
$$\frac{\text{No. of respondents aged 15-49 years males/females reporting sexual intercourse with non regular partner in past 12 months in specific State/entire country}}{\text{No. of married male/female respondents and unmarried male/female respondents reporting sexual activity in past 12 months in specific State/entire country}}$$
2.
$$\frac{\text{No. of male/female respondents aged 15-24 years reporting sexual intercourse with non regular partner in past 12 months in specific State/entire country}}{\text{No. of 15-24 years married male/female respondents and 15-24 years unmarried male/female respondents reporting sexual activity in past 12 months in specific State/entire country}}$$

MEASUREMENT TOOLS

Pre tested schedule specially designed for canvassing in the BSS general population survey.

WHAT IT MEASURES

The spread of HIV depends upon individuals who have unprotected sex with non- regular sex partners in addition to their regular partners. People who have sex outside marriage occasionally are the ones who are most likely to have other partners over the course of the year. These partnerships therefore carry a higher risk of HIV transmission. Monitoring the indicator by stratifying by age allows observation of sexual behavior patterns of the youth (15-24 years).

HOW TO MEASURE IT

As part of the BSS survey in the general population, the following questions are asked:

- Are you currently living with your spouse (for married respondents)?
- Have you pursued any other sexual relationship with a non- regular partner in the last 12 months while you were married (for married respondents)?
- Have you ever had sexual intercourse (for unmarried respondents)?
- Have you had sexual intercourse in the last 12 months (for unmarried respondents)?

Question no. 1 and 3 form the denominator while question nos. 2 and 4 form the numerator for calculating the rate of sex with a non-regular partner.

SEXUAL BEHAVIOR OF YOUNG PEOPLE INDICATOR 2

YOUNG PERSONS REPORTING USE OF CONDOM IN LAST SEX WITH NON- REGULAR PARTNER

Level	: Core
Frequency of Collection	: Thrice in five years
Type of Indicator	: Outcome
Utilization level	: National and State level

DEFINITION

Proportion, range and median of respondents who reported having used a condom in the last sex with a non-regular sex partner, among all respondents reporting sexual activity in a one-year recall period.

For the State level indicator, the numerator and denominator will refer to cumulative figures at the State level while for the national level indicator they will refer to cumulative figures at the national level. In addition, the range and median for all States taken together will also be reported.

The indicator will be most useful if it is segregated by age category and gender to capture sexual behavior of the young people in the country.

1. No. of males/females aged 15-49 years reporting use of condom in last sexual intercourse with non regular partner in specific State/entire country

No. of married male/female respondents and unmarried male/female respondents reporting sexual activity in last 12 months in specific State/entire country

2. No. of male/female respondents aged 15-24 years reporting use of condom in last sexual intercourse with non regular partner in specific State/entire country

No. of 15-24 years married male/female respondents and 15-24 years unmarried male/female respondents reporting sexual activity in last 12 months in specific State/entire country

MEASUREMENT TOOLS

Pre tested schedule specially designed for canvassing in the BSS general population survey.

WHAT IT MEASURES

The spread of HIV depends upon individuals who have unprotected sex with non- regular sex partners in addition to their regular partners. Sex with non- regular partners where condoms are not used carry a high risk of HIV transmission. Regular use of condoms is an important intervention to reduce transmission of HIV. Monitoring the indicator by stratifying by age allows observation of sexual behavior patterns of the youth (15-24 years). It is envisaged that 75% of respondents aged 15-24 years report using condom in their last sex with a non-regular partner by 2004. The proportion reporting use of condoms should increase to >95% by 2007.

HOW TO MEASURE IT

In addition to the four questions asked about sexual behavior as part of the BSS survey in the general population, the following additional questions are asked:

- Did you use a condom the last time you had sexual intercourse with a person other than your regular partner/spouse? (for married respondents)
- Did you use a condom the last time (within the last one year) you had sexual intercourse with your sexual partner?

All persons who reported sexual activity in the last one year form the denominator for this indicator.

SEXUAL BEHAVIOR OF YOUNG PEOPLE INDICATOR 3

CONSISTENT CONDOM USE IN ALL SEXUAL INTERCOURSES WITH NON-REGULAR PARTNER DURING LAST 12 MONTHS

Level	: Core
Frequency of Collection	: Annual
Type of Indicator	: Outcome
Utilization level	: National and State level

DEFINITION

Proportion, range and median of respondents who reported having used a condom in all sexual intercourse in past 12 months with a non-regular sex partner among all respondents reporting sexual activity.

For the State level indicator, the numerator and denominator will refer to cumulative figures at the State level while for the national level indicator they will refer to cumulative figures at the national level. In addition, the range and median for all States taken together will also be reported.

The indicator will be most useful if it is segregated by age category and gender to capture sexual behavior of the young people in the country.

1. No. of male/female respondents aged 15-49 years reporting use of condom in all sexual intercourse in last 12 months with non regular partner in specific State/entire country

No. of married male/female respondents and unmarried male/female respondents reporting sexual activity in last 12 months in specific State/entire country

2. No. of male/female respondents aged 15-24 years reporting use of condom in all sexual intercourse with non regular partner in last 12 months in specific State/entire country

No. of 15-24 years married male/female respondents and 15-24 years unmarried male/female respondents reporting sexual activity in last 12 months in specific State/entire country

MEASUREMENT TOOLS

Pre tested schedule specially designed for canvassing in the BSS general population survey.

WHAT IT MEASURES

The spread of HIV depends upon individuals who have unprotected sex with non- regular sex partners in addition to their regular partners. Sex with non- regular partners where condoms are not used carry a high risk of HIV transmission. Use of condoms regularly is an important intervention to reduce transmission of HIV. Consistent condom use with non-regular sexual partners is important in reducing the transmission potential of HIV. Monitoring the indicator by stratifying by age allows observation of sexual behavior patterns of the youth (15-24 years).

HOW TO MEASURE IT

In addition to the four questions asked about sexual behavior as part of the BSS survey in the general population, the following additional questions are asked:

- How consistently have you used a condom while having sexual intercourse with your spouse? (For married respondents)
- How consistently have you used a condom with your spouse over the past 12 months?
- How consistently did you use a condom with persons other than your regular partner/spouse in the past one year? (For married respondents)
- How consistently did you use a condom with sex partners in the past one-year? (for unmarried respondents)

All persons who reported sexual activity in the last one year form the denominator for this indicator.

PREVENTION OF TRANSMISSION IN HIGH RISK GROUPS AND BRIDGE POPULATION INDICATOR 1

COVERAGE OF HRG/BRIDGE POPULATIONS WITH TARGETED INTERVENTIONS

Level	: Core
Frequency of Collection	: Annual
Type of Indicator	: Process
Utilization level	: National, State and Project level

DEFINITION

Proportion, range and median of estimated specific High Risk Group (CSW, MSM, IDU etc) and bridge populations (Clients of CSW, Truckers, Urban slum dwellers etc.) covered by targeted intervention among the estimated population of each specific group.

Population of specific HRG/bridge population covered by Targeted Intervention

Estimated population of specific HRG in Project area/State by mapping/rapid assessment

Each specific HRG and bridge population group will be analyzed separately for this indicator.

For the State level indicator, the numerator and denominator will refer to cumulative figures at the State level. In addition, the range and median for all States taken together will also be reported. Range and median of all districts at State level will also be presented.

MEASUREMENT TOOLS

All NGOs will be undertaking a mapping exercise and this will be used to define the numerator and denominator for the indicator.

In addition to the mapping undertaken by SACS, each NGO implementing a Targeted Intervention is to undertake a base line survey/rapid assessment at the beginning and repeat surveys/rapid assessment at annual intervals.

WHAT IT MEASURES

The indicator is a sensitive measure of the risk groups prevalent in different areas in a specific State/entire country. Increase/decrease of the HRG/bridge populations has implications for the implementation of the project. This provides an estimate of the workload for the projects and helps in providing the denominator for assessing what proportion of the target population is actually covered by a targeted intervention.

HOW TO MEASURE IT

Mapping/Rapid assessment will be undertaken by SACS and specific Targeted Intervention projects being implemented.

It will be important to see that targeted interventions are in place in all districts with concentration of HRG so as to effectively reduce the transmission potential.

PREVENTION OF TRANSMISSION IN HIGH RISK GROUPS AND BRIDGE POPULATION INDICATOR 2

TARGETED INTERVENTION PROJECTS IMPLEMENTING QUALITY INTERVENTIONS

Level	: Core
Frequency of Collection	: Annual
Type of Indicator	: Process
Utilization level	: National and State level

DEFINITION

Proportion and range of TI s being implemented for specific High Risk Group (CSW, MSM, IDU etc) and bridge populations (Clients of CSW, Truckers, Urban slum dwellers) meeting pre defined quality criteria among all TI projects being implemented in the country /specific State

No. of TI projects meeting pre defined quality criteria

Total No. of TI projects functioning in a specific State /entire country

MEASUREMENT TOOLS

NACO quality assessment of TI protocol

WHAT IT MEASURES

The indicator measures the quality of the different TI projects being implemented in the country. The indicator will provide information on whether the TI projects are providing services, which will help in change of behavior and practice of HRG and bridge populations. Since the indicator will also look at segregated data by type of HRG, it will be possible to comment on whether services being provided for one group of HRG are better than those being provided to another group.

HOW TO MEASURE IT

All TI projects will be reporting on an annual basis on a pre- tested format for data collection. The formats will then be analyzed to see whether the TI meets the quality criteria, which have been formulated.

DEFINING QUALITY TARGETED INTERVENTIONS

Data collected on various aspects of Targeted Interventions will be scored to evaluate whether a specific HRG /bridge population is being covered by quality interventions. The following will be used to measure the quality of the interventions in place:

1. **Provision of services** – Projects will be scored as good if they are involved in regular distribution of condoms and STD services for CSW & MSM, safe equipment and condom for IDU, condoms for truckers and migrant populations to > 75 per cent of the HRG population for at least 10 months in a reporting year
2. **Conduct regular advocacy meetings** with different categories of local power structures every week and regularly conduct awareness generation activities in the HRG and the local community
3. At least 75% of **the peer educators and outreach workers have been trained** and are working for more than one year.
4. Peer educators and outreach workers have contacted at least 75% of the HRG population,, at least once a fortnight, in each reporting month, in the preceding year.

All the four criteria will have to be satisfied to label an Intervention as of “good quality”.

PREVENTION OF TRANSMISSION IN HIGH RISK GROUPS AND BRIDGE POPULATION INDICATOR 3

USE OF SAFE EQUIPMENT IN THE LAST IDU EVENT AND ALL EXPERIENCES IN THE REPORTING PERIOD

Level	: Core
Frequency of Collection	: Monthly- CMIS; Thrice in 5 years – BSS
Type of Indicator	: Outcome
Utilization level	: National, State and Project level

DEFINITION

1. Proportion, range and median of injecting drug users using safe needle and syringe the last time they injected drugs among total IDU reporting use of injecting drugs.
2. Proportion, range and median of injecting drug users using safe needle and syringe in all experiences in the reporting month among total IDU reporting use of injecting drugs.
 - a. No. IDU using safe equipment in last experience

Total no. IDU reporting IDU experiences in specific Project/State/entire country
 - b. No. IDU using safe equipment in all IDU experiences in the reporting month

Total IDU reporting IDU experiences in specific Project/State/entire country in the reporting month

Both the above indicators will be generated from CMIS. This will refer to IDU covered by TI projects. From BSS, information will be available thrice in the next five years from High Risk Populations in 5 States in the country. This information will feed into indicator 1 while for indicator 2, data will be collected from TI projects working with MSM populations.

MEASUREMENT TOOLS

BSS Survey in the IDU population; CMIS formats for TI projects working with IDU populations

WHAT IT MEASURES

Sharing of injecting equipment is the biggest risk factor for HIV transmission among drug injectors. This indicator measures progress in program efforts to reduce the most risky practice of sharing equipment for injecting drugs. It is especially valuable for tracking trends over time for programs that support needle exchange initiatives.

HOW TO MEASURE IT

Information on generating the indicator will flow in from two sources:

- A. **BSS Survey in IDU** to be conducted thrice over the period 2001-2005. During the Survey, IDUs are asked the following questions:
 - Had you injected any addictive drug in past one month?
 - During the **past month** how often did you inject drugs?
 - Think about the *last time* you had injected drugs. Did you use a needle or syringe that had previously been used by someone else?
 - Think about the times you have injected drugs during the *past one-month*. How often was it with a needle or syringe that had previously been used by some one else?
 - With how many different injecting partners did you share needles or syringes in the past one-month?
 - When you injected in the past one month, how often was it with a needle that no one else had ever used other than yourself?

- In the past one-month how often did you draw up your drug solution from a common container shared by others?
 - In the past one month when you injected drugs, how often did you share a cooker/vial/container, filter or rinse water for boiling the needles/syringes?
- B. **CMIS formats:** Projects working with IDU have to report on a specified format about all activities undertaken by the NGO. Each time the peer educators contact an IDU they will record information on all IDU experiences including the last experience. This will be communicated to the respective SACS at the end of the month.

PREVENTION OF TRANSMISSION IN HIGH RISK GROUPS AND BRIDGE POPULATION INDICATOR 4

CSW AND MSM USING CONDOMS IN THE LAST SEX AND ALL SEX EXPERIENCES WITH NON-REGULAR SEX PARTNERS IN A SPECIFIED RECALL PERIOD

Level	: Core
Frequency of Collection	: Monthly from CMIS and thrice in five years from BSS.
Type of Indicator	: Outcome
Utilization level	: National, State and Project level

DEFINITION

1. Proportion, range and median of CSWs using condom in the last sex experience among total CSW reporting sexual activity in the reporting month.
2. Proportion, range and median of CSW using condom in all sexual intercourse during one-week recall period among total CSW reporting sexual intercourse during the reporting month.
3. Proportion, range and median of MSM using condom in the last sex experience among total MSM reporting sexual activity in the reporting month.
4. Proportion, range and median of MSM using condom in all sexual intercourse during past six months among total MSM reporting sexual intercourse during the past six months.
 - a.
$$\frac{\text{No. of CSW reporting use of condom in the last sexual intercourse}}{\text{Total no. CSW reporting sexual intercourse in the reporting period in specific State/country}}$$
 - b.
$$\frac{\text{No. of CSW using condoms in all sexual intercourses reported in a week's recall period}}{\text{No. of CSW reporting sexual intercourse in the reporting period in specific State/country}}$$
 - c.
$$\frac{\text{No. of MSM reporting use of condom in the last sexual intercourse}}{\text{Total no. MSM reporting sexual intercourse in the reporting period in specific State/country}}$$
 - d.
$$\frac{\text{No. of MSM using condoms in all sexual intercourses reported in the past six months}}{\text{No. of MSM reporting sexual intercourse in a six months recall period in specific State/entire country}}$$

The above indicators will be generated both from CMIS and the BSS. From BSS, information will be available thrice during 2001-2005.

The proportion of registered CSW using condoms in the last sexual intercourse as well as all sexual intercourses in the reporting period will also be generated for each TI project working with CSW and MSM

MEASUREMENT TOOLS

BSS Survey in the CSW and MSM population; CMIS formats for TI projects working with CSWs and MSMs.

WHAT IT MEASURES

The indicator measures the success of campaigns to promote condom use by commercial sex workers. It specifically looks at individuals who provide sex services. Sex workers give a more reliable response than general population on actual condom use during commercial sex.

HOW TO MEASURE IT

Information on generating the indicator will flow in from two sources:

A. BSS Survey among CSW and MSM to be conducted thrice over the period 2001-2005. During the

Survey, CSWs are asked the following questions:

- Have you and any sexual partner ever used a condom?
- The last time you had sex with a client, did your client use a condom?
- In general, with what frequency did your clients use condoms over the last 30 days?

For the MSM populations, BSS is being conducted in 5 urban locations in the country. For the MSM groups, the following questions are asked in relation to condom use in sexual partnerships:

- Have you or your sexual partner ever used a condom?
- The last time you had sex with a female partner, did you use a condom?
- The last time you had anal sex with any of your male partners, did you or your partners use a condom?
- With what frequency have you used condoms with your partners during the last six months?

B. CMIS formats: Projects working with CSWs and MSMs have to report on a specified format about all activities undertaken by the NGO. Each time the peer educators contact a CSW or MSM (which should be done at least once a fortnight) they will record information on all sexual intercourses including the last intercourse. This will be communicated to the respective SACS at the end of the month.

PREVENTION OF TRANSMISSION IN HIGH RISK GROUPS AND BRIDGE POPULATION INDICATOR 5

TARGETED INTERVENTION PROJECTS REPORTING NON INTERFERENCE FROM LOCAL POWER STRUCTURES IN THEIR FUNCTIONING

Level	: Core
Frequency of Collection	: Monthly
Type of Indicator	: Process
Utilization level	: National and State level

DEFINITION

Proportion, range and median of TI Projects reporting non interference from local power structures in their functioning in the country/specific State.

No. of TI projects reporting non-interference from local power structures in their functioning

Total no. TI Projects reporting during the month in specific State/entire country

The indicator will be generated from CMIS on a monthly basis.

For the State level indicator, the numerator and denominator will refer to TI projects at the State level while for the national level indicator they will refer to TI projects in all States. In addition, the range and median for all States aggregated together will also be reported.

MEASUREMENT TOOLS

Specially designed CMIS formats to be filled by NGOs implementing TI Projects for CSW/MSM/IDU.

WHAT IT MEASURES

The indicator measures the extent of support and cooperation from the local power structures for successful implementation of the project. The local power structures include local politicians, police and goons. Interference from any of them in the functioning of the TI Project will harm the implementation of the TI Project. It is envisaged that by 2004, more than 90% of the TI Projects report non- interference from the local power structures.

HOW TO MEASURE IT

Information will be collected by the NGO implementing the TI Project on a specially designed CMIS format. This will be transmitted to SACS every month.

STI CARE & PREVENTION INDICATOR 1

PUBLIC SECTOR STI CLINICS PROVIDING GOOD QUALITY SERVICES INCLUDING ADEQUATE SUPPLY OF ESSENTIAL DRUGS FOR STI TREATMENT

Level	: Core
Frequency of Collection	: Annual
Type of Indicator	: Process
Utilization level	: National and State level

DEFINITION

Proportion, range and median of STI clinics in the public sector providing good quality STI services including adequate supply of essential drugs (including Gynae departments attached to hospitals with an STI Clinic).

No. of STI Clinics observed to provide good quality service including adequate supply of essential drugs during the facilities survey

Total STI Clinics and Gynae OPDs treating STI in public sector included in the survey

MEASUREMENT TOOLS

A specially commissioned facilities survey will be undertaken at randomly selected STI Clinics (including the attached Gynae depts.) in each State of the country every year. Parameters for quality are as follows:

- Availability of adequate waiting space for patients
- Adequate arrangements for examination of patients in a private enclosure/cubicle
- Adequate availability of all essential drugs for treating STI.
- Counselling services provided by any staff of the STI Clinic
- Partner notification and follow up services are implemented for > 75% of index patients
- Adequate availability of condoms for distribution to diagnosed cases and their partners.
- Patients physically examined by the doctor

A facility will be labeled as 'good' only if all the above criteria are fulfilled.

WHAT IT MEASURES

This indicator measures the quality of services provided by public sector units treating STI. This includes availability of essential medicines for treating STI, privacy, competence of doctors and infrastructure at the clinic. Essential medicines include antibiotics for treating syphilis, gonorrhea and other bacterial infections, Metronidazole for Trichomoniasis, anti fungals for Candida etc. Adequate availability of drugs refers to the availability of these drugs for all patients needing drugs without a single week of stock out during the year.

HOW TO MEASURE IT

A specially commissioned facilities survey will be undertaken by an independent agency on a random sample of STI Clinics in all States of the country.

Because the indicator is a 'crude' measure of all STI Clinics, it will be more appropriate to weight by the case- load at each clinic when analyzing the availability of drugs.

STI CARE & PREVENTION INDICATOR 2

GENERAL POPULATION SEEKING TREATMENT FOR STI FROM QUALIFIED PERSONNEL

Level	: Core
Frequency of Collection	: Thrice in a five year period.
Type of Indicator	: Outcome
Utilization level	: National and State level

DEFINITION

Proportion, range and median of general population seeking treatment for STI from qualified personnel in the country /specific State.

No. of persons suffering from STI seeking treatment from qualified private /government sources

Total persons reporting STI symptoms during a 12 months recall period in specific State /country

The indicator will be segregated by gender and age category (15-24 years) to look at the vulnerable groups.

MEASUREMENT TOOLS

Specially designed BSS formats to be canvassed in the general population and among populations belonging to high-risk groups. The questionnaire will be canvassed thrice during a five-year period.

WHAT IT MEASURES

The indicator measures the utilization patterns of available STI services in the country and knowledge regarding availability of qualified personnel for treating STI.

HOW TO MEASURE IT

The specific questions, which will be asked to collect information on these aspects include:

- Have you had a thick yellowish /greenish discharge with foul smell from your penis /vagina in the past 12 months?
- Have you had an ulcer or sore in your genital area in the past 12 months?
- Did you have pain /burning while passing urine in the past 12 months?
- What did you do the last time you had any of these problems?

BLOOD SAFETY INDICATOR 1

COLLECTED BLOOD UNITS TESTED FOR HIV

Level	: Core
Frequency of Collection	: Monthly
Type of Indicator	: Process
Utilization level	: National, State and Blood Bank level

DEFINITION

Proportion and range of collected blood units tested for HIV. The indicator will be used at Blood Bank/ State and the national level.

Two denominators may be used to complement each other. One would be the number of blood units collected while the other would be the number of blood bags used during the reporting month.

a. No. of units tested for HIV

Total no. of units collected during the reporting month in specific Blood Bank/ State/ entire country

b. No. of units tested for HIV

Total no. of blood bags used during the reporting month in specific Blood Bank/ State/ entire country

MEASUREMENT TOOLS

Specially designed CMIS format for collecting relevant information from all blood banks

WHAT IT MEASURES

Blood safety program guidelines in India stress that 100% collected blood should be screened for HIV. However, this is not being done currently in all the blood banks in the country. While some blood units are not tested, poorly trained personnel test some others. Some units may also be tested during the window period when a person is infected but has not yet developed antibodies. It is therefore imperative that the testing protocol should be done with procedures accepted to be fool proof and done by technicians following recommended procedures. 100% screening is an essential prerequisite for ensuring supply of safe blood.

HOW TO MEASURE IT

The following pieces of information are required for this indicator:

- No. of blood units collected in the past month
- No. of blood bags used in the past month
- No. of blood units screened for HIV in the past month
- No. of units screened as per recommended protocol – No. of blood units screened by trained technicians using recommended tests following standard testing procedure

Data will be collected from all blood banks in the country through a specially designed CMIS format.

BLOOD SAFETY INDICATOR 2

PROPORTION OF VOLUNTARY BLOOD DONORS

Level	: Core
Frequency of Collection	: Monthly
Type of Indicator	: Process
Utilization level	: National, State and Blood Bank level

DEFINITION

Proportion, range and median of blood being collected through voluntary donation (not paid or not recruited from other family members / relatives / friends) among all blood units collected during the reporting month.

No. of blood units collected through voluntary donation (not paid or recruited from family contacts)

Total no. of units collected during the reporting month in specific Blood Bank / State / entire country

MEASUREMENT TOOLS

Specially designed CMIS format for collecting relevant information from all blood banks

WHAT IT MEASURES

In many cases blood is collected from relatives or family contacts of an admitted person or from people willing to 'sell' blood to needy patients. This practice has been found to increase the risk of transfusing infected blood. Paid donors represent a high-risk category compared to replacement or voluntary donors. Since blood banks play a proactive role in popularizing voluntary blood donation, this indicator measures to what extent this policy is implemented at different blood banks in the country.

Most data will be obtained from public sector blood banks. It is useful to include the private and charitable sector also. Once data is available from all sectors, it is best to segregate the data by type of blood bank. This will allow a better understanding of the situation.

HOW TO MEASURE IT

Data will be collected from all blood banks in the country through a specially designed CMIS format. Analysis of data will be done at blood bank, State and National level. At the National level both the aggregated data as well as the median and range across the different States will be measured. The following criteria will be used:

100% blood collected through voluntary donation and 0% blood collected through paid collection by 2004 and this proportion should be continued in each subsequent year.

CARE & SUPPORT INDICATOR 1

ADEQUATE AVAILABILITY OF DRUGS FOR TREATING OPPORTUNISTIC INFECTIONS

Level	: Core
Frequency of Collection	: Monthly
Type of Indicator	: Process
Utilization level	: National and State level

DEFINITION

Proportion of health facilities admitting/providing treatment for Persons Living with HIV/AIDS having adequate supply of drugs for treating Opportunistic Infections. The numerator and denominator will include Community Care Centers and other health facilities in Government and Private/NGO sector designated for providing treatment for such patients. It will also include TB hospitals/sanatoria where PLWHA are admitted/provided treatment.

No. of health centers reporting adequate supply of drugs for treating opportunistic infections

No. of health centers reporting availability of facilities for treating opportunistic infections amongst PLWHA

MEASUREMENT TOOLS

Specially designed CMIS format for collection of data at monthly intervals.

WHAT IT MEASURES

The indicator measures the response of the public and other sectors to providing care and support for management of opportunistic infections among PLWHA. It is an important proxy indicator for adequacy of Care and Support activities in the country/specific State.

HOW TO MEASURE IT

Information relating to the adequate availability of drugs for treating opportunistic infections will be collected as part of the CMIS every month from all health facilities, which manage opportunistic infections. Information will also be analyzed with respect to the different types of health facilities like Community Care Centers, Medical College hospitals, District hospitals etc.

CARE & SUPPORT INDICATOR 2

ADEQUATE AVAILABILITY OF DRUGS FOR POST EXPOSURE PROPHYLAXIS

Level	: Core
Frequency of Collection	: Monthly
Type of Indicator	: Process
Utilization level	: National and State level

DEFINITION

Proportion of specifically designated health facilities for providing Post Exposure Prophylaxis to health personnel reporting adequate availability of anti retroviral drugs among all such specially designated facilities.

No. of specially designated health centers reporting adequate supply of antiretroviral drugs for post exposure prophylaxis for health personnel

No. of specially designated health centers providing for post exposure prophylaxis for health personnel

MEASUREMENT TOOLS

Specially designed CMIS format for collection of data at monthly intervals.

WHAT IT MEASURES

The indicator measures the response of the public sector to providing care and support to health personnel reporting exposure to HIV infected material in the discharge of their professional duties. It is an important indicator of adequacy of Care and Support activities for health personnel in the country / specific State. The care and support activities implemented by a health facility will be directly dependent on the availability of treatment facilities available to health personnel who are exposed to HIV during the course of their duties.

HOW TO MEASURE IT

Information relating to the adequate availability of antiretroviral drugs for post exposure prophylaxis for health personnel who were exposed during their professional activities will be collected as part of the CMIS every month from all specially designated public sector facilities. Adequate availability would be labeled as availability of antiretroviral drugs throughout the month with no stock-outs in any week and provided free of cost to the exposed health personnel.

STIGMA INDICATOR 1

HEALTH CARE PROVIDERS' ATTITUDES TOWARDS PLWHA

Level	: Core
Frequency of Collection	: Annual
Type of Indicator	: Outcome
Utilization level	: National & State level

DEFINITION

The proportion of randomly selected health care providers, expressing positive attitudes towards PLWHA among all randomly selected and interviewed health care providers.

No. of health care providers reporting positive attitudes towards PLWHA

No. of randomly selected health care providers interviewed in the country /specific State

The indicator will be analyzed by segregating the different categories of health care providers like doctors, nurses, health workers and other paramedical personnel.

MEASUREMENT TOOLS

Specially commissioned survey using a pre tested questionnaire administered at annual intervals to a randomly selected sample of health care providers in the public/private/NGO sectors will be used to collect the relevant information.

WHAT IT MEASURES

The indicator measures attitudes of different categories of health care providers to PLWHA. It also provides a measure of the level of discrimination, misconceptions, beliefs and apathy among health care providers towards PLWHA.

Segregating the different types of health care providers helps to pinpoint which category of health care providers are inadequately informed and possess a negative attitude towards PLWHA.

HOW TO MEASURE IT

A pre-tested schedule will be administered to randomly selected health care providers, stratified by their professional training. This will be done at annual intervals by an independent agency.

For labeling a provider as possessing a positive attitude, all the following (wherever applicable) have to be satisfied:

- There is no insistence on HIV test/status report
- Patients found to be HIV+ve/suffering from AIDS are not refused treatment
- Health services for HIV/AIDS individuals are similar to benefits extended to patients suffering from other diseases.
- HIV +ve/AIDS infected persons are not forced to wear any identification tag indicating their HIV status.
- HIV/AIDS infected persons are allowed unrestricted use of all common hospital facilities like canteen etc.

MAPPING AIDS TRENDS INDICATOR 1

MEDIAN AGE OF NEWLY DIAGNOSED AIDS CASES

Level	: Core
Frequency of Collection	: Monthly
Type of Indicator	: Outcome
Utilization level	: National and State level

DEFINITION

Median age of all newly diagnosed AIDS cases in the reporting month.

In addition, the age distribution of new cases reported in the month will also be analyzed.

No. of person's aged 15-24/25-35/36+ years newly diagnosed as AIDS cases

Total No. of new AIDS cases reported during the reporting month in specific State/country

MEASUREMENT TOOLS

Specially designed format to be filled up by specified hospitals and district nodal officer

WHAT IT MEASURES

The indicator measures the current status of the epidemic in the country and the specific States and the trends over a period of time. The age pattern is important because it helps in identifying the status of transmission in the country. If more young people are getting infected, the epidemic will be fuelled further and can have dangerous consequences for the country. Therefore an increase in the median age of newly diagnosed cases will reflect lesser numbers of young people getting infected.

HOW TO MEASURE IT

The district nodal officer who will be collecting the information from the district hospitals and other big hospitals located in the district will fill up specially designed formats. The district nodal officer will also collect information from any existing Community care centers located in the district, provided the cases are newly diagnosed and not reported from any other facility in the district. Cases diagnosed in one district even if belonging to another district will be included in the report prepared by the district nodal officer where the case was diagnosed and not by the district where the patient is usually resident. This information will be collected every month and sent to the respective SACS. Only the newly diagnosed cases will be tracked though the total number of cases will also be reported.

MOTHER-TO-CHILD TRANSMISSION INDICATOR 1

ANTENATAL CLINICS OFFERING HIV TESTING AND COUNSELING FACILITIES

Level	: Core
Frequency of Collection	: Annual
Type of Indicator	: Process
Utilization level	: National and State level

DEFINITION

Proportion and range of antenatal clinics offering voluntary HIV testing and counseling facilities among all reporting antenatal clinics during the month

The indicator can be segregated by public and private clinics.

1.
$$\frac{\text{No. of government antenatal clinics offering voluntary testing and counseling facilities by trained staff}}{\text{No. of government antenatal clinics reporting in the year in the entire country/specific State}}$$
2.
$$\frac{\text{No. of private antenatal clinics offering voluntary testing and counseling facilities by trained staff}}{\text{No. of private antenatal clinics reporting in the year in the entire country/specific State}}$$

MEASUREMENT TOOLS

An annual input format has been designed for the antenatal clinics, which will be filled up and sent to the respective SACS.

WHAT IT MEASURES

This indicator gives an idea of the proportion of antenatal clinics in the country (both private and public sector) that are offering a testing and counseling service. It also gives an idea about the scaling up of services under the national programme.

HOW TO MEASURE IT

The relevant information will be collected by input formats filled up by the antenatal clinics on a monthly basis under the CMIS instituted in the country.

MOTHER-TO-CHILD TRANSMISSION INDICATOR 2

DISTRICTS COVERED WITH PMTCT PROTOCOL

Level	: Core
Frequency of Collection	: Annual
Type of Indicator	: Process
Utilization level	: National and State level

DEFINITION

Proportion and range of districts covered by Prevention of Mother to child transmission protocol in a specific State/entire country

No. of districts covered by PMTCT protocol

No. of districts reporting in the year in the entire country/specific State

Since the protocol will first be initiated in the high prevalence States, in the first three years (2001-2004), the indicator should be segregated for the high prevalence and other States. If the protocol has been implemented in the medical colleges, the district(s) served by the medical colleges should be included in the denominator.

MEASUREMENT TOOLS

An annual input format will be filled up by the respective SACS based on information collected from the units within the State.

WHAT IT MEASURES

This indicator gives an idea of the response of the public sector to the increasing prevalence of mother-to-child transmission in the country, especially in the high prevalence States in the initial years. It also gives an idea about the scaling up of services under the national programme.

HOW TO MEASURE IT

The relevant information will be collected by input formats filled up by the SACS on an annual basis under the CMIS instituted in the country.

SENTINEL SURVEILLANCE INDICATOR 1

HIV PREVALENCE AMONG PREGNANT WOMEN

Level	: Core
Frequency of Collection	: Annual
Type of Indicator	: Outcome
Utilization level	: National and State level

DEFINITION

Proportion and range of women aged 15-49 years whose blood samples tested positive for HIV, during routine sentinel surveillance at selected antenatal clinics, among all women tested for HIV.

The indicator will also be stratified by age (15-24 years) to obtain information about transmission in the younger population.

No. of women aged 15-49 whose blood tested positive for HIV

No. of women whose samples were collected at ANC and tested for HIV in specific State / country

No. of women aged 15-24 years whose blood tested positive for HIV

No. of women aged 15-24 years whose samples were collected at ANC and tested for HIV in specific State / country

MEASUREMENT TOOLS

UNAIDS/WHO/NACO guidelines for Sentinel Surveillance

WHAT IT MEASURES

The drawback of this is that pregnant women who have had unprotected sex sometime in the last 10 months may not represent women who are unfertile, have not had sex in past 10 months or those using contraception.

Generating information on the indicator for women aged 15-24 years provides an insight into recent trends of infection. Most infections in this age group are relatively new and data from these younger women are also less subject to bias than data for the whole reproductive span. Women aged 15-24 and those aged 15-49 years should be reported separately. This will allow a comparison of trends over time. The indicator can also be analyzed by parity of the mother to obtain trends of HIV infection among young women (when para 0 and para 1 are combined).

HOW TO MEASURE IT

Once a year, the national sentinel surveillance system collects data from identified Antenatal Clinics in the country. The indicator is calculated through unlinked anonymous testing of blood samples for HIV taken from women at sentinel antenatal clinics.

Prevalence > 1% and increasing prevalence is of concern while decreasing prevalence trends show a positive impact of the strategies adopted under the HIV/AIDS Control programme

SENTINEL SURVEILLANCE INDICATOR 2

HIV PREVALENCE AMONG HIGH- RISK GROUPS

Level	: Core
Frequency of Collection	: Annual
Type of Indicator	: Outcome
Utilization level	: National and State level

DEFINITION

Proportion, range and median of persons aged 15-49 years from whom blood samples were taken and tested positive for HIV, during routine sentinel surveillance at selected sentinel sites (other than antenatal clinics).

The indicator will be stratified by age (15-24 years), gender and type of sentinel group to obtain information about trends in transmission among different groups.

- a. No. of men/women aged 15-49 whose blood tested positive for HIV
No. of men/women aged 15-49 years whose samples were collected at sentinel site and tested for HIV in specific State/country
- b. No. of men/women aged 15-24 years whose blood tested positive for HIV
No. of men/women aged 15-24 years whose samples were collected at Sentinel STI Clinics and tested for HIV in specific State/country

Each sentinel high-risk group will be analyzed separately.

MEASUREMENT TOOLS

UNAIDS/WHO/NACO guidelines for Sentinel Surveillance

WHAT IT MEASURES

Generating information on the indicator provides an insight into recent trends of infection among different high-risk groups and bridge populations.

Prevalence > 5% or increasing prevalence in the high-risk groups is of concern. Decreasing prevalence is a major impact of HIV/AIDS Control efforts in the country.

HOW TO MEASURE IT

Once a year, the national sentinel surveillance system collects data from identified sentinel sites in the country. The sentinel sites include randomly selected STI Clinics, CSW, IDU and MSM projects. The indicator is calculated through unlinked anonymous testing for HIV of blood samples taken from persons at sentinel sites.

SENTINEL SURVEILLANCE INDICATOR 3

CONTINUITY OF SENTINEL SURVEILLANCE SITES

Level	: Core
Frequency of Collection	: Annual
Type of Indicator	: Process
Utilization level	: National and State level

DEFINITION

Proportion of sentinel sites continuing to participate in sentinel surveillance activities in the reporting year among all sentinel sites where sentinel surveillance has been successfully implemented for more than 2 years. The indicator will be analyzed both for the National level as well as for the specific States.

No. of sites where sentinel surveillance has been repeated in the current year after successful implementation in the previous two years

No. of sentinel surveillance sites in country / specific State

MEASUREMENT TOOLS

NACO format for Sentinel Surveillance

WHAT IT MEASURES

Generating information on the indicator provides an insight into the regularity and level of motivation of staff at the different sentinel surveillance sites. It also indicates that the sites where the activity has been undertaken for the past two years have successfully conducted the process. Use of the same sites also helps in follow up of similar population segments over time and therefore acts as a good indicator of trends in a particular area / region.

HOW TO MEASURE IT

Once a year, the national sentinel surveillance system collects data from identified sentinel sites in the country. The sentinel sites include Antenatal Clinics, STI Clinics, CSW, IDU and MSM projects. The detailed information on the sentinel sites will be recorded on a specially designed format. The continuity of the sentinel sites will be analyzed in relation to the different types of sentinel sites i.e. Antenatal clinics, CSW etc.

WOMEN'S EMPOWERMENT INDICATOR 1

ACCESS TO CORRECT INFORMATION AND ABILITY TO NEGOTIATE SAFE SEX

Level	: Core
Frequency of Collection	: Once in three years
Type of Indicator	: Outcome
Utilization level	: National and State level

DEFINITION

Proportion of women having access to correct information on HIV transmission and prevention and are able to discuss issues related to safe sex with their spouses.

No. of women aged 15-49 having correct information and able to discuss safe sex with their spouses

No. of women aged 15-49 interviewed in specific State/country

The indicator should be analyzed for young women (15-24 years) separately, in addition to women of the entire reproductive age group.

MEASUREMENT TOOLS

Specially commissioned survey repeated at three yearly intervals

WHAT IT MEASURES

The indicator measures the level of knowledge of women in the reproductive age group and the use of this knowledge to discuss aspects related to safe sex with their spouses. It is an effective proxy indicator of the status of women in a specific State/entire country. It is envisaged that by 2004 > 75% women have access to correct information and are able to negotiate safe sex with their spouses

HOW TO MEASURE IT

The following questions will be canvassed during a specially commissioned survey:

- Have you ever heard of HIV/AIDS?
- Can HIV/AIDS be transmitted by a mosquito bite?
- Can HIV/AIDS be transmitted by contaminated syringes/needles?
- Can sharing a meal with an infected person transmit HIV/AIDS?
- Can HIV/AIDS be transmitted by blood transfusion from an infected person?
- Can HIV/AIDS be transmitted by a pregnant mother to her unborn child?
- Can HIV/AIDS be transmitted through breast-feeding?
- Can HIV/AIDS be transmitted from a healthy looking person?
- Can HIV/AIDS be transmitted through sexual contact?
- Can people protect themselves from HIV by having one uninfected faithful sex partner?
- Can people protect themselves from HIV by abstaining from sexual intercourse?
- Can people protect themselves from HIV by using a condom correctly and every time they have sex?
- Have you ever discussed about HIV transmission and protection with your spouse?
- Is your opinion taken whenever your spouse wants to have sex with you or only he decides?
- If you refuse sex due to your personal reasons, does your spouse accept it?
- If you refuse sex, does your spouse beat you or threaten you?
- Do you frequently use condoms with your spouse? If so, for what purpose?

PROGRAM MANAGEMENT INDICATOR 1

REGULARITY OF FUND FLOW TO TI PROJECTS

Level	: Core
Frequency of Collection	: Annual
Type of Indicator	: Process
Utilization level	: State level

DEFINITION

Proportion, range and median of TI projects receiving funds for implementation within 3 months of being communicated the approval among all TI projects approved in specific States.

No. of TI projects receiving sanctioned money within 3 months of approval in specific State

Total No. of TI projects whose plans have been approved by respective State

Since most TI receive their money twice a year, when they report, they will consider whether the money on both occasions was received within 3 months or not. If money was received within 3 months in one instance and not received during this period in the second instance, it should be recorded as not being received in time.

Some NGOs run more than one TI project. Therefore the numerator and denominator will tabulate each TI project rather than each NGO implementing TI projects. This is also important because budget for one particular project may have been received while the budget for the other projects may not yet have been released.

MEASUREMENT TOOLS

CMIS formats have been designed to collect this information on an annual basis from all TI projects.

WHAT IT MEASURES

NGOs can only implement a TI project effectively and efficiently if they receive funds for program components in time. If money is only received towards the end of the financial year, the NGO has problems in paying salaries and maintaining the infrastructure. This affects the morale of the staff and is not conducive for good program implementation. The indicator will track the response of the Government towards the needs of the TI projects.

HOW TO MEASURE IT

Specially designed CMIS format filled by NGO once a year and sent to respective SACS

PROGRAM MANAGEMENT INDICATOR 2

STATES ACHIEVING OBJECTIVES SET FOR THE REPORTING YEAR

Level	: Core
Frequency of Collection	: Annual
Type of Indicator	: Process
Utilization level	: National level

DEFINITION

Proportion and range of States having achieved the objectives set for the preceding financial year (reporting year).

No. of States having achieved all set objectives for the preceding financial year

Total No. of States whose annual plans have been approved by NACO

Information will also be collected on the specific objectives, which could not be met, and the reasons thereof.

MEASUREMENT TOOLS

CMIS formats have been designed to collect this information on an annual basis from all SACS as part of an annual checklist.

WHAT IT MEASURES

Each SACS prepares an annual plan of action, which is sent to NACO for approval. The annual plan sets out the objectives for the interventions for the current year. An evaluation of the objectives achieved and the reasons for failing to achieve set objectives will help each State to focus attention on the lacunae, in the subsequent financial year. It also affords measurement of the policy formulation, program implementation, commitment and motivation of SACS and therefore helps to identify SACS, which need further strengthening.

HOW TO MEASURE IT

Specially designed CMIS format filled by SACS once a year.

PROGRAM MANAGEMENT INDICATOR 3

STRENGTHENING OF SACS FOR CAPACITY BUILDING, INFRASTRUCTURE, M&E AND PREPARATION OF STRATEGIC PLANS

Level	: Core
Frequency of Collection	: Annual
Type of Indicator	: Process
Utilization level	: National level

DEFINITION

Proportion and range of States where SACS has been strengthened for capacity building, infrastructure, monitoring and evaluation and preparation of strategic plans in the country.

No. of States where SACS have been adequately strengthened

Total No. of States in the country

MEASUREMENT TOOLS

CMIS formats have been designed to collect this information on an annual basis from all SACS.

WHAT IT MEASURES

The indicator measures the level of preparedness of all States in the country to deal with issues relating to the implementation of activities to tackle the HIV/AIDS epidemic in the country. Adequate strengthening will include capacity building, available infrastructure, monitoring and evaluation activities and skills necessary for preparation of strategic plans. If all criteria are satisfied it will be labeled as adequate strengthening.

HOW TO MEASURE IT

Specially designed CMIS format filled by SACS once a year. This annual checklist will collect information on the following:

1. Has an exclusive M&E Officer been appointed for SACS/MACS? Yes/No
2. Has CMIS software been installed at SACS? Yes/No
3. If yes, has the M&E Officer been trained in using CMIS software? Yes/No
4. Does the SACS have the appropriate user manual for CMIS? Yes/No
5. Did SACS send any consultations to any TRG in past financial year? Yes/No
6. If yes, specify the TRG to whom requests for assistance with technical problems were sent
7. What objectives were set out for the previous financial year in the Annual Plan of Action?
8. What objectives have been met fully in the previous financial year?
9. What objectives could not be met at all in the previous financial year?
10. Have all recommended positions for SACS/MACS been approved and funds provided? Yes/No
11. Have all recommended positions for SACS/MACS been filled? Yes/No
12. If no, which positions have not been filled? (Specify)
13. Does SACS/MACS have independent office space? Yes/No
14. Is the available space adequate? Yes/No
15. Has SACS/MACS received all equipment including computers recommended under NACP-II? Yes/No
16. Have all key program officers at SACS/MACS been adequately trained? Yes/No
17. Have allocated funds for the last financial year released by NACO timely? Yes/No
18. Did SACS/MACS provide funds for all activities approved in Annual Plan of Action in time? Yes/No
18. Was SACS/MACS able to prepare a strategic plan of action for the previous financial year? Yes/No
19. If no, specify reasons why strategic plans could not be prepared for the previous financial year

PROGRAMME MANAGEMENT INDICATOR 4

PROPORTION OF POPULATION COVERED BY FAMILY HEALTH AWARENESS CAMPAIGN

Level	: Core
Frequency of Collection	: Annual
Type of Indicator	: Process
Utilization level	: National and State level

DEFINITION

Proportion of the general population aged 15-49 years covered by Family health awareness campaign every year.

Total Population aged 15-49 years covered by Family Health Awareness campaign in the reporting year in specific State/entire country

Total population aged 15-49 years in the specific State/entire country

MEASUREMENT TOOLS

An annual input format has been designed for the FHAC, which will be filled up by the respective SACS.

WHAT IT MEASURES

The indicator provides information on the process of empowering low risk populations with adequate information on transmission and prevention of HIV/AIDS and efforts to reduce high-risk behavior among the general population. It is a measure of the response of the public sector in providing adequate information and appropriate services for HIV/AIDS/STI.

HOW TO MEASURE IT

The relevant information will be collected by input formats filled up by the respective SACS on an annual basis under the CMIS instituted in the country.

PROGRAMME MANAGEMENT INDICATOR 5

FINANCIAL MANAGEMENT

Level	: Core
Frequency of Collection	: Annual
Type of Indicator	: Process
Utilization level	: National and State level

DEFINITION

Proportion of budget spent of the budget allocated for the reporting year in each SACS

Budget spent during the reporting year in specific State

Budget allocated for the reporting year in specific State

MEASUREMENT TOOLS

An annual input format will be used to collect this information from each SACS.

WHAT IT MEASURES

This indicator provides an estimate of the spending on HIV / AIDS control related activities and the actual utilization of the funds allocated. It is also a measure of the operationalization of activities and interventions included in the annual plan of action for each State.

HOW TO MEASURE IT

The relevant information will be collected by input formats filled up by the respective SACS and will be communicated to the Project Financial Monitoring Cell (PFMC) in NACO.





ADDITIONAL INDICATORS

CONDOM PROGRAMMING INDICATOR 1

CONDOMS MEETING QUALITY SPECIFICATIONS

Level	: Additional
Frequency of Collection	: Annual
Type of Indicator	: Process
Utilization level	: National & State level

DEFINITION

Proportion of condoms sent for quality testing from condom manufacturers, condom depots and retail outlets that meet quality specifications among batches of condoms sent for quality testing from different sources.

No. of condom batches meeting quality guidelines of WHO in a 3 month cycle from specific type of collection points

No. of condom batches sent for quality testing from specific types of collection points during a 3 month reference period

The indicator will report separately for the type of collection points and for each State.

MEASUREMENT TOOLS

Random checks of samples of condom batches from different sources at different times of the year using the WHO/PSI Compiled Condom Availability and Quality Protocol.

Condoms will be collected from manufacturers, distributors, storage godowns, retail outlets, TI projects and STI/Gynae clinics where condoms are dispensed or sold. Sources will be randomly selected in each State and once every 3 months from each of the randomly selected collection points.

Collection and transportation of condoms will be done in the recommended manner.

All condoms will be anonymously tested at the condoms quality testing laboratories approved by the Drug Controller of India.

WHAT IT MEASURES

The quality of condoms at different storage and retail points determines their effectiveness in preventing HIV, STIs and pregnancy. Poor quality affects popular perception of the value of condoms and has a negative impact on the use of condoms by individuals.

The quality of the condom may deteriorate over time and be unacceptable to the population. Condoms may be poorly manufactured, may be improperly stored at the storage points or at the retailers. They may have been poorly packed and exposed to adverse climatic conditions. Therefore it is important to sample batches of condoms from different levels.

The data will be aggregated both into a single figure as well as be presented based on the sampling units. It will be used both at the national level as well as the State level. At all times and at all storage and retail points, the quality of condoms should meet the WHO recommendations in more than 95% of tested batches.

HOW TO MEASURE IT

A sampling frame needs to be drawn up for this purpose and it should represent the different levels of the condom delivery system. Batches should be sent from each district and State at least once in a quarter.

Care should be taken in the handling and storage of condoms between sampling and testing to ensure that no deterioration in quality is attributable to the sampling and testing procedure itself.

A variety of testing procedures are available. However, once a specific procedure is adopted, it should be used consistently throughout the program so as to ensure comparability of trends.

IEC ACTIVITIES AND MEDIA INDICATOR 1

KNOWLEDGE OF GENERAL POPULATION ON METHODS OF HIV TRANSMISSION

Level	: Additional
Frequency of Collection	: Thrice in five years
Type of Indicator	: Outcome
Utilization level	: National & State level

DEFINITION

Proportion, range and median of general population (stratified by age and gender) reporting correct knowledge on transmission of HIV among respondents participating in the general population BSS.

- a. No. males/females reporting correct knowledge on transmission of HIV
No. of males/females aged 15-49 years interviewed in BSS in specific State/country
- b. No. males/females aged 15-24 years reporting correct knowledge on transmission of HIV
No. males/females aged 15-24 years interviewed in BSS in specific State/country

MEASUREMENT TOOL

A pre tested standardized questionnaire containing five questions on proven modes of transmission will be canvassed in the general population during the three rounds of the BSS to be conducted during 2001-2005.

WHAT IT MEASURES

The indicator measures the extent to which messages regarding important modes of transmission of HIV have reached the general population and more specifically the youth who are an important vulnerable group. It is very useful in countries, which have recently scaled up control efforts.

HOW TO MEASURE IT

During the BSS in the general population a set of five questions are asked regarding the transmission of HIV. These questions are:

- Can a person get HIV / AIDS by getting injections with a needle that has already been used by someone who is infected?
- Can people get HIV / AIDS from an infected blood transfusion?
- Can a pregnant woman infected with HIV or AIDS transmit infection to her unborn child?
- Can a woman with HIV / AIDS transmit infection to her newborn child through breast-feeding?
- Can people get HIV / AIDS through sexual contact?

Any person who correctly identifies at least three modes of transmission will be labeled as a person with correct knowledge. As the IEC efforts intensify, instead of three, four or more correct responses can be used to monitor the impact of the IEC activities

INTER-SECTORAL COLLABORATION INDICATOR 1

INDUSTRIAL AND BIG AGRICULTURAL UNITS IMPLEMENTING AN HIV/AIDS CONTROL PROGRAMME

Level	: Additional
Frequency of Collection	: Annual
Type of Indicator	: Process
Utilization level	: National & State

DEFINITION

The proportion of industrial (private and public sector) units and agricultural units employing > 500 persons implementing an HIV/AIDS control programme among a representative sample of all such units in the country. The indicator will look both at national and state levels.

The industrial units will include both the private and the public sector undertakings as well as 'corporatized' agricultural units employing > 500 persons. The total number of such units at the national/state level will form the denominator while the number of units implementing a control programme will form the numerator

No. of private and public sector units and agricultural units employing > 500 persons implementing an HIV/AIDS Control Programme

No. of such units identified by random sampling in specific State/country

MEASUREMENT TOOLS

A pre-tested schedule will be used to collect the information from all the identified units by NACO, and the respective SACS every year. NACO and SACS can contract an agency to collect this information if in house capacity is not available.

WHAT IT MEASURES

The indicator will measure the extent of implementation of HIV/AIDS Control programmes in big industrial and agricultural units. This is a sensitive indicator of the industry response to the HIV epidemic in the country as a whole and at the level of the respective States. Trends in the implementation of the programmes over time can be effectively monitored.

HOW TO MEASURE IT

Every year, NACO and respective SACS will commission a survey for collecting this information. If in house capacity is not available, the activity should be contracted out to an appropriate agency. The following elements will be assessed to measure implementation of control activities:

- Non discrimination policy in place
- Provision of HIV testing facilities (or linkage with a testing unit)
- IEC activities through awareness campaigns, provision of IEC material or group discussions.
- Availability of treatment facilities for STI (or linkage with a referral treatment source)

The indicator will be measured once a year.

VOLUNTARY COUNSELING AND TESTING INDICATOR 1

VOLUNTARY 'WALK-IN' HIV + PERSONS WHO RECEIVED TEST RESULTS

Level	: Additional
Frequency of Collection	: Monthly
Type of Indicator	: Outcome
Utilization level	: National, State and Project level

DEFINITION

Proportion and range of HIV +ve voluntary 'walk-in' persons who collected their test reports among all voluntary 'walk-in' persons tested at the VCTC

The indicator should be segregated by age group (especially 15-24 years) and gender.

- a.
$$\frac{\text{No. of HIV +ve voluntary 'walk-in' males/females coming to collect their test reports}}{\text{Total no. of voluntary 'walk-in' males/females tested at VCTC in reporting month}}$$
- b.
$$\frac{\text{No. of HIV+ve voluntary 'walk-in' 15-24 year aged male/female persons coming to collect test reports}}{\text{Total no.15-24 year old voluntary walk-in males/females tested at VCTC}}$$

For the State level indicator, the numerator and denominator will refer to cumulative figures at all VCTC in State while for the national level indicator they will refer to cumulative figures at the national level

MEASUREMENT TOOLS

A monthly input format has been designed for the VCTC, which will be filled up and sent to the respective SACS.

WHAT IT MEASURES

The indicator aims to provide information on the quality of VCT services directed towards voluntary 'walk-in' persons. It reflects on the quality of the counseling services, which motivated the walk in persons to come back for their test reports. By segregating sub populations by age and gender, the quality of counseling among vulnerable groups can be measured.

HOW TO MEASURE IT

The information to feed into this indicator will be collected from all VCTC on a monthly basis as part of the CMIS set up in the country

SEXUAL BEHAVIOR OF YOUNG PEOPLE INDICATOR 1

MEDIAN AGE AT FIRST SEX

Level	: Additional
Frequency of Collection	: Thrice in five years
Type of Indicator	: Outcome
Utilization level	: National and State level

DEFINITION

Range and median age at first sex of respondents among all respondents reporting sexual activity in the general population.

For the State level indicator, the numerator and denominator will refer to cumulative figures at the State level while for the national level indicator they will refer to cumulative figures at the national level. In addition, the range and median for all States aggregated together will also be reported.

The indicator will be most useful if it is segregated by age category and gender to capture sexual behavior of the young people and if any change is occurring with the different age cohorts in the country.

1. Median age at first sex and range of age at first sex reported by male/female respondents aged 15-49 years in specific State/entire country
2. Median age at first sex and range of ages at first sex reported by male/female respondents aged 15-24 years in specific State/entire country.

MEASUREMENT TOOLS

Pre tested schedule specially designed for canvassing in the BSS general population survey.

WHAT IT MEASURES

The age at first sex, especially among the youth is a sensitive indicator of sexual behavior in the country. If interventions are effective, the age at first sex will increase. Comparison of the median ages at first sex in different age cohorts contacted on a cross sectional basis will provide information on trends over time.

HOW TO MEASURE IT

A pre tested questionnaire is canvassed in the general population to collect information on sexual behavior. All respondents who report having had sexual intercourse in the past are asked to estimate the age at which they had first sexual intercourse and the partner with whom the first intercourse took place.

PREVENTION OF TRANSMISSION IN HIGH RISK GROUPS AND BRIDGE POPULATION INDICATOR 1

HIGH RISK GROUPS AND BRIDGE POPULATIONS REACHED THROUGH BCC

Level	: Additional
Frequency of Collection	: Monthly (CMIS) and thrice in five years (BSS)
Type of Indicator	: Outcome
Utilization level	: National, State and Project level

DEFINITION

Proportion and range of people belonging to high risk groups and bridge populations who have been exposed to different modalities of Behavioral Change Communication. A separate sub indicator will be used for each of the following groups:

- Commercial sex workers (both brothel and non brothel based)
- MSM groups
- Youth (male) aged 15-24 years residing in urban slums
- Youth (female) aged 15-24 years residing in urban slums
- IDU
- Truckers and their helpers
- Clients of sex workers
- Male factory workers
- Female factory workers

For assessing BCC exposure, three aspects will be used:

- Exposure to interpersonal communication
- Exposure to mass media (both printed and electronic)
- Exposure to folk media, street theatre etc.

The indicator will be compiled as follows:

BSS related:

- No. of respondents with specific demographic characteristics reporting exposure to messages on HIV/ AIDS through mass media (radio or television or newspapers)
No. of respondents with specific characteristics interviewed in specific State/country
- No. of respondents with specific demographic characteristics reporting exposure to inter personal communication on HIV/AIDS
No. of respondents with specific characteristics interviewed

TI project related:

- No. of respondents of specific HRG contacted by peer educators/outreach workers in the month for one-to-one discussion on HIV/AIDS
Population of specific HRG in the project area
- No. of respondents of specific HRG contacted by peer educators/outreach workers in the month for group discussions on HIV/AIDS
Population of specific HRG in the project area

MEASUREMENT TOOLS

Information for compiling this indicator will be collected from BSS surveys to be conducted in general population and specific high risk groups. This will be done thrice in a five year period. In addition,

information will also be collected on a monthly basis from all targeted intervention projects in the country. A specific questionnaire has already been pre tested and canvassed in the above population groups in 2001.

WHAT IT MEASURES

This is a process indicator, which measures the extent of exposure of different population segments to the implementation of BCC activities. This indicator will identify the quantum of effort directed towards BCC activities in the country and help in identifying target populations, which need further inputs.

HOW TO MEASURE IT

In the BSS surveys among the high risk groups, respondents are asked about exposure to different methods of imparting BCC including print and electronic media. Respondents are also asked about their contact with outreach and health workers involved in providing information related to HIV/AIDS and STI.

In addition to the BSS surveys, regular information will be collected from the TI projects covering the high risk populations and the bridge populations. The proportion of the risk/bridge populations exposed to BCC will be tracked on a monthly basis.

STI CARE & PREVENTION INDICATOR 1

PUBLIC SECTOR STI CLINICS AND GYNAE OPDS REPORTING CONDOM DISTRIBUTION TO CLIENTS AFTER DIAGNOSIS

Level	: Additional
Frequency of Collection	: Monthly
Type of Indicator	: Process
Utilization level	: National, State and STI Clinic level

DEFINITION

Proportion and range of STI clinics in the public sector, including Gynae departments, reporting distribution of condoms to all diagnosed cases.

No. of STI Clinics reporting distribution of condoms to all cases after STI diagnosis during reporting month
Total STI Clinics and Gynae OPDs treating STI in public sector reporting for the month in specific State/ country

MEASUREMENT TOOLS

Specially designed data formats to be filled up by each STI treating unit in the public sector

WHAT IT MEASURES

This indicator measures the extent to which public sector units treating STI cases distribute condoms to all the diagnosed STI cases during the reporting month. Distribution of condoms indicates the effectiveness of services provided by the STI Clinics in the public sector.

HOW TO MEASURE IT

Condom distribution to STI cases at STI Clinics is an integral part of the services package provided at these Clinics. Provision of condom includes not only the physical distribution of the condom but also advice on how to use the condom and the benefits of using a condom.

It is appropriate to evaluate the condom distribution programme in conjunction with the actual case load at the clinic.

As syndromic management gets established at the PHC/CHC level, the scope of the indicator can be enlarged to include these outlets.

STI CARE & PREVENTION INDICATOR 2

STI CLINICS IN THE PUBLIC SECTOR REPORTING ADEQUACY OF ESSENTIAL DRUGS FOR STI CASES

Level	: Additional
Frequency of Collection	: Monthly
Type of Indicator	: Process
Utilization level	: National, State and STI Clinic level

DEFINITION

Proportion and range of STI clinics in the public sector(including Gynae departments) reporting adequacy of essential drugs for STI cases.

$$\frac{\text{No. of STI Clinics reporting adequacy of essential drugs for treating STI cases during reporting month}}{\text{Total STI Clinics and Gynae OPDs treating STI in public sector reporting for the month}}$$

MEASUREMENT TOOLS

Specially designed data formats to be filled up by each STI treating unit in the public sector

WHAT IT MEASURES

This indicator measures the extent to which public sector units treating STI cases are adequately equipped to treat the diagnosed STI cases during the reporting month. Distribution of appropriate drugs indicates the effectiveness of services provided by the STI Clinics in the public sector.

HOW TO MEASURE IT

Provision of essential drugs at STI Clinics is an integral part of the services package provided at STI Clinics. The drugs will include antibiotics and other essential drugs needed for managing STI cases effectively.

It is appropriate to evaluate the adequacy and availability of essential drugs in conjunction with the actual case load at the clinic.

As syndromic management gets established at the PHC/CHC level, the scope of the indicator can be enlarged to include these outlets.

STI CARE & PREVENTION INDICATOR 3

MALES REPORTING SYMPTOMS OF URETHRITIS IN THE GENERAL POPULATION

Level	: Additional
Frequency of Collection	: Thrice in five years
Type of Indicator	: Outcome
Utilization level	: National and State level

DEFINITION

Proportion, range and median of males (segregated by age groups) reporting symptoms of urethritis among those interviewed during the BSS General population survey.

- a.
$$\frac{\text{No. of males aged 15-24 reporting symptoms of urethritis in specific State/Country}}{\text{No. of males aged 15-24 interviewed during General Population BSS in specific State/Country}}$$
- b.
$$\frac{\text{No. of males aged 15-49 reporting symptoms of urethritis in specific State/Country}}{\text{No. of males aged 15-49 interviewed during General Population BSS in specific State/Country}}$$

MEASUREMENT TOOLS

General Population BSS Questionnaire to be administered among representative populations three times during the period 2001-2005

WHAT IT MEASURES

Symptoms of male urethritis are easily recognizable and if present indicate a strong likelihood of an STI. This is in contrast to women where a large number may be asymptomatic and the symptoms even when present are not sensitive enough for diagnosis of STI. Therefore male urethritis is a good surrogate indicator of the prevalence of STI in the general population.

HOW TO MEASURE IT

As part of the general population BSS, all male respondents are asked a set of questions related to Urethritis. These questions are:

Have you had a thick yellowish / greenish discharge with foul smell from your penis in the last 12 months?
All respondents who answer in the affirmative will be recorded as individuals suffering from Urethritis.

BLOOD SAFETY INDICATOR 1

COMPONENT SEPARATION FACILITIES

Level	: Additional
Frequency of Collection	: Monthly
Type of Indicator	: Process
Utilization level	: National, State and Component separation units at specified Blood Banks level

DEFINITION

Proportion and range of collected blood units separated into components at specified component separation units among all collected units at such separation units. The indicator will be used at the Blood Bank / State and the national level.

No. of collected units separated into components

Total no. of units collected during the reporting month in specific State /entire country

In addition to a cumulative figure of all units separated, the indicator will also be segregated to look at the different types of components separated at each State and at the National level.

MEASUREMENT TOOLS

Specially designed CMIS format for collecting relevant information from specified blood banks

WHAT IT MEASURES

The indicator measures the process of utilization of separation facilities in the country and the trends in meeting the country's requirement.

HOW TO MEASURE IT

Data will be collected from all blood banks in the country through a specially designed CMIS format.

BLOOD SAFETY INDICATOR 2

PREVIOUS VOLUNTARY DONORS COMING BACK FOR REPEAT DONATIONS

Level	: Additional
Frequency of Collection	: Monthly
Type of Indicator	: Outcome
Utilization level	: National and State level

DEFINITION

Proportion of voluntary blood donors who report having donated blood voluntarily in the past among all voluntary blood donors. The indicator will also assess the proportion in relation to the number of times blood has been donated voluntarily in the past (never; < 5 times; > = 5 times)

No. of voluntary blood donors reporting voluntary blood donation in the past

Total no. of voluntary blood donors during reporting period in specific Blood Bank/State/country

MEASUREMENT TOOLS

Specially designed CMIS format for collecting relevant information from all blood banks

WHAT IT MEASURES

The indicator measures the impact of educational efforts to augment the voluntary blood donation activities in the country. An increase in the number of persons donating blood voluntarily is a positive trend, which will counter the role of commercial blood donors.

HOW TO MEASURE IT

Specially designed CMIS formats will capture the information to feed into this indicator from all recognized blood banks in the country on a monthly basis.

CARE & SUPPORT INDICATOR 1

PRIMARY CARE GIVERS TRAINED IN MANAGING HIV/AIDS PERSONS IN THE FAMILIES

Level	: Additional
Frequency of Collection	: Monthly
Type of Indicator	: Process
Utilization level	: National and State level

DEFINITION

Proportion of families with a PLWHA where at least one member of the family has been trained in providing immediate health and social support to PLWHA among all identified PLWHA registered with Community Care Centers and living with their families.

No. of families with PLWHA where at least one member of the family has been adequately trained to provide immediate health and social support

No. of PLWHA registered with Community Care Centers and living with their families in specific Project / State / country

MEASUREMENT TOOLS

Specially designed CMIS format for collection of information from Community Care Centers.

WHAT IT MEASURES

The involvement of the local community and immediate family members in the care and support to PLWHA is important for improving the quality of life of PLWHA. Primary care givers in the family can adequately manage common health and social problems and an important function of low cost community care is to suitably augment the skills of primary care givers in the family.

HOW TO MEASURE IT

Information will be collected from all the existing Community Care Centers in the country every month. This information will be entered on specially designed formats and will be sent to the State AIDS Control Societies.

STIGMA AND DISCRIMINATION INDICATOR 1

EMPLOYERS AND CO-WORKERS NOT DISCRIMINATING AGAINST HIV POSITIVE PERSONS

Level	: Additional
Frequency of Collection	: Annual
Type of Indicator	: Outcome
Utilization level	: National & State level

DEFINITION

The proportion of randomly selected employers and employee union representatives from formal sectors like public sector undertakings, industry and agricultural units employing more than 500 persons, expressing non discriminatory policies and practices in recruitment, promotions and benefits for HIV infected employees. Plantations, tea gardens and related agricultural units employing > 500 persons are also defined as 'formal sector' for this purpose.

- a. No. of interviewed employers' representatives expressing non discriminatory policies and practices in sample of public sector undertakings in the year under review

No. of employers' representatives from sampled public sector undertakings interviewed in the year under review
- b. No. of interviewed employers' representatives expressing non discriminatory policies and practices in sample of private industrial units employing > 500 employees in the year under review

No. of employers' representatives from sampled private industrial units interviewed in the year under review
- c. No. of interviewed trade union representatives expressing non discriminatory policies and practices in sample of public sector undertakings in the year under review

No. of interviewed trade union representatives from sampled public sector undertakings
- d. No. of interviewed trade union representatives expressing non discriminatory policies and practices in sample of private industrial units employing > 500 persons in the year under review

No. of trade union representatives from sampled private industrial units interviewed in the year under review

MEASUREMENT TOOLS

Specially commissioned survey using a pre tested questionnaire administered at annual intervals to a randomly selected sample of formal sector employers and trade union representatives from the same units. The sampling frame will be constructed separately for the public sector undertakings, private industrial units and agricultural units. Units employing < 500 persons will not be included in the sampling frame as such units may not have a specific infrastructure for implementing any health related activity. Agricultural units have been included to account for units like tea plantations where a large number of people are employed

WHAT IT MEASURES

The indicator measures HIV related discrimination in the formal sector employment. It is preferable to disaggregate the different types of the formal sector as defined above to ascertain perceptions in different employment sectors.

HOW TO MEASURE IT

A pre-tested schedule will be administered to randomly selected representatives of the employers and

organized workers unions. Public sector undertakings, private industrial units, multi national companies and big agriculture based units will form the sampling frame. In each unit both management as well as union representatives will be included.

Policies will include those related to recruitment and employment. Some of these would include pre-employment HIV testing, termination of infected persons and policies relating to sickness and death benefits for such infected persons.

For labeling policy and implementation as non discriminatory, all the following (wherever applicable) have to be satisfied:

- There is no insistence on pre employment HIV test/status report
- Workers found to be HIV+ve/suffering from AIDS are not terminated
- Sickness benefits for HIV/AIDS individuals are similar to benefits extended to employees suffering from other diseases.
- Death benefits for HIV/AIDS persons are similar to death benefits given to other employees.
- HIV +ve/AIDS infected persons are not forced to wear any identification tag indicating their HIV status.
- HIV/AIDS infected persons are allowed equal access to all recreational facilities as other employees
- HIV/AIDS infected persons are allowed unrestricted use of facilities like canteen
- Crèche facilities if available are equally accessible to children of HIV +ve parents

If any of the relevant policies is not satisfied, the respondent will be labeled as indulging in discriminatory policy.

STIGMA & DISCRIMINATION INDICATOR 2

GENERAL POPULATION HAVING ACCEPTING ATTITUDE TOWARDS HIV POSITIVE PEOPLE

Level	: Additional
Frequency of Collection	: Thrice in five years
Type of Indicator	: Outcome
Utilization level	: National & State level

DEFINITION

Proportion of people aged 15-49 years expressing accepting attitudes towards people living with HIV and AIDS. The numerator will be the total number of people expressing an accepting attitude while the denominator will be all people aged 15-49 who were interviewed.

Accepting attitudes will be based on a set of three questions to be asked as part of BSS both in the general population and the high-risk groups.

No. of males/females aged 15-49 years reporting an accepting attitude towards people living with HIV / AIDS in the general population

No. of males/females aged 15-49 years responding on the accepting attitudes questionnaire during the general population BSS

MEASUREMENT TOOL

BSS in people aged 15-49 years, on a cross sectional basis. The survey procedure and data collection instruments have been standardized after pre testing in 4 States in the country.

WHAT IT MEASURES

The indicator measures accepting attitudes to people living with HIV and AIDS among the general population. It reflects what people are prepared to say they feel or would do with various situations involving people living with HIV/AIDS.

HOW TO MEASURE IT

BSS will be conducted in the general population on a nation wide randomly selected sample thrice during the period 2001-2005. During these surveys, respondents will be asked the following questions:

- If a family member becomes infected with HIV/AIDS would you allow the person to stay with the family?
- Will your community allow an HIV/AIDS patient to stay in the village?
- Will you share food with an HIV infected person?

Only a 'Yes' response to all three questions will be scored as accepting attitude. 'Yes' on any one parameter is not to be considered as sufficient evidence of an accepting attitude.

Only a respondent who reports an accepting or supportive attitude on all three questions forms the numerator while all persons interviewed form the denominator. The numerator and denominator can also be stratified by age (< 24 years; 25- 35 years; > 35 years) to ascertain perceptions of different age cohorts of the population.

MAPPING AIDS TRENDS INDICATOR 1

GENDER DISTRIBUTION OF NEWLY DIAGNOSED AIDS CASES

Level	: Additional
Frequency of Collection	: Monthly
Type of Indicator	: Outcome
Utilization level	: National and State level

DEFINITION

Gender distribution of all newly diagnosed cases in the specific State/country.

No. of newly diagnosed males/females AIDS cases reported during the month

No. of newly diagnosed AIDS cases reported during the month in the Specific State/country

MEASUREMENT TOOLS

Specially designed AIDS case format collected by district nodal officer and from big hospitals every month. The district nodal officer will also collect information from any existing Community care centers located in the district.

WHAT IT MEASURES

The indicator measures the transmission and subsequent spread of the epidemic to women who are secondarily infected after infection has been transmitted to them from their male sex partners. Women are more vulnerable in social terms as they may be discriminated by family members. This has implications for the care and support of female AIDS patients.

HOW TO MEASURE IT

Specially designed formats will be filled up by the district nodal officer who will be collecting the information from the district hospitals and other big hospitals located in the district. The district nodal officer will also collect information from any existing Community care centers located in the district, provided the cases are newly diagnosed and not reported from any other facility in the district. Cases diagnosed in one district even if belonging to another district will be included in the report prepared by the district nodal officer where the case was diagnosed and not by the district where the patient is usually resident. This information will be collected every month and sent to the respective SACS. Only the newly diagnosed cases will be tracked though the total number of cases will also be reported

MAPPING AIDS TRENDS INDICATOR 2

ROUTES OF TRANSMISSION OF HIV

Level	: Additional
Frequency of Collection	: Monthly
Type of Indicator	: Outcome
Utilization level	: National and State level

DEFINITION

Proportion of different routes of transmission among all newly diagnosed cases of AIDS

No. of newly diagnosed AIDS cases reporting specific routes of transmission during the month

No. of newly diagnosed AIDS cases reported during the month in the Specific State/country

The routes of transmission will be reported as heterosexual/homosexual/blood transfusion/injecting drug/Mother to child/other routes

MEASUREMENT TOOLS

Specially designed AIDS case format collected by district nodal officer and from big hospitals every month. The district nodal officer will also collect information from any existing Community care centers located in the district.

WHAT IT MEASURES

The indicator measures the common modes of transmission in the specific State or country and tracks any change in trends over time. This information is essential for planning strategies for communication.

HOW TO MEASURE IT

Specially designed formats will be filled up by the district nodal officer who will be collecting the information from the district hospitals and other big hospitals located in the district. The district nodal officer will also collect information from any existing Community care centers located in the district, provided the cases are newly diagnosed and not reported from any other facility in the district.

Cases diagnosed in one district even if belonging to another district will be included in the report prepared by the district nodal officer where the case was diagnosed and not by the district where the patient is usually resident. This information will be collected every month and sent to the respective SACS. Only the newly diagnosed cases will be tracked though the total number of cases will also be reported

MAPPING AIDS TRENDS INDICATOR 3

PROPORTIONATE PREVALENCE OF OPPORTUNISTIC INFECTIONS

Level	: Additional
Frequency of Collection	: Monthly
Type of Indicator	: Process
Utilization level	: National and State level

DEFINITION

The proportion and range of hospitalized patients suffering from opportunistic infections among all hospitalized AIDS cases in the reporting month. A sub component of the indicator measures the proportionate prevalence of different opportunistic infections among all hospitalized patients suffering from opportunistic infections.

- a.
$$\frac{\text{No. of hospitalized AIDS patients reported to be suffering from opportunistic infections}}{\text{Total hospitalized AIDS cases during the reporting month in specific State/country}}$$
- b.
$$\frac{\text{No. of hospitalized AIDS patients suffering from specific opportunistic infections}}{\text{Total hospitalized AIDS cases during the reporting month suffering from any opportunistic infection in specific State/country}}$$

MEASUREMENT TOOLS

Specially designed AIDS case format collected by district nodal officer and from big hospitals every month

WHAT IT MEASURES

Management of AIDS cases includes effective management of the opportunistic infections in hospitalized patients. Financial support is given to specified hospitals and community care centers for this purpose. Information on these infections is required for planning effective care for HIV / AIDS patients in the country.

HOW TO MEASURE IT

Specially designed formats will be filled up by the district nodal officer who will be collecting the information from the district hospitals and other big hospitals located in the district. Information will also be collected from community care centers located in the district. This information will be collected every month and sent to the respective SACS.

PROGRAM MANAGEMENT INDICATOR 1

STATUS OF OPERATIONS RESEARCH

Level	: Additional
Frequency of Collection	: Annual
Type of Indicator	: Process
Utilization level	: National level

DEFINITION

No. of OR projects approved and funded by NACO during the reporting year. The amount of money spent on this activity will also be monitored.

MEASUREMENT TOOLS

NACO reporting format

WHAT IT MEASURES

The indicator measures the extent of OR projects undertaken in the country and the financial support to such OR Projects within the reporting year. Trends in funding OR in the country will be measured. The indicator also measures the interest and response of the scientific community to the needs of the country.

HOW TO MEASURE IT

NACO Reporting format has been developed under the CMIS and will be completed once a year.

PROGRAM MANAGEMENT INDICATOR 2

STATUS OF TRG

Level	: Additional
Frequency of Collection	: Annual
Type of Indicator	: Process
Utilization level	: National and State level

DEFINITION

Number of consultations sent to each TRG by different SACS on technical support every year. The indicator will measure the number of consultations, which have been sent by each State to specific TRG during the reporting year.

The range of consultations on technical issues across the States will be monitored.

MEASUREMENT TOOLS

Specially designed format to be filled by SACS every year.

WHAT IT MEASURES

TRG have been constituted for all program areas in the country. The technical resource available is only of benefit if SACS take advantage of the available resource in solving their technical problems. The indicator will measure to what extent States are tapping the resources available with TRG and which States and which TRG are most used.

HOW TO MEASURE IT

Every SACS will provide information once a year on a specially designed SACS programme management format.

PROGRAM MANAGEMENT INDICATOR 3

STATUS OF MONITORING & EVALUATION

Level	: Additional
Frequency of Collection	: Annual
Type of Indicator	: Process
Utilization level	: National level

DEFINITION

Proportion of SACS & MACS having appointed designated M & E officer among all SACS & MACS in the country

No. of SACS/MACS reporting appointment of designated M&E officer

Total No. of SACS/MACS in the entire country

MEASUREMENT TOOLS

Specially designed programme management format

WHAT IT MEASURES

M & E is an integral part of the national program. It provides evidence- based information for policy formulation and programme planning. Unless a cell has been created under a designated M & E official, CMIS as well as all other M& E activities cannot be implemented efficiently.

HOW TO MEASURE IT

Information will be collected from each State once a year on a specially designed program management format to be completed by all SACS and MACS.

PROGRAM MANAGEMENT INDICATOR 4

TRAINING OF STAFF IN PUBLIC SECTOR

Level	: Additional
Frequency of Collection	: Numerator – monthly; Denominator – Annual
Type of Indicator	: Process
Utilization level	: National, State and district level

DEFINITION

Proportion, range and median of government staff receiving training (either induction or refresher) for syndromic management of STI and HIV/AIDS training.

The information for denominator will be collected once a year, as it is not anticipated that there will be too much change in terms of the numbers to be trained in the year. The information for the numerator will be collected once a month and the figures will be cumulated every month and for the entire year.

- a. No. of public sector doctors receiving training in syndromic management of STI
Total no. of public sector doctors working in public sector facilities in respective State/entire country
- b. No. of public sector doctors receiving training in HIV/AIDS
Total no. of public sector doctors working in public sector facilities in respective State/entire country
- c. No. of public sector nurses/paramedical personnel receiving training in HIV/AIDS
Total no. of public sector nurses/paramedical personnel working in public sector facilities in respective State/entire country
- d. No. of blood bank technicians receiving training in blood safety procedures
Total no. of public sector technicians working in public sector facilities in respective State/entire country

MEASUREMENT TOOLS

Specially designed CMIS format to be filled by SACS, district nodal officer and blood bank technicians

WHAT IT MEASURES

Knowledge about appropriate management of HIV/AIDS and STI is an important pre-requisite for quality care at all levels of the health care system. Under the National Program, training is provided to all existing staff to upgrade their skills and knowledge. This indicator measures the training inputs directed at in service personnel and not the formal training system.

HOW TO MEASURE IT

A specially designed training format will be completed by SACS, district nodal officers, and blood banks, at monthly intervals, for generating information on the numerator, and on an annual basis for the denominator. Public sector units will include establishments like Railways, Defence, CGHS etc.



OPTIONAL INDICATORS

POLICY INDICATOR 1

THE AIDS PROGRAM EFFORT INDEX

Level	: Optional
Frequency of Collection	: Annual
Type of Indicator	: Process
Utilization level	: National

DEFINITION

The mean score given to a national programme by a defined group of knowledgeable individuals asked about progress in over 90 individual areas of programming grouped into 10 major components.

Cumulative scores assigned by each individual expert

No. of experts assigning scores to each individual area

MEASUREMENT TOOLS

The AIDS Programme Effort Index questionnaire and protocol.

WHAT IT MEASURES

This is a composite index designed to measure political commitment and program effort in the areas of HIV prevention and care.

The score is made up of 10 main components of an effective national response:

- Political support
- Policy formulation
- Organizational structure
- Program resources
- Evaluation and research
- Legal and regulatory aspects
- Human rights
- Prevention programs
- Care programs
- Service availability

HOW TO MEASURE IT

The API uses key informants from a designated mix of institutions to give opinions about central areas of commitment and programming, compiling an index out of scores given in various areas. The score, which is calculated as a percentage with '0' indicating no programme effort and '100' indicating maximum effort, may be converted into a grade to minimize informant variation. Suggested grades range from very weak and weak through moderate and strong to very strong, depending on the range in which the numerical scores fall.

POLICY INDICATOR 2

HEALTH & OVERALL SOCIAL DEVELOPMENT BUDGET SPENT ON HIV CONTROL

Level	: Optional
Frequency of Collection	: Annual
Type of Indicator	: Process
Utilization level	: National

DEFINITION

The amount of money spent on HIV/AIDS control including prevention and care in the preceding financial year as a proportion of the total money spent on health and family welfare programmes in the country, and as a proportion of total Government expenditure in the social sector.

- a. Money spent on all aspects of HIV/AIDS control by Government in preceding year
Money spent on all health related activities by Government in the preceding year
- b. Money spent on prevention activities of HIV/AIDS control by Government in preceding year
Money spent on all HIV/AIDS related activities by Government in preceding year
- c. Money spent on care activities of HIV/AIDS control by Government in preceding year
Money spent on all HIV/AIDS related activities by Government in preceding year
- d. Money spent on all aspects of HIV/AIDS control by Government in preceding year
Money spent on all health, education and social welfare related activities by Government in the preceding year

MEASUREMENT TOOLS

National budget and expenditure statements of the Union Government.

WHAT IT MEASURES

Measure of expenditure on HIV/AIDS control programs reflects whether the Government is backing up policy with adequate resources for operationalising policy. The indicator is most effective when a distinction on money spent on prevention and care is made.

HOW TO MEASURE IT

The Government of India releases the allocation and expenditure statements every year in the month of February. In addition the Health Ministry also provides an annual statement of expenditure every year. These reports are tabled in Parliament.

IEC ACTIVITIES AND MEDIA INDICATOR 1

ARTICLES WITH CORRECT INFORMATION ON HIV/AIDS IN DAILY NEWSPAPERS

Level	: Optional
Frequency of Collection	: Monthly
Type of Indicator	: Process
Utilization level	: National

DEFINITION

Percentage of articles carrying correct information on prevention of HIV / AIDS in selected daily newspapers in English and vernacular languages in the country of all articles published on HIV / AIDS in the selected daily newspapers in the country. Correct information relates to information on correct modes of transmission, myths regarding transmission, correct and regular condom use and information on risk of transmission based on scientifically proven data. The denominator will comprise of all articles published on HIV / AIDS in the daily newspapers on any aspect of HIV / AIDS. Reviews, invited articles, commentaries, letters, editorials and press reports will all be considered for this purpose.

The indicator will generate information both at the national and the State levels. The numerator and denominator for the national and state level indicators will be different.

MEASUREMENT TOOLS

Information for measuring this indicator will be collected from a random sample of daily newspapers across all States in the country. A pre tested consensual protocol will be used for collecting this information.

WHAT IT MEASURES

The indicator measures the impact of the IEC efforts in the country and the contribution of the media to the control of HIV/AIDS. A sustained IEC activity will prompt the print media to be more proactive in reporting correct information on HIV/AIDS. It also measures the level of interaction between program managers and the media.

Increasing scores on the indicator will mean that the lay audience is interested to have increased access to correct information and the response of the media to this increased demand.

HOW TO MEASURE IT

A random selection of daily English and vernacular newspapers will be included in the newspaper audit. Once identified, the same newspapers will be followed up regularly.

The newspaper audit will be a continuous activity and will be undertaken by an agency, which has experience of such audits in the country. Information on this indicator will be generated both on a monthly and an annual basis. This indicator has not been used in any other country and will be used in India for the first time. Therefore efforts are required to standardize the indicator and the protocol to be used for measuring the indicator.

VOLUNTARY COUNSELING AND TESTING INDICATOR 1

HIV NEGATIVE VOLUNTARY ‘WALK-IN’ PERSONS RECEIVING POST TEST COUNSELING

Level	: Optional
Frequency of Collection	: Monthly
Type of Indicator	: Process
Utilization level	: National, State and Project level

DEFINITION

Proportion and range of HIV –ve voluntary ‘walk-in’ persons who received post test counseling among all voluntary ‘walk-in’ persons tested at the VCTC

The indicator should be segregated by age group (especially 15-24 years) and gender.

- a.
$$\frac{\text{No. of 15-49 year old male/female HIV –ve voluntary ‘walk-in’ persons receiving post test counseling}}{\text{Total no. of 15-49 year old male/female voluntary ‘walk-in’ persons tested at VCTC}}$$
- b.
$$\frac{\text{No. of 15-24 year-old male/female HIV-ve voluntary ‘walk-in’ persons receiving post test counseling}}{\text{Total no.15-24 year old male/female voluntary ‘walk-in’ males tested at VCTC}}$$

For the State level indicator, the numerator and denominator will refer to cumulative figures at all VCTC in State while for the national level indicator they will refer to cumulative figures at the national level. In addition the range and median for all the States taken together will be reported.

MEASUREMENT TOOLS

A monthly input format has been designed for the VCTC, which will be filled up and sent to the respective SACS.

WHAT IT MEASURES

This indicator provides information on the quality of VCTC services as counseling of the HIV -ve persons can have a strong impact on subsequent risk behavior of the tested individual.

HOW TO MEASURE IT

The information to feed into this indicator will be collected from all VCTC on a monthly basis as part of the CMIS set up in the country.

SEXUAL BEHAVIOR OF YOUNG PEOPLE INDICATOR 1

AGE MIXING IN SEXUAL RELATIONSHIPS

Level	: Optional
Frequency of Collection	: Annual
Type of Indicator	: Process
Utilization level	: State and National level

DEFINITION

Proportion of women aged 15-19 reporting non-marital sex with a man 10 years or more older than themselves in the last 12 months among all women aged 15-19 years reporting non marital sex in the past 12 months.

No. of women aged 5-19 years reporting non-marital sex with males 10+ years older than them in past 12 months

No. of women aged 15-19 years reporting non-marital sex in past 12 months

MEASUREMENT TOOLS

Specially designed BSS survey in the general population

WHAT IT MEASURES

One of the principal forces driving the heterosexual spread of HIV is age mixing. Often the virus is introduced into a new pool of uninfected young people when people in that age group have sex with people in an older age group that has much higher infection rates. This indicator measures the progress made towards reducing the proportion of young women having non-marital sex with older men.

HOW TO MEASURE IT

A specially designed BSS format needs to be canvassed in the general population where respondents are asked about non-marital sexual partners in the past year and the age difference between the respondents and their non-marital partners in the past year.

The major limitation is that respondents may not be able to accurately estimate the age of a non-regular partner.

PREVENTION OF TRANSMISSION IN HIGH RISK GROUPS AND BRIDGE POPULATION INDICATOR 1

DISTRICTS WITH CONCENTRATION OF HRG AND BRIDGE POPULATIONS

Level	: Optional
Frequency of Collection	: Annual
Type of Indicator	: Process
Utilization level	: National and State level

DEFINITION

Proportion of districts reporting a concentration of HRG or bridge populations among all districts where mapping or rapid assessment has been undertaken in the country.

No. of districts with a concentration of specific HRG/bridge population in a specific State/entire country.

Total no. of districts where mapping has been done in specific State/entire country

The indicator will also be segregated to provide information on each HRG/bridge population resident in the district.

A corollary benefit of the indicator is that it will also provide information on the proportion of specific High Risk Group (CSW, MSM, IDU etc) and bridge populations (Clients of CSW, Truckers, Urban slum dwellers etc.) in specific districts. This will help in planning strategies at the district level.

For the State level indicator, the numerator and denominator will refer to cumulative figures at the State level. In addition, the range and median for all States taken together will also be reported.

MEASUREMENT TOOLS

All SACS will be undertaking a mapping exercise in all districts in all States and this will be used to define the numerator and denominators for the indicator.

In addition to the mapping undertaken by SACS, each NGO implementing a Targeted Intervention is to undertake a base line survey/rapid assessment at the beginning and repeat surveys/rapid assessment at annual intervals.

WHAT IT MEASURES

The indicator is a sensitive measure of the risk behavior prevalent in different districts in a specific State/entire country. Increase/decrease of the HRG/bridge populations has implications for the implementation of the project. This provides an estimate of the workload for the projects and helps in providing the denominator for assessing what proportion of the target population is actually covered by a targeted intervention.

HOW TO MEASURE IT

Mapping/Rapid assessment will be undertaken by SACS and specific Targeted Intervention projects being implemented. All districts with > 2% cumulative population of HRG and > 10% population of bridge populations will be targeted as districts with a high concentration of bridge populations and high risk group populations. It will be important to see that targeted interventions are in place in these districts so as to effectively reduce the transmission potential in the districts.

TARGETED INTERVENTIONS INDICATOR 2

IDUs USING CONDOM AT LAST SEX

Level	: Optional
Frequency of Collection	: Annual
Type of Indicator	: Process
Utilization level	: State and National level

DEFINITION

Proportion of IDU surveyed who used a condom the last time they had sex with any sexual partner (both regular and non-regular including CSW) among all IDU reporting sexual activity in the past 12 months.

No. of IDU reporting use of condom in last sex with any sex partner

Total IDU surveyed reporting penetrative sex in the past 12 months

MEASUREMENT TOOLS

Specially designed BSS format for IDU

WHAT IT MEASURES

IDU have sexual partners (both regular and non-regular) who do not inject drugs and these people are at high risk of HIV transmission from unprotected sex with an IDU. These partners provide a conduit by which HIV may enter the general population. Interventions in IDU also focus on condom use with sexual partners of IDU to reduce the risk of transmission, along with other interventions like needle exchange programs.

The indicator tracks changes over time, in condom use by IDU. There is a value addition by segregating the indicator by type of partners i.e. regular/non-regular

HOW TO MEASURE IT

Three distinct types of partners can be distinguished and this leads to three potential sub indicators. These groups are regular sexual partners, non-regular non-paying partners and non-regular paying partners.

The following questions are asked during the BSS:

1. Have you ever had sexual intercourse?
2. Have you ever sold sex for money or drugs?
3. In the past 30 days did you sell sex for money or drugs?
4. In the past 12 months did you have sex with spouse/live-in partner/non-regular partner/commercial sex worker/male partner?
5. In the past 30 days did you have sex with spouse/live-in partner/non-regular partner/commercial sex worker/male partner?
6. Did you use a condom the last time you had sex with spouse/live-in partner/non-regular partner/commercial sex worker/male partner?

A cross-sectional measure of condom use at last sex gives a reliable picture of overall levels of condom use. The indicator distinguishes between partner type for programmatic reasons. This has implications for further spread of HIV in the community. Low condom use during sex with commercial partners by IDU who support their drug purchases by selling sex is epidemiologically more worrisome than low condom use with regular partners, simply because partner turnover in commercial sex is higher.

TARGETED INTERVENTIONS INDICATOR 3

CORRECT KNOWLEDGE ON METHODS OF HIV PREVENTION AMONG MSM

Level	: Optional
Frequency of Collection	: Annual
Type of Indicator	: Process
Utilization level	: National level

DEFINITION

Proportion, range and median of all MSM respondents with correct knowledge of HIV prevention methods among MSM respondents interviewed during BSS.

- a. No. MSM aged 15-24 years reporting correct knowledge on prevention of HIV
No. MSM aged 15-24 years interviewed in BSS in a Specific State/country
- b. No. MSM aged 15-49 years reporting correct knowledge on prevention of HIV
No. MSM aged 15-49 years interviewed in BSS in specific State/entire country

MEASUREMENT TOOL

A pre tested standardized questionnaire containing three questions on proven methods of prevention will be canvassed among MSM during the three rounds of the BSS to be conducted during 2001-2005.

WHAT IT MEASURES

The AIDS Control programme in India targeting the general population promotes mutual monogamy, abstinence and condom use as the primary means of avoiding HIV infection among the sexually active men and women. The indicator measures the extent to which information has reached the MSM population and more specifically the youth who are an important vulnerable group.

HOW TO MEASURE IT

During the BSS in the MSM population, respondents are asked about their knowledge of AIDS and whether it can be prevented. The respondents are then prompted for various correct and incorrect means of prevention, including non-penetrative sex and condom use during anal sex. A set of three questions are asked regarding the prevention of HIV. These questions are:

- Can people protect themselves from HIV/AIDS by abstaining from sexual intercourse?
- Can people protect themselves from HIV/AIDS by using a condom correctly every time they have sex?
- Can people protect themselves from HIV/AIDS by having one uninfected faithful sex partner?

Any person who correctly identifies all three answers in the affirmative or at least both the questions on condom use and uninfected faithful partner correctly will be labeled as a person with correct knowledge.

TARGETED INTERVENTIONS INDICATOR 4

CORRECT KNOWLEDGE ON HIV PREVENTION AMONG IDU

Level	: Optional
Frequency of Collection	: Annual
Type of Indicator	: Process
Utilization level	: National level

DEFINITION

Proportion of IDU respondents surveyed identifying switching to non-injecting drugs and avoiding sharing injecting equipment as methods of preventing HIV transmission among all interviewed IDU

- a.
$$\frac{\text{No. of IDU aged 15-24 years correctly identifying both methods of prevention}}{\text{No. of IDU aged 15-24 years interviewed during the national BSS}}$$
- b.
$$\frac{\text{No. of IDU aged 15-49 years correctly identifying both methods of prevention}}{\text{No. of IDU aged 15-49 years interviewed during the national BSS}}$$

MEASUREMENT TOOLS

A specially designed BSS format for use with IDU.

WHAT IT MEASURES

Most efforts to reduce transmission among IDU and their partners try to encourage substitution of injecting with non-injecting substances and not sharing equipment.

HOW TO MEASURE IT

A representative sample of IDU from 5 different locations in the country will be contacted thrice during 2001-2005 as part of BSS in general population and High Risk Groups.

A set of questions is asked from the IDU regarding the prevention of HIV/AIDS specially relating to substance substitution and use of safe equipment.

The indicator is derived from correct answers given to the questions. All respondents are included in the denominator irrespective of whether they have heard of HIV/AIDS or not.

The indicator will only be useful where efforts are made to reach IDU with messages on methods of prevention.

STI CARE & PREVENTION INDICATOR 1

MULTIPLE STI IN CLIENTS ATTENDING STI CLINICS AND GYNAE DEPARTMENTS IN PUBLIC SECTOR AND STI CLINICS OF TI

Level	: Optional
Frequency of Collection	: Monthly
Type of Indicator	: Outcome
Utilization level	: National, State and STI Clinics in public sector and TI project level

DEFINITION

Proportion, range and median of clients at STI Clinics in public sector / Gynae departments / TI STI Clinics segregated by age and gender suffering from > 1 STI at a point in time during the reporting month among all diagnosed STI cases seen at the clinics in specific State / entire country

- a. No. of males/females aged 15-24 with > 1 STI in specific State / entire country
No. of males/females aged 15-24 diagnosed to be suffering from STI in a specific State / entire country during the reporting month
- b. No. of males/females aged 15-49 years with > 1 STI in specific State / entire country
No. of males/females aged 15-49 years diagnosed to be suffering from STI in a specific State / entire country during the reporting month

The indicator should also be segregated by type of facility – STI Clinic in public sector / STI Clinics of TI / Gynae departments in the public sector

MEASUREMENT TOOLS

Specially designed CMIS format for collecting relevant information from STI service units in the public sector and the TI projects.

WHAT IT MEASURES

Patients suffering from > 1 STI at a point in time indicate the level of high-risk behavior prevalent in an area. Such patients have higher risk of contacting HIV / AIDS and therefore this is a sensitive indicator of risk behavior in population groups.

A cut off point indicating high risk needs to be formalized. Eg. If > 20% of the STI patients have multiple infections it should be considered as prevalence of significant risk behavior and may need urgent attention

HOW TO MEASURE IT

As part of the monthly CMIS, specially designed formats will be filled by all clinics treating STI patients. This will include all the formal STI services like public sector STI Clinics, Gynae departments and STI services offered by TI projects.

Segregating by age, gender and facility will help in identifying groups with higher risk sex. If TI projects show a high prevalence of multiple infections, the targeted intervention can be strengthened to meet the challenge.

STI CARE & PREVENTION INDICATOR 2

TRENDS IN PATTERNS OF MICROBIAL RESISTANCE IN THE COUNTRY

Level	: Optional
Frequency of Collection	: Monthly
Type of Indicator	: Process
Utilization level	: National level

DEFINITION

Proportion and range of resistant strains reported among all samples tested for antibiotic sensitivity at Regional Reference Laboratories

No. of sensitivity tests showing resistance to common antibiotics for specific STI

Total no. of samples put up for antibiotic sensitivity for specific STI

The indicator should also be segregated by resistance patterns at each Reference laboratory.

MEASUREMENT TOOLS

Specially designed CMIS format for collecting relevant information from the Regional Reference Laboratories

WHAT IT MEASURES

The protocol for treating STI cases in the country is dependent on appropriate information on resistance patterns in the country. There is no point of continuing to treat individuals with antibiotics to which the organisms do not respond. Cost effective management depends on regular information on antibiotic resistance in the country. This will allow programme managers to respond adequately and in time to changing patterns of the STI.

HOW TO MEASURE IT

Specially designed formats will be filled by all the 5 Regional Reference Laboratories on a monthly basis. The data will also be cumulated for the entire year.

CARE & SUPPORT INDICATOR 1

DISTRICTS WITH CONCENTRATION OF HRG HAVING ACCESS TO LOW COST COMMUNITY CARE CENTERS

Level	: Optional
Frequency of Collection	: Annual
Type of Indicator	: Process
Utilization level	: National and State level

DEFINITION

The proportion of districts with a concentration of High Risk group populations having access to low cost community care centers among all districts with a concentration of high risk group populations.

No. of districts with concentration of HRG populations having access to low cost community care centers
Total no. of districts with concentration of HRG population in specific State/country

MEASUREMENT TOOLS

Information will be collected through two sources linked to the CMIS. The identification of districts with a concentration of HRG population will be available through mapping/rapid assessment to be undertaken by respective SACS/MACS. The no. of districts having access to low cost community care centers will be collected through formats to be completed by the District Nodal Officers.

WHAT IT MEASURES

With increasing numbers of persons living with HIV/AIDS being reported in a specific State/country, it is imperative that the organized health care delivery system should respond appropriately by improving access to low cost community care facilities. The indicator measures the extent of the response from the public sector in a specific State/country

HOW TO MEASURE IT

Specially designed CMIS formats will capture the relevant information on a monthly basis. Adequate access will be defined as availability of low cost community care services within a traveling time of 1-2 hours. Travel time is a more important determinant of access than distance, as transportation facilities may be poor even if distances are not significant.

MOTHER TO CHILD TRANSMISSION INDICATOR 1

PROVISION OF ARV THERAPY

Level	: Optional
Frequency of Collection	: Annual
Type of Indicator	: Process
Utilization level	: State and National level

DEFINITION

Proportion of women testing positive at identified antenatal clinics in the past year, who are provided with a complete course of antiretroviral therapy to prevent mother to child transmission according to NACO guidelines among all women testing positive at identified antenatal clinics.

No. of women testing HIV+ at identified antenatal clinics and provided complete course of ARV

Total No. of women testing HIV+ at identified antenatal clinics in specific State/country.

MEASUREMENT TOOLS

CMIS formats specially designed to capture information at antenatal clinics identified by SACS/NACO for provision of ARV therapy to pregnant women, as per NACO guidelines.

WHAT IT MEASURES

This indicator measures the provision of services for prevention of HIV transmission from mother to child in a specific State/country. Provision of complete course of ARV is a proven method for prevention of transmission and the indicator measures the process of provision of such services.

HOW TO MEASURE IT

The numerator refers to all pregnant women who tested positive for HIV and were provided ARV therapy while the denominator refers to all pregnant women testing positive at identified antenatal clinics. 'Identified antenatal clinics' refers to all such institutions where NACO provides medicines and related logistic support for prevention of mother to child transmission.

There is a limitation to use of this indicator. Drugs provided to the HIV positive person may not actually be consumed by the person, as per the suggested guidelines. However a routine MIS system cannot provide information on such compliance rates. In addition a number of private clinics may not be supported by NACO but may prescribe medicines for purchase by the clients.

If there is any change in treatment protocols recommended by NACO, the indicator will consider the most recent protocol for ARV therapy.

PROGRAM IMPLEMENTATION INDICATOR 1

SCORING OF PROGRAMME IMPLEMENTATION INDEX

Level	: Optional
Frequency of Collection	: Annual
Type of Indicator	: Outcome and Process
Utilization level	: National and State level

DEFINITION

This will be a composite indicator using information on 10 different inputs and will be done at the national and State level. Its utility in monitoring individual projects will be limited. The same set of component measures will be used at both the national and State level. The information flowing into the programme implementation index is already being collected under various component activities being monitored.

MEASUREMENT TOOLS

Information for the indicator will be collected through different CMIS formats completed by TI projects, Blood banks, STI Clinics, SACS and district nodal officers. In addition information from employers survey and retail audit of condoms will also be used to construct the Index. Over a period of time more components can be added to the Index to reflect new initiatives being implemented. The index is a dynamic one and therefore there will be no problem in adding new components to expand the scope of the index.

WHAT IT MEASURES

The composite index is an overall indicator of the programme implementation in the country. It reflects an ideal situation and some States and the country may score low in the initial stages. With augmented efforts at programme implementation, the median and mean scores achieved may increase significantly. There is always a scope to add new components and to revise the scoring pattern based on programme needs in the future.

The index will also highlight specific areas which need strengthening for improved performance under the programme.

HOW TO MEASURE IT

The Programme Implementation Index will be calculated in the following way

Minimum score will be '0' while the maximum score will be '30'. Initially, all components of the Index are being given an un-weighted score. Later, a weighted measure will be developed.

The scores will be calculated in the following manner

1. Receipt of sanctioned budget by TI

- >75% of TI projects in State (or country) have received sanctioned amount for activities within 3 months of the due date, on both occasions if two installments are given in a year = 3
- 50-75% of TI projects in State (or country) have received sanctioned amount for the activities within 3 months of due date, on both occasions if two installments are given in a year = 1
- < 50% of TI projects in State (or country) have received sanctioned amount for the activities within 3 months of the due date, on both occasions if two installments are given in a year = 0

2. Coverage of HRG by TI

- > 75% of identified HRG population in State (or country) is covered by quality TI activities for > 10 months during reporting period = 3
- 50-75% of identified HRG population in State (or country) is covered by quality TI activities for > 10 months during reporting period = 1

- < 50% of identified HRG population in State (or country) is covered by quality TI activities for > 10 months during reporting period = 0

3. Capacity building

- >75% of all doctors and paramedical staff in different government facilities in State (or country) have received induction training in HIV/AIDS and syndromic management of STDs from appropriate authorities = 3
- 50-75% of all doctors and paramedical staff in different government facilities in State (or country) have received induction training in HIV/AIDS and syndromic management of STDs from appropriate authorities = 1
- < 50% of all doctors and paramedical staff in different government facilities in State (or country) have received induction training in HIV/AIDS and syndromic management of STDs from appropriate authorities = 0

4. Blood Banks

- > 75% of blood banks in State (or country) have fully functional critical equipment and supplies (including HIV test kits) for > 10 months in a year in State = 3
- 50-75% of blood banks in State (or country) have fully functional critical equipment and supplies (including HIV test kits) for > 10 months in a year in State = 1
- < 50% of blood banks in State (or country) have fully functional critical equipment and supplies (including HIV test kits) for > 10 months in a year in State = 0

5. Blood safety

- > 90% of blood collected in State (or country) is from voluntary donors = 3
- 75-90% of blood collected in the State (or country) is from voluntary donors = 1
- < 75% of blood collected in the State (or country) is from voluntary donors = 0

6. Functional status of equipment at STI clinics

- > 75% of government STI clinics in State (or country) had adequate availability of medicines to treat STDs and condoms for > 10 months during the reporting period = 3
- 50-75% of government STI clinics in State (or country) had adequate availability of medicines to treat STDs and condoms for > 10 months during the reporting period = 1
- < 50% of government STI clinics in State (or country) had adequate availability of medicines to treat STDs and condoms for > 10 months during the reporting period = 0

7. Integration of HIV/AIDS control in school curricula

- NACO module on Control of HIV/AIDS is implemented in school curricula in > 75% of schools in State (or country) = 3
- NACO module on Control of HIV/AIDS is implemented in school curricula in 50-75% of schools in State (or country) = 1
- NACO module on Control of HIV/AIDS is implemented in school curricula in < 50% of schools in State (or country) = 0

8. Inter sectoral collaboration for HIV/AIDS Control

- HIV/AIDS Control programs instituted by > 75% of industrial or agricultural units employing > 500 persons in the State (or country) = 3
- HIV/AIDS Control programs instituted by 50-75% of industrial or agricultural units employing > 500 persons in the State (or country) = 1
- HIV/AIDS Control programs instituted by < 50% of industrial or agricultural units employing > 500 persons in the State (or country) = 0

9. Proportion of condoms sold through social marketing/retail outlets

- > 75% of condoms dispensed in the State (or country) are through social marketing or retail outlets = 3

- 50-75% of condoms dispensed in the State (or country) are through social marketing or retail outlets
= 1
- < 50% of condoms dispensed in the State (or country) are through social marketing or retail outlets
= 0

10. Non interference from local power structures

- > 75% TI projects in State (or country) are functioning without major interference from local power structures = 3
- 50-75% TI projects in State (or country) are functioning without major interference from local power structures = 1
- < 50% of TI projects in State (or country) are functioning without interference from local power structures = 0

Local Power structures include police, anti social elements, local politicians etc.