

T-11020/23/2021/NACO/SI-DATA
Ministry of Health & Family Welfare
National AIDS Control Organisation

6th and 9th Floor, Chanderlok Building
36, Janpath, New Delhi - 110001
Dated: 22-08-2023

To

The Project Director
All State AIDS Control Society

Subject: Revised SACS Scorecard (Status of Programme Implementation), FY 2022-23

This communication supersedes the prior correspondence no. T-11020/23/2021/NACO/SI-DATA, dated 27-06-2023, regarding SACS Scorecard for the FY 2022-23. The revised scorecard is updated based on the updated achievements on three indicators i.e. (i) Progress on PLHIV alive on ART during the FY 2022-23, (ii) LFU rate among new ART initiation, FY 2022-23 and (iii) ART Initiation, FY 2022-23.

The SACS Scorecard is for your reference and to facilitate corrective actions at the level of SACS. The performance on the key indicators used in the scorecard will be reviewed by the Additional Secretary & Director General, NACO during the upcoming SACS review meeting to be held on 24th & 25th August 2023.

For any queries on this matter, please feel free to reach out to Mr. Sonoo Jha, Programme Officer (SI-Data) through email at data.naco1@gmail.com or by phone at 9911079167.

Yours sincerely,



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Enclosures: Updated State Scorecard, FY 2022-23 & Scoring Methodology

Copy to:

1. PSO to Additional Secretary & DG, NACO
2. Sr. PPS to Director, NACO
3. HoDs of NACO
4. SI Officer, SACS

**National AIDS and STD Control Programme
State/UT Scorecard, FY 2022-23**

| Sl. No. | State/UT | Punjab | | |
|---------------|---|---------------|------------|--------------------------|
| | Rank | 9 | | |
| | Max Marks | 117 | | |
| | Obtained Marks (%) | 84 (72) | | |
| 1 | First 95 (G= \geq 95%, Y= 80-94%, R= $<$ 80%) | Y | | |
| 2 | Second 95 (G= \geq 95%, Y= 80-94%, R= $<$ 80%) | Y | | |
| 3 | Third 95 (G= \geq 95%, Y= 80-94%, R= $<$ 80%) | Y | | |
| 4 | Frequency of social media updates (G= \geq 90%, Y= 89-75%, R= $<$ 75%) | G | | |
| 5 | Status of AEP integration in state school curriculum (G=Yes, R=No) | G | | |
| 6 | Status of SCA (G= At least one meeting held since 2017, R= other than G) | R | | |
| 7 | Status of state rules (G= Notified, R= Not notified) | G | | |
| 8 | Status of ombudsman (G= Appointed, R=Not appointed) | G | | |
| 9 | TI/LWS onboarding (G= \geq 95%, Y= 90- $<$ 95%, R= $<$ 90%) | Y | | |
| 10 | OST onboarding (G= \geq 95%, Y= 90- $<$ 95%, R= $<$ 90%) | R | | |
| 11 | HIV testing among HRG (HIV1 & HIV2) (G= \geq 95%, Y= 90- $<$ 95%, R= $<$ 90%) | R | | |
| 12 | IDU on OST (G= \geq 95%, Y= 90- $<$ 95%, R= $<$ 90%) | R | | |
| 13 | Viral load suppression among HRG & BP (G= \geq 95%, Y= 90- $<$ 95%, R= $<$ 90%) | R | | |
| 14 | HIV testing among partners of HRG & BP (G= \geq 50%, Y= \geq 40% to $<$ 50%, R= $<$ 40%) | R | | |
| 15 | HIV testing among spouse of HRG & BP (G= \geq 50%, Y= \geq 40% to $<$ 50%, R= $<$ 40%) | R | | |
| 16 | HIV testing among prisoners (G= \geq 50%, Y= \geq 40% to $<$ 50%, R= $<$ 40%) | G | | |
| 17 | Condom availability in months (G= \geq 3M, Y=1-2M, R= $<$ 1M) | R | | |
| 18 | HIV testing against Target-GC % ((G= \geq 95%, Y= 80-94%, R= $<$ 80%) | G | | |
| 19 | HIV testing against target-PW (G= \geq 95%, Y= 80-94%, R= $<$ 80%) | G | | |
| 20 | % of pregnant women who initiated ART (G= \geq 95%, Y= 80-94%, R= $<$ 80%) | Y | | |
| 21 | % of TB suspected cases referred to NTEP (G= \geq 95%, Y= 80-94%, R= $<$ 80%) | R | | |
| 22 | Clients managed at DSRC against the target (G= \geq 90%, Y= 75-89%, R= $<$ 75%) | G | | |
| 23 | Clinic visit of HRGs at TI-Clinics (G= \geq 90%, Y= 75-89%, R= $<$ 75%) | Y | | |
| 24 | Percentage of pregnant women screened for Syphilis (G= \geq 95%, Y= 80-94%, R= $<$ 80%) | G | | |
| 25 | Percentage of HRGs screened for Syphilis (G= \geq 90%, Y= 75-89%, R= $<$ 75%) | Y | | |
| 26 | Progress on PLHIV alive on ART, FY 2022-23 (G= \geq 95%, Y= 80-94%, R= $<$ 80%) | G | | |
| 27 | LFU rate among new ART initiation, FY 2022-23 (G= $<$ 2%, Y= 2-4%, R= \geq 5%) | G | | |
| 28 | ART Initiation, FY 2022-23 (G= \geq 95%, Y= 80-94%, R= $<$ 80%) | G | | |
| 29 | Status on establishment of CSC (G= \geq 95%, Y= 80-94%, R= $<$ 80%) | NA | | |
| 30 | % of SRL accredited (G=100%, Y= 80-99%, R= $<$ 80%) | R | | |
| 31 | % participation of ICTCs in re-testing (G= \geq 95%, Y= 85-94, R= $<$ 85%) | Y | | |
| 32 | Orientation of SOPs on NACP Data Management & Sharing (G=Yes, R= No) | G | | |
| 33 | No. of research projects undertaken in FY 2021-22 (G=4, Y= 2,3, R $<$ 2) | Y | | |
| 34 | No. of research priority areas finalised in FY 2022-23 (G=4, Y= 2,3, R $<$ 2) | G | | |
| 35 | Institute mapped against all 4 research priority areas for FY 2022-23 (G=4, Y= 2,3, R $<$ 2) | G | | |
| 36 | Utilisation with respect to funds released during FY 2021-22 (G= \geq 90%, Y= 85- $<$ 90%, R= $<$ 85%) | G | | |
| 37 | Submission of EC/GB ratification for approval of Expenditure (FY 2020-21) (G= by 30th June, Y= 30th Sept, R= beyond 30th Sept/not yet received) | R | | |
| 38 | Submission of Utilization Certificate (in GFR 12A) for the FY 2021-22 (G= by 30th June, Y= 30th Sept, R= beyond 30th Sept/not yet received) | Y | | |
| 39 | Report Submission (BSD-SCM Report) (G= \geq 90%, Y= 70-90%, R= $<$ 70%) | G | | |
| 40 | Report Submission (CST-SCM Report) (G= \geq 90%, Y= 70-90%, R= $<$ 70%) | Y | | |
| Green=3 Marks | | Yellow=2Marks | Red=1 Mark | No Colour=Not Applicable |

1. Background

One of the notable achievements of the National AIDS and STD Control Programme (NACP) is its effective utilization of Strategic Information across all levels of the programme, including the national, state, and district levels. As we embark on the "decade of action" to accomplish the Sustainable Development Goal of ending AIDS as a public health threat by 2030, it is crucial to closely monitor our progress.

In addition to the existing monitoring mechanisms of the national programme, the "Scorecard of SACS" offers a comprehensive overview of each state's performance in implementing the NACP across all facilities. It serves as a valuable tool for identifying areas that require additional efforts to achieve the NACP targets in the respective financial year.

The Scorecard of SACS is a biannual activity within a financial year. The first scorecard for the FY 2022-23 was prepared in November 2022 for mid-year monitoring of the FY 2022-23. It was based on a total of 39 indicators from across various service categories under the programme.

The second scorecard for the financial year 2022-23 was prepared using a set of 40 indicators. This set comprised the 39 indicators from the first scorecard, with the inclusion of an additional indicator "Status on second 95." The preparation of this scorecard involved utilizing program data and other relevant information available as of March 31, 2023, as detailed in the subsequent section.

2. Methodology

As indicated in the section above, details of the indicators used for the preparation of the scorecard across the different service categories under NACP is given below. Each indicator was given equal weightage, and were based on the program data and other relevant information for the financial year 2022-23. Performance on individual indicators was categorized into four groups: Good, Average, Poor, and Not Applicable.

Table 1: Details of the Indicators across different service categories under NACP

| Sl. No. | Indicators | Numerator | Denominator |
|---------|--|---|---|
| 1 | First 95 Status | Total PLHIV in Active care (as on March 2023) | Estimated PLHIV (2022) |
| 2 | Second 95 Status | Total PLHIV alive and on ART (as on March 2023) | Total PLHIV in Active care (as on March 2023) |
| 3 | Third 95 Status | No. of PLHIV Virally suppressed (F.Y 2022-23) | No. of PLHIV who were tested for VL (F.Y 2022-23) |
| 4 | Frequency of Social Media updates | - | - |
| 5 | Status of Adolescence Education Programme (AEP) integration in state School curriculum | - | - |
| 6 | Status of State Council on AIDS (SCA) | - | - |
| 7 | Status of State Rules | - | - |
| 8 | Status of Ombudsman | - | - |
| 9 | Facilities onboarded (TI+LWS) | No. of Facilities onboarded | No. of facilities approved in AAP (TI, LWS) |

| Sl. No. | Indicators | Numerator | Denominator |
|---------|--|---|---|
| 10 | Facilities onboarded (OST) | No. of Facilities onboarded | No. of facilities approved in AAP (OST, Satellite OST) |
| 11 | HIV testing among HRG (HIV1 & HIV2) | HRG tested for HIV | Total number of active HRG Population |
| 12 | IDU on OST | Active client on OST | 50% of IDU coverage in TI |
| 13 | Viral load suppression among HRG & Bridge Population (BP) | HRG and BP reported suppressed viral load | HRG and BP tested for viral load |
| 14 | HIV testing among partners of HRG & Bridge Population (BP) | HRG's and BP's partner tested for HIV | 30% of MOU target |
| 15 | HIV testing among spouse of HRG & Bridge Population (BP) | HRG's and BP's spouse tested for HIV | 20% of MOU target |
| 16 | HIV testing among prisoner | HIV testing among prisoner | Total estimation of prisoner in states |
| 17 | Condom availability | Availability of buffer stock of condoms (number of months) | out of 3 months |
| 18 | HIV testing against target- General Clients (GC) | No. of HIV tests done among GC in the FY | Target for HIV testing among GC in the FY |
| 19 | HIV testing against target- Pregnant Women (PW) | No. of HIV tests done among PW in the FY | Target for HIV testing among PW in the FY |
| 20 | Percentage of Pregnant women who were initiated on ART | No of HIV Positive pregnant women initiated on ART (MPR data) | Total no of HIV Positive pregnant women reported (incl. Known Positive) |
| 21 | Percentage of TB suspected cases referred to NTEP | Number of TB suspect cases referred to NTEP | 10% of general clients excluding pregnant women received pre-test counselling. |
| 22 | Clients managed at DSRC against the target | No. of Clients managed at DSRC | Target for the FY |
| 23 | Clinic Visit of HRGs at TI-Clinics | Total number of HRGs visited TI-clinics | Total number of active HRG Population x 2 |
| 24 | Percentage of pregnant women screened for Syphilis | Total number of PW tested for Syphilis | Estimated population of pregnant women |
| 25 | Percentage of HRGs screened for Syphilis | Total number of HRGs screened for Syphilis at TI | Total number of active HRG Population |
| 26 | Progress on PLHIV alive on ART during the FY 2022-23 | Achievement as on March 23 including Pvt. Sector (Alive and On-ART) | Target for PLHIV on ART FY 2022-23 as per NACP-V strategy document (Alive and on-ART) |
| 27 | LFU rate among new ART initiation FY 2022-23 | LFU among new initiation FY 2022-23 | PLHIV Initiated in FY 2022-23 |

| Sl. No. | Indicators | Numerator | Denominator |
|---------|--|--|---|
| 28 | ART Initiation FY 2022-23 | ART Initiation in FY 2022-23 | PLHIV registered in FY 2022-23 |
| 29 | Status on establishment of CSC | Number of CSC established in state under AAP | Number of CSC allotted for establishment to state under AAP |
| 30 | % of SRL accredited | No. of SRL accredited | No. of SRL in the state |
| 31 | % Participation of ICTCs in Re-testing | No. of ICTC participated in the state | Total no. of ICTC in the state |
| 32 | Orientation of SOPs on NACP Data Management & Data Sharing to facility level staffs/officers | - | - |
| 33 | No. of research projects undertaken in FY 2021-22 | No. of research projects undertaken | 4 priority areas for Operational Research and Evaluation |
| 34 | No. of research priority areas finalised in FY 2022-23 | No. of finalized Priority areas | 4 priority areas for Operational Research and Evaluation |
| 35 | Institute mapped against all 4 research priority areas for FY 2022-23 | Number of priority areas mapped with Research Institutes | 4 priority areas for Operational Research and Evaluation |
| 36 | Utilisation with respect to funds released during FY 2021-22 | Utilization in the FY 2021-22 | Funds release in FY 2021-22 |
| 37 | Submission of EC/GB ratification for approval of Expenditure (FY 2020-21) | Date of receipt of requisite report/ document | by 30-June 2021 |
| 38 | Submission of Utilization Certificate (in GFR 12A) for the FY 2021-22 | Date of receipt of requisite report/ document | by 30-June 2022 |
| 39 | Report Submission (BSD-SCM Report) | No. of formats reported during the period | Total no. of formats to be reported in the period |
| 40 | Report Submission (CST ARV-SCM Report) | No. of formats reported during the period | Total no. of formats to be reported in the period |

Performance on individual indicators were divided into 4 categories as described in the below table [Good (Green, 3 Marks), Average (Yellow, 2 Marks), Poor (Red, 1 Mark), Not Applicable (No colour-No score added in denominator)]. Indicator wise details of performance categories are given in the table 2.

Table 2: Categorisation of performance of indicators

| Sl. No. | Indicator Name | Zone for ranking | | |
|---------|--|---|---|---|
| | | Green | Yellow | Red |
| 1 | First 95 Status | ≥95% | ≥80% to <95% | <80% |
| 2 | Second 95 Status | ≥95% | ≥80% to <95% | <80% |
| 3 | Third 95 Status | ≥95% | ≥80% to <95% | <80% |
| 4 | Frequency of Social Media updates | If SACS has been able to cross 60 social media updates in total, including indigenous content, repost, retweet, sharing. 30 updates on each Social Media Platform in one quarter i.e. Jan-March, hence 60 for best two. | If the social media update number falls between 40-59 including indigenous content, repost, retweet, sharing. 20+ updates on each Social Media Platform in last quarter i.e. Jan-March, hence 40+ for best two. | If the social media update number falls between 20-39 including indigenous content, repost, retweet, sharing. 10+ updates on each Social Media Platform in last quarter i.e. Jan-March, hence 20+ for best two. |
| 5 | Status of Adolescence Education Programme (AEP) integration in state School curriculum | Yes | | No |
| 6 | Status of State Council on AIDS (SCA) | Constituted and at least one meeting held since 2017 | | Not constituted/ Constituted and no meeting held since 2017 |
| 7 | Status of State Rules | Notified | | Not notified |
| 8 | Status of Ombudsman | Appointed/ designated | | Not appointed/ designated |
| 9 | Facilities onboarded (TI+LWS) | ≥95% | ≥90% to <95% | <90% |
| 10 | Facilities onboarded (OST) | ≥95% | ≥90% to <95% | <90% |
| 11 | HIV testing among HRG (HIV1 & HIV2) | ≥95% | ≥90% to <95% | <90% |
| 12 | IDU on OST | ≥95% | ≥90% to <95% | <90% |
| 13 | Viral load suppression among HRG & Bridge Population (BP) | ≥95% | ≥90% to <95% | <90% |
| 14 | HIV testing among partners of HRG & Bridge Population (BP) | ≥50% | ≥40% to <50% | <40% |
| 15 | HIV testing among spouse of HRG & Bridge Population (BP) | ≥50% | ≥40% to <50% | <40% |
| 16 | HIV testing among prisoner | ≥50% | ≥40% to <50% | <40% |
| 17 | Condom availability (in months) | ≥3 months | 1 to < 3months | <1 month |
| 18 | HIV testing against target-General Clients (GC) | ≥95% | ≥80% to <95% | <80% |
| 19 | HIV testing against target-Pregnant Women (PW) | ≥95% | ≥80% to <95% | <80% |
| 20 | Percentage of Pregnant women who were initiated on ART | ≥95% | ≥80% to <95% | <80% |

| Sl. No. | Indicator Name | Zone for ranking | | |
|---------|--|------------------|----------------------|---|
| | | Green | Yellow | Red |
| 21 | Percentage of TB suspected cases referred to NTEP | ≥95% | ≥80% to <95% | <80% |
| 22 | Clients managed at DSRC against the target | ≥90% | ≥75% to <90% | <75% |
| 23 | Clinic Visit of HRGs at TI-Clinics | ≥90% | ≥75% to <90% | <75% |
| 24 | Percentage of pregnant women screened for Syphilis | ≥95% | ≥80% to <95% | <80% |
| 25 | Percentage of HRGs screened for Syphilis | ≥90% | ≥75% to <90% | <75% |
| 26 | Progress on PLHIV alive on ART during the FY 2022-23 | ≥95% | ≥80% to <95% | <80% |
| 27 | LFU rate among new ART initiation FY 2022-23 | <2% | ≥ 2% to <5% | ≥5% |
| 28 | ART Initiation FY 2022-23 | ≥95% | ≥80% to <95% | <80% |
| 29 | Status on establishment of CSC | ≥95% | ≥80% to <95% | <80% |
| 30 | % of SRL accredited | 100% | ≥80% to <100% | <80% |
| 31 | % Participation of ICTCs in Re-testing | ≥95% | ≥85% to <95% | <85% |
| 32 | Orientation of SOPs on NACP Data Management & Data Sharing to facility level staffs/officers | Conducted | | Not conducted |
| 33 | No. of research projects undertaken in FY 2021-22 | 4 | 2 to 3 | <2 |
| 34 | No. of research priority areas finalised in FY 2022-23 | 4 | 2 to 3 | <2 |
| 35 | Institute mapped against all 4 research priority areas for FY 2022-23 | 4 | 2 to 3 | <2 |
| 36 | Utilisation with respect to funds released during FY 2021-22 | ≥90% | ≥85% to <90% | <85% |
| 37 | Submission of EC/GB ratification for approval of Expenditure (FY 2020-21) | by 30-June 2021 | by 30-September 2021 | beyond 30-September 2021/not yet received |
| 38 | Submission of Utilization Certificate (in GFR 12A) for the FY 2021-22 | by 30-June 2022 | by 30-September 2022 | beyond 30-September 2022 |
| 39 | Report Submission (BSD-SCM Report) | ≥90% | ≥75% to <90% | <75% |
| 40 | Report Submission (CST ARV-SCM Report) | ≥90% | ≥75% to <90% | <75% |