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A Brief History, Mission, Vision

Alliance India is a non-governmental organisation, founded in 1999. It works in the field of HIV/AIDS, and implements the policies and guidelines framed by the National AIDS Control Organization (NACO). The work of Alliance India complements the Indian government's national programme on HIV/AIDS.

It operates in partnership with civil society, government and communities to support sustained responses to HIV in India that protect rights and improve health.

Mission – To support community action to prevent HIV infection, meet the challenges of AIDS, and build healthier communities.

Vision – A world in which no one dies of AIDS.



Indicator					Numerator	Denominator	Indicator Score	Section 3) Viral load coverage and suppression (20)															Section 5) Second line and third line cascade (Viral load result utilisation) - (15)															Section 6) Data Quality (5)																																																																																																																																																																																																																																																																																
Section 1) ART Care - New PLHIV (Financial Year) - (20)								Section 4) HIV-TB prevention & care (15)															Section 6) Data Quality (5)																																																																																																																																																																																																																																																																																															
1	Proportion of PL HIV initiated on ART during the current financial year (April - reporting month)		PL HIV initiated on ART during the current financial year (April - reporting month)		PL HIV registered in the current financial year (April - reporting month)		0 to 84.9% 85% to 96.5% 97% and above	7	Proportion of PL HIV on ART during the current financial year (April - reporting month)		PL HIV on ART during the current financial year (April - reporting month)		PL HIV tested for TB during the reporting quarter		PL HIV identified as presumptive TB during the reporting quarter		Proportion of PL HIV who were reported MIS 2, MIS 3, PLU and opted out during the reporting quarter		PL HIV who were reported MIS 2, MIS 3, PLU and opted out during the reporting quarter		PL HIV who were reported MIS 2, MIS 3, PLU and opted out during the reporting quarter		PL HIV who were reported MIS 2, MIS 3, PLU and opted out during the reporting quarter		PL HIV who were reported MIS 2, MIS 3, PLU and opted out 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Learnings and Value Additions

Objective of the study: NACO has identified key indicators to gauge the performance of each ART centre, and developed a score card to objectively assess the performance of each site and provide needed feedback to the State AIDS Control Society (SACS).

Methodology:

Sampling Technique: Convenient Sampling Technique.

Duration of study: 12 months (FY 2022-23).

Sample size: 2 ART Centres.

Data collection method: Secondary Data recorded through assessment visits.

Analysis of Results:

The performance of private sector ART Centres in New Delhi has not shown improvement over the duration of the study. Over 18% of HIV/AIDS patients registered with the two 2 ART Centres, discontinued Anti-Retroviral Therapy, after the first quarter. Only 25% of the registered HIV/AIDS patients, continued Anti-Retroviral Therapy beyond 6 months.

However, above 91% patients who continued ART, have shown suppressed Viral Load.

****Patients with suppressed Viral Load are not carriers.**

SWOT Analysis

Strengths – MoHFW guidelines mandate all Private Medical Colleges to set up ART Centres. Drugs are provided for free, by NACO.

Weaknesses – Lack of adherence to NACO guidelines in private sector ART Centres, and inadequate infrastructure.

Opportunities – Patients who are sceptical about visiting government ART Centres, can visit private sector facilities if confidentiality is ensured.

Threats – No incentive for Private Medical Colleges, for compliance with NACO guidelines.

Suggestions – Regular communication with the State AIDS Control Society (SACS), to ensure timely follow-up.

– Mass awareness campaign on the benefits and importance of Anti-Retroviral Therapy.