



SANKALAK

ANNUAL REPORT 2022-23

*MANIPUR STATE AIDS CONTROL SOCIETY,
IMPHAL, MANIPUR*

Forward

It is with profound gratitude and renewed determination that Manipur State AIDS Control Society (MACS) presents this edition of SANKALAK-2022-23. This annual publication serves as a collective mirror reflecting the unwavering dedication of the Society and our valued partners.

This issue of SANKALAK illuminates how the strategic directives of the National AIDS Control Organisation (NACO) have been translated into tangible, life-saving action on the ground. We have focused relentlessly on strengthening our prevention efforts, particularly among High-Risk Groups (HRGs) and vulnerable populations, by ensuring comprehensive outreach through targeted interventions (TIs). Our achievements in expanding testing and counseling services, coupled with the robust reach of Antiretroviral Therapy (ART) centers, stand as a testament to the commitment of our healthcare professionals, counselors, and outreach workers.

As we move forward, our focus must sharpen on eliminating mother-to-child transmission, ensuring zero stigma and discrimination, and sustaining the gains in prevention. SANKALAK is more than a report; it is a covenant—a documentation of our journey toward the collective vision of ending the AIDS epidemic by 2030.

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Abbreviation

AEP	Adoloscence Education Program
AIDS	Acquired Immuno Dificiency Syndrome
ANC	Antenatal Care
ART	Anti Retro Viral Therapy/Anti Retro Viral Treatment
CoE	Centre of Excellance
CD4	Cluster of Difficiency 4 cells
CST	Care Support and Treatment
DAPCU	District AIDS Prevention and Control Unit
DSRC	Designated STI/RTI Clinic
EID	Early Infant Diagnosis
	Elimination of Vertical Transmission of HIV and
EVTHS	Syphilis
FI-ICTC	Facility Intigrated Counseling and testing Centre
FSW	Female Sex Worker
FY	Financial year
GC	General Client
H/TG	Hijra/Trans Gender person
HBV	Hepatitis B
HCV	Hepatitis C
HIV	Human Immuno Dificiency Virus
HRG	High Risk Group
HSS	HIV Sentinel Surveillance
ICTC	Integrated Counseling and Testing Centre
IDU	Injecting Drug User
IEC	Information Education and Communication
LAC	Link ART Centre
LAP	Lower Abdominal Pain
LFU	Lost to Follow Up
LWS	Link Worker Scheme
MSM	Mem who have sex with men
NACO	National AIDS Control Organisation
NACP	National AIDS Control Program
NGO	Non Govermental Organisation
NRL	National Referral Lab
OST	Opiod Substitution Therapy
PLHIV	People Living with HIV

PPTCT	Prevention of Parent to Child Transmission
RPR	Rapid Plasma Resin
SACS	State AIDS Control Society
	Stand Alone Integrated Counseling and Testing
SA-ICTC	Centre
STD	Sexually Transmitted Disease
TI	Targeted Intervention
VL	Viral Load

EXECUTIVE SUMMARY

1. The first HIV positive case in India was found in 1986 from a sex-worker and for Manipur it was reported in February 1990 from the blood samples collected from an Injecting Drug Users (IDUs) in October 1989. To respond the HIV epidemic, the Manipur State AIDS Control Society (MACS) was established by the State Government on 28th March, 1998 under the Manipur Societies Registration Act-1989 and functions as the Nodal authority in respect of HIV/AIDS prevention and control programme in Manipur. From the initial response of India towards the HIV epidemic from 1985, the year 2022–23 was the second year of phase-V (2021-2026) of the National AIDS & STD Control Programme (NACP) and the 31st year of the program since its launch in 1992. Despite the many efforts from all NACP cadres of Manipur for more than three decades, the goal to reach 95-95-95 has yet to be achieved.

2. With around 28,666 people living with HIV (PLHIV), Manipur contributes a high HIV epidemic burden in the nation. But the HIV epidemic of the state of Manipur is declining over the years, with adult (15-49 yr) HIV prevalence of 1.1% and 0.1% HIV prevalence in pregnant women. 975 new annual infections were found, with 52 pregnant women. A difference of 371 was found in annual new infections and 1104 annual AIDS-related deaths in between the years 2010 and 2022. Out of 14492 alive on ART, PLHIV OF 11164 had undergone viral load testing and 95% of them are virally suppressed. The 95-95-95 for FY 2022-23 is 63%, 89% and 95%.

3. The trend of the HIV epidemic varies by districts and also among the General Clients and Pregnant women. The districts with more than the state adult prevalence (1.1%) are Churachanpur (1.9%), Ukhrul (1.8%) and Senapati (1.3%). Seven districts viz; Chandel, Pherwzal, Tengnoupal, Ukhrul, Senapati and Kangpokpi are above the state ANC HIV prevalence of 0.11%. 89% and 86% of pregnant women are screened for HIV and Syphilis. Among all the High Risks Groups; migrant workers with 0.8% positivity rate and MSM/TG group (0.3%) had the highest positivity rate. A total of 23,673 is enrolled as Active IDU/FIDU of which 37% (8909) are registered in OST Centres. 45% (4074) of them are in active care for the FY 2022-23.

4. IEC campaign in the State has been accorded top priority to reach to population of all age groups by utilizing all available media/channels like electronic media – radio spots, TV spots, panel discussions, phone-in programmes, cable network spots etc; print media – newspapers, journals; folk media - shumang lila; outdoor media - hoardings, auto panels, wall writings etc; IEC materials like posters, leaflets, booklets, flex banners etc; Multi-

media campaign for youth in the age group of 15 – 29 years. Media sensitizations on the HIV & AIDS (Prevention & Control) Act 2017 were conducted to the masses. For youth interventions except for the Out of the School Youth activities the activities are carried out to generate awareness among the population.

5. 98% of the HIV tested clients are linked to all 13 ART Centres. With the evolution of ART under NACP, PLHIV had increased their ART uptake from 2004.

6. Management of Sexually Transmitted Infections (STI) and Reproductive Tract Infections (RTI) among HRGs and other vulnerable populations is a key strategy for the attainment of two goals of NACP phase-V. The STI/ RTI services in the country are provided through a network of Designated STI/RTI Clinics (DSRC, branded as ‘Suraksha Clinic’) at the Medical Colleges and District Hospitals. There are 10 DSRCs operationalized under NACO for Manipur. During the FY 2022-23, 8414 patients were managed for STI/RTI as per the national protocols, out of which 5212 patients had visited DSRCs. The majority of the cases were Vaginal or Cervical discharge and Lower abdominal pain. 32 patients (0.61%) were found to be HIV positive. Only 1 pregnant woman was found to be Syphilis reactive against 14770 pregnant women who had undergone RPR/VDRL test. For the TI groups also, RTI are done regularly by the doctors and symptomatic patients are referred to DSRCs.

7. HIV Sentinel Surveillance, which is an important role in monitoring the trend of HIV epidemic that started in Manipur in the year 1998 and the surveillance was conducted every year. From 2008 onwards, the surveillance was conducted every two years. Coordination with the NRL RIMS and SRL JNIMS by repeat testing of all positive blood specimens and 2-5% negative specimens collected from the identified ANC sites for four biomarkers: HIV, Syphilis, HCV and HBV are analysed. A declining trend of HIV ANC prevalence in the year 2020-21 (0.33%) was seen from the year 2010 (0.74%). A sharp declining trend was also seen in HIV prevalence among the IDU from the year 2000 till 2020-21 (66.02% to 8.84%) except for the year 2008-09. HSS Plus started in the year 2019 with an additional population of prison inmates of Central Sajiwa Jail. A HIV prevalence of 3% among prisoners in 2019 was found and 2.26% in the year 2020-21.

Background:

The Manipur State AIDS Control Society (MACS), was established by the State Government on 28 March, 1998 under the Manipur Societies Registration Act-1989 and functions as the Nodal authority in respect of HIV/AIDS prevention and control programme in Manipur. National AIDS Control Programme (NACP) is a fully funded “Central Sector Scheme” and currently, Manipur State AIDS Control Society is implementing National AIDS and STD Control Program Phase -V 2021-26 under the guidelines of NACO.

Status of HIV Epidemic in Manipur:

Table no. 1.a

Sl.No.	Indicator	India	Manipur
1.	Adult (15-49 yrs) HIV Prevalence (%) (source : HIV Estimation 2022)	0.20	0.94
2.	Estimated people living with HIV Size (2022)	24.67 lakh	25,948
3.	HIV Prevalence (%) among ANC attendees as per HSS Plus 2021	0.22	0.33
4.	HIV Prevalence (%) among HRGs as per HSS Plus 2021, FSW	1.85	1.13
5.	HIV Prevalence (%) among HRGs as per HSS Plus 2021, MSM	3.26	9.43
6.	HIV Prevalence (%) among HRGs as per HSS Plus 2021, IDU	9.03	8.84
7.	HIV Prevalence (%) among Prison Inmates as per HSS Plus 2021	1.98	2.26

As per HIV Estimation 2022 report, Manipur has shown the 3rd highest estimated adult HIV prevalence of 0.94% in India. The adult HIV prevalence has shown a continuous steady decline from 1.72% in 2010 to 0.94% in 2022 as shown in Fig 1.a. Besides, as per HIV Sentinel Surveillance report, the HIV prevalence among the ANC clinic attendees, considered as a proxy of HIV prevalence among the General population, shows 0.33% in the 2021 HSS Plus report. while the national average of HIV prevalence among pregnant women 0.22%. It is observed in 2021 round of HIV Sentinel Surveillance (HSS) Plus, the HIV prevalence among men who have sex with men (MSM) in Manipur is much higher than the country and around 3 times that of the national average. Among injection drug users (IDU), Manipur is showing a lower prevalence (8.84%) than the

national average 9.03%. Among the prison Inmates, the HIV prevalence as per HSS plus 2021 is 2.26% which is also higher than the national average.

Fig: 1.a

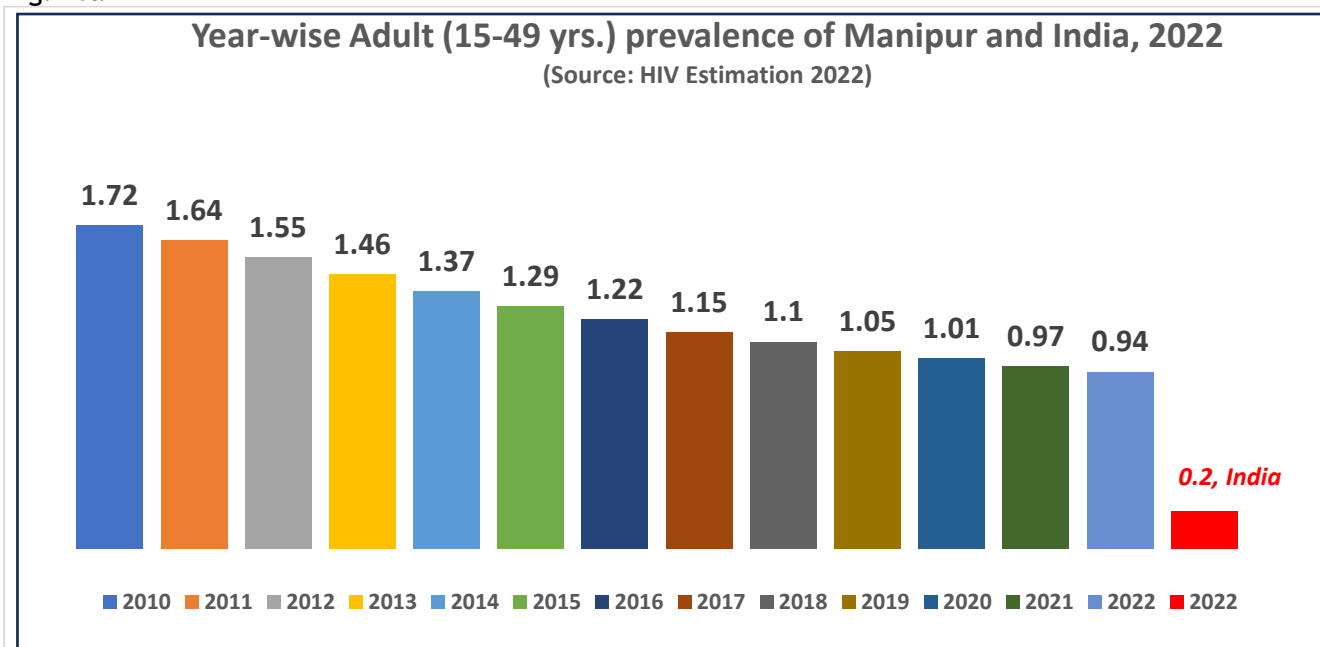


Table no. 2.1

95-95-95 as on March 2023

Indicator	Mae	Female	Total
PLHIV who know their HIV Status	7,951	7,851	15,802
PLHIV who know their HIV status and are on ART	6,670	7,062	13,732
PLHIV who are on ART and tested for their viral load	5,204	5,860	11,064
PLHIV who are virally suppressed	4,926	5,608	10,534

The above table shows that the male female break up of 95-95-95 as on March 2023.

Table no. 2.2

Year	Estimated PLHIV in the State/UT (as per HIV Estimations 2022)	Achieved in 1 st 95	Achieved in 2 nd 95	Achieved in 3 rd 95 (in numbers)
2020-21	26568	15230 (57%)	13366 (88%)	9666 (72%)
2021-22	26154	15802 (60%)	13627 (86%)	8483 (62%)
2022-23	25948	16370 (63%)	14492(87%)	11258 (78%)

The progress of 95-95-95 is calculated as the method of NACO. As per the above table, the first 95 is still low even though there is a decrease of HIV estimation, only 63% is achieved as on March 2023. However, the second and third 95% are achieved 87% and 78% respectively.

IEC & Mainstreaming

IEC campaign in the State has been accorded top priority by utilizing all available media/channels like electronic media – radio spots, TV spots, panel discussions, phone-in programmes, cable network spots etc; print media – newspapers, journals; folk media - shumang lila; outdoor media - hoardings, auto panels, wall writings etc; IEC materials like posters, leaflets, booklets, flex banners etc; Multi-media campaign for youth in the age group of 15 – 29 years.

Below table is the annual achievement for the FY 2022-23:

IEC Manipur Annual Achievement 2022-23			
Head	Sub-Head	Annual Target	Achievement
Mass Media	Spots on Private Channel/Cable & Digital News Media	200	390
	Spots on DDK	200	229
	Spots on AIR	200	538
	Spots on Private FM	240	240
	Production of Radio Spots	6	6

	Newspaper ad	4	30
Social Media Campaign			
	Social Media posts & pages promotion	12	12
	YouTubers partner programme	1	2
	Engagement of Nokphade comedy troupe	1	1
IEC Material Production	Printing of MACS Calendar	1	1
Outdoor	Rented hoarding at prominent location	20	23
	Auto panels	500	500
	Republic Day	1	1
Mid Media	Folk Troupes	100	88
Events	State level	4	3
	District level	9	9
	Participation in exhibition & IEC stalls in melas/events	10	3
	Important days related to HIV/AIDS	5	2
Multi-Media Campaign	State level	1	1
	District level	9	9

Intervention for Youth:

Youth Intervention		
Activity	Physical target	Achievements
Red Ribbon Clubs	45	51 (45 old & 6 new RRCs)
Out of School Youth	20	0
Quiz competition at city/district level	9	9
Quiz competition at State level	1	1

Mainstreaming & Social Protection:

In FY 2022-23, three media sensitisations on the HIV & AIDS (Prevention & Control) Act 2017 were conducted for the journalists of Churachandpur, Ukhrul and Senapati districts where 55 journalists were sensitised about the Act.

5. Targeted Intervention:

54 TI NGOs are implementing HIV intervention programs under, MACS at different typologies i.e Injecting Drug Users (IDU) among Male & Female, Men Having sex with Men (MSM)/TG, Female Sex Workers (FSW), Migrant Workers (MW) details as below:

Table No. 5.1

Sl.no	Typology	No. of TI
1	Injecting drug user (Male / Female)	37
2	Female Sex Worker	2
3	Core Composite including IDU, FIDU, TG/MSM & FSW	13
4	Migrant worker	2
	Total	54

Table No. 5.2

Name of the District	IDU/ FIDU	FSW	MSM	MW	Core Composite CC
Imphal East	9				1
Imphal West	11	0		1	2
Jiribam	1	1			
Thoubal	3	0			1
Kakching	3				
Chandel	1				1
Tengnoupal	2	0		1	1
Churachandpur	1	0			2
Pherzawl					
Ukhrul	1				1
Kamjong	1				
Tamenglong	1				
Noney					
Bishnupur					4
Senapati	1				
Kangpokpi	2	1			
Number of current TI:	37	2	0	2	13

Table No. 5.3

Coverage

Typology	Target for FY 2022-23 as per MoU	Coverage	New Registration	Clinic Visit	No. HIV tested (including tested twice)	Found HIV positive
IDU/ FIDU	18500+630	23673	2998	18928	35029	76
FSW	5250	5393	812	4218	8979	10
MSM	1150	1797	116	1559	2506	8
TG/Hijra	150	152	17	89	141	0
Migrant	15000	13502	9491	7511	1574	14

Table No. 5.d

Typology	No. of Syphilis tested(including tested Twice)	Found Syphilis Positive	Condom demand Vs Distribution	Syringe Demand Vs Distribution
IDU/ FIDU	34034	0	97%	93%
FSW	9124	2	93%	
MSM	2237	7	99%	
TG/Hijra	200	0	93%	
Migrant	339	0		

i. 5393 Female Sex Workers (FSW) were covered and 8979 (including those tested twice) and 10 were found to be HIV Positive and 7 of them were linked to ART

ii. 23673 Injecting Drugs users (IDUs) were covered 23673 (including 811 Female injecting Drugs users) and 35029 (including those tested twice) out of which 2998 were new registered and 76 were found to be HIV Positive and 69 of them were linked to ART and 29083 no. of verbal screening done for TB. 422 overdose cases were found and 411 cases recovered successfully and 11 cases were unsuccessful. Out of 23673 active IDU/FIDU ,8909 IDU/FIDU registered on OST i.e 38% and 4074 IDU/FIDU are active on OST,

iii. 1989 men having sex with men (MSM) were covered and 2506 (including tested

twice) and 8 of them were found HIV Positive and all of them were linked to ART .

iv. 137 trans gender (TG) were covered 137 and 141 (including tested twice) and no one found HIV Positive

v. 1502 migrant workers (MW) were covered and 1574(out of target 4500) tested for HIV(through ICTC and Community-based HIV Testing) and 14 were found to be HIV Positive and 13 of them linked to ART (1 MW could not be linked due to migration) and 4266 no. of verbal screening done for TB.

LINK WORKERS SCHEME (LWS)

Link Workers Scheme is implemented in the selected districts where the HRGs, Vulnerable youths and OVC are given referrals and linkages to all the HIV/AIDS, TB, and STI related services including Social benefit & Social entitlement scheme etc. in rural areas as a part of HIV/ AIDS prevention under the National AIDS Control Programme.

In Manipur the Link Workers Scheme have been implementing since December, 2008 in Ukhrul and Churachandpur as first phase. Later on seven (7) districts i.e. Imphal East, Imphal West, Thoubal, Bishnupur, Chandel, Senapati and Tamenglong have also been started since April, 2011 as second phase. The project covers 100 vulnerable villages and the clients in those villages which are not reached by the TI-NGOs, in each district after doing the mapping exercise followed by Situation Need Assessment (SNA). The scheme covered all the target population i.e. HRG, Bridge, vulnerable, PLHIV, OVC, ANC, TB including general population.

Objectives of Link Workers Scheme:

- The scheme aims at building a rural community model to address the complex needs of rural HIV prevention, care and support requirements in selected geographies.
- The scheme aims at reaching out to rural population who are vulnerable and are at risk of HIV/AIDS in a non-stigmatised enabling environment.
- The scheme aims at improving access to information materials, commodities (condoms, needles/syringes) through collaborating with nearest TI or government health facilities, testing and treatment services ensuring there is no duplication of services or resources.

Table No. 5.5

Nine NGO implementing Link Workers Scheme in the respective districts:

Sl. No.	Name of NGO	District with no. of villages
1	Nirvana Foundation	Imphal East (81) & Jiribam (19)
2	Progressive People's Organisation (PPO)	Imphal West (100)
3	Rural Voluntary Services (RVS)	Thoubal (80) & Kakching (20)
4	Manipur Institute for Health & Social Development (MANIHEALTH)	Bishnupur (100)
5	New Generation	Chandel (50) & Tengnoupal (50)
6	Meetei Leimarol Sinnai Sang (MLSS)	Senapati (40) & Kangpokpi (60)
7	Society for Promotion Youth and Masses (SPYM)	Churachandpur(85) & Pherzawl(15)
8	Society for Promotion of Youth and Masses (SPYM)	Ukhrul (55) & Kamjong (45)
9	Youth Development Association (YDA)	Tamenglong (75) & Noney (25)

The activities under the Link Workers Scheme:

- Reach out to HRGs and vulnerable men and women in rural areas with information, knowledge, and skills on STI/HIV prevention and risk reduction.
- Linkage and referral services in the existing Health facilities & other welfare schemes under the Govt. Of Manipur.
- Promote increased and consistent use of condoms to protect against HIV, STIs, HCV and unwanted pregnancy.
- To conduct CBS camps for more HIV testing for the unreached population in the selected villages.

Awareness campaigns are also conducted in the villages with the help of mid-media campaigns, which include street plays, folk songs and film shows. And Health camp, Advocacy meeting, and networking meeting are also conducted with stakeholders in the villages.

Service Provided under LWS:

Table No. 5.6

Performance of Link Worker Scheme from April, 2022 to March, 2023

Typology	Line-listed	Reached	%	HIV tested	% HIV tested	HIV positive detected	% of positivity	Total linked with ART	% of linked	ART linkage loss
FSW	1305	1297	99%	1139	87%	1	0.09%	1	100%	0
IDU	2417	2387	99%	2211	91%	6	0.27%	5	83%	1
MSM	296	293	99%	274	93%	0	0.00%	0	0.00%	0
TG	1	1	100%	1	100%	0	0.00%	0	0.00%	0
Migrant	5448	5168	95%	2907	53%	1	0.03%	1	100%	0
Trucker	2555	2487	97%	1571	61%	1	0.06%	1	100%	0
TB patient	85	81	95%	62	73%	0	0.00%	0	0.00%	0
ANC	3141	3099	99%	2965	94%	2	0.07%	2	100%	0
Other Vul. Pop.	12205	11509	94%	5012	41%	9	0.18%	9	100%	0
PLHIV	970	964	99%	NA	NA	NA	NA	NA	NA	NA
Total	28423	27286	96%	16142	57%	20	0.12%	19	95%	1

6. Sexually Transmitted Infections/Reproductive Tract Infection (STI/RTI)

The STI/RTI Prevention and Control Programme has the objective of providing effective services to prevent & control sexually transmitted and reproductive tract infections in the general population through designated STI/RTI clinics (Suraksha Clinics) in the public sector and for HRGs through the Targeted Interventions (TI) programme. The programme supports 10 Suraksha Clinics, which are located at district hospitals and medical colleges of Manipur. During the FY 2022-23, 8414 patients were managed for STI/RTI as per the national protocols at the ten Suraksha Clinics, out of which 5212 (62%) were referred to ICTC facilities, whereas only 6% of the clients were referred from ICTC. 6600 clients underwent RPR/VDRL tests, of which 0.5% patients were found reactive. 32 patients (0.61%) were found to be HIV

positive. The majority of the cases were Vaginal or Cervical discharge. Only 1 pregnant woman was found to be Syphilis reactive against 14770 pregnant women who had undergone RPR/VDRL test. (as indicated in the table:6.1 and 6.2)

Table 6.1: Patients screened at DSRCs for Financial Year 2022-2023.

Month	Total number of visits	Number of RPR/VDRL tests conducted	Number of patients found reactive	% of RPR reactive	Number of partner notification undertaken	Number of partners managed	Number of patients referred to ICTC	Number of patients found HIV Infected (of above)	HIV positivity rate	Number of patients referred from ICTC	Number of patients found RPR Reactive (of above)
April,2022	521	401	2	0.49	246	188	345	2	0.58	71	2
May,2022	580	497	7	1.41	285	226	429	0	0	34	4
June,22	604	443	2	0.45	238	170	391	2	0.51	42	2
July,22	654	482	2	0.41	231	209	299	3	1	48	2
August,22	624	500	5	1	277	187	434	11	2.53	39	5
September,22	629	519	1	0.19	282		450	3	0.67	29	1
October,22	690	412	3	0.73	267	188	460	5	1.08	22	3
Nov,22	753	561	2	0.36	342	256	462	1	0.22	26	0
Dec,22	807	726	8	1.1	392	281	547	1	0.18	52	0
January,23	873	629	2	0.32	454	346	521	2	0.38	38	0
Feb,23	846	714	0	0	519	272	416	0	0	44	0
March,23	833	716	1	0.14	436	266	458	2	0.44	29	0
Total	8414	6600	35	0.53	3969	1603	5212	32	0.61	474	19

Table 6.2: Pregnant women screened and treated for Syphilis at DSRCs for Financial Year 2022-2023.

Number of ANC first visits in the month(registration)	Number of Rapid Plasma Reagin(RPR/VDRL) tests performed	Number of RPR/VDRL found reactive(qualitative)	Number of RPR/VDRL found reactive above \geq 1:8 (Quantitative)	Number of Pregnant women treated for Syphilis
	1605	1	0	0
2496	1895	0	0	0
118	118	0	0	0
2081	1697	0	0	0
2202	1752	0	0	0
2108	1494	0	0	0
1883	1301	0	0	0
2068	1618	0	0	0
2176	1706	0	0	0
2095	1584	1	1	1
1937	1459	0	0	0
75	75	0	0	0
19244	14770	2	1	1

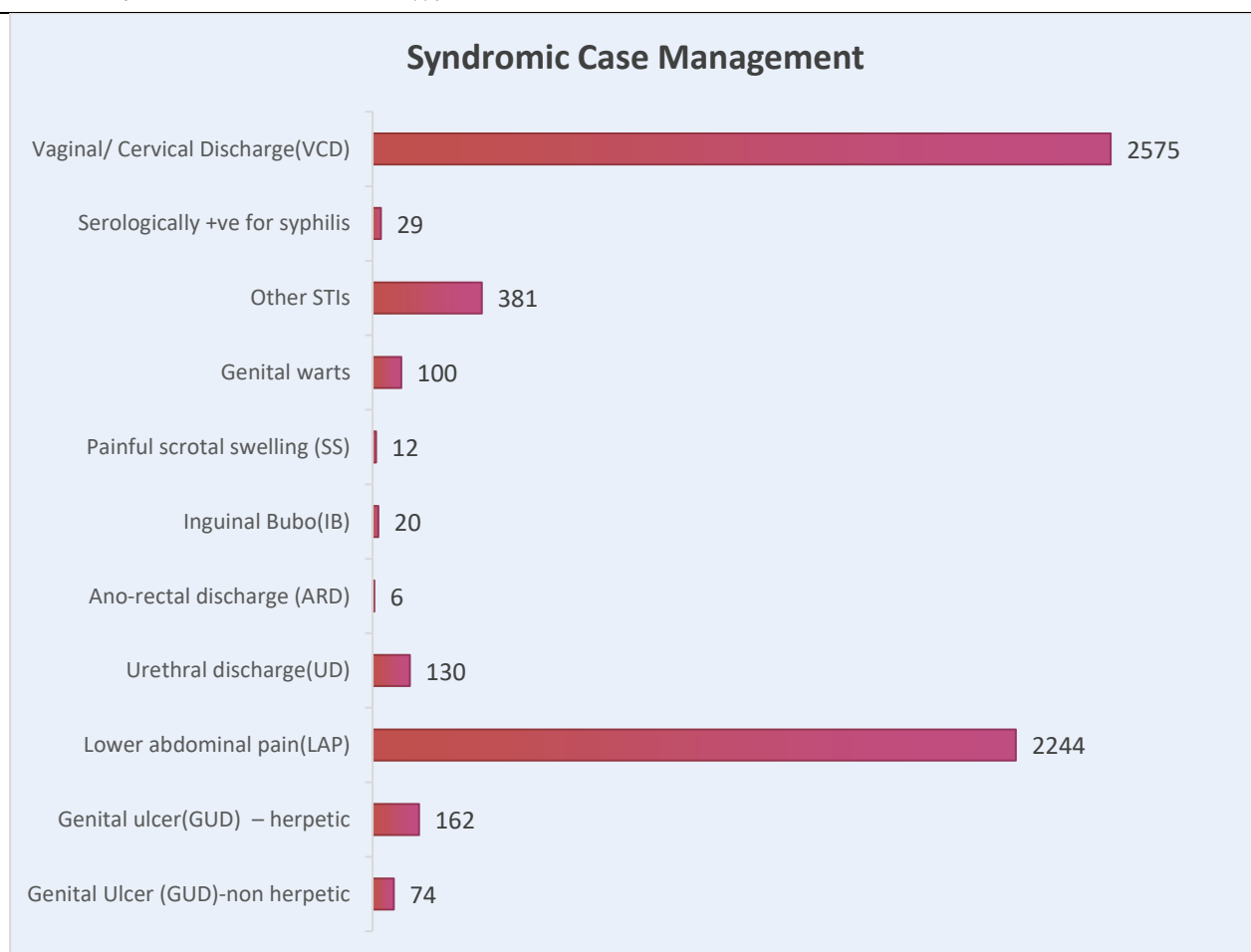


Fig 6.A: Syndromic Case Management at DSRCs for Financial Year 2022-23.

7. HIV Counselling and Testing Services:

HIV counselling and testing services (HCTS) play a key role in achieving the first 95 of the fast-track target of 95-95-95. Its central role in the reduction of new infections makes it an imperative component for the prevention and control of HIV and STI in the country. HIV counselling and testing services were started in the year 1997 and serve as the key entry point where people have access to correct information about HIV prevention and care while undergoing HIV test in a supportive and confidential environment. People who are found HIV-negative are counselled to reduce risks and remain HIV-negative, while people who are found HIV-positive are provided psychosocial support and linked to treatment and care at the nearest NACP facilities. HCTS are offered through facility, mobile and community-based facilities in the public and private sectors throughout the country. In 2022-23, free HIV counselling and testing services (HCTS) were provided at 63 Stand Alone Integrated Counseling and Testing Centers (SA-ICTC); 54 Government facilities, 6 Mobile ICTC and 3 Public Private Partnership Integrated Counseling and Testing Centers (PPP-ICTC) 140 Facility Integrated Counseling and Testing Centers (F-ICTC). The number of HCTS facilities has increased through integration of HCTS services under the general health system, and from a growing collaboration with the private sector. 117292 clients were offered HCTS in both SA-ICTCs and F-ICTCs, with provider-initiated around 4 times more than the client-initiated. A total of 923 were tested positive with a positivity rate of 1.1% among general client and 0.11% among the ANC (as indicated in Fig A & B). Churachandpur (1.9%), Ukhrul(1.8%) and Senapati districts (1.3%) had the highest prevalence rate among the general population whereas districts like Noney , Kakching and Bishnupur had lower prevalence rate in the state.323 clients (2.17%) tested positive against the 14872 clients and 600 clients (0.9%) tested positive against 68450 clients, with a higher prevalence among the transgender group (Fig 7.C.& 7.D). Almost all (98%) HIV positive cases were linked to ART registration (Table:7.3)

Table 7.1: ICTC Services and achievements for the financial year 2022-23

Month	General clients HIV tested				General clients identified HIV positive				Eligible Spouse/partners of HIV positive clients	Out of Above Number of spouse/partners diagnosed HIV Positive	Total Tested at the SA-ICTC and FICTC	% of HIV tested at FICTC
	Client initiated	Provider initiated	Total tested	% of Client initiated out of total tested	Client initiated	Provider initiated	Total HIV positive detected	% of HIV positivity rate of the Client initiated out of total positive				
Apr-22	1176	5006	6182	19	27	52	79	34.2	75	20	7148	13.5
May-22	1119	5460	6579	17	33	58	91	36.3	86	19	8407	21.7
Jun-22	1224	6168	7392	16.6	31	73	104	29.8	52	16	9606	23
Jul-22	1175	5851	7026	16.7	26	52	78	33.3	84	15	10478	32.9
Aug-22	1294	5609	6903	18.7	24	58	82	29.3	75	20	10321	33.1
Sep-22	1203	5737	6940	17.3	25	55	80	31.3	77	13	9737	28.7
Oct-22	1072	5580	6652	16.1	25	57	82	30.5	64	19	8835	24.7
Nov-22	1253	6041	7294	17.2	19	43	62	30.6	71	9	10292	29.1
Dec-22	1290	5922	7212	17.9	26	39	65	40	68	13	11121	35.1
Jan-23	1109	6005	7114	15.6	34	31	65	52.3	60	12	10598	32.9
Feb-23	1426	5419	6845	20.8	30	39	69	43.5	75	12	10518	34.9
Mar-23	1531	5652	7183	21.3	23	43	66	34.8	87	20	10231	29.8
Total	14872	68450	83322	17.8	323	600	923	35	874	188	117292	29

Table 7.2 (A): ICTC Services & achievements of Pregnant women for FY2022-23

Pregnant Women reporting (All FICTC -Govt. & PPP -VHND)						
Month	Pregnant Women Tested for HIV at SA-ICTC	PW HIV Tested and Confirmative Positive		PW Syphilis Tested and reactive treated		
		No of PW Screened for HIV	No of PW Identified HIV Positive (after three test)	No of PW Tested for Syphilis	No of PW Syphilis Identified Reactive	No of PW initiated for Syphilis Treatment
Apr-22	3087	688	0	277	0	0
May-22	3266	906	0	821	1	1
Jun-22	3266	1083	1	1048	0	0
Jul-22	3048	990	2	1023	0	0
Aug-22	3002	718	0	1290	0	0
Sep-22	2729	771	1	651	0	0
Oct-22	2508	721	0	667	1	0
Nov-22	2726	1030	0	1145	0	0
Dec-22	2733	1479	0	1443	2	0
Jan-23	2724	1642	1	1484	0	0
Feb-23	2099	1143	0	1179	0	0
Mar-23	3059	1306	1	1193	0	0
Total	34247	12477	6	12221	4	1

Table 7.2 (B): ICTC Services and achievements of Pregnant women for FY 2022-23

Grand Total (PW -HIV Syphilis Tested - Positive & Treatment)									
Month	Total no of PW Tested HIV at SAICTC + F ICTC	No of PW Newly Diagnosed with HIV Positive	HIV positivity rate	Registered at ICTC and ART Centers Known PW Positives	Total PW HIV Positive (newly detected and known)	Total No of Positive PW Initiated On ART	Total no of PW Tested Syphilis at SAICTC + F ICTC	Total no of PW Syphilis reactive at SAICTC + F-ICTC	No of PW initiated for Syphilis Treatment
Apr-22	3775	3	0.08	8	11	3	3093	0	0
May-22	4172	5	0.1	6	11	5	3886	1	1
Jun-22	4349	4	0.09	11	15	3	4240	0	0
Jul-22	4038	8	0.2	8	16	8	3972	0	0
Aug-22	3720	4	0.1	3	7	4	3629	0	0
Sep-22	3500	3	0.08	2	5	3	3203	0	0
Oct-22	3229	3	0.09	8	11	3	2964	2	1
Nov-22	3756	6	0.2	6	12	6	3785	0	0
Dec-22	4212	4	0.09	6	10	4	4130	3	1
Jan-23	4366	5	0.1	7	12	4	4137	1	1
Feb-23	3242	2	0.06	6	8	1	3768	0	0
Mar-23	4365	5	0	4	9	5	4202	0	0
Total	46724	52	0.11	75	127	49	45009	7	4

Table 7.3: District-wise ICTC Services and achievements for FY 2022-23

Sl. No	District	No. of GC Tested	No. of ANC Tested	Total Tested	No. of +ve GC	No. of +ve ANC	Total Positive at ICTC	Total Registration at ARTC	Linkages gap
1	Churachandpur	8276	4191	12467	13	1	252	246	6
2	Imphal East	6551	1229	7780	47	8	189	232	-43
3	Imphal West	12650	5612	18262	235	17	305	271	34
4	Thoubal	25846	7216	33062	185	4	22	17	5
5	Ukhrul	35521	11802	47323	300	5	63	65	-2
6	Chandel	7043	4922	11965	54	9	55	51	4
7	Bishnupur	3559	2745	6304	11	1	14	17	-3
8	Tamenglong	13999	7200	21199	22	0	12	15	-3
9	Senapati	3847	1807	5654	56	7	63	43	20
Total		117292	46724	164016	923	52	975	957	18

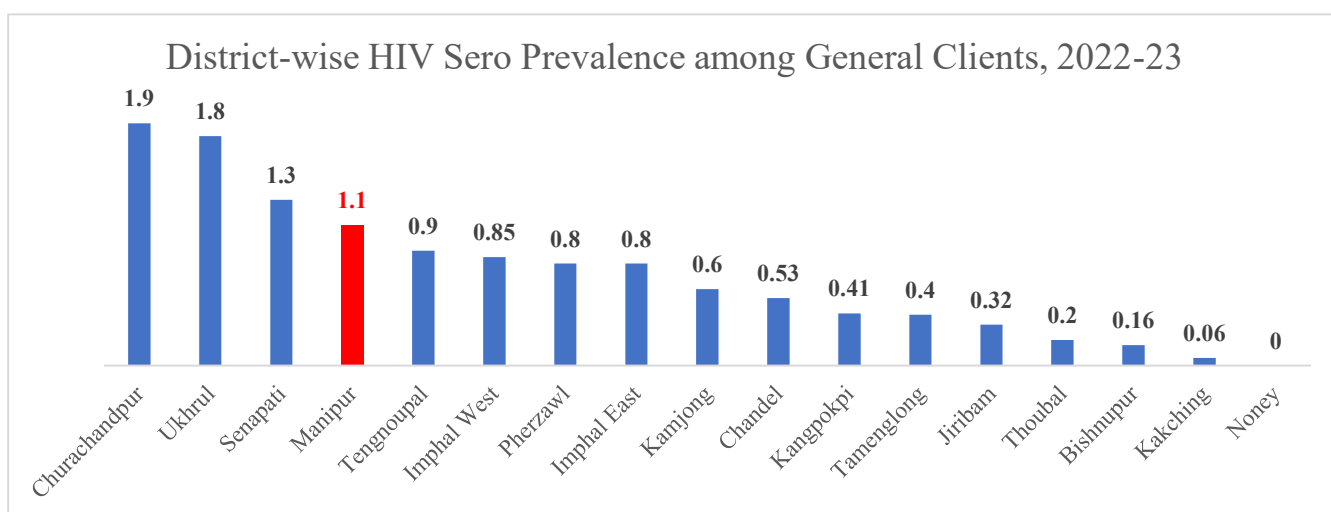


Fig 7.A: District-wise HIV Sero-Prevalence among General Clients.

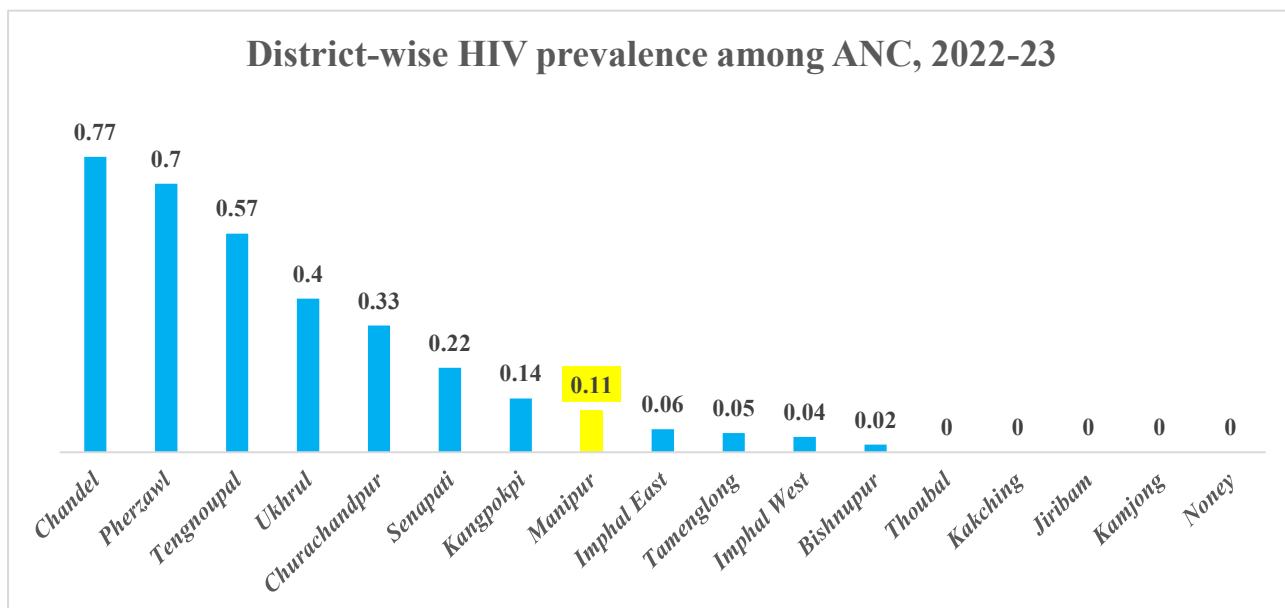


Fig 7.B: District-wise HIV Sero-Prevalence among Pregnant women.

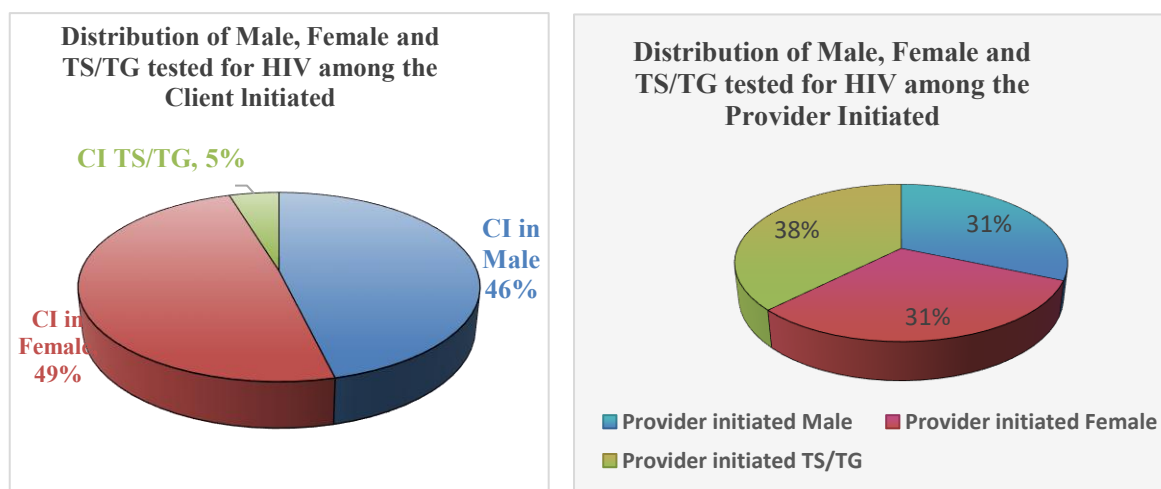


Figure: 7.C: Client distribution among Client Initiated and Provider initiated for the financial Year 2022-23

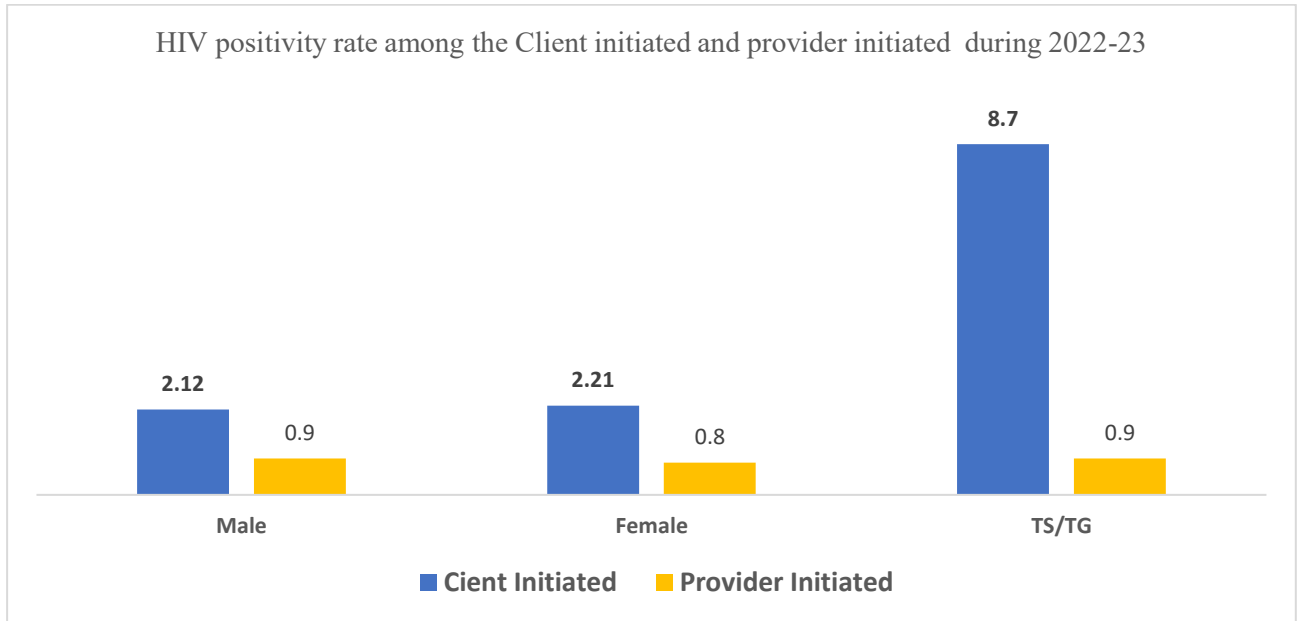


Figure: 7.D: HIV positivity rate for the financial Year 2022-23

Table 7.4: Cross-referral of HIV testing with NTEP and DSRC For Financial Year 2022-23

Month	HIV testing among the In referrals from NTEP /DSRC, 2022-23													
	National Tuberculosis Elimination Program (NTEP)							DSRC/Non DSRC						
	NTEP Case conduct HIV Tested			Among HIV Tested Diagnosed as HIV Positive at SAICTC			HIV positivity rate	DSRC/Non DSRC Case conduct HIV Tested			Among DSRC/Non DSRC case HIV Tested Diagnosed as HIV Positive at SAICTC			HIV positivity rate
	No of TB Cases (Sputum Positive TB + Negative TB+Extra Pulmonary TB)	No of TB Symptomatic cases (PTIC)	Total	No of TB Cases(Sputum Positive TB + Negative TB+Extra Pulmonary TB)	No of TB Symptomatic cases (PTIC)	Total		No of RPR reactive Clients	No of RPR Non-reactive Clients with Symptoms	Total	No of RPR reactive Clients	No of RPR Non-reactive Clients with Symptoms	Total	
Apr-22	17	0	17	1	0	1	5.9	0	59	59	0	1	1	1.7
May-22	14	8	22	4	0	4	18.2	2	64	66	0	0	0	0
Jun-22	23	7	30	3	0	3	10	3	81	84	1	0	1	1.2
Jul-22	22	9	31	1	0	1	3.2	0	70	70	0	0	0	0
Aug-22	18	10	28	8	1	9	32.1	0	73	73	0	64	64	87.7
Sep-22	17	6	23	2	0	2	8.7	0	10	10	0	0	0	0
Oct-22	8	1	9	0	0	0	0	6	47	53	0	4	4	7.5
Nov-22	17	2	19	0	0	0	0	10	36	46	0	4	4	8.7
Dec-22	8	4	12	1	0	1	8.3	0	117	117	0	8	8	6.8
Jan-23	16	3	19	1	1	2	10.5	0	124	124	0	0	0	0
Feb-23	6	2	8	0	0	0	0	0	113	113	0	0	0	0
Mar-23	4	1	5	1	1	2	40	1	80	81	0	0	0	0
Total	170	53	223	22	3	25	11.2	22	874	896	1	140	141	15.7

There is a co-ordinated HIV cross-referral activities among NTEP and DSRCs but the number of clients referral are very low. As per NACP-V, all clients who had attended both NTEP and DSRC should be referred for HIV testing and vice-versa. A special focus is needed in this area.

The NACP phase-V aims to attain the elimination of Vertical transmission of HIV and Syphilis (EVTHS) by 2025. NACO has taken a strong step by setting up task force to revise EVTHS guidelines and planning phase-wise implementation of EVTHS guidelines in the year 2022. 89% and 86% of pregnant women were screened for HIV and Syphilis against their estimated targets. 174 pregnant women were detected 94% of them were initiated on ART. Only 57% of Syphilis positive pregnant women were treated (Table 7.5the). More focus and streamlining of planned activities in coordination of Maternal Health Division, NHM for saturating the EMTCT need as well as the EVTHS services are needed.

Table 7.5: Key EVTHS Indicators For Financial Year 2022-23

Key EVTHS indicators for Financial Year 2022-23												
Estimated # of annual pregnant women	HMIS ANC Registr ation)	%ANC Covered against estimated annual pregnanci es	HIV Tested	HIV Testing Covera ge	EMTC T Need	PW Positiv e	Initiate d on ART	Syphili s Tested	% of Syphilis Tested against Estimaedl	Syphilis Reactive	Syphilis Treated	Syphilis Coverage
53390	58173	≥95%	46724	89%	366	174	159	45000	86%	7	4	57%

9.Lab Service Division:

The following Laboratories Services of NACO are rendering services in Manipur:

1. National Reference Laboratory (NRL), RIMS, Imphal.
2. State Reference Laboratory, JNIMS, Imphal.
3. State Reference Centre (SRC) JNIMS, Imphal.
4. HIV-1 Viral load Testing Centre, RIMS.
5. 63 SA-ICTCs
6. 10 DSRCs
7. 13 ART Centres

3198 CD4 tests and 12222 Viral load tests were conducted at HIV-1 Viral load Testing Centre, RIMS for the FY 2022-23. National AIDS & STD Control Programme phase-V addresses the need for quality assurance at all service delivery points. Hence, improvement of service quality across all the laboratories under its purview remains as a priority for the success of NACP. HIV-1 Viral Load Testing Centre, RIMS is accredited as per ISO 15189. The serological testing done by ICTC QMS checklist at the Integrated Counselling and Testing Centre (ICTC) is one among them. The checklist has four “Domains” – Operations, Technical, Monitoring and Evaluation (M&E) and Logistics. Each of these domains has two or more sub-elements, which are termed as “attributes,” and there are a total of 14 attributes. The maximum overall score an ICTC can obtain is 246, where the operation domain accounts for 78, the technical accounts for 90, M&E accounts for 50 and logistics accounts for 28. In addition to the score, the centers were also graded from 1-5 (with 5 being the best possible performance) based on the percentage of score attained. These grades are calculated for the overall performance as well as for each domain. For the Financial Year 2022-23, 25 SA-ICTCs have been approved by NACO for “Certification of Excellence” who have achieved grade 5 or more than 90% score during the final assessment. 2 ICTCs; District Hospital Thoubal and PPTCT JNIMS had achieved M(EL)T certification by NABL in FY 2022-23.

A total of 52 SA-ICTCs and 48 SA-ICTCs participated in Proficiency test Round I and II, respectively and all of them reported 100% matching with the SRL report.

Table 9.1: Viral Load Proficiency Test:

Year	Round-I	Round-II
2022	100%	80%

The World Health Organisation (WHO) has recommended the implementation of EID and treatment among Human Immunodeficiency Virus type-1 (HIV-1) exposed infants. The Government of India initiated the implementation of EID services under the NACP in 2010 with an objective to diagnose HIV-1 infection in infants and children aged <18 months. HIV exposed infants cannot be tested using standard HIV antibody tests due to the presence of maternal antibodies (transferred during pregnancy or breastfeeding) and the absence of self-generated antibodies early in life. Thus, in infants below 18 months, direct detection tests for the virus must be conducted. The current test of choice is the HIV total nucleic acid polymerase chain reaction (TNA-PCR) for which a network of 6 laboratories has been strengthened for the purpose. For Manipur, the EID samples are sent to NICED-Kolkata. A total of 122 EID samples were conducted for the Financial Year 2022-23 and 11 children were detected positive.

10. HIV Sentinel Surveillance:

HIV sentinel surveillance plays an important role in monitoring the level and trend of the HIV epidemic across different population groups and locations. In Manipur, HIV Sentinel Surveillance has been implemented since 1998 and conducted every year and since 2008 onwards, it has been conducted every two years. State AIDS Control Society is the nodal agency for the implementation of HSS activities and District AIDS Control Units are coordinating at the district level for the implementation of the HSS activities. There are two Laboratories, one is the State Referral Lab at JNIMS and another one is the National Referral Lab at RIMS, providing external quality assurance by repeat testing of all positive blood specimens and 2-5% negative specimens collected from the identified ANC sites for four biomarkers: HIV, Syphilis, HCV and HBV.

The seventeenth round of HSS Plus 2021-22 was implemented at 32 sites among the Antenatal Clinic Attendees, one Prison site and 28 HRG sites (FSW-6, IDU-20, MSM-2). The sampling methodology adopted for recruitment of ANC was a consecutive sample, while recruitment of HRG was random sampling. Inmates of Central Jail were included as one of the population groups of HSS Plus since 2019. Sajiwa Central Jail was identified as a prison site in Manipur and successfully implemented by collecting bio-behavioural data.

The HIV Sentinel Surveillance report since 2000 is given below:

Table 10.1 : HIV Sentinel Surveillance Report (Prévalence, %) of Manipur:

Risk Group/Year	2000	2001	2002	2003	2004	2005	2006	2007	2008-09	2010-11	2012-13	2014-15	2016-17	2018-19	2020-21
HIV Prevalence among ANC's(Antenatal Clinic Attendee)	1.07	2.04	2.4	1.34	1.66	1.3	1.4	1.3	0.5	0.74	0.64	0.6	0.47	0.51	0.33
HIV Prevalence among IDUs	66.02	56.27	39.57	30.7	21	24.1	19.8	17.9	28.65	12.89	-	-	7.7	-	8.84
HIV Prevalence among MSM	-	-	-	29.2	14	15.6	12.4	16.4	17.21	10.4	-	-	9.2	-	9.43
HIV Prevalence among FSW	-	-	-	12.4	12.4	10	11.6	12.9	10.87	2.8	-	-	1.4	-	1.13
HIV Prevalence among STI clinic Attendee	11.76	10	9.6	13	7.2	12.2	4.8	4	2.9	11.2	-	-	-	-	-
HIV prevalence among prisoners	-	-	-	-	-	-	-	-	-	-	-	-	-	3	2.26

A sharp increasing trend from 1995 to 1997, followed by a peak in 1999 (2.7% among the ANC's), was observed. Additionally, a fluctuating trend was evident from 2000 to 2006. A declining trend of HIV ANC prevalence in the year 2020-21 (0.33%) was seen from the year 2010 (0.74%).

Fig 10.A

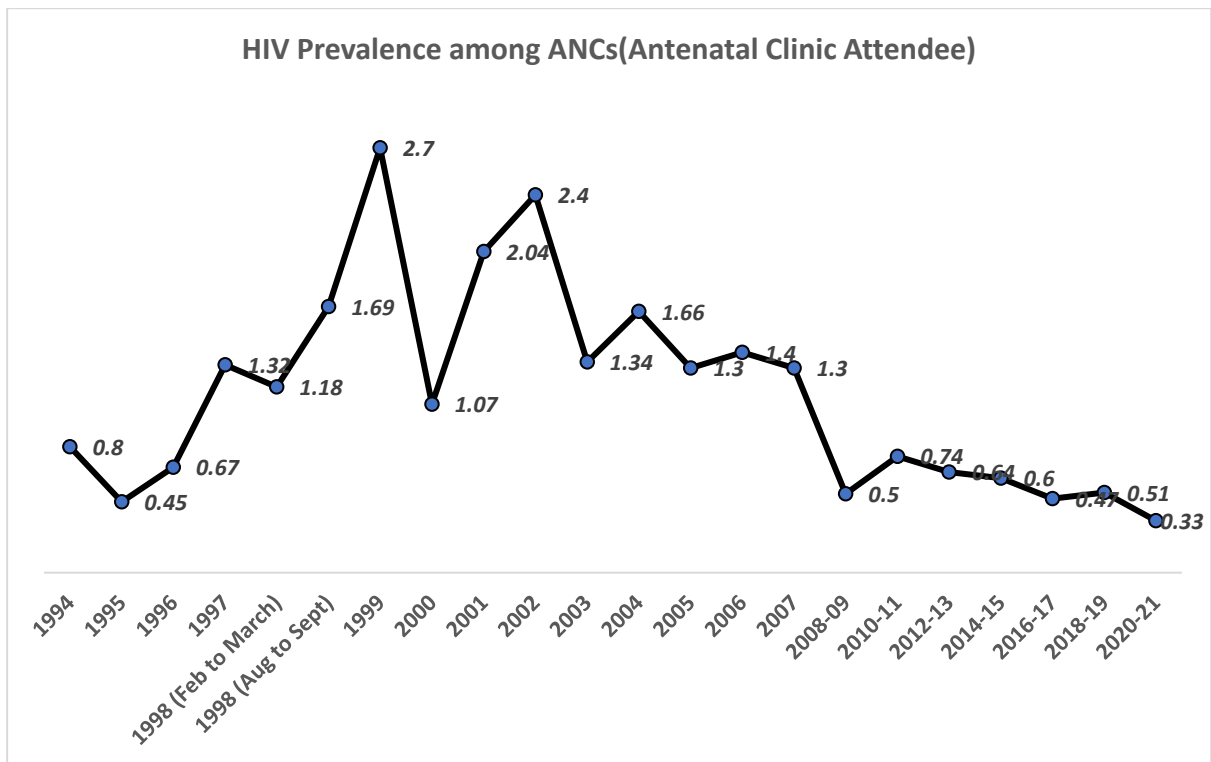
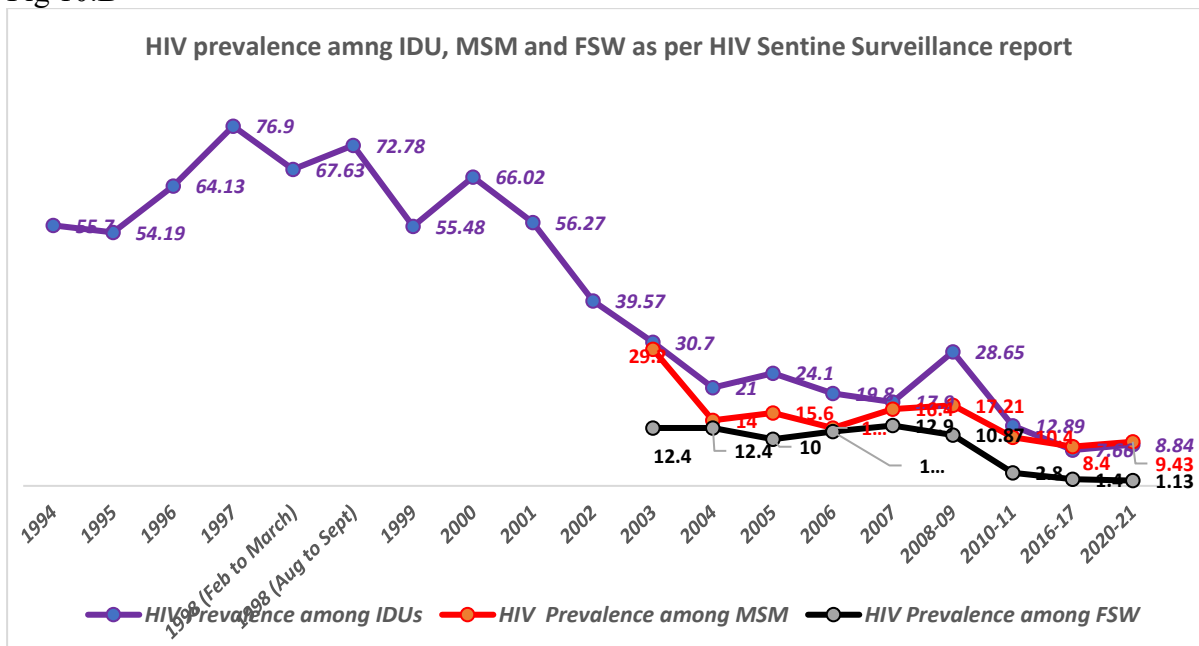


Fig 10.B



The above graph shows a sharp increasing trend from the year 1995 to 1997 (54.29% to 76.9%) and shows a fluctuating trend from 1997 to 2001. A sharp declining trend was also seen in HIV prevalence among the IDU from the year 2000 till 2020-21 (66.02% to 8.84%) except for the year 2008-09. It is also observed that the HIV prevalence among MSM and FSW was showing a downward slope.

HSS Plus started in the year 2019 with an additional population of prison inmates of Central Sajiwa Jail. An HIV prevalence of 3% among prisoners in 2019 was found, and 2.26% in the year 2020-21.