

2022-2023

Annual **REPORT**



**SAMARA
SOCIETY**
YESHWANTHPUR

Sexuality | Equality | Solidarity

REG. NO: SOR/BLU/DR/1484/2010-11

ORGANISATION INFORMATION

| | |
|-----------------------------|---------------------------------------------------------------------------------------------------------------------------|
| Name of Organization | : Samara Society Yeshwanthpur |
| Registration Date | : 15th March, 2011 |
| Registration Number | : SOR/BLU/DR/1484/2010-11 |
| Registration Office | : Samara Society Yeshwanthpur, No.360, A/3, Building VNR Complex 1st cross, 5th Main road, Yeshwanthpur, Bangalore-560022 |

COMMUNITY BASED **ORGANIZATION**

Samara Society Yeshwanthapura - Yes we are ready for the battle

Samara Society Yeshwanthpur is a Community-Based Organisation (CBO) of working class, non-English speaking LGBTQI+ communities in Karnataka working with all marginalised populations and movements in India with an ultimate goal of facilitating South-South cooperation for a Just World!

BACKGROUND

SamaraYes is a Rights-based organisation of Sexual and Gender Minorities. We are a community of sexual minorities of all identities and we work with sexual minorities. We aim to bring together, collectivise and assist sexuality minorities of all identities, including lesbians, bisexuals, homosexuals, gays, kothis, jogappas, Double Deckers, Hijras, transgender people and others who are discriminated against due to their sexual orientation and, or gender identity. We are not excluding others not mentioned here. We encourage and assist our community to live their lives with self-acceptance, self-respect and dignity; We aim and work to bring sexuality, sexual orientation, identity and gender identity into the realm of public discourse and link it to gender, human rights and development issues and movements in India.

SamaraYes advocates and lobbies for the changes in the existing laws which discriminate against sexuality minorities and for shaping the public opinion and discourse on these issues. We work with both general population, bureaucrats, policy makers, politicians and others like media, judiciary and police. We also work with family members, friends, co-workers and partners of sexuality minorities. We focus on working with lesbian, bisexual, homosexual women, who are doubly disadvantaged, as sexual minorities and as women. We also work with Kothis, Hijras and transgender people, who face oppression due to their gender non-conformity. We also work with people of inter-sex, especially female-born. We actively advocate for the rights of sex-workers and people living with HIV.

We emphasize the concerns of sexuality minorities from poor and non-English speaking background and sexuality minority sex workers who otherwise have little or no access to information and resources. At the same time, we sensitise corporate communities and build bridges with English speaking, elite communities.

Samara Society Yeshwanthapura - Core Values



VISION AND MISSION

VISION

“Vibrant and sustainable Samara society yeswanthapura improving gender and sexual minority’s lives by responding effectively to the needs of every Human being”.

MISSION

“Providing high-quality services and facilities in accordance with the requirements of gender and sexual minorities with self-fund and capacitated human resources”.

PROGRAMMES BY SSY

- Samara society yeswanthapura predominantly works in Bangalore which, according to the geographical mapping done by Sangama in 2005, had a population of 0.10 million gender and sexual minorities.
- The first step towards this work was taken by the implementation of targeted interventions with the help of KSAPS and Pehchan from 2011.



- Prior to 2010, the projects related with gender and sexual minorities were scattered and had inadequate coverage. They focused mainly on risk reduction rather than vulnerability reduction. The understanding about the typology was limited and with less or no community participation.
- The HRG mapping estimates of 2006 witnessed the immediate need to completely relook at the strategies.
- During inception it was seen that the coverage of gender and sexual minorities in sex work in Bangalore was about 3,500 annually and treating around 200 gender and sexual minorities for STI per year.

SSY KSAPS PROJECT

| ESTIMATION OF SSY TIS | |
|------------------------------|-------------|
| TGTI Bangalore Urban | 2154 |
| MSM TI 1 Bangalore Urban | 3650 |
| MSM TI 2 Bangalore Urban | 1111 |
| MSM/ TG TI Bangalore rural | 900 |
| Total | 7815 |

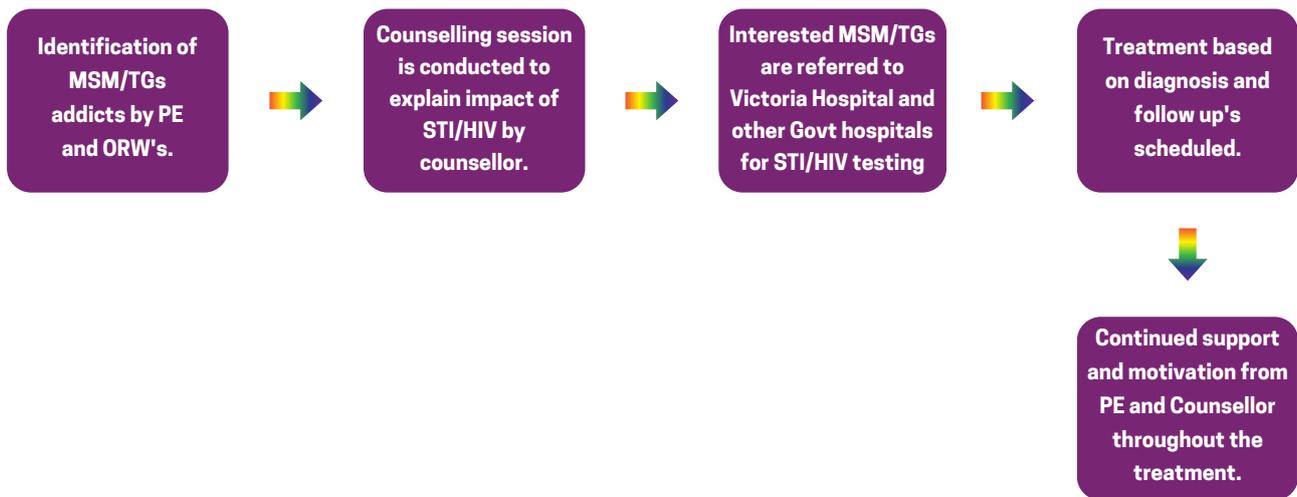
- Initially it was planned to cover 6000 population in the allotted four TIs
- Project KSAPS i is staffed by over 64 team members, more than 80% of which are from the Key Population. The positions range from field peer educators(PE) to field operations manager

Combination Programming



- This project has reached over 6915 MSM/TGs and has provided STI treatment and referrals to over 6000 MSM/TGs in Bangalore urban & Bangalore rural this project has reach 900 FSW and has provided STI treatment and referrals to over 900 FSWs . Around 100% condom are distributed every month.
- The partnership between SSY and KSAPS is based on mutual respect, equality and tolerance and involves them in designing the project and implementation.
- Project KSAPS is staffed by over 125 team members, more than 95% of which are from the Key Population. The positions range from field peer educators(PE) to field operations manager

THE PROCESS



STRATEGIES

- The strategy which assisted in making the endeavour a success was working with the key leaders among MSM/TGs/FSWs. When these leaders shared their experience they served as role models for many others MSM/TGs/FSWs and paved way for many others to follow.
- Regular campaigns are conducted to create and maintain awareness.
- The SSY team has received training and support from institutes , which has allowed them to continue their work, despite the many challenges.

SSY VIHAAN **PROJECT**

- On 16th June 2018, SSY and KHPT together launched Vihaan (re-energizing in hindi), a programme for TGs in sex work who are HIV positive to improve their quality of life and their family's through collective and cooperative approach.
- The Vihaan Network operates largely in the district of Bangalore Urban, Bangalore rural, Gulbarga, Bellary and Belgam
- The Vihaan Network comprising of PLHIV, works at each of the SSY Mane's to motivate TGs with HIV to visit the ICTC's.
- Those who disclose their status are referred to different support services and also become part of the support group, which meets regularly.
- The Vihaan team also works with the larger community of women in sex work to help them understand the issues of HIV positive women in sex work. This helps in reducing the stigma and discrimination within the community.
- Its impact has largely been through establishing institutional linkages with
 1. Care and support centers
 2. ART centers
 3. Residential facilities for TGs and their partners
 4. Government departments for social entitlements and other facilities
 5. HIV Positive networks of CBOs and NGOs
 6. TB treatment centers
 7. Nutrition support centers
 8. Child Welfare organizations
 9. Social welfare organizations providing financial support

SSY SAVI SUPPLYMENTARY NUTRITION

- Proper and adequate nutrition, along with medical treatment, plays a very important role in maintaining good health as it improves the immunity of the body, helping in prevention of secondary infections; energises the body; maintains the CD-4 count in the body.
- Recognizing this need Vihaan project decided to take up preparation and distribution of a nutrition supplement –SSY Savi . A production unit for SSY Sav, a nutritional supplement in powder form, was started on 30th November , 2018.
- The powder has undergone testing at the Central Food Technological Research Institute (CFTRI), Mysore and the results reveal that the supplement provides 429 kilo calories per 100 grams.
- An average of 150 kilograms of nutritional food is produced and sold every month. About 60% of the supplement is distributed or sold to PLHIV either directly through Vihaan i project or through the network for positive persons.

SSY NITYA **SANJEEVINI**

A VIOLENCE REDRESSED MECHANISM

- MSM/TGs in sex work are easy targets for violence and harassment. They are vulnerable to violence because they are looked down upon by society.
- Under this program, we aim at the prevention and condemnation of any form of social abuse or discrimination. We believe that no group of individuals deserves to be mistreated in society and thus, work to empower women in sex work.
- MSM/TGs have an equal right and need to live good, respectable and decent lives. Discrimination by government officials, especially the police, and society at large prevents these women from gaining adequate access to health care, entitlements etc. to secure their lives. Violence and harassment increase the vulnerability of women in sex work, affecting their physical and mental well-being.
- Our goal is to empower and mobilize women MSM/TGs tackle any form of violence and also bring perpetrators of violence to justice. The trauma caused by these types of violence is deep and unless they are given justice, these women will be unable to bring progress in their lives.

- SSV was, thus, formed in order to fight against stigma, discrimination, harassment and violence, respond to crisis and bring justice to sex workers. SNS proactively takes context-specific action based on the severity of the violence. With the help of Swasti and other organizations, local government officials and secondary stakeholders, 250 cases have been responded till date.

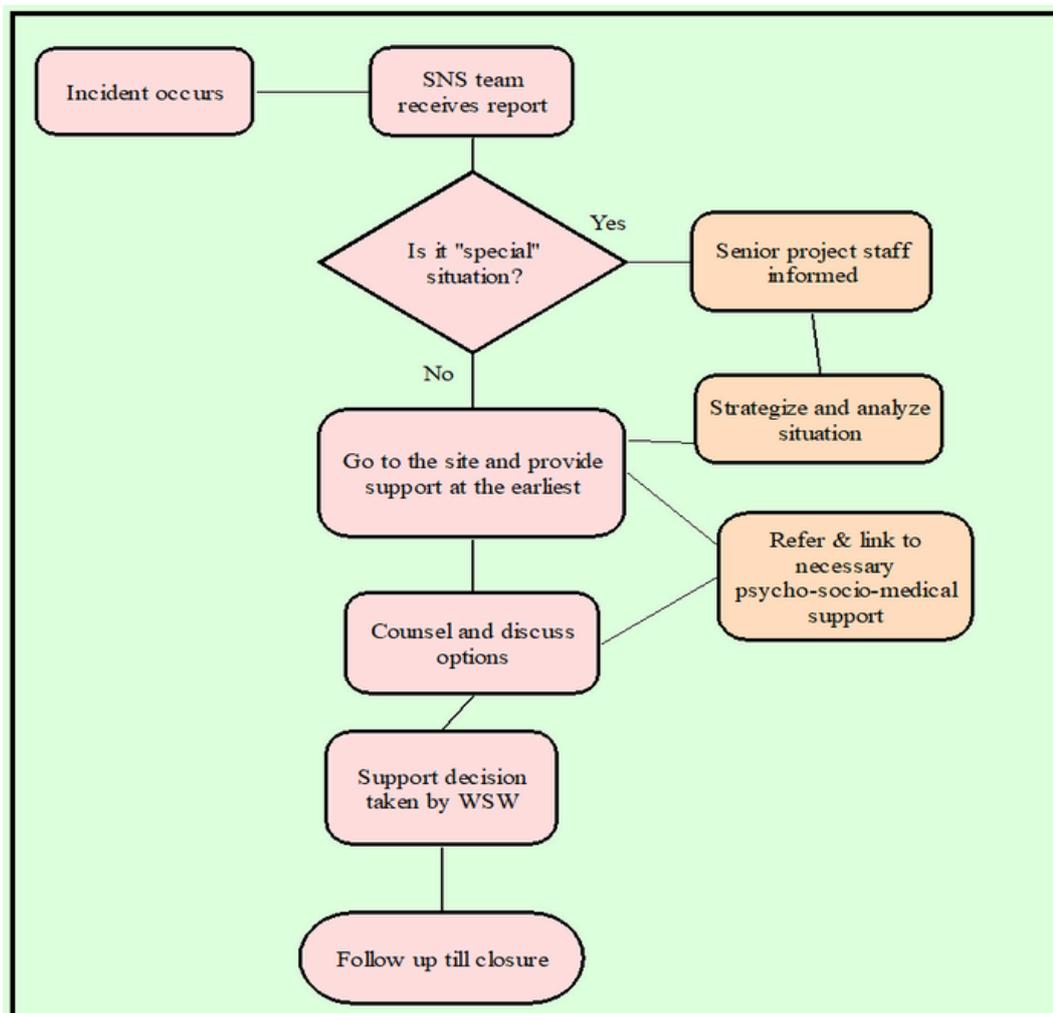
OBJECTIVES

Respond to the atrocities perpetrated against and the trafficking of MSM/TGs

To provide support to MSM/TGs who have faced violence and educate them on their rights.

Support of secondary stakeholders through advocacy and sensitization.

PROCESS OF SNS



SSY SNS AREA OF WORK

- Any support required by MSM/TGs/FSW irrespective of type (mental, physical or social) harassment and violence is addressed by the SSY team.
- Those MSM/TGs/FSW who face violence are counselled, provided alternative methods to resolve issues and are also referred to other organisations for serving their needs and requirements.
- Networking with other CO's which tackle violence and trafficking of women in order to spread awareness on these issues and come up with constructive programs.
- Sensatization of secondary stakeholders (eg. police, etc)

SAMARA SOCIETY YESWANTHPUR (SSY) STRATEGIES

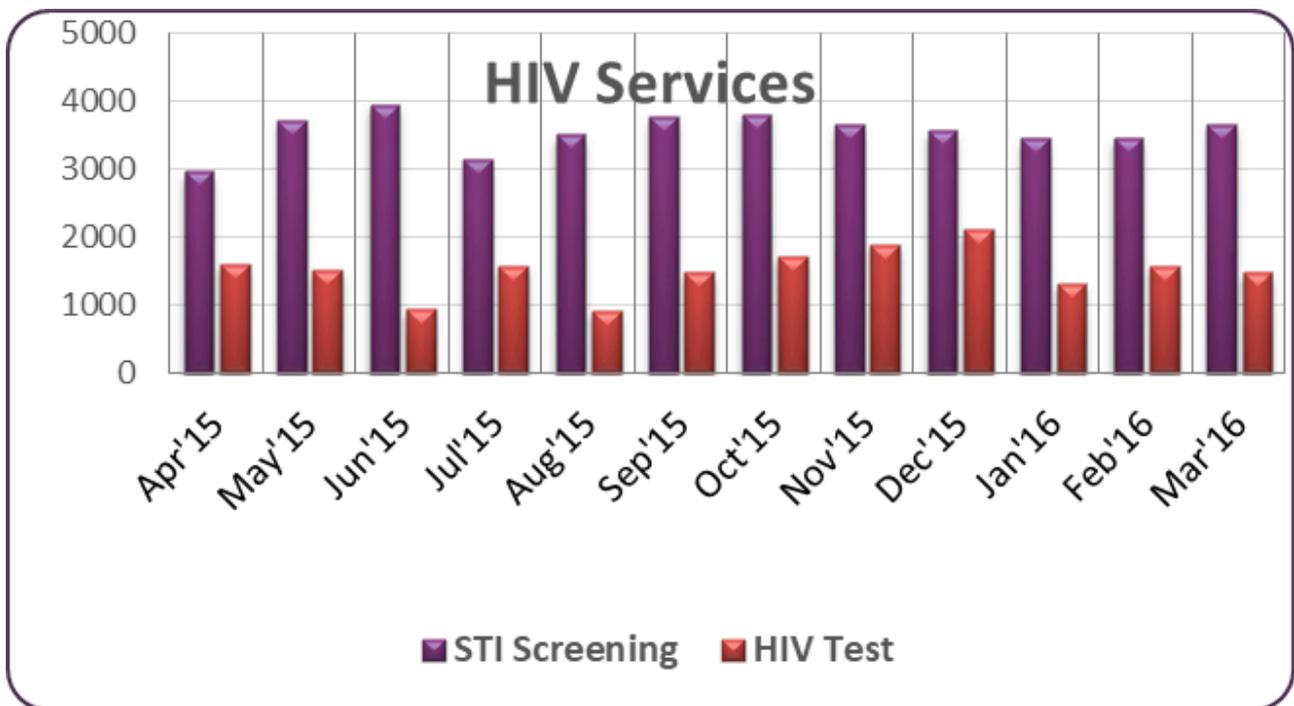
SNS uses the following strategies to provide effective services to MSM/TGs:

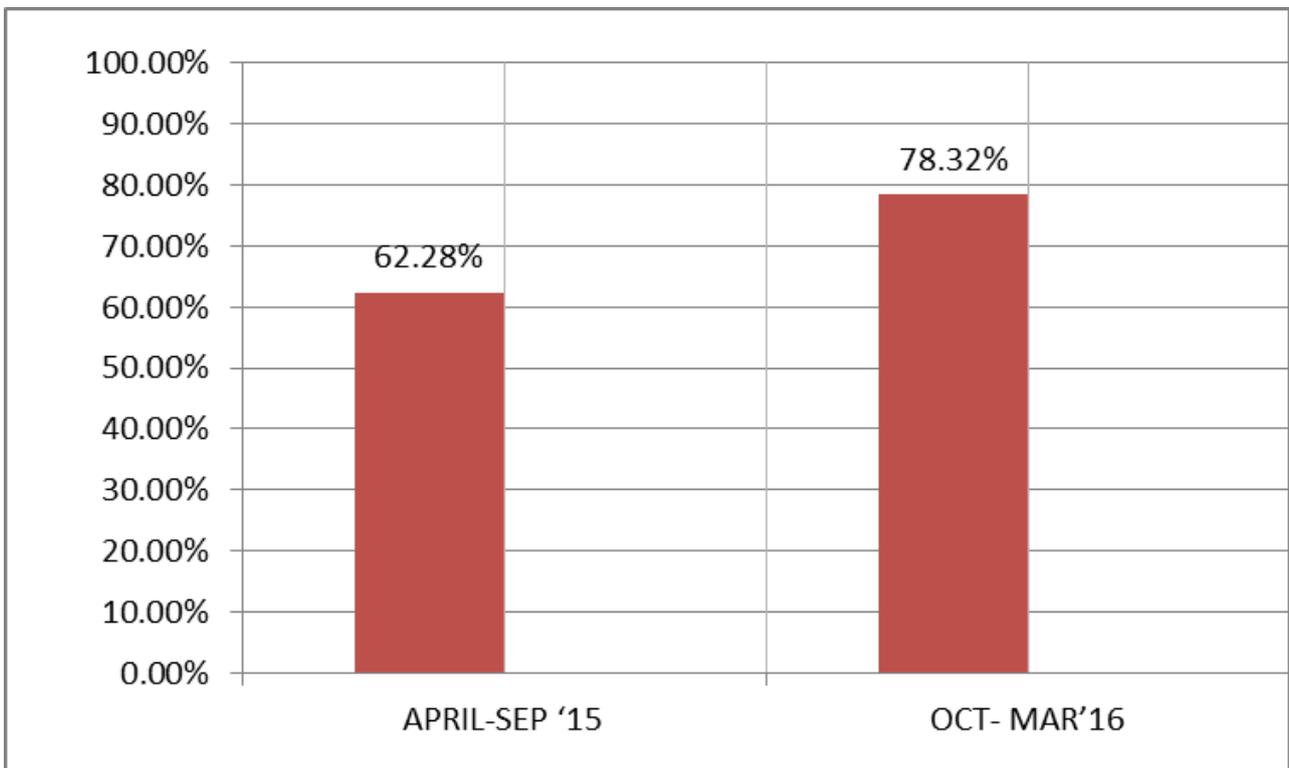
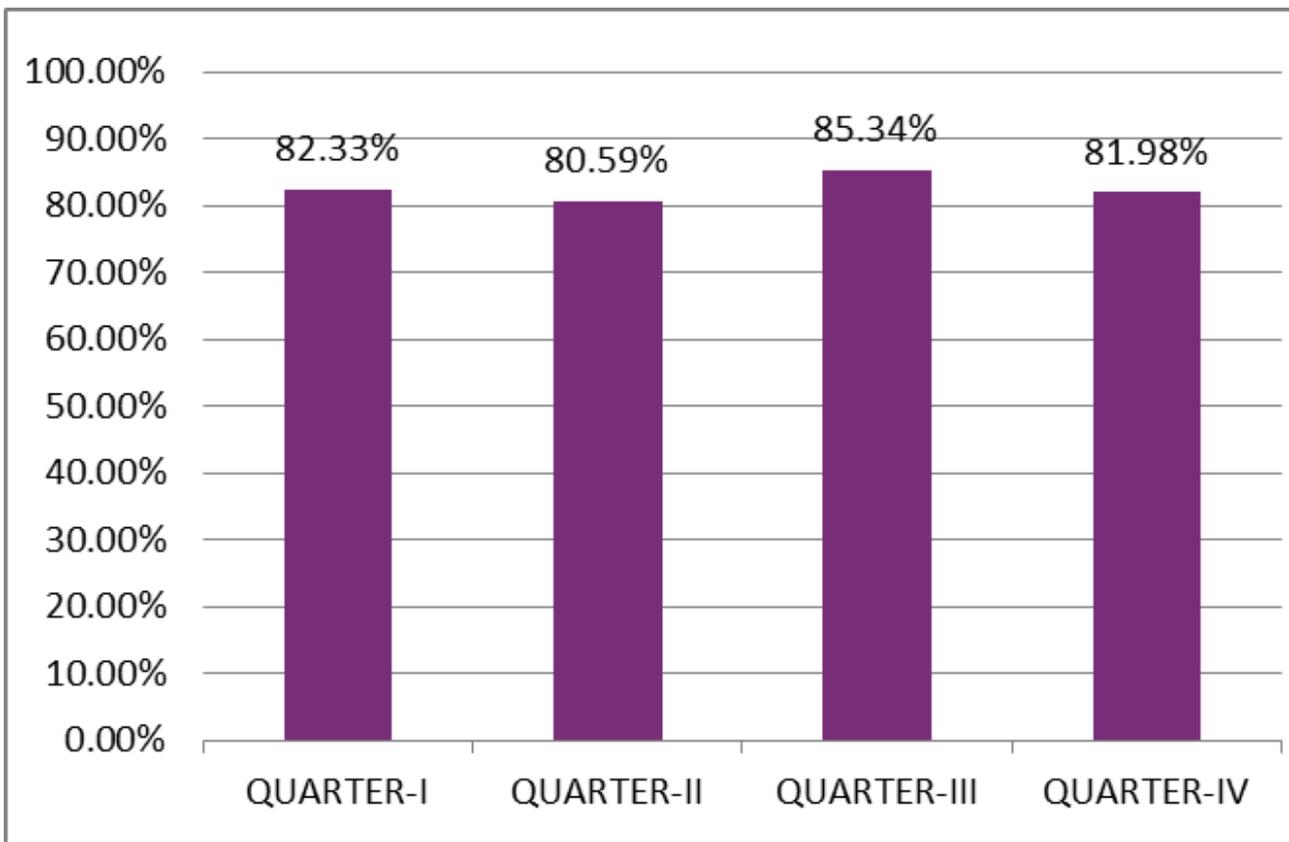
1. Top 'A' site and violence watch committee
2. Secondary stakeholders' management
3. 24/7 response team

SSY KSAPS **EMPOWERING LIVES**

HIV SERVICES

- SSY is receiving grant from NACO-KSAPS to implement the Targeted Intervention (TI 2.0) Programme in 3 TIs of Bangalore Urban.
- Organization has reached nearly 6915 MSM / TGs, 900 FSWs and provided information about
 1. STI and HIV
 2. Usage of Condoms in preventing STI and HIV along with distribution of free condoms.
 3. Referring and Linking PLHIV to ART clinics for Counseling, Testing and Treatment services





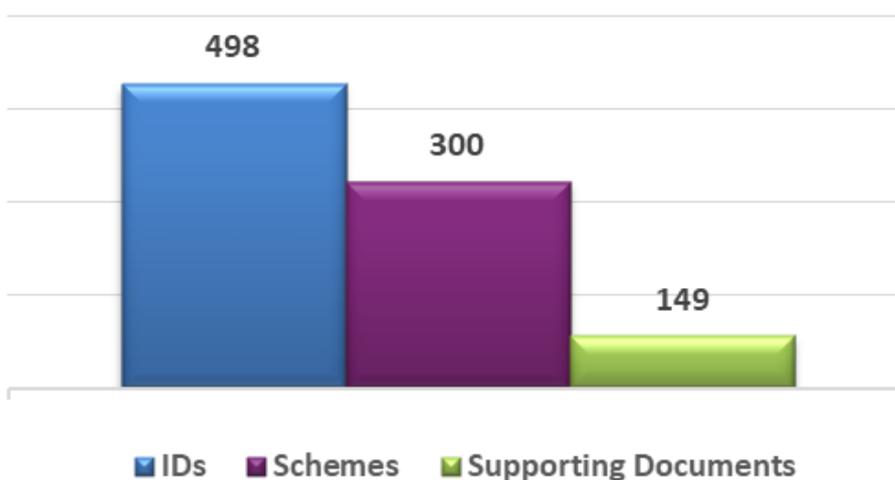
On an average, STI screening was noted to be 82.56 % which shows the existence of referral clinics and availability of drugs, proper linkages along with skilled outreach staffs

- This graph shows that the HIV tests conducted from April to September '2020 were comparatively less due to non availability of HIV testing kits.
- Simultaneously, SSY catered them with low cost nutritional supplements known as SSY Savi to fulfill the nutritional needs due to persistent infections and consumption of ART.
- Rendered services which addressed Stigma and Discrimination among PLHIV MSM / TGs / FSWs.

SSY SOCIAL PROTECTION

- Due to persistent Stigmatization and Discrimination towards MSm/Tgs in the society it poses a challenge for them to entitle the basic rights as a citizen.
- Low level of awareness and Complicated process makes it difficult for the WSW's to access the Civic Identity cards like Voter Id, Aadhar Card, Ration Card and other social security schemes like Widow pension, Subsidy loans, self employment Loans, Housing Loans etc.
- To facilitate social protection services Samara society yeswanthapura in support with Swasti has established a Unified Help Desk – UHD at their 3 Drop in Centers – DIC's.
- The UHD tries to understand the basic needs of MSm/Tgs by reviewing their eligibility, sensitizing them on available schemes and benefits, enable them to fill the application forms, facilitating them for submission to concerned officials, departments and follow-up until they get the services done.
- There are 5 UHD facilitators and 5 CO Managers exclusively working towards generating demand, Compiling demand applications and forming network with concerned departments and service providers.

SP service access in 2018-2019



CAPACITY **BUILDING TRAININGS**

3 two-day capacity building workshops with 20 trans persons from each city

Transgender Skill Building Program

Skill building workshops per CBO with 15 participants

Develop Content for Educational and corporate sensitization

Conduct Sensitization at Corporate and Educational Institutes

Four sensitizations per CBO - two educational institutes and two corporate

National transgender consultation and development of a transgender advocacy and action plan

Aadhaar Card Camps across three cities – a total of 500 transpersons benefitting

One 3-day Aadhaar Card Camp per CBO – sustainability plan

PAN, Bank Account, and Gazette Set Up - a total of 500 transpersons benefitting

ACHIEVEMENTS

- We have made around 140 voter ID cards
- We have made around 205 Aadhar cards
- Self employment loan was provided for 100 members

INSTITUTIONAL **DEVELOPMENT SERVICES**

Institutional and Individual Capacities Developed

- The Organization has over 35 governing and thematic community leaders, who are the founding members with over 10 years of experience, middle level leaders with over 10 years of experience and new or emerging leaders with limited or no experience but willing to take up the responsibility to serve to wellbeing of their own community and their own institution.
- Internal leadership development Programme helped to identify, nurture and mentor the leaders pursue substantial role within the organization.
- During the reporting period, over 48 members have undergone LDP training and over 200 plus field level champions received training.

Resource Mobilization

- The projects planned are highly focused and are programmed in such a way that they are closely addressing the specific needs of the community.
- With a surge in the number of projects, the availability of funds and approval of grants gets challenging. As the requirement of the community increases the numbers of grants are coming down.
- To address this situation Organization has decided to mobilize resources in the form of money, materials and services locally.
- As part of the RM programme, Organization has mobilized around 0.6 million through its members as membership fee and 0.7 million from local donors. The amount has been utilized to providing nutrition supplement and medical expenses of PLHIV, HR and administration expenses.

Leadership Development

- Due to the persistent stigma towards the WSW's prevailing in the society, they are often not given the due recognition as others.
- SMS is a Community organization which basically works for the well being of WSW. The leaders are chosen from the same community as key population.
- In order to reach out the beneficiaries, it requires large number of people who can manage the organization.

Advocacy Activities

SSY primary aims are to strengthen the LGBTQI movement from within and foster coordination between various LGBTQI organizations around the nation. To that end, we plan to centre our efforts in Karnataka, India, where we have an established network of allies. We also work with other similar organizations around for the first time a voice of Jogappa community addressing the diverse identity of Jogappa.

The country and our goal is to create a strong and capable national network of LGBTQI activists. To that end, we plan to work with similar organizations in various states around the country.

Indian's Constitution provides all citizens with fundamental rights. Fundamental rights are special type of rights for several reasons, in which they are the essential rights necessary for a person to live a complete and dignified life. They are difficult to tamper with, it takes an amendment of the constitution to amend fundamental rights, and this is not an easy process. Compared with others rights, they are easier to enforce. This is because if a person's fundamental rights are violated they can directly approach the Supreme Court or any High Court for justices. The Supreme Court and High Court have extraordinary powers to deal with such cases. This helps a person to get Justice quickly and effectively.

PERFORMANCE APR-2022 TO MAR-2023

Bangalore SSY TGTI

SSY TGTI Data Review for the month of April-22 to March-23

| Sl. No. | Indicators | Apr-22 | May-22 | Jun-22 | Jul-22 | Aug-22 | Sep-22 | Oct-22 | Nov-22 | Dec-22 | Jan-23 | Feb-23 | Mar-23 |
|---------|--------------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| 1 | Contracted population | 1575 | 1575 | 1575 | 1575 | 1575 | 1575 | 1575 | 1575 | 1575 | 1575 | 1575 | 1575 |
| 2 | Deaths & dropouts (Cumilative) | 0 | 0 | 87 | 1 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3 | Active population | 2078 | 2083 | 2034 | 2072 | 2103 | 2131 | 2142 | 2161 | 2232 | 2379 | 2428 | 2475 |
| | Total Registration | 2154 | 2155 | 2197 | 2231 | 2260 | 2290 | 2301 | 2320 | 2391 | 2538 | 2587 | 2634 |
| 4 | New contacts | 1 | 5 | 38 | 34 | 29 | 30 | 11 | 19 | 71 | 147 | 49 | 47 |
| | HIV testing of New hrg | 1 | 5 | 38 | 34 | 29 | 30 | 11 | 19 | 71 | 147 | 49 | 47 |
| 5 | Once contact | 2078 | 2070 | 2034 | 2069 | 2097 | 2125 | 2137 | 2156 | 2228 | 2375 | 2423 | 2473 |
| 6 | Regular contact | 2078 | 2054 | 1997 | 2042 | 2074 | 2107 | 2131 | 2142 | 2156 | 2236 | 2375 | 2428 |
| 7 | Total clinic attendance | 988 | 623 | 476 | 983 | 627 | 504 | 993 | 629 | 608 | 1132 | 721 | 626 |
| 8 | RMC | 984 | 618 | 438 | 944 | 593 | 471 | 982 | 609 | 537 | 982 | 664 | 577 |
| 9 | PT | 1 | 5 | 38 | 34 | 29 | 30 | 11 | 19 | 71 | 147 | 49 | 47 |
| | PT (NEW) | 1 | 5 | 38 | 34 | 29 | 30 | 11 | 19 | 71 | 147 | 49 | 47 |
| | PT (OLD) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 10 | Symptomatic cases | 3 | 0 | 0 | 5 | 5 | 3 | 0 | 1 | 0 | 3 | 8 | 2 |

| Sl. No. | Indicators | Apr-22 | May-22 | Jun-22 | Jul-22 | Aug-22 | Sep-22 | Oct-22 | Nov-22 | Dec-22 | Jan-23 | Feb-23 | Mar-23 |
|---------|--------------------------------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| | Symptomatic cases (ARD) N | 1 | 0 | 0 | 3 | 3 | 2 | 0 | 1 | 0 | 2 | 4 | 1 |
| | Symptomatic case (UD) A | 2 | 0 | 0 | 2 | 2 | 1 | 0 | 0 | 0 | 1 | 4 | 1 |
| 11 | Total ICTC + CBS | 384 | 85 | 51 | 466 | 566 | 524 | 350 | 190 | 122 | 584 | 816 | 741 |
| A | ICTC referral | 344 | 85 | 14 | 421 | 522 | 482 | 339 | 167 | 52 | 437 | 554 | 509 |
| B | ICTC tested | 344 | 85 | 14 | 421 | 522 | 482 | 339 | 167 | 52 | 437 | 554 | 509 |
| C | Found Positive | 1 | 1 | 1 | 0 | 0 | 2 | 0 | 0 | 5 | 7 | 4 | 4 |
| D | ICTC Camp Positive | 0 | 1 | 1 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 |
| E | ICTC Center Positive (Direct) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 3 | 2 | 1 |
| 14 | Linked to ART | 1 | 1 | 1 | 0 | 0 | 2 | 0 | 0 | 6 | 10 | 4 | 4 |
| 15 | Community Based Screening (CBS) HRG | 40 | 0 | 37 | 45 | 44 | 42 | 11 | 23 | 70 | 147 | 51 | 47 |
| 16 | Found Positive | 1 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 4 | 4 | 2 | 3 |
| | Partner CBS Testing | 0 | 0 | 0 | 4 | 8 | 10 | 0 | 5 | 43 | 232 | 211 | 185 |
| | Partner Positive | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 3 | 0 | 1 |
| | Partner Shphilis Testing | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 43 | 232 | 211 | 185 |
| | Partner Syphilis Testing Positive | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 17 | No. of Positive cases (cumulative include death) | 36 | 37 | 38 | 38 | 38 | 40 | 40 | 40 | 45 | 52 | 56 | 60 |
| 18 | TB Screened | 2078 | 2070 | 2034 | 2069 | 2097 | 2125 | 2137 | 2156 | 2228 | 2379 | 2423 | 2473 |
| 19 | Syphilis referral | 384 | 85 | 51 | 466 | 566 | 524 | 350 | 190 | 165 | 584 | 818 | 741 |
| 20 | Syphilis tested | 384 | 85 | 51 | 466 | 566 | 524 | 350 | 190 | 165 | 584 | 818 | 741 |
| 21 | Found Positive | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 1 | 0 | 1 | 0 |

| Sl. No. | Indicators | Apr-22 | May-22 | Jun-22 | Jul-22 | Aug-22 | Sep-22 | Oct-22 | Nov-22 | Dec-22 | Jan-23 | Feb-23 | Mar-23 |
|---------|----------------------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| 22 | Condom demand | 79051 | 79160 | 78320 | 80013 | 81242 | 82940 | 83195 | 84218 | 85268 | 88515 | 89047 | 98207 |
| 23 | Condom distribution direct | 79051 | 79467 | 78497 | 79785 | 20696 | 83276 | 80212 | 84255 | 22058 | 26303 | 0 | 0 |
| 24 | Condom distribution outlet | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 25 | Lubes Demand | 960 | 570 | 1410 | 900 | 330 | 1479 | 2400 | 1980 | 1050 | 3732 | 1038 | 2085 |
| 26 | Lubes Distribution | 960 | 570 | 1410 | 900 | 330 | 1479 | 2400 | 1980 | 1050 | 3732 | 1038 | 2085 |
| 27 | No. of HRGs counselled by TI counselor | 230 | 248 | 274 | 406 | 328 | 355 | 338 | 326 | 325 | 407 | 406 | 464 |

Yearly Performance Of CC TI for the year 2022-23

| Sl. No. | Typology | | | | | | | | | | | | | |
|---------|-------------------------------|------|------|------|------|------|------|------|------|------|------|------|------|-----------|
| 1 | No.of HRG Dropped Out | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2 | Active population | 1932 | 1932 | 1942 | 1968 | 2008 | 2008 | 2117 | 2119 | 2118 | 2337 | 2444 | 2449 | 2449 |
| 3 | One Time Contact | 912 | 1932 | 1942 | 1967 | 1989 | 2008 | 1786 | 2110 | 2109 | 2337 | 2440 | 2437 | 2396 9 |
| 4 | Regular Contact | 805 | 1669 | 1852 | 1967 | 1989 | 2008 | 1772 | 2107 | 2107 | 2310 | 2406 | 2431 | 2342 3 |
| 5 | New HRG Registration | 10 | 1 | 11 | 25 | 40 | 2 | 108 | 3 | 2 | 229 | 108 | 8 | 547 |
| 6 | Clinic Attended | 410 | 188 | 1316 | 342 | 311 | 1351 | 340 | 375 | 799 | 858 | 445 | 1143 | 7878 |
| 7 | RMC | 408 | 186 | 1316 | 320 | 309 | 1319 | 340 | 372 | 797 | 838 | 445 | 804 | 7454 |
| 8 | PT | 0 | 1 | 0 | 22 | 2 | 32 | 0 | 2 | 2 | 20 | 0 | 339 | 420 |
| 9 | STI | 2 | 1 | 0 | 1 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 5 |
| 10 | HIV Tested | 30 | 283 | 299 | 432 | 386 | 521 | 127 | 173 | 253 | 553 | 585 | 483 | 4125 |
| 11 | Linked to ART | 2 | 1 | 2 | 2 | 2 | 1 | 1 | 1 | 1 | 1 | 0 | 2 | 16 |
| 12 | No.of New Hotspots Identified | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 6 | 12 | 6 | 24 |
| 13 | Syphilis Tested | 50 | 283 | 299 | 432 | 386 | 530 | 168 | 175 | 254 | 573 | 551 | 497 | 4198 |
| 14 | Syphilis Positive | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 1 |
| 15 | Total counselling | 210 | 114 | 422 | 510 | 474 | 516 | 157 | 191 | 367 | 641 | 420 | 414 | 4436 |
| 16 | Cummulative Positive Details | 37 | 38 | 40 | 42 | 44 | 46 | 47 | 48 | 49 | 50 | 50 | 46 | 537 |
| 17 | Total Positive | 37 | 38 | 40 | 42 | 40 | 40 | 40 | 41 | 42 | 43 | 43 | 44 | 490 |
| 18 | Active Positive (Minus Death) | 37 | 38 | 40 | 42 | 40 | 40 | 40 | 41 | 42 | 43 | 43 | 44 | 490 |
| 19 | Active Positive Linked to ART | 37 | 38 | 40 | 42 | 40 | 40 | 40 | 41 | 42 | 43 | 43 | 44 | 490 |
| 20 | HRG on ART | 37 | 38 | 40 | 42 | 40 | 40 | 40 | 41 | 42 | 43 | 43 | 44 | 490 |

| Sl. No. | Typology | | | | | | | | | | | | | |
|---------|--------------------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|------------|
| 21 | Condom Demand | 4020 3 | 6341 3 | 6341 3 | 6195 6 | 5468 4 | 5624 5 | 4500 8 | 5511 2 | 5475 4 | 4798 0 | 4976 4 | 4980 1 | 6423 33 |
| 22 | Condom Distributed | 3640 5 | 6341 3 | 0 | 4003 6 | 2533 4 | 2304 0 | 2232 9 | 5472 2 | 3814 9 | 0 | 1226 4 | 1171 2 | 3274 04 |
| 23 | CBS | 9 | 282 | 290 | 337 | 318 | 504 | 127 | 80 | 179 | 453 | 483 | 229 | 3291 |
| 24 | ICTC | 21 | 1 | 9 | 95 | 236 | 17 | 85 | 233 | 180 | 100 | 102 | 254 | 1333 |
| 25 | Spouse Testing | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 35 | 13 | 22 | 70 |
| 26 | Partner Testing | 0 | 0 | 0 | 0 | 0 | 2 | 2 | 1 | 15 | 42 | 35 | 27 | 124 |
| 27 | Spouse Positive | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 28 | Partner Positive | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 29 | Lubes Demand | 340 | 397 | 371 | 323 | 100 | 40 | 60 | 310 | 30 | 0 | 450 | 9116 | 1153 7 |
| 30 | Lubes Distribution | 340 | 397 | 371 | 323 | 100 | 40 | 60 | 310 | 30 | 0 | 450 | 9116 | 1153 7 |

Yearly Performance Of MSM TI for the year 2022-23

| SL/No | Head of Account | Mar-22 | Apr-22 | May-22 | Jun-22 | Jul-22 | Aug-22 | Sep-22 | Oct-22 | Nov-22 | Dec-22 | Jan-23 | Feb-23 | Mar-23 | Total |
|-------|--------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|---------|
| 1 | Total Registration | 1765 | 3851 | 3581 | 3872 | 3959 | 4002 | 4052 | 4112 | 4113 | 4416 | 4517 | 4597 | 4641 | 49713 |
| 2 | New Reg | | 0 | 0 | 21 | 87 | 44 | 50 | 56 | 1 | 303 | 104 | 80 | 44 | 790 |
| 3 | Drop out | 1762 | 0 | 0 | 0 | 1 | 0 | 0 | 55 | 0 | 103 | 0 | 0 | 0 | 159 |
| 4 | Active Population | | 3847 | 3847 | 3868 | 3954 | 3998 | 4048 | 4104 | 4105 | 4117 | 4296 | 4322 | 4348 | 48854 |
| 5 | Once Contact | 1762 | 3783 | 3847 | 3574 | 3661 | 3705 | 3755 | 3786 | 3809 | 4153 | 4148 | 4236 | 4221 | 46678 |
| 6 | Regular Contact | 1762 | 3775 | 3847 | 3554 | 3588 | 3679 | 3725 | 3770 | 3809 | 3835 | 4137 | 4215 | 4184 | 46118 |
| 7 | Clinic | 661 | 858 | 814 | 1938 | 818 | 862 | 1956 | 890 | 658 | 1992 | 1113 | 993 | 1852 | 14744 |
| 8 | RMC | 582 | 858 | 814 | 1917 | 781 | 786 | 1918 | 834 | 658 | 1977 | 789 | 928 | 1798 | 14058 |
| 9 | PT | 79 | 0 | 0 | 20 | 36 | 21 | 76 | 38 | 0 | 15 | 325 | 65 | 54 | 650 |
| 10 | STI | | 0 | 0 | 1 | 1 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 3 |
| 11 | ICTC Total | 350 | 82 | 853 | 631 | 713 | 632 | 497 | 86 | 428 | 797 | 1068 | 911 | 1020 | 7718 |
| 12 | ICTC Central | | 82 | 853 | 631 | 713 | 632 | 497 | 86 | 428 | 797 | 1068 | 911 | 1020 | 7718 |
| 13 | Reactive | 1 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 2 | 0 | 0 | 0 | 2 | 5 |
| 14 | CBS | 261 | 0 | 0 | 20 | 87 | 44 | 50 | 56 | 0 | 303 | 508 | 189 | 64 | 1321 |
| 15 | Reactive | 0 | 0 | 0 | 0 | 1 | 1 | 1 | 0 | 0 | 2 | 12 | 9 | 6 | 32 |
| 16 | Partner Test | | 0 | 0 | 1 | 5 | 2 | 3 | 0 | 0 | 38 | 404 | 109 | 20 | 582 |
| 17 | Syphilis | 270 | 82 | 853 | 631 | 713 | 690 | 497 | 86 | 428 | 797 | 1068 | 911 | 1020 | 7776 |
| 18 | Reactive | 0 | 0 | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 |
| 19 | Cumulative P+Ve | 1 | 41 | 41 | 42 | 43 | 44 | 44 | 37 | 37 | 39 | 51 | 60 | 66 | 545 |
| 20 | Active P+Ve | | 31 | 31 | 32 | 33 | 34 | 35 | 37 | 37 | 39 | 46 | 55 | 61 | 471 |
| 21 | Condom Demand | 49105 | 113652 | 114257 | 119643 | 120959 | 116742 | 118166 | 80794 | 125524 | 124971 | 135219 | 135299 | 140473 | 1445699 |

| SL/No | Head of Account | Mar-22 | Apr-22 | May-22 | Jun-22 | Jul-22 | Aug-22 | Sep-22 | Oct-22 | Nov-22 | Dec-22 | Jan-23 | Feb-23 | Mar-23 | Total |
|-------|-------------------------------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| 22 | Condom Distribution | 0 | 17326 | 114257 | 119643 | 117899 | 116742 | 118166 | 58413 | 125524 | 57600 | 30229 | 23040 | 0 | 898839 |
| 23 | New Clinic | 0 | 0 | 0 | 20 | 36 | 21 | 50 | 38 | 0 | 15 | 325 | 65 | 54 | 624 |
| 24 | New ICTC | | 0 | 0 | 20 | 36 | 21 | 50 | 38 | 0 | 15 | 325 | 65 | 54 | 624 |
| 25 | Reactive | 0 | 0 | 0 | 0 | 1 | 1 | 1 | 0 | 0 | 2 | 12 | 9 | 6 | 32 |
| 28 | Hot spot meeting | 17 | 44 | 44 | 44 | 44 | 36 | 36 | 44 | 44 | 44 | 44 | 44 | 44 | 512 |
| 29 | Total of members Covered under Hot Spot Meeting | 170 | | | | | | | | | | | | | 0 |
| 30 | Counseling | 297 | 1055 | 914 | 1906 | 1035 | 941 | 1421 | 890 | 737 | 1992 | 1113 | 993 | 1852 | 14849 |
| 31 | Total TB Screening | 1762 | 3783 | 3843 | 3574 | 3661 | 3705 | 1421 | 3786 | 3995 | 4153 | 4148 | 4236 | 4221 | 44526 |
| 32 | Referred to Test | | 5 | 10 | 10 | 12 | 5 | 5 | 10 | 0 | 0 | 0 | 0 | 0 | 57 |
| 33 | TB tested | 0 | 0 | 0 | 1 | 1 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 4 |