

# CITIZENS' CHARTER



## GOA STATE AIDS CONTROL SOCIETY

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*(Updated on 31.07.12)*

## **The Governing Body of Goa State AIDS Control Society**

1) Chief Secretary	---	Chairman
2) Commissioner Finance	---	Member
3) Secretary (Health)	---	Member
4) Secretary (Planning)	---	Member
5) Secretary (Social Welfare)	---	Member
6) Secretary (Education)	---	Member
7) Secretary (Industry)	---	Member
8) Secretary (Women and Child Welfare)	---	Member
9) Secretary (Labour)	---	Member
10) Secretary (Urban Development)	---	Member
11) Secretary (Transport)	---	Member
12) Secretary (Tourism)	---	Member
13) Dean (Goa Medical College)	---	Member
14) Director (Health Services)	---	Member
15) Director (Information and Publicity)	---	Member
16) Station Director (All India Radio)	---	Member
17) Director (Sports & Youth Affairs)	---	Member
18) N.S.S. Coordinator (Goa University)	---	Member
19) Station Director (Doordarshan)	---	Member
20) Representative of UNICEF/WHO	---	Member
21) Representative of NACO	---	Member
22) Director (Tourism)	---	Member
23) Project Director (Goa SACS)	---	Member Secretary

## **Executive Committee of Goa State AIDS Control Society**

1. Pr. Secretary (Health)	Chairman
2. Dean (Goa Medical College)	Vice-Chairman
3. Director (Health Services)	Vice-Chairman
4. Director (Education )	Member
5. Director (Women & Child Welfare )	Member
6. Joint Secretary ( Finance )	Member
7. Director (Tourism)	Member
8. N.S.S Coordinator (Goa University)	Member
9. Director (Social Welfare)	Member
10. Representative, Kripa Foundation, NGO	Member
11. Representative of NGOs	Member
12. Representative of NGOs	Member
13. Prof & Head, Department of Microbiology, GMC	Member
14. Chairperson (Goa State Social Welfare Board)	Member
15. HOD, Department of PSM, GMC	Member
16. President (Goa Psychiatric Society)	Member
17. Project Director (Goa SACS)	Member Secretary

## **Core Committee of Goa State AIDS Control Society**

- |  |                  |
|--|------------------|
| 1) Dr. Digambar Naik<br>Vrundavan Hospital, Mapusa   | Chairperson      |
| 2) Mr. Jaganath Parsekar<br>Mandrem, Pernem          | Vice-Chairperson |
| 3) Dean (Goa Medical College)                        | Member           |
| 4) Adv. Vidya Shet<br>Adarsh Nagar, Vasco-da-Gama    | Member           |
| 5) Dr. Wisemen Pinto<br>HOD, Dept. of Pathology, GMC | Member           |
| 6) Director (Health Services)                        | Member           |
| 7) Joint Secretary (Health)                          | Member           |
| 8) Project Director (Goa SACS)                       | Member Secretary |

## **State Level Coordination Committee and Technical Working Group for HIV/TB**

### **A. Coordination Committee**

1. Secretary (Health)	Chairman
2. Director (Health Services)	Vice-Chairman
3. Dean (Goa Medical College)	Member
4. State TB Officer	Member
5. Dy. Director (Surveillance)	Member
6. Dy. Director (STD)	Member
7. Medical Superintendent, T.B. Hospital, Margao	Member
8. Health Officer, TB Control Programme, Panaji	Member
9. WHO Consultant of RNTCP	Member
10. Additional Director (TI)	Member
11. One Representative from NGO working with RNTCP	Member
12. Project Director (Goa SACS)	Member Secretary

### **B. Technical Working Group**

1. Project Director, Goa State AIDS Control Society
2. State TB Officer
3. Medical Superintendent, T.B. Hospital, Margao
4. Health Officer, TB Control Programme, Panaji
5. WHO Consultant of RNTCP
6. HOD, TB & Chest Diseases, Goa Medical College
7. HOD, Microbiology, Goa Medical College
6. HOD, Medicine, Goa Medical College

**State Grievances Redressal Committee on ART for enhancing  
the extent and efficacy of treatment administered to PLHAs at  
ART Centres**

- |  |                  |
|--|------------------|
| 1. Pr. Secretary (Health)  | Chairperson      |
| 2. Dr. Digambar Naik<br>Vrundavan Hospital, Mapusa.                  | Vice-Chairperson |
| 3. Director (Health Services)  | Member           |
| 4. Dean (Goa Medical College)  | Member           |
| 5. Nodal Officer of the ART Centre/ HOD,<br>Medicine, GMC, Bambolim  | Member           |
| 6. Representative from National AIDS<br>Control Organization         | Member           |
| 7. Representative from Drop-in Centre,<br>Zindagi Goa, Vasco-da-Gama | Member           |
| 8. Project Director (Goa SACS)                                       | Member Secretary |

## **Goa State Blood Transfusion Council**

1. Pr. Secretary (Health)	Chairperson
2. Director (Health Services)	Vice-Chairperson
3. Dean (Goa Medical College)	Member
4. Director (Food & Drugs Admn)	Member
5. Joint Secretary (Finance), Government of Goa	Member
6. Prof. & Head, Dept. of Pathology, GMC	Member
7. President (Indian Medical Association, Goa)	Member
8. Secretary (Indian Red Cross Society, Goa)	Member
9. Dy. Director (BS & QA), Goa SACS	Member
10. Project Director (Goa SACS)	Member Secretary

### **Additional Members**

1. Dy. Director cum Medical Superintendent  
Hospicio Hospital, Margao
2. Dy. Director cum Medical Superintendent  
District Hospital, Mapusa
3. Consultants (VBD)
4. Representative of the Army
5. Representative of the Navy
6. Representative of the Private Nursing Home
7. Representative of the Private Blood Bank
8. N.S.S Coordinator (Goa University)
9. N.C.C Coordinator
10. Representative of the NGO
  - a) Lions Club
  - b) Rotary Club
11. Nehru Yuvak Kendra Sangathan, Goa
  - a) North Goa
  - b) South Goa

### **Special Invitees**

1. In-charge Blood Bank, GMC, Bambolim
2. In-charge Blood Bank, Hospicio Hospital, Margao
3. In-charge Blood Bank, District Hospital, Mapusa.

## **Purchase Committee of Goa State AIDS Control Society**

- |  |                  |
|--|------------------|
| 1. Project Director (Goa SACS)   | Chairperson      |
| 2. Joint Secretary (Health)  | Member           |
| 3. Finance Officer (Goa SACS)  | Member           |
| 4. Representative from Programme Division  | Member           |
| 5. Dr. Savio Rodrigues, HOD, Dept. of Microbiology<br>(External expert to the related field nominated<br>by Secretary, Health) | Member           |
| 6. Procurement Officer (Goa SACS)  | Member Secretary |





## **Goa State AIDS Control Society**

### **HIV/AIDS Control Programme in Goa**

HIV/AIDS epidemic in Goa is more than 26 years old. During this period it has emerged as one of the most serious public health concerns. The available sentinel surveillance data clearly indicates that HIV infection is prevalent in almost all parts of Goa and in recent years has spread from urban to rural and from individuals practicing high-risk behaviour to general population. With no vaccine or cure available till date, prevention is the only way to control the epidemic through promotion of behavioural changes, adoption of healthy lifestyle and reduction of risk of infection. In order to alleviate the epidemic's devastating social and economic impact, concerted efforts are being made at all levels to control the spread of infection, reduce peoples' vulnerability to HIV and to promote community and family based care to HIV/AIDS cases under AIDS Control Programme.

In Goa HIV/ AIDS control programme was launched in May 1992 with the setting up of the 'AIDS Cell' under the Directorate of Health Services. As per the guidelines of Government of India, for smooth flow of funds to the programme and for greater functional autonomy, Goa State AIDS Control Society (Goa SACS) was established in April 1999. For effective control and prevention of the epidemic, GSACS primarily facilitates and directs various activities at the State and local levels. The **first phase** of the National AIDS Control Programme (NACP) was implemented during 1992-1999 mainly to slow down 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 **second phase** of NACP (1999-2006) extended up to 2007 had two key objectives viz. (i) Reduce the

spread of HIV infection in Goa and (ii) Strengthen Goa's response to HIV/AIDS on a long-term basis. Some of the strategies adopted in its efforts to prevent and control HIV/AIDS were:

- Prevent further spread of the disease by:
  - Improving HIV/AIDS awareness and providing necessary skills/tools to protect themselves.
  - Controlling STDs including condom promotion.
  - Ensuring availability of safe blood and blood products.
- Creating a socio-economic environment that enables individuals to protect themselves from infection and allow families and communities to provide care and support to people living with HIV/AIDS.
- Improve services at all levels – hospitals and community based home care – that provide care for people living with HIV/AIDS.

The **Phase-III** (2007-12) of AIDS Control Programme has progressed based on the strengths developed, lessons learnt, gaps identified and experiences gained in the previous two phases of NACP, and consolidate the achievements. However, HIV can no more be the sole agenda of one organization or department. **Mainstreaming** HIV/ AIDS into the existing responses of various development processes and Government / non-Government responses is a cost effective and efficient approach to address the direct and indirect causes and impact of the epidemic. Strengthened partnerships with traditional and non-traditional stakeholders from Government, Civil society and Private sector are a critical strategy for facilitating sustained outreach and coverage. The long-term vision of NACP III was to make HIV/ AIDS everybody's responsibility and move towards the goal - to stabilize HIV prevention – zero new HIV infection.

**Some of the features envisaged in the NACP III were:**

Creating an enabling environment conducive for mobilization and empowerment and achieving saturated coverage (80%) of High-Risk population towards reducing the risk of HIV infection by 2012.

This includes addressing the core issue of capacity building among all constituencies involved in the planning and implementation of TI.

- To have a holistic approach to service delivery and provide all the required services at one stop centre in an integrated mode. Improve quality of care, enhance, and support initiatives for HIV infected ensuring sustained care and support with 90% coverage for OIs/ ART.
- To have a cohesive training strategy to translate the overall objectives of strategic planning for HIV/ AIDS prevention and control into reality with capacity building as the guiding principle.
- Decentralization of the entire planning and implementation process down to District/ Taluka/ grass root levels to match the ground realities.
- To protect all sexual acts having risk of HIV/ STI transmission and unintended pregnancies by enhancing knowledge and behaviour change, increasing access and minimizing wastage of condoms and directing specific condom promotion strategies.
- To prevent further spread of HIV to the general population based on the vulnerability.

**Vision: Together we will win over HIV/ AIDS through social ownership and social action**

- Greater Involvement of People living with HIV/AIDS (GIPA) i.e. empowered involvement of people living or affected by HIV/ AIDS, which is critical for appropriate and effective responses.
- Everyone having access to rights without any discrimination, including the highest standard of health, living, services, information, support structures, facilities and networks.
- To mitigate the vulnerabilities of children, adolescents, young people, women and other gendered identities in relation to HIV/ AIDS by enhancing their access and participation to comprehensive and appropriate HIV/ AIDS programme in the prevention of HIV, care and support continuum through rights based gender sensitive approach.
- To have evidence based strategic planning and better programme management, Strategic Information Management Unit is to be set up.

- The State level M & E unit is set up with requisite capacity building training for M & E and Project Managers on how to use data for management and in conducting self assessment of service quality & client satisfaction.

With these brief visions, it is proposed to halt and reverse the epidemic in Goa by 2012.

For the control and prevention of HIV/AIDS in Goa, Goa SACS over the last 16 years has initiated various measures and has also developed certain infrastructure facilities/ services, which are listed below:

### **i) Blood Safety**

- All the blood banks under the State Government i.e. the ones attached to the Goa Medical College and the two District Hospitals viz. Hospicio Hospital, Margao and District Hospital (Asilo), Mapusa have been modernized and suitably strengthened with requisite blood bank equipments, trained manpower, consumables, chemicals and other infrastructure.
- Testing of every unit of blood for detecting infections for diseases like Hepatitis B & C, Syphilis and Malaria apart from testing for HIV has been made mandatory to ensure that only safe blood is released for transfusion as per the National Blood Safety Policy. For this purpose, necessary kits, equipment, reagents, glassware and blood bags are supplied to the above three blood banks by Goa State AIDS Control Society.
- Goa State Blood Transfusion Council has been set up to oversee blood transfusion services and ensure effective implementation of the programme and better management of blood banking services at State/ District levels.
- Professional donors have been totally **banned** in Goa and efforts are being made to gradually phase out replacement donors and achieve 100% voluntary donation programme. Voluntary donation has increased from 28.7% in 2000 to 71% in 2011.

- Regular blood donors and NGOs who organize blood donation camps on a regular basis are felicitated by the Goa State Blood Transfusion Council at the State level functions on World Blood Donor Day on 14<sup>th</sup> June and Voluntary Blood Donation Day i.e. 1<sup>st</sup> October in recognition of their contribution.

## **ii) STD Control Programme**

In view of the importance of treatment and control of STD in relation to HIV infection, STD control programme has been made an integral component of AIDS control policy. Government of India has accorded top priority to the prevention and control of STDs as a strategy for controlling the spread of HIV/AIDS in the country.

In Goa, the STD control is being implemented as a part of the National STD Control Programme since mid sixties by the Directorate of Health Services. With the arrival/ spread of HIV infection and because of its strong relation with STD, the programme was brought under the purview of National AIDS Control Programme in the year 1992 as per the national pattern. With this, the programme has received the much needed boost in terms of:

- All the four Government STD clinics in Goa - in the Department of Skin and V.D., Goa Medical College; Hospicio Hospital, Margao; District Hospital (Asilo), Mapusa and STD Clinic, Baina have been strengthened by providing technical support, equipment, reagents and drugs.
- Funds have been provided by Goa SACS for renovating the STD Clinics at Hospicio Hospital, Margao, District Hospital (Asilo), Mapusa and Baina.
- Each STD Clinic is provided sufficient funds per year for procurement of drugs, equipment, technical support, reagent kits by Goa SACS.
- Adequate and comprehensive case management including diagnosis, treatment, individual counseling, partner notification, provision of condoms, etc.
- Orientation trainings for all the medical and paramedical workers engaged in providing STD/ RTI services through syndromic approach have been

organized. Induction training doctors (including private practitioners and Para Medical staff) have been trained in STD case management through syndrome approach i.e. management of STDs based on specific symptoms and not dependent on laboratory investigations. Refresher training for all cadres of personnel is conducted regularly so as to update their recent advances of STI/RTI Prevention Programme.

- Suraksha Clinic branding has been done of all STI clinics.
- Drugs are available in the form of pre coded colour kits.
- Management of STDs has been incorporated/ integrated in the general health service/ peripheral health system, so that unnecessary referrals can be avoided leaving the specialized service free for management of complicated cases.
- Development of appropriate laboratory services for the diagnosis of STD.
- Early diagnosis and treatment of mostly asymptomatic infections through case finding and screening.
- Special emphases have been made on early detection and prompt treatment of STDs among High-Risk Groups such as FSWs, MSM, Migrant labour, Truckers, etc. STD referral system has been developed under Targeted Interventions undertaken by the NGOs in their respective project areas with the help of Preferred Private Providers who have been trained in Syndromic Management.
- Prevention and transmission of STD/ HIV infection through IEC including raising of awareness to educate the people for responsible sexual behavior, safer sex, condom usage and promotion of appropriate health care seeking behaviour.
- Surveillance to assess epidemiological situation and monitor and evaluate the ongoing STD control programme in both CMIS and SIMS.
- Sensitization of community about the problems related to RTIs/ STDs through regular IEC activities including TV, Radio and Mass Media
- In order to provide better services to the community through NGOs, 32 Public Private Provider Doctors have been identified and trained on STI/RTI.

- STI/RTI delivery programme is through following system:
  1. SACS funded designated STI/RTI Clinics
  2. All NRHM supported CHCs/PHCs
  3. TI NGOs for High-Risk Groups

SACS has good convergence activities with NRHM as well as TI NGOs so that there is efficient service delivery at all level.

### **iii) Targeted Interventions (TIs)**

Since particular groups of people such as Female Sex Workers, MSM, long distance Truckers, tourism related workers, single Migrants, street children are more vulnerable than others to the HIV/ AIDS epidemic, direct intervention programmes among those groups through a comprehensive and integrated approach beginning from behaviour change communications, counseling, providing health care support, referrals, condom promotion and creating an enabling environment that will facilitate behaviour change have been undertaken through NGOs since October 1999 who are being funded by Goa SACS. During the year 2012-13, in all 16 TI projects namely six for Female Sex Workers (FSW), three for Men having Sex with Men (MSM), two Injecting Drug Users (IDU), two for long distance Truckers, two High-Risk Migrants and one for Core Composite Group have been funded by Goa SACS.

Dealing with HIV is much more than just creating awareness or use of condom. Since the awareness levels are already very high in Goa, we need to go beyond awareness and bring about attitudinal and behavioural change, empowerment, negotiating skill and creation of enabling environment that will facilitate behaviour change. For effective implementation of the Targeted Intervention efforts are being made for capacity building of NGOs through regular workshops, training programmes, exposure visits so that the above is achieved.

#### **iv) Integrated Counseling and Testing Centres (ICTCs)**

In order to help people know their HIV status, to get early access to care and treatment, to prevent HIV related illness, to maintain safer sexual practices, to cope with HIV related anxiety and to plan for the future, voluntary testing facilities with pre-test/ post-test counseling have been made available at Goa Medical College, one centre each at the two District Hospitals, one at Chicalim Hospital, Vasco and four in CHCs at Valpoi, Pernem, Curchorem & Canacona. During the year 2008-09, three more ICTCs were set up at Central Hospital, Tisk Usgao, PHC Candolim and TB & Chest Disease Hospital, St. Inez, Panaji-Goa. Presently, six PPPs have been established at Campal Clinic, Panaji, Vrundavan Hospital, Mapusa, Govind Kamat Hospital, Panaji, MPT Hospital, Mormugao, Anandi Nursing Home Hospital, Marcela, Vrundavan Shalby Hospital, St. Cruz., Chodankar Nursing Hom, Porvorim and Mandovi Clinic, Porvorim. At present, on an average about 3000 blood samples are screened per month. Also HIV testing facilities are made available at all PHCs with laboratory facilities. From 2007, the Voluntary Counseling & Testing Centres have been changed to Integrated Counseling & Testing Centres. Integrated, because it caters to both pregnant and direct walk-in clients.

The staff available at ICTCs (Counselor & Lab. Technician) are trained and reorientation given to them at regular intervals to keep them updated and improve quality of services provided to the public.

#### **v) Prevention of Parent-to-Child Transmission (PPTCT) of HIV**

The prevalence of HIV infection among antenatal attendants in Goa as per the Sentinel Surveillance data ranged between 0 and 1.38% during the period from 1998 to 2006 and in the last four years it varies from 0.62 to 0.47. The PPTCT programme was first launched in Goa Medical College, Bambolim w.e.f. April 2003. With the progression of the epidemic in general population and increase in the proportion of women among those infected, HIV transmission from HIV infected mothers to infant was on the rise in Goa. The programme was extended to both the District Hospitals namely Hospicio Hospital, Margao and District Hospital (Asilo), Mapusa during the year 2005-06. However from 2007,



all 11 ICTCs also cater to the Antenatal HIV testing so that every pregnant mother knows her HIV status for intervention with preventive drugs to prevent mother to child HIV transmission.

Where pregnant mothers do not attend the AN Clinic and hence would not know their HIV status, whole blood finger prick test kits have been made available at the emergency labour rooms in GMC, two District Hospitals and Chicalim Hospital to test these un booked cases. Training has been imparted to the Staff Nurses from the above hospitals in HIV counseling and testing.

Some of the critical components of PPTCT programme are:

- The programme envisages effective reduction of HIV infection from mother to child by providing quality antenatal care including preventive services.
- Provision of reproductive health related interventions in couple-setting.
- Promotion of rational use of blood and blood products.
- Voluntary Counseling and Testing for HIV status.
- Health education to expectant pregnant mothers covering nutrition, infant feeding practices, exclusive breastfeeding, birth spacing methods, etc.
- Interventions to reduce mother to child transmission including antiretroviral drugs.
- Care and support to HIV infected mothers and children and reducing their vulnerability.
- CPT (Cotrimoxazole Prophylaxis Treatment) is available at all the ICTCs/PPTCTs for the HIV exposed infants/children, as part of Care, Support and Treatment of these exposed infants/children. Cotrimoxazole helps the infant to stay healthy and is given once a day till HIV infection can be reliably ruled out.

## **Early Infant Diagnosis (EID)**

An infant born to HIV positive mother is called “Exposed Infant” until the infant is no longer breastfed, and it can be established that the infant is not infected. In order to establish if the infant has acquired HIV infection or not, PCR (Polymerase Chain Reaction) testing is made available. This test is done in infants from 6 wks to 18 months through the PPTCTs at GMC, Bambolim, District Hospital (Asilo), Hospicio Hospital, Margao and ICTC, Chicalim.

## **vi) Information, Education, Communication (IEC) & Social mobilization**

Information, Education and Communication (IEC) is a process that informs, motivates and helps people to adopt and maintain healthy practices and life skills. It aims at empowering individuals and enabling them to make correct decisions about safe behavior practices. IEC also attempts to create an environment that is conducive and supports access to treatment and services for those already infected. In the absence of a vaccine or a cure, prevention is the most effective strategy for the control of HIV/ AIDS and therefore communication is one of the most important strategies in the fight against HIV/ AIDS and STDs. The second phase of the National AIDS Control Programme gives highest priority to an effective and sustained strategy to bring about changes in behaviour to prevent further infection. A full range of activities and approaches from mass media campaigns for the general public to target specific interventions to help individuals to negotiate safer practices are being adopted. IEC programmes have also been integrated in various components of the programme such as STD services, condom promotion, Blood safety, TIs, etc.

The basic objectives of the IEC strategy are:

- To raise awareness, improve knowledge and understanding among the general population about AIDS infection and STD, routes of transmission and methods of prevention.
- To promote desirable practices such as avoiding multi-partner sex, condom use, sterilization of needles/ syringes and voluntary donation of blood.

- To mobilize all sectors of society to integrate messages and programmes on HIV/ AIDS into their existing activities.
- To train health workers in AIDS communication and coping strategies for strengthening technical and managerial capabilities.
- To create a supportive environment for the care and rehabilitation of persons with HIV/ AIDS.

The various components of the IEC strategy for raising awareness, behavioral change and social mobilization are:

- Use of mass media
- Advocacy at various levels
- Inter-sectoral collaboration
- Training
- Involvement of NGOs

In order to develop Information, Education and Communication strategies to key target groups relevant to Goa, a Communication Needs Assessment Study was undertaken by the Tata Institute of Social Sciences, Mumbai in the year 2000. An IEC Committee consisting of qualified and experienced IEC specialists have been formed to strategize, review, provide feedback and extend support to Goa State AIDS Control Society. Some of the activities undertaken by Goa State AIDS Control Society to raise the awareness levels and to bring about behavior changes are:

**A: General**

- General education programmes on HIV/ AIDS are conducted for the youth organizations, voluntary bodies, Government departments, women, High Risk Groups, opinion leaders, schools, colleges, etc.
- Fifteen signboards providing information on various services to control HIV/ AIDS are displayed at prominent places.
- Video spots / audio cassettes/ Awareness promos on HIV/ AIDS.
- Fillers on HIV/AIDS in Konkani have been produced and screened on cable network throughout Goa.

- Screening of films on stigma discrimination and human rights related to HIV/AIDS.
- Televisions installed in the out-patient departments of GMC for screening of spots on HIV/AIDS during the OPD hours.
- Booklets on (i) Questions and answers on HIV/AIDS (ii) Containing HIV/AIDS in Goa (iii) AIDS in Women and Children and (iv) AIDS Fortnight, etc. were brought out.
- Handbills and pamphlets on STD and HIV/AIDS produced in different languages.
- Posters on STDs/ HIV/ AIDS/ Blood Safety/ Post Exposure Prophylaxis, etc. are produced and distributed to all the hospitals, Health Centres, NGOs, etc.
- Folders on STDs were produced and are being used extensively by field workers for interpersonal communication.
- World AIDS Day is observed on 1<sup>st</sup> December at State level and all the Primary Health Centres as also by the NGOs every year.
- Voluntary Blood Donation Day is observed on 1<sup>st</sup> October every year. Regular voluntary blood donors and NGOs who organize regular voluntary Blood Donation Camps are felicitated.
- Posters and greeting cards have been made based on the prize-winning entries of the World AIDS Day.
- Informative sessions/ open forum on HIV/ AIDS/ STDs are organized for industrial workers police personnel, postal staff, etc. All queries, doubts, misgivings on sex, sexuality and other related topics are answered by a team of doctors at the work place.
- Web site [www.goasacs.nic.in](http://www.goasacs.nic.in) was launched on the eve of World AIDS Day
- HIV /AIDS Situation and Response was released on the eve of World AIDS Day.
- Mobile IEC Van was launched for campaigning throughout Goa under Mid Media campaign. The campaign is conducted through a hired agency, wherein street plays are conducted along with IEC through mobile van. Annually, about 200 Street plays are being held.

- Hoardings at strategic locations are erected for awareness generation on HIV/AIDS.
- Since 2007, 100 Red Ribbon Clubs (RRCs) have been established in various educational Institutions in Goa.
- For Out of School youth, Goa SACS has tied up with Nehru Yuva Kendra Sanghathan for awareness generation on HIV/AIDS and established 75 RRCs in both the districts.
- Adolescence Education Program has been initiated through SCERT where sexual Health education and life skill education is imparted. 462 Institutions were covered.
- Mainstreaming involves growing organizational consciousness and culture towards addressing HIV, both, within the organization (internal) and as part of the field level activities of the organization (external). 195 workshops were conducted in various departments on awareness of HIV/AIDS.

#### **B: Awareness in educational Institutions**

- Talks on HIV/AIDS given by the Health Officers/ Medical Officers in schools and colleges in their jurisdiction.
- Programme on HIV/AIDS have been carried out at the PTA meetings in different schools in Goa.
- Question-answer sessions have been held in different educational institutions where a panel of resource persons from Goa SACS and GMC answer the questions asked by the students anonymously.
- 'Disha 2000', a student-to-student educational programme was launched. Sessions on HIV/ AIDS have been conducted in different schools for the students of Standard IX and Standard X. Under this programme, medical interns of Goa Medical College educate the students of high schools and

higher secondary schools on family life values including sexuality and HIV/AIDS.

- A booklet on sexuality and other related issues based on the frequently asked questions (FAQs) by the students has been prepared, which will address the myths and misconceptions that youth have.
- To catalyze an expanded response towards HIV/ AIDS epidemic, Goa SACS has intersectoral collaboration with all the Government Depts., NGOs, industries, political leaders, etc. by networking and advocacy.
- The first issue of the Quarterly News Bulletin was released on 1<sup>st</sup> October 2005. From December 2009 onwards, the monthly e-bulletin has been launched in order to make everyone aware of Government's commitment and its role in tackling the HIV/AIDS epidemic in the State of Goa.
- On the eve of World AIDS Day, a short film was screened and a quiz contest was held. The quiz was on awareness of HIV/AIDS. Prizes were also awarded to the winners.

The National AIDS Control Programme seeks to attain awareness level of not less than 90% among the youth and others in the reproductive age group by the end of the project. It is rather encouraging to note that in some key important areas like generation of awareness about HIV/ AIDS which were almost insignificant at the beginning of the epidemic have increased among the general population both in urban and rural areas as also among the High-Risk Groups. The Behavioural Surveillance Survey (BSS) carried out by Government of India in 2001 among the general population in various States has revealed that:

- The overall awareness about HIV/ AIDS among people in the age-group 15-49 years in Goa, was 93.6%, males 97.0% and females 90.2%. In urban areas awareness levels were much higher being 99.0% for males and 94.6% for females. The lowest awareness was among rural women (87.2%).
- About 92% of the respondents were aware that HIV/ AIDS is transmitted through sex. This level of awareness was next only to Kerala (95%).

(Figures for all-India was 71% and the lowest was in Bihar 38%). The corresponding rates were higher among urban residents (95.5) and males (urban males 97.3%) lowest was among rural females (84.4%).

- Awareness of transmission of HIV/ AIDS through blood and sharing of needles was consistently high (92%). About 75% were aware that the infection could be transmitted through breast-feeding.
- About 80% of the respondents were aware of the potential benefits of consistent and correct condom use in prevention of transmission of HIV/ AIDS.
- More than 74% of the respondents were aware that having one faithful and uninfected sex partner could prevent the transmission. A significantly larger portion of the respondents (92%) were aware that sexual abstinence played an important role in prevention of transmission compared to other modes of transmission.
- Knowledge that the HIV infection cannot be transmitted by mosquito bites and sharing of meals with an infected person and that a healthy looking person may be suffering from HIV/ AIDS was relatively low in Goa. More than two-thirds harbored some incorrect beliefs regarding transmission.

**Future strategies to address the gaps and response to the evolving epidemic *inter alia* include:**

- Setting up of mobile exhibition units, innovative flex print displays, high swinging balloons, promoting folk media, magic shows, etc and also leveraging unconventional media like road shows, merchandise items such as mugs, wobblers, T-shirts, etc. in a bid to create community contact.
- Strengthening adolescent education and behavioural change communication amongst the educational institutions, by having more interactive two way programmes.
- Scaling up of School AIDS Education Programme to cover all the Secondary and Higher Secondary Schools in Goa in collaboration with SCERT (State Council of Educational Research & Training), Alto-Porvorim

In the absence of a vaccine or a cure, prevention is the most effective strategy for the control of HIV/ AIDS.

- Government of Goa has extended the benefit of financial assistance to HIV patients under Dayanand Social Security Scheme (DSSS) through Directorate of Social Welfare. The State Government has also been extended the benefit of Antodaya Anna Yojana (AAY) Scheme to HIV positive people who are in the BPL list of the State through Directorate of Civil Supplies and 50 % travel concession to PLHAs for traveling by KTCL buses in the State.

#### **vii) Community Care Centres (CCCs)**

To take care of AIDS patients two Community Care Centers with 10 beds each, have been set up in Goa which are run by the NGOs and are being funded by Goa State AIDS Control Society. The one in North Goa is located at Assagao, Bardez, which is run, by EL Shaddai Charitable Trust and the other at South Goa is located at Cavellosim, Salcete which is run by Caritas, Goa. These Community Care Centres provide services required in between a home and a hospital for a short period.

#### **viii) Drop-in Centre (DIC)**

Drop-in Centre for People Living with HIV/AIDS is run by NGO Zindagi in South Goa funded by Goa SACS. The Drop-in Centre in North Goa District is in the process of being established.

#### **ix) Toll free AIDS helpline 1097**

To provide information pertaining to HIV/ AIDS/ STDs, particulars of services available and other related issues including providing psychological support to those already infected, help families and partners of infected persons to receive prevention services, etc., a toll free AIDS Helpline 1097 has been set up. The AIDS Helpline 1097 is an Interactive Voice Response System (IVRS) which has been set up for providing round the clock access to information on HIV/ AIDS, available services and other related issues including providing psychological support to those already infected.



#### **x) Opportunistic Infection Management (OI)**

The facilities for the management of the Opportunistic Infections are provided at Goa Medical College at tertiary level and two District Hospitals at Secondary level. The Goa State AIDS Control Society supports all the activities undertaken by Goa Medical College and the hospitals under Directorate of Health Services for OI management. There is absolute co-ordination between the National TB Control Programme, TB and Chest Disease Hospital and Goa State AIDS Control Society when it comes to management of TB-HIV co-infections. Monthly meetings of Goa SACS and Goa State TB Control Society are conducted for proper co-ordination and management of data.

#### **xi) Post Exposure Prophylaxis (PEP)**

The Goa State AIDS Control Society ensures that the Post Exposure Prophylaxis (PEP) is made available at all the Government hospitals/ health centres. The Health units are either provided finance to procure the drugs or the drugs are supplied to them. Training sessions and Continuing Medical Education programme are conducted for Government as well as private sector medical professionals and others.

#### **xii) Workplace Intervention**

For strengthening the world of work response to HIV/ AIDS both in the formal and informal sectors a comprehensive work plan has been drawn in close collaboration with the International Labour Organization, New Delhi and is being implemented w.e.f December 2004 in Goa. Goa SACS is working in collaboration with Goa Chamber of Commerce and Industries in this regard. In all, eleven industrial organizations have taken the initiatives for the intervention.

#### **xiii) Training**

Regular training programmes on HIV/AIDS/STD are being organized for doctors and other para medical staff by Goa SACS. Goa SACS also organized regular capacity building trainings for NGO staff.

#### **xiv) CD4/ CD8 blood count facility**

For management of HIV/ AIDS patients, CD4/ CD8 count facility was established at Goa Medical College in July 2001. With the setting up of ART Centre at Goa Medical College, on an average 6 to 8 patients are screened per day for CD4/ CD8 blood count to verify and assess the immune status of a HIV patient. It is proposed to have additional CD4/CD8 testing facilities in Goa keeping in view the expansion plan of the ART Centre and also increasing number of patients on ART.

#### **xv) TB / HIV Collaborative activities**

As per NACO Sentinel Surveillance report of the year 2006, the prevalence of HIV infection is estimated to be 0.36% of the population, which translates to 2.3 million people living with HIV/AIDS in India. Tuberculosis (TB) continues to be a public health challenge in India and it is estimated that 1.9 million cases of TB occur in India annually. Active TB diseases is the commonest opportunistic infection amongst HIV infected individuals, A low cost and high quality cure for TB is provided under the Revised National Tuberculosis Control Programme (RNTCP) which implements the DOTs strategy of treatment for TB nationwide. Standard short-course anti-TB regimens have been shown to be effective in TB patients with or without HIV infection, In Goa, it is estimated that about 3,400 TB patients are detected annually of which 70% cases are to be tested for HIV infection. i.e., about 2,380 cases. Assuming that 5% of TB patients are HIV positive, it works out to be about 119 patients annually co-infected with TB/HIV. TB HIV cross-referral activities are being carried out with the involvements of DMCs and ICTCs.

TB/HIV collaborative activities were started in the year 2001 in the six high prevalence States and from 2007-08 the same has been extended to the entire country. Goa is being identified as one of the 9 high sero-prevalence states and brought under the Intensified TB Package of Services.

**Objectivities of TB /HIV Collaborative Activities:**

1. To establish mechanisms for Co-ordination between RNTCP & Goa SACS at State and District levels.
2. To decrease morbidity and mortality due to tuberculosis among Persons Living with HIV/AIDS.
3. To decrease the impact of HIV in tuberculosis patients and provide access to HIV related care and support to HIV infected TB patients

**Key activities identified under TB/HIV Co-ordination to be carried out:**

1. Formation of State Co-ordination Committee and State Technical Working Group (STWG): State Co-ordination Committee and State Technical Working Group (STWG) have already been constituted for better co-ordination and proper implementation among the various functionaries.
2. Services delivery co-ordination and cross – referrals through training of the programme officials and the field staffs and establishment of linkage between services delivery sites of GSCAS in ART Centers, ICTCs, Care & Support Centers and RNTCP diagnostic and treatment services.
3. Involvement of NGOs working in under GSACS and RNTCP in TB /HIV
4. Operational Research to improve the implementation of TB/HIV Collaborative activities.
5. Implementation of feasible and effective infection control measures.

**The service delivery that is to be carried out**

1. Training of Programme Officials and field staff in TB/HIV.
2. Intensified TB Cases finding at ICTCs, ART, Care & Support Centers.
3. Routine Referrals of all TB patients for voluntary HIV Counseling and Testing.
4. Referrals of HIV infected TB patients to NACP for additional Care & Support including ART.
5. Provision of Co-Trimoxazole Preventative Therapy (CPT) to HIV infected TB patients
6. Expanded recording and reporting.
7. IEC activities on RNTCP

### **xvi) Inter sectoral Collaboration/Mainstreaming**

HIV/ AIDS epidemic is not a health problem alone but every facet of human life is affected. It is, therefore, imperative for every sector of the society, Government, non-governmental organizations, business, industry, leaders, policy makers and media to be actively involved in the AIDS control programme. Goa State AIDS Control Society has adopted a policy of involving the various sections by effective networking and advocacy. Goa State AIDS Control Society has intersectoral collaboration with different departments such as Health, Panchayati Raj Institutions, Education, Social Welfare, Women and Child Development, Labour, Youth Affairs, Industries, etc. The overall goal of collaboration is to catalyze an expanded response towards the HIV/ AIDS epidemic in order to improve prevention and care, reduce people's vulnerability to HIV and alleviate the devastating social and economic impact of this epidemic.

### **xvii) School AIDS Education Program (SAEP)**

Adolescence Education program has been initiated through the Education Department where safe sex education with health related information and life skill education will be provided. Under the School AIDS Education program, about 462 schools have been covered.

### **xviii) Red Ribbon Club (RRC)**

Red Ribbon Club is a voluntary on campus intervention for youth. This scheme was started in 2007 and plans to cover 60% of the campuses in the State, through multi-sectoral collaboration with Education Dept., Indian Red Cross, NSS and Directorate of Sports and Youth Affairs. Upto June 2012, 100 Red Ribbon Clubs (RRCs) have been established in Educational Institutions to provide correct information on HIV/AIDS, prevention, care, support and treatment and ensure voluntary blood donation among youth in the age group of 15-29.

## **xix) Condom Promotion**

**1. Free Supply:** Condom promotion strategies will aim to position condoms for dual benefits of Prevention of STD including HIV and prevention of unwanted pregnancies. Communication messages towards normalization of condom will be developed and disseminated to the population using varieties of media vehicles. The TI sites will have mid-media activities like street plays and condom demonstrations to ensure correct and consistent use of condoms. Under free supply, condoms are being distributed to target populations through NGOs. Goa SACS has already provided condom outlet boxes to TI NGOs and due to increase in the area of TIs additional outlet boxes are being provided to the NGOs.

**2. Social Marketing:** NACO has tied up with Population Health Services of India (PHSI) for Social Marketing of Condoms under which, 1290 non traditional and 409 traditional outlets have been established.

## SERVICES/ FACILITIES FOR PREVENTION /CONTROL OF HIV/AIDS IN GOA

- ⌘ **Toll free AIDS helpline 1097:** For information on HIV/ AIDS/ STDs, services available and other related issues an Interactive Voice Record System (IVRS) is available round the clock on all week days and telephone counseling during working hours.
- ⌘ **Integrated Counseling and Testing Centres at:**
  - Goa Medical College, Bambolim
  - Tuberculosis and Chest Diseases Hospital, St. Inez, Panaji
  - Hospicio Hospital, Margao
  - District Hospital, Mapusa
  - Cottage Hospital, Chicalim
  - CHCs at Canacona, Curchorem, Pernem and Valpoi
  - Central Hospital, Tisk Usgao, Ponda-Goa and PHC Candolim.
- ⌘ **CD4/ CD8 cell count facility** at Goa Medical College (Dept. of Microbiology), Bambolim for management of HIV/ AIDS patients.
- ⌘ **Sexually Transmitted Diseases/ Infections related services at:**
  - STD clinic, Baina, Vasco
  - STD clinic, Hospicio Hospital, Margao
  - STD clinic, District Hospital, Mapusa
  - Skin and V.D. Dept., Goa Medical College
  - All Health Centers under Directorate of Health Services
- ⌘ **Free drugs for treatment of Opportunistic Infections** in HIV/ AIDS patients in District Hospital (Asilo), Mapusa; Hospicio Hospital, Margao; Goa Medical College, Bambolim.
- ⌘ **Prevention of Parent-to-Child Transmission of HIV infection during pregnancy:** Programme includes counseling, testing and drug administration at OBG Dept., Goa Medical College, Hospicio Hospital, Margao and District Hospital, Mapusa.
- ⌘ **Early Infant Diagnosis:** As early as six weeks babies of HIV positive mothers can be tested to rule out HIV infection in the babies at below mentioned centers.
  - Goa Medical College, Bambolim
  - District Hospital, Mapusa
  - Hospicio Hospital, Margao
  - Cottage Hospital, Chicalim
- ⌘ **Drop-in Centre for people living with HIV/AIDS at:**
  - Zindagi, F-11, 2<sup>nd</sup> floor, Pai Building, Behind Uma Petrol Pump, Mundvel, Vasco-da-Gama, Goa. 403 802 Ph: 0832-2512938
- ⌘ **Community Care Centres:** Free short stay, check-up, treatment, counseling for People Living with HIV/AIDS at:
  - **EL-Shaddai Community Care Centre**, EL-Shaddai House, Socol Vaddo, Assagao, Bardez.-Goa. Ph: 6513288
  - **ASRO**, Near Holy Cross Church, Cavelossim, Salcete-Goa. Ph: 2871745
- ⌘ **Antiretroviral Treatment Centre** at Goa Medical College (Opp. Paediatric OPD). Free antiretroviral drugs are provided for full blown AIDS cases and Children aged 1-15 year affected with HIV.
- ⌘ **Link ART Centres at:** District Hospital, Mapusa and Hospicio Hospital, Margao.
- ⌘ **Provision of free Post Exposure Prophylaxis (PEP)** in case of exposure to potentially infectious fluids in Health care workers in Government Institutions.



*The battle against HIV/AIDS in  
India has entered a crucial phase.  
And the stakes are high. From  
Political leadership to civil society  
Activists, from grassroot level  
CBOs to industrial conglomerates,  
From the Central & State  
Government organizations and  
International agencies to local self  
Government institutions - it is clear  
That the entire society is entering  
An intense phase of HIV/AIDS  
Related activity. And the resolve is  
Clear. We shall defeat HIV/AIDS!*