

# CITIZENS' CHARTER



## GOA STATE **AIDS** CONTROL SOCIETY

1<sup>st</sup> Floor, Dayanand Smruti Building,  
Swami Vivekanand Road,  
Panaji, Goa.403 001

Ph: 2427286/2422519/2421381

Website: [www.goasacs.nic.in](http://www.goasacs.nic.in)

Email: [goaids@gmail.com](mailto:goaids@gmail.com)

[projdir-gsacs.goa@nic.in](mailto:projdir-gsacs.goa@nic.in)

*(Updated on 06.06.2022)*

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

|  |     |                  |
|--|-----|------------------|
| 1) Chief Secretary                     | --- | Chairman         |
| 2) Secretary, Health                   | --- | Vice-Chairman    |
| 3) Commissioner Finance                | --- | Member           |
| 4) Secretary, Planning                 | --- | Member           |
| 5) Secretary, Social Welfare           | --- | Member           |
| 6) Secretary, Education                | --- | Member           |
| 7) Secretary, Industry                 | --- | Member           |
| 8) Secretary, Women & 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 & 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. Director, Health Services                     | Vice-Chairman    |
| 3. Dean, Goa Medical College                     | Vice-Chairman    |
| 4. Director, Education                           | Member           |
| 5. Director, Women & Child Welfare               | Member           |
| 6. Joint Secretary, Finance                      | Member           |
| 7. Director, Tourism                             | Member           |
| 8. NSS Coordinator, Goa University               | Member           |
| 9. Director, Social Welfare                      | Member           |
| 10. Representative, 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           | Chairperson      |
| 2) Mr. Jaganath Parsekar       | Member           |
| 3) Dean, Goa Medical College   | Member           |
| 4) Adv. Vidya Shet             | Member           |
| 5) Dr. Wisemen Pinto           | Member           |
| 6) Director of 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 of 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. Assistant Director (TI)                           | Member           |
| 11. One Representative from<br>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, Chairman of Core Committee,<br>Goa SACS               | Vice-Chairperson |
| 3. Director of Health Services  | Member           |
| 4. Dean, Goa Medical College  | Member           |
| 5. Nodal Officer of the ART Centre/ HOD, Medicine,<br>GMC, Bambolim Goa     | Member           |
| 6. Senior Medical Officer, ART centre, Goa Medical<br>College, Bambolim Goa | Member           |
| 7. Representative from National AIDS Control<br>Organization                | Member           |
| 8. Representative from CSC( Zindagi Goa)                                    | Member           |
| 9. Project Director, Goa SACS   | Member Secretary |

## **Goa State Blood Transfusion Council**

|   |                  |
|---|------------------|
| 1. Pr. Secretary (Health)                     | Chairperson      |
| 2. Director, Directorate of Health Services   | Vice-Chairperson |
| 3. Dean, Goa Medical College                  | Member           |
| 4. Director of Food & Drugs Administration    | Member           |
| 5. Joint Secretary (Finance), Govt. 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. Assistant Director (VBD), Goa SACS         | Member           |
| 10. Project Director, Goa SACS                | Member           |

### **Additional Members**

1. Dy. Director cum Medical Superintendent  
Hospicio Hospital, Margao
2. Dy. Director cum Medical
3. Superintendent District Hospital, Mapusa
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. NSS Coordinator-Goa University
9. NCC Coordinator
10. Representative of
  - 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.
4. In-charge Blood Bank, Victor Hospital, Margao.
5. In-charge Blood Bank, Manipal Hospital, Panaji.

## **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<br>nominated by Secretary (Health)) | Member           |
| 6. Procurement Officer, Goa SACS  | Member Secretary |



## **The State Data Management Committee of Goa State AIDS Control Society**

|                               |   |
|-------------------------------|---|
| 1. Project Director           | Chairperson                                 |
| 2. M&E Officer                | Member Secretary                            |
| 3. Assistant Director (IEC)   | Member Secretary                            |
| 4. Assistant Director (TI)    | Member Secretary                            |
| 5. Assistant Director (Doc)   | Member Secretary                            |
| 6. Assistant Director (Youth) | Member Secretary                            |
| 7. Assistant Director (VBD)   | Member Secretary                            |
| 8. Assistant Director (ICTC)  | Member Secretary                            |
| 9. Assistant Director (SPM)   | Member Secretary                            |
| 10. Assistant Director (CST)  | Member Secretary                            |
| 11. Subject Expert            | Department of Planning &<br>Statistics, Goa |



## **Goa State AIDS Control Society**

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

HIV/AIDS epidemic in Goa is nearly 36 years old. In 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 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 (GSACS) 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) 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 will no doubt build 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 organisation 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 is to make HIV/ AIDS everybody's responsibility and move towards the goal - to stabilise HIV prevention – zero new HIV infection.

**Some of the features envisaged in the NACP III would be:**

By 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.
- Decentralisation 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 to be set up at
- The state level & M & E units 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**

NACP – IV (2012-2017)

National AIDS Control Programme Phase III (NACP III) was launched in July 2007 with the goal of Halting and Reversing the Epidemic by the end of project period in mid 2012. The National AIDS Control Organization (NACO) has initiated the process to start the next phase of the program. The program will build on the successes of the robust NACP III and ensure completion of the reversal of the epidemic through enhanced prevention linked with care support and treatment.

The NACP III strategy and implementation plan was developed based on the synthesis of evidence with wide range of consultations with government departments, civil society, public and private sector partners, NGOs, PLHA networks. The entire process was a home grown yet world class program that was appreciated by the global community.

Program reviews indicate that most of the targets set for NACP III was achieved by mid 2012 in terms of scale-up of coverage of HRG, safe blood supply, testing services, scale-up of ART and various interventions with community ownership and following principles such as GIPA. However, consolidating the gains and ensuring quality and coverage will require attention in the next few years.

The process to develop the plan for the next phase of the programme is being initiated. The next phase will continue to be inclusive and focused on marginalised, weaker sections and hard-to-reach population. NACP has explored various approaches towards this. NACP IV will continue to provide care, support and treatment to all eligible population along with focused prevention services for the high-risk groups and vulnerable populations.

The NACP IV planning is adopting the inclusive, participatory and widely consultative approach similar to that of NACP III and is further strengthening on the globally acclaimed and successful planning efforts of NACP III. The process will essentially involve a wide range of consultations with a large number of

partners including government departments, development partners, non-governmental organizations, civil society, representatives of people living with HIV, positive networks and experts in various subjects. NACP IV development will use specific mechanisms and follow a structured process.

### **Goals & Objectives**

**Objective 1:** Reduce new infections by 50% (2007 Baseline of NACP III)

**Objective 2:** Comprehensive care, support and treatment to all persons living with HIV/AIDS

### **NACP Phase-V (2021-26)**

NACP Phase-V is a Central Sector Scheme, fully funded by the Government of India, The NACP Phase-V aims to reduce annual new HIV infections and AIDS-related mortalities by 80% by 2025-26 from the baseline value of 2010. The NACP Phase-V also aims to attain dual elimination of vertical transmission, elimination of HIV/AIDS related stigma while promoting universal access to quality STI/RTI services to at-risk and vulnerable populations.

**The specific objectives of the NACP Phase-V are as below:**

#### **a. HIV/AIDS prevention and control**

- i. 95% of people who are most at risk of acquiring HIV infection use comprehensive prevention
- ii. 95% of HIV positive know their status, 95% of those who know their status are on treatment and 95% of those who are on treatment have suppressed viral load
- iii. 95% of pregnant and breastfeeding women living with HIV have suppressed viral load towards attainment of elimination of vertical transmission of HIV
- iv. Less than 10% of people living with HIV and key populations experience stigma and discrimination

#### **b. STI/RTI prevention and control**

- i. Universal access to quality STI/RTI services to at-risk and vulnerable populations
- ii. Attainment of elimination of vertical transmission of syphilis

Under NACP Phase-V, while the existing interventions will be sustained, optimized, and augmented; newer strategies will be adopted, piloted, and scaled-up under the programme to respond to the geographic and community specific needs and priorities. The HIV and AIDS (Prevention and Control) Act, 2017 will continue to be the cornerstone of the national response to HIV and STI epidemic in NACP Phase-V. The Act will be the enabling framework to break down barriers driving delivery of a comprehensive package of services in an ecosystem free of stigma and discrimination.

### **Guiding Principles of NACP Phase-V (2021-26)**

Eight guiding principles will be central to strategies and activities to attain the specific targets.

1. Keep beneficiary and community in center
2. Break the silos, build synergies
3. Augment strategic information-driven planning, implementation, monitoring, and mid-course corrections
4. Prioritize and optimize through high-impact programme management and review
5. Leverage technology and innovation as critical enablers
6. Enhance and harness partnership
7. Integrate gender-sensitive response
8. Continue fostering technical arrangements and institutions

### **Collaboration with public and private sectors**

NACP Phase-V will build upon the systematized convergence with the existing schemes of Central Government including synergy with National health programme, related line Ministries as well as State Governments through mainstreaming and partnership extending the reach of various HIV related services in a cost-neutral way. The collaboration framework of NACP Phase-V includes continued strategic engagement with private sector.

For the control and prevention of HIV/AIDS in Goa, GSACS over the last 17 years has initiated various measures and has also developed certain infrastructure facilities/ services, which are listed below:

## **I. Blood Safety**

At the State-level, the respective State Blood Transfusion Council (SBTC) and SACSs are responsible for the smooth functioning of blood transfusion services. As blood and blood products are considered as drugs, the Central Drugs Standard Control Organization (CDSCO) and State Food and Drug Administration play a vital role in key aspects such as approval of licenses, and enforcement of standard transfusion practices to ensure safe, quality and efficacious blood and blood components in clinical practices. National Health Mission (NHM) has also been supporting the strengthening of the health care delivery system including Blood Centers/ blood storage centers in district hospitals and below.

- All the blood centers under the State Government 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 blood centers by Goa State AIDS Control Society and Directorate of Health Services.
- 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 64 % in 2021.



- Regular blood donors and organizations/ Institutions who organize blood donation camps on a regular basis were felicitated by the Goa State Blood Transfusion Council at the State level functions on National Voluntary Blood Donation Day i.e. 1<sup>st</sup> October and 14<sup>th</sup> June, World Blood Donors Day in recognition of their contribution.
- Replacement donors are being motivated to become regular voluntary donors.
- Sustained awareness campaigns to educate and motivate people to donate blood voluntarily using various media are being undertaken.
- A Blood Component Separation Unit (BCSU) has been set up at North Goa District Hospital, Goa Medical College and Manipal Hospital, Panaji for proper and optimal clinical use of blood for transfusion. The BCSU also helps to improve availability of adequate blood components and their use instead of whole blood.

### **Blood Safety Programme in NACP-IV**

Although Blood Safety is currently an integral component of NACP, it has been recommended by the Working Group to change the nomenclature from Blood Safety to Blood Transfusion Service, in view of the expanded scope with inclusion of other elements of Blood Transfusion Services. Further, in view of the changing role of this component, till the time, it is recognized as a separate programme under Department of AIDS Control, it will continue to be reflected under NACP - IV.

### **e-Raktkosh**

e-RaktKosh enforces Drug & Cosmetic Act, National blood policy standards and guidelines ensuring proper collection & donation, effective management and monitoring the quality and quantity of the donated blood. Considering the national roll out, e-RaktKosh has been developed with modular and scalable approach with configurable rule-based architecture allowing customization to easily incorporate specific requirements from nationwide stakeholders.

### **e-RaktKosh has six major components for management of the blood donation life cycle:**

- The bio metric Donor Management System for identifying, tracking and blocking donors based on donor's health, donation history etc.
- It provides features such as blood grouping, TTI screening, antibody screening, component preparation etc. as per the defined processes and rules.

- A centralized Blood Inventory Management System for keeping track of the blood stock across numerous blood banks.
- Bio-Medical Waste Management System for disposal of discarded blood and other waste generated during this process.
- Generation of rare blood group donor registries and the generation of regular repeat donors
- Alert and Notification System

### **i) 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 Designated STI/RTI clinics (DSRC's) in Goa are in the Department of Skin and V.D., Goa Medical College; Hospicio Hospital, Margao; North Goa District Hospital, Mapusa and STD Clinic at Sub District Hospital, Chicalim have been strengthened by providing technical support and required essential .
- Adequate and comprehensive case management including diagnosis, treatment, individual counseling, partner notification, provision of condoms, etc. Is provided at the DSRC's.
- Orientation trainings for all the medical and paramedical workers engaged in providing STD/ RTI services through syndromic approach have been organized. Doctors (including private practitioners) have been trained in STD case management through syndromic approach i.e. management of

STDs based on specific symptoms and not dependent on laboratory investigations.

- 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 is also an important component under the program.
- Early diagnosis and treatment of mostly asymptomatic infections through case finding and screening.
- Special emphasis has been made on early detection and prompt treatment of STDs among High-risk groups such as FSW, MSM, migrant labourers, 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 awareness and 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.
- Sensitization of community about the problems related to RTIs/ STD through regular IEC activities including awareness through mass media.
- In order to provide better services to the community through NGOs, 16 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 (TI)**

Since particular groups of people such as Female sex workers, Men having Sex with Men, Injecting Drug Users, Long Distance truckers, tourism related workers, 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 Oct. 1999 who are being funded by Goa State AIDS Control Society. During the year 2022-23, in all 15 TI projects namely Six for Female Sex Workers ( FSW), three for Men having sex with Men (MSM), One Injecting Drug Users (IDU), Two for long distance Truckers, Two for Migrants and one for 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.

### **Employer Led Model (ELM)**

To accelerate the process of reversal of HIV/AIDS epidemic and to further strengthened the epidemic response in the country Employer Led Model has been initiated to work with informal workers employed in the Industries.

### **Opioid Substitution Treatment (OST) Centre**

One OST centre is operating in North Goa District Hospital, Mapusa which provides Opioid Substitution treatment to Injecting Drug Users in order to assist the Drug Users to shift from injecting drugs to oral drugs.

### **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 Dist. Hospitals, one centre each at two Sub District Hospital, Ponda and Chicalim, Vasco and Five in CHCs at Valpoi, Pernem, Bicholim Curchorem & Canacona. PHC Candolim and TB & Chest Disease Hospital, St. Inez, Panaji-Goa. At present, on an average about 4000 blood samples are screened per month. From 2007, the VCTCs have been changed to ICTCs. Integrated because it caters to both pregnant and direct walk in-clients.

The staffs available at ICTCs i.e. a Counselor and a Lab Technician is trained and reorientation given at regular intervals to keep them updated and improve quality of services given to public.

### **Facility Integrated Counselling and Testing Centres**

Twenty four 24 x 7 hrs PHCs which offer counselling and testing services (FICTC) along with other services have been established. Existing staff such as the auxiliary nurse, midwife, (ANM)/staff nurse/health visitor/laboratory technician (LT)/pharmacist undertake HIV counselling and testing.

### **Facility Integrated Counselling and Testing Centres under Public Private Partnership**

Under the PPP model, twelve private nursing homes have consented to be the partners in this scheme. Goa SACS provides logistic support like HIV test kits

and disposable delivery kits. Technical support in terms of capacity building, regular monitoring and evaluation is also being provided.

#### **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 0.25 %to 0.08% during the period from 2012 to 2019 .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, North Goa District Hospital (Asilo) , Mapusa and Sub District Hospital, Ponda. 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. As per new guidelines from NACO, Multi Drug Regimen (MDR) has been implemented for positive mothers and their babies. All the positive pregnant women are started on the ART Regime.

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. This Cotrimoxazole helps the infant to stay healthy and is given once a day till HIV infection can be reliably ruled out.

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

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 will be made available shortly. This test will be done in infants from 6 wks to 18 months through the PPTCTs at GMC, North Goa District Hospital (Asilo), Hospicio Hospital, Sub District Hospital, Ponda and Sub District Hospital, Chicalim. Syrup Nevirapine is given to babies born to HIV positive mothers. If in case infants are detected positive under EID programme then initiation of paediatric ART for the baby through ART center as per ART guidelines mothers Goa SACS is partnering with SAATHI (NGO) in order to track Positive pregnant women, bringing back LFU cases back to system through outreach activities and home visits.

#### **vii) Community based testing**

Increase Community based testing for improving early diagnosis of key population to achieve of 90-90-90 target (1<sup>st</sup> 90 % - of all people living with HIV know their status, 2<sup>nd</sup> 90% - of all people with diagnosed infection receive sustained Antiretroviral Therapy and 3<sup>rd</sup> 90% - of all receiving Antiretroviral Therapy are virally suppressed).

#### **viii) Index Partner Notification**

A new approach directed by NACO in order to identify new cases is called as Index Partner Notification. It has been an important public health approach in infectious disease management in several programmes including STIs and TB. The sexual partners and drug injecting partners of people diagnosed with HIV infections have an increased probability of also being HIV positive.

Index partner notification services is a voluntary case-finding approach that focuses on eliciting the sexual and/or needle sharing partners and biological children of

consenting HIV-positive individuals and offering them HIV Counseling and testing services (HCTS).

The goal of index testing is to break the chain of HIV transmission by offering HIV Counseling and Testing Services to persons who have been exposed to HIV and linking them to HIV care and treatment, if positive or Prevention services (e.g. N/S & condom distribution), if negative

#### **ix). LAB SERVICES**

Universal and routine access to quality assured HIV related laboratory services are made available through the activities of Laboratory Services Division. Now work related to laboratory services are not confined to HIV testing only, but are overarching and have an impact on other interventions included under prevention, care, support and treatment, STI management, blood safety, procurement and supply chain management. Emphasis on quality assured laboratory service delivery is important for success of NACP

To ensure quality of HIV testing under the NACP, NACO has an External Quality Assessment Programme administered to all HIV testing laboratories. The HIV testing laboratories are arranged in a tiered manner with apex laboratory (NARI, Pun) at the very top. 13 National Reference Laboratories (NRLs) and 117 State Reference Laboratories (SRLs) form the two subsequent tiers of the laboratory framework and are involved in supervision of testing in all peripheral testing centers (ICTCs).

The testing activities of 272 CD4 testing laboratories, 6 laboratories for testing under EID Programme and 10 Viral Load Testing Laboratories under the NACO umbrella are supervised by the Laboratory Services Division

Goa SACS is having State Reference Laboratory based in Goa Medical College, Bambolim.

#### **Activities of SRL include:**

- To supervise and monitor the laboratory technicians for quality testing
- To participate in the external quality assessment scheme under NACP



- To undertake proficiency testing (PT) on the panel provided to them twice a year as per the EQAS calendar. To send the report of the PT panel within 1 week of receipt to the concerned NRL. To test and re- aliquot the PT panel (4 members) to be sent to ICTC
- To follow up by bi-annual workshops (1-2 day duration as required) regarding errors in PT or inter laboratory discordance with concerned technicians.
- To retest 20% positive and 5% negative samples received from ICTCs (of specimens received by ICTCs in the first 7 days of January, April, July and October).
- Training of laboratory personnel.

State Reference Laboratory (SRL), along ICTC 1 and 2, HIV Testing and Counselling Centres, Microbiology Department, Goa Medical College has been assessed and accredited in accordance with the standard **ISO 15189: 2012** by NABL (National Accreditation Board for testing and calibration Laboratories) on 15<sup>th</sup> December 2021.

#### **ix) 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 behaviour 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, ICTC services, Youth and mainstreaming 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, behavioural 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 behaviour 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.
- Hoardings with messages on HIV/ AIDS displayed at prominent places.
- Video spots /Audio spot awareness promos on HIV/ AIDS through local TV cable and AIR
- Folk media activities were organized for general public through TI NGO, Anganwadi workers and Health Sector.
- Televisions installed in and out-patient departments of GMC for screening of spots on HIV/AIDS during the OPD hours.
- Handbills and pamphlets on STD, Blood safety and HIV/AIDS produced in different languages.
- District and State Level Quiz Competition for Colleges in Goa was organised by Goa SACS.
- LED display put up in Hospitals of Two District of Goa containing Services of Goa SACS
- Exhibition stall is given to NGO for displaying the messages of HIV/AIDS and Counselling of public.
- Posters on STDs/ HIV/ AIDS/ Blood Safety/ Post Exposure Prophylaxis, etc. are produced and distributed to all the hospitals, Health Centres, NGOs, etc.
- Hand Sanitizers containing messages on HIV/AIDS were distributed to mainstreaming sector.
- World AIDS Day fortnight is observed on 1<sup>st</sup> December at State level and all the Primary Health Centres as also by the NGOs every year, other important day like World Blood Donor Day, National Youth Day are regularly observed. Goa was the venue for the National event on International Youth Day.
- 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.

- Rangoli, competition for Industries workers and street play competition for Anganwadi workers were organised during World AIDS Day.
- Slogan competition for industrial workers was organised on HIV/AIDS.
- Short films and street play competition were organised for colleges on topic of HIV/AIDS
- Informative sessions/ open forum on HIV/ AIDS/ STDs are organized for industrial workers, police departments, Department of Panchayat , Postal staff, School for special children, 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 and the website has been made active with regular updates, the e-bulletin has been started and all resource of Goa SACS have been uploaded on the at HIV resource site which is linked to Goa SACS website
- Awareness messages on HIV/AIDS and service provided by Goa SACS are displayed on panel of KTC buses, Bus stops and hoarding.
- HIV /AIDS Situation and Response were released on the eve of World AIDS Day.
- State Level GIPA Convention was held with tremendous show of solidarity toward PLHIVs from the political state leadership. Information was given various social security schemes and treatment literacy to the PLHIVs
- Legislative forum was held with good commitment for elected legislators.
- State level consultation was held with various line departments for Transgender population in Goa.

#### **B: Awareness in educational institutions**

- Talks on HIV/AIDS given by the Health Officers/ Medical Officers in schools and colleges in their jurisdiction.
- Sensitization workshop was organised for officials of Directorate of Secondary and Higher Secondary Education.
- 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 the GSACS and GMC answer the questions asked by the students anonymously.
- A booklet on sexuality and other related issues based on the frequently asked questions by the students has been prepared, which will address the myths and misconceptions that youth have.
- Virtual District Quiz and State Quiz Competition was held which has an overwhelming participation of 28 colleges. The competition was conducted to actively involve and engage College Student Members from the Red Ribbon Clubs to create awareness on topics HIV/ AIDS, Adolescent Health, Mental Health, Covid-19, Co-morbidities and any other public health threat etc. and encourage them to discuss these issues through this mode.
- In 2022, India will commemorate 75 years of Independence. A campaign has been initiated by the Govt. of India across all sectors to establish a concept of **NewIndia@75**, with efficient, transparent and accountable governance. Hence National AIDS Control Organization (NACO) through Goa SACS has developed a plan for virtual launch of awareness campaigns on HIV, Tuberculosis & Blood Donation engaging adolescents and youth of select schools & HSS in Goa in conducting various activities in Red ribbon Clubs. In Phase 1, 2 & 3 we had the Poster Competition for School students, Half Day HIV/ AIDS Workshop for RRC Nodal Teachers and Students, Reels Competition, Street play Competition, Face painting, Mask Making Competition, Short Film Competition, One Minute Video Competition, Group discussions in schools on the above three awareness topics.

To catalyze an expanded response towards HIV/ AIDS epidemic, Goa SACS has intersectoral collaboration with all the Govt. Depts., NGOs, industries, political leaders, etc. by networking and advocacy

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 harboured 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 the Directorate of Education.
- Extending “Disha 2000” programme to all Educational Institutions.

In the absence of a vaccine or a cure, prevention is the most effective strategy for the control of HIV/ AIDS. IEC is a process that informs, motivates and helps people to adopt and maintain healthy practices and life skills. 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.

**x) Social Security Scheme for People Living with HIV/AIDS PLHIVs**

Government of Goa has extended a benefit of financial assistance of Rs2000 a month under Dayanand Social Security Scheme (DSSS) through Directorate of Social Welfare, extending 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 extending 100 % travel concession to PLHAs for travelling by KTCL buses. Additional assistance of dry Ration to PLHIV's and their family were also provided during Covid-19 Pandemic from Directorate of Civil Supplies.

#### **xi) 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 Government departments such as Health, Education, Social Welfare, Women and Child Development, Labour, Youth Affairs, Tribal Welfare and Private sector like 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 impact. Inter departmental meeting was held with Six departments for collective efforts on HIV/AIDS, appointment of complain officers and to open existing platform on IEC material on HIV/AIDS.

#### **xii) Adolescence Education Program (AEP)**

Adolescence Education Program has been initiated through SCERT, Porvorim where Sexual Health Education and Life Skill Education is imparted. During the financial year 2021-22, second One Day Online Live Adolescence Education Training Program in collaboration with State Council for Educational Training and Research (SCERT), Porvorim for 2 Nodal Teachers from 205 schools in 4 batches across Goa was organized. The resource persons who conducted the AEP sessions were faculty doctors from Dept. of Preventive and Social Medicine, Pediatrics & Skin and VD from Goa Medical College, Bambolim

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

Red Ribbon club is a voluntary on campus intervention for youth. These programs were started in 2007 and have established RRC in colleges across the state, through multi-sectoral collaboration with Educations Dept., Indian Red Cross, NSS and Department of Youth and Sports Affairs. Till date March 2022, 166 Red Ribbon Clubs (RRCs) have been established in Educational Institutions to provide correct



information of HIV/AIDs, prevention, care, support and treatment and ensure voluntary blood donation among youth in the age group of 15-29.

#### **xiv) Condom Promotion**

Condom promotion strategies 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 Targetted Intervention (TI) sites will have mid-media activities like street plays and condom demonstrations to ensure correct and consistent use of condoms.

#### **xv) Social Media Campaign.**

Goa SACS has Social Media presence in Facebook, Instagram and Tweeter which have been started recognising the necessity for better outreach for target population specially youth

#### **xvi) Care Support Services for HIV positive people**

- Antiretroviral Therapy (ART) PlusCentre
- Anti Retroviral Therapy(ART) Centre
- One Link ART Centres Plus(LAC+)
- Two Link ART Centres (LAC)
- Care Support Centre(CSC)
- Anti-Retroviral Therapy
- Management of Opportunistic Infections(OIs)
- Post Exposure Prophylaxis(PEP)
  
- **Anti Retroviral Therapy (ART) Plus Centre**

Free Anti retroviral drugs are being provided at the ART Centre, Goa Medical College since April 2005. Earlier, the beneficiaries comprised of symptomatic patients with CD4 count of less than 200 which was then increased to CD4 count of less than 500. Recently Government of India launched a new Strategy i.e. “Test and Treat Strategy”. According to this strategy as soon as any person is diagnosed with HIV he/she is put on

ART. All the patients attending ART centre are screened for Opportunistic Infections like TB, Herpes Zoster, PCP etc and all HIV/TB co-infected patients are started on ART irrespective of their CD4 count. Existing ART center has been upgraded to ART Centre Plus with availability of alternate 1st line and 2nd line treatment. State AIDS Clinical Expert Panel (SACEP) meets every week to screen resistant cases. All HIV positive pregnant/breastfeeding women are initiated on lifelong ART as per guidelines and all HIV exposed babies are screened and tested as per guidelines.

The SACEP panel is also active inter-state where in consultation of the patients with 2<sup>nd</sup> line failure is done through telemedicine. Experts from the Institutes notified by NACO as the Centre of Excellence for the state provide consultation to the patients.

The ART Centre staff comprises of the team which is headed by a Senior Medical officer, a medical officer, counsellors, data managers, staff nurse, pharmacist and lab technician.

- **Anti Retroviral Therapy (ART)**

Facility Integrated Anti Retroviral Therapy (FI ART) Centre at Hospicio Hospital, Margao has been upgraded to ART Centre in November 2019. This Centre provides CD4 sample collection and viral load sample collection facilities to the patients along with regular referrals to TB services and treatment of opportunistic infections. The routine laboratory investigations are aided through the facilities of the South Goa District Hospital-Margao

The ART Centre staff comprises of the team which is headed by a Senior Medical officer, a medical officer, counsellors, data managers, staff nurse, pharmacist and lab technician.

- **Link ART Centres Plus (LAC+)**

The existing Link ART Centres at North Goa District Hospital (Asilo), Mapusa as been upgraded to Link ART Centre Plus wherein facility for collection of CD4 samples and ART drugs are made available for PLHIVs.

- **Link ART Centres (LACs)**

Two Link ART Centres have been established at Cottage Hospital, Chicalim and Sub District Hospital, Ponda for the convenience of PLHIVs wherein ART drugs are made available so that patients staying in these talukas can have access to ART facilities close to their place of residence.

- **Care Support Centre (CSC)**

A Care Support Centre (CSC) “**Zindagi**” has been set up in the state for establishing the linkages of PLHIVs with various service providers like social welfare and to assist the ART Centre in tracking the missing /lost to follow-up patients. They also provide the necessary care and support required by the PLHIV to fight against stigma and discrimination in the society. The services of CSC were vital during COVID-19 pandemic for uninterrupted supply of medicines to the patients while the state was under lockdown.

- **Management of Opportunistic Infections (OIs)**

The facilities for the management of the Opportunistic Infections are provided by GSACS as well as by Goa Medical College &Hospital at tertiary level and two District Hospitals at secondary level. The Goa SACS supports all the activities undertaken by Goa Medical College Hospital 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 Diseases Hospital and Goa SACS when it comes to management of TB- HIV co-infections.

HIV Positive patients after regular screening for TB on their every visit to the LAC Plus/LAC/ART Centres , are referred to the National TB Control

Programme for testing and further management.

- **Post Exposure Prophylaxis (PEP)**

Goa SACS conducts training sessions and Continuing Medical Education (CME) programmes for Government as well as private sector medical professionals and others in Universal Work Precaution and Post Exposure Prophylaxis (PEP). Manual of PEP guidelines are provided to the participants during the training programme. Health Care Providers working in GMC having exposure receive PEP from ART Centre, Goa Medical College Hospital and for those under Directorate of Health Services, provision is made at the nearest LAC/LAC Plus or ART Centre. GSACS makes sure that all the Primary Health Centres/ Community Health Centres/ Sub-District Hospitals/ District Hospitals have one month PEP available at their emergency medicine departments/ casualty.

- **Viral Load testing Lab.**

Viral load testing facilities also made available wherein blood samples of the patients showing signs of treatment failure is collected at Goa Medical College, Bambolim and are tested by outsourced testing Lab.

- **CD4 Count Facility**

For management of HIV/ AIDS patients, CD4 count facility has been established at Goa Medical College since July 2001. With the setting up of ART centre at Goa Medical College on an average 25 to 30 patients are screened per day for CD4 blood count to verify and assess the immune status of a HIV patient.

- **Inter-state Patient Transfers**

Patients willing to relocate to other states due to employment or any other reasons are transferred to the SACS of those particular states on their demand. This helps prevent loss of patients to follow up. Inter-state transfers are done on the system where in all the patient details are shared with the prospective care giving center to aid quick and hassle-free treatment.

- **Supply Chain Management**

Supply chain management is looked after by program officers at GSACS. The supply of testing kits and commodities for ICTC division as well as anti-retroviral therapy medicines for CST division is done by NACO. However, in cases of disrupted supply, the medicines and kits are procured by Goa SACS. The stock levels of all the facilities are monitored at Goa SACS to prevent stock out situation in the state.

**xvii) 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.

**xviii) 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 translated 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 as per estimates 3,415 TB occurred annually of which 70% are to be detected. i.e. about 2,391 cases. Assuming that 5% of TB patients are HIV positive, it works out to be about 120 patients annually co-infected with TB/HIV. TB HIV cross referrals 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 Counselling 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

xix) **Strategic Information Management System (SIMS)**

Strategic Information Management System (SIMS) is Web-based reporting & data management system for monthly aggregated data at national and state levels to focus on strategic planning, monitoring, evaluation, surveillance and research. It is aimed to provide effective tracking and response to HIV epidemic.

The system assigns clear responsibilities to all programme officers and facilitates data flow and feedback at various levels. NACP IV have also document, manage and disseminate evidence and effective utilisation of programmatic and research data. The relevant, measurable and verifiable indicators are identified and used appropriately.

The strategic Information Management Units established at National and State levels would work in close coordination. The broad functions they would perform are –

- Develop state M&E plans and implement M&E activities within state and report to national M&E
- Collect, verify and process data on HIV related activities from all units within state
- Implement HIV M&E activities locally which would include ensuring data quality; the accuracy, completeness and timeliness and reporting it to National SIMU
- Prepare state level reports, provide data to State Government, provide analysis and evidence to guide the programme decisions.
- Technically and professionally guide, supervise and support data collection for M&E indicators from the districts t Organize trainings on M&E based on needs

Strategic Information Management System (SIMS) was successfully rolled out from 2011 in the state of Goa. It captures monthly programme monitoring data and manages over 108 users across the state for various components of HIV/AIDS Control Programme. SIMS has made real time data entry & access to the user. The online Data Item Report is available for analysis and evidence based action, timely corrective measures for programme managers and policy makers

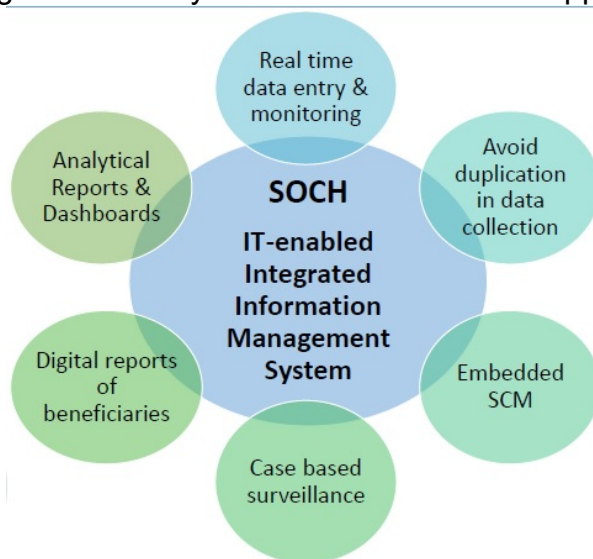
### **Overview of Strategic Information Management System (SIMS),**

- Web-based application for data entry at various levels including Reporting Unit (RU), District & State,
- Provides differential data management rights to various users
- Ability to serve multiple users, data systems and data set versions
- Workflow similar to physical reporting system, but automatic aggregation to reduce manual error
- Both online and offline modes of data entry
- Once data is entered at the RU level, all higher levels can view the data in real time
- Ensures data quality checks across various reporting level

**Strengthening Overall Care for HIV-Patients (SOCH)** operational from January 2021 is to create a beneficiary-centric web and mobile based system, to track and record, beneficiary service and inventory transactions in the National HIV program to improve service delivery and beneficiary health outcome. The system is capturing inventory and service delivery information pertaining to individual beneficiaries throughout the HIV continuum, create a centralized repository of EHR (Electronic-Health Record) and facilitate forecasting, inventory planning and clinical decision support. The proposed system will form part of the overall IT landscape of MoHFW, have API based linkages with other independent MoHFW IT systems that intersect with the HIV continuum.



### Integrated M&E systems with embedded Supply Chain Functions”



### HIV Sentinel Surveillance (HSS)

HIV Sentinel Surveillance Survey is mainstay of Second generation HIV Surveillance in India. This is one of the largest HSS systems in the World. HIV Sentinel Surveillance helps to understand the dynamics of the HIV epidemic and monitor the trend among different population groups and geographical areas and thus provide inputs to programme for strengthening prevention and control activities. HIV Sentinel Surveillance held every alternate year. In the State of Goa are having 3 ANCs sites and 5 High risk groups sites covered both district in State.

HIV Sentinel Surveillance survey revealed that HIV prevalence among General Population is declining from 0.25% in 2012 to 0.08 in 2019. Among High Risk Group i.e. FSW, prevalence rate is declining from 2.70% in 2010 to 0.80 in 2017 in FSW and Prevalence rate among MSM declining from 4.53 in 2010 to 0.60 in 2017 .

### Operational Research & Evaluation:

Research & Evaluation is a vital component of Strategic Information Management under National AIDS Control Programme (NACP). National AIDS Control Organisation (NACO) focuses on ensuring translation of research outputs into programmatic action and policy formulation. There are well defined processes pertaining to both review and

approval under NACO, which have been disseminated from time to time and also available on the NACO website.

The review and approval of research proposals received from independent institutions and researchers is mandated under NACO headquarter through Strategic Information Research & Evaluation. At State level, All PG, MD, M Phil and PhD thesis request received for both primary data collection and secondary data analysis have been mandated for review and approval through the mechanism of Research Review Committee (RRC) constituted at SACS. Therefore if any Institution or researcher other than PG/MD/M. Phil/PhD thesis request, directly approaches SACS and submits a proposal which is funded by another organization /agency or outside the mandated of SACS purview, it requested that the same may be forwarded to NACO. Review and approval of all such proposals would be undertaken at NACO level and as per procedure a No Objection letter (NOL) or a letter of Support (LOS), as the case may be, will be issued on the project proposal by NACO

Goa State AIDS Control Society is planning to conduct evidence based operational Research and Evaluation activities in the Goa state under the guidance of National AIDS Control Organization (NACO), New Delhi. The aims of these studies are to evaluate the efficiency, effectiveness, impact and sustainability of the ongoing program implemented under National AIDS Control Program. The operational Research and Evaluation activities are funded by National AIDS Control Organization. In this context Goa State AIDS Control Society has identified four priority areas as given below and the activities will resume in the month of June 2022.

1. Profile and risk assessment for voluntary testing at ICTC and hesitancy to visit ICTC for the test
2. A Cross sectional study o factors related to patients on Antiretroviral Therapy (ART) being missed patients (MIS 3) at Nodal Centre Goa
3. A study to access the Impact of Adolescents Education Programme among Students in Goa
4. Knowledge, attitude and practices towards ART treatment in newly positive (within 3 weeks) HRG populations.

## **State Data Management Committee**

National AIDS Control Organization has drafted 'NACP Data Management Guidelines, 2020' for sharing of NACP data & data protection of PLHIV. The drafted document is uploaded on the website of NACO to be used as an interim reference. To have the uniform mechanism for maintaining data security and to have checks & balances while providing data to stakeholders & partners for program and academic activities, the standard operating procedures have been designed & implemented by NACO by adhering to NACP data management guidelines, 2020.

As per the guidelines the State Data Management Committee is formed at Goa State AIDS Control Society for systematic handling of NACP data at Goa SACS and NACP establishments at Goa. The main goal of the State Data Management Committee is to streamline data management at Goa State AIDS Control Society and at NACP establishments in Goa. The committee shall adhere to the SOPs for Data Management & Data sharing that will help to restrict unauthorized data access.

The main responsibility of the Data Management committee is to ensure data security and also review and provide appropriate recommendations regarding data security measures.



*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!*