HEALTH DEPARTMENT

3.3 National AIDS Control Programme

Highlights

The Centrally sponsored National AIDS Control Programme (NACP) was implemented with an aim to slow down the spread of HIV/ AIDS on a long term basis. The number of HIV positive AIDS cases were however on the rise in the State. State Society did not implement 'Intersectoral collaboration', a programme for sharing in work of generating awareness, advocacy etc. by various sectors of the society and neglected "Low Cost AIDS Care Programme," to provide appropriate care and support to HIV/AIDS infected persons. Installation and commissioning of the programme equipments was not monitored resulting in their idling, besides STD clinics were not renovated.

- **Funds released by NACO was only 65 *per cent of* the original plan allocation approved. Even the low allocation could not be fully utilized. Scheme funds of Rs 24.70 lakh were retained by Government for three years.**

(Paragraph 3.3.2)

- **Number of HIV positive cases and AIDS cases increased to 6212 and 331 respectively from 537 and 15 prior to 1995. GSACS did not include blood test results carried out by private hospitals.**

(Paragraph 3.3.4)

- **Only 11 *per cent* of schools were covered during 1999-2003 under Schools AIDS Education Programme.**

(Paragraph 3.3.5)

- **Only 11 *per cent* patients were offered post-test counselling, and lack of privacy hindered follow-up counselling.**

(Paragraph 3.3.6)

- **Due to delay in preparation of plans and estimates by GSACS renovation of the District Hospitals and STD clinics was not done, despite availability of Central assistance of Rs 13.75 lakh.**

(Paragraph 3.3.7)

- **Blood Component Separation Unit was not commissioned and the equipment were idling for over two years, depriving the patients of the intended benefits.**

(Paragraph 3.3.8)

- **Idling of the lone Cell Scanner machine available in the State deprived the HIV patients of its benefits.**

(Paragraph 3.3.9)

- **Shortfall against the targets in training of staff ranged between 13 to 73 *per cent*.**

(Paragraph 3.3.10)

- **GSACS did not monitor distribution of seven lakh condoms through NGOs. Sexual transmission of HIV infection increased from 88 *per cent* in 1999 to 96 *per cent* in 2003.**

(Paragraph 3.3.11)

3.3.1 Introduction

Acquired Immuno Deficiency Syndrome (AIDS) is a severe life threatening condition, which represents the late clinical stage of HIV (Human Immuno Deficiency Virus) which is transmitted through exchange of body fluids. In Goa, the first HIV positive case was detected in 1987.

Government of India launched a National AIDS Control Programme (NACP) in Phases I and II in 1992 and 1998 respectively, to reduce the spread of HIV infection and decrease morbidity/mortality associated with HIV. In Goa, the programme was initially implemented (1992) through an AIDS cell under the Directorate of Health Service. The Goa State AIDS Control Society (GSACS) was constituted in September 1998 to implement NACP - II with hundred *per cent* assistance from National AIDS Control Organization (NACO).

The key objectives of NACP II are

- to keep HIV prevalence rate below one per cent (in the case of Goa),
- to reduce blood borne transmission of HIV to less than one *per cent* ,
- to attain awareness level of not less than 90 *per cent* and
- to achieve condom usage of not less than 90 *per cent*.

The major components of the programme were:-

- Priority Targeted Intervention against HIV/AIDS
- Preventive Interventions for the General Community
- Low Cost AIDS Care
- Institutional Strengthening
- Intersectoral Collaboration

The Project Director, GSACS functioned as Member Secretary under the Chairmanship of Development Commissioner and Secretary, Health Department. He was assisted by a Deputy Director (AIDS). Non-Government Organisations

(NGOs) were also involved in the key activities of the programme implementation. Implementation of the programme was reviewed by the Governing Body and Executive Committee constituted from time to time.

A review of the implementation of the programme by the GSACS for the period 1998-99 to 2002-03 was conducted during May to December 2003. Important points were discussed below.

3.3.2 Financial outlay

Year wise and component wise receipts and expenditure as well as unspent balances are shown below.

(Rupees in lakh)

Year	As per Annual Action Plan of GSACS	Receipts			Expen-diture	Shortfall(+)/ Excess (-) in expenditure	Component wise expenditure					
		Central Release	Misc. Re-ceipts	Total			TI#	PI#	Low cost AIDS care	IS#	Others	Total
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)
1998-99	N.A	35.00	0.02	35.02	1.95	(-) 33.07	Break up not available					1.95
1999-00	200.15	98.00	0.15	98.15	66.93	(-) 31.22	- do -					66.93
2000-01	98.82	71.50	0.02	71.52	94.53	(+) 23.01	14.32	34.30	-	40.52	5.39	89.14
2001-02	263.90	124.93	0.85	125.78	112.54	(-) 13.24	24.89	44.61	0.70	31.88	10.46	102.08
2002-03	213.50	170.50	2.88	173.38	160.50	(-) 12.88	38.77	80.18	1.92	35.49	4.14	156.36
TOTAL	**776.37**	**499.93**	**3.92**	**503.85**	**436.45**	**(-) 67.40**	**77.98**	**159.09**	**2.62**	**107.89**	**19.99**	**436.45**

Source : Accounts of the GSACS

** Includes Rs.24.70 lakh received from AIDS Cell of State Government being unspent balance of the programme prior to September 1998.*

Scheme funds retained by Government for three years

It would be seen that funds released by NACO were much less (65 *per cent*) than the original plan allocation approved by NACO. Even the low allocation could not be fully utilized by the GSACS.

The AIDS cell of the Directorate of Health Services (DHS), Panaji received from NACO, a grant of Rs.50.72 lakh in 1997-1998. The Directorate spent Rs.26.02 lakh upto September 1998 and the balance Rs.24.70 lakh was required to be transferred to the GSACS at the earliest. DHS released the money to the Society only in April 2001. Thus, the scheme funds were retained by Government for three years.

3.3.3 Programme performance

It was observed that out of the five key components of the Programme, GSACS has not implemented 'Intersectoral collaboration', a programme for sharing in work of generating awareness, advocacy etc. by various sectors of the society. Besides, "Low Cost AIDS Care Programme," to provide appropriate care and support to HIV/AIDS infected persons, was also neglected by the GSACS as only Rs.2.62 lakh was spent during 1999-2003. For this component, GSACS gave financial support (2002-03) of Rs.1.81 lakh to an NGO for setting up of a

[#] **TI** – Targeted intervention, **PI** – Preventive intervention, **IS** – Institutional strengthening

'Drop-in-centre' for the HIV infected persons, but this centre could not be set up as the NGO discontinued functioning (October 2002).

GSACS, however, utilized its resources mainly on 'Targeted Interventions in high risk group' (through NGO), 'Awareness campaign' and 'Blood safety'. Resultantly, HIV positivity rate marginally improved from 10.65 *per cent* in 1998 to 9.09 *per cent* in 2003; rate of blood borne transmission of HIV infection remained stagnant at 0.3 to 0.4 *per cent* during 1999-2003. Awareness level in Goa was 93.6 *per cent* as per behaviour surveillance survey conducted in 2001. However, achievement under 'Usage of condom' was poor, resulting in increase in sexual transmission of HIV infection from 88 *per cent* in 1999 to 96 *per cent* in 2003. Performance of the GSACS under the three key components of the Programme during last five years is shown in ***Appendix XVII***.

However, deficiencies and irregularities noticed during audit in implementation of the Programme, particularly in the key components are indicated below.

HIV positivity rate was high; AIDS cases increasing alarmingly

3.3.4 Trend of AIDS cases

Total number of HIV positive cases and AIDS cases in the State were 537 and 15 respectively prior to 1995 which increased to 6212 and 331 respectively at the end of September 2003, as shown below.

Calendar year	No. of Blood Test	Total HIV positive cases	Positivity Rate (Percentage)	Number of AIDS cases
Upto 1994	55391	537	0.97	15
1995	2279	203	8.91	6
1996	2959	327	11.05	14
1997	3526	473	13.41	14
1998	4903	522	10.65	15
1999	7804	750	9.61	14
2000	7813	807	10.33	13
2001	7216	801	11.10	48
2002	13848	999	7.21	68
2003 (upto September)	8727	793	9.09	124
Total	**1,14,466**	**6,212**	**5.43**	**331**

Test results of private hospitals not reported to GSACB

Above figures of HIV and AIDS cases detected/reported are not reflective of actual position of the State, as results of tests done in private/NGO-run institutions not funded by Government were not reported to GSACS or the Medical College. The GSACS Annual Report 2003-04 has estimated the HIV cases in Goa close to 10,000. The GSACS has not taken any steps to ensure mandatory reporting of all HIV positive/AIDS cases by institutions including those not funded by Government to them. It is evident from the above that possibility of achieving the stated target of reducing the prevalence rate to one per cent by 2004 is very remote.

3.3.5 Poor implementation of School AIDS Education Programme (SAEP)

With the objective of raising awareness levels in youth, helping resist peer pressure and adopting a safe and responsible life style, NACO launched a School AIDS Education Programme (SAEP) in 1999-2000, under the component of Information, Education and Communication (IEC) under Preventive Interventions for the general community.

Only 11 per cent of schools were covered during 1999-2003 under Schools AIDS Education Programme

The Programme involves imparting training to one male and one female members from the teacher as well as student community (Standard IX and XI) in each school, who in turn would educate and sensitise other students in their respective schools. As per NACO guidelines the SAEP was to be implemented through Non-Governmental Organisations (NGOs) in a phased manner, over a period of five years, by covering 20 *per cent* of schools every year. Ten per cent of the allocation for IEC activities was earmarked for SAEP.

During 1999-2003, NACO alloted Rs. 25 lakh for the SAEP for coverage of the members from 64 Higher Secondary and 240 High Schools. Two NGOs were selected in December 1999 and Rs. 0.57 lakh were disbursed to each in July 2001. Each NGO was to cover 40 schools during 1999-2000. While one NGO covered 20 schools, the other refunded (October 2002) the money as the selected schools failed to send their representatives. In 2002-03, Rs.1.31 lakh were disbursed to a school in Mapusa to cover 47 schools. However, Rs.1.04 lakh were utilised and only 22 schools were covered. The school authority did not refund the balance amount to GSACS as of December 2003.

Thus, out of 304 schools to be covered during 1999-2003, only 42 schools (11 *per cent*) were covered as of December 2003 and Central assistance of Rs. 23.39 lakh (94 *per cent*) earmarked for the SAEP was not utilised for the programme. GSACS did not monitor effective implementation of the Programme with the NGOs or with the school authorities.

3.3.6 Voluntary counselling and testing

The primary emphasis in the voluntary counselling and testing is to reach individuals with effective counselling, condom supplies and peer and community support, rather than focus only on HIV testing. Post-test counselling is given both in respect of sero-positive and sero-negative cases, as the window period of HIV testing means that the patient may not be truly negative and the patient may be asked to undertake the test again in three months time depending on the history of risk behaviour. Follow up counselling is given between one to five years following post test counseling.

Only 11 per cent patients were offered post-test counselling, and lack of privacy hindered follow-up counselling.

Test-check revealed that out of 7177 patients, who were given pre-test counselling during December 2002 to July 2003, only 827 patients (11 *per cent*) had been offered post-test counselling. Further, there was a very poor turn out of only two

to eleven patients for the follow up counselling during the period. Scrutiny revealed that out of three Voluntary Counselling and Testing Centres (VCTCs) sanctioned during 1998-2004, two Centres had been established at GMC (1987) and Hospicio Hospital (February 2002),Margao. The VCTC at Mapusa was not set up till December 2003.

Head of GMC stated (January 2004) that there was little privacy where counselling was done and hence, response from patients was low. However, new area has been located to overcome this hindrance.

Thus, despite provision of an annual recurring grant of Rs. 0.96 lakh towards salaries of Counsellors and Rs.0.24 lakh for furniture and miscellaneous expenditures in respect of each VCTC/ blood testing Centre, GSACS did not provide proper accommodation to ensure privacy. Further, against Rs. 11.66 lakh approved in Action Plans of 2000-01 to 2002-03, expenditure for the component was only Rs. 4.96 lakh (43 *per cent*) as of December 2003.

3.3.7 Non-utilisation of Central assistance for creation of infrastructure

Renovation of District Hospitals and STD Clinics not done, though planned in 1999-2000

In the annual action plan for 1999-2000, GSACS had provided Rs.13.75 lakh for civil works, viz, renovation of District Hospitals and the clinics of Sexually Transmitted Diseases. Audit scrutiny revealed that due to delay in preparation of plans and estimates by GSACS, the amount was not utilized and renovation of the District Hospitals and STD clinics had not been done as of December 2003.

3.3.8 Blood Component Separation Unit (BCSU) not commissioned

Blood Component Separation Unit not commissioned for two years

GOI prescribed use of human blood components for making transfusions instead of using whole blood as a single unit, as it enables a blood donation to address the needs of more than one patient. Accordingly, NACO provided Rs.21 lakh during 1999-2000 for a blood component Separation Unit (BCSU) to be set up at the Blood Bank of Goa Medical College(GMC), Bambolim. The amount could not be utilized as PWD authorities delayed the execution of the necessary civil works. The equipment (cost: Rs.19.64 lakh) was received in GMC between July 2001 and March 2002, but the civil works required to install the BCSU were executed only in May-July 2002. There was evident lack of coordination between the Medical College and PWD authorities.

Even after the civil works were complete, the BCSU could not be commissioned as of December 2003. This was due to delay in obtaining a licence to manufacture the blood components from the Food and Drugs Administration (FDA), delay in training the technician and non-supply of minor items (cost: Rs. 2.45 lakh) by GSACS and Goa State Blood Transfusion Council. As the equipment was delivered to the GMC with an advice to GSACS to have the civil works completed for commissioning the equipment, GSACS was required to monitor the installation and commissioning of the said equipment. This was

evidently not done resulting in idling of the equipment for almost two years and depriving the patients of the intended benefits.

3.3.9 Idling of Cell Scanner Machine

Cell scanner idling for want of repair

The Cell Scanner machine estimates CD4/CD8 cell counts and thus assesses progression of the disease as well as the outcome of the treatment. In April 1999, NACO supplied FACS, CD 4/CD 8 blood cells count machine[*] which was installed (March 2000) in GMC, Bambolim. The machine carried one year warranty upto February 2001. Audit scrutiny revealed that during the 42 months period from July 2000 to December 2003 the machine was lying out of order for 17 months on three occasions for want of repair. The annual maintenance contract (AMC) with the supplier was done by GSACS for which Rs.30,000 was also paid to the supplier in April 2003. Though the GMC authorities brought to the notice of GSACS that the machine was functioning erratically and some parts required replacement, GSACS did not follow up the same with the supplier, resulting in idling of the machine.

Thus, idling of the only machine available in the State deprived the HIV patients of its benefits.

3.3.10 Training

According to the Phase-II of the programme, workshops were to be held to train the doctors, nurses, Labtechnician, field workers, NGOs and other grass root level workers. It was noticed that against the targets of 615 doctors and 952 nurses to be trained, actual coverage was 417 (68 *per cent*) and 369 (39 *per cent*) respectively during 1999-2003. Similarly, only 24 Lab technicians (27 *per cent*) and 537 field workers (87 *per cent*) were imparted training. As a result, out of Rs.31 lakh received for training during 1999-2003, Rs.19.67 lakh (63 *per cent*) was spent.

The GSACS attributed the shortfall in financial and physical achievement to "less number trainees turnout than expected" as well as to shortage of the trainers.

3.3.11 No account of condom distribution

During 2000-03, GSACS distributed seven lakh condoms costing Rs.11.20 lakh through the NGOs (6.90 lakh) and directly to the public (10240), which were free to the public. GSACS, however, failed to call for any reports from the NGOs regarding distribution of condom during 1998-2003.

[*] Cost not available

3.3.12 Non maintenance of stock accounts.

During the period 2000-03, GSACS spent Rs.9.09 lakh on printing of booklets, labels etc. However, no stock accounts were maintained showing receipts, issues and balances and no physical verification of the stock was done.

In 2002-03, Blood Bank, Goa Medical College received from GSACS materials like blood bags, lancets, gloves, vials costing Rs. 1.53 lakh, but no stock accounts were maintained by either of institutions. Further, neither annual physical verification of stock was done nor any system of reconciliation between GMC and GSACS for supplies made by the latter was put in place.

3.3.13 Monitoring and evaluation

For effective monitoring and evaluation of NACP-II, a crucial step for effective implementation of the programme, NACO has developed a Computerised Management Information System (CMIS), which will collect monthly/annual information from different data generation units. In Goa, the system was made operative only in December 2002. It is evident that in the absence of proper monitoring and evaluation system prior to December 2002, GSACS could not fix the annual targets for the key activities of the programme.

3.3.14 Conclusions

The number of HIV positive as well as AIDS cases were on the rise in the State. Though GSACS have succeeded in creating mass awareness of the programme, and ensured implementation of the blood safety programme, key components of the Action Plan such as setting up of voluntary counselling centers/ensuring privacy of the patients and the school education programme have not been implemented effectively. In the "Institutional strengthening" component GSACS did not monitor the installation/ commissioning/ maintenance of the programme equipments resulting in their idling. Besides, STD clinics were not renovated.

3.3.15 Recommendations

- GSACS should ensure mandatory reporting of all blood tests, carried out in the State whether by public or private agencies so that the HIV positive cases are monitored.

- The end usage of all equipments/materials received from NACO for programme implementation should be ensured by GSACS by effective monitoring/coordination with the public health authorities.

- Time bound plan needs to be formulated for setting up of Voluntary Counselling and Testing Centre; and Low Cost AIDS Care Centres; improving the functioning of STD clinics and ensuring privacy of the patients.

APPENDIX-XVII

(Referred to in paragraph 3.3.3)

Performance of the GSACS under the three key components of the programme

Sr. No.	Component/ Activity	Targets	Achievement	Remarks
1.	**Priority Targetted Interventions (TIs)**			
	(a) NGO support for Tis	Commercial Sex Workers (CSW) – 7200	**Covered**	
		Truck Drivers – 10,000	Covered	
		Migrated Labours – 25,500	Not available	
		Men having sex with men (MSM) – 500	Covered	
		Others – 14,700	Not available	
	(b) Civil works	No targets fixed	No information on physical achievement. Financial achievement was low – Rs.34.75 lakh provides in Action Plan for 1999-2000, was not utilized.	
	(c) Condom distribution	No target fixed.	Distributed 7 lakhs condoms through NGOs and directly to public.	
2.	**Preventive interventions**			
	(a) IEC and Awareness	No targets fixed for general awareness.	Awareness campaign was done through T.V. programmes, screening of video cassettes, issue of booklets, hand bills, posters, observing AIDS day etc.	
	(b) Blood safety	No target fixed.	Average no. of units of blood collected during the calendar years 2000-03 was nearly eight thousand of which Per centage of voluntary donors was between 29 to 44. Of these units, 1.77 to 1.78 per cent was found HIV reactive.	
3.	**Institutional strengthening**			
	(a) Surveillance	Antinatal clinics (ANC) – 400 samples each year. Sexually Transmitted Diseases (STD) clinics – 2000 samples (for 1999-2002). Commercial Sex Workers (CSW) – 750 (for 2000-02).	Achievement achieved in full, except shortfall of 50 in the year 2000. 1192 samples 539 samples	HIV prevalence rate (%) in 2003 was- ANL-0.39 STD-14.67 CSW-30.15
	(b) Training	4714 persons	3053 persons	Shortfall in key posts was Doctor – 198 Nurses- 583 Technician-47 Field workers-78