Targeted Interventions Program performance Analysis of HIV/AIDS in an NGO of North India

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Abstract:

Introduction: AIDS is a severe immunological disorder caused by the retrovirus HIV, resulting in a defect in cell-mediated immune response that is manifested by increased susceptibility to opportunistic infections and to certain rare cancers. It is transmitted primarily by exposure to contaminated body fluids, especially blood and semen.

Aim and Objectives: The study was planned with the objective to study the function and organisation of SOFOSH (NGO), Chandigarh in the field of Targeted Interventions for HIV/AIDS.

Material and Methods: An observational study was conducted on randomly selected Female Sex Workers (FSW) in the year 2011.

Results: The activities mainly includes STI services, Condom use, Behaviour Change Communication (BCC) through peer and outreach, Building enabling environment, Ownership building in the community, Linking prevention to HIV related care and support services. These activities are provided through ICTC, mobile ICTC, ART centres, network clinics and dispensaries. These activities are carried out as per the guidelines of NACO. CSACS provides the funds, trainings, stock, IEC material to NGO. Regular meetings and seminars are conducted at CSACS to discuss the various issues and difficulties with all the staff members including PD, PM, ANM, PE, Counsellors etc.

Conclusion: It can be concluded as the TI project focuses on FSWs to provide them preventive, promotive and curative facilities against HIV/AIDS.

Key Words: Targeted Intervention, FSW, SOFOSH, HIV/AIDS

Introduction:

Human immunodeficiency virus (HIV) causes AIDS. The virus attacks the immune system and leaves the body vulnerable to a variety of life-threatening infections and cancers. Common bacteria, yeast, parasites, and viruses that usually do not cause serious disease in people with healthy immune systems can cause fatal illnesses in people with AIDS.

The virus can be spread through sexual contact -- including oral, vaginal, and anal sex, through blood -- via blood transfusions (now extremely rare in the U.S.) or needle sharing, from mother to child -- a pregnant woman can transmit the virus to her foetus through their shared blood circulation, or a nursing mother can transmit it to her baby in her breast milk. Other methods of spreading the virus are rare and include accidental needle injury, artificial insemination with infected donated semen, and organ transplantation with infected organs.

People at highest risk for getting HIV include injection drug users who share needles, infants born to mothers with HIV who didn't receive HIV therapy during pregnancy, people engaging in unprotected sex, especially with people who have other high-risk behaviours, are HIV-positive, or have AIDS, people who received frequent blood transfusions or clotting products, sexual partners of those who participate in high-risk activities (such as injection drug use or anal sex)¹

AIDS begins with HIV infection. People who are infected with HIV may have no symptoms for 10 years or longer, but they can still transmit the infection to others during this symptom-free period. If the infection is not detected and treated, the immune system gradually weakens and AIDS develops.

Acute HIV infection progresses over time (usually a few weeks to months) to asymptomatic HIV infection (no symptoms) and then to early symptomatic HIV infection. Later, it progresses to AIDS (advanced HIV infection with CD4 T-cell count below 200 cells/mm3).

Almost all people infected with HIV, if they are not treated, will develop AIDS. There is a small group of patients who develop AIDS very slowly, or
never at all. These patients are called nonprogressors, and many seem to have a genetic difference that prevents the virus from significantly damaging their immune system.

The symptoms of AIDS are mainly the result of infections that do not normally develop in people with a healthy immune system. These are called opportunistic infections.

People with AIDS have had their immune system damaged by HIV and are very susceptible to these opportunistic infections. Common symptoms are: chills, fever, night sweats, swollen lymph glands, weakness, weight loss.

At first, infection with HIV may produce no symptoms. Some people, however, do experience flu-like symptoms with fever, rash, sore throat, and swollen lymph nodes, usually 2 - 4 weeks after contracting the virus. Some people with HIV infection stay symptom-free for years between the time when they are exposed to the virus and when they develop AIDS.1

Screening test for AIDS is a blood test ELISA. If the test comes positive then it is confirmed by another specific test Western blotting. If both the tests come positive then diagnosis is confirmed. Test for STIs i.e. VDRL is also carried out.

There is no cure for AIDS at this time. However, a variety of treatments are available that can help keep symptoms at bay and improve the quality of life for those who have already developed symptoms.

Antiretroviral therapy suppresses the replication of the HIV virus in the body. A combination of several antiretroviral drugs, called highly active antiretroviral therapy (HAART), has been very effective in reducing the number of HIV particles in the bloodstream. This is measured by the viral load (how much free virus is found in the blood). Preventing the virus from replicating can improve T-cell counts and help the immune system recover from the HIV infection.1 The objectives of the study were to:

To study the function and organisation of SOFOSH (NGO) Chandigarh in the field of Targeted Interventions for HIV/AIDS.
To study the organisation and various activities carried out at SOFOSH under the TI project for FSW.

Material and Methods:

Study area: An observational study was conducted in an NGO SOFOSH, Ramdarbar branch, Chandigarh running TI project of HIV AIDS for FSWs. Chandigarh is a union territory in India serves the capital of two states Haryana and Punjab. It was planned by the famous French architect Le Corbusier and located at the foothills of Shivaliks in the northwest of India. It covers an area of approximately 44.5 sq. mi and had metro population of 1,025,682. It is divided into sectors; the main branch of SOFOSH is located in sector 41. It has various branches, located at different parts of Chandigarh.3

Study period: The study period was of 5 weeks starting from 28th May 2012 to 30th June 2012.

Study design: It was an observational type of study.

Study tool: Field visit was carried out to observe the duties of ORW/ANM. Visit to network clinic, ICTC and mobile ICTC was undertaken to closely understand their activities and functioning in respect to HIV/AIDS. Interviews were carried out of ANM, ORW, other staff members related to their duties and activities.

Ethical consideration: A request letter was sent to the respective head of the department to take permission for study. Interns were provided with attendance sheet to be signed by the concerned authority. Confidentiality of the subjects was maintained during the study.

SOFOSH: Society For Social Health Chandigarh is a non-profit, non-religious, voluntary social welfare organization established in May 1996 devoted to the noble cause of promotion of human health - physical, mental, sexual and spiritual health as a basic human right; skill development for vocational rehabilitation; environmental awareness and education; science awareness and to promote moral values specially among the youth, volunteers and professionals from different fields including doctors, psychologists, counsellors, yoga-therapists, Scientists, Environmentalists, advocates and social-workers associated with the Society provide free services. SOFOSH- An implementing organization: Society for Social Health (SOFOSH) has been recognized, as an implementing organization in the area of HIV/AIDS Services and its name is included in the Directory of HIV/AIDS Services in India namely “SAATHII RED RIBBON PAGES” published by Solidarity and Action against the HIV Infection in India (SAATHII), India and USA4 Awareness Programs include, HIV/AIDS Awareness, T.B Control Awareness program, Awareness Talk on Life Insurance, Mehendi Application Camp.

Targeted Interventions for Prevention, Care and Treatment

The prevention of new infections in high risk groups is a major thrust in National AIDS Control Programme III. The most effective means of controlling the spread of HIV in India is through the implementation of Targeted Interventions (TIs) amongst persons most vulnerable to HIV/AIDS, such as female sex workers (FSWs), men who have sex with men (MSM) and transgender (TGs) and injecting drug users (IDU). In addition, the bridge populations of truckers and migrants also require focused interventions.5
It is estimated that more than 90% of HIV transmission in India is related to unprotected sexual intercourse or sharing of injecting equipment between an infected and an uninfected individual. Not everyone in the population has the same risk of acquiring or transmitting HIV. Much of the HIV transmission in India occurs within groups or networks of individuals who have higher levels of risk due to a higher number of sexual partners or the sharing of injection drug equipment.

These core high risk groups (HRGs) of individuals who are most at risk include, female sex workers (FSWs), high risk men who have sex with men (MSM), and transgender (TGs), injecting drug users (IDUs)

The broader transmission of HIV beyond these HRGs often occurs through their sexual partners, who also have lower risk sexual partners in the “general” population. For example, a client of a sex worker might also have a wife or other partner who is at risk of acquiring HIV from her higher risk partner. Individuals who have sexual partners in the highest risk groups and other partners are called a “bridge population”, because they form a transmission bridge from the HRG to the general population.

For the overall reduction in the epidemic, targeted interventions (TIs) are aimed to effect behaviour change through raising awareness among the high risk groups and clients of sex workers or bridge populations. These interventions are aimed to saturate three high risk core groups with information on prevention; address clients of sex workers with safe sex interventions, and build awareness among the spouses of truckers and migrant workers, women aged 15 to 49 and children affected by HIV or vulnerable population groups.

Apart from prevention of HIV infection, TIs facilitate prevention and treatment of sexually transmitted diseases as they increase the risk of HIV infection, and are linked to care, support and treatment services for HIV infected.

TIs Approach

Given the HRGs special vulnerabilities, prevention strategies include five elements — behaviour change, treatment for sexually transmitted infections (STI), monitoring access to and utilisation of condoms, ownership building and creating an enabling environment. NGOs engaged in TIs are networked and linked to general healthcare facilities to ensure that HRGs access them without stigma or discrimination; they are also linked to Community Care Centres, Counselling and Testing Centres and ART centres. The prevention strategies are thus linked to care and treatment, and empower the community against stigma and discrimination

TIs for FSW

Targeted interventions among female sex workers bring awareness about health implications of unsafe sex and HIV/AIDS issues. The TIs reduce sex worker vulnerability to STIs and HIV/AIDS through promotion of STI services, condom use, behaviour Change Communication (BCC) through peer and outreach, building enabling environment, ownership building in the community, linking prevention to HIV related care and support services

Visit to ICTC at GMCH-32

A visit to ICTC located at government medical college and hospital sector 32 Chandigarh was undertaken on 22nd June aimed at to see the various activities carried out in ICTC. Mrs Rekha was the counsellor, who gave all the details regarding the organisation and functioning of ICTC.

Integrated Counselling & Testing Centres (ICTCs)

HIV counselling and testing services were started in India in the year 1997. All over the country under all Govt. health facilities, ICTCs are functional, private hospitals are also providing ICTC services in collaboration with State AIDS Control Societies.

The aim of ICTC is to make all HIV-infected people in the country aware of their status so that they adopt healthy lifestyles and prevent the transmission of HIV to others, and access life-saving care and treatment. Thus, counselling and testing services are an important component of prevention and control of HIV/AIDS in the country. Broadly, ICTCs can be classified into two types i.e. fixed-facility ICTCs and Mobile ICTCs

Fixed-facility ICTCs

Fixed-facility ICTCs are those that are located within an existing health-care facility/hospital/centre.

The main functions of an ICTC are: Conducting HIV diagnostic tests, Providing basic information on the modes of HIV transmission, and promoting behavioural change to reduce vulnerability. Link people with other HIV prevention, care and treatment services.

1) ICTC MANAGER: ICTC manager is responsible for the overall functioning of the ICTC and carried out administrative, demand and supply, quality assurance, monitoring and evaluation duties. Administrative-Hire qualified staff for the ICTC on a contractual basis. Attend training programmes organized by SACS/NACO. Ensure that the recruited staff undergoes induction training and refresher training every year thereafter at centres of excellence designated by SACS/NACO. Maintain the attendance register and ensure timely payment of salaries for the ICTC Staff. Quality assurance-Ensure that high-quality counselling
services are provided in the ICTC by conducting client satisfaction surveys and assessing the knowledge and attitude of clients prior to and after counselling through interviews with a sample of clients. Ensure that test results are provided immediately to the client. Supply and logistics—Ensure that the minimum space, as well as equipment and communication material required for an ICTC is provided. Ensure the availability of an adequate stock of condoms, consumables and kits in the ICTC at all times. Ensure that an adequate stock of prophylactic nevirapine tablets and syrup are available in the facility. These are to be provided to HIV-positive pregnant women and their infants. Monitoring and supervision—Supervise the functioning of the ICTC through monthly meetings with the ICTC staff as well as frequent visits to the ICTC. Ensure the accuracy of the data generated by ICTC staff by cross-checking with the registers maintained in the ICTC. Ensure that monthly reports are sent to the SACS in a timely manner.

2) COUNSELLOR: Preventive and health education—Ensure that each client is provided pre-test information/counselling, post-test counseling and follow-up counselling in a friendly atmosphere. Be available in the ICTC as per the specified timings. Ensure that strict confidentiality is maintained. Ensure that all IEC materials such as posters, etc. are displayed prominently in the ICTC. Ensure that communication aids in the form of flip books and condom demonstration models, fliers, etc. are available in the ICTC. Psychosocial support—Provide psychosocial to help HIV-positive clients cope with HIV/AIDS and its consequences. Ensure that the extended family of the HIV-positive client is sensitized on how to deal with HIV-positive members of the family. Conduct weekly visits after obtaining consent, to the homes of HIV-positive clients facing severe crisis. Referrals and linkages—Maintain effective coordination with the RCH and TB programmes as well as with the antiretroviral therapy (ART) programme, and visit key persons in the facilities run by these programmes once in a fortnight so as to strengthen linkages and minimize loss of clients during referrals. Supply and logistics—Report to the ICTC manager on the adequacy of stocks of condoms and prophylactic nevirapine tablets and syrup available in the ICTC as well as in the facility. Monitoring—Maintain counselling records and registers, and prepare monthly reports which are to be sent to the SACS. Facilitate the establishment of linkages and referrals to the ICTC from within and outside health-care settings.

3) LABORATORY TECHNICIAN: Undertake HIV testing according to standard laboratory procedure. Keep the facility neat and clean at all times. Ensure that adequate stock of consumables and rapid HIV diagnostic kits are available in the ICTC. Keep a record of HIV test results as well as a stock of rapid HIV diagnostic kits and Consumables. Ensure the maintenance of all laboratory equipment. Scrupulously follow internal and external quality assurance procedures. Follow universal safety precautions and strictly adhere to hospital waste management guidelines.

4) OUTREACH WORKER: Mobilize pregnant women for prevention of parent-to-child transmission (PPTCT) services by visiting the homes of pregnant women and liaise with key functionaries such as the ANM, accredited social health activists (ASHAs) and anganwadi workers. Follow up HIV-positive pregnant women so as to ensure institutional delivery and antiretroviral (ARV) prophylaxis to both the mother and the baby. This will include regular monthly home visits from the second trimester onwards and weekly visits in the last month of pregnancy. Consent has to be obtained before carrying out home visits. Follow up the mother–baby pair till 18 months after delivery imparting knowledge comminization, infant-feeding options as well HIV testing for the baby. Make home visit visits per the schedule to ensure that the babies are brought for testing to the ICTC at the age of 6 weeks, 6 months, 12 months and 18 months. Identify a family member whom the HIV-positive woman can confide in and who will be a source of support and strength for her. Ensure that the HIV-positive mother and the baby are linked with the nearest ARTcentre.

MOBILE ICTC: A mobile ICTC consisting of a team of paramedical health-care providers can set up a temporary clinic in a hospital. Where services are available ranging from regular health check-up, syndromic treatment for STI/reproductive tract infection (RTI) and other minor ailments, antenatal care, immunization, as well as HIV counselling and testing services. Mobile ICTCs can thus cater to a larger audience and be a more effective preventive intervention by ensuring the reach of services. A mobile ICTC will consist of a van with a room to conduct a general examination and counselling, and a space for the collection and processing of blood samples, etc.

The van is visited usually twice or thrice in a month. Monthly visit plan is provided to all the NGOs in advance so that they can inform the HRGs to visit the selected site. HIV/STI testing once in 6 months is compulsory for each individual under HRG. Team of mobile ICTC consists of ANM/Health educator. ANM of the nearby NGOs visit the van and help in various activities. They inform the HRG groups associated with their NGOs about the time and the venue which they get from the SACS. They also escort the FSW if required. Counselors provides pre and post HIV testing counselling, gives information regarding signs and symptoms of RTI/STI, its treatment, prevention, follow ups, diet etc. Laboratory technician collects the blood sample for HIV and STI screening.

After collecting the blood samples, they are sent to general hospital/govt. hospital/PGIMER for testing. Samples proved HIV/STI positive are informed to
the respective NGO so that they can trace the patient. Diagnosis is confirmed by retesting the sample and patient is referred to the hospital/dispensary/clinic for physical examination, history taking and starting the treatment.\(^5\)

ART CENTRE: ART refers to the Anti-Retroviral Treatment which is given to HIV+ individuals, when found eligible for treatment. These drugs improve the immunity of an HIV+ individual and thus prevent repeated Opportunistic infections from occurring. Thus, these drugs help in improving the quality of life and increasing the lifespan of the patient. However, it is important that once these drugs are initiated, they should be continued life – long, on a regular basis \(^6\).

NETWORK CLINIC (PPP): HIV is a STI and is transmitted through the same behaviour that transmits other STI. About 86% of the HIV infection is transmitted through the sexual route, whenever there is risk of STI, there is risk of HIV infection as well. The threat of AIDS has focused greater attention in the importance of RTI including STI reasons being RTI/STI are increasing and constitute one of the major causes of ill health in our country, RTI/STI infection increases the risk of HIV transmission, RTI/STI cause serious complications in men and women, including infertility, RTI/STI are responsible for reproductive loss: spontaneous abortion, ectopic pregnancy, still birth, prematurity, neonatal infections, maternal mortality.

Conclusion

A study at SOFOSH Ramdarbar, Chandigarh was undertaken for 5 weeks duration to study the organisation and functioning of health related activities under TI project for FSWs. It can be concluded as the TI project focuses on FSWs to provide them preventive, promotive and curative facilities against HIV/AIDS. The activities mainly includes STI services, Condom use, Behaviour Change Communication (BCC) through peer and outreach, Building enabling environment, Ownership building in the community, Linking prevention to HIV related care and support services. These activities are provided through ICTC, mobile ICTC, ART centres, network clinics and dispensaries. These activities are carried out as per the guidelines of NACO.CSACS provides the funds, trainings, stock, IEC material to NGO. Regular meetings and seminars are conducted at CSACS to discuss the various issues and difficulties with all the staff members including PD, PM, ANM, PE, Counsellors etc.

Acknowledgements: We thank all the field level functionaries of SOFOSH, NGO and also acknowledge the effort of Faculty and Coordinator, Centre for Public Health, Panjab University, Chandigarh.

References


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### TABLE 1: Job description of each staff member

<table>
<thead>
<tr>
<th>Role</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Project Director</td>
<td>Supervise all the activities carried out at all the branches. Prepare micro plan along with project managers. Conduct meetings to discuss various issues.</td>
</tr>
<tr>
<td>Project Manager</td>
<td>Project manager is the overall in charge of the TI project. Conduct review meetings with ANM, ORW and PE. Counsels the peer educator and FSWs if requires.</td>
</tr>
<tr>
<td>Monitoring And Evaluation Officer</td>
<td>Responsible for documentation and sending the project level MIS updates to SACS.</td>
</tr>
<tr>
<td>Auxillary Nurse Midwife</td>
<td>In charge of counselling of HRG primary examination, preliminary screening of STI, referrals, follow ups and record maintenance.</td>
</tr>
<tr>
<td>Outreach Worker</td>
<td>In charge of outreach and supervision of peers counselling linkages etc. Ensure micro plan and line listing are updated. Prepare monthly action plan for hotspot supply of medicines, condoms, Bcc material. Ensure weekly diaries are maintained by peers and collection of reports from the peers and its submission to the office. Any other activity as perceived by NGO/Project manager/SACS.</td>
</tr>
</tbody>
</table>

### TABLE 2: Data collection tools

<table>
<thead>
<tr>
<th>NAME OF STAFF MEMBER</th>
<th>TYPE OF FORM USED</th>
<th>FREQUENCY OF USAGE</th>
<th>NO. OF FORMS TO BE FILLED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Peer educator</td>
<td>Peer educator weekly planning and activity sheet (form B)</td>
<td>Daily</td>
<td>1</td>
</tr>
<tr>
<td>Outreach worker</td>
<td>HRG registration form (form A)</td>
<td>When new HRG identified in field. Weekly weekly</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>PE wise individual HRG compiled monthly sheet (form C)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Outreach weekly report (form D)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MIS officer and accountant</td>
<td>HRG master registration (Form E)</td>
<td>Weekly</td>
<td>1</td>
</tr>
<tr>
<td>Doctor</td>
<td>Network clinic registration (form F)</td>
<td>Daily</td>
<td>1</td>
</tr>
<tr>
<td>ANM/counsellor</td>
<td>Clinic daily summary registration sheet (form FF)</td>
<td>Daily</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Medicine stock registration (form G)</td>
<td>2-3 times/week</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Referral slips (Form H)</td>
<td>Daily</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Counselling registration (form I)</td>
<td>Daily</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Drop in centre (form M)</td>
<td>Daily</td>
<td></td>
</tr>
<tr>
<td>Programme manager</td>
<td>Advocacy registration (form J)</td>
<td>1-2 times/month</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Crisis management reg. (form K)</td>
<td>1-2 times/month</td>
<td></td>
</tr>
</tbody>
</table>
TRAINING REG. (FORM L)  
STOCK REGISTER (FORM N)  
MOVEMENT REGISTER (FORM O)  
ONCE IN A MONTH  
WEEKLY  
DAILY  
6

TABLE NO 3: IEC Activities at SOFOSH

<table>
<thead>
<tr>
<th>ACTIVITY</th>
<th>DESCRIPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drop In Centre (DIC)</td>
<td>FSWs along with peer educators visit DIC Centre twice a month for cultural activities like dance, drama, bhajankirtan and games like carom, ludo, snake ladder etc. ANM or ORW tells them about HIV/STI, its sign and symptoms, prevention, treatment, various tests etc. Meeting ends with refreshment. DIC meetings help ANM/ORW to develop a good repo with FSWs/PEs.</td>
</tr>
<tr>
<td>Posters and pamphlets</td>
<td>HRGs and volunteers get the knowledge about HIV/STI through posters and banners at NGOs/clinic/hospital /ICTC centres. They are also provided with pamphlets, brochures to create awareness among population.</td>
</tr>
<tr>
<td>Community events</td>
<td>CSACS along with the help of NGOs organised community events like group dance, drama, mehandi competition, rangoli competition for HRGs with a message to spread awareness.</td>
</tr>
<tr>
<td>World AIDS day</td>
<td>All the NGOs working for HIV/AIDS with the collaboration of CSACS organises various competitions and cultural festival in different schools and colleges on 1st December which includes face painting, poster making, slogan writing, essay writing, competitions, dance, drama, songs etc. as IEC activity.</td>
</tr>
<tr>
<td>Red Ribbon Express</td>
<td>This train travel all over India to spread the awareness against HIV/AIDS. Train stands at Chandigarh station for 3 days every year. Various IEC activities, condom distribution etc. were carried out with the help of various NGOs. ANM, ORW and all staff members are involved in the activities. Students from different colleges, schools are invited there. HRGs Also visited along with their PE and ORW.</td>
</tr>
<tr>
<td>Camps</td>
<td>Camps are organised at high risk areas to spread the knowledge related to HIV/AIDS through posters, pamphlets etc. and condoms are distributed. ANM/PM carries out counselling.</td>
</tr>
</tbody>
</table>