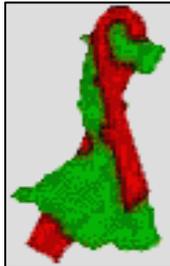


ANNUAL REPORT 2005– 2006

West Bengal State AIDS Prevention & Control Society



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List of abbreviation used:

AIDS	Acquired Immune Deficiency Syndrome
BCSU	Blood component separation units
DFID	Department for International Development
FCSW	Female Commercial Sex Worker
HIV	Human Immunodeffiency Virus
IEC	Information Education Communication
IDU	Intravenous Drug User
ISC	Intersectoral Collaboration
MSM	Men Having Sex with Men
MLA	Member of Legislative Assembly
NACO	National AIDS Control Organization
NACP	National AIDS Control Programme
PPTCT	Prevention of Parent to Child Transmission
PLWHA	People Living with HIV/AIDS
STD	Sexually Transmitted Disease
TI	Targeted Intervention
UNICEF	United Nations Intervention for Children's Education Fund
VCTC	Voluntary Counselling & Testing Center
WBBSE	West Bengal Board of Secondary Education

Introduction

HIV/AIDS is a global developmental public health challenge, continuing to spread unabated in many parts of the world where it is wiping out developmental gains achieved over the past decades, threatening the peace and stability of nations and sub-regions, and sending communities into destitution. The epidemic targets the poor, overwhelmingly hitting the world's poorest communities, marginalized women, men, boys and girls, particularly in countries with greatest gender inequalities, disparities in income and access to productive resources. The issue has the dynamic interplay of poverty, violations of fundamental rights and human dignity, the intense burden of suffering among affected individuals, households and communities are till date hidden behind epidemic statistics.

The present state scenario

Though the first person with HIV was detected in August 1986 in West Bengal, the epidemic remained rather inconspicuous until about 2001 in our state, West Bengal. Since then, there has been a rising trend of HIV in different groups of population, notably among the general population as revealed by data from sentinel surveillance and other sources. According to sentinel surveillance reports, West Bengal is still being considered as a low prevalence state but it is highly vulnerable.

West Bengal has been characterized as a low prevalence state because the median prevalence is below 1% for ANC sites and below 5% in STD clinic sites. Presently a few hot spots indicate a raging concentrated epidemic in the state, which are Kolkata and its suburbs, and the urban areas of the adjoining districts of Howrah and Hoogly, North & South 24 Parganas and Haldia. The epidemic



seems to be more significant among the lower socio-economic groups mostly being migrants.

Formation of West Bengal State AIDS Prevention & Control Society

West Bengal State AIDS Prevention & Control Society (WBSAP&CS) was set up in 1998 in response to the growing challenges faced by HIV and AIDS, and based on evaluation of India's National AIDS Control Programme (NACP) Phase-1 (1992-1999). WBSAP&CS was formed according to NACO guidelines as a quasi-government body. It was set up as a registered society in Kolkata, the state capital with the following objectives:

- To prevent HIV transmission and to control its spread.
- To reduce morbidity and mortality associated with HIV infection.
- To reduce the adverse social and economic impact resulting from HIV infection.
- To coordinate and strengthen HIV/AIDS surveillance.
- To provide technical support in HIV/AIDS prevention and control to govt. and non- govt. organizations.
- To enhance the community awareness, specifically knowledge, attitude and practice of high-risk groups.
- To develop health education materials for distribution and adoption by agencies working for AIDS prevention.
- To channelise and integrate the activities of non- govt. organizations in AIDS control and prevention.
- To promote safety of blood and blood products and encourage voluntary blood donation movements.



- To provide facilities and strengthen sexually transmitted diseases services in govt. and private medical institutions and practitioners.
- To develop counseling services.
- To organize social support for management of HIV and PLWHA.

The apex body of the society is the governing body. The body consists of not more than 30 persons from various bodies like government, medical and public health, non- government organization, voluntary health services, DFID, UNICEF or any other central govt. organization representative etc. The tenure of governing body shall be for three years. The control of administration and management of the affairs of this society vests in the governing body in accordance with the rules and regulations of the society. There is an executive committee consisting of 15 persons to operationalize the decisions of the body, and to provide guidance for the functioning of the society. It is a quasi government body. The Principal Secretary / Secretary H&FW Dept. is the President and Project Director is the member Secretary.

Staffing Pattern and present staff strength as on 31.3.2006

Deputation Posts:

Sl.no.	Designation	Name
1.	Project Director	Dr. R.S. Shukla
2.	Additional Project Director	Dr. K.C. Barui
3.	Deputy Director – Surveillance	Dr. Niharendu Deb
4.	Deputy Director -STD	Dr. Anjali Narayan
5.	Joint Director – Training	Dr. A. Debnath
6.	Joint Director- Blood Safety	Dr. Dilip Chakraborty
7.	Deputy Director – Blood Safety	Dr. Bhaskar Bhattacharya
8.	Monitoring and Evaluation Officer	Dr. A. Talukder



9.	Financial Controller	Mr. Ram Bilas Singh
10.	Store in charge	Mr. Santosh Kumar Patra
11.	Personal Assistant to Project Director	Vacant

Contractual Posts:

1.	NGO Adviser	Vacant
2.	Deputy Director- IEC	Ms. Monideepa Mukherjee
3.	Deputy Director ISC	Ms. Swapnadeepa Biswas
4.	Financial Officer	Vacant
5.	Executive Assisstant	Vacant
6.	Financial Assistant	Mr. Goutam Chowdhury
7.	Financial Assistant	Mr. Dibyendu Ghosh
8.	Financial Assistant	Mr. Mukul Roy
9.	Divisional Assistant	Ms Manaswita Dutta
10.	Divisional Assistant	Mr.Koustav Sovan Mukhopadhayay
11.	Divisional Assistant	Mr. Adrish Roy Chowdhury
12.	Group D Assistant	Mr. Dilip Kumar Sil
13.	Group D Assistant	Mr. Bhaskar Goswami

Major Activities of West Bengal State AIDS Prevention & Control Society during 2005 – 2006.

The activities of the past two or three years have already set the directions for the year 2005 – 06. Society believes that each and every individual component plays a vital role in reducing the transmission and control of HIV/AIDS epidemic. Society has adopted the special effort both on control management and



prevention Strategy in reducing the HIV and AIDS. West Bengal State AIDS Prevention & Control Society is now implementing the activities in the 19 districts of West Bengal. The major Components are

Sentinel Surveillance for HIV

Epidemiological Surveillance for HIV infection in the country is carried out annually on a regular basis. The purpose of epidemiological surveillance is to identify High-risk population groups, areas with high HIV prevalence and HIV trends.

During the year 2005, the Sentinel Surveillance was conducted during the period from August – October 2005. It was carried out with adequate supervision and monitoring. In 2005 there were 33 sites selected as surveillance sites (9 anti natal clinic (ANC) +12 sexually transmitted disease (STD) +4 injecting drug users (IDU) +7 female sex worker (FSW) +1 men having sex with men (MSM)).

A total of 8316 persons were tested for HIV during the year 2005 specifically during the period from August- October 2005. Majority represented the ANC population and rests of the population groups were STD population, FSWs, IDUs and MSM. Among the High Risk population West Bengal showed increasing trend among FSWs, IDUs and STD patients. On an average 0.9% of Antenatal mothers, 2.47% of STD patients, 6.80% of FSWs, 7.41% of IDUs and 0.54% of MSM were infected with HIV.

There were, however, considerable differences in the prevalence rates form district to district. HIV prevalence was >1% among antenatal mothers in Purulia, Bardhaman, Kolkata & South 24 Pgs.



Targeted Intervention to reach high-risk behavior groups through NGOs/ CBOs:

WBSAP&CS at the moment has been able to reach out to immediate high risk groups of sex workers, IDUs, and MSMs along with other associated bridge groups like Truckers, Migrant Labours on priority basis. Activities were further up-scaled during the year 2005-06. During 2003-04 there were 11 Targeted Intervention projects functioning. It increased to 27 during 2005-06. The Project Support Unit has been working in a close cooperation with WBSAPCS for regular technical assistance, regarding need assessment, monitoring & evaluation and capacity building for implementation of project activities.

In the period 2005 - 06 there were 15 CSW (Commercial Sex Worker), 1 IDU (Injecting Drug Users) 1 MSM (Men having sex with men) projects operated. Besides, 2 Migrant Labour project and 8 Truckers projects were also functioning.

Population Coverage of High Risk Groups

Target Group	Estimated Population by WBSAP&CS	Population Coverage till March	% Coverage
FCSW	70000	47110	67.3%
MSM	15000	9000	60%
IDU	18000	8400	46.6%
Truckers	500000	267000	53.4%
Total	603000	331510	54.9%



Preventive Interventions for the general community

Preventive Intervention through Information, Education, Communication (IEC)- BULADI Campaign

While WBSAPCS has been implementing TIs for various HRGs across the state, society has taken an initiative to introduce the IEC for the general population. With the epidemic making its inroads into the general population, WBSAP&CS responded to the changing face of epidemic during 2005. Society devised a 360-degree campaign that addressed the target audience in Kolkata and the 18 district headquarters through a “Buladi” campaign. Using Buladi as the mascot, TV and radio spots, hoardings, posters were used to propagate the campaign. In addition, interactive events like ‘Buladi Para Football’ also helped in disseminating messages on HIV/AIDS. The society also collaborated with the song and drama division to utilize the popularity of local fairs by using them as HIV/AIDS message dissemination grounds through street theatre performances.

Voluntary Confidential Counseling & Testing Center

Voluntary Counseling and Testing Centers (VCTC) are considered as the entry point of all HIV/AIDS care and support services. It provides people with an opportunity to learn and accept their HIV serostatus in a confidential environment. VCTC became an integral part of HIV prevention programs. The Society was able to start 23 VCTCs during the period of 2004 - 05. However, in the year 2005- 2006 apart from 23 another 7 centers were opened and made functional. Hence a total of 30 VCTCs were operating at medical college hospitals, district hospitals, three sub-divisional hospitals and two HRG community areas.



Counseling & testing status at VCTCs (2005-06)

No of VCTC Centers	No of People Counse lled	No of People tested	Found HIV Positive	% of Total tested found Positive	Direct Walk-in tested for HIV	Direct Walk-in Found HIV Positive	% of Direct walk in found positive
30	28908	27,627	2955	10.69%	12,161	1392	11.44%

Prevention of Parent to Child transmission:

Hon'ble Chief Minister launched this programme in the state on the 1st of January '04. During the period 2005 April to 2006 March 10 centers were operational throughout the state i.e. 9 Medical Colleges and 1 Maternity Hospital (Lady Dufferin Hospital at Kolkata). The programme is a bright example of smooth integration of HIV/AIDS prevention care into existing ANC and Maternal & Child Health Services. During April 2005 to March 2006, 85553 mothers were tested for HIV at these clinics. 133 mothers were detected HIV positive.

The chart bellow shows the status of client load at the PPTCT centers during the period (2005-06)

ANC mothers at PPTCT centers (2005-06)

No. of PPTCT centers	Total registration/ Registrati on per month	Counsel ed	No. of New ANCs accepted test	Tested Positive	% of Total tested found Positive	+ ve women collected test report
10	92780	89951	85553	133	0.16%	105



Blood Safety:

Blood Safety is an integral part of HIV/AIDS program. The collection and storage of blood is done by blood banks attached to hospitals and are mostly controlled under central/ state governments. Voluntary agencies and private sector blood banks also render their services.

The society has made good progress in the areas of blood collection and blood safety. The state has 105 blood banks out of which 59 are state government run blood banks. A total of 524332 blood units were collected during 2005-06. Govt. blood bank collected 462111 and 62221 units of blood collected by the different Pvt. blood banks during this period of FY 05-06. About 85% was collected from voluntary blood donors, which is a national record. Total 8932 camps were organized by the different govt. & pvt. blood banks during the financial year 2005-06.

5 blood component separation units (BCSU) were set up in the following blood banks.

- IBTM&HI
- R.G.Kar MCH Blood Bank
- Burdwan MCH Blood Bank
- NBMCH Blood Bank
- Bankura Sammilani Medical College Hospital.

Blood Units Collected at the Govt. and Pvt. Blood Banks (2005-06)

Voluntary Blood Units		Replacement Blood Units		Total
Govt.	Pvt	Govt.	Pvt.	
403157	42556	58954	19665	524332



Sexually Transmitted Diseases

Sexually Transmitted Infections are a risk factor for HIV infection. An early and effective management of sexually transmitted infections (STIs) is an important tool for the reduction of HIV infection. Thus an effective STI management is considered as one of the cornerstones of HIV/AIDS program. During the year 2005-06, there were 34 NACO supported STD clinics, 23 State Government supported STD clinics and 132 TI running STD clinics functioning. Besides, training and re-orientation program of MOICs of STD clinic were undertaken. A special program on Family Health Awareness Campaign (FHAC) from 16th July – 31st July 2005 was observed.

Status of STD detection in 2005-06

	Male	Female	Total
NACO supported 34 STD clinic	24370	22971	47341
TI Projects (132 STD Clinics)	24650	41970	66620
Total	49020	64941	113961



Low cost AIDS care and Anti Retro viral Treatment

The number of people living with HIV/AIDS in West Bengal is continuously increasing thereby increasing the demand for care and support at institutional, community and family levels. The provision for organizing low cost care and support to the PLWHA is a part and parcel of society's activity. One of the main problems being faced by PLWHA is stigma and discrimination in society. Special sensitization of the doctors in the hospitals and for different care providers is an ongoing activity and about 70% of the total care providers at the institutional levels have been trained. Special drive has been undertaken for treatment of the symptomatic HIV cases (AIDS cases). WBSAPCS opened a free Anti- retroviral treatment center at School of Tropical medicine in March 2005. Another ART center at North Bengal Medical College was opened in 28th February 2006. 844 PLWHAs were getting ART from School of Tropical Medicine and 38 HIV positive persons were registered for ART at North Bengal Medical College & Hospital.

Intersectoral Collaboration (ISC)

The rationale behind Inter Sectoral collaboration is that an epidemic like AIDS can be tackled only when it moves out beyond the confines of the Health Department and reaches out to all other sectors of the society, encompassing one and all. **Legislators' Forum** - Intervention through the proactive role of MLA's Political support has been considered to be instrumental in addressing the problem of HIV/AIDS as it has been seen that commitment at the political level can make a huge difference to the implementation of policies and programmes. Therefore, a Programme on 'Promotion of pro-active role of MLAs by formation and stabilization of Forum in strengthening of NACP in West Bengal' was initiated as part of which 6 state level meetings and 16 district level Advocacy workshops were conducted during 2005 - 06.



School AIDS Education Programme is now in place. A module called “Life Style” was prepared for the students. The primary orientation workshops on “Life Style” for key resource persons and nodal teachers were completed during 2005. Training of 36000 teachers of 12087 secondary schools under West Bengal Board of Secondary Education (WBBSE) was also completed during 2005-06. WBBSE took up the ownership and decided to include ‘Life Style Education’ as a co-curricular subject.

Finance and audit report

Fund received and utilized during 2005- 2006

SI No.	Project grant amount	Opening balance (lakhs)	Other receipts	Fund received	Total	Fund utilized	Balance
1.	World bank assisted	541.20	-	1150.00	1691.20	1314.25	376.95
2.	DFID assisted	15.74	1.84	2987.00	3004.58	2539.36	465.22
	Total	556.94	1.84	4137	4695.78	3853.61	842.17

Audit for 2005-06 has been done for both the project, components.