

# **Annual Report-2006-07**



**West Bengal State AIDS Prevention &  
Control Society**

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## PREFACE

Various activities for the prevention and control of HIV/AIDS in West Bengal are undertaken by the West Bengal State AIDS Prevention & Control Society (WBSAP&CS) under the overall guidance of National AIDS Control Organisation (NACO). As different components of this Programme (NACP) are implemented, stock-taking is done from time to time to track progress and to take necessary corrective measures wherever necessary. The management information system set up under the Program provides data for such reviews and analyses.

The annual report for 2006-07 is a compilation of data and information collected regarding different activities. The information presented here is based on the reports and returns and other information available to State AIDS Control Society (SACS) during 2006-07. Efforts have been made to verify and cross-check data; however some errors and discrepancies might have crept into this report which may be brought to our notice.

The purpose of this report is not only to piece together information on different activities but also to provide a variety of data for triangulation with other sources of information. I deeply appreciate the efforts of WBSAP&CS officers, particularly Mr. Kaushik Biswas, in putting together this report. I also place on record my sincere thanks and gratitude to different partners and the NACO in implementation of various activities during 2006-07. Any suggestions for the improvement of this



report in future will be acknowledged with gratitude.

**[Dr. R.S. Shukla]**

Project Director, WBSAP&CS

Ex-Officio Secretary to the Government of West Bengal

**Background:**

Based on the lessons learnt from NACP-I and NACP-II, we have already established “one monitoring and evaluation framework in the state” in the spirit of the “Three Ones” to be implemented in the Country. CMIS developed by NACO is adapted to West Bengal framework. The regular analysis of CMIS data and quarterly review meetings with monitoring & evaluation officer to interpret the findings helped and guided the managers towards implementation of the programme.

This is a computerized way of Managing Strategic Information Resources, where the data from the reporting units received in the hard copy format are entered into the system for further compilation and analysis. The reporting units of the New Targeted Interventions have been made thoroughly computerized, where the data is received in electronic format, and automatically imported into the system to minimize the data entry errors. The current analysis for this report has been done on the basis of data received from 103 blood banks, 32 VCTCs, 27 PPTCT centres, 33 STD Centres and 2 ART Centres. Besides data from Annual Sentinel Surveillance have been presented in summary form in this report.

**HIV and Sentinel Surveillance**

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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



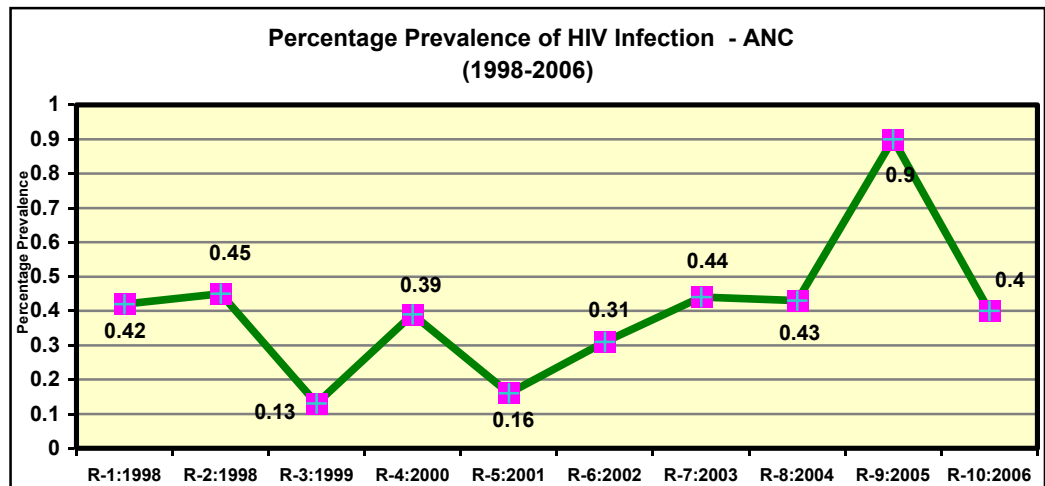
population groups, areas with high HIV prevalence and HIV trends.

During the year 2006, the 10<sup>th</sup> round of Sentinel Surveillance was conducted in 47 sites in West Bengal. Out of these 47 sites, 13 sites were the ANC sites, 12 were the STD sites, and 5 were for IDU, 2 for MSM, 2 for the client of FSWs, 5 for truckers and 8 for FSW.

A total of 13372 persons were tested for HIV during the year 2006 specifically during the period during September - November 2006. Majority represented the ANC population and rest of the population groups were STD population, FSWs, IDUs and MSM. Among the high risk population West Bengal showed decreasing trend in all the groups other than MSM group where the prevalence rate increased from 0.54 in 2005 to 6.6 percent in 2006 (Sites changed in 2006).

There were, however, considerable differences in the prevalence rates from district to district. HIV prevalence was >1% among Antenatal mothers in Uttar Dinajpur and in Kolkata in the year 2006. The overall prevalence rate in ANC cases stood at 0.41 percent in the state.

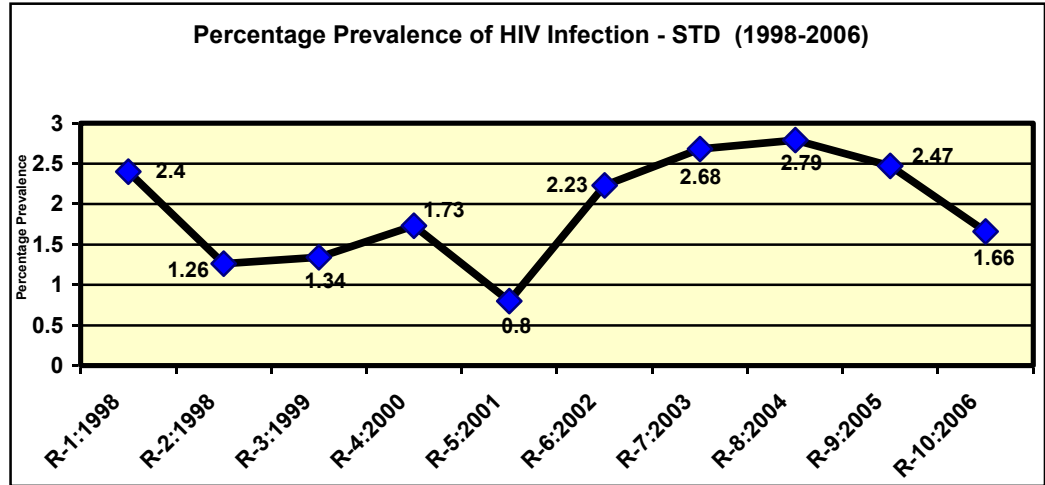
The chart below clearly shows that the HIV epidemic has been stabilized over the years in the state, with a shoot in the year 2005. The HIV prevalence in ANC cases is considered as the HIV prevalence in general population. The prevalence rate remains somewhere at 0.4% over the years.



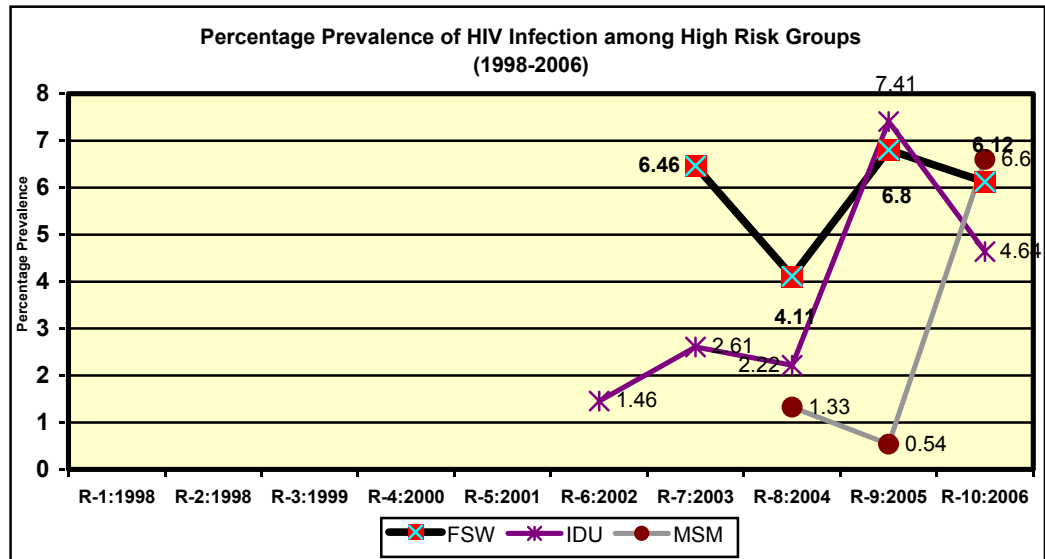
The 10<sup>th</sup> round of sentinel surveillance witnessed a declining trend in HIV prevalence in STD patients also. This year it



stood at 1.66% down from 2.79% in 2004 & 2.47% in 2005. This is depicted in the figure given below.



The decreasing trend is noticed in all sentinel groups. HIV prevalence in FSW went down from 6.8% to 6.6% & prevalence in IDUs decreased to 4.64% from 7.41%; only MSM prevalence has seen an upward trend in the 10<sup>th</sup> round of surveillance where prevalence rate shot up from 0.54% to 6.12%, (Sites changed in 2006)



Surveillance on truckers' population and among the clients of FSWs has been started from this year only and the HIV prevalence stood at 2.72% (N= 1248) among the truckers, whereas the prevalence in clients of sex workers stood at



3.41%. It can be derived from the surveillance data that the growth of the epidemic is arrested. The prevalence rate in general population stood at 0.41, which is again a sign of stabilization of the epidemic over the years.

## Programme Components

### 1. Blood Safety:

#### 1.1 Blood Banks and RBTCs:-

There are 103 blood banks in the state, of which 58 are State Govt. Blood Banks, 16 are Central Govt. Blood Banks and 27 are Private Blood Banks. There are eight RBTCs (Regional Blood Transfusion Council) under which 58 Govt. Blood Banks operate. The total voluntary collection during the reporting period was 555850 units and the total replacement collection was 84646 units. The percentage of voluntary collection against the total collection of 640496 remained 87%, among the highest in the country. During the year 2006-07, a record number of 11049 blood donation camps were organized.

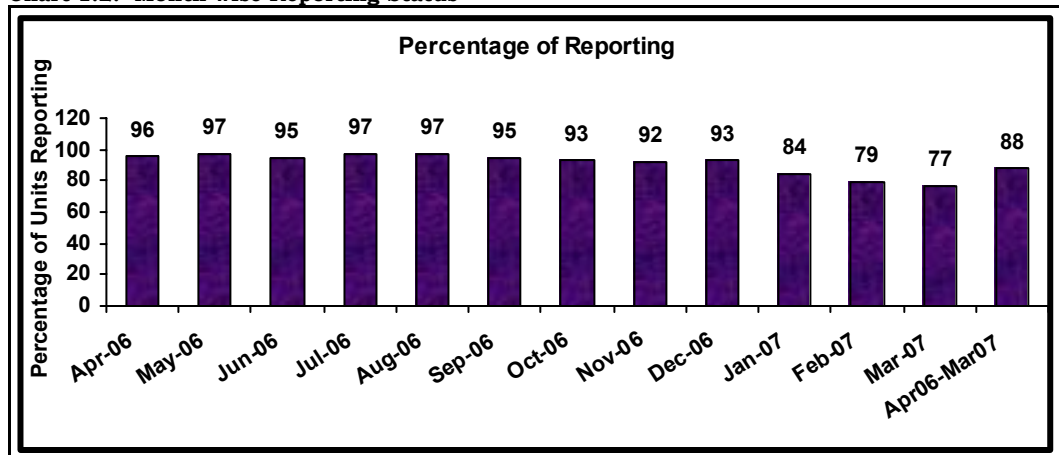
Type of Blood Banks	Voluntary Collection	Replacement Collection	Total Collection	Proportion of Voluntary Donation	Camps Organized
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Govt	413085	51174	464259	89%	8696
Pvt.	142765	33472	176237	81%	2353
Total	555850	84646	640496	87%	11049

Overall reporting from blood banks in Government and private sectors was 88% in the reporting period (financial year 2006-07). The reporting remained more or less uniform throughout the year, only March 2007 showed a dip in the reporting status, the reason is that a no. of units did not submit the report within 15<sup>th</sup> April. The chart 1.1 shows the month wise detailed percentage of reporting information of all the Government & private units.

**Chart 1.2: Month wise Reporting Status**



### 1.2.1 Proportion of Blood Collection: Voluntary Vs Replacement:-

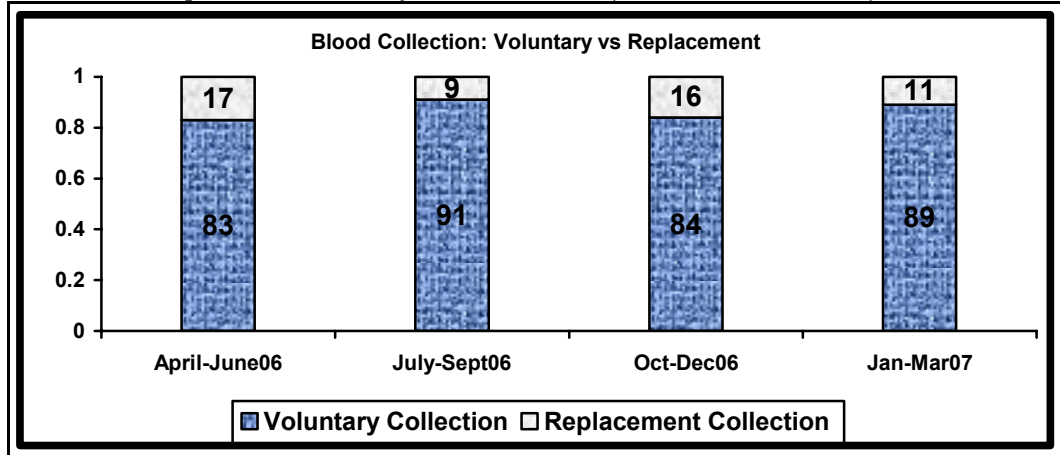
The analysis of proportion of voluntary blood donation is done on the basis of 58 Govt. Blood Banks & 45 Private & Central Govt. Blood Banks. It is found that the proportion of voluntary blood donation to replacement in the state of West Bengal is as high as 89% in the year 2006-07. Total 640496 units of blood collected during the reporting period by 58 Govt.16 Central Govt. and 29 Pvt. Blood Banks. Percentage of voluntary blood donation for the four quarters was





83%, 91%, 84% and 89% respectively. The picture remains more or less same when the analysis is done separately for the Government & Private reporting units. The chart below shows the proportion of Blood collection – voluntary and replacement aggregated for all the reporting units: -

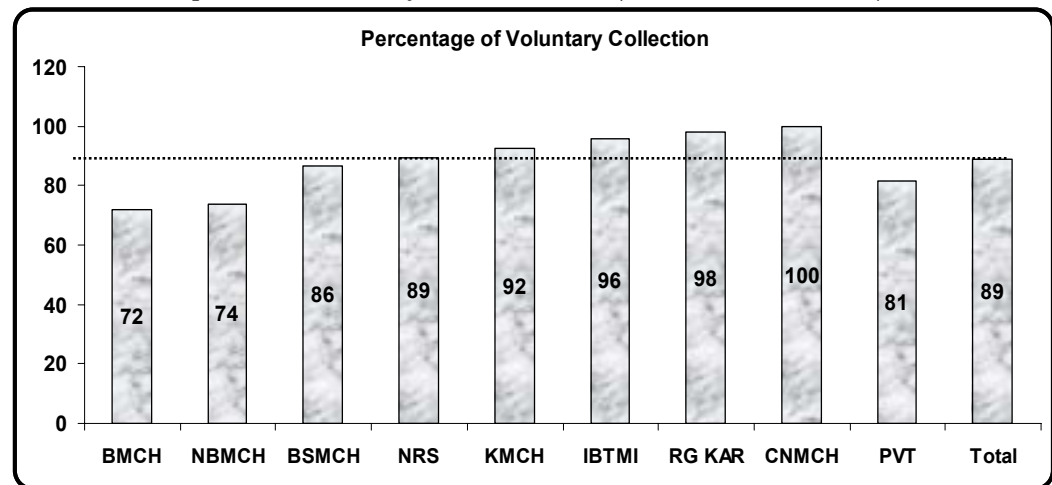
**Chart 1.2.1: Proportion of Voluntary Blood Collection (Total 103 Blood Banks)**



### 1.2.2 Proportion of Voluntary Blood Collection RBTC wise:-

The graph below shows the proportion of voluntary blood collection status of different RBTCs. Proportion of voluntary blood collection is lower than the state average of 89% only in BMCH and NBMCH. All other RBTCs registered a high proportion of voluntary blood collection.

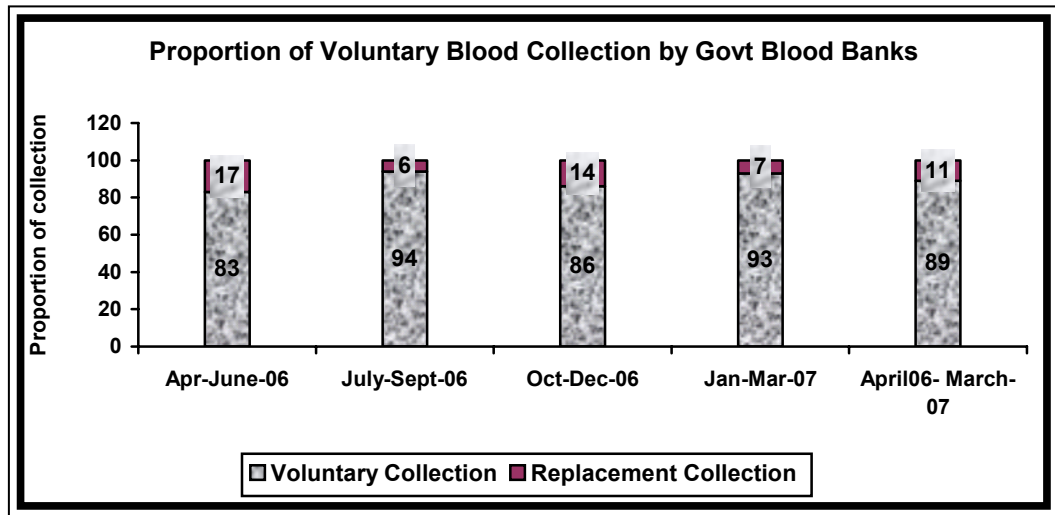
**Chart 1.2.2: Proportion of Voluntary Blood Collection (Total 103 Blood Banks)**



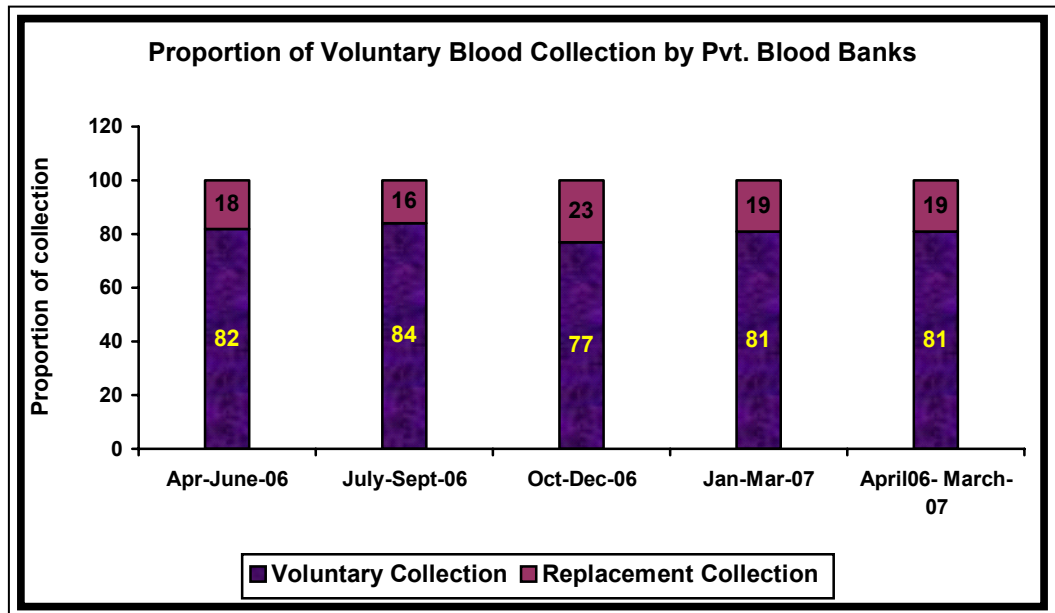
### 1.2.3 Proportion of Voluntary Blood Collection RBTC wise:-

The charts below show that the proportion of voluntary collection in govt. blood bank remains higher in all four quarters in comparison with the private blood banks.

**Chart 1.2.3: Proportion of Voluntary Blood Collection in 58 Govt. Blood Banks**



**Chart 1.2.4: Proportion of Voluntary Blood Collection in 46 (Pvt. & Central Govt. Blood Banks)**

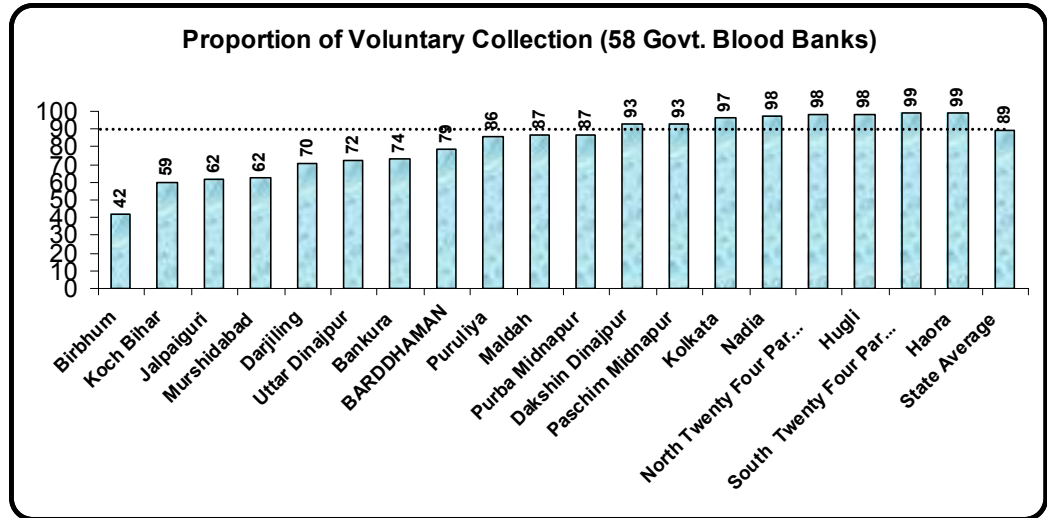


### **1.3 District-wise distribution of Voluntary Blood Collection:-**

The following chart shows that the proportion of blood voluntarily collected stood below 75% in seven districts. The proportion of voluntary Blood Collection in all the districts ranges from 42 percent in Birbhum to 99% South 24 Parganas. Eight districts recorded a voluntary collection over 90%. The proportion of overall voluntary collection stood at 88%.

**Chart 1.3.1: Proportion of Voluntary Blood Collection (District-wise)**



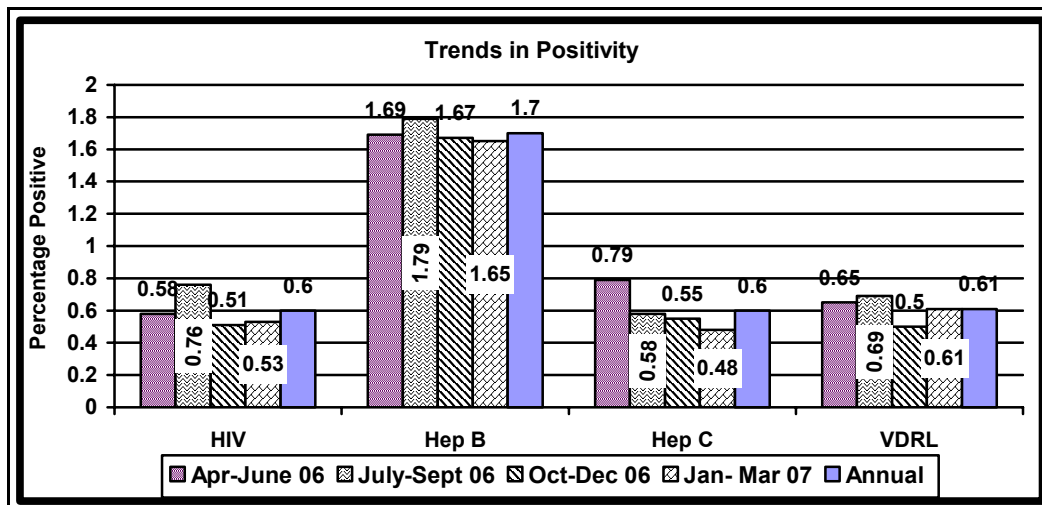


#### 1.4 Trends in Positivity: -

HIV positivity rate stood between 0.51% and 0.76% in the four quarters, whereas overall positivity rate stood at 0.6%. Hepatitis B positivity rate is higher, ranges between 1.65% and 1.79% with an overall positivity rate recorded as 1.7%. Hepatitis C and VDRL positivity recorded an overall average of 0.6%.

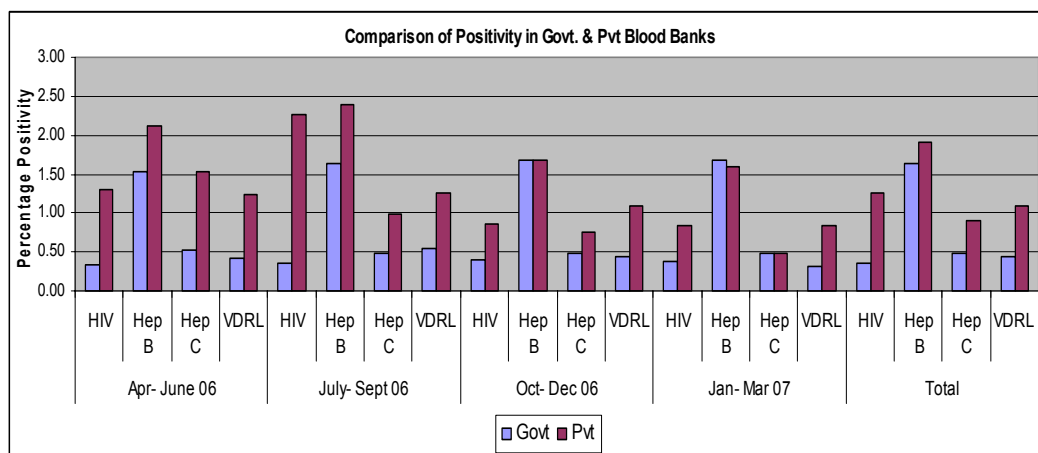
##### 1.4.1 Trends in Positivity: HIV, Hep B, Hep C, VDRL-



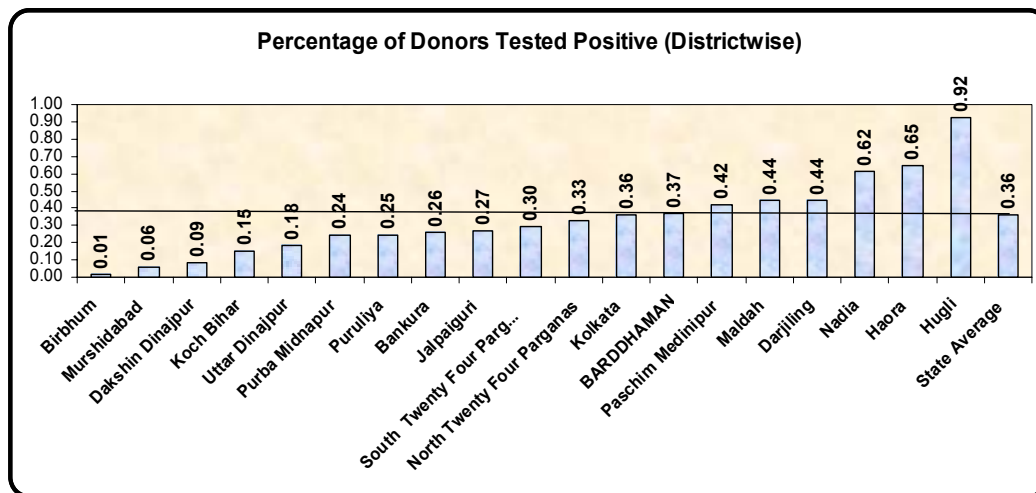


Interestingly the positivity rate in Govt. blood banks is significantly lower than the Pvt. Blood banks in all quarters in all four types of tests. This can be clearly seen from the chart 1.4.2. The overall HIV positivity rate in Govt. blood banks stood at 0.36% comparing with that of Pvt. Blood banks, which stood at 1.25%. In case of VDRL positivity also, the Govt. blood banks registered 0.44% positivity where as the positivity rate in Pvt. Blood banks is as high as 1.08%.

#### 1.4.2 Trends in Positivity: All Essential Tests—Govt. & Pvt. Blood Banks:-



**1.4.3 Trends in HIV Positivity in Govt. Blood Banks - District wise distribution: -**



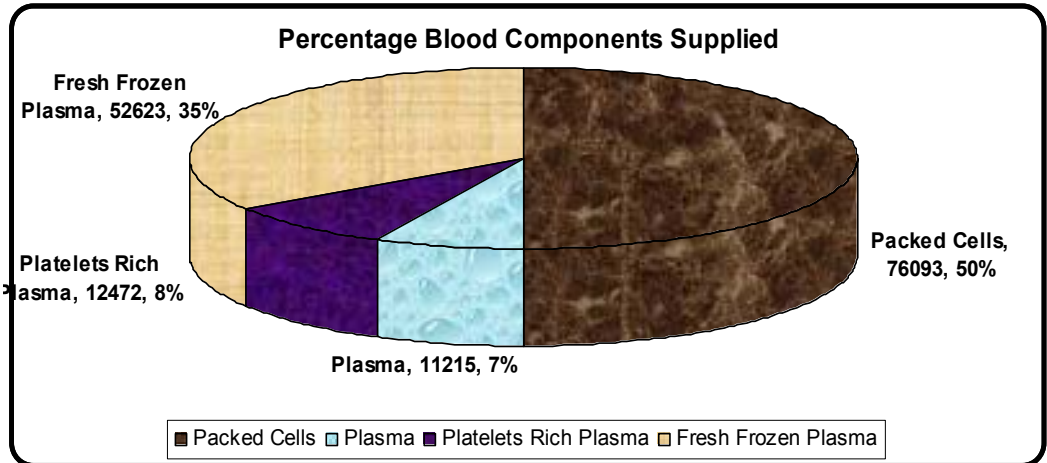
The chart above shows the HIV positivity rate in the blood collected through voluntary & replacement donors. The overall HIV positivity rate in the state stood at 0.36%, varied from 0.01% in Birbhum to 0.92% in Hugli. Critical analysis shows that 24 Parganas (S) and Puruliya which are high prevalence district<sup>(3)\*</sup>, registered a lower HIV positivity rate than state average; whereas Hugli, Howrah, Nadia which have been marked as low priority district\* registered a very high HIV prevalence, higher than state average.

\* On the basis of Surveillance data.

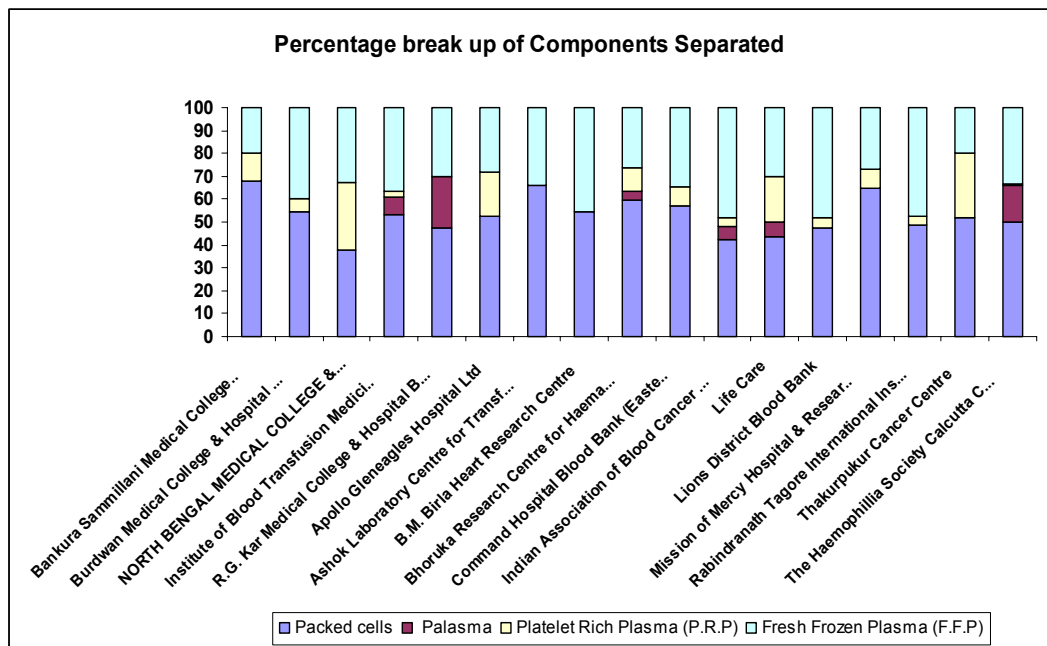
**1.5 Proportion of different kinds blood components supplied by five Blood Component Separation Units in West Bengal 2006-07:**

**1.5.1 Proportion of blood components supplied**





Total whole blood collected during the reporting period is 640496 and 152403 were separated component wise which is 24% of total whole blood. The percentage of packed cells out of total blood components supplied in the reporting period are 50%, frozen plasma is 35%, Plasma and Platelets rich Plasma are 8% and 7% respectively.



The chart below shows the units of components separated, by the different Govt. and Pvt. Blood banks.

Reporting Unit Name	Packed cells	Plasma	Platelet Rich Plasma (P.R.P)	Fresh Frozen Plasma (F.F.P)
<b>Govt. Blood Banks</b>				
Bankura Sammillani Medical College & Hospital Blood Bank(G)	298	0	53	88
Burdwan Medical College & Hospital Blood Bank	575	0	62	422
NORTH BENGAL MEDICAL COLLEGE & HOSPITAL	672	0	525	586
Institute of Blood Transfusion Medicine & Immunohaematology	29971	4321	1208	20566
R.G. Kar Medical College & Hospital Blood Bank	5453	2582	17	3427
<b>Total</b>	<b>36969</b>	<b>6903</b>	<b>1865</b>	<b>25089</b>
<b>Pvt. Blood Banks</b>				
Apollo Gleneagles Hospital Ltd	1474	11	536	799
Ashok Laboratory Centre for Transfusion Medicine & Clinical Research	2561	0	0	1311
B.M. Birla Heart Research Centre	426	0	0	354
Bhoruka Research Centre for Haematology & Blood Transfusion	3780	235	637	1667
Command Hospital Blood Bank (Eastern Command)	867	0	128	526
Indian Association of Blood	1511	201	142	1724



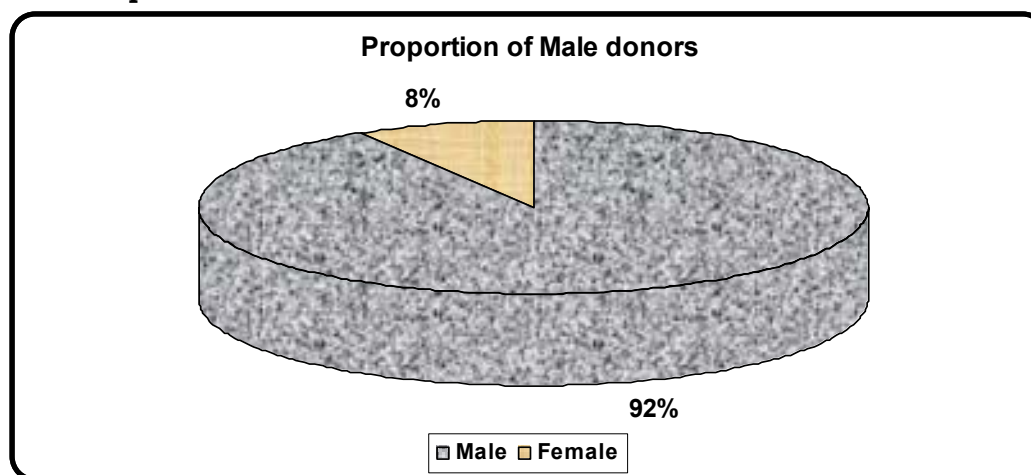


<b>Cancer and Allied Diseases (Blood Bank)</b>				
<b>Life Care</b>	18117	2610	8347	12617
<b>Lions District Blood Bank</b>	2286	0	218	2293
<b>Mission of Mercy Hospital &amp; Research Centre</b>	295	0	39	122
<b>Rabindranath Tagore International Institute of Cardiac Sciences Blood Bank</b>	3394	0	256	3318
<b>Thakurpukur Cancer Centre</b>	433	0	235	166
<b>The Haemophilia Society Calcutta Chapter Blood Bank</b>	3980	1255	69	2637
<b>Total</b>	<b>39124</b>	<b>4312</b>	<b>10607</b>	<b>27534</b>

### 1.6 Male- female distribution of Donors:

The chart shows that the proportion of female donors remained considerably low (8%) throughout the reporting period.

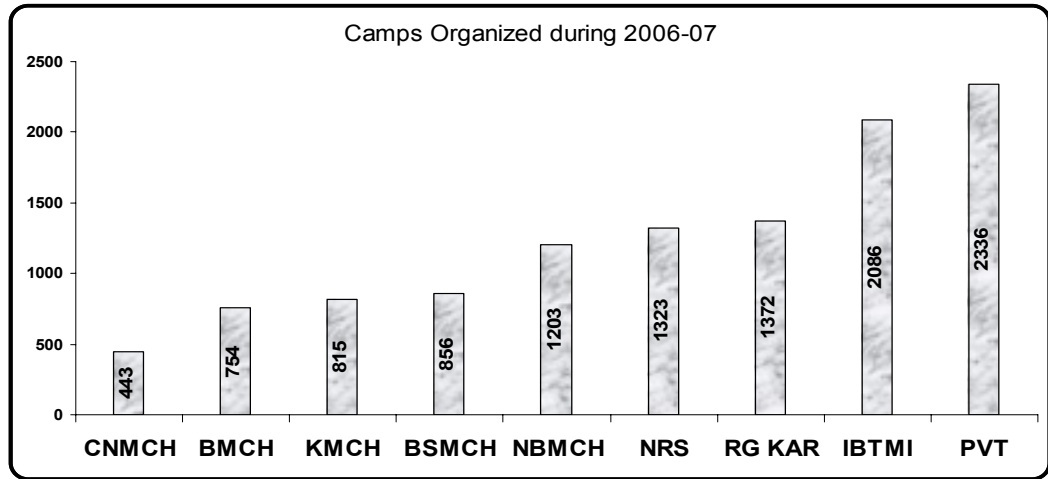
#### 1.6.1 Proportion of Male & Female Donors: -



Overall Programme indicators show a satisfactory performance for Blood safety in the state. Some issues with timely reporting & quality of reporting still remained an area where more energy is needed to be invested. Some districts also need some more comprehensive monitoring system towards the better performance of the blood banks. However, overall the



state picture is quite good when comparing with other states.



## **2. Voluntary Counselling and Testing Centers**

### **2.1. VCTC:**

The analysis is based on 32 VCTCs registered in CMIS till March 2007.

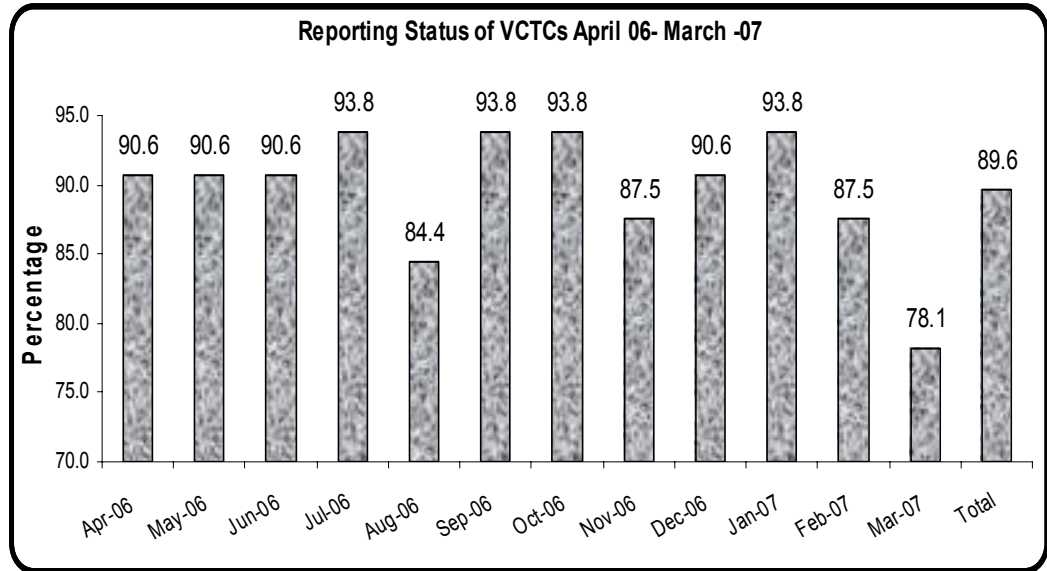
<b>VCTC</b>			
<b>Pre Test Counselling</b>	<b>Testing</b>	<b>Found Positive</b>	<b>Percentage Positive</b>
<b>41324</b>	<b>40594</b>	<b>3638</b>	<b>9.0</b>

#### **2.1.1 Reporting Status: -**

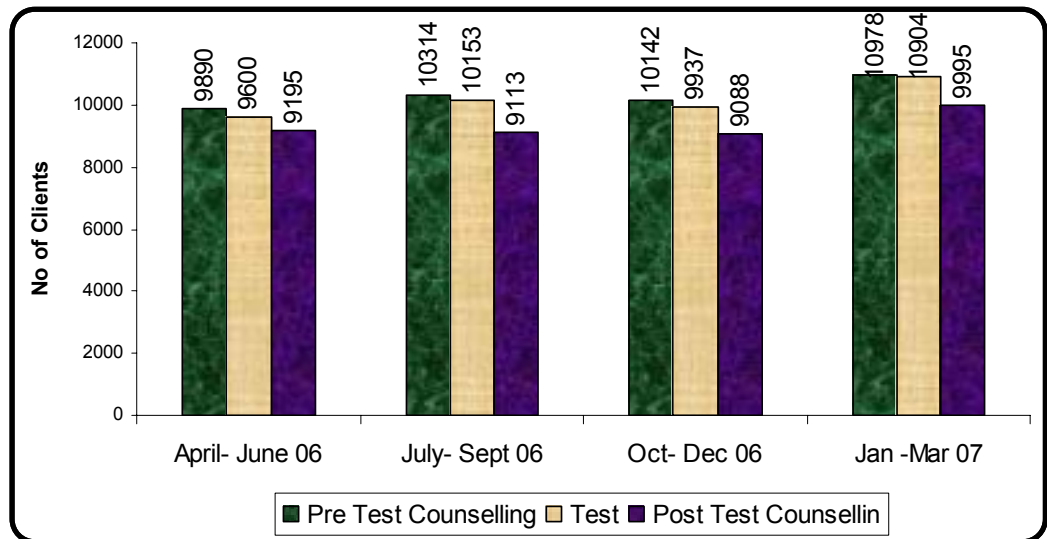
Overall reporting of VCTC was 89.6 percent in the reporting period.

#### **2.1.1 Reporting Status of the VCTCs**





**2.1.2 Number of clients undergone Pre Test counseling, Testing & Post Test Counseling, West Bengal 2006-07 (Consolidated for State)**

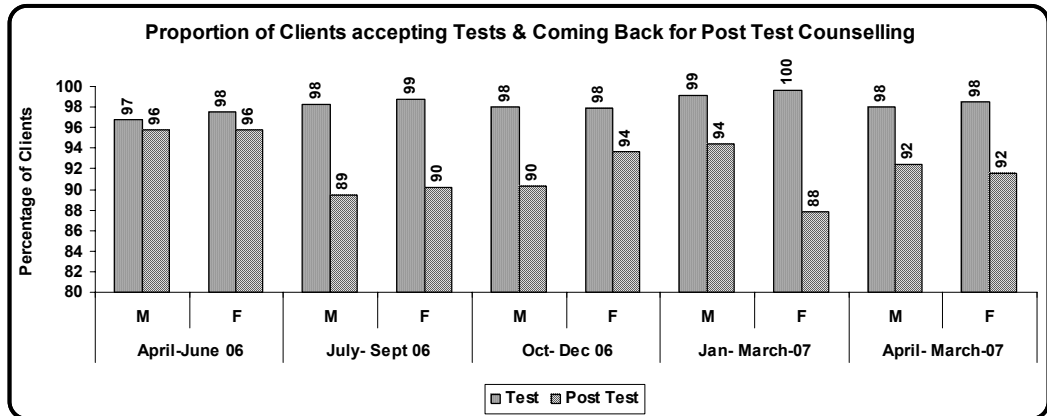


Number of clients accessing the services shows consistent increase in the reporting period. 98 % clients who received Pretest counseling accepts testing and more than 92% of them collected test reports.

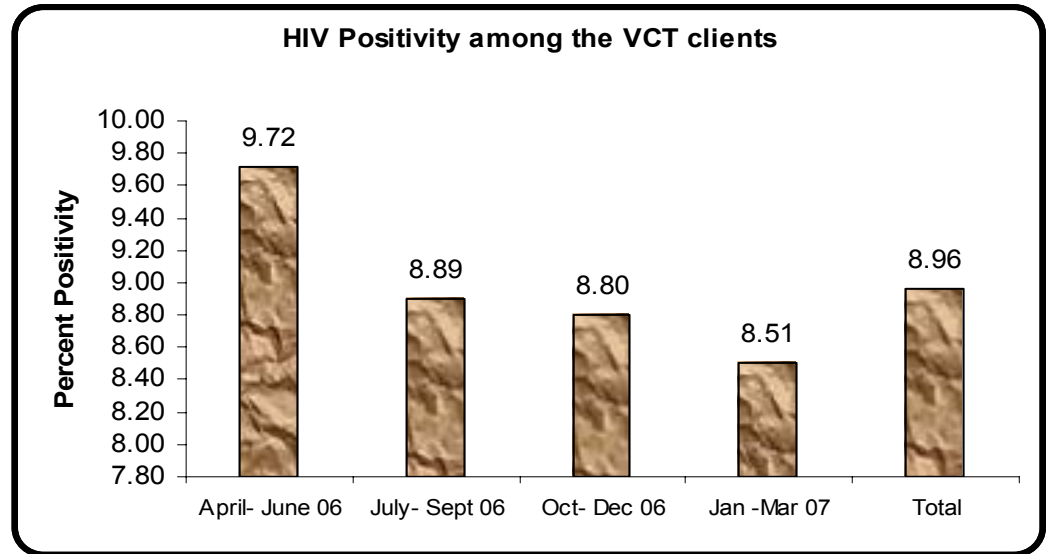
**Acceptance rate of the clients in VCTC**

The acceptance rate of testing & post test counseling remained quite high in the state over the last four quarters, for both male & female clients. Overall, 98 percent male clients who had undergone pre test counseling accepted testing at the centre and 92 percent clients came back for the reports and received post test counseling. The figure remained same for female clients as well.

**2.1.3 Acceptance rate of the clients in VCTC:**

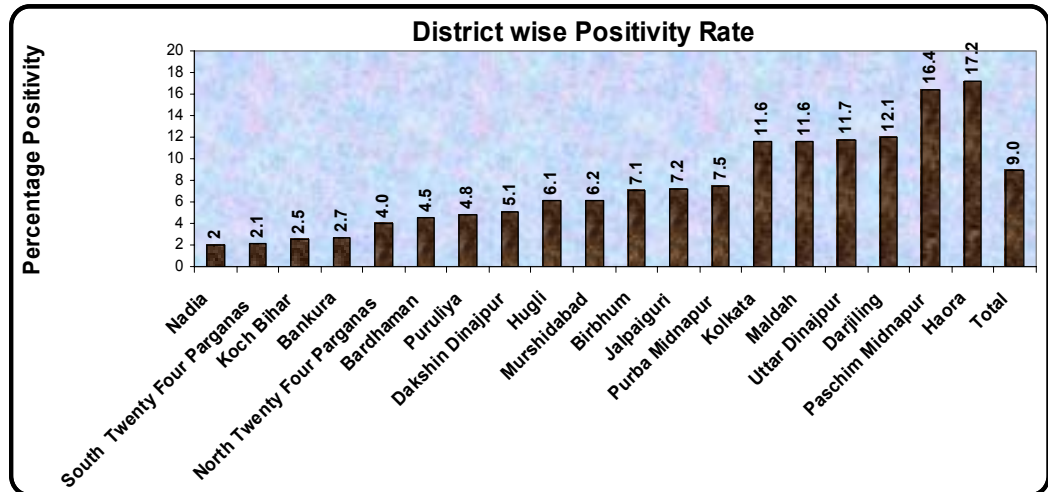


**2.1.4 HIV Sero-Positivity among clients of VCTC:-**



The sero-positivity among the clients attending VCT clinic remained more or less same in four quarters. It varied from 9.72% in 1<sup>st</sup> quarter to 8.51% in the 4<sup>th</sup> quarter, the overall positivity rate stood at 8.96%, which means 3638 clients out of 40594 tested were detected with HIV antibodies.

**2.1.5 Sero-Positivity among clients of VCTCs (District wise) :-**

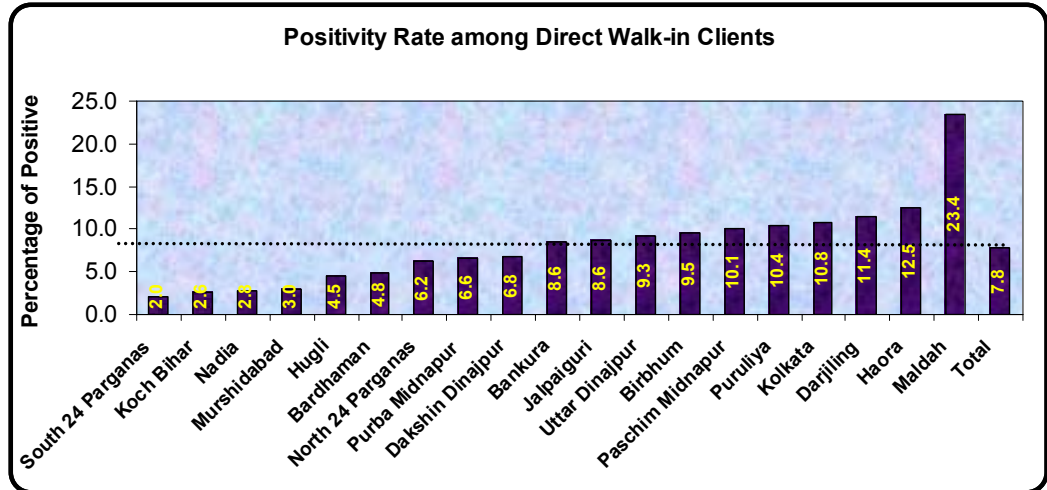


The chart above shows district wise HIV positivity rate in West Bengal, it varies widely from 2% in Nadia to over 17% in Howrah. The overall positivity rate stood at 9% in the state.

**Sero- positivity among direct walk-in:**

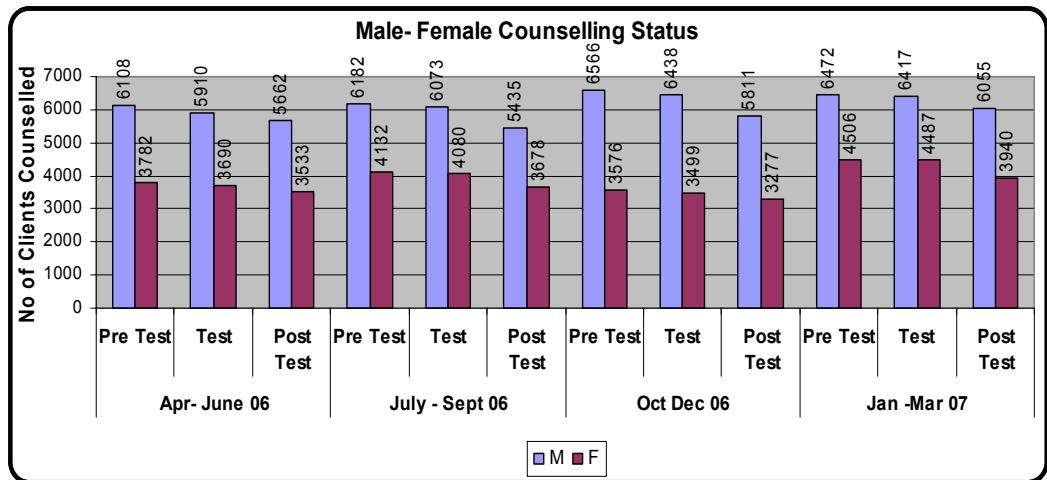
**2.1.6 Sero-Positivity among direct walk in clients in VCTC: -**





Overall positivity rate among the clients directly coming in for testing blood in the VCT center remained 7.8%, where as in districts it varied widely from 2% in South 24 Parganas to 23.4% in Maldah. Interestingly the positivity rate in direct walk in clients is lower than the positivity rate among the general clients visiting the centres.

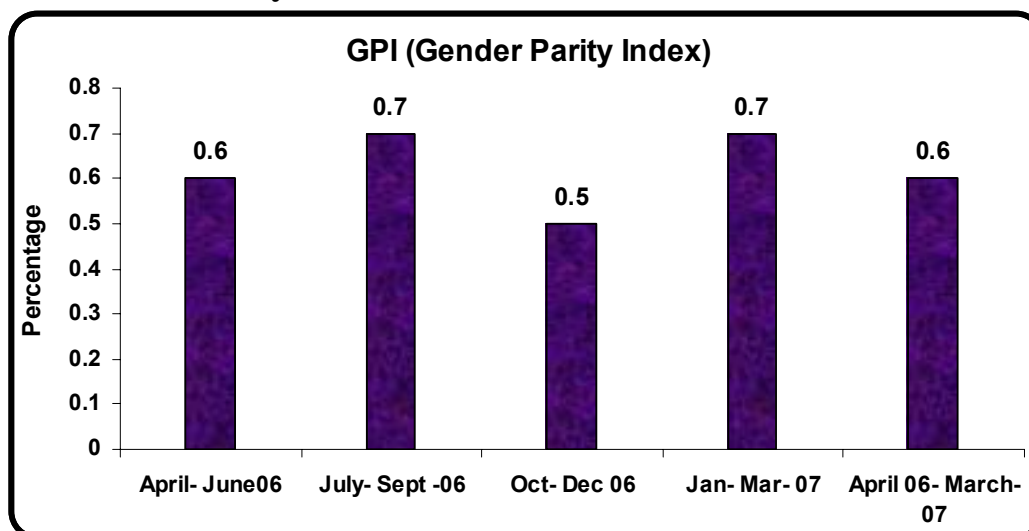
#### 2.1.7 Counseling Status in VCTCs (Male-Female):



The chart shows the Gender wise accessibility of services of VCTC for the reporting period. Both male & female accessibility show similar trends in all four quarters. Overall, 22 percent less female are accessing VCTC for Testing. The GPI (Gender Parity Index) for the reporting period is 0.6.



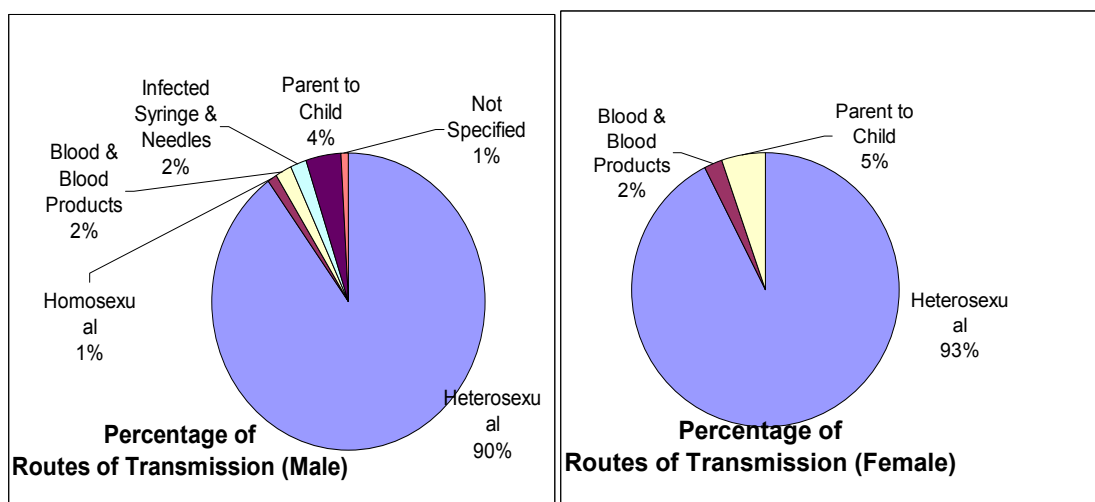
**2.1.8 Gender Parity Index of Clients in VCTCs:**



**2.1.9 Routes of Transmission – Gender wise:**

The charts below show the gender wise distribution of routes of transmission.

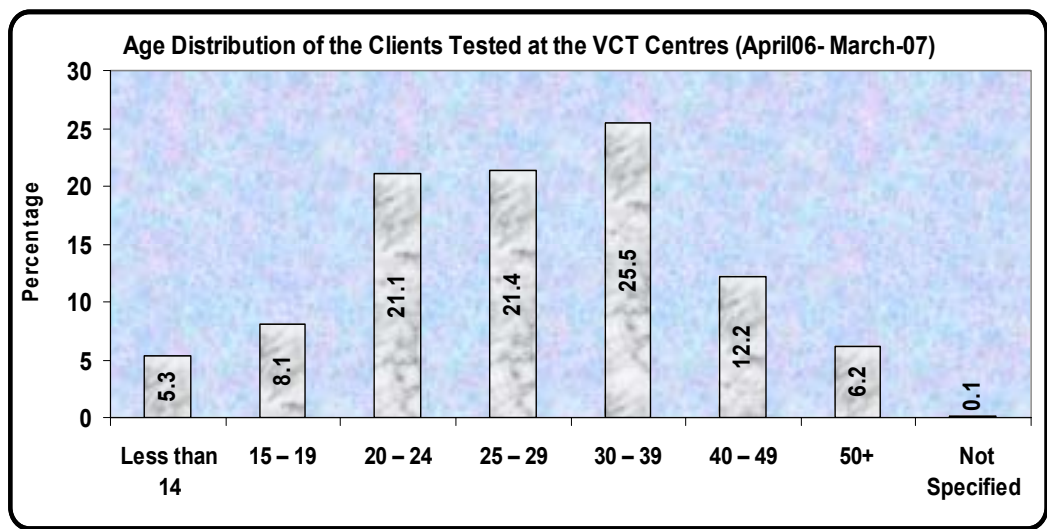
**2.1.9 Routes of Transmission among the Clients in VCTC:**



The route of transmission reported among HIV positive male & female clients of VCTCs is mainly heterosexual contact, which is 90% and 93% respectively.

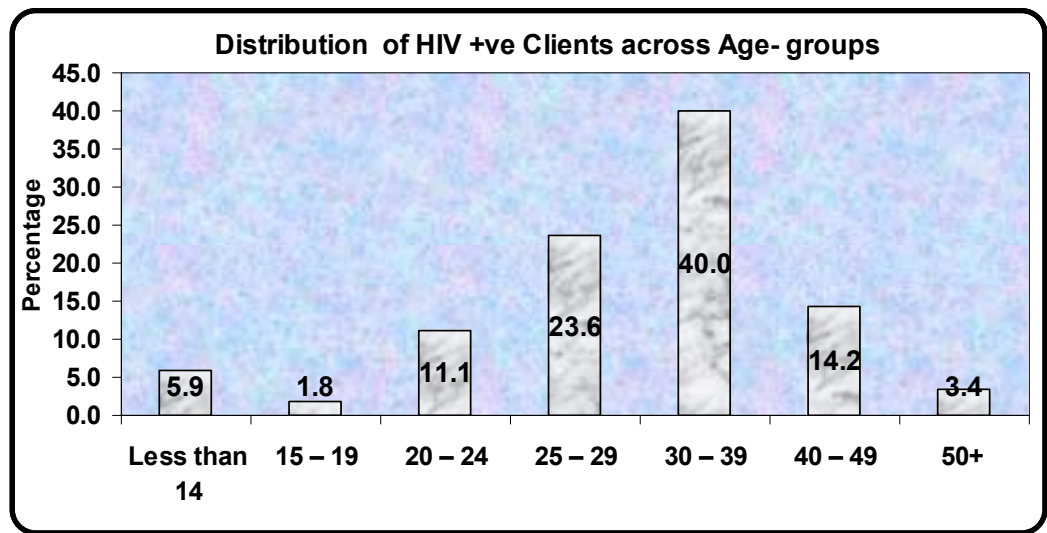
**2.1.10 Age distribution of the clients Getting tested at VCTC:**





The chart shows the age distribution of persons undergoing HIV Testing at the VCTC centres. The total no. of persons, undergone HIV testing is 40594 in the reporting period. Out of these, most of the clients fall in the 20-39 years of age group.

**2.1.11: Age-Distribution of Clients found Positive among tested:**

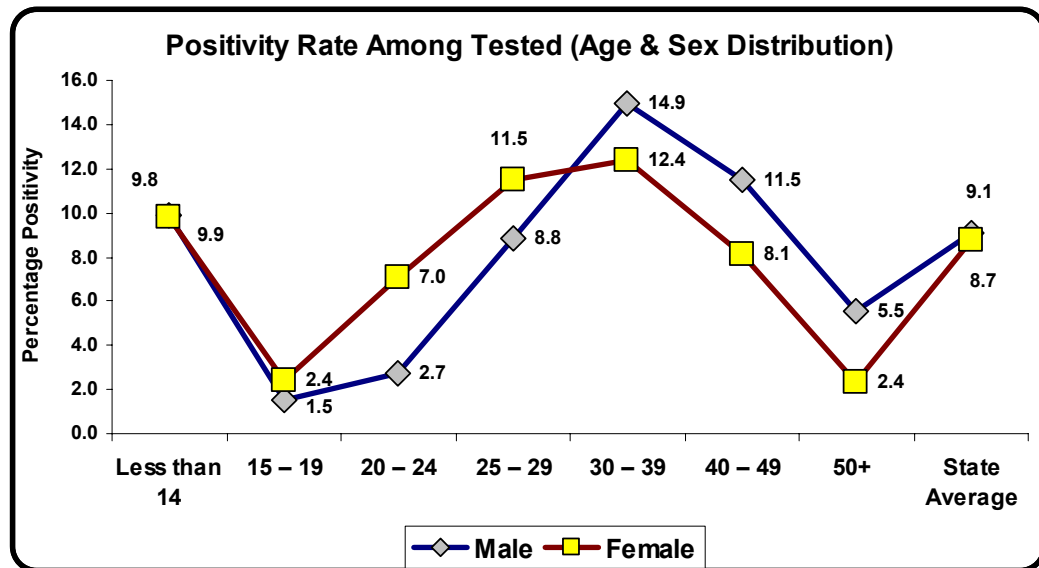


The chart shows that more than 50 percent of total clients found positive falls under 30-39 years of age group.





**2.1.12 Positivity rate among Clients found Positive out of those tested at the VCTC Centers (Age & Sex distribution):**

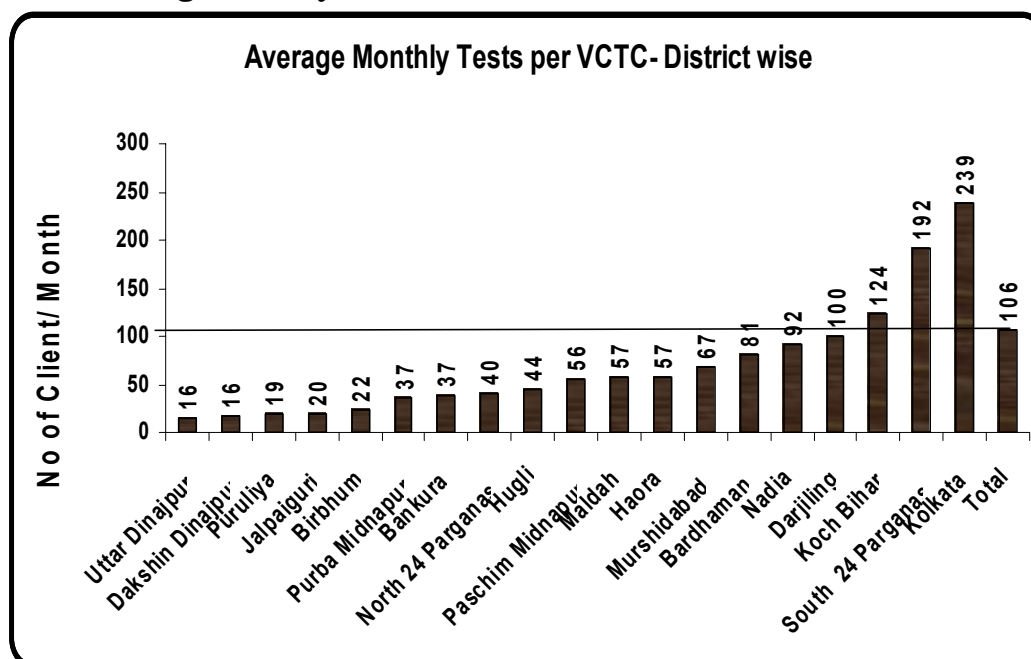


Proportion of HIV positivity is higher in the age-group of 0-14years than those among the age groups of 15-19 years and 20-24years. It may be due to the fact that HIV +ve parents bring their children more often for testing at VCTCs and critically ill children are often referred selectively by the pediatricians to the VCTC for testing. HIV positivity rate in the female clients outweighed that in the male counterparts in the age groups of 15-19, 20-24 and 25-29 years. This may be attributed mainly to a) early sex debut among females, b) early marriage of females in West Bengal at the age of 15-20 years (median age -17years) c) female sex workers are sexually active during the age group of 15-30 years and d) social and gender discrimination towards females mostly takes place in this age group. However, these observations may not be true for the general population as people attending the VCTC services may not be the representatives of the general population of the state. Positivity rate among males remained higher than females in 30-39, 40-49 and >50 years of age group. The overall positivity rate in male and female clients remained 9.1% and 8.7% respectively. Male female ratio among VCTC attendees is 1.6:1.



The chart below shows the tests done at the VCTC centers in the districts on a monthly basis. The figure varied widely 239 in kolkata to 16 in Uttar & Dakshin Dinajpur. Overall, the state average stood at 106. Kolkata, South 24 Parganas, Cooch-Bihar and Darjeeling performed quite fairly. However, there is a lot of scope to improve the performance of the other districts.

**2.1.13 Average Monthly Tests done District wise:**



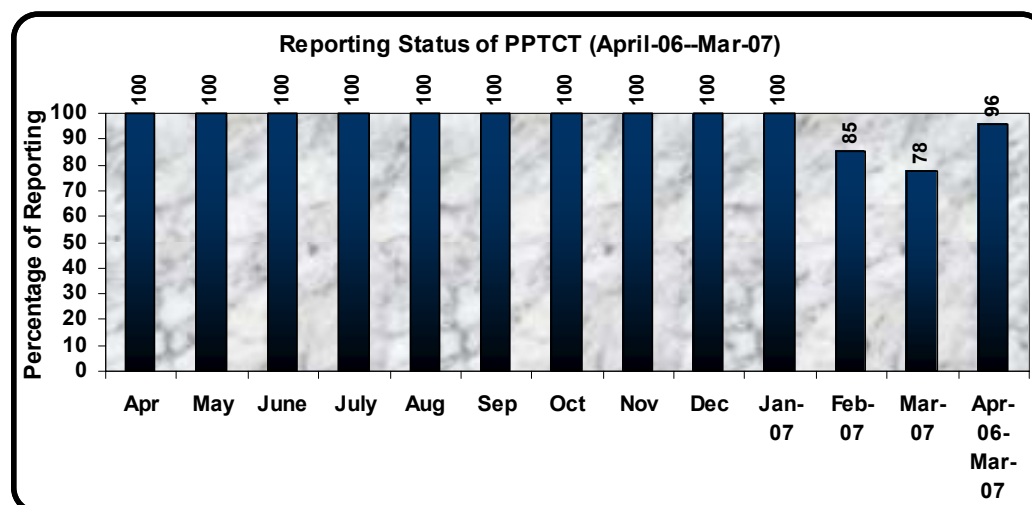
## 2.2 Prevention of Parent to Child Transmission (PPTCT) Centres:

The analysis takes into consideration the reports from the 20 out of 27 registered PPTCT centers in CMIS from across the districts of West Bengal, since other units opened only in January and therefore produced inadequate data for analysis.

Pregnant Women registrations	Pregnant Women counseled (pre-test)	Pregnant Women accepted HIV test	Found Positive	Positivity (%)
138997	128269	108530	203	0.19

### 2.2.1 Reporting Status:

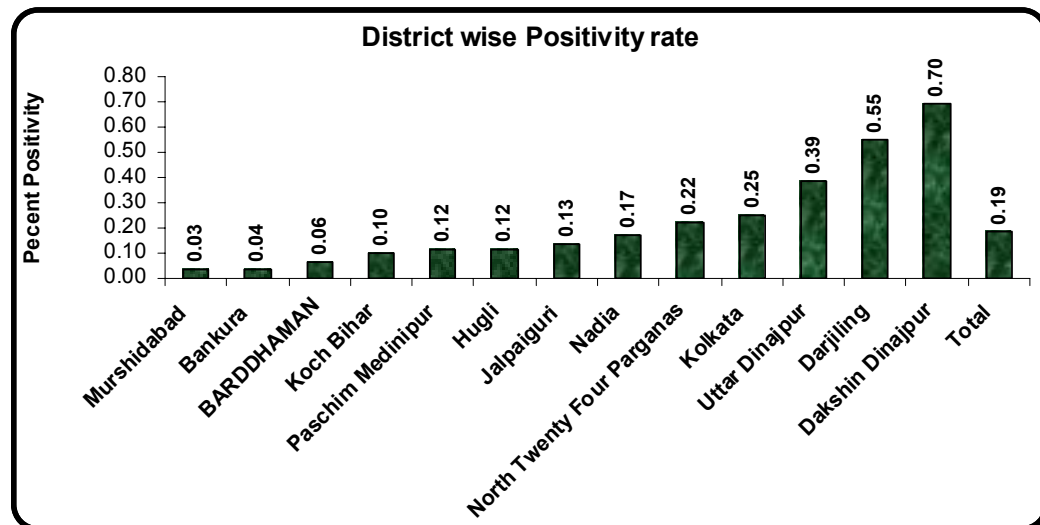
The chart shows the detailed percentage of reporting status in the reporting period.



The overall reporting remained very good at 99%, and this remained so almost throughout the reporting period.

### 2.2.2 Percentage Positive among ANC cases: -

The chart shows the district wise positivity rate among ANC cases.



The overall state average positivity rate remained at 0.19% in the reporting period. Murshidabad, Bankura & Barddhaman registered a very low positivity rate among the ANC clients, where as Uttar, Dakshin Dinajpur & Darjeeling registered a quite a high positivity rate in ANC clients. None was detected positive in Purba Midnapur, South 24 Parganas & Howrah out of those tested at the PPTCT center.

The chart below shows that the out of 202 positive mothers only 91 (45%) deliveries could be administered in the institutional set up; which is far below expectation. Out of these 90 (44.5%) were live births and 83 (41%) were administered with MB pair NVP. Again there is a lot of scope to improve the services under PPTCT programme components.



District	No of ANCs Found Positive	Total Deliveries by HIV positive mothers	Total Live Birth	MB Pair Administered
Murshidabad	1	0	0	0
Nadia	1	0	0	0
North Parganas	24	0	0	0
Jalpaiguri	1	0	0	0
Uttar Dinajpur	2	0	0	0
Dakshin Dinajpur	3	0	0	0
Hugli	3	0	0	0
Paschim Midnapur	4	4	4	7
Bankura	6	1	1	0
BARDDHAMAN	9	6	6	5
Darjiling	25	11	11	8
Kolkata	146	69	68	63
<b>Total</b>	<b>202</b>	<b>91</b>	<b>90</b>	<b>83</b>

### 3 Sexually Transmitted Diseases: -

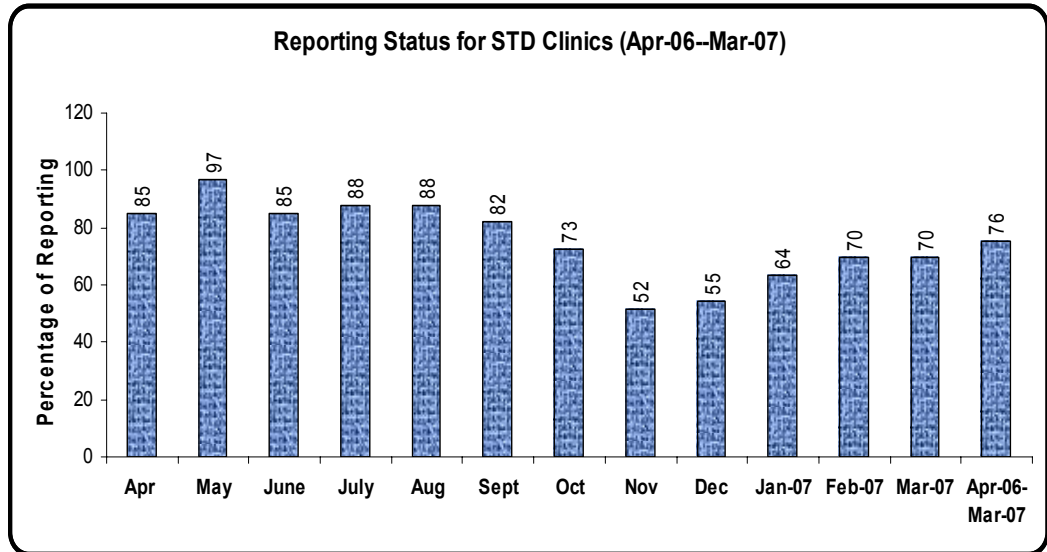
The analysis is based on total 34 STD Clinics registered in CMIS for the districts of West Bengal.

#### 3.1 reporting Status:-



Overall reporting from STD Clinics is 76% during the reporting period. The quality of reporting was also under scrutiny and necessary measures were taken to improve the quality of reporting. It is noticed that after some management decisions & policy changes both quality & quantity of reporting improved. However there is a lot of scope to improve the reporting to CMIS.

### 3.1 Reporting Status of STD Clinics

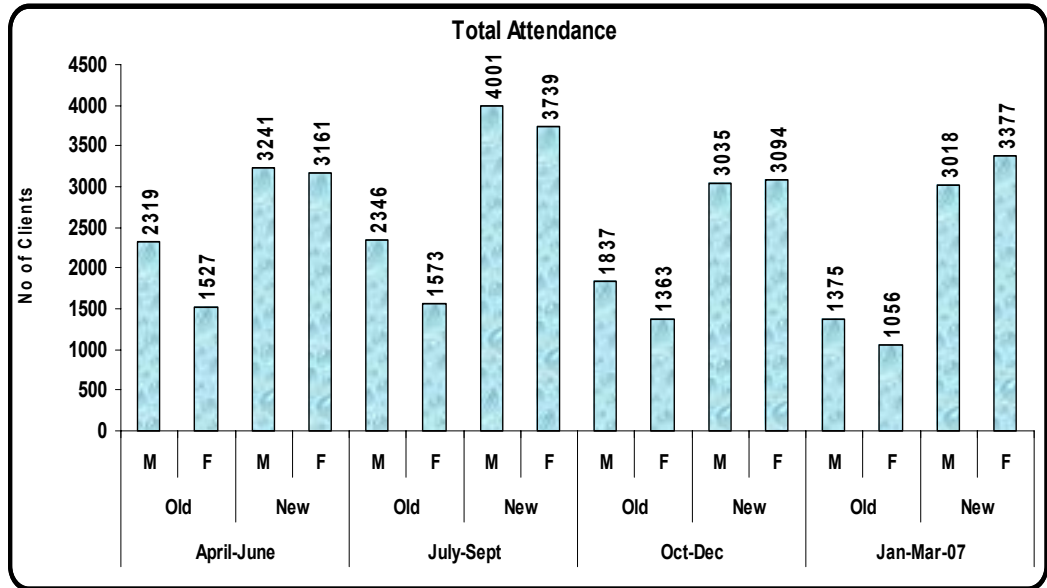


### 3.2 Total Attendance in STD Clinics: -

The chart below shows the quarterly distribution of old & new patients coming into the STD clinics for treatment. The proportion of male & female attendees in the clinics remained more or less same throughout the reporting period for the new patients. However, among the old patients male clients outnumbered female clients.

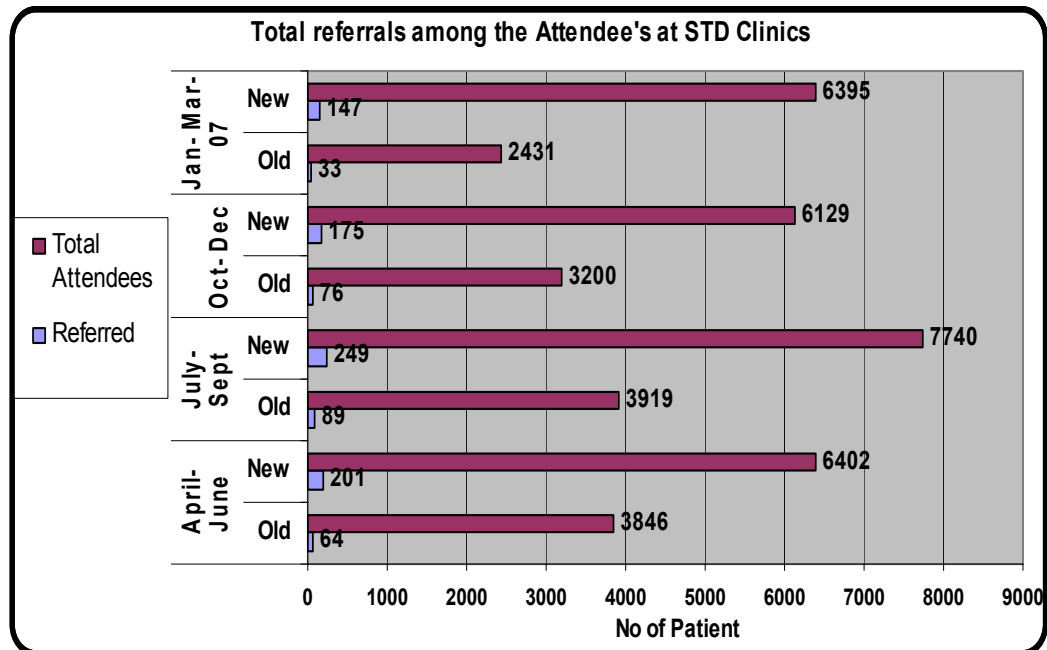
#### 3.2 Total no of Clients attended STD Clinics



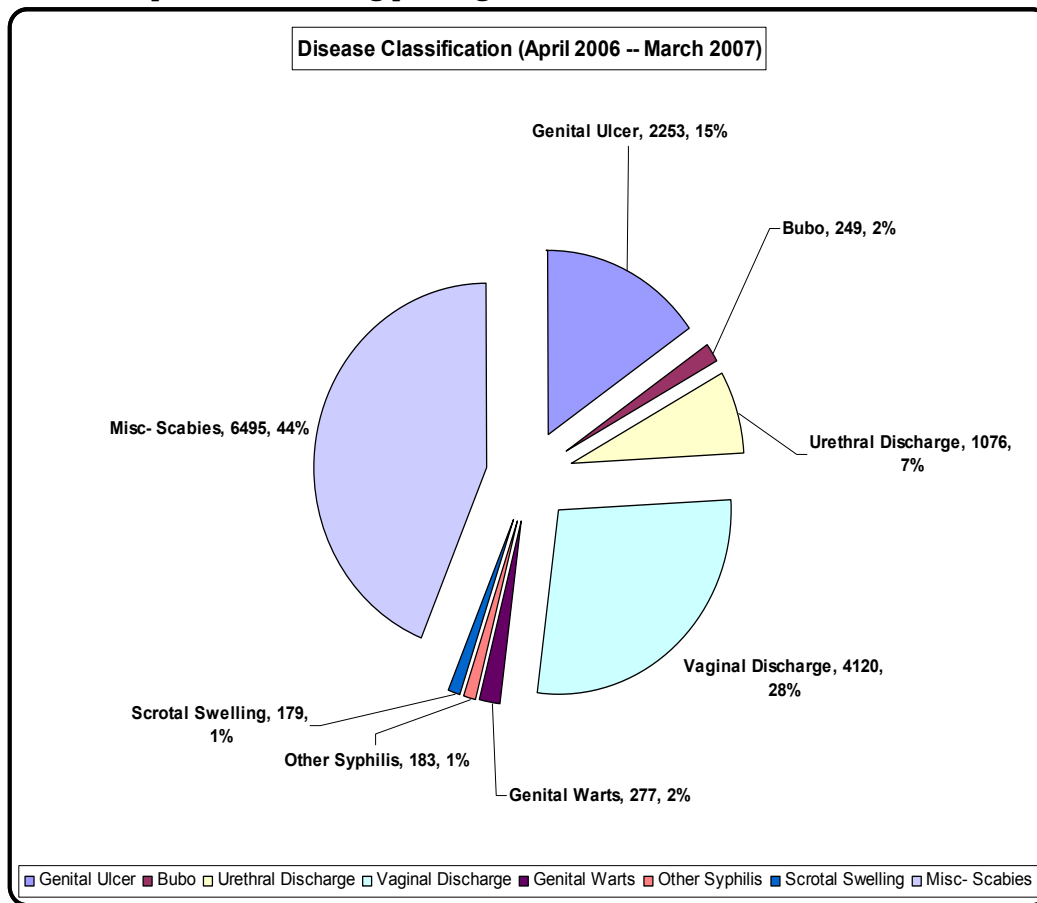


The total cases referred against total patients are shown in the graph below. Percentage referral to other clinics such as VCTC etc among attendees remained very low at around 2.6%, and the trend remained same for the all four quarters.

### 3.3 Total referrals among the attendees at STD Clinics



3.4 Distribution of cases among different conditions as reported by the STI clinics is depicted in following pie diagram. -





#### **4. Anti Retroviral Therapy Programme (ART)**

The Govt. of India launched free ART initiative on 1<sup>st</sup> April, 2004 at eight Govt. Hospitals in six high prevalence states. Since then, this is being scaled up in a phased manner and it is planned that free ART will be provided to 1,00,000 patients by the end of 2007 and 3,00,000 by 2011 in 250 centres across the country.

In West Bengal, free ART initiatives was launched at STM, Kolkata since March' 05 and then at NBMCH, Siliguri since March' 06. The target to provide ART service was set at 1500 for the year 2006-07.

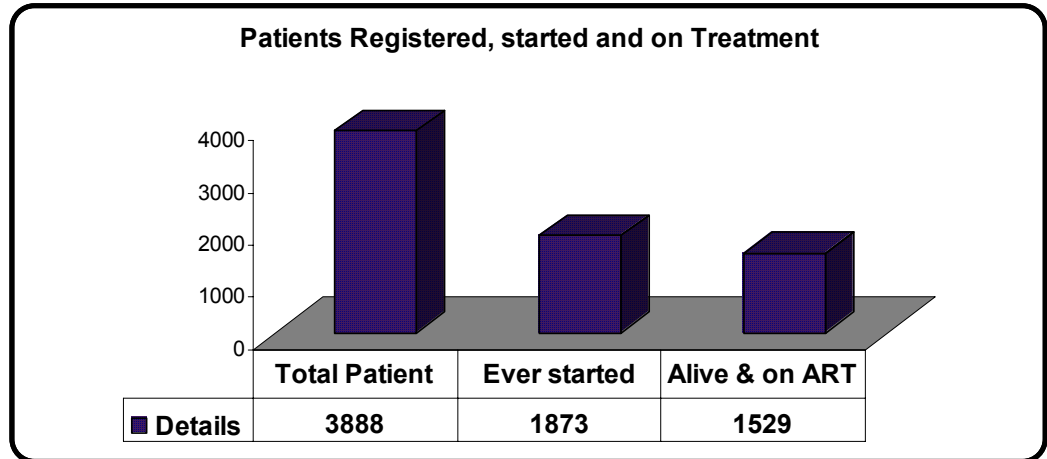
The National ART programme will also link with other programmes, such as the revised National Tuberculosis Control Programme, Reproductive & Child health programme and National rural health mission. Strengthening of referrals and linkages to PPTCT programme is being carried out so that women & children living with HIV/ AIDS have greater access to treatment.

The analysis in this report is based on the report received from 2 ART centers based in School of Tropical Medicine, Kolkata and North Bengal Medical College and Hospital, Siliguri. The timeliness and



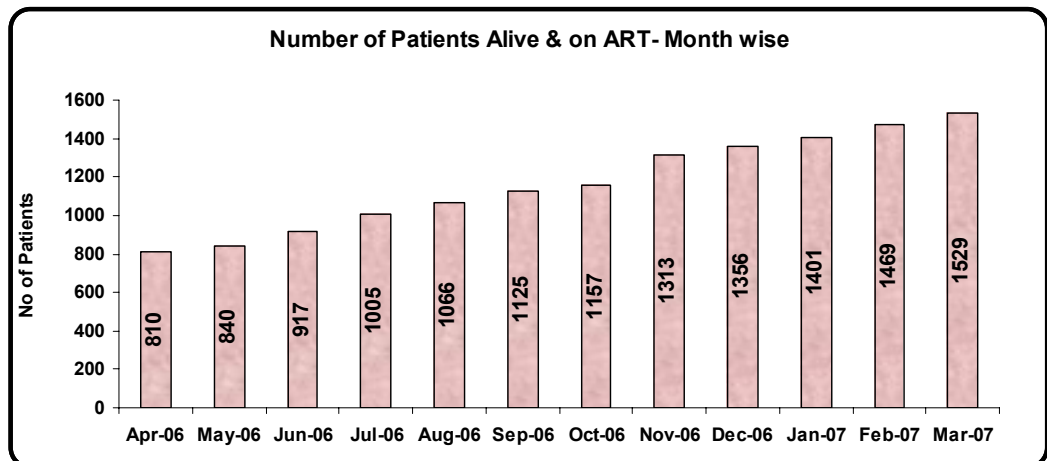
completeness of the reporting was good all through in STM and NBMC) remained excellent although.

**4.1 Detection – Disease-wise: -**



The patient load in the ART centers increased continuously in a similar trend throughout the reporting period.

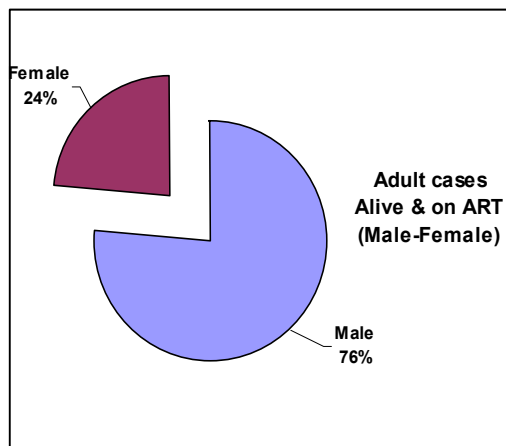
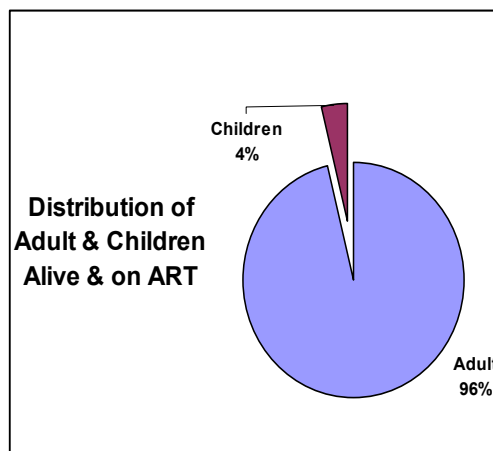
**4.2 No. of Patients Alive & on Treatment: -**



The chart below shows the proportion of male & female alive and on ART and proportion of children less than 15 years of age on ART.



**4.3 Distribution of Adult & Children Cases: - Distribution of Male & Female Adult Cases: -**

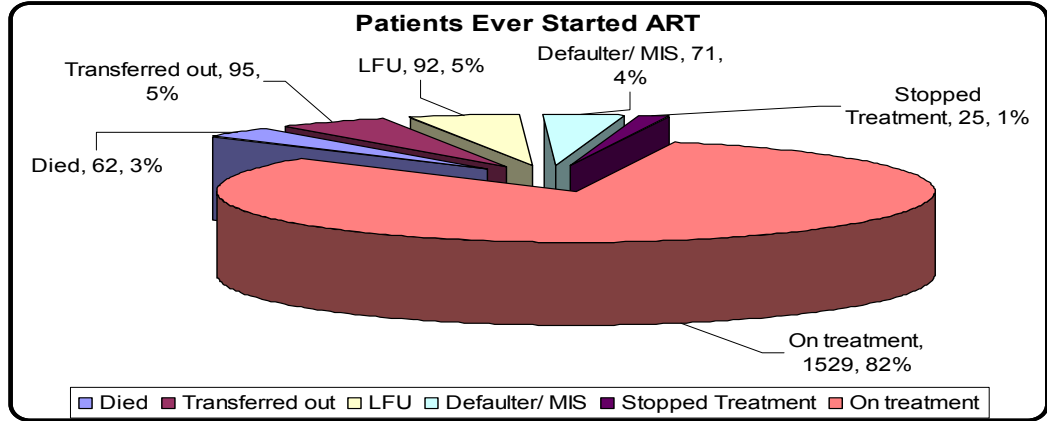


There is a clear gender bias in accessibility of the treatment. Out of total registered 2393 male patients 50% ever started on ART whereas only 31 percent females could be ever put on ART, the adherence to treatment is almost equal among male & female, and slightly better in female i.e. 84 percent as against 80 percent in male. Out of total patients on ART, only 4 percent are children with highest 92 percent of ever started still alive and on ART.

Till the end of the reporting period, 15th April 2007, the total number of patients registered at ART center is 3888. Out of these 48 percent ever started the ARV treatment and out of these 82 percent is alive and on ART.

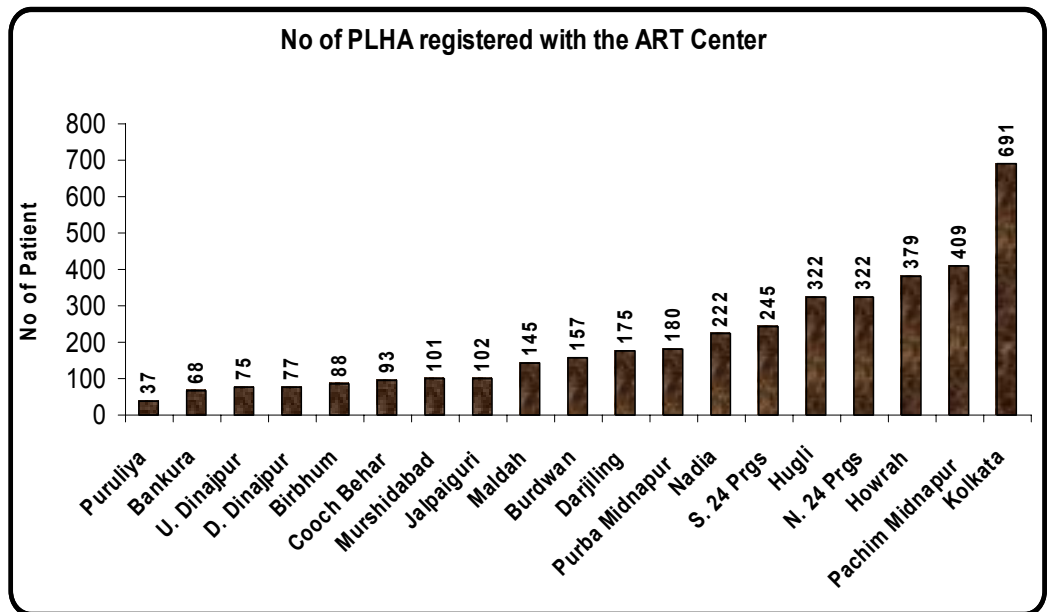
**4.4 Output of ART Services: -**





The chart below shows the patients from districts registered with the ART center. The maximum no of PLHAs are registered from Kolkata and varied from 37 from Puruliya to 691 in Kolkata.

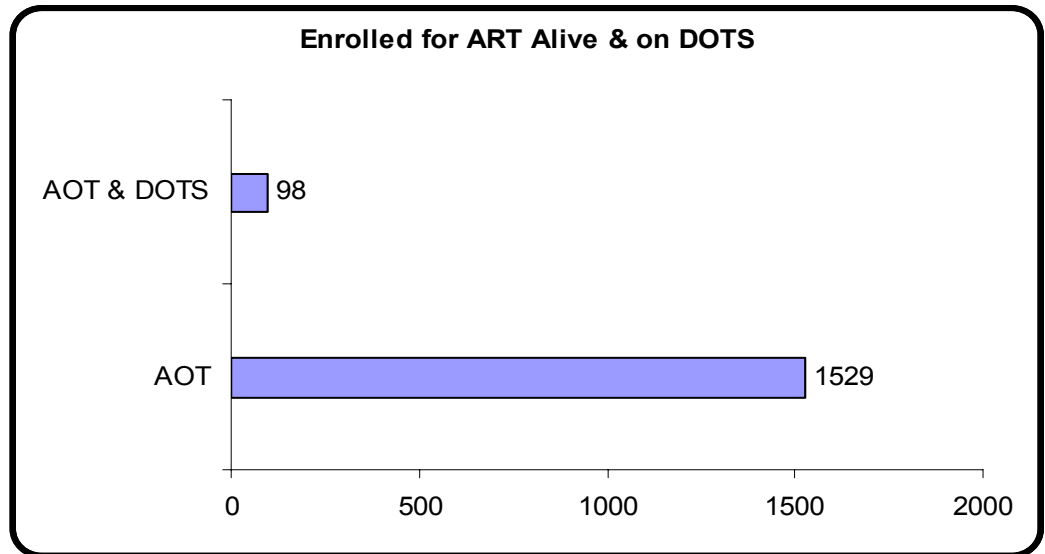
**4.5 District wise distribution of PLHAs registered with the ART Center: -**



Total 1529 patients are alive & on ART at the end of the reporting period and out of these 98 patients are under the DOTS also.

**4.6 Patients receiving ART & on DOTS**





The non-adherence\* to treatment stood at 5.7%; clearly showing the adherence to treatment remained at very high during the reporting period. This is good in terms of ART programming, although there is a lot of scope to improve the quality of service & more work is needed so that more & more PLHAs can access to the ART facilities.

Although, the number of people registering & receiving treatment increased continuously over the period, but it is still far way to reach even the 10 percent of the total estimated AIDS cases\* in the state.

\*

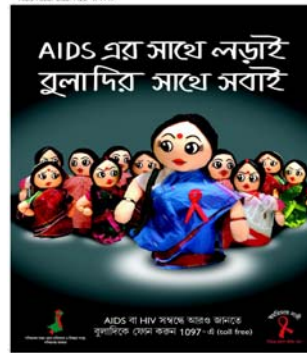
Note: Non Adherence Proportion (%) Based on:

Denominator= Ever Started - (Cumulative died + cumulative transferred out + stopped this month + MIS this month)

Numerator = Cumulative LFU



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



The year 2004 was a remarkable year for West Bengal State AIDS Prevention & Control Society. In this year (1<sup>st</sup> of December 2004, World AIDS Day) WBSAP&CS had launched the most successful mascot for awareness campaign ever created in the history of health communication of West Bengal.

“Buladi”- name for a next door neighbor health-worker started talking about HIV/AIDS with empathy, grace and courage and dealing with issues like

- Myth Clarification
- Condom promotion & safe practice
- STD HIV Linkages & Symptoms
- Risk Perception (To target self exclusion / self denial/ low self risk perception among general population)
- Addressing Sigma & discrimination towards PLWHA
- Call 1097/ VCTC

Buladi and HIV/AIDS awareness became synonymous to the urban West Bengal by using first evidence based 360°surround communication campaign by using TV-Radio, News paper-Magazines, Hoarding-Posters, Leaflets and toll-free tele-counselling line.

- Phase I :1 Dec 04-May05
- Phase II:June05-Mid Feb 06
- Phase III: Mid Feb- June 06





The effectiveness of the phase I & phase II campaign assessment findings conducted by Synovet Inc. in the year January – February 2005 and December 2005 and the more recently completed National Family Health Survey Wave -3 have revealed that the campaign has been able to raise general awareness levels on HIV/AIDS in West Bengal.

**Synovate study shows Knowledge Attributes among general population are as follows where N= 480 and 1560 (in two phases of survey)**

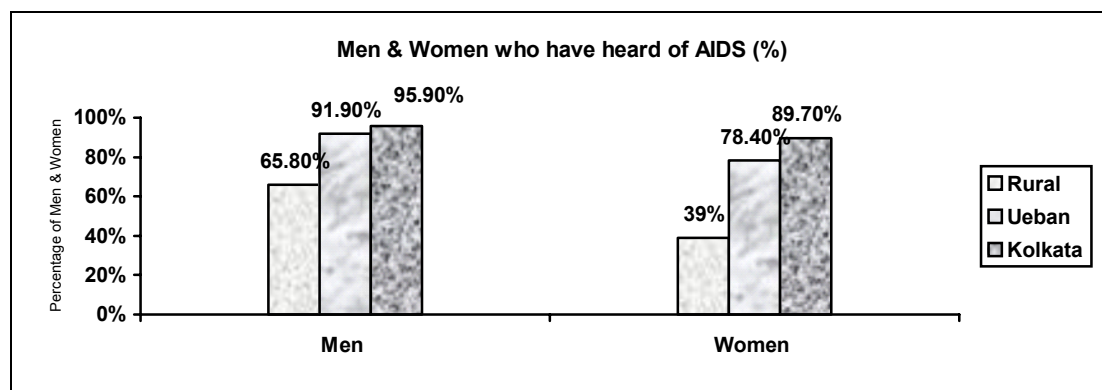
- 87% strongly agree that HIV/AIDS can be prevented by using condom during sex
- 91 % strongly agrees that HIV can be spread by sharing needle
- 75% agree that the virus can remain dormant in human body for number of years
- 91 % agree that HIV is transmitted from unprotected sex
- 75% agree that one can be affected by HIV even he/she has got a single sex partner

**The National Family Health Survey, Wave – 3, 2005-06 Findings**

The National Family Health Survey, Wave – 3, 2005-06 has revealed the degree of knowledge among ever married adults in rural and urban West Bengal and in Kolkata as well. The findings are encouraging as it reflects fairly high HIV/AIDS awareness level throughout the state, the city scenario being stronger however.

**Knowledge of HIV/ AIDS among Ever-Married Adults (15-49)**

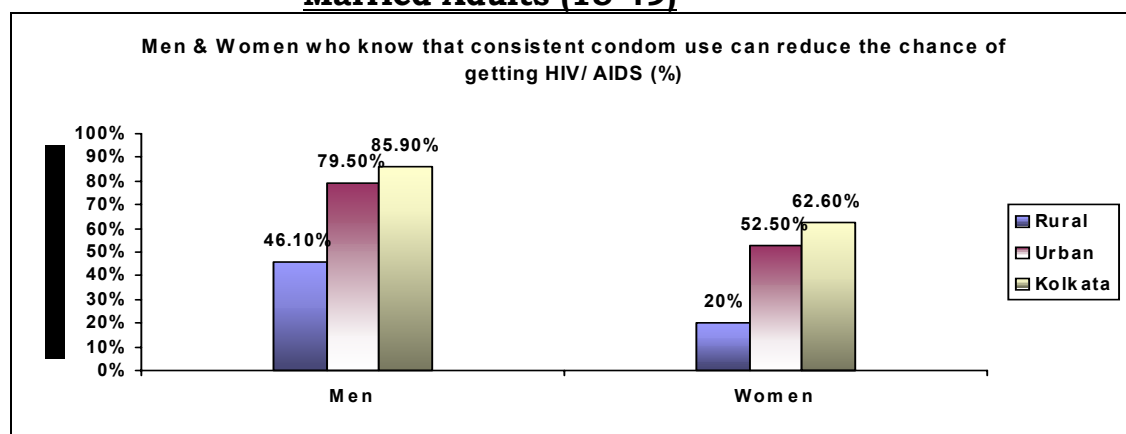




The above graph (NFHS -3) shows the following-

- 65.80 % of ever married rural men and 39% of ever married rural women having heard of HIV/AIDS
- 91.90 % of ever married urban men and 78.40% of ever married urban women having heard of HIV/AIDS
- 95.90 % of ever married men in Kolkata and 89.70% of ever married women in Kolkata having heard of HIV/AIDS

### Knowledge about consistent condom use among Ever-Married Adults (15-49)



The above graph (NFHS -3) shows the following-

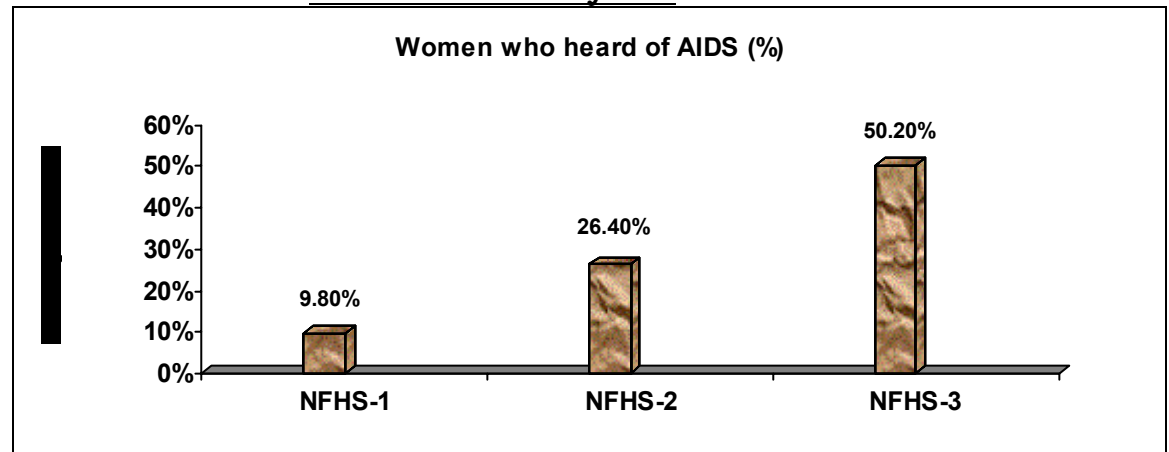
- 46.10 %** of ever married rural men and **20%** of ever married rural women know that consistent condom use can reduce the chance of getting HIV/AIDS
- 79.50 %** of ever married urban men and **52.50%** of ever married rural women know that consistent condom use can reduce the chance of getting HIV/AIDS





c) **85.90** % of ever married men and **62.60**% of ever married women in Kolkata know that consistent condom use can reduce the chance of getting HIV/AIDS

**Comparative study of knowledge on HIV/AIDS among women over the years**



The above graph (NFHS -3) reveals-  
Over the years, awareness among women on HIV/AIDS has increased from 9.80% (NFHS-I) to 50.20% (NFHS-3)

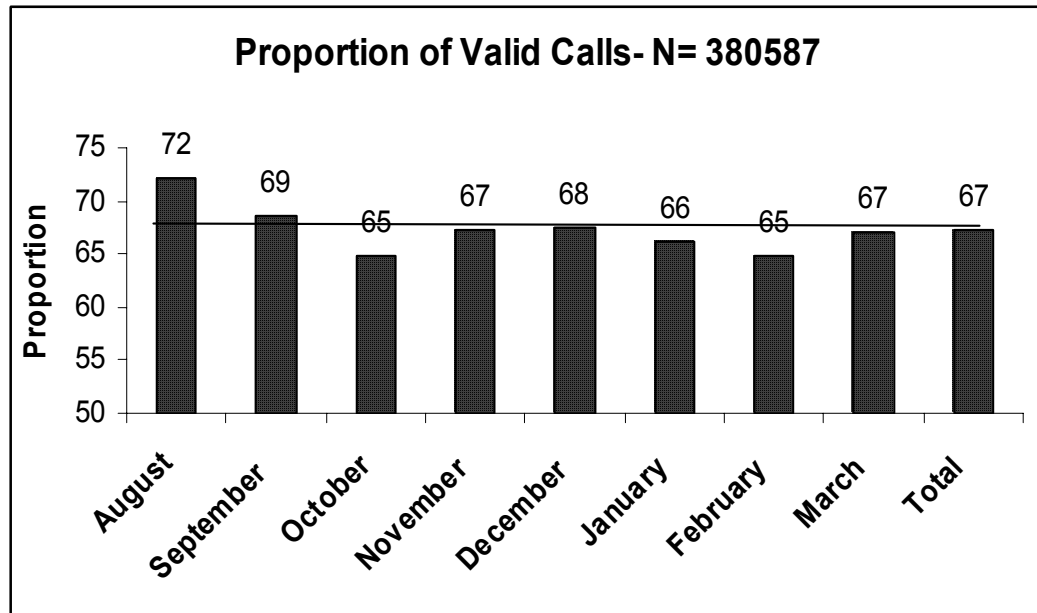
West Bengal State AIDS Prevention and Control Society has taken steps to furthermore strengthen the Campaign through rolling newer messages catering to a diverse audience segments with focus on behavioural change for taking up of safe health practices.

As part of IEC programme to prevent HIV in general population a very unique effort has been launched to reach people throughout the state. A Centralized system has been developed to provide counseling service on HIV/ AIDS through telephone & the number was made toll free. The programme launched on August, 2006 and generated a great response in terms of daily incoming calls attended. The system of telecounselling started functioning in August 2006. The analysis is based on the data received since August, 2006.



The graph below shows that the valid calls in proportion to total calls remained quite reasonable and stood at 67%, although there is a lot of scope to improve this picture.

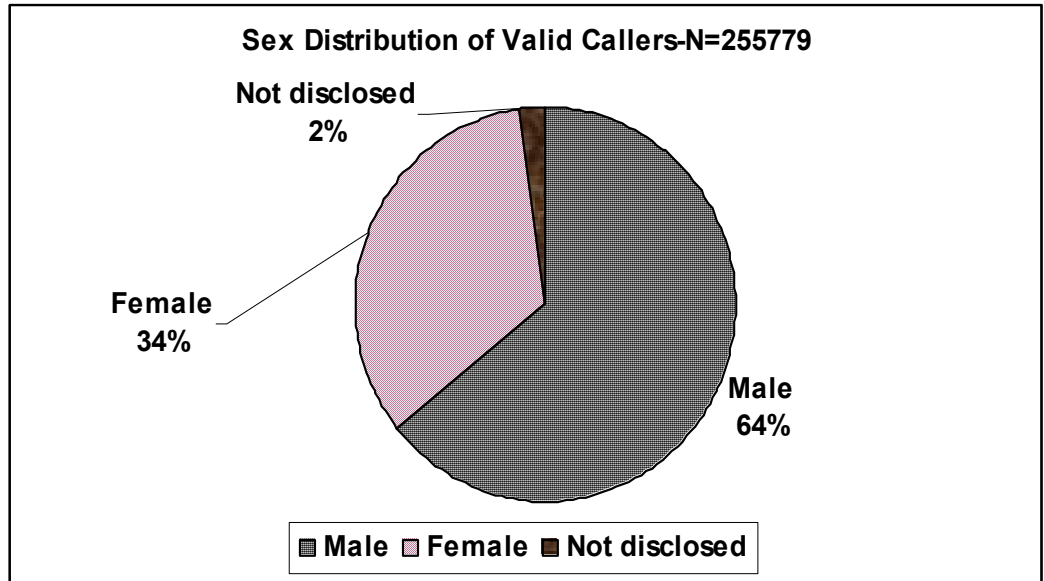
#### 5.1 Proportion of Valid Calls received



The sex distribution of the callers is depicted in the figure below; male callers are considerably higher in numbers (64%), in comparison to female callers (34%), and 2 % of the callers did not disclose their status.

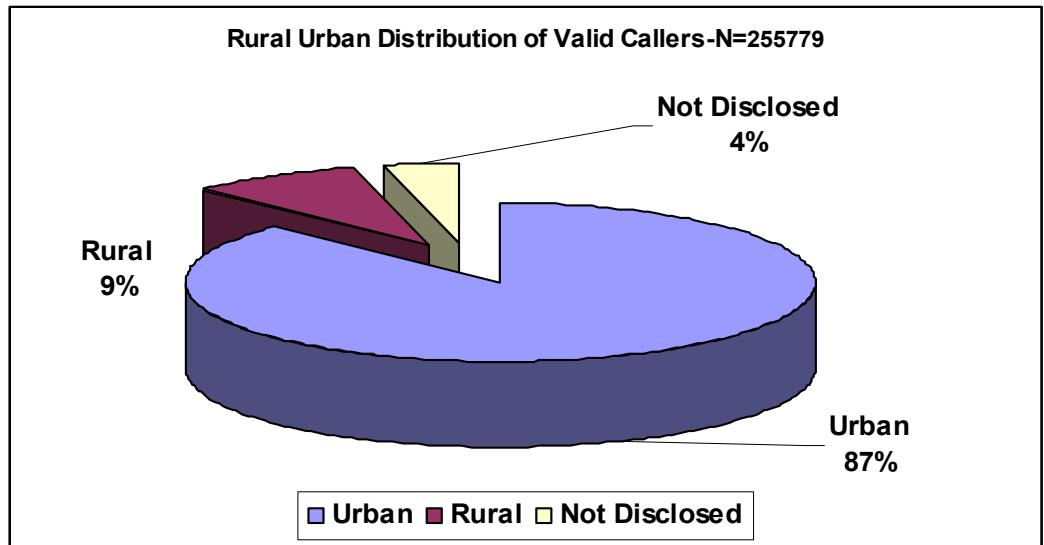
#### 5.2 Gender Distribution of the Valid Callers





Most of the callers were from urban areas (87%), which is also associated with the fact that Buladi' campaign was particularly successful in urban areas. Only 9% callers were from rural areas and 4% did not disclose their status.

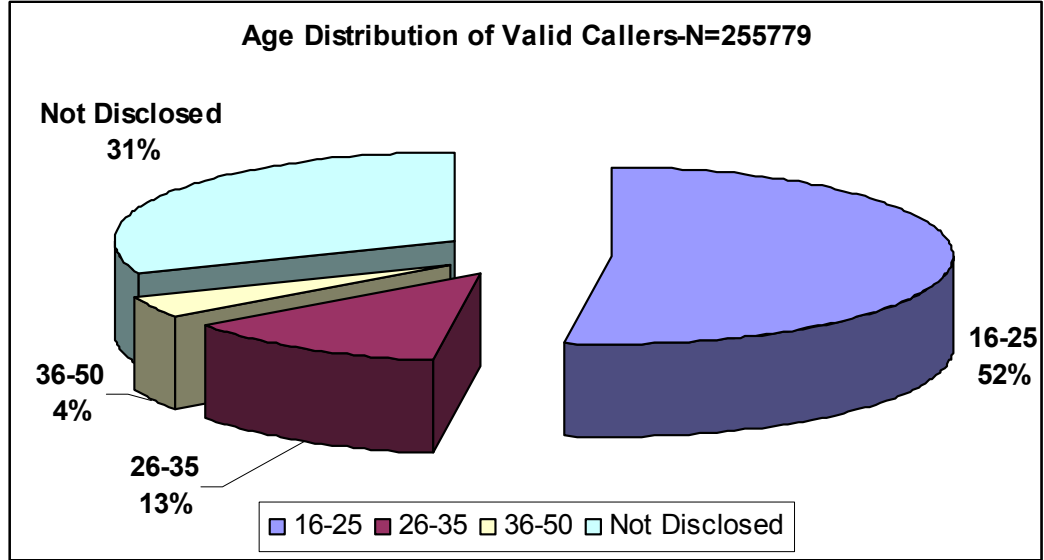
5.3 Locale Distribution of Valid Callers



Most of the callers were in 16-25 years of age group (52%), 17% of the callers were in the age group of 26-50 years and 31% did not disclose their age.

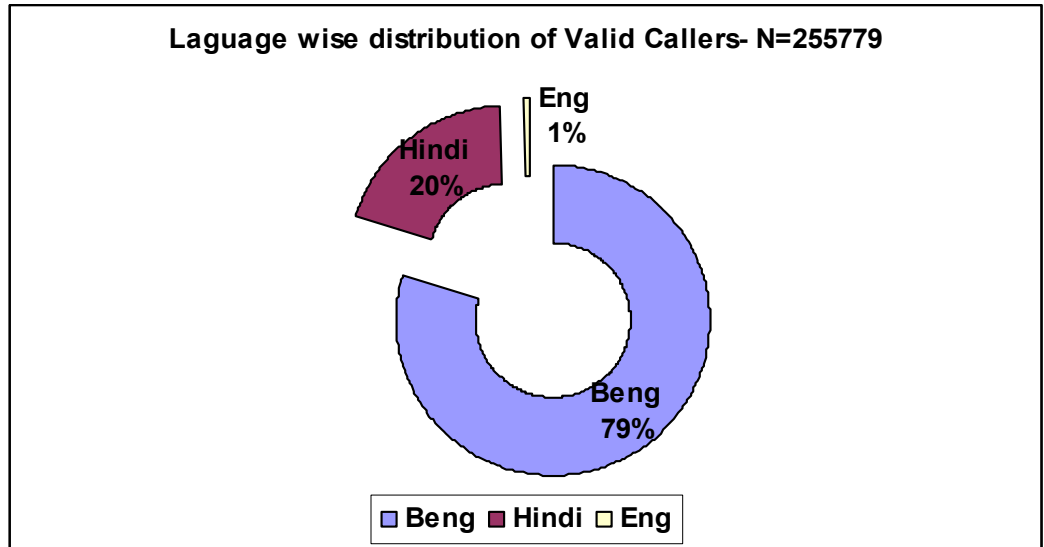


#### 5.4 Age Distribution of Valid Callers



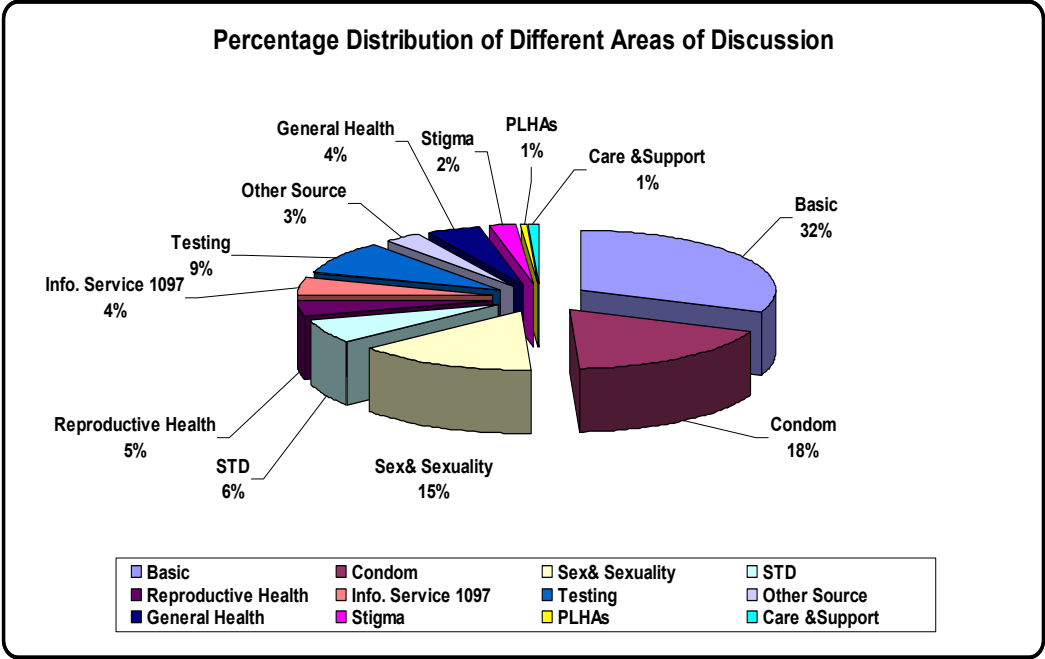
The diagram below shows the distribution of language the clients talked with the counsellor. Quite reasonably 79% of the clients talked in Bengali, 20% of the clients discussed their issues in Hindi.

#### 5.5 Language distribution of Valid Callers



#### 5.6 Different areas of Operation





The above diagram shows the different areas where the counselors had discussion with the clients. Most sought after area where most of queries generated are basics of HIV/AIDS (39.67%). Condoms and Sex & Sexuality were other two important areas.

Although the programme is in its early stage of operation, the response it generated is quite encouraging. The State AIDS Prevention & Control Society is in the process to make the programme more easily available.



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

Evidence shows that globally more than 80% of HIV transmission occurs through sex - the most powerful and basic instinct of humankind. In India too, there is emerging evidence, from several small studies among the urban students, of marked difference between the sexual behaviour of young men and women. Premarital unsafe sexual activity with many partners including casual and commercial partners is common, specially among young men. Modelling study shows that new infection of HIV is mainly occurring among indirect FSWs, migrant population, truckers and MSM.

Mapping study shows that the state has a large population from high risk groups like female sex workers (FSWs), men who have sex with men (MSM) and injecting drug users (IDUs). They are present in all the districts.

West Bengal is one of the first States in the country to have started Targeted Interventions Programmes which played a major role in reducing the risk of transmission of HIV from high risk groups (HRG) to the general population.

Targeted interventions specifically refer to interventions that work with high risk behavior groups. The central purpose of targeted interventions is to provide services that target high risk populations who need to practice safe behaviors that reduce transmission of HIV. The key rationale for setting up Targeted Interventions is to provide services to the high risk groups which are not currently available to the community.

### **Target population**

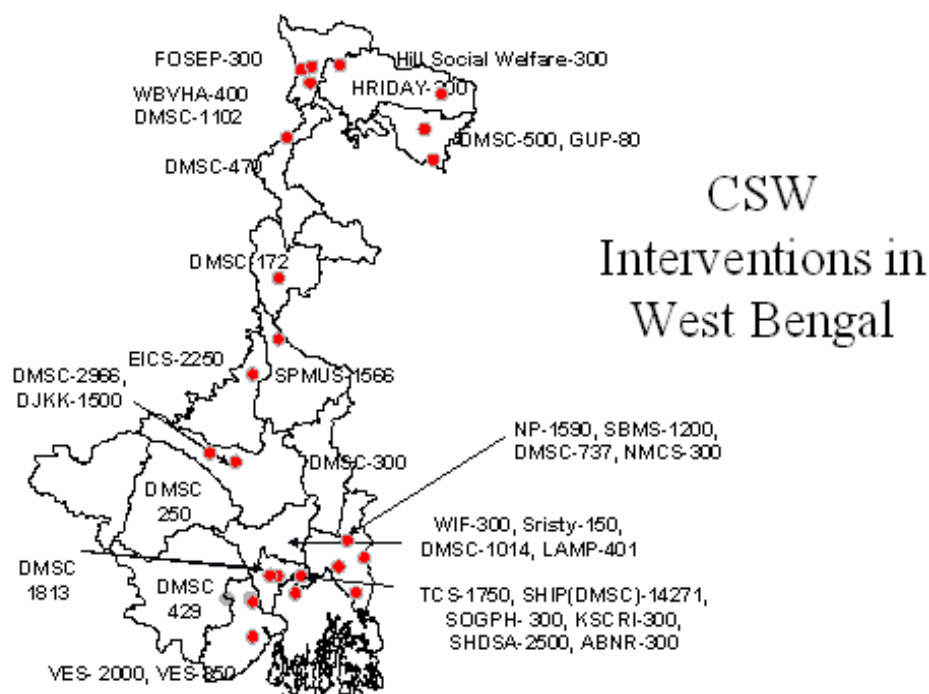
These **core** high risk groups (HRGs) of individuals who are most at risk include:

- Female sex workers (FSWs)
- High-risk men who have sex with men (MSM), and trans-genders (TGs)
- Injecting drug users (IDUs)

The broader transmission of HIV beyond these HRGs often occurs through their sexual partners, who also have 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.



**Figure 6.1: The geographical distribution of FSW projects in West Bengal**

### **Achievements of Targeted Interventions among Female Sex workers (2006 – 2007)**

The following table shows the achievements of TIs among female sex workers working in West Bengal during 2006 – 2007.

Table 6.1: Achievement of TI activities among FSWs

<b>Indicators</b>	<b>Achievement</b>
Total no. of interventions	29
Total no. of STI clinic	67
Total no. of condom demonstrations	43152
Total no. of condom outlets	1486

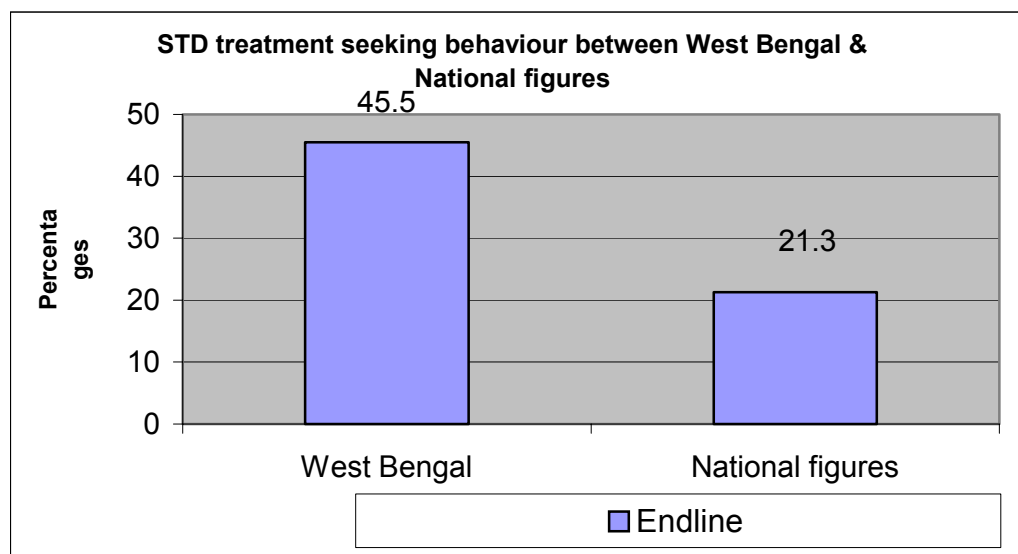


Total no. of referrals to VCCTC	2698
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**Table 6.2: Target Vs. Achievement of TI activities among FSWs**

Indicators	Target	Achievement	% of Achievement
Total coverage of population	70000	47710	65.96 %
Total Counselling for STI	30632	38072	66.45 %
Total STI treatment	30632	38822	126.73 %
Total no of social Marketing of condom	513456	6665932	129.80 %
Total no. of Condoms distributed free	1826215	1279026	70.03 %
Total no. of FGDs conducted	13634	12545	92.00 %
Total no of GDs conducted	9116	8768	96.18 %
Total no of Street play conducted	594	601	101.17 %

Figure 6.2: Comparison of STD treatment seeking behaviour among FSWs between West Bengal & National figures



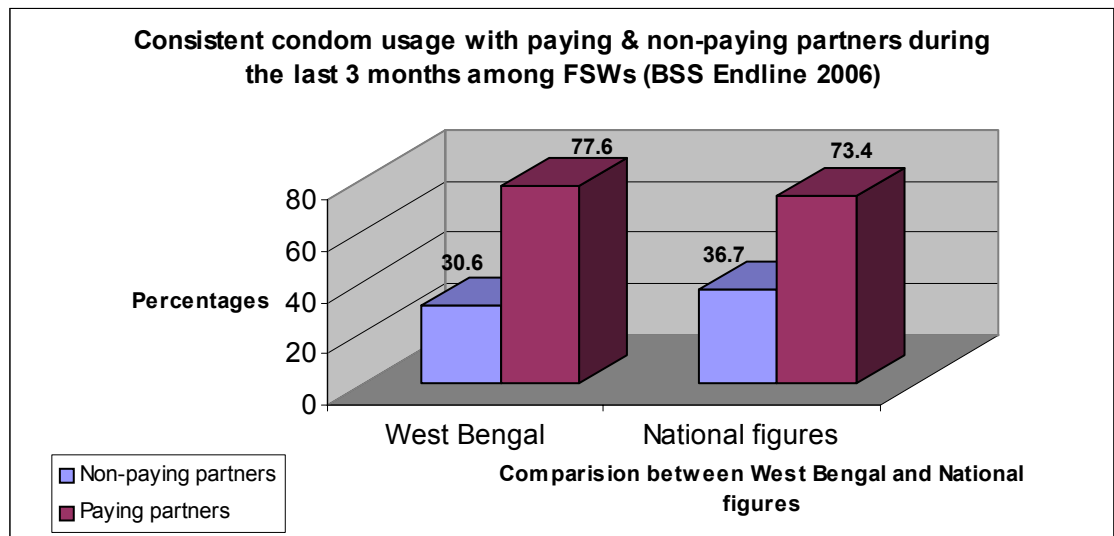
The total STI treatment among FSWs during the year 2006 – 2007 was 38822. The above figure indicates that the





treatment seeking behaviour among FSWs in West Bengal is higher than the national figures.

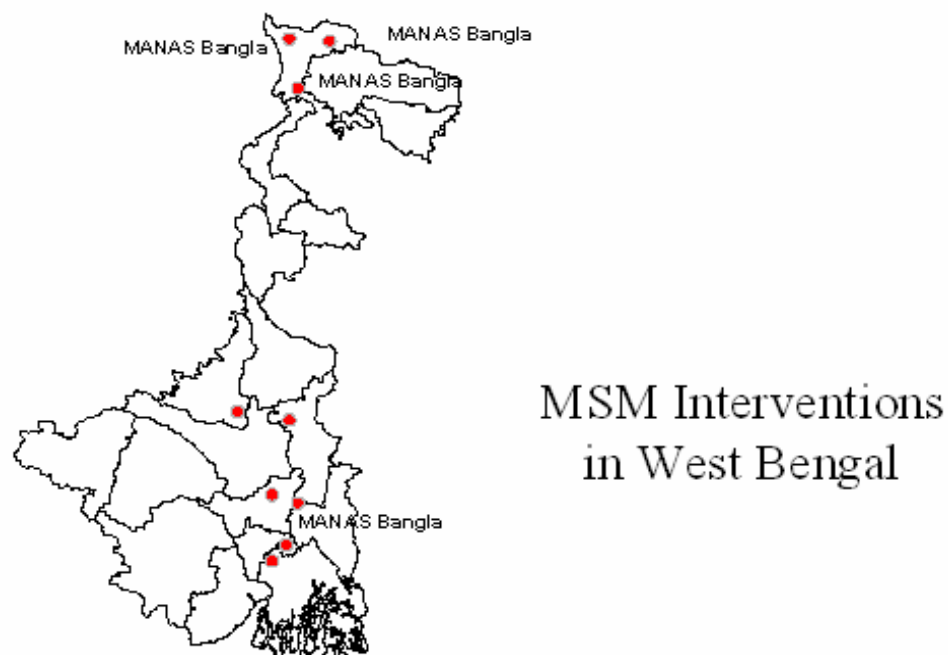
**Figure 6.3: Consistent condom usage with paying and non-paying partners during last 3 months among FSWs**



The total number of condom socially marketed among FSWs during 2006 – 2007 was 6665932. The BSS Endline survey 2006 figures indicate that consistent condom use with paying partners among FSWs in West Bengal is higher than the national figure. However, the national figure of consistent condom use with non paying partners is slightly higher in comparison to West Bengal.



## Men who have Sex with Men (MSM) & Transgender (TG)- definition & profile



**Figure 6.4: The geographical distribution of MSM projects in West Bengal**

### Achievements of Targeted Interventions among MSMs (2006 – 2007)

The following table shows the achievements of TIs among MSMs working in West Bengal during 2006 – 2007.

**Table 6.3: Achievement of TI activities among MSMs**

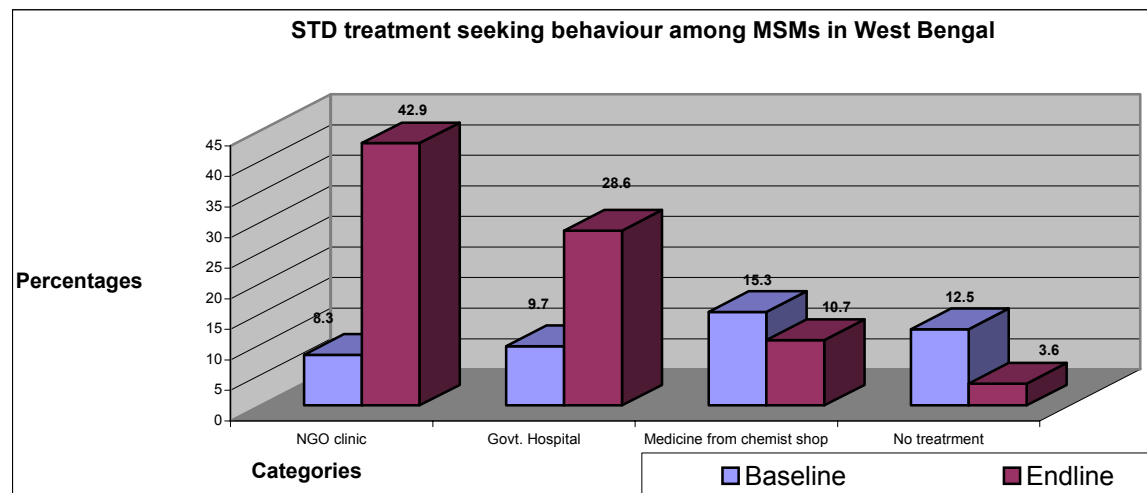
Indicators	Achievement
Total no. of interventions	2
Total no. of STI clinic	7
Total no. of referrals to VCCTC	418



**Table 6.4: Target Vs. Achievement of TI activities among MSMs**

Indicators	Target	Achievement	% of Achievement
Total Coverage	15000	9500	63.30 %
Total Counselling for STI	800	3051	381.37 %
Total STI treatment	800	2377	297.12 %
Total no of social Marketing of condom	3201	3203	100.06 %
Total no. of Condoms distributed free	624000	115169	18.45 %
Total no. of FGDs conducted	288	388	134.00 %
Total no of GDs conducted	192	218	113.00 %
Total no. of street drama organised	11	11	100.00 %

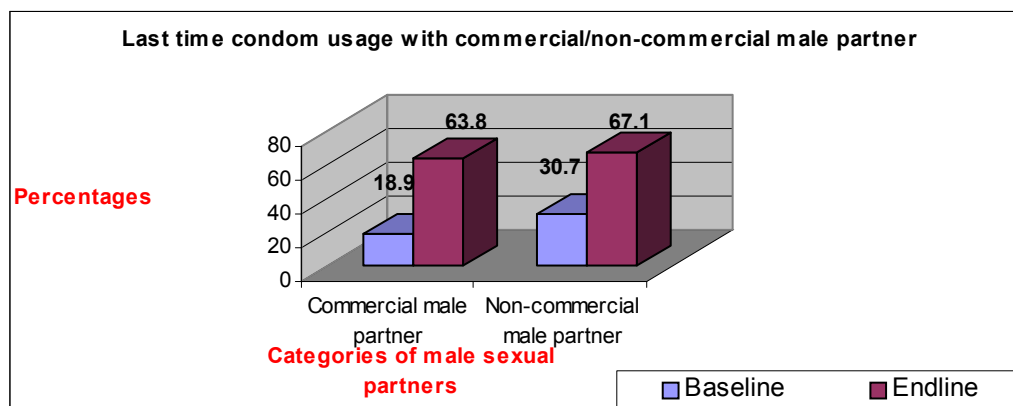
**Figure 6.5: STD treatment seeking behaviour among MSMs in West Bengal**



The total STI treatment among MSMs during the year 2006 – 2007 was 2377. The above figure indicates that the STD treatment seeking behaviour among MSMs in West Bengal has increased manifold, which is evident from the increase in patient load in both NGO clinic and Govt. hospitals. It is also evident that the percentage of MSMs seeking treatment from NGO clinic has increased (8.3% to 42.9%) in comparison to other STD service providers. Moreover, number purchasing medicines from chemist shops without consulting a doctor has decreased and the number seeking treatment has increased.

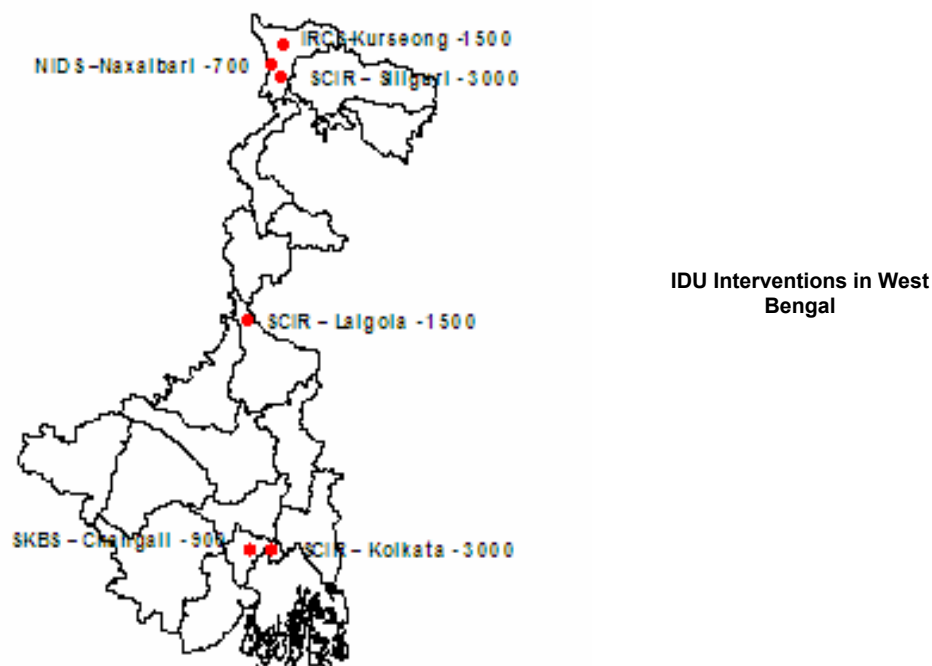


**Figure 6.6: Last time condom usage with commercial/non – commercial male partners**



The total number of condom socially marketed in the year 2006 – 2007 was 3203. The above figure indicates that the percentage of last time condom use with both commercial and non-commercial partners has increased.

### **Injecting Drug Users (IDUs) – definition and profile**



**Figure 6.7: The geographical distribution of IDU projects in West Bengal**  
**Achievements of Targeted Interventions among IDUs**  
**(2006 – 2007)**

The following table shows the achievements of TIs among IDUs working in West Bengal during 2006 – 2007.

**Table 6.5: Achievement of TI activities among IDUs**

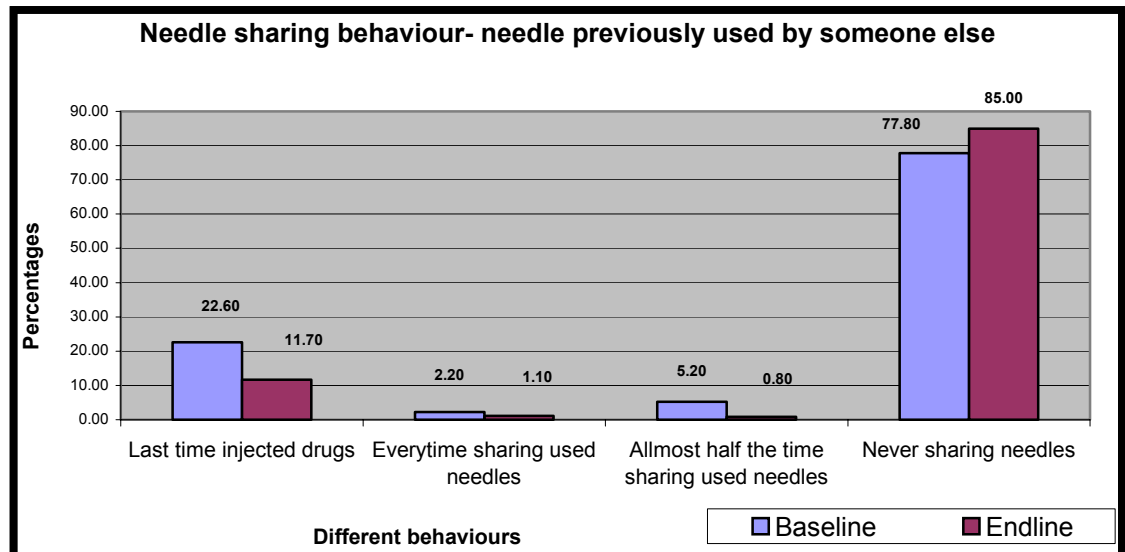
<i>Indicators</i>	<b>Achievement</b>
Total no. of interventions	6
Total no. of STI clinic/DICs	15
Total no. of condom demonstrations	485
Total no. of condom outlets	2
Total no. of referrals to VCCTC	521
No of abscess management	33131

**Table 6.6: Target Vs. Achievement of TI activities among IDUs**

<b>Indicators</b>	<b>Target</b>	<b>Achievement</b>	<b>% of Achievement</b>
Total coverage	18000	9900	55.00 %
Total Counselling for STI	3251	1701	52.32 %
Total STI treatment	732	246	34.00 %
Total no of social Marketing of condom	2030	2174	107.00 %
Total no. of Condoms distributed free	67813	76018	112.09%
Total no. of FGDs conducted	958	642	67.00 %
Total no of GDs conducted	1114	809	72.62%
Total no street play/Drama conducted	76	76	100.00 %
No. of Needle & Syringe exchanges done	269006	267291	99.36%
No of cases for Addnok management	1325	1871	141.20%



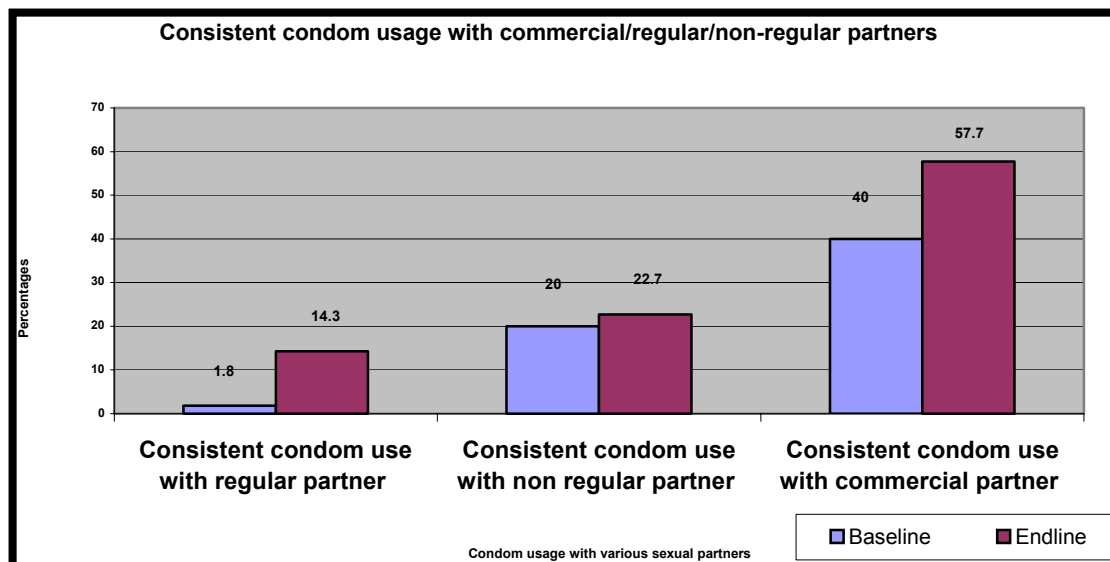
**Figure 6.8: Needle sharing behaviour – needle previously used by some one else**



Number of needle-syringe exchange in the year 2006 – 2007 has been 267291. The above figure indicates that there has been a decline in the sharing of needles among IDUs (in case of last time injected drugs, every time sharing used needles & almost half the time sharing used needles) and an increase in the percentage of IDUs who had never shared needles.

**Figure 6.9: Consistent condom use with commercial/non-regular partners**





The number of condoms socially marketed in the year 2006 – 2007 was 2174. The above figure indicates an increase in the percentage of consistent condom use with commercial, regular and non-regular partners of an IDU.

### **Coverage of HRG and Bridge population in West Bengal**

Beside the High risk population, WBSAP&CS has also been working with bridge population through Targeted interventions among Truckers, Migrant Labourers and Street children. The following table shows both the coverage and number of Targeted Interventions in West Bengal both among HRGs and bridge population.



**Table 7: Coverage of HRG and Bridge Group population in West Bengal in 2006-2007**

Target Group	Estimated Population		No. of interventions in 2006-2007	Coverage 2006-2007	
	By TNS MODE	By WBSAP&CS		Total Coverage	% Coverage (% calculated on the basis of population Estimation by WBSAP&S)
FCSW	49180	70000	29	47710	68.15%
MSM	4118	15000	2	9500	63.33 %
IDU	13418	18000	6	9900	55.00 %
<b>Total HRGs</b>	<b>66716</b>	<b>103000</b>	<b>37</b>	<b>67110</b>	<b>65.15%</b>
Truckers	61165	500000	17	269500	53.90 %
Migrant Labour		800000	9	213850	26.73%
Street Children	13752	100000	1	80000	80.00 %
<b>Total Non-HRGs</b>		<b>1400000</b>	<b>27</b>	<b>563350</b>	<b>40.23%</b>
<b>TOTAL</b>		<b>1503000</b>	<b>64</b>	<b>630460</b>	<b>41.94%</b>

In the next year, there will be further scaling up of operations. The current response will be further strengthened by scaling up interventions in general population. The programme will be decentralized to the district level during NACP-III and district AIDS Units will be set up soon. Strategic information management system will be further strengthened at the state and district levels. A conscious and continuous effort will be made to work





against stigma and discrimination against PLWHAs, and to create an enabling environment for their care and support. The West Bengal State AIDS Prevention and Control Society is committed to maintaining the low prevalence status of the West Bengal in the years to come.

## **Finance and audit report**

### **Fund received and utilized during 2006- 2007**

Sl No.	Project grant amount	Opening balance (lakhs)	Other receipts	Fund received	Total	Fund utilized	Balance
1.	World bank assisted	376.95	19.03	1544.92	1940.90	1676.33	264.57
2.	DFID assisted	465.22	18.16	2063.42	2546.80	2546.80	-
	Total	842.17	37.19	3608.34	4487.70	4223.13	264.57

Audit for 2006-07 has been done for both the project, components.



## List of Abbreviations

<b>AHSS</b>	<b>:</b>	<b>Annual HIV Sentinel Surveillance</b>
<b>AIDS</b>	<b>:</b>	<b>Acquired Immunodeficiency Syndrome</b>
<b>APER</b>	<b>:</b>	<b>Annual Performance Review</b>
<b>API</b>	<b>:</b>	<b>AIDS Programme Effort Index</b>
<b>ART</b>	<b>:</b>	<b>Anti Retroviral Therapy</b>
<b>BCC</b>	<b>:</b>	<b>Behavioural Change Communication</b>
<b>BSS</b>	<b>:</b>	<b>Behavioural Surveillance Survey</b>
<b>CBO</b>	<b>:</b>	<b>Community Based Organization</b>
<b>CMIS</b>	<b>:</b>	<b>Computerized Management Information System</b>
<b>CSW</b>	<b>:</b>	<b>Commercial Sex Worker</b>
<b>DOTS</b>	<b>:</b>	<b>Directly Observed Therapy Services (for TB diagnosis and treatment)</b>
<b>EQAS</b>	<b>:</b>	<b>External Quality Assurance System</b>
<b>FSW</b>	<b>:</b>	<b>Female Sex Workers</b>
<b>HIV</b>	<b>:</b>	<b>Human Immunodeficiency Virus</b>
<b>HRG</b>	<b>:</b>	<b>High Risk Group</b>
<b>ICTC</b>	<b>:</b>	<b>Integrated Counselling &amp; Testing Center</b>
<b>IEC</b>	<b>:</b>	<b>Information Education Communication</b>
<b>IDU</b>	<b>:</b>	<b>Injecting Drug User</b>
<b>M&amp;E</b>	<b>:</b>	<b>Monitoring &amp; Evaluation</b>
<b>MIS</b>	<b>:</b>	<b>Management Information System</b>
<b>MSM</b>	<b>:</b>	<b>Men having Sex with Men</b>
<b>NACO</b>	<b>:</b>	<b>National AIDS Control Organization</b>
<b>NACP</b>	<b>:</b>	<b>National AIDS Control Programme</b>

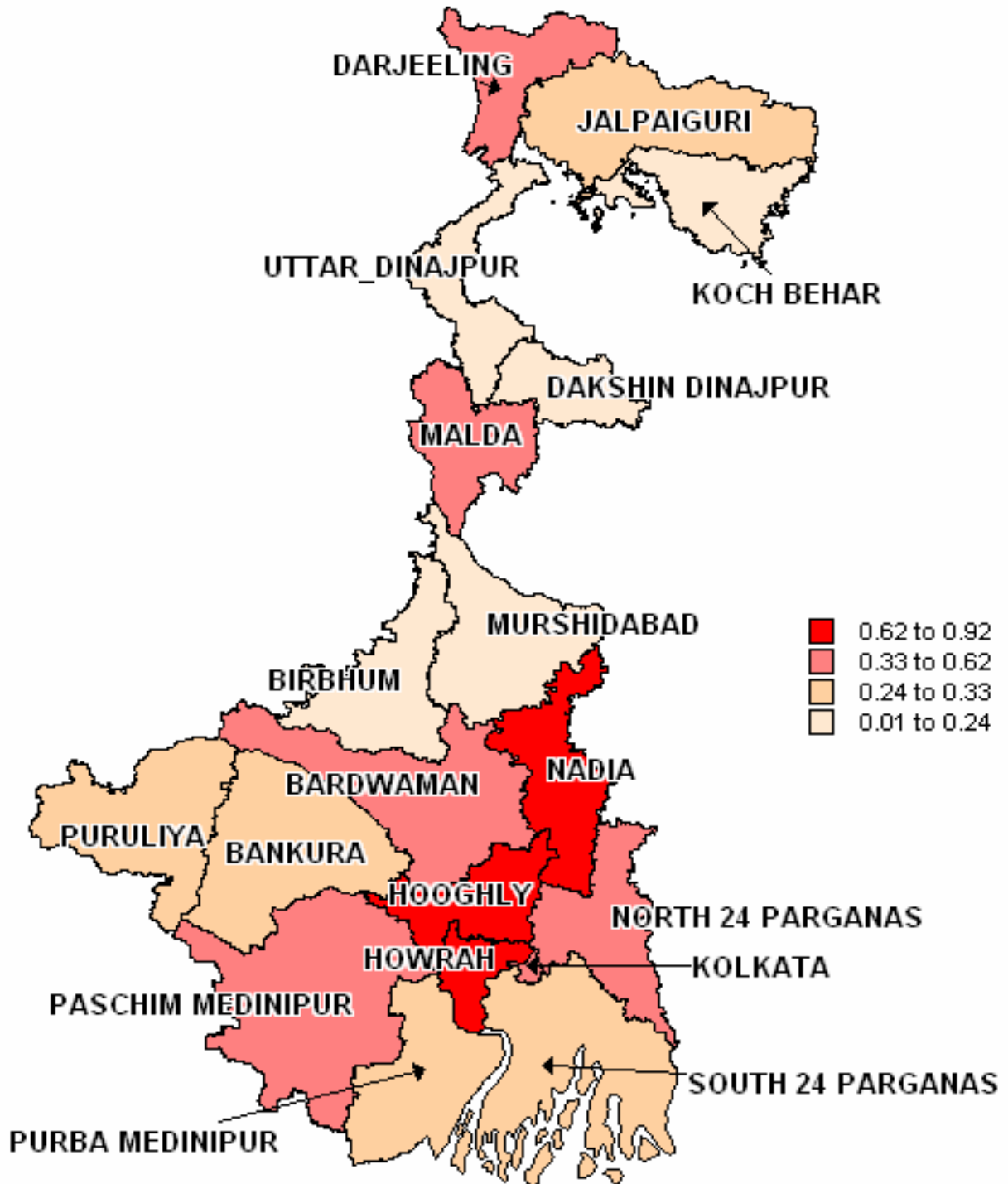


<b>NGO</b>	<b>:</b>	<b>Non Governmental Organization</b>
<b>OI</b>	<b>:</b>	<b>Opportunistic Infection</b>
<b>OR</b>	<b>:</b>	<b>Operations Research</b>
<b>PLHA/ PLWHA</b>	<b>:</b>	<b>People Living with HIV and AIDS</b>
<b>PPTCT</b>	<b>:</b>	<b>Prevention of Parent to Child Transmission</b>
<b>HIV</b>	<b>:</b>	<b>Human Immunodeficiency Syndrome</b>
<b>SACS</b>	<b>:</b>	<b>State AIDS Control Society</b>
<b>SIMU</b>	<b>:</b>	<b>Strategic Information Management Unit</b>
<b>STD</b>	<b>:</b>	<b>Sexually Transmitted Disease</b>
<b>STI</b>	<b>:</b>	<b>Sexually Transmitted Infection</b>
<b>VCT</b>	<b>:</b>	<b>Voluntary Counselling and Testing</b>



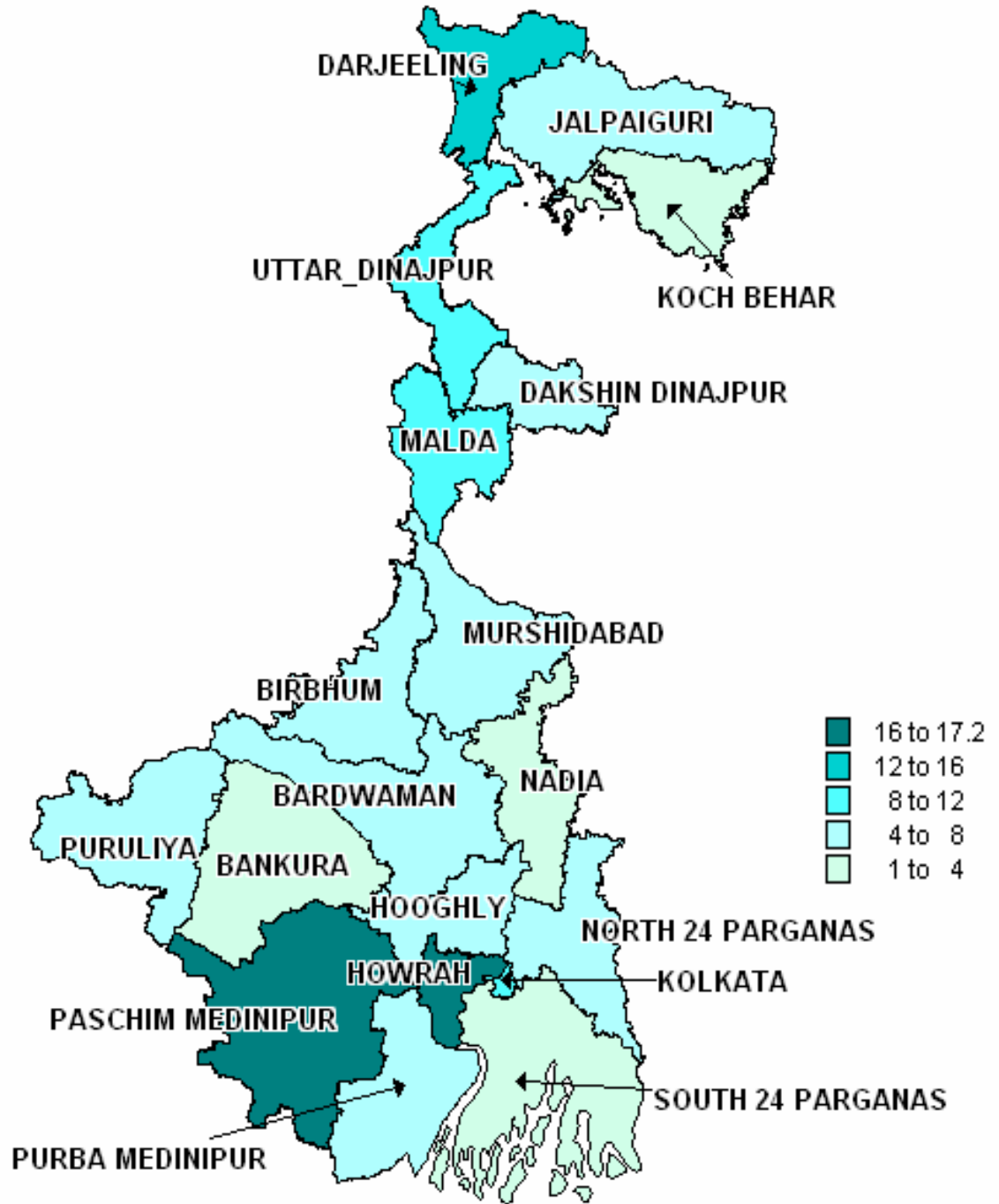
Annex-1

**District wise HIV Sero- Positivity among Blood Donors  
as Reported by Blood Banks: 2006-07**



Annex- II

**District wise HIV Sero- Positivity among Clients  
attending Voluntary Counselling and Testing Centers:  
2006- 07**



Annex- III

**District wise HIV Sero- Positivity among Clients attending PPTCT Centers: 2006-07**

