

# ANNUAL REPORT 2013-14



West Bengal State AIDS Prevention & Control Society

September 2014

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## Foreword

I am very pleased to note that West Bengal State AIDS Prevention & Control Society is bringing out a publication on the progress made by the Society over the financial year 2013-2014.

I hope that this publication will be of immense help to all government departments & institutions, public sector enterprises, non-government organisations, policy planners, researchers and academicians involved with AIDS sector development of West Bengal. This publication is intended to encourage further debate and discussion on the best way forward.

This report is the collective effort of all the programme divisions under WBSAP&CS. I gratefully acknowledge the generous co-operation of officers and staff of the Society in providing useful information for incorporation in this publication.

I would like to complement and record my appreciation to the entire team of Monitoring & Evaluation (M&E) Division, WBSAP&CS for bringing out this publication.

The suggestion for further improvement of this publication will be highly appreciated.

**Onkar Singh Meena, IAS**

Secretary to the Govt. of West Bengal  
Department of Health & Family Welfare





## Contents

Overview	vii
Current Epidemiological Situation of HIV/AIDS	1
Targeted Interventions	3
Management of Sexually Transmitted Infections/Reproductive Tract Infections	8
Information, Education & Communication and Mainstreaming	11
Blood Safety	16
Basics Services	20
Care, Support & Treatment	26
Strategic Information Management	31
Administration	34
Procurement	38
Financial Management	39



## Overview

The recent HIV estimations highlight an overall reduction in adult HIV prevalence as well as new infections (HIV incidence) in the State. The analysis of epidemic projections has revealed that the number of annual new HIV infections has declined by more than 50 percent during the last decade. This is one of the most important evidence on impact of the various interventions under the National AIDS Control Programme and scaled-up prevention strategies. The wider access to ART has resulted in a decline of the number of people dying due to AIDS related causes. The trend of annual AIDS deaths is showing a steady decline since the roll out of the free ART programme in West Bengal in 2005.

While declining trends are evident at national level as well as in our State, some low prevalence and vulnerable districts have shown rising trends in HIV epidemic, warranting a focused prevention efforts in these areas. HIV prevalence is showing declining trends among Female Sex Workers, Injecting Drug Users and Single Male Migrants at West Bengal. However, Men who have Sex with Men and Truckers are emerging as important risk groups in our State.

The National AIDS Control Programme (NACP), launched in 1992, is being implemented as a comprehensive programme for prevention and control of HIV/AIDS in India. Over time, the focus has shifted from raising awareness to behaviour change, from a national response to a more decentralised response and to increasing involvement of NGOs and networks of people living with HIV/AIDS (PLHA). NACP's Phase-III has the overall goal of halting and reversing the epidemic in India over the five-year period (2007-2012).

NACP-III has placed the highest priority on preventive efforts. At the same time, it seeks to integrate prevention with care, support and treatment through a four-pronged strategy:

1. Preventing new infections in high risk groups and general population through saturation of coverage of high risk groups with targeted interventions and scaled up interventions in the general population;
2. Providing greater care, support and treatment to larger number of PLHA;
3. Strengthening the infrastructure, systems and human resources in prevention, care, support and treatment programmes at the district, state and national levels; and
4. Strengthening the nationwide Strategic Information Management System (SIMS).

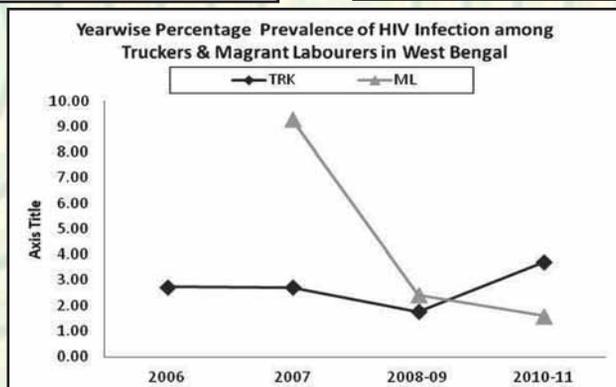
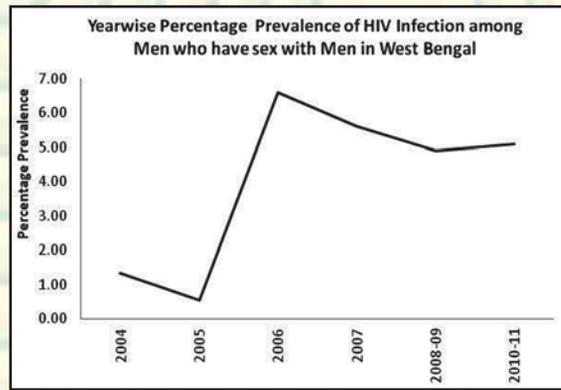
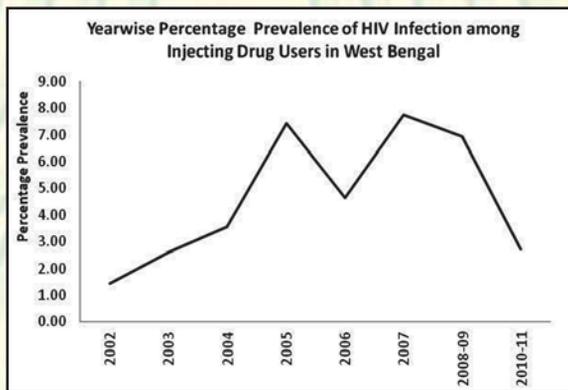
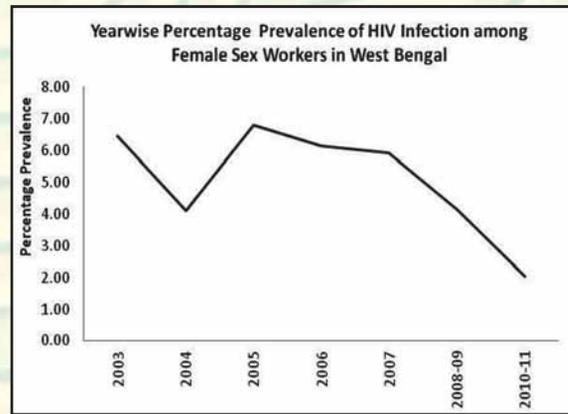
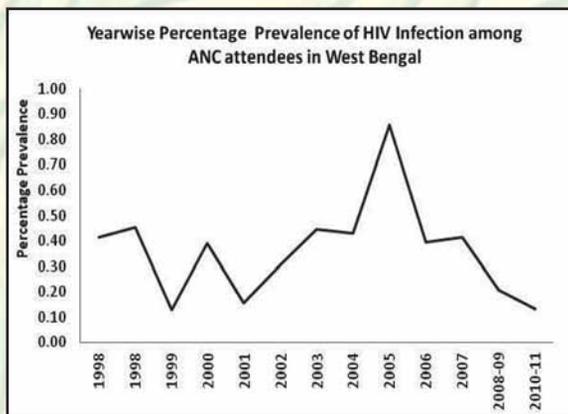


# Current Epidemiological Situation of HIV/AIDS

West Bengal is a densely populated State of India with 68 percent of its 9.2 Crore populations residing in the rural areas. As per the HIV estimation in India 2009, 7% of the total PLHAs of the country live in West Bengal. Nonetheless, the state is categorized as a low prevalence state and there are pockets of high prevalence mainly driven by sub-populations that have higher risk of exposure to HIV.

As per the findings of HIV Sentinel Surveillance 2010-11, the estimated ANC prevalence rate stands out to be 0.13% and among HRG such as Female Sex Workers (FSW), Injecting Drug Users (IDU) and Men who have Sex with Men (MSM) the prevalence rate stands at 2.04%, 2.72% and 5.09% respectively. The HIV prevalence among truckers and Single Male Migrants is 3.71% and 1.61% respectively.

Year-wise HIV prevalence in West Bengal at a glance (2003-2011)

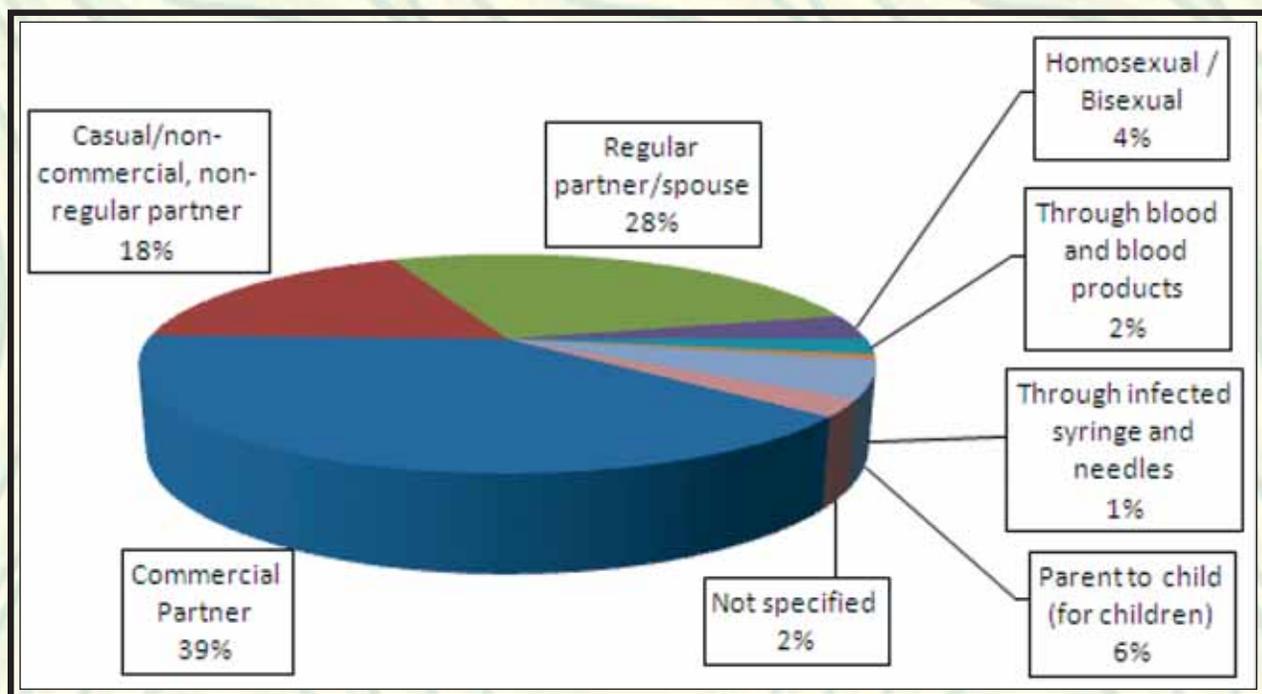


The adult HIV prevalence at State level has continued its steady decline in last few years. Whereas, Kolkata is showing 1% or more HIV prevalence among ANC mothers in at least three out of six rounds of HSS (during HSS 2005 to HSS 2012-13). It is also being noticed from programme data that:

- Kolkata, Uttar Dinajpur, Darjeeling, Jalpaiguri, 24 Parganas (N) are showing high HIV positivity among Pregnant Women & other general clients.
- some low prevalence districts like Birbhum, Hooghly, Maldah, Dakshin Dinajpur and 24 Parganas (S) are showing rising trends in HIV positivity in the last three years.

The routes of HIV transmission show that HIV infection in West Bengal is largely through unprotected sex (85% heterosexual and 4% homosexual). However, some districts such as Darjeeling and Kolkata the injecting drug users are also important drivers of HIV epidemic in the district.

#### Routes of Transmission of HIV, West Bengal, 2013-14



Source: NACO SIMS

Thus, HIV epidemic in West Bengal is concentrated in nature and heterogeneous in its spread. While interventions have brought successful decline in HIV epidemic at most of the places, emerging pockets and risk groups with high vulnerability warrant focused attention under the programme.

## Targeted Interventions (TI)

West Bengal's HIV epidemic, similar to Indian HIV epidemics, is primarily driven by high risk behaviours such as unprotected sexual intercourse (both heterosexual and same-sex) and injecting drug use. As a result, the epidemic is largely concentrated in subgroups of population which are more likely to engage in such high risk activities. Due to their high vulnerability to HIV infection, these sub-groups of population are known as high risk groups (HRG).

Female Sex Workers (FSWs), Men who have sex with Men (MSMs), Transgenders/ Hijra and Injecting Drug Users (IDUs) have been identified as the core HRGs. These populations are at high-risk of HIV infection and also play a significant role in the transmission of HIV infection to general population through the sexual networks. Hence, prevention through focused interventions amongst high risk groups and their sex partners is of extreme importance for controlling HIV epidemic in the state.

Two other population groups play a key role in the spread of HIV infection from HRGs to the general population. These populations, due to the nature of their work and mobility, are more likely to come in contact with HRGs and constitute major proportion of the clients of sex workers. These risk groups include the long distance truckers and migrant workers. Since these groups serve as conduits of infection from HRGs to general population, they are also known as bridge populations. These groups also play a significant role in the transmission of infection from high prevalent areas to hitherto low infection areas.

It seems to be the most effective and efficient to target prevention efforts towards HRGs to keep their HIV prevalence as low as possible and to reduce transmission from them to the bridge population. Therefore, focused preventive intervention projects among HRGs as well as bridge populations are supported under the National AIDS Control Programme (NACP). These intervention projects are known as the Targeted Interventions (TIs).

### Core group interventions:

#### (a) Female Sex Workers (FSWs)

In the time of 'TI site & size validation' it was estimated that there are 31,425 Female Sex Workers in the state, scattered in different districts. Out of that, 33,580 FSWs have been covered through TI projects. TI projects cover different typologies of sex workers namely, brothel based, street based, home based, lodge/dhaba based etc. with specific intervention strategies.

#### (b) Men who have Sex with Men (MSM) and Transgenders (TGs)

SACS has given significant thrust to the interventions for MSM and TGs as still the prevalence among these groups is considerably high. The estimation at 'TI site & size validation' claimed MSM and TG's numbers in West Bengal is 6369. Through TI projects, 329 TGs have been covered with services.

Only 1 such Targeted Intervention project on TG are implemented by the society during 2013-14. Because, contracts with all MSM TI NGOs were discontinued because of one or more reasons stated below:

- (1) Disqualified in Annual Evaluation 2012
- (2) Couldn't be re-contracted due to coming under the scanner of Enquiry Committee
- (3) Discontinued as per observation from JS (Law) because of their involvement with Manas Bangla, against whom FIR has been lodged for misappropriation of fund.

NACO has given more focus to reach out transgender populations as this group needs specific intervention package for prevention of HIV/AIDS.

#### (c) Injecting Drug Users (IDUs)

Based on 'TI site & size validation', estimation of IDU population in the state is 4545. During 2013-14, SACS has already covered 1341 IDUs through Targeted Intervention projects. More thrust has been given on IDU interventions as the prevalence among IDUs is showing an increasing trend in some pockets of the State. SACS is in continuous process of strengthening the IDU interventions and Opioid Substitution Therapy (OST) services.

#### **Bridge populations Interventions:**

##### (a) Migrant Interventions

NACO has revised the migrant intervention strategy with specific reference to linking migrants with services and information on HIV prevention, care and support at source (at their villages), at transit (places like rail or bus stations where large number of migrants board train or bus to travel to their places of work) and at destination (the places of work).

SACS has identified 5 districts with high outmigration (based on Census 2001) across West Bengal which are on priority for starting up community level migrant interventions. Source interventions are being initiated in these five districts in the State. At source, the interventions are to be managed by society with support from ASHA workers, ANM, Nehru Yuva Kendra volunteers, members of the SHGs and PRIs. Volunteers would reach out to families of migrants with information and services including information on various social security instruments like RSBY. Health melas are to be organised at block level during festivals when migrants return to their villages. These melas promote health seeking behaviour as well as HIV testing and counselling services.

Besides, there are 16 important transit locations that have been identified where migrants usually board long distance trains/ buses to reach their destinations (usually work places). Transit interventions have started at 10 locations across state covering migrants at railway stations and bus stops where inter-state migration occurs. At transit, the part time outreach workers, placed with existing interventions, conduct one to group sessions on HIV prevention before the arrival of the train/bus. Besides this, they distribute migration kits containing information booklet on services available in major destinations (as identified for specific source- destination corridor), condoms, daily utility materials like small notebook, ball-pen, comb, etc. This strategy is to reinforce the HIV prevention messages and encourage out going migrants to seek services at destination.

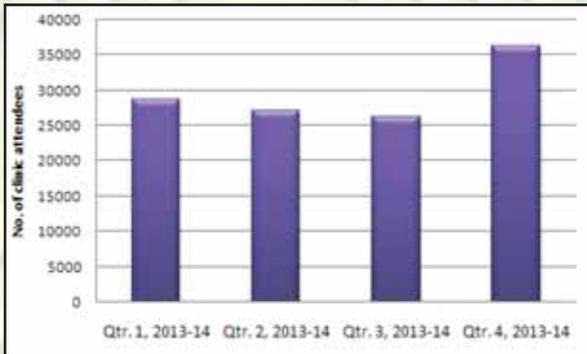
Currently, there are 4 SACS-funded 'Destination-migrant' interventions covering 40 thousand migrants in this state.

##### (b) Truckers' Interventions

Currently there are 4 Truckers interventions managed by SACS. These interventions are presently targeting 40,000 truckers providing STI health care services, risk reduction counseling and condoms. The clinics at Trans-shipment Locations have been co-branded as Khushi-Suraskha clinics. IEC materials addressing issues such as self esteem, risk perception and services are made available. Besides this, there are identified locations where condom social marketing initiatives have been implemented to promote risk reduction. The Behaviour Change Communication (BCC) materials, training kits and micro plan have been revised for each site to suit the local needs and maximize the impact of interventions.

**Key performance of the TIs for the FY 2013-14**

Key performance of the TIs for the FY 2013-14 is presented below based on SIMS reports. Consistent monthly reporting in SIMS by TI NGOs has considerably improved. Nearly 95 per cent of TI NGOs reported consistently during the FY 2013-14.

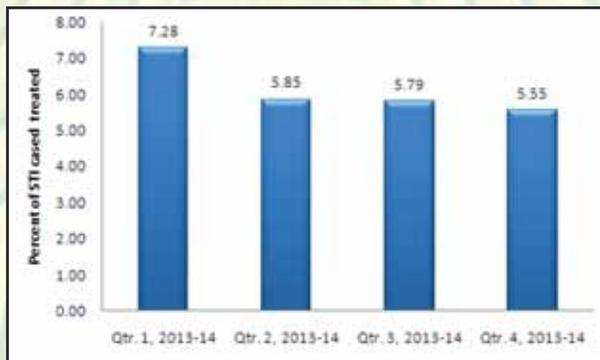


STI clinic attendees:

Clinical service is one of the core components of TI project services. Above figure reveals that clinic visit of HRG has improved over the quarters. During quarter first to fourth, no. of HRG availing clinic services has increased by 26%.

**Regular Medical Check-up (RMC):**

HRGs from core group, especially MSM and FSW, should visit STI clinic every quarter for regular medical check-up for STI/RTI. During April-June 2013, 25% of HRG had availed the RMC services whereas during Jan-March 2014 25.2% percent of HRG. Graph clearly indicates that health seeking behavior among HRG has marginally increased over the quarters.



Diagnosis and treatment of STI cases:

It is evident from programme data that approximately 30 per cent of HRG might suffer from some sort of reproductive morbidity (RTS/STI) in a given year. Graph shows that the number of STI/RTI cases has declined from first to fourth quarter of 2013-14 by 2 percent though the clinic attendance has gone-up.

**Syphilis Testing of HRG:**

As per NACO guideline, all HRG of core group, i.e. FSW, MSM and IDU, should be screened for syphilis biannually. Though Syphilis testing is high in our State but it has decreased by 5 percent during subsequent six months in the year.





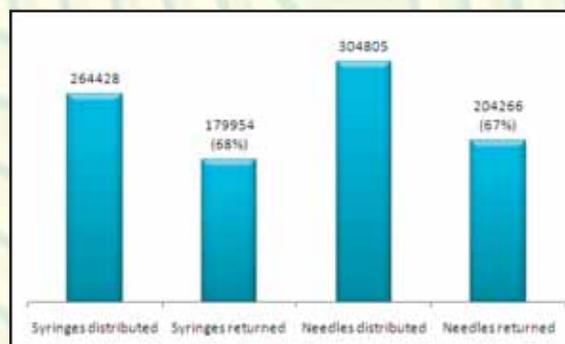
#### HIV Testing of HRG:

TI guidelines specify that all core group HRG should be tested for HIV once in every six months. Figure indicates that HIV testing, with respect to the target, is significantly low in the State.

#### Needle Syringe Exchange Programme:

Needle Syringe Exchange Programme (NSEP) is being successfully implemented by IDU NGO TIs of West Bengal.

Current scenario of this programme is shown the graph:



#### Link Worker Scheme:

Under NACP-III, the Link Worker Scheme (LWS) was launched to saturate the reach of the HIV-related services to the high risk groups and vulnerable population based in the rural areas. The need to strengthen the fight against HIV/AIDS—particularly in rural areas—becomes more pronounced in view of the stigma and discrimination surrounding the disease. Rural Interventions continue to be a challenge owing to the inadequate infrastructures, weak health systems and poor outreach initiatives.

The Link Worker Scheme (LWS) is a rural outreach programme established during NACP-III to reach out to rural HRGs, their partners and other vulnerable groups and to link them with HIV/AIDS services. In addition, the Scheme will also cover young people. It is being implemented in identified priority districts of the country.

The objective of the Scheme is to “Reach out to HRGs and vulnerable men and women in rural areas with information, knowledge, skills on STI/ HIV prevention and risk reduction.”

CINI is the state level Lead Agency (LA) for the scheme. That organization was also acted as District level Implementing Agency (DIA). Scheme is being implemented in phases since 208 amongst the core HRGs as well as amongst the bridge population (source migrants) in rural areas of 11 high outmigration districts (Bardhaman, Uttar Dinajpur, Purba Medinipur, Jalpaiguri, Darjeeling, Howrah, Hooghly, Coochbehar, Murshidabad, Birbhum, Paschim Medinipur).

#### Source Migrant Labour intervention (ML-S):

CINI is the Single Implementing Agency (SIA) for the intervention in rural areas of 5 districts (Nadia, Bankura, Malda, North 24 Parganas, South 24 Parganas). This is implemented at 5 blocks with maximum

outmigration (> 10%) of each of these districts amongst an average of 10,000 population (migrated, returned, potential migrants, their spouses) per such block since October 2013.

Health Mela/Health Check-up Camps, Mid-media campaigns are the major approaches to reach out to the returnee migrants and to the spouses of migrant labours at these source migrant districts.

Intensive health camp and Communication campaign for the returnee migrants was successfully organized through 109 camps during the festive season (October –November 2013) at various regions of this State.

#### **Transit Migrant Labour intervention (ML-T):**

Transit Migrant Labour projects at 10 major transit points (Railway stn., jetty, bus terminus) are being implemented by different NGOs implementing the TI projects for FSW & ML HRGs near these Transit Points.

#### **Project PEHCHAN (for MSM):**

India HIV/AIDS Alliance is the Principal Recipient (PR) of the Global Fund/GFATM Round-9 for a five-year project named PEHCHAN. It was launched in 2010 to work in MSM/TG/Hijra community to strengthen the program implementation and to increase the capacity of the MTH CBOs (pre-TI and TI-plus projects). Kolkata based NGO SAATHI is the Sub Recipient (SR) from Alliance. SAATHI implements the project through 12 MTH CBOs, who are Sub-Sub Recipients (SSR) of this Global fund.

#### **Project HIFAZAT (for IDU):**

To further strengthen the established mechanisms under the NACP, United Nations Office on Drugs and Crime (UNODC) in India provides technical assistance to the NACO through the Global Fund Round- 9 Project HIFAZAT, amongst others.

Emmanuel Hospital Association (EHA) is the PR of fund in India. THE CALCUTTA SAMARITANS (TCS) is the SR in West Bengal and it focuses on strengthening harm reduction interventions through institutional capacity building for the IDU TI NGOs, individual training, quality assurance, as well as provision of reintegration and after-care services for IDUs.

#### **Opioid Substitution Therapy (OST) - for IDUs:**

For harm reduction, 80% of the total IDUs are supposed to be on NSEP (Needle Syringe Exchange Program) and rest 20% on OST at any given point of time. 10 such OST centres are running in the State through NGOs and Government health facilities.

NACO objective is to gradual transition of all the OSTs to Government health facilities. As on date, only Murshidabad MC&H is functional Government OST Clinic. OST centre Feasibility study is also over for other five Government Health Facilities (North Bengal MC&H, Calcutta National MC&H, Mirik BPHC, Kalimpong SDH and Darjeeling DH).

## Sexually transmitted infections and Reproductive tract infections (STI/RTI)

Sexually transmitted infections and Reproductive tract infections (STI/RTI) are an important public health problem in India. The 2002 ICMR community based prevalence study of STI/RTI has shown that 5% to 6% of sexually active adult population is suffering from some form of STI/RTI. The 2005 ICMR multicentre rapid assessment survey (RAS) indicates that 12% of female clients and 6% of male clients attending the out-patient departments for complaints related to STI/RTI.

Individuals with STI/RTI have a significantly higher chance of acquiring and transmitting HIV. STI prevalence is a good marker for HIV, as both share common modes of transmission.

Moreover, STI/RTIs are also known to cause infertility and reproductive morbidity. Provision of STI/RTI care services is a very important strategy to prevent HIV transmission and promote sexual and reproductive health under the National AIDS Control Programme (NACP) and Reproductive and Child Health programme (RCH) of the National Rural Health Mission (NRHM).

An estimated 10.14 lakhs episodes of STI/RTI occur every year at the State. Against the annual target of 2.74 lakhs episodes of STI/RTI to be managed at DSRCs, for FY 2012-13, 0.67 lakhs STI/RTI patients were managed at DSRCs across the State.

Against the annual target of 3.55 lakhs episodes of STI/RTI to be managed for FY 2013-14, 0.96 lakhs STI/RTI patients were managed at DSRCs across the State.

### Year wise STI Cases reported in STI Clinics (Govt. + NGO) of West Bengal

Year	2011	2012	2013	2014 (Till 31.03.14)
Clinic visit with STI/RTI complaint and were diagnosed with an STI/RTI	64673	57299	65137	17317
Clinic visit with STI/RTI complaint but were NOT diagnosed with an STI/RTI	144954	133094	135525	32988
<b>Total First clinic visit</b>	<b>209627</b>	<b>190393</b>	<b>200662</b>	<b>50305</b>

### Expansion of Service Provision in Public Sector:

Under NACP III, it is a mandate to strengthen all public health facilities at and above district level as designated STI/RTI clinics, with the aim to have at least one NACO supported clinic per district.

Presently, this society is supporting 43 designated STI/RTI clinics (DSRC) which are providing STI/RTI services based on the enhanced syndromic case management. Set up of two new DSRCs at Diamond Harbor SD Hospital and Basirhat SD Hospital were done during 2013-14. Partnership with ESI Hospital, Maniktala has been done. Authority had agreed to setup STI Clinic at their hospital in PPP mode. Deputy Director (STI), WBSAP&CS is monitoring and facilitating the programme implementation at state level.

NACO has strengthened one regional STI training, reference and research centre situated at Kolkata Medical College & Hospital. The role of that centre is to provide etiologic diagnosis to the STI/RTI cases, validation of syndromic diagnosis, monitoring of drug resistance to gonococci and implementation of quality control for Syphilis testing. That centre also provides training to various state reference laboratories to carry out etiologic diagnosis.

**Infrastructure strengthening of designated STI clinics:**

The infrastructure and facilities in designated STI/RTI clinics have been strengthened by ensuring audiovisual privacy for consultation and examination and one computer is provided to each of these clinics for data management.

One dedicated Medical Officer (MO) for DSRC is necessary to fix up the responsibility and internet connection to the computers may be provided to solve online reporting related issues.

A contingency amount of Rs. 5,000/- was given to each DSRC for time to time expenditure.

**Appointment of Counselors at Designated STI Clinics:**

Counseling of STI/RTI patients forms an integral part of the service. To strengthen the counseling and behavior change amongst the STI/RTI patients, one counselor is provided in each of these designated clinics. 41 STI counselors are currently in position and 11 posts are lying vacant as on date. Training material, curriculum and job aids, including posters, flip book and a film on counseling have been developed by NACO.

**Capacity Building of STI/RTI service providers:**

WBSAP&CS has trained a cadre of State resource faculties in STI/RTI service delivery. All faculty members were trained using the same training material, following adult learning methods, using cascade approach. The state resource faculties in turn conducted training of STI/RTI clinic staff in the public sector.

Training for STI counselors has been conducted by SAKSHAM, Department of Applied Psychology, Calcutta University. Periodical Review meetings with DSRC counselors were organized at WBSAP&CS.

For the FY 2014-15, training calendar is made for Medical Officers, Staff Nurses and M. T. Labs.

**Preferred Private Provider approach has been rolled out to scale up STI/RTI services to HRG population under TI Projects:**

The provision of a standardized package of STI/RTI services to High Risk Group (HRG) population is an important component of the Targeted Intervention projects. All the HRG population receives packages of services which includes

1. Free consultation and treatment for their symptomatic STI complaints
2. Quarterly medical check-up
3. Asymptomatic treatment (presumptive treatment)
4. Bi-annual syphilis screening

In order to improve the service utilization, local private health service providers preferred by HRG were selected. Under this scheme, all the HRG receives free STI/RTI treatment and the providers receive a token fee per consultation.

All NGO staff have been oriented and trained on the approach. Based on the workshop inputs, Preferred Private Providers have been identified for the delivery of services. Majority of them have been trained using a standardized curriculum on syndromic case management. Depending upon availability at State

Stock, Colour coded STI/RTI drug kits have also been made available to these providers for free treatment of sex workers, MSM and IDU, and data collection tools are also provided to them. Service delivery has started in all functional NGO TIs and HRG/ Bridge population covered under those NGO TIs have accessed services from those NGO STI clinics. So far, about 30,908 new clinic visits have been made by HRG/ Bridge population and 88,560 regular medical checkups have been conducted.

**Year wise ICTC referrals from STI Clinics and positivity rate among referred**

Year	2011	2012	2013	2014 (Till 31.03.14)
No. of patients referred to ICTC from STI	105881	109503	91846	20814
No. of patients found HIV-infected out of them	1333	625	701	94
Percentage (%) Positivity	1.26%	0.57%	0.76%	0.45%

## Information, Education & Communication and Mainstreaming (IEC)

The IEC and mainstreaming activities in 2013-14 were aimed at addressing different HIV/AIDS related issues like- social discrimination & stigma, vulnerability of youth, use of condoms, safe sexual practices, mother to child transmission of the disease, healthy lifestyle to be followed by PLHIV-s, voluntary blood donation, care, support & treatment (CST) etc.

### Mass Media & ICT:

111 episodes (37 weeks x 3 stations of All India Radio) of the long format Radio programme- 'Rakter Bandhane' were broadcast every Sunday during 12:00 – 12:30 hrs started from 7th July 2013, simultaneously from 3 station of All India Radio. 848 TV spots were telecast from Private TV channels and 24 TV sports were telecast on Doordarshan to address the issues on HIV/ AIDS. 436 audio spots were aired from Private FM-Radio Channels and 48 audio spots were aired from All India Radio. A total of 11 newspaper advertisements were published on these occasions.

The important documents have been uploaded on the website in-house through the Admin panel for content management. The relevant orders, circulars, letters, minutes of meetings, publications are updated promptly. More than 1 crore short mobile messages were sent on the occasions of World Blood Donor Day 2013, National Voluntary Blood Donation Day 2013 and World AIDS Day 2014 through WEBEL. Efforts have been taken to restore the 1097 tele-counseling helpline.

### Printing of IEC Materials:

The list of IEC materials printed during the FY 2013-14 is furnished below:

Material	Target Quantity	Quantity printed	Quantity distributed	Balance available on 03.03.2014
Poster	44000	166250	157250	9000 (at Kolkata Store)
Leaflet	4141000	4618000	4318000	300000 (at Kolkata Store)
STI flyers	21000000	1520000	1440000	80000 (at Kolkata Store)
Migrant Booklets	16000	23000	23000	0
Service Booklets	35493	41000	36000	5000 (at Kolkata Store )
Banners	2500	2493	2413	80 (at Kolkata Store )

### Mid Media Campaign:

The National Folk media Campaign was rolled out in the State in multiple phases. Different folk forms viz. Baul, Kobigaan, Jhumur, Bhawaiya, magic shows and Street theatre were utilized effectively to spread HIV/AIDS related messages through the empanelled folk troupes. As against the allotted number of 3500 shows, 3452 shows were performed by the folk troupes covering all the 19 districts. This includes performances held at the health camps organized in 105 Health Camps for the Migrants during the October-November 2013. Special folk performances were also allotted to cover a larger crowd during the festive season in Kolkata and the adjoining districts. 18 vans were utilized for mass awareness generation in 18 districts except Kolkata for a period of 2 months. These fabricated IEC vans were utilized for pre-publicity for Migrant Health Camps and also the folk media roll out. 2 IEC Vans were utilized during the festive season in Kolkata and adjoining areas.

**Events observed:**

- ✓ International Day against Drug Abuse and Illicit Trafficking (26th June 2013)
- ✓ World Blood Donors' Day (14th June, 2013)
- ✓ National Voluntary Blood Donation Day (1st October, 2013)
- ✓ World AIDS Day (1st December 2013)
- ✓ National Youth Day (12th January 2014)

**Youth Intervention:**

At the beginning of this financial year, a large amount of fund was lying unadjusted with WBBSE under Dept. of Education, Govt. of West Bengal. It was expected that the SOE/UC-s will be received in due course of the year, enabling WBSAP&CS place further funds in favor of WBBSE to continue this programme. WBBSE has started submitting the remaining SOE/UC-s for the unadjusted amounts at their end and little amount is left unadjusted at present.

There are 340 Red Ribbon Clubs (RRCs) in the state. National Service Scheme (NSS) is continuing the work of carrying out RRC activities in the universities and colleges like the previous year. Different events are organized at university and college campuses to make the youths aware about HIV/AIDS related issues and motivate them towards voluntary blood donation. The roll out has been possible in 281 colleges due to some administrative reasons at Burdwan University, wherein 85 RRCs were covered.

**Mainstreaming Training:**

16169 persons have been sensitized throughout the year as part of Mainstreaming & Training activities. The trainees include frontline workers like ASHA-s, AWWs, and ANMs, Police / Paramilitary Forces, PRI members, Industrial workers, Cultural groups etc. The number of trainees, trained in FY 2013-14 will reach the target figure before the current financial year concludes.

Details of the important trainees trained so far during 2013-14 are furnished below:

Category of the Trainers	Target 2013-14	Achievement up to jan-14
PRI Members	200	500
ASHA	10000	6231
ANM	3000	1483
AWW	3000	2100
Police	2000	1530
Prison Officer	120	350
Prison Inmates	500	1450
Industry	500	810
Railway Police	350	400
SLSA/DLSA Members	400	60
Urban Dev.	500	1721
FBO/CSO/NGO	200	93
PLHIV-S/DLA members	80	60

**GIPA & DIC:**

As part of the ongoing GIPA policy, positive speakers were invited to all workshops and also were involved in pre-publicity during the Folk Media campaign. 11 Networks of PLHAs (DLN-s) conducted various social mobilization programmes like rallies, awareness workshops and setting up of stalls at various locations on World AIDS Day 2013 and during major festivals in the State. The PLHA were also involved actively in the mainstreaming trainings and workshops.

8 Drop In Centers (DIC-s) have been funded for the first quarter by NACO. The 8 DICs funded by NACO in A & B category districts are as follows: Kolkata (1), Darjeeling (2), Jalpaiguri (1), Burdwan (1), Purbo Medinipur (1) and Uttar Dinajpur (1), Murshidabad (1).

All the IEC-MS campaigns have been monitored and most of them have been documented properly. It may be mentioned here that 100% of the folk performances have been monitored at the district level and almost 5% of them from the state level.

**NEW INITIATIVES/ SUCCESS STORIES/ ISSUES/ ACHIEVEMENTS:**

Sl. No.	Issues	Remarks
1	Intervention in the Prisons of West Bengal through Mainstreaming awareness workshops	More than 150 prison officers and 2000 inmates are expected to be made aware of HIV/AIDS and allied issues. Inclusion of Folk media activity with the awareness workshops was a great success.
2	Benefits for PLHIVs	Advocacy with Dept. of Food Supplies, Govt. of West Bengal resulted in issuance of AAY cards to the PLHIV-s and other marginalized population associated with HIV.
3	Social acceptability	Social acceptability of PLHIV and MTH persons has increased considerably.
4	Wide Publicity of the Folk Media Campaign in local newspapers	Wide publicity of the HIV/AIDS Folk media campaign in the widely circulated local newspapers. The folk campaigns during Migrant Health Camps were specifically appreciated.
5	Capacity Building of the PLHIV-s	2 day workshop has been organized with GFATM, SAKSHAM, University of Calcutta on communication for capacity building of PLHIV-s belonging from different DLN-s.
6	World AIDS Day 2013	World AIDS Day 2013 (Theme Getting to Zero) observed all over West Bengal successfully and the initiatives taken were appreciated by the local media.
7	Inclusion of HIV/AIDS in the training syllabus for the new recruits of Railway Police	The advocacy on the matter of inclusion of HIV/AIDS in the training syllabus for the new recruits of Railway Police has been done with GRP with a positive result.

**Plan of activities in FY 2014-15**

The number of TV/Radio spots and the budget for advertisements in print media has been increased a little over the ones approved last financial year. The excess numbers of mass media components are proposed to cater in the new initiative that has been taken up for this year. It has been proposed that WBSAP&CS will try to promote the brand of WBSAP&CS; i.e.; BULADI, which is the most popular brand for any Govt. health programme in the state of West Bengal. For the initial thrust required to re-launch BULADI campaign, additional TV / Radio spots are proposed.

**Mass Media:**

872 TV spots (848 spots on pvt. Channels and 24 spots on Doordarshan) and 484 radio spots (436 spots on pvt. Radio channels and 48 spots on All India Radio) have been proposed for publicity during special events.

25 episodes of Talk Show in DD programme with special event-based live phone in programmes content and success stories concentrating on specific allied issues have also been proposed.

Alike in the last 13 years, it has been proposed to continue the long format Radio programme - "Rakter Bandhane" simultaneously from 3 (three) stations of All India Radio; i.e.; AIR Kolkata, AIR Siliguri & FM Rainbow for 39 weeks in the financial year, 2014-15.

To cover special events, 25 newspaper insertions (Black and White / Colored newspaper insertions / strip ads in color/ black & white for service promotion) have been proposed in leading dailies. 2 newsletters have been proposed to be published.

**ICT (Information Communication & Technology):**

WBSAP&CS proposes to send bulk SMS (1 Crore) through BSNL during the observance of special days as per the NACO calendar.

WBSAPCS propose to continue maintaining its official website ([www.wbhealth.gov.in/wbsapcs](http://www.wbhealth.gov.in/wbsapcs)). Efforts will be made to empanel one agency for the same.

It is expected that by the end of May 2014, the Helpline will be fully functional. The restoration process has been taken up by WEBEL, a Govt. of West Bengal undertaking. 2 tele-counselors will operate the helpline along with the IVRS.

**IEC Material Production, Replication:**

Similar numbers of IEC materials as in the last FY have been proposed to be printed.

**Outdoor & Mid Media:**

46 permanent put up by district authorities in previous years are proposed to be maintained. 30 Hoardings are proposed to be rented for 6 months in strategic transit locations. Display through bus-panels and sticker at the internal fascia in Govt. or private Buses (as per availability) has been proposed in 300 buses for 3 months in coordination with the Health Camps. The size of the bus panels is 7 ft x 3 ft or 6 ft x 2.5 ft. 200 no. of Temporary banners and cutouts in wooden or iron frame of a fixed size of (8 ft x 4 ft) at prominent strategic locations have been proposed to be displayed for 3 months during festive seasons covering the migrant health camps.

Other activities include signage and information panels at the service centers; display at metro stations and ticket counters etc.

4570 folk performances have been proposed @ 2 / 3 shows per day depending on the route plan at the district level and the type of campaign for which folk performances have been allotted.

18 duly decorated (with flowers, flex and collaterals) IEC vans equipped with PA system & generator are proposed to support the folk media and outdoor activities for a period of 3 months.

A technical resource group for IEC Division has been proposed to be constituted. WBSAP&CS will continue to participate in different melas and fairs.

**Events:**

The Events as per the NACO Calendar will be observed during the Financial Year.

**Hiring of Communication agency:**

Efforts will be made to empanel one creative agency for translation and adaptation of materials developed by NACO and other creative designing support as per requirement.

**Youth Intervention:**

WBSAP&CS plans to implement this curriculum based activity amongst the students of class IX and X. A TOT (Training of Trainers) will also be conducted for the teachers of the concerned schools.

In 8 A & B category districts - at least 34 new Red Ribbon Clubs (RRCs) in addition to the existing 366 RRCs are proposed to be set up through NSS. Efforts will be made to ensure 50% boys and 50% girls' participation. This programme will be continued to be implemented for a straight 3rd year in association with NSS through Dept. of Human Resource.

**Advocacy and Mainstreaming Training:**

The advocacy plan has been proposed to cover 1210 persons through 38 workshops. Mainstreaming Training will be done with front line workers and other stake holders. 24132 persons are proposed to be trained in 446 workshops.

Employer Led Model, MoU and Social protection, Transport & Truckers (Short Distance) Intervention and Monitoring & Evaluation for Mainstreaming component are newly added to the AAP.

## Blood Safety

A well organised Blood Transfusion Service (BTS) is a vital component of any health care delivery system. An integrated strategy for Blood Safety is required for elimination of transfusion transmitted infections and for provision of safe and adequate blood transfusion services to the people. The main component of an integrated strategy include collection of blood only from voluntary, non-remunerated blood donors, screening for all transfusion transmitted infections and reduction of unnecessary transfusion.

The objective of the Blood Safety Programme under NACP-III is to ensure provision of safe and quality blood even to far-flung remote areas of the State in the shortest possible time, by a well-coordinated State Blood Transfusion Service. The specific objective is to ensure reduction in the transfusion associated HIV transmission to less than 0.5 per cent.

This is proposed to be achieved through the following four-pronged strategy:

- Ensuring that the regular (repeat) voluntary non-remunerated blood donors constitute the main source of blood supply through phased increase in donor recruitment and retention.
- Establishing blood storage centres in the primary health care system for availability of blood in far-flung remote areas.
- Promoting appropriate use of blood, blood components and blood products among the clinicians.
- Capacity building of staff involved in Blood Transfusion Service through an organized training programme for various categories of staff.

### Current Scenario:

The Blood Transfusion Service in the State is highly decentralized and lacks many vital resources like manpower, adequate infrastructure, supply chain management and financial base. In order to streamline blood transfusion services in the State, State Blood Transfusion Council (SBTC) was established as registered society. That council is provided with necessary funds through NACP. National Blood Transfusion Council (NBTC)'s decisions are implemented by the State Blood Transfusion Council (SBTC).

Currently Eight Regional Blood Transfusion Centres (RBTCs) are administrating/ controlling all the 58 State Govt. owned blood banks in this state. The main issue, which plagues blood banking system, is fragmented management. The standards vary from district to district, cities to cities and centre to centre in the same city. In spite of hospital based system, many large hospitals and nursing homes do not have their own blood banks and this has led to proliferation of stand-alone private blood banks. Beside 58 State Govt. owned blood banks there exist 16 Central Govt. owned and 36 private blood banks in this state.

The blood component production/ availability and utilization are extremely limited. During 2013-14, 39 BCSUs (State Govt.: 10, Central Govt.: 1 and Pvt.: 28) were functioning. During 2014-15, one central govt. and one private blood bank had started functioning as BCSU.

During 2013-14, 8.94 lakh blood units were collected across the State. NACO supported Blood banks collected 5.89 lakh units; 83.2% of this was through voluntary blood donation.

The proportion of blood components prepared by the BCSU was 19.02% in 2010-11, which rose to 27.03% in 2011-12 and 28.90% in 2012-13. During 2013-14, it was 26.2% across the State.

For quality, safety and efficacy of blood and blood products, well-equipped blood centres with adequate infrastructure and trained manpower is an essential requirement. For effective clinical use of blood, it is

necessary to train clinical staff. To attain maximum safety, the requirements of good manufacturing practices and implementation of quality system moving towards total quality management, have posed a challenge to the society and State Blood Transfusion Council (SBTC).

### **Voluntary Blood Donation Programme**

It has been recognised world over that collection of blood from regular (repeat) voluntary non-remunerated blood donors should constitute the main source of blood supply. Accordingly, activities for augmentation of voluntary blood donation have been taken up as per "Operational Guidelines on voluntary blood donation".

In the year 2009-10, voluntary blood donation (VBD) at NACO Supported Blood Banks was 87.9%. It decreased to 87.5% in 2010-11, 84.2% in 2011-12 and then increased to 86.6% in 2012-13 against the NACP-III target of 80%. During the year 2013-14, the percentage of Voluntary blood donation NACO Supported Blood Banks was 83.2%. Several activities to promote public awareness of the need for voluntary blood donation have been undertaken in collaboration with various Blood Donor Organisations. Initiatives have been taken to train the motivators and sensitize them throughout the State. South 24 Parganas, Howrah, North 24 Parganas, Kolkata, Nadia, Hooghly have crossed the national target of over 80% and are Good Performing districts in voluntary blood donation. Murshidabad, Maldah, Birbhum, Coochbehar and Jalpaiguri are low performing districts with voluntary blood collection much below the desired target.

### **Scheme for enhancement of number of blood banks:**

There are 58 State Govt. owned, 16 Central Govt. owned and 36 private blood banks in this state. 4 more private blood banks had started functioning during last few months.

The process has already been started for opening 14 new blood banks at Canning SDH, South 24 Parganas; Nabadwip SDH, Nadia; Kakdwip SDH, South 24 Parganas; Tehatta SDH, Nadia; Baruipur SDH, South 24 Parganas; Khatra SDH, Bankura; Raghunathpur SDH, Purulia; Domkol SDH, Murshidabad; Chanchol SDH, Malda; Birpara SDH, Jalpaiguri; Egra SDH, Purba Medinipur; Gangarampur SDH, Dakshin Dinajpur; Salt Lake SDH, North 24 Parganas; Sagar Dutta Hospital, South 24 Parganas. The above mentioned blood banks will functional shortly.

### **Model Blood Banks**

Model Blood Banks were developed to improve upon the standards of blood transfusion services. These Model Blood Banks are expected to function as demonstration centres for the State in which they are being set-up.

During 2013-14, there was 1 model blood bank in the State at IBTM&IH (Central Blood Bank), Kolkata. In the coming financial year, another two Model blood banks are proposed at North Bengal Medical College & Hospital (NBMCH), Darjeeling & Burdwan Medical College & Hospital, Burdwan.

### **Scheme for modernization of blood banks:**

NACP is implementing a scheme for modernization of blood banks by providing one time equipment grant for testing and storage, as well as annual recurrent grant for support of manpower, kits and consumables.

Process is going on to procure Elisa reader, Washer and many sophisticated equipments on behalf of WBSAP&CS and SBTC, WB (from NHM fund/13th FC grant) for up-gradation of 21 non Elisa Centre to Elisa Centre.

Initiative has been taken to set-up Hospital Transfusion Committees in all medical colleges and district hospitals of West Bengal, so that regular performance audits are performed and feedback given to health providers on use of blood and blood products.

**Blood Component Separation Units:**

In order to promote rational use of blood, 10 BCSUs are functional in West Bengal in the State Govt. owned blood banks.

All essential formalities (Infrastructures, supply of Equipments etc.) has been completed for opening two new BCSUs at Calcutta National Medical College & Hospital, Kolkata and Medinipur Medical College & Hospital, Paschim Medinipur. These Two centres will start functioning shortly after obtaining license from the Drug control authorities for operating as component separation units.

6 Major blood banks (without BCSU) are proposed to be upgraded to Major blood banks (with BCSU) at Alipurduar SDH, Jalpaiguri DH, Barasat DH, Contai SDH, Tamaluk DH, Raiganj DH.

**Scheme for automation of blood banks:**

A blood banking software is being proposed for installation in all the State Govt. owned blood banks along with online blood camp booking by the organizations. It is expected that the scheme will start functioning during 2014-15. Once this is installed, all the blood banking activities in the State Govt. owned blood banks will be fully computerized (including the inventory management system).

**Blood Transportation Vans:**

Blood needs to be transported under proper cold chain maintenance from the linked RBTC to the Blood Storage Centre (BSC). In order to supply blood units under proper conditions and storage, WBSAP&CS had allocated 23 refrigerated Blood Transportation Vans to the RBTC/District Blood banks. These vans transfer blood units to the BSC on a regular basis and also on demand/emergency situations. These blood transportation vans are functioning well. Blood is collected from VBD camps in these vans and brought to mother blood bank for processing; after processing blood is being transported in these vans from mother blood bank to storage centres so that the blood is available in the far flung areas.

10 more blood transportation vans will be placed at Bankura (2), Birbhum (2), Darjeeling (1), Kolkata (1), North 24 Parganas (1), Paschim Medinipur (1), Purba Medinipur (1) & South 24 Parganas (1), after the same are obtained from DAC as proposed in AAP-2014-15. All the BT vans are linked up with mother Blood Banks and Blood Storage Units and as well as attending the VBD camps.

**Blood Safety Training Programme:**

Education and training is fundamental to every aspect of blood safety. Many of the factors threatening safety of the blood supply can be attributed, in part, to inadequate training.

The blood safety training programme aims to:

- Strengthening capacity in education and training in all aspects of blood transfusion; and voluntary blood donation.
- Support the establishment of sustainable education and training programmes in blood transfusion;
- Strengthen inter- and intra-regional collaboration in training in blood transfusion between stake holders.

During the last financial year one induction & one refresher training were conducted at Central Blood Bank, Maniktala, Kolkata (IBTM&IH). Total 30 Medical Officers and 30 MT Labs had been trained on blood banking activities.

During the next financial year (2014-15) Blood Safety division proposed a bunch of trainings for Donor Motivators & Organizers, Blood bank counselors regarding Blood donor motivation, recruitment and retention.

**Supervisory Visits to NACO supported Blood Banks:**

A core team has been constituted in every state to carry out the inspection of all blood banks and voluntary blood donation camps. The team makes periodic supervisory visits to the blood banks, to assess the functional status and prepares reports identifying various constraints and the methods to rectify them.

During the assessment of blood banks in our State, the following short-comings and deficiencies were identified:

- Lack of proper infrastructure and facilities
- Shortage of manpower
- Standardized, proper inventory of equipment, kits and consumables not maintained.

**Other Initiatives:**

WBSAP&CS has already taken possession of a store space for blood safety division at CMS store at Bagbazar, Kolkata and the process of procurement of two Walk-in cooler for this store (from 13th finance commission grant) is going on.

## Basics Services

Quality HIV Counseling and testing is critical for achievement of prevention, care and treatment objectives of NACP-III. As symptoms of HIV /AIDS appear late, it is imperative to encourage regular HIV testing among high risk groups for early detection and timely linkage to HIV care and treatment services. This helps prevent further HIV transmission. Besides efforts for increasing the number of people who seek HIV testing, NACP also ensures comprehensive pre-test and post-test counseling with HIV test reporting. HIV testing services are provided to clients who present voluntarily for Counseling and testing, pregnant women for prevention of parent to child transmission, TB patients and provider initiated counseling and testing (PITC) among other symptomatic patients. Overall the Integrated Counseling and Testing Centres (ICTCs) act like a hub, facilitating linkages between testing services with broader continuum of care and support services for those who need.

### Types of facilities:

Stand-alone Integrated Counseling and Testing Centres (SA-ICTC):

These are HIV Counseling and testing facilities supported by NACP in the form of staff and all the necessary logistic support. The numbers of SA-ICTC were scaled up largely during NACP III. All the block levels health facilities will be saturated with 'Stand Alone' ICTCs within 2017.

Facility Integrated Counseling and Testing Centres (F-ICTC):

Considering a need for rapid scale up and sustainability of HIV Counseling and testing services, 'Facility Integrated' ICTCs are being set up in phased manner at the selected health facilities. Under this model, staffs from exiting health facilities are trained in counseling and testing, and service delivery is ensured with logistic support from NACP.

Public Private Partnership – Integrated Counseling and Testing Centres (PPP-ICTCs):

Similar to F-ICTC in public health facilities, ICTCs were established in private health facilities in a Public Private Partnership (PPP) model during NACP III. Under NACP IV, efforts are going on to scale-up these services in collaboration with private hospitals, laboratories and PSUs.

Mobile ICTCs:

The high-risk or vulnerable populations are less likely to access fixed-facility ICTC due to several impediments most important being distance and timing. Mobile ICTCs are meant for reaching out to the hitherto unreached vulnerable population to screen their HIV status. A mobile ICTC consists of a van with a room to conduct a general examination and counseling, and a space for the collection and processing of blood samples.

As of now 251 stand alone ICTCs (where dedicated counselor and MT-Lab are posted), 34 Facility integrated ICTCs (wherein counselors of other programs/ staff nurse of that facility perform counselors' job and MT-Lab of the facility perform the testing), 4 Mobile ICTC units and 4 public private partnership ICTCs are in place across the state.

### Services delivered:

These centres routinely performs HIV counseling and testing with specific focus on high risk group, TB patients, STI patients, pregnant women, HIV exposed clients. The testing services are presently available in all Medical Colleges, District Hospitals, Sub-division Hospitals, State General Hospitals and almost one third block level health facilities. This standalone ICTC facility will further be scaled up in all block

level health facilities within coming two financial years. It is also being contemplated to scale up HIV counseling and testing services in PHCs in coming years in facility integrated mode.

Apart from that HIV screening services are available for pregnant women at sub-centres (performed by ANMs) in selected 4 districts i.e. Jalpaiguri, Uttar Dinajpur, Burdwan & Purba Medinipur and in the labour room for unbooked delivery cases (performed by labour room nurse) at Medical Colleges and district hospitals using whole blood finger prick HIV testing kit. Similarly HIV screening of the TB patients are also available at some designated sputum microscopy centres (not collocated with ICTCs) in selected districts.

Prevention of parent to child transmission (PPTCT) is one of the integral part of this program where appropriate medical intervention is offered to the HIV infected pregnant women and their exposed children to reduce vertical transmission of HIV infection. This program aims at preventing new HIV infection among the young population within reproductive age bracket, medical termination of unwanted pregnancy of HIV infected pregnant women, offering appropriate intervention services to reduce HIV transmission from infected mother to child and providing continuum of care to both HIV infected mother and her child. As continuum of care, each HIV exposed babies are tested for HIV using DNA-PCR technique at 6th week of life under Early Infant Diagnosis program in 31 designated ICTCs across the state so that HIV infected children can be initiated ART at the earliest in order to prevent HIV related child mortality. Apart from that, the HIV infected babies are initiated on co-trimoxazole preventive therapy at the 6th week to prevent some deadly opportunistic infections along with normal course of immunisation. This also contributes to a large extent to reduce child mortality in HIV infected children.

In addition to that, under this ongoing PPTCT program, some dedicated outreach workers have been positioned to facilitate appropriate referral and linkage services to minimize gap in subsequent follow up. HIV testing is now considered as one of the integral parts of universal ANC package. Therefore efforts are on to maximize HIV testing coverage for pregnant women. This can be achieved through appropriate NACP-RCH convergence. The convergent approach is the mainstay for scale up of PPTCT service.

In order to reach the unreached high risk population 4 mobile ICTCs are now in place in Kolkata, Burdwan, Uttar Dinajpur and Darjeeling. They are regularly visiting the hot spots, Targeted Intervention NGOs to counsel and test the high risk population on HIV/AIDS and also linking the HIV infected clients to the appropriate facilities.

TB-HIV coordination is also an important activity which is being carried out through joint venture from WBSAP&CS and State TB cell. Under this endeavour, TB patients are being referred to ICTC for screening the HIV status. Conversely chest symptomatic ICTC attendees are also being screened for Tuberculosis at designated microscopy centres. Therefore it is being planned to scale up HIV counseling and testing services in designated microscopy centres not collocated with ICTCs.

#### **Counseling and Testing of General Clients:**

During the last financial year 2013-14, 350674 numbers of general clients (except pregnant women) were counseled and tested at ICTCs. This yielded detection of 6192 HIV-seropositive cases with a positivity of 1.77%. Uttar Dinajpur shows the highest sero-positivity (3.55%) among General Clients, followed by Kolkata (2.75%) and Darjeeling (2.11%). The High prevalent districts still contribute largely to total HIV case detection with Kolkata contributing 40%, Bardhaman 7%, Darjeeling 7% and Uttar Dinajpur 6%. The vulnerable districts pose an emerging challenge for NACP with districts like North 24 Parganas, Hooghly and Paschim Medinipur which contribute 5%, 4% and 4% of the total detection with a positivity of 1.37%, 1.69% and 1.65% respectively among general clients.

**District-wise number of General Clients counseled and tested for HIV and sero-positivity detected during 2013-14**

District	Number of General clients tested for HIV	No. of clients testing sero-positive for HIV	Positivity Percentage
Bankura	10698	71	0.66
Bardhaman	28532	421	1.48
Birbhum	8650	74	0.86
Cooch Bihar	7783	139	1.79
Dakshin Dinajpur	4865	67	1.38
Darjeeling	21186	448	2.11
Hooghly	14024	237	1.69
Howrah	16389	253	1.54
Jalpaiguri	14481	155	1.07
Kolkata	90982	2502	2.75
Maldah	12180	182	1.49
Murshidabad	20915	138	0.66
Nadia	12653	168	1.33
North 24 Parganas	21982	302	1.37
Paschim Medinipur	16883	278	1.65
Purba Medinipur	10170	121	1.19
Puruliya	12036	22	0.18
South 24 Parganas	16228	258	1.59
Uttar Dinajpur	10037	356	3.56
<b>Total</b>	<b>350674</b>	<b>6192</b>	<b>1.77</b>

**Programme for Prevention of Parent to Child Transmission of HIV (PPTCT):**

The PPTCT programme involves counseling and testing of pregnant women, detection of positive pregnant women and the administration of ARV prophylaxis to HIV positive pregnant women and their infants, to prevent the mother to child transmission of HIV.

During the last financial year 2013-14, about 555856 pregnant women were counseled and tested, yielding detection of 431 HIV sero-positives (positivity being 0.08%). Uttar Dinajpur shows highest sero-positivity (0.25%) among pregnant women, followed by Darjeeling with 0.22%.

**District-wise performance of the PPTCT programme during 2013-14**

District	Number of pregnant women tested for HIV	Total no. of pregnant women testing sero-positive for HIV	Positivity Percentage	Number of MB pair receiving NVP	Percentage of MB pair Coverage
Bankura	18402	4	0.02	2	50.00
Bardhaman	38407	31	0.08	24	77.42
Birbhum	12389	6	0.05	3	50.00
Cooch Bihar	7787	7	0.09	6	85.71
Dakshin Dinajpur	8244	3	0.04	4	133.33
Darjeeling	18960	41	0.22	34	82.93

District	Number of pregnant women tested for HIV	Total no. of pregnant women testing sero-positive for HIV	Positivity Percentage	Number of MB pair receiving NVP	Percentage of MB pair Coverage
Hooghly	38189	40	0.10	24	60.00
Howrah	28153	16	0.06	2	12.50
Jalpaiguri	26052	21	0.08	7	33.33
Kolkata	84287	102	0.12	66	64.71
Maldah	17865	12	0.07	17	141.67
Murshidabad	42519	11	0.03	15	136.36
Nadia	33148	13	0.04	10	76.92
North 24 Parganas	51836	39	0.08	7	17.95
Paschim Medinipur	32314	11	0.03	10	90.91
Purba Medinipur	18320	13	0.07	5	38.46
Puruliya	21216	2	0.01	0	0.00
South 24 Parganas	43443	23	0.05	11	47.83
Uttar Dinajpur	14325	36	0.25	35	97.22
<b>Total</b>	<b>555856</b>	<b>431</b>	<b>0.08</b>	<b>282</b>	<b>65.43</b>

The High prevalent districts contributed largely to the detection of HIV positive pregnant women in the State, with Kolkata detecting 24% and Darjeeling 10%. The vulnerable districts like North 24 Parganas and Hooghly pose an emerging challenge for NACP, which contributed 9% each of the total detection.

During the financial year 2014-15 new PPTCT regimen will be introduced where positive pregnant women and positive lactating mother will receive life-long ART irrespective of CD4 count and WHO clinical staging. The HIV exposed children will receive minimum 6 weeks course of Nevirapine suspension from birth. This new regimen will reduce the chance of vertical transmission to 2% (for non-breastfed children) - 5% (for breastfed children).

Below given figure shows the trend of achievement in coverage among general clients and pregnant women over past five years:

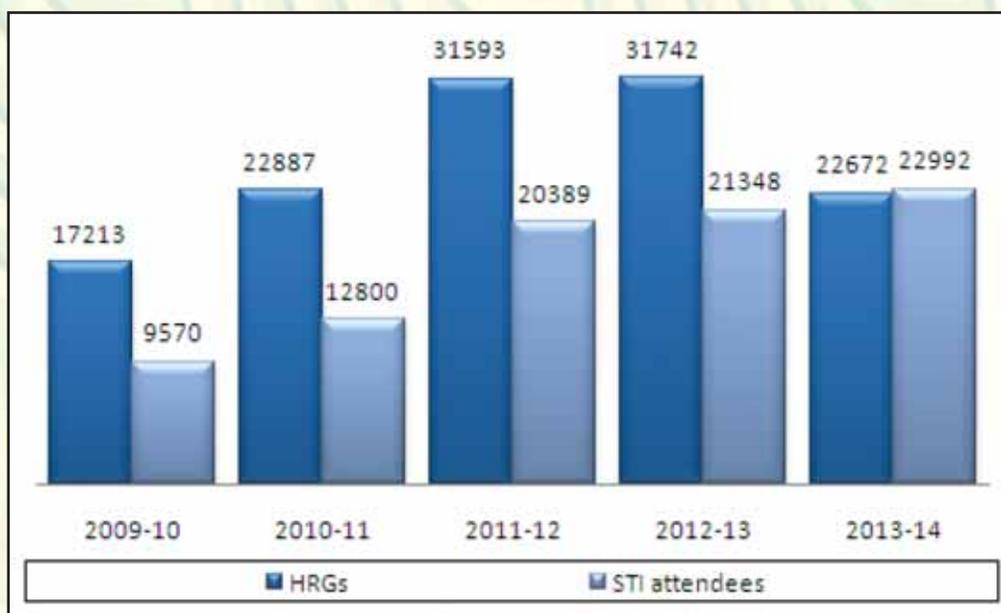
**Scale up of Counseling and Testing Services during last five years with number of people got tested for HIV (in Lakhs)**



### Counseling and Testing of HRGs and STI Clinic Attendees:

HRGs and STI Clinic attendees form a priority group of clients who would be at risk of being infected and hence ICTC programme focuses on establishing strong linkages with the TI projects and STI clinics. Special efforts like outreach activities are made by the ICTC team to enhance the uptake of ICTC services by these key populations. This has resulted in gradual improvement in coverage of services for HRGs and STI clinic attendees as evident from below figure. HRG testing at ICTCs decreased over last 2 years due to discontinuation of most of the TI NGOs, which were on-board before 2012-13.

#### Scale up of In Referral of HRG and clinic attendees from TIs and STI Clinics during last five years

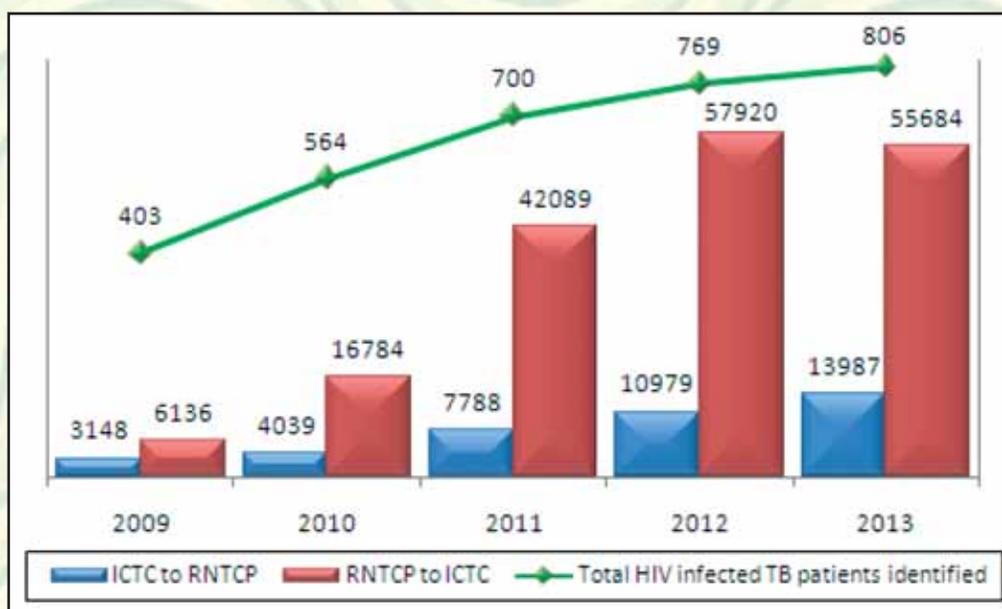


### HIV -TB collaborative activities:

Tuberculosis is the commonest opportunistic infection among people living with HIV. The co-existence of HIV and TB greatly amplifies harmful effects of each other in human body and contributes substantially to mortality among PLHIV. TB is estimated to cause one in four deaths among PLHIV in India. Majority of these deaths can be averted if HIV associated TB is detected and treated early. To ensure timely detection National AIDS Control Programme (NACP) and Revised National Tuberculosis Control Programme (RNTCP) have established mechanisms for collaboration at different levels of health system. These activities are governed by National (policy) Framework for Joint TB/HIV collaborative activities. HIV/TB activities are also gaining importance in emerging situations with higher levels of multi drug resistant TB (MDR-TB) and extensively drug resistant TB (XDR-TB), since together they are fatal combination.

### Scale up of HIV/TB activities:

Below given figure depicts the progress made in HIV/TB activities over last few years in terms of cross-referral between the two programmes. The cross-referrals between NACP and RNTCP consistently show an increasing trend, with about 70,000 cross-referrals and detection of about 806 HIV/TB cases during 2013.



#### External Quality Assessment Scheme:

SA-ICTCs participate in an external quality assurance scheme (EQAS) to maintain high standards of laboratory services through identified State Reference Laboratories (SRL). EQAS involves sending of "coded" samples from the SRL to ICTC twice a year for testing. In addition, ICTC sends samples for cross checking to the SRL once in every quarter, which includes 20% of all positive and 5% of all negative samples collected during first week of every quarter.

In our State, EQAS (External Quality Assurance scheme) is now functional in 5 designated State Reference Laboratories (SRL) i.e. at RG Kar MCH; MCH, Kolkata; Burdwan MCH; Midnapur MCH & North Bengal MCH, Darjeeling. These SRLs are responsible for cross checking quality of HIV testing at ICTCs. Moreover the quality of activities of the designated SRLs is monitored time to time by National Reference Laboratory (NRL) at STM, Kolkata.

#### Capacity Building:

A large cadre of qualified & skilled counselors & technicians exists at ICTCs. In order to build their capacity a set of comprehensive and standardized training modules with a combination of teaching techniques (lectures, hands-on demonstrations, role-plays etc.) have been developed by NACO. There are several modules in place and are being used at different designated training institutes to train the ICTC staffs.

The ICTC counsellors of West Bengal periodically receive induction and refreshers' training at two designated institutes at Department of Applied Psychology, University of Calcutta and Department of Social Work, Visvabharati University. Similar training of MT-Lab is done in 5 designated SRLs and one national reference laboratory i.e. at School of Tropical Medicine, Kolkata.

Apart from that, in order to fine-tune the counseling skills and to address their burn out issues, facility based supportive supervision is going on throughout the year.

## Care, Support & Treatment

One of the major objectives of NACP-III is to provide greater care, support and treatment to larger number of PLHIV with ultimate goal of universal access for all those who need it. The Care, Support and Treatment component of NACP-III aims to provide comprehensive management to PLHIV with respect to prevention and treatment of Opportunistic Infections including TB, Anti-retroviral Therapy (ART), psychosocial support, positive prevention and impact mitigation.

### Infrastructure:

The ART service in West Bengal started in 2005 and since then, the programme has been scaled up both in terms of facilities for treatment and number of beneficiaries seeking ART. The ART centres are established mainly in the Medicine Departments of Medical colleges and District Hospitals in the Government Sector. However, some ART centres are functioning in the sub- district hospitals also mainly in high prevalence districts.

### ART Centres:

There are currently 14 functional ART centres as on March 2014. One ART centre (Murshidabad Medical College) is expected to be made functional by the year 2014-15. Out of total 14 ART centres, 8 are in Government Medical Colleges, 4 in District Hospitals and 2 are in Sub divisional Hospitals. In addition, the State has Centre of Excellence (adult) at School of Tropical Medicine (STM), Kolkata and Paediatric Centre of Excellence in HIV Care at Medical College & Hospital, Kolkata.

### LAC & LAC Plus:

A total of 26 LAC were made functional till March 2014 and another 5 (Kalyani Medical College & Hospital, Basirhat SDH, Contai SDH, Bishnupur SDH and Purulia District Hospital) will start functioning very shortly. Among these 31 LACs, 3 are functioning as LAC plus (Bankura Sammilani Medical College & Hospital, Domjur Rural Hospital & Barasat District Hospital) and another 1 (Asansol Sub Divisional Hospital) will start functioning as LAC plus very soon.

### CSC:

There are 5 Care Support Centres (CSC) providing counselling on ARV drug adherence and early linkage to ART centres, expanded positive prevention activities, improved social protection and wellbeing of PLHIVs and strengthened community systems and reduced stigma and discrimination. Besides, there are 13 Help Desk for PLHIVs to provide nutritional support, counselling, legal support etc.

### Coverage & Achievement:

The cumulative number of HIV detected in WB from 2003 to March 2014 was 58,777 and of them 40,516 are registered for pre-ART and 22,974 ever enrolled on ARV. In last 12 months (April'13-March'14) around 5574 new cases have been registered at ART centres and manifold increase in the enrolment of positives on ARV drugs.

## Details of ART Patients in HIV Care in West Bengal as on March 2014

Sl. No.	Name of the ART Centre	PLHIV Ever Registered	PLHIV Ever Started on ART	PLHIV Ever & on ART
1	School of Medicine, Kolkata	10972	5157	3414
2	Burdwan Medical College & Hospital	4032	2395	2034
3	Medinipur Medical College & Hospital	3254	2369	2146
4	R. G. Kar Medical College & Hospital	4165	2738	2277
5	RPC, Medical College, Kolkata	4304	2422	2091
6	I.P.G.M.E.R., S.S.K.M. Hospital	773	603	572
7	M. R. Bangur Hospital	2453	1670	1368
8	Malda Medical College & Hospital	1473	897	731
9	Islampur Sub Divisional Hospital	2278	1266	1109
10	North Bengal Medical College & Hospital	6752	3408	2636
11	Darjeeling District Hospital	45	39	38
12	Ghatal Sub Divisional Hospital	14	10	10
13	Chinsurah District Hospital	1	0	0
14	Coochbehar District Hospital	0	0	0

ART Centre	Registered Pre-ART				On ART				Alive on ART			
	Male	Female	Child	TS/TG	Male	Female	Child	TS/TG	Male	Female	Child	TS/TG
Burdwan MC&H, Burdwan	2143	1549	332	8	1430	845	116	4	1160	770	101	3
Medinipur MC&H, Paschim Medinipur	1598	1324	328	4	1304	886	176	3	1171	815	157	3
R. G. Kar MC&H, Kolkata	2399	1710	25	31	1721	987	12	18	1408	845	8	16
SSKM Hospital, Kolkata	523	244	2	4	419	180	0	4	392	176	0	4
School of Tropical Medicine, Kolkata	6845	3935	179	13	3640	1485	25	7	2330	1077	0	7
Regional Paediatric Centre, MC&H, Kolkata	1554	1637	1111	2	933	898	590	1	769	797	525	0
M. R. Bangur DH, 24 Parganas (S)	1409	991	31	22	1057	590	11	12	850	498	11	9
Maldha MC&H, Maldah	783	568	121	1	558	294	45	0	437	250	44	0
Islampur SDH, Uttar Dinajpur	1153	948	174	3	786	433	44	3	680	387	39	3
North Bengal MC&H, Darjeeling	3933	2445	360	14	2228	1067	109	4	1673	876	83	4
<b>Total</b>	<b>22340</b>	<b>15351</b>	<b>2663</b>	<b>102</b>	<b>14076</b>	<b>7665</b>	<b>1128</b>	<b>56</b>	<b>10870</b>	<b>6491</b>	<b>968</b>	<b>49</b>

## Details of Link ART / Plus Patients in HIV Care in West Bengal as on March 2014

Sl. No.	LAC Location	Nodal ART Centre Linked	Cumulative number of PLHIV ever linked out on ART	Cumulative number of PLHIV alive and on ART
1	Bongaon SDH	R.G.Kar MC&H	24	15
2	Nadia (Krishnanagar) DH		55	0
3	B. N. Bose (Barrackpore) SDH		0	0
4	Barasat DH	STM, Kolkata	113	113
5	Domjur RH		106	98
6	BSF Composite Hospital, Kolkata		9	8
7	Arambagh SDH		15	15
8	Bagnan RH		29	29
9	Canning SDH	M. R. Bangur DH	10	10
10	Kakdwip SDH		9	9
11	Diamond Harbour SDH		8	8
12	Asansol SDH	Burdwan MC&H	65	58
13	Rampurhat SDH		11	8
14	Baharampur DH, Murshidabad		190	190
15	Bankura Sammilani MC&H		75	75
16	Haldia SDH		17	17
17	Daspur RH	Medinipur MC&H	54	54
18	Tamluk DH		51	51
19	Raghunathpur SDH		27	11
20	Digha SGH		3	3
21	Balurghat DH		Malda MC&H	34
22	Raiganj DH	Islampur SDH	28	27
23	Jalpaiguri DH	North Bengal MC&H	36	36
24	Malbazar SDH		5	5
25	Alipurduar SDH		22	22
26	Kalimpong SDH		Darjeeling DH	36

**Programmatic Targets:**

According to the approved Annual action plan (2013-14), the target for cumulative number of PLHAs pre-registered at ART centres by end of March, 2014 was 50,000. As on 31st Mar 2014, 81.03% of the target has been achieved. In case of alive and on ART, the target was 20000 and as on March 2014 is 92.13% has been achieved. In terms of CD4 tested, 71.87% of the target has been met by end of the year.

**AAP Targets and achievements of last 3 years – CST, West Bengal**

Components	Target	Achvt.	% of	Target	Achvt.	% of	Target	Achvt.	% of
	2011-12	2011-12	Achvt.	2012-13	2012-13	Achvt.	2013-14	2013-14	Achvt.
Cum. No. of Pre-ART registration	34000	31006	91.19	45000	34942	77.64	50000	40516	81.03
Cum. No. of PLHIV Alive on ART treatment	12000	11037	91.97	12800	14023	109.55	20000	18426	92.13
CD4 test done	36000	23632	65.64	38400	24702	64.32	60000	43125	71.87
Opportunistic infections treated	15000	6841	45.6	15000	7950	53	15000	11236	74.9

**Centre of Excellence (COE):**

Centre of Excellence (COE) was set up in 1st December, 2008 to provide comprehensive tertiary level health care services to PLHAs. SACEP has been formed at COE, which meets once in a week to screen eligibility for second line and alternate first line treatment among the suspected treatment failure cases on first line ART from the states of West Bengal, Orissa, Jharkhand, Chhatisgarh, Sikkim and Assam. The second line ART was started at COE from 1st December, 2008 and by March 2014, 389 PLHAs were included in second line treatment, out of 389 suspected treatment failure cases on 1st line referred and of them 343 are alive on 2nd line treatment.

Other than this, NDLS (National Distance Learning Seminar) and RDLS (Regional Distance Learning Seminar) are regularly organized by COE on very interesting and useful topics related to HIV.

For tackling the 1st line failure cases and research activity on CLHIV the paediatric Centre of Excellence (pCOE) will become functional shortly. It is expected that the pCOE will function in full fledged manner in the financial year 2014-15.

**Other Activities undertaken during 2013-14:**

Recruitment of Staff & Training at ART centre:

A recruitment drive was undertaken during 2013-14 for the different posts (existing vacancies) at different ART centres and Link ART + Centre in West Bengal. Recruitment has already been completed for new ART Centres (Darjeeling District Hospital, Cooch Behar District Hospital, Ghatal Sub Divisional Hospital and Chinsurah District Hospital). The recruitment of contractual staffs for already sanctioned ART centre at Murshidabad Medical College is expected to be completed by June 2014.

**Capacity Building Measures Undertaken:**

- Induction Training of SMO & MO was conducted from 07th - 19th January, 2013 at COE, STM.
- ART Specialist Training were conducted at COE, STM, Kolkata from 24th – 27th September 2013 and 19th to 22nd November 2013.
- Induction /and Refresher training of ART Data Managers on the revised Monitoring and Evaluation Tools and validation of data in new Monthly Reporting format on 25th September 2013 at 1st Floor Conference Hall of WBSAP&CS.
- One day hands-on training was conducted for Link ART Centre Staff (Contai SDH, Haldia SDH and Digha SGH) at ARTC, MMC&H on 04th December, 2013.
- Two days hands-on training was conducted for Link ART Centre Staff (Krishnanagar D.H, B. N. Bose Hospital, Barrackpore and Bongaon SDH) from 23rd - 24th December, 2013 at ART Centre, R. G. Kar MCH, Kolkata.
- Sensitization workshop of Health Care Provider (Medical Officer / Staff nurse / Pharmacist / Lab Tech / Counsellor and Group D) on Universal Work Precaution staffs were conducted at Digha SGH (09.04.13), Medical College & Hospital (12.09.13 24.09.13 26.11.13 & 19.12.13), School of Tropical Medicine, Kolkata (18.09.13), M. R. Bangur Hospital (19.09.13, 12.12.13, 19.12.13 & 21.12.13), R. G. Kar MCH (20.09.13, 12.12.13 13.12.13 & 19.12.13), Malda MCH (21.09.13), Barasat DH (23.09.13), Islampur SDH (25.09.13), Domjur Rural Hospital (08.10.13), I.P.G.M.E.R., S.S.K.M. Hospital (12.11.13), BMCH (28.11.13), Contai SDH (02.12.13), Bishnupur SDH (11.12.13), BSMCH (12.12.13), Purulia Sadar Hospital (13.12.13) , NBMCH (11.12.13), B. N. Bose Hospital, Barrackpore (16.12.13), MMCH (23.12.13).

- Orientation programme for the final year M.Sc. Nursing Student was conducted on 10.04.13 & 13.04.13 at Swasthy Bhawan and M. R. Bangur Hospital.
- One day workshop for final year A.N.M. Nursing Students was conducted on 18th April 13 at Diamond Harbour SDH.
- Refresher training for Laboratory Technicians at PGIMER, Chandigarh from 24th to 26th July 2013 and MMCH from 3rd to 5th September 13.
- Six days Nursing Training Programme was conducted at WBGCON, SSKM Hospital on 19th to 24th August 2013.

#### Review Meetings:

Periodic supervisory visits have been made at health institutions housing the ART centres for understanding and facilitating early solution for the problems related to setting-up of new LACs as well in the existing ART centres. ART-CSC coordination meeting were held regularly every month by all ART centres to track missed and lost to follow-up cases.

Meetings have been organized with the all primary stakeholders including the network to strengthen the existing ART services as well as to create a positive environment for the PLHA to access services from Link ART centres, as PLHA resist shifting to link ART centres due to stigma associated with HIV in small town.

In this year, one meeting of State Grievance Redressal Committee was held on 20.05.13 under the Chairmanship of Principal Secretary, Department of Health and Family Welfare to discuss the issues related to grievance by PLHAs in getting Care, Support and Treatment in Govt. Health Institutions and issues related to smooth functioning of A.R.T. centers and necessary corrective actions were taken as per directives of Principal Secretary.

#### IEC:

In addition, printing and distribution of registers –Pre-ART and ART, Drug dispensing and Drug stock, white card, green booklets, PEP registers, EID registers, Fixed Asset registers, OI Drug Dispensing register, Expired Drug register, CD4 tests and kits register, CD4 laboratory register, ART Centre TB-HIV register, SACEP register, to all the units will be done in due time.

#### Proposed Targets and Activities for FY 2014-15

The main thrust of care, support and treatment programme in West Bengal in the year 2014-15 is universal access to ARV treatment, reduction in LFU and strengthening the linkages of existing HIV responses with general health system. In this context, following activities are proposed:

- 1 (One) new ART Centre at Barasat District Hospital
- 3 (Three) Facility Integrated ART Centres at Bankura Sammilani Medical College & Hospital, Tamluk District Hospital and Nadia (Krishnanagar) District Hospital
- 3 (Three) new Link ART Centres at Sagar Dutta College of Medicine and Kamarhati Hospital, Mirik Block Primary Health Centre and Jangipur State General Hospital.
- As per AAP 2013-14 there is a requirement of CD4 count machines for 2 existing ART centres namely M.R. Bangur DH and Darjeeling DH. According to AAP 2014-15, 5 (five) new CD4 machines are to be procured for new ART Centres.
- Training will be organized in a phased manner for Health Care Providers, Private Practitioners, ART Centre staffs & domain experts.

## Strategic Information Management

NACP-III is based on the experiences and lessons learnt from NACP-I and II, and is built upon their strengths. The strategies and approaches of NACP-III are guided by the principle of unifying credo of Three Ones, i.e., one Agreed Action Framework, one National HIV/AIDS Coordinating Authority and one Agreed National Monitoring and Evaluation System. This framework ensures effective use of information generated by government agencies, non-government organisations (NGO), civil society and development partners. NACP-III is a scientifically well-evolved programme grounded on a strong structure of policies, programmes, schemes, guidelines, rules and operational norms. Formulating each of them is a rigorous process of undertaking research, reviewing evidence, consolidating field observations and programme experiences, conducting detailed discussions and deliberations, piloting and periodic evaluations.

Strengthening the nationwide Strategic Information Management System is one of the four key strategies of NACP-III. Having a strong Strategic Information is a high priority agenda of NACP-III, towards building up an effective response to the HIV epidemic in the country. The effective utilization all available information for evidence-based planning and implementation brought out the need for establishing the Strategic Information Management Unit (SIMU) under NACP-III. It has been set up at national level and at state level for tracking the epidemic and the effectiveness of the response. It helps in assessing how well NACO, SACS and all the partner organizations are fulfilling their commitment to meet the agreed objectives. At SACS, SIMU comprises two divisions –Monitoring & Evaluation Division and Surveillance Division. They generate and manage crucial information on the entire spectrum of HIV epidemic and its control – vulnerabilities and risk behaviours pre-disposing HIV transmission, patterns of spread of the epidemic and factors contributing to it, disease progression, treatment requirements and regimens, planning and implementing interventions, monitoring service delivery and tracking beneficiaries, programme gaps and ways to overcome them, effectiveness and impact of interventions. Another key function of SIMU is to promote data use for policy making, programme planning, implementation and review at national, state, district and reporting unit level.

### **Programme Monitoring & Evaluation:**

For programme management and monitoring following key activities are undertaken:

- Managing Computerised Management Information System (CMIS)/ Strategic Information Management System (SIMS) for routine reporting from programme units, including system development and maintenance, finalizing reporting formats, ensuring modifications/ improvements based on feedback, training programme personnel in its use, troubleshooting and mentoring.
- Monitoring programme performance across the State through CMIS/SIMS and providing feedback to concerned programme divisions at SACS/NACO
- Monitoring and ensuring data quality, timeliness and completeness of reporting from programme units
- Data Management, Analysis and Publications
- Data Sharing & Dissemination
- Processing Data Requests
- Capacity Building in programme monitoring and data management
- Preparation of Programme Status Notes & Reports (Annual Report, HSS State reports, Health on the March etc.)
- Providing Data for National/International Documents

**Computerized Management Information System (CMIS):**

Till 2012-13, data collection from all the peripheral reporting units (Integrated Counselling and Testing Centres, Blood Banks, Targeted Interventions, Sexually Transmitted Infection Clinics etc.) under the programme was done through Computerized Management Information System (CMIS). Currently, monthly reports from below mentioned facilities are being received through Computerized Management Information System (CMIS):

- 8 Targeted Intervention - NGO (4 Truckers TI & 4 Migrants TI)
- 48 Non-NACO supported Blood Banks
- 8 DAPCU Monthly Reports

These reporting units will also be migrated to Strategic Information Management System (SIMS) during 2014-15.

**Strategic Information Management System:**

In order to meet the objectives of NACP-III and to ensure robust reporting and monitoring, Strategic Information Management System (SIMS), a web-based integrated monitoring and evaluation system is being developed as a mechanism. SIMS is a centralized system that allows the users to capture the data at various levels like Reporting Unit, District Level, and State Level and enables them to view the data whenever required. It enhances the efficiency of computerized M&E system by having adequate data quality through centralised validated data. Data transfer mechanisms are improved by using the web-enabled application and efficient data management rights (Access Rights Control) from reporting unit to national level. This system provides evidence to track the progression of epidemic with respect to demographic characteristics and geographical area including GIS support and enables individual level data collection for key programme areas (e.g., ICTC, ART) through built-in real-time analytic, triangulation and data validation capabilities. SIMS also provides tools for better decision making through data triangulation from different sources and thereby facilitates ease of evaluation, monitoring and taking policy decisions at strategic or tactical level. SIMS was rolled out in a phased manner.

Percentage timeliness of reporting to SIMS has reached up to 95 percent in the State (Integrated Counselling and Testing Centres, NACO Supported Blood Banks, Targeted Interventions, Sexually Transmitted Infection Clinics, IEC etc.).

**Surveillance:**

Given the low level and concentrated nature of the HIV epidemics in country, National Integrated Biological and Behavioral Surveillance (IBBS) is being implemented as a strategic focus to strengthen surveillance among high risk groups and migrant population to generate evidence on prevalence and risk behaviors, support planning and prioritization of programme efforts at district, state and national levels.

The broad IBBS activities include Planning and Pre-Surveillance Assessment at the first phase, followed by Sampling Frame Development and Community Preparation at the second phase as preparation for field work; and this will be followed by third phase which will include all activities pertaining to Behavioral & Biological Data Collection; and finally the fourth phase which includes Data Management, Analysis and Dissemination of top line findings.

Second phase (i.e. Sampling Frame Development and Community Preparation) is completed in West Bengal till date.

**Objective of that IBBS is as follows:**

- To analyze and understand HIV related behaviors and HIV prevalence among key risk groups in different regions, by linking behaviors with biological findings.
- To measure and estimate the change in HIV-related risk behaviors and HIV prevalence among key risk groups, between baseline and end line for NACP-IV.

Department of AIDS Control (DAC) under the Ministry of Health and Family Welfare (MoHFW) is the nodal agency for policy, strategy and planning at national level. In order to steer the whole process of planning, coordination, implementation and monitoring of the survey, and to advice in decision making in technical and operational areas, it is proposed to constitute a Technical Advisory Group (TAG), National Working Group (NWG) and Project Management Unit (PMU). They are being supported by representatives from Regional Institutes (RIs), State AIDS Control Society (SACS) and Field Research Agencies (FRAs) on various aspects of IBBS implementation.

Two national institutes and six regional institutes currently involved in implementing HIV Sentinel Surveillance (HSS) has been identified as nodal institutes for implementation of National IBBS focusing on technical aspects of IBBS implementation especially guideline preparation, training and monitoring. NICED (National Institute of Cholera & Enteric Diseases), Kolkata is acting as Regional Institutes (RI) for West Bengal.

FRAs are engaged region wise to implement field work under IBBS. At domain level, activities are coordinated by a domain coordinator and each domain has recruited two to four field teams for the field level survey. Domain level activities include Community Preparation (CP), Sampling Frame Development (SFD), Respondent Selection, Data Collection and Adverse Events Management (AEM). Gfk Mode Pvt. Ltd. is acting as Field Research Agencies (FRA) for the State of West Bengal.

The high risk groups and bridge population that National IBBS covers across the State are Female Sex Workers (FSW), Men who have Sex with Men (MSM), Trans-genders (TG), Injecting Drug Users (IDU), Migrants (MIG) and Currently Married Women (CMW).

**List of IBBS domains (District(s)) in the State of West Bengal is as follows:**

Typology	Name of Domain	Type of Domain	Domain Districts		
			District 1	District 2	District 3
FSW	Burdwan	Independent	Burdwan		
	Jalpaiguri	Independent	Jalpaiguri		
	24 Paraganas (S)	Independent	24 Paraganas (S)		
MSM	Hooghly	Composite	Hooghly	Burdwan	
	Darjeeling	Independent	Darjeeling		
	24 Paraganas (S)	Composite	24 Paraganas (S)	Howrah	
IDU	Darjeeling	Independent	Darjeeling		
	Kolkata	Composite	Kolkata	24 Parganas (N)	
TG	Kolkata	Composite	Kolkata	24 Parganas (N)	Howrah
	Dakshin Dinajpur	Composite	Dakshin Dinajpur	Darjeeling	
MIG	Kolkata	Independent	Kolkata		
CMW	East Midnapore	Independent	East Midnapore		
	Uttar Dinajpur	Independent	Uttar Dinajpur		

## Administration

West Bengal State AIDS Prevention & Control Society was registered under the Society Registration Act 1961 vide registration no. S/90724 of 1998-99. According to the World Bank directives the National AIDS Control Organisation took up the initiative to launch the National AIDS Control Programme through the state registered societies of each state. The aim of this initiative was implementation of the programme through quick decision making and to allow smooth flow of funds.

### Vision & Mission of this society:

WBSAP&CS aims to empower people in West Bengal to make informed choices in relation to HIV/AIDS prevention, care, support and treatment through a combination of innovative communication strategies and provision of quality health services.

WBSAP&CS works to provide a catalytic leadership to a coordinated and concerted effort towards HIV/AIDS prevention, care, support and treatment in West Bengal by involving government and non-government resources, including people living with HIV/AIDS (PLWHA), in a strategic inter-sectoral partnership.

### Implementation of RTI Act, 2005:

The Right to Information Act, 2005 enacted with a view to promote transparency and accountability in the functioning of the Government by securing the citizen's right to access the information under the control of public authorities, has already come into force w.e.f. 12.10.2005. Under the Act, for different subjects, Assistant Director (Finance), WBSAP&CS is in-charge of Central Public Information Officer (CPIO)

The information on the Society and its various activities are provided in the website of the society <http://www.wbhealth.gov.in/wbsapcs> and it is updated from time to time. The website is linked to the web portal of the Department of Health & Family Welfare, Government of West Bengal.

### Organization Structure:

The West Bengal State AIDS Prevention & Control Society is headed by the Project Director who is assisted by Addl. Project Director, six Joint Directors, five Deputy Directors and five Assistant Directors. Organizational Chart is given below.

The total sanctioned strength of regular staff of the Society is 33, of which 17 posts are lying vacant as on 31<sup>st</sup> March 2014.

Besides, there are contractual staffs to assist the Department in discharging its assigned functions. The total sanctioned strength of contractual staff of the Society is 42, of which 22 posts are lying vacant as on 31<sup>st</sup> March 2014.

### Regular Staff detailed in West Bengal SACS at Head Office as on 31-03-2014

Sl. No.	Name of Post	Sanctioned Post	Presently filled posts	Vacant post
	Project Director	1	1	0
	Additional Project Director	1	0	1
<b>1</b>	<b>BASIC SERVICES DIVISION</b>			
	Joint Director (Basic Services)	1	0	1
<b>2</b>	<b>STD DIVISION</b>			
	Dy. Director (STD)	1	1	0

## Regular Staff detailed in West Bengal SACS at Head Office as on 31-03-2014

Sl. No.	Name of Post	Sanctioned Post	Presently filled posts	Vacant post
	Asst. Director (STD)	1	0	1
<b>3</b>	<b>ICTC DIVISION</b>			
	Deputy Director (ICTC)	1	0	1
<b>4</b>	<b>BLOOD SAFETY</b>			
	Joint Director (Blood Safety & Quality Assurance)	1	1	0
	Dy. Director (Blood Safety & Quality Assurance)	1	1	0
	Technical Associate (Blood Safety)	1	0	1
	Quality Manager	2	1	1
<b>5</b>	<b>CARE, SUPPORT &amp; TREATMENT DIVISION</b>			
	Joint Director (CST)	1	1	0
<b>6</b>	<b>MONITORING EVALUATION AND SURVEILLANCE DIVISION</b>			
	Dy. Director (M&E) & Surveillance	1	1	0
	Statistical Officer	1	0	1
	Statistical Assistant/Computer programmer	1	1	0
<b>7</b>	<b>ADMINISTRATION DIVISION</b>			
	Office Assistant (LDC)	1	0	1
	Administrative Assistant	1	0	1
	Personnel Assistant	2	0	2
<b>8</b>	<b>PROCUREMENT DIVISION</b>			
	A. D. (Procurement)	2	2	0
	Store Officer	1	0	1
<b>9</b>	<b>FINANCE DIVISION</b>			
	J. D. (Finance)	1	1	0
	A. D. (Finance)	2	1	1
	Finance Assistant/Accountant	7	4	3
	Personal Assistant	1	0	1

## Contractual Staff detailed in West Bengal SACS at Head Office as on 31-03-2014

Sl. No.	Name of Post	Sanctioned Post	Presently filled posts	Vacant post
<b>1</b>	<b>BLOOD SAFETY</b>			
	Consultant (Voluntary Blood Donation)	1	1	0
	<b>ICTC</b>			
	Assistant Director (ICTC)	1	1	0
<b>2</b>	<b>CARE, SUPPORT &amp; TREATMENT DIVISION</b>			
	Consultant (CST)	1	0	1
	Dy. Director (CCC)	1	0	1
	Asst. Director (Nursing)	1	1	0

## Contractual Staff detailed in West Bengal SACS at Head Office as on 31-03-2014

Sl. No.	Name of Post	Sanctioned Post	Presently filled posts	Vacant post
<b>3</b>	<b>MONITORING EVALUATION AND SURVEILLANCE DIVISION1</b>			
	State Epidemiologist	1	0	1
	M&E Officer	1	1	0
<b>4</b>	<b>TI DIVISION</b>			
	JD (TI)	1	1	0
	Asst. Director (TI)	1	1	0
<b>5</b>	<b>IEC MAINSTREAMING DIVISION</b>			
	Jt. Director ((IEC)	1	1	0
	Dy. Director (IEC)	1	0	1
	Asst. Director (Doc. Publicity)	1	0	1
	GIPA Coordinator	1	1	0
	Consultant Youth Affairs	1	0	1
	Consultant Civil Society Mainstreaming	1	1	0
<b>6</b>	<b>ADMINISTRATION DIVISION</b>			
	Driver	1	0	1
	Messenger (Regular Post)	2	0	2
	Computer Literate Steno (Regular Post)	3	3	0
	Divisional Assistant	18	6	22
<b>7</b>	<b>PROCUREMENT DIVISION</b>			
	Procurement Assistant	3	2	1

**New recruitments during 2013-14:**

Dy. Director (IEC) & Asst. Director (VBD) have been recruited at Head Office on contract basis. One District Assistant has been appointed on contract basis at Darjeeling DAPCU.

The following employees have been engaged on contract basis at different ARTC across the state during 2013-14:

1. Senior Medical Officer – 05 Nos.
2. Medical Officer – 04 Nos.
3. M&E and Research Officer (COE) – 01 No.
4. Technical Officer (EID) – 01 No.
5. Counsellor – 15 Nos.
6. Data Manager – 10 Nos.
7. Lab – Technician – 07 Nos.
8. Pharmacist – 03 Nos.
9. Staff Nurse – 07 Nos.

- |     |                       |           |
|-----|-----------------------|-----------|
| 10. | PCOE Coordinator      | – 01 No.  |
| 11. | Nutritionist (COE)    | – 01 No.  |
| 12. | Data Analyst (COE)    | – 01 No.  |
| 13. | Care Coordinator      | – 04 Nos. |
| 14. | Outreach Worker (COE) | – 01 No.  |

**Pay revision of contractual staff:**

The consolidated remunerations of all the contractual employees of WBSAP&CS have been revised w.e.f. 03-10-2013 as per pay-revision order of Department of AIDS Control (NACO), Ministry of H&FW, Govt. of India.

## Procurement

The Procurement Division procures and arranges for supply of goods and services to different components/ units of WBSAP&CS at desired destinations within due time to meet the commitment of running the AIDS Prevention and Control programme smoothly. It plays the crucial role of maintaining Supply-Chain Management of life-saving drugs, blood bags, diagnostic testing kits, etc. supplied by the Department of AIDS Control or purchased locally and maintains demand supply equilibrium throughout the State.

The Procurement Division of WBSAP&CS comprises 2(two) officers in the rank of Assistant Director-Procurement, 2 (two) Procurement Assistants and 1 (one) Officer-In-Charge of Store, which is presently held by the M&E Officer as additional charge.

The Procurement Division prepares an Annual Procurement Plan (APP) in consultation with other programme divisions of WBSAP&CS (i.e. STI, Blood Safety, IEC, ICTC, CST, TI, and Surveillance) and functions accordingly throughout the financial year.

As per APP of 2013-14, the Procurement Division procured several items, like-

1. Diagnostic testing kits, blood bags, consumables like syringe, vials, plastic rods etc. for Government blood banks, ICTC centres and DSRC units of the State.
2. Blood Component Separation Equipment for opening of two BCSU units at blood banks of Medinipur Medical College & Hospital and Calcutta National Medical College & Hospital respectively.
3. Comprehensive Annual Maintenance Contract (CMC) of two years for different equipment used in blood banks throughout the State through e-tendering process.
4. Equipment for ICTCs like micro-pipette, centrifuge, needle crusher etc throughout the State.
5. Computers for different ICTC centres across West Bengal.
6. Printing and supply of Registers, Forms, IEC materials for all divisions of WBSAP&CS throughout the State.
7. Supply of Stationery, vehicles for office use and for touring personnel, lodging and food arrangement for guests to WBSAP&CS, air travel and lodging for WBSAP&CS' personnel touring outside the State.
8. The tender for purchase of refrigerated van for transporting items under cold chain conditions has been finalized. Supply order for procurement of TV sets and DVD Players for different ICTC centres across the State has been issued.
9. The procurement division has successfully implemented the process of e-tendering for procurement of above mentioned items, wherever applicable.

## Financial Management

Financial Management is an integral and important component under NACP III programme architecture.

### Roles of the Finance Division

- Preparation of Annual Budget of the Society required for implementation of AIDS Control Programme.
- Timely release of Funds to implementing agency.
- Preparation of expenditure statement component-wise, category-wise & activity-wise.
- Timely disbursement of salary to almost 950 employees all over West Bengal.
- Maintaining of accounts on day-to-day basis in CPFMS package.
- Conducting Internal & Statutory Audit of the Society on a regular basis.

### Sources of Funds

An amount of Rs. 5363.59 Lakh was sanctioned at Annual Action Plan 2013-14 to West Bengal State AIDS Control Society, to implement a wide range of Interventions.

A resource envelope was identified with external funding from NHM, Govt. of India; RCH, Govt. of West Bengal; PHP, Govt. of West Bengal and UNICEF, to procure KITS/ Consumables, Refrigerated Vans etc.

### Utilisation of Funds

Detail of fund allocation and utilisation (budgetary amount) during the FY 2013-14 is shown below:

#### Funds Received from NACO, Govt. of India during 2013-2014

(Rs. In Lakhs)

Sl. No.	Fund Type	Related Activities undertaken	Annual Action Plan as approved	Funds Received	Expenditure Incurred
1	DBS	STI, Blood Safety, IEC, Institutional Strengthening & Surveillance	3288.18	1271.79	1917.65
2	RCC-II	ICTC	1364.03	1235.22	854.64
3	GFATM-IV	ART Centre	392.44	199.35	239.16
4	GFATM-VII (LWS)	Link Worker Scheme	318.94	159.47	305.00
5	TI-Pool Fund	TI-NGOs	0.00	200.00	38.49
<b>Total</b>			<b>5363.59</b>	<b>3065.83</b>	<b>3354.94</b>

#### Funds Received from other Sources during 2013-2014

Sl. No.	Name of the Funding Agency	Purpose of release of Fund	Amount (Rs)	Expenditure incurred (Rs.)
1	NHM, Govt. of India	Procurement of Whole Blood Fingure Prick Test	Rs. 55,32,000/-	Nil
2	NHM, Govt. of India	Procurement of 01 (One) Refregerated Van	Rs. 12,70,718/-	Nil
3	RCH Govt. of West Bengal	Grant in Aid SBTC for Blood Banking Activity	Rs. 1,00,00,000/-	Rs. 1,00,00,000/- (Transferred to SBTC)
4	PHP, Govt. of West Bengal	Running cost of the PLWAH Societies of the 11 nos. of District	Rs. 42,50,000/-	Rs. 42,50,000/-
5	UNICEF	Joint Supportive Supervision of ICT/ARSH/ HIV-TB Programme with special focus on PPTCT	Rs. 3,70,450/-	Rs. 2,22,050/- (advance)
<b>Total</b>			<b>Rs. 2,14,23,168/-</b>	<b>Rs. 1,44,72,050/-</b>



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