

SUMMARY

Annual Report 2012-13

(March, 2013)

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

WEST BENGAL STATE AIDS PREVENTION & CONTROL SOCIETY

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Introduction

According to revised estimates on 2011 (WBSAP&CS) based on estimated projected population of West Bengal, the adult HIV prevalence in West Bengal is 0.13% and the estimated number of people living with HIV/AIDS is nearly 1.19 Lakh. West Bengal has been put in category-C by NACO.

Spread of HIV in West Bengal is heterogeneous. Though West Bengal is a low HIV prevalence state, certain districts show higher HIV prevalence among high risk groups and general population. Most infections occur through heterosexual transmission. However, in certain regions, other risk groups like 'injecting drug users', 'men who have sex with men' and 'single male migrants' are contributing significantly to the spread of HIV epidemic.

As NACP-IV has already started rolling out, West Bengal State AIDS Prevention & Control Society is geared a huge scale up in different programme components.

Objectives

West Bengal State AIDS Prevention & Control Society has been consistently fighting against the spread of HIV epidemic in the state since 1998. Among 19 districts, Darjeeling, Uttar Dinajpur, Burdwan, Purulia and Kolkata have been identified as high prevalent districts of HIV infection. NACP-III (2007-2012) with an objective of halting and reversing the spread of HIV epidemic in the country has been rolled out since April 2007. Saturation of coverage with care and support services for People Living with HIV and AIDS is another objective of the programme. West Bengal State AIDS Prevention and Control Society has scaled up every programme component to cater services to maximum targeted population.

Roles and responsibilities

The roles and responsibilities of WBSAP&CS are manifested through the following major activities:

- Priority Targeted Interventions for most at-risk populations (such as Female Sex Workers, MSM, Injecting Drug Users) through such initiatives as behavioral change communications (by developing IEC material), condom promotion and STI/HIV/AIDS counseling, testing and treatment and psycho-social Counseling.
- Preventive Interventions for the general population such as awareness generation campaigns, school AIDS education programme, counseling

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and testing (ICTC) for HIV, blood safety programs and Prevention of Parent to Child Transmission (PPTCT) Programme.

- Low cost AIDS care, support and treatment for PLWHA (People Living With HIV/AIDS) through which first line anti-retroviral (ARV) therapy drugs are provided in the state, through the ART centres and post-exposure prophylaxis (PEP) drugs from all medical colleges and hospitals in the state as well as from the district hospitals.

Performance/Achievements

Integrated Counseling & Testing Centre (ICTC)

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.

Currently there are 272 ICTCs (out of which 252 are Stand Alone, 4 are PPP, 4 are Mobile & 12 are facility integrated ICTCs) functioning in West Bengal. During 2012-13 (till January), highest proportion (compared to last few years) of counseling and testing target among general population/pregnant women set by NACO, has been achieved by the ICTCs of West Bengal.

Status of Clients Pre-Test counseled, Tested and Post-Test Counseled at ICTC, 2012-13 (till January'13)					
Category	New Registrations	Pre-Test Counseling	Testing for HIV	Post Test Counseling	Tested Positive
Client Initiated (General Clients)		75521	74165	71938	2502
Provider Initiated (General Clients)		214457	209726	204432	3590
Pregnant Women (ANC)	467805	392899	370533	367200	386
Pregnant Women (Directly in Labour)	127927	47719	45696	45527	45
Total	595732	730596	700120	689097	6523

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During the year 2012-13, total no. of clients testing sero positive were 6523 i.e. 0.93% out of total tested. More emphasis are being given to consolidate the services provided through ICTCs like diagnosis of HIV infection following pre test & post test counseling, referral to ART Centers for Pre ART registration, DOT Centre for Tuberculosis detections, STI clinics for treatment of STIs, psycho – social counseling and referral to other stake holders both in Government & NGO sectors for care and support services.

HIV / TB:

Tuberculosis is commonest opportunistic infection among people living with HIV. The existence of HIV and TB together greatly amplifies harmful effects of each other at individual level and contribute 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.

For proper implementation of the activity, state coordination committee (SCC) and district coordination committee (DCC) have been formed. Capacity Building at different facility level on TB HIV intensified package has already been done. Co-Trimoxazole Prophylaxis has already been started for the co-infected clients at the DMC level.

STI

Sexually Transmitted Infections are well known to their wide prevalence, potential serious complications & intricate relationships with the HIV infection. Early diagnosis and detection of the STI/RTI Infections can reduce the transmission of HIV. The designated STI/RTI clinics at the various districts is set up for providing ST/RTI case management, treatment compliance and follow up, counseling, partner treatment and condom promotion. These services are also provided through the NGO-STI clinics which have been functioning in the TI intervention areas to HRGs.

In West Bengal, STD Control Programme is conducted through 43 Govt. STI Clinics (DSRC) and 35 NGO STI clinics. Beside this STD diagnosis & treatment are also done by Gynaecologist in Gynae and obstetrics out-patient department of Medical College & Hospitals, District Hospitals & Sub-Divisional Hospitals.

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Yearwise no. of Patients Availed STI services from STI centers of West Bengal, 2010-2013 (Till Feb'13)				
Year	2010	2011	2012	2013 (Till 28.02.13)
First clinic visit (for the index STI/RTI complaint)	57461	64673	57299	8381
First clinic visit (for no STI/RTI complaint)	133476	144954	133094	21991
Total First clinic visit	190937	209627	190393	30372

No. of STI Clinic attendees and clinic attendees treated for STI complaint decreased in last year as half of the functional NGO TI programmes were closed down for complaints against them regarding certain irregularities and 44 out of 77 functional NGO STI programmes were closed down on March'2013.

Year	2010	2011	2012	2013 (Till 01.02.13)
Number of patients found HIV-infected out of patients referred to ICTC from STI	953 / 76514	1333 / 105881	625 / 109503	101 / 14727

Care Support & Treatment Programme in West Bengal

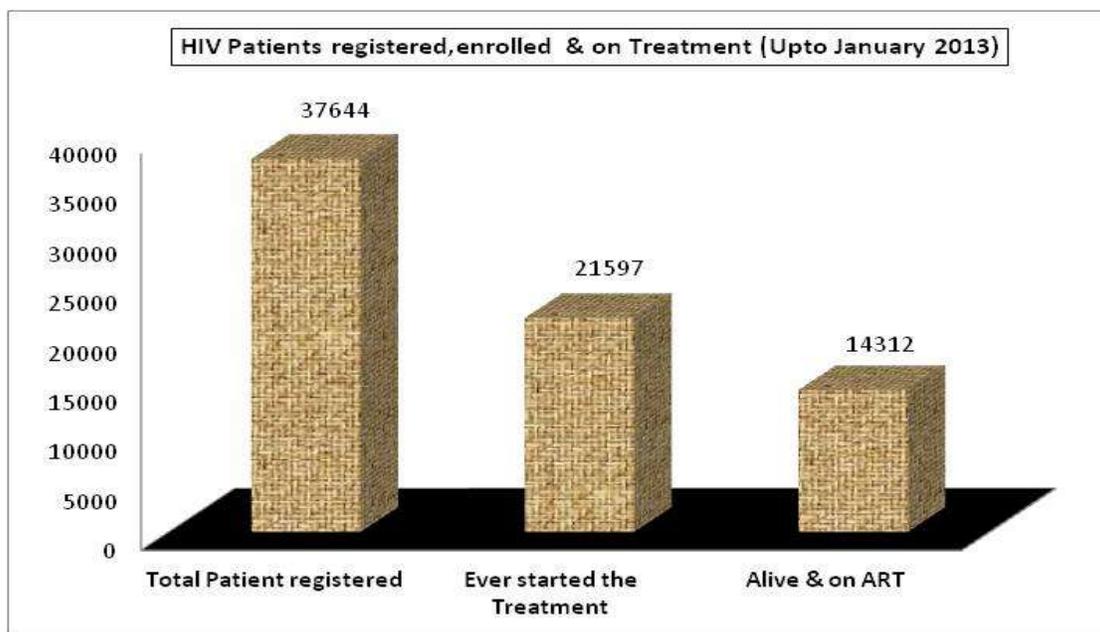
The Care, Support and Treatment component of NACP-III aims to provide comprehensive management to PLHIV with respect to prevention and treatment of Opportunistic infections (OI) including TB, Antiretroviral therapy (ART), psychosocial support, home-based care, positive prevention and impact mitigation.

For FY 2012-13, following targets were set:

- Provide free ART to 12800 patients through 10 ART Centres;
- Achieve and maintain a high level of drug adherence and minimize the number of patients lost to follow up, so that drugs are effective for a longer period of time.
- Provide comprehensive care, support and treatment by establishing Community Care Centres (CCC).

In West Bengal, free ART services started in 2005 and since then there has been continuous up-scale of the services to meet the care, support and treatment needs of PLHAs. There were 2 ART centres at the beginning of NACP-III and as of now the state has 10 ART centres. Around 37,644 PLHAs are registered with ART centres till 31st January'2013 and emphasis is to enroll almost all the positives detected at ICTCs.

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During the year 2012-13, the target given by NACO for PLHA to be alive & on ART was 12,800 as on 31st March, 2013 and at the end of 31st January, 2013 we have been able to put 21,597 HIV/AIDS Patients on ART out of which 14,312 are alive and continuing ART.

Stigma & Discrimination

As per Directives of the Hon'ble Supreme Court, a Grievance Redressal Committee was formed at the State Level under the Chairmanship of Principal Secretary, Health & FW, Govt. of West Bengal to solve the issues of Stigma and Discrimination of HIV/AIDS patients at Govt. or Pvt. Health care Institution. Besides, Advocacy, sensitization and training programmes are conducted regularly to address the issues throughout the year.

Link ART Center (LAC)

Since last three years the Link ART Centres (LAC) have been set-up with the aim to make ARV services accessible to PLHAs for improving the drug adherence, reducing the cost and time spent on accessing ARV drugs from the Nodal ART centres and mainstreaming of the ART services at the district, sub-divisional and rural hospital level. 30 LACs already functional till date and the remaining 1 (Digha SGH) is expected to be completed and functional by first quarter of next financial year.

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

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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, Chhatishgarh, Sikkim and Assam.

The second line ART was started at COE from 1st December, 2008 and as on January 2013, Cumulative number of PLHIV referred to SACEP for assessment is 557, Cumulative number of PLHA found eligible for second line is 281, out of which 278 PLHIV ever started on second line ART. Total number of patients alive and on second line ART (OT) is 233. Cumulative number of patients ever started on Alternative first line ART is 442, out of which 407 patients are alive & on Alternative first line ART. Besides this, COE is also conducting different training activities which include NACO regional level training and state level training, mentoring of ART centers under its jurisdiction and research activities.

Regional Paediatric HIV Center

Regional Pediatric Centre is one of the ART centres set up in 2008-09 at Calcutta Medical College & Hospital to provide comprehensive service including ART to HIV Positive Children in West Bengal and North Eastern States. As per the official memorandum received from NACO, the Regional Pediatric ART Centre has also started providing ART services to the eligible parent of the HIV Positive children on ART. Regional Paediatric HIV Center will be upgraded to Paediatric Centre of Excellence (pCoE) very soon.

Community Care Center (CCC)

The Community care centres (CCC) are 10 bedded short stay homes for the PLHIVs run by non-governmental organizations. There were 14 CCCs in West Bengal. However one at Kolkata run by HIV positive network was closed down due to poor performance. The total Nos. of new PLHIVs provided counselling on drug adherence at CCC from April, 2012 to January, 2013 is 1798. 2523 newly Registered PLHIV received counselling on other issues. 1829 PLHIV's received additional nutritional support within the same time period. The bed utilization rate is 75% and the LFU/Missed cases tracked back by the CCCs is 45%. The main focus during the period was on drug adherence counseling and nutritional counseling, tracking of missed cases and lost to follow-up, condom distribution and spouse identification for HIV.

Drop in Centre (DIC)

There are currently 21 DICs out of which 9 are funded through NACO and the remaining 11 through the State government budget. The 9 DICs funded by NACO are in A & B category districts – Kolkata (2), Darjeeling (2), Jalpaiguri (1),

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Bardhaman (1), Purba Medinipur (1) and Uttar Dinajpur (1), Murshidabad (1). However, Puruliya, an A category district does not have a DIC, and it is proposed to set-up a DIC in Purulia district. The role of DICs in the State is to conduct outreach activities, counselling on family issues and nutrition, referral and linkages, distribute condoms, form Self Help Groups and create an enabling environment for PLHAs. The staffing pattern at DICs is outreach worker, counsellor, peer counsellor and office support staff. Following table gives the number of registered clients with DICs, which may be much lower than actual situation as not all PLHAs want to register with the DICs.

Blood Safety

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 country in the shortest possible time, by a well-coordinated National 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.

There are 109 Blood Banks operating in the state (State Govt.-58, Central Govt.-16 and Pvt.-35). During the years of 2009 to 2013 (till January 31st 2013), the position regarding blood donation camps organised and collection of blood is shown in the following tables:

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Yearwise status of Voluntary and Replacement Blood Collection and Camps organized by Blood Banks of West Bengal, 2010-2013 (Till January'13)					
Year	Voluntary Collection	Replacement Collection	Proportion of Voluntary Collection	Total Collection	VBD Camps organized
2010	692829	124827	84.73%	817656	13208
2011	680619	152202	81.72%	832821	12560
2012	715062	132815	84.34%	847877	13222
2013 (till 31.01.13)	131726	15173	89.67%	146899	2582

The Voluntary Collection with proportion to total collection for the state remained as high as 86% in last financial years and it is increasing over the years.

IEC and mainstreaming activities

The IEC and mainstreaming activities in 2012-13 were directed to address a host of HIV/AIDS related issues like- social discrimination & stigma, vulnerability of youths, 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. A well planned mix of mass media, mid media, outdoor publicity and mainstreaming & training activities were chosen to achieve the desired results. Generous contributions also came from the corporate bodies that bore all the expenses towards sensitization trainings and workshops meant for their employees with technical support only from WBSAP&CS.

The Red Ribbon Express or RRE travelled through the State this year from July, 16 to August, 6 much to the enthusiasm of the people. Coordination among different governments departments and non-government organizations could be effected to make the event a truly successful one. A record number of 613245 persons were thus reached during the last RRE campaign in West Bengal, a number which had far exceeded the figure during the earlier two phases.

75 episodes (25 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 5th August 2012, simultaneously from 3 station of All India Radio (AIR-Kolkata, AIR- Siliguri, FM Rainbow) to cover a wide range of subjects like - Voluntary Blood donation and donor motivation, Blood Safety, HIV/AIDS awareness, Red Ribbon Clubs etc. Till the end of Fy 2012-13, 105 episodes will be completed.

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445 TV spots were telecast from Doordarshan and Private TV Channels to address the issues on HIV/ AIDS in different events as approved in AAP 2012-13.

448 audio spots were aired from Private FM-Radio Channels and All India Radio. Radio Mirchi provided for Day Branding on the occasion of World AIDS Day on 1st December 2012.

14 Newspaper advertisements were published in leading dailies on World Voluntary Blood Donors' Day, National Blood Donors' Day and World AIDS Day. Advertisements were also published in all leading and major local dailies during the RRE campaign giving details of the exhibition timings on board the Red Ribbon Express (RRE).

390000 leaflets, 120 Information panels, 59000 posters, 360 banners were printed and distributed.

The website of WBSAP&CS (www.wbhealth.gov.in/wbsapcs) was maintained & updated throughout the year.

As against the allotted number of 2280 shows, 2468 shows were performed by the folk troupes covering all the 19 districts. This includes performances held at the health camps organized in 20 out-migrant locations. The leading Bengali dailies in their reports had praised the attempt to spread HIV/AIDS-related messages through folk media.

43 IEC vans were utilized for mass awareness generation in 12 RRE districts during the RRE campaign in West Bengal. 3 vans were pressed into action for 7 days as part of the observance of World AIDS Day 2012.

72 permanent hoardings have been successfully installed all over the state through the health district authorities in-charge of the programme. They have also been entrusted the work of maintaining these hoardings and display HIV/AIDS related messages on them as per the direction of WBSAP&CS. Required number of bidders did not take part in the tender process on all the three occasions tenders were invited during 2012-13. Hence, WBSAP&CS failed to procure any hoarding or bus panel during 2012-13.

2023 valid calls were recorded till May, 2012. However due to a technical fault in the IVRS, which has not yet been rectified, the helpline has gone out of service since June, 2012. Efforts are on to bring the helpline back into operation.

Events: World Blood Donors' Day (14th June, 2012, National Voluntary Blood Donation Day (1st October, 2012), World AIDS Day (1st December 2012),

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International Day against Drug Abuse and Illicit Trafficking (26th June 2012, and National Youth Day (12th January 2013) were observed.

10148 persons have been sensitized throughout the year as part of Mainstreaming & Training activities. The trainees include frontline workers like ASHA-s, SHG members, AWWs, and ANMs, Police / Paramilitary Forces, PRI members, Industrial workers, Cultural groups etc.

There are 340 Red Ribbon Clubs (RRCs) in the state. National Service Scheme (NSS) have been entrusted the work of carrying out RRC activities in the universities and colleges where they have their units.

There are currently 20 Drop In Centers (DICs) out of which 9 are funded by NACO and the remaining 11 C Category DIC-s receive funds from the State budget. All Networks of PLHAs conducted various social mobilization programmes like rallies, awareness workshops and setting up of stalls at various locations on World AIDS Day 2012 and during major festivals in the State. The PLHA were also involved actively in the RRE campaign.

Current status of Targeted interventions (TI) in West Bengal:

Currently, the epidemic remains concentrated in specific high risk populations (HRG-high risk groups) and their sexual partners. Therefore, prevention through focused interventions amongst these groups is of extreme importance for controlling HIV epidemic.

HIV infection is transmitted from HRGs to General population through Bridge population who constitute major proportion of the clients of sex workers, such as truckers and male migrants. Given this model of epidemic transmission, it is 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, there is a need to have Targeted Interventions (TI) projects among HRGs as well as the bridge populations.

To reduce the transmission of HIV infection from HRGs to General population, the targeted intervention project through NGOs/CBOs were already functioning in West Bengal. Under NACP -III, more efforts were put to improve the functioning of these TI project. The objectives are saturation coverage of HRGs and promotion of risk reduction behaviour through BCC, treatment of STIs, Nutritional education, Referral and linkages.

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Number of Targeted Intervention (TI) Projects (By category) in West Bengal

FSW/ CSW	22
MSM	0
IDU	4
Truckers	4
Migrants Labours	4
Core Composite (FSW/MSM/IDU)	0
Trans Gender	1
Total	35

Actions taken in respect of NACP-Phase-III

- Steps of filling up the posts have already been taken and capacity building was done subsequently.
- To extend ICTC services beyond the existing stand alone ones, attempts have been made to provide ICTC services through facility integrated mode. 25 Facility Integrated ICTCs already started functioning in West Bengal.
- To estimate the current HIV burden of the state, HIV Sentinel Surveillance Programme is going on successfully over 22 Antenatal Clinic sites of West Bengal. State report of Previous HIV Sentinel Surveillance round will be published within few days.
- Steps are being taken in earnest way to promote voluntary Blood donation programme through involvement of various stake holders.
- Awareness generation with workplace intervention programmes are going on.
- Mobile ICTC scheme were implemented in four districts (namely, Darjeeling, Burdwan, Uttar Dinajpur and Kolkata).
- Process has already been completed to set up District AIDS Prevention and Control unit (DAPCU) to further decentralize the programme implementation strategy. At present 8 DAPCUs are functional in category 'A' & 'B' districts.
- Link workers scheme (LWS) in selected rural areas in nine (9) selected districts has already implemented.
- Collaboration with NRHM and other National Health Programmes process has already been taken up.
- Nevirapine prophylaxis for mother and baby to prevent vertical transmission of HIV infection is being scaled up.
- State legislative forum has already formed and functioning. They are regularly holding meeting and field visits in Districts.
- Public Private Partnership for treatment of sexually transmitted infections has already started and initiative is being taken to provide

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STI/ART/ICTC services through PPP model. We are already running 4 ICTCs in this model.

- Syphilis Screening by RPR kits has started already in different ICTCs to avoid multiple pricking of pregnant mother.
- In response to the Hon'ble Supreme Court Directives in August, 08 for comprehensive care for PLHAs at ART centers under NACP-III, a Grievance committee at state level has already been formed under the chairmanship of Principal Secretary, Health & FW department. Action taken report has also been sent to NACO for information and necessary action. HIV status has also been included under AAY Scheme to provide nutritional support to the PLHIV.

Special Initiatives

People living with HIV/AIDS require comprehensive health care which include Medical care, Psychosocial care, Nutritional care, Social & legal Services and financial support. To achieve these objectives, number of steps has been taken from the end of Govt. of West Bengal and WBSAP&CS. These are:

- **Strategic Information Management System (SIMS)** has been implemented in West Bengal, according to the third principle in 'Three One Principal' of NACP III, that is- One Agreed National Monitoring and Evaluation System. Around 80% reporting field level units are reporting in SIMS aside the conventional method of reporting, CMIS (Computerised Management Information System).
- **Web-Based Online Inventory Management System (OIMS)** was introduced during the fourth quarter of this financial year in order to have an overview of daily status of kits/consumables throughout the facilities of West Bengal.
- **Early Infant Diagnosis** for HIV exposed/ suspected children through DNA PCR technique was launched in 16 selected ICTCs and 4 ART centres. During the last financial year 13 more ICTCs were included to scale up the programme and it is running successfully throughout West Bengal.
- **Whole Blood finger Prick HIV screening test** – The initiative is meant for screening pregnant mothers at sub-centre level by ANMs (in three districts, namely Burdwan, Uttar Dinajpur & Jalpaiguri), TB patient by MT Lab. at DMC level (in four districts, namely Burdwan, Nadia, Uttar Dinajpur & Jalpaiguri) and unbooked Direct in Labour (DIL) cases at Labour Rooms (Medical College & Hospitals, District Hospitals & Maternity Homes). During the last financial year the necessary training was given to Purba Medinipur also.

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- **NACP-NRHM Convergence** effort was actually started during the second half of this financial year. It was decided to scale up ICTC services in all the block level hospitals hitherto not covered by stand alone ICTCs.
- **Supportive supervision of the counselors** – the programme was launched by WBSAP&CS in collaboration with TATA institute of Social Science to address various issues of the counselors and counseling the counselor working at different facilities, to prevent their burn-out.
- **PPTCT ORW Scheme-** This scheme was launched on December'10 to keep track of all positive pregnant women and their children. At present 41 ORWs are working in 11 districts.
- **Co-Trimoxazole Prophylaxis** has already been started at the ICTC level for the HIV exposed babies.

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Budget & Expenditure:

Statement of Budget Allocation, Receipt and Expenditure for the year, 2012-13					
(Figures in Lakhs)					
Sl.	Sources of Fund	Budget Allocation	Opening Balance	Funds Received	Expenditure
1	Pool Fund	0.00	443.00	0.00	664.12
2	GFATM IV	364.02	46.21	317.80	213.89
3	GFATM II	777.84	112.18	666.78	707.04
4	GFATM VII	224.23	83.04	210.66	150.20
5	DBS	2778.91	0.00	1370.60	886.85
Total		4145.00	684.43	1195.24	1735.25
Statement of Budget Allocation, Receipt and Expenditure for last 3 Financial Years					
Source of Fund : Pool Fund					
(Figures in Lakhs)					
Sl.	Year	Budget Allocation	Opening Balance	Funds Received	Expenditure
1	2010-2011	3131.52	357.23	3098.26	2396.75
2	2011-2012	3329.80	1151.68	2166.12	1703.04
3	2012-2013	0.00	443.00	0.00	664.12
Source of Fund: GFATM Rd. IV					
(Figures in Lakhs)					
Sl.	Year	Budget Allocation	Opening Balance	Funds Received	Expenditure
1	2010-2011	273.47	288.38	0.00	209.98
2	2011-2012	244.18	114.97	128.54	173.26
3	2012-2013	364.02	46.21	317.80	213.89
Source of Fund : GFATM Rd. VII					
(Figures in Lakhs)					
Sl.	Year	Budget Allocation	Opening Balance	Funds Received	Expenditure
1	2010-2011	160.96	18.24	121.06	81.32
2	2011-2012	242.99	5.38	237.61	139.08
3	2012-2013	224.23	83.04	210.66	150.20
Source of Fund : GFATM Rd. II					
(Figures in Lakhs)					
Sl.	Year	Budget Allocation	Opening Balance	Funds Received	Expenditure
1	2010-2011	805.51	0.00	864.13	810.03
2	2011-2012	860.86	16.69	841.02	699.34
3	2012-2013	777.84	112.18	666.78	707.04

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রেড রিবন এক্সপ্রেস (তৃতীয় পর্যায়) - ২০১২

