

Annual Report

2007-2008

Status of HIV/ AIDS Prevention & Control Programme in West Bengal

Our Mission:

The mission of West Bengal State AIDS Prevention AND Control Society is to provide catalytic leadership, a co-ordinated and concerted effort towards HIV/AIDS prevention, care and support of PLWHAs by utilizing Government and Non- government agencies in a partnership involving appropriate strategies and principles. We aim to empower people to be able to make informed choices through a combination of appropriate communication and provision of quality services.

INTRODUCTION

HIV/AIDS is a global developmental public health challenge, continuing to spread unabated in many parts of the world where it is wiping out developmental gains achieved over the past decades, threatening the peace and stability of nations and sub-regions, and sending communities into destitution. The epidemic is affecting the poor and marginalised section of the population. Its impact is particularly pronounced in countries with greatest gender inequalities, disparities in income and access to productive resources. The stigma attached with HIV is leading to discrimination in form of violation of fundamental rights for individuals.

The Vulnerability Factors

1. 2 million trucks enter into West Bengal annually
2. 7 National Highways pass through the state covering 2000 kms.
There are 25 entry points in Kolkata connecting with entire North East Sikkim, Bihar and parts of Orissa, Uttar Pradesh & Chattisgarh



3. 2 Ports at Kolkata and Haldia.
4. International airport at Kolkata having a large turnover of International passengers to South east Asia.
5. 2200 kms of International boundary with Bangladesh, 100 km with Nepal and 475 km with Bhutan.
6. Important Railway stations like Howrah, Sealdah, Kharagpur, Asansol and New Jalpaiguri handle nearly 6 to 7 million passengers/ commuters everyday.
7. There are nearly 12,000 registered factories employing nearly 8.69 lakhs population
8. There are 1.908 million unorganized manufacturing enterprises employing 4.4 million people (Source: National Sample Survey, 2006)

The present state scenario

In West Bengal, the HIV infection was first detected in August 1986 and till 2001 the infection rate was very low in the state. Thereafter, an increasing trend in HIV infections in different groups of population has been observed though sentinel surveillance reports designates the state as a low prevalence state containing pockets of high prevalence.

West Bengal has been characterized as a low prevalence state because the median prevalence for ANC sites and STD clinic sites is below 1% and 5% respectively. District-wise scenario indicates prevalence of few hot spots such as Kolkata and its suburbs, urban areas of the adjoining districts of Howrah and Hoogly, South 24 Parganas, Uttar Dinajpur and



Darjeeling. The HIV infection rate is common among the lower socio-economic groups, especially the in-migrants.

Formation of West Bengal State AIDS Prevention & Control Society

West Bengal State AIDS Prevention and Control Society (WBSAP&CS) is quasi-government body set up in 1998 to meet the growing challenges posed by HIV epidemic in the country. The WBSAP&CS is a registered society under society's registration act in Kolkata and the society is aimed to

- Prevent HIV transmission and control its spread;
- Reduce morbidity and mortality associated with HIV infection;
- Reduce the adverse social and economic impact of HIV infection;
- Coordinate and strengthen HIV/AIDS surveillance;
- Provide technical support in HIV/AIDS prevention and control to govt. and non- govt. organizations;
- Enhance the community awareness, specifically knowledge, attitude and practice of high-risk groups;
- Develop advocacy material/health education materials for distribution and adoption by agencies working for AIDS prevention;
- Channelise and integrate the activities of non- govt. organizations in AIDS control and prevention;
- Promote safety of blood and blood products and encourage voluntary blood donation movements;
- Provide facilities and strengthen the existing services pertaining to sexually transmitted diseases in govt. and private medical institutions and practitioners;
- Develop counseling services;



- Organize social support for management of HIV infected and AIDS patients.

The apex body of the society is the governing body consisting of not more than 30 persons from various bodies like government, medical and public health, non- government organization, voluntary health services, DFID, UNICEF or any other central Govt. organization representative etc. The tenure of governing body is for three years. The control of administration and management of the affairs of the society vests in the governing body. In accordance with the rules and regulations of the society. This is an executive committee consisting of 15 persons in to operationalize the decisions of the body, and to provide guidance for the functioning of the society.

The authorities of the society are as follows:

1. Governing Body
2. The Executive Committee
3. Such other authorities as may be constituted by the Governing Body

The WBSAP&CS carries out the activities as per the guidelines of National AIDS Control Society. The Principal Secretary is the President of the Society and Project Director is the member secretary. The following is organ gram of the WBSAP&CS:





Project Director				
Addl. Project Director (R)				
1) Basic Services Division	2) Blood Safety Div.	Care, support & Treatment Div.	M&E & Surveillance Div.	TI Div.
JD (BS) - 1 filled up (R)	JD (BS & QA) - 1 - filled (R)	JD (CST) - 1 vacant (R)	DD (Surveillance) 1 - filled up (R)	JD (TI) - 1 - vacant (C)
DD (STD) - 1 filled up (R)	DD (QA) - 1 filled up (R)	DD (CCC) - 1 filled (C)	Epidemiologist - 1 - filled up (C)	AD (TI) - 1 - vacant (C)
DD (ICTC) - 1 - vacant (C)	Consultant (VBD) - 1 filled (C)	AD (Nursing) - 1 vacant (C)	M&E Officer - 1 - filled up (C)	
AD (STD) - 1 - vacant (R)	Technical Associate - 1 vacant (R)	Consultant (CST) - 1 - vacant (C)	Statistical officer - 1 - vacant (R)	
AD (ICTC) - 1 - filled (C)	Quality Manager - 2 - vacant (R)		Stat. Asst. - 1 - vacant (R)	



Project Director			
Addl. Project Director (R)			
IEC Mainstreaming Div.	Administration Div.	Procurement Div.	Finance Div.
JD (IEC) - 1 - vacant (C)	Admn. Asst. - 1 - vacant (R)	AD (Procurement) - 2 - vacant (R)	JD (F) - 1 - filled (R)
DD (IEC) - 1 vacant (C)	Personnel Asst. - 2 - vacant (R)	Store Officer - 1 (R) - but filled on (C)	AD (F) - 2 - filled 1 - (R) vacant 1 (C)
AD (Doc. & Pub) - 1 - filled (C)	Office Asst. - 1 (R) but filled on (C)	Procurement Asst. 3 - vacant (C)	Finance Asst. - 7 (C) - 1 (R) - filled 3 (C) - vacant 4 (C) - 1 (R)
GIPA (Coordinator) 1 - filled (C)	Driver - 1 (R) - but filled on (C)		
Consultant (Youth Affairs) 1 - vacant (C)	Messenger - 2 (R) - but filled on (C)		
Consultant (Civil Society Mainstreaming) 1 - vacant (C)	Computer Literate Steno - 3 (C) - filled 2 - vacant 1		
	Divisional Asst. - 18 - filled 4 (C) - vacant 14 (C)		



Major Activities of West Bengal State AIDS Prevention & Control Society during 2007 – 2008.

WBSAP&SC has made concerted efforts to control management and prevention of HIV infection in the state. It is now implementing interventions in 19 districts of West Bengal. The major Components are discussed below:

HIV and Sentinel Surveillance

Background: Information regarding HIV prevalence and the trend is available from HIV sentinel surveillance, which is carried every year in the state for three months since 1998. The 2007 is the 11th round of sentinel surveillance covering sites specific to high-risk population, bridge population and general population

Sentinel Surveillance 2007

In 2007, there were 47 sentinel sites in West Bengal and wherein 13,228 persons were tested for HIV during the period from October - December 2007.

There has been a decline in HIV prevalence among all high risk population in West Bengal except Injecting Drug Users (IDU). The point prevalence data shows an increase of HIV among IDUs (4.64 in 2006 to 7.76 in 2007). There were, however, considerable differences in the prevalence rates from district to district.



HIV prevalence in ANC sites for two consecutive years, i.e., 2006 and 2007 has remained constant to 0.42%. However, in 2007 round of HSS, the ANC sites in Darjeeling and Kolkata have reported HIV prevalence more than 1 percent. The HIV infection rate based on ANC sites in the states depict a wave like pattern (see graph 1). It also illustrates that over the years, the HIV infection in the State has been increasing in a slower pace. However, in 2005 a spurt of HIV prevalence from ANC sites was noticed (0.9%) which fell in 2006 to 0.40 % and remained so in 2007. The HIV prevalence in ANC cases is considered as the HIV prevalence in general population.

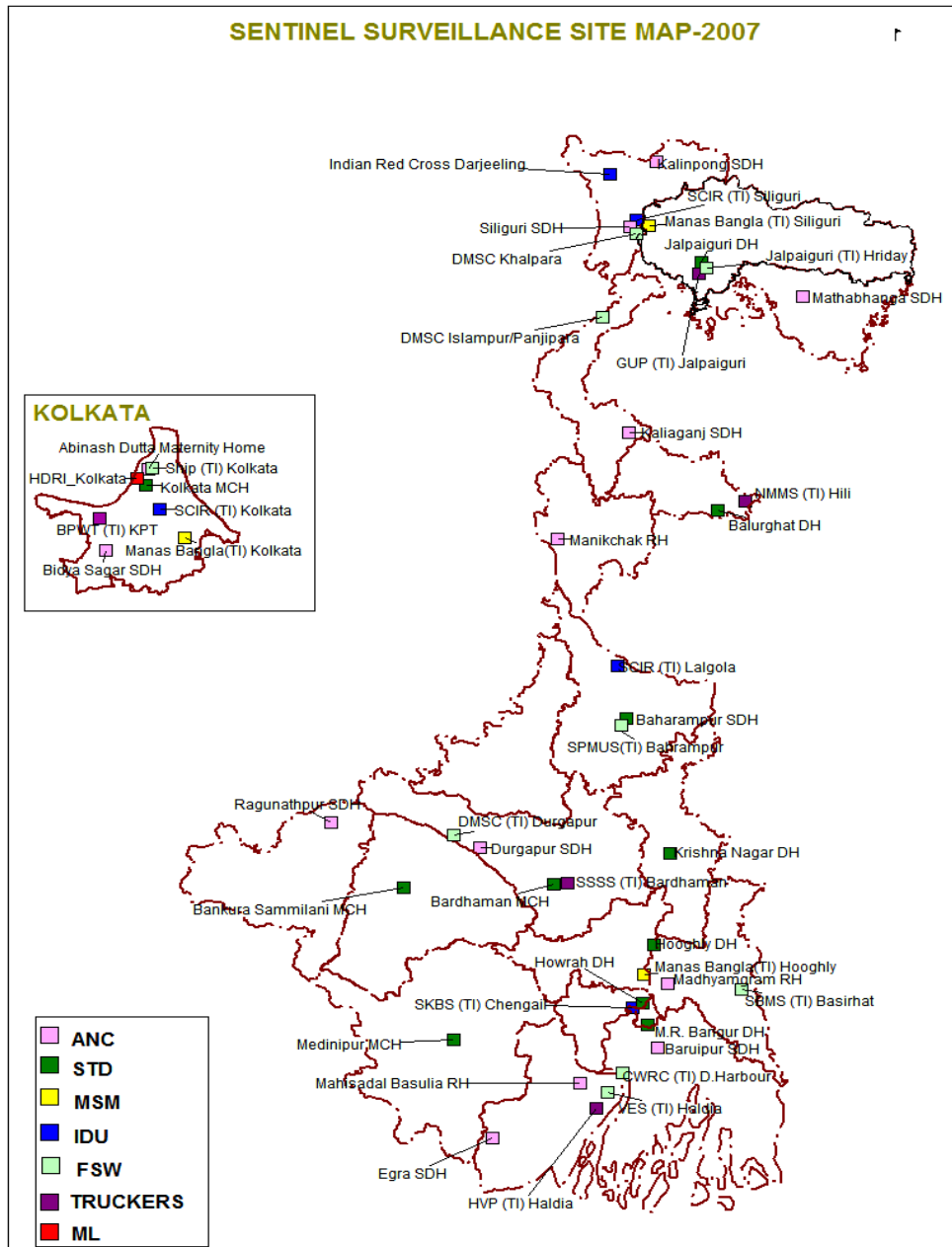
The trend data illustrates a decline in HIV prevalence at STD sites in recent years. Nonetheless, from 2002 to 2004, an increasing trend in the HIV prevalence was observed at STD sites and since 2005 a decline was noticed. In 2007, the state HIV prevalence was 1.60% which in last two consecutive rounds of HSS was 1.66% in 2006 and 2.47% in 2005. This is depicted in the figure given below:

The HIV prevalence at FSW sites has remained almost constant over the years, though a marginal decline was noticed from last round of HSS (6.12% in 2006 to 5.92% in 2007). The prevalence at MSM sites shows a decline in the 11th round of surveillance.

In West Bengal, surveillance among trucker population was started in 2006 and in 2007 the prevalence was 27.2%. HIV Surveillance among Migrant Labour site was undertaken in 2007 and the prevalence was 9.3% amongst them.



Figure.1. HSS 2007 site map of West Bengal



In 2007 there were 47 sentinel sites distributed across 18 districts of West Bengal. Over the years there has been increase in the number of sites and type of sites which is illustrated in the Table 1.

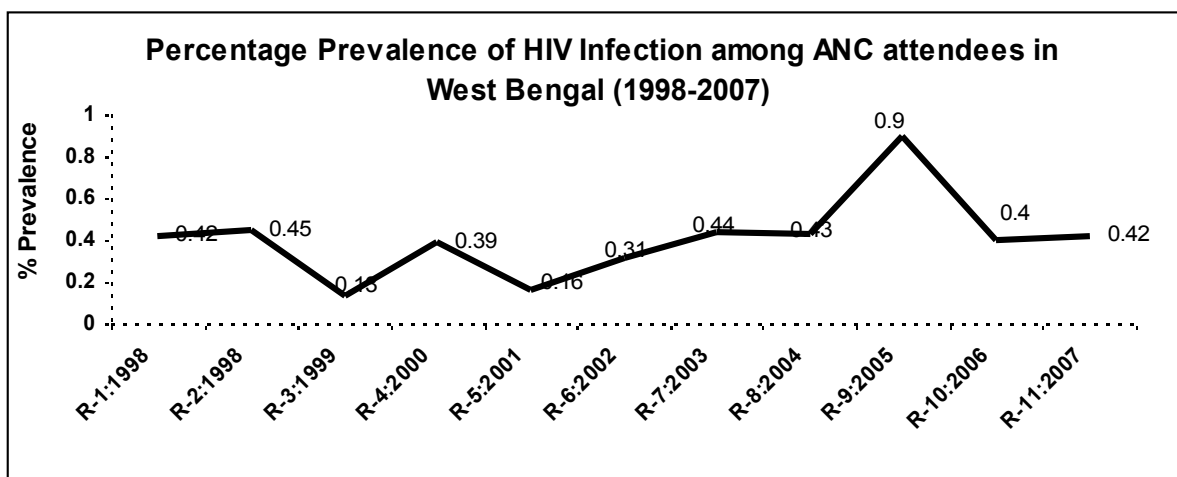


Table.1. Year wise HSS sites in West Bengal (1998-2007)

Year	ANC	STD	FSW	MSM	IDU	Clients of FSW	Truckers	Migrant Labour	TB	Total
1998-I	3	3	-	-	-	-	-	-	-	6
1998-II	4	4	-	-	-	-	-	-	-	8
1999	4	4	-	-	-	-	-	-	-	8
2000	4	5	-	-	-	-	-	-	-	9
2001	8	6	-	-	-	-	-	-	-	14
2002	9	9	-	-	1	-	-	-	-	19
2003	9	10	7	-	1	-	-	-	-	27
2004	9	10	7	1	1	-	-	-	-	28
2005	9	12	7	1	4	-	-	-	-	33
2006	13	12	8	2	5	2	5	-	1	48
2007	13	11	9	3	5	-	5	1	-	47

1. ANC HSS sites: Out of 13 ANC HSS sites, there were 2 new sites namely, Vidyasagar SDH, Kolkata and Kalimpong SDH, Darjeeling. One ANC site at Basulia RH, Purba Midnapore could not collect 75% of the sample size (255). The over all ANC HIV prevalence for West Bengal is shown in Figure. 2.

Figure. 2. Overall HIV prevalence among ANC clinic attendees of West Bengal (1998-2007)



2. STD Clinic HSS sites: There were 11 STD clinic sites during HSS 2007. The STD site at Darjeeling District Hospital site was dropped in West Bengal State AIDS Prevention & Control Society



2007 as 75% of the sample size could not be achieved for two consecutive years in 2005 and 2006.

Figure.3. HIV prevalence among STD clinic attendees in West Bengal during HSS 2007.

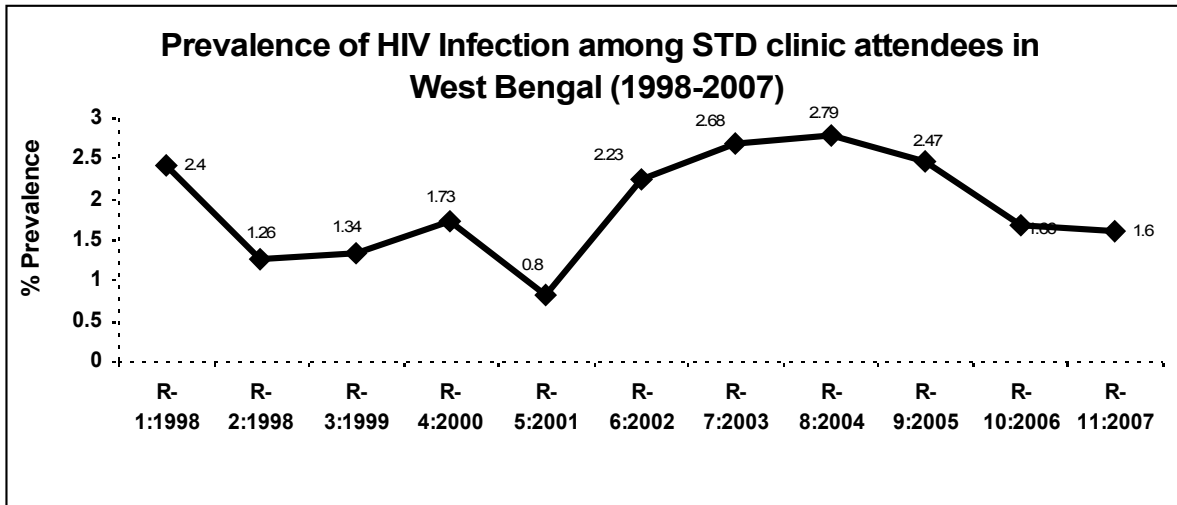
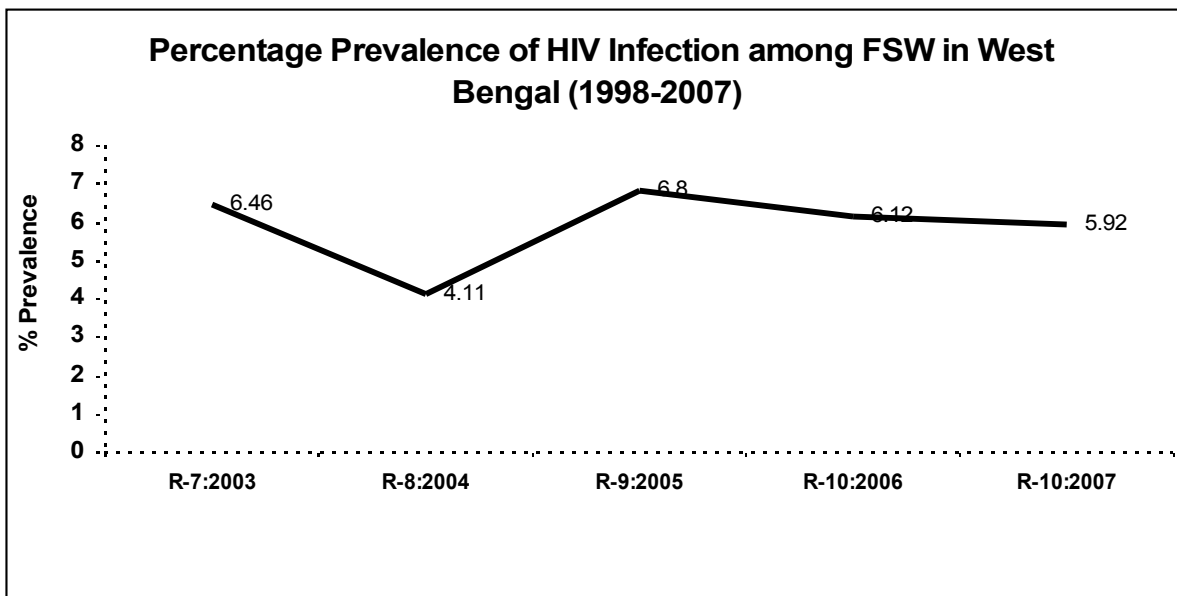


Figure.4. Prevalence of HIV among FSW in West Bengal during HSS 2007



4. MSM sites: During 2007 round there were three MSM sites where Manas Bangla an NGO is doing interventions. These three sites are Siliguri (Darjeeling), Srirampur (Hoogly), and Kolkata. The site in Srirampur was included in 2007. Among the three sites, HIV prevalence was highest at Kolkata (6.40%).

Figure. 5. HIV prevalence among MSM in West Bengal (2004-2007)

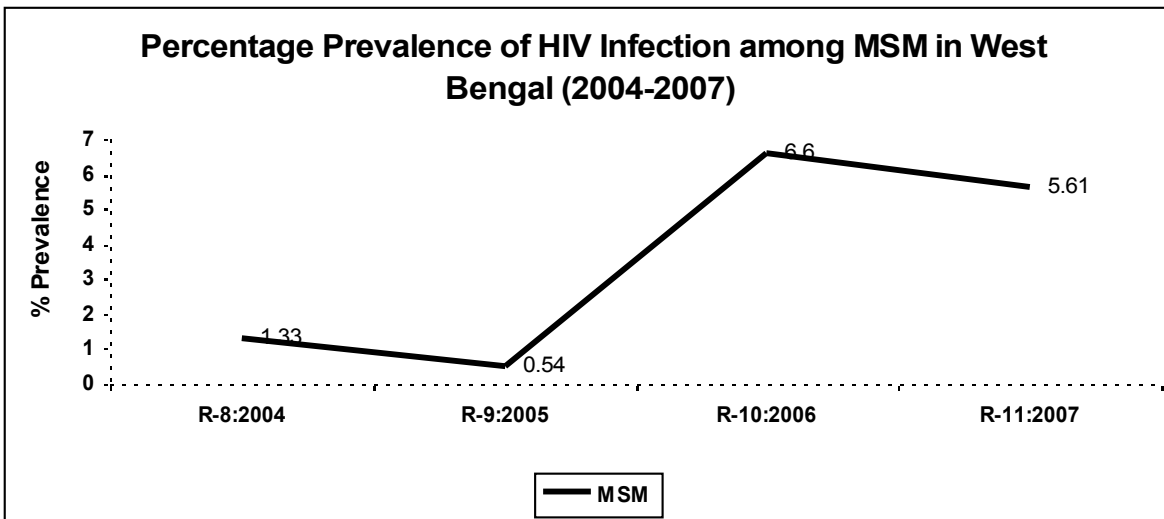
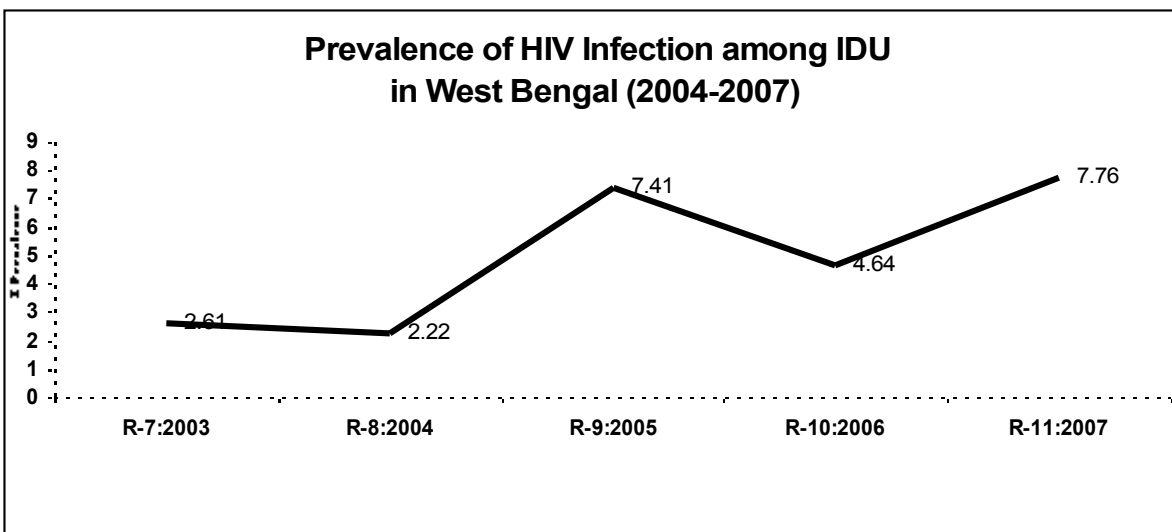


Figure.6 Trend of HIV prevalence among IDUs in West Bengal 2002-2007



7. Migrant Labour Site: Only one Migrant labour HSS site was included during 2007 which is located in Kolkata district and where HDRI is doing interventions. The HIV prevalence was reported as 9.2%.

SERVICE DELIVERY

The summary of service delivery outlets newly started during the financial year 2007-08.

	ICTC	STD	Blood Bank/ BCSU	ART	CCC	DIC
2007-08	47	59+14=73	0	2	1	6

The Summary of Services Available in the state of West Bengal at the end of 2007-08

Category of Districts	Number of District	ICTC		STD		ART Centers	No of Blood Banks
		No	Weight	No	Weight		
A	4	32+20 = 52	43	18+11 =29	50	2	16
B	4	28		11	19	1	13
C	11	41		18	31	1	29
Total		121	100	58	100	4	58



Planned target (new) for the year 2008-09.

Category of District	No of Districts	ICTC		STD Centre		ART Centres	BCSU
		No	%	No	%	Number	Number
A	4	22+30=52	65.00	10+14=24	41.37	1	4
B	4	17	21.25	8	13.79	0+1	0
C	11	11	13.75	26	44.82	1	2
Total	19	80	100	58	100	3	6

Blood Safety program in West Bengal

West Bengal State AIDS Prevention & Control Society



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

The society has made good progress in the areas of blood collection and blood safety. The state has 102 blood banks out of which 58 are state government run blood banks, 28 are private blood banks and 16 blood banks are central govt. blood banks. A total of 713089 blood units were collected during 2007-08. Out of which Govt blood banks collected 611283 units of blood during this period of FY 07-08. About 85% was collected from voluntary blood donors, which is a national record.

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

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

In this financial year it is planned to open six more Blood Component Separation Unit in

- SSKM Hospital
- NRS Hospital
- Kolkata Medical College & Hospital
- Maldah District Hospital
- Midnapur Medical College & Hospital
- National Medical College & Hospital

There are 19 blood storage center in the state which are function as SD Hospital & Rural Hospital, 26 more FRUs have been sanctioned and training of



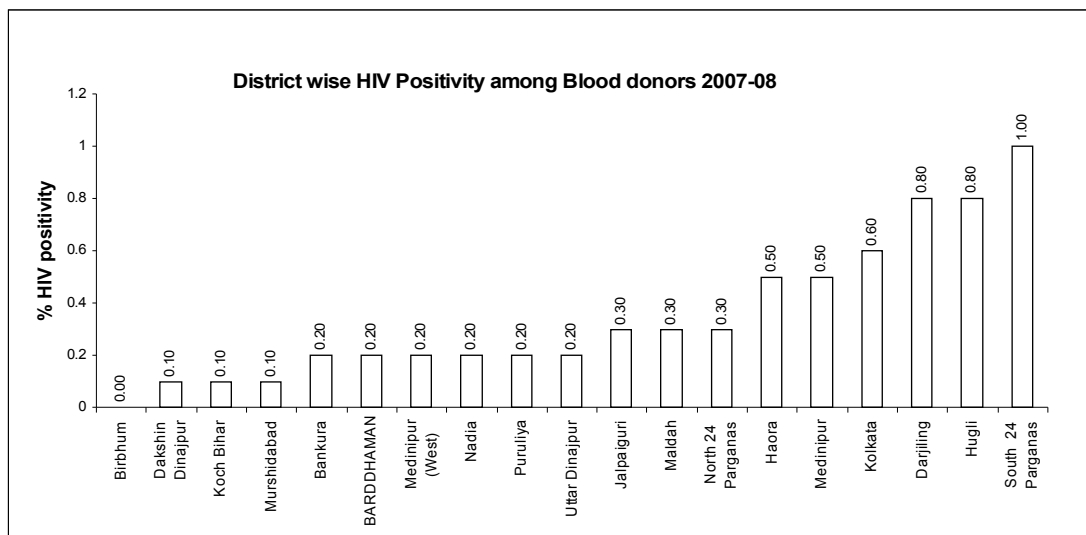
staff also have been completed and are in a position to start functioning. Another 15 are in pipeline.

There is state wide training programme on rational use of Blood is going on since last year. Training is given to state govt. blood banks and pvt. blood banks also to promote the more effective use of blood.

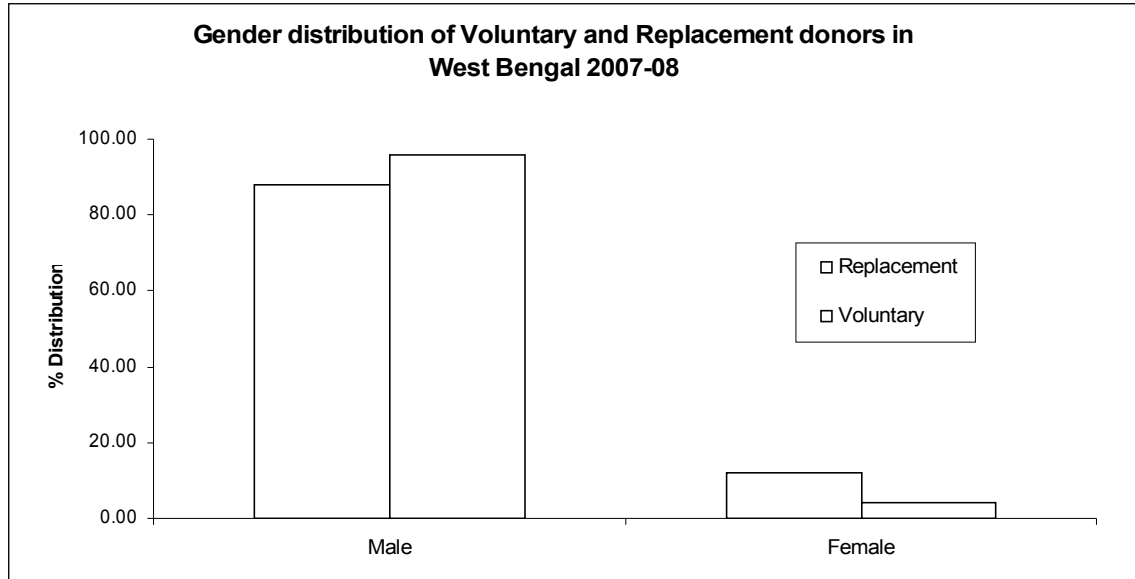
Proportion of Voluntary blood donation and camps organized per quarter, 2007-08

Period	Blood Collection	Percentage Voluntary Collection	Camps Organized
1st Quarter	196410	85%	3002
2nd Quarter	188866	87%	3064
3rd Quarter	168705	80%	2646
4th Quarter	186585	89%	3173
Total	740566	85%	11885

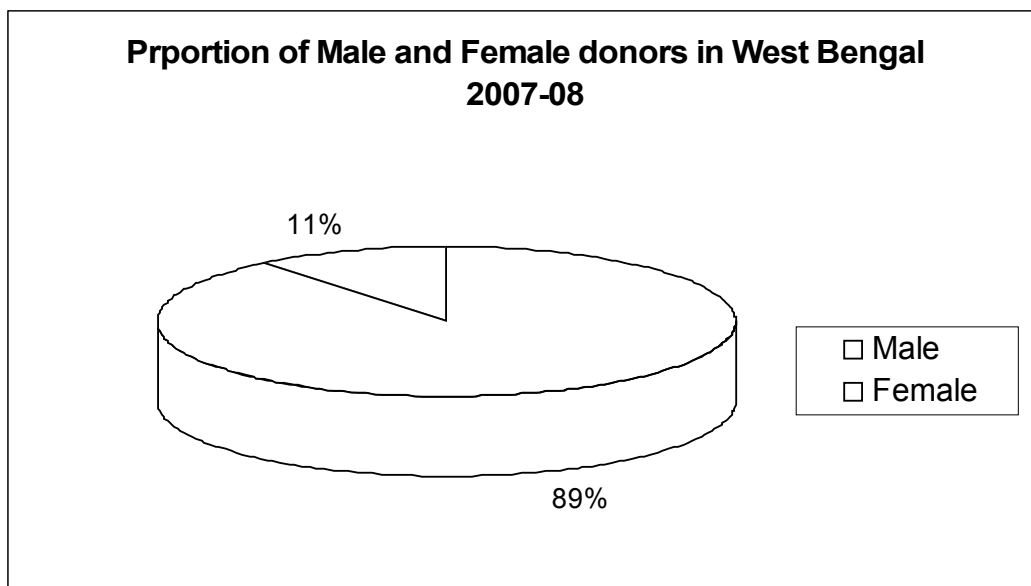
Proportion of voluntary blood donation has been increasing by quarters with maximum 89% in 4th quarter. But the number of camps organized has been decreasing in subsequent quarters.



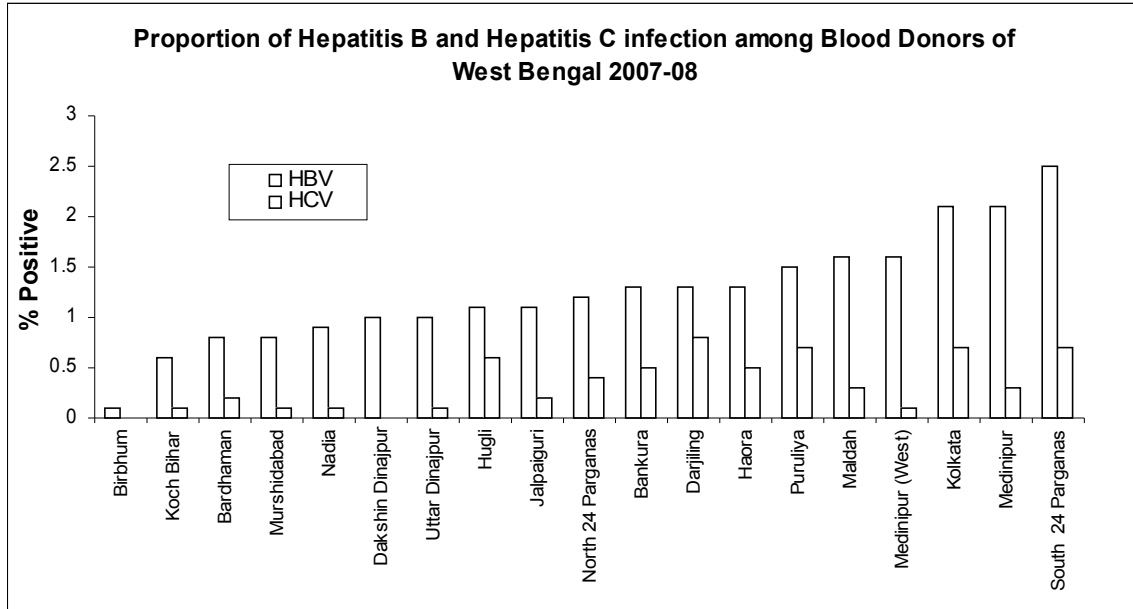
The HIV positivity among blood donors (both Voluntary and Replacement) in different districts have been displayed in the figure above. South 24 Parganas shows maximum (1.00%) and Birbhum shows the lowest (0%) HIV positivity.



Proportion of male and female donors in voluntary and replacement donation is displayed in the figure above. Among females proportion of replacement donation is more and among males the same of voluntary donation is less.

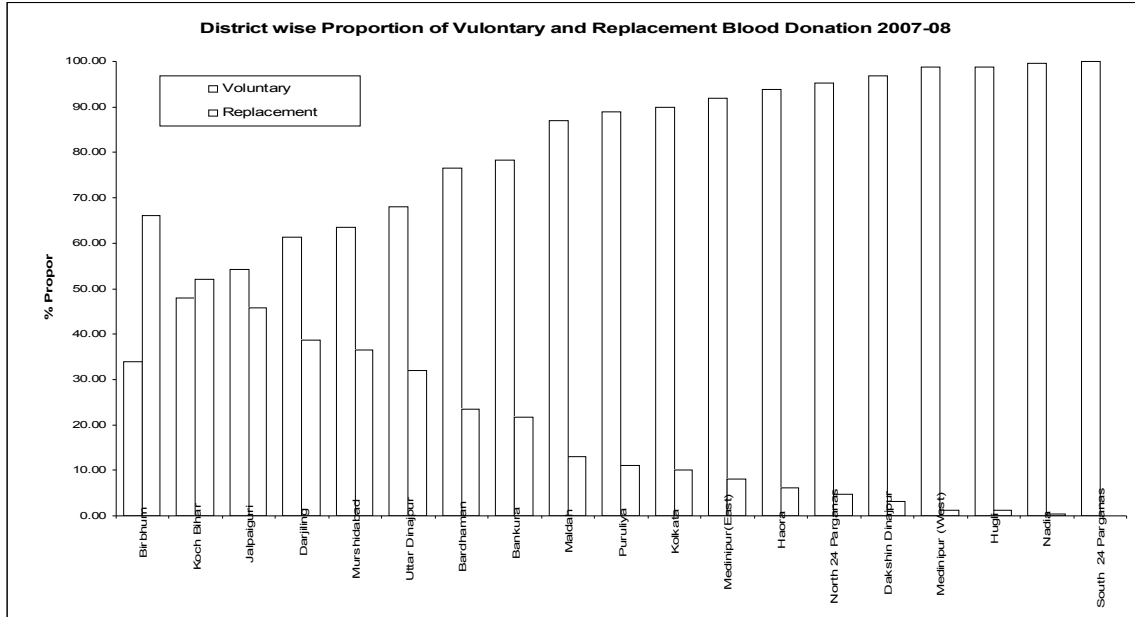


Proportion of female donors has increased in comparison to previous years. During the year 2006-07 the proportion of female donors was 8% where it is 11% during 2007-08.



Apart from HIV sero-positivity among donors in different districts of the state the Hepatitis B and Hepatitis C have been significant. In the districts like South 24 Parganas, Medinipur (East & West) and Kolkata Hepatitis B has been higher during 2007-08. The Hepatitis C sero-positivity is higher among donors of Darjeeling, Kolkata, Hoogly and south 24 Parganas.





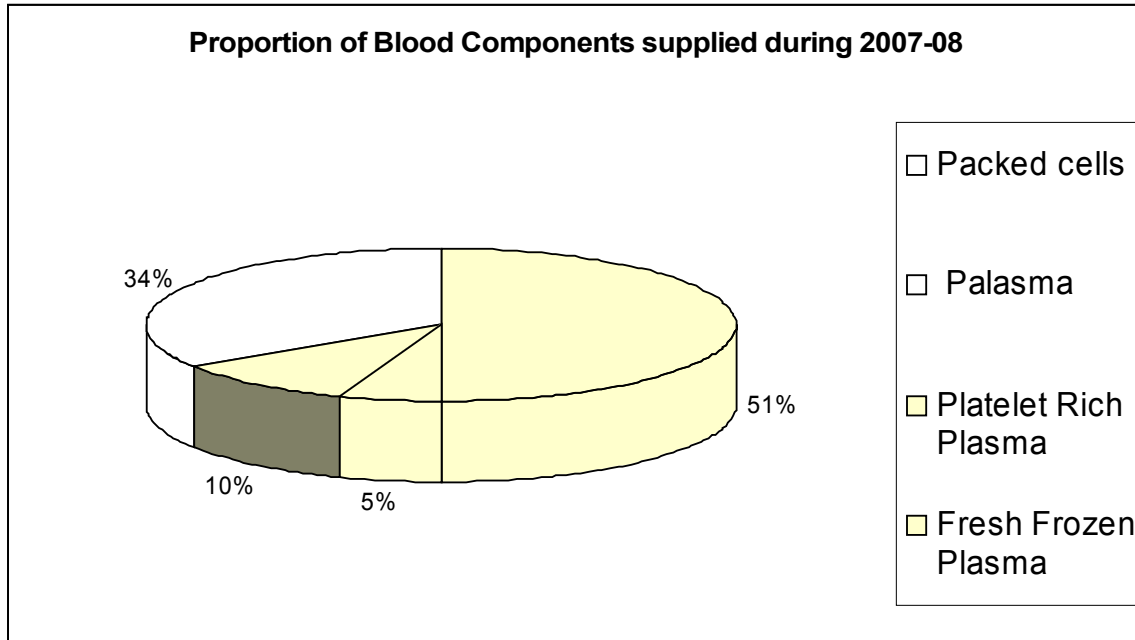
Proportion of voluntary and replacement blood donors have been displayed in the figure above. Proportion of voluntary donation has been highest in South 24 Parganas and lowest in Birbhum.

Voluntary and replacement collections in Govt . and Private Blood Banks in West Bengal 2007-08

Type of Blood Banks	Voluntary Collection	Replacement Collection	Total Collection	Proportion of Voluntary Donation	Camps Organized
Govt	480090	59338	539428	89%	9353
Pvt.	162111	38027	200138	81%	2532
Total	642201	97365	740566	87%	11885

Proportion of voluntary blood donation among Private Blood Banks (81%) has been lower than that of Govt. Blood Banks (89%).

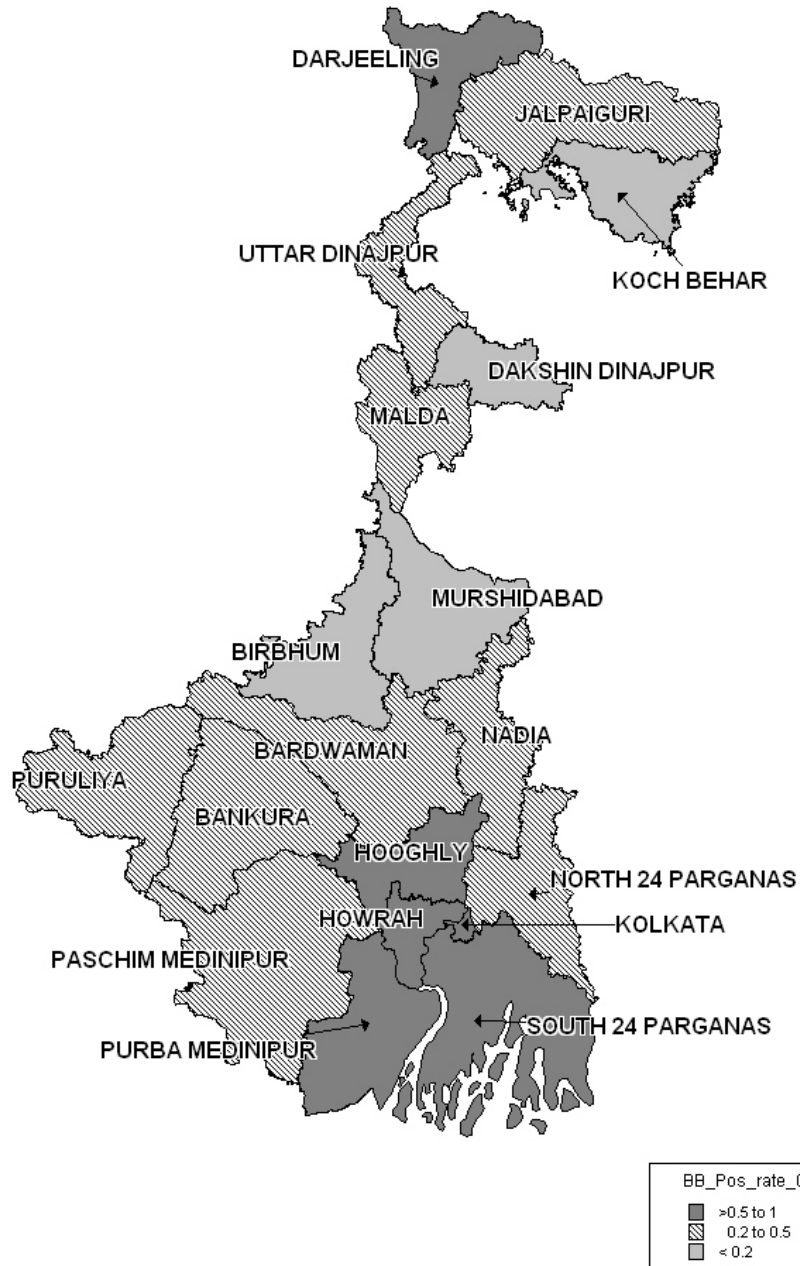




Proportion of Blood components utilized during the year 2007-08 has been displayed in the figure above. Day by day the trend of using blood components is scaling up instead of using whole blood.



**District wise HIV Sero-Positivity
among Blood Donors as Reported by Blood Banks : 2007-08**



Targeted Interventions in West Bengal

The specific objective is to reduce new infection as estimated in the first year of the programme by:

- Sixty per cent (60%) in high prevalence states so as to obtain the reversal of the epidemic; and
- Forty per cent (40%) in the vulnerable states so as to stabilize the epidemic.

Rationale for targeted Interventions

Targeted interventions specifically refer to interventions that work with high risk behavior groups. The central purpose of targeted interventions is to provide services that target high risk populations need to practice safe behaviors that reduce transmission of HIV.

The key rationale for setting up Targeted Intervention is that – These services that are needed by the high risk groups are not currently available in the community in a form that is accessible to high risk groups and unless such services are provided to the high risk groups an opportunity to check the growth of HIV epidemic would be lost.

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

- Female sex workers (FSWs)



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

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

Targeted/Preventive Interventions among High Risk Groups

The epidemiological interpretation derived from different surveillance data available till date suggests that HIV epidemic in West Bengal is primarily driven by sex worker-client interactions. Clients in turn pass on the transmission to their partners. In order to achieve the goal set for NACP III, a comprehensive response will be mounted for positive prevention of HIV in HRGs. Therefore targeted interventions (TIs) will remain the key component of the prevention response. WBSAP&CS will strengthen the core groups, make it more structured, promote their empowerment, and decentralisation of programme management from the core groups to their networks and CBOs. Protection of human rights of these groups will be a top priority.

Strategies for targeted interventions among all the HRGs

The key strategies for TIs under NACP-III include:

West Bengal State AIDS Prevention & Control Society



- i. outreach and behaviour change communication (BCC),
- ii. Improved access to and utilization of condoms through social marketing, free distribution and condom vending machines at places around the mobility of HRGs.
- iii. Improved access to and utilization of various services for STI, VCTC, PPTCT and ART etc.
- iv. Empowerment of HRGs and gradual transition from NGOs to CBOs for implementation of the intervention as well as creation of an enabling environment.
- v. Linking HIV related care, support and treatment with other services.

The strategy to achieve the objective of reversal of the epidemic will consist of a multi -pronged approach:

1. According the highest priority to the saturation of the three high risk groups namely CSW, IDUs and MSM with a comprehensive package of preventive and care services. TIs will cover 80% of the HRGs, at least during NACP III. Quest Asia Research & Consulting recently conducted mapping of HRGs in the state. (Refer to table 1) The mapped figures for CSW, MSM & IDU are 57832, 20775 & 17209 respectively. The behaviour of the population, time and place among these groups changes rapidly depending upon the situation in which they operate. This mapping exercise will be repeated every 3 years to capture the changes in the situation.

Target Group	Sub groups	Estimated	Total
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Female Sex Workers	Brothel based sex worker	28212	57832
	Non - brothel based sex	25098	
	Home based sex worker	4522	
Men having Sex with Men	Men having Sex with Men	16194	20775
	Male Sex Worker	3191	
	Hijras	1390	
Injecting Drug Users	Injecting Drug Users	14339	17209
	Shadow users	2870	

2. The Bridge population those transmit the infection from HRGs to general population need to protected. Addressing clients of CSW through CSW interventions, with condoms, social marketing campaigns and through addressing men in different occupational settings. Truckers and migrants, categorised as bridge populations and prioritised after the three high risk groups, are key occupation groups who will be addressed.
3. Among general population we have to reach out to the high risk groups who are scattered in rural areas, other highly vulnerable population groups in the community, and three vulnerable groups, namely HIV affected children, youth in the age group 15-29 years and women.

Present coverage of HRG and Bridge Group population in West Bengal



Sl. No.	Target group	Managed by NGOs	Managed by CBOs	Total number of projects	Population covered
1	CSW	22	6	28	46176
2	MSM	-	2	2	9500
3	IDU	6	-	6	10600
4	TRH	16	-	16	259500
5	ML	5	-	5	57100
Total number of TIs		49	8	57	-

Female Sex Workers (FSWs) - definition & typologies

For the purpose of TIs, a female sex worker (FSW) is an adult woman, who engages in consensual sex for money or payment in kind, as her principal means of livelihood.

In any given geography, sex workers are not a homogeneous group. Sex workers can be categorised into 6 main typologies, based on where they work and more specifically on where they recruit or solicit clients and not where they live or actually entertain the clients. The major typologies of FSW are described below.

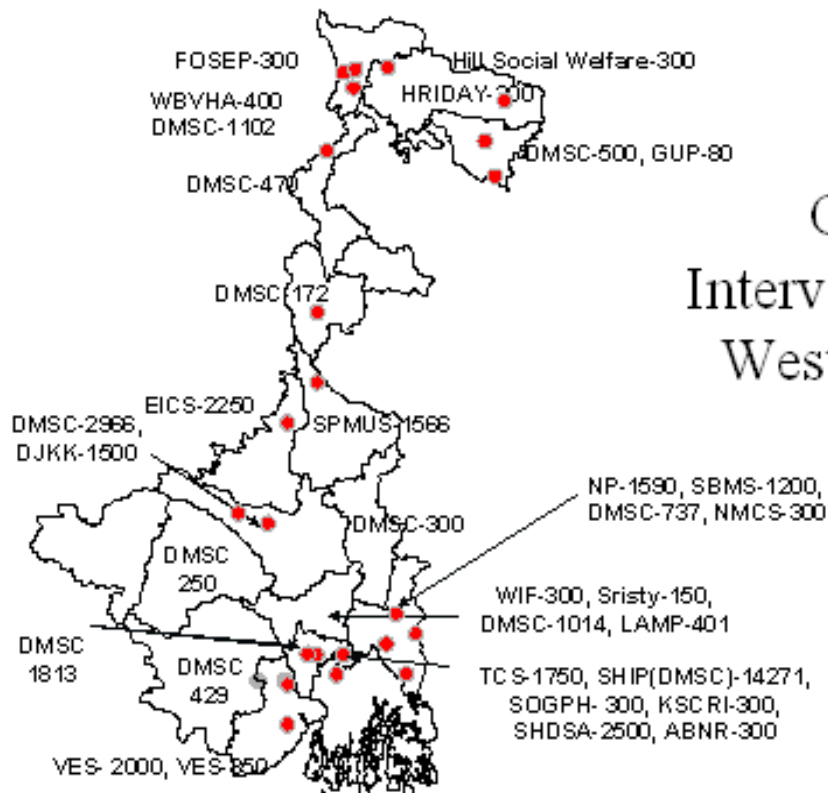
1. Street-based sex workers,
2. Brothel-based sex workers,
3. Lodge-based sex workers,
4. Dhaba-based sex workers,
5. Home-based or “secret” sex workers and
6. Highway-based sex workers.



Strategy for TI among CSWs

- Minimum target population size of -300 required to start up an intervention.
- Behaviour Change Communication (Outreach, FGDs, Counselling, IEC).
- STI Management.
- Creating Enabling Environment through networking and advocacy.
- Social marketing of condoms and services
- SHG formation.
- Increased Community Ownership.
- Referrals for VCTC & Linkages with HIV/ AIDS related care services.
- Networking with Positive Groups.
- Exposure visits.





CSW Interventions in West Bengal

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

The term “men who have sex with men” (MSM) is used to denote all men who have sex with other men as a matter of preference or practice, regardless of their sexual identity or sexual orientation and irrespective of whether they also have sex with women or not. Coined by public health experts for the purpose of HIV/STI prevention, this epidemiological term focuses exclusively on sexual practice. This term *does not* refer to those men who might have had sex with other men as part of sexual experimentations or very occasionally depending on special circumstances. It should be noted that all who engage in male-



to-male sex do not necessarily identify themselves as homosexuals or even men.

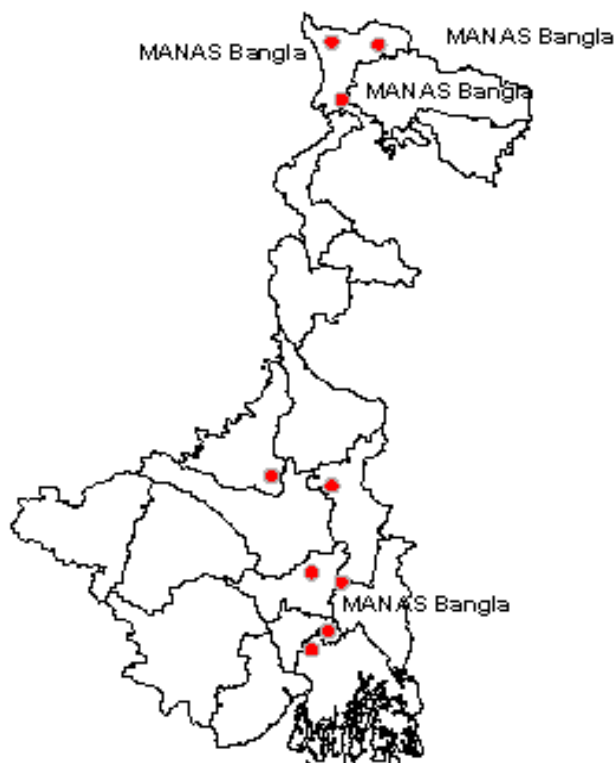
There are several sub-groups among MSM. For the purposes of TIs, these groups are defined as below.

- **Hijras (transgender), Kothis, Double Deckers, Panthis (Parikh).**

Strategy for TI among MSMs

- Network approach
- Minimum size -300
- Focus on behavior (MSM) and identity (identity- Koti, Hijras etc.)
- Anal and oral STI Management
- Condom Social Marketing
- Creating an Enabling Environment through Networking & Advocacy
- Lubes: standard need for MSM interventions to reduce risk in anal penetrative sex.
- Linkages to HIV related care, support and treatment with other services.
- SHG formation.
- Exposure visit





MSM Interventions in West Bengal

Injecting Drug Users (IDUs) – definition and profile

IDUs are not injectors at all times in their injecting life-span. They may inject, then fall back into non-injecting (e.g. oral) drug use, or abstinence, and then return to injecting. Thus IDUs are defined as those who used any drugs through injecting routes **in the last three months**.

In addition to addressing IDUs, IDU programmes should ensure that they also address the **regular sexual partners of IDUs**, as many of them are likely to be infected, and some of them may be IDUs too.

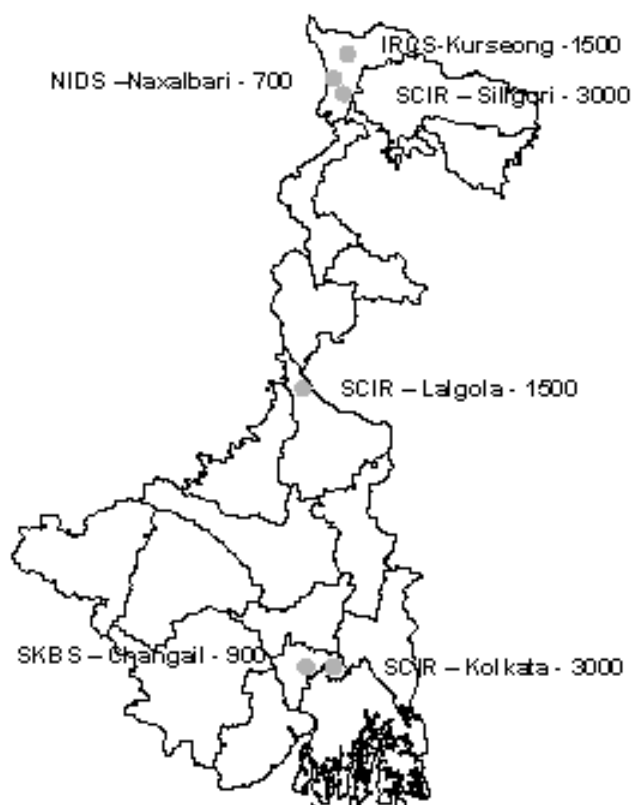


It is equally important to remember that some IDUs might be sex workers or MSM, and some of them are also female.

Strategy for a TI among IDU

- Harm reduction strategy.
- Minimum size -300
- Current injectors and those who have Injected within the last six months
- Abscess management
- Needle exchange programme
- Oral substitution
- De-addiction
- STI Management
- SHG formation
- Referral to TB DOTS programme and VCTC.
- Linking HIV related care, support and treatment with other services.
- Exposure visit





IDU Interventions in West Bengal

IDU population covered till date is 10600

Prevention Strategies for Bridge groups – Targeted Interventions

(Migrants and Truckers)

Bridge populations like transport (especially long distance truckers) and migrant workers are at higher risk of contracting HIV compared to the general population because the rate of sexual partner change is higher among them. Quite often they are clients/partners of FSWs and MSMs. The interventions among the truckers and migrant workers will be carried out as per the national guidelines, while interventions among the prison inmates and men in uniform will be done through mainstreaming.



Truckers and Transport Sector Groups

In West Bengal, there are 7 national highways of over 2000 Kms. There are 2 ports at Kolkata and Haldia. WBSAP&CS estimates that over 2 million truckers pass through the state annually. There are a large number of brothel-based FSWs in large cities like Kolkata and Siliguri, from where truckers access sexual services. There are also large numbers of flying sex workers along the national highways, who provide services to the truckers. It has been observed that there are diverse settings where sex takes place between the truckers and the sex workers e.g. on the highways inside the truckers, in 'dhabas' or unorganised house-based brothels located near halt points. These flying sex workers catering to the mobile population are normally either from the neighbouring villages coming to halt points during the day time or local tribeswomen, slum dwellers from the industrial towns located near the halt points, migrants or daily wage labourers from the construction sites, vegetable or fruit vendors at the halt points, and so on.

Currently truckers' interventions are carried out by NGOs at halt points along the national highway stretches, business activity areas, check posts or port areas, where truck drivers halt for various reasons. At present, there are 16 such TIs funded by WBSAP&CS. One intervention with the truckers association has just started.

Strategies under NACP III

The new strategy under NACP III strongly emphasises the engagement of the trucking industry, Truckers associations and other allied organisations/industries (Oil companies, SMOs, Tyre companies, battery



company, etc.) to develop policies and implement plans to reduce vulnerability of truckers' industry/association. The proposed framework is to adopt the following strategy:

- Truckers association will identify the peer educators among the truck drivers /cleaners who will play an important role in reaching out to the drivers.
- Quality treatment services will be provided to the drivers/cleaners, the proposed mapping for truckers will be helpful in mapping the available services and the treatment seeking behaviour of truckers /cleaners.
- Social Marketing organisation (SMO) will be identified who will work closely with truckers association to promote condom usages. It will also provide a business opportunity for truckers where that can become commission sales agent for these SMOs by selling condoms.
- All key players from the government (SACS/Department of road transport & highway/) and trucker and other allied industries will work together to be able to reach out to truck drivers/cleaners to provide a comprehensive HIV prevention and treatment programme.
- The existing TIs for truckers will be continued till 30th June 2008. Concurrently, the state level consortium will be constituted by WBSAP&CS with involvement from all major stakeholders, which will be chaired by the Transport commissioner of the State.



A central strategy of India's National AIDS Control Programme III (NACP III) is to reduce sexual transmission of HIV within high-risk sexual networks, and from these high-risk networks into the general population. The key strategy is to address HIV risk among long distance truckers and will operate at three levels.

Migrants

West Bengal is a destination state for migrants from its neighbouring states and countries and also a source state for migrants to various states like Maharashtra, Gujarat, Delhi etc. Successful examples of source-destination pilot initiatives demonstrate the importance of promoting volunteerism, working through peers and engaging a range of partners at source and destination sites to reach out to migrants and their families. Under NACP-III, a large segment of the migrant population will be reached through these best practices. All the migrants don't indulge in risk behaviour but the proportion is much higher compared to the general population. There is a need to classify the interventions for migrants in to two broad categories: at source and at destination.

HIV/AIDS interventions at source will be mainstreamed with various schemes and programmes so that the young migrants can be reached for awareness before they migrate. Following district situation analysis the vulnerable blocks, gram panchayats and villages will be identified on the basis of poverty and backwardness where large out-migration is likely. Poverty is also likely to increase the vulnerability to other problems like trafficking of girls. HIV/AIDS will be mainstreamed to various Govt. programmes like Adolescence Education Programme, Village Talk AIDS Programme, link worker scheme, poverty alleviation programmes, national rural employment gurantee scheme etc.. Providing information to



migrant population at source before they migrate (e.g. doing awareness campaigns through multi-sectoral plan of action in areas from where there is high migration) or when they return (e.g. during the festival season), at the transit point (major bus station and major railway stations will have IEC material).

Migrant workers at destination locations typically live in large cluster formations, around industries or cities in unauthorised slums. Factory owners, construction companies and other employers engaging the services of these migrants will be motivated to undertake preventive education activities among them. The CARE model will be adapted for intervention among the migrants at destination. Under this model, active volunteers among migrants will be identified, trained and encouraged to disseminate preventive messages among their fellow workers



ICTC/VCTC/PPTCT SERVICES IN WEST BENGAL

HIV counseling and testing services are a key entry point to prevention of HIV infection and to treatment and care of people who are infected with HIV. When availing counseling and testing services, people can access accurate information about HIV prevention and care, and undergo an HIV test in a supportive and confidential environment. People who are found HIV negative are supported with information and counseling to reduce risks and remain HIV negative. People who are found HIV positive are provided psychosocial support and linked to treatment and care.

HIV counselling and testing services were started in India in the year 1997. There are now more than 4000 Integrated Counselling and Testing Centres (ICTCs), which are mainly located in government hospitals. As of today, only 25–30% of the people who are HIV positive in the country are aware of their HIV status. Thus, counselling and testing services are an important component of prevention and control of HIV/AIDS in the country.

In West Bengal, Voluntary Counseling and testing (VCTC) services were started in 2001. There after, VCTC units were set up gradually at different Medical Colleges, District Hospitals. In January 2004, Prevention of Parents to Child Transmission (PPTCT) unit were established 10 Teaching Institution. After that PPTCT services were extended to all District Hospitals. At the end of NACP Phase II (April,



2007), there were 46 VCTC and 28 PPTCT to cover all Medical College Hospitals, District Hospitals, 3 Sub Divisional Hospitals and 2 Community VCTCs.

During first year of NACP III (2007 -08), Counseling and testing centre was renamed as Integrated Counseling centre (ICTC). This ICTC provides service to all types of clients including pregnant women. An ICTC is a place where a person is counseled and tested for HIV, which is voluntary or as advised by a medical provider and subjected to willingness. The main functions of an ICTC include:

1. Early detection of HIV.
2. Provision of basic information on modes of transmission and prevention of HIV/AIDS for promoting behavioral change and reducing vulnerability.
3. Link people with other HIV prevention, care and treatment services.

Accordingly, all existing counseling and testing centers were renamed as ICTC. Furthermore, 47 new ICTC were opened during this period. At the end of April 2008, there are all together 121 ICTC units (20 at Medical Colleges, 30 at District Hospitals, 45 at Sub divisional Hospitals, 13 at State General Hospitals and another 13 at private and other government facilities. Three ICTC units are working for prisoners and another 3 ICTCs are providing service for three HRG groups. Two ICTCs are offering services at two major Railway station namely Howrah and Sealdah station and one ICTC is located at Siliguri Bus terminus. Three are not yet operational at Darjeeling district.

All counselors engaged at these ICTCs have received 12 days counselors training last year from NACO identified training institutions. All



laboratory technicians have also undergone 5 days training last year from microbiology department of Medical College. ICTC team of newly established has also attended 2 days training program organized by WBSAPCS. On site orientation to all categories of staff of each hospital where ICTC is established is also carried out last year.

HIV counseling and testing has also increased several folds last year. About 2 lakhs pregnant mother were counseled at PPTCT units last year comparing one lakh mothers counseled year before. As a result 10 more HIV positive mothers were detected last year. HIV prevalence was 0.16% last year in the state. But HIV prevalence among ANC attendees in Kolkata were more (0.32%) comparing state prevalence. This trend is followed for last three years.

ICTC (Pregnant Women) Performance – West Bengal

Year	Unit	Registered	Counseled	Tested	HIV +ve	% Ve
2004-05	10	76631	70459	63210	115	0.18
2005-06	10	75156	72841	68734	112	0.16
2006-07	28	108821	100986	86167	181	0.21
2007-08	66	210234	197408	175601	281	0.16

ICTC (Pregnant Women) Performance - Kolkata

Year	Unit	Registratio n	Counseled	HIV test	HIV +ve	% +ve
2005-06	6	38779	37262	34902	82	0.23
2006-07	6	36770	32756	29977	99	0.33
2007-08	9	46536	43890	39572	127	0.32

Like PPTCT counseling service, counseling and testing of general clients are also increased last year. About 82821 clients (non-pregnant) were counseled at ICTCs last year comparing only 43300 were counseled in 2006-07. As a result of it, about 1000 more HIV positive cases were



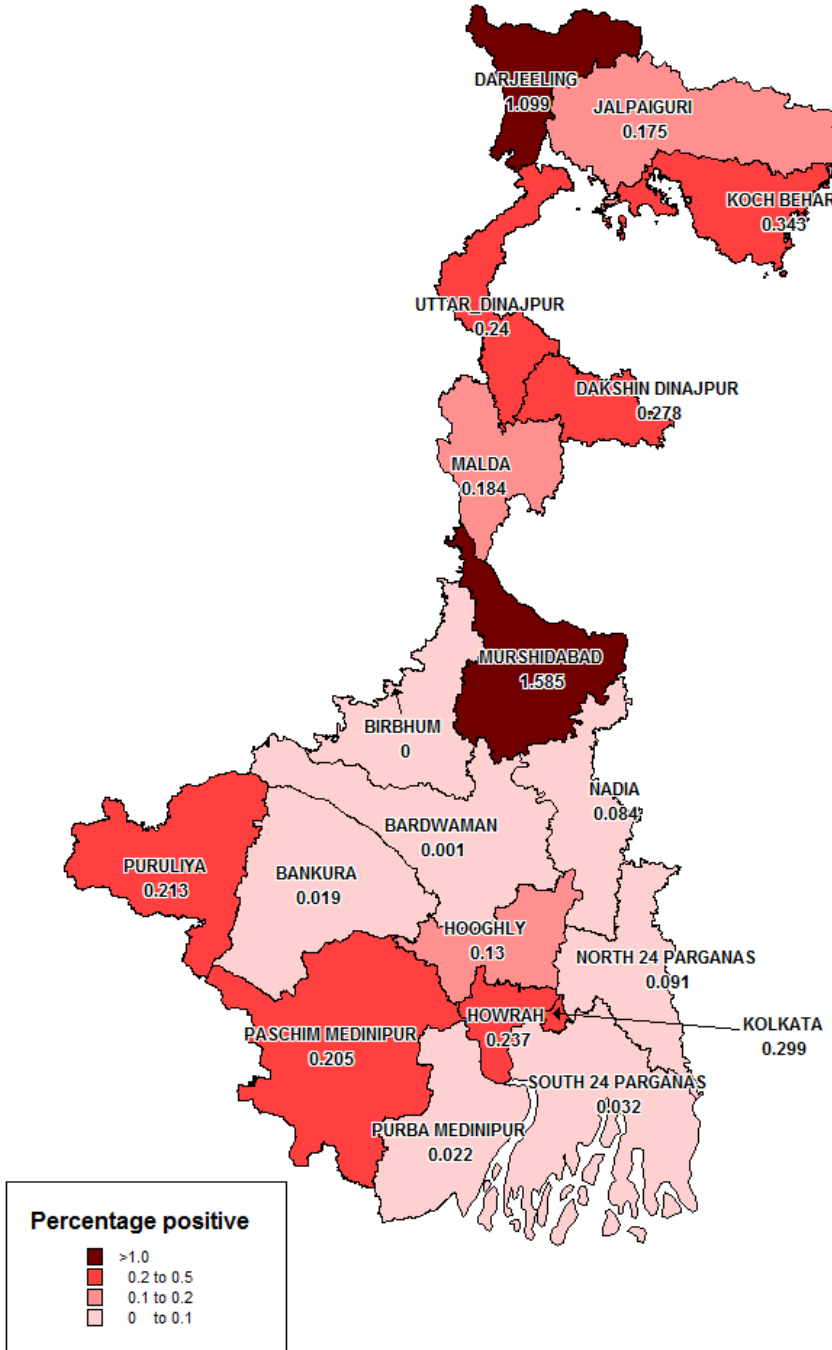
detected last year. Following table provides brief performance of ICTC general clients.

ICTC (General) Performance - West Bengal

Year	Unit	Counseled	HIV test	HIV +ve	% +ve
2004-05	22	14138	11542	1889	16.37
2005-06	30	28904	27626	2955	10.70
2006-07	46	43389	42628	3757	8.81
2007-08	94	82821	82821	4663	5.63

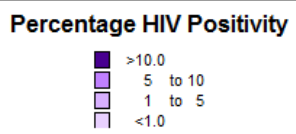
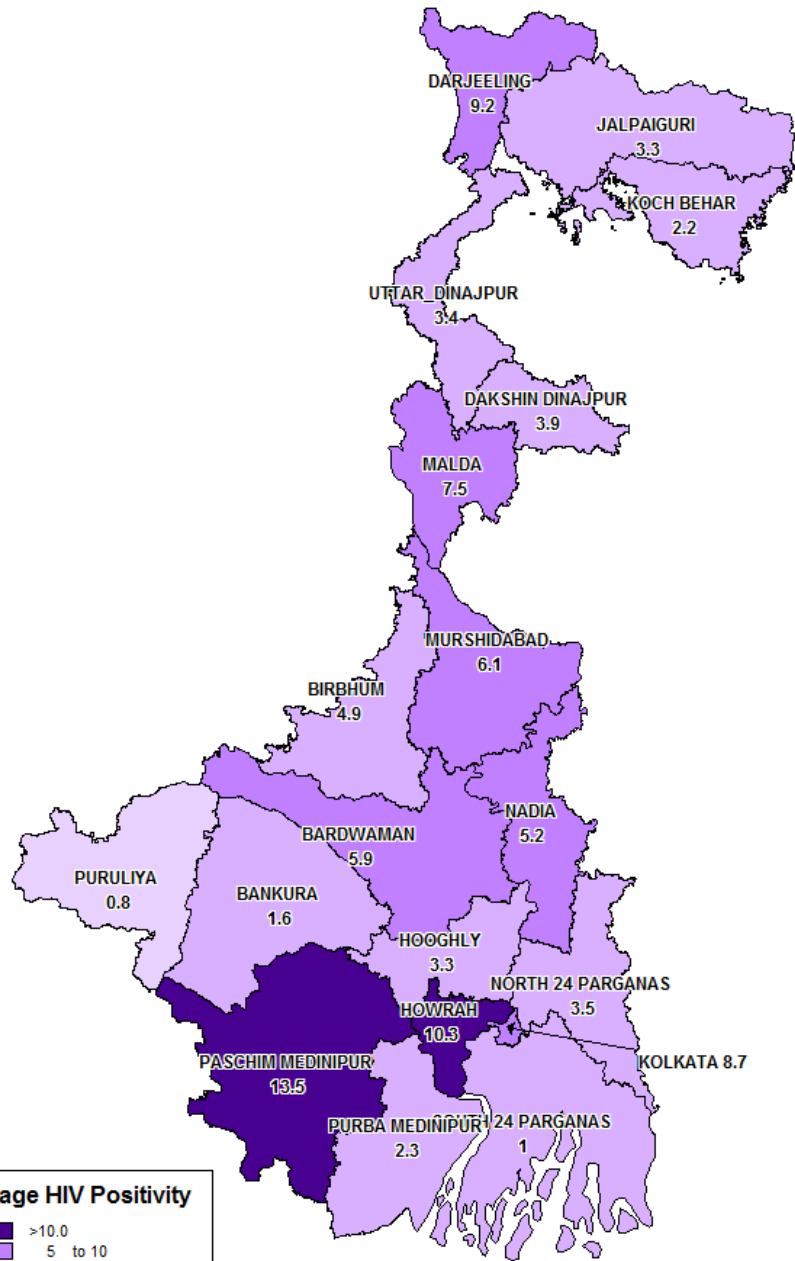


District wise HIV Positivity % in ICTC (Pregnant women) of West Bengal, 2007-08





District wise HIV Positivity % in VCTCs of West Bengal, 2007-08.



HIV-TB Collaboration

TB-HIV collaborative activities have been given due priority in our state according to NACO guidelines as well as prevailing epidemiological situation. The programme started in this state in the year of 2005, and it is now in its full swing.

- Currently total number of ICTC units functioning in this state is 121, along with a total of 4 ART centers running (at School of Tropical Medicine, North Bengal Medical College, Bardhaman Medical College and Medinipur Medical College).
- In 2007 (from January to December), total number of cross-referrals made was 5,127 (ICTC to RNTCP= 1,435 and RNTCP to ICTC=3,692), out of which 293 HIV/TB (5.71%) cases were detected.

In all the 19 districts of the state, DLCC (District Level TB-HIV Coordination Committee) have been formed. Stress is given for regular monitoring of the cross-referrals between ICTC and RNTCP of the state and management of the co-infected patients on monthly basis.



Report on TB-HIV collaboration during 2007-08, West Bengal

Reporting period	Total ICTC attendees	Total Number of clients referred from ICTC to RNTCP				Total Number of TB patients initiated treatment	Total number of TB patients referred to ICTC for HIV testing		
		HIV +ve	HIV - ve	Total	% referred		RNTCP registered referred to ICTC	% referred	Number detected HIV positive
2007 (Jan-Dec)	57,051	894	1376	2270	4.0%	1,07,236	3341	3.1%	187
2008 (Jan- Mar)	25652	157	269	426	1.66%	26428	1089	4.1	58



Sexual Transmitted Diseases

I.Introduction: Sexually Transmitted Infections are well known to their wide prevalence, potential serious complications & intricate relationships with the HIV infection. The present day evidences from different sources have proved beyond doubt that an early & effective management of Sexually Transmitted Infection (STI) is an important tool for the reduction of HIV infection. Thus an effective STI management is considered as one of the corner stone of any STI control Programme.

In West Bengal, STD Control Programme is conducted through 44 NACO supported STD Clinics (Annexure 1), 14 Private STD Clinics under PPP scheme & STD clinics of TI projects which are directly supervised & controlled by WBPSU. Beside this STD diagnosis & treatment are also done by gynecologist in GOPD of all Medical College & Hospitals, District Hospitals, Sub-Divisional Hospitals & State General Hospitals where such infrastructure for examination & treatment are available. .

Activities under STD Programming:

- Monitor and supervise the STD Clinics
- Collection & compilation of monthly report
- Procurement of STD medicines and other logistics
- Condom Promotion and provision in collaboration with RCH Programme
- Training of Medical and Para-Medical staffs and other HCP (Health Care Provider)

Infrastructure:

a) Total No of STD Clinic in Public sector—103 (opened in 3 phases)

I Phase: 34-2002



II Phase: 10-2004

III Phase: 59-2007-08 (NACP-III—Circular issued on August, 2007)

Number of STD Clinics— Existing --44

Opened— 59

Total = 103

b) Total NO of STD Clinic in Private sector—14

TOTAL STD CASES TREATED FROM APRIL,2007-MARCH,08:

Category	Total
Govt. STD Clinic(33 reporting units)	49,766 (M-23,094+F-26672)
Pvt. STD Clinic (14)	32,772
TI Projects (PSU)	55,510 (M-24,165+ F-31345)

Services provided:

- 1) Purchase & procurement & distribution of STD medicine under NACO guideline for 102 STD Clinic for the year 2007-08
- 2) Purchase & procurement & distribution of Condom Demonstration Model to 102 STD Clinic
- 3) OPD patient cards @ of 500 per STD Clinic are provided.
- 4) IEC material viz. posters, leaflets are supplied as & when demanded
- 5) Refrigerators, Vaginal speculums (3 sizes) were supplied to 44 STD Clinics in 2005-06
- 6) Fund of 1 lac @ of Rs.50,000/ per STD Clinic was sanctioned to Kakdwip SDH (24-Parag-South) & Regional STD Clinic in Medical College hospital, Kolkata.

CONDOM PROMOTION:



The responsibilities of SAP&CS are broadly the following:

1. Coordination of all condom promotion & distribution activities in their territory, including stakeholder's viz. NRHM (RCH Dept), social marketing organizations(SMO) working in the state, Condom Marketing companies etc.
2. Direct Implementation of a) free supply condom distribution & social marketing of condoms in TI sites & service delivery outlets (e.g. ICTC, ART centers, STI Clinics, etc.) & b) state level communications & advocacy for condom promotion
 1. Monitoring of a) NACO supported social marketing interventions by contracted SMOs in the state, b) state-components of national programmes implemented by NACO & partners such as CVMs, Female condoms, MSM condoms, etc. c) developing systems to minimize wastage of condoms under free supply condom distribution by SACS/NRHM/RCH.

Condom Distribution Status:

Condom (Free)	2215913
Condom (Social Marketing)	9295822

Service provided:

As per NACO guideline, SACS provide (a) free condoms to all STD Clinics, ICTC centers (VCTC+ PPTCT), ART centers, TI projects, NGOs who are conducting related programmes, and to all IEC programmes related to HIV/AIDS & STDS & (b) condom for social marketing to TI Projects.

For the above purpose, SACS has received 50 lacs condoms for free distribution & 100 lacs (1 crore) deluxe condoms for social marketing in the last financial year 2007-08

Beside this a special programme has been implemented under the banner of condom promotion activity where SACS has installed 111 Condom Vending Machine in public places in & around Kolkata & in 11



ESI Hospitals since 2005, which are being maintained & supervised by SACS in collaboration with HINDUSTHAN LATEX LIMITED .

CONDOM VENDING MACHINE STATUS:

Installed & in operation in & around Kolkata =111 since 2005.

Performances of these 111 CVMs in 2007-08 are:

Total sale of C. Packets =**45,635**

Total no of pieces =**1, 82,540**



Inter Sectoral Collaboration

I. Objectives and Goal:

Inter sectoral Collaboration is considered to be one of the pivotal features of the NACP III programme, which started gaining importance towards the end of the NACP II programme. The rationale behind Inter Sectoral collaboration is that an epidemic like AIDS can be tackled only when it moves out beyond the confines of the Health Department and reaches out to all other sectors of the society, encompassing one and all. Every individual, every outfit-political, social or economic, every department should be considered as a stakeholder and an agent of change.

II. Programmes under ISC:

Inter sectoral collaboration with other government departments is being significantly pursued through **mainstreaming** of HIV/AIDS into the agendas and programmes of other governmental departments.

Political support has been considered to be instrumental in addressing the problem of HIV/AIDS as it has been seen that commitment at the political level can make a huge difference to the implementation of policies and programmes. In this context, the **West Bengal Legislator's Forum** on HIV/AIDS was constituted on 4th. August 2004 in the august presence of Hon'ble Chief Minister Sri Buddhadeb Bhattacharjee, Hon'ble Minister-in-Charge - H&FW, Dr.Surya Kanta Mishra, the Speaker Sri Hasim Abdul Halim and other luminaries. 19



district level Advocacy workshops have so far been successfully conducted by the legislators.

Other important societal stakeholders and opinion leaders like the **judiciary, police** and other men in uniform like the **BSF, religious leaders** are sensitized through ISC.

Various awareness programmes for the most vulnerable **youth** population and **women** are conducted under gender mainstreaming and life skills education.

Workplace Interventions in collaboration with the Labour Dept., ILO, and other stakeholders such as labour unions etc. has been taken up very actively. Several trainings involving the State Labour Institute (SLI), Central Board of Worker's Education (CBWE), Employees State Insurance (ESI) personnel have already been conducted. The Confederation of Indian Industries (CII) has been involved in working out workplace policies for enterprises to integrate HIV/AIDS in their policies and programmes.

Resolution taken in state AIDS council for inclusion of the department of Backward Classes in the next meeting.

III. Achievements in the year 2007-08:

In September 2006, The **State AIDS Council** was formed under the chairmanship of the Hon'ble MIC, H&FW Dept with the Principal Secretaries of several Departments as its members. The purpose is to integrate HIV/AIDS into the Departments. As a major breakthrough in mainstreaming, the **Transport Dept.** has decided to issue passes to all AIDS patients for using government buses for treatment.



A sensitization programme of **lawyers** and other judicial members was conducted by the State Legal Services Authority (SLSA) on World AIDS Day. Around 100 people were present.

Sensitization programme of religious leaders and faith Based organisations (**FBOs**) was carried out in all the 8 A and B category districts which saw a participation of around 300 opinion leaders cutting across all religions.

Advocacy programmes by the **Legislators' Forum** were held in Diamond Harbour and Sagar block of South 24 Pgs. with a participation of 150 local stakeholders like NGOs and district administrative functionaries like the Sabhadipati, CMOH, CDPO, other members of PRI etc.

Training of 150 doctors and 1000 honorary health workers of **Kolkata Municipal Corporation** (KMC) was also conducted through the Forum.

As part of **Workplace Intervention** (WPI), several activities were held:

- i) Stakeholders' meeting by Confederation of Indian Industries (**CII**) was held in Darjeeling with a participation of approx. 50 people.
- ii) Sensitization workshop for personnel of **BPO** sector was held in Kolkata. Around 35 people were present.
- iii) Advocacy meeting with the managing committee of **Bengal Chamber of Commerce** was held. Attended by 25 people.
- iv) Awareness of managers and doctors of **tea gardens** in Bangdubi and Binaguri of North Bengal, attended by 90 people.
- v) Awareness for approx. 100 **CISF** personnel held in Durgapur.



- vi) 7 awareness workshops for 312 of **Transport workers and staff** held through SHTO

Several awareness camps for youth, slum dwellers etc. and **Social mobilization** events like rallies, blood donation camps marathons and participation in State Games were held. Through these events, around 10,000 people were reached directly and 2-3 lakh people indirectly.

CARE, SUPPORT AND TREATMENT SERVICES FOR PLWHA

HIV/AIDS patients need comprehensive care for their survival free from stigma and discrimination. These care, support & treatment services should be integrated with preventive services to achieve the goal of NACP phase -III i.e. To halt and reverse the trend of HIV epidemic by the year 2011.

CARE for HIV/AIDS patients

1. Medical Care which include treatment of Opportunistic infection and ART and in Patient care
2. Psychological care in the form of counseling services
3. Nutritional care
4. Palliative care

Support for HIV/AIDS patients

- 1 Psychosocial support
- 2 Financial support
- 3 Legal support
- 4 Rehabilitation

Treatment



ART Status in West Bengal

Items	STM,Kolkata	NBMC&H, SILIGURI	BMCH,Burd wan	MMCH, Midnapur
Date of commencement	March,05	March,06	June,07	June,07
Space	Adequate,Renovation completed	Adequate,Renovation completed	Renovation works going on	Renovation works Completed
Manpower				
ART core team	Present & trained	Present & trained	Present & trained	Present & trained
Sr. MO	1 (trained)	Vacant	Vacant	Vacant
MO	2 (one on deputation from Paediatric ART center)	1 (Trained)	1(Trained)	1(Trained)
Lab. Tecnician	2 (1trained & 1untrained)	1(trained at Niced in 2006)	To be appointed	To be appointed
Counsellor	3 (Trained as part of ICTC counselors training)	1(Trained as part of ICTC counselors training)	1(Trained as part of ICTC counselors training)	1 (Trained as part of ICTC)
Staff Nurse	1(Untrained)	1(Untrained)	1(Untrained)	1(likely to be vacant as she is going to join in health service nursing



Items	STM,Kolkata	NBMC&H, SILIGURI	BMCH,Burd wan	MMCH, Midnapur cadre)
Data Manager	1(Trained)	1 (Untrained)	1 (Untrained)	1(Untrained)
Pharmacist	1	1	Not required now	Not required now
Community carecoordinator	Appointment letter issued	Appointment letter issued	Not required now	Not required now
CD4 Facility	High volume machine with a capacity of 100-120 test/day available Nos. of tests done /day 50 to 60	FACS count system with a capacity 40-50 tests/day available Nos. of tests done /day 8to10 as they have not yet procured vortex , micropipette	Machine reached from NACO but not installed yet	Machine supplied from NACO and installed but testing yet not strated
Status of CD4 tests Kits till March,08)	Stock on the last day of the month-2208 out of total received-12000	Stock on the last day of the month- 548 Out of total received-700		
Other Lab. Facilities	Microbiology department	Micro/Patho/Bio chemistry of NBMC&H	BMC&H laboratories	MMC&H laboratories
Computer	Present	Present	To be procured for which fund has been	Installed



Items	STM,Kolkata	NBMC&H, SILIGURI	BMCH,Burd wan	MMCH, Midnapur
			released in March,08	
Television with DVD	Present	Present	Present	Present
Telephone with internet	Available	Available	Applied for	Applied for
Indoor admission facility	Available	Available	Available	Available
Patients treatment card, Registers	Available	Available	Available	Available
ARV drugs	Available (supplied from NACO)	Available (supplied from NACO)	Available (supplied from NACO)	Available (supplied from NACO)
Drugs for opportunistic infections	Supplied from SACS & funds are also released for purchase of rarely used & expensive drugs	Supplied from SACS & funds are also released for purchase of rarely used & expensive drugs	Supplied from SACS & funds are also released for purchase of rarely used & expensive drugs	Supplied from SACS & funds are also released for purchase of rarely used & expensive drugs
PEP Medicines	Available (supplied from SACS)	Available (supplied from SACS)	Available (supplied from SACS)	Available (supplied from SACS)



Items	STM,Kolkata	NBMC&H, SILIGURI	BMCH,Burd wan	MMCH, Midnapur
Community care centers	2 (Arunima Auspice, Behala & Sparsha , How rah)	1(Jesu Ashram, Matigara, Siliguri) 1 at Malda, SWI	1(ABSK, Burdwan)	1(Snehalaya, Daspur)
New CCC in 2008-09	Kolkata- 2	Jalpaiguri , Malda & Darjeeling		
Achivements (31.03.08)				
Pre ART Registration	5307	1395	406	528 = 7636
Nos. of patients put on ART	2594	441	197	267 = 3499
Nos. of patients alive & on ART	1839	387	153	259 = 2638
Children with HIV	188	62	19	37 = 306
Children put on ART	104	07	04	12 = 127
Children alive & on ART	77	05	04	12 = 98
Link ART centers (To be opened by June, 08)	Diamond Harbour SD Hospital & Barasat District	Malda District Hospital & Darjeeling District Hospital	Chunchura District Hospital (To be opened in	BS Medical college & Hospital (To be opened in



Items	STM,Kolkata	NBMC&H, SILIGURI	BMCH,Burd wan	MMCH, Midnapur
	Hospital		2 nd Phase)	2 nd phase)
Status of LAC	Site selection & sensitization meeting with Superintendent- Completed	Malda- Site selection & meeting with the Superintendent – completed. Darjeeling- Site selection & meeting with the Superintendent- will be done this month.	To be done	To be done
Training of Medical officer	Completed	Darjeeling- Completed. Malda – MO was absent in the training programme.	To be done	To be done
Computer with internet	To be procured	To be procured	To be procured	To be procured
Cards records and registers at the center , SOP	To be supplied from NACO	To be supplied from NACO	To be supplied from NACO	To be supplied from NACO
Proposed site for LAC	Nadia			Paschim Midnapur/Ut



Items	STM,Kolkata	NBMC&H, SILIGURI	BMCH,Burd wan	MMCH, Midnapur
during 2008-09				tar Dinajpur/Co achbihar

Target fixed as per PIP was to put 4000 AIDS patients on ART.

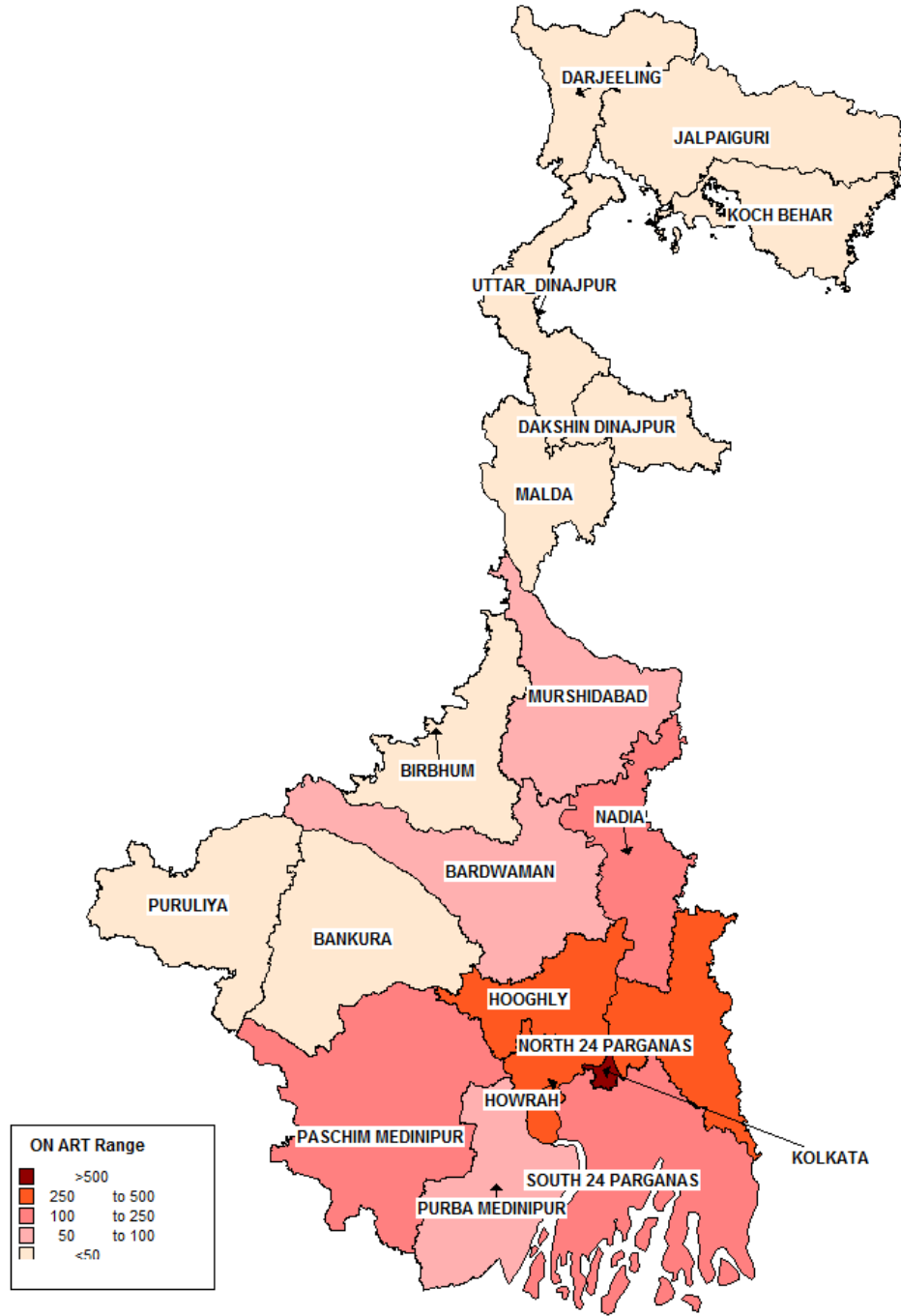
Achievement till 31.03.08

Nos. of AIDS patients put on ART: 3499

Nos. of AIDS patients alive & on ART: 2638



District wise distribution of patients on ART as on March 31, 2008



The financial monitoring report is shown below.;

Financial Monitoring Report 2007-08 (Pool Fund)

Sl. No.	Activity	Allocation	Expenditure	% Utilization
1	Prevent New Infection	3791.63	3027.69	80
2	Care & Support	131.80	133.54	101
3	Institutional Strengthening	325.00	360.11	111
4	Strengthening Strategic Management Information System	83.17	35.46	43
Total		4,331.60	3,556.80	82

Excess expenditure over allocation have been met out of savings in other components.

Financial Monitoring Report 2007-08 (Global Fund)

Sl. No.	Activity	Allocation	Expenditure	% Utilization
1	Prevent New Infection	406.82	201.12	50
2	Care & Support	185.50	51.05	28
3	Institutional Strengthening	0	0	0
4	Strengthening Strategic Management Information System	0	0	0
Total		592.32	252.17	43

Major IEC Activities for general population



1) Execution and implementation the 360 degree surround mass media Buladi Campaign phase four as per the format and mass communication platform as pursued in the last three years has been sustained in 2007-2008 as well. Channels were primarily TV (a total of 11 satellite and non- satellite channels and Radio (AIR/FM/Private FM Channels, 6 prime channels including AIR) Telecast of Video Spots

- Live Phone Programmes & Sponsored programmes
- Airing of Spots (TV & Radio Buladi Phase IV commercials)

Broadcast of Audio Spots

2) Campaign in Press (Newspapers & Magazines), preventive education and care & support services promotion through paid and unpaid coverage, paid editorials, day brandings of International dates

3) Outdoor display & publicity /message visibility of the forth phase of the campaign in district and city locations of entire West Bengal

4) On ground IEC activities –

a) Mass mobilization and advocacy campaign through sponsorships, venue brandings, sponsoring sessions in advocacy and awareness programmes, seminars.

Organization of awareness and information dissemination /experience sharing conferences, interactive programmes /workshops (media/religious & political leaders, PRI members) and rallies, AIDS walks

b) On-ground intervention, IEC stalls at match venues and venue branding among general population with focus to youth segment in collaboration with police (Kolkata Police Friendship Cup Soccer Tournament)

5) Observances of significant International Health dates (WAD / VBD / International Women's day / Drug Abuse Day International Mother's Day.)

The World AIDS Day,07 Campaign-Observance of World AIDS Day -07 on 1st of December through district to block level awareness and behaviour change communication campaigns through CMOH and Deputy CMOH II and in cities (300 IEC /WAD Publicity Booths in districts)



- Organizing Theatre shows on HIV/AIDS, Site Branding, Logo presence in tickets printed sun-visors (India vs Pakistan Cricket test match-30th Nov-4th Dec, 07 at Eden Gardens, Kolkata) with Prevention messages
- Organization of Alok Yatra (Torch Rally in Kolkata with celebrities) on 1st Dec, 07
- Organisation of Exhibition s/ seminars related to HIV/AIDS IEC, Condom demonstration and held seminar / inter-district bike rally on importance of Condoms and on HIV prevention with G. P and youth. An inter-district rally named AIDS Walk For Life (a rally covering districts of North Bengal) was also initiated. It's a multi-sectoral collaborative and extensive sustained BCC campaign with multiple go-NGO- civil society collaboration.
- IEC performances through traditional performing troupes throughout all districts during the WAD, 07 Campaign.
- Deployment of 14 nos of mobile illuminated Full size electronic mobile message van throughout the state through NGOs.

6) Electric Bill face HIV/AIDS prevention messaging for three months (CESC bills) for the city and the peri-urban population.

7) Preventive education through social communication based performance troupes in rural media dark population bases through CMOHs and during celebration of Durgapuja , Navratri, important fairs (Gangasagar and Festivals)

8) 1097 Hotline Counselling Centre in Centralised Call Centre format operating in two shifts (8 am to 9 pm all days) catering to an average of 900 -1100 calls per day

