West Bengal State AIDS
Prevention & Control Society

ANNUAL REPORT

2016-17

FOREWORD

It is a matter of pleasure that West Bengal State AIDS Prevention & Control Society is bringing out a publication on the progress made by the Society over the financial year 2016-17.

It is hoped that this publication will be of immense help to all government departments & institutions, public sector enterprises, non-government organisatons, 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.

Suggestions and feedback for further improvement of this publication will be highly appreciated.

Secretary to the Govt. of West Bengal
Department of Health & Family Welfare
& Project Director, WBSAP&CS

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Overview

HIV estimate 2015 highlights that there has been an overall reduction in adult HIV prevalence as well as new infections (HIV incidence) in the State of West Bengal. 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 as adopted by the state. The wider access to ART has resulted in a decline of the number of people dying of 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 prevalent and vulnerable districts have shown rising trends in HIV epidemic, warranting a focused prevention approach and intervention in these areas. HIV prevalence is showing downhill 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 potential 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-IV 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.

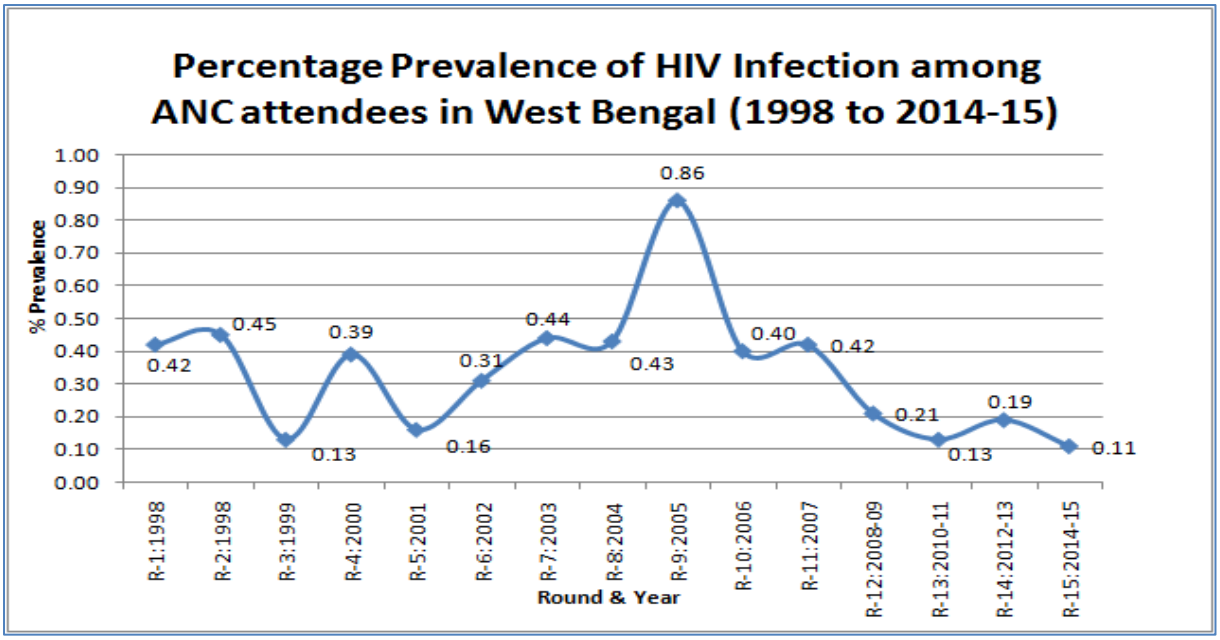
4. Strengthening the nationwide **Strategic Information Management System (SIMS).**

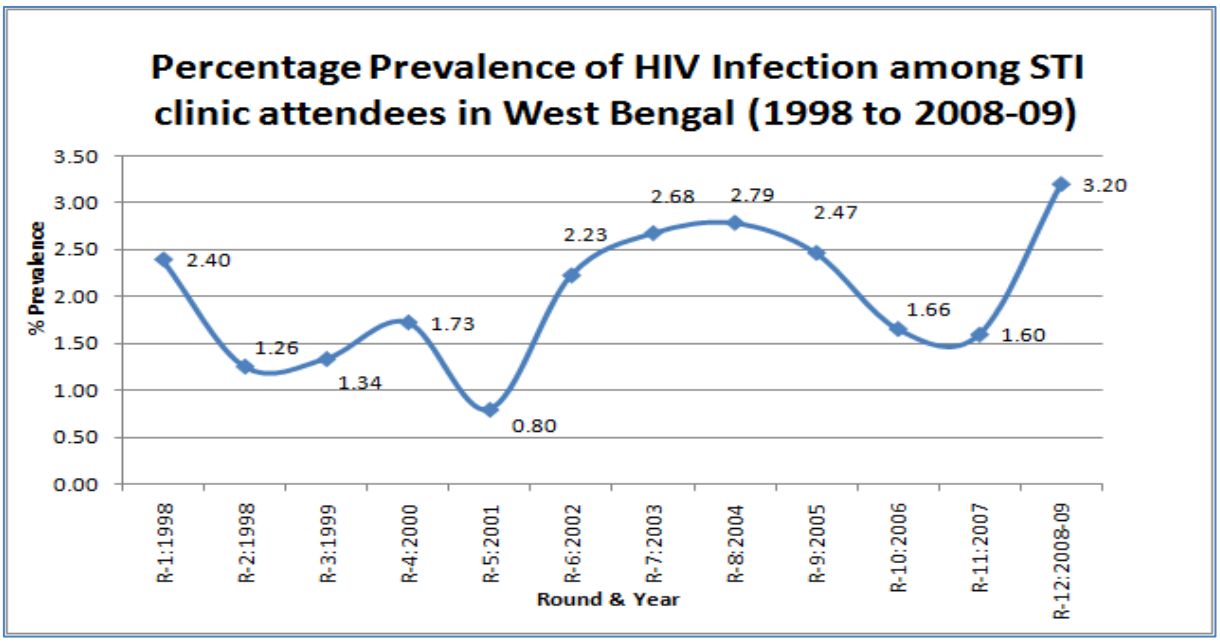
Current Epidemiological Situation of HIV/AIDS

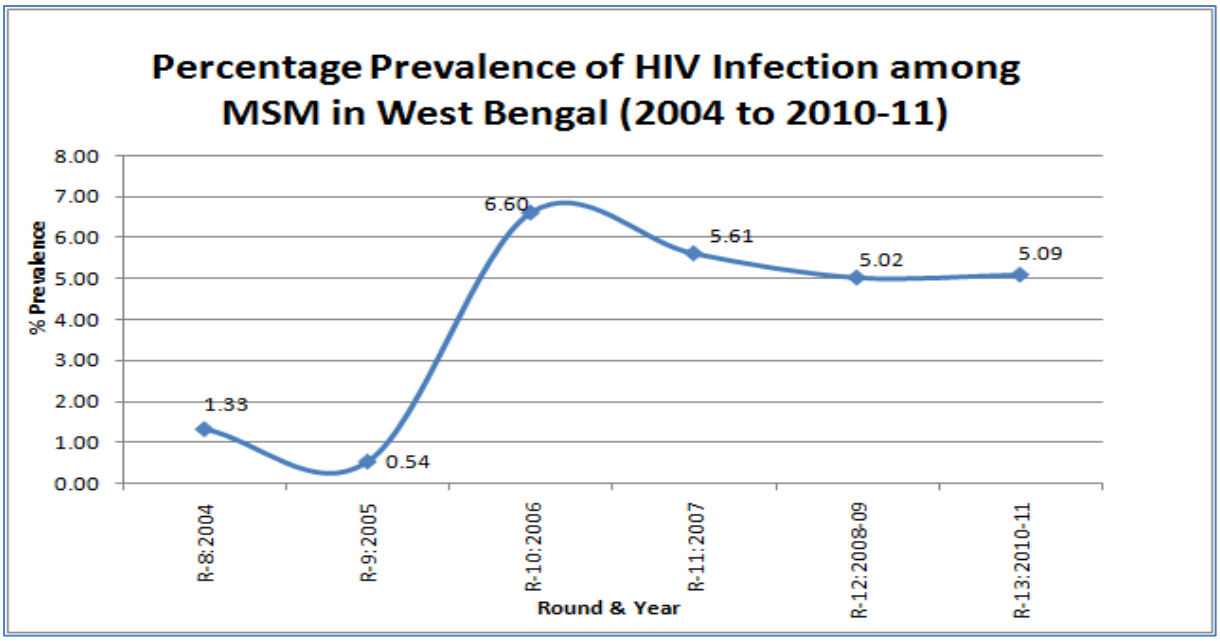
As per the HIV estimation in India 2015, estimated number of 1.29 lakhs PLHIV, 6% of the total PLHAs of the country, live in West Bengal. Estimated adult (15-49 years) HIV prevalence is 0.21% in West Bengal. The state is categorized as a low prevalence state and declining trends in adult HIV prevalence sustained in West Bengal. There are pockets of high prevalence mainly driven by sub-populations that have higher risk of exposure to HIV.

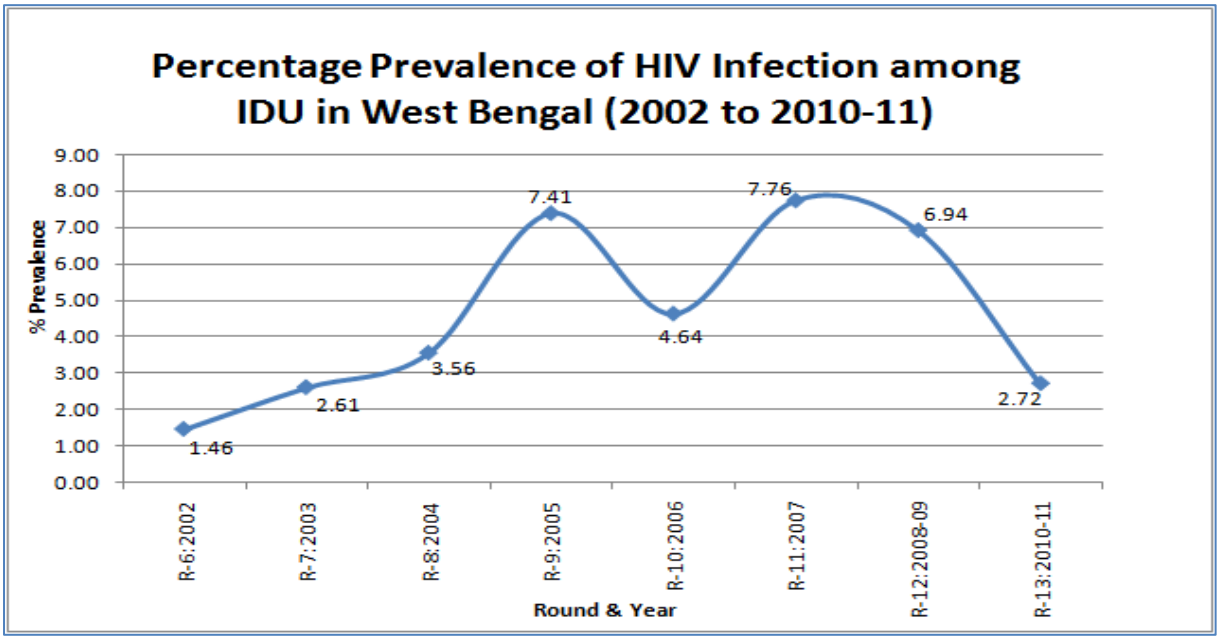
As per the findings of HIV Sentinel Surveillance 2014-15, the estimated ANC prevalence rate stands out to be 0.11% and among HRG such as Female Sex Workers (FSW), Injecting Drug Users (IDU) and Men who have Sex with Men (MSM) the prevalence rate stands at 2.04%, 2.72% and 5.09% respectively. The HIV prevalence among truckers and Single Male Migrants is 3.71% and 1.61% respectively.

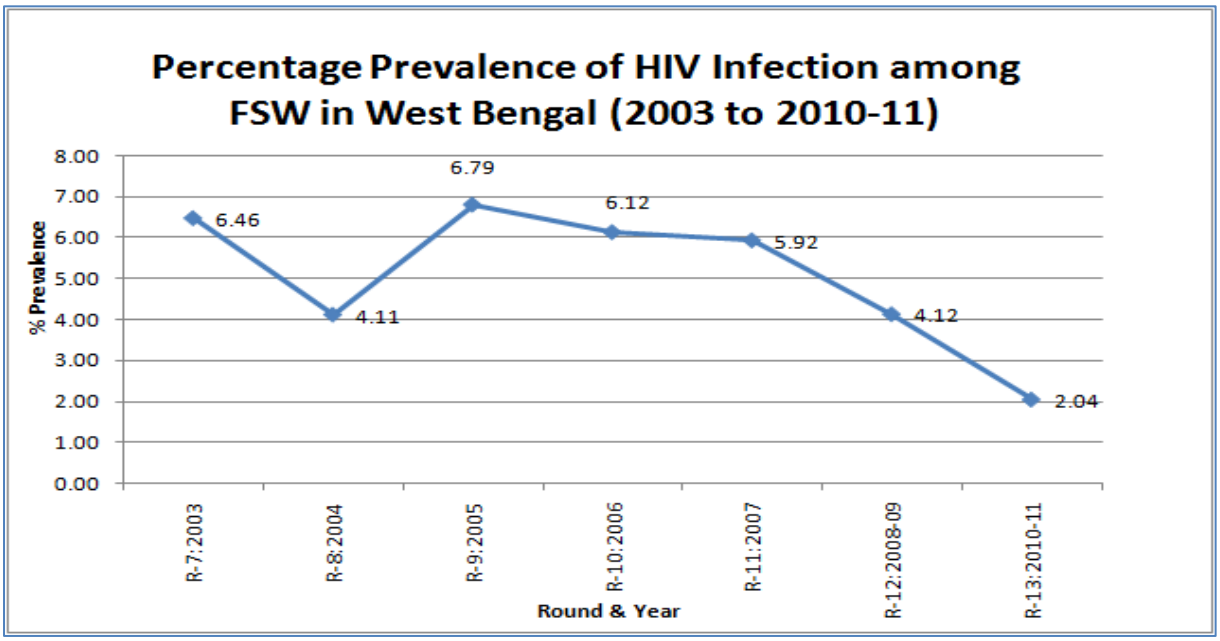
Year-wise HIV prevalence in West Bengal at a glance (2015-2016)

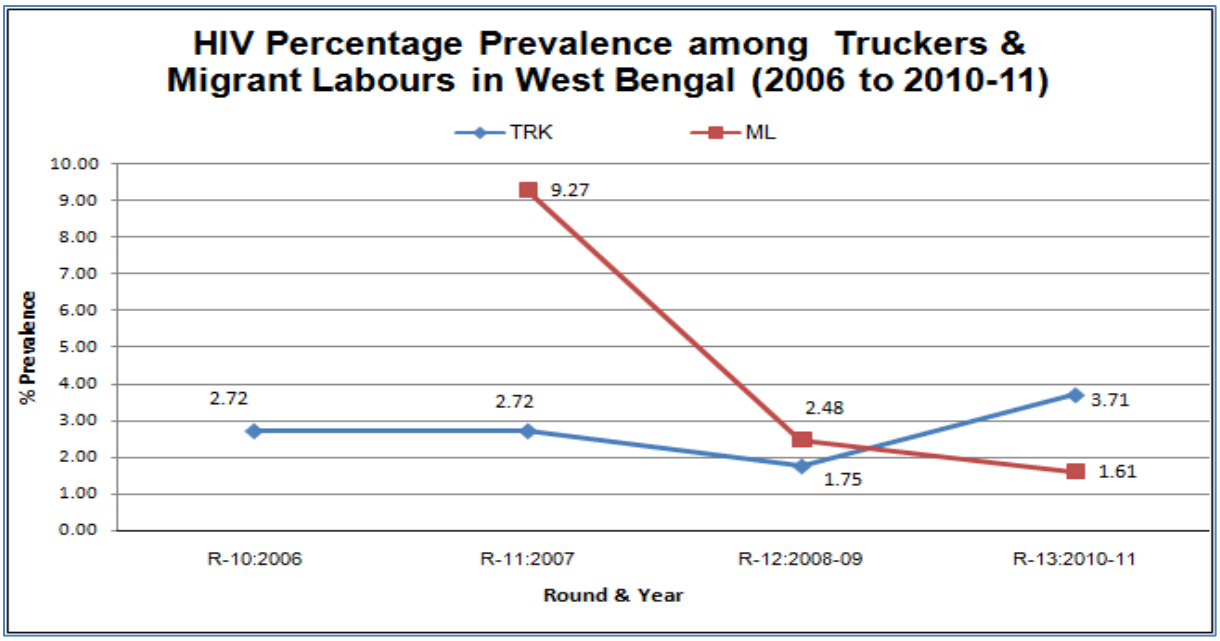





Percentage Prevalence of HIV Infection among MSM in West Bengal (2004 to 2010-11)
% Prevalence
8.00
7.00
6.00
5.00
4.00
3.00
2.00
1.00
0.00
1.33
0.54
6.60
5.61
5.02
5.09
R-8:2004
R-9:2005
R-10:2006
R-11:2007
R-12:2008-09
R-13:2010-11
Round & Year

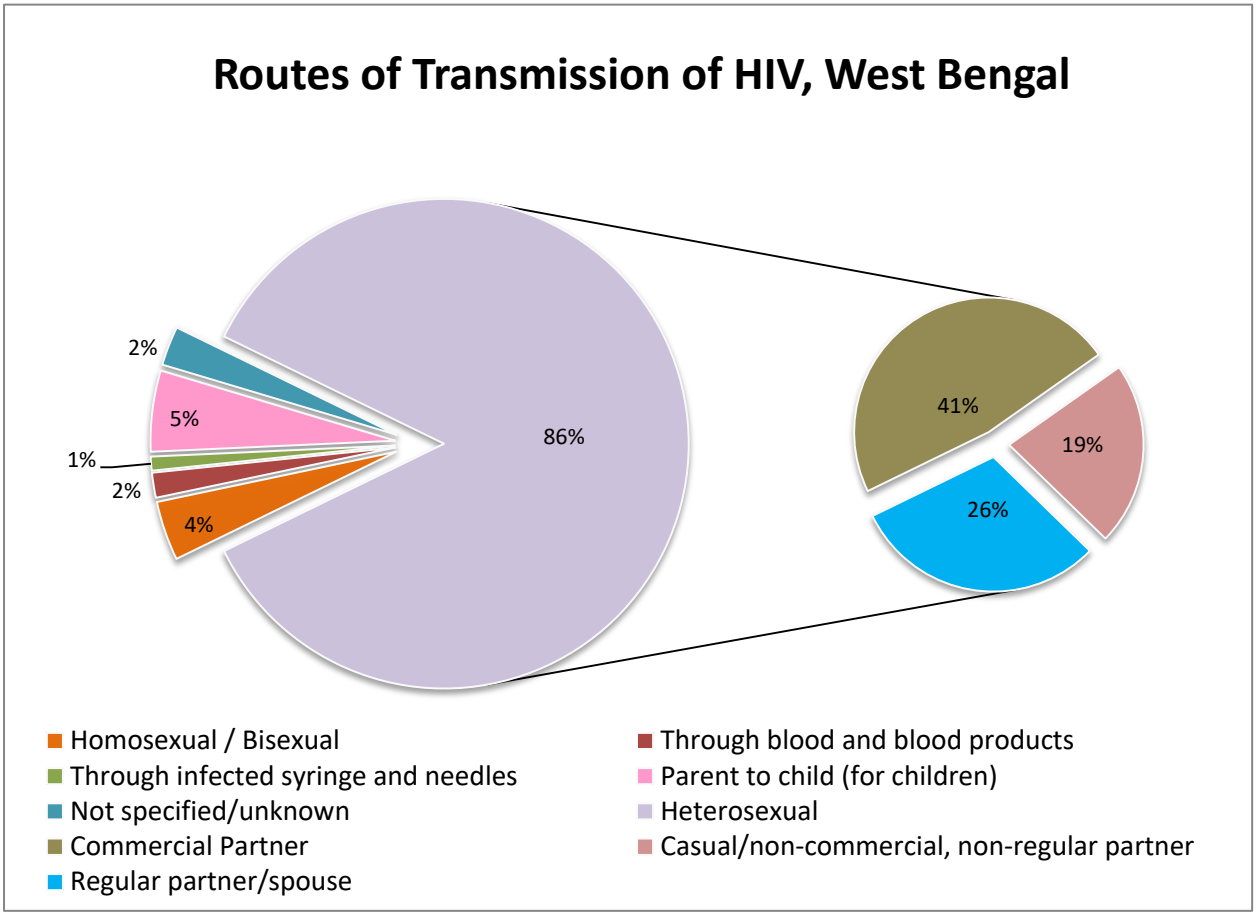

Percentage Prevalence of HIV Infection among IDU in West Bengal (2002 to 2010-11)
% Prevalence
9.00
8.00
7.00
6.00
5.00
4.00
3.00
2.00
1.00
0.00
1.46
2.61
3.56
7.41
4.64
7.76
6.94
2.72
R-6:2002
R-7:2003
R-8:2004
R-9:2005
R-10:2006
R-11:2007
R-12:2008-09
R-13:2010-11
Round & Year

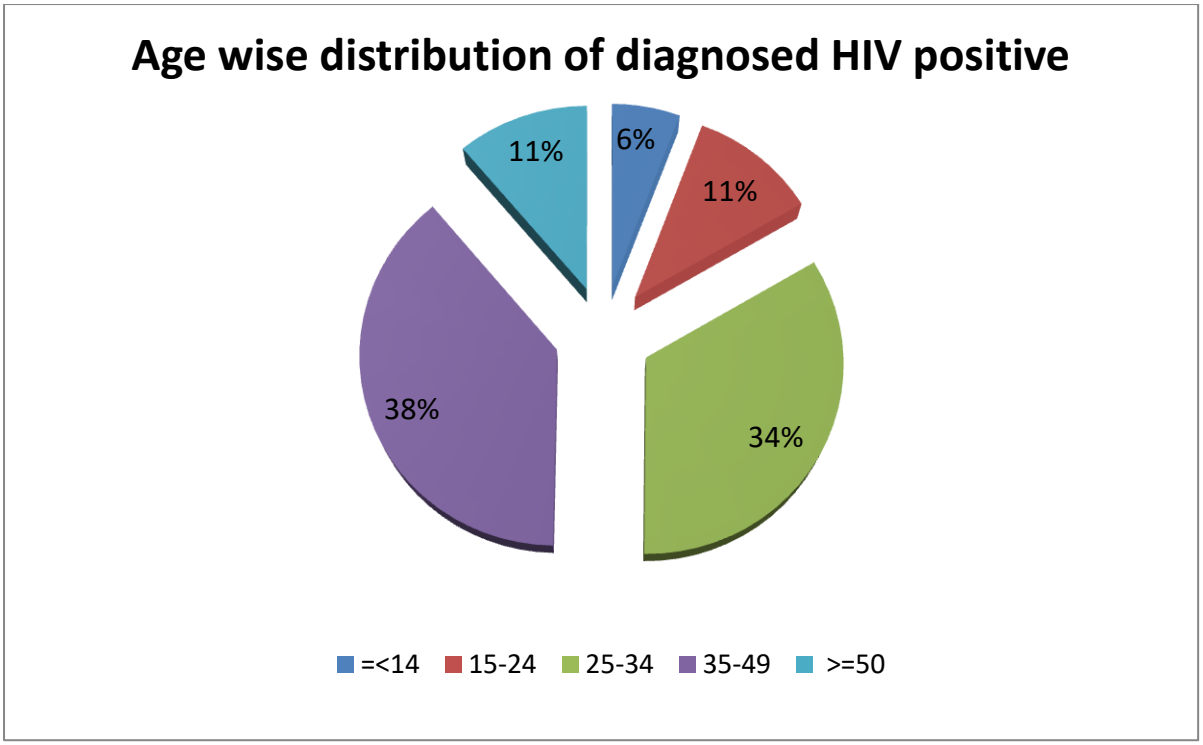

Percentage Prevalence of HIV Infection among FSW in West Bengal (2003 to 2010-11)
% Prevalence
8.00
7.00
6.00
5.00
4.00
3.00
2.00
1.00
0.00
6.46
4.11
6.79
6.12
5.92
4.12
2.04
R-7:2003
R-8:2004
R-9:2005
R-10:2006
R-11:2007
R-12:2008-09
R-13:2010-11
Round & Year



The adult HIV prevalence at State level has continued its steady decline in last few years. All districts in our State have shown less than 1% HIV prevalence among ANC clinic attendees in this most recent 14thRound (HSS 2014-15).

The routes of HIV transmission show that HIV infection in West Bengal is largely through unprotected sex (86% 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.





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)

The NACP-IV (2012-17) has entered in its final year of its implementation. NACP-IV aims to consolidate the gains made till now while making strides with a goal of accelerating reversal and integration response with two objectives – reduce new infections by 50% and provide comprehensive case and support to all PLHIV and treatment services for all those who require it.

Targeted Intervention (TI) Program is one of the most important strategies of NACP comprising of preventive interventions working with focused clients in a defined geographical location where there is a concentration of one or more High Risk Groups (HRGs). The key HRGs covered through TI Program include Core HRGs such as Female Sex Workers (FSW), Men who have sex with Men (MSM), Transgender/Hijras (TGs), Injecting Drug Users (IDUs) and Bridge Populations such as Migrant Labourers and Long Distract Truckers. TI NGOs/CBOs provide a package of prevention, support and linkage services to HRGs through outreach which includes screening for and treatment of Sexually Transmitted Infections (STI), free Condom and Lubricant distribution among core groups, Social Marketing of Condoms, Behaviour Change Communication (BCC), creating an enabling environment with community involvement and participation, linkage to ICTC for HIV testing, linkage with care and support services for HIV positive, Community Mobilization and distribution of Needle & Syringe Opioid Substitution Therapy (OST), abscess management and linkages with detoxification/rehabilitation services for the IDUs.

Overall a total of 37 TI projects were operational in the state of West Bengal in 15 out of the 20 districts of the state. The spread of TIs across these 15 districts are as follows:

District-wise number of TIs in West Bengal as on 31-03-2017

Sl No.	Districts	No of TIs
1	Kolkata	9
2	S 24 Parganas	4
3	Burdwan	4
4	Birbhum	1
5	Purba Medinipur	1
6 (a)	Darjeeling hills	2
6 (b)	Darjeeling plains	3
7	Jalpaiguri	1
8	Hooghly	2
9	Nadia	1
10	Howrah	4
11	N 24 Parganas	2
12	Malda	1
13	Murshidabad	1
14	Uttar Dinajpur	1
	Total	**37**

Number of existing TIs along with proposed and actual coverage as on 31 March 2017

Typology	Actual No. of TIs as on 31st Mar 17	Actual Coverage
FSW	21	18160
TG/Hizra	01	235
MSM	03	1298
IDU	03	1039
Core Composite	02	307 FSW
		338 IDU
Migrants	02	30,000
Truckers	05	50,000
Total	**37**	

Needle Syringe Exchange Programme (NSEP) though a Govt OST Centre

In addition to the above, Needle & Syringe Exchange program through Govt. OST Centre of Calcutta National Medical College & Hospital (CNMCH) had started in the State. This was a pilot initiative in West Bengal wherein within the public health setting of an OST centre the components of a TI like outreach services and needle syringe exchange for reducing harm among injectors were added.

Table 3: NSEP for IDUs through Govt. OST:

Intervention Type	Nos.
NSEP	80

OST Interventions for IDUs:

Opioid Substitution Therapy (OST) is an important element of harm reduction and thereby HIV prevention among IDUs. As a part of Harm Reduction Strategy, OST was started in West Bengal too. During the period 1st April 2016 to 31st March 2017, 8 OST centres (7 under Govt. Health Facility and one run by NGO) were functional in the state and their allotted slots were –

OST Centres and their allotted slots as on 31/03/2017

Sl No.	Name of OST Centre	Slots
1	Darjeeling District Hospital	80
2	North Bengal Medical College & Hospital	100
3	Mirik BHPC	50
4	Kalimpong SDH	30

Sl No.	Name of OST Centre	Slots
5	Kurseong SDH	50
6	Calcutta National Medical College & Hospital	120
7	Murshidabad Medical College & Hospital	50
8	The Calcutta Samaritans, Howrah	80
	Total Slots	560

Technical Support Unit (TSU):

For ensuring the quality of TIs through better service delivery and effective utilisation of services the monitoring of TIs continued to be provided by the Technical Support Unit.

The Program Officers had been providing handholding and mentoring support to the TIs. Additionally they had been monitoring the TIs at the hotspots, project as well as at the district level. Regular handholding and mentoring support to the TIs has substantially improved the quality of.

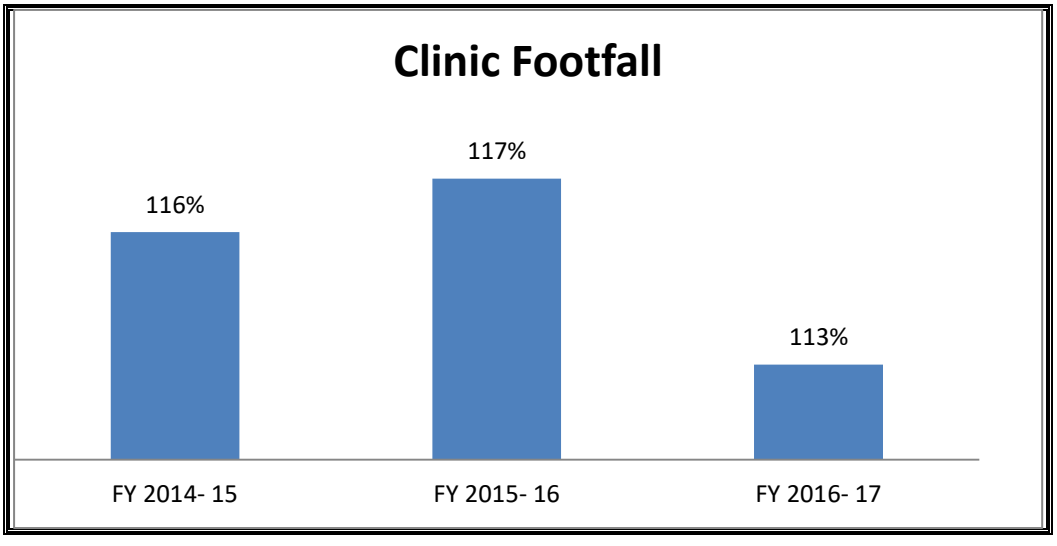
Key performance of the TIs for the FY 2016-17:

Key performance of the TIs for the FY 2016-'17 is presented below based on the 31 indicator and SIMS reports.

STI Clinic Attendees:

Clinical service is one of the core components of TI services. A comparative chart showing Clinic Attendance by the HRGs over the Financial Years 2014-15 through 2016-17 given below.

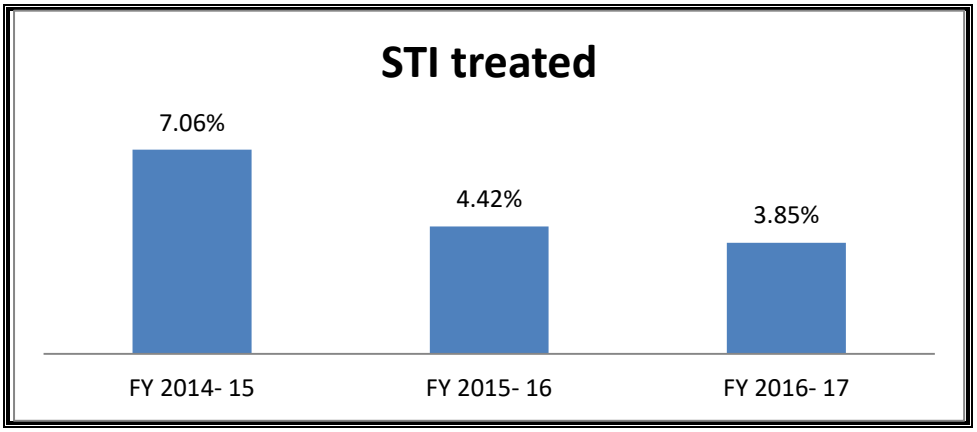
Number of Clinic Attendees



Diagnosis and Treatment of STI Cases:

Regarding treatment of STI cases, the rates have gradually gone down over the last three years.

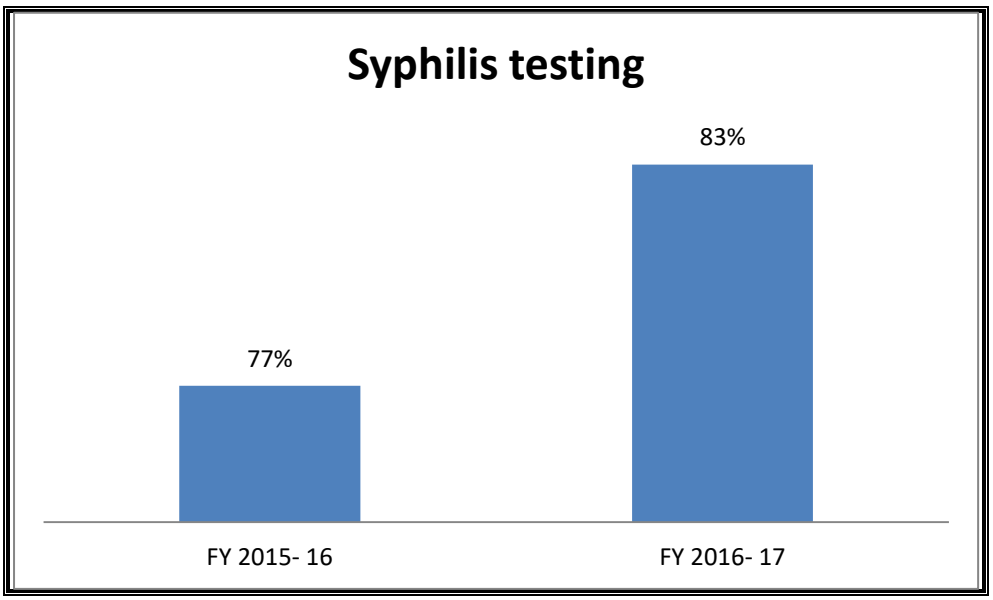
Percentage of STIs treated out of Total Clinic Attendees



Testing of HRGs for Syphilis:

As per NACO guidelines, all core group HRGs, i.e., FSWs, MSMs, TGs and IDUs have to be screened for Syphilis every six months. The following figures reveal the ratio of Syphilis screening over the past two years.

Syphilis Screening of HRGs

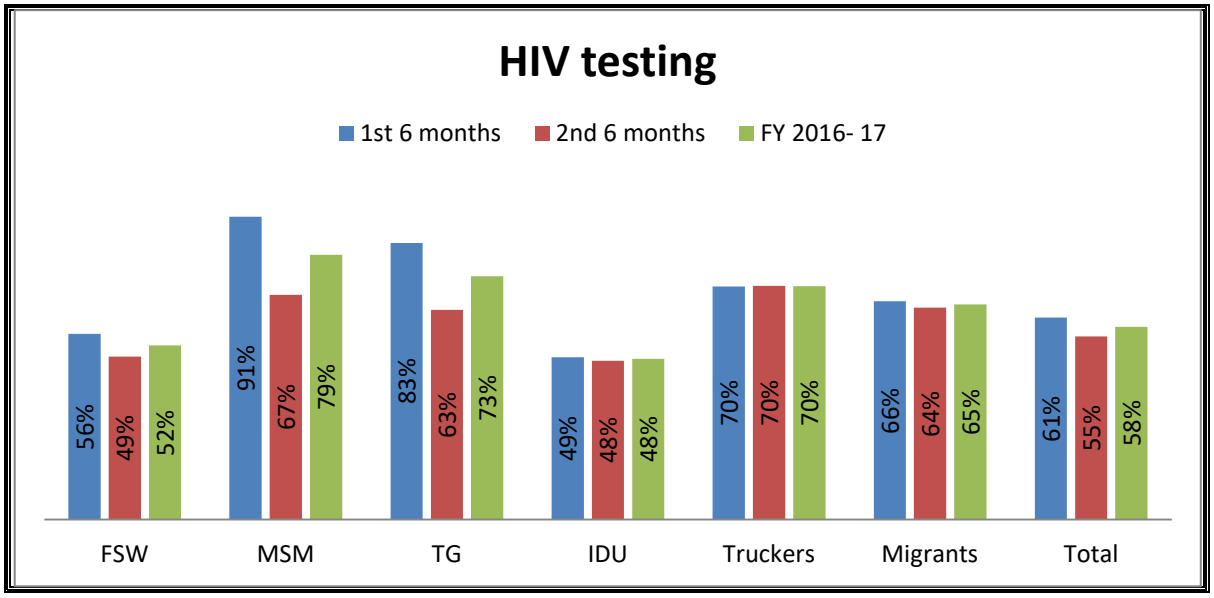


Syphilis screening as observed from the table above has gone up from the 2015-2016.

Testing of HRGs for HIV:

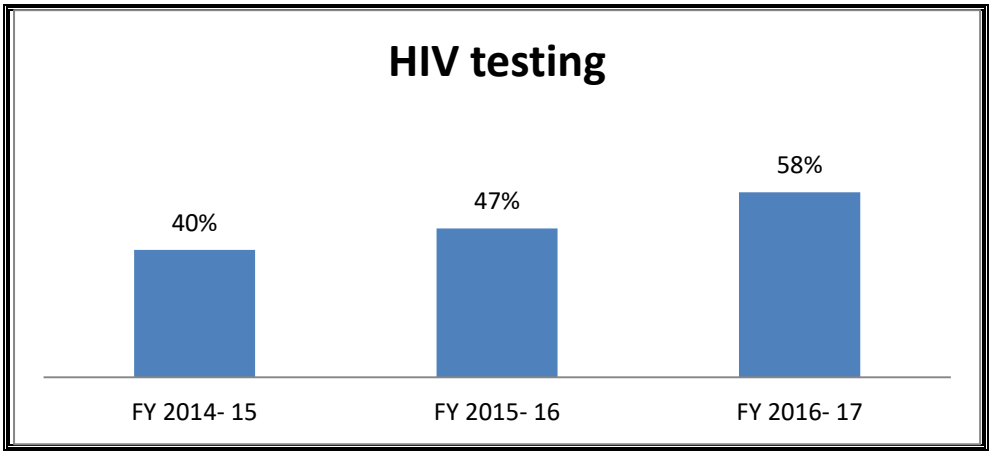
As per NACO guidelines, all core group HRGs, i.e., FSWs, MSMs, TGs and IDUs have to be screened for HIV every six months while a certain percentage of the bridge populations like truckers and migrants have to be treated at least once a year. Given below is the percentage of each group of HRGs that have been tested for HIV in the year 2016-2017.

HIV Testing of HRGs:



TI guidelines as laid down by NACO specify that all core group HRGs should be tested for HIV bi-annually. The following figure reveals that the overall testing percentage (core and bridge groups together) has been gradually increasing over the past three years.

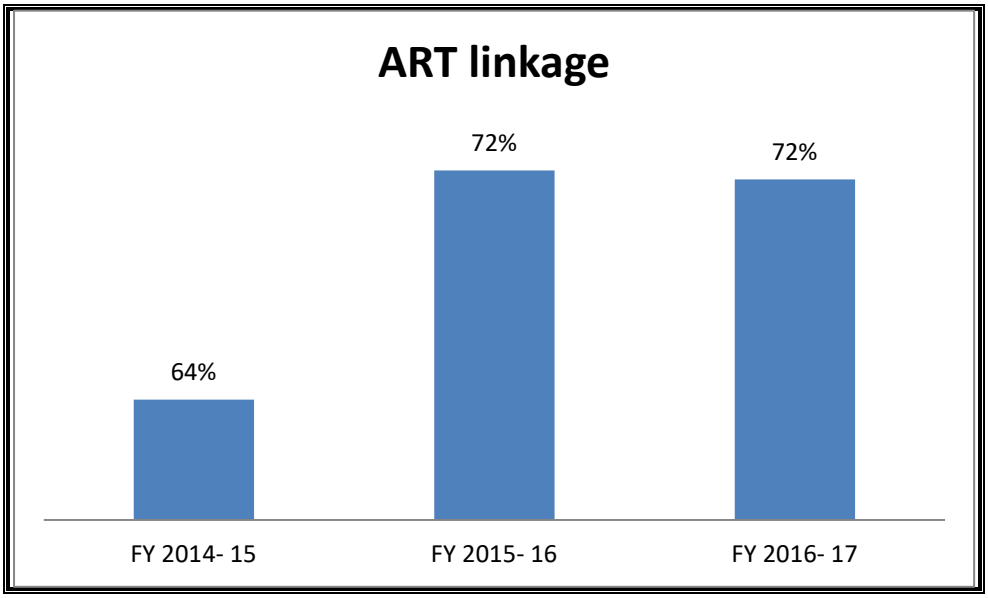
HIV Testing Percentage



Linkage to ART

In the year 2016-17, out of the total number of HRGs tested for HIV 72% were linked to ART Centres.

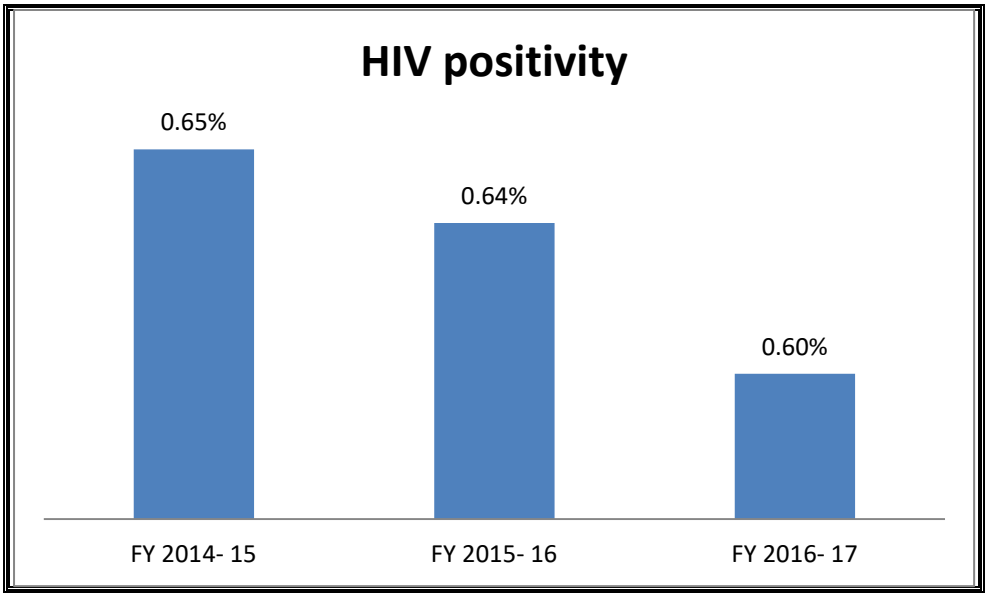
Total Number of HRGs Linked to ART



HIV Positivity

From following chart it may be seen that rate of HIV positivity is also coming down gradually due to continued intervention efforts by the targeted intervention projects among high risk groups.

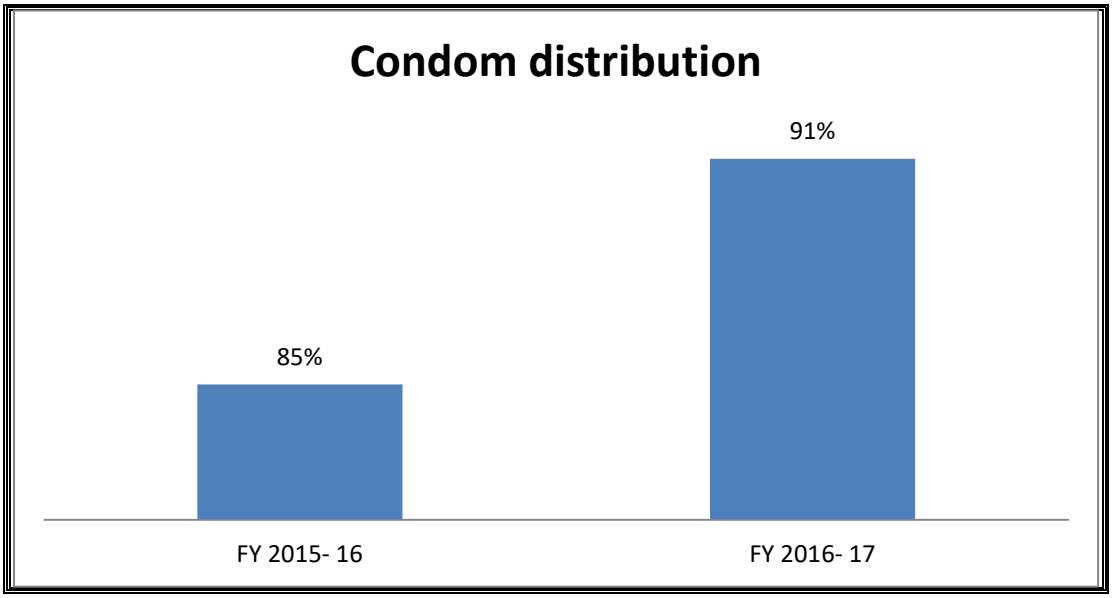
HIV Positivity



Condom Distribution:

One of the key components of targeted interventions and prevention of HIV is condom promotion. Condon distribution has gone up by 6% from 2015-2016.

Condom Distribution

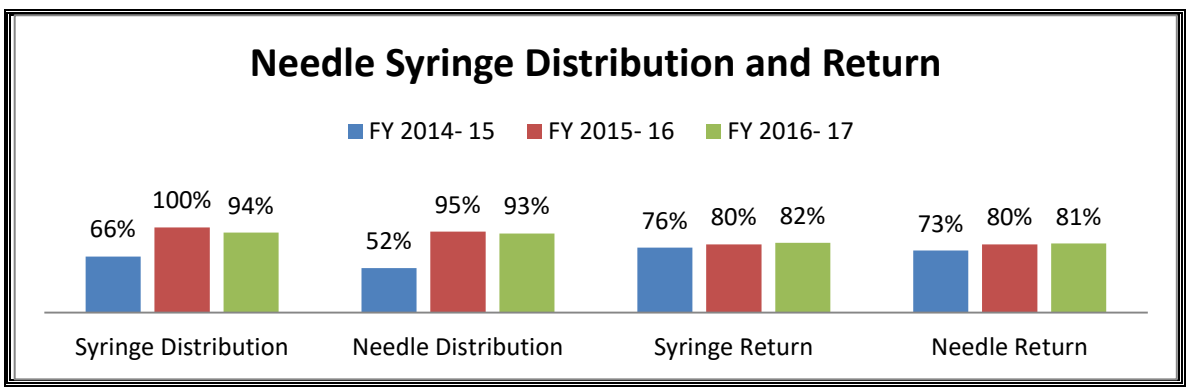


Social Marketing of condoms has been a big success in our state. Of the 91% condoms distributed 83% have been through social marketing while the rest has been through free distribution.

Needle Syringe Exchange Programme (NSEP):

Needle Syringe Exchange Programme (NSEP) is being successfully implemented by IDU TIs of West Bengal. The figure below shows the numbers of needles and syringes distributed and the return rate of the same for the last three years.

Needle & Syringe Distribution & Return



Link Worker Scheme:

The Link Worker Scheme aims at building a rural community model to address the complex needs of rural HIV prevention, care and support requirements in selected geographies. The scheme aims at reaching out to rural population who are vulnerable and are at risk of HIV/AIDS in a non-stigmatised enabling environment. It also aims at improving access to information materials, commodities (condoms, needles/syringes) through collaborating with nearest TI or government health facilities, testing and treatment services ensuring there is no duplication of services or resources. LWS also aims at improving linkages to other social and health benefits provided by other line departments in line with local norms, regulations suitable for vulnerable populations.

To reach high risk as well as vulnerable populations at the rural community level WBSACS has been implementing the LWS in 8 districts of West Bengal namely Burdwan, Coochbehar, Murshidabad, Birbhum, East Midnapore, West Midnapore, Howrah and Hooghly through different NGOs instead of one NGO.

Employer Led Model (ELM):

A large number of migrants are linked with various industries in the organized and unorganized sectors as contract or informal workforce. They often cannot be catered to by targeted interventions considering the nature of work, the work hours and differentials in vulnerabilities. WBSACS has reached out to the migrant informal workforce linked with industries through the Employer Led Model (ELM) by integrating HIV and AIDS prevention to care program within existing systems and structures of the Employers (Industries). WBSACS signed 16 MOUs in the year with industries for providing HIV/AIDS related services to the informal workforce.

Intensive Health Camps and Communication Campaigns focusing Migrants and their Spouses :

As part of the Revised Migrant Strategy of NACO, Intensive Health Camps and Communication Campaigns focusing on Migrants (returnee, potential and outgoing) and their spouses/partners have been organised in 2016-'17 during the festive seasons of Durga puja/Dusshera/Kali Puja/Diwali/Chhat Puja/Bhaidooj with the concept of reaching out to the migrants in maximum as this is the time of the year when they are likely to return to their native village. A total number of 126 such camps were organised across 19 districts (except Kolkata) in the state in active collaboration with the District H& FW Samities as well as other line departments of the state govt. The camps offered general health check up facilities and provision of free medicines, ANC checkups, condom promotion activities, HIV and STI counselling, HIV screening services, IPC/BCC, linkages to DOTS and ICTC etc. A brief glimpse of the achievements is given below:

Total no. of camp attendees	61039
Total no. of Migrants and their Spouses/partners	34525
Total no. of attendees counselled for HIV	27489
Total no. of attendees screened for HIV	25280
No. of Migrants and/or their spouses/partners found to be HIV reactive	16
Total no. Of attendees counselled for STI	9723
Total no. Of attendees treated for STI	5920

Achievements of the TI Division in the year 2016-2017:

- ✓ 100% reporting by TIs on both SIMS and 31 indicators within the stipulated date.
- ✓ 100% reporting by OST centres within stipulated date.
- ✓ Grading of TIs on the basis of performance. Of the 37 HRG TIs 22 were graded “Very Good” having scored more than 80%. 13 were graded as “Good” and the remaining “Average”.
- ✓ TI NGOs continued procuring STI medicines and needle/syringes from Fair Price Shops setup at the different government health facilities.
- ✓ NSEP an important element of harm reduction was initiated through a Govt OST Centre (CNMCH) in Kolkata with 2peer educators and one outreach worker.
- ✓ 16 MOUs signed with industries to implement Employer Led Model.
- ✓ Reduced the peer educator to HRG Ratio from 1: 60 to 1:100 for TI NGOs and CBOs that were 10 or more years old.
- ✓ Under the ELM, Thurbo Tea Estate of Goodricke provided free needles and syringes to 40 IDUs from July 16 onwards.
- ✓ Female sex workers and injecting drug users accessing Goodricke hospital for regular or general medical checkup in Mirik.
- ✓ Service tracking of babus (esp HIV testing and syphilis screening and positivity status) initiated in West Bengal as a pilot initiative. Babus are also being given STI kits to break the vicious cycle of repeat STIs among female sex workers.

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 multi centre 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).

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

Year	2014	2015	2016	2017 (till March)
Clinic visit with STI/RTI complaint and were diagnosed with an STI/RTI	80609	82418	96491	24670
Clinic visit with STI/RTI complaint but were NOT diagnosed with an STI/RTI	153173	153061	145319	36895

Expansion of Service Provision in Public Sector:

Under NACP IV, 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 72 designated STI/RTI clinics (DSRC) (48 are NACO supported and 24 are State Supported) which are providing STI/RTI services based on the enhanced syndromic case management. 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. And two State referral centre (North Bengal Medical College & Hospital & RG Kar 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 résistance 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 trained Medical Officer (MO) of the facility is assigned the charge of DSRC.

A contingency amount of Rs. 5,000/- was given to each NACO supported 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 behaviour change among the STI/RTI patients, one counsellor is engaged in each of the NACO supported DSRC. 46 STI counsellors are currently in position and 9 posts are lying vacant as on date. Training material, curriculum and job aids, including posters, flip book and a film on counselling have been developed by NACO& WBSAP&CS

Capacity Building of STI/RTI service providers:

WBSAP&CS has trained a team 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 conduct the training of STI/RTI clinic staff in the public sector & also of the Medical officers engaged in PPP clinics of the TI NGO under the supervision of TI Division of WBSAP&CS

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.

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.

- ✓ Free consultation and treatment for their symptomatic STI complaints
- ✓ Quarterly medical check-up
- ✓ Asymptomatic treatment (presumptive treatment)
- ✓ 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.

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

Year	2012-13	2013-14	2014 -15	2015-16	2016-17	2017 (till March)
No. of patients referred to ICTC from STI	87132	91881	107386	101203	108323	27213
No. of patients found HIV-infected out of them	786	659	515	408	362	93
Percentage (%) Positivity	.90%	.71%	.47%	.40%	.33%	.34%

Information, Education & Communication and Mainstreaming (IEC)

The IEC and mainstreaming activities in 2016-17 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 PLHIVs, 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 other Govt. Departments, corporate bodies towards inclusion of HIV/AIDS in their existing trainings and workshops meant for their employees with technical support only from WBSAP&CS.

The shortcomings in achievements during 2016-17 are rooted primarily in the lack of performance in areas like- Adolescent Education Programmes (AEP), Out of School Programme (OSY). Lack of desired response from the West Bengal Board of Secondary Education (WBBSE), the plan for 2017-18 hence has proposed for alternative ways for reaching the goals in these sectors.

The achievements during 2016-17 and the proposed plan for 2017-18 have been discussed component-wise in the following paragraphs.

MASS MEDIA:

- **Telecast of TV Spots:**

TV spots could not be telecasted from Doordarshan and Private TV Channels due to some administration issues at SACS level during financial year 2016-17.

- **Broadcast of Radio Spots:**

609 audio spots were aired from Private FM-Radio Channels and All India Radio provided for Day Branding on the occasion of National Voluntary Blood Donation Dayon 1st October 2016 & World AIDS Day on 1st December 2016.

IEC MATERIAL PRODUCTION & WEBSITE MAINTENANCE:

The list of IEC materials printed during the FY 2016-17 is furnished below:

IEC Materials		Theme
Pamphlets		General and Migrant Leaflet on HIV/AIDS and related issues
Poster		ICTC, PPTCT, ART, Stigma
IEC materials to support World AIDS Day 2016	Leaflet	General Leaflets
	Poster	ICTC, PPTCT, ART, Stigma
	Banner	World AIDS Day 2016
Blood Safety & CST & BSD	Card & Register	

ICT:

The **website of WBSAP&CS** (www.wbhealth.gov.in/wbsapcs) and **facebook** page of **WBSAP&CS** is maintained throughout the year. The relevant orders, circulars, letters, minutes of meetings, publications are updated promptly. The website and face book page also showcases various events organized by WBSAP&CS.

OUTDOOR AND MID MEDIA:

Folk Media Roll out:

The National **Folk media Campaign** was rolled out in the State. Different folk forms viz. Baul, Kobigaan, Jhumur, Bhawaiya, magic shows and Composite folk form were utilized effectively to spread HIV/AIDS related messages through the empanelled folk troupes. As against the allotted number of 2250 shows, **1638** shows were performed by the folk troupes covering all the 19 districts. This includes performances held at the health camps organized in 19 districts excluding Kolkata. Primarily targeted towards the rural population the folk media covered all the seven thematic areas of Condom usage, Youth vulnerability, ICTC, PPTCT, ART, Stigma, Blood donation and Migrants.

The leading Bengali dailies in their reports had praised the attempt to spread HIV/AIDS-related messages through folk media.

Hiring of IEC Vans:

19 vans were utilized for mass awareness generation and pre publicity during Migrant Health Camp in 2016-17 in 19 districts.

Permanent Hoardings:

46 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.

EVENTS:

1. World Blood Donors' Day (14th June, 2016):

Newspaper advertisements with messages on Voluntary Blood Donation (**Theme**: Donate Blood, Be a Hero) were published in all leading dailies. Voluntary Blood Donation Camps were also organized by Blood Safety Division.

2. National Voluntary Blood Donation Day (1st October, 2016):

Decoration on Blood Donation Bus carrying awareness messages on Voluntary Blood Donation and Blood Safety. A large number of voluntary Blood Donation Camps were organized by the Blood Safety Division in different parts of the state to observe the occasion.

3. World AIDS Day (1st December 2016):

- The **Central programme** was held on 1st December 2016at **Swasthya Bhawan** auditorium in Kolkata. The event was inaugurated by the Director of Health Services, Director of Medical Education, Chairman of Medical Service Corporation of State, Dept. of Health & Family Welfare, Govt. of West Bengal. The Programme was also attended by the Principal Secretary, Dept. of H&FW, the Director of Health Services, the Director of Medical Education & the Project Director, WBSAP&CS.

- Dy. CMOH II of all districts in collaboration with the DAPCU units (In A & B category districts) organized different activities in their respective districts, such as:

- Rallies with the major stake holders on World AIDS Day (WAD).

- Events like sit and draw competitions etc. involving children living with HIV/AIDS.

- Different social mobilization events were organized by Positive Networks:

- Rally, Seminar and awareness generation through HIV positive speakers were organized by the district level networks across the state.

- Wide publicity of the event was made through Print and Electronic media, prior to, during and after the programme.

- All print ready IEC materials were developed in-house by IEC division of WBSAP&CS and sent to the District Authorities for printing at the district level.

4. International Youth Day (12th August 2016)

The day was observed in Universities and colleges as per NACO guideline. A large number of youth participated in the programme throughout the State. The report has already been shared with NACO.

MAINSTREAMING:

5645 persons have been sensitized throughout the year as part of **Mainstreaming & Training activities**. The trainees include **Tea Garden workers, Prison Inmates and official,** Police / Paramilitary Forces, Industrial workers, etc.

Detailed list of the trainees trained so far during 2016-17 is furnished below;

NYK	150
NSS	200
RRC	567
NCC	100

Tea Garden workers	1884
Tribal Department	150
Prison Inmates	1200
No. of PLHIV Trained	375
Police	799
Others	220

RED RIBBON CLUB:

There are **424 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. 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.

Social Protection uptake by PLHIV, CABA & MARPs

Social Protection				
Scheme (extended to the uptake of benefit)	**Govt. Directive issued (Yes/No)**	**No of new directives issued (April 16- Dec16)**	**Total number of PLHIV/MARPS/ CABA accessing benefits**	**Follow Up**
Free transportation for PLHIV	Yes		14000 approximate pass will be issued	Ongoing process
Financial benefit to PLHIV	yes		5987	Ongoing process
Rastriya Swasthya Bima Yojona	yes		1445	Ongoing process
AAY	Yes		16022	Ongoing process
Spl GR for food grains	District level directives issued		2044	Ongoing process
NREGS	Yes		166	Ongoing process
Indira Awas Yojona	Yes		40	Ongoing process

Blood Safety

Blood safety encompasses actions aimed at ensuring that everyone has access to blood and blood products that are as safe as possible, available at reasonable cost, adequate to meet the needs of patients, transfused only when necessary, and provided as part of a sustainable blood programme within the existing health care system.

Blood transfusion saves lives and improves health, but many patients requiring transfusion do not have timely access to safe blood. Providing safe and adequate blood should be an integral part of every country's national health care policy and infrastructure.

WHO recommends that all activities related to blood collection, testing, processing, storage and distribution be coordinated at the national level through effective organization and integrated blood supply networks. The national blood system should be governed by national blood policy and legislative framework to promote uniform implementation of standards and consistency in the quality and safety of blood and blood products.

Current Scenario of Blood Transfusion Services in West Bengal: -

No. of licensed Blood Banks in the State	No. of NACO supported Blood Banks	No. of licensed BCSU	No. of NACO supported BCSU	Total units of blood collected	Total units of Voluntary Blood collection
120	**68**	**52**	**12**	**1049619**	**852784**
% VBD	Blood units collected in NACO supported blood banks	Voluntary blood collection in NACO supported Blood Banks	% VBD in NACO supported blood banks	No. of VBD camps	Total collection in the camps
84.25 %	**635558**	**526381**	**82.82%**	**10343**	**509081**
Average camp collection	Mobile collection	Static voluntary collection	Static replacement collection	No of units of whole blood supplied	No of units of components supplied
	0	**20926**	**0**	**478124**	**333091**
% of HIV seroreactivity	% of HBV seroreactivity	% of HCV seroreactivity	% of Syphilis positivity	% of Malaria positivity	No. of Medical Officers trained (Induction / Refresher)
0.22%	**0.86%**	**0.27%**	**0.35%**	**0.009%**	**47**

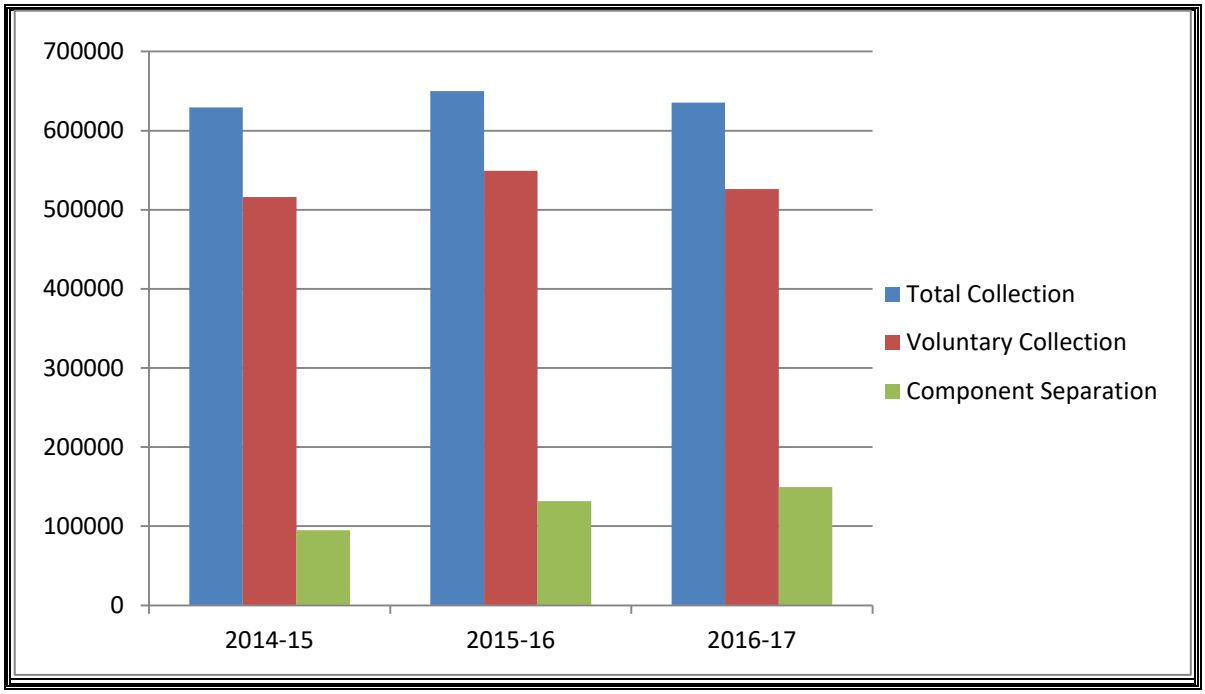
No. of Lab. Technicians trained (Induction/ Refresher)	No. of Nurses trained (Induction /Refresher)	No. of Donor Motivators / Donor organisers trained	No. of Clinicians trained on Rational use of blood & blood components	No of Blood Bank Counselors trained	Total no. of blood units collected in the NACO supported BCSUs
56	**35**	**0**	**19**	**33**	**279149**
No of units of whole blood issued from NACO supported BCSU	Total units of Packed Red cell prepared	% of blood component prepared = (Total no of Packed cells prepared in BCSUs / Total blood collection in BCSUs) X 100			
152152	**149727**	**53.64 %**			

In the previous year (2015-16) the total State Government Blood Banks were 64 and NACO supported Blood Banks were 68. Out of 68 NACO supported Blood Banks 64 belongs to State Government, one from Central Government and remaining three were Private Blood Banks.

Another 8 new Blood Banks will be operationalised shortly at Kakdwip SDH, S-24 Parganas, Tehatta SDH, Nadia, Raghunathpur SDH, Purulia, Domkol SDH, Murshidabad, Chanchol SDH, Malda, Birpara SDH, Jalpaiguri, Egra SDH, PurbaMedinipur, Salt Lake SDH, N-24 Parganas,

Comparative reports of previous three years in respect to total collection percentage of VBD & Component preparation:

	2014-15	**2015-16**	**2016-17**
Total Collection	629397 units	649895units	635558 units
Voluntary collection (%)	516014 (81.99 %)	549207 (84.51 %)	526381 (82.82%)
Component Separation (%)	94819 (34.80 %)	131576 (43.59 %)	149727 (53.64%)



It has been recognized 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 component preparation have been taken up as per guidelines on voluntary blood donation.

There is no District lying without blood bank in West Bengal. There are 27 District level Blood Bank**s**. Another 8 new State Govt. District Level Blood Banks have been proposed for NACO support.

Training (2016)

No. of Medical Officers trained -	**47**
No. of Lab. Technicians trained -	**56**
No. of Nurses trained -	**35**
Clinicians on Rational use of blood & blood components-	**19**
Blood Bank Counselors -	**33**

Current scenario:

Currently eight Regional Blood Transfusion Centre (RBTC) are controlling all the 64 State Government Blood Banks.

Achievements:

1. National Plasma Policy for excess and discarded Plasma has been implemented.

2. Implementation of Packed cell transfusion for thalasemic patient across the state by tagging the Blood Banks with the BCSUs has been done.

3. Tagging of different Blood Banks with the existing BCSUs has been done for uniform availability of Platelet across the state to meet the need of the same in dengue season.

4. Building up of new IEC materials exclusively for Blood Transfusion Services has been successfully done.

5. Observation of the voluntary blood donation day at State level and facility level has been done.

6. TDE Branch has taken initiative for CAMC (Comprehensive Annual Maintenance Contract) of some Blood Bank equipment with the other Hospital equipment/instruments.

7. Blood Bank, Medical College and Hospital, Kolkata declared as Regional Training Centre by NBTC, Ministry of Health and Family welfare for commencing training regarding Blood Safety and Blood Banking activities.

8. Providing standardised Training module storage institutions of West Bengal for use during in-service training at regular intervals to improve appropriate use of blood.

   It has been done after receiving the same from DAC.

9. **Metro Blood Bank (**Centres of excellence) at Kolkata**:** It has already been approved by NACO and execution of MOU will be done soon.

10. Process is completed to procure Elisa reader and Washer and many sophisticated equipment on behalf of WBSAP&CS and SBTC,WB from NRHM fund for up gradation of 21 non-Elisa Centres to Elisa Centres in two phases. At present there is no Non- Elisa Centre throughout the State.

Basics Services

Basic Services act as gateway to access HIV care support and treatment. The components of Basic services are

1) Prevention of Parent to Child Transmission (PPTCT)

2) Integrated Counseling and Testing (ICTC) Services

3) TB-HIV collaborative activities

4) Sexually Transmitted Infections (STI)

HIV tests are performed at facility level in ICTCs which are mainly of three types i.e. Standalone ICTC (SA ICTC) where HIV related counselling and testing is done by dedicated NACO supported staff, Facility Integrated ICTC (FICTC) where HIV related counselling and testing is done by the staff the facility itself and Mobile ICTC which reaches out to hard to reach vulnerable population for HIV counselling and testing. FICTCs are basically screening centres which can provide HIV negative reports to the individuals but for HIV reactive individuals are linked to stand alone ICTCs for confirmation and further linkages. FICTCs are again of three types i.e. located at public health facilities, located at private health facilities and finally Community based testing (CBT).

At present Bengal has 308 Standalone ICTCs, 6 Mobile ICTCs (in Kolkata, Burdwan, Uttar Dinajpur, Darjeeling, East Midnapur & Murshidabad), 547 FICTCs at public health facilities and 580 in private health facilities. Moreover, all the sub centres are performing HIV screening for pregnant women during VHND and all Designated Microscopy Centres (DMC) are doing HIV screening for TB suspect/ detected cases across the state.

PPTCT:

State Program performance at a glance:

Indicator	Data	Remarks
ANC Registration (HMIS)	1749443	
Estimated annual pregnancy	1680259	
Total No. of pregnant women tested for HIV	1525283	% tested against HMIS registration-87.19% and % tested against ELA pregnancy is 90.8%
Tested at Stand Alone ICTC	427542	SA ICTC contribution-37.25%
Tested at FI ICTC	1097741	Contribution-62.75%
% of labour room testing	4.6	
Positive detection-ANC	322	Positivity-0.022%
Positive detection-Direct in labour	23	Positivity-0.033%

Old positive case coming with new pregnancy	116	25.1% contribution of total positive pregnancies
Percentage of positivity	0.023	
Positivity confirmed out of F ICTC/sub centre referral	52	Contribution-15%
Newly detected client initiated on ART	339	98.26% ART linkage
Old positive case with new pregnancy either on ART or initiated on ART	116	
No. of Positive pregnant women underwent CD4 testing at first visit	264	77%
Positive pregnant women with CD4 count<358	67	25.4% with very low CD count
Positive Pregnant women with prior SD-NVP exposure	32	More than 6.9% required AZT or r/Lop prophylaxis
Spouse/Partner of HIV infected pregnant mother(new detection) tested for HIV	328	95.1% coverage
Out of them tested positive	218	33.5% discordance
Spouse/Partner of HIV non infected pregnant mother tested for HIV	18203	
Out of them tested positive	30	Positivity is 0.17%
Positive delivery	434	
HIV exposed Live birth	415	2.3% still birth rate
No. of Medical termination of positive Pregnancies	19	4.60%
HIV exposed Live birth given 6 wks NVP prophylaxis	215	More than 99% coverage
HIV exposed Live birth given 12 wks NVP prophylaxis	198	
Live birth provided with CPT	408	98.3% coverage
EID testing done for the first time <6months	385	
EID testing done for the first time >6 months	31	
EID test happened at RRL	318	
Reactive after 1st DBS	24	
Out of the first DBS reactive 2nd DBS tested so far	6	Out of first DBS reactive 7 tested for confirmatory DBS, one is not detected
No. of the HIV infected/detected babies initiated on ART <24 months	12	

No. of HIV exposed babies tested at ICTC at the age of >/=18months	372	
Out of them tested positive	22	5.91% positivity
No. of HIV exposed babies died within 24 months	8	1.92% mortality
No. of Pregnant women tested for syphilis at DSRC	168694	Less than 10% of the registration
Out of then tested reactive	78	0.046% positivity
HIV-Syphilis co-infected	3	
Data Source: HMIS, SIMS, Monthly performance report, EIC3 report & Testing report of RRL		

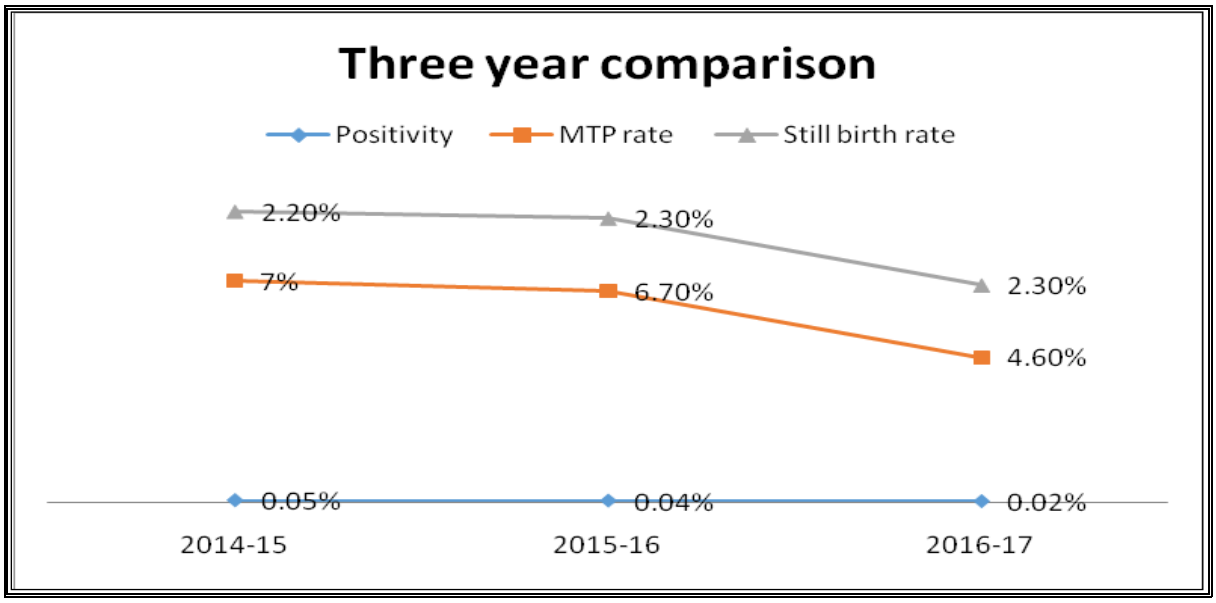
During the financial year 2016-17, the PPTCT achievement has been remarkable in respect to coverage of HIV testing among the pregnant women. The retention cascade has been less leaky except for post DBS testing follow up.

Comparison of major indicators for the last three financial years

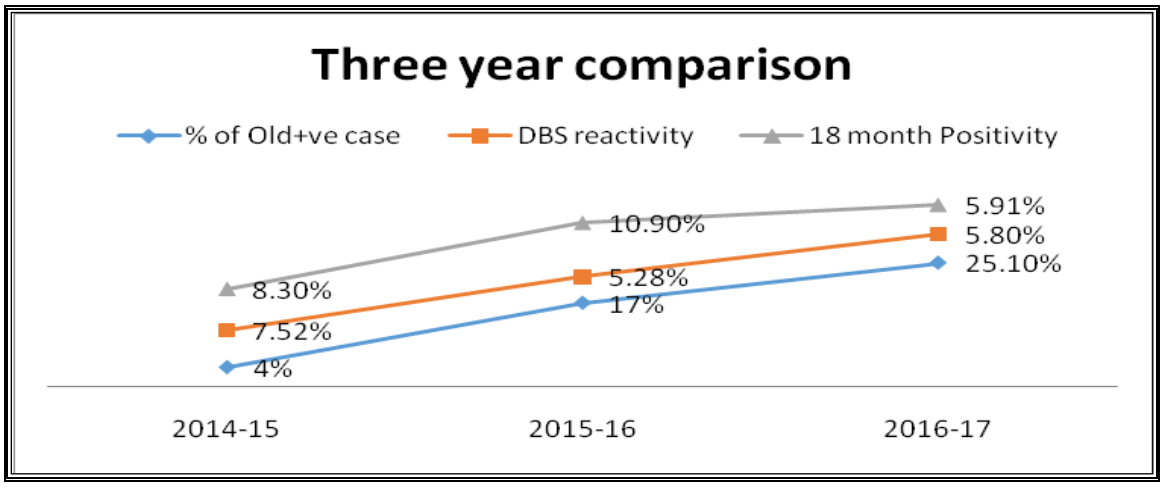
Indicators	2014-15 data	2015-16 data	2016-17 data
Total Pregnant women Registration	1841090	1757622	1749443
Pregnant women underwent HIV testing in stand-alone ICTC	559138	537120	427542
Pregnant women underwent HIV testing in Facility Integrated ICTC/Sub-centre	321221	351887	1097741
Total No. of Pregnant women tested for HIV	880359	889007	1525283
HIV testing coverage against HMIS registration	47.82	50.58	87.19
Newly detected HIV positive pregnant women during ANC	444	341	322
Newly detected HIV positive pregnant women during Direct in Labour	31	31	23
Positivity	0.05%	0.04%	0.02%
% of old positive cases coming with pregnancy	4%	17%	25.10%
Already positive pregnant women received single dose NVP prophylaxis during the last pregnancy	2	15	22
% of newly detected positive pregnant woman initiated on ART	93.90%	96.50%	98.26%
% of positive pregnant women whose spouse has been tested for HIV	84%	90.30%	95.10%
Discordance rate	37.70%	32.40%	33.50%
% of Positive pregnant women underwent MTP	7%	6.70%	4.60%
Positive delivery recorded	456	439	434
HIV exposed live birth out of positive delivery	446	429	415
Still birth rate	2.20%	2.30%	2.30%
% of HIV exposed babies initiated on CPT	91.26%	85.30%	98.30%
No. of the babies tested for DBS	424	322	416

Indicators	2014-15 data	2015-16 data	2016-17 data
% of babies tested reactive in first DBS	7.52%	5.28%	5.80%
% of HIV exposed babies underwent 18 month confirmation at ICTC	64.80%	77%	89.70%
Positivity	8.30%	10.90%	5.91%
% of HIV exposed babies expired before age of 18 month against live birth	3.13%	3.60%	1.92%

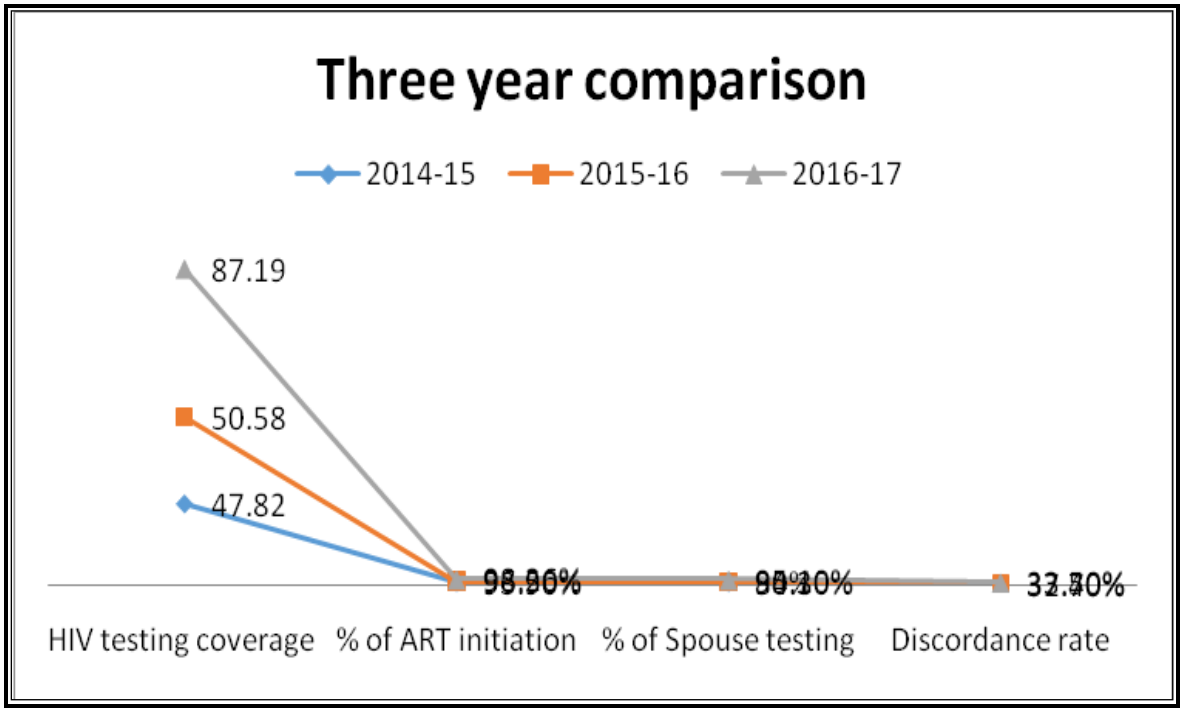
With increase HIV testing coverage, HIV positivity among the pregnant women came down. The stillbirth rates for the last three years have come to a stationery condition but MTP rate is gradually coming down.



It is a matter of concern that more and more numbers of earlier HIV infected women are becoming pregnant now. It has become one fourth of total HIV infected pregnancies for the financial year 2016-17. It may be a possibility that they are coming up for accessing services now. 18 month positivity has come down drastically during this financial year but the 1st DBS positivity remained same.



During this year, there has been significant increase in HIV testing and the coverage rose from around 50% to around 88% against HMIS-ANC registration. For the past few years, it came to almost stationery level and the hike during this year, is due to implementation of HIV-screening at sub-centre and VHND across the state and a successful reporting mechanism, that was adopted and implemented. This is also noteworthy that, report-return on HIV screening of pregnant women from private sector, has also increased in many folds during the year 2016-17. Within the figure of total HIV screening of pregnant women, the contribution from the reports from private sectors is around 2.28% as compared to the contribution of 0.02% in the preceding year.



District-wise HIV testing achievements for pregnant women

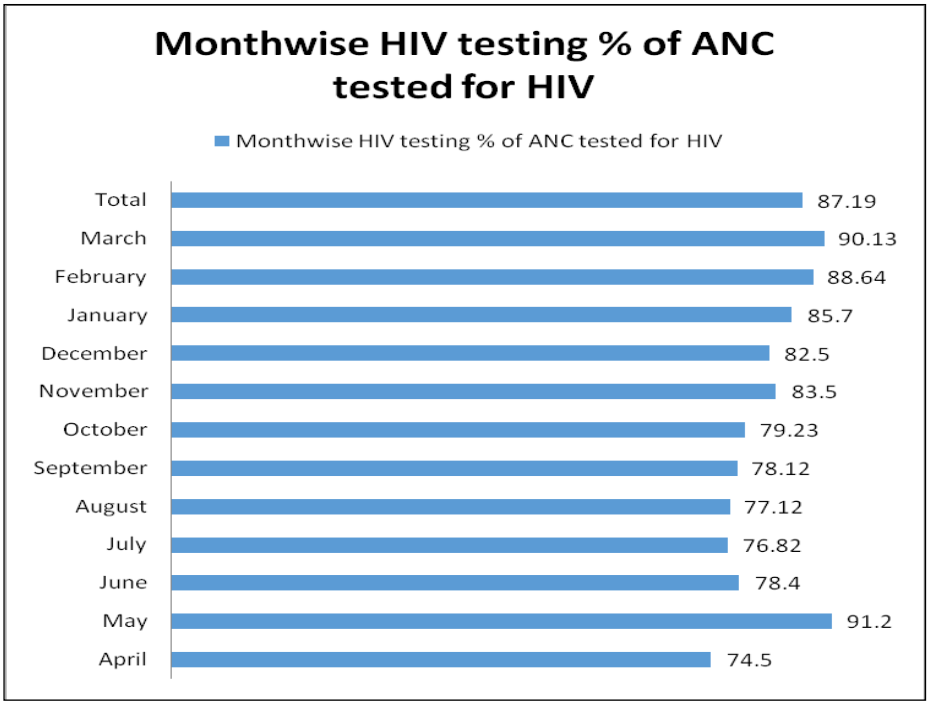
Districts	HMIS ANC registration	ANC tested at Stand Alone ICTC	ANC Tested at FICTC/Sub-Centre	ANC Tested at PPP ICTC	Total Tested	% Tested against HMIS registration	% Tested at Sub Centre/FI/PPP against total registration
Alipurduar	24359	6829	20735	295	27859	114.37	86.33
Bankura	56977	14410	45807	1217	61434	107.82	82.53
Barddhaman	123585	37145	80813	1338	119296	96.53	66.47
Birbhum	68809	8832	44216		53048	77.09	64.26
Cooch Bihar	53824	14971	33743	2053	50767	94.32	66.51
DakshinDinajpur	28129	12285	15191		27476	97.68	54.00
Darjeeling	27968	18761	14770	3262	36793	131.55	64.47
Hooghly	93364	19872	54413	1742	76027	81.43	60.15
Howrah	81634	18394	41565	5325	65284	79.97	57.44
Jalpaiguri	37495	9776	28612	2128	40516	108.06	81.98
Kolkata	179484	80369	653	4059	85081	47.40	2.63

Districts	HMIS ANC registration	ANC tested at Stand Alone ICTC	ANC Tested at FICTC/Sub-Centre	ANC Tested at PPP ICTC	Total Tested	% Tested against HMIS registration	% Tested at Sub Centre/FI/PPP against total registration
Maldah	104414	12450	72520		84970	81.38	69.45
Murshidabad	166728	42738	117894	2762	163394	98.00	72.37
Nadia	79354	18481	52207	1844	72532	91.40	68.11
North 24Parganas	145622	34497	74227	2706	111430	76.52	52.83
PaschimMedinipur	106958	19163	69613	2015	90791	84.88	66.97
PurbaMedinipur	85996	10802	67986	2228	81016	94.21	81.65
Puruliya	58633	7366	45153		52519	89.57	77.01
South 24Parganas	151644	23699	117319	1808	142826	94.19	78.56
Uttar Dinajpur	74466	16935	65522		82457	110.73	87.99
State	**1749443**	**427542**	**1062959**	**34782**	**1525283**	**87.19**	**62.75**

So far as saturation of HIV testing coverage for pregnant women is concerned, 50% districts have achieved optimal coverage adequate for Pediatric HIV elimination i.e around 95%. Kolkata, Malda, North 24 PGS, Howrah, Hooghli, Birbhum are lagging behind. For Kolkata, there is an issue of duplication of ANC registration that is happening in PP units of various Medical Colleges and Hospitals. District level ANC registrations are sometimes registered as new registration in PP units.

Month-wise HIV-testing achievement for Pregnant women

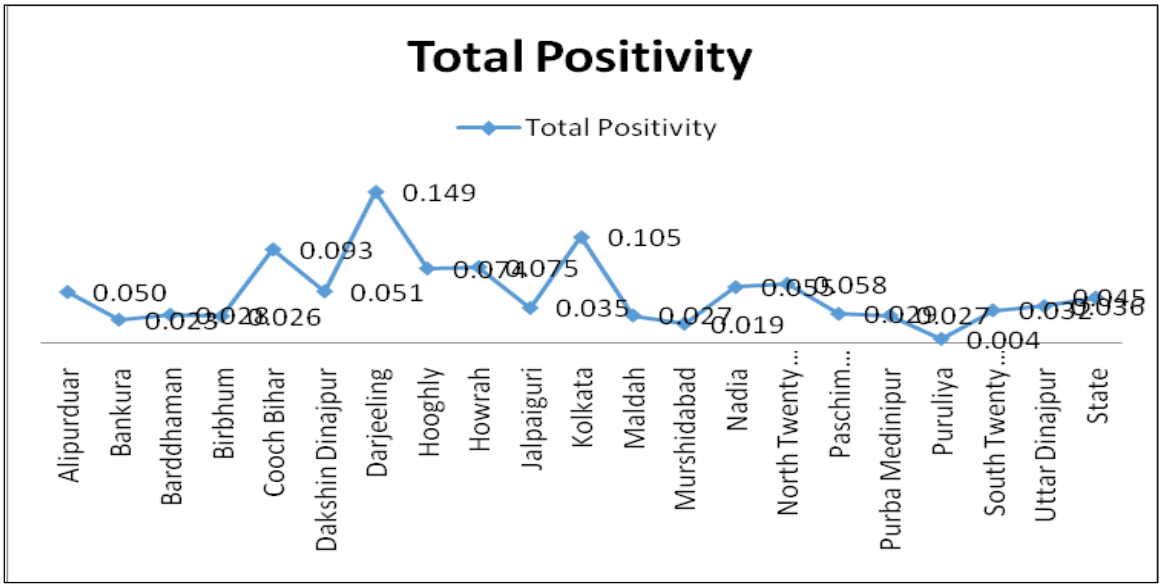
Month-wise HIV testing	
Month (2016-17)	**% of ANC tested for HIV**
April	74.5
May	91.2
June	78.4
July	76.82
August	77.12
September	78.12
October	79.23
November	83.5
December	82.5
January	85.7
February	88.64
March	90.13
Total	87.19



HIV positivity among the pregnant women and ART initiation status (district-wise)

Districts	Total Tested	New positive detection	ART initiation	Old positive cases with new pregnancies	Total Positivity
Alipurduar	27859	7	7	0	0.050
Bankura	61434	7	7	1	0.023
Barddhaman	119296	17	16	2	0.028
Birbhum	53048	7	7	1	0.026
Cooch Bihar	50767	23	24	5	0.093
DakshinDinajpur	27476	7	7	1	0.051
Darjeeling	36793	27	28	20	0.149
Hooghly	76027	28	28	6	0.074
Howrah	65284	25	24	7	0.075
Jalpaiguri	40516	7	7	8	0.035
Kolkata	85081	45	44	34	0.105
Maldah	84970	12	11	2	0.027
Murshidabad	163394	16	15	3	0.019
Nadia	72532	21	19	5	0.055
North 24Parganas	111430	33	32	4	0.058
PaschimMedinipur	90791	13	13	5	0.029
PurbaMedinipur	81016	11	11	6	0.027
Puruliya	52519	1	1	0	0.004
South 24Parganas	142826	24	22	3	0.032
Uttar Dinajpur	82457	14	16	3	0.036
State	1525283	345	339	116	0.045

Regarding HIV positivity among the pregnant women, highest positivity was observed in Darjeeling followed by Kolkata and then most interestingly Cochbehar. The lowest positivity was observed in Puruliya followed by Murshidabad, Bankura and Birbhum. It is noteworthy that,poisitivity in Uttar Dinajpur, Burdwan and North 24 PGS has come down considerably**.**



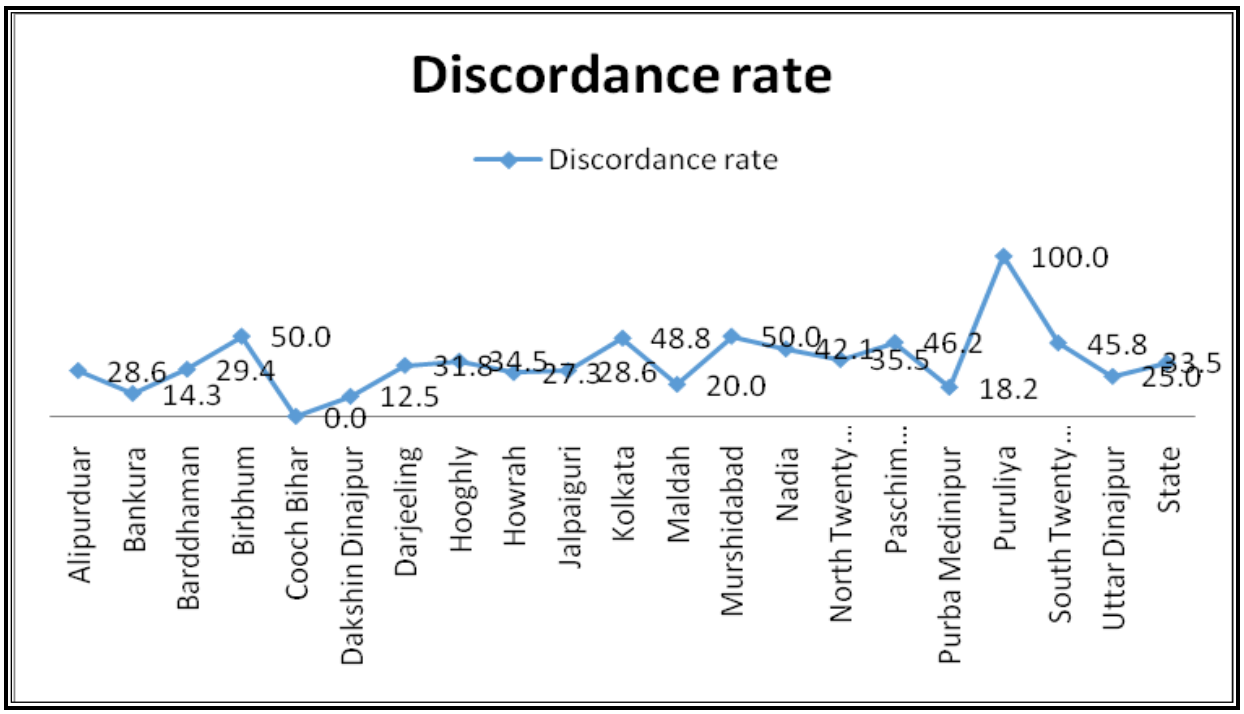
Shortfall of ART initiation		
Reasons	**Numbers**	**Remarks**
Unwilling to start ART	4	3 of them provided written refusal letter
Ectopic Pregnancy	1	Chandannagar
LFU positive pregnant women	5	1 did not even collect report
MTP done prior to ART	2	
Dome in April'17	1	
Carry forward of the last financial year	7	

Spouse-testing status and discordant rate (district-wise)

Districts	New positive detection	Spouse of PPW tested	Spouse of PPW tested +ve	Discordance rate
Alipurduar	7	7	5	28.6
Bankura	7	7	6	14.3
Barddhaman	17	17	12	29.4
Birbhum	7	6	3	50.0
Cooch Bihar	23	23	23	0.0
DakshinDinajpur	7	8	7	12.5
Darjeeling	27	22	15	31.8
Hooghly	28	29	19	34.5
Howrah	25	22	16	27.3
Jalpaiguri	7	7	5	28.6
Kolkata	45	43	22	48.8
Maldah	12	10	8	20.0
Murshidabad	16	16	8	50.0
Nadia	21	19	11	42.1
North 24Parganas	33	31	20	35.5
PaschimMedinipur	13	13	7	46.2
PurbaMedinipur	11	11	9	18.2
Puruliya	1	1	0	100.0
South 24Parganas	24	24	13	45.8
Uttar Dinajpur	14	12	9	25.0
State	345	328	218	33.5

Currently, the state is showing high spouse-testing rate with one third discordance rate. This is almost at per national average. Though the highest discordance was observed in Purulia, yet the number of spouse tested is one. Significant high discordance-rate was observed in Murshidabad, Birbhum, Kolkata and West Midnapur. This is also to be noted that, Cochbehar with high HIV positivity among the pregnant women, shows 100% concordance

Shortfall of spouse testing		
Reasons	**Numbers**	**Remarks**
Spouse refused	2	In 1 ICTC both staff left, follow up could not be done
Spouse separated	1	
Spouse migrated to other states	7	2 to Delhi, 3 to Bihar & 2 to Gujarat
In jail	1	
CSW-no definite partner/spouse	1	
LFU Positive pregnant women	4	1 did not even collect report; 1LFU after MTP
Trucker	1	
Divorced	1	
Widow	1	
Known +ve spouse	3	1 already was on ART
Other	1	Trafficked to Mumbai: rescued when pregnant, brought back to a home
Done in April'17	1	
Carry Forward from the last year	7	



Delivery and ARV prophylaxis (District-wise)

Districts	Positive delivery	HIV exposed live birth	Received Mother baby Pair	% received MB pair
Alipurduar	9	9	9	100.0
Bankura	14	14	14	100.0
Barddhaman	24	24	24	100.0
Birbhum	2	1	1	100.0
Cooch Bihar	24	22	22	100.0
Dakshin Dinajpur	9	9	9	100.0
Darjeeling	44	42	42	100.0
Hooghly	28	25	25	100.0
Howrah	18	16	15	93.8
Jalpaiguri	12	12	12	100.0
Kolkata	95	91	91	100.0
Maldah	18	18	17	94.4
Murshidabad	16	15	15	100.0
Nadia	18	17	17	100.0
North 24 Parganas	25	24	24	100.0
Paschim Medinipur	20	19	19	100.0
Purba Medinipur	16	16	16	100.0
Puruliya	0	0	0	0.0
South 24 Parganas	19	19	19	100.0
Uttar Dinajpur	23	22	22	100.0
State	434	415	413	99.5

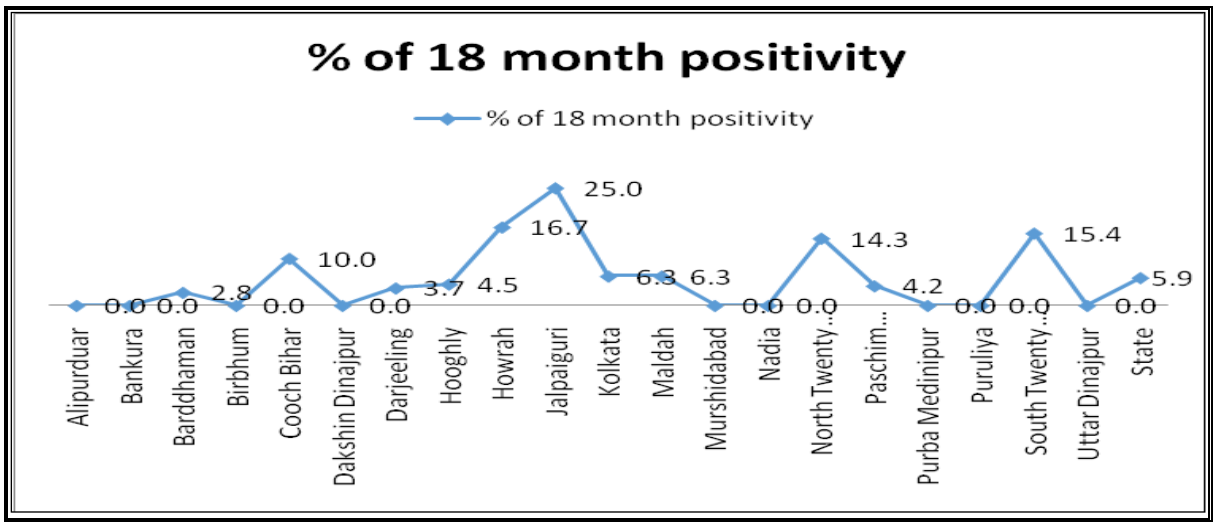
MB pair for HIV infected pregnancies could be offered to all HIV-exposed live-birth except in two cases. In one case of Gabberia, Howrah, the positive pregnant woman delivered in a private hospital and did not disclose the location of the hospital so that ICTC-staff could not reach her. In one case from Maldah Medical College, a positive pregnant woman simply refused to accept Nevirapine prophylaxis to her baby.

18 month HIV status confirmation of HIV exposed babies (District-wise)

Districts	HIV exposed live birth	No. of babies underwent 18 month testing	Out of them detected HIV positive	% of 18 month positivity	CPT initiation of HIV exposed babies
Alipurduar	9	2	0	0.0	7
Bankura	14	7	0	0.0	10
Barddhaman	24	36	1	2.8	29

Districts	HIV exposed live birth	No. of babies underwent 18 month testing	Out of them detected HIV positive	% of 18 month positivity	CPT initiation of HIV exposed babies
Birbhum	1	0	0	0.0	4
Cooch Bihar	22	10	1	10.0	13
DakshinDinajpur	9	13	0	0.0	9
Darjeeling	42	54	2	3.7	28
Hooghly	25	22	1	4.5	14
Howrah	16	12	2	16.7	13
Jalpaiguri	12	4	1	25.0	12
Kolkata	91	80	5	6.3	112
Maldah	18	16	1	6.3	15
Murshidabad	15	11	0	0.0	16
Nadia	17	5	0	0.0	4
North 24Parganas	24	21	3	14.3	34
PaschimMedinipur	19	24	1	4.2	34
PurbaMedinipur	16	9	0	0.0	14
Puruliya	0	0	0	0.0	0
South 24Parganas	19	26	4	15.4	21
Uttar Dinajpur	22	20	0	0.0	18
State	415	372	22	5.9	407

After district-wise 18 month testing figure analysis, some districts show high positivity. Like Jalpaiguri, 25% positivity is coming out of only 4 number of 18 month-testing. Positivity is matter of concern for Howrah, North and South 24 PGS where denominator is on higher side.



Cohort study (for two consecutive years)

Cohort Studies		
Major PPTCT cascades	**2015-16**	**2016-17**
No. of new pregnant women detected HIV positive during ANC	341	322
No. of new pregnant women detected HIV positive during DIL	28	20
No. of women detected HIV positive during lactational period	3	3
No. of old positve cases attended ICTC with new pregnancy	76	116
Out of 1-3, initiated on ART	357	333
Out of 1-4, underwent Institutional deliveries (may be at your hospital or other)	396	355
Out of 1-4, underwent home deliveries	18	17
Out of 6-7, No. of live birth	403	353
Out of 8, offered NVP/AZT/r-Lop	403	351
Out of 8, offered CPT	398	298
Out of 8, underwent 1st EID	399	302
Out of 11, found out to be 1st DBS reactive	24	24
Out of 11, found confirmed HIV infected with 2 DBS reactivity	10	6
Remarks	2 confirmatory DBS Not detected and traces of 4 PPWs not known	1 confirmatory DBS Not detected and traces of 3 PPWs not known

While undertaking cohort study for the last two consecutive years, it is to be highlighted that retention cascade till EID testing is good but it is somehow poor following detection of HIV-1 by PCR testing. This is the area to be focused in future.

Logical conclusion and Interpretation:

1) **HIV testing-coverage:** After state wide implementation of VHND level HIV screening, the coverage has increased substantially. It is an interesting finding in West Bengal that estimated numbers of annual pregnancies are 6-7% lower than ANC registration as per HMIS data and HMIS data was not capturing the ANC registration data of UPHC/UCHCs. Therefore, possibility of duplication of registration-data is there as single pregnant woman may be registered at sub-centre and subsequently to a PP unit of Medical College or District hospitals. This is most prominent in Kolkata where HIV testing-coverage is around 50% against registration. As long as this data duplication is there, HIV testing coverage against HMIS registration figure cannot reach to the desired extent as per data. Moreover, some districts like Darjeeling, Jalpaiguri, Alipuduar and Bankura are persistently showing more than 100% HIV screening-coverage. This may be

attributed to either duplication of HIV screening or poor HMIS ANC registration reporting. This is another issue to look for.

2) **Gaps in HIV screening-coverage-** There are two areas that have been identified as areas of gap. They are pregnant women in urban set-up and women accessing services from private facilities. To bridge the gap, necessary planning has been done and will be implemented during 2017-18.

3) **HIV positivity:** Over-all HIV positivity among the pregnant women, has come down. HIV positivity in A, B & C category districts are 0.034%, 0.03% and 0.028% respectively. The difference is insignificant now. Among the earlier high prevalent districts, only Darjeeling and Kolkata have significant positivity. Other districts like Burdwan, Uttar Dinajpur, Murshidabad and Jalpaiguri are showing declining positivity-trend. Among the low prevalent districts, Cochbehar is now showing significant positivity.

4) **Rural Vs Urban positivity:** After implementation of HIV screening at VHNDs, huge number HIV screening happened in hitherto uncovered rural areas and it was found that the HIV positivity in rural areas is ten times lower than that of urban areas. Positivity at urban area is almost same as the HIV Sentinel Surveillance ANC positivity figure (0.11% as per HSS 2014-15). Inference can be drawn that, HSS sites are mainly located in urban areas and this positivity is nothing but depiction of urban positivity. It is not the representative of rural Bengal. Furthermore it can be concluded that HIV is still to a large extent, an urban disease with gradual ruralisation. This is an example of Type-A shift of epidemic.

Indicators	Rural	Urban
Total test	1206220	319063
Positive	120	341
Positivity	0.010	0.107

5) **18 month testing:** There has been 13% increase in 18 month HIV testing coverage during this financial year. This indicates better follow up of HIV exposed child that is happening in the field level. Moreover, positivity has come down to a significant extent of less than 6% as compared to around 11% of the last financial year 2015-16. This has been possible as mothers of 50% eligible babies for 18 month testing received new PPTCT regimen of life-long ART. This program was launched in September 2014. This is also important to note that 1st DBS positivity remains same that of the last financial year and now it is also in tune with 18 month positivity. This can be concluded with similar positivity pattern between 1st DBS (happens at 6 week) and 18 month positivity, minimum number of death is happening among HIV exposed children.

6) **Spouse testing:** After endorsing HIV screening of HIV negative pregnant women in blanket approach in some pockets, the HIV positivity among the spouse was found to be less than general individual HIV positivity but more than ANC positivity of the state. Therefore, it can be concluded that routine HIV screening all spouses irrespective of their wife's HIV status and their own risk behaviour, is not going to give us much positive yield. Furthermore, HIV screening of spouse of HIV positive pregnant women has increased by more than 5% during this financial year but the discordance rate remains same over the years. This also indicates that In West

Bengal, PPTCT program programme is now gradually shifting from woman-centric approach to family-centric approach.

7) **MTP rate:** among positive pregnancies (46 per 1000 pregnancies) has also been persistently on higher side as compared to general counterpart (34) though MTP rate of this financial year has come down a bit as compared to the last year's figure. This indicates that prong 2 intervention of PPTCT is on board.

8) **Still birth rate** for the HIV infected pregnant women remains to be consistently high (22 in 2014-15, 23 in 2015-16 and 23 during 2016-17) as compared to general counterpart in the state (SRS data 2012 showing SBR is 5). Prior to 2014-15 i.e before implementation of new PPTCT regimen for life-long ART for all positive pregnancies, stillbirth rate among the HIV infected pregnancies were much higher. This can be concluded that ART has got protective efficacy for successful obstetric outcome.

HIV Screening of General Individual:

The last four financial years have witnessed gradual increase in HIV testing of both general non pregnant individuals. The increase has been substantial during 2016-17. Another good sign is that HIV positivity among both the groups is coming down gradually. This is to be highlighted that HIV positivity was found to be significantly high at ICTC among the transgender group. The female population accounts for 39% of all positive detection which is same as that of national average.

Indicators	2013-14	2014-15	2015-2016	2016-17
General Client tested	387421	430543	490608	780617
General Client Positive	6878	6696	6180	6209
Positivity	1.78	1.56	1.26	0.80
PW tested	577285	8803599	898667	1525283
PW Positive	449	475	372	345
Positivity	0.078	0.005	0.041	0.023
Male client tested	232581	260569	285478	452368
Male Client Positive	4346	4300	4002	4003
Male Client positivity	1.87	1.65	1.40	0.88
Female General client tested	154079	169096	204395	327494
Female General Client Positive	2493	2372	2144	2178
Female General (Non Pregnant Client) Positivity	1.62	1.40	1.05	0.67
TG client tested	761	878	735	755
TG Client Positive	39	24	34	28
TG positivity	5.12	2.73	4.63	3.71

The male positivity was found to be 0.88% as compared to 0.67% positivity among the non pregnant female population.

During 2016-17, district wise HIV testing and positivity among the general population is as follows

HIV testing details of General Individuals 2016-17					
Districts	Tested at SA ICTC	Tested at FICTC	Total Tested	HIV positive detected	Positivity
Alipurduar	13322	1122	14444	94	0.65
Bankura	25537	1527	27064	110	0.41
Barddhaman	50624	37275	87899	391	0.44
Birbhum	12364	1563	13927	60	0.43
Cooch Bihar	12149	0	12149	218	1.79
DakshinDinajpur	9478	0	9478	84	0.89
Darjeeling	38522	5257	43779	493	1.13
Hooghly	32320	7461	39781	256	0.64
Howrah	24804	886	25690	187	0.73
Jalpaiguri	16360	2120	18480	136	0.74
Kolkata	159850	3341	163191	2299	1.41
Maldah	21757	1150	22907	161	0.70
Murshidabad	47382	10940	58322	170	0.29
Nadia	17226	853	18079	184	1.02
North Twenty Four Parganas	31578	3737	35315	299	0.85
Paschim Medinipur	38055	3825	41880	249	0.59
Purba Medinipur	28576	5462	34038	208	0.61
Puruliya	23331	2793	26124	40	0.15
South Twenty Four Parganas	22571	1721	24292	253	1.04
Uttar Dinajpur	23295	21759	45054	317	0.70
State	649101	112792	761893	6209	0.81

This is to be emphasized that highest positivity was observed in Cochbehar which was previously considered as low prevalent district. Other districts showing more than 1% HIV positivity among the general individuals are Kolkata, Darjeeling, Nadia and South 24 PGS among them the last two districts were considered as low prevalent districts in respect to HIV positivity. Positivity in some previously considered high prevalent districts like Murshidabad, East Midnapur, Uttar Dinajpur and Burdwan have gone below the state average.

The following table demonstrates that HIV screening has increased substantially in facility integrated mode and private hospitals.

Year	General Individual testing (%)			Pregnant women testing (%)		
	SAICTC	FICTC	PPP ICTC	SAICTC	FICTC	PPP ICTC
2015-16	91.7	6.7	1.6	59.7	40.3	0.002
2016-17	83.1	14.4	2.4	27.9	69.8	2.2

This shows that HIV testing is gradually becoming a mainstream event. During the financial year 2016-17, around 92% HIV infected population could be linked to ART centres.

No. Tested for HIV	780617
No. Found HIV +ve (with %)	6209(0.8%)
No. Linked to ART (with %)	5710 (92%)

TB-HIV Collaborative activities

This is a collaborative activity for mutual benefit of both the programs. As per norm all the ICTC attendees should be screened for four symptom complex and all TB suspects are referred to DMC for sputum microscopy. This is called Intensive Case Finding (ICF) at ICTC. During 2016-17, approximately 4.2% ICTC attendees (non pregnant) were referred for sputum microscopy and TB case detection was 5.83%.

Districts	non pregnant ICTC attendees	No. TB suspects referred for sputum microscopy			% of referral	Out of referred, detected to have TB			% of TB positivity among ICTC attendees
		HIV Positive	HIV Negative	Total		HIV Positive	HIV Negative	Total	
Alipurduar	13322	80	533	613	4.60	2	9	11	1.79
Bankura	25537	92	1828	1920	7.52	20	10	30	1.56
Barddhaman	50624	307	3372	3679	7.27	6	131	137	3.72
Birbhum	12364	53	296	349	2.82	3	8	11	3.15
Cooch Bihar	12149	181	462	643	5.29	7	34	41	6.38
DakshinDinajpur	9478	52	563	615	6.49	8	57	65	10.57
Darjeeling	38522	493	1464	1957	5.08	31	245	276	14.10
Hooghly	32320	203	605	808	2.50	18	38	56	6.93
Howrah	24804	157	1272	1429	5.76	13	85	98	6.86
Jalpaiguri	16360	197	1180	1377	8.42	5	39	44	3.20
Kolkata	159850	1321	1666	2987	1.87	48	29	77	2.58
Maldah	21757	124	501	625	2.87	13	51	64	10.24
Murshidabad	47382	135	1930	2065	4.36	11	65	76	3.68

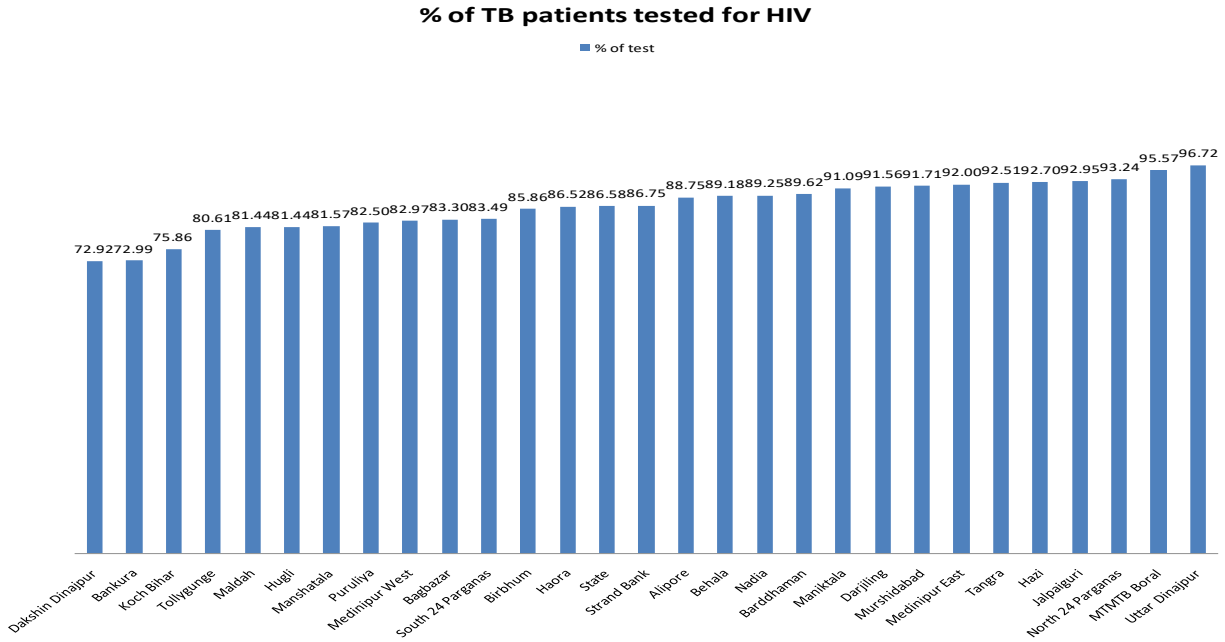
Districts	non pregnant ICTC attendees	No. TB suspects referred for sputum microscopy			% of referral	Out of referred, detected to have TB			% of TB positivity among ICTC attendees
		HIV Positive	HIV Negative	Total		HIV Positive	HIV Negative	Total	
Nadia	17226	150	587	737	4.28	9	22	31	4.21
North 24 Parganas	31578	199	605	804	2.55	13	20	33	4.10
PaschimMedinipur	38055	219	1203	1422	3.74	8	210	218	15.33
PurbaMedinipur	28576	153	773	926	3.24	8	100	108	11.66
Puruliya	23331	33	1287	1320	5.66	5	47	52	3.94
South 24 Parganas	22571	235	731	966	4.28	6	33	39	4.04
Uttar Dinajpur	23295	253	1568	1821	7.82	15	95	110	6.04
State	649101	4637	22426	27063	4.17	249	1328	1577	5.83

The referral was high in Jalpaiguri, Burdwan and Bankura districts where as in Kolkata, Hooghli, North 24 PGS, Maldah and Birbhum it was substantially low. The detection was on higher side in East and West Midnapur, Maldah, Darjeeling and Dakshin Dinajpur and was pretty low in Alipurduar, Bankura and Kolkata.

Similarly all the TB patients should undergo HIV screening and during the calendar year 2016, 86.58% TB patients could be tested for HIV. In Bankura, Dakshin Dinajpur and Kochbehar, percentage of TB cases with known HIV status was very low.

District	Total patients registered	HIV Tested	% of test
Alipore	391	347	88.75
Bagbazar	455	379	83.3
Bankura	4225	3084	72.99
Barddhaman	7825	7013	89.62
Behala	342	305	89.18
Birbhum	4082	3505	85.86
DakshinDinajpur	2585	1885	72.92
Darjiling	3151	2885	91.56
Haora	4644	4018	86.52
Hazi	562	521	92.7
Hugli	5140	4186	81.44
Jalpaiguri	6522	6062	92.95
Koch Bihar	2527	1917	75.86
Maldah	4881	3975	81.44
Maniktala	606	552	91.09
Manshatala	727	593	81.57
Medinipur East	2049	1885	92
Medinipur West	6382	5295	82.97
MTMTB Boral	474	453	95.57
Murshidabad	6986	6407	91.71
Nadia	3852	3438	89.25

District	Total patients registered	HIV Tested	% of test
North 24 Parganas	7247	6757	93.24
Puruliya	3211	2649	82.5
South 24 Parganas	5342	4460	83.49
Strand Bank	317	275	86.75
Tangra	921	852	92.51
Tollygunge	263	212	80.61
Uttar Dinajpur	2956	2859	96.72
State	88665	76769	86.58



During 2016-17 financial year, almost 91% TB patients were tested for HIV with HIV positivity of around 2%. Another program was piloted in three high prevalent (in the context of HIV) districts i.e. Burdwan, Uttar Dinajpur and Darjeeling where all the TB suspects are tested for HIV. This is called PITCT i.e Provider Initiated Testing and Counselling where HIV positivity among the TB suspects were found to be 0.23%.

Indicators	2016-17		
	Registered(n)	Tested	Reactive
		n (%)	n (%)
Notified TB patients (Public) (a)	86825	78912 (91%)	1586 (2%)
Presumptive TB cases* (c)	650138	40292(6.2%)	94(0.23)

Care, Support & Treatment

One of the major objectives of NACP-IV is to provide greater care, support and treatment to larger number of PLHIVs with ultimate goal of universal access for all those who need it. The Care, Support and Treatment component of NACP-IV aims to provide comprehensive management to PLHIVs 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 16 functional ART centres and 3 functional FI-ART centres as on March 2016. Out of total 16 ART centres, 8 are in Government Medical Colleges, 6 in District Hospitals and 2 are in Sub divisional Hospitals and 3 FI-ART Centres, 1 is Government Medical Colleges, 2 in District 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 53 LACs were made functional till March 2016. Among these 53 LACs,25 number of Link ART Centres are running with the support from Dept of Health and FW, Govt of West Bengal, These Link ART Centres are located mainly at DH, SDH, RH. Out of these 53, 2 numbers of LAC plus are functioning at Assansol District Hospital and other is at Domjur RH. The objective of these LACs is to made easy access of ART services by the PLHIVs from the health facility nearer to their residence.

CSC:

There are 9 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.

The cumulative number of HIV detected in WB from 2003 to March 2017 was 71829 [FY-16-17= 6531] and of them 58001 are registered for pre-ART and 39900 ever enrolled on ARV. In last 12 months (April'16-March'17) around 6055 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 2017

Sl.No.	Name of the ART Centre	PLHIV registered Pre-ART	PLHIV Ever started on ART	PLHIV Alive and on ART
1	ART, Barasat DH	1529	1389	1259
2	ARTC, BMC&H	4308	2942	2124
3	FI-ARTC Bankura SMC&H	617	484	466
4	ARTC, Chinsurah .D.H.	1991	1704	1520
5	ARTC, Durjeelingng D.H.	303	281	228
6	ARTC, Ghatal S.D.H.	1305	1214	1131
7	ARTC, S.S.K.M. Hospital	2913	2493	2162
8	ARTC, Islampur SDH	3988	2807	2480
9	FI-ARTC Nadia DH	1245	1055	1004
10	ARTC, M.R.Bangur DH	3489	2736	2047
11	ARTC, Malda MC&H	2458	1868	1400
12	ART, MJN Coochbihar DH	1364	1188	1040
13	ARTC, MMC&H	2504	1693	1354
14	ART, Murshidabad MC&H	1177	1023	868
15	ARTC, NBMC&H	7824	4529	3085
16	ARTC, R.G.Kar MC&H	5100	3659	2605
17	RPAC, MC&H	5047	3446	2761
18	ARTC, STM	10066	4712	2465
19	FI-ARTC Tamluk D.H.	773	677	626

Sl.No.	Name of the ART Centre	PLHIV registered Pre-ART				Ever started on ART				Alive and on ART			
		Male	Female	TS/TG	Children	Male	Female	TS/TG	Children	Male	Female	TS/TG	Children
1	ART, Barasat DH	844	663	3	19	715	658	2	14	639	605	2	13
2	ARTC, BMC&H	2370	1618	13	307	1698	1094	7	143	1169	839	6	110
3	FI-ARTC Bankura SMC&H	309	229	1	78	248	175	0	61	234	172	0	60
4	ARTC, Chinsurah .D.H.	1140	777	11	63	1001	650	5	48	873	597	5	45
5	ARTC, Durjeelingng D.H.	153	137	0	13	138	133	0	10	109	109	0	10
6	ARTC, Ghatal S.D.H.	587	598	0	120	544	568	0	102	483	550	0	98
7	ARTC, S.S.K.M. Hospital	1896	932	16	69	1649	787	11	46	1411	699	10	42
8	ARTC, Islampur SDH	2070	1563	3	352	1539	1065	3	200	1309	980	3	188

Sl.No.	Name of the ART Centre	PLHIV registered Pre-ART				Ever started on ART				Alive and on ART			
		Male	Female	TS/TG	Children	Male	Female	TS/TG	Children	Male	Female	TS/TG	Children
9	FI-ARTC Nadia DH	684	513	4	44	592	422	4	37	557	407	4	36
10	ARTC, M.R.Bangur DH	1935	1425	25	104	1557	1084	18	77	1098	867	11	71
11	ARTC, Malda MC&H	1293	947	2	216	1035	693	1	139	716	564	1	119
12	ART, MJN Coochbihar DH	721	556	0	87	636	477	0	75	550	421	0	69
13	ARTC, MMC&H	1288	921	2	293	980	545	1	167	779	417	1	157
14	ART, Murshidabad MC&H	539	519	10	109	472	451	10	90	378	402	8	80
15	ARTC, NBMC&H	4559	2815	19	431	2743	1567	8	211	1749	1163	6	167
16	ARTC, R.G.Kar MC&H	2973	1991	46	90	2246	1325	31	57	1553	982	22	48
17	RPAC, MC&H	2026	1904	3	1114	1345	1358	2	741	992	1135	1	633
18	ARTC, STM	6387	3478	15	186	3368	1292	8	44	1687	760	3	15
19	FI-ARTC Tamluk D.H.	404	312	0	57	360	271	0	46	329	253	0	44

Details of Link ART / Plus Patients in HIV Care in West Bengal as on March 2017

1	Alipurduar SDH	March,2011	Cooch Behar District Hospital	27	27
2	Tufaganj SDH	Januray, 2016		12	12
3	Dinhata SDH	Januray, 2016		9	9
4	Mathabhanga SDH	Januray, 2016		5	5
5	Mekhliganj SDH	Januray, 2016		14	14
6	Kalimpong SDH	May, 2011	Darjeeling DH	45	42
7	Kurseong SDH	16-Mar		22	22
8	Jalpaiguri DH	July, 2010	North Bengal Medical College & Hospital	30	30
	Mirik RH			4	4
9	Malbazar SDH	April,10		3	3
10	Raigunj District Hospital		Islampur Sub Divisional Hospital	36	33
11	Balurghat District Hospital	10-Jul	Malda Medical	64	63

12	Gangarampur Sub Divisional Hospital	Jnuary-2016	College & Hospital	25	24
13	Chanchal Sub Divisional Hospital	Jnuary-2016		14	13
14	Jangipur SDH	14-Oct	MURSHIDABAD. MC&H	52	50
15	Kandi SDH	Jnuary-2016		23	23
16	Lalbagh SDH	Jnuary-2016		17	17
17	Domkal SDH	Jnuary-2016		12	12
18	Egra Sub Divisional Hospital LAC,	Jnuary-2016	Tamluk Sub Divisional Hospital FI-ART	24	24
19	Asansol Sub Divisional Hospital (LAC+)	13-Dec	Burdwan Medical College & Hospital	152	152
20	Rampurhat Sub Divisional Hospital	10-May		62	62
21	Bolpur Sub Divisional Hospital	Jnuary-2016		5	5
22	Durgapur Sub Divisional Hospital	Jnuary-2016		46	46
23	Kalna Sub Divisional Hospital	Jnuary-2016		20	20
24	Katwa Sub Divisional Hospital	Jnuary-2016		26	26
25	Raghunathpur Sub Divisional Hospital	November, 2009	Medinipur Medical College & Hospital	32	32
26	Digha State General Hospital	12-Dec		76	76
27	Haldia Sub Divisional Hospital	10-Jul		7	7
28	Bishnupur District Hospital (New)			8	8
29	Purulia SDH	January, 2010		28	28
30	Contai Sub Divisional Hospital (New)			123	123
31	Jhargram	Jnuary-2016		50	50
32	Kharagpur	Jnuary-2016		24	24
33	Daspur Rural Hospital	December, 2011	Ghatal SDH	59	59
34	Arambag Sub Divisional Hospital	December, 2011	Chinsurah District Hospital	82	81
35	Shrirampur S. D. Hospital LAC	16-Mar		105	105
36	Chandannagar S. D. Hospital LAC	16-Mar		1	0

37	Barrackpore Sub Divisional Hospital	March, 2011	R. G. Kar Medical College & Hospital	343	312
38	Bongoan Sub Divisional Hospital	Dec-10		46	30
39	Basirhat District Hospital	October, 2015		0	0
40	Salt lake Sub Divisional Hospital	Jnuary-2016		11	11
41	BSF Composite Hospital	November. 2010	School of Tropical Medicine, Kolkata	20	7
42	Domjur Rural Hospital			323	318
43	Bagnan Rural Hospital	October, 2010	I.P.G.M.E.R., S.S.K.M. Hospital	96	96
44	Uluberia Sub Divisional Hospital	April,16		12	12
45	Canning Sub Divisional Hospital	October, 2010	M. R. Bangur Hospital	71	64
46	Diamond Harbour District Hospital	February, 2009		57	57
47	Kakdwip Sub Divisional Hospital	Januray, 2011		36	32
48	Baruipur Sub-Divisional Hospital	Januray, 2016		142	142
49	KhatraSDH,Khatra,Bankura	Januray, 2016	BankuraSammiani Medical College And Hopital, Bankura	6	6
50	Ranaghat SDH	Feb-16	NADIA DISTRICT HOSPITAL KRIHNAGAR,NADIA	41	41
51	Tehatta SDH	15-Feb		17	17
52	JNM,Kalyani	01-Apr		27	27
Total				2592	2503

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

Components	Target 2012-13	Achvt 2012-13	% of Achvt	Target 2013-14	Achvt 2013-14	% of Achvt	Target 2014-15	Achvt 2014-15	% of Achvt	Target 2015-16	Target 2016-17
Cum. No. of Pre-ART registration	45000	34942	77.64	50000	40516	81.03	46000	46133	100.3	-	-
Alive on ART treatment	12800	14023	109.55	20000	18426	92.13	25000	21986	87.94	-	-
CD4 test kits	38400	24702	64.32	60000	43125	71.87	50000	39581	66.9	-	-
Opportunistic infections	15000	7950	53	15000	11236	74.9	18000	11763	78.4	-	-

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 alternate first line, second line and third line ART 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 by March 2016, 471 PLHAs were included in second 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 pediatric Centre of Excellence (pCOE) has been functional.

Recruitment of Staff & Training at ART centre:

New Recruitment policy for ART staff has been formulated and decentralized. Recruitment of all categories of staff for ART, Fi-ART and LAC plus is being conducted by the District Recruitment Authority of respective District.

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.

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.

Strategic Information Management

India's as well as State's success in tackling its HIV/AIDS epidemic partly lies in how NACO has developed and used its evidence base to make critical policy and programmatic decisions. Over the past years, the number of data sources has expanded and the geographic unit of data generation, analysis, and use for planning has shifted from the national to the State, district and now sub-district level. This has enabled India to focus on the right geographies, populations and fine tune its response over time.

The National AIDS Control Programme recognizes that rigorous and scientific evidence is central to an effective response and hence, having a strong Strategic Information management was a high priority agenda under NACP. Under NACP, it is envisaged to have an overarching knowledge management strategy that encompasses the entire gamut of strategic information activities starting with data generation to dissemination and effective use. The strategy will ensure High quality of data generation systems such as Surveillance, Programme Monitoring through SIMS and Research & Evaluation; Strengthening systematic analysis, synthesis, development, Data Analysis and dissemination of Knowledge products in various forms; Emphasis on Knowledge Translation as an important element of policy making and programme management at all levels; and Establishment of robust evaluation systems for outcome as well as impact evaluation of various interventions under the programme.

NACP-IV is based on the experiences and lessons learnt from NACP-I, II and III, 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.

Programme Monitoring, data analysis and dissemination is one of the most important tools for measuring the programme performance and take informed decision and course-correction (if any). To overcome this challenge, a Programme Monitoring & Evaluation (M&E) division is set up at WBSAP&CS under NACP-IV with the objective to ensure strengthening systematic analysis, synthesis, development and dissemination of Knowledge products in various forms and to ensure emphasis on Knowledge Translation as an important element of policy making and programme management at all levels.

Programme Monitoring & Evaluation:

For programme management and monitoring following key activities are undertaken:

Managing 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

Strategic Information Management System:

Strategic Information Management System (SIMS), an integrated web-based reporting and data management system launched in 2008 to replace CMIS to strengthen the M&E systems at each level. SIMS captures monthly programme monitoring data and manages over 1,000 users across the State for various components of HIV/AIDS Control Programme. SIMS has made real time data entry & access to the user. The online Data Item Report is available for analysis and evidence based action, timely corrective measures for programme managers and policy makers which help in monitoring at the grass root level.

A library of pre-generated and downloadable Excel files - Standard Reports are developed in SIMS for ICTC, Blood Bank, STI, TI and other components. The library is expanded to meet the demands of the various divisions. It is proposed to develop graphical and analytical reports in SIMS.

Features available in Strategic Information Management System (SIMS):

- Standard Report Module is developed to increase the Accessibility & Use of data at the State & National level.
- Basic Profile Indicators are added on the Home Page of SIMS which is to be updated by each centre so that the Name, Address, Mobile Number etc. is available at NACO/ SACS / DAPCU level.
- Report Section is now open at the Centre / RU level to get the trend analysis and aggregate reports of their own monthly data.
- Application in divided into ICTC and FICTC & Other Components to improve the performance.

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

Surveillance:

HIV Sentinel Surveillance (HSS) in India, since its inception in 1998, has evolved into a credible and robust system for HIV epidemic monitoring and acclaimed as one of the best in the world. Sentinel surveillance provides essential information to understand the trends and dynamics of HIV epidemic among different risk groups in the country. It aids in refinement of strategies and prioritization of focus for prevention, care and treatment interventions under the National AIDS Control Programme (NACP). HIV estimates of prevalence, incidence and mortality developed based on findings from HIV Sentinel Surveillance enable the programme in assessing the impacts at a macro level.

During NACP-IV, HIV Sentinel Surveillance will be conducted once in two years so that adequate time is spent on in-depth analysis and modeling, epidemiological research and use of surveillance data for programmatic purposes.

HIV Sentinel Surveillance, Round 15 for ANC & HRG has been started from February, 2017 in 23 no. of ANC sites and 19 no. of HRG sites.

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.

Organization Structure:

The West Bengal State AIDS Prevention & Control Society is headed by the Project Director who is assisted by Two Joint Directors, Five Deputy Directors and Thirteen Assistant Directors.

The total sanctioned strength of staff at head quarter of the Society is 87, of which 43 posts are filled as on 31st March 2017.

HR Strength of periphery level staffs working under the society as on 31st March 2017:

Serial	Name of the post	No in position
1	Counellor (ICTC)	307
2	Lab Technician (ICTC)	159
3	District ICTC Supervisor	6
4	Counsellor (STI)	45
5	Lab Technician (STI)	2
6	Research Officer	1
7	Counsellor (IEC)	1
8	Counsellor (Blood Bank)	33
9	Lab Technician (Blood Bank)	21
10	Senior Medical Officer	6
11	Medical Officer	8
12	Care Coordinator	15

Serial	Name of the post	No in position
13	Counsellor (ART)	38
14	Counsellor cum Data manager	2
15	Data Manager	21
16	Lab Technician (ART)	7
17	Pharmacist	10
18	Staff Nurse	6
19	Nutritionist	2
20	Data Analyst	0
21	M&E and Research Officer	1
22	Out Reach Worker	2
23	PCoE Coordinator	1
24	Research Fellow (Non Clinical)	1
25	SACEP Coordinator	1
26	Training Mentoring Coordinator	1
27	Technical Officer(EID)	1
28	DPM (DAPCU)	6
29	Dist. Assistant (M&E) (DAPCU)	5
30	Dist. Assistant (Prog.) (DAPCU)	5
31	Dist. Assistant (Accounts) (DAPCU)	6
32	Technical Officer (NRL)	1
33	Lab-Tech (NRL)	1
34	Technical Officer(SRL)	4
35	Lab-Tech(SRL)	1

New recruitments during 2016-17:

The following employees have been engaged on contract basis at different peripheral units across the state during 2016-17:

Serial	Name of the post	No in position
1	Counsellor (Blood Bank)	1
2	Counsellor (ART)	4
3	Pharmacist	1
4	Medical Officer	1
5	Lab-tech (SRL)	1
6	Care coordinator	2
7	LT (ART)	2
8	Counsellor (ICTC/ANC)	2
9	Lab. Tech. (ICTC/ANC)	3
10	Counsellor (STI)	2
11	Lab. Tech. (STI)	1
12	Technical Officer(SRL)	1

Procurement

The Procurement Division invites tender for different purpose, procures and arranges for supply of goods and services to different divisions/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 process starts when Programme Divisions place their requisitions to the procurement division as per AAP approved by NACO.

Procurement Method: inviting e-tender, paper tender, quotations as per tender's estimated value.

Based on Annual Action Plan of FYs, different divisions/Units i.e. STI, Blood Safety, IEC, ICTC, CST, TI, and Surveillance) placed their requisitions to Procurement Division and this division functions accordingly throughout the financial year. Procurement division of WBSAPCS also meets up the requisition of SBTC, WB.

Further, select Internal Auditor and Statutory Auditor of WBSAPCS and SBTC through inviting tender.

The purchase and service of Procurement divisions for the **FY 2016-17** is detailed below:-

1. Invited quotation for printing of Registers, Forms, Books, Cards and different IEC materials for all divisions of WBSAP&CS as well as SBTC and delivered the printing items throughout the State as per allotment order of divisional head.

2. Procured desktop computer, printer, UPS, Fax Machine, Public Address System/Microphone and A.C. Machine inviting paper tender, quotations as per tender's estimated value for office use purpose.

3. A C.A. firm namely V.D.Dubey has been selected on 17/03/2017 through tender for providing man power support to this office per month/per person.

4. Procured 1 no. CCTV with 4(four) camera surveillance system on 22/12/2016 from CMS approved vendor i.e. Electro medical & Allied Industries Ltd through SMIS software for official purpose.

5. 3(three) nos. of WICs (Walk-in-Cooler) have been shifted from Mayo Hospital to Bagbazar CMS in a phase manner from March, 2016 to August, 2016 and the WICs are under Annual Maintenance Contract (AMC) of WBSAP&CS.

Financial Management

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

Roles of the Finance Division

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

Sources of Funds

An amount of Rs. 3834.56 Lakh was sanctioned at Annual Action Plan 2016-17 to West Bengal State AIDS Control Society, to implement a wide range of Interventions.

Utilisation of Funds

Detail of fund allocation and utilisation (budgetary amount) during the FY 2016-17 is shownbelow:

Fund Received from Department of AIDS Control (NACO), Govt. of India during 2016-17					
					Rs. In Lakhs
Sl No	Fund Type	Related Activity	Annual Action Plan as Approved	Fund Received	Expenditure Incurred
1	DBS	STI, Blood Safety, IEC, Institutional Strengthening & Surveillance	1,064.79	1,114.79	997.10
2	RCC - II	ICTC	1,126.20	1,126.20	1,312.96
3	GFATM - IV	ART Centre	424.87	424.87	400.48
4	GFATM - VII (LWS)	Link Worker Scheme	298.44	298.44	163.68
5	TI - Pool Fund	TI – NGOs	920.26	920.26	914.48
		Total	**3,834.56**	**3,884.56**	**3,788.70**

"Journey towards a society free from HIV related stigma & Discrimination"


wbsapcs.wbhealth.gov.in
wbsacs@gmail.com


(033) 2333 0231; 2333 0430


Swasthya Bhawan, 1st Floor,
Wing -B, GN - 29, Sec -V,
Salt lake, kol - 700 091