2014-15 ANNUAL REPORT

WEST BENGAL STATE AIDS PREVENTION & CONTROL SOCIETY

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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 2014-15.

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.

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

18.08.17.

Secretary to the Govt. of West Bengal

Department of Health & Family Welfare

Overview

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

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

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

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

1. Preventing new infections in high risk groups and general population through saturation of coverage of high risk groups with targeted interventions and scaled up interventions in the general population;

2. Providing greater care, support and treatment to larger number of PLHA;

3. Strengthening the infrastructure, systems and human resources in prevention, care, support and treatment programmes at the district, state and national levels; and

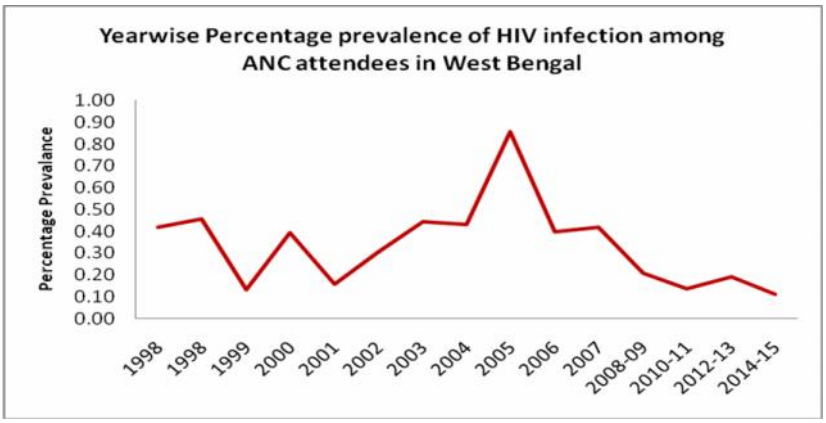
4. Strengthening the nationwide **Strategic Information Management System (SIMS).**

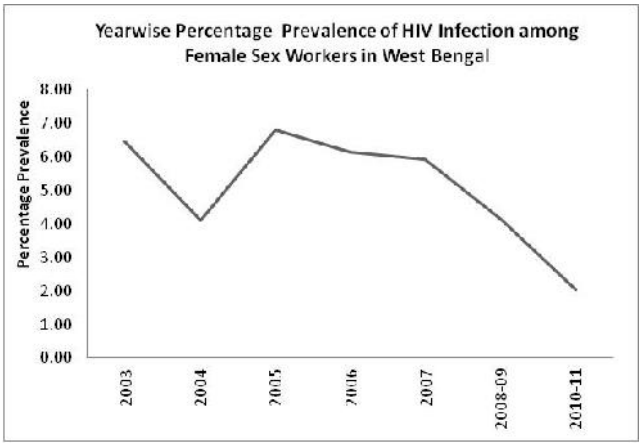
Current Epidemiological Situation of HIV/AIDS

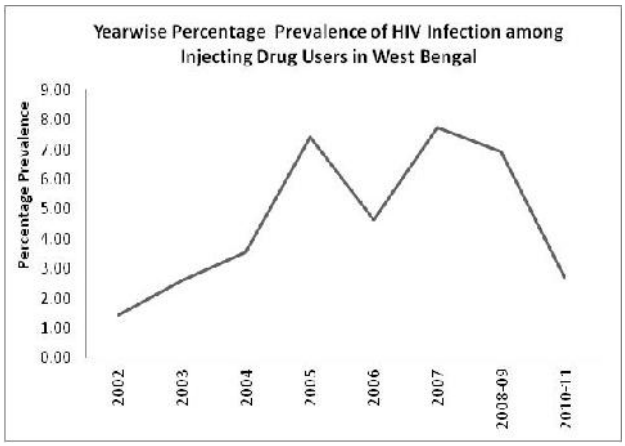
West Bengal is a densely populated State of India with 68 percent of its 9.2 Crore populations residing in the rural areas. As per the HIV estimation in India 2009, 7% of the total PLHAs of the country live in West Bengal. Nonetheless, the state is categorized as a low prevalence state and there are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

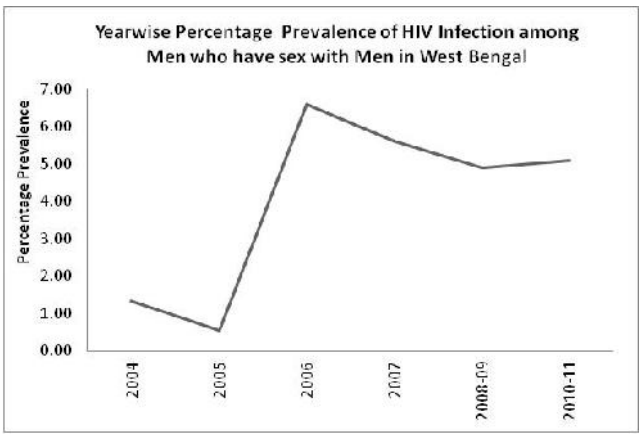
As per the findings of **HIV Sentinel Surveillance 2010-11,** the estimated ANC prevalence rate stands out to be 0.13% and among HRG such as Female Sex Workers (FSW), Injecting Drug Users (IDU) and Men who have Sex with Men (MSM) the prevalence rate stands at 2.04%, 2.72% and 5.09% respectively. The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

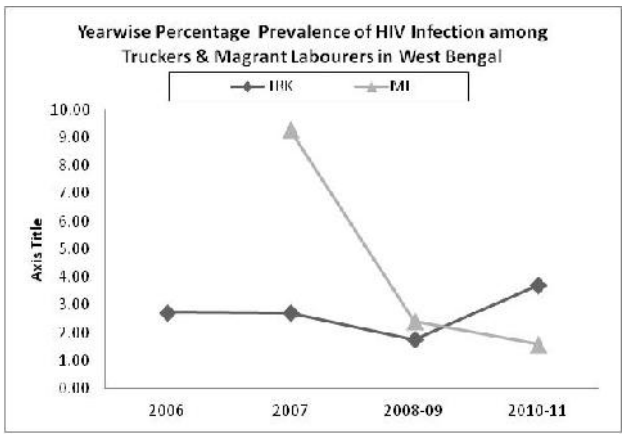
Year-wise HIV prevalence in West Bengal at a glance (2014-2015)











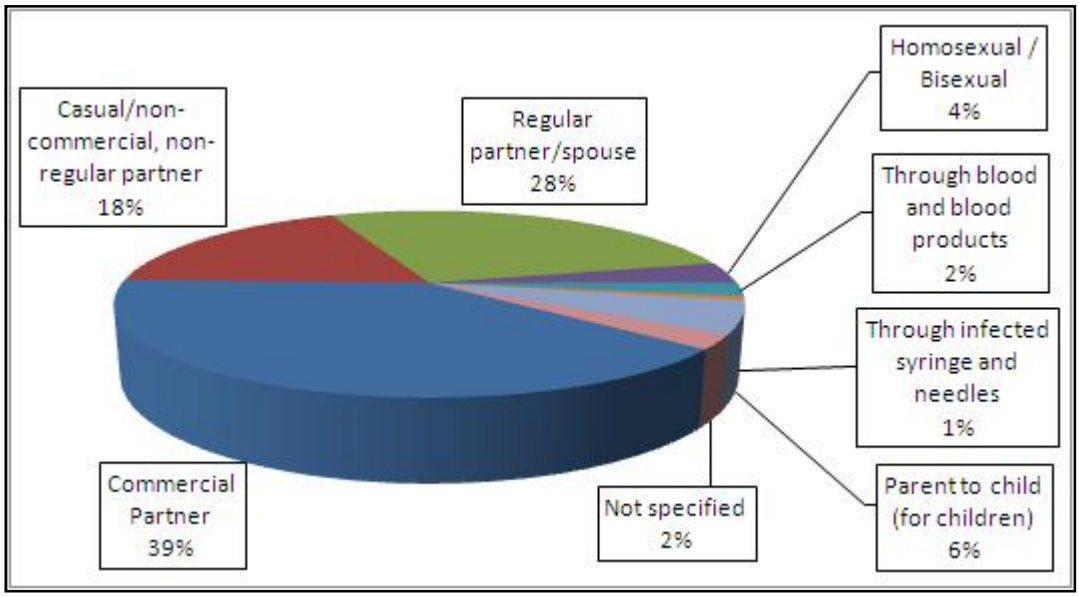
The adult HIV prevalence at State level has continued its steady decline in last few years. Whereas, Kolkata is showing 1% or more HIV prevalence among ANC mothers in at least three out of six rounds of HSS (during HSS 2005 to HSS 2012-13). It is also being noticed from programme data that:

Kolkata, Uttar Dinajpur, Darjeeling, Jalpaiguri, 24 Parganas (N) are showing high HIV positivity among Pregnant Women & other general clients.

some low prevalence districts like Birbhum, Hooghly, Maldah, Dakshin Dinajpur and 24 Parganas (S) are showing rising trends in HIV positivity in the last three years.

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

Routes of Transmission of HIV, West Bengal, 2014-15



Source: NACO SIMS

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

Targeted Interventions (TI)

West Bengal is a state in the eastern region of India and is the nation's fourth-most populous. It is particularly vulnerable to HIV infection, with the vulnerability issue varying from one district to another.

In the districts, there are variations with varying levels of risk of acquiring and spreading the infection. Though predominantly the route of transmission is sexual, one finds that there are certain districts like Kolkata and Darjeeling, wherein besides the sexual route, the epidemic is also driven by the injecting route of transmission. In West Bengal, the 2010-11 HSS round found an HIV prevalence of 2.72% among IDUs, 5.09% among MSMs, 2.04% among FSWs and 0.13% among pregnant women. If compared to the previous year's figures in 2008-09 (6.90% among IDUs, 4.90% among MSM and 4.12% among FSWs and 0.21% among pregnant women), HSS 2010-11 results suggest that the trend in the epidemic continues; it is concentrated mainly in the high risk groups.

To control the spread of **HIV/AIDS** in the state, interventions known as targeted interventions (TIs) are being implemented among the high risk groups (HRGs) and vulnerable populations in West Bengal. Interventions among the HRGs like female sex workers, injecting drug users, transgenders, *hijra* and men who have sex with men and vulnerable populations like migrant labourers and truckers include (i) the provision of behaviour change interventions to increase safer practices, testing, counselling, adherence to treatment and demand for other services (ii) the promotion and provision of condoms to HRGs (iii) provision or referral for STI services including counselling at service provision centres to increase compliance to treatment, risk reduction counselling with focus on partner referral and management; (iv) needle and syringe exchange for IDUs as well as provision of **Opioid Substitution Therapy** (OST).

Overall a total of 37 TI projects are 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:

Table 1: District-wise number of TIs in West Bengal as on 31-03-2015

Sl No.	Districts	No of TIs
1	Kolkata	7
2	S 24 Parganas	4
3	Burdwan	5
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
15	Coochbehar	1
		37

Typology wise number of existing TIs along with coverage as of 31st March 2015 is as follows:

Table 2: Number of existing TIs along with proposed and actual coverage as on 31 March 2015

Typology	Actual No. of TIs as on 1st April 15	Actual Coverage
FSW	19	28,541
TG/Hizra	01	325
MSM	04	1200
IDU	03	2,011
Core Composite	01	200 FSW 100 MSM
Migrants	03	30,000
Truckers	06	60,000
Total	**37**	

In addition to the above, the number of existing Source Migrant and Transit Migrant interventions in the State are:

Table 3: Number of existing source and transit migrant interventions

Intervention Type	Nos.
Transit Migrant	10
Source Migrant	05

OST Interventions for IDUs:

For Harm Reduction, 80% of the total IDUs are supposed to be on NSEP (Needle Syringe Exchange Programme) and the rest 20% on OST at any given point of time. During the period 1st April 2014 to 31st March 2015, 12 OST centres were functional in the state. Out of the 12 centres, 11 were NGO run while the remaining 1 was run by a Government health facility in Murshidabad. The 12 OST centres are spread across Darjeeling – 9 (5 in the hills and 4 in plains), Murshidabad - 1, Kolkata – 1 & Howrah – 1, districts. All the 12 centres were implementing Buprenorphine maintenance program. Of the 11 centres that were NGO run 7 were temporary in nature and were in the process of being replaced by centres at Govt. health facilities. The remaining 5 centres were run within IDU TIs.

The 12 OST centres in both NGO and Govt. health facilities and their allotted slots were-

Table 4: OST Centres and their allotted slots as on 31/03/2015

Sl No.	Name of OST Centre	Slots
1	GUP, Siliguri	50
2	GUP, Naxalbari	25
3	BPWT, Gurung Basti	50
4	BPWT, Uttar Ektiasal	80
5	D.B. Giri Road, SPYM, Darjeeling	50
6	D.B. Giri Road, SPYM, Ghoom	30
7	D.B. Giri Road, SPYM, Mirik	30
8	D.B. Giri Road, SPYM, Kurseong	30
9	D.B. Giri Road, SPYM, Kalimpong	50
10	The Calcutta Samaritans, Howrah	80
11	The Calcutta Samaritans, Kolkata	120
12	Murshidabad Medical College & Hospital OST Centre	50
	Total Slots	**645**

Technical Support Unit :

The **National AIDS Control Organization** contracted Society for Promotion of Youth & Masses (SPYM) a national level NGO to set up the Technical Support Unit (TSU) of West Bengal in late April 2014. The main purpose of the TSU is to provide technical support to SACS in specified areas for helping it to achieve the goals and objectives of NACP IV that of prevention and treatment. The TSU in West Bengal therefore became

operational from 1st May 2014. Its main mandate is to build capacities and improve and strengthen the quality of targeted interventions in the state.

After becoming operational from May 2014 the TSU has tried to improve the quality of TIs through regular handholding and onsite mentoring of TIs.

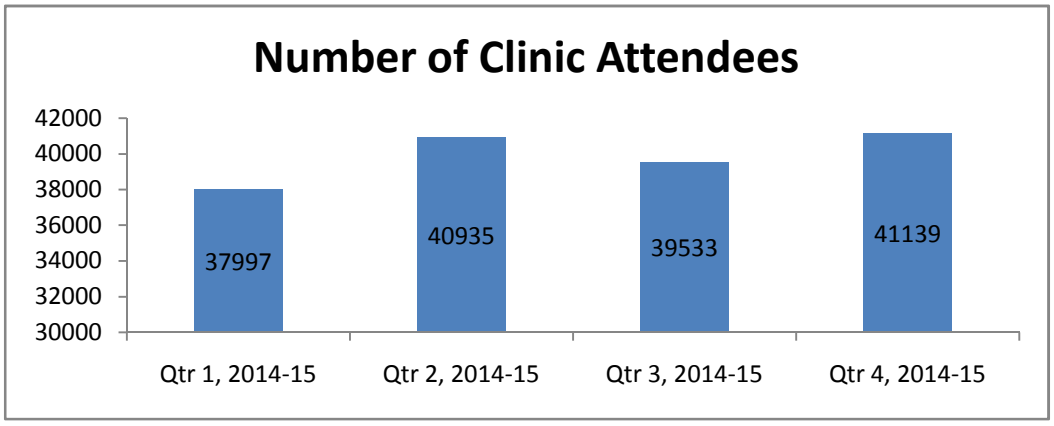
Key performance of the TIs for the FY 2014-'15:

Key performance of the TIs for the FY 2014-'15 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. The following figure reveals that clinic visit of HRGs had improved subsequently over the four quarters of the year. From the 1st to the 4th quarter, the total number of HRGs availing clinical services had increased by 8.3%.

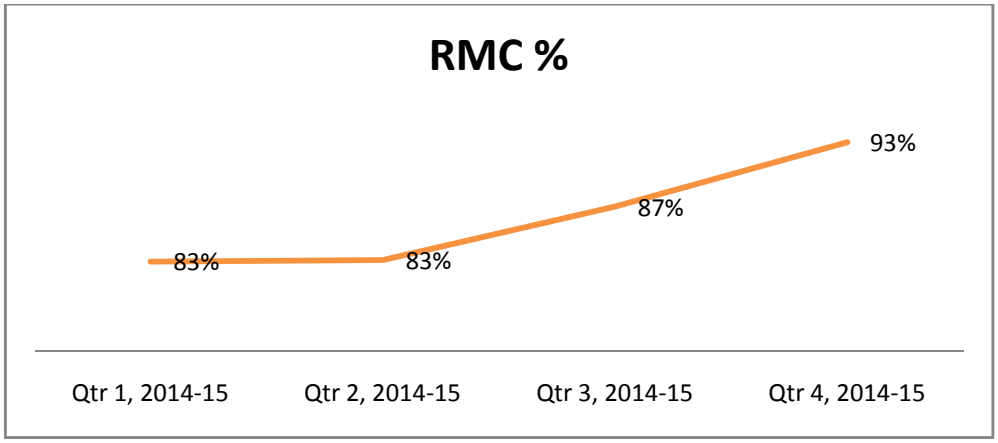
Figure 1: Number of Clinic Attendees



Regular Medical Check-up (RMC):

HRGs from core groups, especially MSMs, TGs and FSWs need to visit STI Clinic every quarter for regular medical check-up for STIs/RTIs. As can be seen from the following graphical representation that during the first two quarters of 2014-'15, 83% of HRGs had availed the RMC services. This figure increased to 87% and then 93% respectively in the following two quarters. This clearly indicates that health seeking behaviour among the HRGs has marginally risen over the quarters.

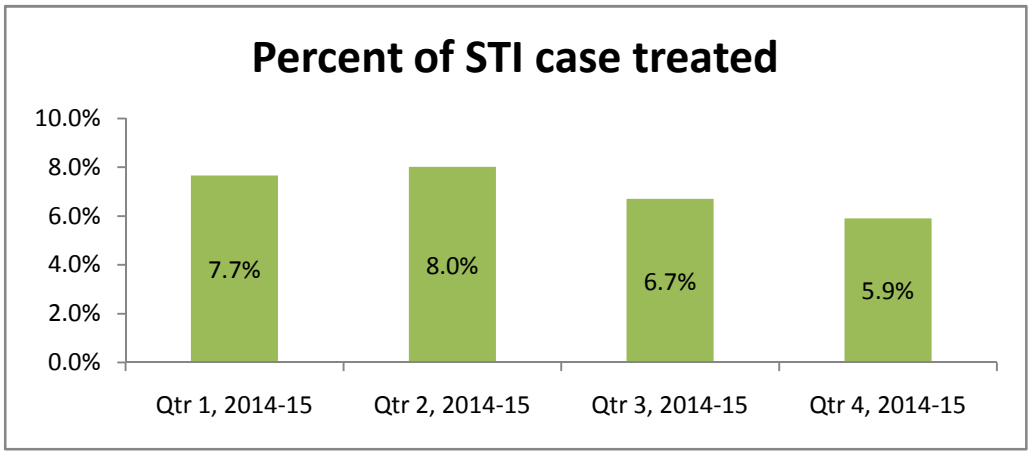
Figure 2: Regular Medical Check Up of Core Group HRGs



Diagnosis and Treatment of STI Cases:

Regarding treatment of STI cases, 5.9% of the HRGs have been treated for STIs in the last quarter of the year 2014-2015. The graphical representation below shows the gradual decline in the number of STI cases treated over the four quarters in 2014-'15 despite the number of clinic attendees having gone up.

Figure 3: Percentage of STIs treated out of Total Clinic Attendees



Syphilis Testing of HRGs:

As per NACO guidelines, all core group HRGs, i.e., FSWs, MSMs, TGs and IDUs have to be screened for Syphilis every six months. Unlike the preceding FY, in 2014-'15, Syphilis screening has increased considerably. It was 83.89% for the period April to September 2014 and 84.57% for the period October 14 to March 2015.

Figure 4: Syphilis Screening of HRGs

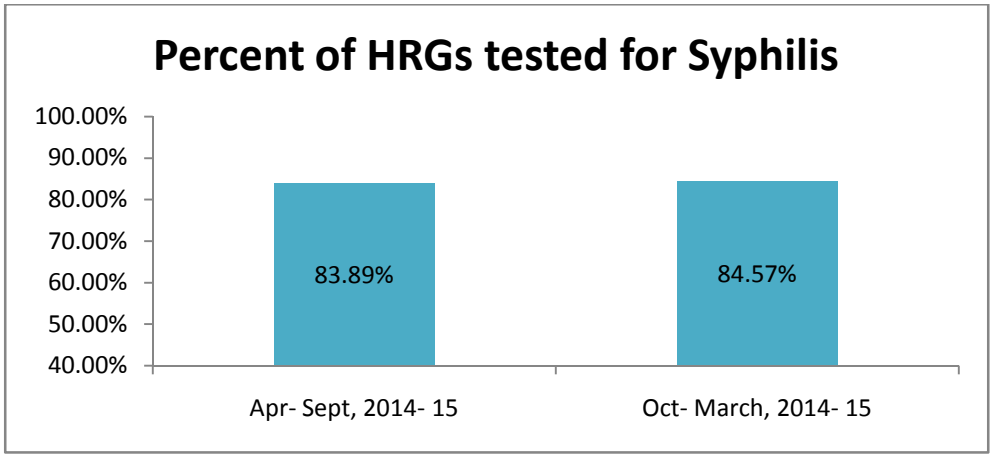
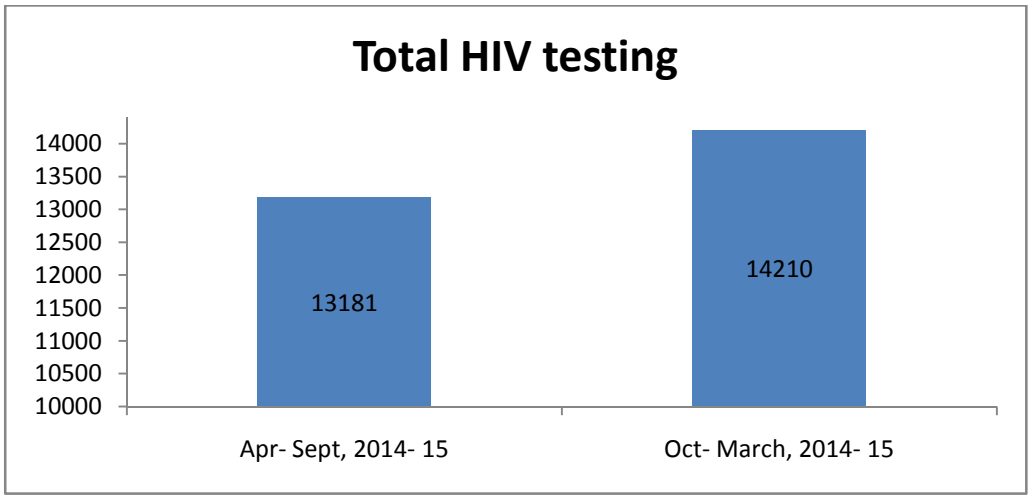


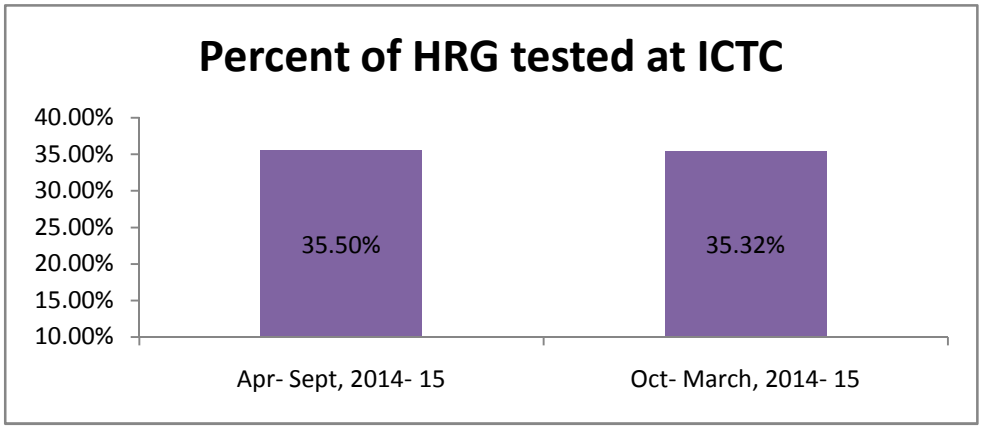
Figure 5: HIV Testing of HRGs:

TI guidelines as laid down by **NACO** specify that all core group HRGs should be tested for HIV bi-annually. In keeping with the TI operational guidelines the total numbers tested for HIV in the year 2014-2015 were 27391.



As compared to the target HIV testing in the state among the HRGs is low. The following graphical representation indicates the same

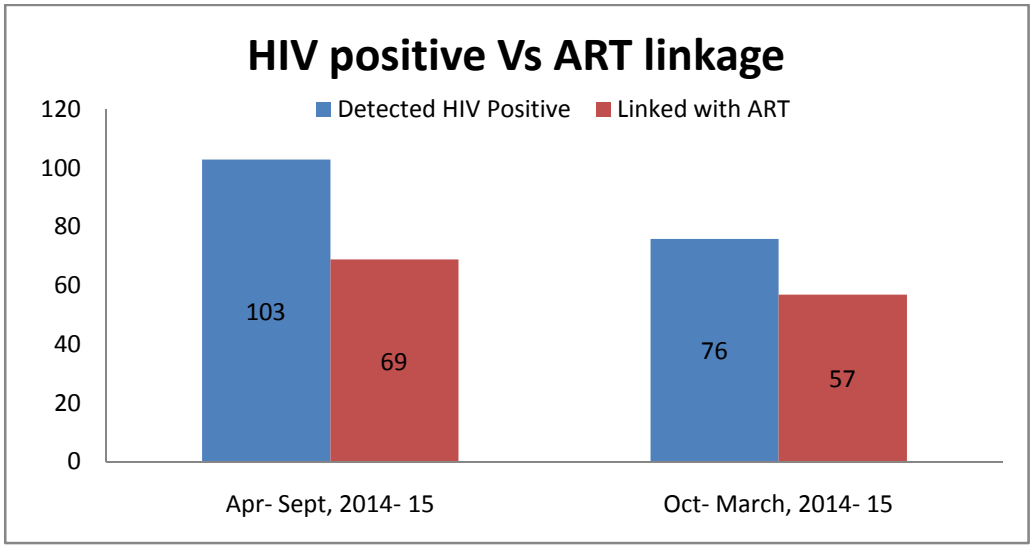
Figure 6: HIV Testing Percentage



Linkage to ART

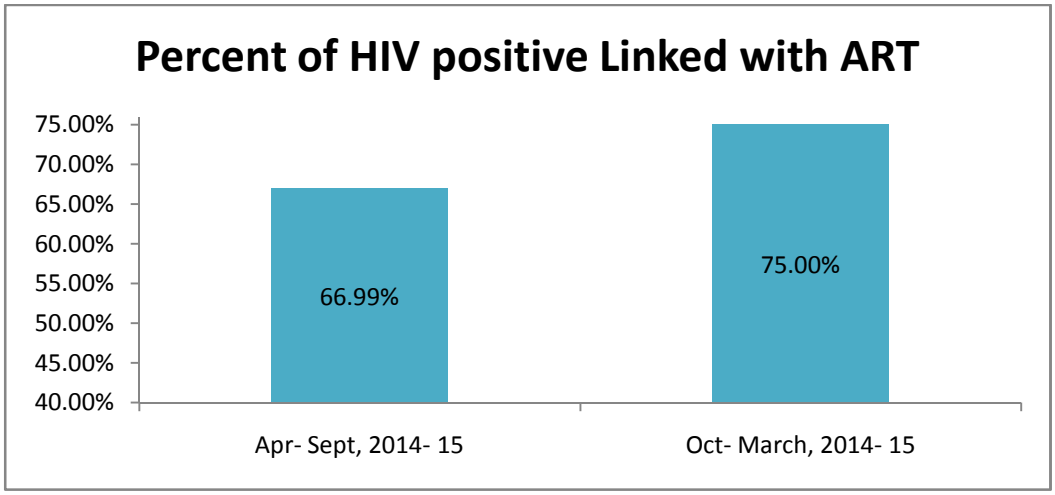
In the year 2014-2015, of those tested for HIV at the ICTCs, a total of 179 HRGs were tested positive. Of these 176, 126 that is 70% were linked to ARTs.

Figure 7: Total Number of HRGs Linked to ART



In the period April to September 2014, around 67% were linked to ART while in the period October to March 2015, 75% were linked to ART. A big chunk of those that could not be linked to ART were truckers and migrants

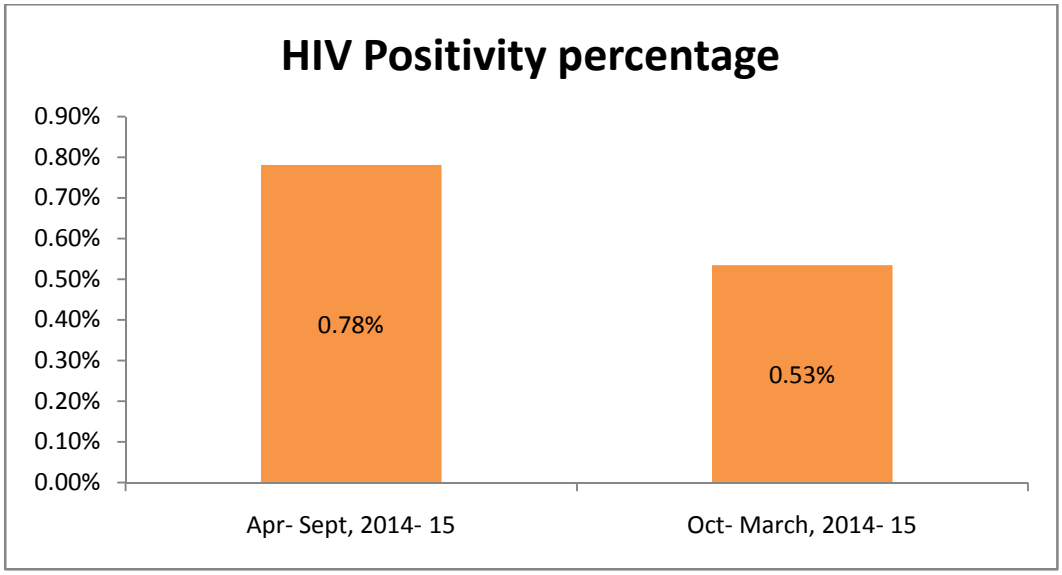
Figure 8: Percentage of HIV Positive HRGs Linked to ART



HIV Positivity

The HIV positivity percentage in both the time periods as mentioned below was less than 1%. It was 0.78% in April to September 2014 and 0.53% in October14 to March 15

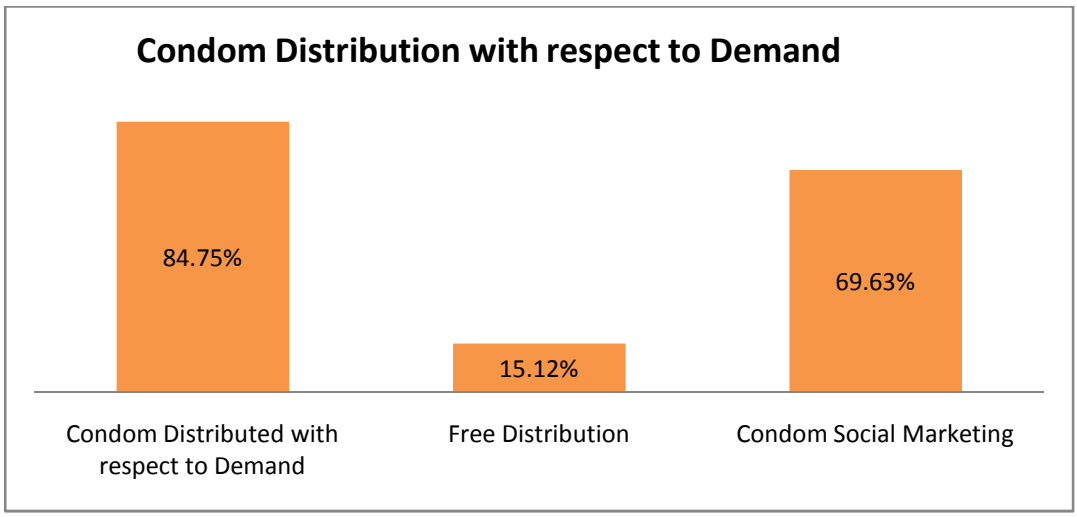
Figure 9: HIV Positivity



Condom Distribution:

Social Marketing of condoms has been a big success in our state. In the year 2014-2015, 84.75% of condoms were distributed with respect to demand. Of these 69.63% were social marketed while only 15.12% were distributed free.

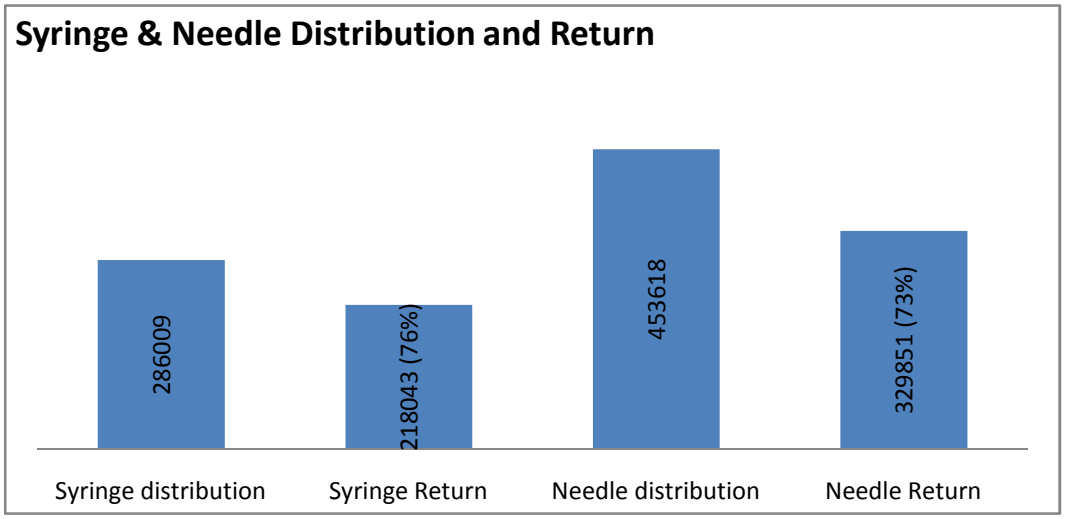
Figure 10: Condom Distribution



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 in the year 2014-2015.

Figure 11: 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 11 districts of West Bengal namely Burdwan, Uttar Dinajpur, Darjeeling, Jalpaiguri, Coochbehar, Murshidabad, Birbhum, East Midnapore, West Midnapore, Howrah and Hooghly. The LWS in all 11 districts was being implemented by CINI as the single lead agency.

Source Migrant Labour Interventions:

CINI implemented Source Migrant Interventions in the rural areas of 5 districts of West Bengal viz., Nadia, Bankura, Malda, North 24 Parganas and South 24 Parganas from 2013. In each district interventions were implemented in 5 blocks having maximum outmigration (> 10%) of each of the districts amongst an average of 10,000 population (migrated, returned, potential migrants and their spouses/partners) per such block.

Transit Migrant Labour Interventions:

Transit Migrant Interventions at 10 major transit points (railway station, jetty, bus terminus etc.) were being implemented by different NGO partners across the state.

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 2 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 2014-'15 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 130 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 comprehensive glimpse of the programme is given below :

Total no. of camp attendees	48856
% of female camp attendees	48%
Total no. of Migrants and their Spouses/partners	30343
Total no. of attendees counselled and screened for HIV	19131
No. of attendees found to be HIV reactive	79
No. of HIV reactive attendees got linked with nearby ICTC (for confirmatory test)	76
Total no. of Migrants and/or their spouses/partners counselled and screened for HIV	15137

No. of Migrants and/or their spouses/partners found to be HIV reactive	63
No. of HIV reactive Migrants and/or their spouses/partners got linked with nearby ICTC (for confirmatory test)	60
Total no. Of attendees counselled for STI	12642
Total no. Of attendees treated for STI	7227

Achievements of the TI Division in the year 2014-2015:

- 100% reporting by TIs on both SIMS and 31 indicators within the stipulated date.
- 100% reporting by transit TIs within the stipulated date
- 100% reporting by OST centres within stipulated date
- Grading of TIs on the basis of performance. Of the 33 TIs, 3 were graded "Very Good" having scored more than 80%. 14 were graded as "Good" and the remaining "Average".
- Funds released to TIs based on programme performance.
- Four MSM TIs and one Core Composite TI were rolled out during the FY 2014-'15.
- TI NGOs started procuring STI medicines and needle/syringes from Fair Price Shops setup at the different government health facilities.
- Linkage of the HRGs with the nearest Govt. health facilities for STI treatment and Syphilis screening initiated.

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

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

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

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

An estimated 10.14 lakhs episodes of STI/RTI occur every year at the State. Against the annual target of 3.55 lakhs episodes of STI/RTI to be managed for FY 2013-14, 0.96 lakhs & for FY 2014-15, 1.17 lakhs STI/RTI patients were managed at DSRCs across the State.

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

Year	2013	2014	2015 (Till 31.03.15)
Clinic visit with STI/RTI complaint and were diagnosed with an STI/RTI	65137	80609	18991
Clinic visit with STI/RTI complaint but were NOT diagnosed with an STI/RTI	135525	153173	43484

Expansion of Service Provision in Public Sector:

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

Presently, this society is supporting 45 designated STI/RTI clinics (DSRC) which are providing STI/RTI services based on the enhanced syndromic case management. Set up of one new DSRCs at Baruipur SD Hospital was done during 2014-15. Deputy Director (STI), WBSAP&CS is monitoring and facilitating the programme implementation at state level.

NACO has strengthened one regional STI training, reference and research centre situated at Kolkata Medical College & Hospital. The role of that centre is to provide etiologic diagnosis to the STI/RTI cases, validation of syndromic diagnosis, monitoring of drug 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 dedicated Medical Officer (MO) for DSRC is necessary to fix up the responsibility and internet connection to the computers may be provided to solve online reporting related issues.

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

Appointment of Counselors at Designated STI Clinics:

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

Capacity Building of STI/RTI service providers:

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

In the FY 2014-15, 76(seventy six) Medical Officers, and 30 M. T. Labs has been trained on STI/RTI activities.

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 and the providers receive a token fee per consultation.
All NGO staff have been oriented and trained on the approach. Based on the workshop inputs, Preferred Private Providers have been identified for the delivery of services. Majority of them have been trained using a standardized curriculum on syndromic case management. Depending upon availability at State Stock, Colour coded STI/RTI drug kits have also been made available to these providers for free treatment of sex workers, MSM and IDU, and data collection tools are also provided to them. Service delivery has started in all functional NGO TIs and HRG/ Bridge population covered under those NGO TIs have accessed services from those NGO STI clinics. So far, about 60,908 new clinic visits have been made by HRG/
Bridge population and 88,344 regular medical checkups have been conducted

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

Year	2012-13	2013-14	2014 -15 (Till 31.03.14)
No. of patients referred to ICTC from STI	87132	91881	208589
No. of patients found HIV-infected out of them	786	659	923
Percentage (%) Positivity	.90%	.71%	.44%

Information, Education & Communication and Mainstreaming (IEC)

The IEC and mainstreaming activities in 2014-15 were aimed at addressing different HIV/AIDS related issues like- social discrimination & stigma, vulnerability of youth, use of condoms, safe sexual practices, mother to child transmission of the disease, healthy lifestyle to be followed by PLHIV-s, voluntary blood donation, care, support & treatment (CST) etc.

Mass Media & ICT:

117 episodes of the long format Radio programme- '**Rakter Bandhane'** were broadcast every Sunday during 12:00 – 12:30 hrs simultaneously from 3 station of All India Radio. 7050 TV spots were telecast from Private TV channels and 26 long format TV program were telecast on **Doordarshan** to address the issues on HIV/ AIDS. 4335 audio spots were aired from **Private FM-Radio Channels** and **All India Radio**. A total of **85 newspaper advertisements were published on these occasions including insertion in magazines.**

The important documents have been uploaded on the website in-house through the Admin panel for content management. The relevant orders, circulars, letters, minutes of meetings, publications are updated promptly. More than 50, 00,000 short mobile messages were sent on the occasions of **World Blood Donor Day 2014, National Voluntary Blood Donation Day 2014 and World AIDS Day 2014 through WEBEL**.

Printing of IEC Materials:

The list of IEC materials printed during the FY 2014-15 is furnished below:

Material	Target Quality	Quality Printed	Quality Distributed
Poster	44000	16960	16960
Leaflet	4141000	498000	498000
STI Flyers	21000000	108000	108000
Migrant Booklets	16000	-	-
Service Booklets	35493	-	-
Banner	2500	830	830

Mid Media Campaign:

The National Folk media Campaign was rolled out in the State in multiple phases. Different folk forms viz**. Baul, Kobigaan, Jhumur, Bhawaiya, street play,magic** shows and Street theatre were utilized effectively to spread HIV/AIDS related messages through the empanelled folk troupes. As against the allotted number of 3500 shows, 4489 shows were performed by the folk troupes covering all the 19 districts. This includes performances held at the health camps organized in 105 Health Camps for the Migrants during the October- November 2014. Special folk performances were also allotted to cover a larger crowd during the festive season in Kolkata and the adjoining

districts. 17 vans were utilized for mass awareness generation in 18 districts except Kolkata for a period of 2 months. These fabricated IEC vans were utilized for pre-publicity for Migrant Health Camps and also the folk media roll out.

Events observed:

- ✓ International Day against Drug Abuse and Illicit Trafficking (26th June 2014)
- ✓ World Blood Donors' Day (14th June, 2014)
- ✓ National Voluntary Blood Donation Day (1st October, 2014)
- ✓ World AIDS Day (1st December 2014)
- ✓ National Youth Day (12th January 2015)

Youth Intervention:

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

There are 340 Red Ribbon Clubs (RRCs) in the state. National Service Scheme (NSS) is continuing the work of carrying out RRC activities in the universities and colleges like the previous year. Different events are organized at university and college campuses to make the youths aware about HIV/AIDS related issues and motivate them towards voluntary blood donation.

Mainstreaming Training:

11143 persons have been sensitized throughout the year as part of Mainstreaming & Training activities. The trainees include frontline workers like ASHA-s, AWWs, and ANMs, Police / Paramilitary Forces, PRI members, Industrial workers, Cultural groups etc. The number of trainees, trained in FY 2014-15 will reach the target figure before the current financial year concludes.

Details of the important trainees trained so far during 2014-15 are furnished below:

Category of the trainers	Achievements
P&RD	**3050**
ASHA	**1549**
AWW & Supervisors	**1625**
YOUTH -NYK	**120**
YOUTH -NSS	**700**
YOUTH -RRC	**300**
POLICE	**2250**
PRISON Officials	**70**
PRISON Inmates	**1904**

TOURISM DEPT OFFICIALS	**35**
HOTEL OWNERS	**102**
INDUSTRY WORKERS	**1500**
STATE LEGAL SERVICE AUTHORITY	**57**
URBAN DEVELOPMENTS	**100**
PORT OFFICIALS/ WORKERS	**185**

Blood Safety

Blood is an intrinsic requirement for health care and proper functioning of the health system. Donation of blood is a prime need of the country and the Government itself has taken charge of the department. It requests all hale and healthy citizens in the country to donate blood. This is done through publicity in the form of signboards, hoardings, etc., in front of hospitals, or through media advertisements. **Department of AIDS Control (NACO)** has been primarily responsible for ensuring provision of safe blood for the country. Lack of human resources and lack of adequate quality management systems in majority of blood banks continue to be areas requiring further attention. **The State Blood Transfusion Council, WB (SBTC, WB)** oversees voluntary blood donations, clinical use of blood and blood products, and training and supervision of blood transfusion services in the state. Besides, there are eight RBTCs (Regional Blood Transfusion Centers) under SBTC that supervise the **58 State run Govt. Blood Banks (62 DAC supported BB**).The WBSAP&CS works in tandem with the Council and the National Rural Health Mission to improve availability of quality of blood banks. During NACP IV, the availability of safe blood is 9 lacks units by 2014 in West Bengal.

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

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

• Ensuring that the regular (repeat) voluntary non-remunerated blood donors constitute the main source of blood supply through phased increase in donor recruitment and retention.

• Establishing blood storage centres in the primary health care system for availability of blood in far-flung remote areas.

• Promoting appropriate use of blood, blood components and blood products among the clinicians.

• Capacity building of staff involved in Blood Transfusion Service through an organized training programme for various categories of staff.

Current Scenario:

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

Currently **Eight Regional Blood Transfusion Centres (RBTCs**) are administrating/ controlling all the 58 State Govt. owned blood banks in this state. The main issue, which plagues blood banking system, is fragmented management. The standards vary from district to district, cities to cities and centre to centre in the same city. In spite of hospital based system, many large hospitals and nursing homes do not have their own blood banks and this has led to proliferation of stand-alone private blood banks. **Beside 59 State Govt. owned blood banks there exist 16 Central Govt. owned and 39 private blood banks in this state.**

The blood component production/ availability and utilization are extremely limited. During 2014-15, **40 BCSUs (State Govt.: 11, Central Govt.: 1 and Pvt.: 28**) were functioning. During 2014-15, one central govt. and one private blood bank had started functioning as BCSU.

During 2014-15, 9.37 lakh blood units were collected across the State. NACO supported Blood banks collected 6.29 lakh units; 82% of this was through voluntary blood donation.

The proportion of blood components prepared by the BCSU was 19.02% in 2010-11, which rose to 27.03% in 2011-12, 28.90% in 2012-13 and 26.2% in 2013-14. During 2014-15 it was 30.1% across the State.

For quality, safety and efficacy of blood and blood products, well-equipped blood centres with adequate infrastructure and trained manpower is an essential requirement. For effective clinical use of blood, it is necessary to train clinical staff. To attain maximum safety, the requirements of good manufacturing practices and implementation of quality system moving towards total quality management, have posed a challenge to the society and State Blood Transfusion Council (SBTC).

Voluntary Blood Donation Programme

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

In the year 2009-10, voluntary blood donation (VBD) at NACO Supported Blood Banks was 87.9%. It decreased to 87.5% in 2010-11, 84.2% in 2011-12 and then increased to 86.6% in 2012-13 against the NACP-III target of 80%. During the year 2013-14, the percentage of Voluntary blood donation NACO Supported Blood Banks was 83.2% and in the year 2014-15 it was 82%. Several activities to promote public awareness of the need for voluntary blood donation have been undertaken in collaboration with various Blood Donor Organisations. Initiatives have been taken to train the motivators and sensitize them throughout the State. South 24 Parganas, Howrah, North 24 Parganas, Kolkata, Nadia, Hooghly have crossed the national target of over 80% and are Good Performing districts in voluntary blood donation. Murshidabad, Maldah, Birbhum, Coochbehar and Jalpaiguri are low performing districts with voluntary blood collection much below the desired target.

Scheme for enhancement of number of blood banks:

There are 59 State Govt. owned, 16 Central Govt. owned and 39 private blood banks in this state.

The process has already been started for opening 11 new blood banks at Kakdwip SDH, South 24 Parganas; Tehatta SDH, Nadia; Baruipur SDH, South 24 Parganas; Khatra SDH, Bankura; Raghunathpur SDH, Purulia; Domkol SDH, Murshidabad; Chanchol SDH, Malda; Birpara SDH, Jalpaiguri; Egra SDH, Purba Medinipur; Gangarampur SDH, Dakshin Dinajpur; Salt Lake SDH, North 24 Parganas. The above mentioned blood banks will functional shortly.

Model Blood Banks

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

During 2014-15, there was 1 model blood bank in the State at IBTM&IH (Central Blood Bank), Kolkata. In the coming financial year, another two Model blood banks are proposed at North Bengal Medical College & Hospital (NBMCH), Darjeeling & Burdwan Medical College & Hospital, Burdwan.

Scheme for modernization of blood banks:

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

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

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

Blood Component Separation Units:

In order to promote rational use of blood, 11 BCSUs are functional in West Bengal in the State Govt. owned blood banks.

All essential formalities (Infrastructures, supply of Equipments etc.) has been completed for opening two new BCSUs at Calcutta National Medical College & Hospital, Kolkata and Medinipur Medical College & Hospital, Paschim Medinipur and Two centres start functioning as component separation units.

Scheme for automation of blood banks:

A blood banking software is being proposed for installation in all the State Govt. owned blood banks along with online blood camp booking by the organizations. It is expected that the scheme will start functioning during 2015-16. One this is installed, all the blood banking activities in the State Govt. owned blood banks will be fully computerized (including the inventory management system).

Blood Transportation Vans:

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

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

Blood Safety Training Programme:

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

The blood safety training programme aims to:

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

During the last financial year training were conducted at Calcutta Medical College & Hospital, Kolkata. Total 31 Medical Officers, 127 MT Labs and 61 Nurses had been trained on blood banking activities.

During the next financial year (2015-16) Blood Safety division proposed a bunch of trainings for Donor Motivators & Organizers, Blood bank counselors regarding Blood donor motivation, recruitment and retention.

Supervisory Visits to NACO supported Blood Banks:

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

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

Lack of proper infrastructure and facilities

Shortage of manpower

Standardized, proper inventory of equipment, kits and consumables not maintained.

Other Initiatives:

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

Basics Services

Quality HIV Counseling and testing is critical for achievement of prevention, care and treatment objectives of NACP-IV**. Integrated Counselling and Testing Centres** (ICTC) which performs the job acts as epicenter of all HIV/AIDS related interventions. As symptoms of HIV /AIDS appear late, it is imperative to encourage regular HIV testing among high risk groups for early detection and timely linkage to HIV care and treatment services. This helps preventing further HIV transmission. Apart from that HIV testing aims at prevention of Parent to Child Transmission of HIV encouraging testing of all pregnant women, reduction of HIV-TB related co morbidity and mortality by regular HIV screening of TB patients and TB screening of symptomatic ICTC attendees, reduction of STI related morbidity and routine HIV screening thereafter. Overall the **Integrated Counseling and Testing Centres (ICTCs**) act like a hub, facilitating linkages between testing services with further continuum of care and support services for those who need.

Types of facilities:

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

These are HIV Counseling and testing facilities supported by NACP in the form of staff and all the necessary logistic support and HIV confirmation takes place here. So far 252 Stand alone ICTCs are there across the state covering all Medical Colleges, District Hospitals, SDH, SGH and some Maternity homes, BPHC/RH and PHCs.

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

Considering a need for rapid scale up and sustainability of HIV Counseling and testing services, 'Facility Integrated' ICTCs are being set up in phased manner at the selected health facilities. Under this model, staffs from exiting health facilities are trained in counseling and testing, and service delivery is ensured with logistic support from NACP. 34 such facilities are now working in facility integrated mode.

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

Similar to F-ICTC in public health facilities, ICTCs were established in private health facilities in a Public Private Partnership (PPP) model during NACP III. Under NACP IV, efforts are going on to scale-up these services in collaboration with private hospitals, laboratories and PSUs. Total number of PPP ICTCs are 8 at present inn west Bengal.

Mobile ICTCs:

The high-risk or vulnerable populations are less likely to access fixed-facility ICTC due to several impediments most important being distance and timing. Mobile ICTCs are meant for reaching out to the hitherto unreached vulnerable population to screen their HIV status. A mobile ICTC consists of a van with a room to conduct a general examination and counseling, and a space for the collection and processing of blood samples. So far 4 mobile ICTCs are there in place four high prevalent districts.

Ambit of Services:

Apart from facility HIV screening services are available for pregnant women at sub-centres (performed by ANMs) in selected 6 districts i.e. Jalpaiguri, Uttar Dinajpur, Burdwan, Purba Medinipur, Murshidabad and Darjeeling and in the labour room for unbooked delivery cases (performed by labour room nurse) at Medical Colleges and district hospitals using whole blood finger prick HIV testing kit. Similarly HIV screening of the TB patients are also available at some designated sputum microscopy centres (not collocated with ICTCs) in selected districts.

Prevention of parent to child transmission (PPTCT) is one of the integral part of this program where appropriate medical intervention is offered to the HIV infected pregnant women and their exposed children to reduce vertical transmission of HIV infection. This program aims at preventing new HIV infection among the young population within reproductive age bracket, medical termination of unwanted pregnancy of HIV infected pregnant women, offering appropriate intervention services to reduce HIV transmission from infected mother to child and providing continuum of care to both HIV infected mother and her child. As continuum of care, each HIV exposed babies are tested for HIV using DNA-PCR technique at 6th week of life under Early Infant Diagnosis program in 31 designated ICTCs across the state so that HIV infected children can be initiated ART at the earliest in order to prevent HIV related child mortality. Apart from that, the HIV infected babies are initiated on co-trimoxazole preventive therapy at the 6th week to prevent some deadly opportunistic infections along with normal course of immunisation. This also contributes to a large extent to reduce child mortality in HIV infected children. During this financial year PPTCT program has witnessed a radical change in which all positive pregnant women are now being offered Anti Retroviral treatment as soon as their positive status is detected and all HIV exposed babies are being routinely offered minimum six weeks Nevirapine Prophylaxis. This new regimen can reduce the chance of transmission to an extent of less than 2%.

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

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

Counseling and Testing of General Clients:

During the last financial year 2014-15, 411152 numbers of general clients (except pregnant women) were counseled and tested at ICTCs. This yielded detection of 6696 HIV-seropositive cases with a positivity of 1.63%.

District-wise number of General Clients counseled and tested for HIV and sero-positivity detected during 2014-15

Districts	Gen Cl. Tested	Gen Cl. +ve	Gen Cl. Positivity
24 PGS (N)	24933	331	1.33
25 PGS (S)	17063	283	1.66
Bankura	12488	83	0.66
Birbhum	9363	41	0.44
Burdwan	35244	413	1.17
Cochbehar	9822	154	1.57
Dakshin Dinajpur	2219	22	0.99
Darjeeling	25188	458	1.82
Hooghli	15886	254	1.6
Howrah	16336	202	1.24
Jalpaiguri	16028	255	1.59
Kolkata	122741	2759	2.25
Maldah	12116	191	1.58
Midnapur(E)	12796	141	1.1
Midnapur (W)	22707	365	1.61
Murshidabad	23922	176	0.74
Nadia	11776	178	1.51
Purulia	9913	26	0.26
Uttar Dinajpur	10611	364	3.43
Total	411152	6696	1.63

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

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

During the last financial year 2013-14, about 880359 pregnant women were counseled and tested, yielding detection of 493 HIV sero-positives (positivity being 0.056%).

District-wise performance of the PPTCT programme during 2014-15

Name of the District	NRHM ANC Registration	ANC testing in SA ICTC	FI Testing-ANC	Total Testing	Gap in NRHM Reg. & testing (%)	Positive	Positivity (%)	No. initiated on ART
Murshidabad	175981	32142	57280	89422	49.19	14	0.016	12
Purulia	63999	22747	345	23092	63.92	4	0.017	4
Maldah	108687	19746		19746	81.83	5	0.025	5
Midnapur East	88942	8443	67990	76433	14.06	23	0.030	23
Burdwan	130960	36166	76642	112808	13.86	37	0.033	37
Birbhum	71427	14999		14999	79.00	5	0.033	2
Bankura	80511	26472		26472	67.12	11	0.042	9
Jalpaiguri	75667	23403	48392	71795	5.12	33	0.046	27

Name of the District	NRHM ANC Registration	ANC testing in SA ICTC	FI Testing-ANC	Total Testing	Gap in NRHM Reg. & testing (%)	Positive	Positivity (%)	No. initiated on ART
Howrah	84366	30747		30747	63.56	15	0.049	15
Uttardinajpur	76678	12943	62511	75454	1.60	42	0.056	38
South 24PGS	164854	48319		48319	70.69	27	0.056	26
Nadia	88425	35411		35411	59.95	22	0.062	20
Midnapur West	109978	37549		37549	65.86	24	0.064	22
Hooghly	98241	38324	1847	40171	59.11	30	0.075	26
Dakshin Dianjpur	34864	9716		9716	72.13	8	0.082	8
Coochbihar	56692	14019		14019	75.27	12	0.086	11
North 24 PGS	167596	44706	1010	45716	72.72	41	0.090	41
Kolkata	127603	83642	991	84633	33.67	93	0.110	93
Darjeeling	35619	19644	4213	23857	33.02	47	0.197	45
State	1841090	559138	321221	880359	52.18	493	0.056	464

Counseling and Testing of HRGs and STI Clinic Attendees:

HRGs and STI Clinic attendees form a priority group of clients who would be at risk of being infected and hence ICTC programme focuses on establishing strong linkages with the TI projects and STI clinics. Special efforts like outreach activities are made by the ICTC team to enhance the uptake of ICTC services by these key populations. During 2014-15, 32907 numbers of HRGs were tested at ICTCs and out of them 378 were detected positive.

HIV -TB collaborative activities:

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

Scale up of HIV/TB activities:

Below given figure depicts the progress made in HIV/TB activities over last few years in terms of cross-referral between the two programmes. The cross-referrals between NACP and RNTCP consistently show an increasing trend, with about 72323 cross-referrals and detection of about 662 HIV/TB cases during 2014-15.

Care, Support & Treatment

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

Infrastructure:

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

ART Centres:

There are currently 15 functional ART centres as on March 2015. Out of total 15 ART centres, 8 are in Government Medical Colleges, 5 in District Hospitals and 2 are in Sub divisional Hospitals. In addition, the State has Centre of Excellence (adult) at School of Tropical Medicine (STM), Kolkata and Paediatric Centre of Excellence in HIV Care at Medical College & Hospital, Kolkata.

LAC & LAC Plus:

A total of 26 LAC were made functional till March 2014 and another 5 (Kalyani Medical College & Hospital, Basirhat SDH, Contai SDH, Bishnupur SDH and Purulia District Hospital) will start functioning very shortly. Among these 31 LACs, 4 are functioning as LAC plus (Bankura Sammilani Medical College & Hospital, Domjur Rural Hospital & Barasat District Hospital) and (Asansol Sub Divisional Hospital).

CSC:

There are 7 Care Support Centres (CSC) providing counselling on ARV drug adherence and early linkage to ART centres, expanded positive prevention activities, improved social protection and wellbeing of PLHIVs and strengthened community systems and reduced stigma and discrimination. Besides, there are 13 Help Desk for PLHIVs to provide nutritional support, counselling, legal support etc.

Coverage & Achievement:

The cumulative number of HIV detected in WB from 2003 to March 2015 was 58,777 and of them 46,133 are registered for pre-ART and 27,998 ever enrolled on ARV. In last 12 months (April'13-March'15) around 6317 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 2015

Sl.No.	Name of the ART Centre	PLHIV registered Pre-ART	PLHIV Ever started on ART	PLHIV Alive and on ART
1	Burdwan Medical College and Hospital	3776	2367	1915
2	Medinipore Medical College and Hospital	2431	1560	1292
3	R.G.Kar Medical College and Hospital	5504	3896	3191
4	IPGME&R, SSKM Hospital	1646	1313	1199
5	School of Tropical Medicine	10038	4368	2492
6	Malda Medical College and Hospital	1792	1198	969
7	M. R. Bangur Hosptial	2792	2006	1569
8	Medical College,Regional Pediatric ART Centre	4495	2711	2310
9	Islampur Sub-Division Hospital	3026	1832	1497
10	North Bengal Medical College & Hospital	6825	3526	2396
11	District Hospital Darjeeling	214	187	179
12	Ghatal Sub-Division Hospital	1068	954	948
13	Chinsurah District Hospital, Hooghly	1173	979	948
14	M.J.N. Hospital, Cooch Behar	669	545	534
15	Murshidabad Medical College and Hospital	684	556	547

ART Centre	PLHIV registered Pre-ART				Ever started on ART				Alive and on ART			
	Male	Female	Children	TS/TG	Male	Female	Children	TS/TG	Male	Female	Children	TS/TG
Burdwan M C & Hospital	2044	1408	318	6	1393	845	128	1	1055	748	112	0
Medinipore M C & Hospital	1229	911	287	4	917	498	142	3	758	414	117	3
R.G.KAR M C & Hospital	3133	2244	84	43	2358	1467	43	28	1893	1240	36	22
IPGME&R, SSKM HOSPITAL	1052	556	26	12	862	425	17	9	779	394	17	9
School of Tropical Medicine	6286	3555	185	12	3134	1197	31	6	1728	753	6	5
Malda M C & Hospital	950	690	150	2	704	419	75	0	537	360	72	0
M. R. Bangur Hospital	1565	1143	63	21	1200	760	34	12	899	632	31	7
Medical College,Regional Pediatric ART Centre	1671	1696	1126	2	1041	1027	642	1	839	904	567	0
Islampuur Sub-Division Hospital	1520	1212	291	3	1057	676	94	5	836	575	83	3
North Bengal M C & Hospital	3991	2450	366	18	2268	1117	135	6	1485	808	99	4
District Hospital Darjeeling	99	102	12	1	91	91	4	1	87	87	4	1
Ghatal Sub-Division Hospital	472	490	106	0	435	437	82	0	431	436	81	0
Chinsurah District Hospital, Hooghly	713	449	8	3	619	355	4	1	596	347	4	1
M.J.N. Hospital, Cooch Behar	350	281	38	0	304	214	27	0	295	212	27	0
Murshidabad M C & Hospital	306	310	61	7	262	252	35	7	260	247	34	6
Total	25381	17497	3121	134	16645	9780	1493	80	12478	8157	1290	61

Details of Link ART / Plus Patients in HIV Care in West Bengal as on March 2015

Sl. No.	Name of LAC	Nodal ART Centre Linked	Cumulative number of PLHIV ever linked out on ART patients at LAC	Cumulative number of PLHIV Alive & on ART patients at LAC
1	Jalpaiguri District Hospital	North Bengal Medical College & Hospital	5	5
2	Malbazar SD Hospital		4	4
3	Alipurduar SDH		22	22
4	Kalimpong SDH	Darjeeling DH	34	34
5	Raigunj District Hospital	Islampur SD Hospital	32	32
6	Balurghat District Hospital	Malda MC & Hospital	37	34
7	Asansol SD Hospital	Burdwan Medical College & Hospital	89	89
8	Bankura Sammillani M C & Hospital (LAC+)		36	36
9	Rampurhat SD Hospital		123	123
10	Raghunathpur SD Hospital	Medinipur Medical College & Hospital	11	11
11	Digha SG Hospital		22	22
12	Haldia SD Hospital		26	26
13	Tamluk District Hospital (till newFI-ART Centre is functional)		91	91
14	Bishnupur District Hospital (N)		8	8
15	Purulia District Hospital		2	2
16	Contai S D Hospital		98	98
17	Daspur Rural Hospital	Ghatal SD Hospital	69	69
18	Arambag S DHospital	Chinsurah District Hospital	5	5
19	Krishnanagar DH	R. G. Kar MC & Hospital	93	91
20	Barrackpore S D Hospital		65	61
21	Bongoan S D Hospital		44	38
22	Bashirhat S D Hospital (New)		0	0
23	Barasat DH (LAC+)	School of Tropical Medicine, Kolkata	169	100
24	BSF Composite Hospital		16	16
25	Domjur Rural Hospital		127	94
26	Bagnan Rural Hospital	I.P.G.M.E.R., S.S.K.M. Hospital	127	74
27	Canning SD Hospital	M. R. Bangur Hospital	25	25
28	Diamond Harbour DH		19	19
29	Kakdwip SD Hospital		16	16

Programmatic Targets:

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

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

Components	Target 2012-13	Achvt 2012-13	% of Achvt	Target 2013-14	Achvt 2013-14	% of Achvt	Target 2014-15	Achvt 2014-15	% of Achvt
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 second line and alternate first line treatment among the suspected treatment failure cases on first line ART from the states of West Bengal, Orissa, Jharkhand, Chhatishgarh, Sikkim and Assam. The second line ART was started at COE from 1st December, 2008 and by March 2015, 471 PLHAs were included in second line treatment, out of 389 suspected treatment failure cases on 1st line referred and of them 401 are alive on 2nd line treatment.

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

For tackling the 1st line failure cases and research activity on CLHIV the paediatric Centre of Excellence (pCOE) has been functional.

Other Activities undertaken during 2013-14:

Recruitment of Staff & Training at ART centre:

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

Capacity Building Measures Undertaken:

Induction Training of SMO & MO was conducted from 07th - 19th January, 2013 at COE, STM.
ART Specialist Training were conducted at COE, STM, Kolkata from 24th – 27th September 2013 and 19th to 22nd November 2013.

Induction /and Refresher training of ART Data Managers on the revised Monitoring and Evaluation Tools and validation of data in new Monthly Reporting format on 25th September 2013 at 1st Floor Conference Hall of WBSAP&CS.

One day hands-on training was conducted for Link ART Centre Staff (Contai SDH, Haldia SDH and Digha SGH) at ARTC, MMC&H on 04th December, 2013.

Two days hands-on training was conducted for Link ART Centre Staff (Krishnanagar D.H, B. N. Bose Hospital, Barrackpore and Bongaon SDH) from 23rd - 24th December, 2013 at ART Centre, R. G. Kar MCH, Kolkata.

Sensitization workshop of Health Care Provider (Medical Officer / Staff nurse / Pharmacist / Lab Tech / Counsellor and Group D) on Universal Work Precaution staffs were conducted at Digha SGH (09.04.13), Medical College & Hospital (12.09.13 24.09.13 26.11.13 & 19.12.13), School of Tropical Medicine, Kolkata (18.09.13), M. R. Bangur Hospital (19.09.13, 12.12.13, 19.12.13 & 21.12.13), R. G. Kar MCH (20.09.13, 12.12.13 13.12.13 & 19.12.13), Malda MCH (21.09.13), Barasat DH (23.09.13), Islampur SDH (25.09.13), Domjur Rural Hospital (08.10.13), I.P.G.M.E.R., S.S.K.M. Hospital (12.11.13), BMCH (28.11.13), Contai SDH (02.12.13), Bishnupur SDH (11.12.13), BSMCH (12.12.13), Purulia Sadar Hospital (13.12.13) , NBMCH (11.12.13), B. N. Bose Hospital, Barrackpore (16.12.13), MMCH (23.12.13).

Orientation programme for the final year M.Sc. Nursing Student was conducted on 10.04.13 & 13.04.13 18 at Swasthy Bhawan and M. R. Bangur Hospital.

One day workshop for final year A.N.M. Nursing Students was conducted on 18th April 13 at Diamond Harbour SDH.

Refresher training for Laboratory Technicians at PGIMER, Chandigarh from 24th to 26th July 2013 and MMCH from 3rd to 5th September 13.

Six days Nursing Training Programme was conducted at WBGCON, SSKM Hospital on 19th to 24th August 2013.

Review Meetings:

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

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

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

IEC:

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

Proposed Targets and Activities for FY 2014-15

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

1 (One) new ART Centre at Barasat District Hospital

3 (Three) Facility Integrated ART Centres at Bankura Sammilani Medical College & Hospital, Tamluk District Hospital and Nadia (Krishnanagar) District Hospital

3 (Three) new Link ART Centres at Sagar Dutta College of Medicine and Kamarhati Hospital, Mirik Block Primary Health Centre and Jangipur State General Hospital.

As per AAP 2013-14 there is a requirement of CD4 count machines for 2 existing ART centres namely M.R. Banguar DH and Darjeeling DH. According to AAP 2014-15, 5 (five) new CD4 machines are to be procured for new ART Centres.

Training will be organized in a phased manner for Health Care Providers, Private Practitioners, ART Centre staffs & domain experts.

Strategic Information Management

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 15 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 Computerised Management Information System (CMIS)/ Strategic Information Management System (SIMS) for routine reporting from programme units, including system development and maintenance, finalizing reporting formats, ensuring modifications/ improvements based on feedback, training programme personnel in its use, troubleshooting and mentoring.

Monitoring programme performance across the State through CMIS/SIMS and providing feedback to concerned programme divisions at SACS/NACO

Monitoring and ensuring data quality, timeliness and completeness of reporting from programme units

Data Management, Analysis and Publications

Data Sharing & Dissemination

Processing Data Requests

Capacity Building in programme monitoring and data management

Preparation of Programme Status Notes & Reports (Annual Report, HSS State reports, Health on the March etc.)

Providing Data for National/International Documents

Computerized Management Information System (CMIS):

The heart of the routine monitoring system for NACP III was CMIS, an offline Computerized Management Information System (CMIS) introduced in 2002 to capture & maintain the database of HIV/AIDS control programme across the country. Around 500 reporting units from all the components of HIV/AIDS Control Programme were reporting on CMIS till 2012-13, and later migrated to Strategic Information Management System (SIMS).

Till 2014-15, monthly reports from few facilities are being received through CMIS. Those were:

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

These reporting units were also migrated to SIMS during 2014-15.

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.

New Features Added in SIMS by NACO

- ✓ 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 center so that the Name, Address, Mobile Number etc. is available at NACO/ SACS / DAPCU level.
- ✓ Report Section is now open at the Center / 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.
- ✓ Separate IT Applications namely PALS, IMS, PLHA White Card, Mobile App HELP, HSSP, MSDS, NIRANTAR, APATS apart from NACO Web Site & IHRC Resource Centre are developed at NACO to cater the need of the various programmes implemented at NACO/SACS.

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.

Administration

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

Vision & Mission of this society:

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

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

Implementation of RTI Act, 2005:

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

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

Organization Structure:

The West Bengal State AIDS Prevention & Control Society is headed by the Project Director who is assisted by Addl. Project Director, Four Joint Directors, four Deputy Directors and nine Assistant Directors.

The total sanctioned strength of staff at head quarter of the Society is 87, of which 36 posts are filled as on 31st March 2015.

HR Strength of periphery level staffs working under the society as on 31st March 2015:

1.	Counellor (ICTC)	: 248
2.	Lab Technician (ICTC)	: 262
3.	District ICTC Supervisor	: 03
4.	Counsellor (STI)	: 42
5.	Lab Technician (STI)	: 02
6.	Counsellor (Blood Bank)	: 18

7.	Lab Technician (Blood Bank)	: 124
8.	Senior Medical Officer	: 07
9.	Medical Officer	: 10
10.	Care Coordinator	: 10
11.	Counsellor (ART)	: 36
12.	Data Manager	: 23
13.	Lab Technician (ART)	: 21
14.	Pharmacist	: 15
15.	Staff Nurse	: 15
16.	Nutritionist	: 02
17.	Data Analyst	: 01
18.	M&E and Research Officer	: 01
19.	Out Reach Worker	: 02
20.	PCoE Coordinator	: 01
21.	Research Fellow (Non Clinical)	: 01
22.	SACEP Coordinator	:10
23.	Training Mentoring Coordinator	: 01
24.	Technical Officer	: 01
25.	DPM (DAPCU)	: 07
26.	Dist. Assistant (M&E) (DAPCU)	: 03
27.	Dist. Assistant (Prog.) (DAPCU)	: 04
28.	Dist. Assistant (Accounts) (DAPCU)	: 03

New recruitments during 2014-15:

The following employees have been engaged on contract basis at different peripheral units across the state during 2014-15:

1.	Care Coordinator	: 03
2.	Counsellor (ART)	: 01
3.	Data Manager	: 01
4.	Lab Technician (ART)	: 02
5.	Pharmacist	: 04
6.	Medical Officer	: 02
7.	Staff Nurse	: 01
8.	Technical Officer, NRL	: 01

Procurement

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

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

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

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

1. Diagnostic testing kits, blood bags, consumables like syringe, vials, plastic rods etc. for Government blood banks, ICTC centres and DSRC units of the State.

2. **Blood Component Seperation Equipment (BCSU)** for opening of two BCSU units at blood banks of Medinipur Medical College & Hospital and Calcutta National Medical College & Hospital respectively.

3. Comprehensive Annual Maintenance Contract (CMC) of two years for different equipment used in blood banks throughout the State through e-tendering process.

4. Equipment for ICTCs like micro-pipette, centrifuge, needle crusher etc throughout the State.

5. Computers for different ICTC centres across West Bengal.

6. Printing and supply of Registers, Forms, IEC materials for all divisions of WBSAP&CS throughout the State.

7. Supply of Stationery, vehicles for office use and for touring personnel, lodging and food arrangement for guests to WBSAP&CS, air travel and lodging for WBSAP&CS' personnel touring outside the State.

8. The tender for purchase of refrigerated van for transporting items under cold chain conditions has been finalized. Supply order for procurement of TV sets and DVD Players for different ICTC centres across the State has been issued.

9. The procurement division has successfully implemented the process of e-tendering for procurement of above mentioned items, wherever applicable.

Financial Management

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

Roles of the Finance Division

Preparation of Annual Budget of the Society required for implementation of AIDS Control Programme.

Timely release of Funds to implementing agency.

Preparation of expenditure statement component-wise, category-wise & activity-wise.

Timely disbursement of salary to almost 950 employees all over West Bengal.

Maintaining of accounts on day-to-day basis in CPFMS package.

Conducting Internal & Statuary Audit of the Society on a regular basis.

Sources of Funds

An amount of Rs. 5350.94 Lakh was sanctioned at Annual Action Plan 2014-15 to West Bengal State AIDS Control Society, to implement a wide range of Interventions.

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

Utilisation of Funds

Detail of fund allocation and utilisation (budgetary amount) during the FY 2014-15 is shown below:

Funds Received from Department of AIDS Control (NACO), Govt. of India during 2014-2015					
					Rs. In Lakhs
Sl. No.	Fund Type	Related Activity	Annual Action Plan as approved	Funds Received	Expenditure Incurred
1	DBS	STI, Blood Safety, IEC, Institutional Strengthening & Surveillance	1891.25	901.00	1591.54
2	RCC - II	ICTC	1410.90	680.00	1170.42
3	GFATM - IV	ART Centre	591.53	350.01	428.93
4	GFATM - VII (LWS)	Link Worker Scheme	295.11	252.00	203.32
5	TI - Pool Fund	TI - NGOs	1162.15	846.00	523.77
	Total		5350.94	3029.01	3917.98