2017-18 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 2017-18.

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

CONTENTS

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).**

Targeted Interventions (TI)

The NACP-IV (2012-17) has entered in its final year of 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 among the high risk groups (HRGs) in a defined geographical location. 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 Distance Truckers. TI NGOs/CBOs provide a package of prevention, support and linkage services to HRGs through outreach which includes Behaviour Change Communication (BCC) including peer education, screening for and treatment of Sexually Transmitted Infections (STI), free Condom and Lubricant distribution among core groups, Social Marketing of Condoms, creation of an enabling environment with community involvement and participation, linkage to ICTC for HIV testing, linkage with care and support services for HIV positive people, 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 39 TI projects were operational in the state of West Bengal in 2017-2018 in 14 out of the 20 districts of the state. The spread of TIs across these 14 districts is as follows:

Tabe 1: District-wise number of TIs in West Bengal as on 31-03-2018

SL NO.	DISTRICTS	NO OF TIS
1	Kolkata	11
2	S 24 Parganas	4
3	Burdwan	4
4	Birbhum	1
5	PurbaMedinipur	2
6	Darjeeling hills	3
7	Darjeeling plains	3
8	Jalpaiguri	1
9	Hooghly	2
1	Nadia	1
1	Howrah	2
1	N 24 Parganas	2
1	Malda	1
1	Murshidabad	1
1	Uttar Dinajpur	1
	Total	**39**

Typology wise number of existing TIs along with coverage as of 31st March 2018 is as follows:

Table 2 : Typology wise actual coverage of HRGs through TIs as on 31st March 2018

Typology	Actual No. of TIs as on 31st	Coverage
FSW	22	15455
TG/Hijra	01	233
MSM	03	1335
IDU	06	1365
Migrants	01	25,000
Truckers	04	50,000
Core	02	
Total	39	

OST Interventions for IDUs:

Opioid Substitution Therapy (OST) is an important component of harm reduction strategy 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 2017 to 31st March 2018, 8 OST centres (7 under Govt. Health Facility and one run by NGO) were functional in the state and their allotted slots were as follows –

Table 3: OST Centres and their allotted slots as on 31/03/2018

SL NO.	NAME OF OST CENTRE	SLOTS
1	Darjeeling District Hospital	90
2	North Bengal Medical College & Hospital	100
3	Mirik BHPC	30
4	Kalimpong SDH	50
5	Kurseong SDH	100
6	Calcutta National Medical College & Hospital	120
7	**Murshidabad Medical College & Hospital**	**50**
8	The Calcutta Samaritans, Howrah	80
	TOTAL SLOTS	620

During the year 2017-2018, the active client load was 610 as against the allotted slots. Hence achievement percentage was 98%.

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 TIs, OST Centres and LWS projects

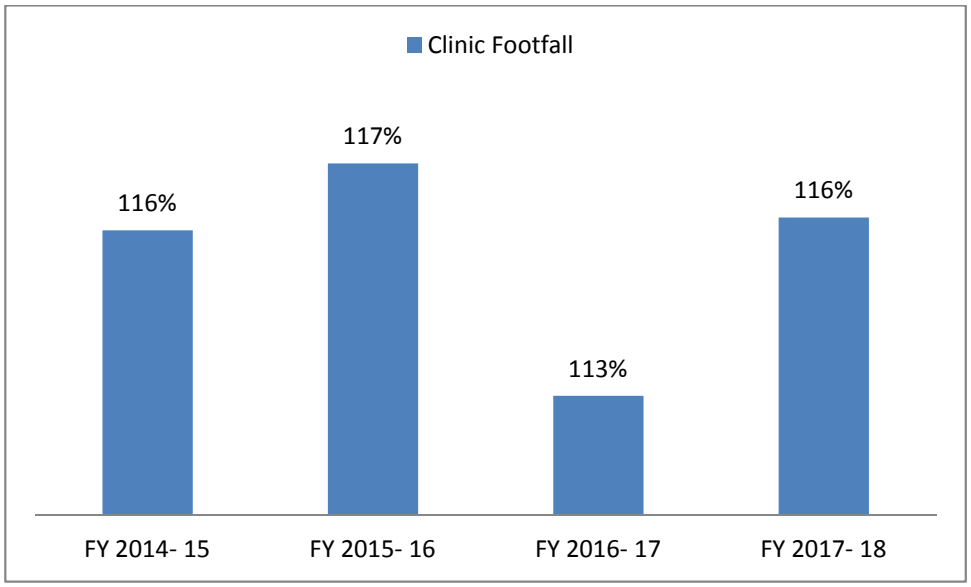
Key performance of the TIs for the FY 2017-18:

Key performance of the TIs for the FY 2017-'18 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 2017-18 is given below.

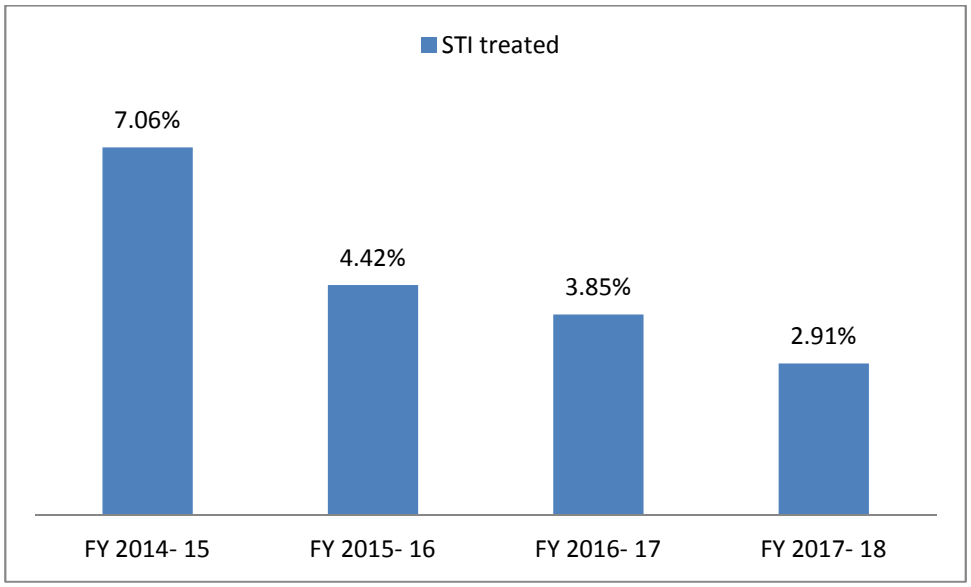
Figure 1: Percentage of Clinic Attendees



Diagnosis and Treatment of STI Cases:

As observed, the rate of STIs has gradually gone down over the last three years among all HRGs.

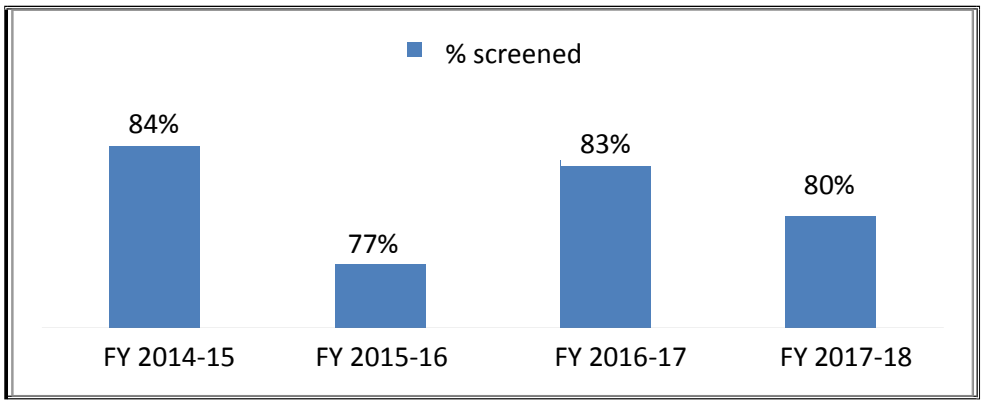
Figure 2: Percentage of STIs treated out of Total Clinic Attendees



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 percentage of Syphilis screening over the past four years.

Figure 3: Syphilis Screening of HRGs



Syphilis screening as observed from the table above ranged from 77% in 2015-2016 to 83% in 2016- 2018 and 80% in 2017-2018

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 tested at least once a year. Given below is the percentage of each group of HRGs that has been tested for HIV in the year 2017-2018

Figure 4: HIV Testing of HRGs:

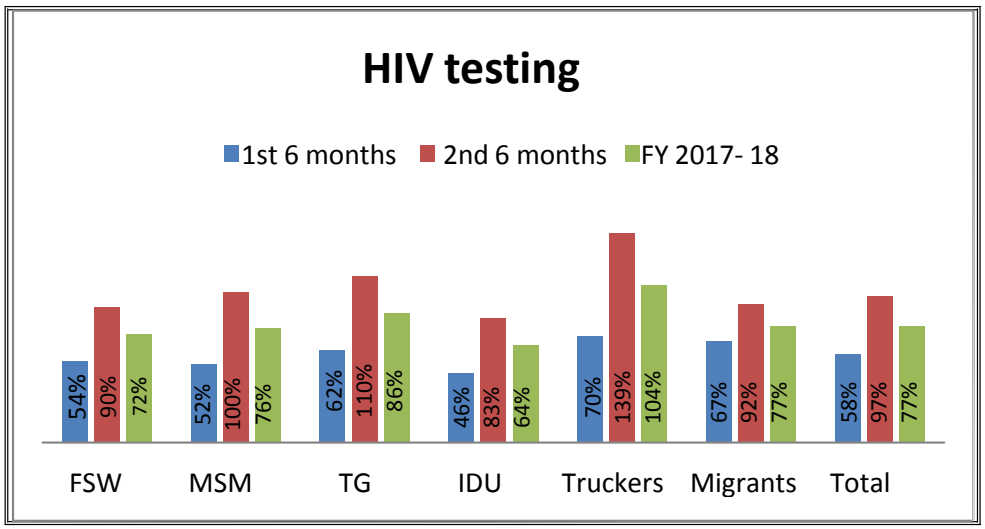
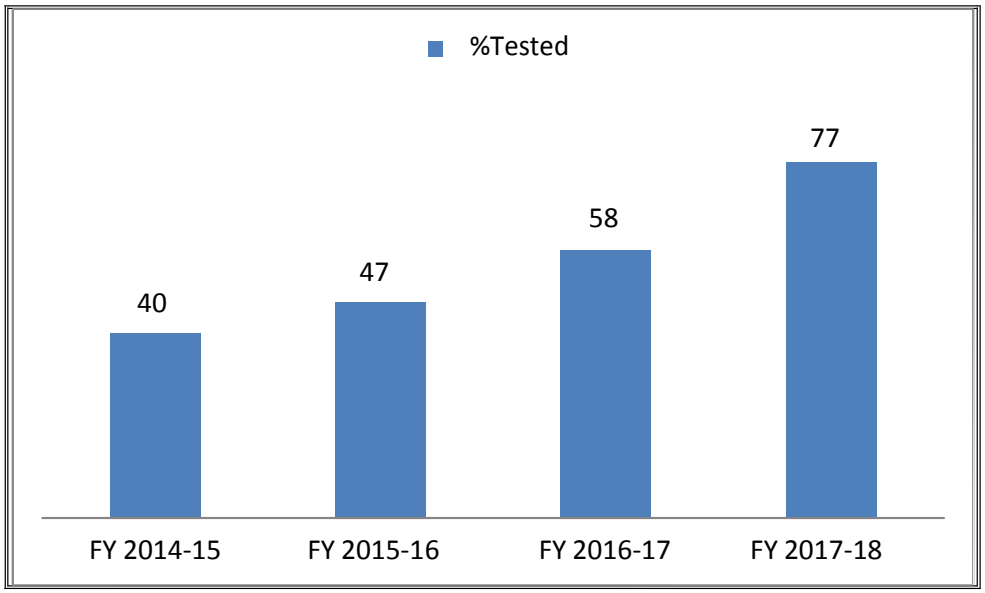


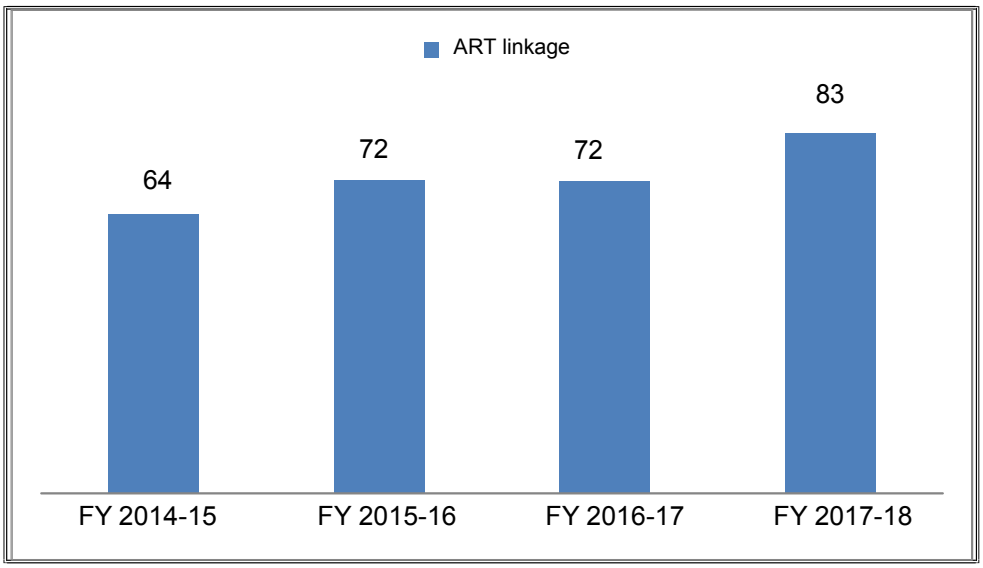
Figure 5: HIV Testing Percentage for the FY 2017-2018



Linkage to ART

In the year 2017-18, out of the total number of HRGs who were HIV positive, 83% were linked to ART Centres. As evident linkage to ART has also increased over the last 4 years

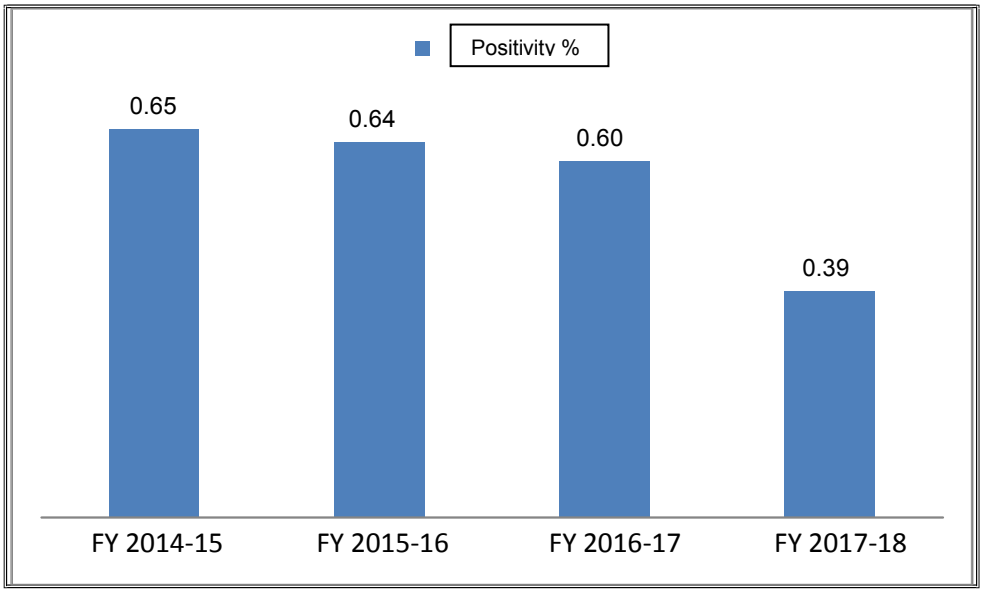
Figure 6: Percentage of HRGs Linked to ART



HIV Positivity

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

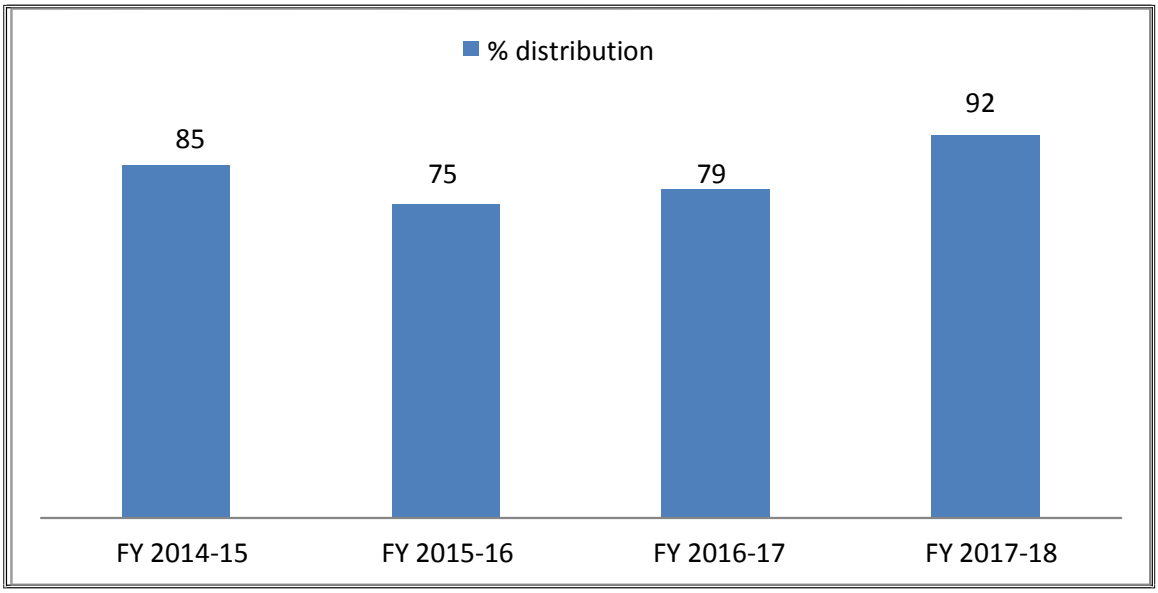
Figure 7: HIV Positivity



Condom Distribution:

One of the key components of targeted intervention and prevention of HIV is condom promotion. In 2017-2018 condom distribution against demand has been 92%.

Figure 8: Condom Distribution:

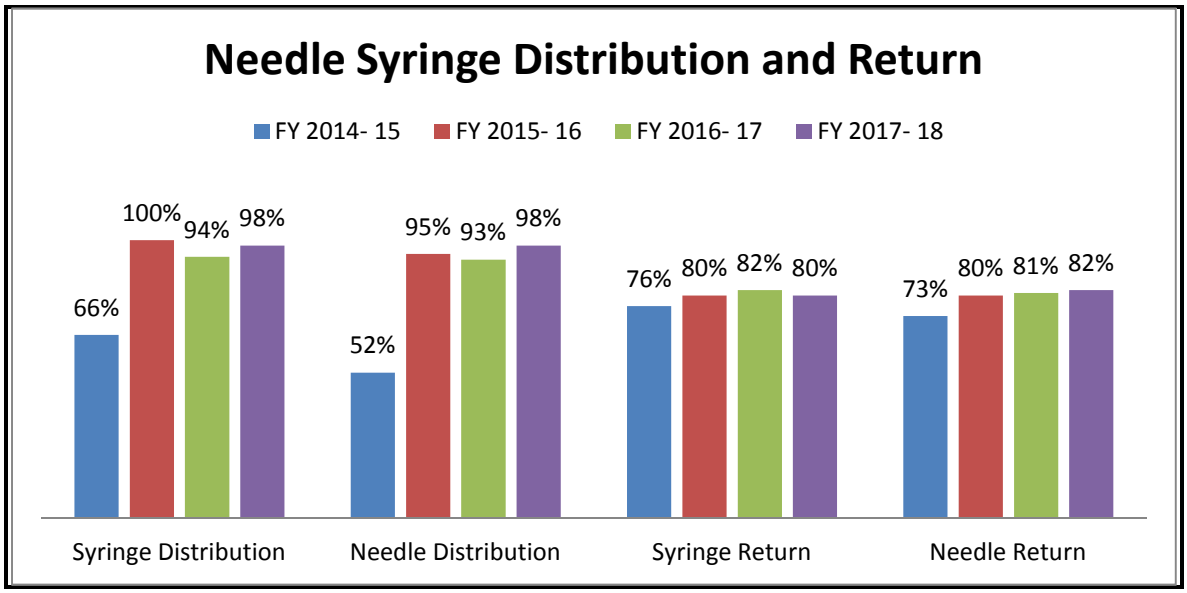


Social Marketing of condoms has been a big success in our state. Of the 92% condoms distributed 75% have been through social marketing while the rest has been through free distribution. Due to social marketing of condoms the burden on free condoms has been reduced by 4178278.

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.

Figure 9: Needle & Syringe Distribution & Return



Link Worker Scheme:

The Link Worker Scheme (LWS) aims at building a rural community model to address the complex needs of rural HIV prevention, care and support requirements in selected geographic areas. 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 and 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 9 districts of West Bengal namely Burdwan, Murshidabad, Birbhum, East Midnapore, West Midnapore, Darjeeling, Uttar Dinajpur, Jalpaiguri and Hooghly through different NGOs instead of one NGO. The performance of the Link Worker Scheme being implemented in the 9 districts of West Bengal in 2017-2018 is as follows –

Table 4: LWS performance for the FY 2017-18 :

LWS performance (FY 2017-18)

Sl. No.	Typology	Total line-listed	Target	Contacted	%	Target	Tested for HIV	%	HIV Positive	Number of HIV +ve linked with ART	Number diagnosed & treated
1	FSW	2019	2019	1954	97%	2019	1250	62%	10	9	290
2	MSM	38	38	38	100%	38	21	55%			4
3	TG	18	18	13	72%	18	11	61%	4	3	1
4	Migrant	86725	26018	47114	181%	17345	17676	102%	63	62	658
5	Trucker	6100	1830	4666	255%	1220	1642	135%	8	8	49
6	OVP	91994	27598	62828	228%	18399	25440	138%	100	98	3434
7	TB cases	1450	1450	1242	86%	1160	230	20%			18
8	PLHIV	1254	1254	1137	91%						3

Employer Led Model (ELM):

A large number of migrants are linked with various industries in the organized and unorganized sectors as contractual 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 a total of 19

MOUs in the year with industries for providing HIV/AIDS related services to the informal workforce. The 19 industries with whom MOUs have been signed are as follows:

Table 5: Name of the industries with whom MOUs have been signed

Sl No.	District	Name of Industry
1	Burdwan	Eastern Coalfields
2	Howrah	Ambuja Cement Foundation
3	Kolkata	National Jute Board
4	Hooghly	Indian Dairy Products Ltd
5	Darjeeling	Tea Association of India
6	Darjeeling	Makai Bari Tea Estate
7	Darjeeling	ThurboTea Garden
8	Darjeeling	Teesta Valley tea garden
9	Darjeeling	GIELLE Tea Garden
10	Murshidabad	AmbujaCement
11	Darjeeling	Margaret's Hope Tea Garden

12	Darjeeling	Dilaram Tea garden
13	Barddhaman	Damodar Valley Corporation
14	Karsiong	Castleton tea garden
15	Karsiong	Long view tea estate
16	Hooghly	Aditya Birla Nuvo ltd.(Jaya Shree Textiles)
17	Hooghly	Aditya Birla Insulator
18	Burdwan	GE Power
19	Burdwan	Graphite Industry

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

As a 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 2017-'18 during the festive seasons of Durgapuja/Dusshera/KaliPuja/ Diwali/ Chhat Puja/Bhaidooj with the concept of reaching out to the migrants in maximum number as this is the time of the year when they are likely to return to their native villages. A total number of 42 such camps were organised across 7 districts (except Kolkata) namely Coochbehar, Darjeeling, South 24 Parganas, Dakshin Dinajpur, Nadia, Murshidabad and West Burdwan in the state in active collaboration with the District Health & Family Welfare Samities as well as other line departments of the State Govt. These 7 districts were selected because all 7 have been showing high HIV positivity among general clients over the last 3 years. The health 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:

Table 6: IHC (FY 2017-18)

Total no. of camp attendees	15792
Total no. of Migrants and their Spouses/partners	8560
Total no. of attendees counselled and screened for HIV	8124
Total number of people found to be HIV reactive	14
No. of Migrants and/or their spouses/partners found to be HIV reactive	07
Total no. Of attendees treated for STI	1508

Achievements of the TI Division in the year 2017-2018:

100% reporting by TIs on both SIMS and 31 indicators within the stipulated date.

100% reporting by OST centres within stipulated date

Out of 33 HRGTIs graded based on performance , 31 were graded "Very Good" having scored more than 80%, 2 were graded as "Good" and no TI was graded as average.

NSEP, an important element of harm reduction, was initiated in 2 more Govt run OST centres after the success achieved on the same in CNMCH.

The CNMCH OST Centre cum NSEP initiative was accepted as a best practice in NACO. The state presented the same in a National Workshop in New Delhi which was attended by national as well as international experts.

19 MOUs were signed with industries to implement Employer Led Model.

20% enrolment of new HRGs.

Evening clinics were set up for HRGs for diagnosis and treatment of STIs in many hotspots. Coverage of unreached HRG population especially FSWs through 3 LWS projects by allotting only outreach staff. This has reduced costs by almost two thirds.

Condom social marketing implemented successfully in all FSW TIs. 75% of condom demand being met through sale of condoms instead of free distribution. This has greatly reduced the burden on free distribution.

West Bengal was the first state to launch the TI Management Tool among all core group TIs. The tool was customised for each target group

Community based screening (CBS) implemented across all TIs and 4 LWS projects in West Bengal in 2017-2018. Through CBS 97% of the target population could be tested between October 17 to March 18. TIs were able to test the extremely hard to reach populations for HIV especially the flying sex workers and those who operated in the evening.

First state to implement PFMS across all TIs, OST Centres and LWS projects

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).

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

Year	2014	2015	2016	2017	2018
Clinic visit with STI/RTI complaint and were diagnosed with an STI/RTI	80609	82418	96491	103562	117664
Clinic visit with STI/RTI complaint but were NOT diagnosed with an STI/RTI	153173	153061	145319	169901	140457

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 &RGKar Medical College & Hospital) The role of that centre is to provide etiologic diagnosis to the STI/RTI cases, validation ofsyndromic 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)ofthe 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	2017-18
No. of patients referred to ICTC from STI	87132	91881	107386	101203	108323	113046
No. of patients found HIV-infected out of them	786	659	515	408	362	633
Percentage (%) Positivity	.90%	.71%	.47%	.40%	.33%	.56%

Information, Education & Communication and Mainstreaming (IEC)

The IEC and mainstreaming activities in 2017-18 were directed to address a host of HIV/AIDS related issues like- Mainstreaming with other departments ,social discrimination & stigma, vulnerability of youths, use of condoms, safe sexual practices, mother to child transmission of the disease, healthy lifestyle to be followed by PLHIV-s, voluntary blood donation, care, support & treatment (CST) etc. A well planned mix of mass media, mid media, outdoor publicity and mainstreaming & training activities were chosen to achieve the desired results. Generous contributions also came from the 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 component wise achievements during 2017-18 is as follows.

MASS MEDIA:

Broadcast of Radio Spots: 1316 audio spots were aired from Private FM-Radio Channels and All India Radio provided for Day Branding on the occasion of World Blood Donor Day on 14th June 2017, National Voluntary Blood Donation Day on 1st October 2017 & World AIDS Day on 1st December 2017. A total no. of 357 spots were aired from All India Radio.

IEC MATERIAL PRODUCTION & WEBSITE MAINTENANCE:

The list of IEC materials printed during the FY 2017-18 is furnished below:

IEC Materials		Theme
Pamphlets		General and Migrant Leaflet on HIV/AIDS and related issues , Leaflet on Blood Donation
Poster		ICTC, PPTCT, ART, Stigma
IEC materials to support World AIDS Day 2017	Leaflet	General Leaflets
	Poster	ICTC, PPTCT, ART, Stigma
	Banner	World AIDS Day 2017
BSD	Banner	

ICT

The website of WBSAP&CS (www.wbhealth.gov.in/wbsapcs) and face book 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: Folk media Campaign was rolled out in the State. Different folk forms viz. Baul, Kobigaan, Jhumur, Bhawaiya, magic, Chau, Alkap, Pothonatika and Composite folk form were utilized effectively to spread HIV/AIDS related messages through the empanelled folk

troupes. 1480 shows were performed by the folk troupes covering all the 19 districts. This includes performances held at the health camps organized in 21 districts including 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.

Hiring of IEC Vans: 22 IEC vans were utilized for mass awareness generation and pre publicity during Migrant Health Camp in 2017-18 in 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, 2017): Radio spot with messages on Voluntary Blood Donation were broadcasted in AIR & Pvt.FM Channels. A central programme organized along with a Voluntary Blood Donation Camp at the office of Swasthya Bhawan. 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

2.National Voluntary Blood Donation Day (1st October, 2017): A central programme organized followed by a Voluntary Blood Donation Camp at the office of Swasthya Bhawan. Lots of NSS , NYKs and NCC youth donated blood on that day. Radio spot with messages on Voluntary Blood Donation were broadcasted in AIR & Pvt.FM Channels.

3. World AIDS Day (1st December 2017):

- The Central programmewasheldon 1st December 2017 at SwasthyaBhawan auditorium in Kolkata. The event was inaugurated by the Hon'ble MOS (H & FW) Smt. Chandrima Bhattacharya.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 2017)

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:

8055 persons have been sensitized throughout the year as part of Mainstreaming & Training activities. The trainees include CISF officials, Port workers, Tea garden workers, PLHIVs of District level Positive networks, Industrial workers, etc. An Interdepartmental meeting chaired by PD, WBSAP&CS with the representatives from other departments, PSUs and Pvt.sec took place at the office of WBSAP&CS. A state level Transgender sensitization meeting held at Swasthya Bhawan in coordination with Dept. of WCD to sensitized the health officials regarding TG issues.

Detailed list of the trainees trained so far during 2017-18 is furnished below;

NYK	65
NSS	127
RRC	100
Tea Garden Workers	5294
Industry Worker	365
Prison Inmates	761
Port officer /worker	259
No. of PLHIV Trained	525
CISF	345
Other	269

Youth Intervention :

Red Ribbon Clubs (RRCs) :There are 430 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.

Adolescent Education Programme: TOT of 450 teachers was done on HIV/AIDS and allied issues in coordination with the School Education Dept.

Out of school Youth : One state level and Nine district level TOT were organized among NYK volunteers.

Blood Safety

Introduction

Blood is a vital healthcare resource routinely used in a broad range of hospital procedures. It is also a potential vector for harmful and sometimes fatal, infectious diseases such as HIV, HBV and HCV. Morbidity and mortality resulting from transfusion of infected blood have far-reaching consequences. Ensuring a safe and adequate supply of blood and blood products and rational clinical use of blood are important public health responsibilities of the government.

Voluntary Blood Donation programme is the foundation for safe and quality Blood Transfusion Service and the blood collection from Voluntary non remunerated blood donors is considered to be the safest. Recruitment of safe donors is a challenging task. It is necessary that people realize that blood donation is their responsibility. No blood bank, hospital and Government can sustain health care without adequate blood from such donors and Blood Donor Organizations play a very crucial role in the endeavor.

Key Strategies : (NACP IV)

Assessing blood needs and requirements of the State.

- Increasing regular voluntary non-remunerated blood donation to meet the safe blood requirements of the country.
- Promoting component preparation and availability along with rational use of blood in healthcare facilities.
- Capacity building of health care providers.
- Enhancing blood access through a well networked centrally coordinated, efficient and self sufficient blood transfusion service.
- Establishing Quality Management Systems to ensure Safe Blood.
- Building implementation structures and referral linkages.

Key programmatic indicators:

- Blood Collection in NACO supported Blood Banks
- Percentage of blood collected through voluntary blood donation in NACO supported Blood Banks
- Percentage of blood separated into components in NACO supported Blood Banks
- Percentage of sero-prevalence of TTIs in NACO supported Blood Banks

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	No. of Blood Storage Centres	No of blood storage centres set up in the last quarter
137	63	57	18		
Financial allocation (Rs. In lakhs)	Financial expenditure (Rs. In lakhs)	No. of Blood Banks reporting to CMIS	% CMIS reporting	No. of Blood Banks reporting to SIMS	% SIMS reporting
512.76	179.25	0	0	78	71
Total units of blood collected	Total units of Voluntary Blood collection	% VBD	Blood units collected in NACO supported blood banks	Voluntary blood collection in NACO supported Blood Banks	% VBD in NACO supported blood banks
1133891	945535	83.39%	723801	623843	86.19%
No. of VBD camps	Total collection in the camps	Average camp collection	Mobile collection	Static voluntary collection	Static replacement collection
12666	611584	48	1607	12259	99958
No of units of whole blood supplied	No of units of components supplied	No of units of whole blood discarded	No of units of components discarded	Discard rate due to TTI (discard due to tti/ total units collected)	Discard rate due to other causes (discard due to other causes/ total units collected)
520942	455797	20409	57166	5%	2%
% of HIV seroreactivity	% of HBV seroreactivity	% of HCV seroreactivity	% of Syphilis positivity	% of Malaria positivity	
0.18%	0.75%	0.23%	0.14%	0.08%	
No. of Medical Officers trained (Induction / Refresher)	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
39	126	0	0	0	0

No. of core committee supervisory visits to blood banks	No. of SACS/ NACO visits to blood banks	Total no. of blood units collected in the NACO supported BCSUs	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
8	32	303952	108550	198028	65.15%

In the previous year (2016-17) the total State Government Blood Banks were 64 and NACO supported Blood Banks were 63. Out of 63, 59 Blood Banks belong to State Government, one from Central Government and remaining three were Private Blood Banks.

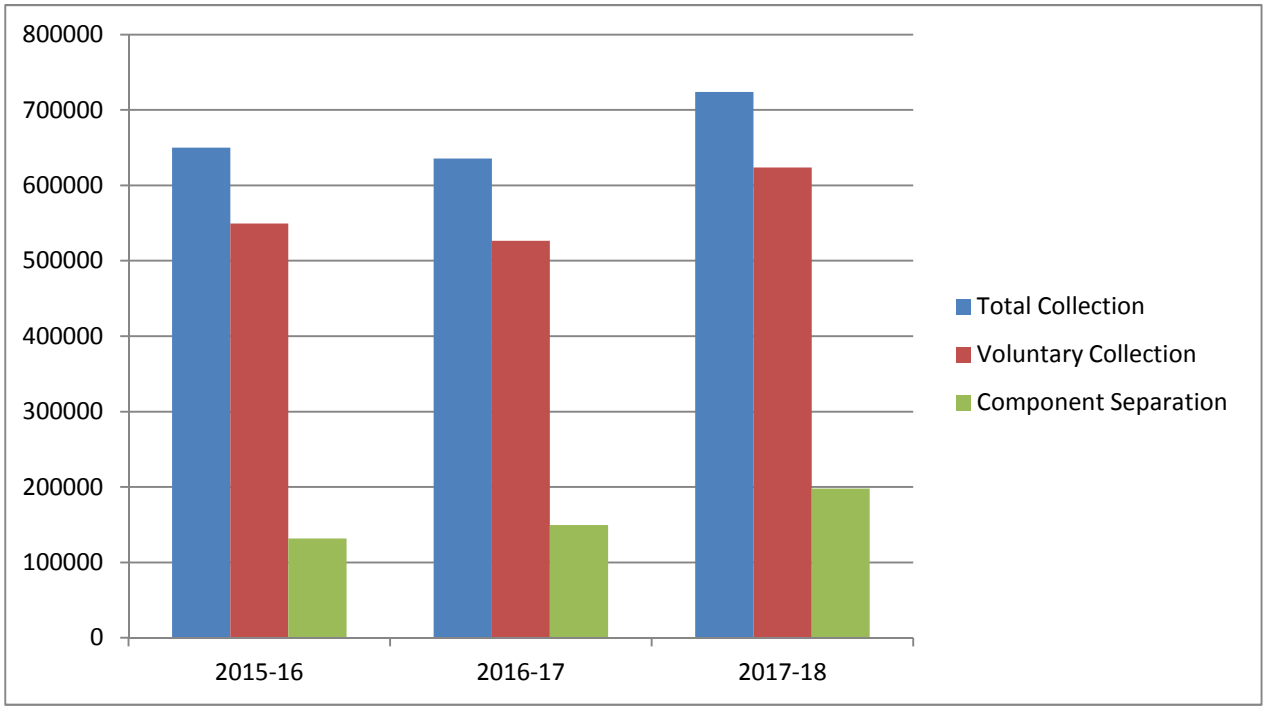
In the year 2017-18 another 12 State Government Blood Banks have been operationalised which will supposed to be supported by NACO. So the total number (NACO Supported) would have been 76. Another 3 new Blood Banks will be operationalised shortly at Malbazar SSH of Jalpaiguri, Birpara SGH of Alipurduar and Dinhata SDH of Coochbehar.

5 (five) State Government Blood Banks at, Krishnanagr of Nadia, Asansol of Paschim Bardhaman,MJN of Coochbehar, Murshidabad MCH of Mursidabad and CoM and JNM Klayani of Nadia have been upgraded as BCSUs.

As per NACO guideline, collection of Blood units above 10000 is designated as Model Blood Bank & we have one Model Blood Bank known as IBTM&IH (Central Blood Bank). Similarly collection of Blood units from 5000 to 10000, 3000 to 5000 & bellow 3000 has been declared as Blood Component Separation Unit (BCSU), Major Blood Bank & District Level Blood Bank respectively. We have 28 Major Blood Banks, 46 District Level Blood Banks.

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

	2015-16	2016-17	2017-18
Total Collection	649895 units	635558 units	723801 units
Voluntary collection(%)	549207 units (84.51 %)	526381units (82.82%)	623843units (86.19%)
Component Separation (%)	131576 (43.59 %)	149727 (53.64%)	198028 (65.15%)



Training (2015)

No. of Medical Officers trained -	39
No. of Lab. Technicians trained -	126
No. of Nurses trained -	0
Clinicians on Rational use of blood & blood components-	0
Blood Bank Counsellors -	0

Current scenario :

Currently eight Regional Blood Transfusion Centre (RBTC) are administrating /controlling all the 74 State Government Blood Banks.

Achievements :

1. Regular supply of Platelets (RDP) from BCSUs to non BCSUs (18 Blood Banks) having platelet agitator cum Incubator has been ensured.
2. Initiations of preparing database of rare blood group donors among the blood banks.
3. Voluntary Blood Donation percentage increased from 82.82 % to 86.19 %
4. Component Separation percentage also increased from 53.64% to 65.15%
5. 12 new Blood Banks have started functioning.
6. 5 new Blood Component Separation Units (BCSU) also functioning.
7. Development of new Software Application (Rakta Seba) for daily monitoring of Blood stock and Camp status.

Future Action Plan:

1. 11 new Blood Banks to be opened by March, 2019.
2. 22 Blood Banks to be upgraded to BCSUs.

Basics Services

Basic service division (BSD) acts as the portal to enter into HIV and AIDS control program. Through this division, persons with risk of acquiring HIV are screened for HIV and reactive cases are confirmed and linked to care support and treatment. These services are provided to the community through Integrated Counselling and Testing Centres (ICTC), Facility Integrated ICTC in both public and private sectors, mobile ICTCs for hard to reach population and through community based screening for selected population. During this financial year, state has taken some pioneering ventures to promote HIV screening in the hotspots of high risk groups through Targeted Intervention NGOs and Non targeted Intervention NGOs. The spectrum of service provided by the BSD is as follows

- Demand generation for HIV screening
- Comprehensive counselling
- HIV screening and confirmation
- Linkage to ART services
- Risk reduction
- Outreach services
- Prevention of parent to Child transmission of HIV
- Linkages with social welfare schemes
- Facilitation for disclosure and HIV related counselling and screening for the sexual partners of HIV infected index cases.
- Facilitating liaison with other programs like RNTCP, STI control program, National Vector Borne Disease Control Program etc.

There are four major components of BSD

- HIV counselling and Testing services (HCTS)
- Prevention of parent to Child transmission of HIV (PPTCT)
- TB-HIV collaborative activities
- Sexually Transmitted Infections (STI Control)

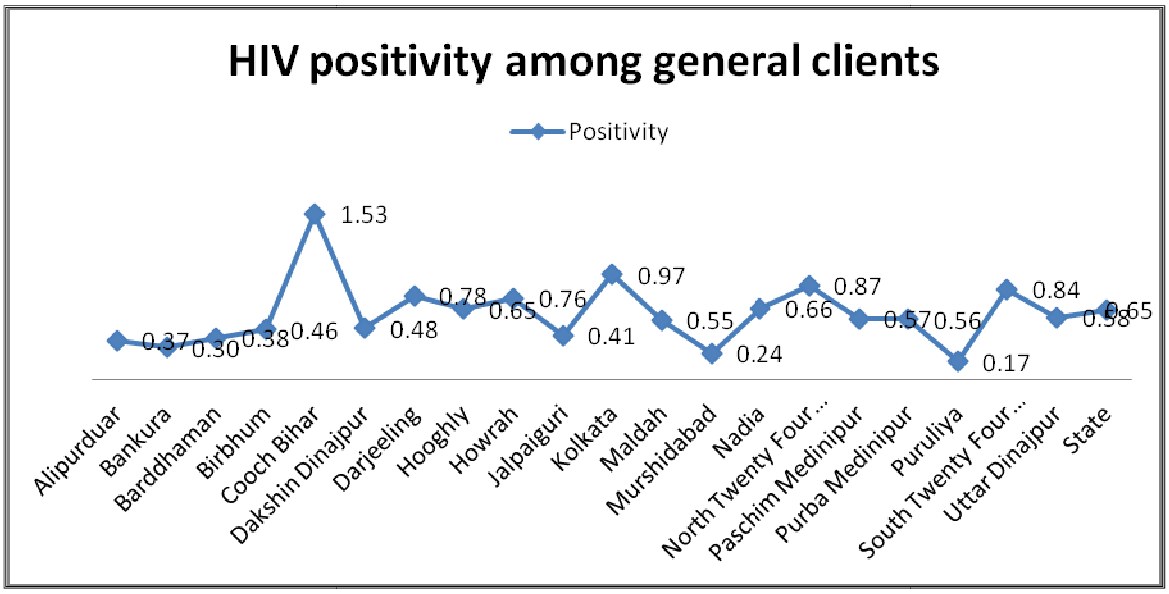
HIV counselling and Testing Services (HCTS)

During the financial year 2017-18, 958928 numbers of general clients were reported to be tested for HIV and out of them, 6254 were found to be HIV infected with positivity rate 0.65%. During this year, the contribution of FICTC in total HIV testing among the General Clients was 21.6%. The district wise data are as follow

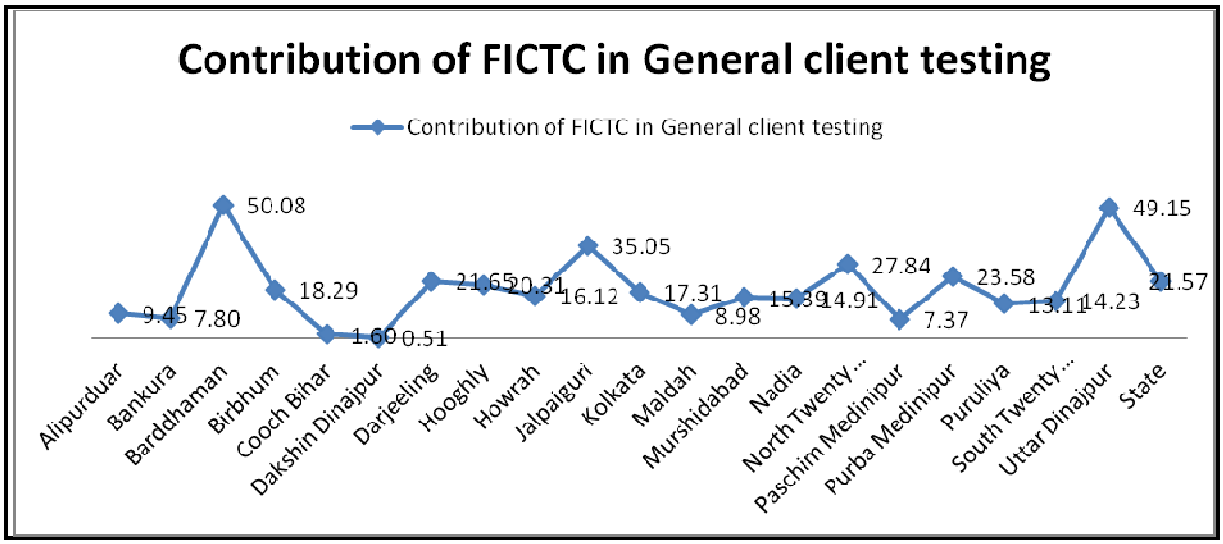
Districts	General client Tested at FICTC	General client Tested at SAICTC	Total no. General client Tested	Out of them confirmed HIV positive	Positivity	Contribution of FICTC in General client testing
Alipurduar	2028	19424	21452	79	0.37	10.44
Bankura	2221	26266	28487	85	0.30	8.46
Barddhaman	46809	46660	93469	359	0.38	100.32

Birbhum	4219	18848	23067	107	0.46	22.38
Cooch Bihar	232	14244	14476	222	1.53	1.63
Dakshin Dinajpur	84	16439	16523	79	0.48	0.51
Darjeeling	10503	37999	48502	376	0.78	27.64
Hooghly	11108	43590	54698	357	0.65	25.48
Howrah	4841	25194	30035	228	0.76	19.21
Jalpaiguri	9514	17631	27145	111	0.41	53.96
Kolkata	37076	177113	214189	2084	0.97	20.93
Maldah	2773	28120	30893	170	0.55	9.86
Murshidabad	11070	60853	71923	176	0.24	18.19
Nadia	4903	27985	32888	218	0.66	17.52
North Twenty Four Parganas	14432	37403	51835	453	0.87	38.59
Paschim Medinipur	3246	40800	44046	250	0.57	7.96
Purba Medinipur	9238	29947	39185	219	0.56	30.85
Puruliya	3332	22084	25416	43	0.17	15.09
South Twenty Four Parganas	6250	37670	43920	367	0.84	16.59
Uttar Dinajpur	22991	23788	46779	271	0.58	96.65
State	206870	752058	958928	6254	0.65	27.51

The HIV positivity among the general clients was highest in Cochbehar, a "C" category district followed by Kolkata and the lowest positivity was recorded in Purulia (A category district) and followed by Murshidabad (B category district). The district wise positivity is as follow



The FICTC contribution is the lowest in Dakshin Dinajpur followed by Cochbehar both of them are C category districts. The highest FICTC contribution in general client testing was noted in Burdwan followed by Uttar Dinajpur and Jalpaiguri and all of them are DAPCU districts. The district wise FICTC contribution is as follow



The gender wise HIV positivtyis as follow

Districts	General Client tested			General Client tested positive			Genral Client positivity		
	Male	Female	TG/TS	Male	Female	TG/TS	Male	Female	TG/TS
Alipurduar	11350	10102	0	36	43	0	0.32	0.43	
Bankura	16492	11995	0	51	34	0	0.31	0.28	
Barddhaman	54148	39320	1	223	136	0	0.41	0.35	0.00
Birbhum	12153	10909	3	63	44	0	0.52	0.40	0.00
Cooch Bihar	8408	6063	5	140	82	0	1.67	1.35	0.00
Dakshin Dinajpur	11364	5159	0	56	23	0	0.49	0.45	
Darjeeling	28649	19842	10	233	138	5	0.81	0.70	45.45
Hooghly	28189	26160	340	230	119	8	0.82	0.45	2.29
Howrah	19083	10940	3	153	75	0	0.80	0.69	0.00
Jalpaiguri	15969	11167	9	71	38	2	0.44	0.34	22.22
Kolkata	120547	93434	184	1396	672	16	1.16	0.72	7.69
Maldah	19000	11888	4	104	65	1	0.55	0.55	20.00
Murshidabad	38787	33134	1	102	73	1	0.26	0.22	50.00
Nadia	20436	12447	2	145	71	2	0.71	0.57	40.00
North Twenty Four Parganas	29566	22216	45	291	155	7	0.98	0.70	13.21
Paschim Medinipur	27374	16672	0	153	97	0	0.56	0.58	
Purba Medinipur	22432	16748	3	143	76	0	0.64	0.45	0.00
Puruliya	15372	10043	1	27	15	1	0.18	0.15	100.00
South Twenty Four Parganas	23622	20087	200	237	127	3	1.00	0.63	1.42
Uttar Dinajpur	28713	17785	280	172	99	0	0.60	0.56	0.00
State	551654	406111	1091	4026	2182	46	0.73	0.54	3.96

HIV-TB collaborative activity:

TB-HIV collaborative activities are an integral component of Basic Service Division. The main component of collaborative activity depends upon

- HIV screening of all presumptive TB cases through Provider Initoiated Testing and Counselling (PITC)
- Intensified Case Finding (ICF) activity at ICTC where all the general individuals at Stand alone ICTCs are verbally screened for "4" symptom complex and those with one of the four symptoms are referred to Designated Microscopy centres for TB testing.

The details of ICF activities district wise are as follow

Districts	Clinic attendees	Referred to RNTCP	% of referrals	Detected to have TB	% of TB patient yield
Alipurduar	18480	750	4.06	20	2.67
Bankura	26138	1456	5.57	20	1.37
Barddhaman	45627	3227	7.07	19	0.59
Birbhum	14067	910	6.47	16	1.76
Cooch Bihar	14978	756	5.05	39	5.16
Dakshin Dinajpur	15018	614	4.09	61	9.93
Darjeeling	37779	2257	5.97	135	5.98
Hooghly	40695	1514	3.72	180	11.89
Howrah	24564	1693	6.89	69	4.08
Jalpaiguri	17430	1373	7.88	31	2.26
Kolkata	178648	2957	1.66	52	1.76
Maldah	25261	793	3.14	57	7.19
Murshidabad	54718	1686	3.08	17	1.01
Nadia	26523	995	3.75	25	2.51
North Twenty Four Parganas	34246	819	2.39	19	2.32
Paschim Medinipur	40125	1530	3.81	112	7.32
Purba Medinipur	27581	1505	5.46	67	4.45
Puruliya	19639	1704	8.68	49	2.88
South Twenty Four Parganas	33765	1758	5.21	99	5.63
Uttar Dinajpur	21099	2001	9.48	85	4.25
State	716381	30298	4.23	1172	3.87

Highest percentage of referral was noted in Uttar Dinajpur followed by Purulia. The lowest was found in Kolkata followed by North 24 PGS.

Prevention of Parent to Child Transmission of HIV (PPTCT)

State Program performance at a glance:

Indicator	Data	Remarks
ANC Registration (HMIS)	1666196	
Estimated annual pregnancy	1653760	
Total No. of pregnant women tested for HIV	1653165	% tested against HMIS registration-99.22% and % tested against ELA pregnancy is 99.96%
Tested at Stand Alone ICTC	349874	SA ICTC contribution-21.17%
Tested at FI ICTC	1303291	Contribution-79.83%

% of labour room testing	4.4	
Positive detection-ANC	284	Positivity-0.018%
Positive detection-Direct in labour	25	Positivity-0.034%
Old positive case coming with new pregnancy	121	28% contribution of total positive pregnancies
Percentage of positivity	0.03%	
Positivity confirmed out of FI ICTC/sub centre referral	59	Contribution-13.72%
Newly detected client initiated on ART	300	97.1% ART linkage
Old positive case with new pregnancy either on ART or initiated on ART	121	
Positive pregnant women with CD4 count<350	40	12.94% with very low CD4 count
Spouse/Partner of HIV infected pregnant monther(new detection) tested for HIV	296	95.8% coverage
Out of them tested positive	191	35.5% discordance
Spouse/Partner of HIV non infected pregnant mother tested for HIV	19087	
Out of them tested positive	30	Positivity is 0.16%
Positive delivery	436	
Positive delivery through Caesarian section	129	29.6% caesarean section out of total delivery
HIV exposed Live birth	424	2.75% still birth rate
No. of Medical termination of positive Pregnancies	49	11.38% of the total pregnancy detected
HIV exposed Live birth given 6 wks NVP prophylaxis	250	More than 99% coverage
HIV exposed Live birth given 12 wks NVP prophylaxis	173	
Live birth provided with CPT	408	98.3% coverage
EID testing done for the first time <6months	384	98.82% of the exposed live birth
EID testing done for the first time >6 months	35	
EID test happened at RRL	409	
Reactive after 1st DBS	20	Less than 5% positivity
Out of the first DBS reactive 2nd DBS tested so far	10	Out of 10, 7 were confirmed HIV infected and 3 confirmed not detected
No. of the HIV infected/detected babies initiated on ART <24 months	7	
No. of HIV exposed babies tested at ICTC at the age of >/=18months	372	
Out of them tested positive	9	2.4% positivity
No. of Pregnant women tested for syphilis as per ICTC data	4,90,176	29.42% of the registration

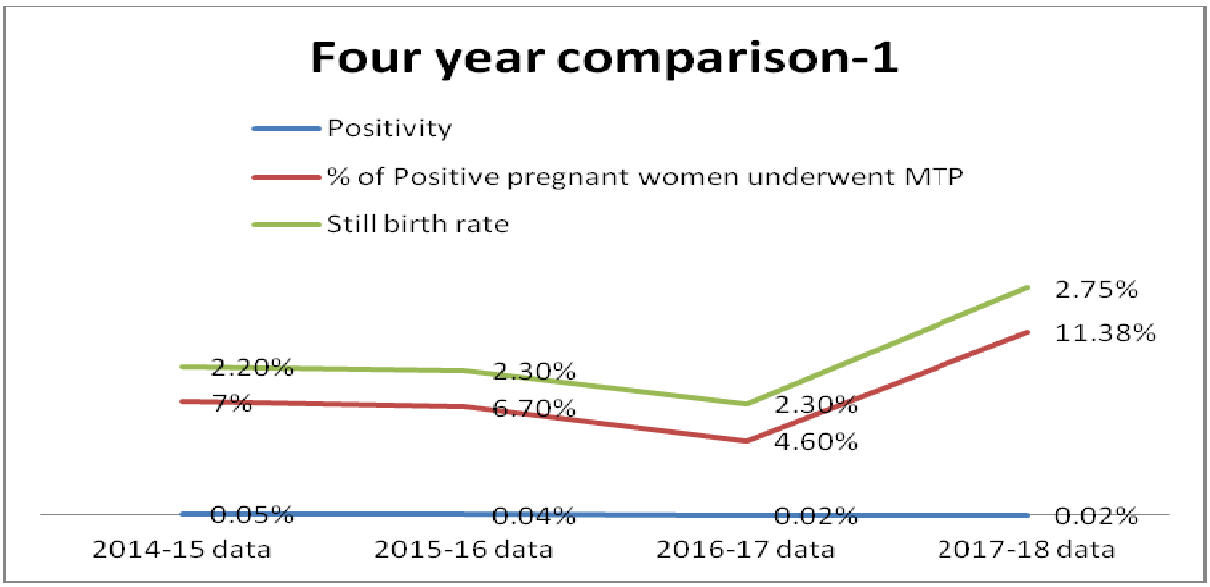
Out of then tested reactive	771	0.16% positivity
HIV-Syphilis co-infected	1	
Data Source: HMIS, SIMS, Monthly performance report, EIC3 report & Testing report of RRL		

During the financial year 2017-18, the PPTCT achievement has first time reached saturation level. The retention cascade has been less leaky except for post DBS testing follow up.

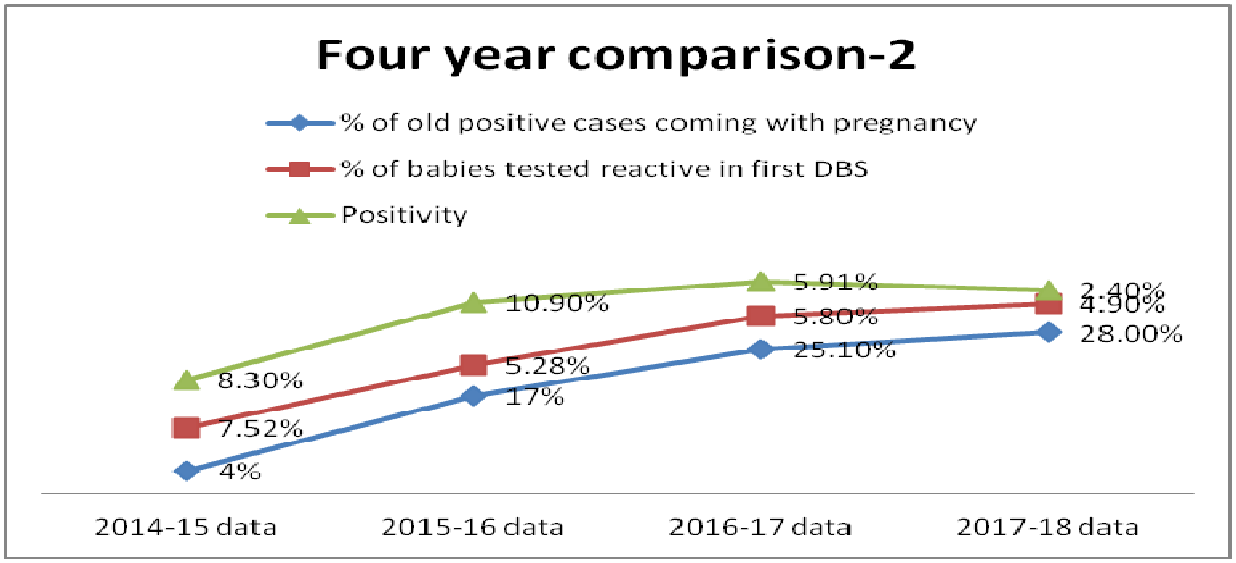
Comparison of major indicators for the last four financial years

Indicators	2014-15 data	2015-16 data	2016-17 data	2017-18 data
Total Pregnant women Registration	1841090	1757622	1749443	1666196
Pregnant women underwent HIV testing in Stand alone ICTC	559138	537120	427542	349874
Pregnant women underwent HIV testing in Facility Integrated ICTC/Subcentre	321221	351887	1097741	1303291
Total No. of Pregnant women tested for HIV	880359	889007	1525283	1653165
HIV testing coverage against HMIS registration	47.82	50.58	87.19	99.22
Newly detected HIV positive pregnant women during ANC	444	341	322	284
Newly detected HIV positive pregnant women during Direct in Labour	31	31	23	25
Positivity	0.05%	0.04%	0.02%	0.02%
% of old positive cases coming with pregnancy	4%	17%	25.10%	28.00%
% of newly detected positive pregnant woman initiated on ART	93.90%	96.50%	98.26%	97.11%
% of positive pregnant women whose spouse has been tested for HIV	84%	90.30%	95.10%	95.80%
Discordance rate	37.70%	32.40%	33.50%	35.50%
% of Positive pregnant women underwent MTP	7%	6.70%	4.60%	11.38%
Positive delivery recorded	456	439	434	436
HIV exposed live birth out of positive delivery	446	429	415	424
Still birth rate	2.20%	2.30%	2.30%	2.75%
% of HIV exposed babies initiated on CPT	91.26%	85.30%	98.30%	98.30%
No. of the babies tested for DBS	424	322	416	409
% of babies tested reactive in first DBS	7.52%	5.28%	5.80%	4.90%
% of HIV exposed babies underwent 18 month confirmation at ICTC	64.80%	77%	89.70%	87.74%
Positivity	8.30%	10.90%	5.91%	2.40%

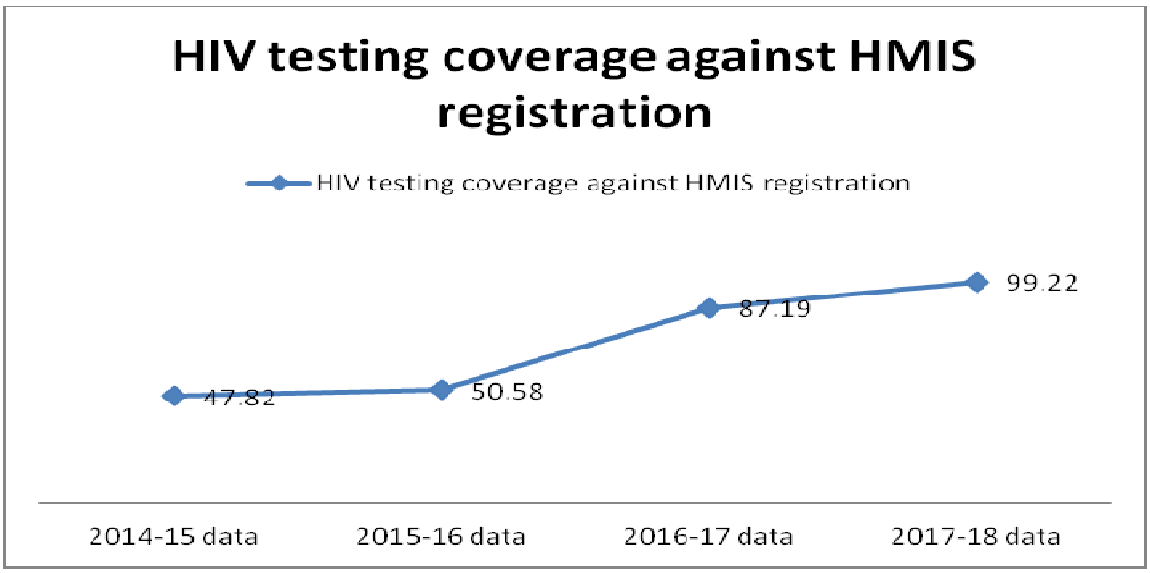
With increase HIV testing coverage, HIV positivity among the pregnant women came down. The stillbirth rates for the last three years have come to a stationery condition but MTP rate has shown maxima during this financial year. HIV positivity among the pregnant women has also come down with more recruitment of rural population through sub-centre level screening and it has become stationary for the last two years.



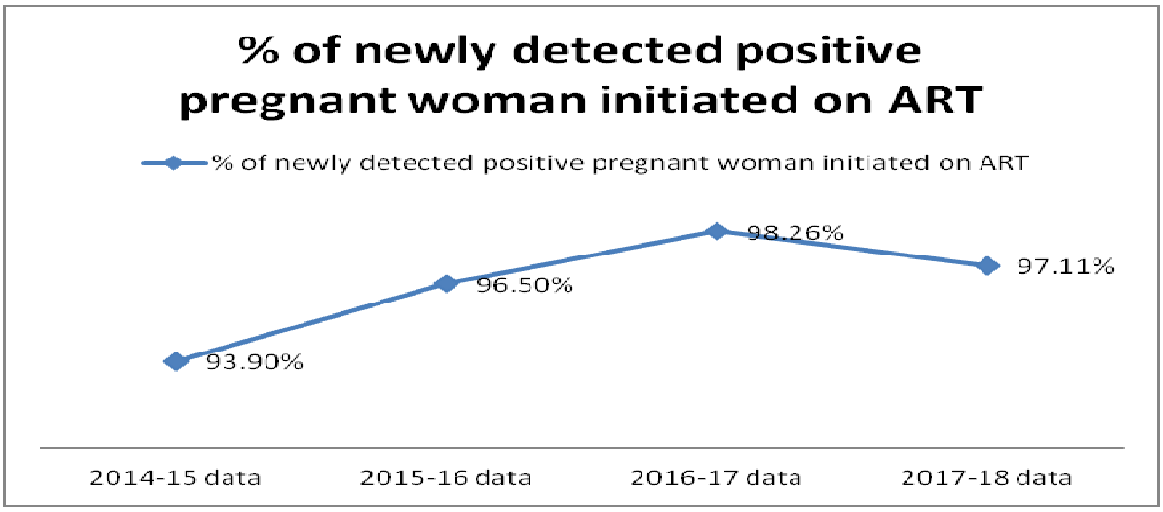
It is a matter of concern that more and more numbers of earlier HIV infected women are becoming pregnant now. Most likely this is due to awareness of HIV infected women on higher probability of delivering HIV negative babies with proper PPTCT intervention. It has become 28% of total HIV infected pregnancies for the financial year 2017-18. There may be a possibility that they are coming up for accessing services now. 18 month positivity has come down drastically during this financial year as the their mother were put on new PPTCT regimen but the 1st DBS positivity during financial year shows a slight increasing trend as during this year DBS testing happened uninterruptedly during this financial year as compared to the earlier year and final confirmation of their positive status is around 70% only.



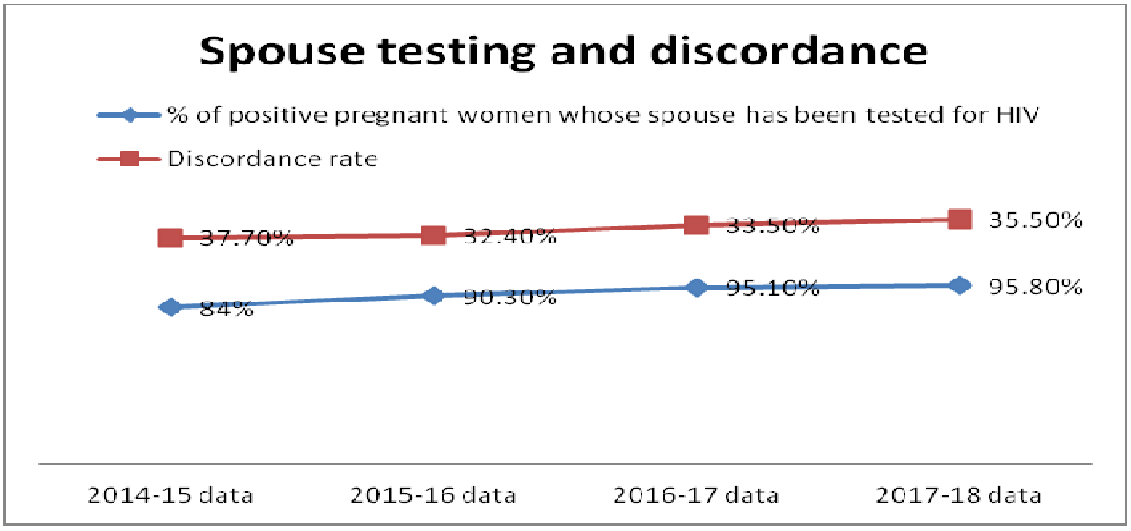
During this year, HIV testing coverage has reached saturation level against both HMIS registration figure and estimated number pregnancies.



ART initiation percentage among the pregnant women has become almost static for the last 3 financial years. Though, there has been decline by 1% as compared to the last year, yet it is within the defined target of EMTCT process indicator.



The spouse testing coverage among the new detection and rate of discordance have remained stationary for the last two years.

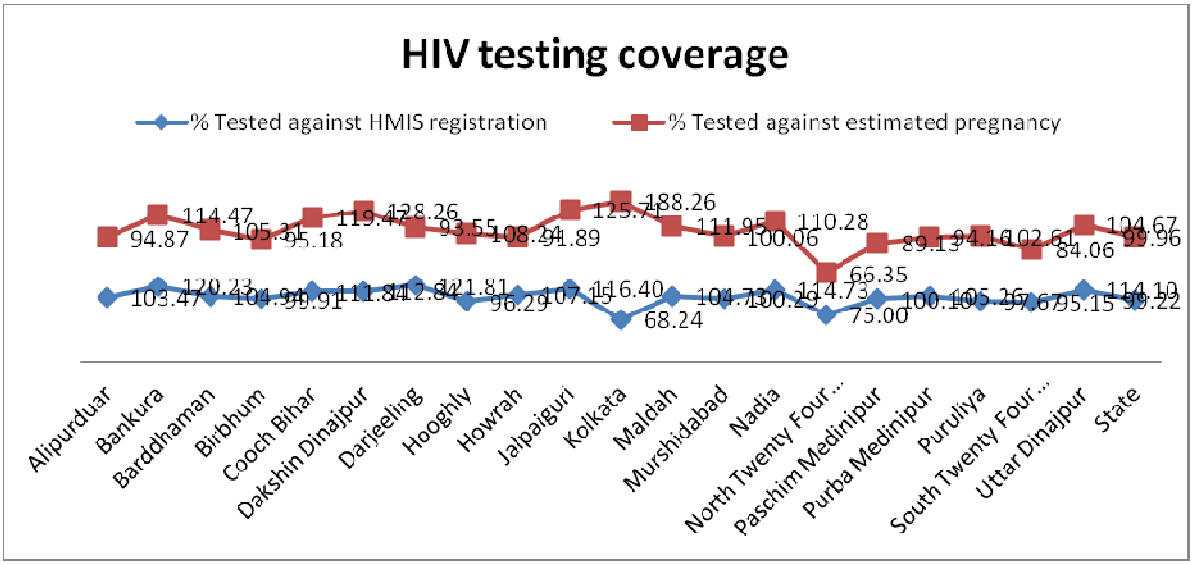


District-wise HIV testing achievements for pregnant women

Districts	HMIS ANC registration	Estimated pregnancy	ANC tested at Stand Alone ICTC	ANC Tested at FICTC/ Sub-Centre	ANC Tested at PPP ICTC	Total Tested	% Tested against HMIS registration	% Tested against estimated pregnancy	% Tested at Sub Centre/FI/PPP against total registration	% tested at private facilities
Alipurduar	23911	26080	3510	21018	213	24741	103.47	94.87	87.90	0.86
Bankura	55568	58360	13592	51518	1697	66807	120.23	114.47	92.71	2.54
Barddhaman	121218	120800	32570	87942	6699	127211	104.94	105.31	72.55	5.27
Birbhum	65173	68410	6730	58307	75	65112	99.91	95.18	89.46	0.12
CoochBihar	52376	49030	11904	42068	4606	58578	111.84	119.47	80.32	7.86
Dakshin Dinajpur	28233	24840	10577	20987	295	31859	112.84	128.26	74.33	0.93
Darjeeling	30634	39890	18179	15761	3376	37316	121.81	93.55	51.45	9.05
Hooghly	82834	73690	15184	62230	2347	79761	96.29	108.24	75.13	2.94
Howrah	69960	81580	15490	51117	8353	74960	107.15	91.89	73.07	11.14
Jalpaiguri	36699	33980	5827	33771	3118	42716	116.40	125.71	92.02	7.30
Kolkata	131904	47810	78211	1457	10341	90009	68.24	188.26	1.10	11.49
Maldah	105844	99020	9030	90748	11075	110853	104.73	111.95	85.74	9.99
Murshidabad	172433	172830	30019	134619	8288	172926	100.29	100.06	78.07	4.79
Nadia	78766	81940	16120	66759	7487	90366	114.73	110.28	84.76	8.29
North Twenty Four Parganas	146569	165680	28303	77755	3874	109932	75.00	66.35	53.05	3.52
Paschim Medinipur	94768	106430	11940	79854	3071	94865	100.10	89.13	84.26	3.24
Purba Medinipur	85399	95470	6765	74013	9112	89890	105.26	94.16	86.67	10.14
Puruliya	57967	55180	2849	53599	170	56618	97.67	102.61	92.46	0.30
South Twenty Four Parganas	153881	174190	19400	122935	4088	146423	95.15	84.06	79.89	2.79
Uttar Dinajpur	72059	78550	13674	66481	2067	82222	114.10	104.67	92.26	2.51
State	1666196	1653760	349874	1212939	90352	1653165	99.22	99.96	72.80	5.47

There are seven districts which have actually performed less than 95% HIV testing coverage among the pregnant women against estimated pregnancies during the financial year 2017-18. North 24 PGS being the worst performer, followed by South 24 PGS, Paschim Midnapur, Howrah, Hooghli, Alipurduar and Purba Midnapur. When coverage is estimated against ANC registration figure as reflected in HMIS portal, Kolkata and North 24 PGS are two districts which show less than desirable 95% coverage. Over the last few years, HIV testing contribution through facility integrated mode has taken the upper hand. The districts like Bankura, Jalpaiguri, Purulia and Uttar Dinajpur are the best performer and Kolkata, North 24 PGS and Darjeeling show minimum FICTC contribution in HIV testing. It is noteworthy that ANC registration is not happening according to estimated pregnancy and North 24 PGS is the district has been consistently faltering in reaching HIV testing target. The HIV testing coverage through private

sector has been highest during this financial year with maximum contribution coming from Kolkata, Howrah and Purba Midnapur. Birbhum, Alipurduar, Purulia and Dakshin Dinajpur have lowest contribution in their HIV testing coverage most likely due to less number of private health facilities and development partner of PPTCT program did not work there.

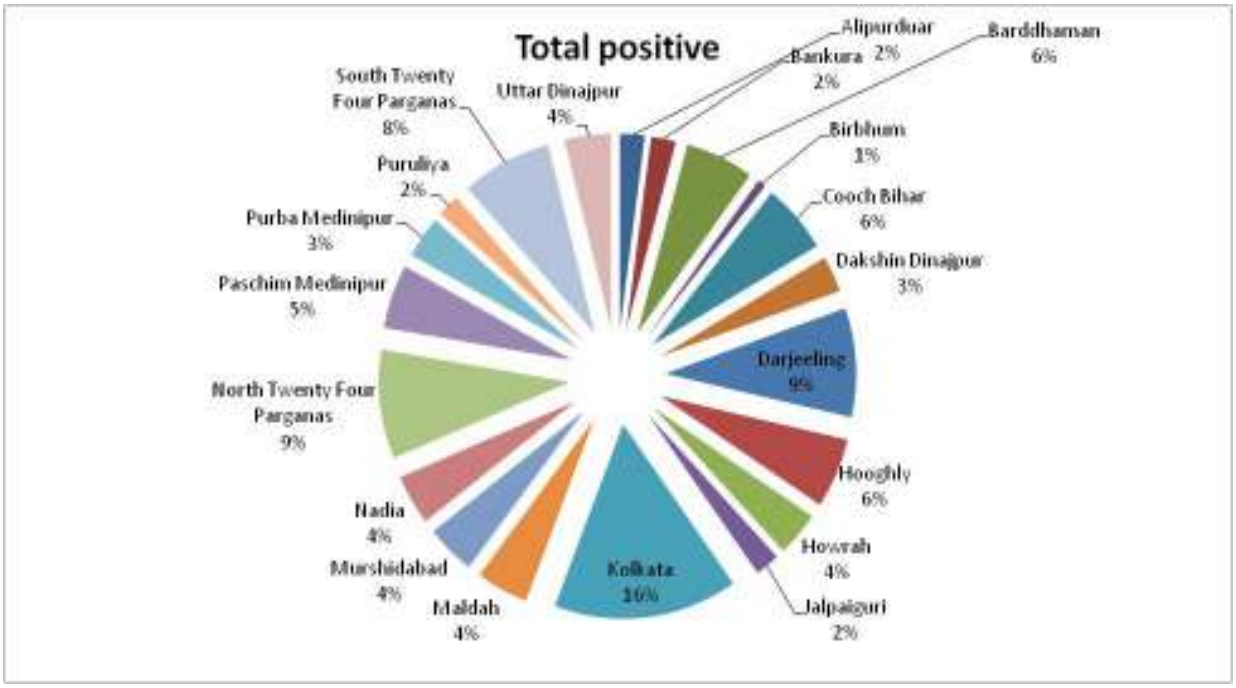


HIV positivity among the pregnant women and ART initiation status (district-wise)

Districts	New positive detection	ART initiation	Old positive cases with new pregnancies	Total Positivity	% of ART Linkages
Alipurduar	4	9	5	0.036	100.00
Bankura	4	9	5	0.013	100.00
Barddhaman	23	23	2	0.020	92.00
Birbhum	1	3	2	0.005	100.00
Cooch Bihar	18	25	7	0.043	100.00
Dakshin Dinajpur	13	12	0	0.041	92.31
Darjeeling	23	38	16	0.105	97.44
Hooghly	18	25	7	0.031	100.00
Howrah	14	15	2	0.021	93.75
Jalpaiguri	6	9	3	0.021	100.00
Kolkata	40	68	27	0.074	101.49
Maldah	17	19	2	0.017	100.00
Murshidabad	15	17	3	0.010	94.44
Nadia	13	21	5	0.020	116.67
North Twenty Four Parganas	27	39	12	0.035	100.00
Paschim Medinipur	19	23	4	0.024	100.00
Purba Medinipur	9	15	6	0.017	100.00
Puruliya	7	8	1	0.014	100.00
South Twenty Four Parganas	23	33	10	0.023	100.00

Uttar Dinajpur	15	16	2	0.021	94.12
State	309	427	121	0.026	99.30

The HIV positivity among the ANC population (proxy indicator for HIV positivity among general population) was found to be highest in Darjeeling (more than 0.1%) followed by Kolkata and Cochbehar. The last one has oflate shown huge positivity among the general individuals which represents a district with emerging HIV epidemic. The ART linkage has been optimum across the the state. The following pie chart depicts the district wise distribution of HIV positive pregnant women across the state.



Shortfall in ART initiation		
Reasons	**Numbers**	**Remarks**
Unwilling to start ART	1	PPW from Haringhata
Migrated	4	One from Balurghat to Mumbai, One from Chakulia to Punjab, One from Domjur to Punjab, one from Siliguri to Nepal
LFU positive pregnant women	3	One from kandi and 2 from durgapur
Other	1	Mentally challenged and absconded from hospital-Kharagpur
Carry forward of the last financial year	1	

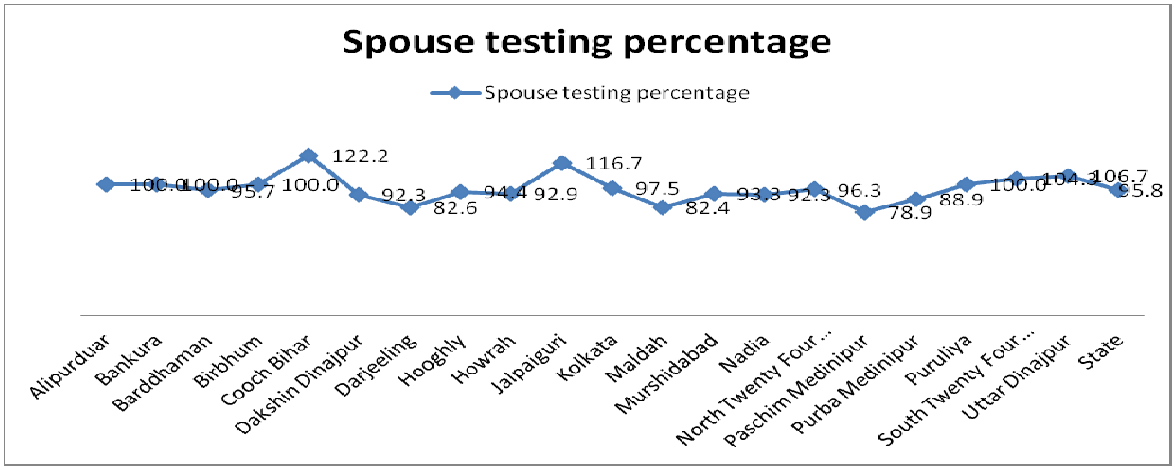
Spouse-testing status and discordant rate (district-wise)

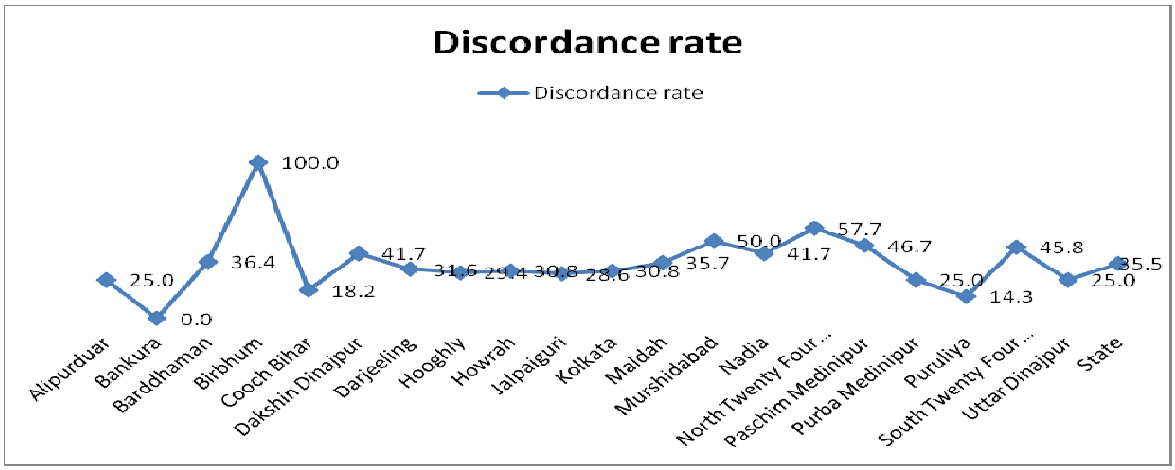
Districts	New positive detection	Spouse of PPW tested	% of spouse testing	Spouse of PPW tested +ve	Discordance rate
Alipurduar	4	4	100.0	3	25.0
Bankura	4	4	100.0	4	0.0
Barddhaman	23	22	95.7	14	36.4
Birbhum	1	1	100.0	0	100.0
Cooch Bihar	18	22	122.2	18	18.2
Dakshin Dinajpur	13	12	92.3	7	41.7
Darjeeling	23	19	82.6	13	31.6
Hooghly	18	17	94.4	12	29.4
Howrah	14	13	92.9	9	30.8
Jalpaiguri	6	7	116.7	5	28.6
Kolkata	40	39	97.5	27	30.8
Maldah	17	14	82.4	9	35.7
Murshidabad	15	14	93.3	7	50.0
Nadia	13	12	92.3	7	41.7
North Twenty Four Parganas	27	26	96.3	11	57.7
Paschim Medinipur	19	15	78.9	8	46.7
Purba Medinipur	9	8	88.9	6	25.0
Puruliya	7	7	100.0	6	14.3
South Twenty Four Parganas	23	24	104.3	13	45.8
Uttar Dinajpur	15	16	106.7	12	25.0
State	309	296	95.8	191	35.5

HIV serodiscordance rate considering HIV infected pregnant women as index case has become stationary during the last two years. Lowest spouse testing was noted in Darjeeling, Maldah and Paschim Midnapur. Murshidabad and North 24 PGS show significant serodiscordance to the extent of 50%.

Shortfall of spouse testing		
Reasons	**Numbers**	**Remarks**
Migration	17	Balurghat (1), Gangarampur(1), Siliguri (3), Chuchura (2- Bihar, Mumbai),RG Kar (2), Araidanga (1), Sadhikhandear (1), Krishnanagar (1), Basirhat (1), Jhargram (1), Salboni (1-UP), MMCH, West Midnapur (1), Baruipur (1-UP)
Unmarried	1	From WCD Home- Kalingpong
Unwilling husband	3	Khanakul, Silampur,Sonarpur

Husband Death	4	Singot,MCH,Gazole,Egra
Husband separated or left wife	5	Kamalpur, MCH, Bhatpara, Canning (2)
Other	1	Mentally challenged and absconded from hospital-Kharagpur
Carry forward from the last year	18	



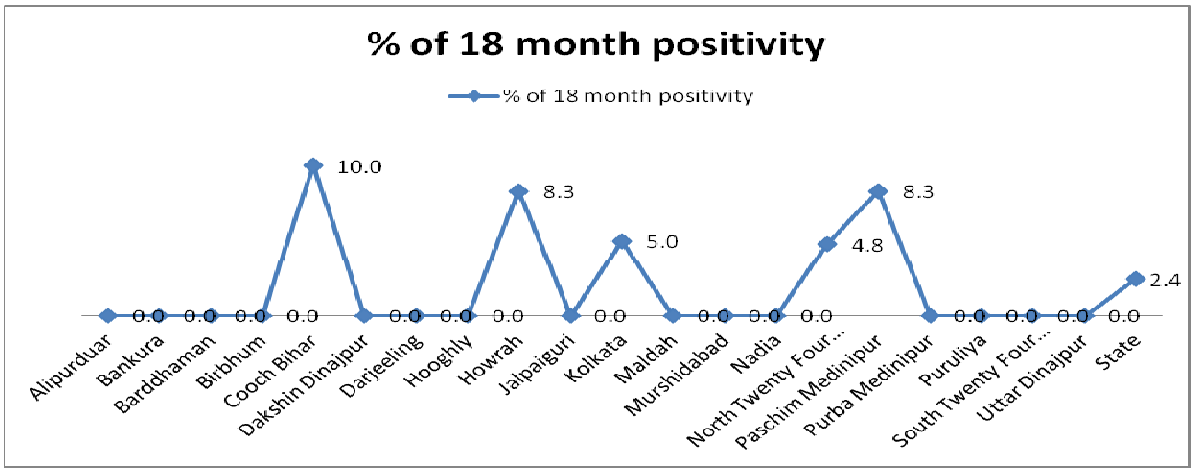


Districtwise positive delivery and subsequent steps of PPTCT cascades:

Districts	Positive delivery	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	10	9	2	0	0.0	4
Bankura	7	7	7	0	0.0	15
Barddhaman	22	20	36	0	0.0	27
Birbhum	3	3	0	0	0.0	0
Cooch Bihar	23	21	10	1	10.0	20
Dakshin Dinajpur	14	14	13	0	0.0	9

Darjeeling	39	38	54	0	0.0	26
Hooghly	18	18	22	0	0.0	13
Howrah	12	12	12	1	8.3	1
Jalpaiguri	12	12	4	0	0.0	15
Kolkata	92	91	80	4	5.0	125
Maldah	25	25	16	0	0.0	21
Murshidabad	27	27	11	0	0.0	22
Nadia	20	20	5	0	0.0	3
North 24 Parganas	23	22	21	1	4.8	37
Paschim Medinipur	24	23	24	2	8.3	29
Purba Medinipur	11	10	9	0	0.0	11
Puruliya	3	2	0	0	0.0	0
South 24 Parganas	23	23	26	0	0.0	10
Uttar Dinajpur	28	27	20	0	0.0	29
State	436	424	372	9	2.4	417

During the last financial year, 87.74% of live birth underwent HIV testing at 18 month and out of that HIV positivity was found to be lowest so far i.e. 2.4%. The highest positivity was found in Cochbehar, followed by Howrah and Paschim Midnapur. This is to be noted that out of second and third highest number of 18 month testing, no baby turned out to be positive in Darjeeling and Burdwan. CPT initiation was found to have reached a satisfactory level.



Linking of single test reactive pregnant women

Single test HIV screening test is being performed at FICTCs across the state and screened reactive cases are further linked to SAICTCs for confirmation. There are different data sources for collating the data. As FICTC SIMS report, during the last financial year, 285 screened reactive (276 from Govt. facility and 9 from Private facilities) pregnant women were found and as per SAICTC SIMS report out of them 59 were found to be confirmed HIV positive. There are laid down mechanism to ensure linkage but monitoring of the same has been very poor. Therefore, state in collaboration with development partner SAATHII, started a linelisting approach of the single test reactive cases. With

active case search, 229 single test reactive pregnant women could be identified and out of them, information of 160 could be received and out of them 44 turned out to be confirmed HIV positive.

Single test reactive pregnant women linking status						
Districts	Reactive Cases		Information Received		Confirmed Positive at ICTC	
	Apr-Dec 2017	Jan-Mar 2018	Apr-Dec 2017	Jan-Mar 2018	Apr-Dec 2017	Jan-Mar 2018
Alipurduar	8	6	7	6	1	1
Bankura	4	3	4	1	1	1
Barddhaman	5	1	5	1	3	0
Birbhum	11	2	2	2	1	0
Cooch Bihar	4	0	4	0	3	0
Dakshin Dinajpur	3	0	2	0	0	0
Darjeeling	5	0	3	0	1	0
Hooghly	9	2	9	2	2	0
Howrah	14	2	14	2	1	0
Jalpaiguri	7	0	4	0	0	0
Maldah	37	6	22	6	5	1
Murshidabad	21	6	1	6	1	2
Nadia	2	0	2	0	1	0
North Twenty Four Parganas	4	0	4	0	2	0
Paschim Medinipur	8	0	7	0	5	0
Purba Medinipur	14	0	2	0	1	0
Puruliya	20	9	20	11	3	2
South Twenty Four Parganas	15	0	10	0	6	0
Uttar Dinajpur	1	0	1	0	0	0
Grand Total	192	37	123	37	37	7

HIV screening of the symptomatic babies at SNCU/NRC

In order to put cross check on the existing VHND level HIV screening of the pregnant women and to identify effective quality outputs, HIV screening was introduced across the state in SNCUs and NRCs where babies admitted there, are subjected to four symptom screening and following which HIV screening is undertaken for symptomatic babies. If the babies are found reactive, parental HIV status is ascertained and babies are put to subsequent PPTCT follow up cascades. Though this has been introduced across the state, Kolkata is yet to roll it out. There is no streamline mechanism for data compilation and reporting. So far reports received by BSD division of WBSAP&CS, from inception in

July'17 till March'18, 2895 number of babies were reported to undergo testing out of which 5 were found to be reactive.

Month	SNCU		NRC		HDU		Total	
	baby tested	baby Reactive	baby tested	baby Reactive	baby tested	baby Reactive	baby tested	baby Reactive
July'17	30	0	11	0			41	0
Auguat'17	194	1	94	0	6	0	294	1
September'17	218	0	112	0	10	0	340	1
October'17	255	0	110	0	6	0	371	0
November'17	345	0	54	0	0	0	399	0
December'17	285	2	39	0	3	0	327	2
January'18	232	0	81	0	0	0	313	0
February'18	247	1	42	0	0		289	1
March'18	311	0	203	0	7	0	521	0
Total	2117	4	746	0	32	0	2895	5

Out the five reactive babies (all in SNCUs), one case was from Jalpaiguri DH, one from Kandi Murshidabad, one from Bolpur SDH and two from Asansole DH. For the baby from Jalpaiguri, the parents were found to be HIV non reactive and baby was adopted from Delhi. The mother of the babies from Murshidabad and Bolpur, were originally whole blood finger prick reactive case during VHND level screening but could not be linked to stand alone ICTC for confirmation. In both the cases, fathers were found to be HIV negative. The baby from Murshidabad died immediately as it happened for the baby from Jalpaiguri. The baby from Bolpur was given NVP prophylaxis and he is again lost to follow up. The two babies were found to be HIV reactive from Asansole and in both the cases parents were HIV negative and babies were three test negative at stand alone ICTC.

Profiling of first DBS detected babies:

Out of those received test result for DBS (no. 409) during the financial year 2017-18, 20 babies were found to be HIV1 detected. Out of the 20 babies, 10 were subjected to confirmatory DBS testing (50%), out of them 7 were found to be confirmed by 2nd DBS. Out of these 7 babies, 6 could be put on ART as one baby from MCTC ICTC ANC, was lost to follow up after first ART visit. Again the baby was traced back to ART centre but got lost from queue of ART centre. Out of those tested for confirmatory DBS, three were found to confirmed negative after consecutive two negative DBS results. Out of those 10 babies where confirmation is pending by secind DBS, their status are as follow

- 3 babies died before second confirmation and even before receipt of first test result
- For one baby, mother was FSW, most likely sold her baby and eloped with new partner
- For one baby, ART was initiated on presumtive basis as the mother was not willing to take her baby to ICTC owing to her second marriage

- For another baby, family migrated to Bihar: 1st EID visit happened at 15 month and when the report came it almost 18 month and 18 month rapid test found HIV positive in all three kits and ART was initiated.
- 2 cases are till untracable
- 2 more cases second sample were send pending report return during the financial year

Apart from that, there were three cases reactive during 2nd screening DBS. For all the babies, 2nd and 3rd DBS were negative and out of them 2 babies reached 18 month and tested negative by standard ICTC testing.

This is also to emphasize that, average age of the baby for 1st sample collection is 2.7 months and average number of days elapsed for report return from RRL is 67.5 days.

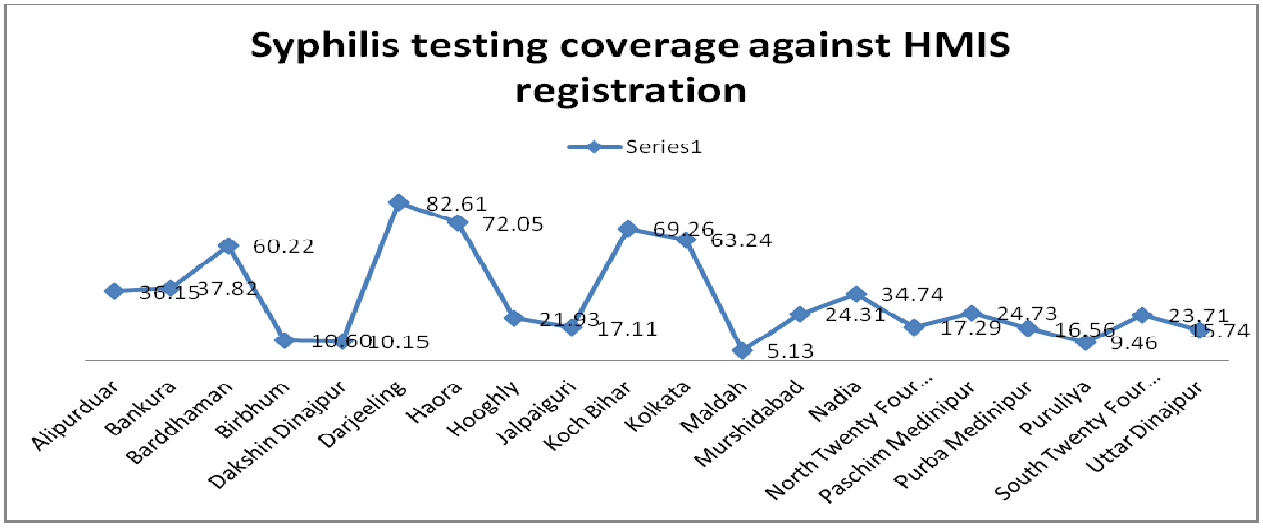
Syphilis testing of pregnant women:

Syphilis screening is now an essential component of universal ANC package and districtwise syphilis screening coverage as reflected for in SIMS and HMIS is as follows.

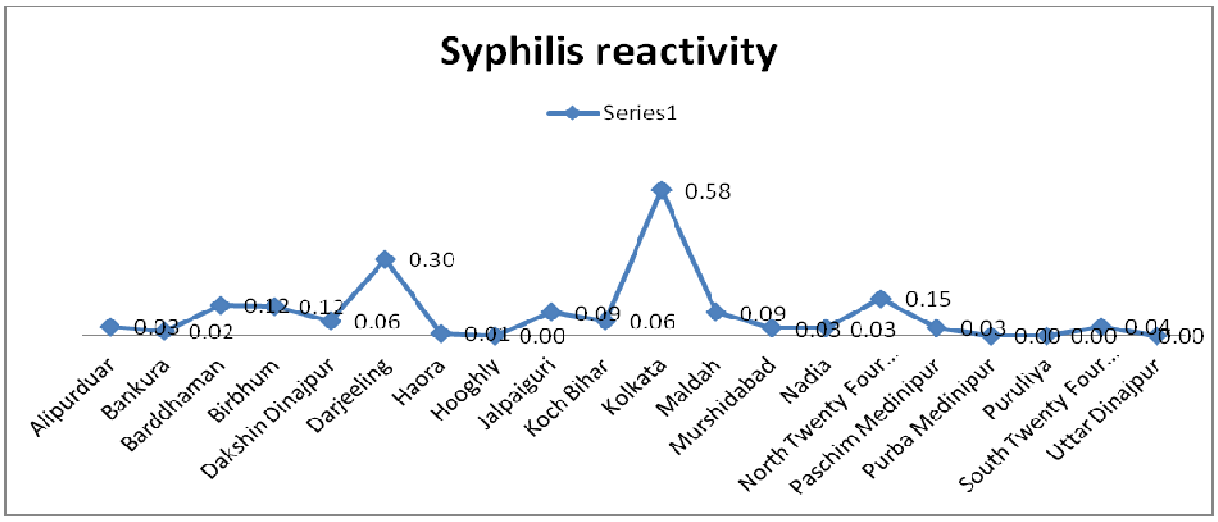
2017-18		SIMS data		HIMS data					
District	HMIS registration figure	Number of rapid plasma reagin RPR/VDRL tests performed	Number of RPR/VDRL reactive (Qualitative)	Number of pregnant women tested for Syphilis	Number of pregnant women tested found sero positive for Syphilis	Total tested	% of testing achievement	Total Syphilis reactive	Syphilis reactivity
Alipurduar	23911	1147	2	7498	1	8645	36.15	3	0.03
Bankura	55568	10750	2	10264	2	21014	37.82	4	0.02
Barddhaman	121218	28646	41	44351	47	72997	60.22	88	0.12
Birbhum	65173	4201	4	2710	4	6911	10.60	8	0.12
Dakshin Dinajpur	52376	3705	2	1610	1	5315	10.15	3	0.06
Darjeeling	28233	13093	34	10230	37	23323	82.61	71	0.30
Haora	30634	5082	1	16989	1	22071	72.05	2	0.01
Hooghly	82834	9183	0	8980	0	18163	21.93	0	0.00
Jalpaiguri	69960	3103	3	8867	8	11970	17.11	11	0.09
Koch Bihar	36699	8897	5	16520	10	25417	69.26	15	0.06
Kolkata	131904	46844	38	36566	446	83410	63.24	484	0.58
Maldah	105844	5031	4	400	1	5431	5.13	5	0.09
Murshidabad	172433	19382	6	22532	6	41914	24.31	12	0.03
Nadia	78766	8396	0	18966	8	27362	34.74	8	0.03
North Twenty Four Parganas	146569	7907	6	17439	31	25346	17.29	37	0.15

Paschim Medinipur	94768	14736	0	8696	7	23432	24.73	7	0.03
Purba Medinipur	85399	8273	0	5873	0	14146	16.56	0	0.00
Puruliya	57967	1236	0	4248	0	5484	9.46	0	0.00
South Twenty Four Parganas	153881	13593	8	22891	5	36484	23.71	13	0.04
Uttar Dinajpur	72059	7458	0	3883	0	11341	15.74	0	0.00
Total	1666196	220663	156	269513	615	490176	29.42	771	0.16

The district wise testing coverage is as follows

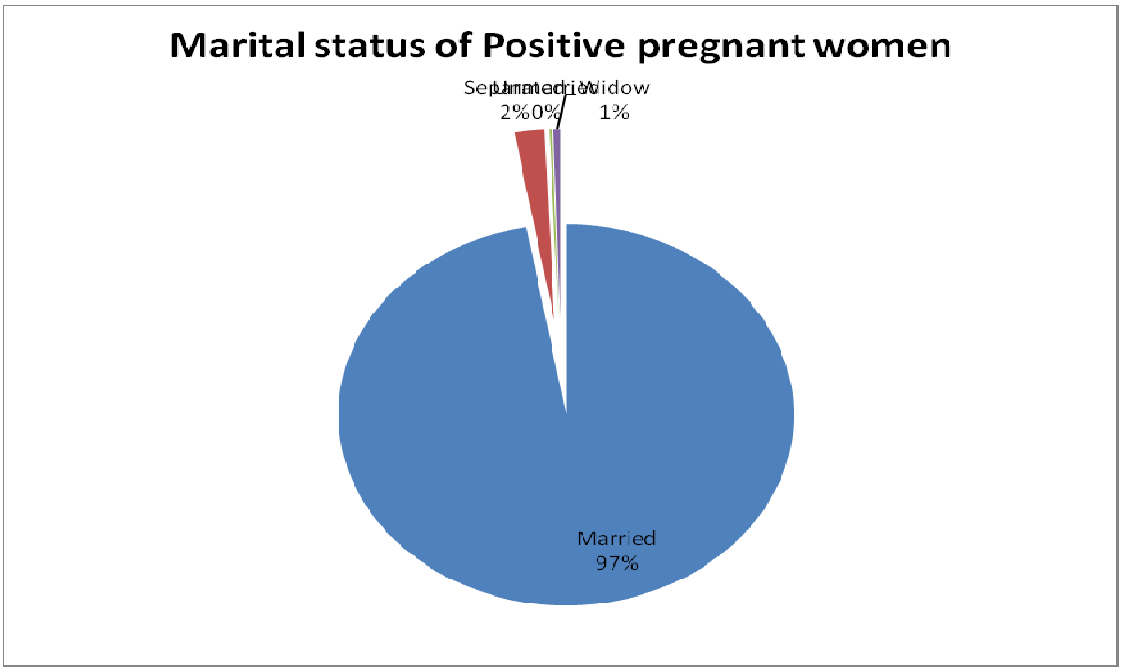


The coverage is the least in maldah and purulia which are less than 10% while higher percentage of syphilis screening was observed in Darjeeling and Howrah. The state average is 29.42% only. There are huge variation of syphilis reactivity as per data available. Some districts like Hooghli, Purulia, Uttar Dinajpur and East Midnapur could not find a single syphilis reactive case during 2017-18. Low positivity was observed Howrah and bankura where coverage is also very low and higher positivity was found in Kolkata and Darjeeling where syphilis testing coverage is pretty high. Therefore, as per current trend to increase syphilis yeild, coverage has to be increased by manifolds. The districtwsie variation in syphilis screening is as follows.

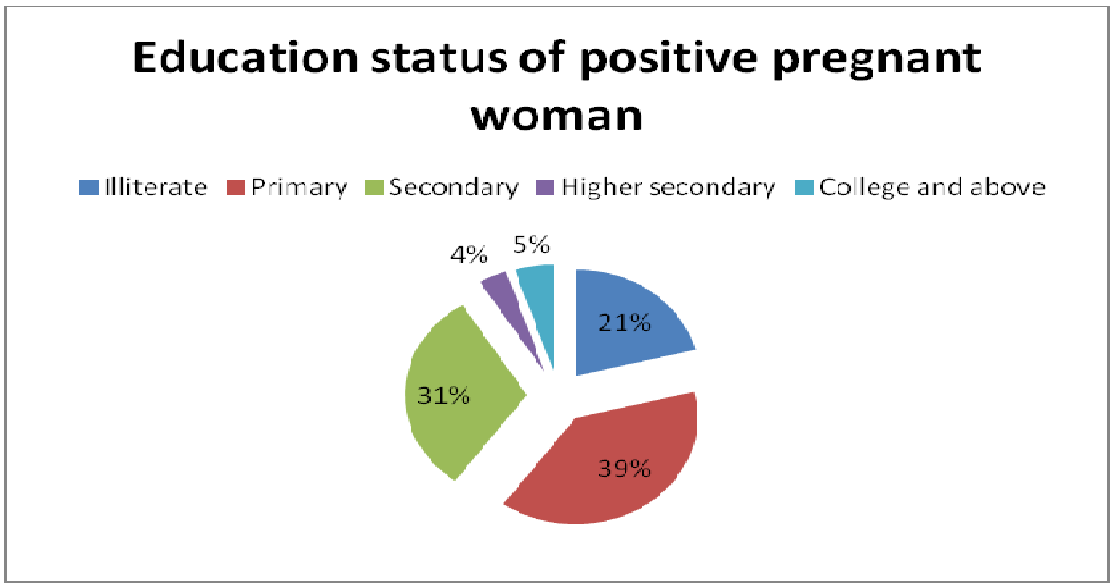


Basic demographic analysis of PPTCT linelist:

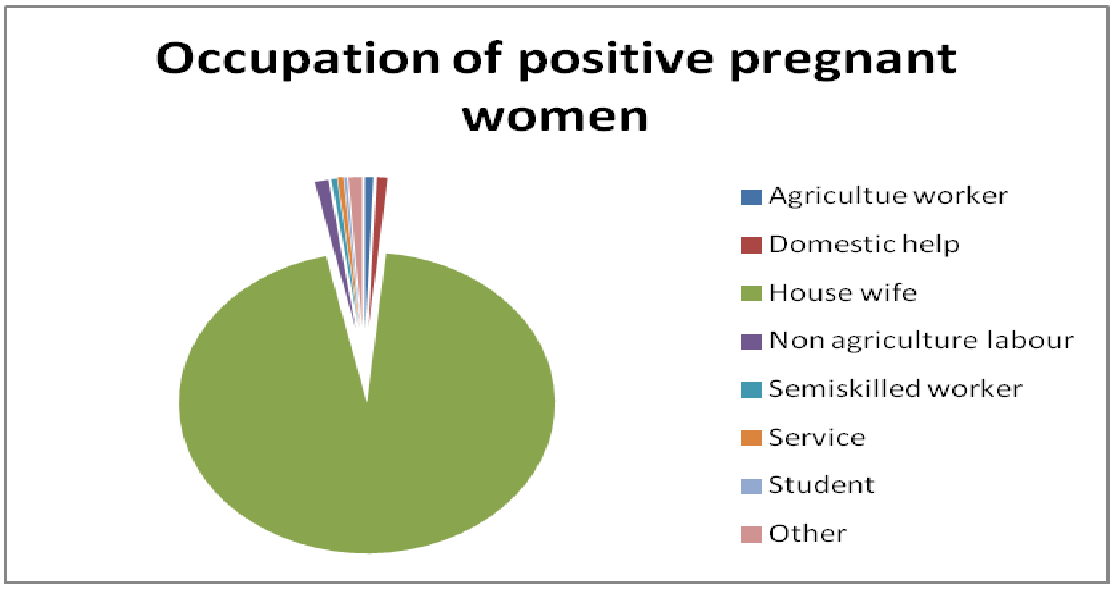
- Average age of the HIV infected pregnant women accessing PPTCT services is 25.09 years
- Average pregnancy order for newly detected HIV infected pregnancy is 1.85
- The distribution marital status of HIV infected pregnant women is as follows



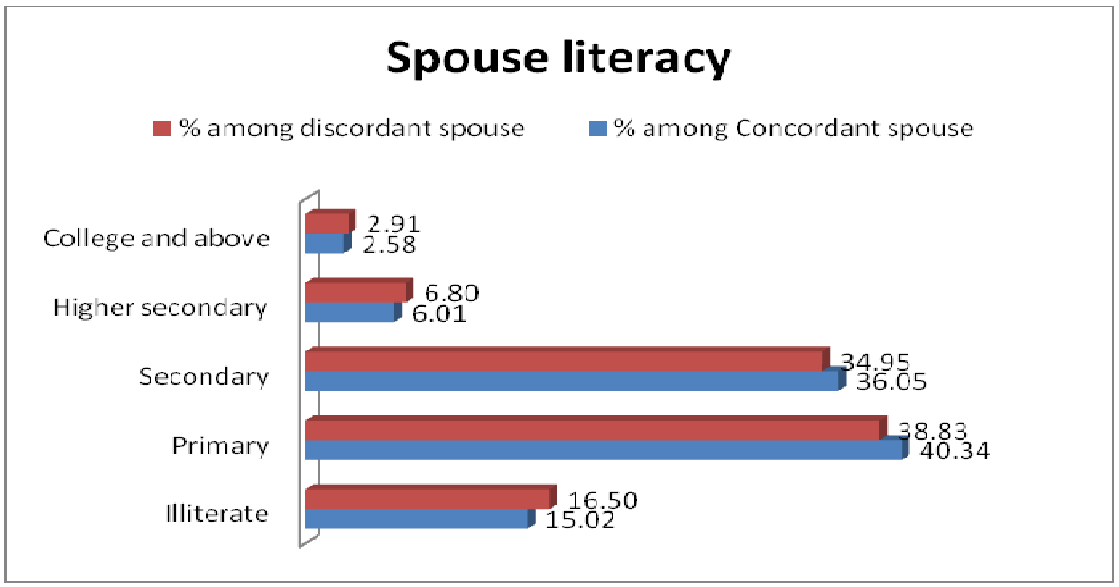
- The literacy status of HIV infected pregnant women is as follows



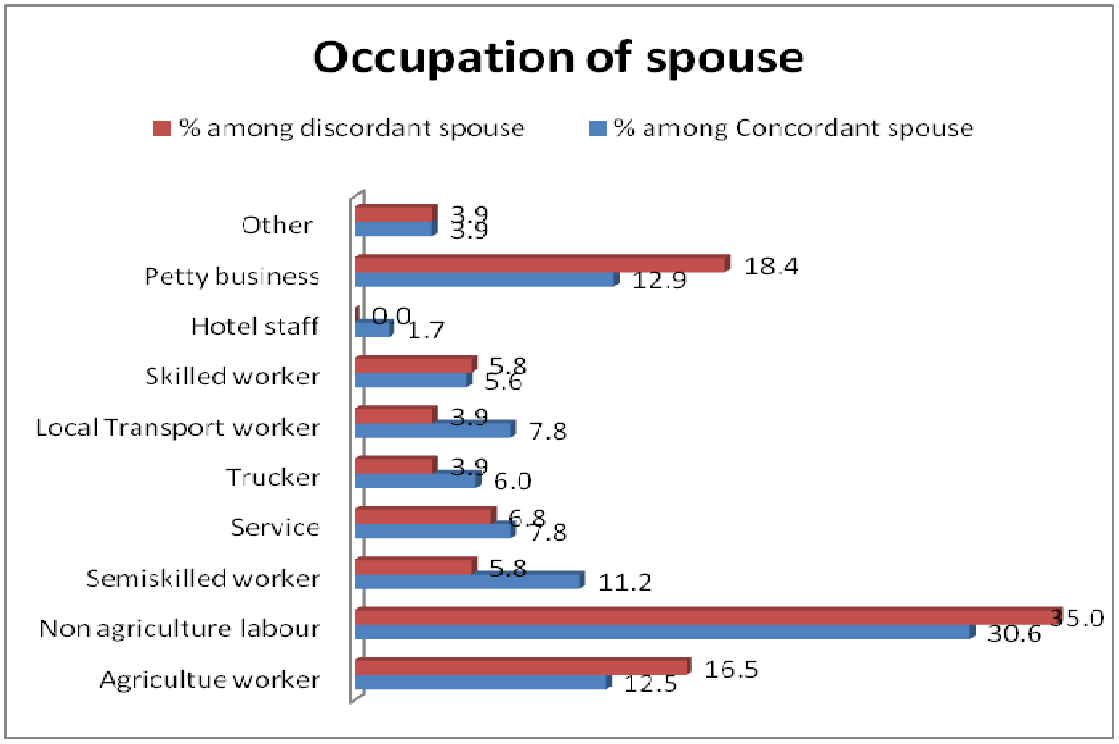
- The occupation of HIV infected pregnant women is as follows



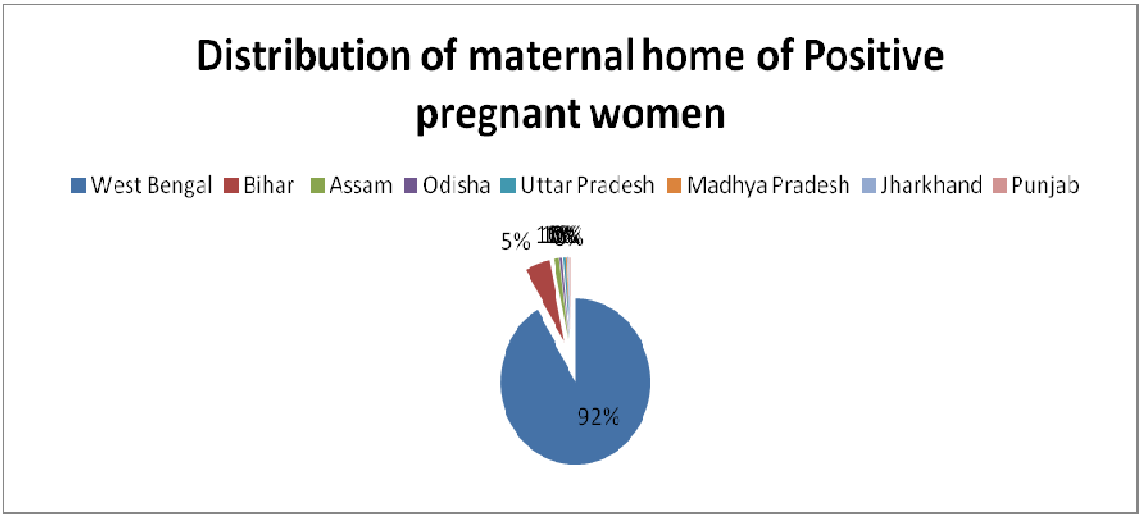
- Out of HIV infected pregnant women 14 were found to be female sex workers which is more than 3% and districtwise distribution is Kolkata (7), Malda (2), Howrah (2), Purulia (1), North 24 PGS (1) and Cochbehar (1).
- Average gestational age at which HIV status is detected is 20.8 weeks.
- As per demographic distribution of discordance, with increasing literacy status of the spouse chance of discordance is higher.



- As per demographic distribution of discordance, petty business and labourer spouse has been found to have higher chance of discordance.



- Regarding paternal address of HIV infected pregnant women, 92% are from this state only. Out of remaining 8% , 5% have alternative residence at Bihar. This is actual challenge for ART initiation and spouse testing.



Some basic findings from SIMS database and comparison with HMIS database:

- Among the new HIV detection, first trimester detection contributes 40.2% detection only which is much less than 1st trimester ANC registration pattern (81% HMIS 2017-18). This indicates there is time lag in reaching HIV confirmatory centres.
- Among the modes of delivery, in only 29% case, Caesarian section was conducted which is less than state's figure of C section i.e. 31.66% against all deliveries (HMIS 2017-18).
- Home delivery remains to be high ie. 5.3% which is just higher than home delivery percentage i.e 4.42% of the state (HMIS 2017-18).
- Almost 3% positive deliveries are happening in the private set up where all of them barring one received MB pair. The state HMIS data suggests that 19.88% of the deliveries are happening at private facilities. From this two things can be concluded that positive pregnant women are well connected with existing PPTCT follow up mechanism and private sector performs positive to much lesser extent indicating their unwillingness.
- Only 27.2% positive pregnant women opted for replacement feeding where this figure is much less as per HMIS data. The positive fact is that, the percentage of replacement feeding has come down substantially over the time.
- Male exposed live birth was 53.8% which is comparable with HMIS data i.e.51.33%.
- Due to the fact more than two fifth pregnant women are detected during first trimester, percentage of exposed live birth availing 12 week long Nevirapine prophylaxis is around 38% only.

Logical conclusion and Interpretation:

1) HIV testing-coverage: During the financial year 2017-18, state has almost reached saturation point of HIV screening with respect to both HMIS registration and estimated pregnancy. There are 12 districts whose coverage has crossed 100% limit against HMIS registration among them some districts like Maldah, Cochbehar and Murshidabad, effort was taken to clear the backlog of the last year in the month of April and May'17. In spite of that, there is possibility of duplication of testing which is happening between sub centre and Stand alone ICTC and also between private facility and PPP ICTCs. There has been a little chance of HIV testing duplication among same category of facilities as state has never endorsed the practice of HIV screening of the pregnant women twice in same pregnancy routinely. The contribution of

Stand alone ICTC in total testing is around one fifth and Kolkata where subcentre level testing is not happening contribute almost one fourth of state's Stand alone ICTC testing. Therefore, an increase by 10-15% above the 100 percent coverage will really saturate HIV testing coverage. Therefore, all efforts are required to be concentrated in private and urban (NUHM supported) set up for further scale up.

2) HIV positivity: Over-all HIV positivity among the pregnant women, has come down. HIV positivity in A, B & C category districts are 0.033%, 0.024% and 0.024% respectively. The difference B and C category is nil but A category has a bit higher positivity. Among the low prevalent districts, Cochbehar and dakshin Dinajpur are now showing significant positivity.

3) 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 fifteen 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.

	Rural	Urban
Total test	1367475	285690
Positive	100	330
Positivity	0.007	0.116

4) 18 month testing: There has been rapid decline in 18 month HIV positivity and for the first time it shows less than 5% (2.4%) i.e. it matches output indicator target for EMTCT. The expected time when mother was tested positive was during the financial year 2015-16 when "ART for all pregnant women" was onboard but during that time the HIV testing coverage for pregnant women was around 50% only.

5) Spouse testing: After endorsing HIV screening of HIV negative pregnant women in some pockets, the HIV positivity among the spouse was found to be less than general individual HIV positivity but 5 to 6 times more than ANC positivity of the state. This approach can be framed in other way that both would be parents should be tested for HIV before baby is born. This can give a real essence of family centric approach of the ongoing PPTCT program. Furthermore, HIV screening of spouse of HIV positive pregnant women and the discordance rate remains same over the last two years.

6) MTP rate: among positive pregnancies (114 per 1000 pregnancies) has also been persistently on higher side as compared to general counterpart (19) as per DLHS-4 and there has been a threefold jump in MTP rate as compared to the last year's figure. This indicates that prong 2 intervention of PPTCT is on board.

7) Still birth rate for the HIV infected pregnant women remains to be consistently high (22 in 2014-15, 23 in 2015-16, 23 during 2016-17, 27.5 during 2017-18) as compared to general counterpart in the state (DLHS-4 data showing SBR is 1). 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.

As a whole, West Bengal remains to be a low prevalent state with stable epidemic. Barring a few pockets like in Cochbehar and Dakshin Dinajpur, the trend of epidemic as per PPTCT data analysis shows downhill trend. All the facts and figure suggests that, PPTCT program has taken a shape in the state which needs further consolidation and strong monitoring mechanism should be in place to qualify the state for EMTCT verification and validation.

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 16 ART centres, 8 are in Government Medical Colleges, 6 in District Hospitals and 2 are in Sub divisional Hospitals and out of 3 FI-ART Centres, 1 in Government Medical College, 2 in District Hospitals. In addition, the State has Centre of Excellence 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 Assonsol 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 13 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 to reduced stigma and discrimination and LFU/Missed cases tracking.

Coverage & Achievement:

The cumulative number of PLHIVs 62767 are registered for pre-ART and 47476 ever enrolled on ARV. In last 12 months (April'17-March'18) around 6005 new cases have been registered at ART centres .

Details of ART Patients in HIV Care in West Bengal as on March 2018.

Sl.No.	Name of the ART Centre	PLHIV registered Pre-ART	PLHIV Ever started on ART	PLHIV Alive and on ART	PLHIV in Active Care
1	**FI-ARTC Bankura SMC&H**	786	637	612	749
2	**ART, Barasat DH**	1909	1849	1604	1643
3	**ARTC, BMC&H**	4777	3478	2438	2589
4	**ARTC, Chinsurah .D.H.**	2410	2145	1879	2002
5	**ARTC, Durjeelingng D.H.**	340	318	249	259
6	**ARTC, Ghatal S.D.H.**	1375	1334	1166	1197
7	**ARTC, S.S.K.M. Hospital**	3415	3140	2673	2712
8	**ARTC, Islampur SDH**	4323	3284	2539	2659
9	**ARTC, Malda MC&H**	2784	2344	1757	1840
10	**ART, MJN Coochbihar DH**	1684	1543	1273	1390
11	**ARTC, MMC&H**	2665	1896	1434	1624
12	**ARTC, M.R.Bangur DH**	3981	3333	2471	2501
13	**ART, Murshidabad MC&H**	1380	1275	1031	1070
14	**FI-ARTC Nadia DH**	1478	1393	1284	1310
15	**ARTC, NBMC&H**	8261	5119	3442	3622
16	**ARTC, R.G.Kar MC&H**	5672	4414	3178	3292
17	**RPAC, MC&H**	5299	3968	3239	3467
18	**ARTC, STM**	9225	5046	2574	2824
19	**FI-ARTC Tamluk D.H.**	1003	960	837	876

Sl.No	Name of the ART Centre	PLHIV registered Pre-ART					Ever started on ART					Alive and on ART					PLHIV in Active Care				
		Male	Female	TS/TG	Children		Male	Female	TS/TG	Children		Male	Female	TS/TG	Children		Male	Female	TS/TG	Children	
					Male	Female				Male	Female				Male	Female				Male	Female
1	FI-ARTC Bankura SMC&H	392	299	1	51	43	320	246	0	41	30	304	242	0	36	30	370	291	1	46	41
2	ART, Barasat DH	1046	815	8	18	22	996	807	8	17	21	851	711	7	17	18	887	713	7	17	19
3	ARTC, BMC&H	2626	1799	12	175	165	1939	1338	8	102	91	1260	1030	6	73	69	1332	1059	9	95	94
4	ARTC, Chinsurah .D.H.	1377	925	16	53	39	1218	836	10	46	35	1041	752	9	43	34	1108	800	12	47	35
5	ARTC, Durjeelingng D.H.	172	154	1	7	6	155	149	1	7	6	118	118	0	7	6	127	119	0	7	6
6	ARTC, Ghatal S.D.H.	618	634	0	73	50	589	625	0	71	49	476	577	0	65	48	498	583	0	67	49
7	ARTC, S.S.K.M. Hospital	2244	1069	15	54	33	2044	1014	12	43	27	1731	866	10	41	25	1746	879	12	46	29
8	ARTC, Islampur SDH	2245	1687	3	211	177	1720	1281	3	159	121	1251	1035	2	146	105	1327	1071	2	148	111
9	ARTC, Malda MC&H	1457	1084	4	134	105	1224	928	3	109	80	839	756	3	90	69	879	776	4	103	78
10	ART, MJN Coochbihar DH	892	673	0	64	55	804	627	0	63	49	639	533	0	58	43	706	576	0	59	49
11	ARTC, MMC&H	1365	993	2	163	142	1055	653	1	109	78	774	492	1	95	72	774	585	1	136	128
12	ARTC, M.R.Bangur DH	2225	1598	31	71	56	1866	1325	26	66	50	1322	1031	15	56	47	1340	1034	18	58	51
13	ART, Murshidabad MC&H	645	604	13	63	55	588	568	12	56	51	450	482	7	50	42	472	492	8	53	45
14	FI-ARTC Nadia DH	834	587	8	30	19	807	532	8	29	17	730	500	8	29	17	724	529	8	30	19
15	ARTC, NBMC&H	4801	2981	23	257	199	3029	1820	10	142	118	1893	1341	6	103	99	1937	1462	11	111	101
16	ARTC, R.G.Kar MC&H	3346	2170	54	50	52	2654	1643	38	41	38	1856	1225	29	36	32	1921	1264	33	38	36
17	RPAC, MC&H	2180	1987	6	648	478	1538	1567	3	484	376	1161	1331	2	409	336	1294	1361	2	470	340
18	ARTC, STM	6049	2997	18	93	68	3583	1400	9	33	21	1731	817	4	10	12	1885	908	8	10	13
19	FI-ARTC Tamluk D.H.	530	398	0	45	30	510	384	0	37	29	441	336	0	33	27	457	350	0	41	28

Details of Link ART / Plus Patients in HIV Care in West Bengal as on March 2018

SL.NO.	Name of LAC	Date of start	Name of ART Center	ON ART patients	
				Linked out	Alive and On ART at LAC/ LAC Plus
1	Alipurduar Divisional Hospital	March,2011	Cooch Behar District Hospital	29	29
2	Tufanganj Sub Divisional Hospital	Januray, 2016		22	22
3	Dinhata Sub Divisional Hospital	Januray, 2016		10	10
4	Mathabhanga Sub Divisional Hospital	Januray, 2016		8	8
5	Mekhliganj Sub Divisional Hospital	Januray, 2016		20	20
6	Kalimpong Sub Divisional Hospital	May, 2011	Darjeeling DH	45	44
7	Kurseong Sub Divisional Hospital	16-Mar		22	22
8	Jalpaiguri super speciality hospital	July, 2010	North Bengal Medical College & Hospital	39	39

	Malbazar Sub Divisional Hospital			5	5
9	Mirik Sub Divisional Hospital	April,10		5	4
10	Raigunj Medical College & Hospital		Islampur Sub Divisional Hospital	37	29
11	Balurghat District Hospital	10-Jul	Malda Medical College & Hospital	71	57
12	Gangarampur Sub Divisional Hospital	Jnuary-2016		31	31
13	Chanchal Sub Divisional Hospital	Jnuary-2016		16	16
14	Jangipur super speciality hospital	14-Oct	MURSHIDABAD. MC&H	69	69
15	Kandi Sub Divisional Hospital Lac	Jnuary-2016		34	34
16	Lalbagh Sub Divisional Hospital Lac	Jnuary-2016		21	21
17	Domkal super speciality hospital	Jnuary-2016		12	12
18	Egra Sub Divisional Hospital LAC,	Jnuary-2016	Tamluk Sub Divisional Hospital FI-ART	25	25
19	Asansol Divisional Hospital (Lac+)	13-Dec	Burdwan Medical College & Hospital	195	195
20	Rampurhat Divisional Hospital	10-May		64	64
21	Bolpur Sub Divisional Hospital	Jnuary-2016		16	16
22	Durgapur Sub Divisional Hospital	Jnuary-2016		68	68
23	Kalna super speciality hospital	Jnuary-2016		32	32
24	Katwa Sub Divisional Hospital	Jnuary-2016		27	24
25	Raghunathpur super speciality hospital	November, 2009	Medinipur Medical College & Hospital	32	32
26	Digha State General Hospital	12-Dec		76	75
27	Haldia Sub Divisional Hospital	10-Jul		7	7
28	Bishnupur District Hospital (New)			8	7
29	Deben Mahato Sadar Hospital	January, 2010		28	28
30	Contai Sub Divisional Hospital			125	124
31	Jhargram Sub Divisional Hospital	Jnuary-2016		50	38
32	Kharagpur Sub Divisional Hospital	Jnuary-2016		62	62
33	Daspur Rural Hospital	December, 2011	Ghatal SDH	61	59
34	Arambag Sub Divisional Hospital	December, 2011	Chinsurah District Hospital	82	0

35	Shrirampur super speciality hospital	16-Mar		105	0
36	Chandannagar Sub Divisional Hospital	16-Mar		1	0
37	Barrackpore Sub Divisional Hospital	March, 2011	R. G. Kar Medical College & Hospital	343	299
38	Bongoan super speciality hospital	Dec-10		46	30
39	Basirhat District Hospital	October, 2015		0	0
40	Salt Lake Sub Divisional Hospital	Jnuary-2016		12	11
41	BSF Composite Hospital	November. 2010	School of Tropical Medicine, Kolkata	20	6
42	Domjur Rural Hospital			323	267
43	Bagnan Rural Hospital	October, 2010	I.P.G.M.E.R., S.S.K.M. Hospital	96	62
44	Uluberia Sub Divisional Hospital	April,16		30	30
45	Canning Sub Divisional Hospital	October, 2010	M. R. Bangur Hospital	72	72
46	Diamond Harbour super speciality hospital	February, 2009		68	68
47	Kakdwip Sub Divisional Hospital	Januray, 2011		44	42
48	Baruipur super speciality hospital	Januray, 2016		158	158
49	Khatra Sub Divisional Hospital	Januray, 2016	BankuraSammiani Medical College And Hopital, Bankura	6	5
50	Ranaghat Sub Divisional Hospital	Feb-16	NADIA DISTRICT HOSPITAL KRIHNAGAR,NADIA	49	42
51	Tehatta Sub Divisional Hospital	15-Feb		21	21
52	Jnm Medical College And Hopital ,Kalyani	01-Apr		34	33
Total				2882	2474

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 2nd line ART was started at COE from 1st December, 2008 and by March 2018, 696 PLHAs were included in second line treatment and 35 PLHAs were included in 3rd line treatment.

In addition to above mentioned services , RDLS (Regional Distance Learning Seminar) is regularly organized by COE and pCOE on interesting and useful topics related to HIV.

Recruitment of Staff at ART centre & FI- 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.

Meeting:

CST Review Meeting and SGRC Meeting were held regularly as per schedule. ART-CSC coordination meeting were held regularly every month by all ART centres to discuss on current status of missed and lost to follow-up cases.

Printing:

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 are supplied as and when required.

Strategic Information Management

India's, as well as the State's success in handling 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 previous years, the quantity 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 empowered India to focus on the right geographies, populations and fine-tune its response over time.

The National AIDS Control Programme perceives that rigorous and scientific evidence is fundamental to an effective response and consequently, having 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 learned from NACP-I, II and III, and is based 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 utilization of information generated by government agencies, non-government organizations (NGO), civil society and development partners.

Programme Monitoring, data analysis, and dissemination are a standout amongst the most significant tools for measuring the programme performance and take an informed decision and course-rectification (if any). To overcome this challenge, 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 tems in various forms and to ensure emphasis on knowledge translation as a significant component 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 dimension. 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 and access to the user. The online Data Item Report is accessible for analysis and evidence-based action, timely corrective measures for programme managers and policymakers 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.

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 nongovernment 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 Addl. Project Director, five Joint Directors, two Deputy Directors and eight Assistant Directors. The total sanctioned strength of staff at head quarter of the Society is 65, of which 34 posts are filled as on 31st March 2018.

HR Strength of periphery level staffs working under the society as on 31st March 2018:

Sl No.	Name of the Post	No. in Position
1	Counsellor (ICTC)	315
2	Lab Technician (ICTC)	160
3	District ICTC Supervisor	6
4	Counsellor (STI)	48
5	Lab Technician (STI)	3
6	Research Officer	0
7	Counsellor (IEC)	1
8	Counsellor (Blood Bank)	32
9	Lab Technician (Blood Bank)	23
10	Senior Medical Officer	9
11	Medical Officer	9
12	Care Coordinator	15
13	Counsellor (ART)	47

14	Counsellor cum Data manager	2
15	Data Manager	27
16	Lab Technician (ART)	13
17	Pharmacist	12
18	Staff Nurse	8
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)	8
29	Dist. Assistant (M&E) (DAPCU)	7
30	Dist. Assistant (Prog.) (DAPCU)	4
31	Dist. Assistant (Accounts) (DAPCU)	5
32	Technical Officer (NRL)	2
33	Lab-Tech (NRL)	2
34	Technical Officer(SRL)	5
35	Lab-Tech(SRL)	4

New recruitments during 2017-18:

The following employees have been engaged on contract basis at different peripheral units across the state during 2017-18:

Sl No.	Name of the Post	No. in Position
1	Counsellor (Blood Bank)	2
2	Counsellor (ART)	7
3	Pharmacist	2
4	Medical Officer	2
5	Lab-tech (SRL)	3
6	LT (ART)	6
7	Counsellor (ICTC/ANC)	17

8	Lab. Tech. (ICTC/ANC)	92
9	Counsellor (STI)	4
10	Lab. Tech. (STI)	1
11	Technical Officer (NRL)	1
12	DPM (DAPCU)	2
13	Dist. Assistant (M&E) (DAPCU)	2
14	Dist. Assistant (Prog.) (DAPCU)	1
15	Dist. Assistant (Accounts) (DAPCU)	1
16	Counsellor cum Data Manager	1
17	Data Manager	7
18	SMO	3
19	Staff Nurse	3
20	Lab Technician (Blood Bank)	13
21	Lab-Tech (NRL)	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 from CMS approved vendors 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 meet 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 2017-18 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, Xerox machine, through inviting paper tender, quotations as per tender's estimated value for office use purpose.

Financial Management

Financial Management is an integral and important component under NACP IV programme 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 2017-18 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 2017-18 is shown below:

Fund Received from Department of AIDS Control (NACO), Govt. of India during 2017-18					
					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**	1,130.55	1,130.55	710.43
2	**RCC - II**	**ICTC**	1134.67	1134.67	949.76
3	**GFATM - IV**	**ART Centre**	387.45	387.45	388.63
4	**GFATM - VII (LWS)**	**Link Worker Scheme**	297.94	297.95	92.93
5	**TI - Pool Fund**	**TI – NGOs**	796.53	796.52	367.67
		Total	3747.14	3747.14	2509.42