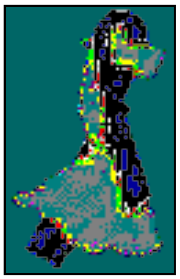
Annual Report
2009-10

West Bengal State AIDS Prevention & Control Society



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Preface

Available evidences on HIV epidemic in India places West Bengal as a low prevalence state. The provisional estimated HIV prevalence among pregnant mothers visiting ANC was 0.21 percent according to 12th round of HIV sentinel surveillance (2008-09). The estimated adult HIV burden based on current ANC prevalence of West Bengal is 1, 29,452. Among specific population groups such as core groups comprising of FSW, IDU and MSM population, the HIV prevalence works out to be 4.12 percent, 5.6 percent, 5.0 percent respectively. While among bridge population comprising truckers and migrant labour the prevalence is 2.43 percent and 2.48 percent respectively. The primary drivers of HIV infection is therefore unprotected sex, unprotected sex between men and injecting drug users. The sexual route accounts for 86% of HIV cases detected in West Bengal. As of now, according to vulnerability of the districts to HIV, four districts are indicated as 'A' consisting of Kolkata, Barddhman, Puruliya and Uttar Dinajpur. Four districts are 'B' comprising Darjeeling, Jalpaiguri, Purba Medinipur and Murshidabad. While, remaining 11 districts are in C category.

In 1998, the State Health and Family Welfare Department formed WBSAP&CS to expedite the implementation of second round of National AIDS Control Programme (NACP) in the State except areas that are included within Darjeeling Gorkha Hill Council. The goal of the society is to prevent HIV transmission and to control its spread by enhancing community awareness, channelize and integrate the activities of non-government organizations in AIDS control and prevention; promote safety of blood and blood products and encourage voluntary blood donation movements; provide facilities and to strengthen STD services in Govt and private medical institutions and with practitioners; to develop counseling services and to organize social support for the management of HIV infected and AIDS patients. In addition, coordinate and strengthen STD/HIV surveillance. The second phase of NACP II ended in 2007 and the third phase started thereafter from 2007, which will end in 2012. The focus of NACP-II was mainly to raise HIV awareness for behaviour change, shift in response from national to more decentralized state specific response and increasing partnership with NGOs and PLHA network. The overall goal of NACP-III is to halt and reverse the HIV epidemic in India during the stipulated five years period through a more decentralized district specific approach. The strategy continues to be preventive while at the same time seeks to integrate prevention with care, support and treatment through four pronged strategy:

1. Preventing new infections among high risk groups and general population through (a) saturation of coverage of high risk groups with targeted interventions and (b) scale 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. Strengthen strategic information management system.

Highlights of Initiatives 2009-10

As on 31st March 2010, the WBSAP&CS supported 78 **Target Intervention** with high risk and bridge population with a budget of Rs.1312.56 lakhs. The State Training Resource Centre has been established by NACO to ensure a continuous capacity building requirement of TI partners. For STI management preferred private providers' (PPP) model was piloted in the State by NACO and based on the experience in Jalpaiguri district and rolled out over a period of 9 months in 29 FSW project across state. Further, in order to saturate the coverage of HRG and cover other vulnerable groups in priority districts Link worker scheme was launched in 2008-09. Currently, the programme has been rolled out in 4 districts of West Bengal. In Puruliya and Murshidabad, the scheme is being implemented through District authorities and

Zilla parisad by UNICEF, West Bengal. In Barddhaman and Uttar Dinajpur, CINI is implementing the programme with assistance from WBSAP&CS and NACO.

As a part of the preventive interventions for the general population a number of activities were conducted in the State using of print, electronic media and folk culture to disseminate on issues regarding HIV transmission, stigma and discrimination, services available etc. The total allocation for **IEC activities** was Rs. 670 lakhs. Buladi is a mascot of HIV programmes in the State which have also been used by other programme to dissimenate information. Mobile vans have been used extensively for district **IEC** campaign covering 2,206 gram panchayats from 230 blocks to generate awareness about HIV in the rural areas. A 24 hour helpline 1097 has addressed the counseling needs of general population. During last one year, tele-counsellors addressed four hundred valid calls providing requisite information on HIV and services available. In addition, to mainstream HIV, around 16,000 persons were trained through 180 workshops organized in collaboration with various departments, private sector and civil society to disseminate information on HIV transmission and dispelling stigma and discrimination. Such endeavours have lead to the establishment of condom vending machines and setting-up of ICTCs in private sector. The state has 19 drop-in-centres (DICs) for PLHAs which are run by district level networks. Among them, 8 DICs are supported by NACO and the rest by the State. Mainstreaming efforts facilitated in provision of benefits like free transport, AAY cards, widow pension, NREGA, safe shelter etc. to PLHAs in conjunction with the Departments of Transport, Food, Panchayat, Social Welfare and local administration. Regular legal aid sessions were held to ease the legal problems of PLHAs. Donor agencies like FXB and private organizations like Ambuja Cements also extended certain nutritional and educational support to PLHAs.

Condom use was promoted through TI, STI, ICTC and ART centres. The HLFPPT is one of the main partners in promoting social marketing of female condoms among TIs in the State. For male condoms, the HLL was the main partner during the last year. During the last two years, the Society facilitated establishment of CVMs as a means to promote visibility and access of condoms in areas of population congregations. In the last one year, 22, 12, 336 male condom pieces have been distributed through the Society through DSRC, ICTC and TIs. The TIs, except those working among Truckers have sold 97, 57,662 pieces through their Peers and 1200 non-traditional outlets. As for female condoms, 10230 pieces were socially marketed through TIs.

There are 43 NACO designated **STI clinics** in the State, 60 TI-STI clinics and 260 preferred private providers in the State that provided STI treatment to vulnerable and HRG population. Around 1.4 lakh STI/RTI episodes have been managed by Designated STD and RTI Centres (DSRCs) in the last one year. The Stand alone TI- STI clinics and Preferred Private Providers (PPP) managed 27, 684 episodes (without Truckers). During last year, all the position of Counsellors was filled-up and it is expected that from next year the quality of services and outreach activities at DSRCs may improve considerably. Free condoms are provided to clients at DSRCs and in one year around 11753 clients have been referred to ICTCs.

Access to **safe blood** is ensured through a network of 106 registered blood banks in the State (58 are State owned blood banks, 16 central government, 31 are private blood banks and 1 run by municipality), 9 Blood Component Separation Units. EQAS is in-built to ensure quality assurance of blood units collected through camps and replacement donors. The State has 5 SRLs and one NRL reviews that on quarterly basis the blood units collected at blood banks and ICTCs across the State. In West Bengal, more than 80% of the blood collection is through voluntary donors. In last one year, 11335 voluntary blood donation camps have been organized and collected 5.8 lakh blood units. HIV reactivity in the blood units collected was 0.3%. During the last year one year, donor motivation programmes was organized in Birbhum and Murshidabad districts to promote voluntary blood collection in these districts.

in the last 8 years from 2, 600 individuals in 2002 to 14 lakhs during March 2009. The detection of positives has also increased from 626 in 2002 to 6575 in 2009. In order to promote institutional delivery among the positive mothers in the government hospitals and also promote a congenial environment in the hospitals, the WBSAP&CS launched the ***Jagiriti scheme*** on the eve of the World AIDS Day, 2008 where one time one thousand rupees is given to the PLHA mother immediately after the delivery. The funds are basically from the Janani Surksha Yojana and given by the ICTC counselors who counsel and follow-up with positive mothers. It is also envisaged that this scheme may ensure in-take of Nevirapine Prophyplaxis among mother and baby and therefore reduce chances of parent to child transmission of infection. So far, 178 PLHA mothers are benefactors of the Jagiriti Scheme.

Free **ART services** are available in the State through 9 ART centres and 17 Link ART centres. The LACs have been established since last two years in the State to increase accessibility of ARV services. In addition, the State has Centre for Excellence (COE) providing tertiary level health care services and Regional Pediatric Centre catering especially to children and their guardians. Currently, there are 9 ART centres that have CD4 testing facilities. All the stipulated requirement of ARV drugs come from NACO. As on 31st March 2010, the total number of PLHAs registered at ART centres is 17694 and of them 6095 are alive on ARV drugs. The In order to monitor the immune system of the PLHAs, CD4 count testing is done twice a year. The second line ART started at COE from 1st December, 2008 and within a span of one year 53 PLHAs are on second line treatment and of them 47 are alive on 2nd line treatment each of the registered clients, this also illustrates progression of the infection towards AIDS. ART centres are linked with Community Care Centres (CCC) which is short stay-cum- treatment centres for PLHAs to seek treatment for Opportunistic infections (OI) and counseling on ARV drug adherence. In last one year, 14 CCCs treated 5667 episodes of OIs and 1794 PLHAs have been visited at their homes by outreach workers.

Strategic Information and Management Unit is responsible for overseeing the management of programmatic data and surveillance in the State. Every quarter, Dash board on WBSAP&CS programmatic and financial performance is prepared and maintained.

West Bengal State AIDS Prevention and Control Society (WBSAP&CS) is the implementing arm of NACO to upscale the components of NACP-III programme for halting or reversing the HIV epidemic. The Society works in tandem with Non-government organizations and other government departments including NRHM, Women and Child Department, Education Department, Police personnel, Jail Personnel and private sector for the prevention as well as for provision of care, support and treatment. The Society has a governing body and executive committee to oversee the functioning of the society. Initiatives have been taken up by the Society to set up District AIDS Prevention Unit (DAPCU) under District Health Society of NRHM in 7 priority districts of West Bengal namely Kolkata, Puruliya, Barddhaman Uttar Dinajpur, Darjeeling, Jalpaiguri, and Purba Medinipur districts for strengthen the implementation of NACP-III programmes at the district level. Recruitment of the district level positions has been completed and it is expected that by next year, planning and implementation will thereafter become district specific so to address the gaps in HIV response.

Vats

Dr. R.K. Vats
PROJECT DIRECTOR

Contents

List of Acronyms

AIDS	Acquired Immuno-deficiency Syndrome
AAY	Antyodaya Anna Yojana
AIR	All India Radio
ANC	Antenatal clinic
ANM	Auxilliary Nurse Mid-wife
ART	Antiretroviral Therapy Treatment
AWWs	Aganwadi Workers
BCC	Behaviour Change Communication
BCSU	Blood component separation unit
BMCH	Barddhman Medical College & Hospital.
BSMCH	Bankura Sammilini Medical College & Hospital
CBO	Community Based Organization
CCC	Community Care Centres
CD4	Cluster Differentiation Cells
CINI	Child in Need Institute
CISF	Central Industrail Security Force
CLHA	Child lliving with HIV/AIDS
CMIS	Computerized Management Information System
CMOH	Chief Medical Officer for Health
CNMCH	Calcutta National Medical College & Hospital
COE	Centre for Excellence
CRPF	Central Reserve Police Force
CST	Care, Support and Treatment
CVM	Condom Vending Machine
DAPCU	District AIDS Prevention and Control Unit
DBS	Dry blood spot
DICs	Drop-in-Centres
DMSC	Durbar Mahila Samannya Committee
DSRC	Designated STI and RTI Centres
EQAS	External Quality Assurance System
ESI	Employees State Insurance
FM	Frequency Megahertz
FSW	Female Sex Workers
GFATM	Global Fund for Fight AIDS, Tuberculosis and Malaria
GIPA	Greater involvement of people living with HIV/AIDS
GNMs	General Nursing Mid-wife
HDRI	Human Development and Research Institute.
HIV	Human Immuno Deficiency Virus
HLFPPT	Hindustan Latex Family Planning Promotion Trust
HLL	Hindustan Latex Limited
HSS	HIV Sentinel Surveillance
IBTM&IH	Institute of Blood Transfusion Medicine & Immunohaemotology
ICTC	Integrated Counselling and Testing Centres.
IDU	Injecting Drug Users
IS	Institutional Strengthening
KRP	Key Resource Persons
LAC	Link ART Centre

LT	Lab Technician
LWS	Link Worker Scheme
M&E	Monitoring and Evaluation
ML	Migrant Labour
MSM	Male having Sex with Male
MRP	Master Resource Person
NACO	National AIDS Control Organization
NACP	National AIDS Control Programme
NGO	Non-government organization
NIIT	National Institute of Information Technology
NREGA	National Rural Employment Gaurantee Act
NRHM	National Rural Health Mission
NRL	National Reference Laboratory
NRS MCH	Nilratan Sircar Medical College and Hospital
NSEP	Needle Syringe Exchange Programme
OI	Opportunistic Infections
OST	Opiod Substitution Therapy
PE	Peer Educators
PEP	Post Exposure Prophylaxis
PLHA	People living with HIV/AIDS
PPP	Preferred Private Providers
PT	Presumptive treatment
PTS	Police Training School
R.G.Kar MCH	Radha Gobindo Kar Medical College and Hospital
RRC	Red Ribbon Clubs
RTGS	Real time gross settlement
SBTC	State Blood Transfusion Centre
SCIR	Society for Community Intervention and Research
SDH	Sub-district Hospital
SIMU	Strategic Information and Management Unit
SRL	State Reference Laboratory
SSB	Sashastra Seema Bal
SSKM	Seth Shuklal Karnani Memorial.
STD	Sexually Transmitted Disease
STI	Sexually Transmitted Infection
STM	School of Tropical Medicine
STRC	State Training Resource Centre
SUDA	State Urban Development Agency
TB	Tuberculosis
TCIF	Transport Corporation of India Foundation.
TCS	The Calcutta Samaritans
TI	Targeted Interventions
TSU	Technical Support Unit
UD	Urban Development
UNICEF	United National Childrens' Fund
VBD	Voluntary Blood Donation
VBDF	Voluntary Blood Donation Forum
VDRL	Veneral Disease Research Laboratory
WBBSE	West Bengal Board of Secondary Education
WBSAC&PS	West Bengal State AIDS Prevention and Control Society

1. *Introduction & Epidemiological Situation of HIV/AIDS*

West Bengal is a densely populated State of India with 72 percent of its 80 million populations residing in the rural areas. As per the HIV estimation in India 2007, 10% of the total PLHAs of the country live in West Bengal. Nonetheless, the state is categorized as a low prevalence state and there are pockets of high prevalence mainly driven by sub-populations that have higher risk of exposure to HIV. As per the provisional results of 2008-09 HSS, the estimated ANC prevalence rate stands out to be 0.21%; STD prevalence rate was 3.2% and among HRG such as FSW, IDU and MSMs the prevalence rate stands at 4.12%, 5.6% and 4.96% respectively. The HIV prevalence among truckers and migrant labour is 1.75% and 2.48% respectively. The HIV transmission is mainly through sexual route, however in few districts the transmission is also through injecting drug users.

The Government of India launched the first National AIDS Control Programme (NACP-I) in 1992 with an objective to slow down the spread of HIV infections so as to reduce morbidity, mortality and impact of HIV epidemic in the country. The National AIDS control Board (NACB) was constituted and an autonomous National AIDS Control Organization (NACO) was set-up to implement the project. During this phase, the State AIDS council looked after the implementation of the HIV programmes in the State. Prior to the launch of the second round of National AIDS Control Programme (NACP-II) in November 1999 with assistance from World Bank, the Health and Family Welfare department, Government of West Bengal formed a society to expedite implementation of National AIDS control programmes in the state. The strategic shift of NACP-I to NACP-II was towards changing behaviour, decentralization of programme management at the state level with greater involvement of NGOs. The key objective of NACP-II was to reduce the spread of HIV infections in India and to increase India's capacity to respond to HIV/AIDS on long term basis.

1.0 NACP III

The overall goal of National AIDS control programme phase III (2007-12) is to halt and reverse the epidemic in India through four pronged strategy:

1. Preventing new infections among high risk groups and general population through (a) saturation of coverage of high risk groups with targeted interventions and (b) scale 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. Strengthen strategic information management system.

The overall objective is to reduce the rate of incidence in the first year of the programme in high prevalence states by 60% and that in the vulnerable states by 40% to stabilize and reverse the epidemic.

1.1 GUIDELINE

The goal, objectives and strategies of NACP-III are reflected by the following guiding principles:

- The 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.
- Equity is to be monitored by relevant indicators in both prevention and impact mitigation strategies, i.e., percentage of people accessing services disaggregated by age and gender.
- Respect for the rights of PLHA, as it contributes most positively to prevention and control efforts.
- Civil society representation and participations in the planning and implementation of NACO-III is essential for promoting social ownership and community involvement.
- Creation of an enabling environment wherein those infected and affected by HIV can lead a life of dignity.
- Provision of universal access to HIV prevention, care, support and treatment services.

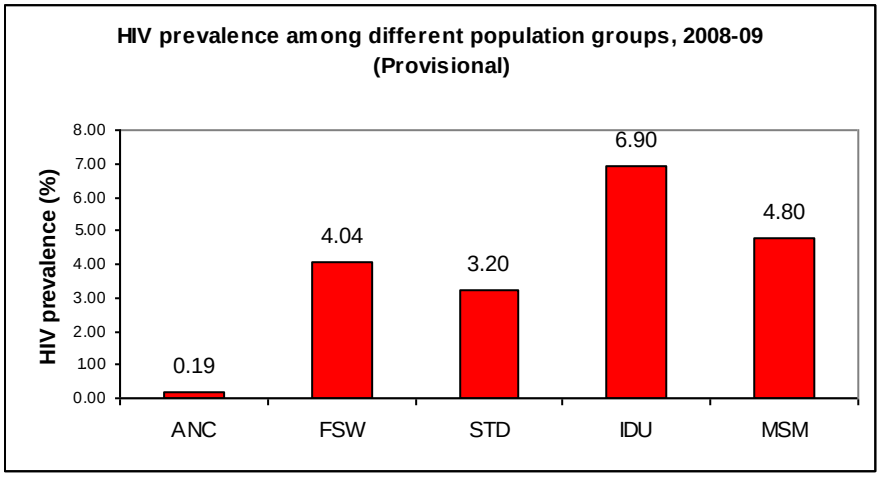
- For making the implementation mechanisms more response, proactive and dynamic, the HRD strategy of NACO and SACS is based on qualification, competence, commitment and continuity.

Strategic and programme interventions are to be evidence based and result oriented with scope for innovations and flexibility.

1.3 EPIDEMIOLOGICAL SITUATION OF HIV/AIDS

Provisional estimates show that there are 22.7 lakh people living with HIV/AIDS in India by the end of 2008 with an estimated adult HIV prevalence of 0.29 percent. Declining trends are noted in high prevalence states indicating impact of programme interventions. In West Bengal, the provisional results of 2008 round HSS continues to indicate a concentrated epidemic in the State, with a very high HIV prevalence among high risk groups – IDU (6.9%), MSM (4.8%), FSW (4.04%) and STD client (3.2) as shown in Fig 1.1 below:

Fig 1.1



The spread of the infection is not same across the state. The state has 19 districts and of them 4 districts are designated as 'A' namely Kolkata, Barddhaman, Puruliya and Uttar Dinajpur; 4 'B' category districts namely Darjeeling, Jalpaiguri, Murshidabad and Purba Medinipur. While remaining districts are graded as 'C' category districts. On the whole, the state is a low prevalence state consisting of clusters of high positivity due to inherent cultural, socio-economic

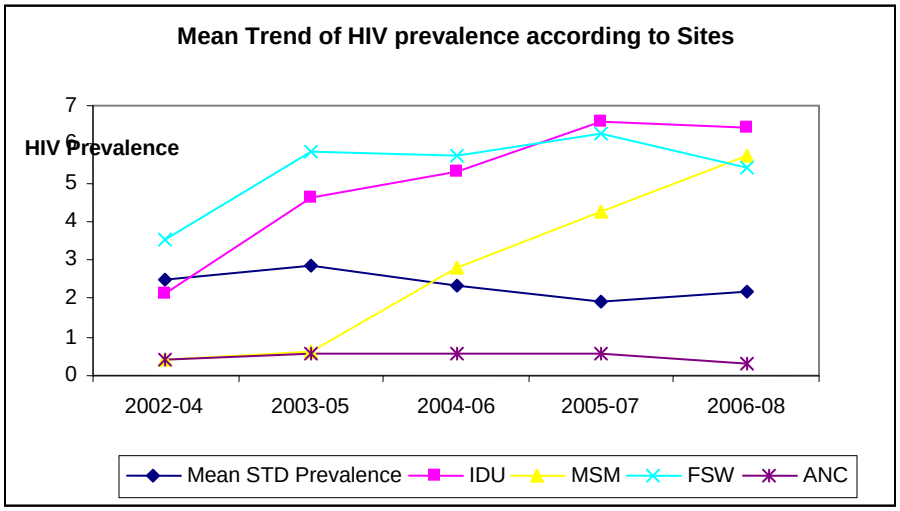
diversity that exists within the state and population dynamics associated with presence of HRG the same.

1.4 PATTERN OF HIV SPREAD

An overall decline of HIV prevalence among ANC attendees is noted for India as well in West Bengal. In 2007, the mean ANC prevalence was 0.42% and in the recent round the provision figure is 0.21%. Within the state, district level variations in HIV prevalence was noticed among pregnant mothers. For the first time, sentinel surveillance did not detect ANC positive case. The districts that registered HIV prevalence above the state average during 2008-09 HSS were: Cooch Behar (0.55%), Malda, Paschim Medinipur, Howrah and North 24 Parganas (0.50 - 0.51%), Darjeeling (0.4%), Dakshin Dinajpur (0.26%) and most the districts registering high prevalence were largely low prevalence districts.

The HIV trend among MSMs shows (Fig 1.2) an increasing trend, while decline in IDU prevalence is observed though the prevalence continues to be high. The HIV prevalence among FSW has declined from 4.8% to 4%.

Fig 1.2



Note: 2008-09 Based on Provisional Surveillance data

Routes of Transmission: The routes of HIV transmission show that HIV infection in West Bengal is largely through unprotected sex. However, some districts such as Darjeeling and Kolkata the injecting drug users are also important drivers of HIV epidemic in the district.

Thus, though West Bengal is low prevalence state, but there are variations in HIV among type of sub-populations and routes of transmission. It is very early to say that HIV prevalence among ANC attendees and HRG is declining in West Bengal as apparent from the figure. This is because of the fact that the reach of testing facilities is limited mainly to district and sub-district level hospital. Nonetheless, implementation of the HIV programmes at district level including coordination between various HIV related service responses, perceived HIV risk, involvement of various stakeholders, condom use will determine the future course of the epidemic in the State.

2. Targeted Intervention (TI)

2.0 INTERVENTIONS AMONG VULNERABLE POPULATION

The HIV epidemic is heterogeneous in nature, both in terms of routes of transmission as well as geographic spread. Nonetheless, the HIV transmission in West Bengal is driven by unprotected sexual intercourse and sharing of injecting equipments. The sub-populations that have highest exposure to HIV are Female Sex Workers (FSW), Men who have sex with Men (MSM) and Intravenous Drug Users (IDU). In the broader transmission of HIV beyond HRG often occurs through their sexual partners, who also have lower risk sexual partners in the "general population" are referred as bridge population because they form a transmission bridge from the HRG to the general populations.

2.1 TARGETED INTERVENTIONS IN NACP-III

The NACP-III focuses on saturating the coverage among the high risk group including FSW, MSM, IDUs and bridge population (migrants and long-distance truckers) through Targeted or Focused Preventive Interventions among them. The major strategy adopted to reach out to HRG groups adopted since NACP – II was through target interventions and most of these interventions were in urban areas. Hence, for effective interventions, there is a need to target both the groups. NACP-III thus earmarked to upscale TI projects and cover 80% of HRG with primary prevention services including:

- Treatment for sexually transmitted infections.
- Condom provision.
- Behaviour Change communication.
- Creating an enabling environment with community involvement and participation
- Linkages to care and support.

Access to STI services: STI (both symptomatic and asymptomatic) poses a greater risk for acquiring HIV infections among the high risk groups, hence there is a provision of STI services through three approaches: Static TI clinics, preferred private providers and referral clinics.

Behaviour Change Communication: This includes assessment of individual and group practices/behaviours which pose risk to HIV infection and develop specific strategies to address the risk of infection through peer counseling, counseling through counselors and creating enabling environment for re-enforcing safe practices. The Peers and Outreach workers are the foot soldiers of BCC.

Provision of commodities to ensure Safe practices: The commodities are supplied through peers, outreach workers and social marketing through direct budget provision under TIs and through Social marketing agencies. Among FSWs, male lubricated latex condoms and female condoms (only in some TI) are provided through free distribution and social marketing agencies. For MSM, free condoms are distributed and steps are being taken to make lubes available to MSM interventions. In Migrant and Trucker TIs, condoms are socially marketed. Besides, Condom vending machines are placed at strategic locations to ensure uptake by clients.

Enabling Environment through Structural Interventions: Identification of power structures in the HRG hotspots so as to ensure sustainability of safe behaviour change and practices.

Community organizing and Ownership Building: NACP encourages community based organization in programme management thereby developing capacity for steering the community agenda.

Linkages to Care and Support Programme: To strengthen linkage to care and support programme by way of building capacity of the counselors and health care providers at care and support institutions such as ART centres, Community care centre, RNTCP programmme and Detox centre.

Needle Exchange Programee: The TIs reach out to IDU population through peers who are currently injecting drug users or having a history of injecting behaviour. They offer services such as counseling, referral to HIV testing services, STI treatment, management of wounds of IDU and Needle Syringe Exchange Programme (NSEP). Under this programme a fresh needle and syringe is provided to the IDU in exchange for the old used one.

Opiod Substitution Therapy (OST) intervention: Under NACP-III this new intervention was started last year where the therapy is initiated by doctor and is daily administered by a nurse.

2.2 STATUS OF TARGETED INTERVENTIONS IN WEST BENGAL

TI are aimed at reducing high risk behaviour among specific population groups whose chances of getting HIV/STI and transmitting the same are considerably high than the general population. In West Bengal, one of the first Target Interventions (TIs) started in Kolkata was Sonagachi Project (1992) among Brothel based sex worker and since then there has been gradual increase in the coverage of FSWs and other HRG groups. During 2009-10, WBSAP&CS supported 78 TIs across the state with budgetary allocation of Rs. 1312.56 lakhs. The Table 2.1 gives coverage and budgetary allocation by the type of TIs for the year 2009-10.

Table 2.1

Type of Target group covered through TI	No. of TIs	Coverage	Budget Utilization 2009-10 (lakhs)
FSW	39	36,141	726
MSM	9	7,200	173
IDU	13	6,750	228.6
High Risk Group	**61**	**50,091**	**1127.6**
Migrant	9	41,000	62.6
Truckers	8	48,000	108.7
Bridge group	**17**	**89, 000**	**171.3**
Grand Total	**78**	**1,39,091**	**1299.0**

In the State, 40 TIs covered around 62% of the estimated mapped FSW population in 2006; 10 TIs covered 70% of estimated MSM population and 13 TIs covered 40% of mapped IDUs in the State. The WBSAP&CS envisages organizing the HRG groups into community based organization so as to ensure least dependence on NGOs for accessing critical services. Thirty FSW interventions are implemented through NGOs while 9 through Community based organization (CBOs) formed by target community. Most of the MSM interventions are run by the community (CBOs). All the IDU TIs are NGO led interventions.

2.3 HUMAN RESOURCE

In 2009-10, WBSAP&CS commissioned 16 new TIs which include 5 FSW, 2 IDU and 3 MSMs. The main change agents of the TI projects are the Peers, who are identified from the community volunteer to work as a bridge between the TIs and the target group. The Table 2.2 gives the human resources available at the TIs for implementing the project.

Table 2.2: Human Resources under TIs

Staff Positions	Sanctioned	In-position
Project Coordinator	80	74
Account/ MIS	33	33
ORW	219	217
Peer	1085	1078
Doctor	100	96
Nurse	39	39
Counsellor	102	95

2.4 OUTREACH ACTIVITIES

The main focus of the TI programme is a well planned outreach activity. The Peer who is from the community is required to meet their target population at least twice in a month for giving information and providing services in case of FSW and MSM, while in the case of IDU under Needle Syringe Exchange programme, peers need to meet with HRG at least 15 days in a month.. The work of the Peers is supervised by outreach workers (ORW). Every week the ORW attends hotspot meeting to review progress and meet stakeholders at the hotspots.

On the basis of outreach plan, the Peer refers target population to nearest ICTCs for HIV test and to STI clinic or PPP for STI management. The Peers in the IDU project provide needle and syringe to the target population and collect the used needles and syringes for disposing them following the NACO protocol. The IDU project runs clinics in order to regularly manage abscess cases. Oral Substitution Therapy has been initiated in the State since last year as an alternative therapy to IDU target population. Weekly condom demand analysis is done by the outreach staff based on client profile. Condoms are sold through non-traditional outlets and also through peers. Social marketing of female condoms has been initiated.

The preferred private providers' (PPP) model for STI treatment was first pre-tested in Jalpaiguri district by CINI. Equipped with success of pilot project on PPP model, the state took initiatives to up-scale the PPP model in the State. Currently, 60 TI's have stand-alone STI clinics and 29 FSW TI refer clients to 226 PPP clinics.

2.5 ACHIEVEMENTS 2009-10

Table 2.3 : Achievements as per Targets

Indicators	Achievements (2009-10
No of FSWs contacted regularly (average of Jan- march 10)	27682 (74.2% of the total FSW TI coverage)
No of MSM contacted regularly (average of Jan- march 10)	4472 (69% of the total FSW TI coverage)
No of IDUs contacted regularly (average of Jan- march 10)	4548 (72% of the total FSW TI coverage)
No of FSWs referred to ICTC	30,011
No of FSW tested at ICTC	12,831
No of MSM referred to ICTC	3,582
No of MSM tested at ICTC	2,795
No of IDUs referred to ICTC	4,148
No of IDU tested at ICTC	3,368
No of IDUs taken NSEP services regularly (Jan –March)	3,366
No of Needles distributed	8,99,274
No of syringes distributed	7,86,818
No of N/s returned	12,36,410
No of ML referred to ICTC	16,311
No of ML tested at ICTC	1,595
No of condoms distributed free by all TIs (excluding truckers	34,23,352
No of Condoms sold by the TIs (excluding truckers)	97,57,662
No of Health camps organized by all TIs	341 (7, 968)
No. of Street Plays organized by all TIs	982 (60, 933)
No of STI cases treated by all TIs (excluding truckers)	46,281

Source: CMIS & STI monthly reports & TSU MIS (Period: April 09- March 10)

The TIs are provided technical support on programme and financial management by **TSU.** The Programme officers from the TSU are district-based, who mentor the TIs regularly so as to develop these TIs into learning sites. Monthly review meeting are held by the TI division of WBSAP&CS, where cross-cutting issues are addressed. In these meetings STI, ICTC, TSU, Condom promotion, TCIF representatives also participate. Quarterly review meetings were

organized by WBSAP&CS to review the programme and financial issues with TI partners for ensuring proper implementation of the programmes.

During last one year all TIs were evaluated on both programmatic performance and financial regularities by external experts and based on the evaluation results 42 TIs contracts were renewed. Every year end, the Society facilitates in organizing audit for the TIs.

State Training Resource Centre: For enhancing the technical skills of the TI staff and peers (who representatives are of target population), NACP set-up State Training and Resources Centres (STRC) run jointly by Child in Need Institute (CINI) and Durbar Mahila Samannya Committee (DMSC). During the reporting period STRC organized training programmes for various levels of staff and total participants were 1268. All the staff from the TI was oriented on financial management. The STRC works closely with the Society and TSU to develop capacity of partner organizations.

Technical Support Unit: TSU oversee implementation of TI programme in the state along with the WBSAP&CS. The TSU facilitate the designing, planning, implementation and monitoring the TIs and provide management and technical support to SACS. Further, to improve the quality of services rendered by the TIs and for providing supportive supervision to TIs, programme officers (PO) at the ratio of 1: 10 TIs were appointed in TSUs. Currently, the state has 7 POs. Further, to strengthen the supervision of TI-STI clinics and preferred private providers, PO (STI) has been given to the state.

3 Link Worker Scheme (LWS)

LWS is an alternative strategy to saturate HRG coverage and empower the vulnerable groups living in rural areas, such as youth and women. The scheme envisions having a new cadre of male and female Link Worker from the community who will generate awareness and link people to the services. The new cadre had to be put in place as the existing grass-root level machinery comprising of AASHA and ANMs are over-burdened with their tasks. The LWS aims to address the complex needs of the rural HIV prevention, care and support requirement through:

- Identifying and training, the village level workforce of supervisors, link workers and volunteers on issues of HIV/AIDS, gender, sexuality, STIs and above all on mobilizing difficult to reach, especially vulnerable sub-populations including high risk individuals, youth and women.
- Linking the HRG and vulnerable sub-populations to public health services for STI, ICTC, ART and follow-up back to communities to saturate the coverage of HRG.
- Generating volunteerism among the community for fighting HIV/AIDS and inculcating health values.
- Address issues regarding condom use and behaviour change among youth and vulnerable groups difficult to identify.
- Address issues of stigma and discrimination.

3.1 LWS IN WEST BENGAL

The LWS scheme is implemented in 4 districts of West Bengal namely Barddhaman, Uttar Dinajpur, Murshidabad and Puruliya. The WBSAP&CS is implementing LWS in Barddhaman and Uttar Dinajpur districts through Child-in-Need Institute (CINI), while in Murshidabad and Puruliya districts the UNICEF is supporting LWS and the partners are local NGO and district administration. The LWS has been rolled out in 396 villages from 4 districts of West Bengal in partnership with Panchayati Raj Institutions, Districts Administration and Districts health System. These villages were selected on basis of population proportion to size..

Table 3.1 LWS Coverage

Districts	NGO implementing	Coverage	
		Villages	Blocks
Barddhaman	CINI	100	29
Uttar Dinajpur	CINI	100	9
Murshidabad	CCK, CINI & Sristy	96	21
Puruliya	GMLF & PDAMSMS	100	18
Total		396	77

Mapping of the villages has been completed which indicated presence of HRGs groups and bridge population. Further, the study revealed that paid and unpaid sexual activities takes place in the villages. The LWS staff in position is:

Table 3.2 LWS Staff position

Grass root level staff structure	Number in position
District Resource Persons	6
Link Supervisors	31
Link Workers	332
Link Volunteers	1730

There are 332 LWs from 396 villages and 1730 Link Volunteers selected to assist in advocacy programmes.

Capacity building of various levels of staff has been completed in Murshidabad and Puruliya. In case of CINI, few LWs and LVs are yet to be trained. Some of the achievements under LWS for Barddhaman and Uttar Dinajpur districts are as follows:

1. Situational Need Assessment has been completed in all the villages.
2. LWs have identified 1652 HRG, 10892 vulnerable populations and located 8 PLHIV from selected 100 villages from Barddhaman districts. In Uttar Dinajpur, the LWs have identified 786 HRG, 14865 vulnerable populations and 131 PLHIV. In the health camps organized in villages of Barddhaman and Uttar Dinajpur districts let do the detection of 14 and 37 HIV positives respectively during the last year. Most of the positives were migrants, truck drivers or spouses of migrants/truck drivers.

Photograph 1: Village stakeholder analysis in a village in Barddhaman District, Courtesy CINI

3. 114 Advocacy and Village level activities.
4. 1001 Local Body Meeting held.
5. 20 Establishment of condom depot.
6. 60 Health Camps and awareness generation programme organized.
7. 80 street dramas performed covering all the villages.
8. 45 Red Ribbon Clubs established.
9. 68 Information Centre established.
10. 198 No of ICTC refereed and of them 60 have tested.
11. 116 individuals referred to STI and of them 49 have taken treatment from local government health system.

4 SEXUALLY TRANSMITTED INFECTIONS/REPRODUCTIVE TRACT INFECTIONS (STI/RTI)

Sexual transmission is a major route for the spread of HIV/AIDs. People vulnerable to HIV infections are also prone to other sexually transmitted infections and reproductive tract infections. Reducing STI/RTI burden within the community and amongst at risk population like FSW, IDU, MSM and also bridge population such as migrants and truckers is of utmost importance for reducing transmission of HIV. The last years' financial budget outlay for strengthening the STD services in the State was Rs. 107.9 lakhs. Further, presence of STIs accelerates transmission of HIV by 2-9 times more. To prevent this acceleration, STD services are provided through 43 designated STI/RTI clinics, TI stand-alone clinics, network of preferred private providers and NRHM facilities (Table 4.1).

Table 4.1 Facility of STI/RTI

Type of facility	Numbers
Regional STI Centre	1
Designated STI/RTI clinics	43
NRHM facilities	1269
TI NGOs –Static Clinics	60
Preferred private providers	226
Total	1599

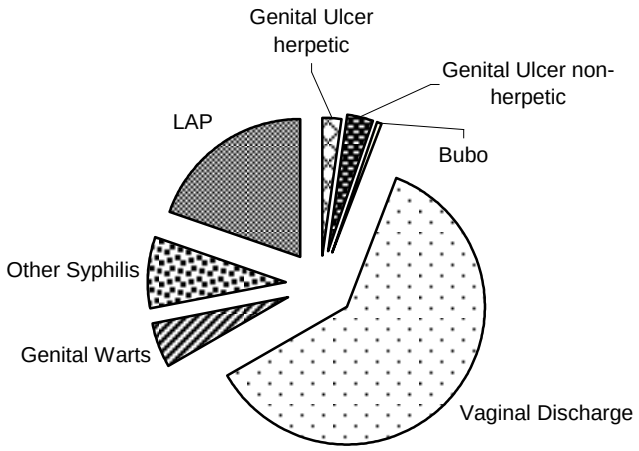
SERVICE UPTAKE

Three health institutions were assessed to have increased potential for client load STI infections. Relocation of 3 DSRCs was thus done (Basirhat SDH to Arambagh SDH, Diamond Harbor to Islampur SDH, Sambhunath Pandit Hospital to School of Tropical Medicine, Kolkata).

Around 1.4 lakh STI/RTI episodes have been managed by DSRCs in the last one year. The Stand alone TI- STI clinics and Preferred Private Providers managed 27, 684 episodes (without Truckers). 17, 344 HRG population received presumptive Treatment (PT) in last one year and

12, 934 HRG underwent regular medical check-ups which was initiated in the third quarter of the last year in the State. Asymptomatic treatment was given to 10% of male and 21% of female clients. The figures below show distribution of symptomatic STI episodes treated among female and male clients.

Fig 4.1 Symtomatic STI Cases Among Female Clients Treated at DSRC & TI



Among females the most common STI episodes treated was vaginal discharge (61%) followed by LAP (19.6%), other STI (8.5%), genital warts (5%) etc. While, among males the type of STI episodes treated was more varied than among females. The most common STI episodes treated are urethral discharge (37%), syphilis (27%), genital non-herpetic (15 %), genital herpetic (8%) and genital warts (5%).

Fig 4.2 Symptomatic STI cases Among Male Clients Treated at DSRC & TI

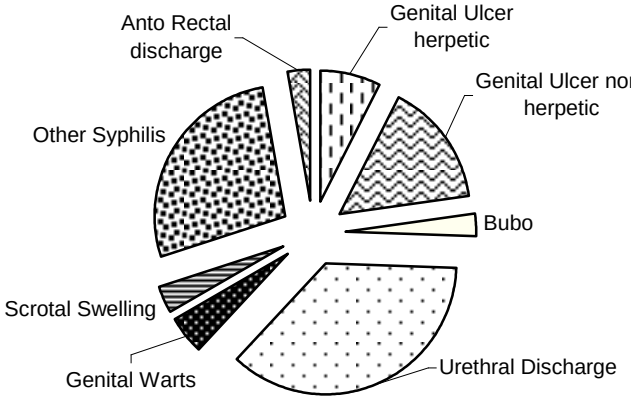


Table 4.2 Snap shot of STI services in last year

Services	Number of clients	
	DSRC	TI
Patients counseled	18, 804	66, 111
Condom provided	91,550	21, 86,280
RPR tests conducted	10,877	19, 463
Patients referred to ICTC	11,753	44, 255

In addition, Regional STI Reference and Training centre became operational during last year. This centre is managed by Institute of Serology and Calcutta Medical College and Hospital. The mandate of the apex institute is to garner scientific evidences on drug resistance; implementing Syphillis EQAS and validation by syndrome management protocol so as to review the syndromic protocol on a periodic basis.

Supportive supervisory visits commenced for the first time in 2009-10 at all DSRC and TI STI clinics to improve functioning of the unit and thereby increasing the service uptake. One of the challenges is to build linkages between DSRC, preferred private providers and TI-STI clinics to ensure management of STI cases.

STRATEGY FOR STI SERVICES AMONG VULNERABLE POPULATION

During the reporting period, of the 43 designated STD clinics counsellors 32 positions were filled-up with the understanding that counselling the clients with STI symptoms or history of unsafe sexual practice is necessary so as to ensure proper management of STI. Disposal vaginal speculum supplied to all DSRCs over and above the routine consumables to encourage physical examination of female clients.

A paradigm shift in provision of TI STI clinics through adopting preferred private providers (PPP) concept was piloted in Jalpaiguri District by Child-in-need Institute (CINI) during April – June 2009 and subsequently the PPP model assisted in rolling out PPP strategy to 29 FSW TI's to improve the quality and access of STD services among HRG population. Prior to rolling out the strategy, sensitization of TI's and other stakeholders was organized to involve them in identifying the preferred providers including non-allopath. District level orientation workshop on

syndrome case management was organized for preferred providers and as of now 226 PPP doctors are partnering with WBSAP&CS to provide STI/RTI services to high risk population.

Photograph 2: PPP doctor at FSW TI project. Courtesy: Sristy for Human Society.

Convergence with NRHM was spearheaded during the last one year with the aim to improve access to syndrome case management of STIs. A State level core committee for convergence of NACP-3 and NRHM formed for STI/RTI. Training plan prepared for training the doctors and nurses from NRHM health facilities on syndrome case management.

CAPACITY BUILDING

Most of the staff from 43 DSRCs underwent regular trainings, which includes 35 MOs, 86 Nurses, 27 Lab technician and 26 Counsellors. In Kolkata and Siliguri two-day sensitization workshop on PPP organized for TI NGO representatives and TSU with participation from NACO STI division.

District level training on syndromic STI case management was given to 312 PPPs identified by the community. One-day workshop with PPP doctors organized in 16 districts except Bankura, Purulia and Dakshin Dinajpur. Photograph below gives a glimpse of PPP training in Haldia town, Purba Medinipur district.

Photograph 3: PPP training in Haldia town, Purba Medinipur district 2009

Oriented 127 NRHM doctors and 55 staff nurses on syndromic case management, district level master trainers identified and trained who in turn will impart training to doctors and nurses in the district.

5 Information, Education, Communication (IEC) & Mainstreaming

5.0 INTRODUCTION

IEC is used as an important cross-cutting strategy for HIV prevention and promotion of safe and responsible behaviour among the adult population. Therefore, IEC is an integral part of all the NACP-III components. Various communication channels are used by WBSAP&CS for safe sexual practices, reduction of stigma and discriminatory behaviour met out to PLHAs and their family, promotion of HIV testing and ART services, increasing condom use, reduction in sharing of needles among IDUs etc. The IEC material is also used as tools to reach out to the general as well as high risk population for prevention of HIV. The key priorities of NACP-III communication strategy are to:

- Motivate behaviour change in a cross-section of identified populations at risk, including the high risk groups and bridge populations;
- Raise awareness levels about risk and the need for behaviour change among the vulnerable and general population especially youth and women;
- Generate demand and increase utilization of HIV related health services.
- Create enabling environment that encourages utilization of HIV related prevention, care and support services; reduce stigma and discrimination at individual, community and institutional levels.

In last one year, WBSAP&CS spent around Rs. 506.45 lakhs on general IEC. During last year, print and electronic media has been extensively used for generating awareness about HIV/AIDS with the aim of reducing stigma and discrimination and utilization of services available for HIV testing and care services available for HIV positives. Emphasis has also been laid on positive prevention so as to reduce transmission of the infection. IEC material for at risk population has been prepared and shared with the TIs for distribution.

5.1 MASS MEDIA CAMPAIGN

Mass media channels have been used for relaying preventive messages for sustained behaviour change among general population such as Radio (Private FM channels and All India Radio) and Television (Private Satellites and Cables). Last years' broadcasting details are as follows:

- 12, 536 Commercial spots broadcasted on Television.
- Radio channels have been used to relay HIV prevention spots, panel discussions, talk shows as follows:
  - 910 spots and 24 issue-based panel discussions aired in All India Radio (AIR).
  - 20,000 audio spots and 20 HIV talk shows broadcasted in 4 private FM.
  - 50 Panel discussions encouraging voluntary blood donation, collection of safe blood - "Rakter Bandhane" were broadcast.
  - 11, 716 audio spots relayed at Howrah Subway Audio System.

Buladi is the mascot of HIV programmes in the State. Helpline 1097, a toll free telephone number is used as a medium to dispel myths and misconception around HIV on a one-to-one basis by trained counselors. The caller analysis is regularly done to know the information needs of the callers. During the last one year 37, 3817 valid calls were addressed by the counselors. The Helpline was also used for swine flu campaign. The graphs below show quarter-wise distribution of calls and topics addressed by 1097.

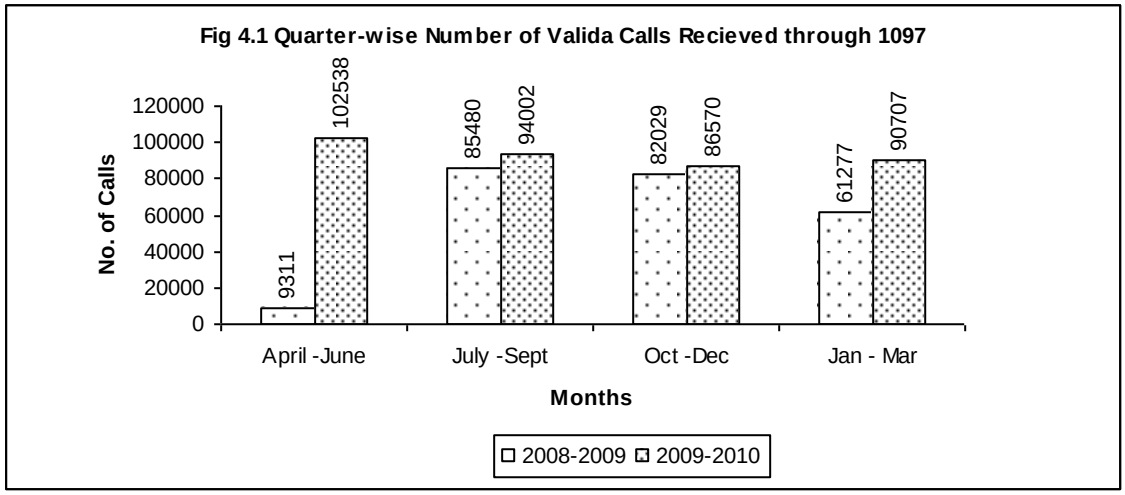
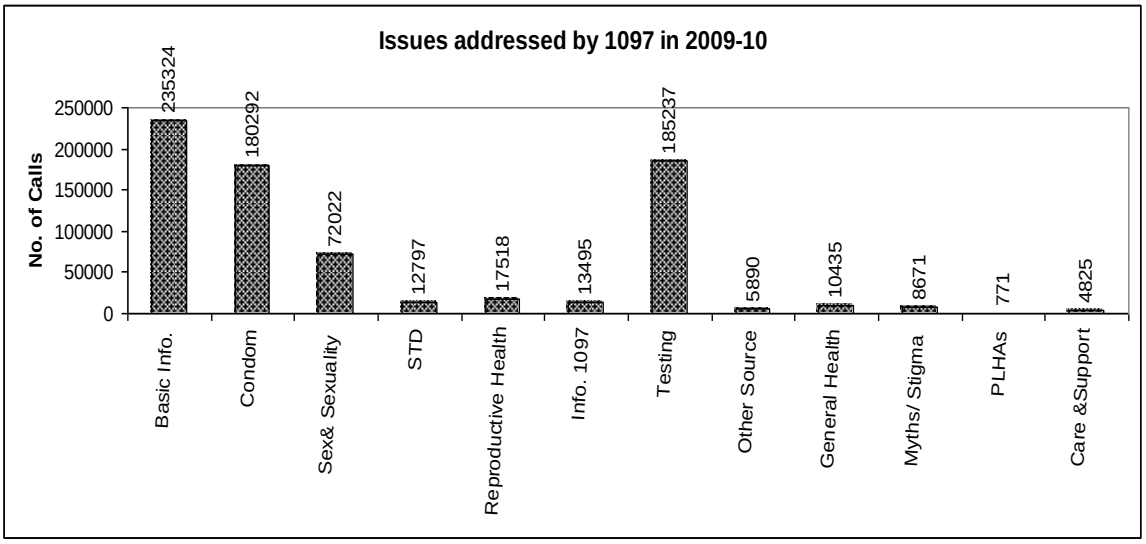


Fig 4.2



5.2 MID-MEDIA CAMPAIGN

NACO implemented District mid-media IEC campaign for 4 months in 12 priority districts, which included 7 A & B category districts (Puruliya, Barddhaman, Uttar Dinajpur, Murshidabad, Darjeeling, Jalpaiguri, Purba Medinipur) and rest in 4 high out-migrating districts of West Bengal (Malda, Nadia, Birbhum, North and South 24 Parganas). The campaign covered 2204 blocks. Buladi is an IEC mascot of HIV programmes in the state.

Photograph 4-7: District IEC campaign in rural areas

The main thrust was to reach out to the rural Bengal that still is media dark in terms of HIV transmission so as to address the information gaps and empower the rural youth, men and women about HIV and prevention messages. The campaign was branded as "*Zindagi Zindabad*" and ferried across on buses and vans. About 2440 film shows/ folk theatre performances were held mostly by troupes formed by HRG and positive networks. About 5 lakh persons attended these shows.

5.3 EVENTS

During the last one year a number of events where sponsored by WBSAP&CS to commemorate events such as World AIDS International voluntary blood donation Day, International Day against Drug Abuse and illicit trafficking and National Youth Day. WAD was celebrated in all the districts through active participation of district authorities. Stalls displaying IEC materials regarding HIV were put up in various fairs organized in the state.

Photograph 8-9: *WAD 2010*

5.4 MAINSTREAMING HIV FOR MULTI-SECTORAL RESPONSE

The activities initiated during last one year are described in three sub-components – youth affairs, multi-sectoral response and GIPA activities. In order to sensitize youth, two separate initiatives are underway – School AIDS education programme and Red ribbon clubs.

Life Style Education programme is an ongoing programme since 2006. It is implemented through West Bengal Board of Secondary Education in 10030 Secondary levels schools. The objective is to provide information on HIV/AIDS transmission and prevention in the context of growing up and to impart related life skills to students studying in secondary school level (Classes X and IX). The total budget outlay for the year 2009-10 was Rs.97 lakhs. During the year, 65 Master Resource Persons (MRP) were identified and trained on advocacy and Peer Education. The MRP **a**re responsible for monitoring the training calendar and also guide Key Resource Person (KRP) at the district level. During the last year, 355 KRP have been trained and who in turn trained 5234 Peer Educators (PEs). In addition, 19200 guardians were oriented on RRC and HIV transmission from 8 districts (Coochbehar, Uttar Dinajpur, Jalpaiguri, Malda, Dakshin Dinajpur, Darjeeling (Plains), East and West Medinipur). Advocacy Manual was developed in collaboration with WBBSE and technical support from UNICEF. In order to assist the trainers and trainees for implementing advocacy programme for all type of stakeholder, an advocacy manual was developed in collaboration with WBBSE and UNICEF. Around 63,700 copies of the manual has been printed and distributed to schools.

Red Ribbon Clubs is a voluntary on campus intervention aimed at increasing the risk perception and prevention of HIV transmission among the college students. It aims to empower students in the age-group 17-25 years by giving them adequate information and life skills to protect themselves from HIV and transforming most active youth as Peer Educators. The intervention was initiated in the state in 2008 and voluntary blood donors' forum (VBDF) of West Bengal is the collaborating agency responsible for forming the RRCs in colleges. During the last year, 260 new red ribbon clubs were formed and currently there are 449 RRCs in the state. Further, RRCs in association with VBDF organized 31 blood donation camps and around 2048 students

participated in the camps donating blood. Sensitization workshops for 320 PEs conducted in six districts from namely Howrah, Murshidabad, Kolkata, Malda, Jalpaiguri, Cooch Behar, Nadia.

Under the banner of RRC, National Youth Day was celebrated. Around 100 youths across the district joined in the workshop. Competition was held on the Topic "Role of youth in voluntary blood donation" and "Role of youth in prevention of HIV/AIDS".

Photograph 10 : IEC Honb'le Minister of Health & Family Welfare Dr Surya Kanta Mishra and Project Director, WBSAPCS Dr R.K.Vats ,IAS giving out mementos for individual district level performances at a seminar organized by Red Ribbon Clubs on the National Youth Day

The **Telegraph in Schools** conducted workshops in 15 schools in three districts (Nadia, Murshidabad and Purulia) on Life Skill Education and prevention of HIV/AIDS among 1451 adolescent and youth. The largest school fest cum carnival of Eastern India was celebrated at the State level from Nov 28 to Dec 7, 2009 which was attended by 4500 participants from 130 schools.

Mainstreaming through Inter-sectoral collaboration: In the reporting year, the Society in collaboration with government departments, civil society and private sector conducted 180 workshops and trained 16000 persons on issues related to HIV transmission, stigma and discrimination and risk perception and positive living through the line department and private sector.

- **Dept. of Municipal Affairs & UD-** Mainstreaming HIV into the existing training programme of State Urban Development Agency (SUDA) for Health Officers, Health Assistants and Front Tier Supervisors initiate. Last year, 3 such workshops have been organized sensitizing 60 municipal services doctors and health care providers. In addition, awareness sessions were conducted for workers and staffs of 22 KMUHO health units.
- **Home Department –** Sensitization programmes on HIV transmission, positive living and issues surrounding stigma and discrimination were organized in 2009-10 **for paramilitary personnel including** BSF **(**1100), SSB (150), CRPF (401), CISF (182), home-guards of Kolkata Police (340), Green Police personnel (1862), Police Training School (PTS) constables (812), Armed Police (300) and Govt. Railway Police personnel (75).
- **Jail Dept**.: Module on HIV/AIDS now forms a part of one month training of 40 Care providers (selected convicts from all jails across the state). In addition, sensitization/ awareness programme for 100 **Jail** inmates was conducted on the occasion of World AIDS Day and **ICTC** at Alipore Correctional Home was inaugurated.
- The Legislators' Forum: A meeting was held at Assembly House and the district Advocacy seminar by the Forum was held at Islampur in Uttar Dinajpur during the year.

Photograph 11: Sensitization Programme in UD

- **Dept. of Social Welfare & Women and Child Development**: 1700 AWWs of Burdwan district oriented on HIV including stigma discrimination.

- **Dept. of Backward Classes Welfare:** A task force was set up during the year under the Chairmanship of Commissioner, BCW for implantation of Tribal action plan. An extensive awareness programme amongst tribal populated villages was held in 40 villages covering 4587 tribal population spread across districts of Uttar Dinajpur, Jalpaiguri and East Medinipur through an NGO.
- **Transport:** 4 awareness workshops were held among the transport workers covering 200 participants.
- **Mainstreaming with the Private sector:** Advocacy meeting organized by WBSAP&CS in collaboration with ILO representatives from Delhi. Several awareness programmes were held throughout the year in various enterprises including Hindustan Unilever, Eastern Coalfields, Asian Leather Factory etc. The advocacy efforts resulted in the establishment of first ICTC in PPP mode in collaboration with Ambuja Cements Foundation and Apollo Tyres. Installation of CVMs in the premises of many of enterprises including ESI hospitals has been achieved. The unorganized sector workers working in the jute mills, brickfields, tea gardens and the goldsmiths were also reached out through the trade union; 30 such workshops covering 4550 workers were covered held during the year.
- **Media advocacy workshop** was organized to bridge the gap between inadequate understanding about HIV transmission among the media so as to garner their support to address issues around stigma and discrimination. 45 media personnels participated in the workshop.

5.5 GREATER INVOLVEMENT OF PEOPLE LIVING WITH HIV/AIDS

The NACP-III has outlined steps to involve PLHAs in designing and implementing programmes on stigma and discrimination. Towards this end, the Society facilitated the formation of State and district PLHA networks with the aim to improve access and care services for PLHAs. Currently, the Society supports 19 **drop-in-centres (DIC)** spread across 17 districts of West Bengal. These DICs are managed by district level PLHA networks and current registered membership is 7114 PLHAs. The DIC provides counseling services to positive registered clients, visit PLHA identified at ICTC and visit them at home and hospital, provide nutrition support and facilitate linkages with line departments for information on various schemes.

Regional GIPA Consultation workshop was held in the state in June 2009. In the last one year, 10 Positive IEC troupes were formed by the PLHA network to assist in district rural IEC campaign for sensitizing the rural population on stigma and discrimination issues. Following are some of benefits PLHAs are receiving through Mainstreaming efforts made by Society:

No. of PLHAs receiving Free Legal AID service	:	139
No. of PLHAs receiving Free Transport facility	:	3824
No. of PLHAs receiving Nutritional Supplements	:	1155
No. of Widows receiving grant from Panchayat	:	54
No. of PLHAs receiving Insurance facility	:	210
National Rural Employment Grant Scheme	:	539
Swarnya Jayanti Swarojkar Scheme	:	16
Orphanage for CLHIV	:	32
Short stay for women	:	6
Education support through Ambuja Cements	:	70
Nutritional support in only Puruliya	:	37

6 Blood Safety

6.0 INTRODUCTION

Blood transfusion of screened blood and blood products can save millions of lives, particularly women suffering from pregnancy-related complications, children with severe malnutrition, trauma victims, thalassaemia and haemophilia patients. Voluntary safe blood donors are required to replenish the blood requirement. The NACP-III emphasizes on availability of safe and quality blood within one hour of requirement in a health facility through a well-coordinated national blood transfusion service. The specific objective of the blood safety programme is to ensure reduction in the transfusion associated HIV transmission to 0.5 per cent. For this, there is a need of a large pool of voluntary healthy donors who regularly donate blood. It is proposed to achieve the same through four pronged strategy that follows:

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

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

- Promote appropriate use of blood, blood components and blood products among the clinicians. Capacity building of staff involved in Blood Transfusion Service through organized training programme for various categories of staff.

Hence, a well established network of blood banks and blood storage centres in the State is also essential to ensure supply and distribution of blood and blood products.

6.1 CURRENT SCENARIO OF BLOOD BANKS

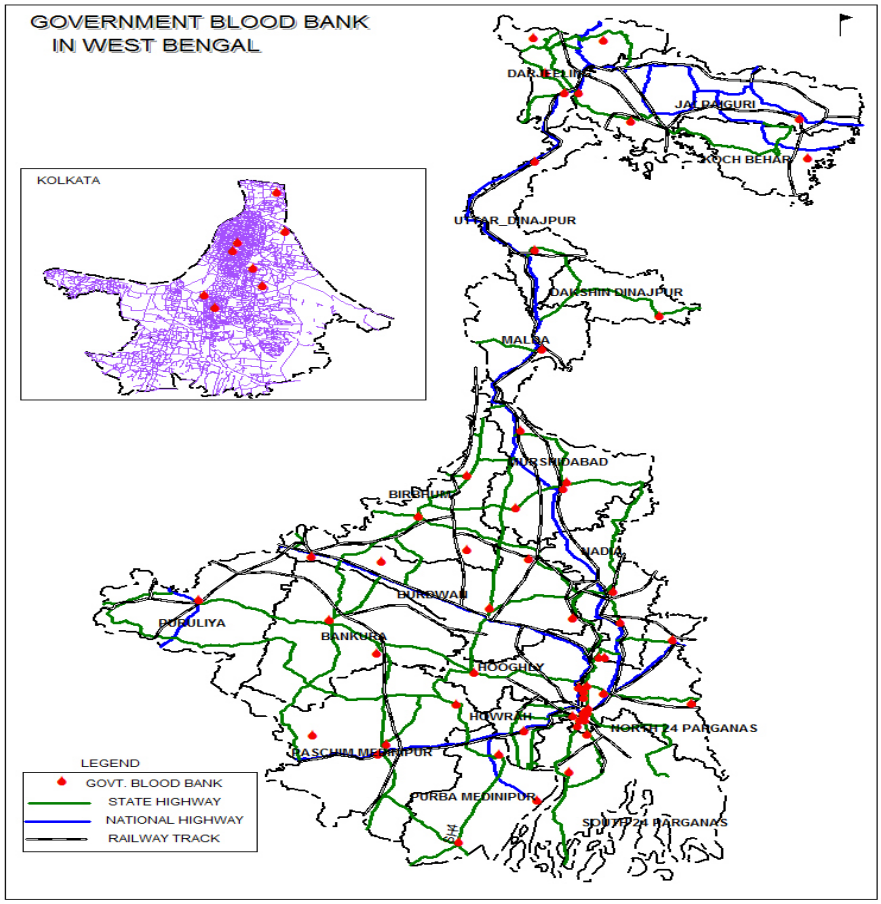
Access to safe blood is ensured through a network of 106 registered blood banks in the State; of them 58 are State owned blood banks, 16 central government and 32 are private blood banks. The State Blood Transfusion Council (SBTC) oversees voluntary blood donations, clinical use of blood and blood products, and training and supervision of blood transfusion services in the state. There are eight RBTCs (Regional Blood Transfusion Council) under SBTC that supervise the 58 State run Govt. Blood Banks. There are 9 Blood component separation units namely

1. Institute of Blood Transfusion Medicine and Immuno-Haemotology. Kolkata
2. R.G. Kar Medical College & Hospital Blood Bank, Kolkata.
3. MCH Medical College & Hospital Blood Bank, Kolkata.
4. SSKM Hospital Blood Bank, Kolkata.
5. NRS Medical College & Hospital, Kolkata.
6. North Bengal Medical College & Hospital Blood Bank, Siliguri, Darjeeling.
7. Barddhaman Medical College & Hospital Blood Bank, Barddhaman
8. Bankura Samilini Medical College & Hospital Blood Bank, Bankura
9. Malda District Hospital Blood Bank, Malda.

The NGOs in the State assist in promotion of voluntary blood donation. The WBSAP&CS supports the blood safety component and the approved budget for the year 2010-11 aimed at strengthening and maintaining the blood safety component was 739.37 lakhs.

During the reporting period, cross-matching of blood samples through gel method was introduced in teaching hospital blood banks such as R.G.Kar, NRS MCH, MCH-Kolkata, CNMCH, BMCH and Central Blood Bank since 26th June 2009 to improve the testing of the blood collected for quality assurance.

The distribution of 58 state owned blood banks is shown in Map.



The State has one designated National Reference Laboratory at STM) and 5 State Reference Laboratories (SRLs) identified by NACO for external quality assurance for 106 blood banks and 142 ICTCs The SRLS are located in micro-biology departments of tertiary level medical colleges namely:

1. R.G.Kar Medical College & Hospital,
2. MCH Medical College & Hospital
3. North Bengal Medical College & Hospital
4. Barddhaman Medical College & Hospital
5. Medinipur Medical College & Hospital

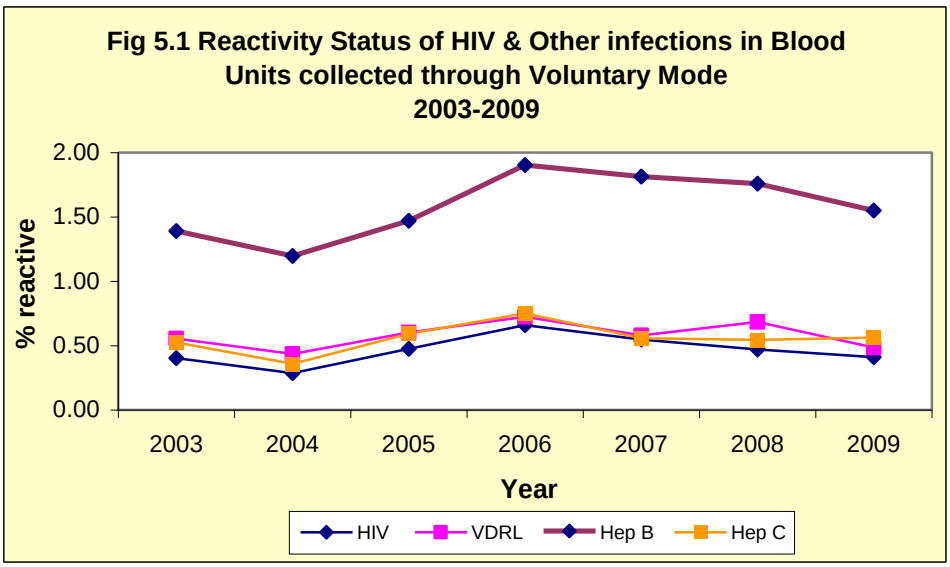
6.2 BLOOD COLLECTION

In West Bengal, more than 80% of the blood collection is through voluntary donors. In last one year, the achievements are as follows:

- Total blood collection April-March 2010 was 7.89 lakh blood units; of which 6.7 lakh blood units was collected through Voluntary blood donation camps. Red Ribbon Clubs has been actively involved in campaigning for voluntary blood collection.
- 11335 voluntary blood donation camps have been organized.

Photograph 12: Blood donation camp, Murshidabad district

- The trend of reactivity in blood units collected in the State is shown below. Hepatitis B is the most prevalent infection in the blood. 0.3% of the total blood collected was found HIV reactive.



Source: CMIS data

- Donor Motivation programme was conducted in Birbhum and Murshidabad districts with the aim of improving the blood collection in these districts. The participation was from 700 individuals that included camp organizers, Red Ribbon Club members (RRCs), college students, youth club etc.

13: Donor motivation workshop at Kandi, Murshidabad

- Month long programme to celebrate the National Voluntary Blood Donation Day (in 1st Oct 2009) was organized in 19 districts of West Bengal which included workshop, blood donation camps, rallies, publication of message in print and electronic media. World Voluntary Blood donation day was also celebrated. In all these activities, young students participated through RRCs clubs.

6.3 CAPACITY BUILDING INITIATIVES

- Workshop organized at School of Tropical Medicine, Kolkata to discuss guidelines for National Reference Laboratory and State RL in Dec 2009 where representatives from West Bengal, Bihar and Chhattisgarh participated.
- 47 Medical officers, 155 MT labs and 2 Nurses underwent training on blood safety.

7 Integrated Counselling & Testing Centre

In the third phase of NACP, the voluntary counseling and testing centre (VCTC) and HIV testing of pregnant mothers referred as prevention of parent to child transmission (PPTCT) has been re-modeled as Integrated Counselling and Testing Centre (ICTC) whereby making HIV testing services available to all pregnant women through out the state. However, due to heavy patient load at Medical college Hospital and District Hospital the distinction still continues.

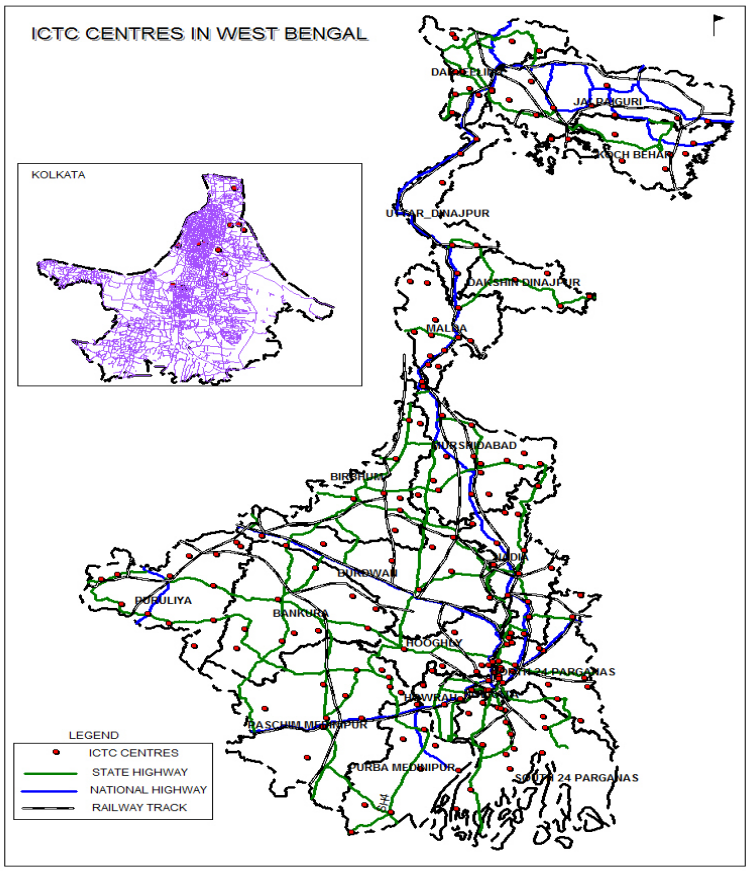
7.0 INFRASTRUCTURE

HIV counselling and testing services are a key entry point to prevention of HIV infection, and to treatment and care of people who are infected with HIV. When availing counselling and testing services, people can access accurate information about HIV, information about prevention and care, and undergo an HIV test in a supportive and confidential environment. The HIV testing started in 2002 for the general clients in 6 tertiary and secondary level health facilities namely Bankura Sammilini Medical College & Hospital (BSMCH), Burdwan Medical College & Hospital (BMC&H), Darjeeling district hospital (DDH), National Medical College & Hospital (NMCH)-Kolkata, R.G.Kar Medical College & Hospital and School of Tropical Medicine, Kolkata. In 2004, PPTCT was started as in 9 facilities namely, BSMCH, BMC&H, North Bengal Medical College & Hospital- Siliguri, Lady Dufferin Victoria Hospital, Kolkata, Kolkata Medical College and Hospital, NRS MCH, CNMCH, R.G.Kar MCH and Medinipur Medical College & Hospital, Paschim Midnapore. The State has scaled up HIV testing facilities from 59 ICTC in 2006-07 to 245 ICTCs in 2009-10. The coverage increased from Medical colleges to primary health centres. The details given below:

Table 7.1 Distribution of HIV Testing Facilities in West Bengal, March 31, 2010

Type of Health Facilities	No. of HIV testing Centres
Medical College & Hospitals	18
District Hospital	30
Sub-divisional Hospital (SDH)	45
State General Hospital (SGH)	24
Rural Hospital (RH)	72
Community Based (CB)	9
Maternity Home	3
Block PHC	26
PHC	7
Public Private Partnership (PPP)	3
Others	7
Total	245

In last one year, 104 new stand-alone ICTC were set-up in the State of West Bengal and of them 3 are in private sector institutions (see Annexure C).



The stand-alone ICTCs were set-up within the health facilities and sensitization was done to ensure that providers within the health facilities refer general and pregnant mothers to these units. In addition, High risk groups (HRG) and their clients are referred by peer and outreach

workers from Targeted Intervention project area managed by Non-governmental organization and community based organization, providers from private clinic and other health facilities to ICTC for HIV testing. There are 9 Community based ICTC run by DMSC, Manas Bangla, CINI, SHIS, WBVHA, Hriday, TCS, HDRI, SCIR.

The counselor is responsible for giving counseling services to all the ICTC clients which includes pre-test and post-test counseling. Counsellors also demonstrate how to use condoms to clients. IEC materials are used by counselors to impart information about HIV and services available. The Counsellors and Medical Technologists (Lab.) are to maintain 8 ICTC registers and send monthly reports to M&E division of WBSAP&CS in the beginning of every month for transmission to NACO. The data generated from ICTCs are used for monitoring the programme. The Lab technician is responsible for drawing blood and conducting the tests maintaining the standardized algorithm by NACO. Based on the results, the counselor does post-test counseling. The LTs assist the counselor in regularly updating the stock information and disposal of wastes.

Photograph 14: Condom demonstration by ICTC counsellor


Photograph 15: LT doing blood testing at government ICTC.

7.1 STAFF POSITIONS

There are 237 counsellors in-position of the total 300 sanctioned positions. While, 247 Lab technicians are in position out of 300 sanctioned positions. In addition, district supervisors are another cadre that has been recruited to ensure monitoring of ICTCs in priority (A & B) districts. As of now, 4 district supervisors for Kolkata, Purba Midnapore, Burdwan and Uttar Dinajpur are in place out of 8 sanctioned posts.

7.2 CAPACITY BUIDLING

NACO in collaboration with Tata Institute for Social Sciences, Mumbai which is principal reciepent of HIV/AIDS counseling component of Global Fund to fight against HIV/AIDS, Tuberculosis and Malaria (GFATM) Round 7. Two institutions in West Bengal , namely Department of Social Work, Visva-Bharati University, Birbhum district and Department of Applied Psychology, University of Calcutta identified by Lucknow University, the sub-recipient of GFTAM -7 to oversee capacity building requirement of ICTC Counselors. Regarding the ICTC MT (Lab.)'s training, as per NACO norms the 5 designated SRLs are to take up with 5 days' training once in a year for every LT. However, School of Tropical Medicine – the NACO-designated NRL for West Bengal in collaboration with WBSAP&CS organized the training programmes for LTs so far. In addition, 1 batch of LT training was organized by NICED, which is also a NACO-designated NRL. During last year the achievements are as follows:

- 12 day Induction training to 154 counsellors.
- 5 days Induction training to 143 LTs and 2 ICTC District Supervisors.
- 5 days Computerized Record Maintenance and ICTC CMIS Software to 29 counsellors by NACO in technical collaboration with NIIT. Further, the Society trained 124 LTs on ICTC CMIS Software.
- 3 days' PPTCT Team Training organized by WBSAP&CS in collaboration with UNICEF.
- 1 day's Capacity Building Training especially for the poor performing reporting units.
- 1 day's Team Orientation Training for all ICTC Counselors and LTs

Photograph 16: Group work to counselors during training, Visva-Bharati University

Photograph17: Group work to counselors during training, Visva-Bharati University

Photograph 18: Master training explaining effective network to counselors Training by Calcutta University

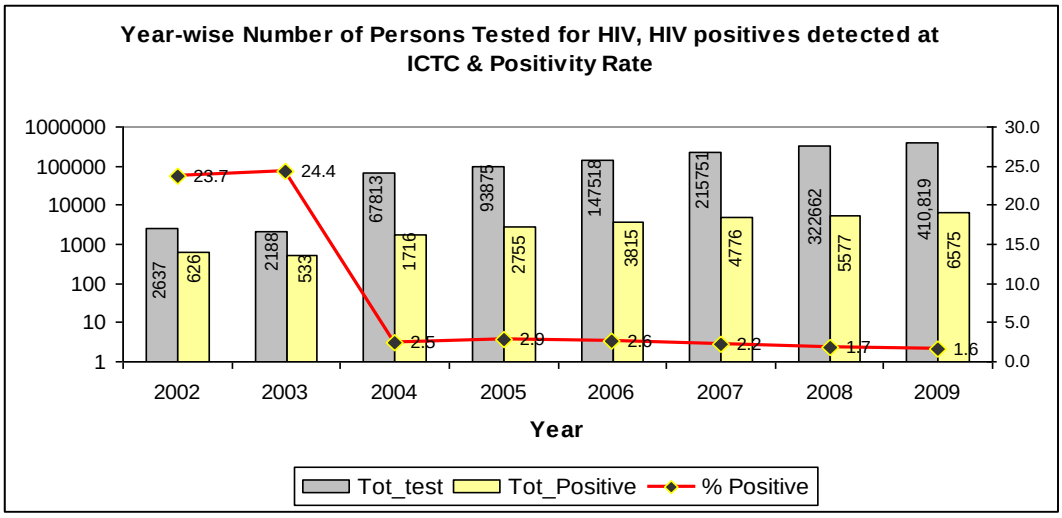
PPTCT team training organized at 9 Medical colleges to build synergy within the facility to ensure testing of almost all the pregnant mothers registered at the facility and even the un-booked cases.

In addition, 2 sensitization workshops on External Quality Assurance Scheme were organized at 5 SRLs for MOs and LTs. The aim was to ensure implementing EQAS all over the state, whereby 5% of negative samples and 20% of all HIV positive blood samples to be collected from each of the ICTC and sent on first week of every quarter to State Reference Laboratories to maintain high standards of quality in the services provided from ICTCs..

7.3 HIV TESTING ACHIEVEMENT AMONG GENERAL CLIENTS

The number of persons tested for HIV has increased manifolds in last 8 years. Around 2, 600 individuals were tested in 2002 which increased to 4 lakhs in 2009. The detection of positives has also increased from 626 in 2002 to 6575 in 2009. However, total positivity rate has declined over the years and this may be due to increase in number of ICTCs. The following graph gives year wise testing conducted in the ICTCs, HIV positive individuals and positivity rate.

Fig 7.1



Testing among general clients increased from 2637 in 2002 to 1.4 lakhs in 2009, while HIV testing among pregnant mothers increased from 57, 937 in 2004 to 2.66 lakhs by December 2009. During 2009-10 financial years, the clients tested, positives detected and positivity among general and pregnant women by the three major sub-divisions, i.e., Presidency, Barddhaman and Jalpaiguri is given below:

Table 7.1 Testing details Sub division wise 2009-10

Testing Details 2009-10	Sub-divisions			West Bengal
	Presidency	Barddhaman	Jalpaiguri	
General Clients				
Total tested	85015	28976	35390	**149381**
No. of Positive	3736	981	1595	**6312**
% Positive	4.4	3.4	4.5	**4.2**
Pregnant clients				
Total Tested	165152	75987	27096	**268235**
No. of Positive	202	73	96	**371**
% Positive	**0.12**	**0.10**	**0.35**	**0.14**

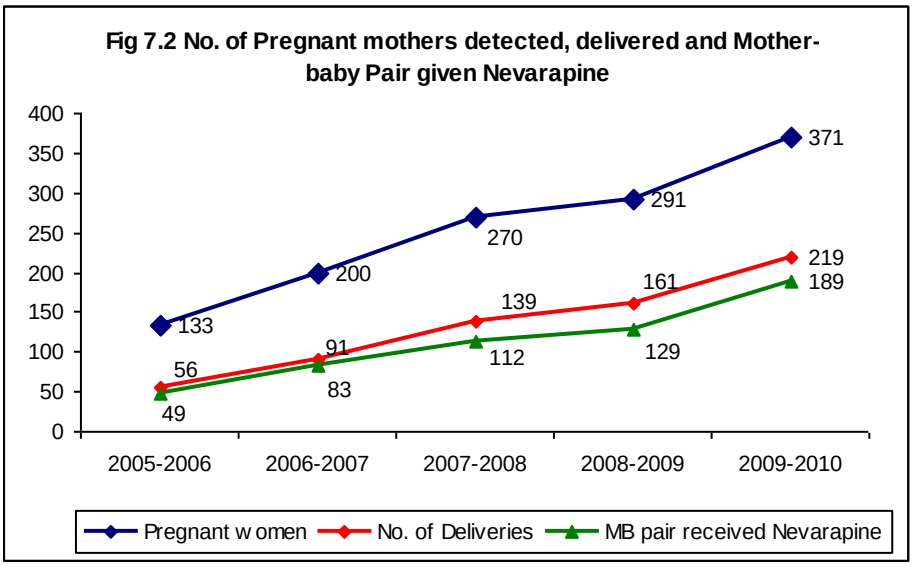
Source: ICTC CMIS Data March 2010

7.4 PARENT-TO CHILD TRANSMISSION

There has been increase in pregnant mothers detected positive at ICTC, PLHA mother delivered at government facilities and both baby and mother has been recipient of Nevarapine Tablet/ suspension over last five years across as shown in the figure below.

For promoting institutional delivery among the positive mothers in the government hospitals, December 2008 on the occasion of World AIDS Day, government of West Bengal from Janani Suraksha Yojana supported the launch of ***Jagiriti scheme***. A sum of rupees one thousand is given to the PLHA mother immediately after the delivery through Counsellors who is responsible for providing counseling to expectant mother since the time of detection. It is envisaged that this scheme will ensure consumption of Nevirapine Prophylaxis to mother and baby. Up to March 2010, 178 PLHA mothers are benefactors of Jagiriti Scheme.

No. of Positive mothers detected positive at ICTC …….. 332
Total number of positive deliveries …….. 219
Total number of live deliveries to positive mothers…….. 205
Total number of mother-baby received nevirapine……189



To assist the grass-root level workers to provide adequate services to PLHA mother and their new born until the baby attains 18 months of age, a health guidebook has been developed with technical support from UNICEF, West Bengal. The health guide book is in Bengalee and referred as GAATHA. This will be distributed to ANMs, GNMs.

7.5 HIV-TB COLLABORATION

TB is one of the major co-infection of HIV and therefore collaboration between RNTCP and NACO is inevitable for the control of the respective disease. In order to strengthen the collaboration at the State level, HIV-TB coordination committee has been formed at State level

and similar committee are being set in the districts, which meet to enhance the cross-referral between RNTCP and ICTC and vice-versa. In 2009-10, the HIV-TB referral figure is as follows:

No. of ICTC clients referred to DOTS…….. 2946
No. of HIV positive clients referred to DOTS ……..1183
No. of Referred HIV positives, TB detected in …… 67
% positives with TB co-infection …… 5.7%

No. of TB clients referred in ICTC from TB microscopy …… 5661
No. Referred TB clients found HIV positive ……. 196
% of TB patients referred to ICTC found positive …… 3.5%

8 Care, Support and Treatment

ART has effectively increased the life span and improved the quality of life of people living with HIV (PLHIV). Effective ART regimen inhibits replication of the HIV virus thereby reducing the chances of getting opportunistic infections.

8.0 INFRASTRUCTURE DEVELOPMENT

The Government of India launched free ART initiative on 1st April 2004 in 8 high prevalence states. In West Bengal the free ART services started in 2005 and since then there has been continuous up-scale of the services to meet the care, support and treatment needs of PLHAs. There were 2 ART centres at the beginning of NACP-III and as of now the state has 9 ART centres. Around 17,694 PLHAs are registered with ART centres and emphasis is to enroll almost all the positives detected at ICTCs.

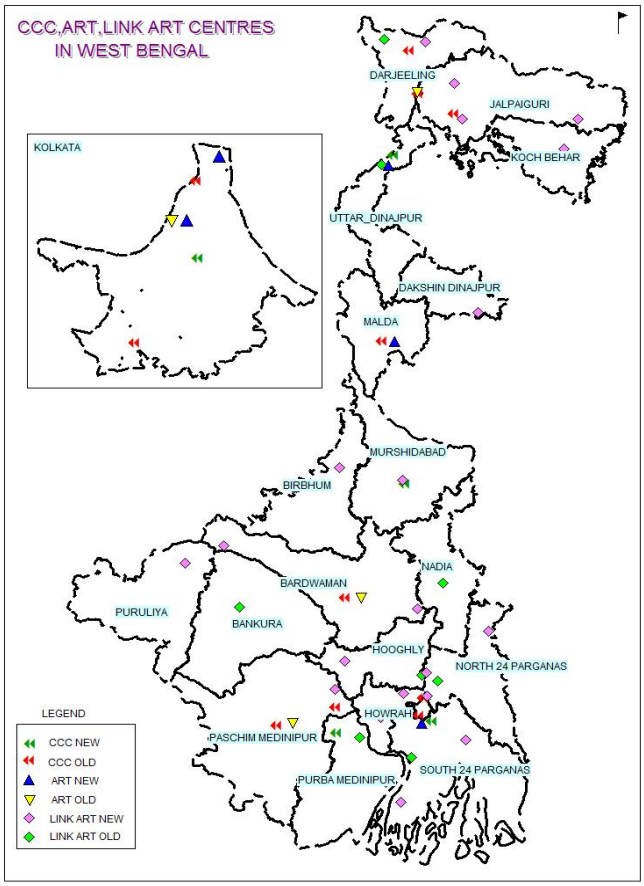
The main objective of ART is to provide comprehensive services to PLHIV which includes laboratory services, free ART drugs, counselling services before and during the treatment to ensure drug adherence, educate patients and family on nutrition requirement, hygiene and prevention of transmission. Eligible PLHA and those already initiated on ART are provided adherence counseling and support through community care centres (CCC) closer to their residence. Those who are on treatment are regularly followed up for treatment by outreach workers and sensitized regarding drug adherence, compliance and issues related to toxicity and monitoring schedule. It is mandatory that all PLHAs registered undergo CD4 count testing twice a year. The funding for CST services comes from GAFTM round 6 and the budgetary support was about Rs. 243 lakhs.

8.1 ART SERVICE

During the last one year, 2 ART centres, 9 LACs and 4 CCCs were set-up in the state (see Annexure D). The total number of PLHAs currently registered and alive on ART on 31st March

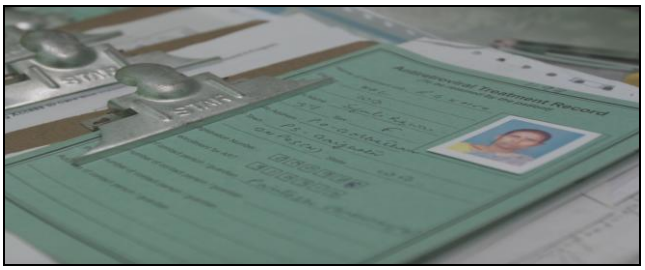
2010 is respectively 17694 and 6095. The ARV treatment is provided through 9 ART centres and 17 Link ART centres (LAC) currently functional. The LACs are being set-up to improve access and reduce travel and related costs for ARV services. The LAC is ARV drug dispensing centre which are linked to a nodal ART centre. The eligible candidate are transferred out from ART centreCurrently, the State has 9 ART centres, 17 LACs (8 were set-up during 2008-09; 11 became functional during 2009-10), 6 are in process of setting up (as shown in figure below) and 14 Community Care Centres.

Photograph 19: ART centre at STM, Kolkata



The main services provided to PLHA by ART centre are:

- Registration for PLHA in pre-ART and ART services;
- Assessment of eligibility of ART based on clinical examination and CD4 count test. The CD4 count test is done twice a year for each of the registered clients to know the ART for those who have yet to receive ART and also to assess the progress of ART services for those who are already on ART. The detail record of clients is maintained at ART centre which is used for follow-up clients and for monitoring the health of the patients.

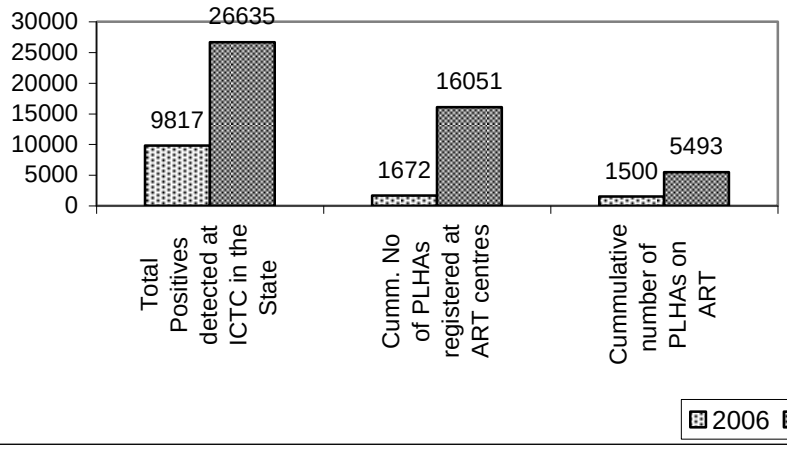


Photograph 20: ART card issue to all registered client

- Provision of first line ART to all eligible PLHA and CLHA.
- Follow-up of ART by assessing drug adherence, regularity of visits and periodic examination a CD4 count.
- Indoor admission facility for critically ills PLHAs.
- Referral and linkages with other service problem.

The following graph illustrates the increase in ART services in West Bengal by comparing ART provision at two points of time 2006 and 2009.

Fig. 8.1: Patients detected Positive in ICTC & Registered with ART, 2006 & 2009



Source: CMIS data and WBSAP&CS records

The PLHA registered at ART centres hail from different districts of West Bengal. Around 51% of the 15501 registered PLHAs are from Presidency division comprising of districts such as Kolkata, Haora, North and South 24 Parganas, Murshidabad and Nadia.

8.2 COMMUNITY CARE CENTRES (CCC)

CCC provides counseling on ARV drug adherence and short stay-cum- treatment facilities for Opportunistic infections (OIs). The State has 14 CCCs (see Appendix D) which are run by NGOs and during last one year 3222 in-referrals was from ART centre, ICTC, NGO-TI, Non-TI NGOs, Government Health Facility, STI clinics etc. Around 66% of the in-referrals were from ART centres. In last one year --5667 OIs were treated in 13 CCCs and 1794 PLHAs were visited at home.

Table 8.1

Services rendered to PLHAs in CCC	On ART	Not ART
No. of PLHAs receiving counseling on drug adherence (New Registration)	1649	
Number of PLHA receiving counselling on drug adherence (Old Registrations)	3934	
Number of PLHA's receiving additional nutritional support	2099	69
Number of patients receiving palliative care	50	3
Number of patients visited at homes during the month	1	1793

Photograph 22: One of the CCCs in West Bengal.

Photograph 23: Regular check-up at CCC

The **Regional Pediatric ART Centre** located within the Medical College and Hospital, Kolkata become operational from 2008-09. The centre caters exclusively to Children living with HIV/AIDS (CLHA) and their parents.

The **Centre of Excellence (COE)** is a comprehensive tertiary level health facility for PLHAs. It is located within School of Tropical Medicine (STM), Kolkata. The second line ART started at

COE from 1st December, 2008 and within a span of one year 53 PLHAs are on second line treatment and of them 47 are alive on 2nd line treatment. The 2 outreach workers in the COE visit regularly the patients on second line ART for counseling and adherence support. Alternative 1st line ARV drugs has started from from the month of Dec,2009 and as on February 14 patients have switched over to alternative 1st line ARV drugs. During the current financial year, COE conducted 22 trainings and trained 419 trainees from different parts of the country.

COE completed two research studies, one on cross-sectional study of the nutritional status of patients on ART and the other was on rapid situation analysis of ART eligibility from Pre-ART register. Besides, 5 research projects are underway.

8.3 OTHER

Periodic supervisory visits have been made to health institutions housing the ART centres for understanding and facilitating early solution for the teething problems related to setting-up of new/ exist.

9 Strategic Information Management Unit (SIMU)-Surveillance and Monitoring & Evaluation

For effective management of response to HIV epidemic in the state, management of programmatic data is a pre-requisite, so is maintenance of accurate surveillance data and external quality assurance to maintain strategic service delivery. At the same time training at every level of staff is required to ensure continuum of quality of data collection and care.

9.0 M&E

The programmatic data of all the various components like ICTC, BB, NGO-TI, STI, CCC, ART in the form of monthly CMIS reports are sent to M&E Division of WBSAP&CS every month for uploading into the Sate level software of NACO. The programmatic data is computerised and maintained at reporting units of ICTC which is uploaded through web-enabled system directly to NACO website and with a copy to M&E division of WBSAP&CS on 3rd of every month, which is strictly adhered to. At the State level the data of all the components is verified and transmitted in the beginning of every month to NACO. M&E division works in tandem with the programme division to ensure smooth flow of programme data.

Every quarter a brief status of HIV programme in the State is prepared which is shared with NACO which is referred as Dash Board. During the last one year following initiatives were undertaken by the Society ensure collation of quality of data.

- The updated version of ICTC CMIS software developed by NACO was rolled out in the State during the year 2009-10 by organizing training programme for Counsellers. The rolling out was done in phased manner and the software training was given by NIIT, the agency identified by NACO. The 196 ICTC Counsellors from 119 centres underwent the training.

The M&E division provided regular follow-up support to the counsellors for solving the software related issues which emerge at the time of implementing the same.

- Field visits were made to 53 ICTC in order to mentor the counsellors regarding quality of data and solving the one-site ICTC CMIS software problems for smooth flow of quality data from reporting units.
- One-day orientation programme was conducted for 123 Lab technicians (LT) of those ICTCs from those ICTC where the Counsellors had already trained on ICTC software for ensuring smooth roll out of new ICTC CMIS software.
- Regular feedback regarding the non –reporting units and target achievements are shared to all the Programme Officers. During the review meetings, performance of the individual units is shared to address quality issues, timely reporting.
- CMIS annual bulletin and Annual report for the year 2008-09 was completed and uploaded in the WBSAP&CS website and shared with programme officers.
- The HIV profile of each district was prepared and shared with Deputy CMOH II, the districts nodal officers of HIV/AIDS CMOH in a one–day orientation programme on the HIV/AIDS programmes of the State.
- The programmatic data was shared with agencies identified by NACO for two major studies as part of the Mid Term Review of NACP III. One of them was "Impact assessment of Targeted Interventions in West Bengal" by National Institute of Cholera & Enteric Diseases, Kolkata and the another was "District and sub-district HIV Epidemiological Profiling and response by Data Triangulation" undertaken by All India Institute of Hygiene and Public Health, Kolkata. WBSAP&CS provided technical support to AIIH&PH in organizing workshop, training the district teams on collating and analyzing existing data on HIV situation and preparing district specific epidemiological profiling of districts.

9.1 SURVEILLANCE

The HIV Sentinel Surveillance (HSS) programme is implemented by National AIDS Control Organization (NACO). The programme monitors the prevalence and trend of HIV infection over time, by group and by place through testing of blood samples. Unlinked anonymous testing of blood samples for HIV is done during HSS. For the first time, dry blood spot (DBS) method was

used for collecting blood samples from high risk population after obtaining informed consent from the participants. Consecutive blood samples are collected from clients satisfying inclusion criteria for each group of population under HSS.

The objectives of the sentinel surveillance are:

- Determine the distribution of HIV infection by time, place and person.
- Monitor the trend in the HIV epidemic.
- Use data to mobilize response from various stakeholders and generate external support for the programme.
- Useful data for appropriate planning for HIV response.
- Evaluation of Interventions.

The period of HSS is three consecutive months till required sample size of 400 for ANC attendees and 250 for high risk group population are achieved. The table below give the HSS methodology.

Table 9.1 HSS Methodology

Type of Site	New sites added in 2008	Total sites in 2008	Sample size	Sampling & Testing Strategy
ANC (Pregnant women aged between 15-49 years attending the ANC clinic	11	21	400 consecutive sampling	Routine method of blood collection at ANC Clinics (Intra-Venous Samples). Un-linked Anonymous
STD (Patients attending STD Clinics of 15 – 49 years age group.)	None	9	250 consecutive sampling (100 from Obgy & Gynae OPD and 150 STD clinics located in same hospital	-do-
FSW	2	11	250 consecutive sampling at service points or satellite points.	Dried Blood Spot (DBS) method at HRG sites (Drops of blood collected through finger prick) Unlinked Anonymous with Informed Consent
MSM	1	4	-do-	-do-
IDU		5	-do-	-do-
Truckers		5	-do-	Routine method of blood collection at ANC Clinics (Intra-Venous Samples). Unlinked Anonymous
Migrant labour		1	-do-	-do-
Total sites		56		

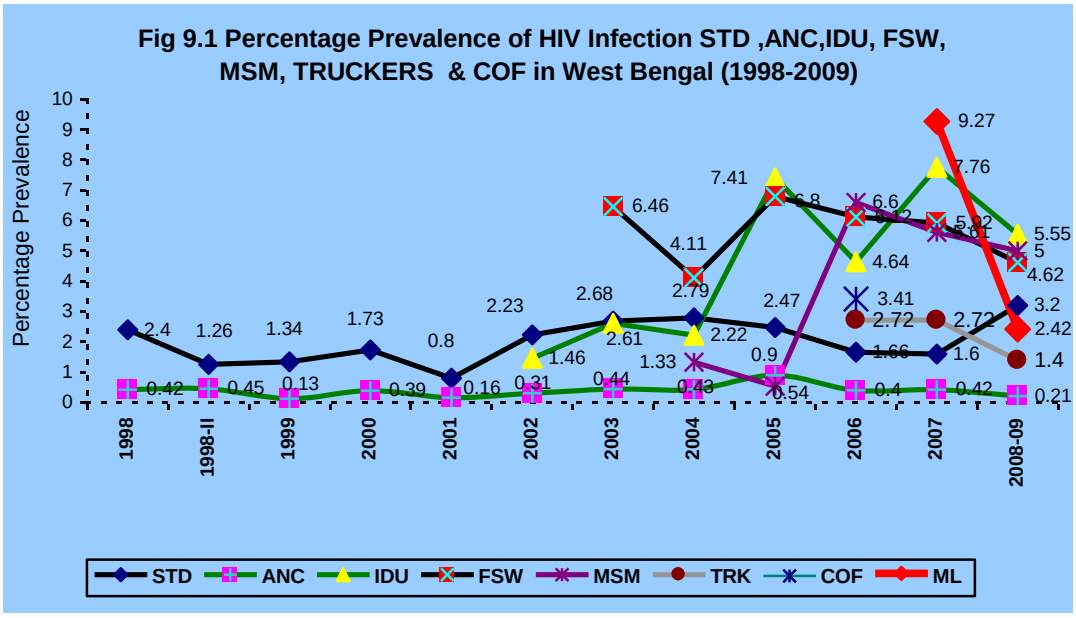
Since the inception of HSS in West Bengal, there has increase in the number of Sentinel sites. The graph below shows the increase in the number of sentinel sites by type of sites.

Table 9.2 Chronological increase of HSS sites in West Bengal since 1998-2009

Round	STD	ANC	FSW	IDU	MSM	Truckers	Clients	ML	Total
1998 (R1)	3	3	-	-	-	-	-	-	6
1998 (R2)	4	4	-	-	-	-	-	-	8
1999 (R3)	4	4	-	-	-	-	-	-	8
2000 (R4)	5	4	-	-	-	-	-	-	9
2001 (R5)	6	8	-	-	-	-	-	-	14
2002 (R6)	9	9	-	1	-	-	-	-	19
2003 (R7)	10	9	7	1	-	-	-	-	27
2004 (R8)	10	9	7	1	1	-	-	-	28
2005 (R9)	12	9	7	4	1	-	-	-	33
2006 (R10)	11	12	8	5	2	5	2	-	47
2007 (R11)	11	13	9	5	3	5	-	1	47
2008-09(R12)	9	21	11	5	4	5	-	1	56

9.2 HIV PREVALENCE

The figure shows trend of HIV prevalence among different groups of population during HSS in average since 1998 to 2009.



In comparison to previous HSS 2007 round the HIV prevalence has declined among all the groups of clients except STD clinic attendees. Currently the HIV prevalence among ANC clinic attendees is 0.21% (National - 0.34%). Current HIV Prevalence among STD clinic attendees is 3.2% (National - 3.4%). HIV prevalence among FSW, MSM, IDU is 4.62%, 5.0% and 5.55% respectively during latest HSS round. HIV prevalence among Migrant Labours and Truckers is 2.42% and 1.4% respectively.

10 Institutional Strengthening

West Bengal State AIDS Prevention and Control Society (WBSAP&CS) is the main implementing arm of NACO to upscale the components of NACP-III programme in the State for halting or reversing the HIV epidemic. Hence, the Society requires to garner political support for NACP-3 programmes in the state as well as to collaborate with various government departments, institutions and Non-Governmental Organizations for strengthening the responses to HIV.
The objectives of the WBSAP&CS:

- To prevent HIV Transmission and to control its spread.
- To reduce morbidity & mortality associated with HIV infection.
- To reduce the adverse social & Economic impact resulting from HIV infection.
- To enhance the community awareness, especially knowledge, Attitude and practice of High risk groups.
- To develop and distribute Health Education Materials for advocacy and IEC.
- To channelize and integrate the activities of NGOs in AIDS control and prevention.
- To promote safety of Blood & Blood products and encourage Voluntary Blood Donation movement.
- To modernize the Blood bank so that every unit of Blood is screened for HIV before transfusion.
- To facilitate in strengthening STD services in Government health facilities and build linkages with private medical institutes and medical practitioners.
- To increase accessibility of Integrated counseling and testing services upto primary level health facilities and reaching out to vulnerable areas and population.
- To facilitate Social support for management of HIV infected and AIDS patients.

The Society is an independent and autonomous body which was registered 1998 under the WB Societies registration Act 1961 vide GO No HF/0/AIDS/336/3A-34/98 and the Registration No is S/90724 of 1998-99. It has a governing body, executive committee and financial powers to ensure smooth implementation of NACP-III programmes in the State. The Principle Secretary Health is the President of the Society and the Project Director the member Secretary. The role and responsibilities of the two bodies are:

1. Governing Body - Control and management of the affairs of the Society. The governing meet is supposed to meet at least once in a year.

2. Executive committee – Meet once in two months or more, may invite any person to attend the meeting depending on the agenda.

The Society works in tandem with Non-government organizations, the line department including NRHM, Women and Child Department, Education Department, Police personnel, Jail Personnel and private sector for the prevention as well as for provision of care, support and treatment. After the constitution of the Society, an official order from NACO (as per D.O from Secretary, Govt of India Ministry of Health & Family Welfare Department Dy.No. L-3095/Secy (H)/98 dated August 6, 1998) suggested that the Project Director of WBSAP&SACS to be the member secretary. In March 1999, Principal Secretary Health and Family Welfare Department sanctioned the creation of a post of Project Director & Ex Officio Special Secretary of Health & Family Welfare Dept Govt of West Bengal was made vide GO. No. H F/O/AIDS/120/3A-34/98/Part-II dt 9.3.1999 who would be Member Secretary of WBSAP&CS. Following are the members of the Governing body of SACS:

Governing Body Members:

Principal Secretary to Govt., H&FW Department	- **President**
Principal Secretary to Govt., Finance Department	- Member
Principal Secretary to Govt, Social welfare Department	- Member
Principal Secretary to Govt., Higher Education Department	- Member
Principal Secretary to Govt, Panchayat & Rural development	- Member
Secretary to Govt., School Education Department	- Member
Commissioner Family welfare H&FW Dept.	- Member
Project Directors and EO Secretary, SHSDP-II	- Member
Director of Health Services & EO Secretary, H&FW Dept.	- Member
Director of Medical Education, H&FW Dept.	- Member
Project Director & EO Secretary Family welfare, H&FW Dept.	- Member Secretary
Additional Director of Health Services (AIDS)	- Member
Director Drug Control	- Member
Jt. DHS, FW & SFWO	- Member
Jt. DHS & SMEIO	- Member
3 Representatives from NGOs (Nominated by President)	- Member
Representative from NACO	- Member
Chief Health officer of Kolkata Municipal Corporation	- Member
Invitee: Representatives from UNICEF & DFID.	- Member

The re-constitution of EC was made during the course the NACP-III whereby some of the designations where changed, position dropped and new members included. This was ratified

during the 6th governing body meeting held on April 3, 2003. The positions which were dropped included State PRAM, WB and District PRAM, Bankura. The new members included Joint Director (Training), Finance Controller, Deputy Director – Surveillance, M&E officer, Representative from State Management Agency, 2 HIV positive persons and 2 members from NGO-AIDS coalitions. The positions that were re-designated are: from Additional Director of Health Services (AIDS) to Additional Director WBSAP&CS, Assistant Director of Health Services/ AIDS & STD to Assistant Director (STD), Assistant Director of Health Services (Blood Safety) to Deputy Director Blood Safety.

Executive Committee Members

Principal Secretary to GoWB/ Secretary H & FW Dept	- President
Commissioner Family welfare H&FW Dept.	- Vice President
Project Director & EO Secretary Family welfare, H&FW Dept	- Member Secretary
Project Directors and EO Secretary, SHSDP-II	- Member
Director of Health Services & EO Secretary, H&FW Dept.	- Member
Director of Medical Education, H&FW Dept	- Member
Additional Project Director WBSAP&CS	- Member
Director , IBTM&IH	- Member
Assistant Director Health Services (STD)	- Member
Deputy Director Health Services (Blood Safety)	- Member
Jt. Director (CST)	- Member
JD, Finance	- Member
DD, M& E Surveillance	- Member
M&E Officer	- Member
Representative from the State Management Agency	- Member
2 HIV+ persons	- Member
2 Members from NGO AIDS coalition	- Member
3 Representative NGO to be nominated by President.	- Member

Further, during the NACP-III, some positions were re-designated by NACO and these were: Jt Director (Training) position was re-designated to Joint Director CST, Finance Controller to Jt. Director Finance, Deputy Director (Surveillance) to Deputy Director (M&E and Surveillance). Currently, the EC comprises of above mentioned members who have to meet at least once in a year. The Executive Committee may invite any person to attend meeting depending on the agenda.

10.0 STAFF STRUCTURE

During 2009-10, Rs. 405.12 lakh was allocated for Institutional Strengthening (IS) which included Salaries, training of SACS and DAPCU officials and towards meeting the operational cost of the society. The organogram of the WBSAP&CS is attached. The total sanctioned staff positions at State level for WBSAP&CS is 75 and of them 88% of the positions have been filled-up.

10.1 ACTIVITIES ACCOMPLISHED

1. During the financial year 4 meeting were held with district level officials and TI partners on NACO guidelines and liquidation of advances. This process enabled in timely submission of implementing agencies including quality reporting and liquidation of advances.

2. Real time gross settlement (RTGS) was commenced during reporting period including district level authorities. The salaries/remuneration and other personal claims of WBSAP&CS staff and district level officials are now being transmitted directly to their respective bank accounts.

3. Training has been imparted to NGOs through STRC on financial guidelines. A regular refresher training/ workshop on financial management for district level peripheral units were required due to frequent transfer of government officials.

4. NACP-III envisages decentralizing planning and decision making at the district level and strengthening the implementation arm of WBSAP&CS by forming District AIDS Control & Prevention Unit (DAPCUs) operating within District Health Society in priority districts. During the last year, DAPCU staff consisting of District Programme Manager HIV/AIDS, Assistant cum Accountant, M&E Assistant and Support staff from districts have been recruited namely Kolkata, Puruliya, Barddhaman, Uttar Dinajpur, Purba Medinipur, Jalpaiguri and Murshidabad. The DAPCU staff at the outset will undergo induction training for assisting Society in the implementation of programmes and work closely with administrative health and financial structure of NRHM.

10.2 FUND UTILIZATION

As per Annual Action Plan of 2009-10, NACO approved 4523 lakhs towards implementing prevention of new infections, care support and treatment facilities for PLHAs, institutional strengthening and strategic information system. The Global Fund to fight AIDS, Tuberculosis and Malaria (GFTAM) supports three components such as ICTC (GFATM round II), Care, support and treatment (GFATM round VI) and Link worker scheme (GFATM round VII). While, for all other components such as Targeted Intervention, Blood Safety, IEC and Institutional Strengthening Pool fund is used.

Table 10.1 Budget and Fund Utilization 2009-10

S.No	Funding Agency	Approved Plan of Action (2008-09)	NACO Releases during the year	Total Fund Available	Total expenditure as on 31st Mar 09
		1	**2**	**5**	**6**
1	Pool Fund	3368.58	2963.20	3285.19	2460.19
2	GFTAM VI	1090.99	700.36	1222.03	828.78
3	GFATM VII	63.66	37.94	63.55	36.89
	Total	**4523.23**	**3701.50**	**4570.77**	**3325.86**

Annexure 'A'

Location of HIV Sentinel sites Round 2008-09								
S.No	**District**	**ANC (21 sites)**	**STD (9 sites)**	**FSW (10 sites)**	**MSM (4 sites)**	**IDU (5 sites)**	**Trucker (4 sites)**	**Migrant (1 site**
1	Kolkata	1. Abinash Dutta Maternity Home. 2. Bidyasagar SDH.	MCH	SHIP	Manas Bangla , Kolkata	SCIR, Tiljola	Boruka Public Welfare Trust	HDRI
2	Puruliya	CHC, Raghunathpur.						
3	Barddhaman	Durgapur SDH.	Burdwan MCH	1. DMSC, Durgapur. 2. Disha Janakalyan Kendra, Asansol	Manas Bangla, Barddhaman		Saheed Shivshankar Smruti Sangha	
4	Uttar Dinajpur	Kaliaganj SDH		DMSC, Islampur				
5	Darjeeling	1. Kalimpong SDH. 2. Siliguri SDH		DMSC, Khalpara, Sililguri	Manas Bangla , Siliguri	1. SCIR, Siliguri (Jhankarmore and Gurum Bastee) & 2. Indian Red Cross Society, Darjeeling		
6	Jalpaiguri	Alipurduar SDH		Hriday, Jalpaiguri			Gana Unnayan Parishad	
7	Murshidabad	Jangipur SDH.	Beharampur SDH	SPMUS, Berhampore		SCIR, Lalgola		
8	Puraba Medinipur	2. Egra SDH		VES, Haldia			HVP, Haldia Vigyan Parisad	
9	Paschim Medinipur	Kharagpur SDH.	Medinipur Medical College					
10	Howrah	Uluberia SD Hospital						

Location of HIV Sentinel sites Round 2008-09								
S.No	**District**	**ANC (21 sites)**	**STD (9 sites)**	**FSW (10 sites)**	**MSM (4 sites)**	**IDU (5 sites)**	**Trucker (4 sites)**	**Migrant (1 site**
11	Hugli	Khanakul RH	Hoogly DH, Chinsura.		Manas Bangla, Srirampur			
12	Maldah	Manichawk Rural Hospital						
13	Nadia	Nawadip State General Hospital.	Krishnanagar DH					
14	24 Parganas (N)	Madhyamgram SDH.		SBMS, Basirhaat				
15	24 Parganas (S)	Baruipur SDH	Bangur DH	CWRC, Diamond Harbour				
16	Birbhum	Suri DH		EICS, Suri & Sibtala				
17	Bankura	Bishnupur SDH.	Bankura Sammelani Medical college.					
18	Dakin Dinajpur	Gangarampur SDH	Balurghat DH				NMMS, Hilli	
19	Coochbehar	Mathabanga SDH						

Annexure B

DISTRIBUTION OF 43 DESIGNATED STI CLINICS IN WEST BENGAL

S/N	NAME OF THE DISTRICT	NAME OF HEALTH FACILITY	S/N	NAME OF THE DISTRICT	NAME OF HEALTH FACILITY
1	Bankura	BANKURA SAMMILANI MEDICAL COLLEGE & HOSPITAL	23	Kolkata	CALCUTTA NATIONAL MEDICAL COLLEGE
2	Bankura	BISHNUPUR S.D. HOSPITAL	24	Kolkata	LADY DUFFERIN VICTORIA HOSPITAL
3	BARDDHAMAN	ASANSOL S.D. HOSPITAL	25	Kolkata	MEDICAL COLLEGE HOSPITAL
4	BARDDHAMAN	BURDWAN MEDICAL COLLEGE & HOSPITAL	26	Kolkata	N.R.S.Medical College & Hospital
5	BARDDHAMAN	DURGAPUR SD HOSPITAL	27	Kolkata	R.G. KAR MEDICAL COLLEGE HOSPITAL
6	BARDDHAMAN	KALNA S.D. HOSPITAL	28	Kolkata	S.S.K.M HOSPITAL
7	Birbhum	RAMPURHAT SD HOSPITAL	29	Kolkata	SCHOOL OF TROPICAL MEDICINE HOSPITAL
8	Birbhum	SURI DISTRICT HOSPITAL	30	Maldah	MALDA DISTRICT HOSPITAL
9	Dakshin Dinajpur	BALURGHAT DISTRICT HOSPITAL	31	Medinipur	GHATAL S.D. HOSPITAL
10	Darjiling	DARJEELING DISTRICT HOSPITAL	32	Medinipur	HALDIA SUB DIVISIONAL HOSPITAL
11	Darjiling	KALIMPONG SD HOSPITAL	33	Medinipur	MIDNAPORE MEDICAL COLLEGE HOSPITAL
12	Darjiling	KURSEONG S.D. HOSPITAL	34	Medinipur	TAMLUK DIST. HOSPITAL
13	Darjiling	NORTH BENGAL MEDICAL COLLEGE & HOSPITAL	35	Murshidabad	BERHAMPUR DISTRICT HOSPITAL
14	Darjiling	SILIGURI DISTRICT HOSPITAL	36	Nadia	NADIA DIST. HOSPITAL
15	Haora	HOWRAH GENERAL HOSPITAL	37	Nadia	RANAGHAT S.D. HOSPITAL
16	Hugli	ARAMBAGH SD HOSPITAL	38	North Twenty Four Parganas	B.N. BOSE HOSPITAL
17	Hugli	CHANDENAGAR SUB DISTRICT HOSPITAL	39	North Twenty Four Parganas	BARASAT DISTRICT HOSPITAL
18	Hugli	CHINSURA DISTRICT HOSPITAL	40	Puruliya	PURULIA DISTRICT HOSPITAL
19	Hugli	WALSH SD HOSPITAL	41	South Twenty Four Parganas	M.R. BANGUR HOSPITAL
20	Jalpaiguri	ALIPURDUAR SD HOSPITAL	42	Uttar Dinajpur	ISLAMPUR SD Hospital
21	Jalpaiguri	JALPAIGURI DISTRICT HOSPITAL	43	Uttar Dinajpur	RAIGUNJ DISTRICT HOSPITAL
22	Koch Bihar	MJN DH HOSPITAL			

Annexure C

District wise Location of BCSUs in West Bengal 2009-10		
Sl no.	**District**	**Location of Blood Component Separation Units**
1	Kolkata	S.S.K.M. Hospital Blood Bank
2		Nil Ratan Sarkar Medical College & Hospital Blood Bank, 133, A.P.C. Road, Kolkata – 14
3		R.G. Kar Medical College & Hospital Blood Bank, 1, Belgachhia Road, Kolkata – 4
4		Calcutta Medical College & Hospital Blood Bank, 88, College Street, Kolkata – 73
5		Central Blood Bank (Institute of Blood Transfusion Medicine & Immuno Haematology) Kolkata – 6
6		North Bengal Medical College & Hospital Blood Bank, Darjeeling
7	Barddhaman	Burdwan Medical College & Hospital Blood Bank, Burdwan
8	Malda	Malda District Hospital Blood Bank, Malda
9	Bankura	Bankura Sammilani Medical College & Hospital Blood Bank, Bankura

Annexure D: District Wise Distribution of ICTC

NAME OF THE DISTRICTS	SL.NO	NAME OF THE REPORTING UNIT
KOLKATA	**1**	CALCUTTA MCH
KOLKATA	**2**	CALCUTTA MCH
KOLKATA	**3**	NRS MCH
KOLKATA	**4**	NRS MCH
KOLKATA	**5**	BELEGHATA NICED *
KOLKATA	**6**	LADY DUFFERIN VICTORIA
KOLKATA	**7**	R G KAR MCH
KOLKATA	**8**	R G KAR MCH
KOLKATA	**9**	CNMCH
KOLKATA	**10**	CNMCH
KOLKATA	**11**	***CALCUTTA SAMARITANS (SEALDAH)*
KOLKATA	**12**	SSKM HOSP.
KOLKATA	**13**	SSKM HOSP.
KOLKATA	**14**	***DMSC*
KOLKATA	**15**	STM,KOLKATA
KOLKATA	**16**	****SCIR-IDU***
KOLKATA	**17**	****MANASBANGLA-MSM***
KOLKATA	**18**	***BSF KOLKATA***
KOLKATA	**19**	CHITTARANJAN SEVA SADAN
KOLKATA	**20**	SHAMBHUNATH PANDIT HOSP.
KOLKATA	**21**	ABINASH DUTTA MATER.HOSP. *
KOLKATA	**22**	ALIPUR CORRECTIONAL HOME
KOLKATA	**23**	MANIKTALA ESI HOSPITAL ESI HOSP.

NAME OF THE DISTRICTS	SL.NO	NAME OF THE REPORTING UNIT
PURULIA	**1**	PURULIYA DH
PURULIA	**2**	PURULIYA DH
PURULIA	**3**	RAGHUNATHPUR SDH
PURULIA	**4**	MANBAZAR RH
PURULIA	**5**	BANSGARH RH
PURULIA	**6**	HARMARDIH RH
PURULIA	**7**	HURA RH
PURULIA	**8**	KOTSILA RH
PURULIA	**9**	JHALDA BPHC
PURULIA	**10**	BONDOWN BPHC
PURULIA	**11**	PATHORDIHI BPHC
PURULIA	**12**	PARA BPHC
PURULIA	**13**	MURARDI BPHC BPHC
BURDWAN	**1**	BURDWAN MCH
BURDWAN	**2**	BURDWAN MCH
BURDWAN	**3**	MEMARI RH *
BURDWAN	**4**	ASANSOL SDH
BURDWAN	**5**	DURGAPUR SDH
BURDWAN	**6**	KATWA SDH
BURDWAN	**7**	KALNA SDH
BURDWAN	**8**	BHATAR RH *
BURDWAN	**9**	MANKAR RH *
BURDWAN	**10**	BALLABHPUR RH

NAME OF THE DISTRICTS	SL.NO	NAME OF THE REPORTING UNIT
BURDWAN	**11**	SINGOT RH
BURDWAN	**12**	MANTESWAR BPHC
BURDWAN	**13**	GUSHKARA PHC
UTTARDINAJPUR	**1**	RAIGANJ DH
UTTARDINAJPUR	**2**	RAIGANJ DH
UTTARDINAJPUR	**3**	KARANDIGHI RH *
UTTARDINAJPUR	**4**	KALIAGANJ SGH
UTTARDINAJPUR	**5**	ISLAMPUR SDH
UTTARDINAJPUR	**6**	LODHAN BPHC
UTTARDINAJPUR	**7**	ITAHAR PHC
DARJEELING	**1**	DARJEELING DH
DARJEELING	**2**	DARJEELING DH
DARJEELING	**3**	KALIMGPONG SDH
DARJEELING	**4**	KURSEONG SDH
DARJEELING	**5**	MIRIK BPHC
DARJEELING	**6**	**BSF SILIGURI
DARJEELING	**7**	NORTH BENGAL MCH
DARJEELING	**8**	NORTH BENGAL MCH
DARJEELING	**9**	***WBVHA (NJP STN, & BUS STAND)*
DARJEELING	**10**	SILIGURI SDH
DARJEELING	**11**	BIJONBARI RH
DARJEELING	**12**	GARUBATHAN PHC
DARJEELING	**13**	NAXAL BARI RH

NAME OF THE DISTRICTS	SL.NO	NAME OF THE REPORTING UNIT
DARJEELING	**14**	BAGDOGRA PHC
DARJEELING	**15**	KHARIBARI RH
JALPAIGURI	**1**	JALPAIGURI DH
JALPAIGURI	**2**	JALPAIGURI DH
JALPAIGURI	**3**	MALBAJAR SDH
JALPAIGURI	**4**	ALIPURDUAR SDH
JALPAIGURI	**5**	BIRPARA SGH
JALPAIGURI	**6**	***HRIDAY (JALPAIGURI BUSTSTAND & JALPAIGURI JAIL)*
JALPAIGURI	**7**	MAYNAGURI RH
JALPAIGURI	**8**	RAJGANJ RH
JALPAIGURI	**9**	DHUPGURI RH
JALPAIGURI	**10**	FALAKATA RH
MEDINIPUR (EAST)	**1**	CONTAI SDH
MEDINIPUR (EAST)	**2**	EGRA SDH
MEDINIPUR (EAST)	**3**	TAMLUK DH
MEDINIPUR (EAST)	**4**	TAMLUK DH
MEDINIPUR (EAST)	**5**	HALDIA SDH
MEDINIPUR (EAST)	**6**	BASULIA RH
MEDINIPUR (EAST)	**6**	BASULIA RH
MEDINIPUR (EAST)	**7**	REAPARA RH
MEDINIPUR (EAST)	**8**	PAIKPARI (PASKURA-II) BPHC
MEDINIPUR (EAST)	**9**	DIGHA SGH
MEDINIPUR (EAST)	**10**	MUGBAERIA BPHC

NAME OF THE DISTRICTS	SL.NO	NAME OF THE REPORTING UNIT
MURSHIDABAD	**1**	BEHRAMPUR DH
MURSHIDABAD	**2**	BEHRAMPUR DH
MURSHIDABAD	**3**	JANGIPUR SDH
MURSHIDABAD	**4**	KANDI SDH
MURSHIDABAD	**5**	DOMKOL SDH
MURSHIDABAD	**6**	LALBAGH SDH
MURSHIDABAD	**7**	BURWAN RH
MURSHIDABAD	**8**	AMTALA RH
MURSHIDABAD	**9**	ISLAMPUR RH
MURSHIDABAD	**10**	JIYA GANJ RH
MURSHIDABAD	**11**	SADIKHAN DEAR RH
MURSHIDABAD	**12**	ARJUNPUR PHC
BANKURA	**1**	BSMCH
BANKURA	**2**	BSMCH
BANKURA	**3**	BISHNUPUR SDH
BANKURA	**4**	KHATRA SDH
BANKURA	**5**	BARJORA BPHC
BANKURA	**6**	KOTAL PUR RH
BANKURA	**7**	TALDENGRA RH
BANKURA	**8**	PATRA SAYER BPHC
BANKURA	**9**	SIMLAPAL BPHC
BANKURA	**10**	RANIBANDH BPHC

NAME OF THE DISTRICTS	SL.NO	NAME OF THE REPORTING UNIT
COOCH BIHAR	**1**	MJN HOSPITAL
COOCH BIHAR	**2**	MJN HOSPITAL
COOCH BIHAR	**3**	DINHATA SDH
COOCH BIHAR	**4**	MATHABHANGA SDH
COOCH BIHAR	**5**	MEKHLIGANJ SDH
COOCH BIHAR	**6**	TUFANGANJ SDH
COOCH BIHAR	**7**	HALDIBARI RH
DAKSHIN DINAJPUR	**1**	BALURGHAT DH
DAKSHIN DINAJPUR	**2**	BALURGHAT DH
DAKSHIN DINAJPUR	**3**	GANGARAMPUR SDH
DAKSHIN DINAJPUR	**4**	KUMARGANJ BPHC
BIRBHUM	**1**	SURI DH
BIRBHUM	**2**	SURI DH
BIRBHUM	**3**	RAMPURHAT SDH
BIRBHUM	**4**	BOLPUR SDH
BIRBHUM	**5**	LABPUR RH
BIRBHUM	**6**	MURARAI RH
BIRBHUM	**7**	SAINTHIA RH
BIRBHUM	**8**	MURARAI-II BPHC
BIRBHUM	**9**	RAMPURHAT SDH
BIRBHUM	**10**	BOLPUR SDH
BIRBHUM	**11**	LABPUR RH
BIRBHUM	**12**	MURARAI RH
BIRBHUM	**13**	SAINTHIA RH

NAME OF THE DISTRICTS	SL.NO	NAME OF THE REPORTING UNIT
HOOGLY	**1**	CHUCHURA DH
HOOGLY	**2**	CHUCHURA DH
HOOGLY	**3**	ARAMBAGH SDH
HOOGLY	**4**	SRIRAMPUR WALSH SDH
HOOGLY	**5**	TARAKESWAR RH *
HOOGLY	**6**	KHANAKUL RH *
HOOGLY	**7**	PANDUA RH *
HOOGLY	**8**	UTTARPARA SGH
HOOGLY	**9**	SINGUR RH *
HOOGLY	**10**	CHANDANNAGARSDH
HOOGLY	**11**	DHANIKHALI RH
HOOGLY	**12**	CHANDITALA RH
HOOGLY	**13**	JANGIPARA RH
HOOGLY	**10**	CHANDANNAGARSDH
MALDAH	**1**	MALDAH DH
MALDAH	**2**	MALDAH DH
MALDAH	**3**	RN ROY (BULBUL CHANDI) RH
MALDAH	**4**	CHANCHOL RH
MALDAH	**5**	GAZOLE RH
MALDAH	**6**	HARISCHANDRA PUR RH
MALDAH	**7**	MANIK CHAK RH
MALDAH	**8**	MILKI BPHC
MALDAH	**9**	SILAMPUR BPHC
MALDAH	**10**	SUJAPUR PHC
MALDAH	**11**	GOLAPGUNJ PHC

NAME OF THE DISTRICTS	SL.NO	NAME OF THE REPORTING UNIT
MALDAH	**12**	BEDRABAD BPHC
HOWRAH	**1**	ULBERIA SDH
HOWRAH	**2**	T.L JAISWAL HOSP. *
HOWRAH	**3**	HOWRAH DH
HOWRAH	**4**	HOWRAH DH
HOWRAH	**5**	JAGAT BALLAVPUR RH *
HOWRAH	**6**	BAGNAN RH *
HOWRAH	**7**	DOMJUR RH *
HOWRAH	**8**	UDAYNARAYANPUR SGH
HOWRAH	**9**	GABBERIA RH *
HOWRAH	**10**	***HDRI (HOWRAH ST.)*
HOWRAH	**11**	BELUR SGH
HOWRAH	**12**	FORT GLOSTER SGH
HOWRAH	**13**	SOUTH HOWRAH SGH
HOWRAH	**14**	BBD (AMRAGURI) RH
24 PARGANAS (S)	**1**	**CINI PAILAN
24 PARGANAS (S)	**2**	CANNING SDH
24 PARGANAS (S)	**3**	VIDYASAGAR SGH, BEHALA
24 PARGANAS (S)	**4**	BARUIPUR SDH
24 PARGANAS (S)	**5**	GARDEN REACH SGH *
24 PARGANAS (S)	**6**	AMTALA RH *
24 PARGANAS (S)	**7**	KAKDWIP SDH
24 PARGANAS (S)	**8**	***SHIS GHATAKPUKUR*

NAME OF THE DISTRICTS	SL.NO	NAME OF THE REPORTING UNIT
24 PARGANAS (S)	**9**	BAGHAJATIN SGH
24 PARGANAS (S)	**10**	JAYNAGAR RH
24 PARGANAS (S)	**11**	L.B. DUTTA (MUCHISA) RH
24 PARGANAS (S)	**12**	MATHURAPUR RH
24 PARGANAS (S)	**13**	RAIDIGHI RH
24 PARGANAS (S)	**14**	SREE RAMKRISHNA (NIMPITH) RH
24 PARGANAS (S)	**15**	PADMER HAT RH
24 PARGANAS (S)	**16**	SONAR PUR RH

NAME OF THE DISTRICTS	SL.NO	NAME OF THE REPORTING UNIT
24 PARGANAS (N)	**1**	BARASAT DH
24 PARGANAS (N)	**2**	BARASAT DH
24 PARGANAS (N)	**3**	BONGAON SDH
24 PARGANAS (N)	**4**	BASIRHAT SDH
24 PARGANAS (N)	**5**	BHATPARA SGH
24 PARGANAS (N)	**6**	NAIHATISGH
24 PARGANAS (N)	**7**	ASHOKENAGAR SGH *
24 PARGANAS (N)	**8**	HABRA SGH *
24 PARGANAS (N)	**9**	BN BOSE BARRACKPORE SDH
24 PARGANAS (N)	**10**	BARANAGAR SGH *
24 PARGANAS (N)	**11**	PANIHATI SGH
24 PARGANAS (N)	**12**	SALT LAKE SDH
24 PARGANAS (N)	**13**	SHIBANI AROGYA NIKETAN SGH
24 PARGANAS (N)	**14**	BAGDA RH
24 PARGANAS (N)	**15**	MADHYAMGRAM RH
24 PARGANAS (N)	**16**	MINAKHAN RH
24 PARGANAS (N)	**17**	SANDESHKHALI RH
41 PARGANAS (N)	**18**	SAGAR DUTTA HOSP. SGH
41 PARGANAS (N)	**19**	SRI BALARAM SEBA MANDIR SGH
41 PARGANAS (N)	**20**	HAROA (ADAMPUR) BPHC
41 PARGANAS (N)	**21**	M R BANGUR DH
41 PARGANAS (N)	**22**	M R BANGUR DH
41 PARGANAS (N)	**23**	DIOMOND HARBOUR SDH
41 PARGANAS (N)	**24**	TAKI RH

Annexure E

District Wise Distribution of Care, Support & Treatment Services for PLHIV in West Bengal								
Sl	**District**	**Community Care Centres**		**ART Centre**		**Drop-in-centre**		**Link ART Centre**
1	Kolkata	**Arunima**, 81, D H Road, Barisha, Kolkata - 700008. CNI Calcutta Diocesan Central Fund		**School of Tropical Medicine,** Ph:0332241-4900/033-2257-1610, Fax: 0332241-4065, e-mail id: artstm_kolkata@rediffmail.com		**Kolkata Network for people living With HIV/AIDS (KNP+)**, 23B Shibnarayan Das Lane Kolkata- 700006.		
		Seva Kendra, 93/ P.K.Guha Road, Kumarpara, Dum Dum Cantonment, Kolkata 700028. **Seva Kendra Calcutta**		**R.G. KAR Medical College** & Hospital ART Centre. Phone: 033 2533-0704, Fax-033-25557669, email ID:rgkarmch@gmail.com		**Society for Positive Atmosphere and Related supported to HIV/AIDS (SPARSHA)**, AE- 36, Rabindrapalli, P.O- Prafulla Kanan, Kolkata-700101. E- mail- knpplus2002@gmail.com		
		Apanjan, 23 B, Shibnarayan Das Lane, Kolkata-700006. **KNP+**		Regional Paediatric ART Centre, **Medical College & Hospital.** Phone: 033-2257-3294/ Fax:033-2241-3953. e-mail id: regionalpaediatricartcentre@gmail.com				
2	Puruliya							Raghunathpur SDH
3	Barddhaman	**Chetna**, Vill: Jhinguti, PO: Phagupur, Dist.: Burdwan, West Bengal, Pin : 713102. Asansol Burdwan Seva Kendra		**Burdwan Medical College & Hospital.** Supdt. Tel No. 0342-2558636, Phone/Fax. 0342-551074. Email ID:artcbmch@gmail.com		**Burdwan Society Of People Living With HIV/AIDS (BSP+),** 54,Rashikpur Road, Ward No- 3, Burdwan- 1 Pin:713141. E-mail: bdnpplus@gmail.com		Asansol SDH
4	Uttar Dinajpur	**Spandan**, Melar Math. Ward No. - 3, Islampur. Uttar Dinajpur - 733 202. Jalpaiguri Hriday		**Islampore SD Hospital**, (Room No. 10 & 11) Phone/Fax: 03526-25765; e-mail id: artislampur@gmail.com		**Uttar Dinajpur Society For People Living With HIV/AIDS(UDSP+)**, S.K Sound Building, Sonakoda Road.Ismil Chowk, Islampur. Email ID: udspplus@gmail.com		
5	Darjeeling	**Jesu Ashram**, Vill + P.O. - Matigara, Via - Siliguri, Darjeeling - 734010. Seva Kendra Siliguri				**Shankar Foundation**, UpperLoch nagar. Email ID: shankerfoundation@gmail.com		1. Darjeeling DH 2. Kalimpong SDH
		Prayash, 4 Mal Villa Road, C.R. Das Road, Below KRIPA Foundation., Darjeeling - 734101. Anugyalaya DSSS				**Sangoboddho**, Chaknikata Jana kalian Sanstha, 1st Floor, P.O- Sasrutnagar, Near NBMCH, Dist- Darjeeling, Pin-734003. Email: sangobaddhoslg@gmail.com		

Sl	District	Community Care Centres		ART Centre		Drop-in-centre		Link ART Centre
6	Jalpaiguri	**Bhalobasa**, C/O Sushil Chandra, Firm more, Mohitnagar, Jalpaiguri- 735101. Bhoruka Public Welfare Trust				**Jalpaiguri Society for People Living HIV/AIDS,** Matri Bhawan, Vivekananda Palli,Maynaguri, Jalpaiguri, Pin Code – 735224. Email: jspplus_jal@yahoo.co.in		1. Jalpaiguri DH 2. Malbazar SDH 3. Alipurduar SDH
7	East Midnapore	**St. Joseph**, Phulpahari, Midnapore - 721102. Seva Kendra, Kolkata.				**Society for Positive Atmosphere and Related supported to HIV/AIDS (SPARSHA)**, Vill :Basudevpur, P.S & P.O-Nandakumar. E- mail: plwhaf@yahoo.co.in		1. Tamluk DH 2. Haldia SDH
8	Murshidabad	**Antarik**, Prantik, Panchanantala.Berhampore. Murshidabad - 742101. SPMUS				**Murshidabad Society For People Living With HIV/AIDS (MSP+)**, 53/1,Churamoni Chodhuri lane,Station Road,Khatic Tala, Baharampur, Murshidabad. E-mail: msplus@rediffmail.com		Baharampur DH
9	24 Parganas (S)	**Alor Disha,** Haraharitala. P. O. - Harinavi ; P.S. - Sonarpur; 24 Pgns (S); Kolkata - 47. **SNP+**		**M. R. Bangur District Hospital**, Phone: 033-65366879. E-mail id: artmrbh@gmail.com		**South 24 Parganas Network for people Living With HIV/AIDS (SNP+)**, 15,Sukanta Sarani, Kamrabad, Sonarpur,Pin Code 700150.		1. Diamond Harbour SDH. 2. Canning SDH. 3. Kakdwip SDH.
10	North 24 Parganas					**North 24 Parganas Network for people living with HIV/AIDS(NNP+)**, 82/C, Bonomalipur, Barasat. E- mail- nnpbarasat1@gmail.com		1. Barasat DH. 2. Bongaon SDH
14	Hooghly					**Network of Hooghly for People Living with HIV/AIDS(NHP+)**, 26A/1, Raja K.L Goswami Street, Srirampur, Pin: 712201		1. Chinsurah DH 2. Arambagh SDH
9	Paschim Medinipur	**Snehalaya**, Vill - Dihibaliharpur, Post - Daspur, Dt. Paschim Midnapore, 721211 Gandhi Mission Trust		**Midnapore Medical College & Hospital**, Phone/FAX-03222-268935. Email ID:artmmch@gmail.com		**SPARSHA**, Vill- Panchberia, P.S- Daspur. E- mail: plwhaf@yahoo.co.in		Ghatal SDH
10	Howrah	**SPARSHA**, Vill - Banitabla, P.O - Jaduberia, Uluberia, Howrah - 711316				**Howrah Network of People Living With HIV/AIDS(HNP+)**, Vill & P.O-Dhulaguri, P.S- Sankrile, Dist- Howrah, Pin: 711302		Domjur RH

Sl	District	Community Care Centres		ART Centre		Drop-in-centre		Link ART Centre
11	Malda	**Ashar Alo**, Vill - Adampur; PO - Mahadebpur; Dist. - Malda. Pin - 732121. Social Welfare Institute		**Malda Dist Hospital, Malda Town,** PIN-732101. Ph: 03512-223793, Fax: 03512-252480. Email ID:artcentremalda@gmail.com		**Maldah Society For People Living with HIV/AIDS(MSP+)**, Kanimore,Bidhan Pally,P.O-Jhaljhalia, Pin-732102. Email ID: bnpplusmalda@rediffmail.com		
12	Nadia					**Nadia District for People Living with HIV/AIDS Society,** Anjanapara gokhel Road, Let Laltu Dutta house Krishnanagar, Nadia, Pin: 741101		Krishnanagar DH
13	Bankura					**Bankura Society Of People Living With HIV/AIDS (BKSP+)**, Lokpur, Bakultala,Behind Ladies Hostel, Bankura, Pin:722101. E- mail: bknpplus@gmail.com		Bankura Sammilani MCH
14	Coochbehar					**Coochbehar Society For People Living with HIV/AIDS (CSP+),** H.N Road, Golbagan. Pin - 736101. Email: cspplus@rediffmail.com		Coochbehar DH
15	Dakshin Dinajpur					**Dakshin Dinajpur Society of People Living With HIV/AIDS (DDSP+)**, P.O.-Beltala Park, P.S.-Balurghat. Email ID: ddspplus@rediffmail.com		Balurghat DH
16	Birbhum					**Birbhum Bolpur People Living With HIV/AIDS Society (BBSP+),** Shantinikatan, Birbhum, Pin: 731204. Email ID: bbpsplus@gmail.com		Rampurhat SDH