



Combating the **Enemy** Within

A model for HIV prevention
among men-in-uniform



West Bengal State
AIDS Prevention and Control Society



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Abbreviation and Acronyms

ADG	–	Additional Director General
AIDS	–	Acquired Immunodeficiency Syndrome
ARV	–	Anti Retrovirals
BOP	–	Border Outpost
BSF	–	Border Security Force
BTC	–	Basic Training Centre
CBO	–	Community based organization
CH	–	Composite Hospital
CNA	–	Communication Needs Assessment
CSW	–	Commercial Sex Worker
DIG	–	Deputy Inspector General
GIPA	–	Greater Involvement of People with AIDS
HIV	–	Human Immunodeficiency Virus
IEC	–	Information, Education and Communication
KAP	–	Knowledge, Attitude, Practices
M & E	–	Monitoring and evaluation
MI	–	Medical Investigation
MO	–	Medical Officer
MSM	–	Men having sex with men
NACO	–	National AIDS Control Organisation
NGO	–	Non-governmental Organisation
PEP	–	Post exposure prophylaxis
PLHIV	–	People Living With HIV
PPTCT	–	prevention of parent to child transmission
STC	–	Subsidiary Training Centre
STI	–	Sexually Transmitted Infection
STI	–	Sexually Transmitted Infection
STM	–	School of Tropical Medicine,
TOT	–	Training of Trainers
UNAIDS	–	Joint United Nations Programme on HIV/AIDS
UNDP	–	United Nations Development Programme
USAID	–	United States Agency for International Development
VCTC	–	Voluntary Counselling and Training Centre
WBSAPCS	–	West Bengal State AIDS Prevention and Control Society
WHO	–	World Health Organisation

Background and Objectives

Combating HIV (Human Immunodeficiency Virus) effectively and on a sustained basis is an issue of global concern. The problem is, many people who are exposed to the risks of acquiring HIV are ignorant of them. For its prevention, therefore, building up awareness through education, communication and counselling, providing access to services, promoting safer behaviour and mainstreaming these in everyday life are most urgently needed.

In India, the AIDS (Acquired Immunodeficiency Syndrome) epidemic poses a serious public health concern. With the first AIDS case detected in 1986, over 5.2 million people were estimated to be infected with HIV in India at the end of year 2006. The HIV infection rate among the adult population between 15-49 years of age is estimated to be 0.7 per cent. India's large population and tremendous cultural, geographical and economic diversity (over one-sixth of the world population), make public health care a complex task. The following estimates (in millions) show the rising trend of HIV infection in the country.

Year	Number of HIV infections (figures in millions)
1998	3.5
1999	3.4
2000	3.86
2001	3.97
2002	4.58
2006	5.20

Source: National AIDS Control Organisation

Estimates for HIV infections in the year 2010 range from a modest 15 million to a staggering 25 million.

West Bengal: Precarious position

HIV incidence varies from state to state in India. West Bengal, the focal state for Project Prahari, though not yet a high HIV incidence state, is vulnerable because of various factors. It has its HIV hinterland in the neighbouring states of Uttar Pradesh, Bihar, Sikkim, Assam and other north-eastern states, and also in the neighbouring countries such as Nepal and Bangladesh. The state sees a frequent inflow of nearly 3-5 million people for seasonal employment and business. Seven national highways that crisscross the state facilitate high mobility of the floating population. A majority of the migrants to the state are single. It is this floating population that sustains nearly 100,000 sex workers in the state. The state has the highest population density in India with a total of 82.25 million people living here. If it were a country, this would make it the 13th most populous one in the world.

Every year the number of new cases of HIV is rising in West Bengal: from 304 cases reported in 1996 the figure went up to 1131 in 2002 and in June 2003, i.e., in six-month period from January to June 2003, the number of new HIV cases rose to 922.

A large number of Border Security Force (BSF) personnel are posted in the border areas of West Bengal to keep a vigil on its long borders with Bangladesh. For various socio-economic and cultural reasons uniformed personnel posted here are exposed to the risk of contracting HIV.



BSF: A Profile

The Border Security Force is over four decades old, and the largest paramilitary organisation in the world. It was formally raised on 1 December 1965 following Pakistan's military intrusion in the western border of India – Kutch, Gujarat. That single military event exposed the vulnerability of India's borders with Pakistan, which hitherto were patrolled by state armed police battalions. The event underscored the urgent need for a competent and centrally controlled Border Security Force.

Command Structure of BSF in East India

Name	Border Area	Head	HQ Location
Eastern theatre	Covers States of W Bengal, Assam, Meghalaya, Nagaland, Manipur, Tripura, Mizoram, Jharkhand, Bihar.	Additional Director General of BSF	Kolkata
South Bengal Frontier	Districts of Murshidabad, Nadia, North 24 Parganas, South 24 Parganas, Malda.	Inspector General of BSF	Kolkata
North Bengal Frontier	Districts of Coochbehar, Jalpaiguri, Uttar Dinajpur, Dakshin Dinajpur, Darjeeling, Kishanganj.	Inspector General of BSF	Siliguri
Sector	8 Sectors along the border in W Bengal	Deputy Inspector General of BSF	At Cooch Behar, Siliguri, Kishanganj, Malda, Krishnagar, Kolkata, Baharampur, Jalpaiguri.
Battalion	40 in number	Commandant	All along the border
Company	Variable depending on deployment	Company Commander	All along the border

Within about six years BSF had to shoulder additional responsibilities in the eastern border of India with the creation of Bangladesh (erstwhile East Pakistan) in 1971.

The BSF personnel keep a perpetual vigil along 6,434 km border with Pakistan and Bangladesh. The force has three premier training institutes, nine subsidiary training centres, two basic training centres, separate water and air wings and a signal regiment; its headquarters are in New Delhi. The Border Security Force keeps itself in battle readiness for action on the long and porous borders. BSF is also deployed from time to time for international peace-keeping operations. The force is directly under the control of the Ministry of Home Affairs, Government of India.

BSF in War and Peace

The peace-time tasks of BSF are to:

- Promote a sense of security among the people living in the border areas;
- prevent trans-border crimes like trafficking, smuggling and unauthorised entry into or exit from the territory of India;
- undertake counter-insurgency operations and also performing internal security duties as may be assigned to them.

Its war-time tasks include:

- Holding ground in less threatened sectors;
- protecting vital installations;
- assisting in controlling and looking after the refugees, and
- checking infiltration in specific areas.

Origin of Prahari

Project Prahari was conceived with this background about two years back. It was conceived as an action plan for sustained HIV/AIDS prevention and care among the Border Security Force personnel, their families and the local communities.

Prior to Project Prahari, West Bengal State AIDS Prevention and Control Society (WBSAPCS) conducted awareness sessions for uniformed personnel including BSF from time to time. As a result of those sessions it was felt that a coordinated and a cohesive project specifically targeted to HIV awareness, prevention and control would be more effective. With the involvement of senior BSF officials a project proposal was developed. Both the South and North Bengal frontiers were approached, and a common project plan was developed. The experiences of other forces, notably Army were reviewed while designing the project. The project proposal was submitted to Joint United Nations Programme on HIV/AIDS (UNAIDS).

Project Prahari was conceptualised keeping a participatory approach in mind. The project focus was on advocacy as well as mainstreaming HIV/AIDS awareness through the health and training directorates of BSF.

Project Structure

The UNDP country office in India and WBSAPCS, the implementing partner, signed an agreement in July 2004 for Project Prahari delineating their roles, the scope and duration of the project.

Heightened Vulnerability of BSF Cadre

BSF recruits (jawans) are at risk of contracting HIV because of a number of factors:

- They join the force at a rather tender age – around 18 years and come mostly from rural background with almost no information or education about the risks of contracting HIV/AIDS. Lack of proper sex education and awareness of the need for safe sex contribute considerably to increased risks for the border men.
- Nature of their work and high mobility from one border post to the other, or from the Bangladesh border in the east to the Pakistan border in the west, or even to a far off place outside India as a part of the international peace-keeping force creates its own pressure and stress.
- The bordermen have to live away from their families. Family accommodation for the young bordermen is limited and they are usually not granted couple accommodation till they reach the age of 25 years.
- Bordermen are entitled to two months' leave in a year, but generally get much less.
- Bordermen getting a regular salary feel financially more solvent than most of the border population, which is generally poor. Thus paid sex comes easy to BSF troops.
- The border troopers spend more than 75 per cent of their prime life in active duty away from home. Far away from their families, they are lonely in their off duty hours. They are thus likely to unsuspectingly enter into sexual relationships with stray partners or even sex workers.

BSF officers are of the opinion that the young age of the jawans, their separation from their families, mobility and stress, coupled with manly pride (machismo) arising out of their role and responsibilities are some of the factors that may stoke unsafe sex practices and render the bordermen at risk of contracting HIV.



Project Scope: The two-year project (from Jan 2005 – December 2006) was formally launched on 23 March, 2005, in select locations in West Bengal and key BSF training centres in the state and at national level.

Implementation partners: The programme was implemented by West Bengal State AIDS Prevention and Control Society ((WBSAPCS)) and UNDP, India.

National Cooperating Agency: The project received support and cooperation from the National AIDS Control Organisation (NACO), the Ministry of Health and Family Welfare, Ministry of Home Affairs and Border Security Force.

Starting Date: January 2005 (Actually launched on March 23, 2005)

Project Budget: USD 273,705 for 2 years: UNAIDS 153,359; UNDP REACH- USD 49820, primarily for advocacy related activities at the national level; WBSAPCS USD 47,910 for activities at the state level including community based care and support and for development of information, education and communication (IEC) as well as behaviour change communication (BCC) tools, training, capacity development at the state level etc. BSF contribution in kind USD – 22616.

Project Coverage

The project was implemented in two border zones – South Bengal and North Bengal Frontier in West Bengal. Along 2216 km of international border with Bangladesh, the project covered 40 battalions deployed in the region. The project is on ground in eight sectors and 40 battalions across the state. The south Bengal districts are Kolkata, Nadia, South and North 24 Parganas and Malda while the north Bengal districts are Coochbihar, Kishanganj, Darjeeling, Jalpaiguri, Uttar Dinajpur and Dakshin Dinajpur. The BSF academy at Tekanpur and Subsidiary Training Centres (STCs) at Baikanthapur and Hazaribag were also the sites of project implementation as well as the nodal points for the development of the training infrastructure.

Project Implementation Model

The project had a Central Advisory Committee comprising of representatives from the Ministry of Home Affairs, NACO, WBSAPCS, United Nations Development Programme (UNDP), UNAIDS and BSF. This team met twice a year to approve work plans, monitor progress and advise on the ways to speed up and strengthen project implementation

The Model		
Central Advisory Committee	Regional Response Team	Implementation Group
<ul style="list-style-type: none"> ● Home Ministry ● NACO ● WBSAPCSI ● UNDP 	<ul style="list-style-type: none"> ● Regional Medical Corps ● State Health Units ● Regional Training Units 	<ul style="list-style-type: none"> ● Local Government and Panchayats ● District Health Units ● CSOs / CBOs / PLWHA ● Expert Institutes ● Welfare organs of BSF ● Battalions/ Companies

Goal and Objective

The most important goal of the project was to generate commitment and strengthen capacity to reduce the spread and impact of HIV / AIDS among the BSF personnel, their families and communities through sustained efforts and responses from all concerned.

Prahari was conceived and launched as a comprehensive and sustainable response to HIV/AIDS epidemic, and to address ignorance at various levels in the force. Though, in the first instance it appears to be aimed at combating the growing threat of HIV / AIDS incidence among the uniformed bordermen by way of imparting information about its spread, the project objective was larger than this both in its reach and impact. It actively involved BSF command officers at various levels, families of the bordermen and the community at all stages of the project; it sought to bring awareness about sexually transmitted diseases (STDs) which enhance one's vulnerability for acquiring HIV; it effected attitudinal change in the BSF health care providers towards the needs of personnel living with HIV and AIDS, and most importantly institutionalised all this learning in the BSF training programmes at various levels. The project sought to create awareness about HIV/AIDS to check the epidemic, and bring about an environment of understanding for those affected by it.

Each of these objectives required pulling together resources from all the stakeholders in terms of generating information/knowledge inputs and disseminating and sharing that along the BSF hierarchy to get it involved in the project wholly, and to imbibe these practices in its regular activities hereafter.

A three-pronged approach thus emerged from this project:

- Contain spread of HIV /AIDS and STDs and mitigate their impact within the cadre;
- Facilitate systems and capacity for community based prevention, care and support involving *jawans*; and
- Strengthen capacity within the BSF to reduce the risk of HIV/AIDS among the personnel and generate commitment among the policy makers for a sustained action in HIV/AIDS prevention.



The resource and knowledge base that was built in this process through coordination between civil and military institutional systems can be of immense use in several paramilitary organisations outside the BSF in India and abroad. The next chapter on *Project Processes and Implementation* deals in detail on intermediary stages towards the realisation of these objectives.

Project Processes and Implementation

In most activities the process is as important as the end outcome, if not more: for a well developed process can effectively be replicated across organisations, regions and countries. The various processes developed for implementing training of trainers (TOT), developing and distributing information, education and communication (IEC) material, providing easy to access user-friendly services, organising community participation, distribution of condoms, surveillance work or say involving the PLHIV as ambassadors for bringing home the message of awareness and safe sex are of immense value not only for Project Prahari, but also for other paramilitary organisations in India or abroad. Further refinement of the processes, based on the Prahari experience should therefore be possible and would be of paramount value in the context of combating HIV/AIDS.

Prahari stakeholders

The major stakeholders in the project were BSF, border communities, families of BSF troopers, WBSAPCS, as the nodal project-implementing agency, UNDP, the Ministry of Health and Family Welfare and the Ministry of Home Affairs. According to the agreement signed between UNDP and WBSAPCS the implementing partners were WBSAPCS, UNDP and BSF.

Central Advisory Committee

The Central Advisory Committee had senior level representation from the Ministry of Home Affairs, Government of India, National AIDS Control Organisation (NACO), West Bengal State AIDS Prevention and Control Society and the United Nations Development Programme. The committee met at half-yearly intervals to take stock of the project and provide guidance and support to the project management team.

Project Management Team

The project management team comprising high-level representation from BSF, WBSAPCS and UNDP guided the project. Nodal officers from the medical, training and general wings of BSF represented the organisation in the management team. The team met every quarter to review the progress and plan the activities and interventions in a phased manner. Meetings in the early phases were often chaired by the then BSF chief, Director General, Mr R S Mooshahary, indicating the high level of commitment that BSF accorded to the project. The other review meetings were chaired by BSF Additional Director General, East (ADG), Mr S K Mitra. The Deputy Inspector General (DIG), Mr A K Jha, was the chief nodal officer for the project. Mr A K Jha and Dr P Bhattacharya served as the focal points for the project management team.

The project was planned to address information and knowledge gaps with regard to HIV/AIDS among various stakeholders and beneficiaries. For this the project required to gather resource and knowledge base on HIV among uniformed personnel. WBSAPCS, which had conducted a

few discussion sessions with the BSF cadre and officers prior to the project, felt the need for a participatory action involving the cadre, their families and the communities.

With the Project Prahari's confinement to BSF training institutes, bordermen, their families and the communities in the border areas of West Bengal, the project was conceived and programmed to be participatory at all levels to facilitate friendly and interactive environment for the effective outreach of the messages. WBSAPCS and BSF collated HIV/AIDS information dissemination practices from the available models worldwide, in Indian Armed Forces, and assessed them for feasibility and efficacy. They also assessed programme implemented in the Armed Forces by the Armed Forces Medical College (Pune).

Key Process – Assessing Information gaps

Knowledge, Awareness, Behaviour and Practices (KABP) Survey – I

A detailed Knowledge, Awareness, Behaviour and Practices (KABP) exercise was undertaken in the beginning of the project to assess the knowledge and awareness levels of the target population. First unaided and then aided questions were asked. The KABP survey-I found out that though 96 per cent of the respondents knew AIDS was a killer disease, only a small number of them knew how it spreads. In the first KABP survey, at the onset of the project, as many as 27 per cent of respondents said AIDS spreads through mosquito bites, and 20 per cent said it spreads by kissing infected person, while only 8 per cent knew AIDS can be prevented by regular use of condom, and only 14 per cent knew it can be prevented through use of disposable syringes.

These findings were the most important realisation for the doctors and other stakeholders who worked on the project. The project also undertook a second KABP assessment towards the end of the project period to track the changes in the awareness levels and to ascertain the impact of the project in changing the perceptions and behaviour of the personnel, especially related to condom use.

Communication Needs Assessment

The programme management team assessed information gaps among the cadre through a Communications Needs Assessment (CNA) study. The CNA was carried out in May, 2006 to aid the design of specific communication materials. Prior to CNA, IEC/BCC material designed by WBSAPCS was in use. The CNA study helped the project management team in understanding the requirements of the project, and designing the communication material to the needs and levels of the bordermen. The study also helped them develop programme implementation guide, monitoring and evaluation guide and advocacy material.

Communication is an essential part of all HIV/AIDS/STD prevention and care activities. It involves transfer of information including ideas, attitudes, knowledge and skills between people. CNA helps in identifying requirements for information for behaviour change and adoption of new skills among the target audience. The goal of the CNA study was to provide the necessary information on different audience segments within the BSF for devising appropriate communication strategies with regard to HIV/AIDS and STDs prevention and control.

Objectives

- Identify and prioritize the audience for HIV/AIDS/STD prevention communication.
- Assess the current knowledge, attitudes, values and perceptions, preferences, practices, and beliefs of the audience regarding HIV/ AIDS/STD.
- Understand psychological factors that motivate audience for safer behaviour.
- Identify the existing HIV/AIDS/STD related communication materials and interventions, and gauge their acceptance to the audience.
- Identify communication approaches and means of effective communication for various audiences as well as barriers to communications with the target groups.
- Identify existing human resources/institutions for providing IEC material to Project Prahari.
- Provide insightful and creative recommendations for development of communication messages.

The CNA study, done by an independent agency, was based on primary and secondary data collected using both qualitative and quantitative methods. The tools used were questionnaires, in-depth interviews, focus groups discussions, triads, etc. The CNA covered the different sub populations under the project – BSF officers, subordinate officers, other ranks, wives of other ranks and People living with HIV.

Distribution of Sample by Sector and Rank

Sector Hqs	DI			MGD		Triad		Quantitative		
	Off	SO	OR	OR	Wiv	Off	SO	Off	SO	OR
Kolkata	3	2	6+1*	4	1	1	0	3	6	35
Coochbehar	3	2	6+1	4	1	0	1	2	7	35
Siliguri	3	2	6+1	4	1	1	0	2	7	36
Kishanganj	3	2	6+1	4	1	0	1	3	7	35
Malda	3	2	6+1	4	1	1	0	3	7	34
Krishnanagar	3	2	6+1	4	1	0	1	4	8	35

* The study covered 1 PLHIV in each sector through in-depth interview.

The CNA study assessed awareness of the sample population on various issues – signs and symptoms of STDs and their treatment, mode of transmission of HIV/AIDS, condom use, preferred communication channels etc.

Findings

- Most of the staff, including the ORs, have inadequate awareness of Sexually Transmitted Diseases (STDs). Some were aware of the various types of STDs.
- All were aware of HIV / AIDS and an overwhelming majority was aware that it was a killer disease
- An overwhelming majority was aware that AIDS can be prevented through proper precautions like usage of condoms, avoiding sex with many partners, using disposable syringes and not sharing shaving instruments and razors.
- The jawans (ORs) were aware that they were at risk of acquiring HIV/AIDS. Some admitted that due to the pressure of their job and loneliness, they visited commercial sex workers; such visits were seldom planned, and they mostly engaged in unprotected sex. However,

almost none of the respondents believed that this way they themselves could contract AIDS.

- The personnel admitted that they or their colleagues often avoided medical help after contracting STDs. The principal reasons were that they felt shy or awkward or were afraid of punishment and social isolation.
- The wives of ORs had little knowledge of the symptoms or mode of transmission of AIDS. They were aware that BSF personnel were at risk of acquiring AIDS and STDs due to infrequent leave and pressure, but did not believe their own husbands were at risk.
- While an overwhelming majority claimed a feeling of sympathy and concern for People Living with HIV/AIDS (PLHIV) and would like to treat them normally, some felt fear and discomfort and sought to keep distance with them.
- The most popular communication channels to which the personnel are exposed are mass media: TV, newspapers, magazines, radio and movies.
- All the respondents believed that there was substantial need for communication / discussion on HIV / AIDS. The focus of such discussions should be to highlight the risks, clear misconceptions, promote condom use, highlight dangers of multi-partner sex, dangers of suppressing ailment and provide information on facilities providing treatment.
- PLHIV are clearly more aware of the modes of transmission and symptoms of AIDS, though their knowledge is not comprehensive.

Recommendations

1. Persuade officers to be more sympathetic to the bordermen, who spend long hours in lonely BOPs, by allowing them to visit their families twice a year as long absence from home forces them to indulge in unsafe sexual practices.
2. Urge officers and subordinate officers to have free and frank discussions with the junior ranks and attempt to clear their misconceptions and guide them towards safe and appropriate behaviour.
3. Provide a clear and comprehensive description of the principal symptoms of STDs for men and women as well as the possible effects of HIV infection/AIDS
4. Provide a comprehensive description of various modes of STDs/HIV transmission (e.g., through unsafe sexual practices and infected syringes).
5. Disseminate information that use of condoms can prevent STDs as well as AIDS and using disposable syringes also reduces the risk of HIV /AIDS infection
6. Discourage unsafe sex like visiting CSW, practising unprotected sex without condoms, and indulging in MSM activities.
7. Persuade the personnel to consult medical professionals, NGO workers etc. during individual and group meetings as well workshops and local events

Advocacy: Reach out to bordermen

Project Prahari was based on the felt need for communicating the risks of contracting HIV. Since there is no cure for HIV/AIDS, prevention is the only cure. In this situation therefore raising awareness about safe sex and other preventive measures like using disposable syringes, using only tested blood for transfusion, awareness building through education, training, interaction and advocacy were the most effective means for checking its spread.

Key Messages

The key messages on which advocacy was pegged were:

- Focus on awareness generation and building an enabling environment in which contextual fuelling factors could be openly discussed by BSF brass;
- Emphasise safe sex and use of condoms as a matter of healthy sex habit.
- Transparency and frankness in discussing problems relating to STD and HIV/AIDS can considerably facilitate the task of containing and combating the epidemic.

With so much emphasis leveraged on information, advocacy and interpersonal communication formed the mainstay of the project. Given the hierarchical nature of the force, a lot of emphasis was placed on communication and advocacy from the top to impart it legitimacy, and to generate confidence among the officers involved at all levels. All IEC material for advocacy was developed in a participatory manner by the project team under the technical guidance of WBSAPCS, and pre-tested.

The project developed leaflets, awareness cards, posters and brochures to inform bordermen about the key aspects of HIV/AIDS. BSF also designed and produced on its own a basic information brochure in Hindi for circulation among its cadre and officers.

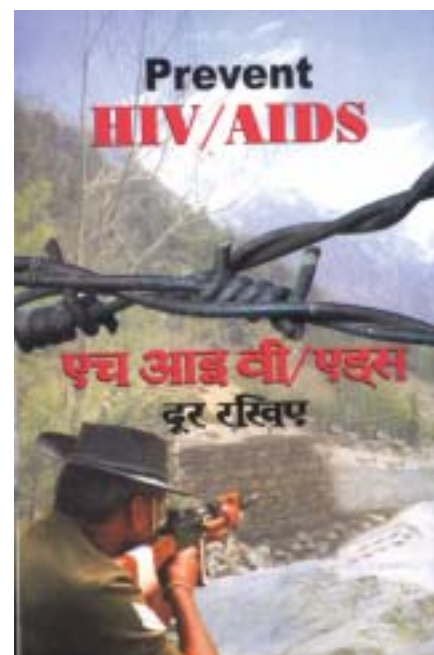
The awareness cards were pre-tested at three locations – Tagore Villa, Kadamtala and STC Baikunthapur – with a sample of 60 people which included bordermen and recruits. Based on their feedback minor changes and modifications were done and the material finalised for print. The awareness cards were given to each borderman in the project area.

Talk... It Works

Awareness generation is never a one-time job. Repeated and imaginative exposure to basic messages and frequent reinforcements are necessary to sustain awareness. The project's major advantage was the sincere submission of senior officers and medical officers to its purpose. This brought about certain attitudinal softening among the officers that translated into policy guidelines like leave twice a year, family accommodation for jawans, and their access to condoms at certain convenient points.

A number of advocacy sessions titled '*Talk... It Works*' were organised by WBSAPCS for senior officers at all sector headquarters and the training centers at Baikunthapur, Tekanpur, Hazaribag, and Churachandpur. From each battalion the Commandant, the Second-in-Command and the medical officers attended the advocacy sessions. The focus of these sessions was to impart correct and updated information to the officers, and to encourage them to talk on sensitive topics like sex, sexuality and HIV with their cadre. About 700 officers were covered through these sessions.

After the sector level, advocacy sessions were conducted by the officers at each of the battalion included in the project. These sessions began with a film screening, which became the talking point and helped the men appreciate the problem and place the project in context. A standard set of talking points was used. This led to intense discussions among the





bordermen. The commanding officers and the medical officers played a key role in interacting with the junior officers and the other ranks to bring awareness about HIV, overcome myths and misconceptions, prevention and other key aspects.

Films make impression

In communicating the problem to the BSF rank and file films were found to be most effective. A five-minute advocacy film '*The Invisible Virus*' was repeatedly used in all advocacy,

awareness and sensitisation sessions. The film proved to be very effective in initiating a discussion on HIV/AIDS. The project also produced a film '*Beyond Borders*' specifically addressing the BSF personnel and their families. Its Hindi version '*Ek Sarhad Aur*' was also completed during the project period. The film proved to be very popular with the jawans and their families. About 250 prints of the film were procured for wider circulation of its message.

Encouraged by the enthusiastic response given by the jawans and their families to '*Beyond Borders/ Ek Sarhad Aur*', another 30-minute awareness film, '*Chetna*', was completed. A group of BSF medical officers is working on yet another film which addresses the HIV / AIDS issues from the perspective of the uniformed personnel.

Quiz Competitions

Quiz competitions were yet another popular and very successful means of raising awareness and generating interest among the bordermen for acquiring information on HIV/AIDS issues. These were organised at battalion level. A set of 70 questions was developed by the project team and sent to the five frontiers in the Eastern theatre - Kolkata, Shillong, Tripura, Silchar and Siliguri.

The questionnaires were filled by the jawans and sent back to the HQs, where they were collected and assessed. Winners were declared. Some battalions had also organised quiz competitions on their own initiative. BSF later planned to organise an inter-frontier competition in the eastern theatre and institute a running trophy.

Involving Families and Communities

The troopers' families were invited to join the campaign and attend special interactive sessions with the doctors. The doctors and experts first tested knowledge and awareness levels of their audience and then replied to the questions raised by them with necessary information and guidance. The project received encouraging feedback for its efforts in involving the bordermen's families and communities. In special sessions for the families of the bordermen at the battalion level participants were given information on HIV through interactive sessions using a variety of material: lectures, demos, exercises, brochures, posters, hoardings, awareness cards, audio-visual films and games. All IEC material was put into good circulation in the focused areas of the project.



Through out the project, the project management committee had put highest priority on educating and sensitising not only the uniformed personnel, but also their families and the general community in the border areas where they work.

All these sessions were very interactive and well attended. The effectiveness of the messages made these sessions very popular as people got a chance to clear their misconceptions about STIs, HIV/AIDS epidemic. At community level about 7,000 villagers were reached during the project. Medical officers on their subsequent visits to border outposts reported good awareness among the personnel and community.

Mainstreaming HIV in Training

Another important intervention of the project was the development and introduction of a special module on HIV/AIDS into the training curriculum of all BSF training centres and academies.

A joint team of resource persons developed the module specially tailored to the needs of BSF recruits. Initially a 24-session module was planned, but after review it was reduced to a 10-session module. The module was pre-tested at Subsidiary Training Centre (STC), Baikunthapur, with the recruits and faculty. After some minor modifications, the module was validated for the training of trainers that was conducted for all core faculties from all BSF training centres.

To widen the reach and impact of HIV prevention and education, all STCs, the BSF academy at Tekanpur near Gwalior in Madhya Pradesh, the training centre at Hazaribagh, which is a centre of excellence, and all basic training centres of BSF have added the training module on HIV prevention to their curriculum. This one was a very significant achievement for the project. The 10-session module covers key aspects of HIV/AIDS, like modes of transmission, prevention, dos and don'ts, myths and misconceptions. The training sessions were participatory.

HIV Curriculum adopted in the Induction Training:

Contents	No. of periods
Cluster A:	
(i) Basic facts on HIV/AIDS	
(ii) Risk assessment	
(iii) Condom use	
Reinforcement: A/V materials	4
Cluster B:	
(i) Sexually Transmitted Infections	
(ii) Alcohol and drug use	
(iii) Gender and HIV/AIDS: coercion, violence	
Reinforcement: Audio/Visual materials and film	3
Cluster C:	
(i) Voluntary counselling and testing	
(ii) Mother to child transmission; Care and support	
(iii) Stigma and discrimination	
(iv) Professional conduct	
Reinforcement: Interactions with male and female PLHIA	3

Though there was some hesitation and awkwardness about the subject in the beginning, the recruits soon began to appreciate and participate actively in the sessions on HIV. Recruits at all levels, officers and bordermen alike, are now sensitized about HIV and its prevention in their basic training.

Training of Trainers (TOT)

A three-day training of trainers from all of 12 BSF training institutes was organised at BSF Academy, Tekanpur. About 44 instructors from all the training centres participated in the workshop held in July 2006. During the workshop the training module on HIV was pre-tested and validated. Trainers made a significant value input to HIV training module by suggesting and effecting inclusion of sexual and reproductive rights of women, among other aspects of gender equality, in it.

Resource Centres: The training centres at Kadamtala and Tekanpur were identified as resource centres and infrastructure was being provided to them by BSF as well as from the project.



Easy Access to Condoms

Condoms being one of the prime needs for HIV/AIDS prevention through safe sex, Project Pahari put high emphasis on their easy availability at all places where bordermen live, work and move about. Therefore, provision of condom vending machines at convenient locations was a significant move under the project.

At strategic locations 22 electronic condom vending machines were installed, while at BOPs dispensing boxes were put up in barracks, where the men stay, recreational area and near toilets from where condoms could be taken by the men unchecked and unhindered. There was no check on the number of condoms a borderman took from the dispensing counters. Easy access and regular supply of condoms made the system popular with the men.

The condoms were replenished regularly through supplies sourced from WBSAPCS. About 100,000 condoms were supplied to the uniformed men during the project period. With access to condoms made easy, their correct use was demonstrated to BSF troopers by paramedical staff as often as possible.

Capacity Building of Health Care Providers

Doctors, nurses, paramedics and pharmacists all have vital roles in health care, including HIV/AIDS prevention. To increase and update their professional knowledge and skills, workshops were held at various locations in the project area. The three-day session focussed on different aspects of HIV – prevention, testing, counselling, case management, opportunistic infections, nutrition, etc.

Following the training session for healthcare providers, separate sessions were organised for laboratory technicians and pharmacists. Around 52 pharmacists were trained in three workshops at Kadamtala. Later, seeing their effectiveness and need, more of such workshops were conducted at Kadamtala and Tekanpur.

The role of doctors being most significant in all motivational work for healthcare, a weeklong training workshop for BSF doctors was conducted at the School of Tropical Medicine in Kolkata. A decision was taken to hold another workshop for doctors. All these training sessions were conducted by a team of experts with experience in providing health care to HIV/AIDS patients.

Health Care Providers' Manual

Drawing from the interactive training and workshop sessions, a health care providers' manual was developed. The manual was developed by a joint review team based on NACO guidelines and other reference material. The manual was pre-tested before finalising, and is currently under print. Once printed, this would be distributed to all BSF doctors and MI rooms. The manual lays down guidelines and protocols for the management, treatment, care and support of the people suffering from HIV/AIDS.

Voluntary Counselling and Testing Centres

Voluntary Counselling and Testing Centres (VCTC) are gateways to care and support for the HIV infected and affected. Counselling was found to be helpful for PLHIV, their families and community. Initially the School of Tropical Medicine Hospital in Kolkata, which is an advanced ART centre for the state, served as a VCTC. Since counselling centres work to provide care and support in fight against HIV/AIDS, three VCTCs became functional within BSF at Kadamtala, Kolkata and the BSF academy at Tekanpur in the project period. More of such counselling centres were planned to be set up.



At battalion headquarters medical officers would recommend bordermen suspected to have HIV infection to VCTCs for investigation and advice. WBSAPCS had also deputed counsellors at the VCTCs. At the South Bengal Composite Hospital over 100 people were counselled between Nov-Dec 2006. Five of them were HIV positive. About half the persons came voluntarily for the counselling and the rest were referred cases. A significant number of women attendees spoke of the successful inclusion of the families in the project ambit. The project also endeavoured to provide ARV treatment regularly to all people living with HIV and AIDS.

Treatment and Care of PLHIV HIV Testing Policy

The project has facilitated and encouraged voluntary confidential testing with explicit consent. The first point of contact for most jawans is the unit medical officer (MO). The MO would recommend HIV test of a jawan on the basis of the symptoms like loss of weight, persistent fever for over a month, loss of appetite and so on. There were instances when the jawans had opted for voluntary testing, if they had reasons to suspect that they might have contracted the virus.

The HIV status of a person was known to the battalion medical officer and the commandant, and its disclosure to others was only at the discretion of the PLHIV. The senior officers and the immediate supervisors would try and assign only light duties to bordermen living with HIV. Medical officers also indicate instances where the bordermen requested that they be given a low medical category.

ARV Treatment for PLHIV

When a borderman was confirmed as being HIV positive, he was encouraged to discuss his status and disclose it to his wife and family. He was advised to get his wife and children also tested for HIV/AIDS at a competent local hospital close to his native place, and to share the



test results with the BSF doctors. The doctors in the battalion submitted a report every month on the status of the HIV positive personnel detailing their weight, illness etc. to the Frontier Hospital for necessary medical attention.

Dr. S C Swar, DIG and Chief of Composite Hospital, Kolkata, who worked with PLHIV and had dealt with their problems, shared the following statistics about cases of PLHIV at the South Bengal Frontier Hospital in Kolkata

No. of PLHIV at one point of time	—	28
CD 4 count conducted on persons	—	25
ART was being given to (out of 28 PLHIV)	—	13

Leave Syndrome

Dr. Swar who had been associated with the project right from the beginning noticed the connection between a PLHIV borderman going on leave and deterioration in his health, which he described as the 'leave syndrome'. There had been instances when the PLHIV died during leave or shortly after returning from home. Possible reasons, he concluded, were not following the treatment and medical advice during leave, family pressure on his purse, diet etc. He suggested need for better counselling to provide emotional support before PLHIV went on leave so that they could adhere to treatment and take care of their diet and health condition.

Working with PLHIV

People living with HIV/AIDS need understanding, treatment, care and love, free from discrimination and stigma. A valuable experience of the project was that PLHIV were powerful educators and motivators in prevention of HIV/AIDS. They made effective peer educators in the fight against HIV.

Life beyond HIV

The struggle for life must not end until there is life, but then why a positive HIV status turns a person into a defeated recluse. Sukhbir Singh, Gopal Ram and Manik Chand (their names changed) gave up their struggle and desire to live once they came to know of their HIV status. Not being able to share this with their families, and not knowing the future course they could take, they fell in despair and poor health.

Sukhbir found that he had absolutely no appetite. He would get his food from the *langar*, and when no one was around would throw it away. Diagnosed as HIV positive in 2004, his weight reduced drastically. When he was entirely emaciated and had secondary infection and wounds surfacing on his face, he was carried to hospital. His CD 4 count was 23 (it's a measure of one's immunity to diseases). After being put on anti retroviral (ARV) treatment his count went up to 118. He then disclosed his status to his family and fellow jawans. His family though devastated initially was quite supportive.

For Gopal Ram and Manik Chand the story was no different. Their initial reaction to their HIV status was of disbelief. In their failure to come to terms with this new reality, they secretly guarded their private hells. They began to lose touch with life. They distanced themselves from their close ones. They brooded in disbelief and were caught in the vicious cycle of declining health and confidence. But once they came to terms with their HIV condition, they began to take medical treatment. Life began to look up for them. They both were treated with ARV, regular counselling and good support from BSF.

Today, Gopal Ram has brought his family from the village to live with him in Kolkata and hopes to live long with his wife and daughters. Manik Chand was a very active and enthusiastic peer educator of Project Prahari. Project Prahari's efforts to reduce the stigma and discrimination led him to take on the role of a strong advocate in bringing awareness about HIV and AIDS. All three, Gopal Ram, Manik Chand and Sukhbir go about their assigned work in BSF with due diligence. Manik vociferously advocates to fellow jawans that as soon as one knows one's positive status, one should seek medical help and counselling, and share all that with the family. The case of these jawans holds out the hope and the promise that HIV is not the end of life. There is life beyond HIV.

The project enunciated empathetic and understanding behaviour towards people living with HIV. BSF practised this in a number of ways. The force as a matter of policy treats HIV positive cadre at par with the rest; offers PLHIV free treatment and assigns duties and postings as per their health status.

Project Prahari conducted a Positive Living Workshop for PLHIV in March 2006 and a follow-up workshop two months later. The participatory and informal workshops focused on various aspects, including the importance of continuous treatment, right diet and a healthy lifestyle. Though there was a hesitation among PLHIV initially about freely talking on the sensitive personal issues, they soon overcame this and opened up to share their experience with others.

A friendly disposition of the resource persons conducting the workshops towards PLHIV made them comfortable in taking an active part in the sessions. Workshop leaders often shared their meals with them, thus reinforcing the message that HIV/AIDS does not spread through touch.

During the project 22 people in South Bengal Frontier Hospital at Salt Lake, Kolkata, were found to be living with HIV. All of them participated in positive living workshops. The hospital was designated as a composite hospital and HIV management centre for all paramilitary forces in the region.

Addressing Stigma

Stigma and discrimination aggravates PLHIV's health burden. It affects them psychologically and emotionally and makes them miserable and hopeless. Prior to Project Prahari there were cases of discrimination when fellow jawans wanted the PLHIV to be segregated. Even some of the officers were of the opinion that the infected person should be isolated. The project tackled discrimination and stigma issues with courage, conviction, understanding and sympathy. Senior officers set the example by responding to the PLHIV in an open and accepting manner. This helped the other ranks to also interact with the PLHIV in a positive way. This acted as a great morale booster for the HIV positive jawans.

Now the PLHIV share the same living and dining quarters and are also on duty with their fellow soldiers.

Knowledge, Awareness, Behaviour and Practices (KABP) Survey – II

In November 2006, towards the end of the project, KABP II was conducted by the same independent agency that had conducted the first survey in the beginning of the project to assess information/knowledge gaps. In the second survey it was found that

- 99.6 per cent respondents, of the total 782, had heard of HIV/AIDS and 94.7 per cent were aware that HIV is a virus that destroys an individuals immune system;
- Nearly 96.4 per cent were aware that condom use could help prevent STD and HIV transmission;
- Though 62.8 per cent reported access to free condoms, only 12.7 per cent reported using a condom in all sexual encounters during the last one-month.



Goodwill Activities

Each BSF battalion undertakes some regular activities aimed at improving the relations with the villages in the area of its operation. These are usually related to providing health services, supporting development work like improving the condition of schools, organising events for youth, etc. Under Project Prahari each battalion commandant was directed to organize a community outreach session at least once a month. A total of 40 battalions were covered under the project. At these sessions, health care services were made available to border villagers, who otherwise had almost no access to health services. During these sessions the doctors sensitised the community and provided them information on key issues in HIV/AIDS prevention.

Model Village: After BSF developed internal capacity to understand and address HIV/AIDS issues, it included the need for raising awareness about HIV/AIDS in its goodwill programmes.

Fulbari is a model village for HIV/AIDS awareness. About 35 km from Siliguri in north Bengal, it is one village in India where all adults have good awareness of general health and hygiene and risks of acquiring HIV. Dr S A Asghar, Commandant (Medical), North Bengal Frontier served as its mentor. He played a key role in planning and supervising the outreach activities in the village.

Beginning with providing basic healthcare facilities to the village, the project initiated talk on HIV/AIDS through a series of orientation and sensitisation sessions. During the session, the doctors and other healthcare professionals also spoke to the villagers about HIV/AIDS. Doctors, lady doctors, officers and BSF personnel had regular interactions with the villagers over a period. The process though slow and laborious was nonetheless effective. Its impact and achievements became apparent with the high level of awareness about health and hygiene in general and HIV in particular. At the end of the project even women in this largely Muslim dominated village were vocal about various issues involving HIV.

Sensitising School Teachers and Students: Disseminating the learning of Project Prahari to other vulnerable groups, the teachers and students of senior classes at the BSF schools at Tekanpur (Madhya Pradesh) and Kadamtala were oriented and sensitised through half-day sessions. It was also decided to include life skills education for adolescent schoolchildren on the lines of the West Bengal Government's Adolescence Education Programme '*Jeevan Shaili*'. At places, joint sessions were conducted for jawans, families and children which were very interesting and lively.



Challenges and Achievements

With the magnitude and sensitivity of work and the number of stakeholders involved, Project Prahari was likely to face certain difficulties in its course. This strengthened the resolve of all stakeholders to stay on their course as it offered an opportunity to make a difference for everyone involved. It was this resolve among all stakeholders that not only overcame the challenges, but executed the project in a way that made most significant difference to the BSF cadre in the region, their families and community. Today, not only the cadre, their families and community in the project area are armed against the threat of HIV/AIDS, lessons learnt from this project are institutionalised in the training programmes of BSF making a far-reaching impact on the organisation. In the hindsight however it is realised that if certain bottlenecks were not there, project impact could have been more significant, more visible and more penetrating. With this perspective, it is necessary to review some on those aspects that dissipated project's time and personnel resources.

Challenges

Late receipt of funds from some donors delayed the project onset, leaving less time with the implementing agencies in going through the project processes to produce desired results. With the project tenure of 24 months beginning January 2005, funds started flowing in only towards end-August, 2005 although the project was formally launched on 23 March. This over seven-month lag could have been better utilised, with more resources at hand. As a result of this, a part of funds remained unutilized.

Apart from the late receipt of project funds, transfer of experienced staff involved in the project also affected its tempo. The transfer of BSF and WBSAPCS staff engaged in leading functions resulted in a temporary dislocation of action programmes and slowing down of the progress at a crucial stage of the project implementation.

Delay in the availability of adequate funds and displacements of staff did create hindrances in smooth functioning of the project, but this was perhaps not as perplexing as the task of determining ways and means to educate cadre about HIV/AIDS risks. This task was particularly challenging as the recruits were very young (18 to 22 yrs.), came mostly from rural background and most of them lacked awareness and life skills education, with sex and sexuality remaining an enigma. In such scenario the cadre harboured misconceptions.

Achievements

A good cohesion, synergy and commitment among all the stakeholders was the driving force of the project. Therefore, in spite of the constraints and challenges, the project made significant achievements in raising HIV/AIDS awareness levels and knowledge of BSF cadre, their families and the community.

In less than two years, the project developed internal capacity within the Border Security Force to address HIV/AIDS issues in the force and contribute to vulnerability reduction among the cadre, their families and communities. Such was the response and effect of the learning under this project, a module on HIV/AIDS incorporating gender equity was included in the training programmes of BSF. On issue of gender equity the effect of this project was seen in high turn out of women in North Bengal VCTC. The benefits of Project Prahari reached other paramilitary forces like SSB through common training institutes like Baikunthapur.

The project imbued confidence among the cadre to seek professional help if they feared contracting HIV in the past. To redress their fears voluntary counselling and testing centres were opened. Counselling that was initially perceived as an extravagance received a sought-after response from the cadre, their families and the community, with 130 attendees, 55 of them women, seeking counselling at North Bengal VCTC in five months; over 700 had availed of the testing facility in less than a year.

During the project three VCTCs were commissioned at Kadamtala, Kolkata and Tekanpur near Gwalior in Madhya Pradesh. These VCTCs have now become apex referral centres for testing and care. They maintain registries and monitor adherence to medical treatment. Kadamtala and Kolkata hospitals have also forged partnership with N B Medical college VCTC and STM Hospital VCTC, respectively, for consultations and cross-referrals. Kadamtala and Kolkata hospitals are now designated sentinel sites.

In Dec 2006, towards the end of the project, sentinel surveillance findings indicated significant reduction in the STD prevalence among the cadre. It came down from 4.38 per cent in 2005 to 0.6 per cent in Dec 2006. This was an important achievement for the project as STI reduction indicates safe sex behaviour and reduced risks of contracting HIV/AIDS.

Another significant gain from the project was putting together of a manual for health care providers for enhancing quality of care for HIV infected personnel and their families. Through various training and workshop sessions the project led to capacity-building among health care providers in BSF hospitals for the better management, treatment, care and support of the people suffering from HIV/AIDS.

Once BSF developed the internal capacity to address HIV/AIDS issues, it built HIV/AIDS awareness in its peace-time developmental activities. Through the adoption of a model village in North Bengal frontier and community outreach at BOP locations, the force provides general medical care to communities and brings about awareness of HIV/AIDS and other sexually transmitted diseases. In BSF schools at Tekanpur and Kadamtala, teachers and students of senior classes were sensitised about HIV/AIDS through half-day sessions.

The project however could not benefit PLHIV families living far away. Also, at the end of the project, Tekanpur and Kadamtala resource centres still remained to be provided with tele medicine facilities, a centre for development of BCC as was envisaged in the project.

Strength

BSF's commitment for the project and the project's replicability were its two major strengths. The project was wholeheartedly owned and nursed by BSF with active support from the

Ministry of Home Affairs, Government of India. It was declared a flagship project of BSF at a consultation meeting on HIV/AIDS between Chiefs of Central Para Military Forces, NACO, and the Ministry of Home Affairs, chaired by the Union minister for Home Affairs.

The action module of the project had considerable multiplier potential. It is being developed and used in other paramilitary organisations like Sashastra Seema Bal (SSB) by way of replication. Considering the spin-off benefits generated by the project, the Ministry of Home Affairs had committed in June 2005 to contribute INR 10 million for all central paramilitary forces to replicate similar activities in other central police organisations of the Government of India.

Experience gained from the project in addressing various issues of HIV/AIDS was integrated into basic training curricula of BSF and other uniformed formations. School students and teachers have also been involved. The benefits of this education, training and awareness programmes were extended to the general community for major community gains.

Sustainability

The progress and achievements realised through concerted action during the project period run the risk of showing down in the absence of funds and concrete programmes. However, as of now BSF officers and doctors are enthusiastic and positive about their new approach to HIV/AIDS issues. Going beyond the scope and mandate of the project they have extended the project activity to Manipur, which is under the eastern command and has high HIV/AIDS prevalence. BSF officers and medics have now engaged in HIV/AIDS awareness campaign in Chura Chandpur training centre in Manipur.

Tempo Needs To Be Maintained

Though two years is a short period to show significant gains in bringing about awareness of HIV/AIDS, the tempo generated by Project Prahari needs to be maintained and replicated to assess its impact. The project offers a successful model in controlling incidence and mitigating impact of HIV/AIDS among the border men through behavioural change. The Sentinel Survey conducted at the end of the project corroborates the effectiveness of the project. The survey showed sharp fall in the incidence of STDs in the community (STDs are the indicators of HIV risk prevalence in a group). This is further supported by findings of KABP- II, which reflects knowledge of need for safe sex, and safe sex practices among the target groups. In the short term of the project, these surveys show that awareness raising is a very effective means of controlling incidence and mitigating impact of HIV/AIDS.

Some major unfinished activities of the project include mounting of a major peer-education offensive in a cascade fashion to create informal waves of behaviour change. Moreover, development and dissemination of an array of IEC/BCC materials remain unfinished, as also development of the two resource centre to their full potential.

Through its strong participatory approach the project drew support of all stakeholders. Its acceptance and popularity helped institutionalise the processes introduced through the project. Now, HIV/AIDS awareness is built into BSF's general training programmes. The project has proven its effectiveness in our fight against HIV/AIDS, and can be replicated in armed forces, paramilitary forces, police and possibly in any other sector. Project Prahari's experience is a valuable resource base for further action in this direction.

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