

CHAPTER-IV

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WEST BENGAL – BACKGROUND AND HIV/AIDS SCENARIO

Bengal represents the land that possesses a distinct culture with its indigenous art and crafts and makes it an important part of the Indian Union. We get a very high impression about the Bengal from the series of chronicles related to its history. For instance, people of this region were the first who crossed the seven seas of the world for the purpose trade and commerce. The Bengalis were known for their spirit of independence from the very beginning of the history. They resisted the intrusion of Vedic culture into Bengal for long and evolved their own school of art and architecture. At that time, the *Viharas* (universities) of Bengal drew students from far and wide. At the same time, people of this region went to establish cultural colonies in different parts of Asia. Besides these, Bengal is also popular for the contribution of its many great sons like Ramakrishna Paramhansadeb, Swami Vivekananda, Rabindranath Tagore and many others; Renaissance of Nineteenth Century; art and literature of the Twentieth Century and its fight against the British Imperialism (Sur 1992). Since the present study is initiated in West Bengal, Part-I of this chapter attempts to give a brief description about its history and socio-economic development and Part-II attempts to describe about the HIV/AIDS scenario of the same state.

PART-I: PROFILE OF WEST BENGAL

HISTORICAL BACKGROUND

During the period of the Vedic age Bengal was called Vanga and is said to have been inhabited by several groups of people belonging to various races. During the Mahabharatha period this area was divided into small kingdoms and principalities ruled by chieftains. The Aryans inhabited Bengal during the post Vedic period. Many dynasties exercised their control over Bengal. The Palas, Pundras, the Senas etc were a few whose rule was noteworthy. The Palas ruled for more than four hundred years. Owing to its favourable location this region had trade with Cambodia, Burma, Sri Lanka, the Deccan and the Persian Gulf. The Navigable parts of Ganga made it favourable for internal trade and communication. In about the 3rd century the Mauryan and the Guptas established their rule. The Palas established their strong rule from about 800 AD till the 11th century after which the Senas ruled.

The economy, arts and culture of this region developed under the rule of the Hindu dynasties. In the beginning of the 13th century Bengal became a part of the Delhi Sultanate and later the Mughals. The influence of the Muslims led to conversions besides development of art and culture and cottage industries that produced items such as Muslin, which were in great demand around the world.

The proximity to the sea also resulted in the influence with the foreigners – the Portuguese in the early 16th century, the Dutch in about 1632, the French influence between 1673 –1676, the Danish in 1676 and British in 1690. The increased influence of the British resulted in conflicts with the Nawab. The diplomatic efforts with a series of conspiracies resulted in the ultimate capture of power in Bengal by the British. The battle of Plassey (1757) and the battle of Buxar (1764) sealed the fate of the Mughal rule. Britishers took over the administration of Bengal in 1764. When Bengal was formed as a province, under the British rule, it included present Bihar, Orissa and extended upto Agra. Agra was detached from Bengal in 1861, but Assam was attached to it. Assam was constituted as a separate state in 1874. The British later brought forth the Dual system of administration. In 1905 the English partitioned Bengal on the basis of religion. Calcutta remained the Capital of the British Empire in India till 1911. After that the capital was shifted from Calcutta to Delhi.

In 1947 when India became independent Bengal was partitioned between India and Pakistan. India's share came to be known as West Bengal and Pakistan's share was called East Pakistan. Later, the state of Coochbehar and French enclave of Chandernagore were added to Bengal. Later on again, under the State Reorganization Act some parts of Bihar were added to West Bengal. Now the state is divided into 19 districts.

GEOGRAPHICAL CHARACTERISTICS

Location

West Bengal covers the bottle neck of India in the east, stretching from Himalayas in the north to the Bay of Bengal in the south. It is bounded on the north by Sikkim and Bhutan, on the east by Assam and Bangladesh, on the south by the Bay of Bengal and on the west by Orissa, Jharkhand, Bihar and Nepal. It has therefore, three international frontiers to the north, east and west. The state lies between 27°13'15" and 21°25'24" north latitudes and 85°48'20" and 89°53'04" east longitudes.

Physiography

West Bengal has two natural divisions. First, the Himalayan north comprising the districts of Darjeeling, Jalpaiguri and Coochbehar and second is the alluvial plain that lies south of it. West Bengal is essentially a flat, featureless alluvial plain large portion of it being a part of delta of river Ganga; only one per unit of its area in the far north is really mountainous. Temperature during summer fluctuates between 24 degree centigrade to 40 degree centigrade and during winter from 7 degree centigrade to 26 degree centigrade through. Rainfall varies from 1.006 mm to 2.933 mm. (*Manorama Year Book, 2008*).

Rivers

The main rivers of West Bengal are Ganga, Bhagirathi, Damodar, Tista, Torsha, Jaldhaka, Ajoy, Hoogly, Subarnarekha, Mayurakshi, Kansabati, Jalangi, Churni, Bramhani, Kopai, Haldi, Sarswati, Silabati, Kapaleswari, etc.

Forest Area

In 1997, actual forest area of West Bengal was 8,349 sq. km, which increased to 12,343 sq. km in 2003. Out of this 12,343 sq. km, very dense forest is 2,303 sq. km; moderately dense forest is 3,742 sq. km and open forest is 6,298 sq. km. At the all India level, actual forest area in 1997 was 6,33,397 sq. km, which increased to 6,78,333 sq. km in 2003. Out of this 6,78,333 sq. km, very dense forest is 51,285 sq. km; moderately dense forest is 3,39,279 sq. km and open forest is 2,87,769 sq. km. (TERI 2005-06).

DEMOGRAPHIC CHARACTERISTICS

Population

As per the census of 2001, total population of West Bengal is 8,01,76,197. Out of this total population 4,14,65,985 are male and 3,87,10,212 are female. The Decadal Growth Rate of population has been decreased from 24.73 (1981-1991) to 17.77 (1991-2001) in West Bengal. Table 4.1 gives details regarding population of various districts in 2001.

Population Density

Table 4.2 shows the density of population in various districts of West Bengal. It is found that population density has increased from 767 (1991) to 904 in 2001. It also shows that Kolkata, Howrah and North 24 Parganas stand first, second and third

respectively in terms of the density of population among the districts. In India. West Bengal occupies sixth place for population density. Delhi, Chandigarh, Pondicherry, Lakshadweep, Daman and Diu are ahead of this State.

Table-4.1: District wise Population in West Bengal.

<i>Sl. No.</i>	<i>Districts</i>	<i>Population 2001</i>	<i>Percentage (%)</i>	<i>Male</i>	<i>Female</i>
1.	Bankura	31,92,695	3.98	16,36,002	15,56,693
2.	Birbhum	30,15,422	3.77	15,46,633	14,68,789
3.	Burdwan	68,95,514	8.60	35,88,376	33,07,138
4.	Coochbehar	24,79,155	3.09	12,72,094	12,07,061
5.	Dakshin Dinajpur	15,03,178	1.88	7,70,335	7,32,843
6.	Darjeeling	16,09,172	2.00	8,30,644	7,78,528
7.	Hoogly	50,41,976	6.29	25,89,625	24,52,351
8.	Howrah	42,73,099	5.32	22,41,898	20,31,201
9.	Jalpaiguri	34,01,173	4.25	17,51,145	16,50,028
10.	Kolkata	45,72,876	5.70	25,00,040	20,72,836
11.	Malda	32,90,468	4.10	16,89,406	16,01,062
12.	Medinipur(E & W)*	96,10,788	11.98	49,16,370	46,94,418
13.	Murshidabad	58,66,569	7.32	30,05,000	28,61,569
14.	Nadia	46,04,827	5.75	23,66,853	22,37,974
15.	North 24 Parganas	89,34,286	11.15	46,38,756	42,95,530
16.	Purulia	25,36,516	3.16	12,98,078	12,38,438
17.	South 24 Parganas	69,06,689	8.62	35,64,993	33,41,696
18.	Uttar Dinajpur	24,41,794	3.04	12,59,737	11,82,057
	West Bengal	8,01,76,197	100.00	4,14,65,985	3,87,10,212

* On 1st January 2002, Medinipur district was divided into two districts – Purba (East) Medinipur and Paschim (West) Medinipur

Source: Directorate of Census Operations, West Bengal, 2001

Table-4.2: Population Density

Sl.No.	District	Area (Sq. km)	Density (per sq. km)		Rank
			1991	2001	
1.	Bankura	6,882	408	464	17
2.	Birbhum	4,545	562	663	14
3.	Burdwan	7,024	861	985	7
4.	Coochbehar	3,387	641	732	10
5.	Dakshin Dinajpur	2,183	555	677	13
6.	Darjeeling	3,149	413	510	16
7.	Hoogly	3,149	1,383	1,601	4
8.	Howrah	1,467	2,542	2,913	2
9.	Jalpaiguri	6,227	450	547	15
10.	Kolkata	185	23,783	24,760	1
11.	Malda	3,733	706	881	8
12.	Medinipur(E & W)*	14,081	592	685	12
13.	Murshidabad	5,324	890	1,101	6
14.	Nadia	3,927	981	1,172	5
15.	North 24 Parganas	4,094	1,779	2,181	3
16.	Purulia	6,259	355	405	18
17.	South 24 Parganas	9,960	574	694	11
18.	Uttar Dinajpur	3,180	604	778	9
West Bengal		88,756	767	904	

Source: (i) Directorate of Census Operations, West Bengal, 2001.

(ii) India 2001- A Reference Annual, Ministry of Information and Broadcasting, Government of India: New Delhi.

Sex Ratio

Table 4.3 shows the sex ratio i.e. number of female per 1000 male. As per the Census Report 2001, sex ratio of West Bengal is 934, which is better than national sex ratio (933). It was 911 in 1981 and 927 in 1991. During last twenty years, the situation has improved considerably and now West Bengal has achieved seventeenth place with regard to sex ratio among all the states and Union Territories, which was twenty-third in 1991.

Table-4.3: Sex Ratio (Number of Female per 1000 Male).

<i>Particulars</i>	<i>1981</i>	<i>1991</i>	<i>2001</i>
India	935	927	933
West Bengal	911	917	934

Source: Manorama Year Book 2008 (Bengali Version).

SC, ST and Urban Population

As per the Census Report 2001, the percentages of people belong to SC and ST community is respectively 23.0% and 5.5% of the total population of West Bengal.

Table-4.4: Percentage of SC, ST and Urban People (within the total population of the district).

<i>Sl.No.</i>	<i>District</i>	<i>SC (%)</i>	<i>ST (%)</i>	<i>Urban (%)</i>
1.	Bankura	31.37	10.34	8.29
2.	Birbhum	30.68	6.95	8.98
3.	Burdwan	27.44	6.21	35.09
4.	Coochbehar	51.76	0.61	7.81
5.	Dakshin Dinajpur	29.10	16.92	13.67
6.	Darjeeling	16.15	13.78	30.47
7.	Hoogly	24.12	4.05	31.19
8.	Howrah	15.79	0.27	49.58
9.	Jalpaiguri	36.99	21.04	16.36
10.	Kolkata	6.45	0.20	100.00
11.	Malda	18.12	6.50	7.07
12.	Medinipur	16.34	8.28	9.85
13.	Murshidabad	13.40	1.30	10.43
14.	Nadia	29.01	2.35	22.63
15.	North 24 Parganas	21.49	2.33	51.23
16.	Purulia	19.35	19.23	9.44
17.	South 24 Parganas	34.45	1.23	13.30
18.	Uttar Dinajpur	28.97	5.41	13.13
West Bengal		23.02	5.50	27.97

Source : (i) Directorate of Census Operations, West Bengal. 2001.

(ii) Manorama Year Book 2002 (Bengali Version).

The corresponding figure in India is 16.2% and 8.2%. Table 4.4 shows the percentage of SC, ST and Urban people against the total population of each district. It is found that more than half of the people of Coochbehar and more than one-third of the people of South 24 Parganas and Jalpaiguri districts belong to SC community. Besides it, more than one-fourth of the people of Uttar Dinajpur, Dakshin Dinajpur, Nadia, Burdwan, Bankura and Birbhum district belong to SC community. Kolkata has the lowest number of SC people. With regard to people belong to ST community, Jalpaiguri, Purulia and Dakshin Dinajpur districts are having more numbers and Kolkata, Howrah and Coochbehar have very few. So far as urban-based population is concerned, apart from Kolkata, few districts like North 24 Parganas, Howrah and Burdwan have significant number of urban people. As per Census Report 2001, West Bengal ranks fourth in terms of urban population after Maharashtra, UP and Tamil Nadu.

SOCIAL CHARACTERISTICS

Employment

As per the Census Report 2001, the percentage of working population is 36.77 percent of the total population of West Bengal. It was 32.19 percent of total population in 1991. The percentage of male workers has increased from 51.40 percent (1991) to 53.99 percent of total male population in 2001. Similarly, percentage of female workers has increased from 11.25 percent to 18.32 percent of total female population in 2001. In 2007, total number of registered unemployed was 77.20 lakh (*Manorama Year Book, 2008*). But this data cannot give the actual information on unemployment scenario. It informs only about those educated unemployed who seek employment in the organized sector. On the other hand, total production has increased in both agricultural as well as in industrial sector and has generated employment opportunities for many people. Over the last few years, numbers of domestic and foreign companies have invested in West Bengal in various fields of industrial sector. In order to increase the employment rate in rural and unorganized sector, various programmes like Swarnjayanti Gram Swarojgar Yojana, Prime Minister's Rojgar Yajona, National Rural Employment Guarantee Scheme, Small Scale Entrepreneur Programme, Bangla Swanirbhar Karma Sansthan Prakalpa, etc are in operation.

Education

There are eighteen universities in West Bengal. These include Bidhan Chandra Agricultural University, Burdwan University, Calcutta University, West Bengal University of Animal and Fishery Science, Jadavpur University, Kalyani University, Netaji Subhas Open University, North Bengal University, North Bengal Agricultural University, Rabindra Bharati University, Vidyasagar University, Gour Banga University, West Bengal State University, West Bengal University of Health Sciences, West Bengal University of Technology, Bengal Engineering and Science University, The West Bengal National University of Juridical Sciences, and Visva-Bharati (Central University). Besides it, there are few premier institutes like Indian Statistical Institute, Kolkata; Indian Institute of Technology, Kharagpur; National Institute of Technology, Durgapur; and Indian Institute of Management, Kolkata. Over the last few years, numbers of private colleges have started different courses in the field of Engineering, Management, Para-Medical Science, Biotechnology, etc. Apart from the colleges and universities, there are 2,383 junior High Schools and junior Madrasahs; 9,501 high Madrasahs, Secondary and Higher Secondary schools; 103 Senior Madrasahs and 16 independent Higher Secondary Institutions in operation in 2001 (Education Department, West Bengal).

With regard to universal primary education, there are 52,426 primary schools and 13,117 Sishu Siksha Kendras (SSKs) or Child Education Centres in 2001 (Education Department, West Bengal). The State Government has started SSKs for those who do not get opportunity for formal education at the age of five to nine years. Local women are appointed as teachers. These SSKs are functioning under Gram Panchayat with the advice of Village Education Committee.

As per the Census Report 2001, the literacy rate has increased from 57.70 percent (1991) to 69.22 percent in 2001. Though the literacy rate has been increased, the position of West Bengal among all the states and union territories has not been much improved during last ten years. As per literacy rate, this State has now secured 18th place, which was 19th in 1991. Table 4.5 indicates the literacy rate in various districts of West Bengal. It is found that half of the total population in Uttar Dinajpur District is still illiterate. More than seventy five percent people of the total population are literate in Kolkata, North 24 Parganas, Howrah, Hoogly and Medinipur. Few districts like Malda, Murshidabad and Purulia are lagging behind in this respect.

Table-4.5: District and Sex-wise Literacy Rate

Sl.No.	District	Population	Literacy Rate (%)		
			Total	Male	Female
1.	Bankura	31,92,695	63.84	76.76	49.43
2.	Birbhum	30,15,422	62.16	70.89	51.55
3.	Burdwan	68,95,514	71.00	78.63	60.95
4.	Coochbehar	24,79,155	67.21	75.93	56.12
5.	Dakshin Dinajpur	15,03,178	64.46	72.43	54.28
6.	Darjeeling	16,09,172	72.87	80.05	62.94
7.	Hoogly	50,41,976	75.59	82.59	67.21
8.	Howrah	42,73,099	77.64	83.22	70.11
9.	Jalpaiguri	34,01,173	63.62	72.83	52.21
10.	Kolkata	45,72,876	81.31	83.79	77.30
11.	Malda	32,90,468	50.71	58.80	41.25
12.	Medinipur	96,10,788	75.17	84.91	64.42
13.	Murshidabad	58,66,569	55.05	60.71	47.63
14.	Nadia	46,04,827	66.55	72.31	59.58
15.	North 24 Parganas	89,34,286	78.49	83.92	71.72
16.	Purulia	25,36,516	56.14	73.72	36.50
17.	South 24 Parganas	69,06,689	70.16	79.19	59.01
18.	Uttar Dinajpur	24,41,794	48.63	58.48	36.51
West Bengal		8,01,76,197	69.22	77.58	60.22

Source: (i) Directorate of Census Operations, West Bengal, 2001.
(ii) Manorama Year Book, 2008 (Bengali Version).

So far as female literacy rate is concerned; Kolkata, North 24 Parganas and Howrah are ahead of other districts. More than sixty percent of total female population in Purulia and Uttar Dinajpur and more than fifty percent in Malda and Bankura districts are illiterate.

Health Status

Table 4.6 indicates that birth rate, death rate and infant mortality rate have gradually come down in West Bengal as well as in India. It is found that the health status of West Bengal is better than the all India situation. But in the recent past, problems of mosquito born diseases along with death toll in low lying areas of Kolkata are being reported due to poor public health and hygiene.

Table-4.6: Birth Rate, Death Rate and Infant Mortality Rate (per thousand).

Year	Birth Rate		Death Rate		Infant Mortality Rate	
	India	West Bengal	India	West Bengal	India	West Bengal
1981	31.7	33.7	11.0	12.5	91	110
1991	27.0	27.0	8.3	9.8	71	80
2001	20.3	25.4	6.6	8.4	51	66
2004	20.3	24.1	6.6	7.5	46	58

Source: (i) Directorate of Census Operations, West Bengal, 2001.
(ii) Manorama Year Book 2008.

At present total number of health care institutions (primary health centre, sub-health centre, hospital and medical colleges) operating in government and private sector is 13,640. These institutions/centers are having total 92,315 bed facilities. (*Manorama Year Book 2008*).

ECONOMIC CHARACTERISTICS

Agriculture

Like other states of India, agriculture plays an important role in the economy of West Bengal too. The amount of total land available in the state is 8,682.95 thousand hectares. Out of the total land, 13.53 percent are forest area, 20.19 percent are not fit for agriculture, 60.95 percent are cultivable land and 5.30 percent have infertile soil. The percentage of Farmers and Agricultural Labourers are respectively 19.03 percent and 24.92 percent of total population of West Bengal (*Manorama Year Book 2008*). The land of the state is very fertile. Major agricultural products of the state are rice, wheat, oilseeds, potato, jute, vegetables, fruits, etc. Table 4.7 highlights the details of the production of major agricultural products.

Till 2005-06, under the Land Reform System, the government has distributed 6.62.159 hectares of land among the 15.32,870 people. Similarly, under the *Operation Barga System*, 28.96.881 sharecroppers have been registered and received 4.49.502 hectares of land. Apart from these, various facilities such as loans, high yielding seeds, fertilizers, insecticides and irrigation facilities have been extended to improve the agricultural production. The state government is also encouraging farmers for cash crops to increase their income. As a result of this, the production of tradition crops like Paddy, wheat, etc are decreasing slowly.

Table-4.7: Production of major agricultural products during 2006-07.

Sl. No.	Agricultural Products	Production (Lakh tonnes)	
		1999-2000	2005-2007
1.	Rice	137.59	145.31
2.	Wheat	8.51	8.01
3.	Potato	78.82	74.62
4.	Oilseeds	4.06	6.23
5.	Jute	75.94	81.24
6.	Vegetables	99.32	115.56
7.	Fruits	18.16	23.01
8.	Milk	34.65	38.91
9.	Meat	4.36	4.87
10.	Fish	10.45	12.50

Source: *Manorama Year Book (Bengali Version) 2002 and 2008.*

Industry

The communist led government has changed their earlier policy and decided to go for liberalization. The state government declared New Industrial Policy in 1994 to attract more investment in the industrial sector. Total 2,474 proposals came for setting up of the industry in West Bengal during 1991 to 2000. Table 4.8 shows the details of project implementation in West Bengal. In 2001, the state government started 'Single Window System' for receiving and clearing the new proposals speedily to become more industrialists-friendly. The state Government has laid great emphasis for strengthening existing and building new infrastructure to encourage more

investments. The State offers a relatively developed physical and social infrastructure that is now attracting the attention of investors both domestic as well as international. In order to develop, upgrade and maintain infrastructure facilities, the Government of West Bengal recognizes and encourages Public-Private partnerships. The state has already started to set up new ports, airports, Special Economic Zones (SEZ), IT Parks, Intelligent Parks and Growth Centers etc under this public-private partnership. At the moment, there are three SEZs operating in the State while several others have either been approved in principle or are in various stages of implementation. During the year 2001- 2002, the growth of State Domestic Product of West Bengal is 7.8% as against 5.4% growth of gross domestic product of the country over this period. As against the present growth rate of index of industrial production of 2.3% at the national level, the index of industrial production in West Bengal has been much higher at 4.6%.

Table-4.8: Industrial Projects Implemented since 1991

<i>Year</i>	<i>No. of Units</i>	<i>Investment (Rupees in Crores)</i>	<i>Employment Generated</i>
1991	26	84.36	767
1992	58	493.25	4017
1993	41	548.43	4932
1994	37	4831.55	19752
1995	15	251.21	2367
1996	40	665.79	4770
1997	35	556.74	3548
1998	49	537.24	4695
1999	95	1871.98	8735
2000	63	7740.11	8821
2001	86	2194.54	19748
2002	113	2325.95	19491
2003	137	2335.19	10772
TOTAL	795	22101.15	102320

Source: West Bengal Industrial Development Corporation

During last three years, West Bengal has received few big proposals from the companies like Salim Group of Industries, Malayasia, TELCO, Infosys, IBM, Zindal Group of industries and many more. Currently, West Bengal has become the favourite destination of national as well as international companies.

Energy

West Bengal is self-sufficient in terms of energy resources. Table 4.9 and 4.10 give us an idea about the various energy resources available in this state. It is found that Coal resource is gradually increasing in the State. But, it was decreasing in 2000 in comparison to the situation of 1995. In case of power generation, the state has installed capacity of 3638.46 MW during 2005-06 and out of which 93.92 percent is from thermal power plants. However, in case of Hydro and Renewable energy, West Bengal is lagging behind. It is found that more than two third households of total rural households in West Bengal are using firewood/chips for cooking, which is similar to the country level usage rate. On the other hand, near about half (47.1 %) of the total urban households are using LPG as major source for cooking in this state, which is nearer to the country level usage rate (50.7%). However, the rate of using Biogas is negligible both in West Bengal as well as in India. Considering the limited LPG and Kerosene resources of our country and high import bill on oil, it is required to encourage people for increasing the use of Biogas for cooking.

Table-4.9: Coal Resource (million tones).

State	2000				2005			
	Indicated	Proved	Inferred	Total	Indicated	Proved	Inferred	Total
West Bengal	10,894	10,779	4,236	25,909	11,878	11,383	4,553	27,814
India	89,501	82,396	39,697	2,11,594	1,19,800	95,900	37,700	2,53,400

Source: TERI, 2001; TERI 2006.

Table-4.10: Installed Capacities of Power (MW) as on 31.03.2006

State	Hydro		Thermal		Nuclear		Renewable		Total	
	MW	%	MW	%	MW	%	MW	%	MW	%
W.B.	161.70	4.44	3,417.06	93.92	0.0	0.0	59.70	1.64	3,638.46	100
India	32,325.77	26.01	8,2410..54	66.31	3,360	2.70	6190.86	4.98	1,24,287.17	100

Source: TERI, 2006.

SOCIO-ECONOMIC STATUS OF THE DISTRICTS

At present, there are nineteen districts in West Bengal. An effort is made to develop a tentative idea on the socio-economic status of these districts through Table 4.13. It is found that all districts are not equal in terms of their prevailing socio-economic conditions. Few districts like Kolkata, Howrah, Hoogly, Burdwan and North 24 Parganas are developed; Jalpaiguri, Nadia, South 24 Parganas, Purba Medinipur and Paschim Medinipur are mediocre and the remaining nine districts are socio-economically backward. However, since last few years the state government has adopted several programmes for improving the socio-economic conditions of the people residing in these backward districts.

Table-4.11: Socio-Economic Status of the Districts in West Bengal

District	Net Agricultural Land (%)	No. of Regd. Industry	No. of SSI's	No. of Health Care Institutions and Bed Capacity		No. of Family Planning Centre	No. of Banks & Cooperatives		Socio-Economic Status
				Institutions			Bank	PACS	
				Bed Capacity	Bed Capacity				
Bankura	48.78	190	400	699	3,508	24	167	391	Backward
Birbhum	70.93	158	206	608	1,616	22	174	337	Backward
Burdwan	65.11	911	937	1,047	8,649	41	393	619	Developed
Coochbehar	74.48	40	278	474	1,882	14	110	231	Backward
Dinajpur (S)	84.70	97(S+N)	48	285	1,130	9	63	128	Backward
Dinajpur (N)	86.48	--	106	389	982	11	81	192	Backward
Darjeeling	43.56	294	141	393	4,128	16	119	107	Backward
Hoogly	70.08	626	324	928	5,618	26	259	484	Developed
Howrah	58.88	2,807	1,095	631	4,413	24	230	211	Developed
Jalpaiguri	54.06	518	280	653	2,805	17	136	160	Mediocre
Kolkata	--	962	1,762	335	23,426	38	1,041	--	Developed
Malda	59.74	54	419	590	1,724	16	148	218	Backward
Medinipur (W)	59.41	321(W+E)	1,788(W+E)	1,117	4,815	35	297	727	Mediocre
Medinipur (E)	74.14	--	--	899	2,646	27	197	925	Mediocre
Murshidabad	75.37	54	830	994	3,607	30	222	483	Backward
Nadia	74.74	187	528	620	6,024	21	184	360	Mediocre
North 24 Parganas	67.40	6,337(N+S)	869	1,059	7,336	41	408	476	Developed
South 24 Parganas	39.04	--	918	1,303	4,660	35	239	483	Mediocre
Purulia	49.33	84	265	576	2,346	23	113	178	Backward

SSI = Small Scale Industry, Regd. = Registered.

Source: Manorama Year Book (Bengali Version) 2008.

PART-II: HIV/AIDS SCENARIO AND WBSAP&CS

HIV/AIDS SCENARIO IN WEST BENGAL

The first case of HIV infection in West Bengal was detected in 1986. According to data from voluntary counselling and testing centres (VCTCs) in the state, the number of new HIV infection cases in West Bengal was 304 in 1996. This figure grew to 371 in the year 1997, and further to 3638 in March 2007. Table 4.12, Table 4.13 and Table 4.14 give age wise, year wise and locality wise information on total number of AIDS cases in West Bengal. In the last few years, the epidemic has spread to the general population and is no longer restricted to most high-risk populations only. The discussion of this part is mainly based on the annual report (2006-07) of WBSAP&CS. The current analysis has been done on the basis of data received from 103 blood banks, 32 VCTCs, 27 PPTCT centres, 33 STD Centres and 2 ART Centres. Besides it, data from Annual Sentinel Surveillance have also been incorporated in this part.

Table-4.12: Age Distribution of AIDS Cases in West Bengal
(Since inception to May 2006).

<i>Age group in years</i>	<i>Number</i>	<i>Percentage of Cases</i>
0 - 14	236	4
15 - 29	2652	45
30 - 45	2298	39
45 +	707	12
Total	5893	100

Source: WBSAP&CS.

It is clearly evident from the above table that youth are the victim of this killer disease.

Table-4.13: Year wise Break-up of AIDS Cases by Sex.

<i>Year</i>	<i>Male</i>	<i>Female</i>	<i>Total</i>
1988	1	0	1
1989	0	0	0
1990	1	0	1
1991	0	0	0
1992	7	1	8
1993	10	1	11
1994	9	1	10
1995	7	2	9
1996	16	1	17
1997	29	8	37
1998	64	5	69
1999	184	42	226
2000	159	62	221
2001	153	54	207
2002	776	193	969
2003	480	131	611
2004	853	367	1220
2005	1300	731	2031
TOTAL	4245	1668	5893
Percentage to TOTAL	72.03	27.97	100.00

Source: WBSAP&CS.

Table-4.14: AIDS Cases by Locality.

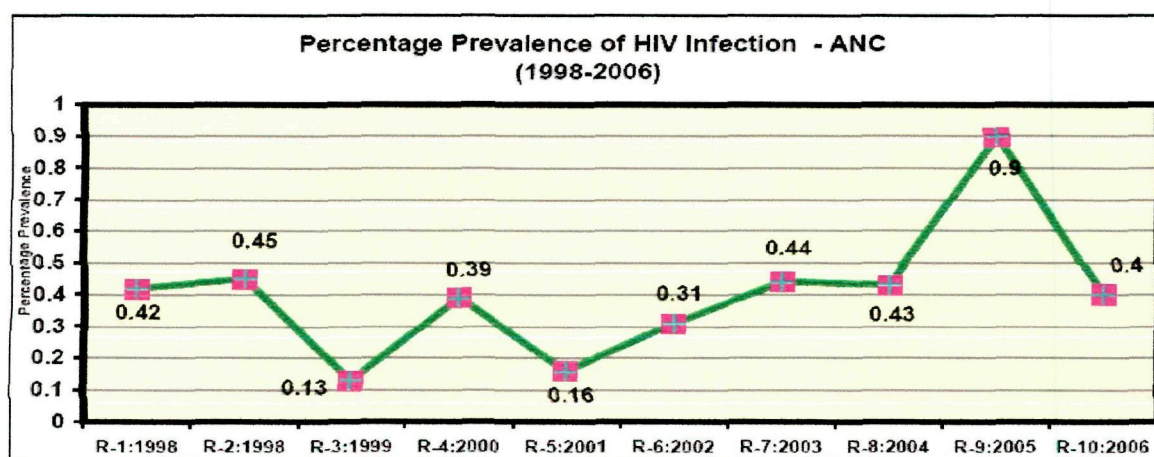
<i>AIDS Cases</i>	<i>Urban</i>	<i>Rural</i>	<i>Total</i>
No. of Cases	3713	2180	5893
Percentage to Total	63.01	36.99	100.00

Source: WBSAP&CS.

HIV and Sentinel Surveillance

Epidemiological Surveillance for HIV infection in the Country is carried out annually on a regular basis. The purpose of epidemiological surveillance is to identify high-risk population groups, areas with high HIV prevalence and HIV trends. During the year 2006, the 10th round of Sentinel Surveillance was conducted in 47 sites in West Bengal. Out of these 47 sites, 13 sites were the ANC sites, 12 were the STD sites, and 5 were for IDU, 2 for MSM, 2 for the client of FSWs, 5 for truckers and 8 for FSWs. A total of 13372 persons were tested for HIV during the year 2006. Majority represented the ANC population and rests of the population groups were STD population, FSWs, IDUs and MSM. Among the high risk population West Bengal showed decreasing trend in all the groups other than MSM group where the prevalence rate increased from 0.54 in 2005 to 6.6 percent in 2006 (Sites changed in 2006). There were, however, considerable differences in the prevalence rates from district to district. HIV prevalence was >1% among antenatal mothers in Uttar Dinajpur and in Kolkata in the year 2006. The overall prevalence rate in ANC cases stood at 0.41 percent in the state. The Figure-4.1 clearly shows that the HIV epidemic has been stabilized over the years in the state, with a shoot in the year 2005. The HIV prevalence in ANC cases is considered as the HIV prevalence in general population. The prevalence rate remains somewhere at 0.4% over the years.

Figure-4.1: HIV Prevalence at ANC

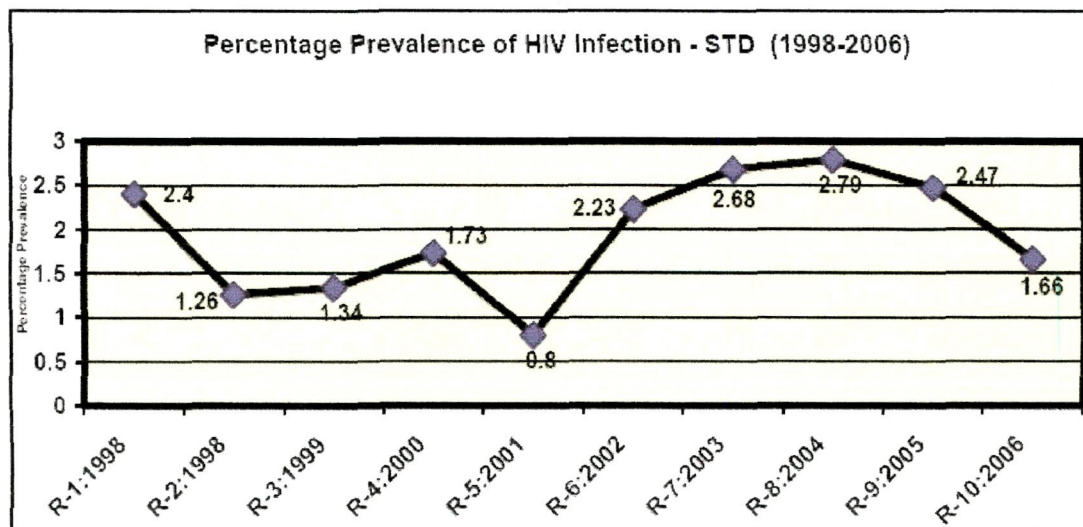


Source: Annual Report 2006-07, WBSAP&CS.

The 10th round of sentinel surveillance witnessed a declining trend in HIV prevalence in STD patients also. In 2006, it stood at 1.66% down from 2.79% in 2004

& 2.47% in 2005. This is depicted in the Figure - 4.2. The decreasing trend is noticed in all sentinel groups. HIV prevalence in FSW went down from 6.8% to 6.6% & prevalence in IDUs decreased to 4.64% from 7.41%; only MSM prevalence has seen an upward trend in the 10th round of surveillance where prevalence rate shot up from 0.54% to 6.6%, (Sites changed in 2006). Surveillance on truckers' population and among the clients of FSWs has been started from this year only and the HIV prevalence stood at 2.72% (N = 1248) among the truckers, whereas the prevalence in clients of sex workers stood at 3.41%. It can be derived from the surveillance data that the growth of the epidemic is arrested. The prevalence rate in general population stood at 0.4%, which is again a sign of stabilization of the epidemic over the years.

Figure-4.2: HIV Prevalence Percentage in STD Patients.



Source: Annual Report 2006-07, WBSAP&CS.

Blood Safety

There are 103 blood banks in the state, of which 58 are State Govt. Blood Banks, 16 are Central Govt. Blood Banks and 27 are Private Blood Banks. There are eight Regional Blood Transfusion Councils (RBTCs) under which 58 Govt. Blood Banks operate. The Table-4.15 shows that the total blood collection during 2006-07 was 640496 units. The total voluntary collection during the reporting period was 555850 units and the total replacement collection was 84646 units. The percentage of voluntary collection against the total collection of 640496 remained 87%, among the highest in the country. During the year 2006-07, a record number of 11049 blood donation camps were organized. Besides this, out of the total whole blood unit

collected i.e. 640496, 152403 were separated component wise which is 24% of total whole blood units. The percentage of packed cells out of total blood components supplied in the reporting period are 50%, frozen plasma is 35%, Plasma and Platelets rich Plasma are 7% and 8% respectively. There are five government and twelve private blood components separating units working in West Bengal.

Table-4.15: Collection of Blood (units) from Blood Banks during 2006-07.

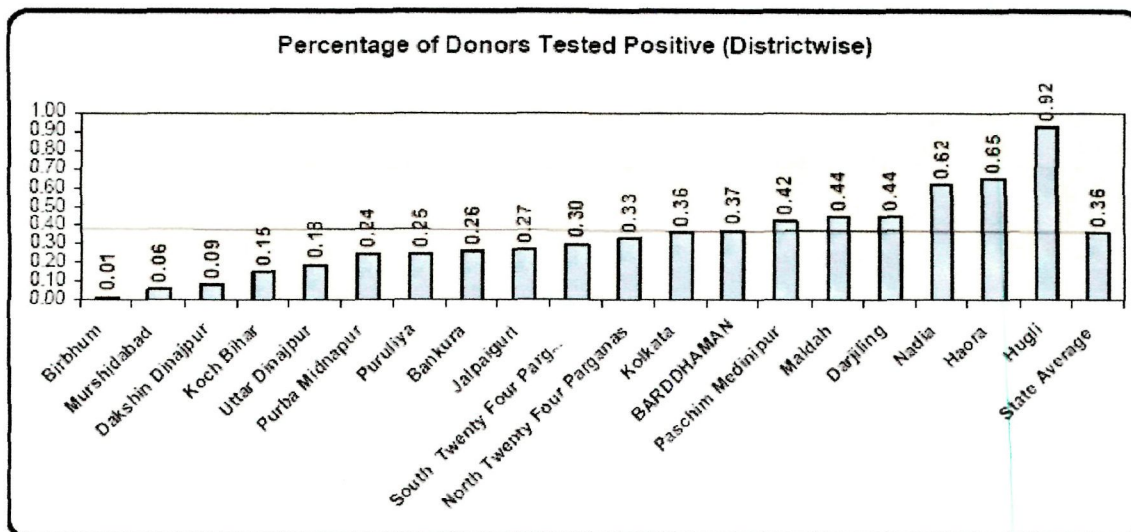
<i>Type of Blood Banks</i>	<i>Voluntary Collection</i>	<i>Replacement Collection</i>	<i>Total Collection</i>	<i>Proportion of Voluntary Donation</i>	<i>Camp Organised</i>
Government	413085	51174	464259	89%	8696
Private	142765	33472	176237	81%	2353
Total	555850	84646	640496	87%	11049

Source: Annual Report 2006-07, WBSAP&CS.

Interestingly, the HIV positivity rate in Government Blood banks is significantly lower than the Private Blood banks. The overall HIV positivity rate in Government Blood banks stood at 0.36% comparing with that of Private Blood banks, which stood at 1.25%. HIV positivity rate stood between 0.51% and 0.76% in the four quarters, whereas overall positivity rate stood at 0.6% during 2006-07.

The Figure 4.3 shows that the HIV positivity rate in the blood collected through voluntary & replacement donors. The overall HIV positivity rate in the state stood at 0.36%, varied from 0.01% in Birbhum to 0.92% in Hoogly. It also shows that Paschim Medinipur, Malda, Darjeeling, Nadia, Howrah and Hoogly registered a high HIV prevalence, which is higher than the state average. Overall Programme indicators show a satisfactory performance for Blood safety in the state. However, there is scope for improvement on some issues like timely reporting and quality of reporting. Some districts also need more comprehensive monitoring system towards the better performance of the blood banks. However, overall the state picture is quite good when comparing with other states.

Figure-4.3: Trends in HIV Positivity in Govt. Blood Banks (District-wise distribution)

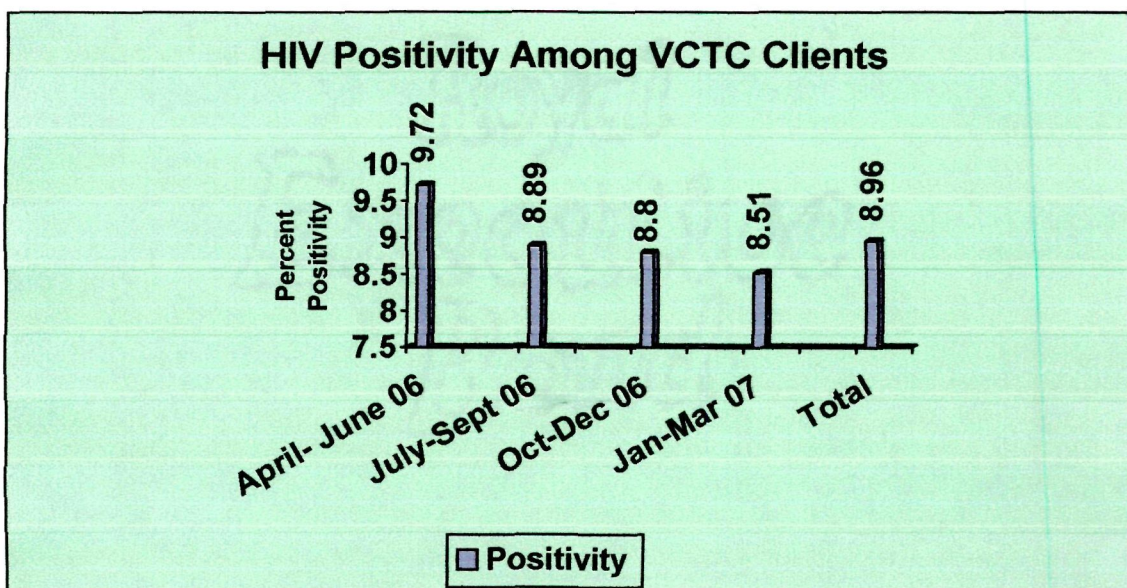


Source: Annual Report 2006-07, WBSAP&CS.

Voluntary Counseling and Testing Centres (VCTCs)

The Figure-4.4 shows the percentage of HIV positivity among the VCTC clients. There are 32 VCTCs till March 2007 in West Bengal. During 2006-07, total 41324 persons attended Pre-Test Counseling, 40594 persons underwent for testing and 3638 cases among the persons got tested were HIV positive i.e. 9% (approximately).

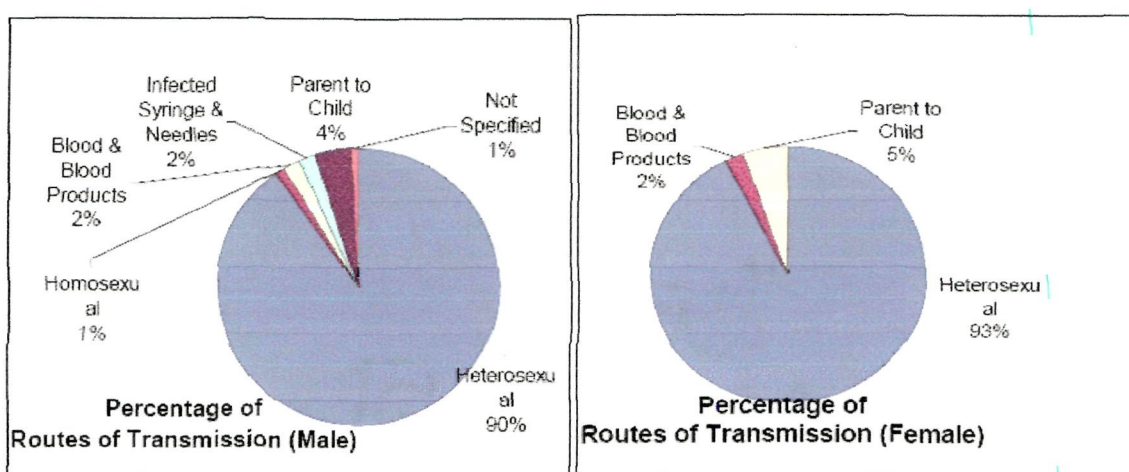
Figure-4.4: Percentage of HIV Positivity among VCTC Clients



Source: Annual Report 2006-07, WBSAP&CS.

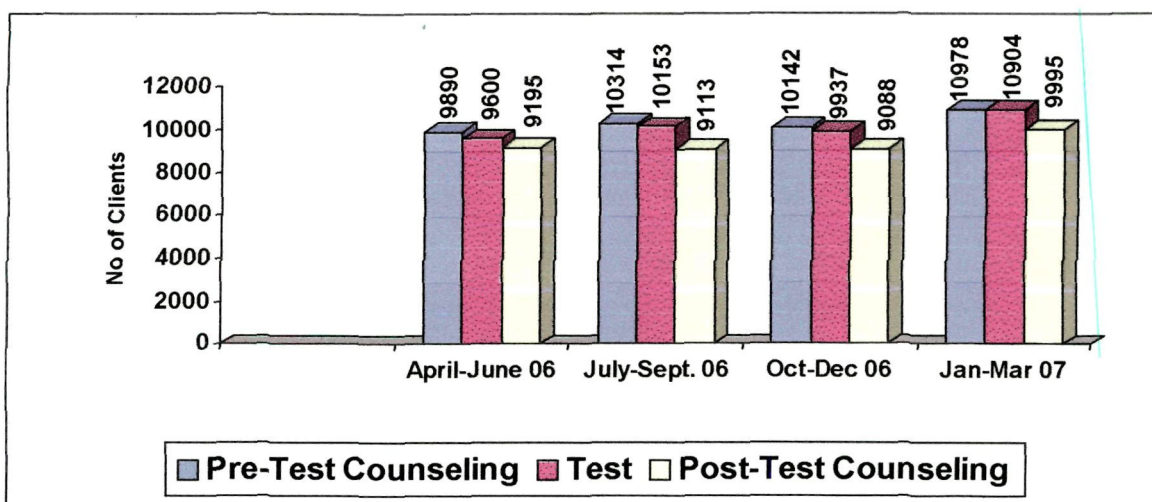
The routes of transmission reported among HIV positive male & female clients of VCTCs is mainly heterosexual contact, which is 90% and 93% respectively. Amongst the male clients, other routes are homosexual (1.0%), infected needles/syringes exchange (2.0%), blood and blood products (2.0%) and parent to child transmission (4.0%). Amongst the female clients other routes are parent to child (5.0%) and blood & blood products (2.0%). The Figure-4.5 shows the different routes of HIV transmission for male and female clients separately.

Figure-4.5: Routes of Transmission among the Clients in VCTC:



Source: Annual Report 2006-07, WBSAP&CS.

Figure-4.6: Number of clients undergone Pre-Test counseling, Testing and Post-Test Counseling in West Bengal (2006-07).

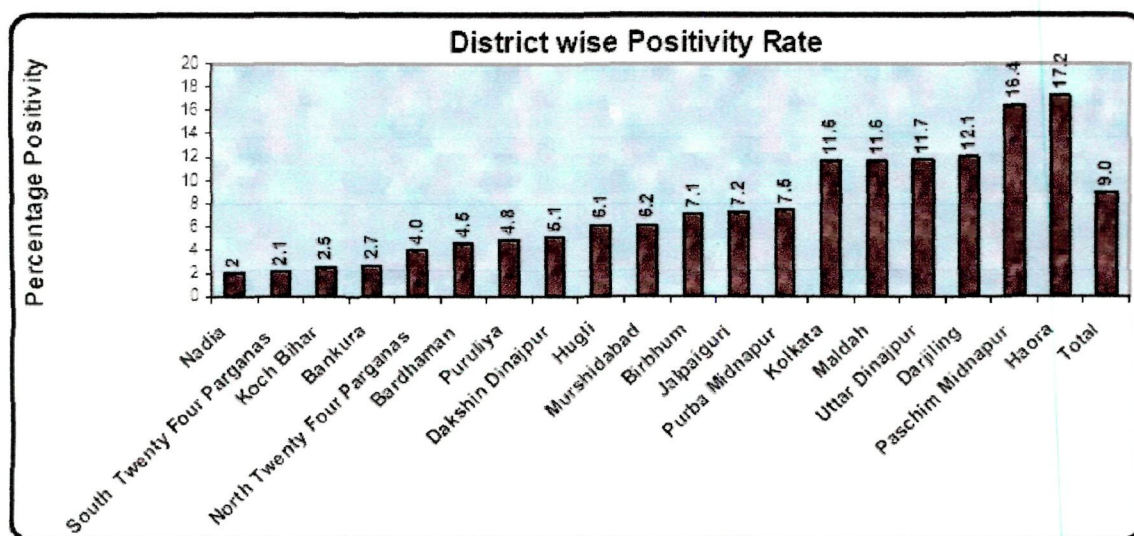


Source: Annual Report 2006-07, WBSAP&CS.

The details of pre-testing counseling, testing and post-test counseling are depicted in the Figure - 4.6. The acceptance rate of testing and post-test counseling remained quite high in the state over the last four quarters, for both male & female clients. Overall, 98 percent male clients who had undergone pre-test counseling accepted testing at the VCTCs and 92 percent clients came back for the reports and received post-test counseling. The figure remained same for female clients as well.

The Figure-4.7 shows the district-wise HIV positivity rate among the clients who had visited and tested blood in VCTCs of West Bengal. It varies widely from 2% in Nadia to over 17% in Howrah. The overall HIV positivity rate stood at 9% in the state. The total number of persons underwent HIV testing is 40594 in 2006-07. Out of these, most of the clients fall in the 20-39 years of age group. HIV positivity rate in the female clients outweighed the male counterparts in the age groups of 15-19, 20-24 and 25-29 years.

Figure-4.7: District-wise HIV Positivity among clients of VCTCs



Source: Annual Report 2006-07, WBSAP&CS.

This may be attributed mainly to (a) early sex debut among females; (b) early marriage of females in West Bengal at the age of 15-20 years (median age -17years); (c) female sex workers are sexually active during the age group of 15-30 years; and (d) social and gender discrimination towards females mostly takes place in this age group. However, these observations may not be true for the general population as people attending the VCTC services may not be the representatives of the general

population of the state. Positivity rate among males remained higher than females in 30-39, 40-49 and above 50 years of age group. The overall positivity rate in male and female clients remained 9.1% and 8.7% respectively. Male female ratio among VCTC attendees is 1.6:1.

Prevention of Parent To Child Transmission (PPTCT).

The analysis takes into consideration the reports (2006-07) from the 20 out of 27 registered PPTCT centers in CMIS from across the districts of West Bengal, since other seven units opened only in January' 2007. Out of the 202 positive mothers only 91 (45%) deliveries could be administered in the institutional set up; which is far below expectation. Out of these, 90 (44.5%) were live births and 83 (41%) were administered with MB pair NVP. Again there is a lot of scope to improve the services under PPTCT programme components.

Table-4.16: Performance of PPTCT Centres

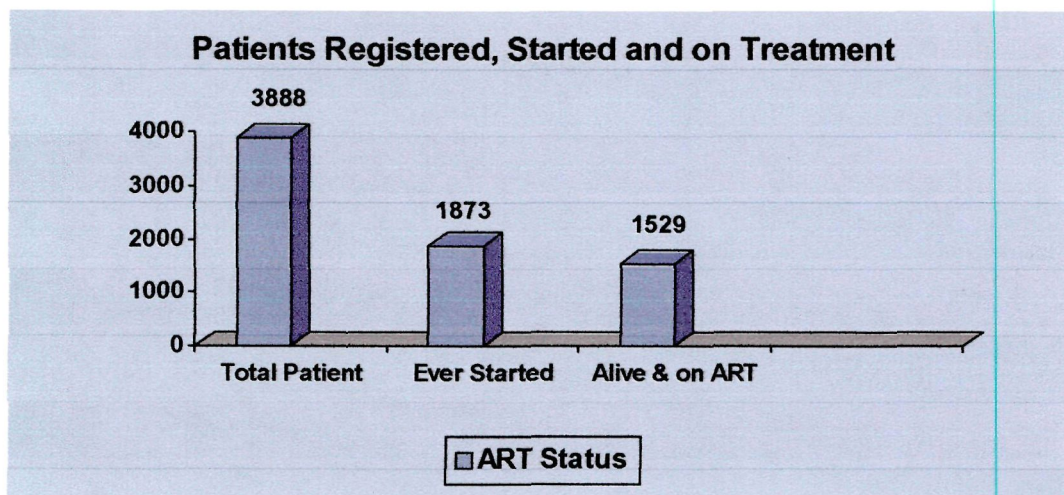
<i>Pregnant Women Registrations</i>	<i>Pregnant Women Counseled (pre-test)</i>	<i>Pregnant Women Accepted HIV test</i>	<i>Found Positive</i>	<i>Positivity Percentage</i>
138997	128269	108530	202	0.19

Source: Annual Report 2006-07, WBSAP&CS

Anti Retroviral Therapy Programme (ART)

The Government of India launched free ART initiative on 1st April 2004 at eight Government hospitals in six high prevalence states. Since then, this is being scaled up in a phased manner and it is planned that free ART will be provided to 1,00,000 patients by the end of 2007 and 3,00,000 by 2011 in 250 centres across the country. In West Bengal, free ART initiative was launched at School of Tropical Medicine (STM), Kolkata since March' 05 and then at North Bengal Medical College and Hospital (NBMCH), Siliguri since March' 06. The target to provide ART service was set at 1500 for the year 2006-07. In the later half of 2007, two more ART Centres are opened in Burdwan Medical College and Hospital (BMCH) and Medinipur Medical College and Hospital (MMCH).

Figure-4.8: Details of ART Receiving Patients in West Bengal.

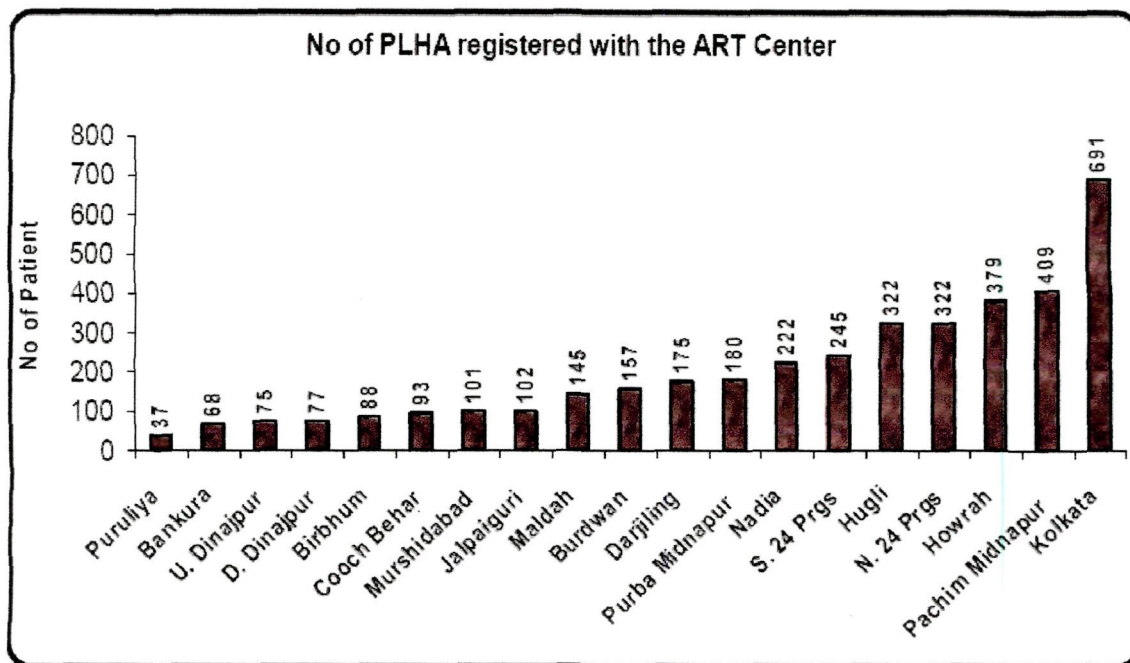


Source: Annual Report 2006-07, WBSAP&CS

The information in the Figure-4.8 is based on the report received from 2 ART centers based in School of Tropical Medicine, Kolkata and North Bengal Medical College and Hospital, Siliguri. Till the end of the reporting period, 15th April 2007, the total number of patients registered at ART center is 3888. Out of these 48 percent ever started the ART treatment and out of these 82 percent are alive and on ART. Out of the registered patients at ART Centres, 96% are adults and only 4% are children. Again out of the adult patients, 76% are male and 24% are female. There is a clear gender bias in accessibility of the treatment. The National ART Programme will also link with other programmes, such as the Revised National Tuberculosis Control Programme (RNTCP), Reproductive & Child Health (RCH) programme and National Rural Health Mission (NRHM). Strengthening of referrals and linkages to PPTCT programme is being carried out so that women and children living with HIV/ AIDS have greater access to treatment.

The Figure-4.9 shows the number of patients from districts registered with the ART centres. The maximum number of PLWHA is registered in Kolkata district and the number varies from 37 in Purulia to 691 in Kolkata. Apart from Kolkata, some other districts like Howrah, Hoogly, North 24 Parganas and Paschim Medinipur are also having significant numbers of PLWHA.

Figure-4.9: District wise distribution of PLWHA registered with the ART Centres.



Source: Annual Report 2006-07, WBSAP&CS

The patient load in the ART centers increased continuously in a similar trend throughout the 2006-07 periods in West Bengal. Although, the number of people registering and receiving treatment increased continuously over the period, but it is still far way to reach even the 10 percent of the total estimated AIDS cases in the state.

WEST BENGAL STATE AIDS PREVENTION AND CONTROL SOCIETY (WBSAP&CS)

National AIDS Control Organisation provides leadership to HIV/AIDS Control Programme in India, implementing NACP (National AIDS Control Programme) within one monitoring system. State AIDS Prevention and Control Societies (SACs) implement NACO programme at state level, but have functional independence to upscale and innovate. SACs are autonomous and decentralised. Each State AIDS Prevention and Control Society has a governing body, its highest policy-making structure, headed either by the minister in charge of health or the chief secretary. It has on board representatives from key government departments, the civil society, trade and industry, private health sector and PLWHA networks, who meet twice a

(b) Voluntary Counselling and Testing Centres (VCTCs)

Voluntary Counseling and Testing (VCT) is the process that individuals go through to learn about their HIV status. The process is supposed to be voluntary, confidential and based on informed consent from the individuals concerned. It involves counselling prior to the HIV test, which helps people learn about HIV transmission and the likelihood of their being infected with HIV. It also helps them decide if they need an HIV test, and if yes, then to be mentally prepared for the outcome of the test. If the test is undertaken, counselling follows again irrespective of the test result. If people underwent test and are detected as HIV positive, post-test counselling helps them learn how to take care of their health. It also educates them on how to prevent passing on the infection to others and getting re-infected. If the result is negative for HIV, they learn about how to stay free of HIV infection. WBSAP&CS follows a specific protocol for VCT for HIV. Currently (end 2006) there are 46 VCTC centres located in various medical colleges and hospitals, district hospitals and sub-divisional hospitals in West Bengal. Three of these centres are community-based ones, one managed by an NGO i.e. Child In Need Institute (CINI), Pailan, South 24 Parganas district, another by a CBO named Durbar Mahila Samanway Committee (DMSC), Kolkata and the remaining one by another NGO named SHIS, Ghatakpukur, South 24 Parganas (WBSAP&CS, 2007).

(c) Blood Safety

The blood safety programme of WBSAP&CS has three major objectives namely – to ensure organized blood-banking services at the state and district levels, to educate and motivate people about voluntary blood donation and to enforce quality control of blood and blood products.

(d) Prevention of Parent to Child Transmission (PPTCT) Programme

The PPTCT programme of WBSAP&CS operates through 29 centres across West Bengal. The programme is a good example of integration of HIV/AIDS prevention, care, support, and treatment services with the reproductive and child health services in the state. Hon'ble Chief Minister of West Bengal, Mr. Buddhadeb Bhattacharya launched the programme on January 1, 2004. The programme started with 10 centres (at 9 medical colleges & 1 maternity home), scaled up to 29 centres in the year 2006-07 (WBSAP&CS, 2007).

(e) STD Care and Treatment Services

Sexually Transmitted Infections are well known to their wide prevalence, potential serious complications and intricate relationships with the HIV infection. The present day evidences from different sources have proved beyond doubt that an early and effective management of Sexually Transmitted Infection (STI) is an important tool for the reduction of HIV infection. Thus an effective STI management is considered as one of the corner stone of any STD control Programme. In West Bengal, STD Control Programme is conducted through 44 NACO supported STD Clinics, State Government supported 23 clinics & 188 STD clinics of TI projects supported by WBSAP&CS. Beside this, STD diagnosis and treatment are also done by Gynecologist and Obstetrician in the out patient departments (OPD) of Medical College and Hospitals, District Hospitals, Sub-Divisional Hospitals, Rural Hospitals, State General Hospitals and in all OPD of Government set up to the level of Sub Centers (WBSAP&CS, 2007).

2. Targeted Intervention Programme for High Risk Groups

All over the world, it has been found that particular groups of people are more vulnerable than others to HIV/AIDS. These groups, because of their social circumstances and behavioural attributes, are likely to get HIV infection more quickly and spread the disease in a very short period. One of the ways of controlling the disease from further spread is to carry out targeted intervention (TI) programmes among these vulnerable groups through multi-pronged strategies. Therefore, TI programmes for most at-risk populations, are one of the most important components of the NACP and also the activity plan of WBSAP&CS. Currently, NACP considers the following as most at-risk populations – female sex workers, injecting drug users (IDUs) and males who have sex with males (MSM, a population that also covers male-to-female transgender groups, and male and transgender sex workers). Key elements of TI programmes are discussed below:

(a) BCC Strategies and Material Development

Behaviour Change Communication (BCC) forms the bedrock of a TI programme. The ultimate goal of a TI programme is to bring about such behaviour changes among all stakeholders that facilitate HIV prevention and alleviate the impact of HIV/AIDS. The BCC process is a continuum that consists of awareness generation, concern generation, building motivation for behaviour change, providing accessibility to the

means for change and finally ensuring sustainability of the change. The activities needed to implement this process – outreach work, counselling, medical services, advocacy, training, community mobilization – are all part of the other elements of a TI programme. Therefore, BCC is integral to all other elements of a TI programme. Development of BCC strategies and material (also known as information-education-communication or IEC material) covers HIV/AIDS epidemiology, prevention, care, support and treatment and a range of related issues – gender, sexuality, human rights, sexual health, reproductive health, substance use, injecting practices, tuberculosis treatment and other mental and physical health issues. Provision of information on how to access services related to these issues is also included (WBSAP&CS, 2007).

(b) Condom Promotion

Availability of attractively packaged and technically superior condoms is considered as one of the important means for increasing acceptance and use of condoms. Currently WBSAP&CS promotes its "Jeevan" brand of condoms for both free distribution and social marketing of condoms. Peer educators and outreach workers of NGOs implementing TI programmes, form the backbone of the condom promotion programme of WBSAP&CS. Condom vending machines have also been installed at strategic sites all over Kolkata. WBSAP&CS is considering promotion of female condoms (or femmedoms). It is also supporting the availability of water-based lubes, which are helpful in reducing friction and chances of tearing of condoms during anal sex (WBSAP&CS, 2007).

(c) STI/HIV/AIDS Counselling

Majority of NGOs implementing TI programmes have their own STI clinics, while others refer people to government and private services. In the STI treatment methodology emphasis is laid on syndromic management of STI cases. There are 188 STI clinics run by different NGOs. Along with STI treatment, the TI programmes also facilitate voluntary counselling and testing for HIV and AIDS care, support and treatment through referrals to VCTCs run by other NGOs and government bodies. Increasingly, TI programmes in West Bengal are also incorporating psychosocial counselling along with STI/HIV/AIDS services. Such counselling raises the self-esteem of people belonging to most at-risk populations, which are often also highly stigmatized and socially disadvantaged. Apart from improving the sense of self-worth, psychosocial counselling can also provide knowledge about health, human rights and

legal issues. This in its turn can lead to an improvement in demand, delivery and acceptance of STI/HIV/AIDS services (WBSAP&CS, 2007).

(d) Creation of an Enabling Environment •

This is another crucial element of TI programmes and includes a varied package of activities necessary for bringing about and sustaining the behaviour changes sought among different stakeholders. Advocacy, lobbying, networking, inter-sectoral collaborations, income generation programmes, drop-in centres (DICs), process documentation, research, infrastructure development, fund raising, training and other forms of capacity building – all contribute towards the creation of an enabling environment. A human rights based approach is important for the creation of such an environment, and this also entails provision of legal support to most at-risk populations and advocating for a non-discriminatory legal and larger social environment. The human rights approach, in its turn, is best adopted through a self-help approach, which involves community mobilization through peer education and formation of self-help groups and community-based organizations (CBOs) of the vulnerable populations or communities. Some of the largest TI programmes in West Bengal are implemented by CBOs. WBSAP&CS provides partial support to NGOs implementing TI programmes towards all these activities, encouraging them to develop other linkages and resources as well towards the creation of an enabling environment (WBSAP&CS, 2007).

(e) Other Specific Services

All the elements mentioned so far are common to all TI programmes in West Bengal, but there are also specific elements needed for certain programmes. For instance, TIs meant for IDUs often include harm reduction services like needle and syringe exchange and oral substitution therapy. Some TIs for IDUs prefer to adopt a de-addiction / detoxification and rehabilitation approach and provide associated services. Treatment for abscesses is another specific service that is part of TIs for IDUs (WBSAP&CS, 2007).

3. HIV/AIDS care, support and treatment programme

The one of the major objective of National AIDS Control Programme is to provide adequate care and support to PLWHA to improve the quality of life and strengthening prevention and care synergy. The number of people and families living with HIV/AIDS in West Bengal has been continuously increasing thereby increasing the

demand for care and support at institutional, community, and family levels. To ensure effective implementation of Greater Involvement of People Living with HIV (GIPA) principles, PLWHA members were included in all decision making or other prominent forums and bodies - Executive Committee, Ethical Committee and sensitization programmes. The principle of Greater Involvement of PLWHA (GIPA) is also being adopted in the TI programmes, wherein support for PLWHA has been included as one of the key activities. Currently, 1873 PLWHA are receiving ART in government institutions in West Bengal. Government is committed to providing ART to those who need it most. NACP-III will scale up this service to a larger number of people. At the same time compliance and drug adherence will be ensured with community participation. To increase the number of eligible PLWHA on ART, linkages with VCTC/ICTCs/TIs/PPTCTs and PLWHA networks will be forged and strengthened. First line anti-retroviral therapy(ART) drugs are provided in the state free of cost through the School of Tropical Medicine (STM), Kolkata; North Bengal Medical College (NBMC), Siliguri; Medinipur Medical College and Hospital (MMCH), Medinipur; and Burdwan Medical College and Hospital (BMCH), Burdwan (WBSAP&CS, 2007).

Key features of the AIDS care, support, and treatment component:

- (i) Involvement and participation of PLWHA through networks like Bengal Network for People Living with HIV/AIDS (BNP+) and its partners in the districts like Kolkata Network of HIV Positives (KNP+), SPARSHA, Kolkata and Sanghabaddho to name a few. Basically by working with these networks WBSAP&CS intends to mainstream GIPA through all the TI partners.
- (ii) The uniqueness of WBSAP&CS Care, Support and Treatment programme lies in the short-stay homes for PLWHA in Drop-in-Centres (DIC). Each of the above-mentioned networks has two-three short-stay homes at remote rural bases. Apart from these short-stay homes, six Community Care Centres (CCCs) with the provision of 25 beds for long-term treatment of children, women and men are getting introduced in West Bengal.
- (iii) Additionally, the earlier '*Bhalobasha*' care, support and treatment centre run by Bhoruka Public Welfare Trust (BPWT), Kolkata has been now developed as a full-fledged Capacity Building Resource Centre by WBSAP&CS.

- (iv) In West Bengal, clinics for treatment of opportunistic infections function at all the nine Medical Colleges and Hospitals in the state. Apart from these, there are two Community Care Centres and five Drop-in-Centres in the state where drugs for opportunistic infections are also available.
- (v) Tuberculosis (TB) and HIV are overlapping epidemics. There is increased risk of transmission to the general population on account of increasing TB cases amongst those infected with HIV. Thus importance is given to HIV-TB coordination in order to ensure optimal synergy between the two programmes for the prevention and control of both diseases. This coordination consists of cross-referrals between HIV-VCT centres and TB treatment centres in West Bengal. TB drugs are available in the state through Revised National Tuberculosis Control Programme (RNTCP) up to Sub- Health Centre level.
- (vi) The post-exposure prophylaxis (PEP) drugs are made available from nine Medical Colleges and Hospitals in the State as well as from the District Hospitals and NGO Clinics (WBSAP&CS, 2007).

4. Institutional Strengthening Programme

(a) HIV Sentinel Surveillance

An HIV sentinel surveillance study consists of rapid collection of HIV prevalence data from a broad cross-section of a given population, which includes both most at-risk populations and other less vulnerable populations. An anonymous unlinked sampling procedure is adopted to calculate the HIV prevalence. This is as per the guidelines issued by NACO. The first annual HIV sentinel surveillance in West Bengal was conducted in 1998 at eight sites and the last surveillance (10th Round) was carried out in 2006 and conducted at 47 sites (WBSAP&CS, 2007).

(b) Behavioural Sentinel Surveillance (BSS)

There have been three BSS studies in West Bengal focused on the most at-risk populations. Initially, the BSS was conducted in two waves, one in 1999 and the next in 2001. The last study was completed in 2004. In the years in between NACO also conducted a BSS study in the state, covering the general population and most at-risk populations (WBSAP&CS, 2007).

(c) STI Surveillance

An STI surveillance study estimates the number of people infected or having a high chance of getting infected with STIs. This helps programme planners design appropriate health services. All 57 STI clinics in West Bengal report to WBSAP&CS monthly. NGOs engaged in TI programmes with an STI component also report to WBSAP&CS monthly (WBSAP&CS, 2007).

(d) AIDS Cases Surveillance

An AIDS case surveillance ensures reporting of AIDS cases as per the standard definition of an "AIDS case" adopted by specified institutions and trained physicians. The purpose is to capture the disease burden, and subsequently, design strategies for management of such cases. An AIDS case surveillance data can also supplement the HIV sentinel surveillance data in monitoring the HIV/AIDS epidemic and planning the provision of institutional and home-based care, support and treatment services. In West Bengal, AIDS cases surveillance is done through a process of reporting by the hospitals providing HIV/AIDS related treatment services. The bulk of information on AIDS cases in West Bengal is compiled at the School of Tropical Medicine, Kolkata and Calcutta Medical College and Hospital, Kolkata (WBSAP&CS, 2007).

(e) Training on HIV/AIDS and Related Issues

The training focus of WBSAP&CS consists of the following: (i) Training for field and institutional health workers; (ii) Training for nursing personnel of different hospitals; (iii) Training for public health care providers like doctors; (iv) Training for health care providers and NGO / CBO functionaries working in TI programmes; and (v) Training under inter-sectoral collaborations for workers of the Integrated Child Development Scheme (ICDS), municipal health officials, Panchayat functionaries, police personnel and others (WBSAP&CS, 2007).

In brief, Part-I of this chapter has portrayed the profile of West Bengal. The state is famous for its rich art, music, culture, literature and particularly for its contribution in the freedom movement of the country. Primarily, it is an agricultural state. West Bengal ranks fairly high in the country in terms of sex ratio, literacy rate and health status indicators. As far as industrial development is concerned, it has made remarkable progress during last five years and able to erase its previous image of anti-capitalists. The increasing rate of educated unemployment is a major concern for the state government. There is a growth of health services in West Bengal, but in comparison to other states, growth rate in private health sector is very slow. On the

other hand. Part-II of this chapter highlighted the HIV/AIDS scenario in West Bengal and role of WBSAP&CS. Firstly, from the 10th round of Sentinel Surveillance report, it has discussed about various data regarding HIV positivity in ANC, STI clinics, VCTCs, PPTCTs and Blood Banks; routes of HIV transmission; blood safety; pre-test and post-test counseling; ART receiving clients; etc. It is a serious matter to see that HIV prevalence has gone up from 0.21 to 0.30 percent. During 2006, HIV prevalence was 1% among the antenatal mothers in Kolkata and Uttar Dinajpur District. Secondly, this part has also discussed about the different roles of WBSAP&CS in preventing and controlling HIV/AIDS in West Bengal. It has been playing four major roles namely – (i) preventive intervention programme for general people; (ii) targeted intervention programme for high-risk groups; (iii) HIV/AIDS care, support and treatment programme; and (iv) institutional strengthening programme. The next chapter now will give an overview of WBSAP&CS supported NGOs and their response to HIV/AIDS care.

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