

# CHAPTER—V

## **CHAPTER –V**

### **STATE LEVEL OVERVIEW OF NGOs IN HIV/AIDS CARE**

Development is commonly used to mean economic development. But true development is dependent on various aspects such as social and economic security of the people, social status of women, female literacy, internalization of investments to generate resources, and so on. These aspects can be improved through better income, health, education, information, gender justice, etc. and will ultimately lead to the development. The above cited preconditions of development have to be built on the expectation, aspirations and motivations of the people. Therefore, people's own organizations i.e. NGOs are emerging gradually and participating actively in the process of social and economic transformation (Sarkar 2005). The previous chapter has discussed about the profile of West Bengal along with the HIV/AIDS scenario and effort of the government to combat it through WBSAP&CS. Since health is an essential ingredient of the state's over all development and HIV/AIDS is causing a threat to this development. the state government with the help of central government and other agencies started to combat this killer disease through the involvement of NGOs. One of the objectives of the present study, which is the major thrust of this chapter. is to get a state level overview of NGOs engaged in HIV/AIDS care in West Bengal. The chapter, for better understanding, is divided and discussed separately in two parts. Part - I is based on the information collected from the secondary sources i.e. WBSAP&CS and Part - II is based on the information collected from the primary sources.

#### **PART - I**

The discussion, in this part, is based on the comprehensive list of sixty NGOs prepared in the first phase. The comprehensive list is prepared after collecting information about the NGOs engaged in HIV/AIDS care from key umbrella organizations like Solidarity and action Against The HIV Infection in India (SAATHII), Society for Positive Atmosphere and Related support to HIV/AIDS (SPARSHA), UNICEF, ACTION Aid, West Bengal Programme Support Unit (WBPSU) and West Bengal State AIDS Prevention and Control Society (WBSAP&CS). It is found that presently all HIV/AIDS related programmes are

implemented by NACO through WBSAP&CS in West Bengal. The researcher has taken the financial year 2006-07 for the purpose of this study. Out of these sixty NGOs, nine NGOs are functioning in Darjeeling Gorkha Hill Council (DGHC) area and remaining fifty-one are in the other parts of West Bengal. In this part, focus is given to show the distribution of NGOs and their programmes that are meant for HIV/AIDS care in West Bengal. As per the WBSAP&CS, HIV/AIDS programmes are classified into four broad categories – (A) Drop-in-Centres, (B) Community Care Centres, (C) Multi-sectoral programmes and (D) Targeted Intervention programmes.

### **[A] Drop-in Centres (DICs)**

Few NGOs are running DICs exclusively for the People Living With HIV/AIDS (PLWHA). These DICs mainly function as out patient department and provide necessary counselling to the PLWHA as per their needs. Table 5.1 shows that five NGOs are running twelve DICs in different districts of West Bengal. It is found that only one DIC is functioning in DGHC area. Bengal Network of Positive People (BNP+) is running three DICs on each in the district of Burdwan, Bankura and Nadia. Similarly, Kolkata Network of Positive People (KNP+) and SPARSHA are running respectively four and three DICs in the above mentioned districts. In brief, there are ten DICs are in South Bengal and remaining two DICs are in North Bengal.

**Table-5.1:** NGO wise distribution of DICs in West Bengal.

<i>Sl. No.</i>	<i>Name of NGO</i>	<i>Target Group</i>	<i>No. of DIC</i>	<i>District</i>
1	BNP+	PLWHA	3	Burdwan, Bankura and Nadia
2.	KNP+	PLWHA	4	Kolkata, Howrah, Hoogly and North 24 Parganas
3.	SPARSHA	PLWHA	3	Kolkata, Purba and Paschim Madinipur
4.	Sangobaddho	PLWHA	1	Jalpaiguri and Darjeeling (plain)
5.	Sankar Foundation	PLWHA	1	Darjeeling (DGHC area)
	Total		12	

*Source: WBSAP&CS, 2006-07.*

## **[B] Community Care Centres (CCCs)**

Community Care Centres are just like hospices and equipped with doctor, nurse and other inpatient facilities. Table 5.2 indicates that there are six CCCs operating in six districts during 2006-07. Out of these six CCCs, four are in South Bengal and two are in North Bengal. PLWHA get care, support and treatment from CCCs, whenever they feel sick and required to be admitted.

**Table-5.2:** NGO wise distribution of CCCs in West Bengal.

<i>Sl. No</i>	<i>Name of NGO</i>	<i>Target Group</i>	<i>No. of CCC</i>	<i>District</i>
1	Gandhi Mission Trust	PLWHA	1	Paschim Medinipur.
2.	Calcutta Diocesan Trust	PLWHA	1	Kolkata
3.	KNP+	PLWHA	1	South 24 Parganas
4.	SPARSHA	PLWHA	1	Howrah
5.	Jesu Ashram	PLWHA	1	Darjeeling
6.	Sangobaddho	PLWHA	1	Jalpaiguri
	Total		6	

*Source: WBSAP&CS, 2006-07*

## **[C] Multi-Sectoral Programmes**

Multi-Sectoral Programmes are different from the Targeted Intervention Programmes (TIPs) in terms of target groups. Multi-Sectoral Programmes are not meant for the people with high-risk behaviour, but for the general people like industrial workers, Self-Help Groups (SHG) members, etc. Table 5.3 highlights about the different multi-Sectoral Programmes implemented by NGOs during 2006-07 in West Bengal. Out of nine programmes, five are Work Place Intervention (WPI) programmes for the industrial workers. Welfare of Indian Seamen's Everywhere (WISE) is running its WPI programmes in all districts of West Bengal through its six branch Unions. Similarly, Bhoruka Public Welfare Trust (BPWT) is functioning as Resource Centre for the networks of PLWHA in whole West Bengal. Socio Legal Aid, Research and Training Centre (SLARTC) is dealing with all legal issues related to PLWHA and helping them through out the state. It is also found that two NGOs are working with the Self Help Groups (SHGs) of various districts. These SHGs are formed under

Swarnajayanti Gram Swarojgar Yojana (SGSY) and are now being made aware about HIV/AIDS, so that they can convey the same to their neighbours. Basically both WPI and SHG programmes are preventive in nature and are providing awareness, counseling, etc. to the respective target groups.

**Table-5.3:** NGO wise distribution of Multi-Sectoral Programmes in West Bengal.

<i>Sl. No.</i>	<i>Name of NGO</i>	<i>Target Group</i>	<i>Types of Programmes</i>	<i>District</i>
1	FXB India	Industrial Workers	Work Place Intervention	Howrah
2.	WISE	-Do-	-Do-	All 19 Districts
3.	VVM	-Do-	-Do-	Purba Medinipur
4.	BPWT	-Do-	-Do-	Kolkata
5.	WBVHA	-Do-	-Do-	Howrah
6.	Sree Ma Mahila Samity	Community People	SHG	North 24 Parganas, Nadia, Birbhum and Murshidabad
7.	SPADE	-Do-	-Do-	North 24 Parganas, Nadia, Coochbehar, Murshidabad and Malda.
8.	BPWT	PLWHA Network	Resource Centre	All 19 Districts
9.	SLARTC	PLWHA	Legal Aid Cell	All 19 Districts

*Source: WBSAP&CS, 2006-07*

### **[D] Targeted Intervention Programmes (TIPs)**

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 Programmes among these vulnerable groups through multi-pronged strategies. Therefore, Targeted Intervention Programmes for most at risk population are one of the most important components of the NACP and WBSAP&CS.

### **1. District wise distribution of NGO and TIPs in West Bengal**

It is found from the Table 5.4 that total 46 NGOs are implementing 60 TI Programmes in West Bengal during 2006-07. This implies that there are few NGOs who are running more than one TI Programmes. It is also found that there are few NGOs who are working in more than one district. To overcome this problem, such NGOs are included in the districts wherein they got registered. But the targeted intervention projects implemented by them are shown in the particular district where the programme is actually going on. For example, in Darjeeling district, 12 TI Programmes are running by 12 NGOs, but the Table 5.4 shows that there are 10 NGOs in this district. This has happened because other remaining two NGOs are included in the Kolkata district as per their registration in Kolkata. Similar is the case with Howrah and Murshidabad districts.

Similarly, in some cases one TI Programme covers more than one district. In such cases also, the programme is shown in the district wherein its implementing NGO got registered. For example, CLPOA an NGO implementing one TI Programme for street children through out the state of West Bengal, but it shown under Kolkata district as it is registered in Kolkata. Similar is the case with DMSC, WISE, etc. These NGOs are working in other districts but included under Kolkata District. Therefore, Kolkata District is having maximum number of NGOs i.e. 10 (21.8%) of total 46 NGOs and 14 (23.3%) of 60 TI programmes.

Table 5.4 also indicates that there is no exclusive TI Programme in the districts of Bankura, Paschim Medinipur, Malda and Uttar Dinajpur. But these districts are partly covered under other TI programmes implemented by the NGOs from other districts. For example, DMSC a Kolkata based NGO, is covering Paschim Medinipur, Bankura and Malda through one of its TI Programme. DMSC also covers Uttar Dinajpur through its North-Bengal TI Programme.

It is also found from the Table 5.4 that the number of NGOs and TI Programmes are, comparatively less in North Bengal than that of the South Bengal. Total number of TI Programmes in the six districts (including DGHC area) of North Bengal is 18 (30% of the total TI Programmes) and implemented by 12 local district based NGOs. Again out of these 18 TIPs, 12 i.e. 66.7% are running in Darjeeling districts only. This may be because of the geographical location, economic importance, and presence of more army units and being a tourist spot; the number of people with risk behaviour is more in Darjeeling district than other 5 districts of North

Bengal. Darjeeling Gorkha Hill Council is another reason as out of twelve TIPs, eight Programmes are running in DGHC area.

**Table-5.4:** District wise Distribution of NGOs and TI Programmes in West Bengal.

<i>Sl. No.</i>	<i>District</i>	<i>No. of NGOs</i>	<i>No. of TI Programmes</i>
1.	Birbhum	2 (4.3%)	2(3.3%)
2.	Burdwan	2 (4.3%)	3(5.0%)
3.	Coochbehar	1 (2.2%)	1(1.7%)
4.	Dakshin Dinajpur	1 (2.2%)	1(1.7%)
5.	Darjeeling	10 (21.8%)	12(20.0%)
6.	Howrah	2 (4.3%)	3(5.0%)
7.	Hoogly	2 (4.3%)	2(3.3%)
8.	Jalpaiguri	4 (8.8%)	4(6.7%)
9.	Kolkata	10 (21.8%)	14(23.3%)
10.	Murshidabad	1 (2.2%)	3(5.0%)
11.	Nadia	1 (2.2%)	1(1.7%)
12.	Purulia	2 (4.3%)	2(3.3%)
13.	Purba Medinipur	2 (4.3%)	3(5.0%)
14.	North 24 Parganas	3 (6.5%)	5(8.3%)
15.	South 24 Parganas	3 (6.5%)	4(6.7%)
	Total	46(100%)	60(100%)

Source: WBSAP&CS, 2006-07

In South Bengal, most of the NGOs and projects are located in Kolkata and its adjacent districts like Howrah, Hoogly, North 24 Parganas and South 24 Parganas. These few districts are implementing 28 i.e. 46.7% of total TIPs in West Bengal through 20 i.e. 43.5% of total NGOs implementing TIPs. This may be because of presence of more red light areas in the big cities of these districts; and number of more migrated workers working in the cities, industries and ports of these districts. NGOs of these districts are more professional than other districts. Therefore, it is found that NGOs have a tendency in general to work in socio-economically developed area.

The districts that are located in the western part of the state namely, Paschim Medinipur, Birbhum, Bankura and Purulia, are not having much exclusive TI Programmes. Incidentally, these districts are also socio-economically backward than other parts of the State (already discussed in Chapter-4). Due to this backwardness, the rate of Intra-State and Inter- State migration is very high in these districts. And it is a known fact that migration is one of the major reasons for getting HIV infection and spreading it in a short time. Therefore, merely by opening one DIC or CCC in these districts will not be adequate to gain control over the situation.

## **2. District wise distribution of types of TIPs**

Table 5.5 highlights the district wise distribution of different types of TI programmes. It is found that out of 60 TIPs, 28 i.e. 46.7% of the total TIPs are for the CSWs. This is quite appropriate as more than 80% of HIV infection occurs in our country as well as in West Bengal through heterosexual intercourse. Again out of these 28 TIPs for CSWs, 16 i.e. 57.1% are centralized in Kolkata and its adjacent districts of Howrah, Hoogly, North 24 Parganas and South 24 Parganas. This is again justified, as most of the red light areas are located in the big and industrial cities.

Next to CSWs, Truckers' programme occupies 28.3% of the total TIPs in West Bengal. All the 17 TIPs for Truckers are running in almost majority of the districts. So far other groups with high-risk behaviour are concerned only 11.6% of the total TIPs are for IDUs and 8.3% TIPs are for migrated Labourers (MLs). There is only one TIP for street children and two TIPs for MSM.

Surprisingly, out of the six TIPs for MLs, none of them is working in Burdwan district – which is one of the major industrial hubs of West Bengal. It is also found that another vulnerable group – prisoners are not covered under any TIPs of WBSAP&CS during 2006-07. Prisoners are vulnerable, because the incidences of drug abuse, homosexuality, etc. are common high-risk behaviour found among the prisoners. It is learnt that only one ICTC is running in Presidency Jail, Kolkata by WBSAP&CS. This is too inadequate for the prisoners of whole West Bengal. Thus, it is found that apart from the sex workers and truckers, TIPs for other vulnerable groups are comparatively less in West Bengal.



**Table-5.5:** District wise distribution of types of TI Programmes.

Sl. No	District	Types of TI Programmes (No.)						Total No. of TIPs
		CSW	IDU	MSM	ML	Truckers	Street Children	
1	Birbhum	1	-	-	-	1	-	2
2	Burdwan	1	-	-	-	2	-	3
3	Coochbehar	-	-	-	-	1	-	1
4	Dakshin Dinajpur	-	-	-	-	1	-	1
5	Darjeeling	3	4	1	3	1	-	12
6	Howrah	1	1	-	-	1	-	3
7	Hoogly	1	-	-	-	1	-	2
8	Jalpaiguri	1	-	-	1	2	-	4
9	Kolkata	7	1	1	1	3	1	14
10	Murshidabad	1	1	-	-	1	-	3
11	Nadia	1	-	-	-	-	-	1
12	Purulia	2	-	-	-	-	-	2
13	Purba Medinipur	2	-	-	-	1	-	3
14	North 24parganas	4	-	-	-	1	-	5
15	South 24parganas	3	-	-	-	1	-	4
	Total	28 (46.7%)	7 (11.7%)	2 (3.3%)	5 (8.3%)	17 (28.3%)	1 (1.7%)	60 (100%)

Source: WBSAP&C.S, 2006-07

### 3. Numbers of TIPs run by each NGO

Table 5.6 gives an idea about the number of TIPs run by each NGO. It is found that 73.9% of the total NGOs are running only one TI programme. 21.8% NGOs implement two TI Programmes and 4.3% NGOs each of whom carry out three TI programmes. Out of the 10 NGOs having two TIPs each, it is found that all of them are running both the programmes within the same districts. Out of the two NGOs running three TIPs each, society for Community Intervention and Research (SCIR) is working among IDUs in Kolkata, Murshidabad and Darjeeling districts. Another NGO – DMSC is implementing three TIPs for CSWs in Kolkata, Bankura, Burdwan, Paschim Medinipur, Malda, Uttar Dinajpur and Darjeeling Districts.

**Table-5.6:** Number of TIPs run by each NGO

<i>Sl. No.</i>	<i>No. of TIPs</i>	<i>No. of NGO</i>
1.	One	34(73.9%)
2.	Two	10(21.8%)
3	Three	02(04.3%)
	Total	46(100%)

*Source: WBSAP&CS, 2006-07*

#### **4. District wise target Population covered**

Table 5.7 shows different types of target population covered by the NGOs under 60 TI Programmes in West Bengal. It is found that 63,485 CSWs are covered through 28 TIPs i.e. on an average each project covers 2267 sex workers in West Bengal. So far districts are concerned, Kolkata has covered 26,907 CSWs through its seven TI Programmes and Darjeeling has covered 18,372 through its three TI Programmes.

Out of 10,000 IDUs covered under 7 TIPs, 53% of total IDUs are in Darjeeling district only and 25% are in Kolkata. The reason of higher numbers of IDUs as well CSWs in Darjeeling may be because of its geographical location (i.e. situated in the international borders) and being a tourist place. Table 5.7 also indicates that only two NGOs are implementing TIPs for 9000 MSM populations in West Bengal.

It is also found from the Table 5.7 that 36,000 migrated labour covered under five TIPs are working in the three districts of Kolkata, Darjeeling and Jalpaiguri. It may be noted here that five NGOs are implementing multi-sectoral programme (Work Place Intervention) among the industrial workers who are also migrated labourers. Out of five NGOs, four are working in Howrah, Kolkata & Purba Medinipur districts and the other NGO is working in all the districts of West Bengal.

As per Table 5.7, 17 truckers' intervention projects cover 2,67,000 truckers in almost all the districts of West Bengal excepting Nadia, Purulia, Bankura, Paschim Medinipur, Malda and Uttar Dinajpur. It means on an average each project covers 15,705 truckers. In terms of districts, Kolkata has covered 29.2% of the total truckers covered under the TIPs, which is higher than other districts like North 24 Parganas (11.2%), Purba Medinipur (11.2%), Burdwan (9.3%) and Jalpaiguri (9.3%).

The only NGO – CLPOA is covering 7.90.000 street Children and working children through its 45 affiliated NGOs in all the districts of West Bengal. Thus, it is found that in West Bengal, 60 TIPs cover total 11,75,485 population representing major six target groups. According to WBSAP&CS, CSWs, IDU and MSM are high-risk groups and remaining three target groups are considered as bridge population at risk.

**Table-5.7:** District wise Target Population covered during 2006-07  
(As on 31.03.2007)

Sl. No.	District	Types of Target Population (Nos.)						Total No. of Target Population
		CSW	IDU	MSM	ML	Truckers	Street children	
1	Birbhum	2250	-	-	-	10000	-	12250
2	Burdwan	1500	-	-	-	25000	-	26500
3	Coochbehar	-	-	-	-	10000	-	10000
4	Dakshin Dinajpur	-	-	-	-	15000	-	15000
5	Darjeeling	18372	5300	2000	10000	5000	-	40672
6	Howrah	300	700	-	-	10000	-	11000
7	Hoogly	2500	-	-	-	9000	-	11500
8	Jalpaiguri	300	-	-	16000	25000	-	41300
9	Kolkata	26907	2500	7000	10000	78000	790000	914407
10	Murshidabad	1566	1500	-	-	10000	-	13066
11	Nadia	300	-	-	-	-	-	300
12	Purulia	600	-	-	-	-	-	600
13	Purba Medinipur	2350	-	-	-	30000	-	32350
14	North 24pargonas	3090	-	-	-	30000	-	33090
15	South 24pargonas	3450	-	-	-	10000	-	13450
	<b>Total</b>	<b>63485</b>	<b>10000</b>	<b>9000</b>	<b>36000</b>	<b>267000</b>	<b>790000</b>	<b>1175485</b>

Source: WBSAP&CS, 2006-07

### 5. Years of NGOs' involvement with HIV/AIDS programme.

The present analysis has been based on the list of NGOs collected from WBSAP&CS for the financial year 2006-07. WBSAP&CS updates this list time to time considering the performance of implementing NGOs. Therefore, the present list of 2006-07 does not include those NGOs who worked earlier in different districts of West Bengal, but currently not supported by WBSAP&CS. At the same time, there are many NGOs like HDRI, BPWT, etc. who have started HIV/AIDS programme much earlier. But they

were supported by some international funding agencies (DFID etc.), not by WBSAP&CS at that time. Naturally, the Table 5.8 reflects only the numbers of years of involvement with WBSAP&CS.

**Table-5.8:** Years of NGOs' involvement with WBSAP&CS

<i>Sl. No</i>	<i>No. of years involved with WBSAP&amp;CS</i>	<i>No. of NGOs (%)</i>
1.	One year (since 2006)	19 (41.3%)
2.	Three years (since 2004)	7 (15.2%)
3.	Five years (since 2002)	2 (4.3%)
4.	Six year (since 2001)	12 (26.1%)
5.	Seven year (since 2000)	4 (8.7%)
6.	Eight year (since 1999)	1 (2.2%)
7.	Nine year (since 1998)	1 (2.2%)
	Total	46 (100%)

*Source: WBSAP&CS, 2006-07*

It is found from the Table 5.8 that majority i.e. 41.3% of total NGOs implementing TIPs since 2006. 26.1% are involved with WBSAP&CS for a period of six years i.e. since 2001 and 8.7% are involved since 2000. DMSC and LAMP respectively are implementing TIPs of WBSAP&CS from 1999 and 1998. In brief, 43.5% of total NGOs are involved for more than 5 years with the HIV/AIDS programme of WBSAP&CS in West Bengal.

## **PART - II**

It has already been mentioned that in the first phase, a comprehensive list of 60 NGOs engaged in HIV/AIDS Prevention and Care has been prepared. In the second phase, questionnaires (both hard copy as well as softcopy) were mailed to all these 60 NGOs. Having given several reminders, responses received from 27 NGOs, which worked out around forty five percent response rates. The data have been presented in this Part as per the responses received through the mailed questionnaires.

### ***BACKGROUND INFORMATION***

#### **1. Legal Status**

The responses received from 27 NGOs show the particular year when they got registered and received legal status. Table 5.9 shows that 59.2 percent of the total NGOs (27) under the study have been registered during late 1970s and 1980s. It is also found that out of these NGOs, 88.8 percent are working both in urban and rural areas: 7.5 percent in urban area and remaining 3.7% in rural area only.

**Table-5.9: Year of Registration**

<i>Sl. No.</i>	<i>Year of Registration</i>	<i>No. of NGOs (%)</i>
1.	1970 – 1979	8 (29.6%)
2.	1980 – 1989	8 (29.6%)
3.	1990 – 2000	8 (29.6%)
4.	2001 and after	3 (11.2%)
	Total	27 (100%)

*Source: WBSAP&CS, 2006-07*

#### **2. Promoters' Background**

Article 19 (1) (C) of the Constitution of India lays down that all citizens shall have the right to form associations or unions. Hence, any one can take initiative to develop or start an NGO. In the present study, doctors, group of like-minded people, school teachers, university teachers, activists of any movement, businessmen, untrained dedicated social workers, lawyers and others were found as promoters of NGOs.

Table 5.10 clearly shows that almost half (i.e. 48.1%) of the total NGOs are developed by the untrained dedicated social workers. Apart from these social workers, doctors (14.8%) and group of like-minded people (11.2%) are the major promoters of the NGOs under the study. It is also found that people from all walks of life such as teachers, lawyers, businessman and social activist – have also developed NGOs.

**Table-5.10: Promoters' Background**

<i>Sl. No</i>	<i>Promoters' Background</i>	<i>No. of NGOs (%)</i>
1.	Doctors	04 (14.8%)
2.	Group of like-minded people	03 (11.2%)
3.	School Teacher	01 (03.7%)
4.	University Teacher	01 (03.7%)
5.	Activists of any movement	01 (03.7%)
6.	Businessman	01 (03.7%)
7.	Untrained dedicated social worker	13 (48.1%)
8.	Lawyer	01 (03.7%)
9.	Others	02 (07.4%)
	Total	27 (100%)

*Source: Ibid*

### **3. Types of Organization**

NGOs in West Bengal have been categorized as (A) Service organization; (B) Development organization; (C) Research and Consultancy Organization; (D) Action group and (E) Religious organization. There is no religious organization under the present study. Some of these NGOs are combination of these categories. Service organizations are basically service delivery oriented organizations work through socio-cultural ethos of people; development organizations are involved in the progress of human beings through self-sufficiency and sustain them; research and consultancy organizations carry out research activities and extend advice and guidelines; and action groups are involved in mobilization and organization of unorganized and marginalized sections of the society. Table 5.11 shows that out of the 27 NGOs under the study, almost half (44.4%) are service organizations and 7.4% are action groups.

Apart from these two types of organizations, remaining 48.1% of total NGOs are combinations of above mentioned types.

**Table-5.11: Types of organizations**

<i>Sl. No.</i>	<i>Types of Organisations</i>	<i>Nos. of NGOs (%)</i>
1.	A	12 (44.4%)
2.	D	02 (07.4%)
3.	AB	06 (22.2%)
4.	AC	03 (11.2%)
5.	BC	01 (03.7%)
6.	ABC	01 (03.7%)
7.	ABD	02 (07.4%)
	Total	27 (100%)

*Source: Ibid*

#### **4. Nature of Initial Programmes**

The present study points out that initially NGOs had various kinds of programmes, such as (A) Awareness, (B) Health, (C) Income generation, (D) Relief Work, (E) Social Movement, and (F) Research and Consultancy.

**Table-5.12: Nature of initial programmes**

<i>Sl. No.</i>	<i>Nature of Initial Programme</i>	<i>No. of NGOs (%)</i>
1.	B	4 (14.8%)
2.	D	1 (03.7%)
3.	F	1 (03.7%)
4.	AE	3 (11.2%)
5.	BD	2 (07.4%)
6.	AB	7 (25.8%)
7.	ACD	2 (07.4%)
8.	ABC	4 (14.8%)
9.	ABCDE	3 (11.2%)
	Total	27 (100%)

*Source: Ibid*

It is also found that many of the NGOs under study had more than one of these programmes. Table 5.12 indicates that initially more than three-fourth NGOs (77.8%) were having more than one programme. It is also found that only six NGOs running only one programme respectively in the field of health (4), relief work (1), and research & consultancy (1).

### 5. Present Programmes

The existing programmes of the NGOs under the study are of various types such as (A) HIV/AIDS intervention programme, (B) health programme, (C) permanent clinic, (D) running blood bank, (E) training of health workers, (F) Drug abuse, (G) anti-trafficking, (H) income generation, (I) community development and (J) educational programmes. Many of the NGOs have been running more than one of these programmes. As per Table- 5.13, one-third of the total NGOs are having HIV/AIDS programme, health programme and permanent clinic. Apart from HIV/AIDS, health and permanent clinic, these NGOs are also running programmes on training of health workers, drug abuse, trafficking, income generation and community development. It is also found that 62.9% of total NGOs are presently running four or more programmes.

**Table-5.13: Present Programmes**

<i>Sl. No</i>	<i>Types of Present Programme</i>	<i>No. of NGOs (%)</i>
1.	ABC	9 (33.3%)
2.	AHI	1 (03.7%)
3.	ABCE	5 (18.5%)
4.	ABCF	3 (11.2%)
5.	ABCG	2 (07.4%)
6.	ABCH	1 (03.7%)
7.	ABCI	2 (07.4%)
8.	ABCDE	1 (03.7%)
9.	ABCDEG	1 (03.7%)
10.	ABCFIJ	1 (03.7%)
11.	ABCGHJ	1 (03.7%)
	Total	27 (100%)

*Source: Ibid*



## ***HIV/AIDS PROGRAMME RELATED INFORMATION***

### **1. Year of starting HIV/AIDS Programme**

In India, NACO started NACP-I (National AIDS Control Programme, Phase – I) in the year 1992. NACP-I was a five-year programme, but it continued up to March 1999. Similarly, NACP-II started in April 1999 and continued up to May 2007. Table 5.14 highlights the responses with regard to the year of starting HIV/AIDS programme. As per the Table 5.14, 33.3% of the total NGOs under the study started HIV/AIDS programme during NACP-I and remaining 66.7% NGOs during NACP-II. Therefore, the number of NGOs is doubled in NACP-II. The same table also shows that 75% of total service organizations started HIV/AIDS programme during NACP-II, while all the action group organizations stated their HIV/AIDS Programme during NACP-I. However, amongst the organizations having combined approach, most of the NGOs started HIV/AIDS programme during NACP-II excepting AC type of organizations. In case of AC (Service and Research & Consultancy) type of organizations, 50% of NGOs started HIV/AIDS programme during NACP-I and remaining 50% NGOs during NACP-II. The reason of more number of NGOs starting HIV/AIDS programme in NACP-II is due to increase in the budget of NACO.

**Table-5.14: Year of Starting HIV/AIDS Programme**

<i>Sl. No.</i>	<i>Types of Organization</i>	<i>Year</i>		<i>Total</i>
		<i>1992-1998</i>	<i>1999 - 2004</i>	
1.	A	3 (25%)	9(75%)	12 (100%)
2.	D	2 (100%)	-	2 (100%)
3.	AB	1 (33.3%)	2(66.7%)	3 (100%)
4.	AC	3 (50%)	3(50%)	6 (100%)
5.	BC	-	1 (100%)	1 (100%)
6.	ABC	-	1 (100%)	1 (100%)
7.	ABD	-	2 (100%)	2 (100%)
	Total	9(33.3%)	18(66.7%)	27(100%)

*Source: Ibid*

## 2. Target groups addressed by NGOs

Part-I of this Chapter has already discussed about the major target groups covered by the NGOs during 2006-07 in West Bengal. It has been found that there are six major target groups namely CSWs, IDUs, MSM, MLs, truckers and street children. Table 5.15 shows the responses received from the mailed questionnaires with regard to the target groups covered by 27 NGOs.

**Table-5.15:** Target groups addressed by NGOs.

Sl. No	Types of Target group	No. of NGOs		Total
		NACP-I	NACP-II	
1.	CSWs	6 (50%) 66.7%	6(50%) 33.3%	12(100%) 44.4%
2.	IDUs	-	2(100%) 11.1%	2(100%) 7.4%
3.	Truckers	2 (33.3%) 22.2%	4(66.7%) 22.2%	6(100%) 22.2%
4.	MSM	-	1(100%) 5.6%	1(100%) 3.7%
5.	PLWHA	-	3(100%) 16.6%	3(100%) 11.2%
6.	SHG	-	1(100%) 5.6%	1(100%) 3.7%
7.	MLs	1 (50%) 11.2%	1(50%) 5.6%	2(100%) 7.4%
	Total	9(33.3%) 100%	18(67.3%) 100%	27(100%) 100%

Source: *Ibid*

It is found that two-third of the NGOs were implementing HIV/AIDS programme among the CSWs and none of the NGOs were working among the IDUs, MSM and PLWHA during NACP-I. The reason behind this is that both in India as well as in West Bengal, major source of HIV infection is heterosexual intercourse. As a result of it, at the initial stage i.e. in NACP-I, the problems of other target groups were not that much prevalent in West Bengal. Considering both NACP-I and NACP-II, majority i.e. 44.4% of the total NGOs under the study has been working among the CSWs and 22.2% of total NGOs are among the truckers. This is also quite similar with the trends, we have seen in Part-I (Table – 5.5). The table also indicates that out

of NGOs working among the truckers, two-third of them have started the programme during NACP-II. All the NGOs working with IDUs, MSM and PLWHA have started their HIV/AIDS programmes only in NACP-II.

### 3. Nature of Approaches adopted by NGOs in HIV/AIDS Care

NGOs under the study fulfill the needs of beneficiaries (target groups) by means of adopting either only institutionalized approach or only by community-based approach or both institutionalized as well as community -based approaches. Institutionalize approach includes activities like running of health clinic for the treatment of STIs and OIs, providing medicines, collecting blood samples for HIV test, counselling, condom distribution, etc. It also includes in-patient facilities. On the other hand, community based approach includes outreach activities like awareness programme, distribution of IEC materials and condoms, organizing meeting with different stakeholders, etc at the institutional level.

**Table-5.16:** Nature of approaches adopted by NGOs in HIV/AIDS care

Sl. No	Types of Target group	Nature of approaches adopted by NGOs in nos. (%)			Total
		Institutionalised	Community based	Both	
1.	CSWs	-	1(8.3%) 33.3%	11(91.7%) 45.9%	12(100%) 44.4%
2.	IDUs	-	-	2(100%) 8.3%	2(100%) 7.4%
3.	Truckers	-	-	6(100%) 25.0%	6(100%) 22.2%
4.	MSM	-	-	1(100%) 4.2%	1(100%) 3.7%
5.	MLs	-	-	2(100%) 8.3%	2(100%) 7.4%
6.	PLWHA	-	1(33.3%) 33.3%	2(66.7%) 8.3%	3(100%) 11.2%
7.	SHG	-	1(100%) 33.3%	-	1(100%) 3.7%
	Total	-	3(11.2%) 100%	24(88.8%) 100%	27(100%) 100%

Source: *Ibid*

#### 4. Types of Services provided by NGOs in HIV/AIDS Care

The key elements of preventive intervention for the general population include awareness generation, ICTC, blood safety, PPTCT and STD care services. Similarly, key elements of TI Programmes for high-risk groups include BCC strategy and development of IEC material, condom promotion, STD/HIV/AIDS Counselling, creation of enabling environment and other specific services.

**Table-5.17:** Types of Services.

<i>Sl. No.</i>	<i>Types of services</i>	<i>No. of NGOs (%)</i>
1.	Counselling for blood testing at ICTCs/PPTCTs	24(88.9%)
2.	Counselling for PLWHA	26(96.2%)
3.	Awareness for CSWs	14(51.8%)
4.	Awareness for Truckers	10(37.0%)
5.	Awareness for IDUs	06(22.2%)
6.	Education for vulnerable groups like slum dwellers	10(37.0%)
7.	Education for School/College Students & Youth	10(37.0%)
8.	Condom Distribution	25(92.5%)
9.	Advocacy for Protecting Human Rights of PLWHA	26(96.2%)
10.	Assistance in Arrangement of ART	18(66.7%)
11.	Referred to other organizations	26(96.2%)
12.	Home visit and counselling of family Members, etc.	21(77.8%)
13.	Awareness among neighbors to remove Stigma	20(74.0%)
14.	Mass Media Campaign	23(85.2%)
15.	Imparting Training to Health Staff, Volunteer, etc	17(62.9%)
16.	Organizing Health Check-up Camps	19(70.3%)
17.	Regular Permanent Clinic	22(81.5%)
18.	Mobile Dispensary	04(14.8%)
19.	Offering Treatment for STIs	24(88.9%)
20.	Running ICTC	2(07.4%)
21.	Developing and Distributing IEC materials	26(96.2%)
22.	Awareness for Migrated Labourers	02(07.4%)
23.	Awareness for MSM, transgender, etc.	01(03.7%)

*Source: Ibid*

The purpose of HIV/AIDS care support programme is to improve quality of life through counselling and medication (ART). As per the guidelines of NACO and WBSAP&CS, NGOs under the study have been providing various types of services to their respective target groups. Table 5.17 highlights the types of services provided by the NGOs during 2006-07 in West Bengal. It is found that about ninety percent or more of the total NGOs have been providing services like counseling for blood testing at ICTC, counselling to PLWHA, distributing condoms and IEC materials, advocacy for protecting human rights of PLWHA, making referral services to other organizations and offering care and treatment for STIs. Seventy to eighty percent of total NGOs have been providing services like organizing health check-up camps, awareness camps to remove stigma and prevent social boycott, home visit and counseling of family members, regular permanent clinic, and mass media campaign. In addition to these services, percentage of NGOs providing other services include assisting in the arrangement of ART (66.7%); awareness programme for CSWs (51.8%), for truckers (37%), slum dwellers (37%), students and youth (37%), and for IDUs (22.2%). Government medical colleges, hospitals and sub-divisional hospitals run most of the ICTCs in West Bengal and only three ICTCs are run by NGOs with the help of WBSAP&CS. Out of the 27 NGOs under the study, two NGOs run ICTC with the support of WBSAP&CS.

##### **5. Separate staff for HIV/AIDS Programme**

Responses received from all the NGOs under the study have separate staff members for their respective HIV/AIDS programmes. These staff members are of two types – namely medical and non-medical staff. Most of the doctors are working as part-time paid staff in these NGOs. Non-medical staff members include Project Coordinators, Counsellors, Peer Counsellors, Outreach Workers, etc. Generally, these non-medical staff members are working as full-time paid staff, but it is contractual in nature. Because, WBSAP&CS approves the project for one year only and it renews the project again on the basis of new project proposal. Peer Educators are not treated as full-time or part-time staff as they work on honorarium basis as per WBSAP&CS rules. Table 5.18 shows the total number of full-time and part-time staff members of the NGOs. It is found that out of 27 NGOs under the study, 37.0% NGOs have full-time paid staff between 21 to 30 numbers and 25.9% have between 11 to 20 staff. Out of the two NGOs (7.4%) who have less than ten full-time staff members, one is working with SHGs and another NGO is working as legal aid cell for PLWHA. There

are 8 i.e. 29.6% of total NGOs have more than 30 full-time paid staff. because they are running two or more targeted intervention programmes (TIPs). Out of these 8 NGOs, two NGOs are having more than 100 full-time paid staff. Out of the 27 NGOs, excepting one, remaining 26 NGOs have part-time staff members. The only NGO which is working with SHGs, does not have any part-time paid staff. Again out of 26 NGOs having part-time paid staff, 25 NGOs (96.2%) have staff members between one and ten.

**Table-5.18:** Total number of staff for HIV/AIDS Programme.

Type of Staff	Number of Staff (in no. of NGOs)						Total
	01-10	11-20	21-30	31-50	51-100	Above 100	
Full Time	02 (7.4%)	07 (25.9%)	10 (37.0%)	05 (18.6%)	01 (3.7%)	2 (7.4%)	27 (100%)
Part Time	25 (96.2%)	-	-	01 (3.8%)	-	-	26 (100%)

Source: *Ibid*

## 6. HIV/AIDS Budget

Table 5.19 describes the HIV/AIDS budget of the NGOs under the study for the financial year 2006-07. All the NGOs have separate HIV/AIDS budget as per the grants of WBSAP&CS.

**Table-5.19:** HIV/AIDS Budget of 2006-07

Sl.No.	HIV/AIDS Budget (Rs. in lakh)	No. of NGOs.
1.	Below Rs.10 lakh	2 (07.4%)
2.	Rs.10 lakh to Rs. 20 lakh	7 (25.9%)
3.	Rs.21 lakh to Rs.50 lakh	13 (48.1%)
4.	Rs.51 lakh to Rs.1 crore	3 (11.2%)
5.	Above Rs.1 crore	2 (07.4%)
	Total	27 (100.0%)

Source: *Ibid*

It is found that almost half (48.1%) of the total NGOs under the study have the budget between Rs.21 to 50 lakh, 33.3% have budget up to Rs.20 lakh, and 18.6% over Rs.50 lakh.

## 7. Nature of Problems faced by the NGOs

Table 5.20 shows the response of the NGOs under the study with regard to the problems faced by them. It is found that all the NGOs are facing more than one problem in implementing the HIV/AIDS programmes. Some of these problems are: (a) people's indifferent attitude due to stigma, (b) fear of People to be exposed and to be socially boycotted, (c) apathetic attitude of Government officer & health care personnel, (d) wrong policy of NACO/Donor agency, (e) financial problems, (f) staff related problem, (g) ART related problem, (h) inadequate infrastructure and resources to meet the demands of HIV/AIDS victims, and (i) migratory nature of clients. The table indicates that almost all the NGOs (96.3%) are facing two major problems namely, people's indifferent attitude and fear of people to be exposed and socially boycotted. Next major problem is delayed disbursement of fund, which is expressed by more than half (55.5%) of the total NGOs. Other problems faced by the NGOs are - apathetic attitude of the Government officers and health personnel (33.3%); ART related problem (33.3%); staff related problems (25.9%); inadequate infrastructure and resources to meet the demand of PLWHA (25.9%); and migratory nature of clients (25.9%). Out of the 27 NGOs under the study, only one NGO talked about the wrong policy of NACO as one of the problems faced by it.

**Table-5.20:** Nature of Problems faced by NGOs

<i>Sl.No.</i>	<i>Nature of Problems faced by NGOs</i>	<i>No. of NGOs (%)</i>	
1.	Indifferent attitude of the People due to stigma	26	(96.3%)
2.	Fear of exposure and social boycott.	26	(96.3%)
3.	Apathetic attitude of Govt. Health Personnel	09	(33.3%)
4.	Wrong Policy of NACO	01	(03.7%)
5.	Delayed disbursement of Fund	15	(55.5%)
6.	Staff related Problem	07	(25.9%)
7.	ART related Problems	09	(33.3%)
8.	Inadequate infrastructure and resources	07	(25.9%)
9.	Migratory nature of clients	07	(25.9%)

*Source: Ibid*

In addition to the above mentioned problems, most of the NGOs have communicated that they would not be able to continue the programme, if funding is discontinued from WBSAP&CS. They are not in a position to run such projects through any other alternative funding sources.

### 8. Suggestion of NGOs for overcoming the present problems

NGOs under the study have suggested various measures to overcome the present problems faced by them. Some of the suggestions are (a) Simplifying MIS and reporting system of WBSAP&CS; (b) More and regular fund flow; (c) mass awareness; (d) advocacy to get more cooperation from police; (e) more counselling; (f) network with other AIDS service organizations (ASOs); (g) introducing sex education at school level; (h) development of effective IEC materials; (i) opening up of more ART centres; (j) training for the government health staff; etc. Table 5.21 shows that NGOs suggested mass awareness (92.5%), more counselling (18.5%), development of effective IEC materials (7.4%) and advocacy (7.4%) for overcoming the problems of stigmatization and indifferent attitude of the people.

**Table-5.21:** Suggestions of NGOs for overcoming present problems

<i>Sl.No.</i>	<i>Types of Suggestion</i>	<i>No. of NGOs (%)</i>
1.	Simplifying MIS and Reporting System	06 (22.2%)
2.	More and Regular fund flow	11 (40.8%)
3.	Man Awareness	25 (92.5%)
4.	Advocacy to get more cooperation from the police	02 (07.4%)
5.	More Counselling	05 (18.5%)
6.	Network with other ASOs	01 (03.7%)
7.	Introducing sex education at School/College level	01 (03.7%)
8.	Development of effective IEC materials	02 (07.4%)
9.	Opening up of more ART distribution centre	02 (07.4%)
10.	Training of Government Health Staff	02 (07.4%)

*Source: Ibid*

Similarly, 7.4% of total NGOs suggested to open up more ART distribution centres to overcome the ART related problems. In addition to these suggestions, 22.2% of the total NGOs have opined for comparatively simpler MIS and reporting system of WBSAP&CS. Even one NGO suggested for the winding up of West Bengal



Programme Support Unit (WBPSU) i.e. technical wing of WBSAP&CS to get ride of its interference in the activities of NGOs.

In addition to the above suggestions, most of the NGOs suggested that NGOs must be involved in policy making of NACO for delivering effective services. Some of the NGOs got a chance to participate in the preparatory discussion of NACP-III before its finalization. These NGOs were invited by the WBSAP&CS.

### **9. NGOs' opinion for the effective implementation of HIV/AIDS programme**

Apart from suggesting the measures for overcoming the present problems they faced, NGOs under the study have also expressed their opinions for the effective implementation of HIV/AIDS programme. They feel that programmes can be implemented better by (a) developing network of all NGOs in HIV/AIDS care in West Bengal; (b) providing more technical support for the capacity building of NGOs; (c) providing more financial support; (d) rewarding the good NGOs for their performances; (e) changing the existing policy of NACO; (f) involving more NGOs to expand the coverage; (g) increasing the number of ICTCs, PPTCTs & ART distribution centres; (h) providing more fund to meet the general health care needs of the target group along with STI care services; (i) initiating more efforts for public-private partnership; etc. Many NGOs have suggested more than one measure in this regard. Table-5.22 highlights the opinions expressed by the NGOs. It is found that 81.5% of the total NGOs under the study have opined for more technical support for the capacity building of the implementing NGOs. They also include regular training for the staff to update their knowledge. Besides it, 74% of the total NGOs feel more financial support is required for effective implementation of the HIV/AIDS programmes and 29.9% NGOs feel that exchange of information and experiences among the NGOs is very much required, which can be done by developing network of NGOs engaged in HIV/AIDS care in West Bengal. Few NGOs (25.9%) have expressed that there is a need to change the existing policy of NACO. Some their specific views are i) inclusion of more vulnerable groups like hijras, etc; ii) increasing the supply of first line ART and starting of second Line ART medicines; iii) increasing in the salary of field level staff and provision of traveling allowances of the Peer Educators; iv) provision for the payment of conveyance to the PLWHA, who come from the distant places to collect medicines from the ART distribution centre in the city; v) development of more effective BCC strategy; etc. Some of the other measures as suggested by NGOs are – involving more NGOs to expand coverage

(11.2%); opening of more ICTCs, PPTCTs, ART centre (11.2%); providing more funds to meet the general health care needs of the target groups (14.8%); and initiating more efforts to increase public private partnership (7.4%).

**Table-5.22:** NGOs' opinion for the effective implementation of HIV/AIDS Programme

<i>Sl. No</i>	<i>Opinions / Views</i>	<i>No. of NGOs (%)</i>
1.	By developing network of all AIDS Service Organization (ASOs)	08 (29.6%)
2.	By providing more technical support for capacity building of NGOs	22 (81.5%)
3.	By providing more financial support	20 (74.0%)
4.	By rewarding the good NGOs for their performance	02 (07.4%)
5.	By changing the existing policy of NGOs	07 (25.9%)
6.	By involving more NGOs to expand the coverage	03 (11.2%)
7.	By increasing the no.of ICTC,PPTCT & ART distribution Centre	03 (11.2%)
8.	By providing more fund to meet the general health care needs	04 (14.8%)
9.	By initiating more efforts to increase public-private partnership	02 (07.4%)

*Source: Ibid*

### **10. Future Plans of NGOs**

Responses with regard to the future plan received from the NGOs under the study are many and diversified in nature. Majority of the NGOs want to increase the coverage of their target groups, form SHGs of PLWHA for income generation purpose, to build community ownership of the project and to maintain sustainability of the project. Few NGOS have expressed to start Day Care Centre for PLWHA, HIV-Positive children Care Centre, Home for aged CSWs, Centres for AIDS Orphans, etc. Some of these NGOs have also plan to establish research institutes and start need-based courses. For instance, they proposed to establish Research Centre for PLWHA, Research Institute for Drug Dependents, Research Institute for Social Health Intervention, etc. Some of the courses they wanted to start are Blood Banking Technology, Counselling Course on Drug Abuse and Vocational Training on different trades. In brief, all the NGOs under the study are committed and want to continue their effort in prevention and control of HIV/AIDS in West Bengal.

In brief, Part-I of this chapter has given an overview on the NGO wise distribution of different HIV/AIDS programmes in different districts, district wise distribution of types of TI programmes, target population covered by NGOs in different districts, number of TI programmes run by each NGOs, years of NGO's involvement with HIV/AIDS programme in West Bengal, etc. While Part-II of this chapter has highlighted the background information of NGOs under the study such as legal status of NGOs, promoters back ground, types of organizations, nature of initial programmes as well as present programmes. It also discussed about the different aspect of HIV/AIDS programme run by these NGOs. Some of these aspects are – year of starting HIV/AIDS programme, target groups, nature of approaches adopted by NGOs, types of services provided by them, nature of HIV/AIDS care staff, problems faced by the NGOs and their suggestions to overcome them, opinion of NGOs for effective implementation of HIV/AIDS Programme as well as their future plan. Thus, Part-I and Part-II of this Chapter help us to get a state level overview of NGOs engaged in HIV/AIDS Care in West Bengal.