

## CHAPTER VI

### **Discussion and Conclusion**

This chapter has been divided into six (6) Parts. The first part will fulfill the first objective: To study and examine the existing HIV Policies, Programmes and Strategies in Manipur and will be followed by conclusion and recommendation. Likewise the second part will fulfill the second objective: To analyze the modalities of program implementation by the Government and Non-Governmental Organisations. The third part will fulfil the third objective: To understand the political commitment of political leaders in HIV/AIDS mitigation. The fourth part will fulfill the fourth objective: To study beneficiaries perception of services rendered by Government and Non-Governmental Organisations. The fifth part will fulfill the fifth objective: To suggest the role of professional social workers in implementing prevention, care and support programmes in the field of HIV/AIDS and the corresponding conclusion and recommendation will follow. Finally the sixth part will give further scope of research in the topic.

### ***Part I Existing HIV Policies, Programmes and Strategies in Manipur***

Policies, Programmes and Strategies from the United States, European Union, African countries to South east Asian countries talks about unfettered services regardless of age, gender, race/ethnicity, sexual orientation, gender identity or socio-economic circumstance, which will have unfettered access to high quality, life-extending care, free from stigma and discrimination. Notably United States could be commended of their commitment towards people living with HIV/AIDS prevention, care and after care services which other countries focussed mostly on prevention. The European Commission gave priority to policies on political commitment of European Countries and involvement of various civil societies, stakeholders not only on policy formulation but also on program monitoring and implementation. The commission could well be praised of their commitment in funding for NGO's and private sector cooperation. South African countries could be praised for integration of sexual and reproductive health, easy access to relevant information, bottom up governance, accountability, transparency and meaningful involvement of PLHA, effective communication, monitoring and evaluation and dedicated research has been attributed for their success. Jamaican success of the policy is based on the guiding principles of

Political commitment, Transparency, accountability, Multisectoral approach and partnership, participation and protection of PLHA. The Thailand optimization and consolidation of mother to child transmission, condom programming, prevention among the young and the youths, blood safety, stigma and discrimination and its success is due to its government commitment and the ability to create a sense of ownership to all its citizens even to the local level who are unreached otherwise. Asian countries success can be attributed to government giving prioritised interventions to control the epidemic in injection drug users, sex workers, men who have sex with men, harm minimization and additionally focuses on primary and secondary prevention, providing an enabling environment, redressing health inequities, ensuring effectiveness in achieving health outcomes, promoting good practice, etc.

In the Indian context the 1<sup>st</sup> NACP was focused on mass campaign on awareness and 2<sup>nd</sup> NACP has undergone dramatic changes focusing on prevention intervention among targeted populations, institutional strengthening and inter sectoral collaboration. Likewise the main focus of the 3<sup>rd</sup> NACP was halting and reversing the HIV/AIDS epidemic following the strategy of unified three ones, one agreed action framework, one national HIV/AIDS coordinating authority and one agreed national M&E system. The 4<sup>th</sup> NACP aims to accelerate the process of reversal and further strengthen the epidemic response in India through a cautious and well defined integration process over the next five years. It continues to give emphasis on Unified three ones with additionally focusing on quality, innovation and integration, partnership with comprehensive care, support and treatment.

In the context of the present study Manipur for combating the menace of HIV and AIDS in Manipur, Manipur State AIDS Policy 1996 was launched focusing on various dimensions in line with NACP. Certain Positive development in the new revised Manipur State AIDS policy 1996 includes: Manipur state government will now allow utilization of MLA Local area Development Program (MLA LADP) fund; Introduction of District AIDS Prevention Control Unit (DAPCU); Inclusion of one male and female PLWHA in MSACS Committees; Policy for involvement of CBO, FBO, Social Organization only for IEC Programs; Compulsory training for student for two days to be eligible to appear for Xth and XIIth exam and teacher for three days to

enter into state service; Provision of free travel for PLWHA; Provision of Opportunistic Infection drugs; Monitoring and Evaluation once in every year.

Though the state has formulated an ambitious policy on HIV and AIDS, various aspects of the policy are not fulfilled. Responses from the beneficiaries also shows that the policy didn't reach the hills people. Mention can be made that the components of compulsory training for student for two days to be eligible to appear for Xth and XIIth exam and teacher for three days to enter into state service; Provision of free travel for PLWHA; Provision of Opportunistic Infection drugs are also not implemented. Policy for involvement of CBO, FBO and Social Organizations though finds its place, there has not been any invitation to these said organization from the policy makers as responded by heads of these organization.

### ***Part II Modalities of program implementation by the Government and Non-Governmental Organisations***

This part will analyze the second objective of analyzing the modalities of program implementation by the Government and Non-Governmental Organisations.

The first initiative of the Government of India to take up the causes of HIV and AIDS was the setting up of National AIDS Control Program (NACP) in India in 1987. There has been four successive AIDS control programme. NACP I - 1992-97-99, NACP II - 1999-2004-06-07, NACP III 2007-12, NACP IV-2012-17. Various strategies and action plans of the government have been discussed earlier in part I and the preceding chapters also.

Some of the main objectives of the 12 NGO's as justified in chapter IV includes: Outreach work to different communities, HIV and AIDS awareness program, condom promotion, Needle and syringe exchange program, Home based care, referral services, DOT service at drop in centre, Coordination between various positive people, Advocacy, Helping children orphaned by HIV and AIDS, SHG formation for PLWHA, Women Empowerment, eradication of illiteracy by taking up various educational programmes, HIV and AIDS intervention programmes among C.S.W, IDU, MSM, developing a strategies for effective implementation of child rights especially of HIV and AIDS infected and affected etc. Some of the main strategies

adopted by NGOs in HIV and AIDS mitigation interventions are peer-group approach, capacity building of the project personnel, condom promotion strategies, accessibility of IEC materials, STD diagnosis and treatment, outreach work strategies and intervention at the community levels.

In Manipur under MSACS Rapid Intervention and Care program (RIAC), Drug rehabilitation programs, Men who has Sex with Men program (MSM Program), Needles and Syringes Exchange Programs (NSEP), etc are carried out by NGO's. The impetus for the creation and maintenance of Needle and Syringe Exchange Program (NSEP) emerged from the philosophy of harm reduction, an approach that assumes the probability of contracting or spreading HIV and AIDS is minimized by providing IDUs with clean needles at little or no cost. The concept of Harm Minimization and NSEP is a big success in the state as the number of infection due to infected Needles and Syringes has come down drastically (MSACS). Of the total respondent 38.5% reported the use of folk media in reaching out to the people. Another 23.1% felt that peer education also to be one of the most successful among the many intervention programs. Over 61.5% felt that HIV and AIDS awareness programmes in the communities seem to be the most effective of all prevention programmes while some respondents said peer education is a successful intervention strategy in their organization.

Problems like frequent Bandhs and blockages called by various organizations irrespective of social, cultural, student and political fuelled by stigma and discrimination also create a great hindrance in HIV and AIDS intervention programmes that being carried out by various organizations.

As far as funding is concern 4 organizations received from foreign donors like Catholic Relief Services, Child Rights and You, Clinton Foundation and Childline and responses showed that they are more flexible than government funding. Irregularity of the funds being released by the state government also hampers the continuity of the intervention programmes.

Services provided by the non-governmental organizations includes financial support for ration or clothes, vocational training to PLWHA, assistance in job placement, self

help group formation, educational support for children affected or infected by HIV and AIDS, facilitate formation of PLWHA network and research work and the beneficiaries are contend with. However NGO's are not having social marketing programs of condoms which otherwise has been proven successful in Thailand. Of the total respondent 23.3% are not happy with services provided by the government while another 76.7% are content with service provided by government. Another 95% are happy with the services they received from NGO. Stigma and discrimination still exist though in minimal cases.

Social and cultural organization plays an important role in tackling HIV/AIDS. India being a culturally diverse country, having strong cultural ethics, norms and values, it can go a long way in the prevention of HIV and AIDS by making use of these cultural organizations.

There are two such organizations that indirectly help in containment of HIV/AIDS. All Manipur Anti Drugs Association and Meira Paibi's (Women Torch Bearer) who are spearheading anti drugs campaign in the state. These two organizations have almost the same objective of drugs free life. However Meira Paibi's is one such organization whose presence is incomparable as they are present in each and every locality of Manipur. Considering the work and achievement of these organisations, it is important to identify, engage and increase the capacity of community support structures to support young people on drug prevention behavior. The government should engage different law and policy instruments to support youth prevention initiatives on drug abuse. The government and various social organizations in Manipur should come together and foster networking among all the likes of social Organizations.

The role of faith based organization in the mitigation of HIV/AIDS is huge as also shown in the present study. The greatest contribution of FBO's according to various faith leaders would have been the changes which are visible among clients, changes in the behavior and risk perception among the church leaders and the beneficiaries. Of the four FBO's two of them totally abhor the idea of condom promotion, they stick to the classical idea of total abstinence. The other two despite not totally detesting the idea spoke about having safer sex practices and to be patient until marriage. They do

not openly distribute condoms but spoke about it directly or indirectly withholding the importance of it in the prevention of HIV and AIDS.

Study conducted within the aforesaid four FBO's whose approach to behavior change is through holistic counseling, it shows that behavior changes through these counseling has minimal cases of relapse than detoxification/ substitution model where the cases of relapse cases sky rocketed. Looking into the success and achievement of FBO's in the state of Manipur the state government through its various agencies can identify certain FBO's who are really doing well in their own part despite the size of the organization and fund their project so that the HIV sero-prevalence rate is reversed.

### ***Part III Political commitment of political leaders in HIV/AIDS mitigation***

In this part political commitment has been measured indirectly by examining the statements, policies, and actions of leaders, what they have talked about HIV and AIDS or by what they actually do in varying degrees. It was seen that leaders who spoke out publicly about the importance of HIV and AIDS are expressing a commitment to the issue and creating a climate that encourages solutions.

Four of the successive governor's talked about the government commitment through Infrastructural, Institutional investment and personal commitment during the study period. As in one of the governor's address "My government is now giving special emphasis to strengthening of medical infrastructure by sourcing additional funds from (Department for the development of the north eastern region (DoNER) and North eastern Council) NEC". The successive governors of Manipur shows commitment towards the greater causes of Health care and three governors of the period went to the extent in their address by particularly quoting causes and concerns of people living with HIV and AIDS.

The formation of Manipur State Legislative Forum on HIV and AIDS (MLFA) and a series of political conventions, the declaration of Antyodaya Anna Yojana popularly known as AAY to be made available to all people living with HIV and AIDS (PLHA), etc. also shows the government commitment.

Political parties and their leaders of the state consider HIV and AIDS as a political issue as many of the response reflected it. Some of the responses went to the extent that *“it is not only political; rather it is also a social issue”*. *“Yes AIDS is a political issue as politics involves human issues so HIV is directly or indirectly related to HIV and AIDS”*. The involvement of different ministries other than Health and Family welfare like education, sports, transport and communication, etc. and the opinion of creating conducive environment for HIV prevention, involvement of the church, etc. also showed commitment of the government. However analysis of the responses indicates that a more reliable, transparency in services and coordination between different Ministries and participation from the local people are needed.

Of the many responses participation and owning of the issue by one and all was the felt needs of the hour.

Opinion on priority issues pertaining to HIV and AIDS showed shades of opinion that prevention and its methods and strategy were given most important followed by tackling stigma, treatment and targeted intervention for specific groups like women and children. After analyzing the responses and opinions regarding assembly budget allocation, budgets for HIV and AIDS takes a backstage. Priorities were given to developmental issues like education, road construction and building of infrastructure. It has been viewed that the gravity of the HIV virus has not really reached the minds of the policy makers. Budget allocation and the importance given with regard to HIV and AIDS can be criticized as there has never been a special session in Manipur with respect to HIV and AIDS.

Content analysis on discussion and debates in the assembly from 2002- 2010 has been made to find out the realities of the representatives of the state in their commitment for the cause of HIV and AIDS. The period 2002-2010 has been chosen keeping in mind the availability of government records as explained earlier.

Under the heading discussion and voting on demands for grants, particular topics on HIV and AIDS have been discussed 10 times according to assembly proceedings of the state. The discussion varies from giving benefits to people living with HIV and AIDS and infected mothers and children. Up gradation of Manipur health care delivery system which was quoted as outdated and highlighted the need for its

improvement and its proper policy to tackle infectious disease, non infectious disease and maternity & child health, improving health status of the state, the secondary and tertiary sector which also lacks efficiency and also pointed out the needs for manpower development. They also urged if AAY cards, vocational training and reservation of jobs could be made available to widows and infected persons. Shri Ph. Parijat Singh, Minister (Health and Family Welfare Services) said *“For effective implementation of HIV and AIDS prevention programs the government was contemplating to constitute District AIDS Prevention and Control Units, with the DCs as the Chairman, CMOs as Vice Chairman and the MLAs, concerned, as Advisors, to all the districts and the MLAs would contribute 1 lakh each and 60 lakhs by the Government for its fund, he informed. The dead rate due to HIV infection had decreased with the opening of ART Centres providing medicines to infected persons in the state, he said, and added that 4 new Link ART Centres would be opened very soon”*.

Analysis of the 2009 assembly proceedings during discussion and voting on demand for grants shows the inadequacy of the number of trained doctors especially in the hill districts of the state. There has been no specific policy and guidelines for the children, women and widows of HIV and AIDS infected persons. However the commitment of the government could be seen as new programmes are being introduced like ART link centre's in the state to cater to the needs of people especially for PLWHA.

There have been two instances where member of the assembly raised question during zero hour. The question ranges from appointing Procurement Officer in Manipur State AIDS Control Society (MSACS) and facilities provided by government for Prevention of Mother to Child Transmission of HIV. Analysis of the nature of query and response shows that one of the queries has been of policy related matters as it concerned with recruitment policies and another relates to programming on HIV and AIDS.

During discussion on the motion of thanks to the governor's address there have been two instances for moving amendment to the Governor's Address which said that *“a specific policy was required to control HIV and AIDS”*. While the seconder of the motion of thanks to the Governor's address tried to show the government commitment



by saying that *“the Government had been trying to solve the acute problem of HIV and AIDS and also to establish rehabilitation centre’s with external fund”*.

In the pretext of consideration and passing of government bills the nature of discussion indicates the mismanagement of government funds regarding HIV and AIDS. One respondent participating in the consideration, expressed suspicion of financial mismanagement, particularly the fund forwarded by the National AIDS Control Society to Manipur AIDS Control Society.

There has been only one occasion within the period of study 2002-2010 that a member moved a private resolution. However the move exemplifies how serious the members of the assembly are on HIV and AIDS cases. One respondent moved a private members’ resolution to make necessary rule/ law to conduct ELISA test on both boys and girls before marriage.

Political commitment as discussed been viewed according to a model developed by Johnson 1999 that specifies three basic types of commitment a) Structural commitment b) Personal and c) Moral. His Excellency the Governor’s address on physical infrastructure (Assembly proceedings Vol.72 Appendix A18) shows the government commitment on HIV/AIDS mitigation Care, Support and Treatment services and Promotion of Research and Development, etc. Analysis of the responses and assembly debates shows that all the politicians are in favour of creating a Conducive environment for PLWHA for their Care, Support and Treatment services. The allocation of certain amount of money from their LADF and their interest and participation in any HIV/AIDS mitigation programmes shows their commitment. Each of the politicians interviewed showed moral commitment by highlighting the need to protect the rights of PLWHA. It can be concluded that on the part of the government efforts has been made and it is thus the collective responsibility of the government and various stake holders. It is difficult to come to any hard conclusions that politicians are really committed to HIV/AIDS mitigation in the state as stated earlier. Commitment is multidimensional and therefore, cannot be measured through a single quantitative indicator.

***Part IV Beneficiaries perception of services rendered by Government and Non-Governmental Organisations***

As has been justified in the study and methodology a total of sixty (60) respondents have been selected who are all sero positive. In Manipur the incidence of HIV infection has reportedly been shifted from Intravenous Drug Users (IDU's) to the general population. The present study covering 12 Non- Governmental Organizations (NGO's) was conducted in and around Imphal east and west districts. This part analyzes beneficiaries' perception of services rendered by Government and Non-Governmental Organisations.

In the present study the age group 21-25 represents the most sexually active group among the respondents comprising 45% of the total respondents. The second highest group is 15-20 and form 16.67% of the total respondents. The ratio of male and female educational attainment is 3:4, 18:7, 7:6, 11:3 and 1:0 for primary, secondary, hr. Secondary, graduate and postgraduate respectively. There indeed is a relationship between the level of education and the HIV positivity rate amongst the respondents. Those whose educations are till secondary has the highest number of HIV positivity rate 41.67%. People who studied up to secondary level has positivity rate of 21.67% and the second highest 23.33% is in the group of respondents who studied up to graduation level. The higher the level of education is the lower the rate of HIV positivity as there is only 1.67% of positivity at the post graduation level.

Among the 60 respondents, the mean age of marriage is 25.38. The mean age of the spouse is 31.52 with the minimum of 16 and maximum age of the spouse 64. The mean number of years married is 8.78 years. The minimum number of years the respondents are married is 2years and the maximum is 22. Among the respondents, there are HIV positive couples who properly monitor and maintain their health. These types of people are longer married and lived a healthy life as compared to others who do not maintain their health. Among the respondents 28 have children and the majority of the respondents have 1 or 2 child only. 42.85% has 2 children followed by 35.71% have 1 child only. The respondent have a mean salary of Rs. 4186.67/- with minimum salary of Rs. 1500/- and maximum salary of Rs. 8000/. Among the

beneficiaries not a single respondent could save a part of their earnings as they have to cough up with the rising prices whether in medicos or in their daily needs.

Personal history of the beneficiaries has been discussed in a sequential order. First it discussed about understanding the knowledge level of the beneficiaries on HIV/AIDS and their risk perception on it. Second it looked into the history of Drug use and linkages to HIV/AIDS. Thirdly it discussed about sexual history and finally on their medical history.

Knowledge level on the technicalities and the how and why of HIV infections also varies amongst the respondents. Many of the respondents do not perceive that they are at risk of infections. They consider people will have infections only if they are involved in an activity as described to be the means of HIV infection. Acceptance level and awareness on HIV and AIDS increased manifold but people still lack in-depth knowledge of HIV and AIDS. Almost half of the study population was worried about becoming infected with HIV, but only 7% were aware of their own personal vulnerability. The general perceptions, beliefs, knowledge, behavior and attitudes of the respondent differ according to their level of education in the present study group. Those with higher educational level fair better than those with lower level of education.

The mean age of Injection drug use is 23.59. There are different types of drugs used by the respondents. Most of the respondent uses drug more than once in a day, 45% of the respondents' uses thrice in a day, 32.5% use four times in a day, 15% use twice in a day. 2.5% only once and 2.5% above four times in a day. Another 5% use drugs as when they have money to get the stuff. Among the total respondents 25% uses condom every time they had sexual intercourse, 5% says they usually use quite often, 8.33% says they use sometimes when it is readily available. Out of the total 16.7% of the total says they have visited and had sexual experience with the commercial sex workers

A gender difference in the uptake of HIV testing shows that men and women testing patterns are not consistent. 20 women and 40 men who goes for blood testing and all the 20 women and 40 men are diagnosed HIV positive. The exact rate of positivity

cannot be either concluded and say that positivity rates are higher among women who got tested for HIV infection or their men counterpart.

Over 75% of the total respondents received counseling services through NGO's. Majority of the NGO's used referral services as many of the NGO's are interlinked together. Treatment, prevention and after care services are very popular among the different NGO's working in the field of HIV and AIDS. Out of the total respondents n=60, 40% of the respondents received the said services. Drug detoxification program takes a new shape and was very successful in the context of Manipur as the presence of HIV among Intravenous drug users came down drastically after the inception of the program. Out of the total respondents 61.67% utilized the services of drug detoxification services being provided by the non-governmental organization. Needle and Syringe Exchange Program (NSEP) is a big hit among the NGO's who are working on Intravenous drug users. In spite of the success in NSEP there are many difficulties in the implementation. When interacted with the respondents who are receiving NSEP services in the NGO's they have many complaints about the program. Many of the respondents complained that the law enforcing agencies sometimes harassed them, when they carry used Syringes. In NSEP, clients are required to submit the used Syringes in exchange for the fresh ones. Many clients say that, the law enforcing agencies are taking advantage of people who carry used Syringes and charge them some money in order to avoid unnecessary detention. Out of the total respondents 83.33% said they receive fresh Needle and Syringes regularly. As far as ART is concern a total of n=60 were asked on whether they receive ART regularly from the government, 100% say they received it regularly. Out of the total respondents 81.7% say that their level of understanding about prevention (T.I, STI Care, ICTC, Blood Safety, IEC, Condom promotion) is good and 18.3% says that their level of understanding is fair. As far as Care (Treatment of O.I, Provision of free DOT treatments, PEP, ART) is concern 28.3% and 71.7% says that their level of understanding is good and fair respectively. A total of 11.7% and 88.3% of the respondents say that their understanding about collaboration is good and fair respectively. A total of n=60 respondents were asked on their level of understanding about capacity building (Programme management, AIDS vaccine initiative, M&E etc.) and 5% and 95% of the respondents say that their understanding level is good and fair respectively.

There is a need to decriminalize sex work and drug use if injecting drug users and sex workers are to receive and access the care they need. Responding to demands for more equitable access to care is integral to creating broad, demand driven strategies that respond to the desire by households and communities to protect themselves from HIV and its effects. Demand driven HIV prevention is likely to succeed far more readily than supply driven approaches. Also addressing the economic, political, social and cultural factors that render individuals and communities vulnerable to HIV/AIDS is crucial to a sustainable and expanded international, National and Regional response.

It can be concluded that the respondents are happy with the services provided by the government and NGO's except for negligible number of respondents wanted government to provide drugs for opportunistic infections and subsidized the rates of basic necessities for people living with HIV and AIDS.

## **V. Major findings**

The Major findings of the study have been arranged in chronological order according to the specific objectives.

### **a) To study and examine the existing HIV Policies, Programmes and Strategies in Manipur**

- Genuine participation of affected communities is considered a best practice when making HIV/AIDS policy and decisions
- For HIV prevention programs to succeed, a holistic approach towards improving the health and rights of vulnerable populations and people living with HIV and AIDS is crucial.
- Policy should be comprehensive in its content and sensitive to the socio-economic and cultural dimensions of HIV/AIDS specially in the present study

- Policies, Programmes and Strategies from the United States, European Union, African countries to South east Asian countries talks about unfettered services regardless of age, gender, race/ethnicity, sexual orientation, gender identity or socio-economic circumstances, which will have unfettered access to high quality, life-extending care, free from stigma and discrimination.
- One notable policies of the United States could be the commitment towards people living with HIV/AIDS prevention, care and after care services which other countries focussed mostly on prevention.
- European commission for ensuring sustainable funding for NGO's and private sector cooperation has also been the factor for their success
- In the south African context the integration of sexual and reproductive health, easy access to relevant information, bottom up governance, accountability, transparency and meaningful involvement of PLHA, effective communication, monitoring and evaluation and dedicated research has been attributed for their success.
- Thailand success is due to its government commitment and the ability to create a sense of ownership to all its citizens even to the local level who are unreached otherwise.
- Though the state of Manipur has formulated an ambitious policy on HIV and AIDS, various aspects of the policy are not fulfilled.
- *“The policy didn't reach the hill people”*. Mention can be made that the components of compulsory training for student for two days to be eligible to appear for Xth and XIIth exam and teacher for three days to enter into state service; Provision of free travel for PLWHA; Provision of Opportunistic Infection drugs are also not implemented.
- Policy for involvement of CBO, FBO and Social Organizations though finds its place, there has not been any invitation to these said organization from the policy makers as responded by heads of theses organization.
- People living with HIV in general know little of their rights and those in the legal and judicial systems know little about HIV.

- A particular and significant barrier for people with HIV to accessing the judicial system is the loss of confidentiality of HIV positive status and possible public and media attention proposition

**b). To analyze the modalities of program implementation by the Government and Non-Governmental Organisations.**

- Frequent change of Project Directors (PDs) of State AIDS Control Societies (SACS) and other senior program managers at the state level weakened the thrust and focus of interventions
- The concept of Harm Minimization and NSEP is a big success in the state as the number of infection due to infected Needles and Syringes has come down drastically
- Heads of the twelve non-governmental organizations said that NSEP has been proven to be very effective in controlling HIV and AIDS.
- 61.5% felt that HIV and AIDS awareness programmes in the communities seem to be the most effective of all prevention programmes
- Criminalization is one of the tools employed by governments to regulate sex and sexuality. Other types of regulation can equally have an impact on health and well-being and thus merit consideration. Restrictive laws related to sexuality are often driven by moral argumentation, public health evidence and human rights norms highlight the need for supportive legal and policy environments.
- Irregularity of the funds being released by the state government hampers the continuity of the intervention programmes.
- Out of the total respondents 38.5% said they provide financial support, 7.7% said they provide financial support for ration or clothes, 61.5% provide vocational training to PLWHA. Out of the total respondents 38.5% gave assistance in job placement, 76.9% said they help the beneficiaries in self help

group formation, 61.5% gave educational support for children affected or infected by HIV and AIDS and 92.3% of the respondents shared they facilitate formation of PLWHA network . 15.4% said they have difficulties in carrying out their research work, due to non cooperation from the public, law and order situation of the state like constant strikes and blockades.

- None of the said 12 organizations have social marketing programme of condom and the issues pointed out by these twelve heads includes: Social stigma attached to it, cost of the condom, societal values, ethics and norms etc
- Faith based leaders does not openly support the idea of condom promotion but promote the responsible use of it for protection from various diseases.
- The government and various social organizations in Manipur should come together and foster networking among all the likes of social Organizations.
- FBO's approach to behavior change through holistic counseling, shows that behavior changes through these counseling has minimal cases of relapse than detoxification/ substitution model where the cases of relapse cases sky rocketed.
- Looking into the success and achievement of FBO's in the state of Manipur the state government through its various agencies can identify certain FBO's who are really doing well in their own part despite the size of the organization and fund their project so that the HIV sero-prevalence rate is reversed.

**c). To understand the political commitment of political leaders in HIV/AIDS mitigation**

- Political leaders who spoke out publicly about the importance of HIV and AIDS are expressing a commitment to the issue and creating a climate that encourages solutions.
- His Excellency Dr. Shivinder Singh Sidhu *“My government is now giving special emphasis to strengthening of medical infrastructure by sourcing additional funds from (Department for the development of the north eastern region (DoNER) and North eastern Council) NEC”*.
- Political parties, be it the left wing or the right wing, socialist or democratic of the state talked about protecting the rights of PLWHA. Congress party goes to



the extent of saying that they have it in their manifestoes of halting and reversing the spread of HIV and AIDS.

- Shri TN Haokip, Minister of PHED, DIPR and Tourism, Manipur on behalf of the Manipur State Legislatures Forum on HIV and AIDS declared that the Antyodaya Anna Yojana popularly known as AAY will be made available to all people living with HIV and AIDS (PLHIV)
- For the best implementation of AIDS control policy in the state one respondent said *“we have to focus on international borders where many types of trades are being carried out. We should register the brothels and monitor it”*.
- Budget allocation and the importance given with regard to HIV and AIDS can be criticized as there has never been a special session in Manipur with respect to HIV and AIDS. Priorities were given to developmental issues like education, road construction and building of infrastructure.
- The successive governors of Manipur shows commitment towards the greater causes of health care and three governors of the period went to the extent in their address by particularly quoting causes and concerns of people living with HIV and AIDS.
- Analysis of the responses and assembly debates shows that all the politicians are in favour of creating a Conducive environment for PLWHA for their Care, Support and Treatment services.
- The allocation of certain amount of money from LADF and their interest and participation in any HIV/AIDS mitigation programmes shows their commitment.
- Each of the politicians interviewed showed moral commitment by highlighting the need to protect the rights of PLWHA.
- Analysis of the 2009 assembly proceedings during discussion and voting on demand for grants shows the inadequacy of the number of trained doctors especially in the hill districts of the state. There has been no specific policy and guidelines for the children, women and widows of HIV and AIDS infected persons. However the commitment of the government could be seen as new

programmes are being introduced like ART link centre's in the state to cater to the needs of people especially for PLWHA

- On the part of the government efforts has been made and it is thus the collective responsibility of the government and various stake holders. It is difficult to come to any hard conclusions that politicians are really committed to HIV/AIDS mitigation in the state as stated earlier. Commitment is multidimensional and therefore, cannot be measured through a single quantitative indicator.

**d). To study beneficiaries perception of services rendered by Government and Non Governmental Organisations.**

- Among those who are infected with HIV the age distribution pattern shows that 55% of the total respondents are in 31-40 years age group.
- The mean age of the spouse is 31.52 with the minimum of 16 and maximum age of the spouse 64. The mean number of years married is 8.78 years.
- 91.7% are well aware of the four main routes of HIV infection
- The different types of drugs used by the respondents are Heroin, Diazepam, Spasmo Proxivon, Marijuana, Nitrovite tablets, Cough Syrups, Adhesive solution, Brown sugar, Tidigesic, Calmpose, Buprenorphine, Alcohol and Alprazolam, etc. It was found that most of the respondents use drugs more than once in a day. 45% of the respondents' uses thrice in a day, 32.5% use four times in a day, 15% use twice in a day. 2.5% only once and 2.5% above four times in a day. Another 5% use drugs as when they have money to get the stuff.
- Community-based outreach is the most effective way of delivering HIV prevention, treatment and care to IDUs
- The respondents are happy with the services provided by the government and NGO's except for negligible number of respondents wanted government to provide drugs for opportunistic Infections and subsidized the rates of basic necessities for people living with HIV and AIDS.

- Of the total beneficiaries 23.3% feel that the services they received from the government are not adequate. Their discontentment ranges from supply of opportunistic drugs to provision of essential commodities as they could not procure their daily needs with their meagre income. However on the other side an overwhelming 76.7% feels that the government has done enough for them. Out of the total respondent 95% feels that the NGO they are attached with provided them with their necessary requirement and are content with it.
- Officials from the state ICMR unit were of the opinion that the state requires more STI diagnosis and treatment facilities like the mobile clinics
- The age group 21-25 represents the most sexually active group among the respondents
- There indeed is a relationship between the level of education and the HIV positivity rate amongst the respondents. Those whose education is till secondary has the highest number of HIV positivity rate 41.67%. People who has studied up to secondary level has positivity rate of 21.67% and the second highest 23.33% is in the group of respondents who studied up to graduation level. The higher the level of education is the lower the rate of HIV positivity as there is only 1.67% of positivity at the post graduation level.
- The general perceptions, beliefs, knowledge, behavior and attitudes of the respondent differ according to their level of education in the present study group. Those with higher educational level fair better than those with lower level of education.
- HIV positive couples who properly monitor and maintain their health are longer married and lived a healthy life as compared to others who do not maintain their health
- Needle and Syringe Exchange Program (NSEP) is a big success among the NGO's who are working for Intravenous drug users

- Law enforcing agencies are taking advantage of a person who carries used Syringe and charges them some money in order to avoid unnecessary detention.
- There is a need to decriminalize sex work and drug use if injecting drug users and sex workers are to receive and access the care they need.
- Demand driven HIV prevention is likely to succeed far more readily than supply driven approaches. Also addressing the economic, political, social and cultural factors that render individuals and communities vulnerable to HIV/AIDS is crucial to a sustainable and expanded international, national and regional response.

#### **Part VI Role of professional social workers**

Roles of professional social workers have been taken from professional social workers working in organization as functionaries. There are only five professional social workers among the 24 functionaries working in the 12 organization. Suggestion ranges from working at the grassroots level, conducting research, providing counseling services, understanding the current issues, policy framing/making partners and overall acting as advisor in programme planning and implementation. Thus social work can focus in these areas by applying different social work methods that include social case work to have an in-depth understanding about the individual's psycho-social-economic problems for intervention. Social group work method can be applied for group discussion among network of positive people where they would share without hesitation their negative and positive experiences which can be capitalize for program planning and implementation. Community organization method can be used for spreading awareness about HIV/AIDS, selection of sample and the universe for programme planning and intervention. Social welfare administration method will be useful as many of the organization under study are not well administered. Social research method will be useful to understand the gravity of the situation, policy framing and changes, etc. Social action as a method will be useful to propagate or lobby the government or policy makers for the rights of PHLA.

Some of their suggestions in details: As a professional social worker one need to know the ups and downs of the work, besides the knowledge of HIV/AIDS; one should be very committed to the program of action; work as service provider to the community; As a leader one need to lead the team members in the programme planning and action taken; Motivate the people, encourage them, plan in advance ones' program and manage the project efficiently; Proper follow up services, operational research and studying and understanding the people at the grass root level; One can take active part in counselling and give care and support services to the people as they are professionally trained also can play a responsible role in counselling and dealing with the family's problems and since one has proper understanding of the current issues he can act as advisor in programme planning and implementation.

### **Part VII Further Scope of research**

After carefully studying and analyzing policies, programmes and strategies and the role of social cultural organization few gaps have been identified for further research and studies.

1. Psycho-Social and Economic impacts of HIV/AIDS in Manipur
2. HIV Policies and its impact on People Living with HIV/AIDS.
3. Relationship between sex work, drug use, insurgency and HIV/AIDS
4. In-depth studies on stigma and discrimination on HIV/AIDS and its reality.
5. Traditional and religious leaders' contribution in HIV/AIDS mitigation at community level.

It is hope that the findings of the present study would contribute its mite to the policy makers and contribute for the welfare of People Living with HIV/AIDS.

### **VIII Implication for social work practice**

The key findings of the present study demonstrate the relevance of structural social work perspective in HIV/AIDS prevention, control, care and support activities. More specifically, the findings of the study identified the crucial need for holistic social work practice. There are two fold goals for structural social work. First, it alleviates negative effects of structural exploitation on the people; and second, simultaneously transforms the social structure through social reforms and social change initiatives.

The findings and observation of the present study is significant for current social work practice. Specifically the main routes of HIV transmission in Manipur is through Intravenous drug users and the present study correspond to using holistic approach through structural social work practice. People who use drugs are often engaged with helping professionals, including social workers and social service workers. There is a clear need for social workers and social service workers to have the support of their governing agencies to serve all of their clients, free from a prohibitionist, judgmental stance. Social work core values mirror those of harm reduction; they recognize the inherent worth and dignity of all people, take a non-judgmental stance, respect diverse populations, encourage professional competency and the right to self-determination, advocate for social justice, adopt a strengths perspective, encourage ongoing research and evaluation, and facilitate inter-professional practice. There is a lack of guidelines within social work and social service work, which is identified as a major concern in the realm of harm reduction practice. The need for harm reduction practices within social work and social service work is further evidenced by the correlation between injection drug use and HIV and Hepatitis C transmission. Incorporating harm reduction practices, values and supportive guidelines in social work will effectively reduce the negative health and social burdens on people who use drugs.

The findings of the study also suggest relevance of critical approach to social work research. As critical research discovers myths and empowers people to change their circumstances; It works from theory that most individual and institutional relationships are based on conflict and hidden structures; It theorizes that people have unrealized potential and it contends that false beliefs hide true power. It helps people see how to build a better world; It unveils illusions caused by scarce resources and it states that all science involves values, some right, some not.

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