

Abstract

I. Background of the study

An estimated globally 34 million people worldwide are living with HIV at the end of 2011(UNAIDS 2012). As on June 2012 an estimated 2.4 million persons are living with HIV/AIDS in India (World Bank). The first HIV/AIDS case in India was detected in 1986 and since then the HIV epidemic has emerged as a serious public health problem in India. Manipur State Government also took serious note of the problem and initiated a series of important measures like Manipur state AIDS Policy 3rd October 1996 to tackle the epidemic. The first HIV/AIDS case in Manipur was detected in 1990 from a blood samples collected from among IDU's in 1989. Manipur with hardly 0.2% of India's population is contributing nearly 8% of India's total HIV positive cases. There is a lingering political conflict and HIV/AIDS in the North Eastern states of India especially in Manipur. For the ordinary people and communities living in this area, every new day comes up with fresh agenda for survival negotiations. Coping and management of fear is the most important concern cutting across class and region in this area.

II. Significance and rationale of the study

Various literature reviews shows that Lack of political commitment, poor access to health care, proximity to golden triangle, porous border, conflict and political instability contributed to the number of HIV infections. From the review, there are many studies on different aspects of HIV and AIDS, yet the issue of HIV and AIDS is not explored well in social and cultural context of Manipur. The behavioural aspects of communities have been studied by various NGO'S as a part of their ongoing targeted interventions programmes in the form of need assessment or project evaluation form. But there is hardly any study on commitment aspects from various actors, modalities of program implementation by the government and non-governmental organisation, roles played by the faith based organisation and the role of professional social workers and also services rendered to the beneficiaries for policy formulations. A comprehensive study has been carried out on the program implementation and impact of HIV and AIDS intervention in Imphal. It took a holistic view of the programme, its approach and processes by focussing upon all the actors. Given the situation in Manipur, the location of the proposed study, Imphal contributed the highest number of People Living with HIV and AIDS (PLWHA) among the nine district of Manipur (MSACS).

Moreover there has not been any research on the social and cultural context or the modalities of program implementation and various roles of actors and stake holders in HIV and AIDS Mitigation

III. Limitations of the study

Most of the organization which was studied has a poor documentation reports, this compels the researcher to dig out information through primary sources. Due to constant general strikes most of the organization couldn't functions their day to day activities according to their monthly plans. There was difficulty accessing the IDU's in such situation where police vigilance was high. Police was acting as moral guardians to the society. It is important to note that the outcome of the study may not be generalized everywhere in the state of Manipur as only a handful of beneficiaries (60) were interviewed. Collecting primary data was a little different and difficult. Contacting and eliciting information from HIV +ve people and most of them drug users was an uphill task. Often under sedation, they were unable to respond, necessitating repeat question. Similarly, collecting information from the politicians was also not free from problems. In the first instance few of them were unwilling to sit for interview. Following considerable persuasion they would be cooperative but will not allow the interview to go on for long, this in turn gave hurdle in analysis to understand actual commitment. The study has considered only those NGO which are in active for the last five years and having a good track record in HIV/AIDS mitigation. During the course only twelve (12) organisations were selected and the outcome cannot be generalized for the whole Manipur or elsewhere in India. There was difficulty in accessing Assembly proceedings report as the said document was available only up to the year 2010 though Assembly sitting was continuously held up to date. Content analysis of the said report has been done only up to 2010 as government records were not available.

IV. Research questions and specific objectives

The present study has been carried out with the following research questions and objectives.

Research Questions

1. What are the existing HIV Policies, Programmes and Strategies in Manipur?
2. What are the modalities of program implementation by the Government and Non-Governmental Organisations?
3. What is the contribution of different stakeholders in HIV/AIDS Mitigation?
4. To what extent the government is committed to HIV/AIDS mitigation?
5. Are the beneficiaries content with the services and schemes provided?

6. Did the present Policies, Programmes and Strategies serve best its purposes?
7. What is the scope of social work intervention with regard to implementation of prevention, care and support services in the field of HIV/AIDS?

Specific objectives

1. To study and examine the existing HIV Policies, Programmes and Strategies in Manipur.
2. To analyse the modalities of program implementation by the Government and Non-Governmental Organisations.
3. To understand the political commitment of political leaders in HIV/AIDS mitigation.
4. To study beneficiaries perception of services rendered by Government and Non-Governmental Organisations.
5. To suggest the role of professional social workers in implementing prevention, care and support programmes in the field of HIV/AIDS.

V. Methodology

The present study was carried out using descriptive research method. The methods of data collection were Interview (Interview schedule and Interview guide), structured observation, content analysis of the minutes of the Assembly proceedings, review of books and journals, articles and publications. The universe of the study is Beneficiaries of HIV/AIDS Policies and Programmes in Imphal, Politicians, Functionaries and Heads of organisation working in the field of HIV/AIDS in Imphal. Further, the universe was subdivided into Imphal east and Imphal west. Non-Probability Purposive and Snowball Sampling techniques were used keeping in mind the sensitivity of the case being researched.

There are 49 NGOs directly or indirectly supported by MSACS working on HIV/AIDS Mitigation, of which 12 NGO's were selected purposively which have been active for at least five years and had a good track record. Imphal west being an administrative centre and housing more than 65% of the NGOs, 8 NGOs were selected from Imphal west and 4 NGOs were selected from Imphal east. After purposive selection of 1PLWHA rest were selected using snowball method. It should be noted that the principle of divergence and saturation were applied in the selection of respondents. A total of 60 beneficiaries all HIV +ve clients were the main respondents. And various stake holders from policy maker to program implementers were interviewed to substantiate the research findings.

VI. Analysis of result

The present study heavily relied on qualitative analysis. However, quantitative kind of analysis was also used for explaining some data of the study. The data those were possible to code, were identified and grouped for each interview schedule. Then simple cross tabulation was done to understand the aspects mentioned in the objective. Simple mean and averages were taken to better analyze the data. For the different objective thematic analysis were made emphasizing, pinpointing, examining, and policy recording patterns within the policies. Patterns across policy data sets and phenomenon association were deeply looked into. Thematic analyses were done moving beyond counting explicit words or phrases and focus on identifying and describing both implicit and explicit ideas within the data. Content analysis was done by categorizing each item in a way that offers a description and the categories were linked into major or minor themes. Comparisons were made for each transcript and each details were examine and consider if it fits and its relevance

VII. Chapters

The thesis has been divided into six (6) chapters. The first chapter introduce about the gravity of HIV/AIDS at International, National and at local level socially, economically and politically. It also discusses about policies of different countries. The second chapter talks about relevant literature review and research methodology. The third chapter discussed about the profiles of the beneficiaries and their opinion about services availed which is also the fourth objective. The fourth chapter discussed about the second objective, modalities of program implementation by the Government and Non-Governmental Organisations. Further social, cultural organisation and faith based organisation contribution was discussed within non-government organisation. Fifth chapter analyses the third objective, to understand the political commitment of political leaders in HIV/AIDS mitigation. The sixth chapter analysed and interprets all the objectives of the study followed by conclusion and recommendation.

VIII. Major findings & Conclusion

a) Major findings of objective I.

- 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 as stated by one politician. 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 12 organizations.
- 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
- 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.

b) Major findings of objective II

- 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 among functionaries 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 relapses 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) Major findings of objective III

- 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) Major findings of objective IV

- 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 respondents are happy with the services provided by the government and NGO's except for negligible number of respondents who 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 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 satisfied 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 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.

IX. Implication for social work practice

Overall, the findings of the study identified the crucial need for holistic social work practice. More specifically, the key findings of the present study demonstrate the need for micro-level individualized social work practice on the one hand, and the relevance of structural social work perspective in HIV/AIDS prevention, control, care and support activities on the other. Individualized practice with HIV/AIDS patients is necessary due to issues of confidentiality and sensitivity. Further, structural social work perspective will help in alleviating negative effects of structural exploitation on the people. Moreover, it transforms the social structure through social reforms and social change initiatives giving way to inclusive and empowering practice.

The main route of HIV transmission in Manipur is through intravenous drug users and the present study corresponds 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. 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. 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. Thus, 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.

X. 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 the above 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.
- Social action as a method will be useful to propagate or lobby the government or policy makers for the rights of PHLA.
- Due to the sensitivity of the issue, as a professional social worker one needs to understand the challenges of the work. Moreover, besides the knowledge of HIV/AIDS, one should be committed to the program of action and work as a service provider to the community;
- Proper follow up services, operational research, studying and understanding the people at the grass root level;

- Due to basic theoretical study of psychology as well as theoretical study and practical training in individualised method such as casework, social workers can undertake counselling sessions with people living with HIV/AIDS.
- Social workers have proper understanding of the current issues, so they can act as advisor in programme planning and implementation.

XI. 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.

- HIV Policies and its impact on People Living with HIV/AIDS.
- Relationship between sex work, drug use, insurgency and HIV/AIDS
- In-depth studies on stigma and discrimination on HIV/AIDS and its reality.
- Traditional and religious leaders' contribution in HIV/AIDS mitigation at community level.

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. Though the state of Manipur has formulated an ambitious policy on HIV and AIDS, various aspects of the policy are not fulfilled. The government and various social organizations in Manipur should come together and foster networking among all the likes of social Organizations. FBOs approach to behaviour change through holistic counseling shows that behaviour 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. 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. 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.