

CHAPTER II

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2. Literature Review and Research Methodology

To have an in-depth knowledge of policies, programmes and Interventions of the AIDS pandemic, it is important to take stock of the information available. HIV and AIDS is an extensively researched area. The last few decades has brought forth research from professionals representing Medicine, Psychology, Sociology, Economics, Political Science, Anthropology and others. Doubtless to say these have added to building a strong knowledge base. It would be of interest to look at the literature available under three heads: a) Policies b) Programmes c) Interventions

2.1.1 Policies

Wouters E et al., (2010) reviewed the HIV/AIDS policies in South Africa. The response and management of HIV/AIDS pandemic in South Africa is, to a large extent case of lost opportunities. According to them the country has encountered one of the worst epidemics in the world; consecutive national AIDS strategies have been repeatedly marked by failure over almost three decades. Understandably, South Africa's most recent HIV/AIDS policy, the HIV & AIDS and STI Strategic Plan for South Africa, 2007-2011 (National Strategic Plan-NSP), has been greeted with general acclaim. However, what are its real prospects of success against the backdrop of the repeated failures of the past? The objective of the review was to systematically identify the core reasons for past policy failures. Using a comprehensive analytical framework, this article presents a systematic review of the literature on post apartheid AIDS policy in South Africa. The analysis demonstrates that a complex interplay among the content, context, actors and process of AIDS policy created a gap between policy making and policy implementation. Secondly they evaluated that the chances of success of the current NSP by examining both the policy-making phase and the resulting policy document in light of the reasons for past policy failures. The analysis shows that the NSP contains dynamic and comprehensive policy content, sensitive to the socio-economic and cultural dimensions of HIV/AIDS. Wouters adds that many of the political actors who hampered treatment implementation in the past, and who deepened the gap between government and civil society, are still in office. Also monetary and human resource shortages also create a policy context that is unsuitable for the implementation of a comprehensive HIV/AIDS strategy, as envisaged in the

NSP. Finally, the health system restrictions have a clear negative impact on the process of policy implementation. Without the mobilization of people living with HIV/AIDS and their communities, the NSP will be ineffective in bridging the gap between policy intentions and policy implementation.

The study on Policy implications of national AIDS spending assessment in Ukraine by Nitsoy, R. Zaika., (2008) reveals that funding for AIDS in Ukraine has increased, but no data was available to measure the amount or adequacy of existing resources. Resources from the national budget and major international donors cover primarily AIDS commodities - drugs, equipment, and tests. Human resources and other capital costs are funded from local budgets. The new National AIDS Programme (2009-2013) proposes significant increases in the coverage of treatment and prevention services. The method of National AIDS Spending Assessment (NASA) was used to monitor expenditures for AIDS in 2005-2006. Extensive data was collected for major programmatic categories and sources of funding. The results of the study were included into Ukraine's UNGASS 2008. It was seen that total AIDS spending was US\$40Million, including US\$16.9Million from government sources; in 2006, total expenditures increased by 40% to US\$55.7Million, including an increase of a 66% in government funding to US\$28.1Million. The majority of government expenditures came from local budgets to pay for local services. The increase of expenditures by national and local budgets was driven by the increase of ART and prevention programs. The number of HIV patients under medical observation is also increasing, reflecting growing referrals for medical assistance. They conclude that financial monitoring data shows the growing gap between increased funding and the limited capacity of regions to scale-up services. The financial burden on local budgets is increasing at a pace that local governments may be unable to scale-up ART and other prevention programmes. He suggest that the Government of Ukraine should revise its planning of service delivery to consider growing requirements for human resources and other resources for service provision at the local level. Despite the increase in funding for AIDS in Ukraine, significantly larger allocations from the national and local budgets are needed to achieve universal access.

M. Shanmugam, K.,et al., (2008) says like most other countries, India is also following an HIV prevention programs predominantly focusing on behaviour change

at the individual level overlooking both the enabling environment needed for sustaining healthy behaviors as well as the broader needs and rights of vulnerable communities. 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. The Tamil Nadu State AIDS control society provided technical assistance to vulnerable communities such as men who have sex with men; Hijras (Transgender), injecting drug users, female sex workers and PLHA who came together in December 2007. The workshop promoted better understanding and they realized the need to work together to achieve the common goal of improving the health and achieving the rights of all these communities. To conclude such initiatives give a boost to implementation of policies.

Genuine participation of affected communities is considered a best practice when making HIV/AIDS policy and decisions Iskandar F.C. et al., (2008). Coordinating bodies of commission on AIDS in ASIA declare commitment to this involvement of communities who are affected or infected, yet community representation and engagement are often not realistically possible. There are insufficient mechanisms to support open, equitable and effective community consultation processes. In March 2008, the Commission on AIDS in AISA (CAA), an independent body tasked with conducting an objective analysis of the AIDS impact in the Asia-Pacific region, released its multi-sectoral recommendations. The CAA civil society representative, with support from Health and Development Networks (HDN), organized a rapid online community consultation on HIV-related regional priorities. Over 600 people from 25 Asian countries responded to the action call. 85 in-depth key informant interviews were conducted to probe into the four issues highlighted by the consultation: HIV-related stigma, legal reforms for supportive HIV policies, community involvement and political commitment, and monitoring HIV responses. Interviews and data from the online consultation were analyzed and contributed. The lesson learned in the study was that communities demonstrated that, when approached they actively respond and contribute to policy and decision making processes. More than 66% of respondents represent different networks of PLHIV, NGOs and CBOs. The effective online consultation was open, inclusive and efficient. Consultation for community engagement is possible, by ensuring that affected communities have practical platforms to inform national and regional HIV processes; it adds value to the

existing body of evidence and increases mutual accountability and ownership between stakeholders.

According to Aruldas V et al., (2008) a policy to guide a Churches response to HIV/AIDS is complex, because it is not only an expression that guides proposed actions, but also represents a value statement that guides the lives and actions of its individual members. The policy therefore needs to be comprehensive in its coverage, distinctive in its perspective, and clear in its underlying values. It should benefit from earlier experiences in policy and practice, and incorporate current understandings of HIV and the context in which it exists. They made a review of policies and declarations on HIV/ AIDS made between 2000 and 2007 by various churches and church bodies, in India and internationally. The text of each policy/declaration was divided into categories e.g. theological basis, rationale for response, church life, social response, healthcare response, youth concerns, etc. It was found that, though these policies are by FBOs of a single religion i.e. Christianity, there were distinct differences in terms of the scope of the policy, the emphasis given to different categories, relating to the socio-cultural and economic context, etc. Based on this analysis, they developed an initial framework for policy. The framework was discussed at several workshops for church leaders, and found to be useful to widen discussions, ensuring that different aspects were given opportunity for focus, and facilitate discussions. The review bring forth that ideology, culture, social and other contextual differences do influence policies/declarations, even when they are developed by groups (in this case churches) belonging to the same religion. A reference framework based on experiences of similar organisations helps enrich the policy formulation process.

2.1.2 Programs of NGO's, GOs, FBO's in Indian Context

There are various programs followed by nongovernmental, governmental organisation, faith based organisations and other community based organisations. Kapur S., (1996) discussed the programmes developed by The Voluntary Health Association of India (VHAI), with financial support and technical advice from the European Commission. The program began in January 1995. Its overall goal was to

strengthen the capacities of nongovernmental organizations (NGOs) in initiating and developing HIV/AIDS interventions at the grass-roots level. Program strategies include capacity building within NGOs for effective HIV/AIDS efforts, primary prevention of HIV/sexually transmitted disease (STD) transmission through information and education and promotion of safer sex, promotion of condom use, and improvement of STD control in primary health care, and advocacy and social mobilization in support of persons affected by HIV/AIDS. VHAI first invited project proposals from NGOs in Manipur, Assam, West Bengal, Bihar, Kerala, and Andhra Pradesh. Then it held a workshop for interested NGOs on policy and funding criteria. 24 NGOs were selected in the first round from all the above states, except Andhra Pradesh. The intended audiences included youth, women, migrant workers, intravenous drug users, commercial sex workers, tribals, and students. The selected projects consisted of awareness generation, needle exchange, blood safety, condom promotion, and counseling. Training programs addressed project management, counseling, and training of health personnel (medical practitioners, health workers, peer educators, and paramedical workers). State-specific communication strategies involved traditional and folk media, a condom key chain, and workshops for journalists, and meetings with members of the Legislative Assembly. VHAI is developing a comprehensive communication package for lobbying and advocacy activities. The May-June 1996 mid-term evaluation found that the program helped state VHAs to work more closely with member NGOs and non-member groups and that NGOs did become familiar with HIV/STD prevention and control. NGOs had inadequate experience in project management. NGOs were able to mobilize communities, to take on innovative interventions and to network effectively.

Ucheaga DN and Hartwig KA., 2010 made a formative research on HIV/AIDS prevention messages, activities and policies within six religious institutions in Cross River State, Nigeria, at urban and rural sites. Data collection methods included a review of written HIV policies gathered from national church and mosque offices and 48 key informant interviews. The study highlights differences in messages between mainstream and Pentecostal Christians and Muslims. Although all groups stated a core message of abstinence outside marriage and faithfulness within marriage, Pentecostal churches tended to have more messages of punishment and condemnation for people infected with HIV. Urban churches/mosques tended to have more HIV

resources and programmes. Attitudes towards condom use varied by denomination and individual; although few saw a role for religious institutions to promote condoms there were exceptions voiced. The findings indicate that religious organisations are already playing a role in HIV prevention but their responses are not uniform. Public health organisations and policy-makers should be aware of these denominational differences as they engage with religious institutions and leaders in HIV prevention and care

Some of the major programs of the faith based organization in India are

- Counseling support groups for people living with HIV/AIDS and their families
- Support groups for educating local communities about HIV/AIDS
- Peer education programs which aims at prevention of HIV and sexually transmitted infections
- Income-generation and vocational training programs for people living with HIV/AIDS and their dependents
- Care and support programs for children orphaned by AIDS
- Voluntary counseling and testing services

Examples of a faith based organization intervention programmes in Manipur with special reference to Christianity:

- Children advocacy programme:
- Youth Support Structures at Community level:
- Parents Capacity Building:
- Community Capacity Building (leaders)
- Peer Approaches

According to studies conducted by Bansal R.K., et al 1998 concludes that the long distance truck crews are at high risk of contracting and transmitting STDs and HIV on account of their high risk sexual behaviours. The study indicates the necessity of changing the behaviour of the truck crew in favour of safer sexual practices. The paper addresses this important issue of developing an intervention to decrease the risk of contraction of STDs, including HIV, by encouraging the use of condoms by the

method of applying psycho-social theories, which aim at changing behaviours of the target group.

The paper discusses the development of an intervention to decrease risk of sexually transmitted diseases (STDs) and HIV/AIDS of the truck crew of India using the "Applying Theories" model in promoting condom use. The study shows that truck crews were at a high risk of infection and transmission of both STDs and HIV on account of their high-risk sexual behaviors. Moreover, the study indicated the need for behavior change in favor of safer sexual practices. This document developed a working model to solve the health educational problems of a truck crew through the application of psychosocial theories. The discussion was outlined as follows: 1) problem to problem definition; 2) provisional explanations; 3) theoretical explanations; 4) additional research; and 5) solutions. Generally, solutions generated include health education services for the truck crew, training of doctors who attend to this population group, as well as ensuring condom availability at the halting places of truckers.

Stigma against persons living with HIV/AIDS (PLHA) is a barrier to seeking prevention education, HIV testing, and care. Social capital has been reported as an important factor influencing HIV prevention and social support upon infection. Sivaram S., et al 2009⁴⁵ study explored the associations between social capital and stigma among men and women who are patrons of wine shops or community-based alcohol outlets in Chennai. We found that reports of social capital indicators were associated with reduced fear of transmission of HIV/AIDS, lower levels of feelings of shame, blame and judgment, lower levels of personal support and perceived community support for discriminatory actions against PLHA. Specifically, when participants reported membership in formal groups, perception of high levels of collective action toward community goals, high norms of reciprocity between neighbors and residents in daily life, and presence of trusted sexually transmitted disease care providers, all levels of measures of stigma were lower. Although social capital were defined rather narrowly in the study, the findings suggest that seeking partnerships with existing organizations and involving health care providers in future interventions may be explored as a strategy in community-based prevention interventions.

Kaye W., et al., (The Lancet 2006): study group undertook a systematic review to estimate national, regional, and global coverage of HIV services in IDUs. They obtained National data for the extent of provision of the following core interventions for IDUs: needle and syringe programmes (NSPs), opioid substitution therapy (OST) and other drug treatment, HIV testing and counselling, antiretroviral therapy (ART), and condom programmes. They calculated the national, regional, and global coverage of NSPs, OST, and ART on the basis of available estimates of IDU population sizes. The finding shows that by the year 2009, NSPs had been implemented in 82 countries and OST in 70 countries; both interventions were available in 66 countries. Regional and national coverage varied substantially. Australasia (202 needle—syringes per IDU per year) had by far the greatest rate of needle—syringe distribution; Latin America and the Caribbean (0.3 needle—syringes per IDU per year), Middle East and North Africa (0.5 needle—syringes per IDU per year), and sub-Saharan Africa (0.1 needle—syringes per IDU per year) had the lowest rates. OST coverage varied from less than or equal to one recipient per 100 IDUs in central Asia, Latin America, and sub-Saharan Africa, to very high levels in Western Europe (61 recipients per 100 IDUs). The number of IDUs receiving ART varied from less than one per 100 HIV-positive IDUs (Chile, Kenya, Pakistan, Russia, and Uzbekistan) to more than 100 per 100 HIV-positive IDUs in six European countries. Worldwide, an estimated two needle—syringes (range 1—4) were distributed per IDU per month, there were eight recipients (6—12) of OST per 100 IDUs, and four IDUs (range 2—18) received ART per 100 HIV-positive IDUs.

The findings of the study suggest that there is an urgent need to improve the coverage of services to those at-risk populations, as the worldwide coverage of HIV prevention, treatment, and care services in IDU populations is still very low.

2.1.3 Intervention

According to the study conducted by Mirante, E. (1993) about 25% of India's HIV positive cases come from the northeast states of Manipur, Mizoram, and Nagaland, which have only 3% of the country's total population. The reason is access to Burmese heroin just over the border, which is poorly monitored. The Meiteis, Kukis, and Nagas ethnic groups are known for their young people's involvement with drug

use in urban as well as rural areas. True rehabilitation programs are in small numbers. There are a few noncoercive 12-step Narcotics Anonymous type centers and counseling programs in Manipur; the Kripa Foundation is one such small program. Examples of other treatment include a Christian group program which chains addicts by the ankles or incarcerates addicts on petty theft charges in order to make available to them detoxification and vocational training. Jails such as the one of Imphal run experiments in herbal medicine and "sweat therapy" for addicts. Clearly, there is a need for a greater investment in addict rehabilitation. Although rehabilitation is important in a place such as Manipur where the HIV infection rate is already so high due to drug use, monitoring drug use is equally important. The article explains the existence of non-coercive 12-step programs and other experimental methods for treating drug addicts. However, there is a great need for more programs. The traffic of heroin must also be monitored so that the rate of addiction levels off and the rate of HIV infection from sharing needles levels off as well.

The study conducted by Gammelgaard, J., et al (1992) shows Infection with the human immunodeficiency virus (HIV) is spreading rapidly among injection drug users (IDUs), particularly in countries of the Golden Triangle where Myanmar (Burma), Thailand, and Laos converge and the pure heroin China White is refined. Thailand, Myanmar, Hong Kong, Malaysia, Singapore, the southern provinces of China, and the northeastern states of India viz Mizoram, Manipur and Nagaland are affected. Infection has reached 50% and more in some groups of IDUs in these countries. In Thailand, 63% of the 23,845 known cases of HIV infection are among an estimated 400,000 IDUs. It is estimated that Myanmar has 160,000 IDUs, of whom half are infected with HIV, and among 85,000 IDUs tested, 85% were infected. The Myanmar sector of the Golden Triangle produces double the amount of the mid-1980s, more than 2000 tons of raw opium a year impaction northeastern India and China's southwest Yunnan province. The HIV infection rate among IDUs tested in Manipur was 50% in 1991, and 40% of an estimated 10,000 IDUs in neighboring Nagaland carry the virus. In China 398 of the 493 registered HIV cases are among IDUs in Yunnan. In Malaysia, there are nearly 4000 cases of HIV infection, approximately 80% of which are IDUs. The epidemic of heroin injection swept over Asia in the last decade, since Afghanistan, Pakistan, and Iran were major heroin producers. An estimated 10 of Karachi's 8 million population uses drugs. Criminal

syndicates in Pakistan, Afghanistan, and India control production, manufacture and wholesale distribution of heroin using sophisticated systems. Addiction is punishable in only a few countries, as most countries distinguish between the selling of drugs and consumption. WHO placed the interdiction of IDUs and HIV in Asia on its agenda at a meeting in Thailand, in October 1991, to prevent a shift toward drug injecting in countries where drugs are still largely inhaled, The present study notes an increasing shift to the use of injected drugs and argues that the lack of coherent policies against using injected drugs is sure to have an effect on the HIV/AIDS transmission rates in Asia. Since the infection rates have become so high among certain IDU groups, it is probable that the infection will continue to increase in frequency as well as spread to the wives and unborn children of IDUs. Sarkar, K., et al (1997). Study reported that about 1% of general population or urban Manipur was injecting drug users (IDUs). A study was conducted to observe the IDU prevalence in rural Manipur and the role of national highway (NH) in determining the IDU prevalence if any. It was also aimed to study the HIV prevalence among IDUs of different villages. Villages were stratified into 3 categories based on distance and communication facilities from the national highway, which cuts across the villages to the neighboring state, Nagaland. Villages close to NH had the highest IDU prevalence of 1.3% and remote villages had the least prevalence of 0.2% whereas villages in between the above mentioned two groups had a prevalence of 0.9%. It was surprisingly observed that HIV was uniformly distributed among the IDUs of all villages and ranged from 50-51%. This indicates that IDU prevalence at distance is predominantly determined by the presence of drug trafficking route/s like national highway whereas HIV prevalence is mainly determined by the needle sharing behaviour of IDUs.

This article details the correlation between the use of injection drugs and the existence of a national highway system. It concludes that in areas where there is no national highway system there is a consistently lower prevalence of injection drug use, and in areas that contain a national highway system the prevalence of injection drug use is consistently high. The rate of HIV infection is consistent among IDUs, whether they are near a national highway system or not.

According to Sarkar, S et al., (1995) In India, there is a steep increase in the prevalence of HIV (0% to 50% within six months) among the IDUs has been reported

in Manipur, a north eastern state in 1990. In spite of large scale intervention program like educational campaign and widespread voluntary HIV testing in this state, the infection has quickly spread to the heterosexual population at large. The determinants of risk taking behaviors like sharing of unclean needles among the IDU populations has been explored in this paper. A cross sectional study has been carried out among all of the 488 IDUs who attended any detoxification centers and prison during last two years at Imphal, the capital city of the state. Self reported behaviors based on the pre-scheduled interview were recorded and participation rate was satisfactory. The data was compared to a similar survey carried out by them in 1990. Although there has been decline in risk behavior among the IDUs, a logistic regression analysis reveals that unsafe needle sharing behavior is not influenced by the knowledge on HIV transmission, educational status or history of HIV testing or serostatus of the individual. The limitation of cross sectional nature of the study, bias due to collection of data in prison, self reported behavior, possible differences with street samples of the addict are discussed. This article details the role of injection drug use in the increase of HIV infection in Manipur. It concludes that behavior in needle sharing is not influenced by HIV knowledge or the educational programs being implemented.

Study by Beyrer C et al. (2000) shows that Burma produces approximately 60% of the world's heroin; Laos is the third leading producer. Recent outbreaks of injecting drug use and HIV-1 in Burma, India, China, and Vietnam have been associated with Burmese and Laotian overland heroin trafficking routes. The study analyzed findings from narcotics investigations, molecular epidemiology studies of HIV-1, and epidemiologic and behavioral studies of injecting drug use, to evaluate the roles that the heroin export routes play in the spread of drug use and HIV-1 in south and south-east Asia. **METHODS:** They reviewed the medical and narcotics literature, the molecular epidemiology of HIV, and did key informant interviews in India, China, and Burma with injecting drug users, drug traffickers, public health staff, and narcotics control personnel. The results shows that four recent outbreaks of HIV-1 among injecting drug users appear linked to trafficking routes. Route 1: From Burma's eastern border to China's Yunnan Province, with initial spread of HIV-1 subtype B, and later C. Route 2: Eastern Burma to Yunnan, going north and west, to Xinjiang Province, with B, C, and a B/C recombinant subtype. Route 3: Burma and Laos, through northern Vietnam, to China's Guangxi Province, subtype E. Route 4: Western

Burma, across the Burma-India border to Manipur, predominant subtype C, and B and E. The study concludes that overland heroin export routes have been associated with dual epidemics of injecting drug use and HIV infection in three Asian countries and along four routes. Molecular epidemiology is useful for mapping heroin routes. Single country narcotics and HIV programs are unlikely to succeed unless the regional narcotic-based economy is addressed. This article details the role of heroin export routes and their effect on the spread of HIV infection. It argues that the spread of HIV can be attributed to four specific trafficking routes through Manipur.

According to Panda, S., L. Bijaya, et al. (2001) In India, drug use is seen predominantly as a problem among men. This study attempts to address the interface between drug use and sex work among women drug users in Manipur and the prevalence of HIV, hepatitis B and other sexually transmitted infections in them. The study uses cross-sectional survey method which was conducted between April and October 1997 at the time of an ethnic clash in Imphal, the capital of Manipur. Sixty-nine women drug users were interviewed through street-based outreach workers; 38 women (55%) were injecting drug users. Data were generated with the help of a semi-structured questionnaire on socio-demography, drug use practice and health issues after obtaining informed consent from the participants. Subsequently, consent was also obtained from 60 respondents for collecting blood for unlinked anonymous tests for HIV and hepatitis B surface antigen. Clinical examination for reproductive tract infections, offered to all the study participants, generated data on sexually transmitted diseases. The results shows that the prevalence of HIV infection in injecting drug users was 57% (20/35) compared to 20% (5/25) among non-injecting drug users ($p = 0.001$), although the prevalence of hepatitis B surface antigen was similar in the two groups, 48% v. 56%, respectively. Eighty per cent of the respondents, many of whom migrated following the ethnic clash, reported having sex with non-regular partners, two-thirds reported sex in exchange for money or drugs. Eighty-one per cent (29/36) of women who agreed to have a clinical examination had abnormal vaginal discharge, of which 10 had endocervical discharge. The presence of infection was confirmed in only 24% of those with vaginal discharge had 4 bacterial vaginosis and 3 trichomoniasis, it concludes that environmental interventions to reduce civil unrest and forced migration have an important role to play in HIV containment. The high rate of HIV infection and the probability of a high rate of sexually transmitted

infections in women drug users suggest that a targeted intervention in this population group is a public health need. An innovative outreach strategy should be designed for effective implementation of interventions among women injecting drug users and non-injecting drug users who operate from the streets as sex workers to support their drug habit as well as livelihood.

The article discusses the possible links between sex work, drug use and rates of HIV or hepatitis infection. It finds that HIV rates among IDUs are much higher than that of non-IDUs. However, the incidence of hepatitis infection was similar between the two groups, which suggest that hepatitis infection may be related to sexual practices rather than injection drug use since most of the women reported having sex with non-regular partners for money or drugs.

Study and research conducted by Agarwal, A. K. et al. (1999) shows that Data on STDs and sexual practices in commercial sex workers (CSWs) is in general limited in India. Manipur in north-east Indian has a high prevalence of HIV in injecting drug users but the rate in CSWs is not known. The site selected for the study was Moreh, on the Myanmar border of Manipur. One hundred blood samples were collected, 7 from migrants from Myanmar, the remainder from Manipuri women. The HIV seropositivity rate was 12% (95% CI = 5.6-18.4). The age of the women ranged from 15 to 42 (mean = 24.5 years, median 23.7 years). The proportion of HIV positives increased significantly with number of customers per day and number of years in the profession. The HIV prevalence among Injecting drug using CSWs was 9.4 times higher than among non-IDU CSWs. Vaginal discharge was strongly associated with HIV positivity. Effective intervention programmes among CSWs in Manipur to prevent further spread of HIV are strongly indicated by the results of this study. The article discusses a small study of 100 women in an attempt to gain knowledge regarding the prevalence of STDs and about the sexual practices of female sex workers. Though the study was very small in scope, it concludes that HIV prevalence among sex workers using injection drugs is almost ten times higher than the HIV prevalence among their non-injecting counterparts.

Singh T. N, et al. (2005) conducted a study of a total of 1903 commercial sex workers (CSWs) attending the Voluntary and Confidential Counseling and Testing Centre at

the Department of Microbiology, Regional Institute of Medical Sciences, Manipur, were screened for HIV infection over a period of five years from March 1998 to February 2003. All cases were in the age group 13–55 years. Most cases were in the age group 20–30 years (50.86%). Out of 1903 CSWs, 304 were found to be HIV-seropositive, confirmed by three tests (ELISA/RAPID/SIMPLE) of different biological antigen principles according to India's National AIDS Control Organization guidelines. The annual rising trend in incidence of HIV sero-positivity among CSWs from March 1998 (10.93%) to February 2003 (29.68%) was observed in the test site attendees, in contrast to the declining trend among injecting drug users in the state from March 1998 (76%) to February 2003 (59.82%). In all, 622 sexually transmitted infection (STI) cases were diagnosed, of which 242 (38.90%) had syphilis, which was the commonest STI, and 172 (27.65%) had ulcerative lesions. Increasing HIV seropositivity among CSWs observed in this study reflects the changing pattern of HIV transmission in Manipur. In this study, 1903 CSWs were tested for HIV in Manipur. Three hundred four (304, 15.97%) were HIV positive. There were 41 new cases in 1998, 111 in 2000, 21 in 2001, and 93 in 2002. Sex work was reported to be practiced by 46% of sex workers regularly and 54% occasionally (not defined). Fifty percent were 20-30 years old. There were two types of CSWs: free CSWs and CSWs who work through agents. Free CSWs blend in with non-CSWs easily, work independently with no middleman, and carefully build up circles of clients. CSWs that work through agents are more numerous and popular, have a particular dressing style and fashion, and are usually more experienced and older than free CSWs. Some are married (including divorcees and widows). There are no red light districts in Manipur. Transmission through IDUs accounts for 59.82% of all HIV cases in Manipur. Manipur has .21% of India's population, but 4.22% of HIV cases. Heroin is locally known as "No. 4." Regular use of heroin and alcohol was reported by 17.34% of CSWs.

Hangzo, C, et al. (1997) conducted a study on outreach interventions using ex-IDUs to inform and educate their peers about HIV/AIDS prevention measures have been found to be effective in the United States and other developed countries. While HIV/AIDS prevention programmes targeting IDUs have also been implemented in a number of developing countries, very little information is available on the process of implementation of these programmes. This paper attempts to document some of this

knowledge by describing the implementation process of an outreach intervention targeting IDUs in a small town--Churachandpur--with high injection drug use and high HIV infection rates, in the north-eastern state of Manipur. The paper describes the barriers encountered in implementing the outreach and how these barriers were minimized. In conclusion, the paper makes the case for targeting outreach to the larger community before targeting the IDUs. This paper describes the barriers encountered in implementing HIV/AIDS prevention interventions among IDUs, such as discrimination and a lack of existing services. It describes an outreach effort targeted towards IDUs in Churachandpur, and makes the case for targeting outreach to the larger community before targeting IDUs specifically.

Eicher, A.D, et al. (2000) conducted a study which aimed to measure risk behaviours and seroprevalence of HIV and hepatitis C virus in IDUs in Manipur, North-East India, and evaluate the impact of the recently established Syringe and Needle Exchange Program (SNEP). Sampling strategy was based on social networks. Peer interviewers administered the study questionnaire and collected blood for anti-HCV and anti-HIV testing. One hundred and ninety-one IDUs (85% male) took part. Average age at first injection was 19 years and average length of time injecting was 3.7 years. The main drug currently injected was heroin (66%). Most (93%) reported having shared injecting equipment and only 42% had used the SNEP. Three-quarters (74.7%) were infected with HIV and almost all (98%) with HCV. Age ($p < 0.001$) and length of time injecting ($p < 0.001$) were significantly associated with being HIV-positive. Over two-thirds were sexually active, but only 3% consistently used condoms. Almost three-quarters of IDUs in this study were infected with HIV; most within the first two years of injecting, indicating infection continues to spread at very high rates. Unsafe sexual practices place partners of infected IDUs at risk of infection. The SNEP must increase its coverage to young and new IDUs before they are exposed to blood-borne viruses. This study aims to measure risk behaviors and seroprevalence of HIV and hepatitis C in IDUs in Manipur, as well as to evaluate the impact of the recently established SNEP program (Syringe and Needle Exchange Program). The SNEP program distributed sterile syringes and condoms, as well as collected used needles and syringes from registered clients. Only 42% of the IDUs surveyed were in contact with the SNEP. Results showed a positive association between condom use and SNEP contact.

According to Sarkar, S., et al. (1993) In India, a steep increase in the prevalence of HIV (0% to 50% within six months) among the IDUs has been reported in Manipur, a north eastern state in 1990. In spite of large scale intervention program like educational campaign and widespread voluntary HIV testing in this state, the infection has quickly spread to the heterosexual population at large. The determinants of risk taking behaviors like sharing of unclean needle among the IDU population have been explored in this paper. A cross sectional study has been carried out among all of the 488 IDUs who attended any detoxification centers and prison during last two years at Imphal, the capital city of this state. Self reported behaviors based on the pre-scheduled interview were recorded and participation rate was satisfactory. The data was compared to a similar survey carried out by us in 1990. Although there has been decline in risk behavior among the IDUs, a logistic regression analysis reveals that unsafe needle sharing behavior is not influenced by the knowledge on HIV transmission, educational status or history of HIV testing or serostatus of the individual. The limitation of cross sectional nature of the study, bias due to collection of data in prison, self reported behavior, possible differences with street samples of the addict are discussed. This study explores the determinants of risk taking behaviors among IDUs in Manipur. All of the 488 IDUs who attended any detoxification centers or prison between August 1991 and July 1993 participated in this cross-sectional study. The authors determine that although there has been decline in risk behavior among IDUs, analysis reveals that unsafe needle sharing behavior is not influenced by increased knowledge of HIV transmission, educational status, history of HIV testing, or serostatus of the individual.

The study conducted by Panda, S,et al. (2000)³⁵ to identify factors associated with transmission of human immunodeficiency virus (HIV) from injecting drug users (IDUs) to their wives in Manipur, northeast India, where the prevalence of HIV among IDUs is 80% via a case-control study. One hundred and sixty-one HIV-infected IDUs and their wives were recruited from September 1996 to August 1997 inclusive. HIV status was determined by Enzyme-Linked Immunosorbent assay (ELISA) plus Western blot. Interviews were administered anonymously. Regression analysis identified factors associated with transmission of HIV from IDU husbands to their non-injecting wives. Seventy-two wives (45%) were HIV-positive. Only 15% of

the couples reported regular usage of condoms during intercourse. On multivariate analysis, a sexually transmitted disease (STD) in either member, reported by the husband, estimated duration of HIV in the husband for >8 years, and a history of blood transfusions were associated with infection in the wife. In conclusion, STDs are associated with transmission of HIV from husband to wife. Improved control of STDs, condom promotion, and improved blood screening are urgently needed in Manipur. For the present study 161 HIV-infected IDUs and their wives were recruited between September 1996 and August 1997. The study found that 45% of the wives were HIV positive and only 15% of the couples reported regular usage of condoms.

According to Sarkar, S., et al. (1993) Manipur lies in the north-eastern state of India bordering Myanmar, has experienced a rapid transmission of the human immunodeficiency virus (HIV) among its vast drug-injecting population. Seroprevalence among intravenous drug users increased from 0 per cent in September 1989 to 50 per cent within six months. With a minimum injecting population of 15,000 and seropositivity of over 50 per cent, the infection quickly spread to the population at large. One per cent of antenatal mothers tested seropositivity by 1991. Forming part of the area of South-East Asia known as the Golden Triangle, and producing opium and its derivatives, Myanmar shares a long international border with four States of the region, and populations with a common language and culture move freely across borders. Two other north-eastern states of India bordering Myanmar have faced a similar epidemic within a short period of time. As a result of serosurveillance for HIV since 1986, the epidemic could be detected at an early stage. The present paper provides an account of the results of ongoing comprehensive studies conducted in the north-eastern states of India on drug-related HIV infection, already a serious problem, but possibly still restricted to that region of the country. The prevalence of intravenous drug users, their HIV serological status, the demographic profile, risk behaviour, the spread of the infection to other groups and the problems of harm minimization are also covered. This article provides a good (although slightly outdated) overview of HIV/AIDS in Manipur. It also discusses the prevalence and history of IDUs and the growth of HIV/AIDS in the state.

Thomas, J. and M. Bandyopadhyay (1999) tells us that to successfully stall the spread of HIV/AIDS among the ethnic minorities in India, it is imperative that we not only

understand the complexity of issues in India with regard to HIV spread among ethnic groups but also comprehend that straightforward measures that might have worked in the context of other countries may not work in the Indian context. The authors present field work data and the results of interviews with 635 opinion leaders from eight 'tribal groups' from the north eastern border state of Manipur in India where a high rate of HIV infection is reported among the IDUs (intravenous drug users). The study found community support for AIDS, sex and drug education, along with an increasing perception of social vulnerability. Even though respondents perceive the threat of infection, few feel that they are personally susceptible. As HIV/AIDS prevention programmes compete with other socioeconomic conditions, the prevention blue print must be tailored to meet diverse demands in the study area and of the ethnic minorities in India. This article presents fieldwork data and the results of interviews with opinion leaders from eight "tribal groups" in Manipur. The study aimed to "document aspects of community response to HIV/AIDS and to identify gaps in existing AIDS prevention programs". Interestingly the study found significant community support for AIDS, sex, and drug education. The authors conclude "the HIV/AIDS prevention blue print must be tailored to meet diverse demands in the study area and of the ethnic minorities in India."

Bhagat, R. (2002) on online newspaper article describes the overall HIV/AIDS situation in Manipur. It discusses the connection between IDUs and the disease, as well as NGOs in Manipur acting on AIDS issues, and the consequences of needle sharing.

Riehmman, K.S. (1996) paper which is prepared for policy research report for policy consideration is a basic document on the connection between HIV/AIDS and injecting drug use. It presents an overview of levels of HIV infection among drug users in various countries, and discusses the role of the IDU population in introducing HIV into the general population (IDUs as a "bridge population"), the factors influencing the global diffusion of heroin and injecting drug use, practices that facilitate the spread of HIV among IDUs, and possible interventions to reduce HIV transmission among IDUs.

2.2 Gaps if any

As of now there is no analytical review available of the national and states HIV/AIDS policies in India. Policies and programs are made for a specific period of time. Often times there are gap in the linkage of one policy to the next. In India there have been four time bound HIV/AIDS policies, NACP I, II, III and IV. However these policies, their inbuilt programmes and strategies have not been studied across all states in India which made it difficult to make comparisons between the previous programmes and the current ongoing programmes to draw a meaningful conclusion. Needless to state that scientific documents on program review and comparisons are important for several reasons. Firstly, in terms of assisting the different states to design effective and efficient interventions for curbing the epidemic in their regard; secondly, the progression of the HIV/AIDS epidemic in each state is different. This provides us with a unique opportunity for learning from those countries and states that have dealt with the epidemic for a longer period. It is important to learn and to share experiences of different state of the country in the fight against HIV/AIDS. Thus, there is clearly a need to scientifically document this crucial data in our country. Also there are no documented reports of faith based organizations their interest except for the Christian based and the Catholic in particular.

The present study aims to critically review the policy, programmes and their strategy for HIV/AIDS mitigation in a high prevalent state i.e Manipur. It also pays attention to the role of F.B.O in the region.

2.3 Methodology

2.3.1 Study Area

The present study on HIV/AIDS was conducted in Imphal by following a holistic view of the program, its approach and processes by focusing 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 (Manipur State Aids Control Society). 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

2.3.2 Rationale of the Study

A comprehensive study will be carried out on the program implementation and impact of HIV and AIDS intervention in Imphal. It will take a holistic view of the programme, its approach and processes by focusing 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 (Manipur State Aids Control Society). 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

2.3.3 Objectives

A comprehensive analysis of the problem makes a case for the systematic analysis of the problem at multiple levels. It goes without saying that in HIV and AIDS mitigation not only the governmental organisation but a very large number of nongovernmental organisation have been reaching out with services to those vulnerable and those suffering alongside. Faith based organization's have shown their marked contribution. Each and every program and its service delivery are affected by a number of factors: The policy formulation, the program implementation and its operational modalities such as availability of funds, presence of skilled and trained functionaries etc. Not only is this, the political leaders and their commitment to this cause of HIV and AIDS prevention and management an aspect of great importance. The present study aims to look into all these aspects and develop an insight into the overall commitment of various actors in HIV and AIDS mitigation. The study was conducted based on the following research questions and objectives:

2.3.4 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?

2.3.5 Specific objectives of the study:

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.

2.3.6 Operational Definitions:

- a) **HIV:** Human Immunodeficiency Virus
- b) **AIDS:** Acquired Immuno Deficiency Syndrome
- c) **Mitigating:** Lessening, toning down or containing the spread of HIV and AIDS
- d) **Actors:** The various stake holders, government and non governmental organisations, faith based organisation in mitigation of HIV and AIDS
- e) **Process:** Course of action taken to achieve certain goal

2.3.7 Research Methodology

Since the objectives of the study demands, the scholar used Descriptive Research Design. Descriptive research is used to obtain information concerning the current status of the phenomena to describe "what exists" with respect to variables or conditions in a situation. It also relates to those studies which are concerned with describing the characteristics of a particular individuals or groups. The present studies were concerned with specific predictions, narration of facts and concerning individuals, groups or situations and it was descriptive in nature. The study were also concerned with whether certain variables are associated with something else, it was also diagnostic in nature.

The study uses both Quantitative and Qualitative method

Qualitative approach takes into consideration detailed descriptions of situations, events, people, interactions and observed behaviours. The researchers while using this approach captured what people have to say in their own words. In contrast to it Quantitative approach focuses on objective and standardised means of inquiry and application of statistical analysis for attainment of objectivity and generalizations.

2.3.8 Universe and Sampling Design:

The universe of the study is Beneficiaries of HIV/AIDS Policies and Programmes in Imphal, Politicians, Functionaries and heads of organization working in the field of HIV/AIDS in Imphal.

Further Imphal was subdivided into two districts, Imphal east and Imphal West. Imphal west being an administrative centre and more over 65% of the Imphal non-governmental organization are functioning here, so the researcher selected 8 organisations from Imphal west District and 4 organisations from Imphal east District which are functional for the last five years. In order to minimize any biasness in selecting the sample, records and data's were first verified of the performance of the organisations for the last five years. There are forty nine (49) Non Governmental organisations working in the field of HIV and AIDS in Imphal area where the research Scholar carried out his research. Out of the 12 organisations 60 beneficiaries, 24 functionaries, 12 administrative heads were selected using snowball techniques.

Knowing the importance of the roles played by Faith based organisations in the prevention of HIV/AIDS in the world, 4 leaders from the type were included in the sample. From the government 8 (Eight) MLA's from various portfolios were interviewed to find out the political commitment in the issue of health in general and HIV/AIDS in Particular. Three (3) representatives each from MSACS and ICMR Imphal unit were also interviewed. A total of 6 representatives from women organization, All Manipur Anti Drugs Association and a Notable person (Paramedical or Scholar) in the field were also interviewed. Due care was taken while selecting persons from social work background as they are the one who best experience the

roles and responsibilities, any fallacy and loopholes in the policies, Programs and implementation. The sampling detail is given below in the form of a table

Figure 2.1 List of governmental and non-governmental organization and various stake holders included in the sample

Stake holders	Imphal West	Imphal East	Total
Beneficiaries	40	20	60
Organisational Functionaries	16	8	24
Administrative heads	8	4	12
Manipur State AIDS Control Society	3	-	3
ICMR Imphal Unit	3	-	3
Faith Based Organisation	3	1	4
Political Leaders	-	-	8
All Manipur Anti Drugs Association			2
Meira Paibis			2
Notable persons in the field of HIV and AIDS			2
Total			120

2.3.9 Data collection:

a) Primary data

Primary sources were employed as some of the objectives were answered through primary data. So the research scholar uses interview schedule, interview guide, questionnaire and structured observation as method to collect information's and data's.

b) Secondary data

Few researchers had cautioned the limitation of secondary data as inconsistency, under, above or biased reporting so that HIV/AIDS implementing agency or the government could get some foreign grant by getting public sympathy. However the importance of secondary sources couldn't be undermined so the researcher collected data and compile a variety of secondary data source from, UNAIDS, USAID, UNDP, WHO, Population council etc. AVERT websites, CDC Websites, National AIDS control organisation websites, State AIDS policy sites, National, International news paper, Journals, Local Paper, reports from the queries and discussions on HIV/AIDS

in the state assembly 2002-2010 and local self government institutions, Network of Positive people, organisation, government and non-governmental organisation and various actors (Stake Holders) in Manipur.

2.3.10 Tools of Data Collection

For this study, the research scholar used various ways and means of data collections to suit the representatives and personnel's from various fields. Since the issue is a highly sensitive matter, where talking about sex is still a taboo in the Indian society, due care was taken to protect the interest and identity of the beneficiaries and also various stake holders involved in it.

a) Interview Schedule

The interview schedule means the use of a set of predetermined questions and of highly standardized techniques of recording. Thus, the interviewer in a structured interview follows a rigid procedure laid down, asking questions in a form and order prescribed. Interview schedule was prepared for the beneficiaries and the field level workers. While administering the schedule, the interviewer probe specific answers and some of the questions were repeated, rephrased on the spot in order to explain the question and get an accurate response.

Information was collected from the beneficiaries and the field workers regarding the demographic data or the socio economic background, the nature of their problem for which their accessing services, their perceived benefits and their reported difficulties in accessing these services etc. i) Demographic data related to the Beneficiaries and the field workers-Name, age, sex, location, educational/professional qualifications, annual income, marital status etc. ii) Commitment to their job and the issue of mitigation of HIV and AIDS in particular iii) Awareness related to issues of HIV and AIDS

b) Interview Guide

Interview guide was also prepared for Political actors at State legislature, for civil society representative like Faith Based Organisation, Administrative heads, Notable persons from nongovernmental organisation and governmental bodies. Interview

guide is a step by step guideline for the interviewer so that he does not miss out any important matter.

c) Content analysis

The method of content analysis was used to collect information and data especially of legislative questions and minutes and other forms of records at local level. Since content analysis is a research techniques used to objectively and systematically make inferences about the intentions, attitudes, and values of individuals by identifying specified characteristics in textual messages. The unobtrusive nature of content analysis makes it well suited for strategic research like the one the researcher uses with parliamentary and legislature debate. The framework chosen for the purpose is simple and general, employing only a few basic concepts: The data as communicated to the researcher, the context of the data, using knowledge to partition the seen reality, the use of frequencies for deriving greater and larger meaning.

2.3.11 Analysis of results:

The data after collection was processed and analyzed by coding, classification and tabulation of the collected data. Appropriate software, Statistical package for social sciences (SPSS) was used for data processing. Thus in the process of analysis, relationships or differences supporting or conflicting with original or new hypothesis were subjected to statistical test of significance to determine with what validity the data can be said to indicate any conclusions.

Needless to say 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

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