CHAPTER IV

Governmental and non-governmental organizations: Modalities of program planning and implementation

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Introduction

This chapter has been divided into two parts to fulfil the second objective "to analyse the modalities of program implementation by the Government and Non-Governmental Organisations". First part will analyse the modalities of government program planning and implementation. The second part will deal with strategies and evaluations of ongoing program activities of Non Governmental organisation. Further Non Governmental organisation will be subdivided into three sections a) Strategies and program activities of NGO's b) Role of social and cultural organisation c) Role of Faith Based Organisation. Social and Cultural organizations and Faith Based Organisations has been included as they play an important role in the prevention and mitigation of HIV and 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. Faith-based organizations are effective tools in responding to HIV and AIDS (Hogle, 2002).

4.1 Modalities of Government Program Planning and Implementation

The level of HIV prevalence varies across different states of India. The Government of India classifies the states of India into 3 categories based on the rate of HIV prevalence among clients of Ante Natal Attendees and high risk groups. The states of Maharashtra, Tamil Nadu, Manipur, Andhra Pradesh, Karnataka and Nagaland have been identified as high prevalence state because the HIV prevalence rates exceed 5 percent among high-risk groups and exceed 1 percent among antenatal women. The states of Gujarat, Goa and Pondicherry which share geographical borders with the high prevalence states report HIV prevalence exceeding 5 percent among high-risk groups but less than 1 percent among antenatal women and high prevalence state. Low prevalence states are those that HIV prevalence rate is less than 5 percent in high risk groups, and less than 1 percent among antenatal women. The Indian government initiative has not been discussed in detail here as it has already been discussed in chapter one. Only specific visions, aims and objectives are discussed in the present chapter.

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. The Government of India through the Ministry of Health and Family Welfare set up National AIDS Control Organization (NACO) a nodal agency to take up the cause of HIV and AIDS in India.

NACP I

NACO launched the 1st NACP initially designed for five years, (1992-1997), but due to various difficulties in program planning and implementation, it was extended for another two years till 1999. The main focus of the 1st NACP was mass campaign on awareness. It was funded by World Bank and a strong WHO Global Program on AIDS (GPA) support. The ultimate objective of the project was to slow the spread of HIV to reduce future morbidity, mortality, and the impact of AIDS by initiating and establishing a comprehensive multi-sectoral program. The various components of the first phase were (a) Program management (b) Intersectoral collaboration (c) HIV and AIDS surveillance (d) Targeted interventions among high risk groups (e) Condom Programming (f) Sexually Transmitted Disease (STD) Program (g) Blood safety program (h) Information, education and communication (I.E.C) (i) Impact reduction

The outcome of NACP 1 has made awareness levels increased to about 70-80% in urban areas even though the level of awareness in rural areas remains low at about 30%; Modernization and strengthening of blood banks; introduction of licensing system of blood banks and gradual phasing out of professional blood donors; and availability of good quality condoms through social marketing has made a significant increase in its use.

NACP II

The 2nd NACP was also designed for five years, (1999-2004), and the program underwent a dramatic changes focusing on preventive intervention among targeted populations, institutional strengthening and inter sectoral collaboration. The 2nd NACP was also extended initially for two years till 2006 and was further again extended for one more year till 2007.

The policy and strategic shift was reflected in the two key objectives of NACP II. Reducing the spread of HIV infection in India, Increasing India's capacity to respond to HIV/AIDS on a long-term basis, Achieving condom use of not less than 90%among high risk categories like commercial sex workers, truck drivers etc., and Achieving awareness level of not less than 90 % among the youth and others in the reproductive age groups, Reducing blood borne diseases and transmission of HIV to less than 1% of total transmission. While the success of NACP II could not be undermine but there are complexities to be understood. There are Complexities of the epidemic and its exact dimensions which have to be understood especially in the Northern and North Eastern states of the country. There is a frequent change of Project Directors (PDs) of State AIDS Control Societies (SACS) and other senior program managers at the state level which weakened the thrust and focus of interventions.

NACP III

The 3rd NACP was launched for another five years, (2007-2012), with the main focus of halting and reversing the HIV and AIDS epidemic in India by the year 2012. NACP III follows the strategy of unified three ones, one Agreed Action Framework, one National HIV and AIDS Coordinating Authority and one agreed National Monitoring and Evaluation System. The specific objective is to reduce new infection as estimated in the first year of the program by: Sixty per cent (60%) in high prevalence states so as to obtain the reversal of the epidemic; and Forty per cent (40%) in the vulnerable states so as to stabilize the epidemic.

The goal, objectives and strategies of NACP-III will be informed by the following guiding principles: The unifying credo of Three Ones, i.e., one Agreed Action Framework, one National HIV/AIDS Coordinating Authority and one agreed National M&E System. Equity as monitored by relevant indicators in both prevention and impact mitigation strategies i.e. percentage of people accessing services disaggregated by age and gender. Respect for the rights of the PLHA, as it contributes most positively to prevention and control efforts. NACP-III would evolve mechanisms to be put in place at

all levels to address issues related to human rights and ethics. Particular focus would be on the fundamental rights of PLHA and their active involvement as important partners in prevention, care, support and treatment initiatives.

NACP IV

The fourth NACP is also design for five years 2012-2017 with an aim 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.

The goal is to Accelerate Reversal and Integrate Response and the objective to reduce new infections by 50% (2007 Baseline of NACP III) and provide comprehensive care and support to all persons living with HIV/AIDS and treatment services for all those who require it.

The key strategies of NACP IV includes: Intensifying and consolidating prevention services, with a focus on HRGs and vulnerable population; Increasing access and promoting comprehensive care, support and treatment; Expanding IEC services for (a) general population and (b) high risk groups with a focus on behaviour change and demand generation; Building capacities at national, state, district and facility levels and strengthening Strategic Information Management Systems.

There are certain new initiatives under NACP-IV which includes: Differential strategies for districts based on data triangulation with due weightage to vulnerabilities; Scale up of programmes to target key vulnerabilities a. Scale up of Opioid Substitution Therapy (OST) for IDUs b. Scale up and strengthening of Migrant Interventions at Source, Transit & Destinations including roll out of Migrant Tracking System for effective outreach c. Establishment and scale up of interventions for Transgenders (TGs) by bringing in community participation and focused strategies to address their vulnerabilities d. Employer-Led Model for addressing vulnerabilities among migrant labour e. Female Condom Programme; Scale up of Multi-Drug Regimen for Prevention of Parent to Child Transmission (PPTCT) in keeping with international protocols; Social protection for marginalised populations through mainstreaming and earmarking budgets for HIV among

concerned government departments; Establishment of Metro Blood Banks and Plasma Fractionation Centre; Launch of Third Line ART and scale up of first and second Line ART; Demand promotion strategies specially using mid-media, e.g., National Folk Media Campaign & Red Ribbon Express and buses [in convergence with the National Rural Health Mission (NRHM) now National Health Mission.

4.2 Non Governmental Organisation modalities of program planning and implementation.

Soon after the discovery of HIV and AIDS in India during the year 1986, NGOs and CBOs have been at the centre of response, providing a lead role in many states in building effective strategies for HIV and AIDS prevention care and impact mitigation. In districts and state that have turned around major epidemics, such as Manipur, Maharashtra, Tamilnadu, Nagaland, Karnataka and Andhra Pradesh, non-governmental and community-based responses have played a long-standing and crucial part in the success to HIV and AIDS mitigation. NGOs and CBOs are recognized as being innovative and uniquely placed to access communities affected by HIV and AIDS directly, particularly the most marginalised and vulnerable. The importance of NGOs and CBOs in response to HIV and AIDS has been recognised but the capacities of these organisations and the quality of their programmes may be variable. In view of these, it is imminent that there is a clear need for the funding of NGOs and CBOs to be matched by support to develop and strengthen their organisational and technical capacity. This has been necessitated to maximise their potential and achieve sustainability and scale-up of effective responses to HIV prevention, AIDS care and impact mitigation.

1) Brief Profiles of NGO's

The term NGO includes many different types of organizations, from small local groups operating in a largely voluntary and informal basis, to large private development agencies with multimillion dollar budgets and thousands of paid professional staff. The present study was conducted among twelve NGO's which has been established at least five years. A brief descriptions of the NGO's is given below as discussed according to Sukai,T.B, 2010.

Table 4.1 Brief profiles of 12 NGO's

Sl. No.	Name of the organisation	Year of estd.	Main objectives	Challenges
1	Integrated Women and Child Development (I.W)	1998	Outreach work for PLWHA to different communities, HIV/AIDS awareness, condom promotion etc.	Stigma and Discrimination
2	Indian AIDS Consortium (I.E)	1998	NSEP, Home based care, condom promotion, referral services, DOT service at drop in centre	Mobilizing the community, to make the program interesting and successful becomes the most challenging task
3	Manipur Network of Positive People (I.W)	1997	Coordinating various positive people, awareness campaign on HIV/AIDS, Advocacy, Helping children orphaned by HIV/AIDS, SHG formation for PLWHA	Problems of law and order, stigma & discrimination and condom promotion among the Muslim communities
4	Meetei Leimarol Sinnai Sang (I.W)	1989	Women Empowerment, eradication of illi teracy, HIV/AIDS intervention program mes among C.S.W	most of their clients are commercial sex worker and non brothel based; it is difficult to locate them and talk freely about sex and sexuality in general and HIV/AIDS in particular
5	Lifeline Foundation (I.W)	1992	HIV/AIDS mitigation among HRG, Condom promotion, SHG formation, B.C.C and bringing about society with drugs free life.	Prevailing law and order problem, resource constraint and non state actors having a stake.
6	Social Action and Service Organisation (I.W)	1997	IDU intervention , intervention among MSM, Condom promotion, HIV/AIDS awareness program in the communities	Behaviour change, dealing with various distinct groups and prevailing law and order situation
7	Rural Upliftment and Service Agency (I.E)	2001	Prevention of HIV/AIDS among IDU's and other HRG, SHG formation for income generation among the spouses and condom promotion, etc.	lack of sufficient funds to organise a community meetings, seminars, workshops etc on timely basis, which in turn tends to lose our clients who can be changed
8	Wide angle social development (I.W)	1994	Strengthening harm reduction measures and minimizing the spread of HIV/AIDS, develop strategies for effective implementation of child rights especially of HIV/AIDS infected and affected	seeking support from the community for tackling stigma and discrimination
9	People's Welfare Association (I.E)	2005	Making a better society free from social diseases like HIV/AIDS, T.B, etc	lack of voluntarism among the people and especially among the peer group
10	LEWS Community care centre (I.W)	1999	care and support services for HIV infected and affected people	lack of financial support, poor manpower, fear of stigma and discrimination, law and order situation, low level of acceptance in the remote areas
11	Manipur Voluntary Health Association (I.E)	1998	one to one interaction, outreach services, OPD program, mobile health check up, advocacy program, network meeting, condom promotion, peer education training, focus group discussion.	to convince the client and the community for change
12	KRIPA Society (I.W)	1998	prevention of HIV among IDU's, their spouses, children, care and support services. According to the organization peer education and HIV/AIDS awareness in the community has been most successful among other strategies.	Irregularity of funds has been their major challenge

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. The organizations have been in existent for the past 5 years or more. Some of the main objectives of the 12 NGO's have been elaborated below: 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.

2) Strategies

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.

a) Peer-group approach – It is the involvement of peer groups in designing and implementing HIV and AIDS messages which make sure that the messages are more relevant to the community and acceptable by the high risk population. They often played a key role in gathering the beneficiaries for awareness camps and also building rapport among the staff and the beneficiaries. Peer educators in these projects are seen as facilitators and key influencers of the community.

b) Capacity building - Capacity building of the staff by regular training is one of the strategies implemented by most of the NGOs. Issues related to HIV and AIDS prevention, condom promotion, STD diagnosis, treatment and behavioral change communications, training programmes for the outreach staff included topics on approach and initiation of talk with the clients, and in understanding the clients' behaviour.

c) Condom promotion Activities – Condom promotion though not an established strategies in Manipur but are available in the chemist shops and various designated outlets. Besides free supply of condoms at the offices of the non- governmental organizations and the health centre's of the Government, it could be purchased in areas such as chemist shops, Pan shops, dhabas, hotels, transport offices, petrol pumps and the project offices.

d) Accessibility of IEC Materials - The IEC campaign which has been designed to create awareness and influence individual behaviour. Street plays, leela, cinema halls, pamphlets and posters were used as media in the interventions. IEC materials have been focusing on to communicate to the illiterate, low-income high- risk populations and most importantly the ignorant ones.

e) STD Treatment and Counseling - Almost all the NGO's gave importance for the diagnosis of STD through Syndromic recognition and the laboratory testing facilities. Counseling as such has been given utmost importance before testing and post testing.

f) Outreach Work Strategies - The outreach workers involve individuals both from high-risk population and general population. Outreach workers were given training in a specific manner with a set of specific education messages, devices and implemented by members of the community. The trained outreach workers know when, where and how to engage high-risk populations in the AIDS prevention campaigns. Outreach workers were trained to establish rapport building, and are also responsible for IEC materials distribution, dissemination of information about condom and STD diagnosis and treatment.

g) Community Level Interventions - Promotion of safe sex behaviour and eliminating stigma and discrimination about HIV and AIDS have been considered to be important indicators of behavioural change. As a communication strategy, materials have been printed in local languages and also with multilingual capacity. Some of the other main

activities of the NGOs also include behavioral change through group educational session, providing information related to sex and sexuality, providing quality STD care, outreach services like home based care, helping community members to develop prevention strategies etc. Apart from these they also focus on building leadership at community level on different issues such as savings and credit, formation of women self help groups etc. However, with HIV infection and AIDS continuing to spread in India, a new and better approach for prevention and control is needed.

3. Evaluation of ongoing programme activities

In order to understand the ongoing program activities of the governmental and non-governmental organizations, two (2) functionaries each from twelve (12) NGO's and two (2) counselors from government ICTC centre were interviewed. Of the (12) organizations, 8 were from Imphal west and 4 were from Imphal east. Apart from the functionaries, one (1) Administrative head from each (12) organizations were also interviewed as they would be instrumental when critically analyzing the ongoing program activities.

There are varieties of programs being carried out by the non-governmental sectors in India. In the context of HIV and AIDS mention may be made of the ongoing program activities in Manipur like 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. The integrated RIAC program was launched on 7th November 1998. It is being implemented, at present, in collaboration with 45 NGOs covering all the 9 districts of Manipur. The objectives of the programme are: (i) To minimize the spread of HIV infection among injecting drug users by making the IDUs accessible to clean needles, syringes and other injection works; education, counseling, skill development and referral network to drug treatment and other social support networks. (ii) To minimize the spread of HIV infection from IDUs to female sex partners through condom promotion, education and counseling. (iii) To monitor and evaluate the change in the behavioral pattern of the IDUs. (iv) To help and support the

people living with HIV and AIDS and to initiate community mobilization so that the families and community can take responsibility for care of people living with HIV and AIDS. (v) To ensure effective linkage between community and hospital through formation of "Thoudang Marup" (community action groups) at the community level and Layengshangee Marup (hospital action groups) at the hospital or Community Health Centres and Primary Health Centres. (vi) To provide home based care services for the needy patients and to produce a "Home Care handbook".

Making injecting safer for people who use drugs by providing sterile equipment is relatively easy and inexpensive and can significantly reduce levels of HIV transmission (UNAIDS Global Report 2010). 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 establishment and maintenance of NSEP reduce the risk of spreading HIV and AIDS between IDUs as well as to their sexual partners.

On being enquired about supply of Needles and Syringes to 60 beneficiaries 83.7% said they receive Syringe regularly from NGO's where they are attached to. Heads of the twelve non-governmental organizations also replied in the affirmative that they promote NSEP as it is proved to be very effective in controlling HIV and AIDS.

Interestingly the secretary of All Manipur Anti Drugs Association (AMADA) said their organization was not of the opinion of promotion of NSEP at the beginning but later they uphold the idea after careful consideration and promote responsible use of it.

According to a study conducted by Sarin E., et al (2008), on working women who use drugs in Delhi, India. It was found that the biggest limitations in the design of drug treatment interventions in Delhi are that there is a lack of diverse treatment options for women users. Only indoor detoxification and rehabilitation facilities are available for women and even these has not been offering a quality of care which commensurate with

the needs of the women. Lack of mental health care in drug treatment centres has been felt to be a huge gap in services. They conclude that NGOs like Sharan and Sahara are obliged to take up the entire continuum of care services which limits their ability to provide optimal care and services to women drug users. Lack of funds and lack of understanding among funding agencies about issues of women users are additional limitations in service provision.

The government ICTC centre where the counselors were interviewed is in the heart of the capital. The centre is located in the building of Regional Institute of Medical Sciences (RIMS) a premier medical institute being funded by the Ministry of Development of the North Eastern Region (DONER) Government of India.

Intervention programs for the sex workers both brothel based and non brothel based like spreading awareness on HIV and AIDS and condom use has a positive impact. In the present study Meeitei Leimarol Sinai Sang is the only organsation working with female sex workers. At present there are no brothel based sex workers in Manipur who are working in the industry. They function through different channels. Since there is no designated district at present like G.B Road in Delhi, Sonagachi in Kolkata and Kamathipura in Mumbai, female sex workers are unnecessarily harassed by the police commando's and other social organization, reported the head of the organizations. Apart from the harassment they got from these organizations they are in the very high risk groups as they cannot be intervened since they go underground. But to a great extent where ever organizations function they are able to change the behavior of the female sex workers. They educate them, provided them vocational training for income generating programmes and it can be said that it has greatly shaped their behavior to leads a normal life, according reports the head of the organizations. Similar success stories could be seen in a study conducted by Singh IP 1998 on STD-HIV intervention programme: the Sonagachi model. The study shows that sex workers awareness on HIV and AIDS increases from 30.7% at baseline in 1992 to 96.2% in 1995. The percentage of sex workers who always use condoms increased from 1.1% at baseline to 50.1% in 1995. The program has enhanced the self-respect and professional identity of the sex workers. As a

result, sex workers are better equipped with the requisite knowledge and the courage to negotiate condom use with clients and to turn away men who refuse.

Manipur as is known by one and all in India is famous for its sporting talents and represented India internationally on many occasions. Sports have become a popular tool for HIV prevention, based on claims that it can foster life skills that are necessary to translate knowledge, attitudes and behavioral intentions into actual behavior. Many of the NGO's make use of the popularity of sports in the state of Manipur and the Manipuri's passion for it to spread awareness about it. Almost 90% of the total NGO's n=12 conducted their half yearly recreational activity by organizing a one day sports meet and going for outdoor picnic. According to heads of these organizations it has a positive impact to the service providers' i.e their staffs. It boosted their morale, increased their confidence level and productivity. It reduces their stress level and enables them to become friendlier with the clients.

Similar kind of impact of sports in HIV prevention programs could be seen in a study conducted by Delva W., et al 2010 on HIV prevention through sport: the case of the Mathare Youth Sport Association in Kenya. They say empirical evidence of the effectiveness of sport-based HIV prevention programmes is sorely lacking. They therefore conducted a cross-sectional survey by assessing sexual behavior and the determinants there of among 454 youth of the Mathare Youth Sport Association (MYSA) in Kenya and a control group of 318 non-MYSA members. They imply multiple (ordinal) logistic regression models to measure the association between MYSA membership and attitudes, subjective norms and self-efficacy related to condom use as well as sexual experience, age at sexual debut, condom use, history of concurrent relationships and number of partners in the last year. It shows that MYSA members were more likely to use condoms during the first sex act (odds ratio (OR)=2.10; 95% CI: 1.10-3.99). Consistent condom use with the current/last partner was 23.2% (36/155) among MYSA members vs. 17.2% (17/99) among the control group. Even after adjusting for media exposure - a factor associated with both MYSA membership and higher frequency of condom use - MYSA members were still found to use condoms more frequently with

their current/last partner (adjusted OR=1.64; 95% CI: 1.01-2.68). They conclude that though sports has a positive impact more rigorous evaluations of sport programmes for HIV prevention are needed.

Details of the ongoing programs were obtained from the respondents in the context of their organizations. Different program activities such as prevention education in educational institution, awareness programs in the communities, dissemination of I.E.C materials, provision counseling services and condom distribution activities were all discussed. Their opinion was also sought on the use of folk media such as Drama or Leela in their programs. Their responses are as discussed below.

The respondents were asked on whether their organizations gave HIV and AIDS prevention education in schools and colleges. Out of the total respondents, 76.9% of them state that their organizations have such programs. All of the functionaries reported of having programs such as counseling services, condom promotions and distributions and peer education. On the other hand only 38.5% reported the use of folk media in reaching out to the people. Probably their programs and strategies are so structured that there is little scope and may be timed for experimenting with creative methods using media such as drama or leela. Another 23.1% felt that peer education also to be one of the most successful among the many intervention programs. This can be substantiated by a study conducted by Van Rompay KK et al 2008, on development of an HIV peer education model for low literacy rural communities in India. The method employed was selection of six non-governmental organizations (NGO's) with good community rapport collaborated to build and pilot-test an HIV peer education model for rural communities. The program used participatory methods to train 20 NGO field staff (Outreach Workers), 102 women's self-help group (SHG) leaders, and 52 barbers to become peer educators. Cartoon-based educational materials were developed for low-literacy populations to convey simple, comprehensive messages on HIV transmission, prevention, support and care. In addition, street theatre cultural programs highlighted issues related to HIV and stigma in the community. The result shows that the program has reached an estimated over 30,000 villagers in the district through 2051 interactive HIV awareness programs and one-on-one

communication. Outreach workers (OWs) and peer educators distributed approximately 62,000 educational materials and 69,000 condoms, and also referred approximately 2844 people for services including voluntary counselling and testing (VCT), care and support for HIV, and diagnosis and treatment of sexually-transmitted infections (STI). At least 118 individuals were newly diagnosed as persons living with HIV (PLHIV); 129 PLHIV were referred to the Government Hospital for Thoracic Medicine (in Tambaram) for extra medical support. Focus group discussions indicate that the program was well received in the communities and has led in the improvement of health awareness and also provided the peer educators with increased social status.

Further detail discussion with the respondents showed that 61.5% felt that HIV and AIDS awareness programmes in the communities seem to be the most effective of all prevention programmes. Interestingly some of the respondents also report that peer education is a successful intervention strategy in their organization. This is quite obvious because at the community level outreach programs are for a larger audience. The success of community involvement and peer education could be substantiated by a study conducted by Maticka-Tyndale E and Barnett JP (2010). They critically review and synthesize the results and lessons learned from 24 evaluated peer-led programs with an HIV and AIDS risk reduction component that target youth in the communities where they live and are delivered in low- and middle-income countries. Interventions were identified through a comprehensive search of the peer reviewed AIDS-related literature as well as publication lists of major organizations in the UN family that address HIV and AIDS. The synthesis of the study results finds that these programs have demonstrated success in effecting positive change in knowledge and condom use and have demonstrated some success in changing community attitudes and norms.

There are different challenges faced by the functionaries while implementing HIV and AIDS prevention programmes discussed. Some of the most common challenges of the respondents were that they did not get full support of the communities due to stigma and discrimination attached to HIV and AIDS virus. According to some respondent discussion on the issue of sex and sexuality are taboo and not many people come forward

to utilize their services. Another respondent mention that in his opinion the youth are also not very easy to reach out to. On the whole mobilizing the community to take part in awareness program is a big challenge. Not only this, a lot of creativity is needed in terms of use of appropriate media to make the program interesting and reachable to the masses.

Problems of law and order like the insurgency in North east and Manipur in particular which has been widely accepted as political and economic problem, frequent Bandhs and blockages called by various organizations fuelled by stigma and discrimination also create a great hindrance in HIV and AIDS intervention programmes that being carried out by various organizations. One of the organization in which one functionary were interviewed said that most of their clients are commercial sex workers and non brothel based; it is difficult to locate them and talk freely about sex and sexuality in general and HIV and AIDS in particular. The reason behind sex workers being underground has been due to unnecessary harassment by police commandoes and certain social organizations state head of one organization.

Among the 12 NGO's, 4 organizations received funding from foreign donors like Catholic Relief Services, Child Rights and You, Clinton Foundation and Childline. According to them funds from foreign donors has greater flexibility compared to funding from national and state government. The remaining 8 organization are being funded by NACO through the State AIDS Control Society.

Organizations which are not so well established, the administrative head had to shell out money from their own pockets to continue with their work when funds did not reach them on time. In response to a query on the success of alternative sources of fund raising conducted by these 12 organizations; selling of seasoned lottery tickets, organizing a Tambola game and charity shows are one of the most popular form. Charity shows though once a very popular one amongst the Manipuri's, it has not been successful during the present times where cheap video CD's are available in the market coming from Myanmar.

Irregularity of the funds being released by the state government hampers the continuity of the intervention programmes. Out of the total respondents 10 respondents did mention about lack of sufficient funds to organize community meetings and awareness program on timely basis. Most of the organization provides general health care to PLWHA, referral services; home based care and STI treatment and management.

Another 12 respondents said their organizations provide HIV-TB co-infection management, 16 respondents said they provide Palliative (reducing the severity of disease symptom) care and 18 respondents said they provide Pediatric (infant and child care) aids treatment. The entire organizations have collaboration with other NGO's and care centre and they provide Nutritional support for people living with HIV and AIDS.

Table 4.2 various challenges in providing care and support services

Care and Support services	Percentage
general health care to PLWHA	11.5
palliative(reducing the severity of disease symptom) care, home based care	15.4
pediatric(infant and child care) aids treatment	3.8
nutritional support	7.7
any other	61.5
Total	100.0

In the above table, it can be seen that various challenges faced by the respondents in providing care and support services to the people are different. Out of the total respondents 11.5% said that they provide general health care to PLWHA, 15.4% said they provide palliative care and 7.7% said they provide nutritional support.

There are different types of services provided by the nongovernmental organizations. 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. Most of the beneficiaries are not employed, so the organization gave training to the beneficiaries. 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 .

Table 4.3 shows that SHG for economic empowerment draws the maximum number of response and it is the most effective services provided by the functionaries according to them. Vocational training to PLWHA and facilitation of PLHA network draws huge response from the beneficiaries and the functionaries and attributed 23.1% and 26.9% each respectively in popularity.

Table 4.3 Services provided and its effectiveness

Services	Percentage
financial support for ration/clothes etc.	7.7
vocational training to PLWHA	23.1
self help group formation	30.8
educational support for children affected/infected by HIV AND AIDS	7.7
facilitation of PLWHA network	26.9
any other	3.8
Total	100.0

Out of the total respondents 7.7% each said that they provide financial support for ration or clothes and educational support for children affected or infected by HIV and AIDS.

Different organizations provide different programme management services to the beneficiaries. The different types of programme management services provided by the organizations are Information sharing through publication of journals, newsletter etc, Participation in planning process of MACS, capacity building programme for health care workers and community leaders, provide the services of resource persons, clinical research and social research.

Out of the total respondents 76.9% said, they have information sharing through publication of journals, news letter etc. Out of the total respondents 76.9% said they participate in the planning process of MACS programmes. Capacity building programs

for health care workers and the community leaders are important components of program management and 92.3% of the respondents said they have the services.

Taking note of the importance of providing a resource person in program management services, 84.6% of the respondents said they have it. Since most of the organization does not have their own laboratory for conducting clinical research and taking into consideration of the fact that resources are constraint in the tiny state of Manipur, 92.3% of the total respondents said they don't conduct clinical research.

Since the present study focus on the social aspects of HIV and AIDS, social research plays an important role. Many of the organization directly or indirectly supported by Manipur state AIDS control society conducted many social researches for their own program components or for other purposes. Out of the total respondent 69.2% said they conduct their own research.

Since none of the organization provides clinical research, it cannot be seen in the table 4.4 of the many program management services being provided by the organization. The challenges and difficulties as described by the respondents of the clinical research ranges from funding problems to manpower inadequacy. Heads of the 12 organizations also cited problems of funds due to irregularity in releasing them on time by the state concerned authorities.

Table 4.4 Percentage of challenges and difficulties faced while providing services

Services	Percentage
Information sharing through publications of journals, newsletters etc	3.8
Participate in planning process of MACS	3.8
Capacity building programme for health care workers and community leaders	19.2
Provide the services of the resource persons	7.7
Social research	15.4
any other	50.0
Total	100.0

Interpretation of table 4.4 above shows the varying percentage levels of challenges and difficulties faced by the respondents. Of the total respondents 19.2% said they faced difficulty in capacity building program of health care workers and community leaders. As

told, capacity building for the community leaders involved in-depth information, education and communication and behavior change communication process so that they are fully empowered.

Out of the total respondents 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. Providing a regular well known resource persons for seminars, workshops etc involve a huge amount of money, so 7.7% of the total respondents say they have difficulty in it.

One of the most successful stories for HIV prevention programs in Thailand has been the distribution of condom and a wide spread message about it. Condom promotion and distribution model used by Thailand has been one of the world most successful stories. In the context of India and Manipur in particular, are they really successful in the prevention of HIV and AIDS? There are no social marketing programs of condom adopted by the said 12 organizations head being interviewed. There are various factors associated with it. Some of the main issues pointed out by these twelve heads includes: Social stigma attached to it, cost of the condom, societal values, ethics and norms etc. In one of the interview to administrative head of one organization pointed out that, if condom vending machine is installed then people won't go for it as it has social stigma attached to it. But he suggested that if Chocolate and eatables are also included in the vending machine then it will reduce stigma as anyone can go and get eatables and the condoms together.

The above cited problems in condom use and availability could be substantiated by a study conducted by Sarkar N.N., 2008 on barriers on condom use. He pointed out that several factors were associated with non-use of a condom during sexual intercourse. Their cost often posed a barrier to condom use for the poor, even in developed countries. In many communities, moral values, ethnic and religious factors also played a role. Among other social factors, gender inequality, lack of a dialogue among partners with regard to condom use, and the stigma attached to the condom could all lead to unprotected sexual intercourse. Personal factors such as aversion to the condom,

consumption of alcohol or use of drugs prior to sexual intercourse, and anxiety and depression all were negatively associated with condom use.

4. Impact evaluation:

Out the total 60 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 contend with it.

Regarding condom availability, STI diagnosis and treatment facilities (Mobile Clinics), ICTC's centre, IEC Materials, Required number of hospital beds, officials from State AIDS control Society, ICMR, Notable person and 12 administrative heads of the organization gave their opinion upon it.

Officials from the state AIDS control Society were of the opinion that the state has sufficient services among the above listed services through their departments and various NGO's associated with them. However officials from the state ICMR Unit were of the opinion that the state requires more STI diagnosis and treatment facilities like the mobile clinics. Though the state had introduced Mobile clinics but it requires more number to cover the interior parts of the state. They also voiced their opinion about the requirement of more hospital beds apart from the existing one.

All of the 12 administrative heads agreed to the fact that condoms are available but interestingly one administrative head pointed out that the quality of the condoms being supplied through MSACS are of poor quality complains beneficiaries. One administrative heads pointed out that clients prefer to take condoms which have beautiful and attractive girls picture printed on it. All the 12 heads are of the opinion that the introduction of

mobile clinics is a welcome note but the number should be increased. They said IEC materials should be printed in different dialects of Manipur so that the people have better understanding of the intricacies of HIV and AIDS. The two notable person interviewed supplement the opinions of the 12 administrative heads saying that the number of mobile clinics should be increased, ICTC centre should be set up in the remote far flung areas, IEC materials be printed in every dialects of Manipur and the number of Hospital beds, care centre should be increased.

Regarding the RIAC program being launched by MSACS the administrative heads of the 12 NGO's were affirmative that due to the introduction of RIAC program the rate of infection amongst the IDU has came down drastically. One administrative head pointed out the need to include more care and support services.

After careful evaluation of their programmes it has been highlighted that stigma and discrimination still prevails in the society though not openly. Opinions of the 12 administrative heads show that instances of stigma and discrimination towards PLWHA are few but it still prevails among the general population. Two administrative heads goes to the extent in giving example about stigmatized client. A woman widowed by PLHA husband - Now the in-laws don't like her as they think that she is going to claim the ancestral property. When she goes back to her parental house her brother's and sister don't like her because of her Sero status and also they think that she will have a claim in the family properties. Another administrative head said one woman (widow) came for admission in our center. Her in-laws don't want her anymore. It compels her to come forward to our center. One little girl who lost both her parents, she had a grandmother who use to take care of her. After the grandmother expired there were no willing relatives to take care of her. She (the child) was taken to our center and we supported her in any way we can. We administered ARV drugs and has been taking shelter in our care home.

The ground reality still prevails, one administrative head said to tackle the problem of stigma and discrimination there should be an in-depth research and studies upon it and showed to the policy makers about the ground reality. One administrative head was of the

opinion that there should be moral policing and the culprit should be punished. Other heads of the remaining organization were of the opinion to raise in-depth awareness among the general population. Of all the ongoing program activities NSEP a part of the RIAC program has been the most successful and they hinted the need to introduce a specific program for women, children and the orphan in line with RIAC program. One of the administrative head said to tackle the problem of stigma and discrimination there should be a committee like crisis management group.

B) Role of Social and Cultural organizations

Social and Cultural organizations plays an important role in the prevention and mitigation of HIV and 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.

Society is a type of social organization and that social organization refers to patterns of social interaction. Social organization is represented by the various parts of society in so far as they function with one another (Charon, 1986). Any group organized for a specific purpose becomes essential to social life or social order in the normal state of society; it becomes a part of the social organization. An organization is set up to achieve a certain purpose, to unite its members' activities and regulate them in the name of the given purpose. In its turn, organization's activities suggest its performing of definite functions.

The present study in Imphal shows that there are two main social organizations that play as a moral guardian to the society by promoting their objectives of a drug free society. As already discussed the first HIV reactive blood sample was found from a drug user. Manipur shares international border with Myanmar, from where all the drugs are coming to the border town of Moreh (Beyrer et al. 2000).

The two prominent organizations are
(1) All Manipur Anti Drugs Association (AMADA) and (2) Meira Paibi’s

Both these organizations are known to have taken the initiatives of curbing the social menace of drug abuse in the state.

(1) Contribution of All Manipur Anti Drugs Association (AMADA)

All Manipur Anti Drugs Association (AMADA) was established in the year 2005 with the main objective of helping people to lead their lives in a society completely free of drugs. During the time drug use was rampant among the youngsters. The period 2000 onward was one when drug abuse was very high amongst the youth (MSACS). AMADA a social organization started its services on HIV and AIDS by generating funds from the public. Initially their focus was only on curbing drug abuse and later they expanded their services to HIV and AIDS mitigation. The main programs organized by them towards HIV and AIDS prevention include seminars, forming health clubs and self help group. These has been regularly organized in the last few years

Two representatives of AMADA were interviewed for the purpose of the study. They reported the activities of their organization and its achievement.

There have been many success stories especially of AMADA in curbing drug use in the state. They associate themselves with other established NGO's for their technical and material support in their programs. In one incident a minor boy who was orphaned by their parents died because of HIV and AIDSs, AMADA opened an account for the boy and deposited Rs. 10,000 as fixed deposit. The money they said would help the boy in his quest for further education.

AMADA in their endeavour to self employment started making their own detergent powder, in which all the workers are widows who are HIV positive. These women would manufacture the detergent powder with the help and support of AMADA. They would then sell the product in the local market and the profit margin would go to them. The capital money used in the manufacturing of the detergent powder would be kept in the account of AMADA and reuse it for further production.

In an interview to the general secretary of AMADA on his view about the organization takes on Needle and Syringe Exchange Program (NSEP) one of the core components of Rapid Intervention and Care (RIAC) project of Manipur State AIDS Control Society. He said NSEP at the beginning was debated among the members of their society. Most of the members felt, it was rather promoting and encouraging drug use among the society. So, they were not promoting it at the beginning but later when they were educated about the positive impacts it had in different countries, they upheld the idea of responsible use of it.

According to Chawng. et al., (1999) Mizoram is one of the north-eastern state of India with a population of 900000+ has a high number of drug user of which injecting drug users (IDU's) amount to approximately 5000+. Out of these, 70-80 Percent indulges in unsafe injection practices till the mid-2000. As a result, there is a high rate of injection related abscesses and ulcers IRAU, 68 Percent incidence. Also, HIV transmission through sharing of injection equipments constitutes 45.6 Percent of the total HIV+ cases. Since late 2000, a number of NGO's under the funding of Mizoram State Aids Control Society aggressively carried out NSEP among the IDU population. The present scenario has shown major positive changes. 70 Percent of contacted IDU's accepted and practiced safe injection practices; the incidence of IRAU has gone down to 4 Percent, and only 2-3 Percent of new HIV infections among the IDU population were reported during 2004.

In the history of AMADA, youngsters were hauled up for their drug abuse. They are then counseled for a behaviour change and sometimes when a repeater is being caught up, they inform their parents about their habits. In certain cases some of the highly addicted persons are referred to care homes being run for drug users.

(2) The role of Meira Paibi's

The "Meira Paibi's" means women torch bearers and as is evident it is a women's organization.

Women's of this tiny state plays major role in diverse activities since early times. The contribution made by the women group in the state economy cannot be ignored. They are the main workforce of the state; the famous Khwairamband Bazar in the heart of the city is all taken care of by Women. From locally made handloom products, kitchen wares, handicraft products to different varieties of vegetables and rice can be found in this market. Rice cultivation is also mainly done by women groups of the state. What is perhaps most important is the tradition of collective action that Manipuri women have. Nupi Lan is a word that translates as "women's war". In 1939, women of this tiny north-eastern region organised an agitation against the British which came to be known as Nupi Lan. They held the British political agent confined for several hours, in spite of a bayonet charge by mounted police. The British could not conquer this region. During 1970s the women of Manipur rose again, this time to fight collectively, another battle - against alcoholism among the men. In what became famous as the "Night patrollers movement", woman in groups patrolled the streets after dark and either extorted a fine from men who had been found drinking or beat them up. They raided breweries and forced their closure. Earlier, in 1904 and 1925 too, women had resorted to collective action, against forced labour conscription and against arbitrary tax imposts respectively.

a) The Advent of the term Meira Paibis to bring about social change

The Literal Translation of the term MEIRA PAIBI's is women torch bearer. In Manipur the role of women in bringing about social change can be traced back to the pre British period when Manipur was under monarchical system. Women's movement emerged in a more organized manner with a creative ideology from the early part of the 20th century though movement could be traced back as early as 1904 which stir up due to discontentment, dissatisfaction and contradiction in the then society of Manipur. Women's movement in Manipur is norm oriented type and connected with reformations. The official origin of the term MEIRA PAIBI was from Kakching under Thoubal district in 1977. Meira Paibis are groups of like-minded women, philanthropic in nature with no formal sources of funding. Their work reflects that they are instrumental in bringing about social change, through social advocacy and social action.

Manipur was earlier known to be a male dominated society, where women had no say in the family. During the developmental stages, the Manipuri society, has witnessed different trends. Over the years, the womenfolk of the society became empowered. Within the umbrella of the Meira Paibis, the womenfolk stood together to fight against the likes of Alcoholism, Drug Abuses etc. etc, where the use of these was considered fashionable in the Manipuri society. Women in the family now have the courage to counter their husband if they came home drunk. They are present even in the smallest of locality in Manipur. After the success stories are learnt from certain localities, it mushroomed all over the state. The initial agenda of controlling Alcoholism graduated to controlling drug abuse, looking after the law and order in an informal way and for the development of the society at large. As one can see in newspaper and various journals, for a Manipuri society every new day comes with fresh agenda for survival negotiation. Coping of fear and management has been every day dinner table discussion for a household. The imposition of Arm Forces Special Power Act 1958, an Act which gives right to police and army personnel to shoot an individual on mere suspicion, truly it is a draconian act. The popularity of Meira Paibis gained momentum after this Act has been imposed as police and Army personnel are constantly raiding ones house. During these course of action the Meira Paibis would stand together to protect those members who are innocent.

b) The role of Meira Paibis on controlling Drug abuse and Alcoholism

The Meira Paibi's of the state are stronger in their presence among the society comparing with the other likes of social organizations. Their presences are felt among the different sections of the society in every locality. Their main objectives and works include banning of all intoxicating drugs available in the market. In many occasion they hauled up alcohol and drug vendors, seize their products and burnt them down in front of the public and the media.

Mention can be made of one such organization called All Manipur Anti Drugs Association (AMADA) where their objectives complement with the Meira Paibis. This organization also works for the betterment of the society in which youngsters were

hauled up for their drug abuse. They are then counseled for a behavior change and sometimes when a repeater is being caught up, they inform their parents about their habits. In certain cases some of the highly addicted persons are referred to care homes being run for drug users. The initiatives and steps taken up by Meira Paibi's (women torch bearer) are one and the same with AMADA except for the case that Meira Paibi's are located in every locality.

Given the ability of the Meira Paibi's, they can be mobilize and partnered with the government agencies to mobilized the community and spread awareness about Drug abuse and alcoholism. Many a times large consignment of alcohol and drugs are seized from the vendors by the Meira Paibis and they burnt them down. They also treated the users and the vendors alike. When interacted with one general secretary of a particular Meira Paibi's, she said they started their organization 10 years before to help control the menace of drug use in the society. Apart from the many social problems they are involved in they tried solving different levels of family feud.

The traditional belief of promoting drug use by promoting Needle and Syringe Exchange Program still holds true for this organization. According to them, they organize seminars, meetings etc to educate the society in bringing about a change. Funding to both the social organization discussed above is a big problem. For the maintenance of the organization they go from door to door and seek people's donation. There are many examples of families whose son and wards were addicted to drugs that have changed their behavior after these social organizations interventions. Those are the types of families who are the largest contributors in cash or kind for the organizations.

Due to the intervention of these types of social organizations the rate of domestic violence and petty crimes has come down to a certain level. Encouraging, promoting and partnering with them would yield the desired results of prevention of drug use and promotion of peace in the society.

c) Meira Paibis in the fight for repealing AFSPA 1958

Mention can be made of one landmark achievement made by the Meira Paibis in the case of rape, torture and murder of Th Manorama by paramilitary soldiers in Imphal, capital of north-eastern Indian state of Manipur on Thursday, July 15, 2004. In a highly unusual protest, some 40 women stripped naked and staged an angry demonstration outside the Assam Rifles base to protest the death in custody of 32-year old Th Manorama. The state was in total chaos for more than a month. The outcome of the protest made by the Meira Paibis was that the Assam Rifles had to shift their base from Kangla the heart of Imphal city to outside the city. The women of Manipur are highly politicized.

In another unique case of extra Judicial Killing on November 2, 2000, in Malom, a town in the Imphal Valley of Manipur, ten civilians were allegedly shot and killed by the Assam Rifles, one of the Indian Paramilitary forces operating in the state. A social activist Irom Sharmila Chanu also known as the "Iron Lady of Manipur" started her hunger strike for the removal of AFSPA 1958 since 2nd November 2000. There has been recognition from the international forum but 11 years has lapsed and the controversial Act has not been repealed. However due to her AFSPA has been partially removed in the Municipal area.

d) Meira Paibis in the fight against Human Rights Violation

The Meira Paibis are very much concerned with human rights abuses committed by the Indian government than they are with their rights as women. Consider these two contrasting incidents. In 1997, during a routine cordon and search operation, Indian Security Forces raped a woman, holding her husband at knifepoint outside the room while her seven-year-old son, bedridden with polio, witnessed the crime. For months, hundreds of thousands of Meira Paibis supported by human rights activists and organizations, protested on the streets of Imphal. Yet in 1999, a young woman was physically threatened with violent reprisal by community activists when she chose to be sexually involved with a trooper of the security forces. In this case, the public was widely sympathetic to the activists. Meira Paibis a women's association and one of the largest grassroots human rights movements in the region, comprising virtually the entire adult

female population in every town and village. It is the watchdog of civil rights violations at the community level, initiating and engaging in campaigns against rights violations, such as arbitrary detention, cordon and search operations, and torture, committed by the security personnel of the federal government of India.

But in the true sense of word women do suffer very much from rights abuses because of their gender, and they are not accorded adequate protection. Increasingly, Indian security personnel assault women for their support of opposition groups as a means of demoralizing and insulting the community at large. The recent report by an organization, the Imphal-based Centre for Organization of Research and Education (CORE), suggest incidences of violence against women, including rape, are increasing at alarming rates.

Moreover, while the community still arbitrates most disputes according to local customary law, which is more gender equitable, parties who stand to benefit from them, are increasingly accessing Indian laws that are strongly patriarchal regarding issues such as inheritance. In customary law, rape is an offense punishable by death and ostracization of the rapist's family and judgment is passed by a local court of senior women who examine the victim. However, the way that modern Indian policies address rape is unnecessarily protracted and traumatizing for victims. Because of moral and social conditioning, local judges are often sympathetic to the "innocence" or "extenuating circumstances" of the perpetrator.

However, the Meira Paibis are little concerned with women's rights in and of themselves, and believe that they must "get general civil rights implemented first." This is perhaps the inevitable attitude of people in a situation of violent strife that has lasted for generations and where civil rights are routinely flouted. The tendency to dismiss women's rights is also likely due to the culture, which prides itself on the traditionally high status and prominent role of its women. Consequently, many women are reluctant to see themselves as objects of human rights violations particular to their gender.

e) Conclusion

There is a paradigm shift in the ideologies of the Meira Paibis from solving local and petty problems to the governance of Manipur. Different types of Meira Paibis manned different Ministries of the state Government in different directions. This Meira Paibis seems to be more engaged in banging Lamp Posts, tonsuring peoples' heads for 'heinous' crimes like polygamy, unauthorized elopement, drinking, solving family disputes, setting up small roadside huts for 'Round The Clock' security coverage, organizing Demonstrations as and when called for by other 'vested interest' groups etc. Indeed, Meira Paibis have contributed a lot to various social reforms, more productive developmental issues. If these Meira Paibis can organize huge demonstrations on human rights issues, certainly they can be expected to organize such rallies, demonstrations etc. for pressuring the Official State Government to create a more conducive atmosphere for investment and corporatisation of Manipur. Considering the work and achievement of the Meira Paibis, 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.

C. Role of Faith Based Organizations

Win-Gallup International Religiosity and Atheism Index ranked India among the top 20 most religious country in the world during poll conducted in the year 2011-12. Likewise the impacts of modernization have led to the emergence of new religion, revivals and reforms among the contemporary Indian society. Within India, vast majority of its people are engage in ritual actions from early morning prayers motivated by religious beliefs systems. This has been the practice throughout generations across the spectrum of families and is continuously evolving. Religion, faith and beliefs system then has become the most important facets of Indian history and contemporary life. Organizations such as Hare Krishna Movement, The Brahma Kumaris, The Ananda Marga etc. among the many

few have been instrumental in the spread of Indian spiritual beliefs and practices. Considering the religiousness of the Indian people the present study has been conducted in Imphal to ascertain the ground reality what faith based espouses and practices.

The present study will unravel what faith based organization across the globe espouses vis a vis the ground reality, successes and what more role it can play in the Indian context with special reference to Manipur state. For a clearer picture on what FBO really is, let's look at the definition…

a) Definition of FBOs:

Faith Based Organizations (F.B.O's) are groups of individuals who have come together voluntarily around a stated spiritual or belief system that informs and guides their work together. FBOs range from small, grassroots organizations with simple structure and limited personnel to large, global institutions with highly sophisticated bureaucracies, wide networks, substantial financial resources, and significant human resources. (USAID- United States Agency for International Development)

b) Role of FBO's on HIV and AIDS mitigation

A policy to guide a Churches response to HIV and 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. Aruldas V., et al 2008 made a review of policies and declarations on HIV and 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 for wider discussions, ensuring that different aspects were given opportunity for focus, and facilitate discussions. The review of policy and declaration by Aruldas., et al 2008 shows 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.

Sue Perry., 2002, made a review on the contributions of FBO s to the continuum of care of HIV and AIDS infected and affected people in 53 countries in Africa. Sue Perry reviews mapping studies conducted by the World Council of Churches over the last three years and other reports. The review indicates that three key elements are necessary for a balance response on HIV and AIDS prevention. Good leadership which creates commitment, Technical knowhow and accurate up to date information and Resources: both financial and human. Sue Perry gave an example, Light passes through the prism and this is refracted into a spectrum of colours. The incoming light represent responses and emerging light represents the different components of a consortium of care. The report said that health services are often concentrated in urban areas. FBOs operate in parallel to the government and fill the gap. International donor's funds government not usually FBO's, it is high time to acknowledge that the vast majority of FBO are non-partisan service providers. FBO's are in the forefront of care initiatives from the outset but when it comes to funding it has been sidelined for resources. Donors have given funding to corrupt government and ignored the FBO's.

Church and Indian government are partners in the fight against TB, HIV and diseases (Catholic Bishop Conference of India, July 8-9, 2008) with an objective of advocating cooperation, collaboration and networking to contain the virus effectively. This initiative of the government and FBO's could be a well cited example on commitment from the service provider.

FBOs can be influential in policy debates concerning the legal, ethical, and moral issues surrounding AIDS and human rights (Lazzarini 1998),

Religious taboos on sexual education have been harassing AIDS prevention throughout Latin America. The confrontation between the condom and abstinence or fidelity has snapped closed any possibility for negotiating joint strategies. It has polarized political stances that clash public opinion and counterattack official efforts for AIDS prevention (Farill., et al 1992).

"… activists in HIV prevention programs need to purge them-selves of their own prejudices and negative attitude towards religious institutions and engage them as partners in breaking the silence" (Iwere., et al 2000).

World Vision an International Christian NGO has been implementing innovative HIV prevention strategies in Asia among high-risk groups such as sex workers, truck drivers, migrant workers, fishermen, and injecting drug users. The group promotes a variety of prevention modalities, such as condom promotion and distribution, syndromic management of sexually transmitted infections, and behavior change. Some of its programs are regional and focused on cross-border populations, and some are active in non-USAID presence countries, such as Burma. World Vision also works with AIDS orphans and people living with HIV and AIDS in a variety of care and support programs.

Catholic Relief Services (CRS) a prominent FBO in India that has been spearheading the HIV AND AIDS prevention programs since 1989, with an emphasis on care and support for people living with HIV AND AIDS. CRS in partnership with many NGO's in India implement their prevention programs like MSM project, CSW project, IDU's Project etc.

The Islamic Medical Association of Uganda (IMAU) has taken the lead in educating Muslim religious leaders about HIV and AIDS in mobilizing their support in response to the HIV epidemic. Between 1992 and 1997, IMAU implemented the Family AIDS Education and Prevention through Imams (FAEPTI) project, which covered 11 of

Uganda's 45 districts. In each district, five-day training workshops were organized for imams, their assistants, and volunteers known as Family AIDS Workers. Imams from 850 mosques in the selected 11 districts participated in the work-shops, and 6,800 community volunteers (one-half of whom were women) were trained. Workshop participants studied topics such as basic facts about HIV and AIDS, sexually transmitted infections, behavior change, safer sex, and principles of communication and counseling. In the first year, after objections from Islamic leaders, the topic of condoms was omitted from the workshop curriculum. After further dialogue, the Islamic leaders agreed that education about the responsible use of condoms, within Islamic teachings, was acceptable, and the topic of condoms was reinstated. A follow-up survey found significant increases in knowledge about HIV and AIDS in the project areas. Community members in the project areas also reported fewer sexual partners and increased condom use. (Kaleeba., et al 2000; Kagimu., et al 1998)

"… The magnitude of AIDS epidemic problem in the ASEAN region is increasing significantly. The increase has to be controlled in time, otherwise, religious, social and economic development in the region will be hindered and disparities within and between ASEAN Member Countries will increase accordingly … every individual has the right to have appropriate and right information on HIV and AIDS. Without having the information nobody will be able to prevent HIV infection, all Muslim Leaders in all ASEAN Member Countries have to be properly trained to use the IEC instruments and methods. The well-trained Muslim leaders will then play their important role in HIV AND AIDS campaign in their respective community. The Jakarta Declaration of Islamic Religious Leaders, December 1998.

c) Some of the main activities of FBO's across the globe and in India

Some of the main activities of FBO's includes: Counseling support groups for people living with HIV and AIDS and their families***;*** Support groups for educating local communities about HIV and 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 and AIDS and their dependents***;*** Care and support

programs for children orphaned by AIDS***;*** Voluntary counseling and testing services***;*** Alternative employment or income generation opportunities for girls and women who are vulnerable to or trapped in the sex trafficking trade; Hospice care; Drama or basic groups to raise awareness about HIV and AIDS, and to mitigate stigma; Other method of fighting against stigma associated with HIV infection within local communities

d) The present study

The present study on HIV and AIDS was conducted in Imphal and has taken 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 FBO's and stake holders in HIV and AIDS Mitigation

For combating the HIV and AIDS epidemic in Manipur, Manipur State AIDS Policy 1986 was launched taking into consideration the following objectives: a) to prevent the spread of HIV infection, both at the community at large and in the health care environment. b) To promote better understanding of HIV infection in order to protect and support those who are at risk of or vulnerable to infection. c) To ensure that treatment and support services both for those infected with HIV and for their family are easily available and accessible. d) To ensure that services are efficient, effective and evaluated. e) To mobilize and unify intersectoral action, community initiatives and NGO/CBO support network for better co-operation among the participating agencies against AIDS.

The north eastern states of India and Manipur in particular are beleaguered with conflicts in the form of General strikes, Protest demonstrations etc. State after state and country after country has a recent past or current involvement in some form of conflict or repression. Manipur being the border state to Myanmar which comes under the notorious golden triangle having a long history of Psychotropic substance use with opium and cannabis and pharmaceutical drugs use such as Buprenorphine or a cocktail with Antihistamine injections or sedative injection preparations like the Benzodiazepines

coupled with sharing of contaminated syringes and needles, unsafe sexual practices under the influence of drugs is one of the most important factors making Intravenous Drug Users (IDU) as major sources of infection. Trapped in an insurgent-affected zone together with the poor health delivery systems, Manipur needs to perceive the epidemic as an impending disaster of colossal proportion and needs to partner with various Faith Based Organizations of the state in the prevention of HIV and AIDS.

The state of Manipur witnesses' external and internal conflicts every now and then and the consequences have been devastating, causing profound individual and collective trauma which has been compounded by poverty, and leaving behind huge numbers of widows and orphans and making them vulnerable to HIV and AIDS.

Conflict has an adverse devastating impact on the psycho-social, economic aspects of the individual. It increases sexual & physical violence, Refugees & internal displacement, rising poverty which in turn leads to sudden destitution & capital waste, Disintegration of social & physical infrastructures, increasing the rate of Famine & import dependence, disease spreads and increasing HIV prevalence, lack of development & annihilation, migration & brain drain, insecurity & loss of hopes

e) Sex, Faith, Condom and the world religious leaders take on it.

India as we know is of multi cultural and multi religious country where talking about sex is still a taboo. Studies conducted by Manipur state AIDS control society has shown that the trends of HIV and AIDS infection have now shifted from IDU'S to the general population through sex workers and others in Manipur.

So HIV and AIDS poses a new challenge to religion as sexuality is not openly sermon at the church Pulpit or the Temple or the Mosque in Manipur. Knowing well the main mode of transmission is sexual, HIV and AIDS intensify the tensions that are present around sexuality.

Most of the well known religions have had ambivalent attitudes toward sexuality. Religions have always been important forms of social control, especially in the area of sexuality. But many religions, especially in the past, also respected and even celebrated the powerful forces that come with sexuality, whether for reproduction or for eroticism. Some of the religious leaders said:

“To Tibetan physicians, AIDS is really something new, and the immediate cause is negative: sexual liberty... such a major illness or major negative event also has a karmic cause, no doubt. But I think AIDS also has a positive aspect. It has helped to promote some kind of self discipline.” The Dalai Lama, 1994

“God loves you all, without distinction, without limit. He loves those of you who are elderly, who feel the burden of the years. He loves those of you who are sick, those who are suffering from AIDS. He loves the relatives and friends of the sick and those who care for them. He loves us all with an unconditional and everlasting love.” Pope John Paul II, California September 1997

“For us, an encounter with people infected with HIV and AIDS should be a moment of grace – and opportunity for us to be Christ’s compassionate presence to them as well as to experience His presence in them.” Bishops’ Conference of the Philippines, 1993

“Perhaps the AIDS crisis is God’s way of challenging us to care for one another, to support the dying and to appreciate the gift of life. AIDS need not be merely a crisis: it could also be a God given opportunity for moral and spiritual growth, a time to review our assumption about sin and morality. The modern epidemic of AIDS calls for a pastoral response.”-Bishops of Southern Africa June 1990

'In an ideal world we have hoped that everyone would be responsible about sex...that everyone would behave as we would have hoped they would do. Unfortunately, in the real world that is not the case and it is to fly in the face of ghastly fates to pretend otherwise. So we are going to have to teach people so-called safer sex, we are going to

have to speak about condoms and seek to make it possible for people to have access to reproductive sexual health.' Archbishop Emeritus Desmond Tutu

As truly said by Desmond Tutu the ideal world and the real world are real wide apart. Particular questions to young boys and girls who are sexually active from 60 respondents having diverse backgrounds from the age group of 17 to 30 years were asked on whether they have had sexual experience before marriages, in the present study.

The present study was conducted across four prominent faith based organizations and covering 12 NGO's in and around Imphal east and west district that are directly or indirectly supported by Manipur State AIDS Control Society. All the organizations were in existent for more than five years and have the repute to reach their targets in HIV and AIDS mitigation. Five respondent/ beneficiaries were selected from each organization and the report showed that more than half of the respondents reported of having sexual experience before marriage. A little lower than half of the respondent's report of not having experience it and some didn't give a response.

Out of the 60 respondents among the beneficiaries from services provided by NGO's, 68.3% were male and 31.7% were female. More than 11% of the total respondents were in the age group of 21 showing the highest number and most sexually active age. The second highest groups were in the age group of 18 and 25 which forms a little above 6% of the respondents. Out of the 60 respondent, 57 responded on the question whether they are HIV positive or not. 10 respondents said they are HIV negative which forms 17.5% and the other 47 responded that they are HIV positive which forms 82.5%. The mean age of the respondent was 33.3, 24 as minimum age and 50 as the maximum age. Out of the 60 respondent 33 of the respondents were earning in various capacities. The mean income of these 33 respondents was Rs. 4207.52 with Rs. 1500 and Rs. 8000 as Minimum and Maximum salary/wages respectively.

Of the four faith based organizations their main objectives in the containment of HIV and AIDS were, Rehabilitation of the drug addicts and alcoholics who are vulnerable to HIV

and AIDS, CSW, MSW, MSM targeted intervention projects, Relieving the emotional pain caused by HIV and AIDS, Orphan and vulnerable projects. The strategies adopted by the four FBO's on BCC were holistic counseling through the teachings of Christ. Personal views on condom of the leaders who were interviewed shows that though they don't practically promote the use of it openly but they are not against the responsible use of it for protection from various infections. In reply to a particular question on HIV prevention policy, where others faith organizations the leaders would like to see, they said people should own the responsibility and there should be regular meetings and networking of various FBO's. The greatest contribution of FBO's according to these 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. Among the problems voiced in the HIV and AIDS prevention program by the leaders includes that, clients are attentive to the program due to their addiction to drugs, less cooperation from the government, frequent bandhs, general strikes due to law and order problem of the state. Financial constraints for few organizations were also a big problem in timely intervention. Of the four FBO's leaders from two FBO's said that they are adequately funded.

Out 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.

Some basic belief of many faith-based communities is that care for others is important and that the relationship between people is an expression of, and a pathway into, a relationship with God. In view of this, many faith-based communities believes in: Abstinence, if people are not married and sex within a faithful marriage only.

Leaders from the four Faith Based Organization's in Manipur shows that they have ambivalent attitudes towards sexuality, faith and condom promotion. Despite the fact that

condom promotion and distribution is one of the most effective ways of HIV and AIDS prevention strategy followed by many countries and faith based organization across the globe, of course with modification to suit the particular faith teachings.

f) Myths and misconception

Faith-based organizations across the globe (and in the wider community) thought that talking about sex may: Result in increased promiscuity; Seem to condone sex outside marriage and encourage immature and young people to have sex earlier

It is also believed that promoting condom use results in people practicing 'unacceptable' s sexual behavior rather than abstinence. However, research has shown that educating young people about sex, HIV and AIDS and health in general does not result in increased sexual activity, but leads to a decrease in adolescent sex, unwanted pregnancies and STIs.

g) Contribution of FBO's in behavior change and the need for partnership

Data collected from 60 respondent's shows that more than half relapsed again due to lack of activity, idleness, frustration, depression, lack of self control and the will power after going through drug detoxification program. Whereas in the case of faith based counseling approached, the cases of relapse are negligible. So, it can be said that behavior change through Faith Based counseling has proved to be more successful than the other traditional methods. To maintain a stable or declining national HIV sero-prevalence rates studies has shown the importance of commitment from the leadership and open discussion about HIV and AIDS and partnership of FBO's and religious leaders. India being a highly religious country and in Manipur where FBO's constitute a major part of the nongovernmental sector, the government can engage them in the prevention of HIV and AIDS taking in examples of countries where FBO's played a positive role in stabilizing the HIV sero-prevalence rates. FBO's has the potential and the needed resources to reach out to the people. Religious leaders often interact with the community masses in the church, Satsang, Temple or the Masjid in Manipur. The government can make use of the fact that a leader of these groups has a mass appeal and they would be instrumental in HIV and AIDS prevention programmes in the state.

Study conducted within the aforesaid four FBO's whose approach to behavior change is 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.

Case study example on the positive impact of holistic counseling in Manipur, (Case study 5) *Mr. Tomba* age 37 years was a drug addict for almost 15 years. He was thrown out of his house for his addictive habit. There was no one to take care of him. He has no money, no roof over his head; he was lying and sleeping on the roadside pavement until he was discovered by one church pastor of the area. The time he was discovered he was in no position to stand or eat anything as his whole body was covered with abscess cases due to various infections. The pastor then enrolled him in one NGO who are working on drug rehabilitation program and HIV and AIDS prevention. As told he has no will to live in the beginning when his HIV serostatus was discovered. The pastor continues his visits and patiently counsels him. When the pastor told him that every person in the world is born with a purpose and nobody will continue hating him if he changed his past behavior. Mr. Tomba then begins to have faith in God that he cares for every one irrespective of what they are.*

*He is a changed man now and runs an FBO successfully with the help of donations from the church and the people who are reformed after his program intervention. *Mr. Tomba name changed to protect identity*

"BCC aims to foster positive behavior; promote and sustain individual, community, and societal behavior change; and maintain appropriate behavior" (FHI). As well said HIV and AIDS is a pandemic which forces societies to confront cultural values and practices that can contribute to the risk of HIV infection, effective BCC is vital to setting the tone for compassionate and responsible interventions. It can also produce insight into the broader socioeconomic impact of the epidemic and mobilize the political, social, and

economic responses needed to mount an effective program to address the epidemic. Example of a faith based organization on how they contribute to behavior change in Manipur with special reference to Christianity:

- Children advocacy programme: All the established churches in Manipur have a Sunday school classes. FBO's advocates the importance of HIV and AIDS awareness among the children's during these classes and taught them on how healthy behavior will give them the thrust in life and save them from various diseases.
- Youth Support Structures at Community level: FBO's made use of the church youth services and promotes the ideology of safer sex practices as they are in the most sexually active age group.
- Parents Capacity Building: Various FBO's in the Imphal area partnered with the churches, counseled the leaders and made them understand the importance of advocating the right attitude to life and to be united in the fight against various social problems such as social discrimination and exclusion of the less privileged sections of the society, HIV and AIDS etc.
- Community Capacity Building (leaders): Faith based organization tries to collaborate with local clubs and various stake holders and conducted various community sensitization program
- Peer Approaches: This is also one of the most successful strategies for behavior change. FBO's conducted focus group discussion among the peer groups, helped them in forming SHG's and conducted holistic counseling following Christ teaching for behavior change. Communication interventions that promote engagement and dialogue particularly among the peers – have been the key for changes in behavior. Singhall, A and Rogers, E M (2003)

Faith-based organizations are effective tools in responding to HIV and AIDS. FBO's involvement contribution in Uganda "... changes in age of sexual debut, casual and commercial sex trends, partner reduction, and condom use all appear to have played key roles in the continuing declines" (Hogle 2002). FBO's constitute perhaps the largest

institutions in the world with the greatest built-in infrastructures of leadership and fellowships. Religion can build upon its moral and value-based leadership as they garnered trust over generations, and channels of communication and organization, in order to have a tremendous influence over cultural norms that guide individual and community behavior. Taking into consideration on how FBO would have tremendous impact in the control of HIV and AIDS the government of Manipur can seek partnership with them to contain the spread of HIV and AIDS

h) Discussion and Conclusions

Communication approaches based on the assumption that individuals make rational choices about their behavior cannot effectively address the complex social character of HIV and AIDS. If faith-based groups wish to move towards open discussion about sex it is important to acknowledge that: there is more sexual activity happening in communities than they might readily accept, much of this sex is unsafe (as well as unlawful and unacceptable in churches' eyes) and not all 'lawful' unions are safe.

It is important to identify, engage and increase the capacity of community support structures to support young people on HIV and AIDS prevention behavior. The government should engage different law and policy instruments to support youth HIV and AIDS prevention initiatives. The government and various faith based organization in Manipur should come together and foster networking among all Faith Based Organizations

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.

For example, the US Government through USAID has been funding FBOs such as World Vision, the Salvation Army, and Catholic Relief Services, awarding contracts on the basis of technical competence and experience in carrying out similar projects. In USAID's

view, FBOs are a type of private voluntary organization that USAID funds because they bring experience, their own funds, and a record of achievement to international health and other sectors of development.

Research has also shown that however great efforts have been taken up by the state government to partner with FBO's the latter doesn't agree with the terms and conditions of the state government especially on condom promotion and certain other issues. Some of the major issues would probably be to hire extra staff to carry out new or additional social services. Yet with the irregularities and uncertainties of government funding, FBOs would have to do just as much laying off of staff and new hiring, condom promotion etc. Some FBOs have used this as a reason not to become involved in the first place.

Whatever it might be, taking advantage of the success rate of the FBO the government should be flexible to faith based organization. Religious organizations ought to be given support to implement their "comparative advantage," i.e., promoting what they call fidelity and abstinence. And that is precisely what most of these organizations want to emphasize. Forcing FBOs to work in condom promotion risks alienating them from AIDS prevention efforts, and thereby losing the great potential they bring to such efforts. Community-based programmes, including income-generating projects, improved life skills, such as training youths in home based care and support to orphans, should be strengthened.

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