

CHAPTER V

POLITICAL COMMITMENT: REALITIES AND ISSUES

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4.1 Introduction

Needless to say, for an effective response to the HIV and AIDS pandemic, it requires the support and involvement of leaders from all levels and sections of the society. It is important and necessary to create a supportive environment for HIV and AIDS programs to be effective. To create such an environment it requires the involvement and mobilization of a broad political consensus that such programs are necessary for the well-being of the society. Mere formulation of appropriate policies and the allocation of resources will not yield the desired result. Political support can be broadly defined to include the involvement of senior government leaders and civil servants. Political commitment state indirectly support of a broad range of civil and community leaders, at all levels of the society. This includes the public sector, the private sector, nongovernmental organization (NGO), religious leaders, and other influential citizens at national and local levels. Leaders are the role models of a society and their personal actions and behavior send strong signals about what is important.

Political commitment is a concept which is difficult to measure by a data which are collected routinely. Commitment is also multidimensional and therefore, cannot be measured through a single quantitative indicator. It might be possible to measure commitment directly if leaders were willing to submit to regular interviews about their level of understanding and support for HIV and AIDS programs. Even in this case, there can be doubts about the sincerity of their answers. In this study political commitment has been measured indirectly by examining the statements, policies, and actions of leaders, what they have talked about HIV and AIDS or by what they actually do in varying degrees. It was seen that leaders who spoke out publicly about the importance of HIV and AIDS are expressing a commitment to the issue and creating a climate that encourages solutions. It was also learnt that for an effective response, it is also necessary for leaders to establish enabling policies, propose and support programs, provide funding, appoint good people to key positions, demand accountability, and participate in regular program

reviews and evaluations. To actually find out realities and issues of political commitment, it has been discussed in various different topic heads

In order to find out commitment of the political leaders, a set of different questions were asked. Question ranges from policy making to program implementation and their involvement at the grassroots level taking into account not only the levels and degree of knowledge but also at the roots of the potential ignorance.

4.2 HIV/IDS Policy and its direction

As the first few cases of HIV infection of the country were reported in 1996, the Manipur State Government also took serious note of the problem and initiated a series of important measures to tackle the epidemic. The first HIV and AIDS case in Manipur was detected in 1989 from a blood samples collected among IDU's in 1988. With the formation of the high-powered National AIDS Committee in 1986, Government of India launched National AIDS Control Program in 1987. In the year 1989 with the support of WHO, many other activities were initiated which were mainly focused on the reinforcement of program management capacities as well as targeted IEC and Surveillance activities. Actual preventive activities like implementation of IDU focused prevention intervention, education and awareness program, blood safety measures, control of hospital infection; condom promotion to prevent HIV and AIDS, strengthening of clinical services for both STD and HIV and AIDS gained momentum only in 1992.

Commitment of the state for development with other key societal actors being willing participant (i.e. political settlement is committed to development) for HIV and AIDS mitigation. Capacity of the state to implement policies effectively and this capacity being determined by other constituent capacities like the Institutional, technical and political. State AIDS Cells were created in Manipur for effective implementation and management of National AIDS Control Program. In 1996 the Manipur State AIDS Cell (MSACS) became Manipur State AIDS Control Society registered under Societies Act and it became an autonomous body with the objectives of reducing the spread of HIV infection

in the state and to increase the state capacity to deal with the epidemic in the long term. Most of the programmes launched in the field of HIV and AIDS are with the help of MSACS, NACO and NGOs. The external agencies gave more emphasis on Prevention with minimum attention on treatment, care and support.

For combating the menace of HIV and AIDS in Manipur, Manipur State AIDS Policy 1996 was launched with 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 inter-sectoral action, community initiatives and NGO/CBO support network for better co-operation among the participating agencies against AIDS.

The Manipur state AIDS Policy has policies on various dimensions such as a) Policies on Information Education and Communication, b) Policy on school AIDS education. C) Policy on Blood Safety, d) Policy On Medical Care, e) Policy on Std And Reproductive Health, f) Policy On Drug Abuse Treatment Service, g) Policy On Hospital Infection Control, h) Policy On Intervention Measures, i) Policy On Employment, j) Policy On Antibody Testing, k) Policy on Confidentiality, l) Policy In The Prisons/Jails, m) Policy On Social Service Research, n) Policy On Non Discrimination Provision, o) Policy On Training And p) Policy On Appropriate Legal Framework. In order to facilitate speedy and proper implementation of the AIDS control programme, the State Government created appropriate bodies such as State AIDS Committee (SAC) with State Empowered Committee (SEC), and State Level AIDS Co-ordination Committee (SCC). It also created grass root infrastructure by creating District AIDS Committee (DAC).

Manipur stands out to be a state which has a specific policy on HIV and AIDS since 1996, and the direction it has given to AIDS programming in the state could well be analyzed out of the responses given by the politicians and the beneficiaries. Of the many

program activities being carried out by MSACS, Targeted Intervention program for Injectible drug users called Rapid Intervention and Care project has been one of the most successful. The number of HIV positive who are Injectible drug user has come down to around 16% in the state (MSACS). Maximum number of the respondent said that the number of IDU has drastically come down since the inception of Manipur state AIDS policy.

Certain aspects of the responses showed that though the policy has a great impact especially for the IDU's but there are loopholes as these response shows "*there are many programs, but they said it didn't reach the specific targets at the hills*". Notwithstanding the positive impact it gave in the control of HIV and AIDS the policy needs a serious relook. The policy has given a new direction and new strategy in the control of HIV and AIDS. "*It has given us a new impetus in the fight against HIV and AIDS*".

Positive development in the new revised Manipur State AIDS policy 1996

- Manipur state government will now allow utilization of MLA Local area Development Program (MLA LADP) fund.
- Introduction of District AIDS Prevention Control Unit (DAPCU)
- Inclusion of one male and female PLWHA in MSACS Committees
- Policy for involvement of CBO, FBO, Social Organization only for IEC Programs
- Compulsory training for student for two days to be eligible to appear for Xth and XIIth exam and teacher for three days to enter into state service.
- Provision of free travel for PLWHA
- Provision of Opportunistic Infection drugs
- Monitoring and Evaluation once in every year

4.3 Infrastructural, institutional, manpower and service availability

It is a fact that very few hospitals in India are equipped to treat HIV and AIDS patients, and even in these hospitals HIV positive patients are often held at arm's length. The majority of "AIDS wards" in Indian hospitals consist of 1 to 2 beds relegated to a dingy and often filthy corner of the hospital, but the situation is now slowly improving.

On 15th March 2005 His Excellency Dr. Shivinder Singh Sidhu the then governor of Manipur in his speech at Manipur legislative assembly (proceedings Vol. 72 Appendix A 18) said the following points showing the state commitment in health care set up:-

“My government is aware that HIV/AIDS is a major health concern in the state. Accordingly the State Aids Control Society is gearing up to face this new challenge. The Bill & Melinda Gates foundation has recently launched project ORCHID covering Manipur and Nagaland to support the efforts of the state government”.

“My government is now giving special emphasis to strengthening of medical infrastructure by sourcing additional funds from (Department for the development of the north eastern region (DoNER) and North eastern Council) NEC. Government of India has sanctioned Rs. 149.92 lakhs for up gradation of emergency & Accident services of Jawaharla Nehru Hospital. Construction of Trauma Centre is at an advance stage. Construction of 100 bedded hospital at Thoubal costing about Rs. 24.00 crores funded by the Urban Development Ministry is being started”.

DoNER has retained schemes for Rs. 826.70 lakhs for strengthening of Health equipments of the district hospitals and 5 CHCs in the state.

The NEC has approved schemes worth Rs. 13.55 crores for strengthening of J.N Hospital, Churachandpur District Hospital and for construction of a nursing school with hostel, during 2004-2005. The state obtained ACA of Rs. 2.00 crores for improvement of the district hospitals in the hills and the scheme is nearing completion.

Construction of health centre at Moreh under BADP has been completed. The construction of a 50 bedded mental hospital at chingmeirong has started during January 2005.

In reply to a particular question on the availability of medical infrastructure like (number of hospital Beds, availability of trained medical professionals, requisite no. of ICTC,

ART Centre, sufficient supply of screened blood, etc) shows that the state needs to allocate more funds for medical infrastructural improvement.

Further analysis of the responses shows that there should be more medical centre's to cater to the needs of the people who are living far flung from the city. Shortage of manpower like trained medical professionals to especially cater to the needs of people living with HIV and AIDS was also highlighted. One of the response says that "*more service personnel be included like social workers in the hospitals, up gradation of the infrastructure, etc*".

4.4 Manifesto analysis of political outfits of the state

Manifesto, it is a public declaration of the intentions and promises made by a political party released well in advance by the party to seek the support of the voters. All the political parties of the state do have mention about people living with HIV and AIDS. With the exception of few parties of the state, politician do mention about protecting the rights of PLWHA. Political parties, be it the left wing or the right wing, socialist or democratic of the state talked about protecting the rights of PLWHA. Congress party goes to the extent of saying that they have it in their manifestoes of halting and reversing the spread of HIV and AIDS. A socialist party of the state response indicates that manifestoes should not only be in paper and goes to the waste bin the next day. It should rather be implemented as promised. The response says that "*Manifesto shouldn't only be in paper it should be properly implemented as is promised*".

4.5 Manipur legislator's forum on HIV and AIDS

UN General Assembly Special Session on HIV and AIDS (UNGASS) meeting in 2001 was a significant milestone in the political response to HIV and AIDS in India. Understanding the gravity and seriousness of the HIV and AIDS pandemic a parliamentary forum on HIV and AIDS was formed under the leadership of Mr. Oscar Fernandes on March 2000 at the national level as a convener. With the support of

UNAIDS and in line with the Parliamentary Forum on HIV and AIDS, the Manipur State legislative Forum on AIDS was formed under the leadership of (L) Dr. S. Budhichandra Singh, the then Speaker of Manipur Legislative Assembly and Dr. I. Ibohalbi Singh, MLA as the Chairman and Secretary of the Forum respectively on 30th June 2007 with the following broad objectives: Reducing the gravity of stigma and discrimination, Awareness generation to the MLA's and Local leaders by holding seminars, workshops etc for the community. Containment and raising awareness on HIV and AIDS among the legislative members and state free of health problems.

Since the formation of the forum there has been no looking back and started their work by visiting the AIDS patients in community care centre's of "Best Practice Sites" in Imphal & Churachandpur on 22nd & 24th November, 2007.

Out of the many initiatives undertaken by the forum mention can be made of the followings: The MLFA joined the observance of World AIDS Day under the theme "Stop AIDS-Keep the Promise- Leadership" on 1st December 2007 with a mass rally on the streets of Imphal.

The MLFA in collaboration with the Rural Development & Panchayati Raj Department of Manipur organized a One Day Convention on HIV and AIDS for the Panchayati Raj Institutions (PRIs) on 29th December, 2007 at Imphal. The Chief Minister of Manipur, Shri Okram Ibobi Singh was the Chief Guest, (L) Dr. S. Budhichandra Singh, Speaker was the President and Md.Allaudin Khan, Minister for RD & PR was the Guest of Honour.

As a follow-up action, the Manipur State Panchayat Forum on HIV and AIDS was formed on the 16th Jan, 2008 with 14 members with the President of Manipur State Panchayat Parishad as its Chairman.

The state government under the aegis of Manipur State Legislative Forum on HIV and AIDS (MLFA) conducted a series of political conventions which involved members of the elected representatives of the state since January 2008.

The MLFA organize a series of political conventions during January, February and March 2008 at Konthoujam, Wangoi, Sekmai, Thanmeiband, Yaiskul, Mao, Oinam, Langthabal, Lilong and Sagolband to spread awareness to the people and educate the public leaders about the issue.

Shri TN Haokip, Minister of PHED, DIPR and Tourism, Manipur on behalf of the Manipur State Legislatures Forum on HIV and AIDS declared that the Antyodaya Anna Yojana popularly known as AAY will be made available to all people living with HIV and AIDS (PLHIV) in Churachandpur district at Saikot village in Churachandpur district on 9th August 2010 (Source: The Sangai Express). The Minister made this statement on the occasion; Manipur Legislators' Forum on HIV and AIDS (MLFA) constituency level convention on HIV and AIDS at Saikot in Churachandpur. A series of 60 such conventions will also be held in the near future in the remaining 59 assembly constituencies of the state.

Manipur legislative forum on HIV and AIDS plays an important role in spreading awareness by utilizing the forum to raise the issue in a bigger forum. The forum seeks the attention of the 60 members by conducting conferences, workshops, etc. among the legislative members. In a bid to hold 60 political conventions during their term, the forum already conducted a series of political conventions as an initiative to involve the people. The forum initiatives includes involvement of village chiefs, Panchayat leaders, religious leaders, local clubs and various stake holders in the fight against HIV and AIDS.

4.6 Involvement of politician's and its ministries in

a) Media

b) Opinion on the manner of surveillance and reporting on HIV/AIDS in the state

A total of eight politicians were interviewed representing different political parties of the state.

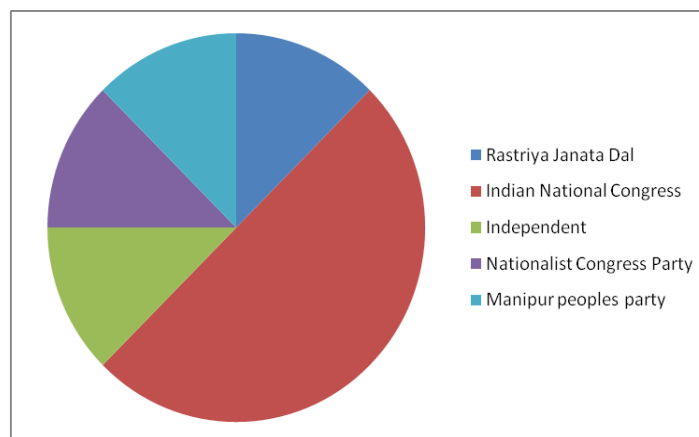


Fig5.1 Pie chart representing different political parties

In order to find out the realities and issues concerning the state political outfit's commitment on HIV and AIDS mitigation, a self introduced semi structured interview guide was used. Interview guide is a step by step guideline for the interviewer so that he does not miss out any important matter. Upon discussing a particular question, topics were elaborately discussed when required.

From the above pie chart, one can see different political parties. Leaders from different political parties were chosen to avoid any biases in their response, as leaders from only one political party would give the same lines of response.

The responses and viewpoint of the political leaders has been elaborately discussed to draw inferences and conclusions. Circumstantial evidence has also been taken into consideration and not only on the basis of direct observation but results which came out of conversation. Every issues and concerns which were discussed have been subdivided into topic heads constituting a topic of discourse.

Political parties and their leaders of the state consider HIV and AIDS as a political issue. It was noted that during the interview with the leaders there was a spectrum of opinion. Some of the responses went to the extent that *“it is not only political; rather it is also a*

social issue". HIV and AIDS have engulfed the state of affairs as it affects all walks of life. One of the responses was that *"yes AIDS is a political issue as politics involves human issues so HIV is directly or indirectly related to HIV and AIDS"*. The formation of Manipur State Legislative forum on HIV and AIDS also shows that politicians of the state consider HIV and AIDS as a political issue.

Politicians are involved in various capacities in the legislative forum on HIV and AIDS. Their involvement is reflected through their work that has been done. There are members who have been invited as a chief guest in their constituency during a sports meet and spoke about HIV/AIDS awareness. Congress chief of the state hinted the scholar about the party and his individual involvement in many forums. He said that Congress party itself holds many awareness programs during the years gone by. Some of their activities include selecting and targeting some constituencies for raising awareness about the issue.

None of the politicians have any problem in their affiliation to a particular party on their stand with respect to social issues such as HIV and AIDS. One of the respondent cited he being an independent member doesn't affect his stand and spoke about the issue on various occasion. One of the responses was *"Not at all as it is a common issue for the ruling and the opposition party alike, we don't have any problem"*. The responses show that politicians of the state consider HIV and AIDS not only medical or social but political as well.

Involvement of politician's and its ministries

The Indian government's strategy for dealing with the pandemic emphasizes a comprehensive and decentralized approach. The pandemic does not only differ from one state to another and there may be dramatic differences from one district or village to another. The Indian government faces two main challenges which is integrating the response to HIV and AIDS with the rest of India's expanding public health goals and raising the budget for HIV and AIDS to a level which commensurate with the problem.

The government involved ministries other than Health and Family welfare like education, sports, transport and communication, etc so that the spread of HIV and AIDS is contained. For the best implementation of AIDS control policy in the state one respondent said *“we have to focus on international borders where many types of trades are being carried out. We should register the brothels and monitor it”*. Political parties of the state like the congress are of the opinion of *“creating conducive environment for HIV prevention, Involvement of the church is to be encouraged”*. Analysis of the responses indicates that a more reliable, transparency in services and coordination between different Ministries and participation from the local people are needed.

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

a) Involvement of the politicians in media

Media, be it printed or electronics are very important modes of spreading awareness especially when there are different barriers of communication. Politicians of the state are sometimes invited by the media to talk about HIV and AIDS. Some of the responses showed that they had been invited by media to talk about HIV and AIDS. One respondent says he has already been approached by the media to talk about the issue of HIV and AIDS in various capacities. *“I was invited twice by the media as a speaker of Manipur Legislative Assembly and as president of Manipur Legislative Forum on HIV and AIDS”*. One of the members has been invited on many occasions to talk about HIV and AIDS as a secretary of Manipur Legislative Forum on HIV and AIDS.

Political leaders showed their willingness to espouse and stand for the cause of HIV and AIDS mitigation in their constituency. Showing their willingness in action, members interacted and consulted the church youths and pastors to give awareness about HIV and AIDS when holding a mass. Being elected representative they made use of their status. *“Being an M.L.A I can take advantage of the crowds who gathered during a meeting and spread awareness. I mobilized the church leaders and village chiefs association within my constituency for awareness generation towards the causes of HIV and AIDS”*. One of the respondent said that he has been campaigning for the removal of stigma and

discrimination in the minds of the people within his constituency as and when he got any chances to speak to the people.

The involvement and the willingness of the politicians could be seen as their response show *“I will stand by the need of the people within my constituency in particular and the needs of the people from the state of Manipur in general”*. Politicians also showed their willingness to train the elected members like Zilla Parishad, Pradhans, etc so that they act as a middlemen between the MLA and the people.

b) Opinion on the manner of surveillance and reporting of HIV and AIDS in the state

Opinion varies regarding satisfaction level of surveillance and reporting on HIV and AIDS. The sentinel surveillance on HIV and AIDS in Manipur is being carried out by Indian Council of Medical Research (ICMR) and Regional Institute of Medical Sciences (RIMS) microbiology departments. Few of the responses indicate that there are respondents who don't have idea about the survey citing unavailability of scientific reports. After carefully analyzing the response there at times are exaggerations by some groups of the total number of HIV positive people in the state. The responses show that the idea of having regular surveillance in a regular manner would be good. *“There is under or over estimation, thus surveillance should be carried out in a regular manner. Exaggeration by some NGOs should not be done and also the state government can do more intensive and use scientific technique”*.

Opinion on priority issues pertaining to HIV and AIDS showed shades of opinion that prevention and its methods and strategy were given most important followed by tackling stigma, treatment and targeted intervention for specific groups like women and children. Prevention strategies should focus on reducing stigma and greater investment in treatment is needed.

4.7 Assembly budget allocation and utilization of Local Area Development Fund (LADF) for HIV and AIDS

After analyzing the responses and opinions regarding assembly budget allocation, budgets for HIV and AIDS takes a backstage. Priorities were given to developmental issues like education, road construction and building of infrastructure. It has been viewed that the gravity of the HIV virus has not really reached the minds of the policy makers. Though certain amount of budget has been earmarked for HIV and AIDS the amount is not sufficient to tackle the present crisis. *“Budgets are planned according to the requirement of the state. But personally I would like to appeal to the authority to give priority to health related matters as we all know the saying “Health is Wealth”,”* said one of the respondents. The government also lack priority in budget allocation for the cause of HIV and AIDS. This can be substantiated by a response given by one respondent *“It lacks priority on budget allocation but we are pressing hard to the government”*.

With regard to utilization of Local Area Development Fund (LADF) for the causes of HIV and AIDS it draws a mixture of response. One of the respondents said that *“Specific guidelines are set up by the government so we cannot spend any money till now. We spoke to the Chief Minister”*. Another respondent said *“certain dos’ and don’ts are there on how to utilize LAD fund. HIV and AIDS was not in the list, but now they have included and we will see how”*. Some of the responses showed that they have already spent certain amount of money towards the issue.

Budget allocation and the importance given with regard to HIV and AIDS can be criticized as there has never been a special session in Manipur with respect to HIV and AIDS. None of the responses also has any indication of having conducted so far.

4.8 Manipur Assembly procedure and his Excellency the Governors’ address on HIV and AIDS

The Manipur Legislative Assembly follows a unicameral system. The assembly procedure has question hour, Zero hour, call attention motion, discussion and voting on

demands for grants, etc. Generally, the first hour of a sitting of the assembly is committed to questions and that hour is called the Question Hour. It has a particular significance in the proceedings of the assembly. It is during the Question Hour that the members can ask questions on every aspect of administration and Governmental activity.

A Starred Question is one to which a member desires an oral answer in the House and which is distinguished by an asterisk mark. When a question is answered orally, supplementary questions can be asked thereon.

An Unstarred Question is one which is not called for oral answer in the House and on which no supplementary questions can consequently be asked. To such a question, a written answer is deemed to have been laid on the Table after the Question Hour by the Minister to whom it is addressed. It is printed in the official report of the sitting of the House for which it is put down.

The content of the assembly proceedings has been discussed under different topic heads starting with the address made by His Excellency the governor of Manipur. During the period under consideration for analysis of assembly discussion and debates **2002-2010** there has been four successive governors' in Manipur. 1. Shri. Ved Prakash Marwah from 2nd December 1999 to 12th June 2003. 2. Shri Arvind Dave from 13th June 2003 to 5th August 2004. 3. Dr. Shivinder Singh Sidhu from 6th August 2004 to 23rd July 2008 and 4. Shri Gurbachan Jagat from 23rd July 2008 until writing of this thesis. The period 2002-2010 has been chosen keeping in mind the availability of documents to support the analysis.

Shri Ved Prakash Marwah the then governor of Manipur in his address to the 8th Manipur Legislative Assembly on 12.03.2002 said that *“The growing menace of HIV and AIDS in the State is a matter of serious concern to all of us. Up to the end of January, 2001, as many as 11,271 HIV positive cases were detected in the State. Under the AIDS Control programme being implemented with Central assistance by the Manipur AIDS Control Society, 100% screening has been introduced in all the Blood Banks in Manipur.*

AIDS education has been introduced in the school's curriculum from class VI to X. The AIDS Control Society has also set up 17 Targeted Intervention Projects in the six high prevalence districts of the State. A time has come to evaluate the success of the ongoing AIDS control programme and to take new initiatives to eliminate this scourge of mankind. My Govt. is committed to providing total healthcare and will take special steps for re-vitalizing the primary healthcare system in the rural areas. External aid will also be tapped for upgrading the secondary healthcare system in the State”.

The said governor of Manipur, His Excellency Shri Ved Prakash Marwah on 11-03-2003 said *“as I have mentioned earlier, the prevalence of HIV and AIDS in the State is a cause of serious concern. As many as 14,837 HIV positive cases have already been detected in Manipur. Under the AIDS Control Programme, which is being implemented by the Manipur State AIDS Control Society, cent percent screening has been introduced in the three Blood Banks namely RIMS Hospital, JN Hospital and District Hospital, Churachandpur. The Society has also set up 28 Targeted Intervention Projects in the state. Aids education curriculum has been introduced in the schools from classes IV to X. A project to carry out the feasibility study of transmission of HIV from mother to child has been started in all the districts of Manipur. It is hoped that with these measures and with the cooperation of the people, it will be possible to control the menace of AIDS in the State”.*

His Excellency Shri Ved Prakash Marwah from his statement made before the elected representatives within these two consecutive years shows his commitment and his desire to control and reverse the pandemic. However in the matter of steps already taken up by the state government a response from the beneficiaries shows that the increase of targeted intervention projects from 17 to 28 was not enough to cater to the needs of the people. One notable initiative taken up by Mr Ved Prakash would be the introduction of schools AIDS education from class VI to X.

His Excellency Shri Arvind Dave the Governor of Manipur from June 2003 to 5th August 2004 on his statement to the Manipur legislative assembly on 06-02-2004 didn't

particularly mention about benefits and welfare schemes for people Living With HIV and AIDS though, he talked about commitment in providing quality Health and Family Welfare services to the people in general. Besides giving emphasis on improvement and for Upgradation of medical infrastructure like increasing the number of mobile dispensary units from 3 to 6 he talked about construction of 100 bedded hospitals in thoubal district and the construction of trauma centre at Jawaharlal Nehru hospital in porompat, Imphal.

His Excellency, the governor of Manipur, Dr. Shivinder Singh Sidhu from 6th August 2004 to 23rd July 2008 address the Manipur Legislative Assembly for four consecutive years on 15-03-2005, 22-02-2006, 16-3-2007 and 1-2-2008.

During the first two years of his address to the assembly, he talked about the gravity of the issue and the steps and initiatives undertaken by Manipur state AIDS control Society in collaboration with international NGO's like Bill and Melinda gates foundation and Medicin Sans Frontiers (MSF-Doctors without borders). A project called Organized Response for Comprehensive HIV Interventions in selected High-prevalence Districts (ORCHID) was initiated in May 2004 as collaboration between Emmanuel Hospital Association (EHA) and Australian International Health Institute (AIHI), now Nossal Institute for Global Health, University of Melbourne. Project ORCHID has been working to reduce transmission of HIV and STI among Injecting Drug Users (IDUs), Female Sex Workers (FSWs), Men who have Sex with Men (MSM) and their sexual partners through a response of increased scale and coverage in selected high -prevalence districts and townships of Manipur and Nagaland in Northeast (NE) India. He said in his 2006 assembly address *“project ORCHID supplements the efforts of the State Government. Also, Medicines sans Frontiers, an International NGO based in Holland in collaboration with Manipur AIDS Control Society has started ART (anti retroviral therapy) for 500 AIDS patients in Churachandpur District”*.

His Excellency Dr. Shivinder Singh sidhu in his address to the Manipur legislative assembly on 16-3-2007 said *“My Government is deeply concerned with the prevailing*

incidence of HIV and AIDS, a major health concern in the State today. Accordingly, the Manipur State AIDS Control Society has been implementing various programmes for prevention of the spread of HIV and AIDS. Harm reduction is integrated with care component under “Rapid Intervention and Care” (RIAC) Project. Adequate focus is given to IEC campaigns and social advocacy programmes. Anti retroviral drugs are given to the needy patients at four ART Centres at J.N.Hospital, Imphal, RIMS Imphal, District Hospital Churachandpur and District Hospital, Ukhrul. He also in his address said that a fifth ART Centre is being opened at District Hospital, Thoubal by the end of March 2008”.

The governor address shows commitment of the government by not only depending on international initiatives but initiatives of Indian government and the state concerned. His Excellency Dr. Shivinder Singh Sidhu on his address to Manipur legislative assembly on 1-2-2008 focussed his address to commitment in medical infrastructure of the state. He said *“my government is committed to make health care facilities accessible to all sections of the society specially the remote and the rural areas. The state, therefore, has proposed to construct one fifty (150) bedded hospital each at Ukhrul, Senapati, Tamenglong, Chandel and Jiribam. The JN Hospital is being upgraded to 300 bedded hospitals and all efforts have been made to convert this complex into Jawaharla Nehru Institute of Medical Sciences. The acquisition of land has already been made. The state is also implementing National health programmes like National vector borne disease control, National T.B Control, National leprosy control, National programme for blindness, National AIDS control and the Iodine deficiency disease programmes”.* Regardless, commitment of the governor could be seen in infrastructural development for general health care in his address but particular mention was not made regarding people living with HIV and AIDS in particular and the causes of HIV and AIDS in general.

His Excellency Shri Gurbachan Jagat the governor of Manipur assumes his office on 23rd July 2008 and has been serving the state until writing of this thesis. His Excellency Shri Gurbachan Jagat gave a scientific report in his address to Manipur legislative assembly on 17-3- 2009. He appraised the state of being the first in formulating a specific HIV and

AIDS policy in the country. He said *“Manipur was the first state in India to formulate a state AIDS policy in 1996. But HIV and AIDS continues to plague the state. As per NFHS-3, the HIV prevalence in Manipur is 1.13% as compared to an All India average of 0.36. 30446 cases of HIV have been detected till date. Recognizing the gravity of the situation, my government has taken up steps to improve the functioning of the Manipur AIDS control society (MACS). Given the alarming signs of spread of the virus to general population, I would urge one and all to undergo voluntary testing in any of the 54 integrated counseling & testing centre. Early detection would enable timely initiation of free ART in the 7 ART centers in the state”*. He also talked about organizing a program *“A grand function was organized at Imphal on 1st December 2008 to observe the world AIDS day wherein 2nd line ART was also launched”*. He said the strategies of the government and various stake holders should involve concerted efforts from all quarters *“a joint concerted effort is vital if we are to successfully halt and reverse the spread of HIV epidemic in Manipur”*.

His Excellency Shri Gurbachan Jagat the governor of Manipur in his address to Manipur legislative assembly on 13-01-2010 focused his address on the achievement of the state government. He spoke about how HIV was first detected in Manipur and the success achieved due to the HIV and AIDS policy 1996 by introducing Rapid Intervention and Care project. He said *“as honorable members would be aware that HIV transmission in Manipur originated primarily among Injecting Drug Users, especially heroin users. Accordingly, a special project titled “Rapid intervention and Care was launched in 1999-2000 with the aim of reducing HIV transmission among IDUs through the needle syringe exchange programme. Manipur was the first state in India to have adopted this strategy based on the principle of Harm reduction or Harm minimization. This pioneering intervention by Manipur State AIDS Control Society has been very successful and HIV prevalence rate among the IDU’s has declined from 72.78% in 1998 to 17.9% in 2007. This is a commendable achievement”*.

The then governor appraise of the achievement and initiatives of the state government saying *“Voluntary HIV testing is critical in successfully tackling of the spread of this*

dreadful virus. On the occasion of 2009 World AIDS Day, 5 more mobile Integrated Counseling & Testing Centre Vans were launched to provide better testing coverage in the hill districts. The number of HIV testing centres in Manipur has increased from 12 in 2005 to 54 in 2008”.

“The Manipur legislator’s forum on HIV and AIDS was formed on 30th June 2007 with the objective of involving elected legislators to change the course of the pandemic of HIV and AIDS in the state. I am happy to inform that Rs. 60 lakhs has been allocated out of the MLA Local Area Development fund for use by the legislator’s forum”.

“With these efforts there are encouraging signs. As per latest NACO estimation, adult HIV prevalence has gone down from 1.67% in 2006 to 1.57% in 2007. The number of pregnant mother tested for HIV and found HIV positive decreased from 2.04% in 2001 to 1.3% in 2007. My government would spare no efforts in reducing and reversing the HIV prevalence in Manipur”

The four successive governors of Manipur shows commitment towards the greater causes of Health care and three governors of the period went to the extent in their address by particularly quoting causes and concerns of people living with HIV and AIDS.

4.9 Discussion and Debates in the Assembly

Discussion and debates in the assembly from 2002- 2010 has been analyzed as under to find out the realities of the representatives of the state in their commitment for the cause of HIV and AIDS. The period 2002-2010 has been chosen keeping in mind the availability of government records as explained earlier. The analysis has been done dividing them according to the issue as it appears in the assembly proceeding procedures.

4.9.1 Discussion and voting on demand for grants

During the period under consideration 2002-2010 under the heading discussion and voting on demands for grants, particular topics on HIV and AIDS has been discussed 10 times according to assembly proceedings of the state.

During 2010 it was only Shri Radhabinod Kojjam, MLA moving cut motion during discussion and voting on demand for grants drew the attention of the minister for giving benefits to people living with HIV and AIDS and infected mothers and children

Dr. I. Ibohalbi, MLA and secretary general of Manipur legislators' forum on HIV and AIDS moving a cut motions during 2009 pointed out that Manipur health care delivery system was outdated and highlighted the need for its improvement and its proper policy to tackle infectious disease, non infectious disease and maternity & child health, etc. He also said that the Community Health Centres in the state was not provided with adequate doctors which led to the congestion of patients at Imphal and further wanted to know the number of specialist doctors at present and its requirement as well. He also suggested for a separate directorate for Public Health. He also drew attention of the Minister on the lack of doctors in the district hospitals, number of functional ART Centres in the districts, increase of AIDS patients in Bishnupur district. He also drew attention of the Minister on implementation of 25% Non Practicing Allowance (NPA) for doctors of the state, ban on government doctors practice in private hospitals, step of the government for an awareness programme to help in reducing stigma on HIV and AIDS.

Dr. Ng. Bijoy Singh, MLA moving cut motions during 2009 observed that regardless of improving health status of the state; the secondary and tertiary sector of the state lacks efficiency and also pointed out the needs for manpower development. Commenting on the need to give more emphasis on Public Health Sector he said that sufficient funds should be provided. He also talked about decentralization of school health programme which are needed for addressing the grievances of Accredited Social Health Activist (ASHA), empanelling of Shija Hospitals and CMC Koirengei and the need to maintain vital statistics of HIV patients. Highlighting the present menace of drugs, he said that effective drug control administration was required.

Shri Radhabinod Kojjam, MLA moving cut motion during 2009 pointed out the huge prevalence of HIV infected persons in the state and the social hazards that such people

could posed if proper attention were not paid to them and critically commented on failure of the department to pay attention to the widows and children of HIV infected persons. He urged the department to see if AAY cards, vocational training and reservation of jobs could be made available to widows and infected persons.

Shri Ph. Parijat Singh, Minister (Health and Family Welfare Services) clarifying to the demand discussion during 2009 informed that health services in the state had improved considerably with the implementation of NRHM. Mobile Medical Units were kept stationed at district hospitals after fitting the required equipment and giving services to the sick patients. He said *“For effective implementation of HIV and AIDS prevention programs the government was contemplating to constitute District AIDS Prevention and Control Units, with the DCs as the Chairman, CMOs as Vice Chairman and the MLAs, concerned, as Advisors, to all the districts and the MLAs would contribute 1 lakh each and 60 lakhs by the Government for its fund, he informed. The dead rate due to HIV infection had decreased with the opening of ART Centres providing medicines to infected persons in the state, he said, and added that 4 new Link ART Centres would be opened very soon”*.

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

During the year 2008 Dr. I. Ibohalbi, MLA and secretary general of Manipur legislators' forum on HIV and AIDS moving cut motions pointed out the disparity in the reports made by the Family Welfare Department and Medical & Health Department of the infant mortality rate. Regarding the lack of specialist in Government run hospitals, he wanted the Government to increase the non-practicing allowances, provide better facilities for the doctors posted in the hills and to give promotion avenues every 5 or 10 years. He

expressed apprehension that the District Mobile Unit opened under the Rural Health Mission might not be able to cater its service successfully due to the poor condition of roads in hill districts. The budget allocation for Health Sub-Centers, PHCs and CHCs was made only for infrastructural development and was lacking in other areas, he said. He wanted the Government to provide ambulance facilities to PHCs, blood bank and storage facilities to District head quarters, install MRIs in the state hospitals and also to properly manage hospital waste by installing incinerators. *“He said the rate of HIV/AIDS was highest in the country and its funding was made only by National AIDS Control Society and to create a sense of belongingness and responsibility, State Government should allocate funds for it. He said that Government should adopt a new policy programming to revive the Public Health Sector Undertakings”.*

During the year 2003, Shri N. Bihari Singh, MLA expressed his desires by moving a cut motion requesting the members to consent on equal distribution of funds sanctioned under AIDS Awareness Programme to all the districts of Manipur.

The year 2002 before the end of the 1st Phase of NACP was a crucial year for both the government at the centre and at the state. The leader of the opposition party of Manipur Shri O Joy and D Shaija MLA on 25th July 2002 pointed out to government of many loopholes and gaps as far as care, treatment and support services to people living with HIV and AIDS are concerned.

In reply to a particular question on Prevention of Mother to Child Transmission at Maram health centre, the health minister said that the state cabinet has approved of recruiting counselors and technicians. Delegation of work on prevention of mother to child transmission in progress has to be implemented in a smoother manner.

Shri O. Joy leader of the opposition party to Health Minister questioned about the construction of 100 bedded hospital out of the money earmarked for treatment and prevention of HIV and AIDS. In response to a question, the health minister clarified that the money was sanctioned by NACO for the said construction.

Due to the alarming situations of HIV and AIDS, all party meetings including organization's clubs and various stake holders for prevention of HIV and AIDS was convened at the governor's chamber.

Shri O Joy continued since *"AIDS has become one of the most serious issues pertaining to the state, the government should leave no stone unturned to combat the issue. Awareness components should be included in Leela's (Popular folk plays), Radio and television and school going children's text books"*.

Shri O Joy to the health minister enquired about the much hyped HIV and AIDS bill. He also pointed out that *"certain developed countries and richer states of India have already started the campaign against HIV and AIDS by providing anti HIV drugs at free of cost to its citizens. Patients are patients whether they are Manipuri or others, then why wait? Further he said is it possible to ask the poor to die as they cannot afford to pay for their prescribed drugs? It is high time for the government to look into it very seriously"*.

In reply to a clarification sought by Shri O Joy, the health Minister said *"regarding the construction of a 100 bedded hospital at Porompat is true but the funds have been sanctioned by NACO. It has been constructed out of the Rs. 60 Lakh released by NACO. The project has been on halt for the moment as the remaining amount has not been released by NACO, a detailed work report has already been sent to NACO for the next release"*.

The minister continues *"an intervention plan will be strategically worked out looking into the trends of HIV infection in Manipur. The main route of HIV infection in the country is through sexual routes but in the states of Manipur it is mainly through intravenous drug users"*.

Showing commitment of his government, the health minister said *"Manipur is the first and only state in India having a clear cut HIV and AIDS policy since 1996 till now. No*

other states of India have such policy document so far. The Manipur state AIDS control society (MSACS) has introduced an innovative project for the year covering 200 people and whatever work has been carried out no other states in India had earlier initiated”.

*“At present the number of AIDS patient is 1876 as reported by MSACS. A total number of 1302 confirmed cases of AIDS had died since the first case was reported in Manipur. Medical experts has pointed out that there would be more than 100 deaths due to HIV/AIDS but they were not properly diagnosed or examined for HIV and AIDS”.
“Above all we should find a way on how to prevent ourselves and as suggested by the member steps would be taken up to include in various forms of communications suggested for the general population”.*

Shri O. Joy continuing the discussion pointed out that the Leela (Folk Drama) which has been prescribed by the health minister contains an explicit illicit material, but not suitable for the societal viewership. In reply to the query the minister said that *“the real intentions of the Leela’s party were to give clear cut information about the intricacies on HIV and AIDS. They might have played it several times overlooking the limits of it. I myself will look into the matter”.*

Shri O. Joy to the health minister about providing ART facility in the state, the later said *“it is very true that the said drugs cannot cure the patient but prevent the virus from progression. Few other countries and states have already introduced the drugs and in Manipur some of the positive patients have already started using the drugs. Due to high cost of the drugs it is not affordable to all though it has come down gradually. Now the real challenge is on how to introduce in the state at subsidized rate which otherwise the state is deprived of economic prosperity due to various reasons”.*

4.9.2 Zero hour

There have been two instances where member of the assembly raised question during zero hour about HIV and AIDS within the stated period 2002-2010. On 13th March, 2006 Shri I. Hemochandra Singh, MLA drew the attention of the Medical Minister on the

irregularities while appointing Procurement Officer in Manipur AIDS Control Society (MACS). He expressed that necessary Departmental Promotion Committees (DPCs) should be conducted in the interest of the public.

Again on 22nd July, 2009 Shri Th. Shyamkumar Singh, MLA raised a query regarding the facilities provided by government for prevention of mother to child transmission of HIV.

Analysis of the nature of query and response shows that one of the queries has been of policy related matters as it concerned with recruitment policies and another relates to programming on HIV and AIDS.

4.9.3 Discussion on the motion of thanks to the Governor's address

The governor's address has been commented twice during the stated period 2002-2010. The comment shows the requirement of a specific policy on HIV and AIDS though the state has one. However the comment signifies that some part of the policy needed amendment. To substantiate the argument on 24th February, 2006 Shri L. Ibomcha Singh, MLA moving amendment to the Motion of Thanks to the Governor's Address said that *"a specific policy was required to control HIV and AIDS"*.

On 23rd February, 2006 Dr. S. Budhichandra, MLA seconder of the Motion of Thanks to the Governor's Address tried to show the government commitment by saying that *"the Government had been trying to solve the acute problem of HIV and AIDS and also to establish Rehabilitation Centre's with external fund, he added"*.

4.9.4 Consideration and passing of government bills

In the pretext of consideration and passing of government bills the nature of discussion indicates the mismanagement of government funds regarding HIV and AIDS. In the august house on 18th July, 2005 Shri O. Joy Singh, MLA observed that the plan

allocation for Manipur was not adequate. He requested Health Minister to clarify on the alleged misuse of AIDS fund.

On 17th March, 2006 Shri M. Bhorot Singh, MLA participating in the consideration, expressed suspicion of financial mismanagement, particularly the fund forwarded by the National AIDS Control Society to Manipur AIDS Control Society.

4.9.5 Private members' resolution

There has been only one occasion within the period of study 2002-2010 that a member moved a private resolution. However the move exemplifies how serious the members of the assembly are on HIV and AIDS cases. On Friday the 18th March, 2005 Shri B.D. Behring, MLA moved a Private Members' Resolution to make necessary rule/ law to conduct ELISA test on both boys and girls before marriage. He expressed his concerns over the alarming increase of HIV and AIDS infected persons in the state and added that a law should be made to insure compulsory HIV testing before marriage. He wanted the government to provide such testing facilities to all health centers within the state. In reply to the motion moved by Shri B.D Behring, Shri L. Nandakumar Singh, Minister (Health) replying to the discussion said that *"it would be difficult to legislate a law for compulsory HIV test because of various ramifications which could be counterproductive. He assured the House that testing facilities besides J.N. Hospital and RIMS would be provided to the health centers of other districts"*

CONCLUSION AND DISCUSSION

Political commitment as discussed been viewed according to a model developed by Johnson 1999 that specifies three basic types of commitment a) Structural commitment b) Personal and c) Moral.

a) Structural Commitment

It has been viewed according to the availability of ARV Drugs and Alternative drugs like generic medicine, Investment in physical set up for Care, Support and Treatment

services, Promotion of Research and Development, etc. It also looks into State commitment through continued support for local mitigation planning, State legislation enacting laws for supports, States commitment through state funding and strengthening the health care system.

As has been highlighted ARV drugs are being provided in two major hospital at the capital and various district hospitals of the state. His Excellency the Governor's address on physical infrastructure (Assembly proceedings Vol.72 Appendix A18) shows the government commitment on HIV/AIDS mitigation Care, Support and Treatment services and Promotion of Research and Development, etc. The launching of Manipur state AIDS policy and subsequent revision and adoption by the state Legislative Assembly showed political commitment on enactment of laws and policy for HIV/AIDS Mitigation. With regard to allocation of budget and funding the elected representatives are required to donate Rs. 100,000 (One lakhs only) to the Legislative Forum on HIV/AIDS. Furthermore flexibility has been provided to elected representatives that they can use Local Area Development Fund for HIV/AIDS mitigation programmes. The up-gradation of Jawaharlal Nehru Hospital, Regional Institute of Medical Sciences (RIMS) and various districts hospital shows political commitment through strengthening the health care system of the state.

b) Personal commitment

It has been viewed according to politicians attitudes towards PLWHA, Personal promises made if any and results and support of any HIV mitigation programme. Analysis of the responses and assembly debates shows that all the politicians are in favour of creating a Conducive environment for PLWHA for their Care, Support and Treatment services. The allocation of certain amount of money from their LADF and their interest and participation in any HIV/AIDS mitigation programmes shows their commitment.

c) Moral commitment

It has been viewed according to politician's sense of moral obligation towards PLWHA and the importance level of moral values accorded to the issues. Each of the politicians

interviewed showed moral commitment by highlighting the need to protect the rights of PLWHA.

Commitment of the politicians in terms of providing services, infrastructure and frequency of the issues rose in the assembly debates and their involvement in various activities; forums created for HIV/AIDS mitigation cannot be neglected. It can be concluded that on the part of the government efforts has been made and it is thus the collective responsibility of the government and various stake holders. It is difficult to come to any hard conclusions that politicians are really committed to HIV/AIDS mitigation in the state as stated earlier. Commitment is multidimensional and therefore, cannot be measured through a single quantitative indicator.

Ref:

1. Asian Harm Reduction Network (AHRN, 2001) “*HIV among Drug Injectors: The Hidden Epidemic in South East and East Asia*” (<http://www.ahrn.net/regional/overview.html>) Accessed on 4/9/2014
2. Hazarika, Sanjoy (1994) *Strangers of the mist. Tales of War and Peace form India's Northeast*, New Delhi.
3. Hazarika, Sanjoy (2000) *The Rites of passage: Border Crossings, Imagined Homelands, India's east and Bangladesh* (Penguin).
4. HRW World Report (2001) *AIDS and Human Rights: A Call for Action*, (June 26).
5. HRW World Report (2001) *UN: AIDS Conference Whitewash, US, Vatican, Egypt Undermining frank Language in Conference Document*, (New York, June 20).
6. Human Rights Watch (2002) “*Epidemic of Abuse: police Harassment of HIV/AIDS Outreach Workers in India*”, Vol. 14, No. 5 (C)
7. Huntington, Dale (2001) “*Anti-Trafficking Programs in South Asia: Appropriate Activities, Indicators and Evaluation Methodologies; Summary Report of a Technical Consultative Meeting*” (Population Council, New Delhi).
8. International Crisis Group (2001) “*HIV/AIDS as a Security Issue*” Washington/Brussels)
9. Jain, Kalpana (2002) “*Positive Lives: The Story of Ashok and others with HIV*” (Penguin, New Delhi)
10. Jayasuriya, D. C. (2001) *Background Paper on HIV/AIDS Related National Policies in Selected South and Southwest Asian Countries*
11. Michael P, Johnson 1999 “*Personal, Moral and Structural Commitment to Relationship experiences of choices and constraints*” Springer US ISBN 978-1-4613-7161-8 pp 73-87