Chapter V: Response to HIV/AIDS in the Hills of Darjeeling- From Global To Regional Institutions

HIV/AIDS is a humanitarian as well as a health crisis. After the first case of HIV/AIDS in India was detected in Chennai, two decades ago among the sex workers, the epidemic has grown unprecedentedly. This growth of HIV has brought into action a multiplicity of actors for its control and prevention. A lot of targeted interventions programmes have been implemented. The responses have been rich in diversity and actors ranging from international institutions to local NGOs have played their role. Even then the citizens of India are not well-versed with the tolls and techniques of confronting the challenges posed by HIV/AIDS. This is due to the lack of access people have to coherent sources of HIV/AIDS information (Ramasubban and Rashyasringa ed, 2005).

People still believe that they are immune to HIV/AIDS as they are not involved in risk behaviours and that it can only affect those who are immoral and deviant. Today the international, national and the local NGOs as well as other civil society groups in collaboration with the government are working towards acquainting the citizens with the complexity involved in controlling and preventing the progress of the epidemic. As intervention and prevention programmes involve sensitive issues like sexual behaviours (which still is a taboo subject), and drug abuse (which is considered an unacceptable deviant behaviour), the NGOs working at the local community level are at a vantage point when compared to the international NGOs (who have more funds and technical expertise) and government agencies. Government institutions cannot work as effectively as the local NGOs, as commercial sex and drug abuse is a criminal offence and those involved in such activities do not trust the government personnel. This chapter gives a brief account of the international responses to HIV/AIDS and also sheds light on the responses from various institutions in the hills of Darjeeling, to control and prevent the epidemic.
5.1 International Responses to HIV/AIDS

Figure 5.1: Selected Events in Global Response to the Epidemic

HIV/AIDS is now being recognized not merely as a medical problem, but a social and developmental problem by the global community. Every year the number of people infected by the disease is increasing and as a corollary to this the number of people affected is also increasing. However the latest report on the global scenario of the epidemic brought out by UNAIDS reports that the number of those infected have decreased due to the rigorous exercise undertaken to access the intensity of the epidemic in India. This exercise resulted in lowering the number of PLWHAs in India. This along with the fact that some of the estimates of the Sub-Saharan countries were also revised led to the overall reduction in the number of PLWHAs (UNAIDS 2007). However, people argue that there are flaws in the methodology applied in estimating the number (Bagla 2007). Even then, the number of people infected by the disease across the world is estimated to be 33.2 million of which the number of women and children infected are 15.4 and 2.5 million respectively. The number of people newly infected in the year 2007 is estimated to be 2.5 million (UNAIDS 2007).
Under these circumstances a firefighting response and the involvement of the civil society was urgently required to prevent the further spread of the epidemic as it was affecting the poor and the marginalized segment of the population. At the same time the costs of essential drugs were also beyond the reach of the poor and policies such as ‘structural adjustment programmes’ further accentuated the plight of those infected and affected. The Medecins Sans Frontieres expressed concern that access to affordable medicines for HIV/AIDS was becoming bleak. At this juncture the international community started to lobby to bring down the price of these essential drugs by negotiating and advocating with different governments and NGOs. These endeavours bore fruit when there was a modification in the patent laws, subsequently the price of the essential drugs and particularly the antiretroviral drugs was brought down to an affordable level.

The second most important development has been the establishment of the Global Fund against AIDS, Tuberculosis and Malaria (GFATM). The GFATM is a funding mechanism to fight the epidemic and many nations have come together to fund the GFATM. Although the GFATM was usually short of the required budget (as the national governments have failed to fulfill their pledges) it was a huge leap forward to confront the epidemic. Its funding methods ensured that the countries most-at-need received the necessary grants from them to strengthen their national programmes and control the epidemic.

One of the prominent challenges posed by the epidemic is to treat those millions infected by the virus. In the year 2003 WHO along with UNAIDS set a goal to ‘treat three million by 2005.’ It was a great opportunity for those who had no chance of getting the required drugs to prolong their lives. This initiative had an immediate positive effect. The number of people receiving antiretroviral increased in a number of countries increased. Although the desired goal of treating three million was not met by the end of 2005 it gave an impetus to generate political will for future work. In July 2005, the

1 (www.accessmedmsf.org 2005).
leaders of the G8 countries at the Gleneagles Summit committed to make universal access to treatment by 2010 for all who were infected by HIV/AIDS and needed treatment (UNAIDS 2006). Other developmental organizations and international NGOs as well as the national NGOs and the network of positive people have also played significant roles to control the progress of the disease and help those infected and affected by the disease.

5.2 National Response to HIV/AIDS in India

National governments have also been a cardinal part of the whole in fighting the dreaded disease. They have been quick to react to the dangers posed by the epidemic and put programmes in place to confront it. In India, National AIDS Committee was formed as the report of the first case of HIV was reported. Soon the establishment of NACO followed suit. NACO was given the responsibility to formulate and implement policies and programmes to effectively control and prevent the spread of HIV/AIDS in India. The states were also encouraged to formulate their own strategies to confront the epidemic. Initially India lacked both knowledge and resources to confront the epidemic. Medium Term Plan was formulated as soon as the first case of HIV/AIDS surfaced. By the year 1992 NACO had formulated the first National AIDS Control Programme (NACP). It had some gaps which needed to be addressed soon in order to make the programme effective in controlling and preventing the spread of HIV/AIDS. In the subsequent NACP II (1999-2006) the gaps which existed in NACP I were identified and attempts were made to rectify it. The lessons learned during NACP I were incorporated in NACP II. With the changing dynamics of the epidemic and with the lessons learnt and achievements made during the earlier two programmes, NACO has now formulated NACP III for the control and prevention of the epidemic and for the treatment, care and support of those infected by the disease. With the growing complexity of the epidemic, there have been changes in the policy framework and approaches of the NACP. Focus has shifted from raising awareness to behavioural change, from a national response to a decentralized response and an increasing engagement of NGOs and networks of PLWHA. Further the establishment of the States AIDS Control Societies has helped to decentralize the control
and prevention programme of NACO thus helping it to reach areas beyond it had earlier envisaged. A great political will was also shown by India to control and prevent HIV/AIDS with the formation of National Council on AIDS chaired by the Prime Minister.

Civil societies have also played a prominent role in preventing the spread of the virus. NGOs and CBOs have been the bridge between the government and the people in the fight against the epidemic. Where the government mechanisms have failed they have been able to take the message of HIV/AIDS to the people. The NGOs and CBOs are more amenable to the public than the government due to the bureaucratic nature, the power and hierarchy involved in governmental mechanism. Instances of NGOs’ exemplary contribution to the control and prevention of the epidemic as well as treatment support and care for those infected and affected by the epidemic can be found in plenty in the literature of the disease. Some of the organizations which have been exemplary are YRG Care, Naz Foundation and Lawyer’s Collective. YRG Care was the pioneer in providing care and treatment to those infected by HIV/AIDS. Naz Foundation was the first to work among the MSM and the Lawyers Collective was the first to fight legal battles in favour of the PLWHA.

In Darjeeling, lately there has been an escalation in the number of HIV/AIDS cases. As the health sector is not equipped to provide the necessary services, both medical and psycho-social, to those infected by the virus the civil societies have come forward to help the PLWHA. Shanker Foundation a network of the positive people has come in the forefront to advocate the issues that needs to be dealt for the progress of the PLWHA. This section introduces some of the NGOs and institutions working in the field of HIV/AIDS in the hills of Darjeeling. It also gives us a broad picture of their activities and an account of the funding structure of the NGOs.

5.3 Institutional Response of Selected Organisations and Institutions in Darjeeling

In most of the countries, early civil society initiatives are the foundations on which the national responses have been built. It is civil society which remains at the
forefront of prevention, care and support programmes, particularly among the most vulnerable and hard to reach populations (UNAIDS 2006). The civil society is uniquely placed to help ensure a long term perspective to HIV/AIDS. This section deals with the responses HIV/AIDS has received from different institutions in Darjeeling hills.

5.3.1 Medical Institutions

As in other parts of India and West Bengal the Darjeeling district hospital is one of the main component of the agency controlling and preventing HIV/AIDS in the hills of Darjeeling. The district hospital is supported by the sub divisional hospitals at Kurseong and Kalimpong.

The VCCTC which is the primary component of HIV/AIDS control and prevention was started in the district hospital on 1st April 2002. A spectrum of behaviour change communication initiatives were undertaken to motivate those people who come there and indulge in risk behaviour. Its primary function is to provide pre and post test counseling to all the clients who come there. During the pre test counseling a rapport building exercise is undertaken by the counselor. After a good rapport is built, the risks are identified. The clients are advised on all the risks and also advised on how to lead a healthy life, if tested positive. The test is not undertaken until and unless the clients are ready psychologically and they duly fill in and sign the consent form. For the clients who test positive, post test counseling is imparted. The post test counseling concentrates on behaviour change of the infected individual and also deals with providing psychological support. They are also advised to go to Shanker Foundation for greater emotional and psychological support.

The VCCTC also started the prevention of parent to child transmission (PPTCT) on 18th March, 2006. Prevention of parent to child transmission of HIV can occur during pregnancy, at the time of delivery or through breastfeeding. However PPTCT can be done with a combination of short term drugs treatment, safe delivery practices, counseling and support and safe infant feeding methods. All the pregnant mothers are counseled on HIV/AIDS and are tested for it if they are willing to get themselves tested.
After testing if an expectant mother is found positive she is put under the programme. The mother is provided with ART till the time she gives birth and the child is provided with the ART till the age of 18 months to prevent the virus from being transmitted.

The VCCTC at the district hospital also provides facility for post exposure prophylaxis. Though the district hospital provides the facility for testing, counseling, prevention of parent to child transmission and post exposure prophylaxis, they do not provide any facility for care and support and counting of CD4 cells and also do not provide any ART to the PLWHAs in the hospital. Today to be infected with HIV is no longer synonymous with death because a person with HIV can survive for many years more than previously possible, provided that they receive all necessary treatment and care. Life and death depends to a large extent on one's access to ART which is mediated by the state through hospitals and market institutions. ART is expensive for a poor person who is infected with HIV, as is the case for most PLWHAs in Darjeeling. So the State has become the factor which will decide the life or death for the PLWHAs. If the state provides free or subsidized ART then these people can prolong their life (Masanjala 2007). But in a situation where the state cannot provide such medicines then many will not be able to afford the high cost of medicine and subsequently succumb to the virus. Unfortunately the Darjeeling district hospital does not provide ART to the PLWHAs.

The hospitals in Kurseong and Kalimpong and also the district hospital have a blood bank and the blood is screened for HIV/AIDS. These hospitals also have STI/STD clinic but the number of people going there are very few as the staff lack sensitivity towards the patients. The hospitals also do not have trained staff who could take care of the PLWHAs. As most of the respondents from the study area reported, “The hospitals only has facilities for treating minor diseases, for anything else we are asked to go to Siliguri for treatment so how can they provide care and treatment for HIV/AIDS.”

Though the district hospital is doing some work with the ultimate goal of preventing the spread of HIV/AIDS, it has a lot of gaps which need to be plugged. The sexual health awareness among the people is low and not much is being done to improve the knowledge of the community members, women in particular. The STI/RTI is not
addressed and many are not utilizing the public sector for its treatment but are instead opting for private treatment. The district health department should in collaboration with the NGOs and CBOs conduct awareness campaigns on sexual health for both men and women addressing the problems of RTI/STI and its linkage with HIV/AIDS. In doing so they should also encourage the people to use condoms.

The health sector in the hills of Darjeeling has been lax in the control and prevention of HIV/AIDS. The reach of the only VCCTC in the hills is restricted to the district headquarter and many from the rural and other areas are not able to utilize its services. As the number of people who have heard or known about the VCCTC is very few it becomes imperative for the authorities to start making people aware of the VCCTC and its services. The hospitals should also provide the VCCTC with a better location within the hospital so that people coming to the hospital can see it. The VCCTC in the Darjeeling district hospital is in the basement and very few even know about it. In Kurseong the VCCTC was made available once a week due to the initiative of some doctors. However, it could not be functional as the hospital could not provide adequate space for the purpose.

The doctors of the hospital are not very sensitive to the needs and feelings of the PLWHA. The doctors who are involved with NGOs do not give sufficient time to the efforts of the NGOs as they have their private practices and only visit the NGOs at their convenience. They do not seem to have understood the magnitude of the epidemic and the difference they can make by providing sincere service to the people who visit the NGOs for matters related to HIV/AIDS. These people need more attention as they have reservations about going to the hospitals and would rather avail the facilities provided by the NGOs. Many doctors of the hills have not understood their social responsibility towards the people who are in need of their sincere cooperation. One of the PLWHA said, "The doctors are more interested in making money and pursuing with private practice rather than doing service to the community." However, there are a handful of doctors who provide sincere service to the needs of the PLWHA.
5.3.2 The Educational Institutions

The educational institutions of the hills of Darjeeling do not show much responsibility in the control and prevention of HIV/AIDS. Apart from a few schools which have actively participated in the awareness raising rallies organized by the NGOs they do not have any inclination for the control and prevention of the epidemic. None of the schools in the hills have sex education as a part of their curriculum. One of the principals of a school said, “We do not have any sex education in the school as most of the students are young and do not understand sex.” In terms of HIV/AIDS the schools do not have any programmes of their own but some NGOs do go to the schools and give lectures on HIV/AIDS. But this is only done in the few high schools in urban areas and the colleges and other schools are left out.

The majority of the young people in the sample do not have much knowledge about how HIV/AIDS is transmitted or how one can protect against HIV/AIDS. These people become sexually active quite early in life and are likely to use the services of the high risk groups. Under such circumstances it becomes imperative for the authorities to reach out to these young cohorts early in life and teach them to become responsible and to impart correct knowledge of safe sex. The educational institutions have the best reach among such people. Though the School AIDS Education Programme is now being implemented across India by the Department of Education in collaboration with and supported by the SACS (NACO) the schools, both secondary and higher secondary, have not yet implemented this programme in their curriculum in the Darjeeling hills.

5.3.3 The Political Institutions

The political leaders at the district and the community levels have the capacity to mobilize people as they are in constant touch with them. They are at a vantage point for disseminating information on HIV/AIDS as their reach is broader and wider than many NGOs. Due to their importance in the local hierarchy they can lend authority to programmes, influence individuals and groups to change behaviour and generate a positive and supportive environment for the vulnerable population (NACO 2006). Since
the political parties control the trade unions they can educate the work force. As the work force generally involves the heads of the families they can in turn educate other family members on prevention, care and support.

The political institutions of Darjeeling are not involved in the control and prevention of HIV/AIDS. Due to the nonfunctioning of the DGHC and the renewed demand for Gorkhaland the political parties have other political agendas and do not involve themselves in the prevention and control of HIV/AIDS. One political leader who the researcher wanted to interview denied giving an interview saying that HIV/AIDS was not his concern and it came under the preview of the health department. Others too did not want to be interviewed on the issue of HIV/AIDS. The political parties are insensitive and unaware of the dangers posed by HIV/AIDS. The political leaders from the grass root up to the higher level are not mobilizing the community for HIV/AIDS awareness programmes. One of the respondents said, "The politicians can play a big part in checking the spread of HIV/AIDS. If they involve themselves then they can make a huge difference. If they get involved then the gram Panchayats and other political institutions will also get involved and it becomes easier to reach the grass root." The only involvement of the political institutions is through the DGHC, which has one of secretaries as the executive member of the DACC. However, this limited involvement of the DGHC is also obstructed to a large extent because of the non functioning of the DGHC.

The councillors of the municipalities were also found to be ignorant about HIV/AIDS. They do not have any programmes for HIV/AIDS. They are very insensitive to the demands of HIV/AIDS. One of the councillors said, "HIV/AIDS can be controlled easily. We can organize a mass blood donation camp and identify those who are HIV positive and cull them. This way we can make know who are positive and break all ties with them and they will slowly vanish." Most of the political leaders were also not interested to give interview regarding HIV/AIDS. The Panchayats also do not have any programmes for HIV/AIDS. The non functioning of DGHC has put an enormous pressure on the NGOs as the funds coming to DACC are delayed thereby delaying further disbursement.
5.3.4 Shanker Foundation: A Network of Positive People

The most prominent institutions working in the field of HIV/AIDS in the hills of Darjeeling is the Shanker Foundation. Shanker Foundation was formed in 2005 as Shrishti, under the guidance of Kripa AIDS Cell, an arm of Kripa Foundation. It was formally registered under the West Bengal Societies Act only as late as 2006. But now it has evolved on its own and is the only foundation run by PLWHA in Darjeeling. It is a network of positive people and currently has 56 members of which 22 are females and the rest 34 are males. It tries to address the concerns of the positive people with its limited financial as well as human resources. The foundation has been reaching out to PLWHA who have very little means of support. The challenge of constant care and support to the increasing number of people living with the disease is a daunting task for the foundation.

There are many issues that Shanker Foundation is working on, although it is in its infancy. There is a lack of technical help and the positive members themselves have to work in addressing these issues which it considers to be pressing and important. Among other things they face social stigma and discrimination. It is apparent that social stigma and discrimination is a major impediment for them as only 5 of their members have declared their positive status and all the organizational work rests on their shoulders.

Lack of resources and trained personnel within their organization is also a major limitation for them as the number of positive people is increasing and the VCCTC sends all those who are tested positive to the foundation for further counseling, care, treatment and support. However, they are not provided with any financial support by the VCCTC. This in addition with the insufficient medical support also puts a lot of pressure on the foundation to meet with the aspirations and hope of those who are sent there by the VCCTC. The plight of the PLWHA is further accentuated as the doctors, nurses and other health staff are not trained to address the dilemmas of those infected by the virus and do not show any sensitivity towards the conditions of the PLWHA.

Under such adverse conditions Shanker Foundation has till date carried out a number of activities which have helped atleast a handful of people if not all. The most
important activity undertaken by the Shanker Foundation has been to encourage five of its members to disclose their positive status to the public and give a face to the HIV/AIDS problems in the hills. Simultaneously it has brought to the notice of the public that everybody is in the danger of being infected by HIV and that there are numerous problems faced by the PLWHA. Prior to this there was no one whom the public knew to be HIV positive. It was generally held that HIV/AIDS was a 'western disease' and that they would not be affected or infected by it.

As there is no formal care and support system in the hills of Darjeeling for the PLWHA the members of the Foundation are working overtime to provide care and support to all those who are positive and come there willingly. On a day to day basis Shanker Foundation provides care and support to positive people within the network through counseling, family visits (for only the members who have disclosed their status to the family) and trainings. The counseling and training is focused on enhancing life skills of positive people and their families.

Along with providing counseling and training to those who are positive it is also trying to strengthen and expand its member base. As many of the individuals who test positive do not come to the Foundation (out of the 141 tested positive only 56 are its members) they are persuading those positive people to come to the Foundation and be a part of it. In this endeavour they are attempting to expand their network to Kurseong, Kalimpong and Mirik.

Although the foundation lacks in financial resources it provides nutritional support to its members who are economically weak. In this activity another organization, Friends supports them. Though they are providing nutritional support to many of their members they require more financial support from the DACC as they can afford only rupees twenty five per member per month. They are aware that this amount can give them nothing which is nutritious for even a day.

To monitor the care and support given by the Foundation a meeting is held every Saturday. The members are encouraged to talk and give inputs so that the Foundation can
improve on their work. For sensitizing the families of the PLWHAs every month a meeting is held with the families (who know about their family member's health) who are affected by HIV/AIDS and are sensitized to care and support the PLWHAs. In this endeavour the volunteers from Friends play an important role as they make it evident with their participation that non positive people need to take active part in the well being of the positive people.

Though the Shanker Foundation is doing so much for the welfare of the PLWHAs, they lack in networking as the members do not have any training in running an organisation. Most of the PLWHAs are not well educated and this acts as an impediment in their effort to network. The members of the Foundation were also not adept at advocacy as they are not aware of many related issues. Only recent they have started joining hands with other organizations of PLWHAs or those working for the welfare of the PLWHAs. Due to their lack of awareness of the legislative developments they were found wanting with regards to the laws protecting the rights of the PLWHAs.

5.3.5 FRIENDS- Sister Concern of Shanker Foundation

This organization is the backbone to Shanker Foundation. It was started in 2002 when a number of like minded people came together to confront the menace of HIV/AIDS. It is a group of volunteers who work within the Shanker Foundation. They are the helping hand required by Shanker Foundation. The co-coordinator of the organization narrates the story of how Friends came into existence.

It started as 'Shristi' in 2002 under the guidance of Kripa AIDS Cell. Most of the members of Shanker Foundation were IDUs. One day, unfortunately one of the members of the Shanker Foundation died and a memorial service was held when the coordinator prayed. She said she thought "I have the heart so why don't I do something for them." She had been hearing a lot about HIV/AIDS and the problems faced by the PLWHAs. She had seen people dying of HIV/AIDS and how they were ill treated. They were kept on the floor and left to die. Then people did not know much about HIV/AIDS.
They helped the PLWHA to find space for the present day office of Shanker Foundation. Then awareness campaigns were started by printing brochures and pamphlets. After Shanker Foundation was established with its office, they opened a saving account in the UTI bank in the name of Shanker Foundation. Most of the volunteers started to contribute and though efforts were made to collect funds from other sources as well, it was not very successful. Eventually funds started coming from people who were conscious of HIV/AIDS and though it helped to a large extent it was insufficient.

'Friends' provide emotional, psychological and nutritional support to the members of the Foundation. They are not just confined to supporting the PLWHA but also work with the families of those infected. It is very important for them to work with the families as the DACC does not provide any support to the families of the PLWHA. Apart from this they also go to visit the hospitals with the PLWHA when they need any medical intervention. They try to make sure that none of the PLWHA carry any opportunistic infections. If any of the PLWHA has OI they take them to the appropriate hospital. They have collaborated with Planter's Hospital in Darjeeling. To get the CD4 cell counted they take the PLWHA to NBMCH whenever necessary as well as those who need to collect the ARVs.

'Friends,' as an organization also makes sure that the funds are disbursed to Shanker Foundation on time. Earlier there were funds coming but not a single penny was granted to Shanker Foundation. 'Friends' have constantly fought for the grants and since 2006 funds are coming to the Foundation through the DAC. As there is a dual government of the DGHC and West Bengal there is a lot of problem regarding the smooth flow of the grants to the Shanker Foundation. Shanker Foundation has received grants 3-4 times but Friends had to struggle for these grants. They are at times harassed and have to go through a lot of bureaucratic hassle in getting the funds. Recently an advocate has joined 'Friends' and she has committed to help them with the legal provisions. She is the human rights advisor and with her help and advice 'Friends' is fighting those who discriminate against the PLWHA.
As most of the PL WHA are from the economically weaker section of the society they are trying to start an income generation scheme. They are at the moment trying to start with knitting, as the number of female PL WHA is also large. They are also negotiating with the business community to sell their products. Once this starts to a large extent the economic problem can be solved.

5.3.6 Sewa Karya- a Darjeeling Based NGO

Sewa Karya is a non profit non governmental organization established in 1999. It is a subsidiary of the West Bengal Voluntary Health Association and its projects are funded by the state. It also receives fund from some corporate sector as well as from the DACC.

Sewa Karya has projects on STI/STD and HIV/AIDS. It started the projects in 2000 in Ging Tea Estate with HIV/AIDS programme for the workers of tea industry. Initially the project received mixed reaction from the local populace. The first year of the programme was a struggle as there was no support from the people but in the second year there was greater cooperation.

Working in the tea garden has given them a lot of experience, particularly in the area of STI and STD. While working among the tea garden workers they received a lot of cases of STI and STD among both the men and women but the maximum cases were detected among the women as the men were reluctant to visit the STI/STD clinic they had started. Under their guidance and counseling all those who were infected with STI and STD were advised for HIV testing. To their dismay many were found to be HIV positive. They had thought of the test as a precautionary method but the number of those who were found to be positive baffled them.

After 3 years the sponsors stopped funding the programme but Sewa Karya carried on with the programme till 2005. They had to stop the programme as their parent body also stopped funding the programme. However, they had sent a proposal for a programme on tea garden workers and their spouses. At the moment they engage
themselves with the workers of the tea estate by organizing workshops on health and hygiene and family planning.

At present they are conducting a home based care for the PLWHA which is sponsored by their parent body WBVHA. This programme is the first of its kind in the hills of Darjeeling. In this endeavour they are aided by a counselor and a field worker. In this programme the Sewa Karya provides 4 services to benefit the PLWHA.

- Psychological Service (counseling) to the PLWHA and their family members.
- Emergency Medical Support
- Nutritional Support and
- Social Support

Psychological Services: Most of the PLWHA are not highly educated and there is hardly any post counseling available, so it becomes imperative for the non governmental organizations to provide some post counseling. There have been instances where the PLWHA have acted irresponsibly and therefore there is a need for counseling the PLWHA. As the family members of the PLWHA play a salient role in the latter’s well being it is necessary for them to be well informed. Apart from this the family members need counseling as they may also discriminate against the PLWHA.

Emergency Medical Support: Many of the PLWHA in the hills of Darjeeling come from economically weaker category and therefore do not have much resource to spend on OIs. Some may even postpone the required treatment. This support is to ensure that the OIs are not neglected by the PLWHA. Sewa Karya makes sure that the medical expenditure is reimbursed to the PLWHA who have sought treatment for the OIs or had the OIs treated. The Sewa Karya however, follows a strict regulation for the reimbursement of the medical bills. The PLWHA have to show the staff of the Sewa Karya the prescription of the doctor and the amount spent on the prescribed medicine only is reimbursed. Apart from providing financial support for medicines Sewa Karya also provides physical care to those PLWHA who have been hospitalized. Volunteers of the organization provide care to the sick PLWHA.
Nutritional Support: Nutritional support is provided to only those PLWHA who have been adopted by the organization. They were providing this facility to very few PLWHA at the time of field visit. Due to the financial constraints they had adopted only a few PLWHA but they intend to adopt more PLWHA in the future when they get more funds.

Social Support: This support is provided by Sewa Karya to fight discrimination against the PLWHA. Due to the lack of adequate knowledge of HIV/AIDS people still discriminate the PLWHA. Sewa Karya is trying to raise awareness among the public to curb the discrimination. Whenever there is a case of discrimination the volunteers from Sewa Karya go to the spot and conduct awareness programmes to ensure that such acts of discrimination does not occur in the future. They also make an effort to engage the local community in this endeavour.

5.3.7 MANAS (MSM Advocacy Network for Social Action) Bangla, Darjeeling

MANAS Bangla Darjeeling is a part of the national NGO MANAS Bangla. It primarily works on the issues relating to MSM. It started functioning in the hills of Darjeeling when HIV/AIDS cases started to rise in the hills. It did not get the support it required initially. They work with a marginalized group which is often ridiculed by others. They were even accused of encouraging unwanted behaviour among the youth. It started to function during adverse conditions and today has a drop-in center at Kurseong and Darjeeling. The organization says that there are more than 500 MSM in the hills and they have started work to promote safe sexual behaviour among this group of marginalized people and reduce the transmission of HIV/AIDS among this group.

The objective of the organization has been to promote sexual health and safe sexual practices among the MSM in the hills of Darjeeling and also reduce the incidence of HIV among the group. They are progressing towards their goal with the targeted intervention project currently being carried out in Darjeeling and Kurseong. Their focus has been to bring about behavioural changes among the MSM in their sexual practices.
They encourage the MSM to bring the change through ‘behaviour change communication, treatment support for any infection that MSM get from their sexual practices. They encourage the MSM to use condoms and lubricants. The organization is also working to bring about a change in the attitude of the people regarding the MSM and built an environment where the MSM are not castigated because of their sexual orientation.

The components of the Integrated Darjeeling Hills Male to Male Sexual Health Promotion and HIV Control are based on the four principles

- Awareness and capacity building through peer education, condom and lubricant promotion
- STD/HIV/AIDS Counseling, testing, treatment and related counseling and referrals
- Creation of enabling environment
- Behaviour change communication development and dissemination and community mobilization and networking among them and capacity building

The MSM population is invisible in the hills as it is in many regions. The organization faced a difficult proposition to identify them and bring them into their folds. In order to reach as many MSM as possible they recruited other MSM as peer educators and outreach workers. They were trained and sent to the field to identify and recruit MSM in their programme. After the initial difficulties today MANAS Bangla is working with more than 100 MSM.

These outreach workers identifies and brings the MSM to the office where the peer educator imparts them with the knowledge and advantages of safe sex, STD/HIV/AIDS. The MSM are encouraged to ask questions and inquire about various issues concerning themselves. The MSM who come to the center are encouraged to use condoms and lubricants. To make them use these aids was a major hindrance as they held contrary beliefs to the use of such devices. As the convener of a drop-in center said, "They did not believe that they could get infected with HIV/AIDS when we started
counseling the first few MSM who came here. Further those who agreed to try condoms and lubricants complained saying that using condom obstructed their sexual act and tore the skin. However, they were in favour of the lubricants. Although after a lot of convincing they have started to use condoms. Now they complain that the condoms reduce the pleasure of sex.”

The MSM in the hills were oblivious to the risk of HIV/AIDS and STD due to their unsafe sexual practices thereby rendering counseling very important. Every day those MSM who come to the center are counseled about STD/HIV/AIDS. The counseling is rigorous and sustained till the individual is fully aware of STD/HIV/AIDS and the benefits of condom use and safe sex practices. Group discussions are also held among them so that they learn and engage themselves in the dissemination of knowledge about STD and HIV/AIDS. Positive people from Shanker Foundation are also invited to address them so that they can learn more about their experiences and the infection.

Treatment is also imparted to those MSM who have any STD. They are counseled and treatment is provided locally by a doctor employed by the organization. However, this facility is available only when the doctor comes to the center after the completion of his/her duty. Medication required for the treatment of the STD is also available at the office of the organization. Incase the STD/STI is acute, referral arrangements are made by MANAS Bangla and then the individual is encouraged to get tested for HIV, the arrangements for which are also made by the organization. In the advent of such a situation pre and post counseling is also provided by the organization.

Community mobilization is done with the help of the peer educators and ‘Mitjyu’ which is an independent CBO of Darjeeling. They in partnership with MANAS Bangla work among the MSM of Darjeeling. The MSM are mobilized and an enabling environment is created where they can articulate their views and ideas pertaining to their experiences. The member of the community are advised and encouraged to meet and discuss and disseminate the knowledge of safe sex, STD/HIV/AIDS. Through many training programmes the capacity and skills of the MSM are developed.
Today MANAS Bangla has two drop-in centers one each at Darjeeling and Kurseong. The drop-in centers are open everyday except Sunday. The centers provide the facility of face to face counseling with the counselor. They also conduct Group discussion, condom demonstration and video shows.

Both the drop-in centers has STI clinic to diagnose and treat STIs and STDs by a doctor and the counselor provides pre and post test counseling. The clinic facilitates the process of HIV testing for patients by referring them to the VCCTC.

Workshops and seminars are also organized for advocacy and sensitization of the general population, students, other NGOs and the police on the issues of MSM.

5.3.8 The Indian Red Cross Society, Kurseong

At the district level there is a 13 member Managing Committee with the District Magistrate as the Chairman and the Chief Medical Officer as the Vice-Chairman of the IRCS. The Sub-Divisional Officer is the Ex-Officio Chairman of the society.

As the prevalence among the IDUs is one of the highest in the state of West Bengal. IRCS has started a targeted intervention programme for the prevention of HIV/AIDS among the IDUs and the shadow users. The programme is aided by trained peer counselors and outreach workers who are also former IDUs and this makes the implementation of the programme easier as these peer educators and outreach workers can relate to the IDUs more convincingly and emphatically. The programme is conducted through the Harm Reduction Network called ‘Kalyan.’ Under this network drop-in centers at Kurseong, Darjeeling and Kalimpong were started where harm reduction intervention by providing Needle Syringe Exchange Programme (NSEP) and Drug Substitution Therapy (DST) are carried out. At present there are five drop-in centers, two more have been recently started in Mirik and Ghoom. The programme was initially funded by the DFID through an organization called ‘Sharan’ based in New Delhi. The programme is today funded by the State AIDS Control and Prevention Society through

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2 People who predominantly use pills but whenever they have the opportunity to inject drugs they do so
the DACC. Apart from providing NSEP and DST using Buprenorphine at these drop-in centers, medical care by a doctor, counseling by a trained counselor, abscess management by a trained nurse, free referrals for HIV testing and further treatment is extended. Till the time of data collection the network was providing services to more than 1200 drug dependent in hills Darjeeling.

This harm reduction programme is amenable to the IDUs and other drug dependents as services are provided free of cost and by trained personnel, it does not require hospitalization and one can carry on with their daily chores while on treatment and it also helps to prevent HIV/AIDS. As the clients have to attend the clinic daily they are in constant touch with the members of the clinic who boost their morale and address their needs. While on field visits the peer educators also counsel the family members along with the clients thereby involving the family members in the well being of their clients. This also gives the client a sense of being loved and feeling cared for.

The process of harm reduction in the drop-in centers entails a number of steps before one is provided with the services. It is a step by step process. At first the client has to go through a one- to-one session with the counselor. During this process the counselor gets to know about the history of the client, his personality, family background, medical history as well as the history of his/her drug addiction. In the process the client is made aware of the dangers of injecting drugs and the different options that are available to him/her that could potentially free him/her from drug addiction and also prevent from being infected by HIV/AIDS. At this stage the counselor introduces the client to NSEP and DST.

The client is given the choice of whether or not he/she wants to quit the habit of drugs. After he gives his/her consent the client is examined by a doctor. The doctor while medically examining the client thoroughly assesses his/her degree of drug dependence. According to the degree of the client’s drug dependence the doctor decides whether the client needs medication or can be weaned out only with counseling. Simultaneously the client is also educated in safe sex practices and condoms are provided free to the clients.
as per the individual’s need and requirement. Apart from this the spouse and the family is also counseled.

In cases where the client refuses to stop the habit of injecting drugs, they are informed of all the dangers of injecting drugs such as abscess formation, collapse of veins, infection of the heart and kidneys, transmission of HIV/AIDS. The clients are then counseled to adopt safer infection practices like not sharing needles and syringes, use of new syringe needles for each injection, use of sterilized syringe needles in case one is not available and injecting safely and at relatively safer places to prevent complications such as police harassment. Under the NSEP such clients are provided new needles and syringes free against deposit of the used ones. The outreach workers and peer educators closely monitor the NSEP. As the client starts engaging in safer injecting practices he is counseled and assisted to decrease the dose and gradually encouraged to shift to Buprenorphine before making him/her retire from drug dependency.

Again when an IDU after counseling wants to switch to oral Buprenorphine, then the client is thoroughly examined by a doctor to assess whether or not the client is an IDU. After having ascertained the status of the client the doctor assesses the degree of drug dependency. After the intensity of drug addiction is ascertained the client is put under a supervised oral Buprenorphine regime. The IDU starts with 2mg Buprenorphine and is subsequently reduced with the advice of the doctor. The minimum dose of Buprenorphine is 0.2mg which is administered when it is ascertained that the client is in a position to quit drugs. After this dose administration of Buprenorphine is totally stopped so that the client becomes independent of drug injecting habit.

Apart from these interventions, the IRCS also provides referral services to the drop-in centers. The drop-in centers also provide financial support for the treatment of the oral drug users in rehabilitation and detoxification centers. These initiatives are taken by the IRCS anticipating that the oral drug users can shift to injecting drug use within a short span of time. Throughout the period of referral to the admission to the detoxification center and the release from the detoxification center the staff from the drop-in centers
constantly interact with the clients and their family members and provide support to enable the individual to lead a drug free life.

The project ‘Kalyan’ has taken up the challenge to prevent HIV transmission among the IDUs and from them to the community. They have taken this initiative by trying to enable the IDUs to lead a drug free life and thereby integrating them in the society, as meaningful citizens.

5.3.9 Himalayan Anti AIDS and Narcotic Drugs Society (HANDS), Kalimpong

HANDS, is an organization which is trying to spread awareness on HIV/AIDS and at the same time tackle the exponential rise of drug abuse in Kalimpong subdivision. It was started in June 2006 by a group of prominent citizens of Kalimpong. The main objectives of HANDS are-

- To organize training facilities, seminars and workshops in order to disseminate information on AIDS and drug abuse as a part of adult education programmes and as a part of school AIDS and drug abuse education programme.
- To provide counseling to drug/alcohol addicts and their families in order to help them deal with their addiction.
- To conduct therapeutic input sessions among the addicts.
- To conduct outreach programmes, i.e. to reach addicts at their homes and streets in order to bring them to the day care centre.
- In the long term, to set up a Rehabilitation Centre at Kalimpong where addicts from the subdivision may obtain treatment at the most affordable rates.

In order to fulfill their objectives the HANDS team has conducted awareness lectures in a number of schools at Kalimpong. This is a sustained and constant endeavour of HANDS as they realize the importance of educating the students who are young and vulnerable. Their focus has not been limited to students alone. They also conduct outreach programmes among the drug and alcohol dependent persons. Due to this effort almost 100 drug abusers have been motivated till the day of interview to come to the day care centre.
care centre to receive counseling and therapeutic inputs. These counseling and therapeutic inputs are imparted session wise, judging the requirement of those coming there.

Adult education on AIDS and drug abuse has been the corner stone of their success and it is being pursued vigorously. As there are few organizations imparting adult education this endeavour has become a very salient component of their programmes. Though not much interest has been shown by the public and at times they had to face adversity they are still pursuing with their goals. Sessions on adult education is carried out in the Town Hall and everybody who comes there is provided with information, education and communication materials.

They also have a referral service whereby chronic drug dependent persons are referred to some rehabilitation centers. The drug dependent persons are also counseled to undergo HIV testing. If the person gives his or her consent to undergo HIV testing then the individual is referred to the VCCTC.

5.3.10 Family’s Response to HIV/AIDS in Darjeeling

The number of care givers in the sample is very less (5) and comprises only 2.51 per cent. There were 4 females and one male. The females were between 23 and 45 year and the only male care giver was 38 years old. Among the 4 female care givers one was a wife of an infected person, two were mothers and one was a niece of an infected person. 4 of the care givers heard about HIV/AIDS only after their wards were diagnosed to be HIV positive. The main concern of the care givers was to prolong the life of the infected person. Their endeavour was however challenged by the stigmatization and discriminating nature of the infection. They were in complete shock on hearing that their wards were HIV positive.

The care givers who were present at the time of the disclosure of the test result have been supportive of the PLWHA and have not disclosed their sero status. The care givers were scared of losing their family members. The care givers were also equally concerned about keeping the status of their wards a secret as they were intimidated by the
discrimination and subsequent isolation of their wards. A care giving woman said, "I have not disclosed the sero status of my son as he can be discriminated and along with him also the family can be discriminated. We have to protect him otherwise he will be left with nobody for support." The care givers were also motivated to care and support their infected family member as they have come to know that only proper care and emotional support can prolong their life. The wife of a PL WHA said, "The doctor told me that there is no cure for this disease, but if we keep him happy and not let him know that he will ultimately die, then he can live longer. So I have taken upon myself not to let him die an unhappy death and provide him with all the care and support he needs."

Most of the PL WHA were asymptomatic at the time of interview but with the onset of full blown AIDS the care givers have to provide care during the time when they fall ill and provide good nutritious food, monitor their health, diet and lifestyles and importantly provide them the emotional support they need and accompany them to the hospital whenever required. One of the care givers said, "I do not have to do much as my daughter does not have any illness now. But the important thing for me now is to check that she eats her food regularly and is not disturbed by fears of death as there is no medicine. I have to make sure that she is not suffering from any illness and her health is good." Another woman said, "The most important thing for me now is to make sure that my son does not indulge in drug abuse and eats properly. I have to make sure that he is enjoying his life in his own way and is not preoccupied with unnecessary thoughts. It must be difficult for him but I try to make his life as easy as possible and provide him all the support he needs. I try to make him understand that he is loved by the family and we do not have anything against him." She further adds, "The fact that there is no medicine to cure this disease and he will die made me forget all the troubles he had put us into, and care for him. This way I help him to repose faith in us as we were very upset about his behaviour earlier and blamed his behaviour for acquiring HIV. If I can care for him now then may be God will forgive me for cursing him all those days when he used to trouble us due to his drug addiction." Another care giver said, "I had to care for my friend as there is only his old mother who cannot do anything. It was my moral duty to care for him as we have done all the things together whether, acceptable or not. It was
just my good luck that I am not infected by HIV. The fact is there is not much to do as well. I go spend some time with him and see that he is eating properly and keeping good health. Earlier I used to accompany him to the hospital but now this is also taken care by Shanker Foundation. I try to see that he is not depressed and emotionally disturbed.”

The experiences of the affected people revolved around the desire to prolong the life of their kins and the fear of losing them. Most of the respondents thought that it was their duty to care for the infected person though they were also concerned about the economic aspect of care giving when the asymptomatic condition would turn into full blown AIDS. Most of the respondents were aware of the economic resources that were available to them and that they would not be able to deal with the disease with the existing resources. One of the respondents said, “My daughter is HIV positive but she is not ill, so there is not much expenditure on medicines at the moment. But once her condition deteriorates it will be very difficult to take care of her as we do not have much money. We have to look after others as well and cannot spend all the income on her medicines. This thought troubles me a lot, all the time, as I know a time will come when she will need a lot of care and medicines. Neither can we overlook her medicinal needs nor can we over look the expenditure on other things.” Most of the care givers however, were determined to give the utmost care and support to the PLWHA even during the times of adversity. Many of the care givers were of the opinion that they would overcome the economic shortcoming with their emotional support.

Discrimination and stigma is prevalent in the society against the PLWHA but the people caring for them are selfless individuals working overtime to prolong the life of their beloved family members and friends. There are many concerns for the care givers but they are determined to provide care as much as they can and provide all the emotional support so that the PLWHA under their supervision do not undergo unnecessary emotional distress.
5.3.11 The Community’s Response

The population of Darjeeling hills is composed of people belonging to diverse ethnic communities. The majority of the people primarily belong to the ethnic group Nepali. This ethnic group is divided into the ‘Tagedharies’ and the ‘Matwalis’. Though in the hills of Darjeeling caste system or discrimination on the basis of caste is not covert but in matters of marriage it does exists. Due to this various caste based ‘samaj’ has come into existence, which look after the well being of its members. They have become an important agent in controlling its members and carrying out some developmental works for the people. They maintain records of their members and the network among the samaj of different places is well established. These samajs are directly or indirectly involved in one’s life from the time of the individual’s birth. However, having so much say in the life of the people belonging to the caste, they probably due to lack of awareness have failed to understand the contribution they can make in the control and prevention of HIV/AIDS. Many sophisticated models of HIV/AIDS prevention and control have recognized that people who know each can have a great impact on each others behaviour. Such social influence can amount to a veto power on high risk behaviour in circumstances where people might otherwise engage in risk behaviour (Friedman et al. 2005). This is the principle on which the samaj function. They have the veto power over its members in a large number of issues and can therefore extend their powers and bring about behavioural changes in their members. They can directly intervene at the community level and emphasize on the direct modification of the individual behaviour. Samaj because of its emphasis on ‘manipulating the social reinforcers and environmental constraints associated with desired behaviours’ (Rhodes and Mallote 1996) can modify the individual risk behaviours.

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3 Tagedharies are people who traditionally and culturally prohibit alcohol consumption and belong to the higher castes
4 Matwalis are people who are traditionally and culturally alcohol consuming and belong to the middle and lower rung of the caste hierarchy
5 These samajs work for the upliftment of the concerned caste and people belonging to the caste are compulsorily members of the samaj.
The samaj has social control over its members and can be very effective in spreading information in the forms of leaflets and discussions, enabling individuals to identify their risk behaviours and bringing about changes in the behavioural environment by addressing the risk behaviours of the members. They can most importantly bring about community development by enhancing health by bringing about community change through collective action (Gadd and Goss 2005). The samaj can achieve this community development by participation of its members and by sharing experiences. In order to achieve this they can make presentations on factual information about HIV/AIDS, its modes of transmission and control and prevention. They can also discuss feelings about sex and skills for negotiating safe sex and suggest use of condoms among its members. They can achieve total participation of its members by having separate sessions for the male and female members, if they perceive that males and females may not be able to discuss sexual matters together under the same roof.

There is so much these samajs can do in terms of HIV/AIDS control and prevention but nobody has realized their potential. None of the samajs were involved in any form in the control and prevention of the epidemic in the hills of Darjeeling. The NGOs and especially the DACC must pay utmost attention and involve them as they can reach every individual belonging to a particular caste.

5.3.12 Religious Institutions

Religious institutions worldwide have played important roles in the control and prevention of HIV/AIDS among its followers. As religious beliefs and practices are important in influencing its followers they can take active role in the control and prevention of HIV/AIDS. Major religions of India like Hinduism, Christianity, Buddhism and Islam are followed by the people of Darjeeling. So these religions can play their part in controlling the spread of HIV/AIDS in Darjeeling. Although they can play a vital role, it is seen that only the Christian community is actively participating in the control and prevention of this epidemic. The Christians, participate not directly but through several NGOs of Darjeeling. Some of the prominent NGOs are the Anugalaya Diocese Center and Kripa Foundation. They have recently been able to open a new care and support
center at Darjeeling, with 10 beds with the financial support from Global Fund, a Geneva based institution. It will have a doctor and two nurses round the clock. This is an effort that has to be appreciated, as the PLWHA of Darjeeling hill were devoid of such facility and had to depend on the facilities provided by the NBMCH, where they had to face a lot of discrimination. Apart from this their major contribution has been the home visits they conduct to provide the much needed psychological help. However, they undertake this programme only if the concerned person is willing. They also give information on HIV/AIDS during their services and advise people on leading a healthy life.

5.3.13 Media Response

The mass media are certainly the most widespread means to disperse information to the public. It is a powerful tool and can play an important part in disseminating information on HIV/AIDS by generating awareness. However, they are not only a means of information dispersal. Media is also able to shape attitudes and draw attention to certain issues. Thus, they are not only a major factor in determining what the public knows about important issues, but also what the public thinks about them (Cunningham 2005). It can also influence the opinions on HIV/AIDS and give feedback to the agencies which are responsible for formulating policies with regards to HIV/AIDS (NACO 2006). But the media coverage of HIV/AIDS in Darjeeling is negligible. News pertaining to HIV/AIDS in Darjeeling is covered only by the local newspapers and this cannot generate much support for the PLWHA as well as for the organizations working on the issues of HIV/AIDS in Darjeeling at the national level. Local coverage cannot generate much public opinion to force changes in the policies and create policies which are beneficial to the local PLWHA. The local television channels, which has a wide viewership among the locals is not utilized properly. They do not air any programmes on HIV/AIDS. The concerned authorities should tap the potential of these channels in spreading the information and educating the people on HIV/AIDS. The All India Radio which has its station in Kurseong can also be used to spread information. Though the local newspapers, like the Himalaya Darpan and Sunchari have started reporting on HIV/AIDS on a regular basis but their reporting is just based on the programmes undertaken by some NGOs and is always confined to the statistics. They have failed to understand their
efficacy in making the people understand the ways in which it can be transmitted. During the period of fieldwork none of the dailies reported on the economic and political aspects of the epidemic, on care and support needed by the PL WHA and how stigma and discrimination could make the lives of those infected and affected difficult. The pictures accompanying the articles, though there were very few, always seemed to attribute death and suffering to the PL WHA. There were no articles urging the politicians and the government to look into the needs of the PL WHA. The demand for an ART center in the hills was never covered by the local media. The coverage of the issue in the local media was mostly negative in the sense that the development of medicines, the ART which has been effective in prolonging the lives of those infected by the virus and its availability and the government's endeavour to make it accessible to all, was seldom reported. The press of the hills of Darjeeling needs to be vigilant enough to understand their responsibility and also report that the development in the scientific world has given hope to the PL WHA for a better life and not equate HIV/AIDS with death and suffering as this will put across a negative message in a place and situation where the PL WHA and the vulnerable sub groups are stigmatized and discriminated.

5.4 The Overview of the Response to HIV/AIDS in Darjeeling Hills

It is quite obvious that HIV/AIDS prevention is not a domain of one particular organization, it has to be conducted by more than one institution. Reaching larger numbers of people from all sections of the society, and carrying out effective policy work will depend on the organization's ability to network with one another. Increased collaboration could also facilitate the development of a common language to describe approaches so that practitioners can better understand one another's work. Although some networking does occur through the DACC, the experience in conducting this study has shown that the networking among the different organizations could be significantly improved. Through discussions during the course of the study, it was established that the organizations involved in HIV/AIDS were no aware of others working in the same area. In spite of this, there are glimpses of efforts being made to improve on networking among the different organizations.
Being the funding agency as well as the bridge between the government and the local institutions, confronting the epidemic, DACC is under tremendous pressure to perform. However, the government has failed to understand this and is reflected by the fact that the DACC is understaffed and for most of the executive members the work and responsibility of DACC is additional to their primary profession. As a consequence the executive members have little time to devote to the functioning of DACC. Because of the lack of staff the DACC has not been able to generate commitment and sense of urgency among the people and still there is a high degree of denial regarding HIV/AIDS among the community members. The disbursement of funds to other NGOs, working in the hills, has been slow and this has become a major obstacle in responding effectively to the epidemic. The inability of the DACC to release funds on regular basis has generated immense pressure on the NGOs' effective functioning. One official from Shanker Foundation said, “I have been coming here for the past 5 days but they do not have the cheque ready. I cannot waste my time coming here everyday as I have many other organizational works to do as well.”

There is very little involvement of the other sectors in the prevention, control, care and treatment of HIV/AIDS in the hills of Darjeeling. The tea gardens and the railways which are the major employers here are not involved in the control and prevention of HIV/AIDS. Though the railways have many programmes for HIV/AIDS across the country they were not seen to be involved here. The tea gardens do not have any programmes on HIV/AIDS for its workers. In such a situation the DACC must encourage these two big sectors to get involved. HIV/AIDS largely remains a health programme devoid of any attempt to bring about changes in the social, cultural, political and economic changes, though there are large volumes of literature linking HIV/AIDS to the social, cultural, political and economic conditions of an individual.

In Darjeeling hills there is only targeted intervention among the high risk groups and the community at large which is being infected and affected by the epidemic is being forgotten. Even now it is a taboo to talk about sex and HIV/AIDS in the family. In such a scenario it becomes necessary for the institutions working in the sphere of HIV/AIDS to
also include the community members in all the stages of planning and implementation of
the programme so that the entire population is concerned about the adversity which can
be brought by the epidemic.

There are many NGOs working in the field of HIV/AIDS in Darjeeling but there is not
much networking among them, as a result they are not aware of the programmes of other
NGOs and there is a serious gap in communication among them. Though all the NGOs
are linked with the DACC and Shanker Foundation, this link is very weak and merely
fulfills their professional needs rather than to create stronger collaboration. The NGOs
are linked with DACC for the funds and with the Shanker Foundation to fulfill the
principle of GIPA. Communication is a major training challenge to all the NGOs in the
hills of Darjeeling. The communication among the NGOs at best can be said to be casual.
Because of this there is not much sharing of information and data which hampers the
overall future plans and programmes seriously.

All the programmes in the hills of Darjeeling are being funded by DACC. The proposals
from the NGOs are scrutinized by the executive members of the DACC, who decide
whether or not to fund a programme. Under such circumstances the institutions are
carrying out only those programmes which have been conducted elsewhere. They do not
undertake custom made programmes to suit local needs as they fear that their proposals
may be rejected. The programmes are largely high risk group centric and do not
concentrate on the general public. However working with the high risk groups is a
difficult task for the NGOs as many of them are hidden and invisible. The FSW and the
MSM or the bisexuals in the hills of Darjeeling cannot be identified and so working with
them becomes a challenge for the NGOs. It is more of a challenging proposition for all
the institutions working on issues related to HIV/AIDS as there is the absence of an
enabling environment for these high risk groups to come forward and avail the services
provided by the various institutions. Because of their focus on high risk groups the
NGOs are concentrating only on control and prevention of the epidemic.
In Darjeeling hills all the NGOs are concentrating only on the prevention and control aspect of the epidemic. The rural areas are left out of these prevention and control programmes to a large extent. They do not focus on care and treatment and support facilities and even the VCCTC refers the positive people to Shanker Foundation for care and support. As the intervention from the NGOs is at the level of high risk groups the NGOs have not focused on the general public and the families of those infected by the virus. The families of the infected persons are not receiving any support from the NGOs and are going through emotional trauma. There is a greater need for intervention from the NGOs at the familial level. As many of the PLWHA have not yet disclosed their status to their families it also becomes difficult for the NGOs to approach them.

Although the number of NGOs in Darjeeling is increasing, their reach is limited only to a small segment of the society. Apart from the IRCS and the drop-in centers of MANAS Bangla and YMDS there are no independent NGOs working in Kurseong town. At the same time it can be said that a large segment of the society are unaware of the available assistance as most of the intervention programmes have not focused on them.