CHAPTER V

PREVENTIVE MEASURES AGAINST HIV/AIDS

1 Involvement of NGOs needs encouragement

The involvements of NGOs in Churachandpur district have been bulk and worth mentioning for the prevention of HIV/AIDS. But still, some NGOs have done a lip service on HIV/AIDS prevention in the district just by servicing as distributing condom, leaflet and also by giving them mere awareness programmes and did not last long whereas the contributions of true NGOs are ever incredible. They have seminars, talks or lecture, workshop, seminar in the institutions of schools and colleges including round table conference, drama, video show, rallies, sport events, quiz competition, dissemination of messages and distribution of educational materials and so on to official gatherings or functions to promote safe behaviour.

2 Churches and Philanthropic organizations need steps further

In recent past, Churches like Catholic, Presbyterian, Baptist, Lutheran, Salvation Army etc and Philanthropic organizations such as Young Mizo Association (YMA), Zou youth Organization (ZYO), Simte youth Organization (SYO), Young Paite You Association (YPA), Hmar Youth Association (HYA) etc, did not consider HIV/AIDS problem as their main task except the funeral or decent burial. Hence, most of the institutions and organizations ignored such issues should be dealt with the government and the NGOs and just support verbally about their policy and planning.
Besides, such institutions and organizations are also too busy for their own assigned work and some of the people themselves considered HIV/AIDS as bad people’s disease and could not support them. But without the support of such institutions and organizations, the cases of HIV/AIDS that can not be fully solved in the near future.

If we are to tackle the problem of HIV infection and AIDS, it is essential that we study not only the virus itself but also all cultural practices that might contribute to its spread. With no immediate prospect of a widely available vaccine or cure for HIV, the key to prevent the AIDS epidemic lies in sexual behaviour and its modifications. But, human behaviour is rooted in the social and economic facts of individual lives. Thus, one-man, one woman or permanent single partner in sexual behaviour is often subjected to powerful and far-reaching constraints. In Churachandpur district, one reason for the rapid spread of HIV/AIDS is very likely to be the far higher incidence of other sexually transmitted diseases, which itself has not been satisfactorily explained, since very little research has been devoted to understanding it. The role played by sexual transmission and by the rate of partner change-promiscuity is extremely difficult to quantify.

The term promiscuity is a relative one, which can mean different things in different times and places. To understand the problem of HIV/AIDS, the people of Churachandpur district need to gain a perspective on why this promiscuity is happening; what are the forces, which at this particular point of time led many young people to take a large number of sexual partners. In fact, opportunities exist for slowing the HIV/AIDS epidemic in Churachandpur district. As fathers in the setting, take more responsibility to
provide care and support for other family members and the community. Then Plan activities for your community or place of work to observe World AIDS Day in the first November of every year. Such activities could include workshop, seminar, lecture, round table conference, drama, video show, rallies, sport events, quiz competition, dissemination of messages, distribution of educational materials, etc.

Many different activities can also help raise people awareness for the prevention of HIV/AIDS as follows:-

1. Assist the family and friends a person living with HIV. Find out what their needs are and provide emotional support to them.

2. Provide leadership by doing any of the above in our family, school, college, university, work place, and network of friends or community.

3. Discuss the roles that men and women play out in the society and educate the peers in locations where men get together socially or in the workplace regarding HIV/AIDS and about the responsibility of men in combating the epidemic.

4. Advocate the right of women to determine if, when and where sex takes place. Urge males to speak out openly about sexuality and the need for men to change their sexual behaviour, and provide them with simple messages on these issues, to be used in public forums or media interviews.

5. Support AIDS education in the workplace on a continuing basis so that HIV prevention can be discussed in depth. Promote discussions between fathers and sons
about sexuality, family planning and HIV/AIDS. Design easy-to-understand information, education, and communication (IEC) materials for boys and men focusing on their common concerns and health problems.

6. Establish programmes that encourage young and unmarried men to understand their roles as future parents and prepare them to be involved in parenthood, promoting planned fatherhood as a masculine ideal. Bring men together to talk about their concerns regarding care for their families and help them develop the skills to talk to- and listen to- their partners and children. Promote positive male role models in the youth media.

7. Educate young people about equal relationships between men and women and stress the unacceptability of sexual violence. Establish self-help groups for boys and men living with or affected by or orphaned as a result of HIV/AIDS. Fathers and future fathers should be encouraged to consider the potential impact of sexual behaviour on their partners and children.

8. Men also need to take a greater role in caring for family members with HIV or AIDS. Through your own activities and plans, join on to fight HIV because no one deserves to get AIDS and involve your families, institutions, communities and countries or state or district to enable them to say “no” to HIV/AIDS and enable them to protect themselves. Find out what people want to know about HIV/AIDS. Provide them with the information so that they can protect themselves.
9. Talk about the important role that HIV and AIDS education and information plays in preventing the spread of the epidemic. When talking to different people you could reinforce the need of people to have options for the prevention of all sexually transmitted diseases (STDs) including HIV/AIDS. Ignorant is not bliss on the issues of HIV/AIDS. Ignorance costs lives.

Nevertheless, we do not yet have a vaccine for HIV/AIDS but we do have a social vaccine or medicine. This vaccine consists of social mobilization to individual or groups or steps taken by Governmental or Non-Governmental Organization as follows:

1. Increase awareness and promote tolerance and solidarity with people living with HIV/AIDS in the district.

2. Promote safety when it comes to sex, which means 100% condom use in all risk behavior.

3. Offer sex education and life skill training for youth both in out of school a strategy which proven to delay the age of first sexual intercourse, and to produce the number of different sexual partners.

4. Lastly allocate resource to care for those affected by the epidemic.

Immediate action will be required in the areas of partnership and political commitment. Governmental leadership, together with support from civil society, the religious communities, national and international communities, the private sectors, NGOs and Pharmaceutical companies will be the formula for success. Furthermore, we know that a coherent approach in prevention, a significant reduction of HIV transmission may
be achieved. There is solid evidence that, a community and national levels considerable results can be obtained with systematically applied programmes. A comprehensive place for prevention of HIV/AIDS must therefore include the following factors: -

a) Information, Education and peer counseling for young people.

b) Access to confidential, voluntary testing and counseling.

c) Safe blood or blood product supplies.

d) Promotion of Condom use and accessibility.

e) Treatment of the STDs, particularly for commercial sex workers (CSWs) both males and females.

f) Service and programmes aimed to reduce vulnerability of men who have sex with men (MSM), Intravenous Drugs Users (IDUs), street children and young people who are forces into the sex trade.

Furthermore, suggestions for the prevention of HIV/AIDS in Churachandpur district are also as given below:-

1. To ensure availability of treatment and rehabilitation services as part of the comprehensive primary health care services.

2. To create mass awakening among the people particularly the young people about the harmful effects of HIV/AIDS and its social, economic and developmental consequences.
3. To establish training centres for doctors, nurses, counselors, social workers, community leaders, volunteers etc on HIV/AIDS demand reduction.

4. To promote and support community participation for health promotion or AIDS education campaign.

5. To ensure physical, social and economic rehabilitation of the HIV/AIDS patient so that they may become useful member of the society.

6. To strengthen and use of peer network for information, education and counselling (IEC).

7. To create expansion of voluntary confidential testing and encouragement to become useful member of the society.

Last but not the least, the sobering facts about HIV/AIDS epidemic should continuously reminds us that denial and business as usual are totally unacceptable. Since the works are associated with the following:

(a) Visibility to fight stigma.

(b) Empower vulnerable groups through social policies.

(c) Recognize the synergy between prevention and medical care.

(d) Design specific interventions for each vulnerable group.

(e) Create a strong community response.
(f) Focus on the youth, our future!

We can make a difference but real successes in the response to the epidemic and we must embrace our responsibility to establish partnership with infected or affected by widowed or orphaned as a result of HIV/AIDS. However, its worth to note that some of the steps of NGOs were found money oriented, too inadequate and inefficient and the people did not know how to report effectively. Drug peddlers were beyond control; one is arrested while the kingpins (Big fishes) are not apprehended. The steps taken by the Government are far from satisfactory.

For instance, NGOs like Shalom is much more realistic and effective in tackling the problems of HIV/AIDS when Drugs and sex addicts cannot be controlled by anyone. The Government machines did not take the real steps in the rural or remotest areas while the responses of the people are one of the most essential in the district are irresponsible, insufficient and unsatisfactory. In fact, the steps of the Government and the NGOs teachings are monotonous and do not have spiritual impetus.

(B) Intervention by Faith-Base Organizations:

Even at religious level, some churches like Evangelical Baptist Convention, Salvation Army, Catholic Church, United Pentecostal Church, Church of Christ, Reform Presbyterian Church, and Lutheran Church etc have taken the steps for the prevention of HIV/AIDS in Churachandpur district of Manipur. But some of them wind up the steps before they reach the real goal. Indeed, the Church response to HIV/AIDS in the district
was not a full response or a group response to HIV/AIDS. As such, no church in Churachandpur district makes proper budget to fight HIV/AIDS in the district to relief the church members or the community as a whole.

Socially, HIV/AIDS is considered as a behavioural disease and it is not accepted in the society since it is also related to individual sex issues. Indeed, the foundation of Christianity in Churachandpur district is not strong enough to save the youth and the present generation. AIDS among the youths or among the Christian churches are nothing but a sign of spiritual poverty and lack of understanding about the moral norms of the Society. The pressure of sudden contact with modern values through mass media like Television, Cable Television, Movies, Videos parlours, etc and the sudden invasions of outside culture are unexpected powering the society.

Thus in general, some churches and society in Churachandpur district reject or ignore its issues and leave it for Governmental or Non-governmental concerns. Yet, it is worth to note that individual response is good in church with gift and prayer. Furthermore, the church response did not give stigma on the issue of HIV/AIDS as behavioural diseases while orphans and widows are looked after by the NGOs. The churches of Catholic and Salvation Army in the district had done well as some of them truely sacrifice their life to ventilate the problem of HIV/AIDS in the district. But due to the prevalence of misguided youth such as fraud gang, organized Crime or militancy, open-minded people were sometime hampered in their activities. Then some churches in
Churachandpur district cannot and did not have HIV/AIDS programme except the churches of Catholic and Salvation Army.

The Presbyterian churches bothered it and prayed for AIDS remedy and makes a small gift on the issues of HIV/AIDS but did not take up steps in the Synod level about its problems or issues as grim. As the ignorant mass and the misguided people rule the whole district, the number of HIV/AIDS infection is increasing rapid or soaring up alarmingly. The Church institutions are always important and have a very special role to play in the district. To avoid HIV/AIDS, one should also make known to the public that all diseases are bad diseases and all death were good death except the death of Jesus Christ. The problems of HIV/AIDS are not only treatment and counseling by doctors but also the society extending to moral values. Christianity and the Churches have failed us terribly in Churachandpur. Pseudo-Christianity has turned our religious institutions into communal and political institutions and churches have gone wrong towards unhealthy competitions.

Hence like never before, the people are full of wants and needs and such factor worsened material lust or economic development rather than spirituality. This situation is true of the young people and their better part of life become too grim. So frustration, abuses and infecting other becomes a way of life as the problems of HIV/AIDS are not dealt with as it ought to be and is also yet to intensified with a conscious decision. In practice, constant support and co-operation from the people at large is always lacking. Perhaps, Christianity and moral values had failed and are beyond control where drug...
kings, commercial sex workers and sex addicts are not apprehended. Particularly the response of the people in the rural area is too blind, too lousy and almost unthinkable about the ram pants or events of HIV/AIDS in the whole district.

To uplift the moral standard of the people i.e. to free people from immorality and easy money but to work hard and be satisfied with hard and honestly earned money, corruption starting from pseudo-Christians or Church leaders to Officials and down to the Grade IVs have infected our society with the worst immorality resulting to our present problems of God's curse affecting the rich and the poor alike must be remove as fast as possible.

By imaginatively devising institutional levels of interventions, NGOs in Manipur spearheaded the fight against the spread of HIV/AIDS. Government and faith communities have been at loggerhead over the thrust of the preventive schemes. Some Christian denominations – especially those of evangelical persuasion – stand against condom use for fear of unbridled promiscuity. As elsewhere, the Church in Churachandpur district underlines the imperatives of behaviour change, abstinence and fidelity to one partner. Despite the opposition of faith communities, a study by Sarkar et al. (1995) among 488 drug users in Manipur “reveals that certain specific messages on protective role of condom is effective for increasing safer sex behaviour” (p. 181). Unlike the condom issue, faith communities raise no contention against Anti-Retro Viral Therapy (ART).

Shalom Hospice Health Centre
Established in 1995, Shalom is one of the earliest HIV/AIDS related organisations to work in Churachandpur district. With a staff strength of about 100, it is also one of the largest NGO working in the field of HIV/AIDS\(^1\). At the top of the organisational pyramid stands the Director, followed by Programme Manager, Medical Officers, Project Coordinators, Nurses, Outreach Workers, Councillors, Social Workers and Peer Educators.

Initially Shalom was funded by Australian Agency for International Development (AusAID) while administrative and technical assistance is provided by EHA Delhi and Centre for Harm Reduction, Burnet Institute, Melbourne.\(^2\)

Specific projects\(^3\) undertaken by Shalom are as given below:

1. 20-beded residential community care centre for PLWHAs
2. Interventions for IDUs and FSWs jointly executed by Shalom and ORCHID.
3. Pathway Project – Community Based Care and Support for PLWHAs and Consortium of Positive People Networks
4. Community Education, Training and Advocacy
5. Oral Substitution Therapy
6. Prevention of Parent to Child Transmission (PPTCT)
7. TB Treatment and Control Programme
8. Shalom Mid-Way Home (Drug Rehabilitation-cum-Treatment Centre)

Shalom has a wide range of service components:\(^4\)

1. Residential Palliative/ Hospice and OPD Care for PLWHAs
2. Syringe-Needle Exchange
3. Drug Detoxification

4. Beprenorphine Substitution Therapy

5. Condom Promotion

6. Drug/AIDS Education for Community, Youth and Affected Groups

7. Vocational Training for Female IDUs, FSWs, HIV infected and affected as well as socio-economically Under-privileged Women

8. Focus Group Meetings with CSWs, IDUs, PLWHAs and Affected Groups

9. Day Care Services for FSWs, Female IDUs and other Women at Risk

10. Workshops and Seminars – local, state and regional levels

11. Attending and presenting papers at International AIDS Conferences

12. Nutritional support for AIDS infected and affected families

13. Confidential HIV Testing, including Pre- and Post Test Counselling

14. Psycho-social Support, Spiritual Counselling and Pastoral Care for PLWHAs and affected families

15. Funeral and legal support and bereavement follow-up

16. Night Sheltered Accommodation Services for FSWs, Female IDUs and other women at risk

17. Community Home Based Care and Support for PLWHAs

18. Rehabilitation and Counselling Services for Drug Users and Alcoholics

19. Collaborative Research and Survey

20. Prevention of Parent to Child Transmission of HIV

21. STI/STD treatment for FSWs, IDUs and their sexual partners
There are about 20 People Living with HIV/AIDS, this is one of the best run Centre in Churachandpur. It extends support and health care to its clients. It has conducted 1,823 blood tests, of which 902 blood samples tested positive. That means almost half (49.47) of the samples collected are HIV positive.

**Medicines Sans Frontiers (MSF)**

Popularly known as “Doctors without Borders”, MSF is an international NGO started in 1971. It maintains offices in nineteen countries. In India, its area of operation covered the states of Jamu & Kashmir, Assam and Manipur. Since October 2004, MSF has initiated a project in Churachandpur at Thangzam Road (Chienkongpang) and its Imphal office at Kwakeithel (Ningthemkon). At Churachandpur, MSF open on certain week days several mobile clinics, viz. – Mata clinic, Tuining clinic, Singngat clinic, Tuilaphai clinic, Chiangpi clinic and Lamka town clinic. It renders free health care, treatment and counselling services. Apart from the District Hospital, this is the only organisation that provides ART for Churachandpur district. Another important service component of MSF is the prevention of parent to child HIV transmission.

**Sahara**

Started in 1978, Sahara is a therapeutic transitional community working with people irrespective of their beliefs, economic and social status. It is a peer led organisation that works especially with people who face difficult situations due to substance use and HIV/AIDS. Out of 240 working staff, 90% are either ex-substance users or people living with HIV/AIDS, people who are uneducated but have been trained
to produce outstanding results*. Its operational areas are Delhi, Bombay, Pune, Nagaland and Manipur. It serves about 300,000 clients each year. Sahara began its first project at Churachandpur in 1996 in collaboration with Lamka Rehabilitation and Research Centre (LRRC) 10. Under this project, Sahara successfully implemented detoxification and rehabilitation programme for substance users in Churachandpur district. This project was suspended after a year due to the Zomi-Kuki ethnic conflict (1997-1998). Later in 1999 Sahara resumed its work in Churachandpur by establishing a residential care and rehabilitation programme. Sahara operates in 38 villages of Churachandpur district (including Singngat sub-divisional area) where it provides care and support to 450 injecting drug users 11. At Churachandpur, Sahara has staff strength of 22 - two Project Coordinators, two Accountants, two Nurses, one Councillor, five Outreach Workers, nine Peer Educators and one part-time Doctor 12.

Sahara is registered under Manipur AIDS Control Society and has good linkages and network with other organisations of the same goal in and outside the state of Manipur 13. Sahara also works closely with the Confederation of Indian Industry (CII) which is the head of most of the major business enterprises in the country. Sahara established a business enterprise called Renewal in the mid 1990s to give opportunity to clients – mostly former substance users and persons living with or affected by HIV/AIDS 14. Some of the service components of Sahara are:-

1. Drug Treatment: residential, day care and crisis care, abscess management, medical care, detoxification outreach.
2. After Care: midway homes, vocational training, income generation, job placements, business enterprise.

3. HIV/AIDS & Substance User, project with the Transgender Community.

4. HIV/AIDS Care and Support: care homes, training, counselling, medical care, outreach, awareness.

5. Advocacy.

6. Research including a four year, four country study on AIDS.

**Manipur Network of Positive People, Churachandpur**

Manipur Network of Positive People, Churachandpur (MNP+CCP)\(^{13}\) is founded on 24 January 2004. It has a registered membership of about 1000, and staff strength of 16 full-time employees\(^{16}\). MNP+CCP is actually a cluster of four organisational units which are give below:-

1. Treatment Counselling for HIV/AIDS – 3 employees funded by WHO through NACO, Delhi.


3. Treatment Preparedness (publicity about ART) – 3 employees funded by TIDES, USA.

4. System (to monitor all organisational activities and facilitate the effectiveness of the organisation by making a monthly review and report to Chennai Hqrs) – 6 employees funded by Avahan, Bill & Melinda Gates Foundation, USA.
It has institutional links with Indian Network for Positive People living with HIV/AIDS (INP+) Chennai, Manipur Network for Positive People (MNP+), Tribal Network of Churachandpur, and Manipur State AIDS Control Society (MACS), etc. The thrust areas of this body include treatment awareness, treatment education or treatment literacy. It also emphasises the importance of adherence to expert medical advice while administering Anti-Retro Viral drugs. This will reduce the chances of developing resistant viral strain.

**Love in Action**

Started on 6 July 2006, Love in Action is a project of the Reformed Presbyterian Church (RPC), Churachandpur. This organisation exclusively deals with HIV/AIDS prevention and intervention. There are about 300 infected clients registered with Love in Action. Some of its service components are:-

- Prevention through awareness and training
- Support for Orphans and Vulnerable Children (OVC)
- "Mainstreaming" HIV/AIDS
- Care and support for PLWHA, including a monthly nutritional support for 450 HIV infected persons – of which 200 are children and 250 are adults. The criteria for inclusion is need-based (i.e., economic background) as well as biological factor determined on the basis of the biomass of a client.

A distinctive feature of this NGO is its stress on the developmental aspects of HIV/AIDS infection and transmission. Love in Action went to the extent of commissioning a baseline survey of the socio-economic impact of families infected and
affected by HIV/AIDS. This organisation imparted Income Generating skills (IGS) to Self-Help Groups (SHG) formed by infected and affected members of the society. It also makes attempts to network with other community-based organisations and voluntary associations of Churachandpur.

It has staff strength of twenty-four, including 1 director, 2 zonal supervisors-cum-administrators, 4 counsellors in each of the four sectors, 4 social workers (team leaders), 8 grassroots workers, 2 nurses and 1 office assistant. Love in Action’s operational area for active intervention is confined within a radius of about 30 kms from Churachandpur town. Its managed to cover only a limited number interior villages (like Singngat, Tipaimukh, etc.) in its awareness campaigns for prevention of HIV/AIDS.

Community Based Drugs and AIDS Programme (CBDAP)

Community Based Drugs and AIDS Programme (CBDAP) is a project undertaken by the Diocesan Social Service Society (DSSS), Imphal. Registered on 1 April 1981, the DSSS is an NGO which basically serves as the developmental wing of the Archdiocese of Imphal which initiates, co-ordinates, plans and formulates, implements, monitors and evaluates all the development projects. CBDAP is the HIV/AIDS intervention project of the Catholic Church in Manipur to contain and reduce the transmission of the virus primarily through behaviour change. The project objectives outlined by CBDAP are:-

1. Increased knowledge and awareness about HIV/AIDS and drug abuse in the community
2. Increased community participation in the prevention initiatives
3. Women initiatives in addressing sexual health issues

4. Reduced stigma and discrimination towards the infected and affected in the community.

At present, the project does not include the whole of Manipur as its sphere of operation. It is being implemented in the three districts of Churachandpur, Ukhrul and Imphal East districts. The CBDAP is supported by the Federal Government of Germany through Caritus Germany.

Figure: Target areas of DSSS – CBDAP in Churachandpur district

MELC Care Project

Started on 1 August 2007, the HIV/AIDS Care Project is managed by the Manipur Evangelical Lutheran Church (MELC), Churachandpur, with funding from the Department of Mission and Development (DMD), Lutheran World Federation, Geneva. It is a pilot project that caters primarily to the needs of under-served communities of Manipur. It has ten full-time workers on its payroll – including a Programme Coordinator and nine Community Mobilizers (CM). Each CM works hard to achieve a target of at least three clients per month. Prospective clients are secretly identified among IDUs by patiently cultivating personal contacts with them. The next step is to persuade a prospective client for counselling sessions, followed by blood test. If the result indicates HIV positive, the Care Project networks with the Churachandpur District Hospital for a possible Anti-Retroviral Therapy which is administered completely free of cost at the sole ART Centre in the district.

The Care Project also conducts general awareness campaigns on HIV/AIDS in the Zou and other tribal languages. This Care Project prepares Leaflets in the local dialect and conducts seminars on HIV/AIDS. In sync with the “healing ministry” of the Church, the Project has organised three advocacy seminars to sensitise Church leaders and pastors on the issue of HIV/AIDS in less than one year.

The stated goal of the Care Project is to provide knowledge on HIV/AIDS prevention, care and support in containment of HIV epidemic in Churachandpur, Manipur. It also seeks the involvement and participation of People Living with HIV/AIDS so as to reduce its stigma and discrimination. The Project highlights that “HIV
is a virus and not a moral condition. Other short term and long term objectives of the project are:

1. To provide scientific knowledge on HIV/AIDS related issues.
2. To minimize gender imbalance.
3. To increase participation of different stakeholders.
4. To integrate Health Care system with the Faith Based Organization's through referrals.
5. To improve home based care, treatment and support.
6. To empower and enable them to negotiate for safer sexual practices.
7. To create an enabling environment and thereby reducing the impacts of HIV/AIDS at all levels.
8. Typical activities of the programme includes the following:
   9. Training on Basic Knowledge of HIV/AIDS.
   11. Training on Home Care/Nursing Care.
   12. Training on Sexual Health and Safer practices.
   13. Community Awareness campaign.
   14. Training and Counselling.
   15. Advocacy Meeting.
   16. Home visit and Medical support.
   17. Referral.
   18. Counselling activities.
The Care Project advocates the so-called ABC approach (i.e., Abstinence, Be faithful to one sexual partner, and Condom (using it).

SA Community Caring Programme (CCP)

The Community Caring Programme of the Salvation Army is an integrated church based organisation in response to HIV/AIDS. It began in 1991 as a voluntary organisation called Health and Educational Network, and got formalised in 1996 to its present form due to its stronger focus on HIV/AIDS. The project has been funded by SA Netherlands for three years and also by Care and Support for Children Living with HIV/AIDS, Clinton Foundation, USA. The Community Caring Programme has a staff strength of four full-time employees – one Programme Coordinator, one nurse, one Office Assistant, and one Counsellor. As of 2008, it has 40 clients which are all infected with HIV/AIDS, of which 30 are children and 10 are adults. Its service components include:

1. Care and support for children living with HIV/AIDS linking to ART
2. Nutritional support
3. Psychological, emotional, social and spiritual support
4. Family counselling and training of caregivers who attend to affected families.

The Community Caring Programme sees the whole of Manipur as its area of operation, and it targets especially places where the Salvation Army Corps are located both in remote and urban areas.

GBC Home-based Care

Started on 1st January 1997, Home-based Care is a project under the administrative jurisdiction of the Grace Bible College (GBC), Churachandpur, which in
turn is owned by the Evangelical Baptist Convention (EBC). It targets People Living with HIV/AIDS and their affected families “living in Churachandpur and the neighbouring districts and states both within and outside India along the Indo-Myanmar border.” Its staff strength consists of 5 full-time workers and 1 part-timer. The project was initially funded by Tear Fund, UK for a covenanted term of six years though it was later extended.

Service components of Home-based Care include:

(a) Spiritual care and psycho-social support

(b) Nursing care

(c) Nutritional support for PLWHA

(d) Schooling support for children

(e) Training of family care givers

(f) Attendant assistance for sick and needy PLWHAs

(g) Facilitate the formation of Self-Help Groups for PLWHA

The Programme Coordinator of Home-based Care is to reach further remarked that the Nutritional Support for PLWHA proves very popular. At present, this service covers 65 infected clients of different age groups who receive certain food stuffs on a monthly basis. The distributed nutritional items are rice, pulses, nutrila (made of soya bean), oatmeal, eggs, vegetable oil, etc. Home-based Care also supports 30 school children who were directly infected or indirectly affected by HIV/AIDS.

The main intention of Home-based Care is to reach PLWHA in and through the dark network of the local churches in the hill areas of Manipur. Theological graduates of GBC also provide trained and dedicated human resource to implement the programmes of
Home-based Care even in remote villages. The Programme Coordinator of Home-based Care claims that this project has strong linkages with at least 13 interior local churches. Some of the clients here came from areas as far as the hills of Upper Burma and villages along Manipur-Mizoram border.

**ORCHID**

Orchid (Organised Response for Comprehensive HIV/AIDS Policy in the District of Churachandpur and Nagaland) is a harm reduction programme jointly started in 2005 by EBC and LRRC. The project is funded by Emmanuel Hospital Association (EHA), Nehru Place, New Delhi. The staff strength of ORCHID is nineteen – one Project Director, one Project Coordinator, one Assistant Project Coordinator, two Nurses, one Accountant, four Outreach Workers and nine Peer Educators.

The primary objective of ORCHID is to reduce “the spread of HIV/AIDS among the IDUs and sex workers (SWs).” This project is at the forefront of providing care and support to sex workers (SWs) in Churachandpur district. The clients register of ORCHID (January – July 2008) shows that it catered to 1883 injecting drug users, and 171 female sex workers.

The service components of ORCHID are as given below:

1. Needle Syringe Exchange programmes
2. Abscess management and dressing of wounds
3. Managing overdose among injecting drug users
4. Condom promotion and distribution (including female condom)
5. Treatment of Sexually Transmitted Disease
6. One to one advocacy with community leaders and one to ground advocacy with social organisations.

District AIDS Office

Began in 1990, the District AIDS Office, Churachandpur, was located within the Chief Medical Officer’s Complex. This public body was funded by Manipur AIDS Control Society (MACS), Imphal. It works through various NGOs within the district. Its service components incorporate the Needle & Syringe Exchange Programme (NSEP) implemented through NGOs. This also includes condom distribution.

Table 1: Sentinel Surveillance Reports, Manipur (August – October)

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<td>2004</td>
<td>8000</td>
<td>480</td>
<td>6.02</td>
</tr>
<tr>
<td>2005</td>
<td>8100</td>
<td>489</td>
<td>6.04</td>
</tr>
<tr>
<td>2006</td>
<td>8100</td>
<td>418</td>
<td>5.16</td>
</tr>
</tbody>
</table>
The District AIDS Office participates in the Sentinel Surveillance Reports conducted by NACO and MACS in Churachandpur district. It was done annually by a random selection of 400 samples from antenatal clinics within a period of three months. Unlike substance users, these pregnant women are considered low risk groups.

Voluntary Confidential Counselling and Testing Centre (VCCTC)

This is a flagship Government intervention to combat HIV/AIDS through voluntary confidential counselling, blood testing and administering of free ART, which is actually high-cost drug. The monthly cost of ART for a single client is estimated at about Rs.1000 at present. If three doses of ART are not adhered to regularly, there is a high risk of developing a "resistant viral strain". Hence, "adherence" or regular intake is the key to fighting the deadly virus.

Majority of the respondents (52 %) thinks that there is a need for the district administration to take up steps along with hospitals, clinics, dispensaries etc as far as the problems of HIV/AIDS are concerned since the steps taken for the prevention of HIV/AIDS in the whole district are quite unsatisfactory. The district administration (DC) being the Head of the district must shoulder many responsibilities, by making joint efforts with the concerned medical department or authorities reliable to the public, free people from misconceptions. But 48% of the respondents strongly advocated that the district administration has nothing to do with the problem of HIV/AIDS including the hospitals, clinics, dispensaries etc, since most problems or grim situations of HIV/AIDS are tackled by NGOs workers, doctors, nurses or health workers (see table 2 below).
Table 2: Preventive Measures of HIV/AIDS in Churachandpur district of Manipur

<table>
<thead>
<tr>
<th>There is a need for the district administration to take up steps along with hospitals, clinics, dispensaries, etc.</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>The district administration needs to declare HIV/AIDS as a compulsory subject in educational and religious institutions</td>
<td>55</td>
<td>45</td>
</tr>
<tr>
<td>Parents need to tell their children about sex freely and frankly</td>
<td>53</td>
<td>47</td>
</tr>
<tr>
<td>Abolition of traditional festivals (Kut, Zomi National Day, YMA/club days, etc) at night will greatly help</td>
<td>54</td>
<td>46</td>
</tr>
<tr>
<td>Traditional customs and practices need to be reviewed to prevent HIV/AIDS</td>
<td>57</td>
<td>43</td>
</tr>
<tr>
<td>Holding of seminars, training, etc on HIV/AIDS with intellectuals—doctors, teachers, church elders, pastors, social workers, etc.</td>
<td>62</td>
<td>38</td>
</tr>
<tr>
<td>Being religious and spiritual can now prevent HIV/AIDS</td>
<td>60</td>
<td>40</td>
</tr>
<tr>
<td>Male or female condom promotion can prevent the problems of HIV/AIDS</td>
<td>58</td>
<td>42</td>
</tr>
<tr>
<td>Steps taken by Government and (MACS) and (CDA) with other NGOs in the district will effectively prevent HIV/AIDS and ensure that Churachandpur district becomes “No AIDS district or AIDS free district”</td>
<td>52</td>
<td>48</td>
</tr>
<tr>
<td>Ways to prevent or counter the menace of HIV/AIDS from the suggestions of the respondents for the people of Churachandpur district of Manipur.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Source: Field Work by the Author April-June 2007, June-August 2008.

Overwhelming majority of the respondents (55%) are of the view that the district administration need not to declare HIV/AIDS as a compulsory subject in religious and educational institutions in the district for the prevention of HIV/AIDS, and that the Government and the NGOs are enough to look after these problems. But less than half of the respondents (45%) advocates that the district administration needs to declare HIV/AIDS as a compulsory subject in religious and educational institutions in the district
for the prevention of HIV/AIDS, so that adequate knowledge reaches the people of all age, sex and religion. Besides, religious and educational institutions are the centre of learning both physical and spiritual things.

Majority of the respondents (53%) feel that parents need to tell their children about sex with free and frankness in order to get proper knowledge and correct information about sexually transmitted disease (STDs) and HIV/AIDS and also to have desirable sexual health or safe sex education. But 47% the respondents advocate that the people of Churachandpur district were still ignorant in sex issues and giving sex education may lead to more STDs and HIV/AIDS out of curiosity. Sex is also considered as sacred and one of the greatest gifts of God and asserted that sex is not for misuse before the right person and partner. In fact, sex determination of foetus is also found illegal and morally condemned in the society.

Majority of the respondents (54%) are of the view that abolition of traditional customs and practices like Kut festivals, Laiharauba, Thabalchongba, Young Mizo Association (Y.M.A), Young Paite Association (Y.P.A), Zou Youth Organization (Z.Y.O), Simte Youth Organization (S.Y.O.) etc Youth Club days celebration in the night is part of human life and these will not greatly help in the prevention of HIV/AIDS in district. The spread of HIV/AIDS is due to personal or individual behaviour and not the festivals. Westernization and the mindset of the people to imitate whatever advanced society does are the main factors rather than the traditional customs and practices. But less than half of the respondents (46%) asserted that traditional customs and practices
were often misused for chances of drugs, flesh trade or free sex, and many youths are not controlled in such festivals. Typical free social life styles in Kut festivals are glaring instances.

More than half of the respondents (57%) are of the view that traditional customs and practices need not be received in order to prevent the problems of HIV/AIDS. It is westernization that freely allows children to go to church or party and corrupt or demoralized many mindsets. But less than half of the respondents (43%) says that traditional customs and practices need to be received in order to prevent the problems of HIV/AIDS in Churachandpur district as such values has been often assimilated and misused by young and old alike and lead to immoral practices during free mixing conference, condolence, etc.

Overwhelming majority of the respondents (62%) think that holding of seminars, training, crusades etc on HIV/AIDS with the intellectuals such as doctors, teachers or lecturers, church elders, health and social workers etc can most effectively help in preventing HIV/AIDS in Churachandpur district as such groups can really convince the society and are also responsible to play an active role in churches, communities, organizations and so on. But 38% of the respondents assert that such intellectuals are less help in the society.

Majority of the respondents (60%) are of the view that no one is safe from contacting HIV/AIDS even those who are of repute and belonging to low-risk groups of people or religious family, leading disciplined life in society. But 40% of the respondents
assert that religious and spiritual life can only prevent the outbreak of HIV/AIDS problems.

Majority of the respondents (58%) strongly assert that male or female condom is known to very few people and that people do not have idea at all and the steps taken by Manipur AIDS Control Society for the prevention of HIV/AIDS in Churachandpur district are almost unknown in practice as they feel it is being done only in namesake. But less than half of the respondent (42%) still advocates that male or female condom is very effective in preventing HIV/AIDS in Churachandpur district since people are very much aware with the problems of HIV/AIDS.

More than half of the respondents (52%) are of the view that the steps taken by Manipur AIDS Control Society (MACS) and Churachandpur District AIDS Committee (CDAC) with other NGOs in the district will effectively prevent HIV/AIDS and ensure that Churachandpur district becomes “No AIDS district or AIDS free district”. But 48% of the respondents strongly advocated that except their general awareness campaign along with distribution of condoms, needles or syringes, leaflets or booklets and mere lecture on the issue of HIV/AIDS in educational institutions, they are far from satisfactory though their rapid intervention and care project minimized the harm and the growth rate of HIV/AIDS in the district.
10. Ways to prevent the Menace of HIV/AIDS in Churachandpur district of Manipur:

From the suggestions of the respondents, there are a number of ways by which the combined efforts of the government, NGOs and local philanthropic organizations can help control the spread of HIV/AIDS as follows:-

(1) Formation of a forum for initiating holistic discussions on the dreaded disease. This forum may be constituted of the government, NGOs, local philanthropic organizations and churches with the objective to arrive at a plausible action plan.

(2) Organizing programmes and projects to sensitize the people about the disease. Setting up a separate department in the District Medical Hospital will go a long way in arresting the spread of the disease through identification and rehabilitation of the infected persons. On top of that, door-to-door campaigns, issuing of pamphlets and posters should be done to disseminate information about HIV/AIDS covering both rural as well as urban areas.

(3) Seminars should be organized in a regular manner to acquire up-to-date knowledge of the disease. Utmost care should be taken when dealing with or counselling IDUs, CSWs, call-girls, etc., and not terrorize them.

(4) Financial assistance must be made available by the government in a phase manner to all active NGOs to assist them in implementing schemes and projects.
(5) Employment opportunities should be created for the sustenance of the infected persons with rehabilitating conditions so as to prevent them from social stigmatization and discrimination.

(6) Moral building with the active leadership and involvement of the churches should be emphasized while dealing with HIV/AIDS patients. The role of the church is crucial as about ninety percent of the people in the district are Christians.

(7) Finally, it is believed that the non-involvement of local armed groups will facilitate free movement of the NGO workers, thereby, speeding up the work without any hindrance.

Majority of the respondents think that the following points are the best and the most effective method for the prevention of HIV/AIDS in Churachandpur district as given below: -

1. Confined special jail for drug-lords, peddlers, drug addicts and sex addicts including prostitutions or horrors.

2. Compulsory testing of HIV/AIDS from Governmental/Non-Governmental to fight on a war footing and to meet all the necessary finance till it is under control.

3. Injustice, partiality and nepotism on the part of the concerned authorities of HIV/AIDS should be removed.
4. To let the people who are genuine and deserving get their share in giving financial assistance as it should be used justly as giving loans and other benefits.

5. Not to disappoint people in their hope in giving facilities for the prevention of HIV/AIDS and other social evils.

6. Organize wide and open seminar for full awareness of HIV/AIDS and its consequences and exercising options in a conscious manner without influence among high-risk and low-risk groups.

7. Strong and effective family discipline must be maintained in family and society. If not at all, every family should be responsible to take care of their own family.

8. Governmental/Non Governmental organizations/agencies/institutions should always reach out people of all walks of life to rehabilitate high-risk groups of people and also to set up small group cells and more good counseling centres for self-reliance among the public or community.

9. Doctors and philanthropic organizations should always be positive to check regularly the health records of Commercial Sex Workers (CSWs), Drug addicts etc to isolate the full-blown AIDS.

10. All community leaders and all heads of the district should be united to fight the common problems of HIV/AIDS and the general public should strongly support their plea.
11. Devine values of Christianity or good moral values should be strongly emphasized to
the Christian churches or to the society too.

12. Since IDUs, CSWs, Call-girls etc are the main spreader of HIV/AIDS in the district,
all of them should be confined or kept in a rehabilitation centres or in a de-addiction
centres under a well management of the Government and the NGOs. Then in-depth
studies of the reality of the district to avoid IDUs, CSWs, Call-girls and promiscuous and
teaching them moral lesson from the Bible.

13. Enforcement of law (Legal force) should be emphasis to arrest illicit drugs traffickers
or sellers, illicit expose to skin movies in videos par lour, and heavy punishment on
traced call-girls and so on unauthorized commercial sex workers.

14. New treatment and research programme should be established by the Government
and the NGOs and targeted people especially at risk with further new campaigns. Also
young people need to be targeted before they begin taking risk. It is easier to prevent risk
taking behaviour before it becomes a life habit, than afterward.

15. Government and voluntary bodies should also build a safe house for HIV/AIDS
patients who have nowhere to go, nowhere to live and establish a network for hundreds of
infected and affected people. They should also open or establish more HIV/AIDS
Research centres in collaboration with the Centre Government and foreign agencies for
relevant, realistic and acceptable information, education and counseling. Then more
rehabilitation and constructive centres should be well established in the respective sub-
divisions of the district along with HIV testing centres. Such centres also are with the
recognition and help of the Government, NGOs and the philanthropic organizations as an eye-opener to remove HIV/AIDS including STDs and any other social evils of the district.

16. An action plan of HIV/AIDS education should be strongly emphasised through a massive programme of public education that will involve the following: -

(a) Promotion of safer sexual and others behaviour that limit the spread of HIV/AIDS in Churachandpur district.

(b) Removing myths and misunderstanding about the transmission of HIV /AIDS in Churachandpur district.

(c) Foster a spirit of caring and positive attitude towards HIV /AIDS.

(d) Protect the human rights and dignity of HIV /AIDS infected people.

(e) Encouragement of voluntary blood donation and HIV testing.

(f) Ensure confidentiality of HIV test results and promote confidentiality counseling and other support services to HIV/ AIDS infected people.

(g) Development of public support for the prevention of HIV/AIDS carried out by Government and voluntary bodies. Since each and every person can contribute as professional roles, community roles and also as family role as family members and parents.
(h) Besides, one should remember that family planning method of safer sex—using condom would not prevent the transmission of HIV/AIDS even to the young people. Adequate and relevant community education and awareness on moral living and behavioural change should rather be provided. Counseling and services should also be made available to individuals or to each society to make their own choice or decision for meeting their own special needs, which are socially, politically, culturally and religiously acceptable. In fact, lack of compassion and tolerance towards HIV infected people and people with AIDS will only drive or increase the disease underground and make it much more difficult to prevent or control. Thus, with proper care and support HIV infected persons can lead useful and productive lives for years and contribute to the further prevention.

(i) The district administration, NGOs and the philanthropic organizations such as YMA, YPA, ZYO, SYO, HYA, Village youth clubs or Authorities etc can help each other for the prevention of HIV/AIDS in Churachandpur district by having joint efforts and through Network-links with different Organizations within the district or outside to achieve a common goal through the programmes of HIV/AIDS awareness, prevention, active participation by organizing team work to prevent the menace AIDS.

(C) INTERVENTION BY GOVERNMENT:

So far as a preventive measures against HIV/AIDS is concerned in the district, the people generally co-operated with the government instructions and hence the Government and the established Non-Governmental Organizations (NGOs) in
Churachandpur district tried their best or whatever good or means to avoid HIV/AIDS in the district. Thus initially, both Government and most NGO have done well and people recognized the good NGOs exist in the whole of the district. So far as the steps taken by the Governmental Organizations are concerned, the Government of India had tried its best even in the remotest area. Particularly in the urban area, they established diagnosis or testing centres of HIV/AIDS in the Governmental hospitals. Yet, most of the health department in Churachandpur district is not well prepared nor they are 100% adequate to the awareness of HIV/AIDS. The danger of HIV/AIDS among them appears to be steeped in ignorance.

Besides, the Non-Governmental Organizations such as SHALOM and District AIDS Committee etc were also trying its best for the prevention of HIV/AIDS. Since then, such organizations had smoothly run rehabilitation centres, counseling centres and organized quite a numbers of seminars at the district level covering all the remote villages. They further give knowledge about HIV/AIDS and the correct use of condoms and safe behaviour. However, most of the funding on the issues of HIV/AIDS are the joint efforts of National and International such as NACO, Sahara, Shalom etc and some of them are due to the efforts of the State and the district such as Manipur AIDS Control Society and District AIDS Committee of Churachandpur district which were subjected to limitation of funding and were many a time far from satisfactory.

The Government, the NGOs and the Faith based organizations or the international agencies should actively seek partnership programmes or find further major research into long-term relationship as well as vaccines, cures and better way to prevent the spread of
HIV/AIDS. For instance, the Church is one of the largest non-governmental organization in many nation states and even globally. In many countries, the church has a long history of care provision, particularly so in developing nations or states. The church represents not only an effective resource organization, but also a powerful influence of behavioural change. The problem of HIV/AIDS is too vast or too great in many countries for governments or secular agencies to solve on their own. Thus, we all need to work together.

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31. Leaflet of the GBC Home-based Care (undated), New Lamka, Churachandpur.
32. Interview with Thangbiaklian Hangzo, Project Coordinator, GBC Home-based Care, GBC Campus, New Lamka, Churachandpur, dated 16 July 2008.
33. Leaflet of the GBC Home-based Care (undated), New Lamka, Churachandpur.
34. Interview with Thangbiaklian Hangzo, Project Coordinator, GBC Home-based Care, GBC Campus, New Lamka, Churachandpur, dated 16 July 2008.
35. Interview with Thangbiaklian Hangzo, Project Coordinator, GBC Home-based Care, GBC Campus, New Lamka, Churachandpur, dated 16 July 2008.
36. Interview with Thangbiaklian Hangzo, Project Coordinator, GBC Home-based Care, GBC Campus, New Lamka, Churachandpur, dated 16 July 2008.
37. Interview with Mr. T. Lang Sang Lian, Project Officer-cum-Secretary, Lamka Rehabilitation and Research Centre (LRRC), at New Bazaar, Churachandpur, on 25 July 2008.
38. Interview with Mr. T. Lang Sang Lian, Project Officer-cum-Secretary, Lamka Rehabilitation and Research Centre (LRRC), at New Bazaar, Churachandpur, on 25 July 2008.
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41. Interview with Dr. Vum Chin Pau, District AIDS Officer, at his office, CMO Complex, I.B. Road, Churachandpur, on 18 July 2008.
