CHAPTER- V

HIV / AIDS SCENARIO IN MANIPUR

5.1 Identification Of Heroin User

Manipur is one of the poorest and least developed regions in India. While the principle mode for transmission of HIV infection in India is by heterosexual contact, the prevalence of the disease is also high in intravenous drug users who share syringes and needles. HIV infection among IDUs first appeared in the north-eastern state of Manipur. Drug abuse was hardly known in the north-eastern state of India prior to 1980s, though tobacco, alcohol abuse was there. It started rising in the early 1980s with its peak in late 1980s.

The problem of heroin abuse was started in Manipur in 1989. By 1989 it reached an explosive situation. A research in 1984 identified 335 heroin users including 35 females. 72 per cent of the heroin users were Injecting Drug Users. By 1986 the HIV sero-surveillance was started. There was no incidence of HIV infection among the IDUs from 1986 to 1990. But in February 1990, the first HIV (Human Immunodeficiency Virus) positive case in Manipur was reported from a cluster of 6 IDUs from blood samples of October 1989. In 1990 there were 20,000 to 40,000 addicts in Manipur with majority being heroin IDUs with sharing of needle, syringes and as a result of which 80 per cent of the IDUs become HIV infected. 1991 Indian Council of Medical Research Survey estimated that there were 15,000 IDUs.

2. Ibid, p 236.
in Manipur. The 1992 Voluntary Health Association of India in its study estimated that there were 40,000 drug users out of which 20,000 were IDUs.4

5.2 HIV / AIDS and the Health Problem in Manipur

AIDS (Acquired Immuno-Deficiency Syndrome) has emerged as a new and serious public health problem in Manipur. Today, it is becoming a number one killer of young people in Manipur. The story of HIV/AIDS in Manipur is vastly different from the rest of the country as almost 72 per cent of the infection is believed to spread through the Intravenous Drug Use route. The pattern of infection is different. While the sexual transmission route for the virus is as high as 86 per cent in other region of India, in Manipur about 72 per cent of HIV infection is through sharing of needles and syringes by drug addicts. This is the distinctive feature of the HIV/AIDS problem in Manipur. Approximately 2 percent of the population in Manipur engages in intravenous drug use.5 The vast majority are male, and the socio-demographic profile differ substantially from that in other parts of India. IDUs in the north-east are more likely to be educated, younger and remain living with their families6. Almost half of IDUs in Manipur (47 percent) are initiated into injecting drugs before the age of 21 years (compared to 24 per cent) for India and 86 per cent by 26 years(compared to 56 per cent for India).7

In Manipur, the level of HIV infection increased from 61 percent in 1994 to 85 percent in 1997 and in 1998 it was 80.7 percent. HIV prevalence decline from 86 percent in 1994 to 49 percent in 1999. Result showed that, compared to other areas in the country, Manipur seemed to stand out in terms of HIV infection among drugs user, primarily because injectable heroin is easily available in the state. According to United Nations Office on Drugs and Crime (2006), most of the IDUs belongs to under 20 age group, one third of them are unmarried and mostly male.

Manipur with hardly 0.2 per cent of India's population is contributing nearly 11.44 per cent of India's total HIV-positive cases. According to the Epidemiological Report published by the National AIDS Control Organization (NACO), Government of India, Manipur ranks third highest as regards the total number of HIV-positive cases—the first is Maharastra State, the second is Tamil Nadu State. However, if we calculate the sero-prevalence rate per one million population, the sero-prevalence rate of Manipur is at least 6 times higher than that of Maharastra State, 20 times higher than that of Tamil Nadu State.8

As the HIV/AIDS epidemic in Manipur has penetrated into the general population from injecting drugs users (IDUs) through sexual route, the situation among women and children has become alarming day by day. The infection has now spread to the female sexual partners of IDUs and their children. HIV epidemic occurred among women and children. Similarly the prevalence rate among pregnant women has been on the higher side,

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0.8 percent in 1994, 1.32 percent in 1997, 2.70 percent in 1999, 2.04 percent in 2001, 1.3 percent in 2005 and 1.4 percent in 2006. The trend is not stabilized.\textsuperscript{9}

The sero-prevalence rate among the pregnant women in rural areas is found to be around 2.5 percent. The HIV sero-prevalence rate is taken as an indicator of HIV sero-prevalence among the general population. Among the six states for which HIV prevalence estimates can be calculated, the highest prevalence is in Manipur (1.13 percent). In Manipur, 0.76 percent of women and 1.59 per cent of men age 15-49 are HIV-positive. The ratio of female to male HIV prevalence drop to 0.48 in Manipur according to National Family Health Survey (NFHS-3, 2007). The survey also stated that about 1 percent of all married couples in Manipur have discordant HIV results. Manipur has the highest percentages of couples in which both marital partners are HIV-positive (0.62 per cent) and the highest percentage in which at least one of the marital partners is HIV-positive (1.62 per cent).

Although Injecting Drug Users are present throughout the country, sero-prevalence among Injecting Drug Users in north-eastern regions of India is among the highest in the world. As the first few cases of HIV infection of the country were reported in 1986 the Manipur State Government also took serious note of the problem and initiated a series of important measures to tackle the epidemic. With the formation of high –powered National AIDS Committee in 1986 and as it launched its National AIDS Control Programme in 1987, Manipur immediately set up a State AIDS Committee under the chairmanship of Chief Minister. State AIDS Cell was established in the State Health Directorate under the supervision of one medical officer.\textsuperscript{10}

\textsuperscript{9} Ibid
The State AIDS Policy was adopted by the State Government on 3rd October, 1996 and became the first State in India to have a State AIDS Policy. The Manipur State AIDS Control Society (MACS) was formed and registered in March, 1998 and since then the Society has been implementing the AIDS Control Programme in the State.  

Estimates cases of HIV positives among the general population in the state are around 40,000. However, since the intervention project among the IDUs (Rapid Intervention And Care Project) has been taken up successfully by Manipur State AIDS Control Society, HIV prevalence rate among the IDUs shows, the declining trend from 1998 onwards with a sero-prevalence rate of 72.78 percent in 1998, 66.02 percent in 2000, 56 percent in 2001, 39.6 percent in 2002, 30.7 percent in 2003, 21 percent in 2004 and 24.1 percent in 2005. Though the sero-prevalence rate in Manipur has been brought down to 24.1 percent in 2005, it is still the highest in the world. The projected target is to bring down the rate to below 5 percent by 2008.  

As per Sentinel Surveillance Report 2006 the rate of HIV among Injecting Drug Users was 19.8 percent. During the early days of the epidemic people viewed it only as a problem of drug injection, as the reported cases were all belong to the Injecting Drug users (IDUs) community. The HIV /AIDS epidemic is now no longer confined to the Injecting Drug Users (IDUs). The infection has now spread to the female sexual partners of IDUs and their children. Waves of HIV epidemic among women and children prevails. Moreover, women are particularly vulnerable to HIV infection and sexually transmitted infection or diseases because of

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11. Ibid, p 5-6
biological and socio-cultural factors including economic, educational and legal discrimination and unequal gender relations. Figure 1 shows the centrality of women in HIV/AIDS epidemic according to United Nation Development Programme (UNDP) Report.  

FIGURE - 1

THE CENTRALITY OF WOMEN IN THE HIV/AIDS EPIDEMIC

Lack of:
- Decision making/ negotiating power
- Access to services
- Transformation

Injecting Drug Use
Physical and psychological suffering and death

Socio-economic position of women in society

Legal/Ethical/Cultural Framework of Society

Vulnerability
Sexual transmission

Impact
Economic support of family
Stigmatisation
Care of sick family member

Maternal-infant transmission
Transfusion of unscreened blood during child birth

And the new faces of HIV/AIDS in Manipur are the spouses of IDUs, most of them widows. They have taken up advocacy roles to generate awareness about the stigma and discrimination which confronts HIV/AIDS today. The spouse of IDUs, HIV-positive themselves and left with nothing, have been empowered by the NGOs. Most of them are young widows in the age-group of 16 to 25 years. Since the first HIV case, reported in Manipur, most husbands have died and later widows have tested positive. Of the 1,600 members in Manipur Network of Positive People, over 700 are women. Nearly 98 percent of them got it from their husbands. Most of the women are ignorant of the husband IDUs status. It invariably happen that these men are married off by the family members so that they become responsible householders. One of the most disturbing aspects of the HIV/AIDS epidemic in Manipur is the steady rise in the number of HIV infected widows and one of the most delicate problem for society is how to deal with them. These few brave women are however only the tip of the iceberg, for there are hundreds who have not spoken up because of fear of discrimination and social stigma.\textsuperscript{15}

5.3 Epidemioleological analysis of HIV/AIDS

According to the Epidemiological Analysis of HIV/AIDS in Manipur, brought out by the Manipur State AIDS Control Society (September 1986 to May 2008), a total of 23,694 HIV positive cases (7821 females) and 4,363 AIDS cases (625 deaths) was reported out of 1,87,827 blood samples screened giving a sero-positivity rate of 126.15 per 1000 blood samples screened.\textsuperscript{16} Out of 4,363 AIDS cases 3,188 are males and 1,175 are

\textsuperscript{15} "With AIDS death widows are also on the rise," Imphal Free Press, vol. VI/Issue 282, December 24th, 2002.

females, out of 625 deaths due to AIDS, 503 are males and 122 are females.\textsuperscript{17} Under the Sero-surveillance for the Injecting Drug Users (IDUs) out of 18,421 number blood samples screened 9,972 were positive contributing a sero-positivity rate 54.13 and 42.09 percentage out of total HIV-positive.\textsuperscript{18} This risk group contributes the highest sero-positivity rate among different high-risk groups under surveillance. Though according to the official record there were only 7,821 females HIV positive cases it does not reflects the ground reality.

In a state which has an area of 22,327 sq km and a population of around 2.3 million (2001 census), this is the highest concentration of HIV/AIDS infection in India. All the district in Manipur are affected. Imphal East and Imphal West district contributed 56.04 percent of the total HIV positives whereas the Thoubal and Churachandpur districts contributed 10.15 percent and 8.77 percent of the total HIV positives in Manipur respectively. Ukhrul and Bishnupur districts are picking up with 7.23 percent and 5.79 percent of the total HIV positives respectively in the State. Chandel and Senapati districts contributed 5.08 percent and 4.97 percent of the HIV positives in Manipur in 2008, whereas Tamenglong district contributed only 0.45 percent of the total HIV positive with a total of only 106 HIV positives. However this low figure of HIV positives in Tamenglong district is mainly due to low level of HIV testing in the district.\textsuperscript{19}


\textsuperscript{18} Ibid.

\textsuperscript{19} Ibid.
5.3.1 District-wise distribution of HIV positive cases.

District-wise distribution of HIV positive Cases (Sero-surveillance) was presented in Table No. 1

<table>
<thead>
<tr>
<th>District</th>
<th>Number of Samples Screened</th>
<th>Number of HIV positives</th>
<th>Sero-positivity Rate (%)</th>
<th>District percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bishnupur</td>
<td>17157</td>
<td>1371</td>
<td>7.99</td>
<td>5.79</td>
</tr>
<tr>
<td>Chandel</td>
<td>5873</td>
<td>1204</td>
<td>20.50</td>
<td>5.08</td>
</tr>
<tr>
<td>Churachandpur</td>
<td>12440</td>
<td>2078</td>
<td>16.70</td>
<td>8.77</td>
</tr>
<tr>
<td>Imphal</td>
<td>92929</td>
<td>13279</td>
<td>14.29</td>
<td>56.04</td>
</tr>
<tr>
<td>Tamenglong</td>
<td>4291</td>
<td>106</td>
<td>2.47</td>
<td>0.45</td>
</tr>
<tr>
<td>Thoubal</td>
<td>26437</td>
<td>2405</td>
<td>9.10</td>
<td>10.15</td>
</tr>
<tr>
<td>Senapati</td>
<td>10001</td>
<td>1178</td>
<td>11.78</td>
<td>4.97</td>
</tr>
<tr>
<td>Ukhrul</td>
<td>8772</td>
<td>1713</td>
<td>19.53</td>
<td>7.23</td>
</tr>
<tr>
<td>Total</td>
<td>177900</td>
<td>23334</td>
<td>13.12</td>
<td>98.48</td>
</tr>
<tr>
<td>Unknown(district)</td>
<td>9927</td>
<td>360</td>
<td>3.63</td>
<td>1.52</td>
</tr>
<tr>
<td>Total</td>
<td>187827</td>
<td>23694</td>
<td>12.61</td>
<td>100.00</td>
</tr>
</tbody>
</table>


5.3.2. Sero-positive IDUs group under surveillance

Sero-positivity among different High Risk Groups under surveillance for the period September, 1986 to May, 2008 found that the sero-positivity rate of Injecting Drug Users to be 54.13 which contribute the highest percentage of total HIV positive. Table No. 2 presents the sero-positivity among Injecting Drug Users groups under surveillance.
TABLE - 2
SERO-POSITIVITY AMONG INJECTING DRUG USERS (IDUs) GROUPS UNDER SURVEILLANCE

<table>
<thead>
<tr>
<th>Risk group</th>
<th>Number Screened</th>
<th>Number Positive Rate</th>
<th>Sero-Positivity</th>
<th>% out of total HIV positive</th>
</tr>
</thead>
<tbody>
<tr>
<td>Injecting drug users (IDUs)</td>
<td>18421</td>
<td>9972</td>
<td>54.13</td>
<td>42.09</td>
</tr>
</tbody>
</table>


The majority of the reported AIDS cases have occurred in the sexually active and economically productive 15 - 44 age group. Young people below 30 years of age constitute 56.12 per cent of the HIV positives in Manipur. For 31-40 years of age group it constitutes 35.49 percent and for 41 years and above it contributes 8.40 per cent of total HIV-positive cases. Females constitute about 32.41 per cent of the HIV positives in the state. But these figures do not reflect ground reality.

5.3.3. Age-Sex proportion of HIV-positive cases.

The age-sex proportion of HIV positive cases (sero-surveillance) has been presented in Table No. 3

TABLE - 3
AGE-SEX PROPORTION OF HIV POSITIVE CASES ( SERO - SUVEILLANCE)

<table>
<thead>
<tr>
<th>Age-group</th>
<th>Males</th>
<th>Females</th>
<th>Total</th>
<th>% of total positives</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-10 years</td>
<td>866</td>
<td>782</td>
<td>1648</td>
<td>6.96</td>
</tr>
<tr>
<td>11-20 years</td>
<td>921</td>
<td>409</td>
<td>1330</td>
<td>5.61</td>
</tr>
<tr>
<td>21-30 years</td>
<td>6680</td>
<td>3533</td>
<td>10213</td>
<td>43.10</td>
</tr>
<tr>
<td>31-40 years</td>
<td>5963</td>
<td>2499</td>
<td>8462</td>
<td>35.71</td>
</tr>
<tr>
<td>41 and above</td>
<td>1443</td>
<td>598</td>
<td>2041</td>
<td>8.61</td>
</tr>
<tr>
<td>Total</td>
<td>15873</td>
<td>7821</td>
<td>23694</td>
<td>100.00</td>
</tr>
</tbody>
</table>
More than 60 per cent of HIV positive cases developed Tuberculosis as an opportunistic infection of AIDS. Tuberculosis associated AIDS is becoming a public health emergency in Manipur. One of the striking features of the HIV/AIDS epidemic is the increase in the number of young widows.

Sleap, B (2001) on the presentation of Widows and AIDS: redefinition and challenges stated that one area in which widows have been marginalized is that of epidemiological studies which ignore them. The UNAIDS epidemiology team is unaware of any statistics available on the number of women who been widowed due to an AIDS death, or of the number of widows themselves living with HIV/AIDS.

As increasing number of HIV-positive men are dying in Manipur, there are increasing numbers of young widows of addicts; many are HIV positive as a result of being infected by their husbands. Young widows are finding themselves forced out of their home and most of the widows are worried about their livelihood and more importantly the future of their wards. The widows and the orphans are the final victims of HIV/AIDS. Women become aware of their status only as late as the death of their husbands. Further the impact of the virus is more severely felt by the women in the poor family. In most cases, the treatment is delayed partly due to priority given to the needs of the husband and children because the financial costs and treatment may be out of their reach. Above all systematic gender based discrimination inhibits the ability of women and girls to protect them from HIV infection.

In the north-eastern region around 13 million people live below the poverty line according to the NSSO 55th Round Survey. In Manipur there are around 0.6 million persons living below the poverty line. Poverty has been associated with low income, unemployment, malnourishment, disease,
stigma and discrimination that create important hurdles for HIV/AIDS related interventions. The majority of people living with HIV/AIDS live below the poverty line and this economic burden is now being carried by both the people living with HIV/AIDS and those affected people and their communities. Entire household are affected by this and those burden imposed shared stress from the lack of capacity to take care of basic household consumptions needs and maintain employment.20

With the reported increase of HIV infection among wives and children of IDUs, this is highlighting the crucial need to reach the sexual partners of IDUs with prevention, education, care and support services. The State Government of Manipur considers the AIDS problem as a great public health challenge, a matter of great urgency and top priority, requiring immediate government action.

Manipur is the first state to have introduced the Needle Syringe Exchange programme with a strong policy from the State Government and with technical and financial support from the National AIDS Control Organization (NACO), Government of India since November, 1998. The programme is fully funded and supported by the National AIDS Control Organization (NACO), Government of India. With the funding of the Manipur's Harm Reduction Project, India became the first country in the whole of South and South East Asia to have endorsed and to have funded Harm Reduction Projects. The United Nations including the UNAIDS, the UNDP, UNODC are yet to recognize and document this fact. The Manipur State Policy, passed on 3rd October, 1996 strongly encouraged and

supported Needle Syringe Exchange Programme (NSEP), drug substitution programme, bleach and teach programme as a part of the strategy to reduce the HIV prevalence among injecting drug users and their sexual partners.\textsuperscript{21}

The lessons learnt from Manipur is that after implementation of the Harm Reduction project including Needle Syringe Exchange Programme in Manipur, the HIV seroprevalence rate has shown a decline from 80.7 percent in 1997 to 42.1 percent in 2002. The Harm Reduction project in Manipur is presently covering about 20,000 injecting drug users. This project is the first and also the biggest project in the Government sector in the entire South and South East Asia.\textsuperscript{22}

The name of the Harm Reduction project in Manipur is “Rapid Intervention and Care (RIAC)”. The objectives of RIAC project are:\textsuperscript{23}

- to reduce further spread of HIV infection among IDUs and their sexual partners
- to monitor and evaluate behavioural change of IDUs
- to achieve complete abstinence from drugs in the long run
- To minimise spread of HIV infection to the female spouse of IDUs.

The service components of RIAC are :-

- Community sensitization and mobilisation
- Outreach work - identifying hidden drug using population
- Risk reduction and skill development
- Counselling, voluntary confidential HIV testing
- Needle syringe exchange programme (NSEP)

\begin{footnotes}
\item[21.] Lisam, K.S. (2004), *HIV/AIDS and You*, India AIDS consortium, Imphal, 1st Print, P-234
\item[22.] Ibid., p - 235
\item[23.] Ibid., p -235-236.
\end{footnotes}
- Drug substitution programme
- Bleach and Teach programme
- Home detoxification
- Continuum of care for people living with HIV/AIDS
- Condom promotion and safer sex
- Collection and disposal of used needles and syringes
- Referral services
- Formation of self-help groups

The expected outcomes of RIAC are:-
- Decreased frequency of injection
- Decreased multi-person re-use of needles, syringe, cookers, cotton, water
- Decreased use in group injecting setting and practices
- Decreased risky needle practices
- Decreased number of sex partners
- Decreased risky sex
- Increased Needle disinfection
- Increased entry into drug treatment
- Reduction number of new HIV infections
- Increased use of condoms among IDUs
- Increased community participation and community acceptability of RIAC
- Decline in the prevalence of risky behaviour
- Decline in the prevalence of HIV among IDUs
- Increased number of drug free individuals
- No new recruits to drug addiction
5.4. Role of NGOs in the field of HIV/AIDS in Manipur

NGOs are expected to play a vital role on all conceivable aspects of women's welfare. People as well as policy makers alike attribute innumerable roles to NGOs and presume that NGOs activities are remedies to all problems in the society even though the role of NGOs itself is changing over the years, due to changes in the function and philosophy of other development organisations. NGOs occupy a prominent place in the process of development and are working as an alternative at the government efforts.

The HIV epidemic intensifies poverty and deprivation and increases social exclusion both for those infected and those affected. The epidemic makes the achievement of Sustainable Human Development (SHD) that much more unlikely given that poverty in the region is already a major problem and the epidemic has the capacity to increase its level and incidence. The HIV epidemic makes the task of Sustainable Human Development greater than it would otherwise have been in the absence of HIV, and ultimately reduces the human resource capacity in the region for undertaking those activities that would promote growth and development.

The high level of stigma and discrimination in all the States of the region gives birth to the denial of the rights of people infected and affected by the virus and ultimately creates an environment where the virus spread rampantly and secretly. Figure - 2 explains the links between poverty and HIV reinforcing the fact that drugs and HIV are very much developmental issues and are to be rightly looked from this perspective while attempting to solve the problem.24

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FIGURE - 2

THE DOWNWARD SPIRAL OF POVERTY AND HIV/AIDS

Lack of information and access to facilities

Unequal power balance

Food insecurity, poor health

Human and income poverty & powerlessness and gender disparities

Migration, occupational hazards, exploitation including trafficking

Vulnerability to HIV

Stigmatisation and Marginalisation

Cost of care

Loss of productivity of HIV+ person and carer

Neglect and malnutrition of Children, withdrawal from school etc.
The Complex developmental causes, consequence and challenges associated with HIV/AIDS are beginning to make an impact in all spheres of people lives. In the last 20 years, the epidemic has spread from concentrated pockets of high prevalence into the general population. Infection in women is rising indicating the need for a multisectoral response. Mainstreaming HIV/AIDS into the existing responses of various development processes and government/non-government response has emerged as a key strategy to address the direct and indirect causes and impact of the epidemic. Most of the work regarding AIDS is today being undertaken by the NGOs and that too the ones that are already committed to the underprivileged.28

Government/Non Government Organisation (NGOs) have been implementing intervention programme. As the AIDS pandemics continues to spread throughout South-East Asia, a number of different organisation are becoming involved in the prevention and care of HIV/AIDS. Non-government organisation have a special part to play in this effort. Their community based action can help a lot in strengthening the national AIDS response. While maintaining their autonomy, specific interest and areas of work, NGOs and National AIDS programmes (NAPs) share common aims and objectives in AIDS prevention and control, NGOs are emerging as a powerful force in the effort to contain the pandemic.

HIV/AIDS cannot be fought independently. If unchecked it can achieve an epidemic proportion within a short span of time. The NACO cannot counter this disease alone. Close collaboration and effective co-ordination among central and state government, various government departments, Educational institutions, Local bodies and partnerships with NGOs are

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therefore needed for preventing and controlling HIV/AIDS in India.²⁶ Some of the NGOs have developed expertise and have the necessary infrastructure to carry out such activities including health programmes. The collaboration and participation of the NGOs and private voluntary organisation (PVOs) are welcomed by the NACO.²⁷

Over the year the role of non-government organization in development had been very significant, particularly. In India they were found in almost all areas of human activities. The activities were vitally multiplying in geometrical progression. They had taken up an array of roles; activist, environment protectionist, strong advocates of human rights consumer protectionist and the like.

NGOs play an important role in empowering women and helping them understand their rights. Women are not able to insist on condom use, mostly of their subordinate role and economic dependence of their husbands. Many young women, because of HIV, have become widows within a year or two of marriage - left to fend for themselves and their infant. NGOs have an important role to play in helping these widows with short-stay homes and skill building to achieve economic independence. NGOs could also help with the education and adoption of orphans. Clearly, NGOs have enormous potential to be effective in the effort to prevent and manage HIV in women and children. For this reason, NGOs should be included as partners in government programmes on HIV/AIDS.²⁸

²⁵ IGNOU, School of Continuing Education, "HIV/AIDS Prevention and Control: Socio-Ethical Issues, P-44
²⁶ ibid, P-45
²⁷ Solomon, S., Ganesh, A.K.,(2000), "Role of Non-Governmental Organisations on the Prevention and Care of HIV disease in Women and Children: It Makes a Difference" Produce: Y R Gaitonde Centre for AIDS Research and Education (Published by Annals New York Academy of Sciences); 2005
In Manipur, since the early 1990's many NGOs has been working in the field of drugs and HIV and AIDS. At present there are around 46 NGO implementing HIV prevention and intervention programs among the injecting drug users with support from Manipur State AIDS Control Society in Manipur. Besides this, there are other NGOs working with support from international agencies. There are 23 Ministry of Social Justice and Empowerment funded drug rehabilitation centers in the state but only 4 of them has service for female drug users at present. The Manipur State AIDS Policy was formulated and adopted in the year 1996. Based on the policy document Manipur State AIDS Control society was established on 28th March 1998. Since then, through MSACS various interventions through National AIDS Control programs phase I and II among different vulnerable groups are implemented namely Rapid Intervention and Care (RIAC) among 45 partners, 2 programs on Men Having Sex with Men (MSM), 5 programs on Commercial Sex Worker (CSW), 2 Healthy Highway / Truckers projects and 3 projects on Migrant Worker (MWs) as on March 2006. Another component is Preventive intervention for general community which mainly focused on IEC and social advocacy; safety of bloods; VCCTC (now known as ICTC – Integrated Counselling and testing Centre); PPCTC; and school AIDS programs for youth. Low cost AIDS care is another important component which includes provision of Opportunistic Infection, PEP and ART drugs. Till date, there are only 5 outlets in the government setting and 1 in NGO (MSF) who are providing free ARV drugs in the whole state of Manipur.29

5.4.1. Manipur Positive Women Network (MPWN+)

Manipur Positive Women Network (MPWN+)\(^{30}\) was established on April 30th, 2006 formed by a group of 30 HIV infected widows. It is in fact a sister organization of WLHA (Women Living with HIV and AIDS) which works for the uplifting of WLHA and also CLHA (Children Living with HIV and AIDS). It is an organization dedicated for the betterment of the living conditions of the women and children living with HIV/AIDS. The head office is at Wangkhei Thangapat Mapal Hanjabam Leirak, Imphal East. It has an executive committee to look after the functioning of the organization and its services along with about 160 members. As it is an infant organization its services has spread to all the 9 district of Manipur. Its activities are at present mainly confined in the valley region. But efforts are being made in this regard too and to provide services to every nook and corner of the state, functioning of the organization and its services along with about 160 members.

MPWN + is a State Level Network of WLHA and CLHA affiliated to the National level network called Positive Women Network (PWN +) based at Chennai and has close link with several State level networks. Locally MPWN + works hand in hand with Manipur State AIDS Control Society, Meira paibees (MACS), All Manipur Anti –drugs Association (AMADA), Jawaharlal Nehru Hospital and numerous others Non- Governmental Organisation and CBO’s working in the field of HIV/AIDS.

MPWN+ which intends to overcome the limitations faced by the HIV/AIDS infected women and children for overall improvement in their lives especially their living conditions, health facilities , capacity building and

\(^{30}\) Manipur Positive Women Network (MPWN+), Wangkhei Thangapat Mapal Hanjabam Leikai Imphal East, 795001
also physiological education for the children. MPWN+ is tirelessly working for to involve the WLHA and CLHA in all spheres of addressing the issue of HIV/AIDS including policy making, designing programmes and their implementation, service, delivery and monitoring. With this agenda MPWN+ has come up as an entity with the slogan of our vision and mission.

**Vision:**

All women living with HIV/AIDS infected and affected children are all empowered to live a life of dignity and equality free from stigma and discrimination.

**Mission:**

MPWN+ purpose is to change the existing situation of all women living with HIV/AIDS and infected/affected children in Manipur. We build capacities, increase access to rights, developed partnerships and advocate for programme and policy change.

**Strategies:**

1. Out Reach Services
2. Capacity building
3. Livelihood
4. Advocacy
5. Action Research

**Reaching out and Reaching in**

1. Counselling on HIV/AIDS
2. Income generating programme for widows and spouses
3. Home base care services
4. Referral and link up with various agencies and organization
5. Medicine, O-I support for women and children.
6. Subsidized ARVs provision in any ART Centre.
7. Awareness information and sensitization of programme.
8. Capacity building WLHA/CLHA

**Recognising its existence linkage with**

1. Manipur State AIDS Control Society (MACS)
2. Clinton Foundation
3. Non-governmental Organization and other organization
4. Government hospital

**Future Action Plan:**

1. Empowerment of women and children
2. Strengthening of HIV infected home base care.
3. Care service and mobile care and support for women and children.
4. Advocacy for Access to free HIV/HCV co-infection and second line ART.

**5.4.2. Manipur Network of Positive People (MNP +)**

The Manipur Network of Positive People (MNP+)\(^{31}\) is a state level, community based, non-profitable organisation, formed on the 7th September 1997, by five ex-Injecting drug users who were living with HIV, in order to respond to the situation, faced at the time by IDUs and PLWHA. It is a self support group which intends to overcome the constraints and limitations faced by the infected and affected by the people living with HIV/AIDS (PLWHA) for overall improvement in their lives in particular and society in general.

\(^{31}\) MNP+ - Yaiskul Hiruhanba Leikai, Imphal West, 795001
With the Goal of “Reducing stigma and discrimination and initiation of Networks among PLWHA in the state of Manipur in particular and the North-Eastern region of India through capacity building; introducing user friendly care and support, community sensitization and mobilization, advocacy”. MNP+ is tirelessly working on to involve the PLWHA in all spheres of addressing the issue of HIV/AIDS including policy making, designing programme and implementation, service delivery and monitoring. With this agenda, MNP+ has come up as an entity with the slogan. “Nothing about - without us”

The first of its kind in the entire northeast, the organisation is registered under the Society Registration Act 1989 on 14 December 1998 with the regd. No. 62/M/SR of 1998 and registered under the FRCA 1976 and the number is - 194130232. It has an Executive Committee to look after the functioning of the organisation and its services along with 1700+ members spanning across nine districts and the self-support group at Sugnu.

MNP+ has its registered office at Yaishkul Hiruhanba Leikai, Imphal. Locally, MNP+ works hand in hand with Manipur State AIDS Control Society, Department of Health Services, Revised National TB Control Programme, Social Awareness Service Organisation (SASO), Kripa Foundation, VCCTC of J.N. Hospital and RIMS Hospital, Population Health Institute (PHI), Care Foundation, North- East India Harm Reduction Network, GIPA Alliance, Meira Paibis, North-East NGO Network on HIV/AIDS and other NGOs and CBOs working in the field of HIV/AIDS.

Six strategic objectives encompass the goal of MNP+ to improve the quality of life of people living with HIV/AIDS in the state of Manipur.
a) **To facilitate and improve access to treatment for PLWHA**

MNP+ believes that treatment is crucial. Three Positive Living Centers have been established in the high-prevalence districts of Imphal East, Imphal West and Thoubal, Manipur to provide comprehensive medical care and psychosocial support to PLWHA and their families. Two drop-in centres for PLWHA were also set up at Imphal West and Thoubal with the objective to develop positive living among PLWHA and improve the quality of life of the PLWHA to protect and promote the rights of their infection. Of medicines, counseling services, follow up of the clients, awareness and advocacy programmes, recreational facilities of the PLWHA are made available in these centres. Workshops on treatment education are conducted for PLWHA. MNP+ advocated for treatment access in various forums and at the government level as well.

b) **To provide access to information to PLWHA**

MNP+ has established two Treatment Counselling Centres at Regional Institute of Medical Sciences (RIMS) and Jawaharlal Nehru Hospital to provide information specific to issues relating to life after infection for both PLWHA and their families.

c) **To promote and protect the human rights of PLWHA**

The Manipur Network of Positive People (MNP+) in collaboration with Human Rights Law Network (HRLN), Manipur opened up a Free Legal Aid Cell for People living with (infected and affected) by HIV/AIDS in the month of September 2005. After the initiation of the Cell many cases comes in respect of denial of rights, property inheritance, right to education, treatment and other basic things. The Legal Cell is acting not only as a platform for spreading legal awareness but counseling among the HIV/AIDS infected and affected people and their families also.
d) **To promote involvement of PLWHA at all levels of decision making.**

The Greater Involvement of People Living with HIV/AIDS (GIPA) is promoted by MNP+ at all levels. MNP+ has its representatives at the executive member of State AIDS Control Society and in one District AIDS Control Society. Members of MNP+ are also part of the Technical Advisory Committee and Monitoring Evaluation Team of the SACS.

e) **To promote social acceptance of PLWHA and to end stigma and discrimination**

The AVAHAN project is undertaking numerous initiatives to strengthen the internal mobilization and capacity of the MNP+ to effectively advocate for reduction of stigma and discriminate resulting in a supportive environment for improving the quality of life of People living with HIV/AIDS.

f) **To provide opportunities for networking for PLWHA.**

9 District level positive networks and 1 self support group at Sugnu are being formed. MNP+ provides its affiliated Networks with capacity building trainings and the technical support to function effectively in their response to the HIV epidemic. The networks work towards garnering community support and involvement.

g) **Existing Projects and Program**

Manipur Network of Positive People (MNP+) is presently implementing the following projects, in the state of Manipur.
a) **Access To Care and Treatment (ACT) Project under Global Fund to fight AIDS, Tuberculosis and Malaria, implementing in 7 (seven) districts of Manipur, namely, Imphal East, Imphal West, Thoubal, Senapati, Bishnupur, Chandel and Churachandpur and one home**
group in Sugnu, and Two Treatment Counselling Centre (TCC) at RIMS Hospital and JN Hospital through INP+;
b) AVAHAN Project in three districts, namely, Secretariat based project at Imphal, and the others one at Thoubal and Churachandpur through INP+;
c) Positive Living Centre (PLC) project under Catholic Relief Services (CRS) in three districts, namely, Imphal East, Imphal West and Thoubal;
d) Next Step Project under Action Aid India in six districts;
e) Positive Children Project under Action Aid India in four Hill districts and the catchment area of Sugnu;
f) Two Drop-in-Centers in Imphal District and Thoubal under Manipur State AIDS Control Society (MSACS);
g) One Drug Substitution Therapy Project under-EHA-DFID;
h) One Innovative Project through INP+;
i) One Positive Action Project- Research on IDU's sexual health and sexual behaviour through INP+ funded by DFID-PMO challenge fund.

Manipur Network of Positive People (MNP+) is an organization having experience in the field of care and support, treatment, detoxification of clients with full capacity and infrastructures to take up any program. The organization is also a National leading working group of IDUs.

Priority Areas for the network
a) Women and gender issues
b) Access to treatment care and support
c) Capacity building and organisational development of PLWHA network
d) Partnership building with key stakeholders
e) Role of PLWHA in prevention
f) Addressing stigma and discrimination through advocacy
g) Positive IDU access to treatment
5.4.3. Nirvana Foundation

Nirvana Foundation\textsuperscript{32} was established on 9th March, 1999 by a group of like-minded people from all walks of life who have experienced pain in their own family through substance abuse, have faced the trauma of HIV/AIDS in their personal life and are committed and interested to work in the field of HIV/AIDS, Sexual Reproductive Health and drug abuse prevention program within the community with special focus on the women and children. The organization has 25 staff and 8 volunteers in managing the different project, one Self Help Group (ETAROI) only for HIV positive widows comprising of 12 members.

The primary objectives of the society are to bring relief and succor to the suffering of HIV positive people especially women and children and their families and to prevent the spread of the virus in the community. This may be done through behavioral intervention, medical means and through vocational guidance and economic rehabilitation measures, as well as assistance in the formation and managing of self-help groups to induce within the victims a positive, healthy and productive change in lifestyle to enable them to continue to maintain their health until the terminal stage.

Since its inception, the society is engaged in various activities, particularly in the field of drug abuse and HIV/AIDS prevention and control programmes. The society is doing works in terms of care and support to people with HIV/AIDS (PLWHA) and IDUs by providing psycho-emotional support, referral to different drug treatment centre, income generation, vocational guidance to the people with HIV/AIDS, specially HIV positive women and children.

\textsuperscript{32} Nirvana Foundation Babupara, Imphal West, 795001
Nirvana was started as a secular, non-profit making organization. It has been functioning in a democratic manner from its inception. The General Body of the society is the decision making body of the organization and seven members elected as Executive Committee controls the organization’s activities.

Nirvana strongly believes and works with the faith that development can only come within and the outsiders can help us but the insiders must do the job.

**Organization basic philosophy and aim**

The basic philosophy of Nirvana Foundation is to undertake project so as to renders services regarding the issues of health and social environment. To assist the needy to get out of the clutches of exploitation in all walks of life and to guide them to self sufficiency.

**Aims and objectives :**

a) To reach out to weaker sections of the society, irrespective of caste, creed, tribe, sex, cultural and political affiliation.

b) To take up programme for the development of women and children

c) To create awareness among people on drug addiction, HIV/AIDS and STDs, and other social evil.

d) To uphold and support human rights, rights of women, equality of sex to education, properties etcetera through mass education.

e) To educate the people on Health, Family Planning, Sanitation, Immunization and Environment protection.

f) To provide care and shelter to destitute, the aged and the handicapped.
g) To encourage the unemployed/ underprivileged women and youth to adopt income-generating scheme, encourage community participation and initiation for self-reliance.

h) To establish special schools for differently able children, day care centers, mobile Medicare units.

i) To take up such projects this will result in the betterment of the lives of women, children, aged populace of the society.

j) To do all such other lawful acts or things which are incidental or conducive of the objects of the society.

**The vision of Nirvana Foundation**

A world where one gets dignity, social justice and well being for what we are.

**The mission of Nirvana Foundation**

a) Empowerment of the people particularly women, children and youth through participatory approach.

b) Sustainable development of the underprivileged.

c) To empower and capacitate the unorganized sectors of the society.

**The motto of the organization:**

Dignity, Social Justice, Well Being

**The legal status:**


**The Recognition:**

a) Member, All Manipur NGO (S) Forum Imphal, Manipur

b) Member, All Manipur Social Welfare NGO (S) Forum
c) Member, All Manipur Consortium for HIV/AIDS

d) Member, Indian Network of NGO (S) for HIV/AIDS

e) Empanelled with Manipur State AIDS Control Society

Work and activities that the organization is involved in

Rapid Intervention and Care (RIAC)

Nirvana Foundation is also a partner in implementing the Rapid Intervention and Care (RIAC) project, a project of NACO, implemented by the Manipur State AIDS Control Society. Nirvana Foundation is implementing it in Imphal East (Khundrakpam Constituency). Under this intervention project, Nirvana Foundation is also giving different types of services such as education and counseling to the IDUs, needle and syringe exchange service; condom promotion, home-base nursing and palliative care service to HIV symptomatic clients etcetera. As of September, 2007, 1345 clients received the services out of 1,141 are IDUs. Out of this, 1,141 IDUs, 268 are married and 113 female partners are receiving the services. The services are home detoxification, home base care services, OI medicine, free doctor for consultation, needle and syringe programme, distribution of free condoms, income generation programme and nutritional support. 85 people living with HIV/AIDS adults are also link up on ART treatment with the Government hospital. 95 children are also receiving services.

UNODC programme

ETAROI came into being with assistance from UNODC. Under project I-49 “Reducing substance use and vulnerability on HIV/AIDS among female substance abusers and female partners of male injecting drug users”. The organization open a drop-in centre where 45 female IDUs access the services of relaxation, counseling, training, free needle and syringe, condom
and nutritional support.

The organization has also observed World AIDS Day through a 12 days poster campaign and sensitization meetings with different community partners follow by a musical concert on 1st December, 2006 with financial assistance of UNODC, Shillong and a documentary film titled 'Pangan' which means 'Strength' was telecast for 12 days on the local cable TV network.

It also observed ‘The International Day against Abuse and Illicit Trafficking’ from 21st June, 2007 with campaign on prevention of drug abuse to the high school students and the main observation being held on 26th June, 2007 at Gandhi Memorial Hall, Imphal by organizing a fashion event with financial assistance of UNODC, Shillong and a documentary film titled ‘Punshi’ which means ‘Life’ was premier on the same day.

**Innovative Fund**

Under the income generation and vocational guidance programme Nirvana Foundation start implementing "Project Leisana" from 1st September, 2006 with financial assistance from United Nation Development Programme (UNDP), National AIDS Control Organization (NACO), Indian Network of Positive People in Imphal East with its objectives as to improve the quality of life for women living with HIV/AIDS in Manipur and to decrease the HIV related morbidity and mortality by increasing employment opportunity for girls and women. Beginning with 5 loom the members have now 7 loom one Ari machine for embroidery work and are able to earn at an average Rs. 1000/- per month. Beside the economic support they are earning, the members are able to share their psycho-emotional issues and are also able to link up for ART support with the Government hospitals. Etaroi self-help group has been able to finish around 750 shawls since its inception on 1st September 2006. The price range is from Rs.80-100 and
some are sold at Rs. 300-350 which has embroidery work. Nirvana Foundation is also extending support in expanding ‘Etaroi Self-help Group’ in others areas of the State. Etaroi Self-help Group was also able to complete 2500 bags for the Peers training under G-86 of UNODC.

Paediatric AIDS initiative

In May, 2007, the Pediatric AIDS Initiative was launched in the state of Manipur with Nirvana Foundation as one of its implementing Partner NGO with Project Concern International, India and Clinton Foundation, India. The organization enrolled 28 children with the State Government Hospital to take ART Drug and for which the organization give nutrition support and counseling services.

Recognition from the India Government

The State of Manipur was visited by Shrimati Meira Kumar Honorable Minister of Social Justice and Empowerment, Government of India from 4th to 6th June 2007. ‘Etaroi’ meaning ‘Saheli’ a Self-help Group for young widows living with HIV/AIDS was invited for a meeting with the Honorable Union Minister. The Honorable Union Minister also invited Etaroi for an exhibition at the Pragati Maidan, New Delhi.

Experience of Nirvana Foundation

Nirvana Foundation for the last ten years has been working in the field of prevention and intervention of Drug Abuse and HIV/AIDS in the State of Manipur. The organization has been assisted by Mr. Salam Goutam Singh as a technical Advisor who has been working in the field of Drug Abuse since 1987 and in HIV/AIDS since 1990 in the state of Manipur. Mr. Salam Goutam Singh along with Sobhana Sorokhaibam, Secretary of Nirvana Foundation has also work in the National level with the Profiling of Targeted Intervention programme under National AIDS Control
Organization, India, which was carried out from January 2007 to 31st March, 2007 in the state of Himachal Pradesh, Jharkhand, Haryana, Tripura, Sikkim, Rajasthan, Meghalaya, Goa and Territory which include Chandigarh and Daman and Diu.

Nirvana Foundation has also produced two visual documentary related with HIV/AIDS and which was shown in the local cable network. The first visual documentary titled ‘Pangan’ meaning ‘Strength’ captured the issues raised by the children of People Living with HIV/AIDS. And the second documentary titled ‘Punshi’ meaning ‘Life’ show the two faces of women in getting the HIV virus. The first women getting the virus through their sexual partners because of ignorance, lack of information and knowledge on HIV/AIDS and the second women getting the virus through their own behavioral problem that is sharing of injecting equipments and sex work.

Geographical coverage or population covered

At the moment the organization is working in both Imphal East and Imphal West district. For the Rapid Intervention and care project under Manipur State AIDS Control Society the organization is working in Imphal East covering the rural areas of Khundrakpam constituency. But looking at the need of prevention and treatment services, another Drop-in-Center was open at Khomidok which come under Khurai Constituency.

5.4.4. Care Foundation

The Care Foundation is a non-profit registered organization founded on 17th October 2000 by a group of Ex-IDUs, whose lives have been badly afflicted and devastated by drug use and HIV/AIDS, with the aim of caring and supporting one another and also to extend the same to other poor,

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33 Care Foundation, Chassad Avenue, Imphal, Manipur - 795001 (India).
needly, and still unfortunate friends; to help each other attain quality lives by living positively and productively; and to give maximum involvement towards the fight against drug use and HIV/AIDS.

**Vision:**

Attainment of Quality life with Healthy, Positive and Productive Living for All.

**Mission:**

To Mitigate the Impact of Drug Use and HIV/AIDS through ensuring accessibility of quality care and treatment; reduction of stigma and discrimination; basic fundamental right; overall well being and sustenance of those affected; and effective prevention interventions.

**Activities:**

The Care Foundation is divided into seven units:

1. Home Based Care Unit
2. ARV Unit
3. SHG Formation Unit
4. Resource Mobilization Unit
5. RIAC Unit
6. Networking and Referral Unit
7. General Unit

The activities under these units are as follows:

- Home care visits, counseling, family meetings, and distribution of IEC and other BCC materials.
- Mobile health camps and regular health check ups exclusively for PLWHAs and ARV users.
- Facilitating and monitoring ARV using clients.
- Distribution of medicines such as clotrimoxazole, flucunazole, tinidazole, ciprofloxacin, acyclovir and clotrimazole cream.
- Procurement of ARV and other essential drugs at subsidized rate.
- Encourage and facilitate self-help group formation.
- Fund drives through donations, contributions, selling merchandises, general store, micro-credit and musical concerts.
- Referrals, pre and post-test counseling and helpline.
- Various activities of Rapid Intervention and Care project such as i) Community sensitization and mobilization, ii) Risk reduction education, iii) Outreach work, iv) Condom promotion and social marketing, v) Needle syringe exchange program.

5.4.5. Integrated women and children development centre (IWCDC)

IWCDC\(^{34}\) is a non-profit, non-political, non-religious voluntary organization dedicated to the service of the underprivileged people in the community. It was established in 1980 and registered in the same year under the Society's Registration Act 1860.

**Vision:**

Promote socio-economic up-gradation programs for upliftment and betterment of the marginalised and underprivileged people of the community.

**Mission:**

IWCDC works towards the empowerment and economic sustainability for the marginalised and underprivileged section of women, children and youths.

\(^{34}\) Integrated Women and Children Development Centre(IWCDC), Thangmeiband Yumnam Leikai, Imphal (W).
Area of concern:
- Drug demand reduction (Rehabilitation treatment for male drug users)
- HIV/AIDS prevention and intervention
- Socio-economic empowerment of vulnerable women groups
- Child right issues and works on legal adoption and educational sponsorship programs for children in need of care and protection.

Program activities and services available
- Outreach
- Individual and Group Counselling
- Group Sessions
- Harm Reduction Practices
- NSEP and condom promotion
- Health Check-up/OPD Services
- Medicinal and Nutritional Support
- Home Detoxification
- Abcess Management
- Home Based Care
- DIC Services
- Free Detoxification Camp
- Free Medical/Clinical Testings
- Networking and Referral
- Advocacy Meeting
- Group Events
- Promotion of IEC
- Formation of SHG
- Peer Educations Training
- Community Leaders’ Training
- Community Networking Meeting
- Community Sensitization Programs
- Resource Mobilisation
- RSRA among drug users and their sexual partners

**Women programmes**

IWCDC emphasises on SHG approach for the social and economic upliftment of the women who are afflicted by drug abuse and HIV/AIDS.
- Spouse and widows of IDUs are guided in formation of SHG and creates opportunities for skill building, vocational and exposure programs.
- 30 percent of work opportunities in the UNODC HIV intervention programs are reserved for such women groups.

5.4.6. Francois-Xavier Bagnoud India Suraksha

Francois-Xavier Bagnoud International\(^{35}\) is named after Francois-Xavier Bagnoud, a young helicopter rescue pilot who died at the age of 24 during a mission in Mali, West Africa. The death of her only son proved to be the turning point in the life of his mother, Countess Albina duBoisrouvray, a well-known journalist and film-maker.

She then sold three-quarters of assets she owned at the time, her film-producing company and most of her personal assets, and turned her grief into constructive initiatives by helping the less advantaged. In 1989, Albina du Boisrouvray established the Foundation Francois-Xavier Bagnoud (FFXB) to perpetuate the compassion and generosity that guided her son’s life. Today, Francois-Xavier Bagnoud International (FXB International), an

\(^{35}\) Francois-Xavier Bagnoud India Suraksha, Singamei Bazaar.
affiliate, runs 87 programmes across 18 countries in Africa, Asia, Europe, Latin America, and the United States, working in close collaboration with National AIDS Control Programmes. The non-profit organization is headquartered in Switzerland. A personal tragedy thus became a springboard for an enterprise which today reaches out to remote corners of the globe, supporting and empowering the most vulnerable-children who have lost one or both parents to AIDS as well as those at risk of contracting the HIV virus.

Mission:

To help AIDS orphans and other vulnerable children through a holistic approach, by investing in self-sustaining communities, linking health and human rights and broadening constituencies for social change. Currently, FXB is pioneering low-cost solution to care for those infected and affected by AIDS.

Coverage:

Active in the field of HIV/AIDS and Human Right in all 28 states in India and 4 out of 7 Union Territories in the country for more than 6 years.

Outreach:

Direct beneficiaries, over 235,000, indirect beneficiaries among the communities, more than 876,000; HIV/AIDS prevention project beneficiaries, close to one million.

Other FXB programmes in India include:

Awareness and Prevention Education Program (Mizoram, West Bengal, Jharkhand, Andhra Pradesh, Kerala, Pondicherry, Orissa, Tamil Nadu, Andaman and Madhya Pradesh) aimed at a wide cross-section of society
health care workers, ordinary women, adolescents, youth, truckers, slum dwellers, etc.

**School Health Education Programme** (West Bengal, Assam, Tripura, Punjab and Rajasthan) aimed at equipping adolescents with information, knowledge and appropriate life skills to protect themselves from sexual abuse and infection.

**Voluntary Counselling and Testing Centre with STI Clinic** (Andhra Pradesh, Karnataka, Kerala, Tamil Nadu, Maharashtra and Madhya Pradesh).

**HIV and AIDS Awareness and Prevention Programme in Nabha**, an initiative of the Nabha Foundation (Punjab FXB).

**5.4.7. Social Awareness Service Organization (SASO)**

Social Awareness Service Organisation (SASO) came into existence in the year 1991. Formed by a group of ex-Drug users aspiring to contribute towards addressing issues, which had already affected their lives in some way or other who had experienced agony, pain, stigmas and discrimination and chaotic lives because of drugs use.

A purpose of a collective effort as “Pay-back” to society to threshold the damages came into focus as more and more of the catastrophes of a colossal economic, social and human cost brought into Manipur by the epidemic of drug use and its implication on HIV/AIDS became imminent. Through the power of initiative and with the motto-Humility, Courage and Wisdom in their hearts, SASO moved forward consistently with “human responses” to fulfill with the under laying vision and Mission.

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35. Social Awareness Service Organisation (SASO), Uriopok Sinam Leikai Opposite Common School, Imphal - 795001, Manipur State, India.
Vision:

To become a lead and reference Organisation in the area of prevention of HIV among IDU, provision of care, universal access to treatment and support (including nutrition to PLHA and in the area of creating productive, healthy and supportive environment among IDU, PLHA and their families)

Mission:

To build sustainable models for prevention of HIV among IDU and to provide care and support for PLHA and their families adopting rights based approach using multi-sector involvement through advocacy, partnership and capacity building for an increased level of activity in the North East, India.

Achievement and Milestones:

SASO has been identified as a Resource centre for Harm Reduction in the North Eastern state of India by Family Health International (FHI) and Burnett Institute of Research Centre, Australia. SASO's Home Based Care has been recognised and published in the UNAIDS Best Practices, 2000-2001. Become a Member of National Council on AIDS (NCA) conferred UNAIDS civil society Award 2006. Citation of appreciation working in the field of drug use, UNODC 2006.

Future Action Plan:

- Empowerment of PLHA and their children
- Institutional drug demand reduction and drug substitution
- Strengthening of Community Home Based Care
- Care Service and Mobile Care and Support for PLHAs
- Advocacy for Access to free HIV/HVC (co infection) and 2nd Line ARV
- Integrated responses for MSM Clinical Service
Reaching out and reaching in:

From its existence, SASO has been reaching out and providing not only care and support but also adopting preventive measures to many vulnerable sections of society in the areas of HIV/AIDS and Drug Use. Some of the key services and activities of SASO include:

- Clinic based health care services to the substance dependents and PLHAs
- Overdose, Abscess, STI management and DOT
- Counselling in the area of substance use and spouses
- Drop in and home based detoxification
- Home based care to the substance dependents and PLHAs
- Referrals and link up with various agencies
- Medicinal and Health investigation support for PLHAs
- Subsidized ARVs Provision
- Hands on Training for Doctors and Paramedics
- Harm reduction activities
- Awareness information education programs
- Drug use prevention/demand reduction
- HIV/AIDS prevention/intervention
- Advocacy

The reaching out and reaching in of the Organisation includes not only Injecting Drug User (IDUs) but also Orphans and Vulnerable Children (OVC), Spouse of the substance dependents, Widows, MSM (Men having sex with Men). PLHAs and general population (including Adolescents and youth).

- Medicinal and health investigation support for PLHAs
  Subsidised ARVs Provision
- Hands on Training for Doctors and Paramedics
- Harm Reduction activities
- Awareness information education programs
- Drug use prevention/intervention
- Advocacy

The reaching out and reaching in of the Organization includes not only Injecting Drug Users but also orphan and Vulnerable children, spouses of the substance dependents, widows, MSM.PLHAs and general population (including adolescents and youth).

**Recognising its existence:**
SASO has developed meaningful linkages and collaboration with different national and international agencies. Some of the agencies include:
- OXFAM-GB
- Manipur State AIDS Control Society (MSACS)
- Family Health International (FHI)
- Elton John AIDS Foundation (EJF)
- International HIV/AIDS Alliance (India)
- Emmanuel Hospital Association (EHA)
- Catholic Relief Services (CRS)
- Project Concern International (PCI)
- United Nation Office on Drug and Crime (UNODC)
- Population Council (PC)
- National AIDS Control Organization (NACO)

**Achievement and Milestones:**
SASO has been identified as a Resource Centre for
- Harm Reduction in the North Eastern state of India by Family Health International and Burnett Institute of Research Centre, Australia.
- SASO's Home Based Care has been recognised and published in the UNAIDS Best Practices, 2000-2001
- Became a Member of National Council on AIDS (NCA) conferred UNAIDS civil society Award, 2006.
- Citation of appreciation working in the field of drug use, UNODC 2006.

**Future Action Plan:**

- Empowerment of PLHAs and their children
- Institutional drug demand reduction and drug substitution
- Strengthening of Community Home Based Care
- Care Service and Mobile Care and Support for PLHAs
- Advocacy for Access to free HIV/HCV (co infection) and 2nd Line ARV
- Integrated responses for MSM Clinical Service.

Hoping for a better tomorrow, SASO expect to improve the quality of life of the people who have few or none to shoulder on.

A systematic research work consists of analysis and interpretation of the data. So, in the next chapter analysis and interpretation of the present study has been presented.