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EFFECTIVENESS OF HIV/AIDS PROGRAMMES IN UKHRUL HILL DISTRICT MANIPUR IN NORTHEAST INDIA

Introduction

HIV/AIDS is a major global issue, invading the human race and has brought the world together in formulating effective measures to eliminate it. Due to the glaring reality of its incurable nature the world has been focusing on preventing the dreaded disease by organizing preventive programmes. In India, the National AIDS Control Organisation (NACO) since 1992 has been launching preventive programmes by forming National AIDS Control Programme. In Manipur, the State AIDS Control Society was formed in 1998 and since then has been implementing the AIDS Control Programme.

According to the most recent report of NACO, India HIV Estimates of 2015, Manipur has shown the highest estimated adult HIV prevalence with 1.15% (NACO, 2015). The state with a valley capital is surrounded by five hill districts inhabited by tribal population accounting of 35% of the total state population and the rural tribal communities are an emerging as high-risk group for HIV/AIDS.

Ukhrul is reported to be one of the districts in Manipur with a high prevalence rate of HIV/AIDS. The high concentration of Drug in the district adds to the woe so bad that the IDUs (Injecting Drug Users) reached its peak in the 90s where the rate was 3500 to 4000 in 1996-97 (Felix 2008:1).

Methods and Materials

The paper is based on a fieldwork conducted in Ukhrul district in 2015 with the aim of analyzing the status of HIV/AIDS among the Tangkhul community (for a research project). For conducting fieldwork the following methodologies were employed:

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i) **Interview**: Both structured and unstructured as well as scheduled interview were conducted depending on the needs of the situation among (a) the tribal people to ascertain the concept, awareness, social stigma (if any) source of the infection, availability of medical provision and testing facilities, awareness and access to government schemes, NGOs etc. (b) Interview was also taken among the government and NGOs offices to identify the programs, policies, implementation and effectiveness among the ST.

ii) **Questionnaire:** A questionnaire which contains both open ended and close ended was administered to various organizations working for HIV/AIDS among the people and also distributed among youth and teenagers within the age group of 15 to 30 recognize as vulnerable group.

iii) **Focus Group Discussion (FGD's):** This method was used to cross-check the information and group opinions and awareness of both tribal people and policy program implementers.

iv) **Observation**: This method was employed to obtain a neutral observation point of view in understanding the case study and it helps in verifying the behaviors of the people as well as the basic necessities available in the office for the information provided.

v) **Life History and Case Study**: This method was used primarily to trace the history, root cause of infection to see if there was some general similarity, prevalence among the Tangkhul, awareness and the events of programs organized by the implementers to authenticate the information obtained

vi) **Mechanical Aid:** Photography and recorders were used after taking due permissions from the concerns agencies to authenticate and analyze the data in the research work.

Brief Highlight on the programme over the years

Since the constitution of NACO, a nationwide programme was launched to steer and initiate AIDS control programme and thus in 1992 the first NACP was implemented. In Manipur the state AIDS Control Society was launched in 1998.

(a) Phase I: the National AIDS Control Programme Phase I (1992- 99) achieved to some extent in bringing about services viz. mass awareness of HIV, safety blood transfusion, condom promotion to control spread of sexually transmitted disease, and instituted annual sentinel surveillance. In Manipur within the first phase, State AIDS Policy was adopted in 1996 and became the first and only state to have a clear cut and bold policy on harm reduction, Awareness about HIV was achieved to 78% and State law banned professional blood donations.

(b) In the second phase NACP Phase II (1999 - 2007), there was a shift in focus of the programme from generating awareness on HIV prevention to targeted interventions. The target intervention was meant to bring about change in the behavior of the high risk population who were at risk of contracting the infection and spreading it to the general population. In Manipur, the main focus was on Injecting Drug Users (IDU) prevention intervention, with its primary goal to reduce injecting drug users and their sexual partners and to bring a sustained change of behaviour amongst them. While there was a systematic improvement, some other areas were also found which require greater attention and stronger focus such as complexities of the epidemic and its exact dimensions, frequent change of project directors of State AIDS Control Society that weakens the thrust and focus of interventions, etc.

(c) Phase III: The Phase III in Manipur was focused on integrating programme for prevention and Care, Support Treatment focusing on the goal of halt and reverse of the epidemic in the state. The objectives were to prevent new infection in High Risk Groups and general population, increase the rate of PLHIV receiving care, support and treatment, strengthen infrastructure, system and human resource in district level and also strengthen state-wide information system.

(d) Phase IV: NACP IV (2012-2017) aims to accelerate the process of reversal and to further strengthen the epidemic response in India through a cautious and well-defined integration process over the five years. Its main objective is to reduce new infections and provide comprehensive care and support to all PLHIVs and treatment services for all those who require it. The main strategies include intensifying and consolidating prevention services, increasing access and promoting comprehensive care, support and treatment, expanding Information, Education and Communication IEC services, building capacities at national, state, district and facility levels and strengthening Strategic Information Management Systems.

One of the key components of NACP IV is scaling up of coverage rate to 80% among the HRGs. (NACO) Harm reduction which is a practical strategy aimed at reducing negative impact related to drug use has been adopted as the official policy of India with the aim to scale up Targeted Intervention. India harm reduction has generally meant helping people who inject drugs (PWID) and reduce the harmful consequences of their injecting practices- notably the risk of HIV infection. (Ambedkar 2014: 1).

Major Programmes undertaken for HIV/AIDS Prevention

(a) Programme for Injecting Drug Users: In India the measures of preventing HIV among the injecting drug users was implemented under the National AIDS Control Programme by introducing services such as Needle Syringe Exchange Programme, NESP where access to clean needle and syringe was made available, Opioid Substitution Therapy(OST), peer education for adopting safer behavior, primary medical care and referral for other health-care needs. This package of interventions was collectively called 'Targeted Interventions' (TIs) and they are delivered by NGOs working with people who inject drugs. (Ambedkar 2014:1)

Targeted Intervention is one of the major projects undertaken in Ukhrul district which covers the Injecting Drug Users (IDUs) and Female Sex Workers (FSWs). One of the major achievements of the project in the district is the opening of OST (Opioid Suspension Therapy) centre in the District Hospital. The substitution treatment is a well accepted treatment for harm reduction among IDUs and is an effecting way of preventing HIV. (TSE, 2015).

Out of the country's estimated number of about 1.77 lakhs Injecting Drug Users (IDU) about 30% were estimated to be from the Northeastern states. Additionally, four exclusive interventions for female IDUs and regular sex partners of male IDUs were implemented in four Northeastern states – Manipur, Nagaland, Mizoram and Meghalaya, one each in each state which was supported by the United Nations Office on drugs and Crime- Regional Office of South Asia (UNODC-ROSA). (NACO 2014: 16).

With the incorporation of Opioid Substitution Therapy into the harm reduction programme for the Injecting Drug Users in 2007-08, NACO has been supporting more than 50 OST centers in NGO setting covering about 4800 IDUs. The State AIDS Control Society contracts certain NGOs to implement OST after an independent accreditation the National Accreditation Board for Health Providers (NABH). It has also been initiated to implement OST services in government health facilities. In a plan to expand nationwide, OST services are implemented across 32 states/UTs with a view to establish more than 300 OST centres in order to achieve at least 20% of the estimated IDU population with OST services. (NACO 2013: 13).

(b) The Prevention –of-parent-to –child Transmission of HIV/AIDS (PPTCT) programme with the aim to provide HIV testing facility to every pregnant woman in the country was initiated in 2002. The aim was to eliminate HIV transmission from mother to child by covering all estimated HIV positive pregnant women. Mother to child transmission of HIV which occurs during pregnancy, delivery and breastfeeding is the key route of transmission of HIV among children. The government of India is committed to work for the elimination of new HIV infection among children by 2015. Following the new

guidelines provided by WHO, it has been the decision of the Department of AIDS Control to initiate lifelong ART for all pregnant and breastfeeding women living with HIV, notwithstanding CD4 count or WHO clinical stage, both for their own health and to prevent vertical HIV transmission and with additional HIV prevention benefits. (NACO 2014: 55).

(c) Antiretroviral Treatment: Antiretroviral treatment as defined by WHO consists of the combination of antiretroviral (ARV) drugs to maximally suppress the HIV virus and stop the progression of HIV disease. ART also prevents onward transmission of HIV. WHO recommends ART for all people with HIV as soon as possible after diagnosis without any restrictions of CD4 counts. In India free antiretroviral has been available since 2004. People living with HIV are given the provision to access testing and counselling, HIV treatment, nutritional advice, opportunistic infection etc.

(d) Few special measures taken up in the northeastern states: Red Ribbon Club have been introduced in colleges and institutions across the northeastern states in order to encourage peer-to-peer messaging and a safe space for young people to clarify their doubts and myths surrounding HIV/ AIDS and around 500 RRCs are functional across Northeast region. Also a multi-media campaign on HIV/AIDS Red Ribbon Superstars targeting the youth in the age group of 15-29 years were successfully in Mizoram, Nagaland and Sikkim. (NACO 2014:96).

The MACS in its sustain campaign against the dreaded disease organized three day Red Ribbon Superstar Choir Competition under the theme 'Love and Love Alone can bring Zero Stigma and Discrimination of HIV/AIDS' which was participated by two choir groups each from the five hill districts of Senapati, Churachandpur, Ukhrul, Tamenglong and Chandel which shows their creative effort in spreading mass awareness among the tribal community. (TSE, 2013: 03: 16).

The United Nations Office on Drugs and Crime in one of their articles stated that Manipur joining the international community in the World AIDS day celebration on 1st December rolled out the state's first comprehensive HIV prevention, care and support programme at the Sajiwa Central prison. Many of the prison inmates have been imprisoned for issues related to drug offences. Also in order to disseminate information regarding HIV/AIDS the vehicle Red Ribbon Express was also inaugurated (UNODC 2010: 12).

Discussion

Ukhrul district is the highest hill station in the state of Manipur. With a total population of 183,998 out of which 94,718 are males and 89,280 are females respectively, there are about 380 villages spread across the district. The district headquarter Ukhrul town is the social, economic and political hub of the district. In the 90's the district witness its peak of drug users and

addictions. Associated with the drug addiction, came to the ugly head of HIV/ AIDS infection that played worse in the district. (Felix 2008:1) Thus HIV/ AIDS infection is nothing like a new surge of infection in the district.

Structure and Activities of Various Agencies in Ukhrul District

Ukhrul district was one of the first districts in the state to get ART Centre in the district headquarter in 2005, after the establishment of ART Centre in Manipur in 2004 when ART Centre was introduced in all the high prevalence states. In the district level, the District AIDS Preventive and Control Unit is the monitoring unit where report collecting and submitting of the district as a whole are done in the department. The department is headed by the Deputy Commissioner of Ukhrul District with a District AIDS Officer as an overseer.

The DAPCU (District AIDS Preventive and Control Unit) function as the District AIDS Control Organisation in collaboration with three specific NGOs namely: Citizen's Alliance Re-empowerment (CARE), PASDO, and the Linked Worker Scheme (LWS) all located within the town itself. However CARE and PASDO also have branch offices in the sub-division blocks of Kamjong and Kasom.

The concerned NGOs aligning its goals and objectives operate in the district with the aim of scaling up coverage of Targeted Interventions of the High Risk Groups. The High Risks Groups in the district are the Injecting Drug users and the Females Sex workers for which two NGOs functions. CARE runs as a support centre under which 668 IDUs are registered currently. The organisation performs the Care support Center of which the main services are early linkage to care, support and treatment, early testing and diagnosis through appropriate counselling and peer support, helping PLHIV sustain and manage their treatment, linkage to existing social welfare and protection schemes under different department. The other organisation is the PASDO that deals with Female Sex Workers (FSWs). A women health is run by the organisation. This clinic is mainly for women who are infected with HIV and female sex workers under the core composite plan of Manipur AIDS Control Society (MACS). Following the operational guidelines laid out by NACO and MACS, currently they have about 10 FSWs who are registered and are constantly under their treatment services. The services available are ICTC testing, STI check-up and treatment, Condom promotion, Counselling, Referral service.

Other than the governmental linked organization there are a few numbers of other private organizations working for the cause of HIV and PLHIV. Spring of Hope: Hope for the Hopeless: this organization works under a project named Nehemiah, a United States funded NGO. The services they rendered are: awareness programmes to villages, medical assistance and

delivery help to pregnant women provide formula milk for the new born babies, provide school fees and books to the poor and HIV/AIDS orphans, run residential orphanage (Penial Home) for the AIDS orphans, counselling services.

Then there are other organizations that had worked on HIV/AIDS programme, to name a few: ElShaddai Resource Centre, Diocesan Social Service Society (Community Drugs and AIDS Programme).

Apart from these organizations other agencies like the schools and churches are playing a big role in the fight against HIV. The churches in Ukhrul town are acting as one of the chief machinery in bringing positive change in the mindset and lifestyle of the people especially to those living with HIV/AIDS. Providing support through counseling and prayer to those infected people, church leaders and pastors are giving selfless service for the community. The church is also organizing camps for the youth, juvenile parents, married couples and orphans. They have a separate ministry/ department to work as an outreach mission for the infected families and dealing with youth, the most vulnerable groups, visiting homes, providing support either financially or morally from time to time.

Reflections on the changes, impact and issues in the District

While number of activities and programmes have been undertaken within the district the plight of HIV/AIDS has not shown any substantive change except for the improvements in the facilities available albeit in minimal scale. The ratio of the numbers of activities carried out in the district to that of the results produced is rather deplorable. Enumerable measures and policies have been introduced by the government at all levels be it urban or rural, however, the results so produced are partial.

It is imperative that implementing measures and policies should take in account of the social and economic factor of the people. Ukhrul District is a hill district poorly connected with the main capital city. The entire system of health care services and even other developmental projects in the district are faced with interminable shortcomings and problems which have been perpetuated since decades back. One of the incessant failures of the government is the negligence to cover the people in the remote parts of the region. Diseases have their origin in towns where drug users, female sex workers are indulging at large, while people migrat from villages to town are sparingly settled which makes it difficult to proper channelize programmes to reach them. As per 2011 census of the district, 85.22% of the total population lives in rural villages. Opportunities and life chances that are available in the town are not available in the rural villages where most of the population is confined. As a result to avail health care and treatment one has to travel from village to village and come to the town. A lackadaisical approach from the policy makers, bureaucrats

and social workers for the welfare of the tribal society is what the scenario represents. To bring about change and development equally at all levels should be the goal of the government and policy makers. It should be the core objective of the policy makers to reach out to people and make them aware and educate them. While it has been the constant effort of the health care providers, such programs have been a futile one.

Coupled with lack of interest and indifferent attitude from the policy makers for the welfare of the tribal people in the hill district, for which there is absence of parity between the hill districts and valley region in growth and development. There is lack of adequate hospitals, primary health centre and community health centre. What is even more lamentable is the absence of adequate staffs for the concerned health Centre. The lack of staff is a gruesome issue in case of the ART Centre in the district. With a total population of 183,998 in the district, the lone stand-alone ART centre has only one counsellor.With only one counselor in the district ART Centre, it becomes a difficult job for the counselor to have in depth relationship with those in need especially for people living with HIV who needs constant support and guidance. The counselor acts as a supporting and guiding agent for the infected people and for those who would be willing to undergo test for HIV. However with clients exceeding the health workers, it becomes unmanageable and thus no closer link between the counselor and the clients could be maintained, this greatly hampers the clients to lead a healthy and positively oriented life. For a person living with HIV, he/she not only becomes physically unwell but also becomes emotionally and mentally ill and live with fear, shame and mostly living as though he/she is living a condemned life.

This manpower insufficiency has crippled the process and state's contribution for the fight against HIV. With high prevalence rate among the pregnant women in the district, it is highly recommended to have a Pediatric and nutritionist in the ART Centre. However in the whole state there is only one Pediatric at JNIMS ART Centre. While people can hardly visit the district ART Centre, to be able to visit ART Centre in the valley capital is a question irrelevant to the poverty stricken population.

Since the infection has taken a different route, from IDUs to their wives and children. It has become imperative for every pregnant woman to undergo counseling and blood screening to check HIV status. Most of those infected in the district are children and women who got infected from their parent and husband.

With only one ART Centre in the District Hospital and one Linked ART Centre in the sub –division of Kamjong, it is strenuous for the population as well as the health workers to avail and provide quality service to the population. Most of the people living with HIV are below the poverty line and are living in remote parts of the district. For those living in far corners and

villages, to avail ART drugs regularly every month becomes a difficult task. While the government provides an amount of Rupees 170/- each every month for PLHIV as transportation fee, the amount could barely cover for a meal. The connecting villages in the district headquarter and Kamjong however do not necessarily face these challenges, while for the majority of the population who are residing in the remote part of the region are faced with this boon.

Apart from the ART Centre that gives free ART treatment and drugs, the organization dealing with the high risk group of Female Sex Workers faces the problem of inadequate supply of treatment kit at their disposal. There are high cases of STI (Sexually Transmitted Infections) in the district amongst women. The Women Health Clinic run by PASDO) which especially deals with FSW and STIs among the women, are faced with problems of not being able to issue required amount of medicine and treatment kit to their clients, which has resulted in slow treatment and prolonged disease. Under NACP III STI control Programme, STI/RTI 7 (seven) pre-packed kits has to be supplied free of charge to all public STI/RTI service facilities including the clinics under targeted intervention projects in the state through NACO/SACS.

In the state, SACS is responsible for availability of essential STI/RTI kits/drugs all designated clinics. While the Women Health Clinic which is functioning to facilitate such services under MACS, such facilities in the district is meagre to the extent of non-availability of certain kit, for which some individual had to procure themselves or the organization voluntarily purchase for the client.

The mobile Integrated Counseling and Treatment Centre (ICTC) do half the job of covering those areas where people face difficulties coming to the main ART centre. Villages like Kangpat, Khayangetc still do not have proper roads and transportation system and thus it becomes a difficult task for the mobile ICTC to enter and cover such areas. While it not only becomes difficult for the health care providers but it is also a massive problem for those residing in the remote parts of the district to avail such services.

Mass awareness programme which was hugely campaigned about in the first two phases of NACP made a positive impact which led to the assumption that the general mass has acquired enough knowledge about the disease that no such programmes are required anymore. However, with about a decade passed, and for the upcoming generation each year, awareness programme has been minimal and do not reach grass root level. This has been one of the failures of the government. Less knowledge and married with stigma and social discrimination, people have negative ideas about those infected with HIV and hence for them integration in the society becomes difficult. A free flow administration of quality service has been thwarted by the prevalence of stigma and social discrimination. There are many reported cases of PLHIV who had stopped coming to avail medicine and decided to withdraw from

consulting their doctors because coming to ART Centre became an ordeal never to be encountered again. This has resulted in many cases of LFU (Left to follow up).

Inconsistency of projects related to HIV/AIDS is one issue PLHIV faces. Often these poverty stricken patients tend to develop dependency upon the support and care services provided by the government, be it through Non-Governmental agencies or through health Centre. NGOs who take the initiative of working for the welfare of PLHIV are given certain amount of time period, upon completion, services stops. This results in loss of confidentiality amongst the people living HIV to the governmental policies and they often become wayward and helpless.

The Manipur AIDS Control Society (MACS) has under it a number of NGOs registered for the fight against HIV. While there are number of genuine and noble projects taken up by some NGOs under the funding provision of MSACS, there are however dubious NGOs whose sole purpose is to swindle money. The genuine organizations are often left at their own source to perform number of activities due to lack of adequate funds, while huge amounts are misused by some ruthless individual in the name of providing service to the HIV in the district. There is also a huge gap of understandings and trust between the locals and the concerned NGOs in carrying out the activities. Within the district itself the only NGO which had been serving as the OST agency, CARE has been shut down as a result of misunderstandings arising between the locals and NGO runners. This has in turn affected the proper functioning of the activities as well as for those IDUs and families who were dependent on the NGO for their treatment.

Conclusion

NACO, MACS, and various other agencies have been instrumental in fighting against the plight of HIV/AIDS by extending tremendous efforts. However, the district is faced with many shortcomings and the laid out programmes have been marked with inefficiency and cover only a small scale of area and population. The younger generation who are the most vulnerable group needs to be properly educated about HIV/AIDS. The earlier programmes of mass awareness campaign which has now taken a back seat should be revived in order to achieve mass awareness at all levels beginning from the grass root and village level. It is imperative for the concerned agencies to take into consideration the social, economic and geographical factors for effective programme implementation and achieving zero infection and zero death rates in the district.

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Following are the findings from the field which is categorized into various tables as given below:

Facilities Available

Counseling and Testing Service

Total No. of ICTC	11
No. of F-ICTC	1
No. of PPP Model ICTC	2

Care Support and Treatment

No. of ART Centre	01	No. of Linked ART Centre	01
No. of CSC	02	No. of PLHA Registered	990

Targeted Interventions	No. Covered till 2015
Female Sex Worker (FSW)	10
Injecting Drug Users (IDU)	668

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