



**BASELINE STUDY (SEPT-OCT 2008)
IN FXB VILLAGE MANIPUR
FXB-INDIA SURAKSHA
MANIPUR**

**STUDY CONDUCTED BY
FXB INDIA SURAKSHA, MANIPUR**

**TECHNICAL SUPPORT
DATA ANALYSIS AND REPORT WRITING**

EXECUTIVE SUMMARY

With HIV/AIDS emerging as a critical public health emergency in Manipur, FXB launched its work in the state in April 2003. The first programme thus initiated by **FXB India Suraksha Manipur** was the Care and Support Programme for Orphaned and Vulnerable Children (**OVC**) in Imphal.

FXB Manipur Branch has been providing services to a total number of 319 Caregivers and 494 OVC with educational support, health care, skill training and vocational support in Imphal. The programme has endeavoured to empower and assist the most vulnerable children, prioritizing the criteria of getting the services. An empowered community, in the perception of the organization, is one which can see and perceive HIV/AIDS as a long term chronic disease instead of a death sentence.

However, the challenges faced in combating the threat of HIV/AIDS are very often as critical as the threat itself. The problem is complicated by the stigma and discrimination that are still rife in society. A large number of people living with HIV/AIDS hesitate to disclose their status due to fear of social isolation and discrimination.

Since the beginning of the year 2008, FXB India Suraksha Manipur branch is implementing a FXB Village Programme in the suburbs of Imphal town; consisting of Singjamei - ward number 15 -17 under Imphal Municipal Council and parts of Heirangoithong, Kakwa and Thongju villages. The project area is on both sides of National Highway Number 39, which connects Imphal with the Indo-Myanmar border town of Moreh, which is geographically very close to the notorious "Golden Triangle" (between Myanmar, Thailand and Laos) where more than 20 per cent of the world's heroin drug is reportedly produced. The project area has been identified as one of the worst hit drug addiction and HIV/AIDS spots in Manipur.

The key purpose of this study is to get a measure of the acuteness of this threat, as well as an insight into the wider perspective of the health and livelihood status of the sampled population and its consequent vulnerability to HIV/AIDS.

The study is primarily quantitative in nature and the information was collected through:

- ◆ Review of literature
- ◆ Primary survey among the people and several in-depth discussions with the community gate-keepers.

The following are the salient findings regarding critical conditions and behavioral and other practices that are relevant to the programme planners:

- ◆ **High level of incidence of HIV/AIDS**

Manipur is one of the high risk states and ranks third in the country in HIV/AIDS prevalence. The sampled population was no exception to this general rule, with as much as 12.18 per cent of the sampled population being HIV positive. There was even an HIV+ positive infant in the 0-1 age group. Women accounted for 144 of the 231 reported HIV affected cases among the 1,897 members of the sampled population. The figures are critical enough to merit grave concern and call for intensive coverage of treatment.

◆ **Poor socio-economic status**

An overwhelming majority of the families suffered from abject poverty, earning less than subsistence wages and surviving on meagre resources. Hence, these families need immediate and appropriate livelihood support in the form of vocational training for students and income generating options for non-students.

◆ **Poor access to government benefits**

Despite being desperately poor, not many families were found to have benefited from the slew of governmental schemes designed for the poorest of the poor. Although poverty was a crushing reality, a staggering 75.88 per cent of the respondents had not worked for a single day under the National Rural Employment Guarantee Scheme which is supposed to fetch people like them 100 days of paid work per year. Only two families were found to have worked for the full 100 days under this scheme. Few had heard of the Swarna Jayanti Rozgar Yojana and fewer still had benefited from it. The same went for the Janani Suraksha Yojana. A slender 38.38 per cent conceded to have benefited from the role of the council, indicating an urgent need for improved intervention on the part of institutions of self-governance.

◆ **Impacts of poverty**

The pathetic conditions of existence of the sampled population was evident from the fact that 72.81 per cent of the families claimed to be victims of food insecurity, while another whopping 40.57 per cent admitted to being compelled to discontinue medical treatment as a result of poverty. Other significant impacts of poverty were inability to procure adequate clothing, discontinuation of education, induction of women in degrading and low-paying work and child labour.

◆ **Alcoholism, drug abuse and promiscuity**

High risk behaviours like alcoholism, drug abuse and sexual promiscuity were found to be alarmingly common. The curse of alcoholism prevailed across all income categories, with 30.26 per cent of the families being prey to it. A sizeable 5.48 per cent of the families were also victims of drug abuse.

- ◆ A certain level of literacy as revealed in the sampled population might make it easier for NGOs as well as government bodies to devise improved awareness campaigns to combat the menace of HIV/AIDS.
- ◆ Indifference to health care facilities, manifested in the reluctance to regularly visit the local health centre, was another crucial factor contributing to the threat of HIV/AIDS.

Based on the salient findings, the following intervention strategies are needed to address the issues:

- ◆ Preventing the spread of HIV/AIDS both at the community at large and in the health care environment
- ◆ Promoting better understanding of HIV infection in order to protect and support those who are at risk of or vulnerable to infection
- ◆ Ensuring easily available and accessible treatment and support services for those affected by HIV/AIDS
- ◆ Ensuring that such services are efficient, effective and evaluated
- ◆ Mobilising and unifying intersectoral action, community initiatives and NGO/CBO support network for better co-operation among the participation agencies against AIDS
- ◆ Provision of accurate information and education to make people aware of and to protect themselves from HIV infection
- ◆ Campaigning for respect for privacy, human dignity and individual human rights
- ◆ Generating awareness to ensure avoidance of discrimination and stigmatization
- ◆ Promoting desirable practices, especially among the youth, such as staying away from drugs and alcohol, sterilization of needles/syringes, voluntary blood donation, condom use and avoiding multi-partner sex
- ◆ Helping the target group to avail of government schemes to improve livelihood options
- ◆ Providing improved income generating options to the target group through vocational training
- ◆ Minimising the impacts of poverty on the target group through effective implementation of government schemes such as Swarna Jayanti Rozgar Yojana, Janani Suraksha Yojana, etc.
- ◆ Provision of quality medical care, particularly at the government level
- ◆ Ensuring provision of social benefits and social support system for people with HIV/AIDS
- ◆ Strengthening existing livelihoods through upgrading skills or capacity building programmes
- ◆ Initiating new livelihoods through systematically identifying the local potential avenues and the local markets
- ◆ Mobilizing and organizing the target group in member based groups/self-help groups, etc. to provide self-employment through small scale and cottage industries
- ◆ Since women are the most vulnerable section, and also since more women are affected by HIV/AIDS, specific programmes should be designed for the social and

economic empowerment of women in general and those affected by the disease in particular

- ◆ Creating a helpful and supportive social environment in the community so that people who suspect themselves to be infected can come forward for voluntary testing and for seeking help so that can live peacefully with other members of the society
- ◆ Avoidance or removal of fear psychosis in the minds of the people.