

## **HIV/AIDS WORK ACROSS BORDERS**

### **Introduction:**

In India the HIV/AIDS epidemic is more than 15 years old. The national HIV prevalence rate has risen from 0.1 per cent in 1986, to 0.8 per cent in 2001 – an eight-fold increase in 15 years. Conservative estimates by the government say that perhaps as many as 4.5 million Indians are living with HIV/AIDS. In six states, more than one per cent of the population is HIV positive. Given India's large population, each 0.1 per cent increase in the prevalence rate would increase the number of adults living with HIV/AIDS by over half a million people. As elsewhere in the world, it is poor and marginalized people, and especially women, who are most vulnerable.

Oxfam's work on HIV/AIDS is being implemented through local Indian NGOs partners. This leaflet explores lessons learnt from working with one partner in the State of Manipur.

### **Project background**

The State of Manipur has many characteristics that make it a more vulnerable area for the spread of HIV/AIDS. It is on the fringes of the country and remains marginal, with little industry and high levels of poverty. This state is highly prone to conflict due to the existence of different extremists and ethnic groups. It shares a long and porous border with Burma (Myanmar). Beside legal cross-border commerce, the area is notorious for the smuggling of heroin and other goods. There is constant migration to and fro between the two countries, insurgent activity, and consequently a large military presence. Drug addiction is a serious problem and the commercial sex industry is prominent. Women, many of them refugees or those displaced to the border from further inside Burma (Myanmar), have little power to negotiate safer sex with partners or clients. The conditions are all present for the spread of HIV/AIDS.

### **Programme**

The Centre for Social Development (CSD) is an Oxfam partner which has been working on development, drug addiction and HIV/AIDS in Manipur for over a decade. It has become apparent to CSD that there are at least three major areas of work which overlap and which need to be tackled at the same time:

1. Cross-border co-operation: Work has to follow the flow of people and goods, especially drugs, to and from one country to another. It cannot stop at the border.
2. The participation of women in all aspects of programme planning and implementation is crucial, however difficult that is.
3. Divisions among communities in the State have been born out of poverty, marginalisation and conflict, so maintaining a collective voice for rights and justice is difficult.

CSD works in the Indian border town of Moreh and initiated an NGO forum there to help NGOs working on HIV/AIDS to co-operate to greater effect. But CSD's main focus has become cross-border work. It has formed links with church groups working

in Tamu, the town on the Burma (Myanmar) side, through the Tamu Council of Churches.

The result is that now church groups working on both sides of the border can offer similar assistance to vulnerable people. The beneficiaries of the programmes include intravenous drug users, people living with HIV/AIDS and their families, widows of AIDS sufferers, sex workers and their clients, migrant labourers and also young people in general.

The programmes promote condom use and ensure the availability of affordable condoms, they tackle stigma and discrimination, prevent and treat sexually-transmitted diseases, and increase awareness among young people. They have also introduced safer injecting practices, whereby disposable needles and syringes are distributed and used ones collected. They provide home-based care and support for people who are infected and their families.

Finally, networking and advocating with local authorities are essential parts of the programmes, in order to ensure that government services are delivered more effectively, and that policies are changed.

All the programmes include senior female staff. A traditional and influential form of women's organisation exists in Manipur, called *Meira peibi*, and the programme works with more than 50 of these groups. Several organisations specifically assist widows through income-generating projects and vocational training.

## **Impact**

### **Lessons learned**

The main impact has been a positive change in attitude by a wide range of important actors - government officials, law-enforcement bodies, religious organizations, schools, and communities themselves. This has improved services, and greater acceptance is helping people living with HIV/AIDS to have a better quality of life, and to reduce risky behaviour practices.

- The dialogue with Myanmar Church Council resulted in them initiating activities in Tamu area in collaboration with the existing church network called the Tamu Council of Churches (TCC).
- Myanmar Council of Churches started began financial support to TCC in HIV/AIDS intervention programmes. The church body conducts programmes on HIV/AIDS in Church premises
- Moreh, the border town of Manipur was a neglected area in terms of HIV intervention activities, now Manipur AIDS Control Society has started intervention in the area.
- Changes in health service attitude. For example, the Moreh Primary Health Centre is now co-operating with the programme. It has become easier to refer patients to the centre.
- A Single Women Forum is actively working among the members who are widows of people living with HIV/AIDS.

- School awareness and prevention programmes – such as essay and painting competitions – have become an entry point for HIV/AIDS prevention and behavioural change communication amongst youths and school students.
- The government North-east Council started to incorporate HIV/AIDS in the development programme of the North East region.
- There is now more involvement of volunteers, peer-educators and CBOs, in the outreach services.
- We've seen the formation of locally-based people and organizations for sustainability of harm-reduction activity in the project area.
- And co-operation from law-enforcement groups, including: Border Security Force, and Assam Rifles in the intervention programme.

## **Programme challenges**

The potential scale of the HIV/AIDS epidemic in India and in Myanmar is so huge – and particularly in the danger areas like Manipur, that current responses, while improving, still seem singularly inadequate. In particular, the conflicts which plague the region need to be resolved, as they create a vicious circle of poverty and vulnerability, particularly for women and girls, which saps collective efforts to solve problems.

## **Conclusion**

There need to be greater efforts to enable stakeholders to come together; to develop capacity; to create, replicate and scale-up model interventions and strengthen research and documentation. The views of those infected and affected by HIV/AIDS need to be brought strongly and directly to the attention of policy-makers. Conflict resolution and border security require greater efforts and joint initiatives by both governments, with genuine respect for human rights.