



RBI leads from the front on HIV/AIDS policy

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MUMBAI, JULY 15: Setting an example, the Reserve Bank of India has enunciated that its employees have the right to confidentiality about their HIV/AIDS status and are not obliged to inform the management about their HIV/AIDS status.

"Information of an employee's HIV status shall be kept confidential and shall not be disclosed to any other person without the employee's consent," pronounced RBI in its HIV/AIDS workplace policy statement issued on Friday. "As the central bank of the country, it also seeks to catalyse similar enabling conditions in the banking industry and indeed the country as a whole," said the policy document.

Further, the central bank has said that there will be no pre-employment HIV/AIDS testing in RBI. "The bank will support and promote the provision of Voluntary Counseling and Testing (VCT) to employees with regard to HIV/AIDS," assured the RBI.

The bank will sensitise all employees regarding issues related to HIV/AIDS and also provide information and education on ways of preventing and controlling it. RBI will also set up a

committee/s to implement the HIV/AIDS policy, look into related issues, evolve programmes and assess/suggest policy changes from time to time.

RBI employees living with HIV/AIDS shall be afforded the same rights and privileges, and will have the same obligations, as all other employees. Also employees will not be discriminated against in terms of employment or advancement in employment, on the basis of their actual or perceived HIV/AIDS status.

Employees with HIV/ AIDS will be managed in the same manner as those with any other progressive or debilitating illness.

The apex bank has said it has an enduring commitment to being alive and sensitive to the social, health and ethical issues confronting its employees and their families. The RBI, the statement said, recognises that HIV/AIDS is not only a health problem, but also an issue that impacts productivity and well being of individuals in the workplace.

RBI's response to HIV/AIDS provides the broad framework to handle workplace and other related issues concerning the staff and their families as well as situations that arise in the context of HIV/AIDS.

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capacity building of NGOs. Through capacity building of NGOs, prevention of substance abuse as well as the treatment quality can be enhanced. We are covering a large number of NGOs, not only in Nagaland but also in Arunachal and Meghalaya. We also feel that providing knowledge and providing skill is important both for prevention and treatment. We feel that there is a need to create environment for these people and for this we are doing a lot of advocacy at different levels and for the sustainability. The feeling of community ownership is also important.

VKJ: Do you see some ray of hope from Community participation?

JA: Surely, community participation is coming up. There is a place called Tully in one of the districts of Nagaland. The community has got very strong hold on the behaviour of individuals. They use to catch drug abusers beat them up, put them up into the prisons, community prisons. They keep them in prison for three months for first offence. Second offence they keep for six months, and for third offence they keep the drug abusers for nine months in the prison.

We visited this place and started working with organisations with this message. One of the NGOs went back and began to create drop-in centre. They began to create not only

awareness but they began to involve the community in taking care of the drop-in centres. The community leaders came forward, and promised to give a building to use as drop-in centre, free of charge. Today there is no more community jail but those who are using drugs are referred to drop-in centres and from drop-in centre they are referred to treatment centres.

KD: In Mizoram also there is one community, which can set an example. They first catch the drug user and seller. First time they give a warning. Second time they give counselling and third time they send them to the centre. So they give chances but if nothing works, they just send the offender to the jail or to the centre.

KN: We have a drop-in-centre in Phiphama, which is somewhere between Mocco and Kohima. This area is too religious and so we had a meeting with the community leaders of this area and we sensitised the community leaders. Subsequently, a camp was organized where the community mobilized the youth as volunteers to look after the camp. The community provided all the accommodation, food and other necessities. We, from the NGO provide the technical support, the counsellors, the nurse and the doctors. We detoxified around 30 persons at the camp and now they are back to their work. Some of them are working in the field of drug abuse prevention.

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From the *Director's Desk...*

SOCIAL

Dire Peril of Drug Abuse in North East

In the North-East, Manipur is reported to have the highest density of HIV infected people in the country. According to the statistics of Manipur AIDS Control Society, the state has around 16000 HIV positive people and above 2,800 victims have already contracted AIDS. Till 2004, over 300 people are reported to have died of AIDS in the state. The number of estimated drug addicts in the state has increased up to 50,000 out of which 20,000 are reported to be injecting drug users.

Union Health and Family Welfare Minister Shri A Ramdoss also confirmed the same as he said that Manipur and Nagaland are among the "high HIV/AIDS prevalence" states while Arunachal Pradesh and Mizoram are termed "vulnerable". India has 5.134 million HIV patients, where, till March this year, 103,857 cases are said to be of full-blown AIDS on the last count. Statistics of the National AIDS Control Organisation (NACO) reveal that 1,114 people died of AIDS during 2004. Over 69 percent of the infected population belongs to high prevalence states of Tamil Nadu, Maharashtra, Karnataka, Andhra Pradesh, Manipur and Nagaland.

But the pattern of infection is distinctly different in the North East. While in 86 per cent of the cases of HIV infection in other parts of India, the transmission route is sexual, in Manipur, about 72 per cent of the cases originate from sharing of needles and syringes by injecting drug users, as per a source from Kripa Foundation, a leading anti-addiction centre in Manipur.

Precariously located adjacent to Golden Triangle of Myanmar, Thailand and Laos, North East

region becomes rather vulnerable to thriving market of drug trafficking. The easy availability of heroin and other illicit drugs in the region are responsible for such a high addiction rate in this region, especially in Manipur. Apart from the conventional stuff such as ganja, alcohol and opium, pharmaceutical drugs like spasmoproxyvon, phensedyl and other cough syrups, nitrazepam, dextropropoxyphene and buprenorphine are increasingly being used by the addicts in this area. The young ones initially start taking drugs orally and later for greater "kicks" shift to injecting with needles shared by multiple users at a time presenting congenial environment for HIV transmission among the users. If Manipur is identified as a high-incidence zone for AIDS, Mizoram has hit the headlines in newspaper for the death of more than 940 youths because of drug abuse since 1984. However, the HIV/AIDS pandemic has no longer remained confined to drug users only. It has found innocent victims in their spouses and children creating a real menace for the people of North-East India.

The current issue focuses on North East. For intensive and forceful intervention in this area NISD has got three RRTCs working in this region. We bring a round table discussion on various facets of the problem in this issue of "Social Initiatives" in a bid to raise the concern of stakeholders for the region. I hope you would find this issue as useful and informative as always. Do send your feedback for content enrichment and value addition to our effort.

Satyendra Prakash

Satyendra Prakash

INITIATIVES



Regional Consultation on Assessment of Available Interventions and Need for Services for Child In Need of Care & Protection



A Memorable Moment



Workshop on Beggary Prevention



Regional Consultation on Assessment of Available Interventions and Need for Services for Child In Need of Care & Protection



The two-day Regional Consultation was inaugurated by Shri L. Nandakumar Singh, Hon'ble Minister for Health, Govt. of Manipur and Smt. W. Leima Devi, Hon'ble Minister for Social Welfare, Govt. of Manipur at State Guest House, Imphal. The other dignitaries present on the occasion were Shri J. S. Kochher, Director (CW), Ministry of Social Justice & Empowerment, (MSJ&E) Govt. of India, Dr. Binod Kumar Sharma, Project Director, Manipur State AIDS Control Society, Mr. Nabachandra Singh, Director, Dept. of Social Welfare, Govt. of Manipur, Ms. Sheema Sen Gupta, Consultant, Child Protection, UNICEF India Country Office. Furthermore, the participants of the consultation included representatives of State AIDS Control Societies, Department of Social Welfare, Department of Women & Child Development, Regional Resource and Training Centres and NGOs from the selected northeastern States.

The consultation got off to a befitting start with orphans and destitute children from Integrated Women and Child Development Centre (IWDCD), Imphal presenting a song in the honor of distinguished guests and participants attending the consultation.

Shri J. S. Kochher, Director (CW), MSJ&E Govt. of India, in his welcome address said that of the two major chapters dealing with 'children in need of care & protection' and 'children in conflict with law' in the Juvenile Justice (Care and Protection of Children) Act 2000, it was the former that needed greater attention as of now. Children in need of care & protection covers orphans, children having parents but not in capacity to look after them, children infected and affected by terminal disease such as children infected by HIV/AIDS etc. The assessment study aims to find out available services and gaps to formulate a Plan of Action for further course of action by MSJ&E in collaboration with UNICEF, he said. This first Regional Consultation was a step further in this direction to consider the Interim Report and other initiatives especially with regard to drug menace in the North East to help formulate an effective Plan of Action that sought to integrate the twin issue of Child Protection and Drug abuse.

Underlining the natural link between Drugs and HIV and its impact on children, Mr. Kochher urged that emphasis on

increasing the capacity of families be laid so that the lives of infected parents are prolonged and families are strengthened, the family remains as cohesive unit and children are protected. Thus, attention must be focused to strengthen a framework of creating a socio-economic environment enabling the vulnerable to HIV/AIDS to protect themselves along with ensuring care and support to the children, he added. To achieve a reasonable success, he highlighted the role convergence among other concerned agencies including State AIDS Control Societies (SACS), State Governments, voluntary sector and community at large.

Talking about the perspective of UNICEF India Country Office on the assessment activity and the regional consultation, Ms. Sheema Sen Gupta, Consultant, Child Protection, UNICEF highlighted that the Child Protection Section and HIV/AIDS Section of UNICEF is collaborating with various Ministries/Departments in its efforts to facilitate development and implementation of strategies and programme for Children Affected by and Vulnerable to HIV/AIDS (CAVHA)- the new terminology for children infected and affected by HIV/AIDS. As a result a "Task Force" has been constituted for formulating a national strategy and suggesting actions for dealing with issues related to CAVHA. She hoped that the findings and recommendations of this Regional Consultation would help the Task Force in its task.

Addressing the gathering, Shri L. Nandakumar Singh, Hon'ble Minister for Health, Govt. of Manipur felt that the regional consultation was appropriately timed as children were at the receiving end of the twin epidemic and Manipur was the epicenter of the problem in North-east threatening public health and welfare of the people of the state. Emphasizing the need of the effective implementation of the JJ Act 2000 by the State government and voluntary sector, he appreciated the initiatives taken by the central government and different Ministries of Central government. The Hon'ble Minister felt that there was a need to rectify problem of inconsistency in the ongoing free ART programme and lack of pediatric formula.

Smt. W. Leima Devi, Hon'ble Minister for Social Welfare, Govt. of Manipur opined that the absence of a scientific study or database on the issue of children affected by drug



abuse and HIV/AIDS was proving a hindrance in framing programmes and policies. Lack of resources of the state posed further setback in handling contentious social issues. She hoped that the findings and recommendations from this regional consultation would prove invaluable in understanding and finalizing policy programmes for the preventive interventions and rehabilitation of the vulnerable children who were infected and affected by drug abuse and HIV/AIDS.

In the next session, Mr. Pravesh Kumar, Consultant, NISD-UNICEF presented a brief background of the activity and findings of the 'Interim Report' drafted on the basis of secondary and primary data collected from various sources which highlighted the scenario of HIV/AIDS and Drug Abuse amongst children in the country with special focus on the four selected North-Eastern States. Shri J. S. Kochher, Director (CW), MSJ&E observed that the respective State AIDS Control Societies needed to revalidate the data in order to make it more authentic.

After the individual presentation, the State-wise presentations followed from SACS, Department of Social Welfare and NGOs. The main source of HIV spread in most of the northeastern States was reported through Intravenous drug use and amongst children the mother to child transmission was reported as very high due to the vulnerability of parents to HIV/AIDS. The presenters reported that stigma and discrimination was high in their States, which needed to be dealt with as these increased vulnerability of children.

Almost all the States agreed that the infrastructure to address the needs of children affected by drug abuse was lacking in their respective States, which was the major



Northeast Scenario of Drug Abuse and HIV/AIDS

The northeastern region accounts for less than 3% of nation's 1 billion plus population while it is home to more than 30% of the country's total intravenous drug users. The number of injecting drug users in the northeast is more than 2 lakh, a majority of whom are believed to be infected with HIV/AIDS. More than half of the drug users of the region are in Manipur alone.

In terms of HIV infection, northeast region alone has a total number of 1.01 lakh HIV positive people with more than 20,000 injecting drug users, raising serious concern about the spread of the disease through injecting drug use. Sharing of needles by drug users in the northeast rather than promiscuous sex has led to a quantum increase in the number of AIDS cases.

Drug use is a powerful source of stigma and discrimination, and people who have acquired HIV through injecting drug use face a double stigma. They are marginalized and discriminated against on the basis of their drug use as well as their HIV status. They may also face stigma and discrimination on the basis of their race or sexual orientation. Therefore, for many, drug use is often inter-related with discrimination, lack of economic and social empowerment, and minority status.

reasons behind non-availability of child specific services. They agreed that there was hardly any programme directly addressing the needs of children affected by drug abuse and HIV/AIDS. Further, the presenters also felt that even the available interventions run by State AIDS Control Societies targeting the high-risk populations are urban-centered, therefore there is a need to expand the coverage of programmes/ interventions in order to reach the un-reached. The need for providing comprehensive health care services through child specific centers in the northeastern States was also expressed.

By the end of the two day Regional Consultation, the group came up with State-specific set of recommendations for catering to the needs of children infected and affected by HIV/AIDS in their respective States. These recommendations are being included in the final report on the activity, which will be published in near future by MSJ&E, NISD and UNICEF. The second Regional Consultation on this activity is planned to be organized on 1-2 September 2005 at Hyderabad covering remaining key states like Andhra Pradesh, Karnataka, Kerala, Maharashtra and Tamil Nadu.

In the end of the two day Regional Consultation, Shri J. S. Kochher, Director (CW), MSJ&E and Shri Satyendra Prakash, Director, NISD assured participants for taking up their recommendations with concerned Government departments as well as International bodies for developing a Plan of Action for effective implementation.

ROUND TABLE

The problem of drugs and substance use is becoming a big threat for us particularly because it involves more and more young people. The number of

drug users has increased tremendously during the past years, especially in North-Eastern States, which borders the Golden Crescent, one of the most important opium growing zones in the world. The North-East falls on the transit zone of international drug trafficking. Though keeping in view the intensity of the problem of drug use in these regions, three Regional Resource and Training Centres (RRTCs) have been set up by the Government, the situation remains grim. To discuss the situation, strategy and the areas of intervention in this regard Consulting Editor **Mr. Vagish K. Jha** organized a round table with some eminent experts working in this region. The participants of the round table included **Dr Joyce Angami**, Chief functionary, RRTC, North-East-II, **Mr. K Dharthanga**, Chief Functionary, RRTC, NE-III, **Mr Khriebu Nakhrd**, Coordinator, RRTC, NE-II and **Mr. Varte Varthanpuji**, Coordinator, Mizoram Social Defence & Rehabilitation Board. Some excerpts:

VKJ: It is a well-known fact that the North-Eastern states of India have a massive problem of injecting drug users. But understanding the historical background of this problem is important.

Joyce Angami (JA): In early 70s drugs, heroin, began to come to this region. There was a crackdown on smuggling heroin. In order to not to 'waste' the drug they started finding the quickest way to save expenditure and they started injecting because by this method this costly stuff is not lost through the fume as it does in 'chasing'. At the same time the Government had put a blanket ban on the sale of the syringes over the counter. This led to sharing of needles and syringes. Moreover, due to the scarcity of heroin, drug users switched over to other substances such as pharmaceutical drugs like Spasmo-proxivone. Initially they started taking it orally but then they realized it gave much higher kick, if they injected. That is how they switched over to injection. All these have led to such a high number of drug users in this area.

VKJ: Apart from the geographic location, which we can't do much about, how do you look at the situation in the North-East?

JA : The nature of challenge is obvious as we have a very high number of drug users in this region. The situation gets further complicated because of the hilly terrains making the communication difficult especially in the hinterland. The third aspect is the financial constraint, which restricts our frequent visits to all the areas. Further, in the state of Arunachal, we have a big problem of Opium use and pharmaceutical drug use. Until today there is no functional de-tox or rehabilitation centre. So, we are trying to motivate local NGOs who are

actively working with drug-users. We are trying to set up rehabilitation centres with the help of the State Government in two areas - one in Itanagar and other in Jaglan District.

K. Dharthanga (KD): The challenge in Mizoram is serious. Male drug abusers are increasing. Though abstinence treatments are there still they are injecting drugs. They have been out of their schools, out of their jobs and out of their family. That is why the challenge is hard.

Varte Varthanpuji (VV): Though there are Rehabilitation Centres in Mizoram physical, spiritual and mental needs of the addicts have to be balanced to achieve full abstinence. People working in the centres are mostly the recovered addicts. They don't have any prior training and they work only on the basis of their experience. It creates problems in working systematically. The same situation exists in Nagaland and Manipur also. However, only experience is not sufficient, they need more education to work in this sector.

JA: Another issue is that Nagaland has got just five rehabilitation centres which have 15 beds each. In relation to the magnitude of the problem, this number is too small. We need more and more training for the people in the treatment centre so that they can provide quality service. Follow-up of the recovering drug addicts is another challenge. As they come from different areas, follow up becomes very difficult for us. All of them don't recover in one place. Usually they go back and form self-help groups. We need to help them to stay sober and to prevent relapse.

VV: Also, most of the centres in Mizoram are in and around its capital Aizawl. There are very few other centres that are scattered in other districts and some remote villages. Thus, for the people who are staying in far-off villages, it is difficult to access the treatment centres; they have to come all the way to Aizawl or to the district head quarter. In addition, We have only one after-care centre in Mizoram for the whole state. This also came up when one of the government Rehabilitation Centres was converted into after-care centre.

Now when a person comes out from the centre he has a feeling that he is now having a free life. But when he goes back into the society he doesn't have anything to do, anything to keep himself busy. That puts him back to square one. That's why the relapse cases are high.

JA: The situation is same in Meghalaya. A lot of heroin and injecting drugs is being used there. Other challenge is that we have lots of young widows whose husbands were alcoholic and have died. It is sad that most of these young widows are selling liquor on the roadside on the highway. They are serving the truckers as well.

VKJ: North-East is perceived as a society where women have lot of power and they are socially strong. Instead of becoming champions of anti-liquor movement they are sucked into that. How do you look at the empowered woman of North-East as your partner in progress?

JA: Women are strong in holding the family together and trying to help the society to rebuild in so many ways. Because of the tragic cases they had to come out to protect their home and to protect their society and community. For example, we have got Naga Mothers Association. When drug invasion came into Nagaland in early 70's, they didn't know what is drug abuse. They only knew of the alcohol.

For the people staying in far-off villages it is difficult to access the treatment centres; they have to come all the way to district head quarters.

very powerful. So how did the things go out of hands of these institutions?

JA: Unfortunately, because of the political situation there has been a lot of upheaval of the family and traditional societies. You've to know the history of our state in order to understand this. The whole family system is uprooted. People have moved from one place to another. They have left their villages and settled in towns and cities for their livelihood and education. In cities, there is none to take care of them and they have the freedom to do as they like. When the security of home and the traditional set-up were disrupted, money became a very important consideration. This transition has affected the youth and the family system.

VKJ: In tribal societies you have had so many traditional avenues. Why have they ceased to exist?

JA: They have ceased to exist primarily because of the law and order situation that we have faced a few years ago. All the shops shut-down by 4 o'clock and the young people do not have any other recreational facilities over there. Majority of our young people have moved away from the traditional village set-up where there is closeness of community feeling, where young people are taught the skills of life. When all these things are not there the only form of recreation is through drug use. Once they began to take drug, the primary focus is on, how to get drug, where to use it, how to use it, they are all preoccupied by that. The traditional system has broken down because of all these problems. We have also political disturbances that have affected majority of our traditional system and way of living also.

KD: We have to engage our youths, in a constructive way. It could be in sports, or other social activities, so that they are drawn away from drugs.

JA: The reason why most of the young people are getting into drugs is because they see others using drugs - the peer-pressure. They want to experiment, this is very natural. It is because proper education has never been imparted- neither through school nor through churches or through parents. Some people are of very shy nature. They don't have ability to face community, older or their friends. Once they experiment with drugs, they realize that they are now able to face. Another reason is that, because of the disturbed political situation that we have had, very little recreational facilities are

When they realized that drug is destroying the family, the children, the loved ones, they formed the Naga Mothers Association to address this issue.

Another reason for drug abuse is economic. To sustain the family, drug peddling is the easy way out. Economic reasons have driven them to indulge in such activities.

VKJ: Family system, traditional societies and some of the traditional institutes and mechanisms are very strong. One expects that these institutions will be

available for our young people. This is the big challenge for government to create facilities where young people can be gainfully employed and usefully engaged.

Khriebu Nakhrd (KN): There are various reasons for the youth falling prey to drugs. One could be the whole political scenario and the other is the family system as discussed earlier. We discussed about peer pressure and curiosity. A person from a healthy family system could be able to overcome the peer-pressure or curiosity. Also western culture, media and Internet are influencing the young people.

VKJ: In this kind of scenario what is your strategy of intervention?

JA: We felt that in North-East we have a very strong church presence and it is a platform that could be used to try and address some of the issues. Every Sunday, we have Sunday school teachers who are trying to make aware the masses as to why young people get into drugs. The Church is trying to create recreational facilities like sports and music so that young people's interest and energy could be tapped. Secondly, the Department of Youth and Sports is becoming more and more aware of the need to create facilities for our young people to be engaged in healthy activities for body and mind. A few football team are coming up and other sports related activities are also being introduced. *Bharat Scouts and Guides Movement* could be a good way of not only building a young person but to make them responsible citizens. We are trying to promote that in school education, as a part of the curriculum. We are also trying to introduce NCC at school level.

VKJ: From the point of view of drug abuse prevention what are your specific targeted interventions?

JA: Actually, this is a three-pronged attack. The first is prevention through education, awareness and involvement of young people in events such as the International Day against Drug Abuse and Illicit Trafficking on 26th June. The second is Treatment by trying to help the treatment centres to deliver quality service. And thirdly, to help the community to know in what way they can contribute in stopping drug abuse. They have a part to play in creating awareness about it. Moreover, we help people to stay away from drugs and lead a sober life by trying to create social integration, back into the community and society by giving them vocational training, by helping them to have a skill with which they can go back into the community and become a useful part of the community.

VKJ: Tell us something more about the interventions in Mizoram.

KD: We have almost the same kind of intervention, because we both are Christian states. In Mizoram also we are asking the church to give create awareness. We have covered Aizawl and all the districts in the advocacy and awareness programme and now it has been spread out to the villages. The village churches and Young Mizo Association are trying to do something. This year has been declared the year against Drug Abuse and Illicit Trafficking. Young Mizo Association is taking actions regarding the illicit trafficking of drugs and for helping the drug abusers. On our part, we are giving awareness as well as training for those people. We are working very closely with RRTCs, Church, YMA, and other NGOs. All of us are working together discussing the issues and deciding how to go about the strategies.

KN: Both treatment and prevention are two sides of the same coin. At the RRTC we are making a lot of effort in

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Manipuri Women : Facing the challenge of HIV bravely

From a situation with the highest concentration of HIV-positive patients because of injecting drug users (IDUs), Manipur is fast acquiring the reputation of being a state that may have the most number of women HIV/AIDS patients. Officials of the Manipur AIDS Control Society (MACS) say that the prevalence rate among the IDUs in the state has gone down to 21 percent in 2004 from an all-time high of 72.78 percent in 1998 but during the same period the prevalence rate among pregnant women has gone up from a mere 0.45 percent in 1995 to an alarming 1.66 percent in 2004. In Manipur, nearly one-sixth of the 20,000-odd cases of reported HIV-positive people are women. A majority of them have acquired the dreaded virus from their husbands. But thanks to a growing awareness in society and

positive. But today, they are not afraid of proclaiming their status; they are even ready to face the camera. The resilience shown by them in taking life and society's prejudices head-on is remarkable", says Annie Mangsalabam, Secretary of IWCCDC.

Organisations like IWCCDC have played a significant role in empowering women in Manipur. Under IWCCDC's guidance, HIV/AIDS-affected women have formed a self-help group called Apunba Pangalni to impart skills. "We run a small catering business, do a lot of knitting, make special Manipuri bridal wear (for hire and sale) to earn our livelihood. We make enough money to have a corpus fund and a small amount of money is set aside for giving out loans to our members", says Imotombi.

with MACS.

Some NGOs feel that the planners and policy-makers are concentrating too much on IDUs as a cause of infection. "The real reason why HIV/AIDS is spreading is because infected men are infecting women and vice-versa and through cross marriages and casual sex. When people are under the influence of drugs and alcohol, a lot of casual sex happens," points out an anti-AIDS activist.

Easy availability of drugs in Manipur is not surprising since the state is on the transit route of the 'golden triangle' border areas of Thailand, Myanmar and Laos. A lot of purest grade of heroin, locally known as No. 4, is supplied every day to the markets of North America and Europe via Manipur. Some of it gets left behind in the state, creating in its wake drug addicts at all levels of society from the teenaged student to a married man; from a young girl who does it for kicks to a wife who gets addicted because of her husband's addiction.

Laudable efforts of organisations like IWCCDC notwithstanding, Manipur has a long way to go before it can control the HIV/AIDS affliction plaguing the state. Till then, the struggle of the valiant women is a pointer that all is not lost.

Based on a report by Nitin A. Gokhale from Imphal

Three-day State Level Training Programme for Police Officers of Special Juvenile Police Unit of Kerala State at Ernakulam, Kerala

National Institute of Social Defence organized a three-day State level training programme on Implementation of Juvenile Justice (Care & Protection of Children) Act, 2000 for 36 police officers of special juvenile police unit of Kerala state at Ernakulam, Kerala, from 23rd to 25th July, 2005 in collaboration with Directorate of Social Welfare, Government of Kerala.

concerted initiatives taken by several NGOs, many brave women are no longer afraid of declaring their HIV-positive status.

Imotombi is barely 26 and mother of three children. Her husband, a carpenter, infected her with the HIV virus and is now on his deathbed. Finding no other alternative but to support the family, Imotombi stepped out of the house. Today she is part of a group of 60 HIV-positive women who work at the Integrated Women and Child Development Centre (IWCCDC) in Imphal to earn their livelihood. "Earlier, these women were doubly stigmatised for being a widow and for being HIV-

"Our greatest concern these days is the rising rate of mother to child transmission in Manipur. This is a serious cause for concern because the transmission of HIV/AIDS from mother-to-child means that the epidemic is spreading among the general population and also infecting new-born babies who inherit the virus from their parents for no fault of theirs", says Dr. Priyo Kumar, UNICEF consultant, working

Letter to Editor



From: Sampi Sampi <samachen7@sify.com>
To: Suneel Vatsyayan <vsuneel40@yahoo.com>
Date: Wed, 13 Jul 2005 06:46:58 +0500 (IST)
Subject: Re: Small step

Dear Suneel,
Thank u for sending the NISD news letter which help me in understanding Traditional Therapy for De Addiction.
Fr.Sam

A Memorable Moment

It was a memorable day for the people of Leh, Jammu & Kashmir. For the first time a Camp was organized for the distribution of assistive devices on 15-16th June, 2005. Nearly one thousand persons from remote and interior village of Leh had gathered to be a part of this special occasion.

Hon'ble minister of Social Justice and Empowerment gave away assistive devices to the needy people and received in fathomable love and blessings of the people. She was



accompanied by the Secretary and Addl. Secretary, Ministry of Social Justice & Empowerment of this occasion.

Workshop on Beggary Prevention

A half-day workshop on Beggary Prevention was held at NISD on 14th July 2005. It was a follow-up action of the meeting held earlier on 20th June 2005. Chaired by Smt. Jayati Chandra, Joint Secretary (SD), Ministry of Social Justice and Empowerment many eminent experts, academicians, representatives from various Ministries/Departments of Central and Delhi Govt. participated in the workshop along with Delhi Police and NGO representatives working on the issue.

Delivering welcome address Shri J. S. Kochher, Director (CW), MSJ&E introduced the issue by highlighting the objectives of the workshop. The aim was to devise strategies for beggary prevention and for doing it was important to understand the origin of the problem, he said. Though the Ministry of Social Justice & Empowerment has been taking steps from time to time in this regard it would be of great help to know gaps and lacuna in services to make intervention more effective, he further added.

Smt. Jayati Chandra, Joint Secretary (SD) sharing the perspective of the Ministry on beggary prevention felt beggary is within the purview of State Governments and they have adequate resource to deal with the subject. However, now this perception has changed and MSJ&E understands that handholding would be required to get the State Governments taking initiatives on beggary prevention. Referring to the 9th Five Year Plan, she mentioned that there was a scheme on Beggary Prevention initiated by the Ministry of Social Justice & Empowerment, which had no takers because of which it was later done away with. If a need was felt the Ministry would be willing to initiate action in this regard. Beggary would need serious and sustainable efforts. She urged the participants for pinpointing the gaps in services so that an effective strategy can be developed to deal

with the issue in stepwise manner. The discussion that followed brought up some important issue that are as follows :-

- Beggary is everyone's problem and beggary's participation is required in developing any intervention; Beggars should be empowered to question the responsible agencies and they should be part of the development of plan of action for their rehabilitation;
- A head count of beggars done by Department of Social Welfare, Govt. of Delhi indicate that almost 90% of the beggars are from outside Delhi, which is a major problem in their rehabilitation; Providing rehabilitation services to old and infirmed beggars is a difficult task; Outstation beggars to be provided with some stipend and some place to live;
- 15-20% are professional beggars as begging is quite lucrative; Legislation has to be firm with professional beggars, Anti social groups using children and other people for the purposes of begging should be punished strictly, however there is no one to complain that he/she is being used by a group/individual for the purposes of begging. Between 2002-03 and 2003-04 there was not a single complaint case in Beggar Court of Delhi reporting that someone was forcing a person to beg;
- There is a need to have a comprehensive study done on the subject, which should not look at them as statistics but should come out with strategies for effective rehabilitation; Beggars should be part of the study conducted on them so that facts and figures come from them. Information technology can also be used to increase their involvement. All this would facilitate in conducting a field based study;
- There are plenty of law and legislations in the country but there is lack of implementation of

these laws; Bombay Prevention of Beggary Act, 1956 treats begging as a crime. Beggars are to be apprehended by police and designated officers of Social Welfare Department; Bombay High Court had constituted a committee of judges and lawyers to review the provisions of Bombay Prevention of Beggary Act, 1956. The committee in its report has term the Act as useless;

- Government and NGOs are doing a lot but the output is not substantial, which necessitates that a plan of action is developed and effectively implemented; Burden cannot be shifted on NGOs, the Government should take the responsibility and setup a special agency for the implementation of the law. Government should give priority to the human problems rather than focusing on other issues like infra structural developments alone;
- Organized beggary need not to be addressed by any other law separately as it has already been dealt with under IPC; Institutionalization of beggars' rehabilitation should be a last resort;

After the discussion on the above issues at length by the participants during the workshop the group came up with following broad recommendations:

1. Non-institutionalization of beggars' rehabilitation
2. Constitution of a task force for developing plan of action
3. Comprehensive study to understand the profile of beggars and understand the genesis of the problem
4. Strengthening social security system to prevent destitution and help reduce incidence of beggary