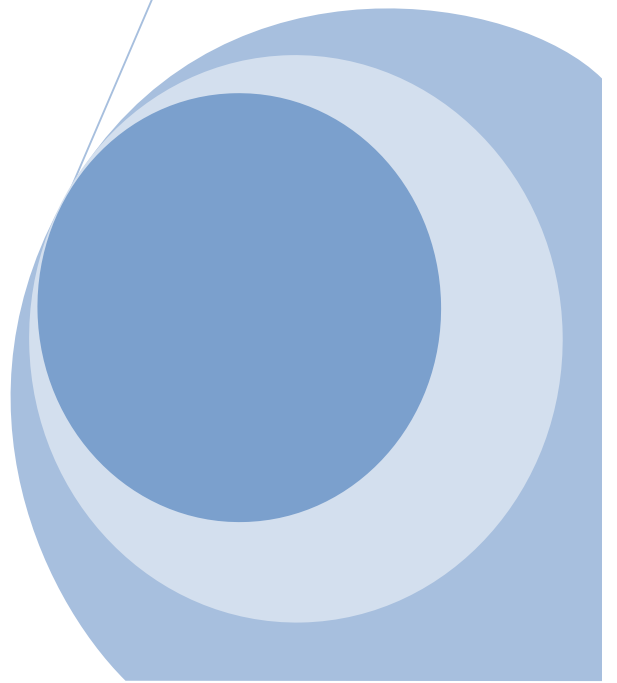
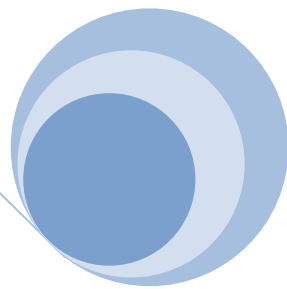
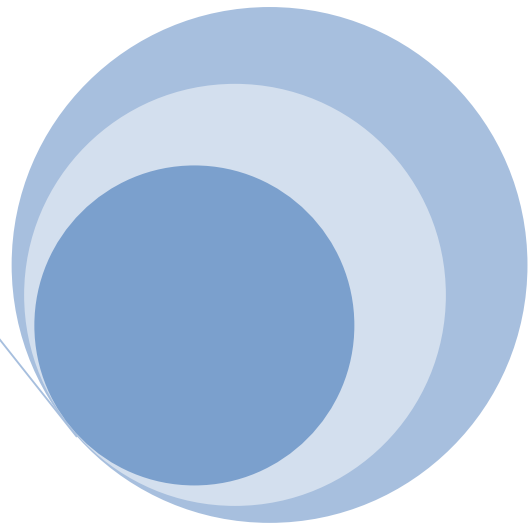


Manipur
State
AIDS
Policy

2010



Chapters

1. Introduction
2. Objective
3. Manipur state AIDS policy Initiative
4. Policy on multi-sectoral action and programme management
5. Policy on IEC
6. Policy on Mainstreaming
7. Policy in AIDS education in school, colleges and University
8. HIV/AIDS Training for services policy
9. Policy on HIV antibody testing
10. Policy on Blood Safety
11. Policy on Medical Care and Counseling services
12. Policy on HIV/TB Co-Infection
13. Policy on Drug De-addiction
14. Policy on Targeted Intervention(TI)
15. Policy on special provisions for Prisons
16. Policy on social service provision
17. Policy on contact tracing and mediation service, Technical working group and technical consultant team
18. Policy on training, workshops and research and appointment
19. Policy on certain prohibition and protection
20. Policy on Establishment of health Ombudsman, Court or Tribunal
21. Policy on provisions to be provided to the HIV+ people and AIDS patients
22. Policy on Bilateral and International Cooperation
23. Policy on Monitoring and evaluation policy
24. Policy on Miscellaneous provisions

ABBREVIATIONS

AAY	Antyodaya Anna Yojana
AIDS	Acquired Immunodeficiency Syndrome
AIR	All India Radio
ART	Anti-Retroviral Therapy/Treatment
ARV	Anti-Retroviral
BSEM	Board of Elementary and Secondary Education, Manipur
CBO	Community Based Organisation
CCC	Community Care Centre
CHC	Community Health Centre
CHSE	Council of Higher Secondary Education, Manipur
DACO	District AIDS Control Officer
DAPCC	District AIDS Prevention and Control Committee
DAPCU	District AIDS Prevention & Control Unit
DDRC	Drug De-addiction & Rehabilitation Centre
DIPR	Directorate of Information & Public Relation
DOTS	Directly Observed Treatment Schedule
DP&AR	Department of Personnel & Administrative Reforms
EID	Early Infant Diagnosis
EQAS	External Quality Assurance Scheme
FBO	Faith Based Organisation
FSW	Female Sex Worker
H&FW	Health & Family Welfare
HBV	Hepatitis B Virus
HCV	Hepatitis C Virus
HIV	Human Immunodeficiency Virus
HRG	High Risk Group
HSLC	High School Leaving Certificate Examination

ICDS	Integrated Child Development Scheme
ICMR	Indian Council of Medical Research
ICPS	Integrated Child Protection Scheme
ICTC	Integrated Counselling and Testing Centre
IDU	Injecting Drug User
IEC	Information, Education and Communication
IPC	Indian Penal Code
JNIMS	Jawaharlal Nehru Institute of Medical Science
MACS	Manipur State AIDS Control Society
MAHUD	Municipal Administration, Housing & Urban Development
MLA	Member of Legislative Assembly
MSM	Male having Sex with Male
MWCD	Ministry of Women and Child Development
NACP	National AIDS Control Programme
NGO	Non-Governmental Organisation
NRHM	National Rural Health Mission
NRL	National Referral Laboratory
PEP	Post Exposure Prophylaxis
PHC	Primary Health Centre
PHSC	Primary Health Centre
PLHA	People Living with HIV/AIDS
RIMS	Regional Institute of Medical Science
RNTCP	Revised National Tuberculosis Control Programme
SBTC	State Blood Transfusion Council
SCERT	State Council for Research and Training
SRL	State Referral Laboratory
STD	Sexually Transmitted Disease
STI	Sexually Transmitted Infection
TB	Tuberculosis
VDRL	Venereal Disease Research Laboratory
VO	Voluntary Organisation

INTRODUCTION (2010)

- 1.1 The Human Immunodeficiency Virus/ Acquired Immunodeficiency Syndrome (HIV/AIDS) epidemic in the state is 20 years old. Within this period it has emerged as one of the most serious public health problem in the state. The first case was identified from among the Injecting Drug Users. The infection has since then spread rapidly to other sub-population like Female Sex Workers, Male having sex with Male and to their sexual partners and children and finally to general population. Even though the officially reported cases of HIV infection are around 30,000-40, 000, there is gap between the reported and estimated figure.
- 1.2 The available surveillance data indicate that HIV is prevalent in all 9 district of the state. During the last decade it has spread from urban to rural, valley to hills areas and from individual practicing risk behavior to general population. More and more women attending ante-natal clinics are found HIV-positive thereby increasing the risk of peri-natal transmission.
- 1.3 HIV transmission through the blood transfusion, though low, is a serious issue as unsuspecting population can get infected through this route if safe blood is not made available.
- 1.4 The problem of HIV/TB co-infection is also posing a major challenge. Treatment of TB infection among HIV-infected is an area to be taken seriously. There is no risk of any TB patient getting infected with HIV unless he or she practices high risk behavior or get infected from transfusion of HIV-infected blood. But TB is very common opportunistic infection among the HIV-infected people.
- 1.5 HIV/AIDS is not a disease which spreads randomly but is transmitted mainly as a consequence of a specific behavioural pattern and has strong socio-economic implication.
- 1.6 While addressing the problem of HIV/AIDS among the economically productive and sexually active section of population, specific emphasis need to be given not only to high risk groups like commercial sex workers,

injecting drug users and male having sex with male, but also to specific groups in general population like student, youths, migrant workers in urban and rural areas including women and children.

The State Government has recorded with satisfaction the declining trend of HIV prevalence among the injecting drug users during the last ten years due to collaborative efforts of all stakeholders. However; this needs further reduction to bring down the HIV prevalence rate among the general population. This is a challenging task requiring commitment on the part of the Government, NGOs and civil society. The social, economic and developmental consequences of AIDS in Manipur are very grim unless an immediate planning is started from now onward.

RESPONSE

In initial years the programme focused on generation of people awareness through mass communication programmes, introduction of blood screening for transfusion purposes and conducting surveillance activities. Later through multi-sectoral strategic intervention approach both public and private sectors, the epidemic among injecting drug users was able to contain to a certain level. But HIV has spread to the general population.

Several actions have also been taken to ensure blood safety by strengthening blood banks like licensing system and introduction of blood component separation facility. The entire programme of prevention and control of HIV/AIDS needs to adopt a more holistic approach looking at AIDS as a developmental problem and not as a mere public health issue.

2. OBJECTIVES OF THE MANIPUR STATE AIDS POLICY

The general objectives of the Policy are to prevent the epidemic from spreading further and to reduce the impact not only upon the infected persons but upon the health and socio-economic status of the general population at all level. It envisages achieving zero-level of new infection in the general population. The specific objectives are:-

- 2.1 To reiterate strongly the Government's firm commitment to prevent the spread of HIV infection and reduce personal and social impact.

- 2.2 To prevent further spread of HIV infection in the general population
- 2.3 To ensure effective and efficient implementation of the HIV/AIDS prevention and control programme at various levels with the active participation of the stake holders like community at large, NGOs, CBOs, civil society, government departments, private and voluntary organizations, faith-based organizations etc.
- 2.4 To ensure that people living with HIV/AIDS have easy access to all kinds of necessary medical investigations and treatment facilities and other social support services.
- 2.5 To intensify and expand the information, education and communication campaigns so as to reach all sections of the Society.
- 2.6 To ensure highest level of political commitment through the Legislators Forum, Zilla Parishad Forum, District Council Forum in the implementation of the HIV/AIDS control programme and through inclusion of HIV/AIDS in the common minimum programme of the Ministry.
- 2.7 To ensure mainstreaming of the HIV/AIDS control programmes so that each and every government department can take up HIV/AIDS control programme and has earmark in their own budget.
- 2.8 To overcome stigmatization and discrimination of the people living with HIV/AIDS in all spheres of life through legislation and any other measures.
- 2.9 To generate a sense of ownership among all the participants both at the Government and Non Government Organizations to make it a truly community effort.
- 2.10 To ensure that services are monitored and evaluated from time to time.
- 2.11 To create a helpful supportive and enabling social environment in the community so as to enable the people at risk to come forward for seeking information, counseling, HIV testing and other social support services.
- 2.12 To create an enabling socio-economic environment for prevention of HIV/AIDS, to provide care and support to people living with HIV/AIDS, to ensure protection of their rights including right to access Health care

System, Right to Education, Employment and Privacy, and to mobilize support of large number of NGOs/Community Based Organization for an enlarged community initiative for prevention and alleviation of the HIV/AIDS problem.

- 2.13. To decentralize the HIV/AIDS Prevention and Control programme to the grass root level.
- 2.14. To provide adequate and equitable provision of health care to the HIV infected people and draw attention to the compelling public health rationale for overcoming stigmatization, discrimination and seclusion in the society.
- 2.15. To ensure availability of adequate and safe blood for the public through promotion of voluntary blood donation in the state
- 2.16. To promote better understanding of HIV infection among the people especially students, youths and other sexually active sections to adopt safe behavior practices for prevention.
- 2.17. To provide support to the affected and infected people with HIV.
- 2.18. To prevent women, children and other socially weak groups from becoming vulnerable to HIV infection by improving health education, legal status and economic prospects.
- 2.19. To constantly interact with international and bilateral agencies for support and cooperation.

3. MANIPUR STATE AIDS POLICY INITIATIVES

- 3.1. The State Government considers the AIDS problem as Socio-Economic problem rather than a mere public health challenge, a matter of great urgency and a top priority requiring immediate action.
- 3.2. The State Government is fully committed to effective and efficient implementation of the HIV/AIDS Control Programme as a part of the overall health care system in the state. The State Government shall provide necessary support for proper implementation of the programme at the State, district and community levels.

The Government, therefore adopts the Manipur State AIDS Policy based on :

- provision of accurate information and education to make the people aware of and to protect themselves from HIV infection,
- participation of people with HIV/AIDS and high risk behavior,
- safeguard of confidentiality,
- respect of privacy, human dignity and individual human rights,
- avoidance of discrimination and stigmatization,
- provision of quality medical and health care,
- provision of social benefits and social support system for people infected and affected by HIV/AIDS,
- creating a helpful, supportive and enabling social environment in the community so that people who suspect themselves to be infected with HIV can come forward for voluntary counseling, testing and for seeking help and support so that they can live peacefully with other members of the society,
- avoidance or removal of fear psychosis from the minds of the people,
- To advocate and enhance gender sensitive environment
- Provision for prevention of mother to child HIV transmission and Early Infant Diagnosis (EID).

4. Policy on multi-sectoral action and programme management

In order to facilitate speedy and proper implementation of the AIDS control programme, the State Government had constituted State Council on AIDS, Manipur Legislators Forum on HIV/AIDS, Manipur State AIDS Control Society and other appropriate bodies to take up the issues :-

4.1. Manipur State Council on HIV/AIDS

The Council will be headed by the Hon'ble Chief Minister with Hon'ble Ministers of various departments like Health and Family Welfare, Finance, Education, Social Welfare, Home, Youth Affairs and Sports, Industry, Labour, DIPR, MAHUD, Rural Development, Tribal Development, NGO representatives as members. The main objective of the council will be mainstreaming of the HIV/AIDS Control Programme in

the state and oversee the implementation. The Administrative Secretary/Commissioner (H&FW) will be the Member Secretary of the Council.

4.2. The Manipur Legislators Forum on HIV/AIDS

The Manipur Legislators Forum on HIV/AIDS, constituted on 30th June, 2007 under the chairmanship of the Hon'ble Speaker of the Manipur Legislative Assembly with at least one representative from each of the political parties in the Executive Committee headed by Hon'ble Speaker is to secure highest level of political commitment in the state. The main focus of the Manipur Legislators Forum on HIV/AIDS will be to ensure active involvement of the Members of the Legislative Assembly (MLAs) in the day to day HIV/AIDS prevention and control programme. In order to enable them to implement the HIV/AIDS related activities, the Manipur State Government will allow utilization of the Local Area Development Fund of MLAs for this purpose.

4.3. Manipur State AIDS Control Society (MACS)

The Manipur State AIDS Control Society (MACS), which was established by the State Government on 28 March, 1998 under the Manipur Societies Registration Act-1989 will continue to function as the authority in respect of HIV/AIDS prevention and control programme in Manipur.

The Governing Body of the Manipur State AIDS Control Society (MACS) shall consist of –

- | | | |
|---|----------|----------------------|
| <i>a) The Chief Minister</i> | | <i>Chairman</i> |
| <i>b) The Minister in-charge of Health & FW,</i> | | <i>Vice-Chairman</i> |
| <i>c) The Chief Secretary, Government of Manipur,</i> | | <i>Member</i> |
| <i>d) The Administrative Secretary (Planning), Govt. of Manipur</i> | | <i>Member</i> |
| <i>e) The Administrative Secretary, Education(U),</i> | <i>“</i> | <i>Member</i> |
| <i>f) The Administrative Secretary, Education(S)</i> | <i>“</i> | <i>Member</i> |
| <i>g) The Administrative Secretary (Social Welfare)</i> | <i>“</i> | <i>Member</i> |
| <i>h) The Administrative Secretary (Youth Affairs,</i> | <i>“</i> | <i>Member</i> |
| <i>i) Director General of Police,</i> | <i>“</i> | <i>Member</i> |
| <i>j) The Administrative Secretary (Finance),</i> | <i>“</i> | <i>Member</i> |
| <i>k) The Project Director, MACS.</i> | | <i>Member</i> |

l) *The Administrative Secretary (H&FW) Govt. of Manipur* *Member-Secy*

Nominated Members :

- m) *One person who has rendered distinguished social service in the field of HIV/AIDS, to be nominated by the Chairman for two years term* *Member*
- n) *Two persons (one man and one women) representing HIV-positive people, to be nominated by the Chairman for two years term.* *Member*

NB: The Chief Secretary will be the Chairman in the event of no popular ministry.

4.3.1. Functions of Governing Body of the Manipur State AIDS Control Society (MACS)

The Governing Body of the Manipur State AIDS Control Society (MACS) shall carry out the following functions :-

- 4.3.1.1. To co-ordinate various Government departments, offices, Commissions, establishments, or organization in connection with the implementation of the HIV/AIDS prevention, care support and treatment programme.
- 4.3.1.2. To oversee the dissemination of accurate and correct information about HIV/AIDS through information, education and communication (IEC) campaign.
- 4.3.1.3. To avoid discrimination of people with HIV/AIDS in the matter of employment, housing, accommodation, education, granting of credit, delivery of services, medical care and treatment or hospitalization.
- 4.3.1.4. To formulate, review and amend the Policy if need arise.
- 4.3.1.5. To avoid stigmatization of people infected and affected by HIV/AIDS.
- 4.3.1.6. To give provision for social benefits and social support services for the people infected and affected by HIV/AIDS.
- 4.3.1.7. To protect the rights and interests of the people living with HIV/AIDS and of the widows and children infected and affected by HIV.
- 4.3.1.8. To protect the rights and interest of people at risk like injecting drug users, commercial sex workers and men having sex with men.

- 4.3.1.9. To create helpful, supportive and enabling social environment in the community so that people who suspect themselves to be infected with HIV may come forward for voluntary testing and for seeking such help and support as to enable them to live with equality and dignity with other members of the society.
- 4.3.1.10. To supervise, monitor and evaluate the activities of MACS and give proper guidance.
- 4.3.1.11. To raise fund for the activities of the HIV/AIDS prevention and Control Programme.

4.3.2. The Manipur State AIDS Control Society (MACS) shall have an Executive Committee consisting of :

- | | |
|---|---------------------|
| a) The Administrative Secretary (H&FW) | Chairman/ President |
| b) The Project Director (MACS) | Member Secretary |
| c) The Director, Health Services, Manipur, | Member |
| d) The Director, Family Welfare Services, Manipur, | Member |
| e) The State Mission Director, NRHM, Manipur, | Member |
| f) The Director, Social Welfare, Manipur, | Member |
| g) The Director, Youth Affairs & Sports, Manipur, | Member |
| h) The Director, Planning, Manipur, | Member |
| i) The Director, Education(S), Manipur | Member |
| j) The Director, Education (U), Manipur | Member |
| k) The Medical Superintendent, RIMS, | Member |
| l) The Medical Superintendent JNIMS, | Member |
| m) The Administrative Secretary (Finance)/depute
one on his behalf from the Department, | Member |
| n) Two representatives (one male & one female) from HIV
positive people to be nominated by the Chairman for
two years term | Member |
| o) Two representatives from NGOs (One man &
one women)working in the field of HIV/AIDS, to
be nominated by the chairman for two years term. | Member |

NB. The officers of MACS and District Programme officers may be invited if the committee felt the need of their presence.

4.3.3 Powers and Functions of the Executive Committee:

Subject to the general control of the Governing Body, the Executive Committee shall be responsible for the management and administration of the affairs of the Manipur State AIDS Control Society.

The Executive Committee shall perform the following functions:-

- 4.3.3.1. To prepare draft action plan and scheme including the district plan;
- 4.3.3.2. To ensure effective and efficient implementation of the AIDS Control Programme in the state.
- 4.3.3.3. To sanction expenditure which are beyond the financial power of the Chairman.
- 4.3.3.4. To make recruitment or appointment of the officers or staff by direct recruitment, by promotion or on deputation or engagement of employees or workers;
- 4.3.3.5. To review the progress of implementation of the AIDS control programme from time to time.
- 4.3.3.6. To delegate either conditionally or unconditionally the powers and duties of any officer of the Manipur State AIDS Control Society to any other officer of the State AIDS Authority as and when necessity for such delegation arise;
- 4.3.3.7. To ensure timely audit of account.
- 4.3.3.8. To provide voluntary counseling and HIV testing through establishment of a network of integrated counseling and testing centers (ICTC) in the various part of the state.
- 4.3.3.9. To provide diagnosis, treatment, education, aftercare, rehabilitation and social reintegration of people living with HIV/AIDS.
- 4.3.3.10. To provide quality medical and health care to the people living with HIV/AIDS including ART.
- 4.3.3.11. To ensure blood safety and blood transfusion services through establishment of licensed blood banks and organization of voluntary blood donation camps.

- 4.3.3.12. To implement STD/STI prevention and control programme as a part of the HIV/AIDS prevention and control programme.
- 4.3.3.13. To implement Targeted Intervention programme including Harm Reduction, Opioid Substitution Therapy, Condom promotion, social marketing of condoms etc.
- 4.3.3.14. To monitor the trend of HIV/AIDS epidemic through Sentinel Surveillance and any other research activities.
- 4.3.3.15. To ensure voluntary participation of people including people living with HIV/AIDS in the prevention and intervention efforts and in giving social support to people infected and affected by HIV/AIDS.
- 4.3.3.16. To ensure safeguard of confidentiality, respect of privacy, human dignity and individual human rights of people infected and affected by HIV/AIDS
- 4.3.3.17. To co-ordinate bilateral and other developmental agencies in the field of HIV/AIDS prevention and control programme.
- 4.3.3.18. To constitute Committees and Sub-committees as and when the need arises.

4.4 District AIDS Prevention and Control Committee (DAPCC):

The Government shall constitute District AIDS Prevention and Control Committee (DAPCC) at each district for effective ownership of HIV/AIDS prevention and control programme.

The District AIDS Prevention and Control Committee shall consist of the following:

Ex-officio Member:

- | | | |
|----|--|------------------|
| a. | The Deputy Commissioner | Chairperson |
| b. | The Chief Medical Officer | Vice Chairman |
| c. | District AIDS Control Officer (DACO) | Member Secretary |
| d. | District Programme Manager, NRHM | Member |
| e. | District Programme Officer, TB | Member |
| f. | District Information Officer | Member |
| g. | Medical Superintendent, District Hospital | Member |
| h. | Medical Officers in rotations – In charge of ICTC, | Members |

- ART and CCC (3 in all) nominated by the chairman
- i. One representative from – Partner NGOs and Members
2 representatives (one male & one female) from
PLHA networks (nominated by the chairman for
a period of 2 years)
 - k. Representatives of related Departments identified Members
by DAPCU for convergence viz. Women & Child,
Panchayati Raj, Education, Labour, Youth affairs, etc.

Function of DAPCC :

- ✚ To implement, supervise and mainstreaming of the NACP activities at the District level.
- ✚ To oversee the planning and monitoring of the physical and financial management of the funds coming to DAPCU for the project.
- ✚ Approve the annual action plan and submit to MACS.

4.4.1. District AIDS Prevention and Control Unit (DAPCU) :

Each District will have District AIDS Prevention and Control Unit (DAPCU) to carry out the programme. DAPCU will be headed by a District AIDS Prevention and Control Officer supported by four contractual staff contracted by the project (NACP).

Function of the District AIDS Prevention and Control Unit (DAPCU):

- a) To prepare and submit the Annual Action Plans and Schemes to the DAPCC.
- b) Implementation of the NACP strategies
- c) Convergence with NRHM.
- d) Mainstreaming with other related Departments in the District.

5. Policy on Information, Education and Communication (IEC)

In spite of strong IEC campaign on HIV/AIDS there is still inadequate understanding of the serious implication of the disease among the opinion leaders, policy makers, religious leaders, bureaucracy, mediapersons, leaders of trade and industry and

professional agencies not to speak of the medical and paramedical personal engaged in health care delivery system. A strong IEC/Advocacy campaign needs to be launched at all levels for those who are at the highest level to the lowest general public level to make them understand and motivated about the need for immediate prevention of the disease also adopting a human rights approach towards those who have been already infected with HIV/AIDS. The Government emphasizes the need to have policy on IEC and to start from the top most level and spread it down throughout the state as follows :

5.1 Objectives of IEC

Recognizing that HIV infection is preventable with education and information, the public attitudes and social issues in relation to HIV/AIDS need to be addressed and top priority is given to the IEC strategy to overcome discriminatory attitudes wherever they are found and to prevent further spread of HIV infection in the general population.

- 5.1.1. To make understand the impact and seriousness of the disease and motivate the highest opinion leaders to the lowest level to involve actively in fighting the disease.
- 5.1.2. To motivate behaviour change in the cross-section of the identified population at risk, including high risk group (Female Sex Workers, Man having Sex with Man and Injecting Drug Users) and bridge population (Migrants, Truckers, Clients of sex workers)
- 5.1.3. To raise awareness about risk, the need for behaviour change among the vulnerable and general population, especially youth and women.
- 5.1.4. To generate demand and facilitate increase in utilization of HIV/AIDS related health services.
- 5.1.5. To create an enabling environment that encourages HIV related prevention, care and support activities and reduces stigma and discrimination.
- 5.1.6. To generate a feeling of ownership of the HIV/AIDS prevention, care, support and treatment programme to all sections of community.

5.2. Programme channel under IEC

To channelize the IEC programmes as follows :

- 5.2.1. District AIDS Prevention and Control Committee for organizing village and district level programmes, workshops, training etc.
- 5.2.2. Through deferent media like Electronic, Folk Media, Print media & materials, etc and NGOs, CBOs, FBOs and social organizations for organizing awareness workshops and programme.

5.3. Policy on Awareness generation

To provide specific communication strategies to address the high risk, vulnerable and general population advocacy, social mobilization and mainstreaming strategies will support and facilitate the primary level communication efforts.

5.3.1. Policy on programme implementation

To implement the IEC programme as per Action Plan prepared by the Executive Committee from time to time with the following principles :

- 5.3.1.1. Electronic media/channel like AIR, Doordarshan and local cable networks are to be used for spreading information and messages related to HIV/AIDS and also to create awareness among the general public. The production of electronic media and their broadcast/telecast should be done as per guidelines of NACO.
- 5.3.1.2. For Folk media like street play, Lila, puppet show, drama etc., the IEC Committee will have to screen and approved the script before production and actual display.
- 5.3.1.3. The printed materials like posters, leaflets, folders, booklets, advertisements, signboards, etc. will have to be approved by the IEC Committee before printing and used in the field.
- 5.3.1.4. The interactive media like advocacy, workshops, social mobilization campaigns, awareness programme etc. will be organized at suitable places in collaboration with the DAPCU and the NGOs/CBOs/FBOs etc.
- 5.3.1.5. Policy on IEC for tribal: Considering the diversity of the tribal culture in the state, IEC programme should be designed and implemented among the tribal communities as per Tribal Action Plan prepared by MACS from time to time.

5.3.2. Policy on Special Events

Special events like World AIDS Day, Candle light Memorial Day, etc., will be observed at different places of the state and district for which financial assistance will be given through the DAPCU.

5.3.3. Policy on IEC materials translation

To print IEC materials in different dialects of the state, the translation of the material will be entrusted to the approved translators of AIR, Imphal. The backside of the translated materials should be in English. Only the IEC Materials approved by Manipur State AIDS Control Society will be allowed to print.

5.3.4. Policy for allocation of funds to Districts

To allocate IEC fund to the districts on the basis of (i) HIV/AIDS prevalence rate in the area (45%). (ii) Population of the district (20%). (iii) Area of the district (20%). (iv) 15% of the fund for hard to reach areas.

5.3.5. Policy on NGO for IEC programme

To have co-operation and active involvement of the NGOs in carrying out the IEC programmes :

5.3.5.1 Local NGOs who are registered with the Registers of Cooperative Societies (preference will be given to NGOs empanelled under MACS) to conduct awareness programmes.

5.3.5.2 Preference will be given to those NGOs having earlier experience in conducting HIV/AIDS related programmes.

5.3.5.3 The NGOs having credible records like Technical competence, financial soundness, past experience in the IEC activities, area of operation etc., should be considered.

5.3.6. Policy on the involvement of CBO/FBO/Social organization

To make the CBO/FBO/social organization actively involved in the IEC programmes in their respective areas.

5.3.7. Policy on Monitoring and Evaluation of IEC

To have regular monitoring and evaluation of the activities on IEC, this should be done as follows :

5.3.7.1. IEC Committee will meet regularly to monitor overall activities.

5.3.7.2. The Committee will conduct mid-term evaluation and complete the activities before the preparation of next annual action plan

- 5.3.7.3. The report of the evaluation will be placed before the Executive Committee.
- 5.3.7.4. District level programmes will be monitored/Supervised by DAPCU/Organization authorized by DAPCU and report to state level IEC Committee regularly
- 5.3.7.5. DAPCUs are to be associated in the organization of the programme sanctioned by Manipur State AIDS Control Society to NGOs/VOs/CBOs/FBOs etc.

5.3.8. IEC Committee

To look after the IEC activities, monitoring of the programme and formulating of the policy a committee is to be constituted at the state level and DAPCU will function as District IEC Committee at the district level.

6. Mainstreaming

- 6.1. To entrust every Government department to implement IEC programmes and to disseminate the HIV/AIDS prevention messages to the employees of the department with their own budget grant. Technical assistance and supervision may be provided by the Manipur State AIDS Control Society (MACS).
- 6.2. To ensure that every department of the Government, local authority, public or private sector undertakings that all its officers, employees and workers have access within its premises to information, education and communication or behavioral change communication materials about HIV/AIDS prevention. *Every department should have a workplace policy on HIV/AIDS so that each and every employee is aware of HIV/AIDS and no one is discriminated or stigmatized because of his/her HIV status.*
- 6.3. To ensure that every department of the Government, unit of local authority, public or private undertakings, in collaboration with the Manipur State AIDS Control Society organize from time to time, HIV/AIDS awareness campaigns, training programmes for the benefit of its officers, employees and workers.
- 6.4. To make it as one of the duties of all officers and employees of every department of the Government, units of local self Government, public

and private undertakings to assist each other and to co-operate with the Manipur State AIDS Control Society in carrying out the provisions of this policy.

- 6.5. To ensure that every department of the Government particularly, the department of Health & Family Welfare, Home, Finance, DP&AR, Education, Social Welfare, Youth Affairs and Sports, Labor, Industry, Rural Development, DIPR, etc. identify one officer to be the nodal officer for implementation of HIV/AIDS policies and programmes in the department.

7. Policy on AIDS education in schools, colleges and university

- 7.1. To ensure that the state Government, State Council for Research and Training (SCERT), Council of Higher Secondary Education, Manipur (CHSE), Board of Elementary and Secondary Education, Manipur (BESEM) shall include HIV/AIDS in the curriculum within one year of commencement of this Policy in consultation with MACS.
- 7.2. To make as the duty of every educational institutions including college and university to hold at its institution extension programmes on HIV/AIDS prevention and AIDS awareness activities as per requirement.
- 7.3. To ensure that on the expiration of a period of one year from the date of commencement of this policy, no student shall be allowed to appear in the examination of HSLC or class-XII unless the student has undergone training in HIV/AIDS for a minimum period of two days. The resource persons may be from MACS/DAPCU who are included in the Resource pool of the MACS/DAPCU.
- 7.4. To make it compulsory that the student shall file a certificate of passing the training course from DAPCU/MACS on HIV/AIDS along with the application form for appearing in the examination of HSLC or Class-XII. No student without such certificate shall be given admit card for appearing at the examination.

- 7.5. To ensure that every teacher of Middle School, Junior High School, High School or Higher Secondary School undergo training on HIV/AIDS for a minimum period of three days arrange by DAPCU/MACS.
- 7.6. To ensure that all children infected and affected by HIV are able to eventually realize their right to education and are supported to complete their education. There should be no discrimination for admission and retention.

8. HIV/AIDS Training for Services

8.1. On expiration of period of one year from the date of commencement of policy, training on HIV/AIDS for a minimum of three days shall be a pre-requisite condition for confirmation into the service under the state Government or any local authority and the candidate shall file his/her certificate.

9. Policy on HIV anti-body testing

9.1. Standard of HIV-testing

- 9.1.1. To ensure that the guidelines of NACO is followed for the purpose of HIV testing or screening of donated blood. The methodology of testing may be revised or modified according to the latest scientific discovery or as per guidelines of NACO.
- 9.1.2. To ensure that for the purpose of sero-surveillance, sentinel surveillance or for diagnosis of HIV infection, the standard test protocol of NACO will be strictly adhered to.
- 9.1.3. To ensure that no form of HIV-testing for the purpose of research be carried out except after getting clearance from the Expert Committee constituted by the Manipur State AIDS Control Society/NACO.
- 9.1.4. To ensure that for the purpose of quality assurance programme for HIV testing, all identified testing sites should join the EQAS system and the identified NRL & SRL co-ordinate with all HIV-testing centers in the state under the supervision of the MACS.

9.2. HIV testing to be done only at identified centers

- 9.2.1. To ensure that HIV testing is done at designated centers approved for the specific purpose by the Manipur State AIDS Control Society (MACS).
- 9.2.2. To ensure that no private clinic or laboratory shall perform HIV-testing without a license/permission from the Manipur State AIDS Control Society (MACS)
- 9.2.3. To open more counseling and testing centers as per National guideline so that it is at the door step of the people.

9.3. Confidentiality of result of HIV testing

- 9.3.1. To ensure that strict confidentiality about a person's HIV status, whether it is positive or negative is maintained. However, in case of pre-marital voluntary HIV-testing and voluntary HIV-testing of husband and wife, the result may be shared between prospective partners or the partners, as the case may be, with their mutual consent.
- 9.3.2. To ensure that no information about the HIV status of a person shall be disclosed except amongst the team members treating that person or to a doctor to whom that person is referred to for treatment without the consent of that person or under the order of a competent court.
- 9.3.3. To ensure that HIV status of a patient is not notified to the patient's sexual partner or drug injecting partner except with the consent of the patient and with proper psycho-social support for the partner.

9.4. Breach of confidentiality of HIV status

Breach of confidentiality of HIV status of a person by an employee shall be a breach of discipline and be liable to penalty under the Conduct Rules applicable to that employee.

9.5. Voluntary Confidential HIV-Testing

- 9.5.1. To encourage that person who are at high risk of HIV-infection, their sex partners and persons who suspect themselves to be infected with HIV to seek voluntary confidential HIV antibody test, herein referred to as HIV-testing

9.5.2. To ensure that every voluntary confidential HIV testing is accompanied by pre-test and post-test counseling irrespective of the result of the test.

9.5.3. To ensure that all the HRG received counseling and tested their blood at least twice in a year.

9.6. HIV-testing of Patients

9.6.1. To ensure that HIV testing of patients shall not be done as a routine investigation.

9.6.2. To prohibit compulsory HIV testing of inpatients, pre-operative patients in the hospitals.

9.7. Consent for voluntary HIV-testing

9.7.1. To ensure no voluntary HIV-testing of a person shall be carried out without taking informed consent in writing of that person or, in the case of a minor, of the guardian, on a printed format of consent (hereinafter referred to as “Consent Form”) to be made available for this purpose by the Manipur State AIDS Control Society.

9.8. No Compulsory HIV-testing except in certain cases

9.8.1. To ensure that no compulsory HIV-testing of IDUs, FSWs, MSMs, Migrant Workers, Prisoners, new recruits or people returning from foreign countries.

9.8.2. To ensure that no one shall be compelled to undergo HIV-testing except under the order of a competent court.

Every prospective bride and bridegroom is encouraged to take voluntary confidential HIV testing with mutual consent before marriage. There shall be separate sessions for individual counseling and for joint counseling. However, they shall give consent in writing to share the reports of the results among themselves and the counsellor shall be given responsibility to disclose the HIV status of one partner to the other partner with the consent of the partner.

In case of discordant couples, the HIV positive partner shall, as of duty, disclose his/her HIV positive status to his/her partner. The HIV negative partner has the right to protect himself/herself from HIV infection and to adopt safer sex and other risk reduction strategies and shall have right to approach the Manipur State AIDS Control Society (MACS) or other organizations accredited by it for necessary counseling and other appropriate services.

9.9. Mandatory HIV-testing in certain cases

- 9.9.1. To ensure that mandatory HIV-testing is carried out in case of donated blood, blood products, tissues and organs before transfusion, transplantation, or use.
- 9.9.2. To ensure that in every rape case, the accused, shall, by order of the court, be compulsorily tested for HIV infection immediately and again at the end of sixth month from the date of incident of rape or, if the accused is not arrested till then soon after his arrest, and for that purpose, the investigating police officer shall approach the Court or Magistrate, as the case may be.
- 9.9.3. To ensure that the rape victim is given appropriate counseling and option to undergo HIV-testing immediately along with PEP. The HIV-testing should be repeated at the end of sixth month of the incident.
- 9.9.4. To ensure that a person who is injured/attacked with needle syringe or other material suspected to be HIV infected, the victim shall be given appropriate counseling and option to undergo HIV-testing immediately along with PEP. The HIV testing should be repeated at the end of sixth month of the incident.
- 9.9.5. In case of injury by attack with needle syringe or other material suspected to be HIV infected, the accused shall, by order of the court be compulsorily tested for HIV infection immediately and again at the end of sixth month from the date of incident or, if accused is not arrested till then, soon after his/her arrest; and for that purpose, the investigating police officer shall approach the court or Magistrate, as the case may be.

9.10. Unlinked anonymous HIV testing of people at risk :

To carry out Sentinel Surveillance to know the early warning signals of the spread of HIV infection to the targeted groups and general population and also to know the trend of HIV infection over a period of time.

9.11 Non-requirement of HIV-testing for certain purposes:

- 9.11.1. To ensure that no compulsory pre-marital HIV-testing of either party to the proposed marriage.

- 9.11.2. To ensure that no requirement of HIV-testing of students for admission or continuation of study or training in any educational or training institution or for participation in sports activities.
- 9.11.3. To ensure that no requirement of HIV-testing of any person for recruitment, employment or appointment to any service or post, or engagement to any job under the Government or in any public or private sector undertaking.
- 9.11.4. To ensure that no information shall be sought relating to HIV status of any person.
- 9.11.5. To ensure that no Medical fitness for service or employment, including the police service, under the Government or in any public or private sector undertaking shall be linked with HIV-testing if the person is otherwise medically/physically fit.

10. Policy on Blood Safety

10.1 Blood Donation

To minimize the risk of transmission of HIV infection through the blood and blood products, the Government has the following policies :

- 10.1.1. To constitute State Blood Transfusion Council to oversee blood transfusion services in the state.
- 10.1.2. To ensure that every district shall have at least a functioning blood bank/storage centers so that no one dies for wants of blood. The Government shall provide adequate manpower and equipment to establish well functioning blood bank/storage centers in all the districts.
- 10.1.3. To ensure that Licensing of Blood Bank is mandatory and Blood Bank without License to be banned.
- 10.1.4. To ensure that blood donation campaigns and camps for voluntary blood donation from voluntary donors will be organized so as to make required quantity of blood available at all time. Voluntary donation should constitute 100% of all blood transfusions.
- 10.1.5. To ensure that every hospital, licentiate by the competent Authority, whether Government or private keep adequate stock of already tested

blood so that nobody is given untested blood even in the name of emergency.

- 10.1.6. To ensure that every voluntary blood donor will be entitled to get one unit of blood from the hospital in case of requirement of blood for the donor or donor's family members within one year of each donation.
- 10.1.7. To ensure that no blood for transfusion or for preparation of components of blood shall be taken from professional or paid donor.
- 10.1.8. To ensure that no person having history of high risk behaviour of HIV-infection be allowed to donate blood.
- 10.1.9. To make mandatory of testing of blood which is to be transfused, for HIV in addition to other tests of transfusion transmissible diseases like HCV, HBV, Malaria and VDRL etc., to ensure maximum safety.
- 10.1.10. To encourage the blood donors to know their HIV status and if any donor is found sero-reactive he/she should be given counseling by the counselor of Blood Banks/ICTC.

10.2. Responsibility of the Blood Bank Officers

- 10.2.1. To make it aware that every officer in charge of blood bank or other officer who certifies fitness of blood for transfusion shall carefully ensure the safety of blood/blood products.
- 10.2.2. To make it the responsible of the blood bank officer to encourage the voluntary blood donors to know their HIV sero-status. If any voluntary or replacement blood donor is found sero-reactive to HIV; the donor should be given proper counselling by the counsellor of the Blood Banks/ICTC.

11. Policy on Medical Care and Counselling services

11.1. Medical Care at Hospital:

To provide ART as per criteria laid down by NACO. These facilities will be made available at district and sub-district level hospitals as per requirement.

11.2. Hospital Infection Control

11.2.1. To make aware every Hospital, Health Centers/Clinics staff, the need of bio-safety measures for ensuring effective Hospital Infection Control in conformity with the principles of Universal Precautions.

11.2.2. The Government shall take up possible measures to make the bio-safety measures available in all Hospitals, CHCs, PHCs, PHSCs and Dispensaries.

11.3. Prevention of Mother to Child HIV Transmission

To establish facilities such as Integrated Counselling and Testing Centers (ICTCs) and adequate provision for supply of drugs for prevention of HIV transmission from mother to child. Every effort shall be made to cover all (100%) pregnant women throughout Manipur.

To encourage all the HIV positive pregnant mothers to deliver at the Hospital/Health Center and anti-retroviral drugs be given in time. All babies born to HIV-positive mothers will be followed and link to ART.

11.4. Community Care Centres

To establish Community Care Centers as per NACO guideline at appropriate places for providing quality treatment of Opportunistic Infections, proper linkages for ART and follow-up and referral services with other hospitals.

11.5. Post Exposure Prophylaxis(PEP)

To provide the facility of PEP at Hospitals and Health Centers.

11.6. Counseling Service at hospital and health centers

11.6.1. To make counseling services available for all those who need such services including people with HIV/AIDS at all major hospitals, district hospitals, community health centers and primary health centers including hospitals in private sectors as the Manipur State AIDS Control Society specified.

11.6.2. To provide effective counseling services, the Manipur State AIDS Control Society shall arrange training for the counselors from time to time.

11.6.3. To provide Mobile Integrated Counseling and Testing Centers for hard to reach areas of the state.

11.7. Support of NGOs and Community-based Organizations (CBOs)

11.7.1. To implement the prevention, and control activities of the HIV/AIDS, Manipur State AIDS Control Society may work with NGOs/CBOs.

11.7.2. Empanelment of NGOs/CBOs will be done as per NACO guidelines from time to time.

11.7.3. To encourage partner NGOs to organize self-help groups and encourage local or community organizations to provide social support and care services for people with HIV/AIDS, their family members and dependents.

11.7.4. To initiate mainstreaming of the Social Welfare Department, Institute of Co-operative Management, Industry Department, Labour, Banks and other agencies/Departments so as to arrange vocational training and income generating schemes for the recovered FSWs, IDUs and MSMs including other HIV infected and affected people.

11.7.5. Monitoring & Evaluation of the partner NGOs will be done as per NACO guidelines from time to time.

11.8. Home Based Care

To standardize Informal Care Givers, training will be given from time to time as per NACO guidelines

11.9. ART Centres and Link ART centres

ART Centres and Link ART Centers will be open at all suitable sites as per NACO guidelines so that ARV drugs are available nearer to the community.

11.10. STI Control programme

The Sexually Transmitted Infection (STI) control programme will be integrated with the HIV/AIDS prevention and control programme. The existing STD Clinic will be strengthened and equipped properly in order to provide effective referral support to the programme

11.10.1. To introduce Syndromic approach in STD/STI Control Programme in all district hospital, community health centers, primary health centers,

primary health sub-centers, private sectors including preferred private providers.

- 11.10.2. To give training to Government doctors and private doctors and paramedics on syndromic approach of STD/STI treatment.
- 11.10.3. To provide the essential drugs for effective treatment of STD/STI free of cost to the patients. The existing STD/STI Clinics shall be strengthened and equipped to make them referral centers and training centers for STD syndromic management.
- 11.10.4. To make it aware that it is the responsibility of the Government and Private doctors to treat STD/STI patients and AIDS patients.
- 11.10.5. To give awareness to the public in general and HRGs in particular the importance of condoms for prevention of STI/HIV and Government will make it available at all the suitable places.

12. HIV/TB Co-infection

It is found that the risk of contracting TB is much higher among the HIV infected people than non-infected. It is a high time to take up adequate steps to reduce and control the increasing incidence of tuberculosis because of HIV/AIDS. The following actions are to be taken up :

- 12.1. To ensure that all the HIV positive people with TB suspect are referred to RNTCP Clinic.
- 12.2. To ensure that all the TB patients detected at the TB Clinic are referred to ICTC for counseling and testing of HIV-antibody
- 12.3. To ensure that there is proper linkage between RNTCP and NACP.
- 12.4. To ensure that all HIV positive people with TB infection received DOTS and ART in time properly.

13. Policy on Drugs De-addiction

13.1. De-addiction Centers :

- 13.1.1. To have proper linkage with the Drug De-addiction & Rehabilitation Centers in the State supported by the Ministry of Social Justice and Empowerment for proper treatment and counseling.

- 13.1.2. To give training and guidance to the managers and doctors who look after the centers as per requirement of NACO.
- 13.1.3. To implement opioid substitution therapy as per NACO guideline/protocol.

14. Policy on Targeted Intervention (TI)

14.1. Harm Reduction Measures

- 14.1.1. To minimize the risk of spread of HIV infection, the Manipur State AIDS Control Society will support NGOs/CBOs to implement Harm Reduction Projects. The programmes or schemes will be as per the Manipur State AIDS Control Society specification from time to time.
- 14.1.2. To encourage and support popularization and social marketing of condoms as a means of preventing spread of HIV/STD infection. For this purpose, the people with high risk behaviours should be encouraged to buy/get free and use condoms regularly for protecting their own health.
- 14.1.3. Selection of NGOs/CBOs for awarding of Project will be based on the NACO guidelines from time to time.
- 14.1.4. To ensure that the Manipur State AIDS Control Society shall evaluate the progress and performance of the partner NGOs working in the field of HIV/AIDS regularly basing on the criteria and indicators for the purpose laid down by NACO from time to time.
- 14.1.5. To ensure that every NGO shall strive to achieve the target fixed by Manipur State AIDS Control Society/NACO.
- 14.1.6. To ensure that any NGO which is not performing satisfactorily as per criteria given above and showing complacency shall be debarred from receiving fund from the State AIDS Control Society.
- 14.1.7. To ensure that adequate health and medical care related to HIV be provided to the Female Sex Workers, Injecting Drug Users and Men having Sex with Men. They should be given proper and regular health check-up, counseling, voluntary HIV testing etc.
- 14.1.8. To advocate every police officer, law enforcement agencies and Civil Societies to provide help and support to the cause of HIV/AIDS

prevention among the IDUs, FSWs and MSMs and extend all kinds of co-operation and assistance to the NGOs implementing intervention/harm reduction projects.

15. Policy on special provisions for the Prisons

15.1. Imprisonment to be no Bar to facilities provided for in this Act :

- 15.1.1. To provide the facilities of medical care and treatment of drug users, sex workers, MSMs and the people living with HIV/AIDS who are in the prison regardless of the expenses and staff resources and also the facilities for detoxification, de-addiction, opioid substitution therapy and counseling services.
- 15.1.2. To support experienced NGOs to give counseling and awareness programme inside the jail premises in consultation with the jail authority for treatment of drug users and HIV positive persons.
- 15.1.3. To ensure that the jail authority takes up HIV/AIDS prevention programme with their own resources with technical support of the Manipur State AIDS Control Society. IEC materials on HIV/AIDS awareness shall be made available to the jail staff and prisoners by the State AIDS Control Society.
- 15.1.4. To provide preventive measures for inmates and staff of the jail who are living together with HIV/AIDS infected people and HRGs detained in the jail.
- 15.1.5. To ensure that no discrimination or segregation on the ground of HIV status be allowed inside the jail premises.
- 15.1.6. To provide facilities for pre-test and post-test counseling for voluntary confidential HIV-testing and collection of blood sample be made available at the jail. The result of the test shall not be communicated to the jail administration without the written consent of the concerned prisoner.
- 15.1.7. To provide orientation training to the medical staff of the jail from time to time in the diagnosis, treatment and counseling of the prisoners having HIV infection and AIDS.

- 15.1.8. To ensure that condom is made available at all time inside the Jail premises.

16. Policy on Social Service provision

- 16.1. To ensure that no one will be denied of service such as education, accommodation, housing, travels and hospital service and social service benefits to which he or she is entitled solely because of his/her HIV status.
- 16.2. To enforce that the State Government will review the existing policies and practices in the Government Departments in order to ensure that the employees are adequately protected against HIV infection.
- 16.3. To ensure that priority attention will be given to the women and children infected and affected by HIV considering their special needs. Special schemes like vocational training and income generating schemes will be provided to rehabilitate FSWs, recovering IDUs and widows whose husband have died of AIDS in coordination with the Industry, Social Welfare, Cooperative Department, Labour, Banks etc. through mainstreaming.
- 16.4. To ensure that all Government and private Schools give special consideration for admission to infected and affected children by HIV/AIDS and also explore the provisions for free education including free textbooks, free uniforms etc.
- 16.5. The State Government will take up special care for school drop-out HIV infected and affected children as required from time to time.
- 16.6. To ensure social protection measures are in place to prevent and redress violations of rights and entitlements of the children infected and affected by HIV.
- 16.7. The State Government will strengthen systems and competence of the staff of Integrated Child Protection Scheme (ICPS) and Integrated Child Development Scheme (ICDS) both under the Ministry of Women and Child Development (MWCD) on HIV related issues to deliver child welfare and protection services for all HIV infected and affected children.

- 16.8. The State Government will give priority to the Early Infant Diagnosis (EID) and management to children exposed to HIV infection.
- 16.9. To ensure all HIV-infected and affected children access to adequate supplementary nutrition to meet calorie needs and to correct or prevent malnutrition.
- 16.10. To encourage the present social support system, for bringing up orphan by their family members and relative. The State Government will provide a financial assistance which may be fixed from time to time for registered orphan whose both parents have died of HIV/AIDS. The sum may be reduced in case of single parent orphan. This scheme may be taken up as a part of the social welfare scheme.
- 16.11. Government will take up such activities like giving old age pension, AAY scheme and other financial benefit implementing in the state for people infected and affected by HIV.

17. Policy on Contact Tracing Service and Mediation Service, Technical Working Group and Technical Consultants Team.

17.1. Contact Tracing Service Providers

- 17.1.1. To register NGO or voluntary organization registered under the Manipur Societies Registration Act, 1989, or any other law for the time being in force as a Contact Tracing Service Provider for the purpose of contact tracing the sexual network, the source of HIV infection of an individual.
- 17.1.2. To empower the Project Director of the Manipur State AIDS Control Society so that in his discretion,/in consultation with the District AIDS Prevention and Control Officer (DAPCO) not entertain any application for registration as Contact Tracing Service Provider or revoke registration of any voluntary organization as a Contact Tracing Service Provider and the decision of the Project Director shall be the final.

17.2. Function of Contact Tracing Service Providers

- 17.2.1. To approach and contact the sexual partner or drug injecting partner who are perceived to be HIV infected to have discussion/consultation on HIV/AIDS, encourage them to undergo voluntary HIV counseling and testing, if not done earlier, and to encourage them to adopt risk

reduction measures such as safer sex like condom use, not sharing or not borrowing needles and syringes, cleaning needles and syringes with 5% bleach etc. so that they may not spread HIV infection or STDs to other sex partners or other drug use partners.

17.2.2. Each Contact Tracing Service Provider shall file reports and periodical statements of its activities to the concerned authority.

17.3. Mediation Service Provider

17.3.1. To help in protecting the rights and interests of people living with HIV/AIDS against discrimination or stigmatization and providing services for mediation with other people for residential accommodation, education, medical, financial or other assistance or legal aid in favor of HIV infected and affected persons, MACS may register NGOs for the said job.

17.3.2. To empower the Project Director so that in his discretion/in consultation with DAPCO, not entertain any application for registration as service Provider or revoke registration of any voluntary organization as a Mediation Service Provider and the decision of the Project Director shall be final.

17.4. Functions of the Mediation Service Provider

17.4.1. A Mediation Service Provider may record sue motto or on petition any incident report whether it relates to domestic incident or otherwise regarding discrimination or stigmatization of any HIV infected/ affected person or regarding an incident of exclusion of HIV-infected or affected person from living in a shared household or refusal to provide food or cloths to HIV-infected/affected women or child or education for such child in violation of any provision of this Act and if the Mediation Service Provider considers that it shall proceed with the report, it shall

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17.4.1.1. Visit the households of the persons aggrieved by the discrimination, stigmatization, exclusion or refusal, as the case may be, or of such other persons concerned in relation to the incident report to sort out the matter under the provisions of this policy.

17.4.1.2. Endeavour to discover positive and congenial environment for mutual understanding among the concerned persons to relieve the aggrieved person of the discrimination or stigmatization.

17.4.1.3 Assist the concerned persons to come to a mutual understanding, settlement or accommodation in the matter of residential accommodation in the shared household, food, cloths, financial assistance or education for the children.

Explanation: - The expression “shared household” has the same meaning as defined in the Protection of Women from Domestic violence Act, 2005(43 of 2005).

17.4.2. The Mediation Service Provider may visit under intimation to the authority in-charge, any Government or Private educational institution to relieve the aggrieved child of discrimination or stigmatization on any ground relating to HIV/AIDS or render assistance for providing education for the child.

17.4.3. The Mediation Service Provider may visit under intimation to the authority in charge, any hospital, Government office, jail or any other institution under the control of the Government or local authority where the incident of discrimination or stigmatization on any ground relating to HIV/AIDS reportedly takes place to relieved the aggrieved person of the discrimination or stigmatization, as the case may be, on any ground relating to HIV/AIDS.

17.4.4. The Mediation Service Provider may render assistance to the aggrieved person for getting legal aid if it consider necessary from the Legal Service Authority or the State Human Rights Commission or the Women’s Commission in the matter of discrimination or stigmatization on the ground relating to HIV/AIDS or the case may be for providing education for the child.

17.5. Technical Advisory Committee

The Executive Committee may constitute Technical Advisory Committee consisting of experience and expert persons for a specific purpose and period.

18. Policy on Training, Workshops and Research and appointment

18.1. Training

To arrange Training for development of human resource: All categories of medical and non-medical personnel including private medical practitioners shall receive training in various aspects of HIV & AIDS and prevention of drug abuse like treatment, ART, Counselling, Blood Safety, programme management etc., and to familiarize themselves and comply with all NACO policies and protocol.

18.2. Workshops

The Government and Manipur State AIDS Control Society (MACS) shall sponsor and organize workshops, seminars on HIV/AIDS awareness, prevention and intervention etc., for NGOs/CBOs representatives, public leaders, Media personnel, political leaders, community leaders, religious leaders, social workers, women groups, medical and paramedical personnel, employees of the Government and local authorities, teachers, students and youths.

Legal awareness programmes, workshops, conferences to sensitize the people about the legal, ethical and human rights aspects of HIV/AIDS will also be sponsored.

18.3. Research

18.3.1. The Government and the Manipur State AIDS Control Society (MACS) shall sponsor and encourage research on HIV/AIDS related subjects.

18.3.2. There shall be a close co-ordination with the Indian Council of Medical Research (ICMR) / any other reputed research agencies whether, national or foreign so that the benefits of all research works speedily reach the community and the patients of this state of Manipur.

18.3.3. No research work in respect of HIV/AIDS involving the people of Manipur by any research organization, whether of this State or of other State or Union Territory shall be carried out in Manipur without making a proposal to the Manipur State AIDS Control Society (MACS) and without obtaining its prior written clearance which may be granted on the basis of recommendation of a multi-disciplinary expert committee of

the Manipur State AIDS Control Society considering the local feasibility, appropriateness, ethical and cultural aspects and the role of local experts in the field. The provision of this sub-section shall not apply to academic research activities for post-graduate course at RIMS/JNIMS/Manipur University.

18.4. Appointment

- 18.4.1. Local qualified persons will be given special consideration.
- 18.4.2. Contract appointments will be as per NACO guideline from time to time/ as the State Government directed, if any.
- 18.4.3. HIV-Positive persons may be given special consideration.

19. Policy on certain prohibitions and Protections

19.1 The following acts are prohibited under this Policy

- 19.1.1. Compulsory HIV testing of any person except by order of a competent Court;
- 19.1.2. Compulsory isolation, segregation in hospital or jail, or quarantine or removal to colony of any HIV-positive person;
- 19.1.3. Enforced admission of HIV-positive persons to hospital;
- 19.1.4. Mandatory collection, storage, processing of identifiable personal information regarding HIV-status of any person;
- 19.1.5. Disclosure of HIV-testing or the result, or in case of pre-marital HIV-testing on mutual consent of the prospective couple in thereof to other person without the patient's consent except in case of order by competent court;
- 19.1.6. Making HIV-testing or HIV-negative status a condition for employment or retention in service; requiring any employee to inform the employer about his HIV/AIDS status;
- 19.1.7. Making HIV-infection a ground for termination, removal or dismissal from service or employment;
- 19.1.8. Refusing medical treatment of patient on the ground of HIV-status;

19.1.9. Transfusion of untested blood or HIV-sero-reactive blood even in the name of emergency;

19.1.10. Inquiring police personnel or security personnel or jail inmates, to get HIV-testing or production of HIV free certificate.

19.2. Prohibition of Discrimination and Stigmatization

19.2.1. To ensure that Discrimination in any manner against HIV infected persons or other HIV-affected persons is completely prohibited;

19.2.2. In particular and without prejudice to the generality of provision of this policy, the following acts of discrimination and stigmatization are prohibited, namely -

19.2.2.1. Discrimination against HIV infected/affected persons or spouse/children of HIV/AIDS-positive person in the matter of employment, housing, travel, accommodation, grant of credit, loan, advance, financial assistance or delivery of service.

19.2.2.2. Discrimination or stigmatization in any manner against HIV-positive persons or spouse/children of HIV-positive persons or other HIV-affected persons, drug users, FSWs or MSMs.

19.3. Protection of certain rights of HIV-affected persons

19.3.1. To ensure that no HIV-affected person shall be deprived of his/her right to residence and shall not be excluded, ousted or removed from shared household save in accordance with procedures established by law. Explanation :- The expression “shared household” has the same meaning as defined in the Protection of Women from Domestic Violence Act, 2005 (43 of 2005)

19.3.2. To ensure that pro-active action is taken by all concerned to help widows get property and residence at the household of their husbands who have died of HIV/AIDS

19.3.3. To ensure that anything contained in any scheme of the Government, jobs under the die-in harness scheme in respect of deceased Government employees who have died of HIV/AIDS shall be given to the widow or widower of the deceased and in absence or default of widow or widower, as the case may be, to the child of the deceased and no substitute in favour of other relative of the deceased shall be

allowed in the presence of the widow, widower or child of the deceased.

19.4. No discrimination on the ground of HIV infection in the matter of

Public Service.

19.4.1. To ensure that no discrimination of people on the ground of HIV infection in the matter of recruitment, employment or service under the Government or public or private sector undertaking.

19.4.2. To ensure that the Government or any public or private undertaking shall not make any condition of service of the employees inconsistent with any of the provisions of this policy and any condition of service of the employees existing in force on the date of commencement of this policy which are inconsistent with any of the provisions of this policy shall be considered as void.

19.5. No discrimination in other cases

19.5.1. To ensure that no one shall on the ground of HIV/AIDS status be denied of education, accommodation, housing, travel, public entertainment or access to public restaurants, hotels and other social services

19.5.2. To ensure that no patients shall on the ground of HIV status be denied of hospital admission, treatment, operation, child delivery, medical or clinical service, investigation or be provided sub-standard medical and nursing care.

19.5.3. To ensure that respect for privacy, right to equality and human dignity and right against discrimination and stigmatization of every person irrespective of HIV-status are assured and protected.

20. Establishment of Health Ombudsman, Court or Tribunal

The Manipur State AIDS Control Society shall review the factors that inhibit prevention and control of HIV/AIDS including acts of discrimination and stigmatization of people living with HIV, acts of violating the protection or prohibition acts in contravention of the provisions of this policy, assuring 100% safe blood

transfusion, accurate HIV-testing and diagnosis and quality health care and treatment and failure on the part of public servants including police personnel in taking up preventive measures against spread of HIV infection under the provisions of this policy and shall make recommendations to the Government for establishment of Ombudsman/Tribunal Court to deal with and try such cases.

- 20.1. Establishment of Technical Tribunal for Authentication of the HIV status Certificates issued by identified authorities from time to time and advise to take appropriate action against the issuing officer.

21. Policy on provisions to be provided to the HIV+ People and AIDS patients

- 21.1. To provide free travel facilities in public and private (surface) transport system to the ART patients while coming to the Hospital or Health Centre for treatment.
- 21.2. To provide free medical investigations and treatment in Government hospital
- 21.3. To give an intensive education on ART management and adherence to all PLHIV.
- 21.4. To make all diagnostic related tests for ART enrolment and continuity should be free of cost in Government hospital/health centers
- 21.5. To provide medicines for Opportunistic Infections free of cost
- 21.6. To ensure proper verification (if needed) of the quality of any HIV related medicines and it should be done before administering to the patient by the expert committee, which is constituted by MACS.
- 21.7. To install CD4 count machine at more places in the State.
- 21.8. To expand the facilities of Second Line ART programme as per requirement.
- 21.9. PLHIVs to be included in the decision making bodies of the MACS.

22. Bilateral and International Cooperation

- 22.1. Government's policy is to promote Bilateral and International cooperation to ensure optimal utilization of resources to avoid unproductive duplication of efforts in fighting the epidemic.

- 22.2. The State Steering Committee will call review meeting every quarter for all donor agencies who are working in this programme for better coordination and to avoid duplication.
- 22.3. All bilateral agencies are to submit their performance regularly as per “**THREE-ONE POLICY**” of NACP-III.

23. Monitoring and Evaluation Policy

- 23.1. To ensure that all the programmes under Manipur State AIDS Control Society will be evaluated once in a year or as the EC desired by outsourcing to an expert agency. Any partner NGO or Staff, if found poor in performance may be terminated without any further warning.
- 23.2. To ensure that all the programmes are monitored regularly.
- 23.3. To ensure that all the Bilateral Donors/Developmental Agencies working in the State for HIV/AIDS programme report their activities to MACS and are monitored regularly.
- 23.4. To ensure that no agency will be allowed to work in Manipur without the administrative approval of Manipur State AIDS Control Society.

25. Policy on Miscellaneous Provisions

24.1 Members and Officers to be Public servant:

Every member of the Manipur State AIDS Control Society, District AIDS Prevention and Control Unit, Standing Committees, Counselors and experts appointed or authorized, as the case may be, to discharge the functions or perform the duties under this policy shall be deemed to be a public servant within the meaning of Section 21 of the Indian Penal Code (IPC). Government will provide incentives for those employees working in difficult areas as permissible under the Government's rules.

24.2 Policy on appropriate Legal Framework:

To enact appropriate legislation for proper and effective implementation of the National AIDS Control Programme in the state in the light of this Manipur State AIDS Policy-2010.
