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Impact of HIV/AIDS on Governance in Manipur and Nagaland

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Impact of HIV/AIDS on Governance in Manipur and Nagaland

1. Introduction

Northeast India is to the rest of India what Africa is to the World – far away and forgotten. Both in the cases of Africa and the Northeast, inhabitants of the ‘core’ witness these peripheral regions sliding into underdevelopment, uncertainty and anarchy. Since nothing much can be done to save them, safeguard the status-quo, they believe, so that things don’t go out of control.¹ While it may be comparing the incomparable, the message is loud and clear that parts of Northeast India is close to near total collapse – from the points of view of governance, law and order, and development - and still the government policies have not gone beyond *ad hoc* measures aimed at maintaining the status-quo. Even as the governability of the state and governance therein are severely damaged, the powerful parties - the Central government, state governments, politicians, the many Underground Organisations (UGs) and the narcotics mafia - seem safe in their comfort zones.

The objective of this study is to assess the impact that HIV/AIDS has had on governance in Nagaland and Manipur. More specifically, the questions that this study seeks to answers for are the following:

1. What has been the impact of the disease on the health and education sectors of the two states under study?
2. What has been the impact of the disease on elected bodies of the local and regional government structures?
3. What has been the impact of HIV/AIDS on the local police and the military in Nagaland and Manipur?

The study has, as the questions above reveal, focused on four aspects of governance: law enforcement, education, health, and democratic processes. These aspects of a state, the study argues, are indicative of the state of

¹ In an interview with the author the Deputy Commissioner of the Churhandpur District, Manipur, Mr. Sumant Singh pointed out, “The administration is fighting to maintain status-quo. Where are the machinery, time and money for other initiatives like combating HIV/AIDS?”

governance there. Therefore, if these aspects are adversely affected by HIV/AIDS, the state's ability to deliver governance to people can be understood to be severely affected, this study argues. In other words, a state's ability to carry out its governance related functions will be seriously hampered if the above mentioned four sectors of a government are severely affected by HIV/AIDS.

Additionally, the study also considers that legitimacy of the state among the population, violent rivalries among the various ethnic groups in the state and nexus between parts of the state apparatus and criminal gangs can additionally weaken the state. But does HIV/AIDS have anything to do with these? Not directly. However, the disease and its impact are aggravated due to these very factors. Armed insurgency, narcotics trade, corruption, underdevelopment, nexus between Underground Organizations (UGs) and the political/bureaucratic elite can act as force multipliers in a situation wherein HIV/AIDS is rapidly weakening the governance apparatus of the state.

2. A Note on the Method Used in the Study

In order to assess the impact of the disease on the local government effectiveness, the study attempted to assess its impact on the local elected bodies, military and police, health care services and the education system. The study, in other words, had three major focal areas: a) members of elected bodies (members of the state legislature and national parliament), b) those employed by the local government in the education and health sectors, and c) the local police, national military and paramilitary forces deployed in the states.

The impact of the disease on local government was assessed by analyzing the data on the frequency of bye-elections, deaths in service of elected members and illness of elected members. Impact on other sectors (education and health sectors), of the state has been gauged by looking at the rate of premature retirement of personnel from these sectors in the past decade, deaths in service of personnel, and illness of personnel in service, wherever data were available.

The study depended therefore on three kinds of data: 1) official data wherever it is available, 2) analysis and relevant data sets from various studies, surveys and analysis done by non-governmental organisations, health workers and others, 3) qualitative data from interviews and interactions from a broad range of individuals

such as health workers, educationists, teachers, students and their families, government officials, personnel from the armed forces.

In a situation where the governance of the states is severely affected by a variety of independent variables (such as insurgency, narcotics, corruption etc.), it becomes methodologically difficult to isolate one independent variable (HIV/AIDS in this case) and see its relation to the dependent variable (governance). In other words, the exact degree of cause-effect relationship in the case of HIV/AIDS impacting upon the governance of these states is difficult to establish because a variety of other factors are simultaneously impacting upon the governance of the state. More importantly, one needs to keep in mind the fact that the HIV/AIDS epidemic takes a longer time to unfold. That said, the methodology chosen by the present study which attempts to assess the extent to which the agents of governance (teachers, doctors and nurses, and members of the law enforcement agencies) are directly affected by the disease should be able to tell us, under ideal circumstances, how one of the many independent variables, HIV/AIDS, has directly impacted upon the agents of governance.

However, the problems with the data and certain other issues would make the explanation arrived at by using this methodology a less than perfect one. Under normal circumstances, it is possible that a large number of employees in the government sector are likely to take premature retirement from their jobs at some point of time through the course of their disease if they become HIV positive. It was observed in the case of Nagaland and Manipur that since governance, as it is, is in bad shape in those two states, government employees do not regularly attend offices even if they are HIV negative. Even if and when they do, they attend offices for no more than a few hours a day. In other words, those employees who are HIV positive would not need to take voluntary retirement from the service and our data would not reveal such cases. There is also another tendency among the teachers in the government sector in both the states to send others on their behalf to teach in the schools paying them a share of the salary they get from the government. Even though this practice is not evenly widespread, the fact that this practice exists would mean that those who are HIV positive could do this and continue to be in service. Our data, obviously, cannot reveal such cases.

The primary argument that this study presents is that HIV/AIDS has moderately affected the state apparatus in the two Northeastern states, viz. Manipur and Nagaland. The premature retirement data from the education and health sectors of the state that this study presents in the third part of this paper testify to that. While the education sector seems have suffered the most, health sector seems to be more immune to the problem. The data, however, show that the electoral sector is unaffected by the disease.

The first part of this study attempts at understanding the northeastern region of India especially the two states under study: Nagaland and Manipur. Part two of the study looks at some important factors which are important in understanding the state of governance in the region, viz. narcotics trade, armed insurgency and development issues. Part three of the study looks at HIV infection in the two states, the impact of the disease on the education, health and electoral sectors of the two states. It also has a section on the impact of the disease on the various law enforcement and security agencies in these states. This is followed by a brief conclusion.

3. Northeast India: Locating the Region

Map of Northeast India



Source: <http://www.iitg.ernet.in/rcilts/ne.html>

The north-eastern region of India is comprised of seven sister states viz. Assam, Arunachal Pradesh, Manipur, Meghalaya, Mizoram, Nagaland and Tripura. Sikkim was later included in the list, making it eight sister states. Racially, people in the region mostly belong to the Tibeto-mongoloid races (speaking Tibetan-Burman languages) like that of China, Bhutan, and Myanmar. Total land area of the region is about 8.06 per cent of the entire country and the population living in these states is 38.5 million (2001 census of India), which is 3.8% of the country's total population. It has about 200 out of the 430 or so tribal groups in whole of

India. Each tribe has its own distinct forms of art, culture, dance, music and life styles and people live in thinly populated villages.

The major ethnic groups in the region are the Nagas of Nagaland; Mizos, Lushais, Hamrs of Mizoram; Nagas, Kukis, Chins, Zomis of Manipur; Bodos, Deori, Kachari of Assam; Tripuri, Reang, Jamatia of Tripura; Khasi, Garo, Jaintia of Meghalaya and Adi, Apatani, Nissi, Monpa, Nagas of Arunachal Pradesh. There are also other minor ethnic groups in the region.

Terrain in almost all of these states is by and large hilly and forested. Access to the rest of India remains a problem for these states with poor communication facilities hampering travel to the rest of India. Only two states in the Northeast Region have rail entries: Assam and Nagaland. Road transport caters to almost 95 per cent of the transportation needs of the region but the only state that has direct connection to the rest of India is Assam and road transport from all the other Northeastern states has to pass through it's capital Guwahati.

Tibet and Bhutan lie to the North and West of the region, Myanmar to the East and Bangladesh to the West and South. This makes it a strategically important region for India vis-à-vis Bangladesh, China, Myanmar, Nepal and Bhutan. Four among these eight states, Mizoram, Manipur, Nagaland and Arunachal Pradesh, share long borders with Myanmar.

There are also ethnic linkages and affinities among people living in the northeastern states and neighbouring countries. While Naga villages are found in Northwest of Myanmar, Myanmar's Mandalay and Rangoon also populate Meeteis, the majority community in Manipur. Meeteis are also found in Sylhet and Dhaka of Bangladesh. So is the case with the Kukis who are spread throughout the northeastern region and along the border in Myanmar.

Despite the fact that the states in the region are rich in mineral and natural resources, they remain poor. This is mainly due to militancy, lack of basic infrastructure, and ethnic clashes among other reasons. Since 1960s the region has witnessed large-scale violence and displacement.

One of the reasons why the troubles in the Northeast erupted as soon as the British left was due to the greater degree of independence that the British colonial rulers were willing to give them. The British colonial rulers, U. A. Shimray writes,

had more or less left the hill communities unto themselves with occasional expeditions to quell opposition etc. Later on they were brought under different territorial administrative authorities under the British. The creation of such administrative units made some of the ethnic groups fall under one or another political unit. Such unimaginative administrative divisions and introduction of territorial politics dented and hurt ethnic aspirations and led to dissent. However, much of this unrest came forth in the post-independent India when the northeastern region saw the emergence of many ethnic-based insurgency groups.²

While the initial troubles were for achieving statehood, they have continued even after achieving statehood - politics that took birth in the often violent struggle for identity has refused to shed the violence part of it. New Delhi's approach has been to pump large amount of funds into them during the last five decades regardless of the size of the state and its population in order to wean the population away from insurgent activities and to provide opportunities for such activists to return to a normal life, including political participation.³ This has apparently not worked. What this has created is a bunch of corrupt politicians and bureaucrats, self-seeking underground organisations, breakdown of law and order and non-existence of any development worth the name in the region. See table below for comparative socio-economic indicators for the two states and the rest of India.

Socio-Economic Indicators in Nagaland and Manipur in comparison with the rest of India

Indicator	Reference year	Nagaland	Manipur	India total
Per capita income*	2002-3	20746	13658	19040
Infant Mortality Rate	2005	18**	13	58
Number and	1999-2000***	5.49 Lakhs	7.19 Lakhs	2602.50

² U A Shimray, "Ethnicity and Socio- Political Assertion: The Manipur Experience", *Economic and Political Weekly*, September 29, 2001, pp. 3674-5.

³ Mahendra P Lama, India's North-East States: Narcotics, Small Arms and Misgovernance, *Ethnic Studies Report*, Vol. XIX, No. 2, July 2001, p.233.

percentage of Population below poverty line		(32.67%)	(28.54 %)	Lakhs (26.10 %)
Literacy rate	2001	67.11	68.87	65.38
No. of Districts	2001	8	9	529
Population (in Lakhs)	2001	19.88	23.89	10270.15
Population Density (per Sq. Km.)	2001	120	107	324
Percentage of village electrified	1998	96	91	-
Birth Rate (per '000)	1999	11.80	18.60	26.10
Death Rate (per '000)	1999	2.30	5.40	8.70
Road Density (per '00 Sq. Km)				

*Per Capita (Net State Domestic Product) at Current Prices

** (per thousand)

Source: Health Information of India 2005

3.1 Manipur

Manipur is one of the eight north-eastern states of India. Nagaland lies on the north of it, Assam on the west, and Mizoran on the south. Manipur shares a 398 km. long international boundary with Myanmar in the east. Geographically, Manipur is landlocked with a distinct topographic entity; the Naga Hill ranges and Lushai Hill ranges surround the central plains or Imphal valley.⁴

⁴ U A Shimray, p.3675.

After India attained independence in 1947, Manipur which was a princely state declared independence but was integrated into the Indian union in October, 1949 as a part 'C' state. In 1956, Manipur was given the status of a union territory, and was given full statehood in 1972.

Meiteis are the majority community in Manipur with the other two dominant communities being Nagas and Kuki-Chins. While Meiteis inhabit the plains of Imphal valley, tribal communities reside in the hilly regions of the state. There are a total of twenty-nine notified Scheduled Tribes in the state amounting to 34.2 per cent of the total population of the state. The state has a total area of 22,327 sq kms. The state has nine districts - four in the valley and five in the hills. The valley districts are Imphal west, Imphal east, Bishnupur, Thoubal. The hill districts are Churachandpur, Chandel, Ukhrul, Senapati and Tamenglong.⁵

The total population of Manipur is 2,166,788 as per the 2001 census. The percentage of people below poverty line during the year 1999-2000 is 28.54 percent. In the urban area it is 7.47 while in the rural area it is 40.04 percent. Manipur has only 0.23 percent of the country's population. Its literacy rate is 68.8 per cent (slightly more than the national average which is 65.58 per cent).⁶

Manipur has been marked by violence for many years now. As Bhagat Oinam says this is due to the process of identity formation by more than 30 communities and tribes harping on exclusivity, integration and dominance.⁷

3.2 Nagaland

Nagaland is another state in India's Northeastern region. The state is surrounded by Assam in the West, Myanmar on the East, Manipur in the South and Arunachal Pradesh and part of Assam on the North. The State has an area of 16,579 sq kms with a population of 19, 88,636.⁸ The state is predominantly rural

⁵ *Statistical Abstract Manipur - 2005*, Directorate of Economics and Statistics, Government of Manipur.

⁶ *Statistical Abstract Manipur - 2005*, Directorate of Economics and Statistics, Government of Manipur.

⁷ Bhagat Oinam, Patterns of Ethnic Conflict in the North-East, *Economic and Political Weekly*, May 24, 2003, p. 2031.

⁸ *Census of India*, Government of India, 2001.

with 82.26 percent living in villages.⁹ Agriculture is the most important economic activity in Nagaland, with around 90% of the population engaged in agriculture related activities.

The state is inhabited by 16 major tribes along with a number of sub-tribes. The major tribes in the state are Ao, Angami, Chang, Konyak, Lotha, Sumi, Chakhesang, Khamniungam, Kachari, Phom, Rengma, Sangtam, Yimchungru, Kuki, Zeliang and Pochury. The percentage of Scheduled tribe and Scheduled caste in the state is 87.7. About 8, 62, 930 hectares (21% of total land area) of the state is forest land. Nagaland is a Christian majority state, and English is the state's official language.

Nagaland consists of eleven districts viz. Kohima, Dimapur, Mokokchung, Wokha, Mon, Tuensang, Phek, Zunheboto, Longleng, Peren, Kiphire. The literacy rate of Nagaland is 67.11 per cent as per the 2001 census. While Kohima is the state capital, Dimapur is the only town in the state with an airport and rail head.

Nagaland was a district in Assam at the time of India's independence. In 1957 the Union Government took over the administration of Naga Hills district of Assam and Tuensang division of NEFA (North East Frontier Agency) and created a separate administrative unit called 'Naga Hills-Tuensang Area (NHTA). Nagaland became the sixteenth state of India in 1963. The problem of insurgency in Nagaland dates back pre-statehood days when demands for self-determination often took violent forms.

Nagaland's economy encounters a considerable number of challenges such as isolation, inhospitable terrain, inaccessibility to the rest of the world and the continued insurgency. The state has also been inhibited in its growth because of insurgency and much of its scarce resources spent on establishment costs.¹⁰ Ever since it became a state, the Government has made strenuous efforts for industrial development, forest and agriculture based industries such as paper, plywood and sugar were started. But the insurgency not only affected the daily lives of people but also the growth of industry.¹¹

⁹ *Nagaland State Human Development Report - 2004*, United Nations Development Programme, available at <http://hdr.undp.org/en/reports/nationalreports/asiathepacific/india/name,3314,en.html>, p.14.

¹⁰ *Nagaland State Human Development Report – 2004*, p.23.

¹¹ *Nagaland State Human Development Report – 2004*, p. 80.

4. Northeast India: Understanding the Region

4.1 Narcotics in Manipur and Nagaland

Northeastern India lies physically next to what is referred to as 'Golden Triangle' comprising Myanmar, Thailand, Laos and the Yunnan Province of China which is World's most prominent source of illicit heroin and opium.

It is alleged that the military junta that rules Myanmar sponsors the drug trade in the country as it does not have many other sources of revenue. The area under opium cultivation in Myanmar came down to 130,300 hectares in 1998 from 161,012 hectares in 1991 due to international pressure on the Junta.¹² Over the years this has reduced further. According to the United Nations Office on Drugs and Crime (UNODC) reports, it came down to 44,200 hectares in 2004 and 32,800 hectares in 2005.¹³

Ever since countries such as Singapore, Malaysia and Indonesia became serious about drug trafficking through their territory and took effective measures at preventing it, Manipur became an alternative route for drug traffickers in the late 1970s and early 1980s due to its proximity to the Golden Triangle. The state's growth from a transport territory to a user state took place in the 1980s.¹⁴ There is hardly any opium production taking place in Manipur or Nagaland. However, drugs, especially 'number 4' (which is the purest form of heroin) is easily available in the two states.

Burmese heroin is transported to Manipur through the border zone of Moreh¹⁵ (an Indian town in Manipur) from Burmese town Thamu.¹⁶ Most of the heroin passing

¹² Jasjit Singh, Our eastern neighbour, *Seminar*, March 2000. Available at <http://www.india-seminar.com/2000/487/487%20jasjit%20singh.htm>

¹³ "Opium Cultivation in Myanmar Falls again in 2005 but UNODC Executive Director Concerned about Poverty among Farmers", 1 November 2005. Available at <http://www.unis.unvienna.org/unis/pressrels/2005/unisnar923.html>

¹⁴ Sushanta Talukdar, Fighting AIDS in Manipur, *The Hindu*, Aug 16, 2005

¹⁵ "Moreh is about 109kms south-east of Imphal on the Indo-Myanmar road (national highway no.39) with a population of over 25,000. Tribals like Kuki-Chin, Meitis and Mizos are in a majority and the other inhabitants are Tamils and Punjabis. Moreh is also a flourishing border trade point. The 12 April 1995 agreement between the governments of India and Myanmar allows the trade

through the Moreh border is from north-eastern Burma, from the Shan, Wa, and Kokang growing areas, as well as from the Kachin area.¹⁷

Subir Bhaumik points out that there is a three-fold threat posed by the increased drug trafficking to India and particularly to its sensitive northeastern region from Burma: one, increase in local consumption. This invariably leads to increased HIV infection. Two, the lure of quick money gets the better side of the local officials: "Several military and paramilitary officials have been arrested for smuggling heroin or lesser drugs in Northeast India. The drug cartel has sucked in several politicians, bureaucrats and even security force officials to carry on their illicit trade."; three, many "ethnic separatists in India's northeast are taking to protection of drug mafias as a quick way to raise funds".¹⁸

Describing the various routes of the drug trafficking from Myanmar to India, Lama writes:

The major outflows in the north-west into India are from Sagaing to Tamu to Manipur, and Kalay/Tiddim to Mizoram. From the main unit producing heroin at Kalaymyo, under the control of a businessman who works with well-known drug traffickers from north-west Myanmar as well as the army, there are three major routes: to the north towards Khampat and Tamu-Moreh and from there to Imphal; to the west towards Rikhawdar/ Champhai and from there to Aizawal; and to the south-west include: from Khamti areas through Noklok to Mogokchung in Nagaland; from Tamanthi and Homalin to Somra and from there northwards through Jessami to Kohima in Nagaland; and from Paletwa to Alikadam in the Chittagong Hill Tracts of Bangladesh, to Cox's

through Moreh and Tamu and Champhai (Mizoram) and Hri (Myanmar). Though the cross border trade supposedly includes only locally produced commodities and other produce of the respective countries, the composition has undergone drastic change with more trading on non-traditional high value items including electronics and drugs." Lama, p. 249.

¹⁶ Tamu is "a counterpart border town located in Myanmar. There has been literally a free movement of people and goods between these towns. This is the town which regularly exports Chinese

and other foreign goods to the north-eastern states." Lama, p. 249.

¹⁷ Beyrer C, Razak MH, Lisam K, Chen J, Lui W, Yu XF, "Overland heroin trafficking routes and HIV-1 spread in south and south-east Asia", AIDS: Volume 14(1)7 January 2000, pp. 75-83. Available at http://www.hawaii.edu/hivandaids/Overland_Heroin_Trafficking_Routes_and_HIV-1_Spread_in_South_and_South-East_Asia.pdf

¹⁸ Subir Bhaumik, "Guns, Drugs And Rebels", *Seminar*, June 2005. Available at <http://www.india-seminar.com/2005/550/550%20subir%20bhaumik.htm>

*Bazaar and Chittagong. Some heroin is also trafficked over the Arakan state border into Bangladesh, then trafficked again to India.*¹⁹

National Highway 39, a major National Highway in the North Eastern Region, connecting Moreh with the mainland India reportedly facilitates drug trade in a significant manner as much of the overland transport of the narcotics trade takes place on this road.

Drug transit, drug use and drug addiction, subsequently led to an increased amount of HIV/AIDS infections in Manipur and Nagaland. When drug abuse increased, HIV rates shot up due to needle sharing among Injecting Drug Users (IDUs), the two states banned the use of needles invoking the “Prevention of Narcotic and Psychotropic Drug Abuse Act of 1985” which led to a further increase in the instances of HIV as sharing of needles increased due to sheer unavailability of them. Some of them even started using inks. The ban was later lifted when the states realized their folly.

The medical authorities in Manipur first detected HIV infection in an IDU in 1989. Between 1990 and 1991, the HIV prevalence increased from below one per cent among addicts to over 50 per cent, and reached 80.1 per cent by 1997. Various reports have brought out differing accounts of the link between drug use and HIV/AIDS. Binalakshmi Nepram, a researcher from the Northeast, writes that “[I]t is vital to note that 76% of the HIV positive cases in Manipur were IDUs”.²⁰ She also writes that the state has around 50,000 drug addicts. According to another account, “90 percent of the nearly 50,000 drug users in the state are thought to be HIV-positive, the highest rate in the world. Around 2,000 new infections are detected every year.”²¹ Another account by UNODC claims that in Manipur “the proportion of young drug injectors (median age 25) infected with HIV zoomed

¹⁹ Lama, p.248.

²⁰ Binalakshmi Nepram Mentschel, “Armed Conflict, Small Arms Proliferation and Women’s Responses to Armed Violence in India’s Northeast”, December 2007, Working Paper No. 33, Heidelberg Papers in South Asian and Comparative Politics. Available at <http://www.sai.uni-heidelberg.de/SAPOL/HPSACP.htm>

²¹ Y.P. Rajesh, “Insurgency infects Indian state’s AIDS battle”, 13 Feb 2007. Available at http://uk.reuters.com/article/homepageCrisis/idUKDEL247412._CH_.242020070213

from virtually zero in 1989 to 56 per cent within six months and to between 60 per cent and 75 per cent by 2003".²²

Implications of drug abuse have been enormous in the whole of northeast and especially in Nagaland and Manipur. It has led to heavy indebtedness for the families of users, street violence and other social crimes. Some even think that prolonged insurgency is a lesser problem when compared to drug addiction in the region.²³ Lama argues that apart from the social implications, drug addiction in the region also has its far reaching economic implications: "Apart from destroying some of the main pillars of the society, especially the youth, the corridor status has given the north east an artificially high cost economy. It might have an impact on agriculture, as the arable land could be more profitable for the cultivation of poppies and marijuana. ... It might also lead to a sharp fall in tourist traffic thereby badly affecting the entire services sector such as hotels and transport among others."²⁴ One of its implications for the ability of the government to deliver governance has been that, as mentioned above, many government officials associating with traffickers and even insurgent organisations.²⁵

A very alarming phenomenon in the both the states is that drug addiction has pervaded all sections of the society: people belonging to all age groups, strata, regions, and professions are taking to drugs.

Some of the reasons why drug use is so rampant are: a large youth population, a lot of them with Westernized values, traditionally liberal attitudes to relationships and free lifestyle, widespread unemployment, and lack of future prospects in an insurgency-ridden region among others.²⁶ It is important to note that there are no organized brothels in the Northeast and yet the infection is increasingly passed

²² "HIV Prevention among young injecting drug users", United Nations Office on Drugs and Crime publication, 2004.

²³ Lama, p.253.

²⁴ Lama, p. 255

²⁵ Lama, p. 255

²⁶ "Trafficking & HIV/AIDS", North East Report, Nedan Foundation, pp. 9-10. Available at www.nedan.in

through the sexual route, many activists and health workers claim.²⁷ Casual sex many say is easily available despite the absence of organized red light areas.²⁸

Narcotics Seizure and Detection in Nagaland (w.e.f. Nov'86 to Jun'05)

1	Total cases detected	835
2	Total persons arrested	926
3	Heroin	7 Kgs 139 gms 533 mgms
4	Ganja	61,554 Kgs
5	Opium	7 Kgs 92 gms
6	Other drugs	1,44,645 tabs/caps
7	Phensydle	4842 btls

Source: Department of Excise, Government of Nagaland

The link between the narcotic mafia and the UGs is brought out by Mr. Manindra Sarania, Superintendent Central Bureau of Narcotics, who says:

Among the underground groups NSCN IM and K²⁹ are involved in narcotics. In Manipur, Ukhrul and Senapati districts maximum³⁰ ganja is produced and these are under IM. In Arunachal in Tirap, Changlang and Lohit large quantities of heroin and poppy cultivation is there and these are under IM and K...Because of the big money involved individuals from agencies are also involved. In bordering states most of the UGs are in this trade. Not just narcotics, substances like acetic anahydride and ephedrine which are legally produced in India can be used to make

²⁷ Interview with Mr. Upendra Singh, State Advocacy Advisor, Manipur, The India Essential Advocacy Project, Constella Futures,, Imphal, on 13 November 2007.

²⁸ Such opinions were expressed by the local people the author interacted with. Interviews with Mr. Arjun, SASO-General Secretary, in Imphal on 22 November 2007; Dr. V C Pau, District AIDS Control Officer, Churchandpur on 14 November 2007; Mr. Sanglian, Lamka Rehabilitation Resource Centre (LRCC, Churchandpur) on 14 November 2007; Officers at the Kripa Foundation, Kohima, Nagaland on 16 November 2007; Dr. Sungmo Chang, Medical Officer, Office of the Chief Medical Officer, District Hospital, Tuensang on 18 November 2007; Mr. Abraham Platini, Project Coordinator, Akimbo society, Dimapur on 21 November 07. Even as there is a noticeable rise in sex work, one hardly comes across accounts, oral and written, talking about female IDU selling sex to pay for their drug habit.

²⁹ National Socialist Council of Nagaland (Isak-Muivah group) is called NSCN (IM) and a rival faction is called National Socialist Council of Nagaland-Khaplang (NSCN-K).

³⁰ It means that these states produce the largest amount of ganja.

*amfetamine or heroin and these are again carried by UG groups to other side to the border to Myanmar and Laos.*³¹

Reports suggest that the NSCN (IM), a prominent militant group in the region, controls most of the ganja trade in Manipur and Nagaland. They make sure that the consignment reaches the Assam-Nagaland border.³²

Most of the locals that this author talked to said that the drug trade is today a booming business in the Northeast³³ Even as syringe exchange has decreased among IDUs and consequently the number of infections among IDUs, the number of drug addicts is not going down.³⁴ On the contrary, it is on the increase. Along with drug abuse, alcoholism is also becoming a social problem in the northeast. Alcohol is widely available in every nook and corner of the two states despite the fact that both of them are officially declared 'dry' states.³⁵

4.2 Insurgency in Manipur and Nagaland

Insurgency has become the mainstay of politics and all other aspects of life in the Northeast except perhaps in the case of Arunachal Pradesh and Mizoram. Not a single day passes without an incident related to insurgency in either Nagaland or Manipur nor are the general population free from the dictates of the insurgents who claim to fight for their liberation. The case of Northeast is a typical example of a struggle for identity and autonomy gone astray. Nothing in the Northeast can

³¹ Cited in Kishalay Bhattacharjee, "Drug trail: NE militancy turns cover for narco trade", October 4, 2006. Available at <http://www.ndtv.com/features/showfeatures.asp?slug=NE+militancy+turns+cover+for+drugs+trade&id=1487>

³² Cited in Kishalay Bhattacharjee, "Drug trail: NE militancy turns cover for narco trade. During the author's interview with the Deputy Commissioner of the Churhandpur district, Manipur, Mr. Sumant Singh pointed out that most of the drug trade in his district is controlled by the UGs. Interview held on 14 November 2007. This opinion was shared by Mr. Aleng H S Shimray, Deputy Commissioner, Bishnupur, Manipur. Interview on 13 November 2007.

³³ Interviews with Mr. Jamkhanson, HIV positive, formerly used to take drugs, Churhandpur, Manipur; Officers at the Kripa Foundation, Kohima, Nagaland on 16 November 2007; Mr. Zeneituo Yano, Additional Deputy Commissioner, Kohima, on 16 November 2007; Dr. Sungmo Chang, Tuensang, on 18 November 2007; James Lotha, Project Director, De-addiction Centre, Bethesda, Dimapur on 21 November 2007; Dr. Kim, District Hospital, Churhandpur, Manipur.

³⁴ Interview with Dr. V C Pau, Churhandpur; Mr. Arjun, Imphal

³⁵ Opinion expressed by officers at the Kripa Foundation, Kohima, Nagaland; Ms. Jasintha Telen, Project Manager, N-E Drug HIV/AIDS Training Centre (NEDHIV) OASIS, Dimapur on 21 November 2007; Fr. Joe Ngamkhuchung, Director, N-E Drug HIV/AIDS Training Centre (NEDHIV) OASIS, Dimapur on 21 November 2007; James Lotha, , Dimapur. Fr. Joe said "Nagaland is perhaps the wettest dry state in the whole country".

be understood in its entirety without factoring in the element of insurgency, not even the HIV/AIDS infection and its implications. Quite apart from the fact that insurgent organisations or Underground Organisations siphon away the money meant for the HIV/AIDS work, HIV/AIDS came into a society that was already fractured by an ongoing insurgency. When analyzing the impact of the disease on the governance of the two states, one needs to keep in mind the fact that governance in every respect was already badly battered due to insurgency, where HIV/AIDS has since been acting as a force multiplier.

The Government of India has declared many parts of the Northeast as “disturbed areas” under the Armed Forces (Special Powers) Act of 1958. The whole state of Manipur, barring capital Imphal, Assam, Nagaland and some parts of Arunachal Pradesh and Tripura have been so designated under this Act.³⁶ While on the one the one hand, there is functional cooperation among many of these organisations, there are also feuds among many of them. Some of them even maintain links with Pakistani Inter Services Intelligence (ISI) and Chinese intelligence agencies, and have bases in Mynamar, Bangladesh, Thailand and Bhutan. Even as they claim to represent the identity aspirations of their people, none of them has been participating in the democratic processes in the Northeast.

The following table shows the number of insurgency related incidents in Nagaland and Manipur over the last 15 years:

Insurgency related Killings in Manipur

	1992	1993	1994	1995	1996	1997	1998	1999	
Civilians	84	266	189	183	117	233	87	89	
Security Force Personnel	30	91	98	64	65	111	62	64	
Terrorists	51	66	63	74	93	151	95	78	
Total	165	423	350	321	275	495	244	231	

	2000	2001	2002	2003	2004	2005	2006	2007	
Civilians	93	70	36	27	50	138	107	150	
Security	51	25	53	23	41	50	37	40	

³⁶ Ministry of Home Affairs (MHA), Government of India, Annual Report, p. 18.

Force Personnel									
Terrorists	102	161	101	148	127	143	141	218	
Total	246	256	190	198	218	331	285	408	

Source: www.satp.org

Insurgency related Killings in Nagaland

	1992	1993	1994	1995	1996	1997	1998	1999
Civilians	34	62	110	80	144	104	26	26
Security Force Personnel	33	43	26	25	48	38	14	4
Terrorists	29	68	56	108	112	218	72	118
Total	96	173	192	213	304	360	112	148

	2000	2001	2002	2003	2004	2005	2006	2007
Civilians	13	25	5	3	35	9	10	20
Security Force Personnel	4	2	2	3	1	0	1	0
Terrorists	84	76	29	31	22	31	81	88
Total	101	103	36	37	58	40	92	108

Source: www.satp.org

Major Insurgent Groups in the Northeast

Assam	<ol style="list-style-type: none"> 1. United Liberation Front of Assam (ULFA) 2. National Democratic Front of Bodoland (NDFB)
Manipur	<ol style="list-style-type: none"> 1. People's Liberation Army (PLA) 2. United National Liberation Front (UNLF) 3. People's Revolutionary Party of Kangleipak (PREPAK)

	<ol style="list-style-type: none"> 4. Kangleipak Communist Party (KCP) 5. Kanglei Yaol Kanba Lup (KYKL) 6. Manipur People's Liberation Front (MPLF) 7. Revolutionary People's Front (RPF) 8. Zomi Revolutionary Army (ZRA)
Meghalaya	<ol style="list-style-type: none"> 1. Achik National Volunteer Council (ANVC) 2. Hynniewtrep National Liberation Council (HNLC)
Tripura	<ol style="list-style-type: none"> 1. All Tripura Tiger Force (ATTF) 2. National Liberation Front of Tripura (NLFT)
Nagaland	<ol style="list-style-type: none"> 1. The National Socialist Council of Nagaland (Isak Muivah) - [NSCN(I/M)] 2. The National Socialist Council of Nagaland (Khaplang) - [NSCN(K)]

Source: Ministry of Home Affairs (MHA) Annual Report 2006-7, pp. 16-17

The New Delhi based research organisation Institute of Conflict Management lists 15 active insurgent organisations in the whole state of Manipur apart from many inactive ones.³⁷

Insurgency in the Northeast needs to be seen, as pointed out above, in the larger context of the not-so-smooth transition of the various communities there from the

³⁷See the website of New Delhi-based Institute of Conflict Management (ICM) at http://www.satp.org/satporgtp/countries/india/states/manipur/terrorist_outfits/index.html

British colonial system to the Indian state. The transition from their own customary laws to the formal Indian constitutional system was not all that well received by the various 'small nations' in the region. As Sanjay Roy points out for much of the Northeast, 1947 did not signify independence but continued colonization for these people. The Indian state tried to win over the loyalty of the discontent region by way of (a) granting statehood or regional autonomy by signing special Acts and Agreements, (b) devolution of power through the institutions of local self governments (panchayats and municipalities), (c) development (economic) initiatives through people's participation, (d) campaign for cultural and ideological integration into Indian nationalism, and (e) resorting to coercion as a measure of suppression of 'rebel' voice.³⁸ The fact that the region has not yet settled down with the idea of an Indian nation shows that none of these strategies have been successful.

Calls for boycotting the Indian Republic Day and Independence Day celebrations are still more or less successful. As Roy points out:

They bring out slogans such as 'we were never a part of India', 'we want sovereignty' to project the image of the nation as 'other'. They call for a boycott of the electronic media, Hindi cinema and Hindi TV programmes to express their rejection of the process of homogenisation and dominance of the advanced communities. The protests aim at disrupting the social and cultural bases of the hegemony of the Indian state. The nations from below often challenge the state-drawn political boundaries and their national boundary spread along the ethnic boundary. The construction of identities like the Zo people spreading beyond Indo-Myanmar borders, the greater Naga homeland including Myanmarese Naga, or even the construction of Tai-Ahom nation appropriate territoriality, history and sovereignty in a way different from the accepted boundaries drawn out by the state. This perception of national boundary travels down the kinship and cultural route. The claim of sovereignty of ethno-nations is based upon their distinct cultural ethos, which has never been a part of the mainstream Indian culture in civilisational terms.³⁹

³⁸ Sanjay K. Roy, "Conflicting Nations in North-East India", *Economic and Political Weekly*, May 21, 2005, p. 2177.

³⁹ Sanjay K. Roy, p. 2177.

On the other hand, however, the common people are caught between these local forces and the mighty and yet 'attractive' Indian state. Of late, people in general have started reacting negatively to the calls of many of the militant organisations and their calls for resisting 'India' and its hard and soft power. Recently there has been a spate of incidents of local people killing members of various underground organisations in Manipur and Nagaland. There seems to be popular disillusionment about the ideology, activities and *modus operandi* of the UGs.

The conflict in Nagaland is indeed been very long drawn out. The struggle ever since the independence of India until 1962, at least by the moderate elements of the Naga struggle, was to gain a full-fledged state within the Indian union. Having achieved that aim, many sections of the Naga society are still discontented.

Despite the fact that the Naga insurgency is understood to be the oldest insurgency in the country negotiations for a settlement between the NSCN (I-M) and the government of India began only in 1995. The major roadblock to peace seems to be the fact that the NSCN (I-M) has long sought substantial and perhaps unrealistic territorial concessions such as inclusion within Nagaland of areas inhabited by Nagas in Manipur's Ukhru district and other special constitutional provisions for Nagaland.⁴⁰

Over the years, however, the two major Naga insurgent groups, NSCN (I-M) and NSCN (Khaplang), have been fighting each other. Quite apart from this issue of infighting among themselves the most important problem for achieving peace, as Udayon Misra points out, is that even if the demand for the unification of all Naga tribes in a common homeland is accepted by the centre, Manipur, Arunachal and Assam, who will be adversely affected by such territorial adjustments are not likely to accept it.⁴¹ Border clashes due to such overlapping territorial claims and ethnic passions have led to violence between the states in the region such as the ones between Assam and Nagaland, occurred in 1968, 1979 and in 1985. In 2003 when the National Democratic Alliance government got serious on the Nagalim issue, several states in the north-east erupted in protest.⁴²

⁴⁰ Editorial, "Nagaland: Another Beginning", *Economic and Political Weekly*, December 14, 2002, p.4972.

⁴¹ Udayon Misra, "Naga Peace Talks: High Hopes and Hard Realities", *Economic and Political Weekly*, February 15, 2003, p. 595.

⁴² Editorial, "NAGALAND: Needed, a New Direction," *Economic and Political Weekly*, August 4, 2007, p. 3189.

There have also been clashes between Kukis and Nagas which began in mid-1992. Thousands of homes and villages of both communities were destroyed. The clashes began in Moreh in Manipur. In Manipur, again, there was a Kuki-Paite (Zomi) clash in June 1997.⁴³ Of late, there also took place clashes between Meitei-Naga communities.

It is interesting to see that sometimes these clashes take place not for any ideological or political reasons, but for the control of routes and areas known for narcotics trade. For example the Naga-Kuki clash was basically about the control of Moreh town which is close to Myanmar and known for its narcotics trade and smuggling in other items. At times clashes are sparked off by dispute over which group can tax the traders and locals of a particular road or region.

There are more than 10 insurgent groups operating in Manipur. The Naga ethnic based insurgency groups are National-Socialist Council of Nagalim whose Isak and Muivah and Kaplang factions very active in the Naga-dominated Hill districts (Ukhrul, Senapati, Chandel and Tamenglong) of Manipur. The other insurgents group operates in their own dominant areas of the state.⁴⁴

Manipur became fully part of the Indian Union only on October 15, 1949, but it had to wait till 1972 to become full-fledged State of the Union. This long wait for statehood was not appreciated by the majority Meiteis giving rise to secessionist tendencies among a section of the Meiteis. This saw the emergence of a number of separatist groups in the state.

After many phases of peace and violence, Manipur was again suffering from insurgency by the end of the eighties. Meitei extremists groups, particularly the PLA, stepped up their activities and later the PLA reorganised itself and formed a political wing called the Revolutionary People's Front (RPF) in the same year seeking secession of Manipur from India. The RPF established a government-in-exile in Bangladesh's Shylhet district, with Irengbam Bhorot Singh as the president. The PLA also set up two camps in Myanmar and five in Bangladesh. Even as the various Meitei outfits remained active in the Imphal Valley, the major Naga insurgent group, NSCN-IM, unleashed a reign of terror in the Naga-

⁴³ U A Shimray, p.3675

⁴⁴ U A Shimray, p.3677.

inhabited areas in four of Manipur's five hill districts, namely, Ukhrul, Senapati, Tamenglong and Chandel.⁴⁵

To top it all, there were occasional intra-ethnic clashes from time to time. Over the years, the insurgents have managed to infiltrate into the governance system of the two states. Sanjib Baruah quotes E N Rammohan writing that

[F]or the last couple of years the valley and hill militant groups have penetrated the state and central administration and carved out specific areas of influence. Every month when salaries are disbursed, a percentage is deducted and paid to militant groups. In effect this was a replication of what was done by the Naga Socialist Council of Nagalim (NSCN); in Nagaland, as also the Naga districts of Manipur, regular deductions are labelled as house tax and ration money. The militant groups reportedly interfere in the award of contracts and are also known to enter offices carrying files to secure signatures of officers in gunpoint [Rammohan 2002]. Rammohan reported that militant groups had even subverted the government's public distribution system in Manipur through connections with local politicians.⁴⁶

This is due mainly to the fact that the Indian state has not been able to penetrate to the varied regions of the Northeast through its governance and law and order delivery system as it has perhaps in other parts of the country. Sanjib Baruah writes “[W]hile mainland Indians are not used to thinking of the Indian state as weak and incapable of providing every-day security to its citizens (except in particular situations like riots) in at least many parts of north-east India, something like the security dilemma is at work which leads rival ethnic groups to form their own rag-tag bands of liberation armies.”⁴⁷ Contacts between mainstream political parties and the factions of the Naga underground are well known and are willingly recounted by the locals.

He writes further that there is a lack of consent for governance for the Indian state from the region. This is mainly due to the failure of the institutions of the state a vacuum that the insurgents make use of.

⁴⁵ See the South Asia Terrorism Portal website, www.satp.org

⁴⁶ Sanjib Baruah, “Gulliver’s Troubles: State and Militants in North-East India”, *Economic and Political Weekly*, October 12, 2002, p.4180.

⁴⁷ Sanjib Baruah, “Gulliver’s Troubles”, p.4180.

And like the state, militant groups receive in exchange for those services their share of loyalty and taxes. Indeed what may be lost in the talk of extortion by militant groups is that from the perspective of the small ethnic constituencies that each militant group seeks to serve, they are more reliable providers of security, deserving of financial contribution and support and more worthy of loyalty than the Indian state. Even though the Indian state's financial resources and military prowess may be a significant force to reckon with, it remains a remote entity, of limited relevance to urgent everyday needs, except as a cash cow, and with little claim to the hearts and minds of peoples.⁴⁸

Over the years, whatever happens in the Northeast has stopped capturing the attention of the people in the rest of India, unlike in the case of Kashmir, and New Delhi finds it too complicated to try and reach a solution. It so looks that even the insurgent organisations are not in a hurry to reach a solution.

Consider, for instance, the challenge posed by Naga separatist/nationalist assertion. Officially, the central government is engaged in talks with the dominant Naga separatist faction, though the talks are going round in a circle that simply refuses to get squared because neither Delhi, perhaps not even the leaders of the National Socialist Council of Nagaland – Isak-Muivah, are serious about working towards an acceptable balance between territoriality and sovereignty. For Delhi, containing Naga insurgency is now a low cost operation, especially since no one, not even the most un-restructured of Naga separatists, wants a return to the bad and hard days of the first four decades of Naga insurgency. The result is a convenient compromise where the motions of talks continue to be made, while, for all practical purposes, there is the tacit connivance in the existence of the de facto government of the People's Republic of Nagalim. Indeed, such local level autonomist structures, without however flaunting symbols of sovereignty, exist in other parts of the region, their sway limited to small pockets, their power exercised in the matter of collection of taxes, like any other sovereign structure. Delhi seems to be all too ready to ignore

⁴⁸ Sanjib Baruah, "Gulliver's Troubles, p.4180.

*such open challenges to its own authority since these are taking place in some remote areas and so are not visible.*⁴⁹

The government of India thinks that the situation is not out of control though it is too complicated to get into with resolve; the insurgent organisations have a free hand in the affairs of the two states – from police recruitment to ‘tax’ collections to development to almost anything- and the people are too tired of expecting anything better and so they unwillingly listen to the insurgent groups. The result is that there is a parallel government in Nagaland and Manipur, something not even heard of even in places like Jammu and Kashmir.

Development and industry are directly affected by the activities of the insurgent organisations. There is hardly any industry in the state, nor is the state of basic infrastructure like roads and electricity any good. While a lot of money the government of India is pumping into the two states, most of it goes into the pockets of the politicians or local bureaucrats (corruption is so rampant in the two states) and the insurgent groups ask for a ‘cut’ in whatever is left. Hardly anything is left for the actual development of the region. Locals describe how there is an all round lack of developmental activities and initiatives in the two states. Added to this is the fact that there is widespread corruption among the government officials.⁵⁰

Most of the businesses operating in the region have to pay the UGs or leave the region. An example often cited is that of the Tata Tea Company’s case of 1997 when they were found to be providing funds to the ULFA militants. This is the fate of the telecommunication companies, construction companies or for that matter any concern in the region.

The impact of insurgency on work related to HIV/AIDS has also been considerable. The ‘shut downs’ of the two states called by various UG organisations from time to time ranging from one day to 51 days have hampered the HIV/AIDS prevention and care work in the states. Whenever there is a ‘shut down’ or strike (or *bandh* as it is locally called), the drop in centers would have to

⁴⁹ “Drifting towards Containment”, *Economic and Political Weekly* editorial, September 15, 2007, p. 3679.

⁵⁰ Interviews with Dr. Lal, District Hospital Churhandpur, Manipur, and health worker in various villages on 13 November 2007; Fr. Joe Ngamkhuchung, Director, Northeastern Drug, HIV Training Centre, Dimapur.

be closed down and patients won't be able to travel to clinics and hospitals. Sometimes due to the blockade of key roads imposed by UG organisations, it is difficult to stock medicines. When a key road is blocked for a month, the poor patients who cannot afford to stock their medicines and have to get it on a daily basis suffer the most. To cite another example, the "June 18" mass "uprising" of 2007 resulted in Bandhs, economic blockades and curfews which went on for weeks together deprived many HIV/AIDS patients of medicine and as a result many of them died.⁵¹

Such extended periods of insurgency have brought about illicit contacts between the local officials and the UGs besides the fact that the local traders and general public need to maintain healthy relations with the UGs in order to go about their business or even survive. Dr. Lal of the Churhandpur District Hospital says that the contacts between the UGs and local officials are amazing. Most of the people that this author talked to categorically stated that almost all government employees, traders, private employees and sometimes even the private citizens having no jobs also have to pay taxes to the UGs.

There are two more ways in which insurgency is hampering AIDS prevention work in the region. One, using coercive tactics to get their 'cut' from the donor organisations by the insurgents has scared the former away. There have even been instances when foreign aid workers in the state were kidnapped by the insurgents. This is common today for the UG organisations to ask for a percentage (up to 20 per cent of the total funding) not only from the various HIV/AIDS related NGOs⁵² in the two states but also the government run State AIDS control Societies.⁵³ Secondly, some years ago the Central government had imposed a ban on funding to Manipur after a Union home ministry report alleged that "Funds have been siphoned off to underground elements through NGOs."⁵⁴

⁵¹ Yumnum Rupachandra, "Manipur: Conflict Upsets AIDS Work", September 29, 2007. Available at <http://www.youandaids.org/Features/ManipurSept29.asp>.

⁵² "Insurgency infects Indian state's AIDS battle", 13 Feb 2007, *Reuters news*. Available at <http://www.alertnet.org/thenews/newsdesk/DEL247412.htm>

⁵³ In an interview with the author Dr.T.R. Kom, Project Director, Manipur AIDS Control Society (MACS), recounted the number of times he has been threatened by the UGs give them a share of MACS funding. He was attacked a few times and a bomb was thrown at his house when he did not oblige to their demands.

⁵⁴ "Manipur to close AIDS Projects!", December 13, 2001, accessed from Yahoo AIDS-INDIA - AIDS INDIA eFORUM, an eNews Letter.

4.3 Governance and Development Issues in Manipur

Manipur is an economically backward state having a per capita income of Rs. 8015/- in 2004-05 (at 1993-94 prices). Around 52 per cent of the total working population is engaged in agricultural activities.

Per Capita Income of Manipur (INR⁵⁵ at constant prices (93-94))

1998-99	1999-00	2000-01	2001-02	2002-03	2003-04	2004-05
6401	7097	6851	7445	7446	7532 (P)	8015 (P)

Source: National Accounts Statistics, 2004.

Net State Domestic Product of Manipur (various years):

(at constant (1993-94) prices of Manipur (in Rs. crores))

1998-99	1999-2000	2000-01	2001-02	2003-04	2004-05
1555 (US \$ 392081939.11)	1830 (US \$ 461421188.79)	1827 (US \$ 460664760.62)	1935 (US \$ 487896175.04)	3323 (US \$ 837870278.89)	3680 (US \$ 927885232.11)

Source: Economic Survey, 2005-06, Govt. of Manipur

Educated unemployment in the state has increased over the years. In the year 1994 the total educated unemployment was 168391 which increased to 191693 in 1996, 257834 in 1998 and 315016 in 2005.⁵⁶ Industrial sector in the state is in bad shape with some defunct and some others loss-making. An overwhelmingly large percentage of the unemployed youth in the age- group, 15-29 years, are either literate or educated, both in rural and urban areas, but more so in urban areas.

⁵⁵ One Indian Rupee (INR) is equivalent to 0.0252143 USD or one US Dollar is equivalent to 39.6600 INR as on February 16, 2008. One Lakh is one hundred thousand and one crore is one hundred lakhs.

⁵⁶ Employment exchange register, Government of Manipur.

Nagaland also has low development and governance indicators. Unemployment is very rampant in the region, giving rise to a variety of problems. As the UNDP's Nagaland Human development Report points out: "The workforce constitutes 42.74 percent of the population in Nagaland. Though in absolute numbers, the total number of workers has increased from 5.16 lakh in 1991 to 8.49 lakh in 2001, the percentage of workers to the population has remained at 42.7 percent. However, among the workers, the share of main workers has fallen from 42.29 percent to 35.62 percent, while the share of marginal workers has increased from 0.39 percent in 1991 to 7.12 percent in 2001. The near stagnant proportion of workers and increasing share of marginal workers is indicative of increased prevalence of unemployment and disguised unemployment in the State."⁵⁷

There are also far too few industrial establishments in the state. Nagaland has only 1160 industrial units including small-scale industries, government emporiums, district industrial centres and specialised farms in 1999–2000 out of which 1064 are small-scale units.⁵⁸

As a result the Net State Domestic Product has also not increased considerably in the last few decades. It was Rs. 10,547 lakh in 1980–81, Rs. 57,898 lakh in 1990–91 (at constant 1980–81 prices) and Rs. 223,042 lakh during 2000–01 (at constant 1993–94 prices).⁵⁹ The per capita income in the State increased from Rs. 1361 during 1980–81 to Rs. 5520 during 1990–91. During 2000–01, per capita income was Rs. 11,473 (at constant 1993–94 prices).⁶⁰

Health indicators in the state are also not in great condition. Nagaland has 13 government hospitals and 422 dispensaries (2002-2003). Today, the whole of the state has only 2065 hospital beds. In 1999–2000, the total number of health centres in the state was 425, with 1633 beds and 394 doctors.⁶¹

The development situation of the Northeastern region not only does not attract investment and capital into the region but there is capital flight taking place from the region. In the words of Jayanta Madhab, "the credit-deposit ratio being very low in the region, the banking sector transfers something like Rs 5,000 crore from

⁵⁷ *Nagaland Human Development Report*, p. 18.

⁵⁸ *Nagaland Human Development Report*, p. 28.

⁵⁹ *Nagaland Human Development Report*, p. 26.

⁶⁰ *Nagaland Human Development Report*, p. 26.

⁶¹ *Nagaland Human Development Report*, p. 32.

this region to other regions for investment. Because of prolonged insurgency in the region, despite abundance of natural resources (oil, gas, coal, granite, limestone, water and forest wealth) no outside investment has taken place. Indeed, there was capital flight in the last eight years from the region.”⁶²

The extent of corruption and proper functioning of the governance delivery systems have ensured that the expenditures do not get translated into results on the ground. More funding from the Central government has only meant more corruption and not more development:

*It is clear that the resources allocated for both plan and non-plan expenditures have not been utilized for the purposes they were allocated for. Even if they were targeted to objectives such as poverty alleviation, public distribution system, health, education, drinking water and rural electrification, these resources either did not reach the target groups or had a huge leakage in the delivery mechanism. In the absence of any monitoring and evaluation of these projects and related use of resources, the leakage and diversion of funds became a regular feature and gradually became institutionalized. Meanwhile, the resources kept coming in from Delhi regardless of how they were utilized. This continuous flow of resources in fact did consolidate the emerging institutionalized corruption.*⁶³

A large amount of the funding for infrastructure development and other activities from the Central government goes into the hands of the corrupt politicians and bureaucracy, a large percent of it goes to the UGs: there is hardly anything left when it finally reaches the people.

[t]he poor governance of the states has led to two very significant consequences. Corruption has been rampant and at times blatant. Accountability has been totally absent in many of the states. This has led to exploitation and manipulation of these corrupt officials by the militants, and near anarchy in some places particularly in regard to the

⁶² Jayanta Madhab, “North-East: Crisis of Identity, Security and Underdevelopment,” *Economic and Political Weekly*, 6 February 1999. Cited in Lama, “India’s North-East States: Narcotics, Small Arms and Misgovernance”, p. 246.

⁶³ Lama, p. 244.

*maintenance of law and order, a major factor in the forced support to the insurgent groups extended by some very well known private agencies.*⁶⁴

UG organisations thrive where state is weak. It is precisely because the state is not in a position to govern, that the local businessmen and industrialists who need to get on with their small enterprises and businesses are willing to give a percentage of their investment as ‘taxes’ to the UGs.

The issue of non-governance gets more compounded when the agent of government refuse to go to these states to officiate governance related activities. Mr. E Rammohan, a retired Police Officer who served in the region says that “90 per cent of the officials of the all-India cadres assigned to the state are “on deputation” and they “continually manipulate their non-return”. This is true of the new officers too. Newly recruited officers of the all-India cadres to Manipur in the last five years mostly got “cadre transfers” to other states.⁶⁵

Government servants either do not work or ask for bribe to do routine jobs and one of the major reasons for this is that they are not paid by the government for months together and when they do get paid after a long interval, 10-20 percent of it goes directly to the UGs.⁶⁶ Monirul Hussain talks about local newspapers carrying newsitems with the headline ‘*Employee’s Pay-day*’ because when the government employees get paid after a prolonged wait, it becomes a cause for celebration. This is despite the fact that almost 80 per cent of the government expenditure is on the salaries for the employees.⁶⁷ Where is then the money for development?

⁶⁴ Lama, pp.246-7.

⁶⁵ Sanjib Baruah, p. 4181.

⁶⁶ Like tax that gets deducted at source, in most cases the per cent of the salary for the UGs get cut at the Cashier level of the department concerned. Individual employees are not required to individually hand over the amount.

⁶⁷ Monirul Hussain, “Governance and Electoral Processes in India’s North-East”, *Economic and Political Weekly*, March 8, 2003, p.983.

Literacy Rates (Northeast) 2001

States	Males	Females	Total
Assam	71.28	54.61	67.11
Arunachal Pradesh	63.83	43.53	54.74
Manipur	80.33	60.53	68.87
Meghalaya	65.43	59.61	63.31
Mizoram	90.72	86.75	88.49
Nagaland	71.16	61.46	67.11
Sikkim	76.04	60.4	69.68
Tripura	81.02	64.91	73.66
India	75.26	53.67	65.38

Source: Yojana, December 2007, p. 21

Over the years, protracted conflict, lack of development, porous borders and narcotics trade have given rise to another problem in the Northeast – proliferation of small arms. What this has done to the region is not just increase insecurity among the people but also make the situation deadlier. In other words, such a lethal mix of small arms, large number of HIV/AIDS cases, armed insurgency, narcotics trade and disillusionment among the people makes the two states what could be justifiably called vulnerable states.

5. Impact of HIV/AIDS on Governance in Manipur and Nagaland

5.1 HIV/AIDS in Manipur

The very first case of HIV infection in the state was detected in the year 1990. Today, the state is home to around 8 per cent of the country's total AIDS population (with 0.2 per cent of the country's population living in it).⁶⁸ The infection was initially found to be prevalent among Injection Drug Users (IDUs). Manipur is one of the 6 high prevalent states in the country with 1.3 per cent HIV prevalence rate found among pregnant women visiting Ante-Natal Clinics. As per the State AIDS control Society, the estimated cases of HIV positive in the state are around 40,000.⁶⁹

Trend of HIV/ AIDS Surveillance in Manipur

Year	Blood Samples screened	Cases of HIV positives reported	AIDS Cases reported	No of deaths due to AIDS
1990	3,147	961	4	4
1991	2,222	422	Nil	Nil
1992	3,409	351	Nil	Nil
1993	4,204	254	8	4
1994	16,958	1,187	56	11
1995	2,926	429	36	11
1996	2,021	557	114	35
1997	2,117	757	83	29
1998	2,779	984	61	6
1999	3,436	1,037	196	29
2000	4,859	1,242	203	18
2001	4,329	1,192	286	51
2002	6,195	1,389	632	73
2003	5,423	1,419	1,187	133
2004	6,854	2,019	461	65

⁶⁸ As per the estimates of the Manipur State AIDS Control Society (MACS), see MACS Annual Report 2006-2007, p. 4.

⁶⁹ MACS, *Annual Report 2006-7*, p. 4.

2005	1,745	515	63	14
Total	72624	14715	3390	483

Source: Office of the Manipur AIDS Control Society, Imphal, Manipur. Also available in Statistical Abstract: Manipur 2005, p.85.

The sero-prevalence rate among IDUs in Manipur in 2005 was 24.1 per cent, the highest in the world (it was 72.78 in 1998, 66.02 in 2000 and 30.7 in 2003).⁷⁰ Out of the total 191,793 blood samples tested until March 2007 the total number of HIV positives is 25,905.⁷¹ While the disease spread through the IDU route initially, it has now penetrated into the general population from the IDUs. While the prevalence rate among the pregnant women was 0.8 per cent in 1994, it was 2.70 in 1999, 1.3 in 2005 and 1.4 in 2006. The trend has decreased, but not stabilized.⁷²

Number of HIV/ AIDS Positive Cases in Manipur for the year 2000 to 2005

Category	2000	2001	2002	2003	2004	2005
Heterosexuals	1229 (screened), 238 (positive)	1680 (screened), 415 (positive)	1,619 (screened), 457 (positive)	2,056 (screened), 670 (positive)	2,479 (screened), 873 (positive)	604 (screened), 221 (positive)
Homosexuals	Nil	Nil	4 (screened), 1 (positive)	14 (screened), 3 (positive)	33 (screened), 9 (positive)	12 (screened), 5 (positive)
Injecting Drug Users (IDUs)	780 (screened), 509 (positive)	626 (screened), 451 (positive)	635 (screened), 429 (positive)	767 (screened), 457 (positive)	1,143 (screened), 763 (positive)	271 (screened), 177 (positive)
Blood donors	no data	-	-	-	-	-
Blood Recipients	66 (screened), 20 (positive)	42 (screened), 12 (positive)	55 (screened), 10 (positive)	75 (screened), 27 (positive)	85 (screened), 27 (positive)	19 (screened), 8 (positive)
Antenatal	97	Nil	Nil	Nil	1,387	248

⁷⁰ MACS, *Annual Report 2006-7*, p. 4.

⁷¹ MACS, *Annual Report 2006-7*, p. 4.

⁷² MACS, *Annual Report 2006-7*, p. 5.

Mother	(screened), 40 (positive)				(screened), 40 (positive)	(screened), 6 (positive)
Patients on Dialysis	Nil	Nil	Nil	18 (screened), 1 (positive)	86 (screened), 2 (positive)	21 (screened), Nil
Suspected of AIDS/ARC patients*	299 (screened), 110 (positive)	250 (screened), 85 (positive)	30 (screened), 6 (positive)	11 (screened), 5 (positive)	82 (screened), 11 (positive)	18 (screened), Nil
Relatives of AIDS patients	259 (screened), 100 (positive)	254 (screened), 122 (positive)	16 (screened), 8 (positive)	1 (screened), Nil	3 (screened), 2 (positive)	Nil
Prenatal transmission	Nil	Nil	200 (screened), 69 (positive)	280 (screened), 101 (positive)	620 (screened), 179 (positive)	183 (screened), 46 (positive)
Others	2,129 (screened), 225 (positive)	1,477 (screened), 107 (positive)	3,636 (screened), 411 (positive)	2,201 (screened), 155 (positive)	936 (screened), 113 (positive)	369 (screened), 52 (positive)
Total	4,859 (screened), 1,242 (positive)	4,329 (screened), 1,192 (positive)	6,195 (screened), 1,389 (positive)	5,423 (screened), 1,419 (positive)	6,854 (screened), 2,019 (positive)	1,745 (screened), 515 (positive)

Source: Office of the Manipur State AIDS Control Society, Imphal, Manipur. Also available at Statistical Abstract: Manipur 2005, p.85-6.

* AIDS-related complex (ARC) is a condition in which a patient's antibody tests are positive for HIV but has mild symptoms of HIV infection.

**Sero-positive among different High-Risk Groups under surveillance:
September, 1986 to September, 2007**

Risk Groups	Number Screened	Number Positive	% out of total HIV positive	HIV Prevalence among different high risk groups
Heterosexuals	26717	6304	28.85	23.60
Homosexuals	213	56	0.26	26.29
Injecting Drug Users (IDUs)	16750	9538	43.65	56.94
Blood Donors	10587	219	1.00	2.07
Blood Recipients	1594	273	1.25	17.13
Antenatal Mothers	54943	859	3.93	1.56
Patient on Dialysis	265	12	0.05	4.53
Suspected ARC / AIDS Patients	2215	394	1.80	17.79
Relatives of AIDS Patients	733	299	1.37	40.79
Perinatal Transmission	5188	1140	5.22	21.97
Others	33115	2759	12.63	8.33
Sub-total	152320	21853	100.00	14.35

Source: Data provided by the office of the Manipur State AIDS Control Society, Imphal, Manipur

The above data spanning over 21 years shows that there is a highly concentrated epidemic in the state, which has not captured the imagination of the national policy makers.

5.2 The Impact of HIV/AIDS on the Education Sector in Manipur

Manipur has a total of 4159 schools with the primary, upper primary, secondary and higher secondary schools (see figure below). More importantly, government expenditure on education seems to be much better than in the rest of India (see tables below).

Public Expenditure on Education in Manipur

States	Per Capita Expenditure (in Rs)	Expenditure on education as % of total budget expenditure
Manipur	1448.56	19.48
India	969	12.76

Source: N D George, "Education: Challenges", Yojana, December 2007, Volume-51, p. 22

Number of Educational Institutions in Manipur

	Primary Schools	Upper Primary schools	Secondary Schools	Higher Secondary Schools
Manipur	2552 (113.37)	831 (36.92)	588 (26.12)	118 (5.24)

(Figures in brackets are the number of institutes per 100,000 population)

Source: N D George, "Education: Challenges", Yojana, December 2007, Volume-51, p. 21

These data tend to show that things are fine, in fact better than the rest of India, as far as the educational sector in the state is concerned. The study tried to look beyond this rosy picture provided by the government and found that over the years there have been a lot of cases of premature retirement of teachers from the government schools in the in the state. From 1997 to 2007, the number of teachers who either took voluntary retirement, or expired or took invalid pension (taken mostly for health reason) in the government schools of the nine districts of the state were 478. The average number of teachers in all government schools put together in the whole state of Manipur in each of these years was between 25 and 28 thousand. When compared to such a large amount of teachers in the state's schools, 478 does not look huge. However, one needs to look at this data keeping in mind a few other things: 1) The steadily increasing number of reported

HIV infection from 1994 onwards; 2) the interviews held by the author with a large number of people who reportedly said that there is a considerable amount of infection among the teaching community in the state; 3) in a state where unemployment is huge and not many equally or better employment opportunities are available, it is hard to imagine that these teachers (who had permanent government jobs) had left their jobs to get better jobs in the state either in the government or in the private sector.

Premature retirement of Teachers – District wise- Manipur

	Sena pati	Chu rcha nd pur	Ukhru l	Tamengl ong	Impha l west	Thouba l	Bishnu pur	Impha l east	Chan del
1997	1	3	5	8	11	3	1	2	2
1998	1	5	4	4	10	5	12	1	
1999	7	6	4	5	20	7	4	1	1
2000		7	2	2	18	5	5	5	1
2001		4	4	2	19	4	8	2	1
2002		16	4	12	25	4	13	8	
2003	1	14		6	15	4	4	3	1
2004		5	2	7	14	3	7	7	1
2005		7	4	3	13	4	1	3	2
2006		7		2	14		3	1	1
2007		1		1	5	1	6		2
Total	10	75	29	52	164	40	64	33	12

Source: Directorate of Education, Imphal, Manipur.

More importantly, one needs to take into consideration two additional issues which came out during the interactions that the author had with a large section of people there: one, many teachers do not go to teach regularly and even if they go they work for a few hours and leave the school; two, it is a common practice in both Manipur and Nagaland for teachers to ask someone else to teach in the school on their behalf for a percentage of the salary they get from the government. The latter practice is more prevalent in the rural areas of the state. What these two things mean is that even if the teachers are HIV positive it is

possible for them to continue with their work. Thus such cases are unlikely to reflect in the premature retirement data.

However, locals also talk about a tendency among government employees to take voluntary retirements just prior to their actual retirement and get their relatives the same job they were doing. This claim could not be verified in the data as the government records did not have the age of the people who took premature retirement.

It is also revealing to see that the years when the highest amount of teachers were leaving service were also the years when instances of HIV/AIDS were being reported the highest. For example, while 36 teachers left their jobs in 1997, the year reported 757 HIV infections, in the year 1999 when 55 teachers left their jobs the number of infections was 1,037. In 2002, 82 teachers left their jobs and the state reported 1,389 infections. However, in 2004 when the maximum number of premature retirements took place, the number of HIV infection was 2,019 (see table below).

Year wise comparative figures for retirements and HIV/AIDS, Manipur

Year	Retirement of teachers	Retirement of Doctors & Nurses	Cases of HIV positives reported
1997	36	1	757
1998	42	Not recorded	984
1999	55	1	1,037
2000	45	Not recorded	1,242
2001	44	3	1,192
2002	82	5	1,389
2003	48	5	1,419
2004	46	3	2,019
2005	37	1	515
2006	28	Not recorded	
2007	16	2	
Total	479	21	

Sometimes what people say can reveal what data cannot. Mr. Jamkhanson from Churchandpur town, a 42-year-old HIV positive teacher who used to take drugs is

of the opinion that at least 15-20 per cent of the people in his fraternity are undoubtedly HIV positive mostly due to drug use. This, he says, is especially true in the rural areas.⁷³ He says that most of his friends who used to take drugs with him are no more. Mr. Upendra Singh, State Advocacy Advisor, Manipur, The India Essential Advocacy Project, Constella Futures, and Damu Singh, Orchid Project, Peer Educator, are of the opinion that even as there could easily be many government employees including school teachers in the area who are HIV positive, they rarely consult the local doctors: they always go out of town to get treatment.⁷⁴ This is an opinion shared by a cross-section of people this author talked to.

However, the Deputy Commissioner of Churhandpur district, Mr. Sumant Singh had a different opinion to give. He narrated an incident regarding applications forwarded by government employees for exemption from election duty (as it typically involves duty in far off places) at the time of elections to the state assembly. He says that while screening the applications he noticed that no one had mentioned HIV/AIDS as a reason for exemption, a mere mention of which would have earned them a sure exemption.⁷⁵ However, he himself points out that it is possible that people do not disclose it due to stigma and discrimination. Mention may be made here to the fact that stigma and discrimination is comparatively less in the northeast due to the IDU route of the spread of the disease and also due to the involvement of the church based organisations in HIV related work.⁷⁶ People also mentioned that stigma is less because of the close-knit nature of the society.⁷⁷

5.3 The impact of HIV/AIDS on the Health Sector in Manipur

The similar data on premature retirement from service collected from the health sector in Manipur do not, however, show similar results as in the case of the education sector. This is corroborated by oral evidence collected during the

⁷³ personal interview with the author in Churhandpur on 14 November 2007

⁷⁴ Personal interviews with the author on 13 November 2007 in Imphal and Bishnupur (both in Manipur) respectively.

⁷⁵ Personal interview with the author on 14 November 2007 in Churhandpur.

⁷⁶ Interview with Mr. Upendra Singh, on 13 November 2007, Imphal. Mr. Singh is State Advocacy Advisor, Manipur, The India Essential Advocacy Project, Constella Futures. Interview with Dr. Biakdiki, Shalom, HIV/AIDS care and treatment Centre, NGO, Churhandpur.

⁷⁷ Mr. Sanglian, Lamka Rehabilitation Resource Centre (LRCC), Churhandpur, on 14 November 2007.

interviews. One of the reasons for this could be the increased knowledge and awareness about the HIV infection and the proper means to prevent the disease among the health personnel than among the teachers.

As far as the health infrastructure in the state is concerned, the number of hospitals, including Primary Health Centres (PHCs), has remained the same over the years, but there is a relative decline in the number of doctors and nurses in the state.

Health Infrastructure in Manipur (various years)

Year	Hospitals (including PHC's)	No. of Dispensaries	Doctors	Nurses
1998-99	97	440	925	1265
1999-00	97	440	899	1265
2000-01	103	440	909	1062
2001-02	101	440	815	1064
2002-03	101	440	945	1148
2003-04	101	440	914	1070
2004-05	101	440	910	1019

Source: Directorate of Medical and Health Services, Govt. of Manipur & Regional Institute of Medical Sciences, Lamphelpat.

The data on the premature retirement of doctors and nurses in the state shows that there is hardly any premature retirement of doctors and nurses. The highest number of premature retirement took place from Churchandpur district but even this comes to only eight in a span of ten years.

Premature retirement of doctors and nurses Manipur (district wise)

Year	Churchandpur	Bishnupur	Ukhrul	Imphal	Senapati	Chandel
1997	1					
1999					1	
2001	1		1		1	
2002	3	1		1		
2003	1			1	1	2
2004	1			2		
2005		1				
2007	1					1
Total	8	2	1	4	3	3

Comparative premature retirements of Teachers and Nurses & Doctors, Manipur

Year	Retirement of teachers	Retirement of Doctors & Nurses
1997	36	1
1998	42	Not recorded
1999	55	1
2000	45	Not recorded
2001	44	3
2002	82	5
2003	48	5
2004	46	3
2005	37	1
2006	28	Not recorded
2007	16	2
Total	479	21

5.4 The impact of HIV/AIDS on the Electoral sector in Manipur

Manipur's democracy and election processes have often been marred by insurgency and imposition of emergency. It has however held regular elections. A look at the last two decades of democratic process in the state shows a very high voter turnout.

Manipur

Year	Seats/Constituencies	Eligible Voters/electors	Polling Percentage
1984	60	1013680	87.29% (884869)
1990	54	1112853	89.95% (1000984)
1995	60	1269746	91.4% (1160690)
2000	60	1415933	89.8% (1272487)
2002	60	1472919	90.38% (1331260)
2007	60	1707204	86.73% (1480705)

There have been occasional bye elections in the state mainly due to defections and other related political reasons. Only four members of the state Assembly in the last three decades had died while in office as per the records maintained by the Nagaland State Assembly.

Deaths (in office) of members of the Manipur legislative assembly

Name*	Constituency	Term	Expired on
Name		1995 to 1998	1998
Name		2000 to 2001	2001
Name		2000 to 2000	2000
Name		2007 to 2007	2007

* Names and constituencies withheld by author in order to avoid identification.

However, many of those who the author had interviewed say that they know of elected representatives who are infected by HIV. Mr. Upendra Singh said that he personally knows at least three members of Manipur Legislative Assembly⁷⁸ This claim is corroborated by others who also say that well to do people almost always go outside their respective states for treatment.⁷⁹

Year wise comparative figures for retirements and HIV/AIDS, Manipur

Year	Retirement of teachers	Retirement of Doctors & Nurses	Cases of HIV positives reported
1997	36	1	757
1998	42	Not recorded	984
1999	55	1	1,037
2000	45	Not recorded	1,242
2001	44	3	1,192
2002	82	5	1,389
2003	48	5	1,419
2004	46	3	2,019
2005	37	1	515
2006	28	Not recorded	
2007	16	2	
Total	479	21	

⁷⁸ Dr. Lal of the Churchandpur district hospital also said that that he personally knows about MLAs who are HIV positive.

⁷⁹ Interviews with Dr. Biakdiki, Shalom, Churchandpur; Kripa Foundation officials, Kohima, Nagaland,; Dr. Tuchi, Anti Retroviral Therapy doctor, District hospital, Tuensang, Nagaland on 19 November 2007; Mr. Tawa Lama, HIV counselor District Hospital, Tuensang, on 20 November 2007; Ms. Jasintha Telen, Project Manager, North-East Drug HIV/AIDS Training Centre (NEDHIV) OASIS, Dimapur, Nagaland on 21 November 2007; Mr. James Lotha, Project Director, De-addiction Centre, Bethesda, Dimapur, on 21 November 07; Dr. Kim, District Hospital, Churchandpur.

5.5 HIV/AIDS in Nagaland

Nagaland is one of the six HIV high prevalence states in the country. HIV was first detected in the state in 1990 among the IDUs. In the same year the Indian Council for Medical Research (ICMR) estimated that there were 2,500 IDUs in the state, with 50 percent HIV prevalence among them. In 2002, the prevalence rate exceeded 1 per cent among ANC attendees. From 1994 to 2005, 871 AIDS case were reported in the state with 264 AIDS related deaths. In the same period, states Voluntary Counseling and Testing Centres (VCTCs) has tested 41,800 samples of blood and out of them 2,607 were tested positive for HIV.⁸⁰

The following tables give a detailed description of the spread of the disease in the state.

Nagaland (HIV/AIDS) 1994-2007 - IDUs

Year	Districts covered	No of people tested	Tested Positive
1994	Dimapur (total population 309,024)	100	39
1995	Dimapur	100	32
1996	Dimapur	100	30
1997	Dimapur	100	21
1998	Dimapur	250	45
1999	Dimapur	119	9
2000	Dimapur	128	8
2001	Dimapur Tuensang (population 414,818)	237 200	18 11
Total for 2001		437	29
2002	Dimapur Tuensang Mon (population 260,652)	206 203 250	12 50 1

⁸⁰ Date available from the Nagaland AIDS Control Society.

Total		659	63
2003	Wokha (population 161,223)	250	2
	Mokokchung (Tuli)	186	5
	(population 232,085)	250	17
	Kohima (population 310,084)	250	25
	Dimapur	189	47
	Tuensang		
Total		1125	96
2004	Wokha	248	1
	Mon	246	1
	Phek	201	2
	Mokokchung (Tuli)	239	7
	Kohima	250	10
	Dimapur	245	11
	Tuensang	250	22
Total		1679	54
2005	Wokha	254	1
	Mon	250	5
	Phek (population 148,195)	225	2
	Kohima	250	10
	Mokokchung (Tuli)	250	12
	Dimapur	250	21
	Tuensang	250	27
Total		1729	78
2006	Mon	249	1
	Wokha	244	2
	Zunheboto	236	2
	(population 153,955)	226	3
	Phek	212	3
	Mokokchung	250	8
	Dimapur	250	13
		250	15

	Tuensang Kohima		
Total		1917	47
Grand Total		8443	551

Source: Office of Nagaland State AIDS Control Society, Kohima, Nagaland

Pregnant Mothers (ANC)

Year	District	No. of people tested	Positive
1998	Mokokchung	282	2
	Tuensang	135	1
	Dimapur	300	6
	Kohima	171	4
Total		888	13
1999	Kohima	400	3
	Mokokchung	396	3
	Dimapur	400	8
	Tuensang	267	13
Total		1463	27
2000	Kohima	400	8
	Mokokchung	394	2
	Dimapur	400	3
	Tuensang	342	12
Total		1536	25
2001	Kohima	400	3
	Dimapur	400	3
	Mokokchung	400	7
	Tuensang	360	11
Total		1560	24
2002	Kohima	351	4
	Dimapur	238	3
	Mokokchung	400	5
	Tuensang	400	32
Total		1389	44
2003	Mokokchung	398	1
	Wokha	369	3

	Dimapur	400	4
	Zunheboto	251	3
	Medziphema	252	3
	Mon	400	5
	Kohima	400	6
	Phek	235	5
	Tuensang	400	7
Total		3105	37
2004	Phek	582	1
	Wokha	441	3
	Dimapur	544	5
	Mon	702	4
	Kohima	494	10
	Zunheboto	338	6
	Mokokchung	725	12
	Tuensang	685	39
Total		4511	80
2005	Mokokchung	732	7
	Wokha	480	7
	Dimapur	743	9
	Zunheboto	787	6
	Kohima	563	9
	Phek	498	6
	Mon	350	8
	Tuensang	701	44
Total		4854	96
2006	Longleng	399	0
	Mon	544	2
	Phek	604	1
	Wokha	437	3
	Mokokchung	721	7
	Kipheri	256	3
	Kohima	400	5
	Zunheboto	545	8
	Dimapur	677	10
	Peren	400	9
	Tuensang	621	29

Total		5604	77
Grand Total		24,910	423

Source: Office of Nagaland State AIDS Control Society, Kohima, Nagaland

Reported Number of AIDS Cases (Nagaland)

Year	Number of Cases
Till 2000	82
2001	131
2002	107
2003	134
2004	361
2005	391
2006	260
2007 (till August)	392
Total	1858

Source: Office of Nagaland State AIDS Control Society, Kohima, Nagaland

Reported Number of Deaths Due To AIDS

Year	Number of Expired
Till 2000	32
2001	30
2002	53
2003	51
2004	74
2005	76
2006	39
2007	43
Total	398

Source: Office of Nagaland State AIDS Control Society, Kohima, Nagaland

Nagaland HIV/ AIDS Scenario since 1994 to April 2007

	AIDS cases reported	Adult	Children
Male	892	212	21
Female	614	166	21
Total	1506	378	42

Source: Office of Nagaland State AIDS Control Society , Kohima, Nagaland

Total Blood Screened in VCTCs since 1999 – April 2007

Total Blood Screened in VCTCs	78109
Total HIV Positive	4513
HIV Prevalence rate	1.22%

Source: Office of Nagaland State AIDS Control Society , Kohima, Nagaland

5.6 The impact of HIV/AIDS on the Education sector in Nagaland

When compared to the rest of India, Nagaland is doing quite well in the education sector despite the difficulties it faces from the difficult terrain, insurgency, paucity of funds etc. Its per capita expenditure on education is much better than the rest of India so is the case with the expenditure on education as per cent of total budget expenditure.

Nagaland's literacy rate, again in keeping with the rest of the country, has increased over time from 17.91 percent in 1961 to 67.11 percent in 2001. Nagaland has one university, 42 colleges, 16 higher secondary schools, 315 high schools, 469 middle schools and 1491 primary schools.

Number of Educational Institutions in Nagaland

State	Primary Schools	Upper Primary schools	Secondary Schools	Higher Secondary Schools
Nagaland	1520 (73.50)	480 (23.21)	336 (16.25)	43 (2.08)

(Figures in brackets are the number of institutes per 100,000 population)

Source: Yojana, December 2007 p. 21

Public Expenditure on Education in Nagaland

States	Per Capita Expenditure (in Rs)	Expenditure on education as % of total budget expenditure
Nagaland	1282.3	14.55
India	969	12.76

Source: Yojana, December 2007, p. 22

This data, like in the case of Manipur, reveal that Nagaland is faring much better then the rest of India. This study takes a look at what lies beyond this comforting data. The two factors that have the capability to undo all the progress that the state has achieved so far are the raging insurgency in the state and the fast spreading HIV/AIDS disease. The one important indicator that this study looked at to gauge the impact the disease has had on the education sector has been to take a look at the premature retirement rate of teachers in the government schools of Nagaland in the last ten years or so. From 1997 to 2007, the number of teachers who either took voluntary retirement, expired or took invalid pension (taken mostly for health reason) in the government schools of the 8 districts (where data was available) of the state was 880 (it was merely 478 in the case of Manipur).

Nagaland - Premature Retirements among Teachers

Year	Retirement of teachers
1997	Nil
1998*	1
1999	Nil
2000	116
2001	104
2002	112
2003	1
2004	184
2005	122
2006	157
2007	83
Total	880

*The data before 1998 was not available for teachers

Source: Directorate of Education, Government of Nagaland, Kohima

**Nagaland Teachers – premature retirement, expired and invalid retirement
(District wise)**

	Mokokchung	Dimapur	Kohima	Tuensang	Zunheboto	Phek	Longleng	wokha	Peren	Kiphire	Mon
1998			1								
2000	12	7	6	41	20	6	8	10	4	2	
2001	20	7	7	25	11	12	3	9	2	2	6
2002	23	15	18	20	14	9	2	8	2		1
2003	Record not available	1	Record not available	Record not available	Record not available	Record not available	Record not available	Record not available	Record not available	Record not available	Record not available
2004	29	27	20	39	24	10	8	16	7	2	2
2005	33	4	14	21	19	5	7	11	1	3	4
2006	47	11	8	31	15	9	7	15	10		4
2007	15	10	5	12	16	5	4	11	2		3
Total	179	82	79	189	119	56	39	80	28	9	20

Source: Directorate of Education, Government of Nagaland, Kohima

The numbers are staggering for a small state with too few employment opportunities. More importantly, in order to understand the gravity of the impact of HIV/AIDS on the teacher community in the state, one needs to look at this data keeping in mind a few other things viz. 1) The steadily increasing number of reported HIV infection from 1994 onwards; 2) the interviews held by the author with a large number of people who reportedly said that there is a considerable amount of infection among the teaching community in the state; 3) in a state where unemployment is huge and not many equally or better employment

opportunities are available, it is hard to imagine that these teachers (who had permanent government jobs) had left their jobs to get better jobs in the state either in the government or in the private sector.

Moreover, one needs to take into consideration two more issues which came out during the interactions that the author had with a cross section of people in Nagaland: one, many teachers do not go to teach regularly and even if they go they work for a few hours and leave the school; two, it is a common practice in both Manipur and Nagaland for teachers to ask someone else to teach in the school on their behalf for a percentage of the salary they get from the government. What these two things mean is that even if the teachers are HIV positive it is possible for them to continue with their work. Thus such cases are unlikely to reflect in the premature retirement data. Therefore the even this data is only likely to understate the extent of the disease in the teaching community in the state.

However, locals also talk about a tendency among government employees to take voluntary retirements just prior to their actual retirement and get their kith and kin the same job they were doing. This claim could not be verified in the data as the government records did not have the age of the people who took premature retirement.

It is also revealing to see that the years when large numbers of teachers were leaving service were also the years when large number of AIDS cases were reported. For example, while 104 teachers left their jobs in 2001, the year reported 131 AIDS cases were reported; in the year 2004 when 184 teachers left their jobs the number AIDS cases was 361. In 2005, 122 teachers left their jobs and the state reported 391 AIDS cases.

Year wise comparative figures for retirements and HIV/AIDS, Nagaland

Year	Retirement of teachers	Retirement of Doctors & Nurses	Total no. of HIV Positives reported
1997	Nil	2	
1998	1	7	901
1999	Nil	5	1490
2000	116	3	1561
2001	104	1	1584

2002	112	1	1433
2003	1	Not recorded	3142
2004	184	5	4591
2005	122	2	4950
2006	157	Not recorded	5681
2007	83	2	
Total	880	28	

5.7 Impact of HIV/AIDS on the Health Sector in Nagaland

Health infrastructure and personnel in Nagaland is not satisfactory. The whole state of Nagaland has no more than 500 doctors for a population of about 2 million. There is a District Hospital in every District, one Community Health Centre (CHC) for every 80,000 population, one Primary Health Centre (PHC) for every 20,000 population and a Sub-Centre (SC) for every 3,000 population.⁸¹

Number of Hospitals in the Districts as on 01.02.2005

District	CHC	PHC	SHC	Big Dispensary	SC	Total
Kohima	2	14	8	1	46	71
Mokokchung	2	11	1	5	49	68
Tuensang	3	11	5	2	61	82
Phek	1	10	6	3	33	53
Mon	1	6	5	1	49	62
Wokha	-	6	5	1	30	42
Zunheboto	2	6	3	1	40	52
Dimapur	1	3	2	2	27	35
TOTAL:	12	67	35	16	335	465

(Source: Department of Health website, Nagaland.

<http://nagahealth.nic.in/Department%20Infrstructure.htm>)

⁸¹ Department of Infrastructure, Government of Nagaland, available at <http://nagahealth.nic.in/Department%20Infrstructure.htm>.

Other Health Centres and their bed strength

Health Centres	Bed Strength	No. of Beds.
Community Health Centre (12 Nos.)	30 each	360
Primary Health Centre (28 Nos.)	12 each	336
Primary Health Centre (39 Nos.)	6 each	234
Subsidiary Health Centre (35 Nos.)	2 each	70
Big Dispensary (16 Nos.)	2 each	32
Total Beds (Health Centres):		1032

(Source: Department of Health website, Nagaland.

<http://nagahealth.nic.in/Department%20Infrstructure.htm>)

The premature retirement data of doctors and nurses collected from the state does not show a high rate of retirements, just as it was found in the case of Manipur.

Premature Retirements among Doctors and Nurses in Nagaland

	Tuensang	Kohima	Dimapur	Mokokchung	Zunheboto	Mon	Wokha	Kiphire
1997	1	1						
1998	1	1	1	1		1	2	
1999	1	1		1	2			
2000		2		1				
2001								1
2002						1		
2004	1	1	1	2				
2005				1	1			
2007					2			
Total	4	6	2	6	5	2	2	1

The data show that from 1997 to 2007 (provisional in the case of 2007) there were only 28 premature retirements out of which 23 were voluntary retirements, 4 were deaths, and one was invalid pension (taken for medical purposes etc.). The data also corresponds with the oral evidence collected by the author from the state. People have mostly attributed the lower rate of infections (indirectly assumed) among the health personnel due to their increased knowledge and access to preventive measures.

5.8 The impact of HIV/AIDS on the Electoral sector in Nagaland

Nagaland's democracy and election process have often been marred by insurgency as in the case of Manipur. It has however held regular elections. A look at the last two decades of democratic process in the state show a very high voter turnout.

Nagaland Elections – An overview

Year	Seats/Constituencies	Eligible Voters/electors	Polling Percentage
1987	60	581953	84.53% (491901)
1989	60	582416	85.65% (498822)
1993	60	802911	91.53% (734935)
1998	60	260646	78.95% (205788)
2003	60	1014841	87.85% (891497)

Source: Election commission of India

There have been occasional bye elections in the state mainly due to defections and other related political reasons. The state had only two bye elections to the state Assembly in the last three decades (see table below). The high voting percentage shows that the HIV/AIDS disease has not affected the electoral institutions' ability for normal functions.

Deaths (while in office) of members of the Nagaland Legislative Assembly

Name*	Constituency*	Term	Expired on
Name-----	-----	06-03-2003 to 31-01-2007	31-01-2007
Name-----	-----	06-03-03 to 2-11-2006	2-11-2006

**Name and constituency withheld by author in order to protect identity*

5.9 The impact of HIV/AIDS on Law Enforcement and Security Agencies in Manipur and Nagaland

This section looks at the impact of HIV/AIDS on the Indian Army soldiers, paramilitary soldiers and police personnel stationed in the Northeast. The security forces and the police departments, as is to be expected, were neither willing to go on record regarding issues relating to HIV/AIDS nor were they willing to provide any data regarding the issue, citing security reasons. Even the data regarding the premature retirements were not available. Therefore, the conclusions made in this section will rely exclusively on secondary data and interviews conducted in Manipur and Nagaland.

The national situation as far as the infection in the armed forces is necessary to note here. India has about 1.3 million regular troops divided into 11 corps apart from around 535,000 reserve force members. Besides the regular military forces, India has 12 paramilitary organisations as well. Today, HIV/AIDS has emerged as the fifth largest killer in the Indian military. There is, at present, no comprehensive data regarding the HIV/AIDS infection in the country's armed forces, as there is no universal and compulsory testing. Testing for HIV is done among those suspected of having infected HIV/AIDS, military blood donors, high-risk groups and those going abroad for deployment.

While in the beginning the authorities were not willing to accept that many soldiers are infected by the disease, things are changing for the better; far from denying, the Indian military today seems to be willing to address it and thereby confront it.

All that we have as data on HIV/AIDS in the military is sketchy and disparate. According to available data, ante-natal clinics in the army hospitals have recorded 0.2% prevalence of HIV/AIDS.⁸² An officer from the Indian Armed Forces Medical Services has pointed out that casual sex by soldiers and officers was the cause of 7% of infections in the military, commercial sex workers 62% and unknown 28.9%. The same report also said that among the three branches of the Indian military, the Navy had the highest contributing infection rate, possibly due to sailors' absence from their families. While the prevalence of the disease in 1998 was 0.34%, it was 1.3% in 2000 and 0.77% in 2001.⁸³

Unconfirmed studies based on national average have suggested that around 20,000 persons in the uniformed services in India may be HIV positive.⁸⁴ In 1998, the *Hindustan Times* had reported that over 6,000 members of the Indian army had tested positive for the disease.⁸⁵ Another report in the following year suggested that 1,400 army personnel had been infected by the disease.⁸⁶

Some reports have indicated that currently the infection in the Indian military is 0.08%.⁸⁷ It is also pointed out that annual rate of new cases has stabilized at around 500 in the last couple of years. In 2004, an Indian army general acknowledged in a television talk show that there is a 2% infection rate among those coming forward to donate blood in the Indian military.⁸⁸

It was reported in 2004 that there are over 5,000 HIV+ cases in the armed forces and on an average 50 more are testing positive each month.⁸⁹

Due to the fact that it is an insurgency-ridden state and has borders with other countries, there is a great deal of armed forces presence in the Northeast. The Indian army, Central Reserve Police Force (CRPF), Assam Rifles, Border

⁸² "First HIV/AIDS centre comes up at Army Hospital", *Indian Express*, 24 December 2004

⁸³ presentation made by Group Captain Mandeep Singh at the Asia-Pacific Military Medicine Conference Xiii, HIV/AIDS Report, Bangkok, Thailand, May 12-16, 2003

⁸⁴ "Engaging the uniformed services in the fight against HIV/AIDS", UNAIDS Report. Available at http://www.unaids.org/bangkok2004/related_publications.html

⁸⁵ Roxanne Bazergan, "HIV/AIDS: Policies and programmes for blue helmets", ISS Paper 96, November 2004. Available at <http://www.iss.co.za/pubs/papers/96/96.pdf>

⁸⁶ Hiv/aids and development in south asia 2003. Available at www.undp.org.np/publications/reghdr2003/Chapter3.pdf

⁸⁷ *The Hindu*, May 02, 2005

⁸⁸ It was discussed in a talk show by Rajdeep Sardesai on the New Delhi Television at 10.00 pm on July 12 2004. The show had an Indian army General giving the above-mentioned information.

⁸⁹ "5,000 HIV+ cases in Army" *The Asian Age*, 02 December 2004

Security Force (BSF), apart from the state police force have presence in Manipur and Nagaland.

There are around one hundred thousand army and paramilitary forces in the whole of Northeast in order to fight the UGs. While the Assam rifles men have almost been posted in the region, personnel from the Army and CRPF only get short stints there and normally do not get their families along.

While numbers are not available, interviews and secondary literature suggests that HIV/AIDS is a problem that the forces have now woken up to and are fighting. The forces have officially asked their men to carry condoms while on duty: "We have instructed our men to carry stocks of condoms to prevent contracting HIV-AIDS while working in vulnerable areas," said Vice Admiral V.K. Singh, director general of the Armed Forces Medical Services.⁹⁰ Mr. Singh has also been demanding that there should be mandatory HIV/AIDS testing at the time of recruitment into the army, which is not the case so far. He claims that the army has become more open about the disease now and it is not penalizing those soldiers visiting sex workers, but giving proper counseling.⁹¹ An army doctor, who does not wish to be named for obvious reasons, pointed out that he has come across at least one JCO and 6-8 soldiers infected coming to his hospital in Dimapur (Nagaland) for treatment and are admitted there. He believes that lot more positive soldiers are undetected in the army because there is no mandatory testing for HIV. HIV positive men are placed in the low medical category and after 6 months are placed under permanent medical category. They have to go about normal duties and once the soldier is very sick, medical benefits are given and are sent home.⁹²

Recently, Lt. Gen. Bhopinder Singh, former Director General, Assam Rifles (AR), said in Shillong that, "now we find more soldiers dying from HIV/AIDS than from bullets fired by militants". Assam rifles which has a staff strength of 55,000 troops has already had 32 HIV/AIDS related casualties and 180 infected.⁹³ One of he

⁹⁰ "Condoms for troops battling N-E rebels". Available at <http://southasiafocus.com/newsflash.html>.

⁹¹ Siddhartha D Kashyap, "Report sexcapades: Army", 24 November 2006, *The Times of India*. Available online at <http://timesofindia.indiatimes.com/articleshow/548219.cms>

⁹² Interview by the author with an Army Doctor, Army Hospital Dimapur, on 21 November 2007.

⁹³ "More soldiers killed by AIDS than bullets in India's northeast: general", AFP, April 22, 2005. Available at <http://health.news.designerz.com/more-soldiers-killed-by-aids-than-bullets-in-indias-northeast-general.html>

main reasons why the AR is highly vulnerable is because, Bhopinder Singh says, “When you compare the jawan (soldier) of Assam Rifles with a jawan of the Army, BSF or CRPF you must remember that our jawans stay here where the battalion of other forces go back to some other place after some time. That is he is in high risk category as he is going to serve throughout his career in the Northeast”.⁹⁴ This fear is corroborated by locally held interviews by the author. AR men are understood to be highly infected, according to the local health workers and NGO workers.⁹⁵ A doctor with the Assam Rifles in Kohima said that her battalion had at least five HIV positive soldiers (there are 45 battalions in total). She said that there is no compulsory testing for HIV in the AR not does the annual medical examination cover HIV testing, it is done only if someone is sick and is suspected of having HIV. The infected are not dismissed from service but go about their normal duties including combat duties till they are unable to do so. She also pointed out that free condoms are available for soldiers in AR camps.⁹⁶

The Indian Air Force stationed in the region is also wary of the disease and its spread among its men. Air Marshal P.K. Barbora, Air Officer Commanding in-charge of Eastern Air Command pointed out that “HIV/AIDS is prevalent in the Northeast and personnel of the armed forces living far away from their families are at great risk of exposure to this dreaded disease,”. He further said that AIDS is a social enemy that has not even spared the defence forces. We are gearing up to fight it”.⁹⁷

The CRPF has also reported infections among its ranks. According to reports in 2006, in the past 13 years, about 400 CRPF soldiers have died of HIV/AIDS while a further 300 were under treatment. The same report also suggested that most of the cases of HIV infection in the force were detected in the Northeast.⁹⁸ The spread of the disease becomes compounded with the official sources revealing that there is big issue of drug abuse and alcoholism among the forces. JK Sinha, Director General of the CRPF, said that “Our doctors have informed us

⁹⁴ Deborsh Chaki, “Army battles HIV in the Northeast” March 05, 2006. Available at http://www.ibnlive.com/article.php?id=6315§ion_id=3

⁹⁵ Interviews with Mr. Sanglian; Ms. Jasintha Telen; Mr. James Lotha, Army Doctor, Army Hospital Dimapur.

⁹⁶ Interview with the author in Kohima, on 17 November 2007

⁹⁷ “Defence forces load anti-AIDS ammo”, *The Telegraph* (Calcutta) September 25, 2007. Available at http://www.telegraphindia.com/1070925/asp/northeast/story_8355509.asp

⁹⁸ “Over 400 CRPF men hooked on to drugs, alcohol” June 25, 2006. Available at <http://indiaenews.com/2006-06/12578-400-crpf-hooked-drugs-alcohol.htm>

that according to an estimate, around 10 percent of the 250,000 personnel in the force are suffering from acute alcoholism and drug abuse”.⁹⁹ It is widely held by local health workers and NGO workers that a large amount of CRPF men are HIV positive.¹⁰⁰

Local police in Nagaland and Manipur are also not immune to the disease. In fact, some health workers and NGO officials say that local policemen are as infected as army men and soldiers from the paramilitary forces. They get free drugs and sex and are in the know of local contacts and drug and alcohol joints making it easy to access the two.¹⁰¹

Significantly, HIV/AIDS infection is understood to be very high among the UGs who do not have regular medical facilities, counseling facilities etc. More importantly, precautionary measures are often not readily available to them since they are camped in far away places, often in thick forests. Almost everyone who was asked about the extent of infection among UGs stated that the infection rates are alarmingly high.¹⁰²

⁹⁹ “CRPF fights AIDS and drug abuse”, February 08, 2006, available at <http://timesofindia.indiatimes.com/articleshow/msid-1405691,curpg-4.cms>

¹⁰⁰ Interviews with Mr. Sanglian; Director, Kripa Foundation, Kohima; Jasintha Telen; and James Lotha.

¹⁰¹ Interviews with Mr. Damu Singh, Orchid Project, Bishnupur, Peer Educator-outreach, on 13 November 2007; Mr. Sanglian; Dr. Biakdiki; Director, Kripa Foundation; Dr. Dietho Koza, State AIDS Control Society; Dr. Sungmo Chang, Medical Officer, Office of the CMO Kohima, Tuensang, Nagaland, on 18 November 2007; Dr. Moa Jamir, District Tuberculosis Officer, Tuensang on 19 November 2007; Dr. Tuchi, ART doctor, District Hospital Tuensang, Nagaland on 19 November 2007; Dr. Tochi, District Hospital Tuensang on 19 November 2007; Dr. Chingmak Chang; Mr. Tawa Lama, HIV; Jasintha Telen; James Lotha; Army Doctor, Dimapur.

¹⁰² Interviews with Dr. Sungmo Chang; Dr. Moa Jamir; Dr. Tuchi; Dr. Tochi; Mr. Chingmak Chang; Mr. Arjun, SASO-General Sec.retary; Dr. Kim.

6. Conclusions

This study has argued that the threat that HIV/AIDS poses to the governance structures in Nagaland and Manipur cannot be seen in isolation for two reasons: one, the impact of HIV/AIDS in already weak states such as Manipur and Nagaland cannot be seen in isolation and but in combination with each other; two, when looked at in isolation, the impact of HIV/AIDS scenario in these two states is likely to give a comforting picture. Also important it is to understand that while the premature retirement data that we have is unlikely to give a clear picture of the extent of impact that the disease has on the governance structures of these states. The real picture emerges, therefore, only when the disease is seen in combination with those variables leading to the general breakdown of governance in these two states.

Having therefore looked at the other factors that have rendered the states weak, the study argued that HIV/AIDS has moderately affected the governance structures of Manipur and Nagaland. The premature retirements of employees from the education and health sectors of the states, as well as the frequency of bye elections in the states, shows that the premature retirement rates are high in the education sector, more so in the case of Nagaland. This, the study argued, could be linked to the increasing incidence of HIV infections in these states. This was further verified by oral evidence collected during the personal interviews with a cross section of people in these states. However, it was found that the disease has had no great impact on the health sector of these states. And there was absolutely no impact on the electoral sector.

The Nagaland government, more affected by the disease than Manipur, has recently advised the elected Members of its Legislative Assembly (MLAs) to earmark a share of the local development fund given to them by the government. This could be seen as a direct impact of the disease on the development and economies in the region.

There seems to be no let up in the spread of the disease even as awareness levels are high and the infection among IDUs is decreasing. With the disease still a big public health issue, and insurgency and drug trade not showing any signs of

improvement, HIV/AIDS could easily be termed as a silent destroyer which might show its real hold over the governance of the states in the years to come.

In conclusion, the study makes the following arguments: (a) it is not possible to come to any hard conclusions about the impact of HIV/AIDS on governance in the two states because of the multiple other factors; (b) there are indeed some small indications of the impact of HIV/AIDS in the education sector in both the states under study; (c) oral and circumstantial evidence, if not hard data as it is unavailable, also points to the fact that the disease has had an impact on the local police, and armed forces stationed in these two states; d) in the end it would take a much larger epidemic than this to destabilize these states, however and very evidently, fragile they may be; (e) however, as part of a much larger state, this is most unlikely to happen.

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