

Interventions for containing HIV AIDS epidemic in India: Success through interventions for migrants at Destination

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Back Ground:

Prevalence of HIV amongst Migrants is highest in any group, after High Risk Groups of FSW, MSM and IDUs. Further, importance of migration/mobility in the spread of HIV infection in India is evidenced. Considering this, NACO has revised the destination migrant intervention which focus on high risk migrants (both male & female) unlike the single male migrants covered earlier. Interventions are focused in the towns and cities having high migrant population spread out across the city, engaged in construction works, hotel services, seasonal labourers hired for agricultural work, labourer working in the heavy industries, small and medium enterprises.

Description:

The revised migrant strategy came into force in 2011. With involvement of labour contractor, peers from the originating states the programme has been designed to focus on outreach in work place of migrants, congregation points and at places where they resides. Migrants are covered through health camps, interpersonal communications by outreach staffs, mid media activities, counselling. For impact analysis programme data has been taken for three year from 2012 to 2015 as programme streamlined since 2012. The data has been analysed on major indicator like total migrant population covered across TIs in the states, total STI cases treated, HIV positivity found & total linked to the ART centre.

Methods:

Major activities at Destination intervention

- . Outreach
- . Counselling
- . Mid media activities
- . Congregation events
- . Demand generation activities
- . Health camps
- . Advocacy with stakeholders

Service provision for migrants at destination TI ♦ Counselling ♦ Referral & linkages for HIV testing , ART and other social protection schemes ♦ Diagnosis and treatment of Sexually Transmitted Infections (STI)s through health camps or linked clinics	How Outreach through a dedicated outreach team consisting Peer Leader, Outreach Worker, Counsellor and volunteers Where At Drop in Centre (DIC) established for migrants and outreach at the places of residence, at places of work, con-
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Results:

The number of migrant TI has increased over the year, so also the coverage of migrants. The no of migrants accessed clinical services has also increased. The no of STI cases treated has decreased from 8.81% to 6.47% in 2015. Further, the % of migrants accessing clinical services in TIs to that of total migrants covered through any services has increased from 25% in 2012-13 to 41% in 2014-15.

Table no 1: Distribution of no of destination TIs, migrants coverage, total accessed

Year	Total no of Destination TIs	Total mi-grants covered (In Million)	Total accessed clinical services (In Million)	Total mi-grants treated for STI (In number)	% STI cas-es treated
2012-13	251	2.88	0.73	64433	8.81
2013-14	289	2.92	1.17	70340	5.99
2014-15	311	3.59	1.48	96176	6.47

Lessons Learned:

Migrant coverage increased from 2.8 million in 2012 to 3.1 million in 2015 with an increase in number of Intervention from 251 in 2012 to 311 in 2015. HIV testing has increased from 0.1 Million to 0.5 million with decrease in HIV positivity from 0.77% to 0.27%. Similarly linking of migrants to the ART centre has increased from 40% to 84%. Moreover the percentage of STI cases treated has reduced from 8.81% to 6.47%. The percentage of condom use is not given here as free distribution is not encouraged in the intervention and distributed depends on social marketing and commercial brands available in the locality.

Conclusions/Next Steps:

The existing govt health facilities in the urban area and private hospitals to be roped into to provide free medical services to the migrants and increase in HIV testing facilities and ART linkages. The concerted effort and multiple approach to cover migrants has resulted decrease in HIV positivity, increase linking with ART centre, access to treatment of STI and decrease in STI cases, increase in HIV testing etc. In order to sustain the pace of programme in reductions of infections and increase in access to services, efforts are being made expanding care, support & treatment services and, therefore the existing govt health facilities in the urban area, private hospitals, Industries are roped into to provide free medical services to the migrants and their families.

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