

RSACS (RAJASTHAN STATE AIDS CONTROL SOCIETY)

TARGETED INTERVENTION – MIGRANT LABORS

Rajasthan State AIDS Control Society (RSACS) is an autonomous society formed by Government of Rajasthan with its members drawn from various departments. The society was constituted under the chairmanship of secretary health in December 1998 to implement National AIDS Control Programme more swiftly.

Rajasthan State AIDS control society was formed under the Rajasthan society act 1958 on 19.12.1998. National AIDS Control Programme is being implemented by AIDS cell formed under the Directorate of Medical and Health Services, **Govt. of Rajasthan**, Jaipur. The AIDS cell receives all the AIDS funds from the National AIDS Control Organization (NACO), Ministry of Health and Family Welfare, Govt. of India in form of grant aid.

AIDS as Health priority:

- Long incubation period
- Window Period 2-6 months (unknowingly spreading the infection to others)
- Mainly Sexually Transmissible
- HIV infection is mainly due to private decisions
- Kills the Fittest (most productive age group)
- Death is preceded by a fairly long period of illness

HIV/AIDS - Vulnerability in Rajasthan

- A large population of 56.4 million...even a small HIV increase translates into a large problem.
- Huge numbers of in and out-migration.
- 19% of all mines in India, with 0.5 million miners.
- 25,000 trucks pass every day on NH 8.
- Every third foreign tourist and every second domestic tourist wants to come in Raj.

Components of RSACS:

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- Integrated Counselling and Testing (ICTC)
 - Targeted Intervention (TI)
 - STI and RTI Services
 - Care, Support and Treatment (CST)
 - Information Edu. And Comm.
 - Mainstreaming and Partnership
 - Blood Safety
 - SIMU
 - Technical Support Unit

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- DAPCU
 - NACO
 - RTI

Targeted Intervention:

Targeted intervention as a strategy for prevention has proved to be an effective means to contain the prevalence of HIV in the state of Rajasthan. Under RSACS programme Currently (2024) there are 47 TIs working with core groups. Targeted Interventions emphasize and focus on the following elements that are the core activities of a TI:

- Information gathering
- Behavior change communication
- Access to STI services to be provided by the NGO itself or by arrangement with a public / private facility,
- Monitoring access and utilization of condoms
- Ownership building, and
- An enabling environment

Role of Targeted Invention

For HIV/AIDS prevention programme purposes, it would be useful to divide the entire population of a country into people who practice high-risk behaviors and people who practice low risk behaviors. The high-risk behaviors could be unprotected multi-partner sexual intercourse and injecting drug use without sterile precautions. In this scenario, HIV infection would travel faster and wider in populations that practice high-risk behaviors. This leads to a larger epidemic in the high-risk groups, which over time, spills over to the low-risk groups also. Hence in the interest of overall control of HIV epidemic, it is necessary to intervene as early as possible. This is done by initiating and supporting Targeted Interventions, which could lessen the spread of infection within high-risk groups and thereby in the general population.

JAI BHEEM VIKAS SHIKSHAN SANSTHAN and RSACS Partnership:

Jai Bheem Vikas Shikshan Sansthan got the TI (Targeted Intervention) Project in April 2014 and lasted up to 2017. Target group was – Migrant Labors.

PROJECT GOAL:

- Zero new infection among migrants in the district of Sirohi, Rajasthan.

Project Location (no. of sites)

No of sites – 5 locations in Sirohi District Rajasthan

Name - Binani Cement, J K Cement, Wolkem Cement, Modern Insulator and TFI Thread Mill

S.No	Site Name	Hotspot	Type of HRG	Estimation of HRG
1	PINDWADA	BINANI CEMENT	MIGRANTS	400-500 MIGRANTS
2	SIROHI ROAD	WOLKEM CEMENT	MIGRANTS	100-200 MIGRANTS
3	BANAS	J.K. CEMENT	MIGRANTS	500-700 MIGRANTS
4	ABU ROAD	MODERN INSULATORS	MIGRANTS	500-800 MIGRANTS
5	ABU ROAD	T.F. I. THREAD MILL	MIGRANTS	250-300 MIGRANTS

STRATEGIC OBJECTIVES:

- To control the spread of HIV infection among migrants
- To involve stakeholders in the project
- To bring change in high-risk Behavior
- To manage STI infection among migrants
- To promote condom usage among them
- To create enable environment
- To mobilize the community of migrants

PROJECT STRATEGY:

- **Behavior Change Communication:** -Use of IPC and mid media tools like street shows, local plays in their language, exhibitions, IEC material, video shows and others
- **STI Management**– Health camp approach for STI treatment. Referral to GOVT STI clinic. Referral to private providers so that complete and timely services made available. Awareness generation on STI issues. STI
- **Condom promotion:** –. Condom social marketing through 24 hours accessible outlets. Condom demonstration and educating them about it through proper outreach

- **Enabling Environment:** –Proper communication through IPC, meetings and workshop with various department like labor, health, transport and others and with contractors, labor union and their owners.
- **Community Mobilization:** –Establishment of Drop-in centers at place suggested and accessible to them and equip with all information and services where they feel like home which build their confidence.
- **Referrals and Linkages:** –Creating Relation with ICTC, ART, TB department and held meeting with them on timely basis so that proper referral and linkage will develop.
- **Monitoring and Evaluation:** - Day to day, weekly and monthly and monitoring by Project manager and Project director and Evaluation of the project on quarterly, half yearly and yearly basis.

ACTIVITIES INCLUDED IN INTERVENTION:

- **Field visit by ORW and Peer leader**
- **IPC and FGD**
- **Condom promotion**
- **Health camp and STI Treatment**
- **Functional DIC and various activities at DIC level**
- **Meeting stakeholders**
- **Meeting with Community and volunteers**
- **Referral for HIV Testing at ICTC**
- **Care and support for HIV positive**
- **IEC Activities and community events**
- **Trainings of staff and volunteers**
- **Crisis response system in place**
- **Reporting, Monitoring and Evaluation**

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