Social Work Practice through Targeted Intervention Projects on HIV/AIDS

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Abstract

The paper is an attempt to demonstrate the epidemic of HIV/AIDS in our country. The role performed by the Targetted Intervention Programme on HIV/AIDS implemented by various NGOs and CBOs and funded through NACO is higly significant. The role and responsibilities required by a social worker while serving with the high risk groups is highlighted. The social worker has to abide by various principles and values of Social Work. As our country, is facing the huge challenge of HIV/AIDS and hence we have to deal with the situation with precision and commitment.
KEYWORDS: HIV/AIDS, Social Worker, High Risk and Intervention.

The National AIDS Control Organization (NACO) New Delhi with the launch of National AIDS Control Programme (NACP) Phase – III, emphasized on the prevention of new infections in high risk groups such as female sex workers (FSWs), men who have sex with men (MSM) & transgenders (TGs) and injecting drug users (IDU). NACO through the State AIDS Control Societies relies a lot on the Targeted Interventions (TIs) implemented for the most vulnerable groups to HIV/AIDS as mentioned above. As per the data available from the website of NACO, there are around 1655 (approx) Targeted Intervention Programmes being implemented by various NGO and CBOs to control the spread of HIV in India. These programmes also include the T.Is for the Migrant workers and truckers which are considered as bridge population. It is estimated that the cause of more than 86% of new HIV transmission in India is related to unprotected sexual intercourse. Everyone in the population is in one way or the other at risk to acquire or transmit HIV. The HIV transmission in India occurs within groups or networks of individuals who have multiple sexual partners or indulge in sharing of injection/needles.

In NACP III, the programmes are based on HIV prevalence in the districts among different groups of population during the years 2004-2006. All districts in the country were classified in 2007 into four categories ranging from A to D (i.e. High risk to low risk respectively). The focus is central to planning, implementation and monitoring NACP-III at the district level. NACP's organizational structure has been decentralized to implement programmes at the district as follows:

Category	Districts
A	**156**
B	**39**
C	**118**
D	**296**

The high risk group (HRGs) individuals who are vulnerable and most at risk include:

- Female sex workers (FSWs)
- Men who have sex with men (MSM), and transgender (TGs)
- Injecting drug users (IDUs)

Sr.No	Type of Intervention People on risk	Number of Targetted Interventions	Coverage of Individuals in year 2011-12
1	**Female Sex Worker (FSW)**	**486**	**7,34,186**
2	**Men who Have Sex with Men (MSM)**	**182**	**2,78,598**
3	**Injecting Drug User (IDU)**	**277**	**1 43 913**
4	**Trans-gender**	**012**	**13 348**
5	**Single Male Migrants**	**290**	**48,66,929**
6	**Long Distance Truckers**	**078**	**26 93 145**
	Total (Including Core Composite Sites - 330)	**1655**	**-----**

State Fact Sheet March 2012, NACO, New Delhi.

Estimated HIV Prevalence & New HIV Infections

The data available from yearly reports of NACO has shown that, the adult HIV prevalence at national level has a steady decline from 0.41% in 2000 to 0.36% in 2006 to 0.31% in 2009. However, the low prevalence states of Assam, Chandigarh, Orissa, Kerala, Jharkhand, Uttarakhand, Jammu & Kashmir, Arunachal Pradesh and Meghalaya have made rising trends during the last four years. New HIV infections have made a shift by more than 50% over the past decade from 2.7 lakh in 2000 to 1.2 lakh in 2009. The six high prevalence states account for only 39%, while the states of Orissa, Bihar, West Bengal, Uttar Pradesh, Rajasthan, Madhya Pradesh and Gujarat together account for 41% of new infections. NACO states that to reduce the epidemic, targeted interventions (TIs) aim at effecting behaviour change through raising awareness among the high risk groups and bridge populations. These interventions after the saturation of three high risk core groups provided them with information on HIV prevention. Apart from prevention of HIV infection, TIs facilitate prevention and treatment of sexually transmitted infections (STIs) as STIs increase the risk of HIV infection. The T.Is link them to the treatment services. They also link the HIV infected people to the care and support units. Internetworking of NGOs/CBOs engaged in TIs and linking them to the general healthcare facilities ensures that HRGs access them without stigma or discrimination. All this is exercised through “Peer lead” interventions by community based organizations or

NGOs both in the rural and urban areas which focuses on sex workers, clients, partners of MSM and IDUs. All TIs are rights based, they empower the communities.

TIs Approach

The Targetted Intervention Projects deal with HRGs having vulnerabilities, and the prevention strategies include five elements:

- Behaviour change,
- Treatment for sexually transmitted infections (STI),
- Access and utilization of condoms,
- Ownership building
- Creating an enabling environment.

FSW (Female Sex Workers), IDU (Injecting Drug User), MSM (Men having Sex with Men)

Targeted interventions among female sex workers bring awareness about health implications of unsafe sex and HIV/AIDS issues. The TIs reduce sex workers vulnerability to STIs and HIV/AIDS by promoting:

- STI services
- Correct and consistent condom use
- Behaviour Change Communication (BCC) through peer and outreach workers.
- Building enabling environment
- Ownership building in the community
- Detoxification, de-addiction and rehabilitation
- Needle exchange
- Oral Substitution Therapy (OST)
- Abscess management and other health services
- Linking prevention to HIV related care and support services

Bridge Population

Bridge population comprises of people who, through close proximity to high risk groups, are at the risk of contracting HIV. Quite often they are clients or partners of male and female sex workers. Truckers and migrant workers are considered to be major portion of the bridge populations. They are a critical group because of their mobility with HIV. Their living and working conditions, sexually active age and separation from regular partners for extended periods of time predispose them to paid sex (cash or in kind) or sex with non-regular partners. In-fact, the inadequate access to health and provisions and services, treatment for sexually transmitted infections, aggravates the risk of contracting and transmitting the virus. Here also, the interventions are aimed at promoting safe sex through use of condoms. They also facilitate easy availability and accessibility to condoms, treatment for STI, counseling and testing services etc. There are various interventions carried out by NGOs at locations where truck drivers halt for a considerable time along highway stretches, business activity areas, check posts or port areas. The National Highway Authority of India, social marketing organizations are supporting the

NACP-III, helping it in the implementation of such programmes. The ultimate aim is to harness the trucking community, associations, brokers and others in driving and expediting these interventions. The interventions for migrants are focused on temporary, short duration migrants. They are of special significance to the epidemic because of their frequent movement between source and destination areas. For making sure that interventions reach the migrants, NGOs identify active volunteers from them and train them in spreading preventive messages among their fellow workers. Factory owners, construction companies and other employers engaging in the services of these migrants are also motivated to undertake preventive HIV education activities among them.

Roles and Responsibilities of workers working in a T.I

A lot of issues which have to be addressed by the workers in the field are as follows:

- Understanding characteristics of the population
- Meeting the HRG individuals on a regular basis
- Profiling each target group - risk of each individual HRG is assessed and mapped
- Contacting, giving the right message.
- Distributing condoms as per the need and clarifying myths and misconceptions about it.
- Providing referral services and follow up (STI)
- Providing services at the time of crisis to reduce their vulnerability and create a supportive environment
- Co-ordinate activities between Project Manager, Counsellor, Out Reach workers and Peer Educators in the project
- Understand the problems related to performance of PEs and providing solution.
- Establish systems of regular contact with primary and secondary stakeholders
- Disseminate information about sexual health and social welfare of the community
- Support and supervise Peer Educators in planning activities and outreach services
- Monitor the quality of services provided

Social Work Intervention

In a complex system of social, economic, political, cultural, and geographical factors, social workers perform various roles to promote social development. While practicing social work, theoretical knowledge of human behavior, social development, environmental effects (on individuals) and impact of individual behaviour on society is used. Social workers professionally apply skills, values, techniques and principles to help individuals, groups and communities to overcome personal and social problems. In implementing the Targeted Intervention projects on HIV/AIDS, the Project Manager, outreach worker and counselor along-with the peer educator gets a hands-on experience to undertake case work, group work and the method of community organization.

Practicum with individuals (micro social work): This requires systems theory knowledge and development of skills and techniques. The social worker has to equip himself with skills like: explore the problem, feelings, goal setting, termination and application of appropriate treatment. While conducting one to one & group sessions for Behaviour Change communication, this can be practiced. In the context of T.I the one to one

sessions hold a great importance because with this Individual / respondent shares his most personal and innate secrets. The principles of Acceptance and confidentiality can easily be practiced.
Ex: if a FSW is sharing her information, the social worker is bound to exercise these principles.

Practicum with groups (mezzo social work): Group Intervention can be cost effective and is an efficient tool of ensuring the use of time, energy and skills. Here, the social worker can use the skills of communication, education and negotiation etc. Social workers use these skills in conducting group sessions on promoting safe behavior among the high risk individual.
Ex: The worker has to disseminate the messages regarding HIV and STIs among the group. He/She can also share information on safe practices like correct and consistent condom usage.

The following are models of group work and the role of the social group worker (Berkenmaier & Berg-Weger, 2007).

- Social goals model is based on problem-focused interests and goals. The social worker would play roles of an initiator, facilitator and advocate or be a resource person.

- Reciprocal goals model is based on self-help, mutual aid in which members share experiences, support, ideas, solutions or their time. The social workers' role would be that of a facilitator, mediator, educator and a support.

- Remedial goals model is based on the principle that group interaction brings about change. The role played by the social worker would be that of a therapist, educator or mediator.

Practicum in the community (macro social work): Some problems cannot be solved with micro and mezzo social work. They need a broader approach that tackles social policy, organizational change or community organization. (Berkenmaier & Berg-Weger, 2007).
Ex: The social worker can empower the community of a particular group for crisis intervention.

Practicum in India has many challenges. Working with diversity of language, religion, caste, culture and people of different socio-economic status is not easy. The social worker comes in with pre-existing beliefs and values. They may be in conflict with values of social work and the values prevalent in the society. In India, the professional is given a higher status in the helping relationship and the client is submissive and expects to be directed towards the right path. This becomes more tedious when it is related to the Interventions with such groups like FSW, MSM and IDUs. While interacting with the people serving in TIs it was found that a considerable number of them have not shared the exact nature of their job profile with their family members. Many of the families are not aware about the role and responsibilities of these workers. All such projects provide

social worker a platform to practice their Principles and accepting the challenge of adhering to them.

Dore, Epstein & Herrerias, (1992) have identified eight specific areas of skill, knowledge and value development that are critical for such micro-practice learning.

1) Specific micro practice skills including engagement of client system, exploration of problems and feelings, goal setting, contracting, termination and application of appropriate treatment strategies (relationship building, empathy, cultural competence, intervention, termination and evaluation)

2) Capability for critical thinking

3) Capacity for self directed learning (e.g. management of dependencies and ability to seek and accept new knowledge)

4) Professional competency

5) Leadership ability

6) Caseload management (e.g. Knowledge of community resources and time management skills)

7) Interpersonal skills

8) Administrative skills

In our country, the social worker would get more than adequate opportunity to work with individuals. They learn skills in building relationships, identifying the problem area, assessing needs and resources and finally go ahead work with the treatment plan. In T.Is most of the workers have to abide by the principles of Acceptance, Non-Judgmental Attitude and the most importantly confidentiality. In the aforesaid mentioned 1655 T.I projects, thousands of the workers are employed but working with such populations really needs a thorough understanding and exact implementation of skills and techniques of social work. Yalom (1995) suggests that the social worker is the group leader and needs to be emotionally stimulating, caring, good at interpreting feelings, group process, and executing group rules, and limits. While working in the field one has to be flexible, aware of clients' issues, has insight into group process, able to confront, clarify, interpret and support.

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