



Women in mobile DIC in Delhi

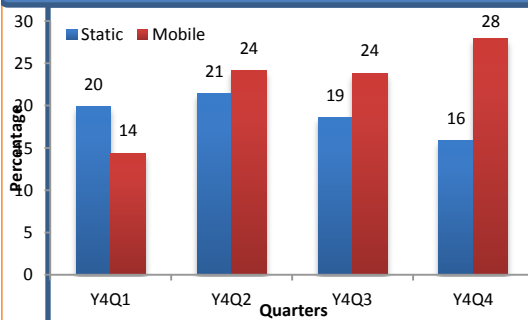
**Introduction:** At destination, Cross border Nepalese & Bengali Migrants taking the occupation in informal sectors basically where they hardly get leisure time to spend for themselves. In some cases though they are willing to access information at Static Drop-in Centre, the proximity of Static DIC, & its timing doesn't suit them. In addition, in some areas, women are getting difficulties to take out time from household chores. Apart from HIV, people also explore other information too on basis of their day to day issues for which they don't get much scope to discuss the same at Static DICs. Therefore the concept of mobile DIC was initiated in order to target the cross border migrant population who are difficult to reach.



Male migrants at mobile DIC in Mumbai

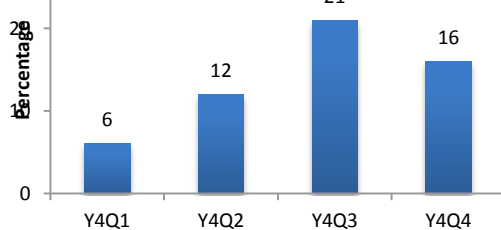
## Results :

% of female reached through DIC at destination



Through the mobile DICs, contact with female migrants or spouse of migrants increased from 14% to 28% in year 4. Mobile DICs could be effective reaching the unreached in their locality

'Mobile DIC' contribution to DIC contacts



Contribution to mobile DIC for overall DIC contacts has increased from 6%/year 4 Q1 to 21%/Year 4 Q3. Mobile DICs could be effective

**Project or Activities:** An idea of Mobile DIC was mooted under EMPHASIS project in order to target the hard to reach migrants in major destination sites called Delhi and Mumbai. EMPHASIS (Enhancing mobile populations' access to HIV and AIDS services, information and support) is a 5-year (3 Aug 2009-2 Aug 2014) initiative funded by the Big Lottery Fund, United Kingdom, implemented by CARE and local NGO partners in Nepal, India and Bangladesh. The program aims to reduce the vulnerability of key mobile populations to HIV and AIDS along two mobility routes between Nepal/India and Bangladesh India by delivering focused interventions at source, transit and destination.

The date and venue for holding the mobile DIC is agreed upon with the IP in advance. Before hand, community people are given an intimation and encouraged to gather at Mobile DIC for information and referral to services.

A convenient place, usually a hall or big room, is decided in consultation with the community. On the day, the Project staff, PEs and volunteers set up the DIC in the morning at the designated place. The room is decorated with IEC materials (leaflets, various report, brochures) are kept on the table which contains the message of HIV and STI. Self prepared charts are put up which gives information about various centres for ICTC and ART treatment. A penis model is mandatory with few packed condom for condom demo and re-demo. A banner is placed.

Usually, IP are encouraged to come in a group in a stipulated time so that one to group sessions can be conducted and HIV information is disseminated to group. After one to group session, if needed one to one session is conducted for disseminating more HIV knowledge and effective counselling. However, timings are very flexible as IP come upon their convenient time. In a day, Mobile DIC activity goes for around 6 to 7 hours. A separate DIC attendance register is maintained. All attendees are asked to give their detailed information (name, age, sex, profession, origin of place and duration of stay in destination). The given data is collected with the support of 3 Partner organizations namely Modicare Foundation, Anchal Charitable Trust in Delhi and Action Research Centre, Mumbai.



Discussion on HIV and AIDS



Women discussing on Rights & Entitlements



Condom demo by a Nepalese migrant at mobile DIC

**Conclusion :** A Mobile Drop-In Centre as an innovative strategy could be replicated in any Migrants Projects which have hard to reach migrants. It is a low cost option to the Static Drop-In Centre in most migrant contexts..