AP State AIDS Control Society

KDLOA

Project Proposal on

TARGETED INTERVENTION FOR TRUCKERS

April-2016 to March-2017

Submitted to

Andhra Pradesh State Aids Control Society

Submitted By

THE KRISHNA DISTRICT LORRY OWNERS ASSOCIATION

(KDLOA),Vijayawada-Krishna Dist.

Address

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1. COVER PAGE

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Name of The Project Director	*S. Ramesh Babu* *Mobil no:9866307747*
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Title of the Project	*Targeted Intervention Project among Truckers in Partnership with APSACS*
Location of the Project	*Autonagar-Vijayawada-AP*
Number of Sites	*8 sites* *1.Autonager* *2.Bhavanipuram* *3.Gollapudi* *4.Kondapalli* *5.Enikepadu* *6. Tadepalli* *7. Mangalagiri* *8. Ganguru*
Association Regd No:	*Regd No: 41/1966-Krishna*
Year of Proposal	*April-2016 to March-2017 (12 months)*
Fund Requested Rs:	*Rs:*

2. PROPOSAL SUMMARY

The Krishna District Lorry Owners Association was established in 1953 and it was formally registered under the society act in the year 1966. By nature is an association involved in transhipment of goods within and outside Andhra Pradesh. The association is comprised of 1500 who are truck owners and belongs to the Krishna Dist. Of AP.There are around 40000 trucks registered at Vijayawada which is the major transport hub of AP State.

APSACS has entered into dialogue with The Krishna District lorry owners association for implementing STI/HIV prevention intervention among truck drivers and cleaners, with an intention of protecting them from HIV infection. Responding to the call of APSACS, The Krishna District lorry owners association expressed its willingness to join hands and implement targeted intervention among truckers.

As a prelude to intervention, with the technical support of APSACS / TSU, The Krishna District lorry owners association had carried out a detailed needs assessment exercise to understand the needs of truckers in the areas of sexual health. The needs assessment exercise was carried out during the month of May-2008 and a detailed report was prepared based on the interactions with truckers and key informants. The results emerged from the exercise clearly indicated the need for STI/HIV prevention among the truckers. The sites were Autonagar, Bhavanipuram,Gollapudi, Kondapalli,Enikepadu and Ganguru areas of Krishna District and Tadepalli, Mangalagiri areas of Guntur District.

Based on the findings, The Krishna District lorry owners association is proposing to implement a targeted intervention to address the needs of the truckers. The intervention is planned on the lines of NACP III. The intervention would specifically focus on the

- BCC (IPCs, Street Plays, Health Games & Special Events)
- Clinic Services
- Condom Promotions
- Advocacy With key Stake Holders
- Capacity Building Training Programmes
- Linkages with others

tothe truckers with an intention of increasing their sexual health. The specific objectives of this intervention are to increase the safe sexual practices through inter personal communication and peer education, provision of STI services through setting up clinic with cost recovery system from truckers and making the condoms available by setting up different distribution mechanisms and finally to create an enabling environment for increasing the knowledge and maintain sexual health.

Though there are many locations, the intervention would be implemented in Eight locations, i.eAutonagar, Bhavanipuram,Gollapudi, Kondapalli,Enikepadu and Ganguru areas of Krishna District and Tadepalli, Mangalagiri areas of Guntur Districtin first

year and would be subsequently expanded to other locations as we gain experience and expertise.

The intervention would be implemented with the support of project team, who would exclusively made available for the project. The project team would also comprise both active and anchored peers, who would be from the truckers community.

Objectives:

- To provide information services and BCC to enhance their knowledge and motivate them to change present unsafe behavioral practices and reduce their vulnerability over a period of twelve months in Autonagar, Bhavanipuram,Gollapudi, Kondapalli,Enikepadu and Ganguru areas of Krishna District and Tadepalli, Mangalagiri areas of Guntur District

- To increase the levels of awareness, knowledge and risk perception on STI and HIV amongst truckers inAutonagar, Bhavanipuram,Gollapudi, Kondapalli,Enikepadu and Ganguru areas of Krishna District and Tadepalli, Mangalagiri areas of Guntur District

- To provide care facilities for STI infections and counseling

- To promote consistent and correct use of condom among truckers in Autonagar, Bhavanipuram,Gollapudi, Kondapalli,Enikepadu and Ganguru areas of Krishna District and Tadepalli, Mangalagiri areas of Guntur District

- To build an enabling environment and advocacy among the important influencers in truckers lives

- To create systems for sustaining the prevention activities within the association

Review of lastyear work

We found that our strategies we adopted last year worked well.

- Rapport building with RTO s and local transport authorities.
- Good rapport with local transport operators
- Good linkage with transport unions
- Conducted Street plays at hotspot level
- Conducted satellite clinic at Drivers /cleaners at their door steps
- Maintain static clinic regular
- Conducted mobile ICTC services at their door steps with support through "Meenestham"
- Good Linkage with HPC,BPC & IOC oil companies
- Good Linkage with ICTC's centers
- Good Linkage with ART's canters
- Good Linkage with DSRC canter
- ICTC Counsellors comes to Truckers halt point/locations and provided counselling and HIV/AIDS testing's.
- Maintain good relationship with 10 peer educators
- Last year we conducted 2394 testing's 10 were positives.
- ORWs and peers had taken active part in referring the cases to ICTC centres. Counsellor's is also involved.
- In part of STD treatment 181 cases Treated.

- Some of the HRG are not using condom in all sexual encounters. Peer educators and outreach workers with the support of counsellor made aware the HRG about the need and importance of condom. So, that it is possible to use condom with such HRG during all sexual encounters.

Self appraisal of organization 2015-2016[last year work]

BCC:

As per SACS Guidelines we conducted 2 types of outreach one is the Peer Educators outreach and second one is Outreach Workers (Health Educators)

Peer Educators

Peer Educators mobilized the community and conducted the IPC sessions and referred to the community to static clinic/satellite clinic. Regarding that we achieve 2401 Group sessions and 32832 Truckers community covered through the IPC Sessions.

Outreach workers: Our outreach staff covered total 14652 Target Population (Truckers) through Health Games and Street Plays. We conducted regular Health Games at the Truckers Halt points and we mobilized the community and conducted some introduction activities and give some gifts to the Participants and refer to the Static/ Satellite clinic.

Clinic -As per SACS Guidelines KDLOA maintained 2 Clinics for Our Target Population (Truckers). In those clinics we covered total 6115 Truckers In those we identified 181 STD patients during the period of April-2014-March-2016. Out of that we gave 2278counselling and Referred to ICTC-2826 and Tested 2394 and find Positives-10 and all positives referred to ART but only 4 persons registered at ART centre.

Condoms: Regarding the Programme we provide Condoms through 52 manned and un manned outlets at our Truckers Halt point Locations with the collaboration of HLFPPT i.e. Autonager ,Bhavanipuram , Gollapudi, Kondapalli and Yenekepadu. In the academic year we distributed total 79848 SM Condoms through our 52 outlets. This year we plan to extend more than 60 outlets for the access of Truckers location areas.

Sl.No	Core Indicators	MONTH & YEAR-2015-2016												
		april	may	june	july	aug	sept	oct	nov	dec	jan	feb	mar	Total
	Annual Coverage	4063	4094	3668	3828	3892	4207	3843	3522	3981	4042	4119	4117	47376
	Annual Target	833	834	833	834	833	833	834	833	834	833	833	833	10000
1	B C C													
A	NO Of IPC Sessions (10Pes)	201	200	200	200	200	200	200	200	200	200	200	200	2401
A1	No. of Participants in IPC sesstions (in each IPC 10 Participent=2400x10))	2726	2822	2473	2697	2676	2969	2696	2490	2800	2809	2839	2835	32832
B	OUT REACH (2a+2b+2c) (4 ORWs)	787	712	718	763	776	753	732	564	687	636	625	640	8393
B1	Street Plays(75x4x12)	120	103	82	86	155	112	154	130	142	156	132	212	1584
B2	No. of Participants in Health Games	1215	1169	1109	976	1104	1084	1017	890	1025	1233	1116	1130	13068
2	Foot Fall (25% of Coverage)	578	543	545	584	600	582	552	375	491	422	415	428	6115
2A	Static Clinic Futfall	291	244	244	298	309	361	317	247	262	220	259	253	3305
2B	Satillite Clinic Futfall	287	299	301	286	291	221	235	128	229	202	156	175	2810
2C	Counselling(all STIs & 15% of HRGs)	209	169	173	179	176	171	180	189	196	214	210	212	2278
3	STI Treatment(10% of Foot Fall)	10	17	12	6	4	9	14	20	27	25	13	24	181
3A	STI Treatment in Static Clinic	9	17	12	6	4	9	14	19	27	25	13	24	179
3B	STI Treatment in DSRC	1	0	0	0	0	0	0	1	0	0	0	0	2
3C	ICTC Referrals(all STIs & 10% HRGs)	209	250	250	209	235	250	235	209	250	209	250	270	2826
4	No of ICTC Tested (10% of Foot Fall)	175	237	182	183	187	238	226	167	241	202	163	193	2394
4A	No of Positive found	1	2	0	3	0	0	0	0	1	1	1	1	10
4B	ART Registration(all Positives)	0	2	0	1	0	0	0	0	0	0	1	0	4
4C	On ART	0	2	0	1	0	0	0	0	0	0	1	0	4
5	Condom SMC	8100	5400	8100	2700	0	12000	0	14000	5500	6148	9800	8100	79848
6	Advocacy Meetings	0	0	0	1	0	0	0	1	2	2	2	1	9
7	Special Event	0	1	0	0	0	0	0	0	0	0	0	1	2

3) DETAILS OF HRGs

We established the project office in Autonagar for this intervention programme.

- Based on the previous experience the Proposed Truckers Intervention Project is planned to carry the prevention activities in Autonagar, Bhavanipuram,Gollapudi, Kondapalli,Enikepadu and Ganguru areas of Krishna District and Tadepalli, Mangalagiri areas of Guntur District because of which they have been recorded high density of trucking community. The Autonagar is one of the big intervention places, which spreads around 275 acres of recorded heavy truck flow in the entire district.

b)High way covered and stretch Distance in KM:

S.No	Name of the Intervention sites	Distance In Km from KDLOA
1.	Autonagar	5 Km
2.	Bhavanipuram	18 Km
3.	Gollapudi	20 km
4	Kondapalli	32 Km
5	Enikepadu (from Office)	12 km
6	Ganguru	10 Km
7	Tadepalli	15 Km
8	Mangalagiri	22 Km

The NH No 16 and NH No 65 both are crossing in Vijayawada, In Vijayawada City The NH 16 limits start from Krishna Bridge and end at Nidamanuru, In between the Autonagar is the major Halt points to the Truckers, and the NH 65 limits starts in Vijayawada city from Ibrahim patnam and end at Autonagar, the total distance to cover nearly 30 Km.

a. **Halt point wise services and facilities available**

Name of the Location	Located on National highway	Number of halt points with in location	Availability of hot spot	Average number of FSWs operating	Average number of trucks available at any given time
Autonagar	Yes	7	Yes	20	1000
Bhavanipuram	Yes	2	Yes	5	100
Gollapudi	Yes	3	Yes	5	100
Kondapalli	Yes	3	Yes	5	400
Enikepadu	Yes	1	Yes	5	100
Ganguru	Yes	1	Yes	5	100
Tadepalli	Yes	3	Yes	5	100
Mangalagiri	Yes	3	Yes	10	100
Total		**23**		**60**	**2000**

The above table indicated that the association is covering 8 areasaround Vijayawada city.

The association has identified 23 locations, which have about 23halt points, considering the project guidelines the association has decided to cover and provide services in the halt points covered under these locations. 8 points will be covered during the First year in Third phase of intervention and in the later stage the association pin consultation with APSACS/ TSG is scale up the services to other halt points too. The brief profiles of locations are provided below:

1:AUTONAGAR- Has7 halt point average 1000 trucks available at any time and more than 2000 truckers available , among the 2000 truckers 70% truckers are long distance truckers only 30% of truckers are short distance truckers, Here Three hotspots one is UC Tea center back side Kranti transport ,Navata transport total 20 FSWs are available Social marketing condom are available to Truckers, KDLOA, Poranki guide NGO and VMM are Providing HIV/AIDS/STI/CONDOM services

2: **BHAVANIPURAM**- Here any time 100 trucks are available 200truckers are available among them 70% trucks are long distance 30% trucks are short distance, 5 FSWs are available at night time KDLOA-SATELLITE CLINIC is providing hiv/aids/sti/condom services.No other NGOs are working

3: GOLLAPUDI- Here 100 truckers are available.All truckers are other state trucks. KDLOA Satellite clinic is providing health services.5 FSWs are available at kerala hotel center KVSS Nandigam CBO is working on FSWs medical shops resting house, hotels Dabas are available here

4: KONDAPALLI- Here 3 halt points are I.1OC, 2.HPC, 3.HPC companies are here.400 truckers are available, 500 truckers are also available only KDLOA-TI is providing Health services 90% trucks are local (short distance) 10% trucks are long distance 5 FSWs are available at kondapallikhila road and near sivalayam temple medical shops hotel PHCs and Medical officer ,RMP are available for health services

5. Enikepadu-Here 1 halt point 100 trucks are available 200truckers are available among them 70% trucks are long distance 30% trucks are short distance, 5 FSWs are available at night time KDLOA-SATELLITE CLINIC is providing hiv/aids/sti/condom services other NGO VMM is Providing HIV/AIDS/STI/CONDOM services

6. Ganguru-Here 1 halt point is here. 100 truckers are available, KDLOA-TI is providing Health services.90% truckers are long distance truckers.Only 10% of truckers are short distance truckers. Total 5 FSWs are available Social marketing condom are available to Truckers, KDLOA, Poranki guide NGO Providing HIV/AIDS/STI/CONDOM services

7. Tadepalli-Here 3 halt points are available here 100 truckers are available, KDLOA-TI is providing Health services 90% truckers are long distance truckers only 10% of truckers are short distance truckers. Total 5 FSWs are available Social marketing condom are available to Truckers, KDLOA, Mangalagiri MMS NGO Providing HIV/AIDS/STI/CONDOM services

8. Mangalagiri-Here 3 halt points are available here 100 truckers are available, KDLOA-TI is providing Health services 90% truckers are long distance truckers only 10% of truckers are short distance truckers. Total 10 FSWs are available Social marketing condom are available to Truckers, KDLOA, Mangalagiri MMS NGO Providing HIV/AIDS/STI/CONDOM services

Number / proportion of short and long distance truckers at any given point of time

S.No	Name of the Intervention sites	Long Distance	Short Distance
1.	Autonagar	70%	30%
2.	Bhavanipuram	70%	30%
3.	Gollapudi	100%	0%
4	Kondapalli	10%	90%
5	Enikepadu	70%	30%
6	Ganguru	90%	10%
7	Tadepalli	90%	10%
8	Mangalagiri	90%	10%

An average of 100 to 200 trucks are available at any given point of time. Moreover, during the peak season of industrial operation that is during Jan to April the number increase by 2 to 3 times. In the selected halt points majority of them are long distance truckers;

b. Major source and destination point of the truckers

S.No	Name of the Intervention sites	Source	Destination of Truckers
1.	Autonagar	Repairs, Loading, and unloading	Orissa, Bihar, Maharashtra, AP, TN, Karnataka, Punjab
2.	Bhavanipuram	Loading and unloading	AP, Karnataka and TN
3.	Gollapudi	Broker office for loading	RJ,KA,MP,Delhi,Gujarat,HR,Bombay
4	Kondapalli	Loading	AP, Karnataka, Bengal and TN trucks
5	Enikepadu	Highway rest point	Orissa, Bihar, Maharashtra, AP, TN, Karnataka, Punjab,UP,MP,HRRJ
6	Ganguru	Loading and unloading	Haryana, Punjab, Maharastra Karnataka, Bihar
7	Tadepalli	Broker office for loading	Karnataka, Tamilnadu, Orissa, Maharastra
8	Mangalagiri	Broker office for loading	Karnataka, Tamilnadu, Orissa, Maharastra

The Above table shows that, majority of the Truckers are from long distance. The higher proportions are from Tamilnadu, Punjab, Orissa, karnataka, Maharastra, UP, MP, Haryana, Gujarat. In kondapalli are 90% truckers are local areas. Most of the truckers speak Telugu,remainggollapudi and bhavanipuram,Enikepadu areas truckers speak Hindi and multi language . Moreover the other trucks which belongs to district also halt for longer time. Bhavanipuram and Gollapudi halt points are major location for loading and unloading of the goods. Hence the truckers wait in this location for longer time. Similarly Kondapalli is major loading point for HP gas, IOC and Bharat gas.

c. Average time spent at the halt point

The average time the truckers spend at halt point varies at different halt points. In kondapalli the truckers stay upto 2 days, Auto Nagar the truckers stay upto 3 days and in Bhavaripuram truckers stay upto 2 Days, Gollapudi the Trucks stay upto 2 days and Enikepadu only stay 6 hours, Ganguru the Trucks stay upto 2 days, Taedpalli the Trucks stayup to 3 days, Mangalagiri the Trucks stay upto 3 days. The long distance truckers stay for longer time than short distance Truckers. Since the primary activity at halt point is loading and unloading, the truckers have to spend more time for getting another consignment, which they have to carry to another destination.

D. Details of facilities available around halt point;

S.No	Name of the Intervention sites	Facilities
1.	Autonagar	Rest Houses, Recreation, Food, Health clinic, Medical shop, Vehicle repair sheds, transport companies/offices, petrol pumps, vulcanization shops, Automobile spare parts shops, Sex workers
2.	Bhavanipuram	Medical shops, doctors, Lorry broker offices, Petrol pumps, food and FSWs
3.	Gollapudi	Broker Offices, PHC, RMPs, Food, Petrol pumps and FSWs
4	Kondapalli	PHC, RMPs, Food, Petrol pumps and FSWs.
5	Enikepadu	PHC, RMPs, Food, Petrol pumps and FSWs
6	Ganguru	PHC, RMPs, Food, Petrol pumps and FSWs
7	Tadepalli	Brokers offices, Medical Shops, PHC, RMPs, Food, Petrol pumps and FSWs
8	Mangalagiri	Brokers offices, Doctors, Medical Shops, PHC, RMPs, Food, Petrol pumps and FSWs

The Autonagar:is having all the facilities to the truckers likeRest Houses, Recreation, Food, Health clinic, Medical shop, Vehicle repair sheds, transport companies/offices, petrol pumps, vulcanization shops, Automobile spare parts shops, Sex workers etc., So most of the night halt trucker prefer to stay in Autonagar only.

In Bhavanipuram: All most all the truckers are coming from local and some of the facilities are available for the outstanding truckers.They areMedical shops, doctors, Lorry broker offices, Petrol pumps, food and FSWs are coming in night time

In Gollapudi:There are Broker Offices, PHC, RMPs, Food, Petrol pumps and FSWs are available

In Kondapalli: and Kattubadipalem most of the truckers stay only on their trucks.Here no facilities are available to the trucker.Whatever they want they have to come to Ibrahimpatnam which is 8 Km distance from this halt point, Most of the Truckers sleep at their Lorries only. The food is available at Kaka hotels but it is not good. The Government PHC opens upto evening. RMPs, Petrol pumps and FSWsare coming in night time. The details are given below

In Enikepadu: There are PHC, RMPs, Food, Petrol pumps and FSWs

In Ganguru: There are PHC, RMPs, Food, Petrol pumps and FSWs

In Tadepalli: There are Brokers offices, Medical Shops, PHC, RMPs, Food, Petrol pumps and FSWs

In Mangalagiri: There areBroker offices, Doctors, Medical Shops, PHC, RMPs, Food, Petrol pumps and FSWs

E. Behavior pattern among truckers community The detail discussion with respondents shows that, 93 percent of the respondents have reported using condom as safe behavior and 4 percent have opted for abstinence. On the other hand 94 percent see unsafe sex as risky behavior and 4 percent see having multiple partners as risk behavior.

Causes for not uses of condom

Sl.no	Indicators	No. of Truckers	%
1	Believe on lover	73	7.3
2	Care in sexual contact	7	0.7
3	Not available	99	9.9
4	Don't know	138	13.8
5	Don't like	168	16.8
6	Fear of bur rest	22	2.2
7	Not satisfaction	249	24.9
8	Safe sex	9	0.9
9	Sex with only partner	16	1.6
10	Blanks	15	1.5
11	No	155	15.5
	Total	**1000**	**100**

The above table shows that there are so many reasons for not using condoms in sexual contacts. 24.9% truckers say that due to not satisfaction they are not using condoms.16.8% Truckers say that they don't like condom. Some truckers are taking precaution in sexual encounter to protect from HIV/STI.

From where did they procure condoms

Sl.no	indicators	No.of truckers	%
1	Project	91	9.1
2	FSWs	30	3
3	Medical shops	204	20.4
4	Pan shop	221	22.1
5	Pan shops/medical shops	120	12
6	Don,t know	9	0.9
7	No	108	10.8
8	PE/ORWS	106	10.6
9	Outlet Box	0	0
10	Blanks	101	10.1
	Total	**1000**	**100**

The Above table shows that SM condom availability. Out of 1000 Truckers 22.1% truckers are getting condom at pan shops and 20.4% truckers are getting condom at medical shops10.6% truckers are getting condoms at PE/ORWs. only 0.9% truckers don't know where the condom are available. Most of the truckers know the availability of condoms

5. Technical strategy for the Truckers Intervention

Background:

Asian Institute of Transport Development (AITD) gives a figure of around 5 Million truck drivers in India. Among them 40-50% (or about 2-2 .5 Millions) ply on long- distance routes.

- Evidence in India and Else where shows that the community of truckers is vulnerable to HIV due to a higher prevalence of risky sexual behavior, which results from a variety of social and economical factors as well in their work patterns.
- Reportedly, close to 305 of truckers are clients of sex workers (Healthy Highways Behavior Surveillance, First Round-2000) and 15-20% of clients appear to be truckers. There fore truckers represent a key sub segment of total male client population.
- Because long – distance truckers move throughout the country, those who are at higher risk of HIV can form transmission bridges from areas of higher prevalence to those of lower prevalence.

The project would adopt the following technical strategies while working among truckers in the identified locations.

a. BEHAVIOR CHANGE COMMUNICATION (BCC)

Base line study among the associations reveled that 70-80% of truckers have good amount of information and knowledge about HIV&AIDS. How ever the same study revels that this has not translated into enhanced self-risk perception and desire for preventive action. Therefore among all the association truckers Interventions there is a need to initiate peer led communication model instead of the traditional non –peer out reach led communication. The peer led approach has the advantage of reaching a large number of the target population.

Focus would be on to increase the knowledge on STI/HIV/AIDS and imbibe skills towards safe sexual health. Truckers would be motivated to reduce the number of partners, adopt health-seeking behavior, particularly for the treatment of STIs, and correct and consistent use condoms. The truckers population would be equipped to spread the information and key messages related to sexual health to their friends and support referral cases to STI treatment. Truckers would be motivated to change their behavior and approach for VCTC testing.

The communication strategy, of the project will have the following communication approaches:

- **Dialogue-based peer led Inter personal communication (IPC):** Based on the availability of the number of truckers in the field and based on the time allocation and by observing the conditions of the Truckers, outreach through IPC sessions would be planned. Inter personal communication plays a major role in making the trucker to think and make him to look at self-reflection and thus resulting in the practice of safer sexual behaviour. One to group Sessions with truckers would also be useful where more than 4-5 truckers are

pooled for communication. During Inter Personal Communication the message would be dialogue based as opposed to top-down flipbook style messaging.

- Since, dialogue-based peer led inter personal communication has greater credibility than other communication strategies, the project would emphasize more on that.

  The project would use familiar language and the experience of having "lived the life" of a truck driver/helper to ensure better community mobilization, reduced stigma and an environment of sharing. The project would facilitate a higher degree of acceptance and ownership of the programme goals amongst the population

  The project would have two key factors while undertaking the intervention:

- **Efficiency of coverage:** In order to optimize the utilization of resources, the project would access truckers at major catchments areas where they congregate in large numbers.
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  - **Quality of engagement:** The intervention would provide an environment where the trucker has the time and inclination to engage in depth with the programme.

Scheduling / Benchmarking of IPC sessions

- The intervention would maintain a monthly roster to schedule peer sessions.
- Dedicated staff would be deployed to schedule, supervise and monitor activities of peers.
- A team of two peers facilitates each IPC session for at least 12 participants, touching upon diverse issues with different IPC tools for up to 90 minutes.
- Timing, location and frequency of sessions would be synchronized with other programme elements such as mid-media and health services. Peers provide clinic referrals after the IPC session to those in need of medical attention.

- **Creative, synchronized and thematic mid-media:** Given the large numbers of truckers present at a single location, IPC activities would be supplemented with mid-media (street plays, exhibitions, games, slide shows etc.). This approach is to widen the exposure base of the programme, increase awareness of services and generate demand. This also reinforce key messages and build sustained engagement with the truckers. Mid-media activities would be undertaken by outreach staff& Peers / local theatre troupes.
- **Selective mass media:** The project would also explore mass media, street play, poster exhibition Health Games ,slide shows, and cassettes, to promote programme services and expand awareness on a large scale. Mass media alone is unlikely to change behaviour, but it can plant the seed of a demand for services and a desire to learn more about HIV.

Peer Educators

The project would adopt different approaches for peer education. Two categories of peers would be included in the project.

- **Active peers:** These would be from Truck drivers and helpers who are currently driving. Such peers are effective in mobilizing trust and establishing credibility with in the key population.
- **Anchored peers:** These would be be ex-drivers and helpers who are currently employed within the trans-shipment location. Anchored peers also include service providers to the trucking community such as mechanics, tea shop owners, etc.

The IPC team would have a mix of 70% anchored and 30% active peers. This arrangement is to provide stability and continuity. This ratio could vary based on availability of active peers at any given location.

Peer Educators:

Peer Educators would be identified from the trans-shipment locations and from the following category of persons:

- Contacting brokers, transporters and their assistants who have been truck drivers and helpers
- Directly approaching drivers interested in and committed to working with other truck drivers and helpers
- Contacting drivers who have settled in nearby villages or trans-shipment locations without any current assignment and who are looking for jobs
- Exploring the static population in and around the trans-shipment location (ex-drivers and helpers working as brokers' assistants, mechanics, petty shop owners, *dhaba* owners, barbers, etc.) who interact with and are will know within the community

Criteria for selection of peers:

The following criteria would be adopted for selecting the peer educators:

- Be representative and true peers of key population (i.e. truck drivers and helpers)
- Must know the site well and be credible individuals at the halt point
- Must retain their existing profession and only contribute a portion of their time to project outreach (to be built into their contract)
- Be motivated to work with their peers on HIV/STI risk reduction
- Be available to participate in the entire IPC process (training, fieldwork, feedback/project design workshop)
- Hindi speaking is must

SchedulingIPC sessions:

- A monthly roster will be maintained to schedule peer sessions. In order to maintain the active status of the trucker/peer, a maximum of 20 working days (i.e. 40 hours per month) will be utilized from his working schedule.
- Outreach staff will schedule, supervise and monitor activities of peers.Peers provide clinic referrals after the IPC session to those in need of medical attention.

Volunteers and their role

Apart from the peer educators the project would also have volunteers. Volunteers from allied populations will work closely with outreach workers to help organize group meetings, make referrals to services such as condoms and STI care and distribute IEC materials to truckers. Volunteers will also be trained as educators over time. As information provided through BCC raises the awareness of truckers, they will seek access to services including STI care.

b. SEXUALLY TRANSMITTED INFECTIONS (STI):

Efforts would be to educate trucker's community to increase the health seeking behaviour and approach the sexual health service provider for counselling, information and treatment.

Though effective Inter Personal communication would increase their knowledge on STI/HIV/AIDS and imbibe skills towards safe sexual health resulting in reducing the number of partners and to adopt health seeking behaviour, particularly for the treatment of STIs. The intervention would focus on increasing self-reported cases for STI treatment and for testing at VCTC. The Target population will be motivated to motivate their partner to take the treatment.

The project would provide STI care through creating facilities in its area. The project would adhere to Syndromic Case Management (SCM) as described in***NACO's STI Guidelines***As truckers are always in a hurry to move on, it may not be possible to wait to treat them until after they have had laboratory tests, the SCM would be the most appropriate method of treating STIs in truckers.

Truckers Association would establish a combination of static clinics and referral STI care facilities in the project area to improve the overall quality of diagnosis and management of STIs and clinical service delivery.

- Clinics would provide general health treatment along with treatment of STIs. Exclusive STI treatment centres are stigmatizing for truckers and may lead to reduced attendance. Moreover, halt points located outside cities normally do not have alternate medical service providers, and truckers usually do not leave the confines of the halt point to access services in nearby cities. The STI clinics would:

    - synchronize with outreach activities
    - include prevention activities, such as promotion of correct and consistent use of male condoms and safer sexual practices
    - provide professional counselling for persons with symptoms of STIs
    - include partner management programs (i.e. contact referral) where appropriate
    - establish linkages and referrals to HIV testing and counselling services and HIV care services. The project team, including the medical team, would be trained to be non-judgmental and to maintain confidentiality

- Regular trainings for the medical team and workshops for the field officers/supervisors would be planning to ensure quality in service delivery and emphasize the necessity of integrating medical services with other programme elements, particularly referrals through outreach
- The projects will adhere stringently to NACO protocol on treatment and will not indulge in any other unnecessary medicating. For all STI consultations, treatment recommendations would be consistent with national STI clinical management guidelines, adapted over time in light of local epidemiological information including the etiology of common STI syndromes, prevalence of STIs in different populations and local patterns of anti-microbial susceptibility.
- The procurement of drugs will be on the basis of standardized lists as per NACO guidelines and the procedures for purchase/procurement will be strictly followed.

Cost-recovery

Whereas registration, consultation and counselling would be provided for free, the cost of medicines and surgical items like sutures, disposables, etc. would be recovered from the client.

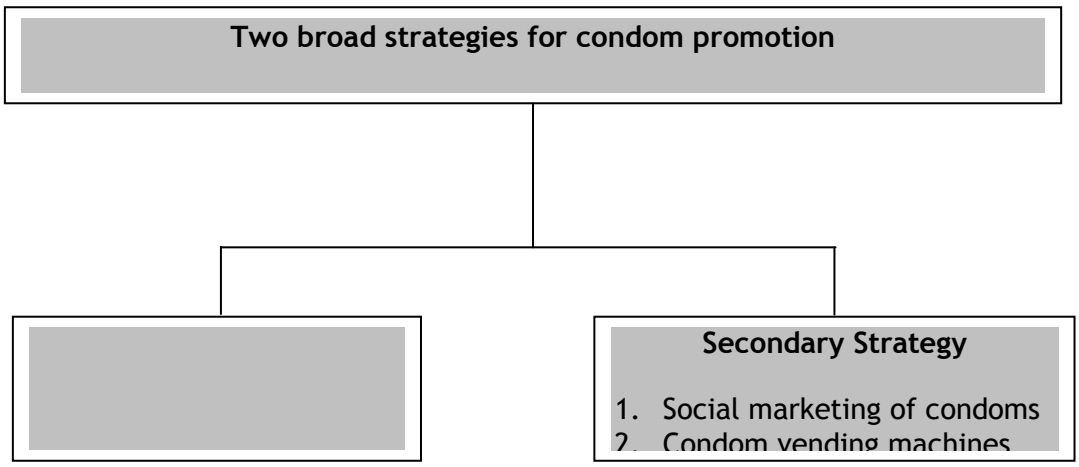
Cost recovery is seen as an ideal process to develop a sustainable programme and make the client value the treatment. To further reduce the cost of medicines, the project would also look for generic medicines or specially pre-packaged doses.

Counselling:

Counselling would be integral part of the project. Counselling services would be provided through a designated person. The project counsellor will be adequately trained in counselling and will only perform STI counselling. The counsellor will counsel all truckers treated for STIs, but if the client is referred to a voluntary counselling and testing centre (VCTC) the pre- and post-test counselling will be done at VCTC.

C. CONDOM MANAGEMENT:

Condom promotion would be one of the other key technical strategies adopted in the project. The project would provide range of brands as choice to Truckers. The project would promote free condoms, social marketing condoms and also female condoms. The needed support for condom supply would be accessed through APSACS / TSU.



Condom promotion component of the project would ensure:

- Truckers population to use condoms correctly and consistently.
- Condoms will be made available and accessible to the truckers

- Different stock points would be identified and for stocking condoms. In principle, the project would promote number of manned out lets, un manned out lets and non-conventional out lets.
- Volunteers in the project areas to take the lead role for condom promotion.
- Regular replenishing of the condoms
- Regular analysis of condom uptake during the review meets. This would help to assess from which outlet condoms are accessed more and at such locations attention would be made to refill the out lets.
- Apart from free out lets at condom demanding halt point the project also would plan for a condom vending machine.
- Promotion of social marketing condoms based on the Halt point study
- All the truckers would be provided knowledge on different types of condoms and their availability at halt points.
- During IPC session's knowledge on condom including the myths on condoms would be addressed. Volunteers and peer educators would play a major role in the condom promotion and social marketing of condoms.
- Condom distribution details would be documented in the outreach workers diaries and peer educators reporting booklets.

- As the truckers would have the fashion to purchase nude pictured condoms, stress should be made during IPC sessions about the importance of quality of condoms and Indian made Foreign Condoms (IMFC)

Monitoring of condom component would be done at three levels:

- **Monitoring distribution/availability** – Outreach workers, Peer Educators would monitor the availability of condoms to the Truckers through regular and consistent check of the outlets set up by the project in and around halt points.
- **Monitoring accessibility** – PEs and outreach workers would be on constant check on the uptake of condoms from the outlets and assess the accessibility of condoms to Truckers
- **Monitoring distribution** – On a monthly basis, the project would conduct review to understand the number of condoms distributed visa viz the number of Truckers outreached. On an yearly basis, the project, with the support of APSACS / TSU would also plan of condom specific studies

d. ADDRESSING OTHER ISSUES:

- For the successful implementation of the Truckers Targeted Intervention the project would create enabling environment by taking care of the felt needs of the

community as well as involving he influential members of the community in the programmes. This would be done by:

- Involvement of the community members from planning to Implementation.
- With community ownership community would be provided the facilities of Non sexual needs through public private partnerships.
- Promoting Net working with other service providers and other NGOs and CBOs working in the field of HIV/AIDS as well as other areas and and create a referral system promoting clients to use the services to address their felt needs.

6. Project implementation

The project would be implemented with the support of the project team comprising, project director, project manager, Medical Officers, Nurse,counselor, outreach workers, accountant and peer educators. The association would put its best of its efforts for ensuring a quality intervention with the technical support from APSACS / TSU Based on the technical strategies proposed for the intervention, the project would derive activities to achieve the said objectives and goal of the project. Based on the understanding gained through conducting needs assessment, the following key activities would be carried out. However, the activities, which would be of prominence in realizing the objectives would also be incorporated.

Key activities in the BCC / Outreach would be:

- IPC with Truckers by the outreach workers and peer educators – for providing information related to STI/HIV prevention
- Conducting Mid Media (Street Plays, Health Games Slide Shows) with Truckers by outreach workers and peer educators - for providing information related to STI/HIV prevention
- Identifying and linking other stakeholders associated with Truckers
- Preparation of communication materials – flip charts on STI symptoms, Condom use, basics of HIV, ART, Testing for VDRL and HIV, referrals to ICTC, care and support centers
- Involvement Truckers in outreach, group sessions and material preparation
- Information of correct and consistent use of condoms / condom demonstration, distribution & disposal

MSM/TG specific

- Information on partner reduction
- Information on usage of condoms with water based lubricants
- Information related to Anal STIs

Key activities in STI would be:

- Identification of STI cases
- Case diagnosis and treatment
- Counseling of STI cases
- Referral of STI cases
- Follow up of STI cases – Clinic and field by Outreach team and PEs
- Motivating for Partner treatment

- Treatment based on Syndromic Case Management (SCM)
- Information on signs and symptoms related to STIs
- Addressing myths and misconceptions related to STIs

Key activities in Condom Management would be:

- Estimating the condom requirement
- Distribution through different channels
- Condom demonstrations for correct usage
- Back demonstration from the community members
- Information on the need for consistent condom use
- Dispelling myths and misconceptions related to condoms
- Identification locations suitable for condom depots (stocking) points
- Setting up distribution through non-traditional outlets
- Setting up condom vending machines
- Skill building on condom negotiation
- Safe disposal of used condoms
- Promotion of social marketing of condoms

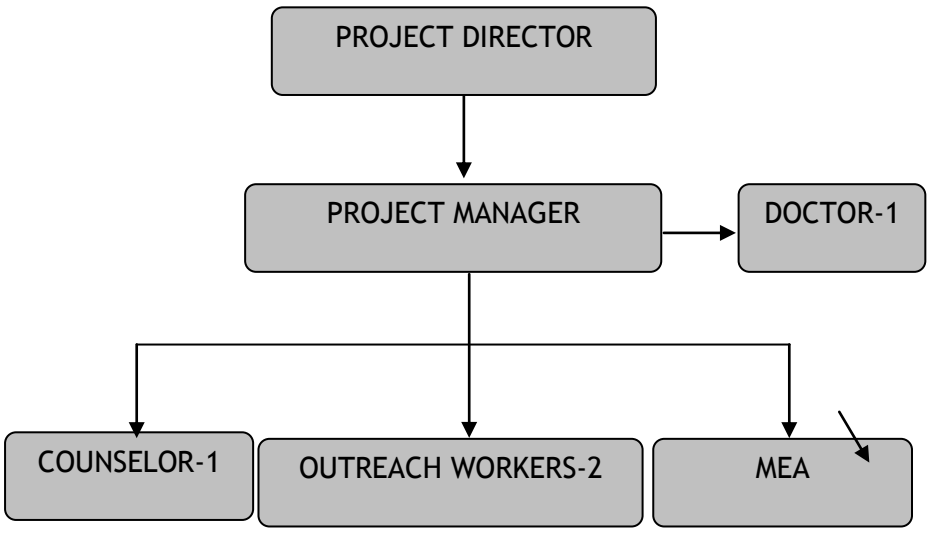
Monitoring

Monitoring would be the integral part of the project implementation. Project Director and Project Manager would take lead in monitoring the project implementation process. Project monitoring would comprise of documentation and reviews. Following activities would be part of monitoring and MIS of the project:

- Documentation of all project activities – all levels
- Development of measurable/process indicators
- Preparation of monthly plans
- Development of reporting formats – counseling, outreach, peer education etc
- Development of monthly / quarterly progress reports
- Reporting on CMIS
- Involvement of community in monitoring the project
- Conducting monthly meetings
- Conducting field level meetings
- Conducting FGDs among community members

7. Project Management

Staff Organogram



TERMS OF REFERENCE (TOR)

As per the guidelines of NACP-IV, the Department of AIDS Control has stated prescribed Job Chart of each position in the TI Program, the Job Description is as follows…

Project Director:

The Project Director would be sole person responsible for any communication with State/District/Municipal Aids Control Society. He/She would be one of the signatory in the contact and bank account designated for the project.

- Project Director of implementing organization should ensure the appointment of all staff and pes according to the approved proposal by SACs and ensure all documents pertaining to staff in the project office
- Conduct monthly project progress review meeting and attend other project level meetings as much as possible
- Attend SACS meetings as required
- Take lead to network with key district level official such as district magistrate superintendent of police and other officials of departments to sensitize them about the project activities HIV/AIDS and the role of the community
- Participate in Advocacy efforts with key stake holders at the district level (political and religious leaders, other service providers, social welfare schemes, etc.)
- Ensure coordination of project activities with other HIV AIDS services in the district by engaging DAPCUs and District Health Society.
- Maintain oversight over the project activates and ensure financial integrity of the project
- Ensure and facilitate any other activities approved by SACS and DAC at the project

- Assets purchased and Documents under the project to be ensured in the project office and it should be kept as per the guidelines.

Ensure handover of the unspent balance of the project accounts, assets and all other documents, records related to the project within 15days of closure of the contract or intimate SACs in case of delay. Obtain no objection certificate from competent authorities of SACs after handing over the settle all accounts of Staffs and SACs to avoid legal action as per requirement under the contract.

Project Manager:

- The Project Manager is the overall in-charge of the TI and is responsible for functioning of the project as per DAC operational guidelines.
- The PM is tasked with achievement of the project deliverables as per project targets.
- The PM will be based at the field office and organize weekly review meeting and supervise work of all other staffs.
- Establish linkages with other referral services, stake holder meetings, and advocacy.
- Organize in house capacity building of the other staff.
- PM to travel to the project area / hotspots for purposes related to TI programme implementation like supervision of PE / ORWs / and interaction with HRGs. PM should visit the field for about 10-15 days in a month records of the field visits are maintained.
- Assist PD to organize advocacy and linkage activities.
- Analyse the progress of the project activities and share the same with action points in the project staff meeting.
- Assess the capacity building requirements of project staff and communicate the same with TSU and SACS.
- Monitor the transit intervention activities where ever applicable.
- Conduct weekly / biweekly / monthly review meetings with project staff and PEs.

Reporting:

- Report to PD of the project and TI nodal officer in SACS and / or PO in TSU.
- Timely submission of monthly program performance data in SIMS / CMIS or other reporting format.
- Submission of SOEs
- Provide data / information required for preparation of reports

M & E cum Accountant

Under the direct supervision of Project Manager of TI the M&E Cum Accountancy will be responsible for performing the following functions:

Monitoring & Quality Assurance

- Computerization of outreach, clinical and project level data on daily basis.
- Conduct continuous analysis of data and provide analytical report for weekly and monthly reviews.
- Individual tracking of HRG for project services.
- Identify potential problems in reported data to improve the quality of data.
- Conduct field visits for ensuring data quality and handholding of outreach team or MIS formats.
- Liaise with SACS and TSU team for program performance reporting.
- Preparation of SOEs and submit to PM and PD.

Reporting

- Report to PM of the project.
- Timely submission of monthly program performance data in SIMS/CMIS or reporting format.
- Preparation and submission of SOEs
- Provide data / information required for preparation of reports.
- Compile field level information for operational reports when required by SACS.
- Assist in preparation, writing and editing of all reports required by SACS or TI project – for example specific Annual Report, Field Study Reports, Event reports etc.
- M&E Assistant to travel to the project area / hotspots for purposes related to TI programme implementation like work with PR / ORWs and interaction with HRGs to ensure quality data capture.
- M&E Assistant should visit the field for about 8-10 days in a month.

Counsellor:

Counselling and Behaviour Change Communication

1. The counsellor is responsible for taking individual and group sessions on HIV/AIDS, STI, safe sex and injecting practices, prevention of abscesses, overdose prevention, drug treatment options, OSR, etc.

2. The counsellor also shall engage in family counselling.
3. Demonstrate condom use, counsel on condom negotiation skills.
4. The counsellor shall also be responsible for motivating the clients for regular General Medical Check-ups, referral of clients to ICTC, STI clinic, ART, etc.
5. The counsellor shall also be responsible for orientation of ORWs on counselling techniques and coordinate the outreach based BCC and psychosocial support activities.
6. The counsellor shall also look into the counselling requirement of female sex partner and spouses of IDUs and motivating them to avail the HIV related services (STI treatment, ICTC, etc.)
7. In addition, she/he shall develop the BCC materials suitable for local context, follow-up clients both in DIC and in the field and maintain records as per prescribed formats.
8. The counsellor would be responsible for identifying individual or group motivators or inhibitors which require to be addressed for health seeking behaviour, condom use, decline in sharing the needles/syringes, decline in domestic or group violence, addressing issues related to self-esteem, communalization of groups etc.
9. Using the above areas the counsellor would guide the outreach team to have specific need based BCC sessions to address these issues.
10. The Counsellor would be responsible for management of clinics especially record keeping, management of the patient flow, visit to the clinic sites or preferred providers and dispensing of medicines.
11. The counsellor in coordination with M&E assistant cum Accountant would identify the hotspots or sites with low service uptake, increasing defaulters – prepare outreach and visit plan to conduct hotspot level meeting.
12. The counsellor along with ORWs would prepare a plan to improve linkage with ICTCs / FICTCs ensuring sharing of line listing of referred clients from TI to ICTC, maintenance of referral cards and referral registers.
13. The counsellor along with M&E assistant cum Accountant would ensure timely reporting of condom stocks, OST medicine stocks, STI and other general medicine stocks to DAPCU, SACS, TSU or TSG as per requirements.
14. The counsellorwill participate in site validation process and would update the site validation and quarterly line listing of HRGs of the project along with M&E assistant cum Account.
15. The counsellor will participate in stakeholder meeting and would prepare a stake holder engagement plan to ensure that the issues related to BCC and service uptake is associated.

16. Ensure collection of used needles and syringes in a IDU TI and bio-medical waste management as per the required guidelines.
17. Disposal of clinic or health camp wastes as per the recommended guidelines.
18. The counsellor to travel to the project area for providing services in the field. The counsellor should visit the field for about 10-12 days in a month.
19. The counsellorshall also engage with providers of social welfare services and facilitate linkage with social welfare services.

Reporting

- Report to PM of the project.
- Provide data / information required for preparation of reports.
- Prepare at least 12 case records in the prescribed format and conduct risk management plan for HRGs or their regular clients.
- Maintain / ensure records on referral to other services, patients, follow up register, referrals cards, reconciliation of referral cards, patient cards, condom stock and issue register, needle and syringe stock and issue register, bio-medical waste management register, medicine stock and issue register, social marketing of condoms register or any other documents as per requirements.

Outreach Workers

Planning and Management

- The ORW will responsible for preparing micro-plans for each hotspot, monitoring the implementation of the plans and reviews of the plans.
- Facilitate and build capacity of the peer educators to implement the outreach activities as per the required norms of the project.
- Ensure micro plans and line listing is updated on quarterly basis and the same is shared with project for HRGs and in case of migrants and truckers the micro plan and site assessment is completed every quarter.
- Prepare monthly action plan for each hotspot, ensure supply of needles/syringes, condoms, lubricants, BCC materials adequately for each hotspot.
- Should discuss with the counsellor on a monthly basis to understand the hotspots or sites with poor service uptake, increasing number of due and overdue so that necessary follow up and micro plans can be updated.
- Should discuss with community members and other stakeholders in preparing micro plan ensuring that field level support is ensured for smooth implementation of the project.

- The ORW will identify potential volunteers and would use their services for the programme. In case of truckers and migrants, brokers may be used. Competent volunteers fulfilling necessary criteria may be engaged as peer educators after complying necessary guidelines.

Supervision and Monitoring

- The ORW will be in-charge of outreach and supportive supervision of PEs, counseling, linkages etc.
- Should ensure at least 20 days of field visits in a month to assigned areas and to the nearest preferred providers, ICTCs/FICTCs where the referrals are made.
- ORW will ensure preparation of micro plan, risk & vulnerability analysis, stakeholder analysis in coordination with PE and Project Manager / MEA officer.
- Should ensure weekly peer diaries are maintained, monthly report collection from PEs, submission of own reports to the project office.
- Should facilitate the crisis response activities.
- Ensure all new contacts of each peer educators should be covered by him/her.
- In addition to the regular ORW activities, the female ORW should focused on FIDU and FRSP in referral and providing services to them.

Advocacy and Networking

- The ORW will be in-charge of stakeholder management to discuss and rope in support of the stakeholders in smooth implementation of the programme in the area.
- The ORW will be working with various power structures within and outside the community and would ensure their effective participation in the programme.
- The ORW will identify and use preferred providers for delivering the project services after due training by SACS or DAPCU or TSU.

Commodity Supplies and Management

- The ORW will be responsible for demand analysis of condoms, needles and syringes, lubes in the field and would ensure distribution by the peers or through social marketing outlets in the field.
- The ORW will maintain records of free condoms or needles and syringes or lubes received from the project and distributed by self or peer educators or out lets.

- Identify and manage condom social marketing outlets as per the guidelines.
- Ensure supply and management of IEC materials for use in the outreach sessions.
- Prepare the clinic site or health camp sites by mobilising community for health check-up or HIV testing and counselling.

Reporting

- Report to PM
- Provide data / information required for preparation of reports.
- Maintain records on referrals to other services, follow up register, reconciliation of referral cards, patient cards if required, condom & lubes stock and issue register for distribution in the field, needle and syringe stock and issue register for distribution in the field, collection and disposal of used needles and syringes, medicine stock and issue register if required, list of social marketing outlets and their follow up or any other documents as per requirements.

Peer Educators:

Planning and Management

- The Peer Educator along with other project staff would be responsible for preparing micro-plans, calculate demand analysis of various commodities

- Prepare weekly / monthly action plan for each hotspot, ensure supply of needles/syringes, condoms, lubes, BCC materials adequately for each hotspot.

- Should discuss with the community members and other stakeholders in preparing micro plan ensuring that field level support is ensured for smooth implementation of the project.

- Should ensure follow up of STI cases, HIV positive cases, home visit to HRGs who have not turned up for RMC or HIV testing

Advocacy and Networking

- Will discuss and rope in support of the stakeholders in smooth implementation of the program in the area

- Will be working with various power structures within and outside the community and would ensure their effective participation in the program
- Will identify and use preferred providers for delivering the project services after due training by SACS or DAPCU or TSU

Commodity Supplies and Management

- Will support the ORW will maintain records of free condoms or needles and syringes or lubes received from the project and distributed by self or peer educators

Reporting:

- Provide data / information required for preparation of reports

Visiting Physician

- Ensure auditory and visual privacy of patients
- Ensure clinic should have equipment like: Examination bed with bed sheets
  Sufficient light for examination
  Instruments-speculum, phonoscope, etc...
- Follow Syndromic Case Management (SCM) while treating STI/RTIs
- Should ensure internal examination during regular medical check-ups
- Should ensure that the case records are maintained by the physician him/herself, where as the patients register may be maintained by project staffs
- Focus on prevention, with special reference to partner management, condom use, follow-ups and management of side effects
- Emphasis on treatment compliance and better treatment outcomes
- Counselling of patients leading to improved knowledge on causation, transmission and prevention of RTIs/STIs
- Offer counselling services for HIV/AIDS testing and establish linkages with ART centre with respect to persons who are detected HIV positives
- Refer clients to ICTC, PPTCT, DMC, ART, PLHA network etc. based on need
- Meeting with all TI staff at least once in a month
- Attend regular training on advanced STI/RTI management without any fail
- Share relevant clinical records or reports or data maintained whenever required

Motivate HRGs to use government facilities for health services and lab tests

PROJECT STAFF DETAILS

Sl.no	Name of the staff	age	Qualification	Designation	Cell no
1	S. RAMESH BABU	58	GRADUATION	PD	9866307747

Other Staff

PM
MO
AO Cum M&E
COUNSELLOR
ORW
ORW

ANNUAL TARGET:Denominator Is 10,000 Coverage is 10,000X4=40,000	Outreach coverage	IPC coverage (200 sessions per month, each 10 participant's min.)	FOOT FALL coverage (25% on total coverage)	STI coverage 10% on total clinical footfall coverage)	ICTC referrals (10% on total clinical coverage)	CSM (72000 per month)
Coverage=40,000	16,000	24,000	10,000	1000	1000	8,64,000

	Total annual coverage is :DenX4-10,000X4 = 40,000

Develop a Work Plan from April –2016 to March-2017

PROJECT IMPLEMENTATION ACTIVITIES ,TIME FRAME & WORK PLAN													
S.No	**ACTIVITY**	**MONTH Wise PERFORM**											
		April-16	May-16	June-16	july-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	JanJ17	Ffeb-17	
Behavior Change Communication	*8 sites* *1.Autonager* *2.Bhavanipuram* *3.Gollapudi* *4.Kondapalli* *5.Enikepadu* *6. Tadepalli* *7. Mangalagiri* *8. Ganguru*												
1	IPC Sessions (P.E. & O.R.W.)	200	200	200	200	200	200	200	200	200	200	200	200
2	Mid media (Street Plays, Health Games, Slide shows by ORWs)	82	82	82	82	82	82	82	82	82	82	82	82
3	PE review meets(Counselor& P.C)	4	4	4	4	4	4	4	4	4	4	4	4
STI Care:													
4	STI identification & Referrals (Counselor& Medical Officer)	21	21	21	21	21	21	21	21	21	21	21	21
5	Partner identification & treatment(Counselor&Medical Officer)	21	21	21	21	21	21	21	21	21	21	21	21
6	Counseling(Counselor)	209	209	209	209	209	209	209	209	209	209	209	209

9	Follow up of STI treated patients(P.E., O.R.W. &Counselor)	21	21	21	21	21	21	21	21	21	21	21	21
10	ICTC referrals (P.E.O.R.W., Counselor& Medical Officer)	209	209	209	209	209	209	209	209	209	209	209	209
Condom Promotion Program													
11	Condom distribution SMC (Depot Holders, P.E., O.R.W.s &Counselor)	72000	72000	72000	72000	72000	72000	72000	72000	72000	72000	72000	72000
13	Outlet installation(Manned & Unmanned) (P.E s & O.R.W)	60	60	60	60	60	60	60	60	60	60	60	60
Monitoring & Evaluation													
15	Staff Review meets (P.D)	1	1	1	1	1	1	1	1	1	1	1	1
16	Monitoring	4	4	4	4	4	4	4	4	4	4	4	4
17	Evaluation	4	4	4	4	4	4	4	4	4	4	4	4

Work plan is a detailed schedule that describes how the activities will be accomplished, by whom and when. The Grantee should think through in detail who would accomplish the activities, when, how and with what these resources.

Evaluation Findings and Strategies to be overcome for it

Sl. No	Evaluation findings	Strategies to be Developed to overcome	Responsible Person
1	The truckers association is a organized sector, with potential to implement most effective program, but the project status is very bad. Immediate need to replace staff, female ORW, Hindi speaking ORWs, male counselor, qualified and experienced PM. Outreach timings should be as per trucker availability. Staff feels pressurized to travel 2 hr. to office just to sign the register, instead for distance places work monitoring register can be placed at hotspot with stakeholder and involved them in field work monitoring.	We are appointing new ORWs who are speaking Hindi. We are planning as per trucker availability time. We kept register at hotspot	PM
2	Rapport and relations with local stakeholders to be strengthened.	We approach local stake holders for developing work	PM & ORW
3	There seems to be mix of clinical services, project clinic is catering to more non truckers community.	We are focusing only long distance truckers	PM & ?COUNSELOR
4	Street plays to be replaced by some effective, creative and interactive mid-media campaigns. The street play artistes are not very efficient in gathering the crowd or involving the crowd. Timing and selecting spots for should be appropriate.	We give instructions to Street play persons as per the suggestions	PM & ORW
5	Nontraditional condom out lets to be encouraged. Drug sales to be strengthened	We identified some of petty shops where the SMC are selling more there we plan to promote	PM & ORW

Log Frame of Activities for Trucker Projects

"Reduce STI/HIV infection among truckers through facilitated behaviour change, STI services, condom promotion and create an environment favourable to such behaviour change in Auto Nagar, Bhavanipuram, Gollapudi,Kondapalli,Enikepadu, Tadepalli, Mangalagiri, Ganguru areas of Krishna District over a period of 5 years".

OBJECTIVES	OUTCOME	OUTPUT	ACTIVITIES	INDICATORS	MEANS OF VARIFICATION
To build the capacity of the service provider	(a)(i)Clarity between staff about vision and mission. (ii)all project will relate vision and mission of the Association (b)Reduce staff turnover (c)Gender sensitive Association and project design (d)Ensure project sustainability	(a)Keeping vision and mission of the org transparent to all (b)Revision of pay structure (c)Development of gender policy (d) Development of exit policy	Associational development through : (a) Orientation and induction training (b)Meeting with different level management, HR, Board members on existing HR policy and leadership training (c)Develop Gender policy with consultation of review documents, management staff, and board members. (d) Develop Exit policy in project activity with consultation of review documents, management staff, and board members. (e)Capacity building on : (i)Counseling, (ii)Communication, (iii)Sex & Sexuality, (iv)Gender and (v)Syndromic case	1.(a)Training organized (b)meeting organized (c)Meeting with different levels held (d)Meeting with different levels held (e)training organized as per annual training plan	1.(a) training report (b)minutes of the meeting (c)minutes of the meeting (d) minutes of the meeting (e) (i)training report (ii)Staff Post evaluation sheet

"Reduce STI/HIV infection among truckers through facilitated behaviour change, STI services, condom promotion and create an environment favourable to such behaviour change in Auto Nagar, Bhavanipuram, Gollapudi,Kondapalli,Enikepadu, Tadepalli, Mangalagiri, Ganguru areas of Krishna District over a period of 5 years".

OBJECTIVES	OUTCOME	OUTPUT	ACTIVITIES	INDICATORS	MEANS OF VARIFICATION
			management		
To reach 80% knowledge level on STD/HIV/AIDS and creating awareness towards adoption of safer sexual practices among target group in the target area during a year.	1. Knowledge level of truckers and on HIV/AIDS will be at least 80% 2.Promotion of ICTC	1.Awareness level on HIV/AIDS will increase among truckers and CSWs Reduce alcoholism among truckers Reduce stigma/ discrimination for PLWHAs Partner notification will take place Follow-up of STD patient will increase 2.Testing of HIV will increase	**1. (a)200 IPC sessions p/m**, (b) 2400 IPC session P/Y 2.Repeat visit for proper follow up	1.(a)2000 Truckers reached through IPC Sessions p/m (b) 24000 Truckers reached through IPC sessions P/Y monthly/yearly 2.10%-15% of the total interaction.	(a)Daily IPC, Register (b)Registré (c)MIS

"Reduce STI/HIV infection among truckers through facilitated behaviour change, STI services, condom promotion and create an environment favourable to such behaviour change in Auto Nagar, Bhavanipuram, Gollapudi,Kondapalli,Enikepadu, Tadepalli, Mangalagiri, Ganguru areas of Krishna District over a period of 5 years".

OBJECTIVES	OUTCOME	OUTPUT	ACTIVITIES	INDICATORS	MEANS OF VARIFICATION
	3.Reduce vulnerability towards STD/HIV	3.(a)Increase proper usage of condom	3. Monthly 3000 Condom demonstration will take place at the time of one interaction	3.no of condom 72000 month	C.Register
	4.Promotion of safe sexual practice among them	4.Risk perception will increase among truckers	4.)By ORWs 1333 Truckers Covered per month (b) 2 Street Plays P/M ©Health Games 80 P/M	4.) By ORWs 18408 Truckers (b)24 Street Plays P/Y ©Health Games 960 P/Y	4.BCCRegisters (b) Street Plays register (c)H.G, Register
	5.Promotion of ICTC	5.(a)Testing on HIV will increase (b)Early diagnosis	5. 12 Community sensitization meeting/year/centre	6. No of CSM organized	5. Report
	7.Mass level awareness	7.Visibility of the program	7.10wall painting & 5 hoarding /centre Disseminating messages through wall painting and hoarding.	7.No of wall paintings and big hoarding for each cent	7.Physical verification

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OBJECTIVES	OUTCOME	OUTPUT	ACTIVITIES	INDICATORS	MEANS OF VARIFICATION
		8.Reinforcement of the messages	8.Issue based BCC materials development like: (a)Condom promotion (b)STI (c) Partner treatment (d)Risk perception (e) ICTC etc and distribution of BCC materials	8.50% of the total interaction	8.(a)IPC (b)MIS
	9. Ensure Sustainability	9.(a)Reach more beneficiaries (b)Develop ownership of the program	9. (a)Identification and selection of 10 peer educators. (b) 10 Peer educator training/year/center (c) Monitoring Peer educators activities	9. (a)No of peer educators Identified two centers (b)No of training P.E /year/centre (c) (i)Identification of STI cases (ii)Condom SM (iii) BCC distribution (iv) Meeting organized	9.(a)Peer educator register (b)Peer educator training register (c)Peer monitoring sheet

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OBJECTIVES	OUTCOME	OUTPUT	ACTIVITIES	INDICATORS	MEANS OF VARIFICATION
			(d) 2 Peer Educator meet/centre	(d) No meet/year/centre	(d)Meeting register
			10.Exposure visit for peer educators at least once in a year.	10. No of peer educator meet.	Report
			11. 9/centre (1 big meet TIAP meet	11. No TIAP meet organized	Register
To reduce the incidence of various sexually transmitted diseases (STD) among truck drivers, helpers and their clients (primarily the	1.(a)Prevention of STD (b)Ensuring flow of STD patients (c)Reach more remote and population (d)Quality assurance	1.(a)Ensuring availability of STD treatment through proper SCM (b)Ensure supply of medicine	1. (a)6 days Daily clinic service (b)5 Extension camp/month /centre (c) 20 Mobile health camps/ p.m in CPT	1.(a)No of patient treated from daily clinic (b) No camps/month/ centre (c) No of mobile camps/month	1.(a)Doctors register (clinic) (b) Doctors register (camp) (c)Mobile register

"Reduce STI/HIV infection among truckers through facilitated behaviour change, STI services, condom promotion and create an environment favourable to such behaviour change in Auto Nagar, Bhavanipuram, Gollapudi,Kondapalli,Enikepadu, Tadepalli, Mangalagiri, Ganguru areas of Krishna District over a period of 5 years".

OBJECTIVES	OUTCOME	OUTPUT	ACTIVITIES	INDICATORS	MEANS OF VARIFICATION
sex workers) and maintain a low prevalence rate among them.			2. 252 STD cases treated/yr/centre.	2.No of patient/year/centre to be treated	2. (a)Doctors Register (b)MIS
		3.(a)Ensure complete treatment of STD (b)Reduce re-occurrence of STD	3. Counseling STI cases by duly trained Counselors/outreach workers	3.All STD cases will be counseled.	3.counselling register
	4.Ensure quality medical service	4.Capcity building of medical practitioners and ground health care providers	4. 4 Training/ yr/ centre on Syndromic Case management for medical officers and RMPs 5. 18 Clinic board display/centre.	4. No of training for doctors and RMPs	4.Training report and register
	5.Ensuring the clinic service at the door step of the community and targeted population	5. Visibility of the clinic service among the target population		5. No of display board/centre	5.Physical verification.

"Reduce STI/HIV infection among truckers through facilitated behaviour change, STI services, condom promotion and create an environment favourable to such behaviour change in Auto Nagar, Bhavanipuram, Gollapudi,Kondapalli,Enikepadu, Tadepalli, Mangalagiri, Ganguru areas of Krishna District over a period of 5 years".

OBJECTIVES	OUTCOME	OUTPUT	ACTIVITIES	INDICATORS	MEANS OF VARIFICATION
	6. & 7.(a) Maintain a low prevalence rate of STD (b)Reduce spread of HIV	6. & 7. (a)Early diagnosis of STD/HIV (b)HIV Testing will increase	6. Organizing ICTC camps by 2508nos testing yearly	6. No of testing	6.Meetings report and register. 7. ICTC register

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OBJECTIVES	OUTCOME	OUTPUT	ACTIVITIES	INDICATORS	MEANS OF VARIFICATION
To undertake social marketing of condoms to ensure 40% of condom usage by generating demand and ensuring supply of condoms.	1.(a)Ensuring more condom promotion (b)Promotion of safe sexual behavior. (c)Healthy competition and social responsibility build up.	1.(a)Availability of condom at their door step	1. 60 condom selling outlets	1. No of active condom outlets.	1.(a)Condom Retailer register (b)MIS
		2.(a)Increase condom usage (b)Involvement of target group through selling condom by them.	2. 72000 condom sold through Clinic, direct selling, peer, outlet selling	2.No of condom sold from 8centres	2.(a)IPC (b)MIS and register
	3. Develop ownership by local people	3.(a)Community's perception (liking/ dislikings) about condom usage/ brand promotion	3. 0 Condom retailers meet.	3. No of meet/centre.	3.Meeting register
	4. Ensure sustainability on condom promotion	(b) Develop marketing strategy on social marketing of condom	4. 3 Awareness program on condom promotion.	4. No of awareness program /centre 5. No of training/year/c	4.Program report

"Reduce STI/HIV infection among truckers through facilitated behaviour change, STI services, condom promotion and create an environment favourable to such behaviour change in Auto Nagar, Bhavanipuram, Gollapudi,Kondapalli,Enikepadu, Tadepalli, Mangalagiri, Ganguru areas of Krishna District over a period of 5 years".

OBJECTIVES	OUTCOME	OUTPUT	ACTIVITIES	INDICATORS	MEANS OF VARIFICATION
			5. 2 Training of condom retailers on Social marketing techniques/ 6.weekly once Monitoring social marketing outlets by Social workers /outreach workers	entre 6. PC will visit condom outlets	5.Meeting register 6.IPC
To create an enabling environment for theproject at a long term basis by involving/sensitizing trucking and allied industry, local civic, health industry people and enforce	Create an enabling environment for the beneficiaries Community participation in the programe Ensure program sustainability	1. (a)Sensitizing community (b)Develop Capacity at all levels. (c)Visibility and community initiative (d)Stake holder involve as decision-makers	1. Organizing yearly 24 advocacies meets with primary and secondary stakeholders. 2. 2 Training program for uniform personnel/yr/centre 3. Half yearly Meeting/centre with other important stakeholders like other NGOs, CBOs, and health officials, ICDS Works etc.	1. No of advocacy/centre 2. No of training program held for men in uniform 3. No of meeting held /centre	1.(a)Advocacy report (b)MIS (c)Photos Documentation 2.Training report 3.Meeting report

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OBJECTIVES	OUTCOME	OUTPUT	ACTIVITIES	INDICATORS	MEANS OF VARIFICATION
ment authorities to various issues related to STD/HIV /AIDS	6. Develop resourse team for capacity building of others and better project implementation	6.Better program implementation	4. Organizing 1 community mobilization events/year/centre like sports, football tournament, local mela 5. Organizing international days	4.No of program organized yearly/centre 5.. (a)World AIDS Day (b)Condom day and world health day (c) INACMD	5. (a)Photo documentation, (b)Report
To develop an internal system for monitoring and	1.Incorporation corrective/ Preventive action to make the program appropriate for beneficiaries	1.Ongoing program monitoring by beneficiaries and by implementing agency	1. 4 Focus Group discussion/per yr/centre	1. No of FGD organized	1.FGD report

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OBJECTIVES	OUTCOME	OUTPUT	ACTIVITIES	INDICATORS	MEANS OF VARIFICATION
reviewing the effectiveness and the quality of the program.		2. Evaluation of the program	2.Weekly Monitoring field visit by PC 3. Quarterly Monitoring visit by Program manager/Director. 4. Half yearly Review meetings 5. Monthly meeting of Staff	2. No of visit by PC 3. No of monitoring visit done by PM and PD 4.No of review meeting done.	2. & 3 Filled in Monitoring format 4. Minutes of Review meeting