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Roads and Buildings Department

Government of Gujarat

Second Gujarat State Highway Project

(GSHP-II)

HIV/AIDS PREVENTION PLAN

May, 2019

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ABBREVIATIONS AND TERMS

AIDS	Acquired Immune Deficiency Syndrome
AMCACS	Ahmadabad Municipal Corporation AIDS Control Society
ANC	Ante Natal Clinic/Care
ART	Antiretroviral Therapy
BMGF	Bill & Melinda Gates Foundation
BCC	Behavior Change Communication
BSS	Behavioral Surveillance Survey
CBO	Community Based Organization
CHC	Community Health Centers
CMIS	Computerized Management Information System
CST	Care, Support and Treatment
CSW	Commercial Sex Worker
CLHA	Children Living with HIV/Aids
DAPCU	District AIDS Prevention and Control Unit
DFID	Department for International Development
FSW	Female Sex Worker
GFATM	Global Fund for AIDS, TB & Malaria
GIPA	Greater Involvement of People living with AIDS
GSACS	Gujarat State AIDS Control Society
HIV	Human Immuno-deficiency Virus
HLFPPT	Hindustan Latex Family Planning Promotion Trust
HPP	HIV/AIDS Prevention Plan
HRG	High Risk Group
ICTC	Integrated Counselling & Testing Centre
IDU	Intravenous Drug User
IEC	Information, Education and Communication
IPC	Inter Personal Communication
KP	Key Population
MDGs	Millennium Development Goals

M&E	Monitoring & Evaluation
MSM	Men having Sex with Men
MSW	Male Sex Worker
NACO	National AIDS Control Organization
NACP	National AIDS Control Programme
NARI	National AIDS Research Institute
NFHS	National Family Health Survey
NGO	Non-Governmental Organization
NHAI	National Highway Authority of India
NRHM	National Rural Health Mission
PHC	Primary Health Centre
PLHA	People Living with HIV/AIDS
PMU	Project Management Unit
PPTCT	Prevention of Parent to Child Transmission
RCH	Reproductive & Child Health
RNTCP	Revised National TB Control Programme
RTI	Reproductive Tract Infection
SACS	State AIDS Control Society
SHG	Self Help Group
SMO	Social Marketing Organization
STD	Sexually Transmitted Disease
STI	Sexually Transmitted Infection
TCIF-BMGF	Transport Corporation of India Foundation-Bill & Melinda Gates Foundation
TG	Trans-Gender
TI	Targeted Intervention
ToR	Terms of Reference
TRG	Technical Resource Group
TSG	Technical Support Group
TSU	Technical Support Unit

Bridge Population: Bridge populations comprise 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 laborers are major bridge populations.
Long Distance Truckers (LDT): Those who are carrying goods from source to destination through travelling 800 kms.
Flying Sex Worker: those who come to one point for contacting their clients & go with them from that particular point to various distant destinations for sexual activity.
Kothi: Passive Partner of MSM.
Panthi: Active Partner of MSM
Gariya: Active Partner of MSM.
Double Decker: Having both sexual exposure as Active & Passive Partner of MSM.
Core Composite: RAP IMPLEMENTATION AGNECYs implementing HIV/AIDS prevention project with both FSWs & MSMs group.

EXECUTIVE SUMMARY

E1. PROJECT BACKGROUND

1. With the demonstrated excellence through Gujarat State Highway Project[1], Government of Gujarat (GoG) Roads and Buildings Department (R&BD) and the World Bank (WB) had continued with their successful partnership. This was another teaming up and effort towards empowering the communities with enhanced road infrastructure and building the capacities of stakeholders participating in Second Gujarat State Highway Project (GSHP II). Continuing the development process under GSHP II, R&BD Government of Gujarat has selected four additional corridors, aggregating to 153 km length for preparation of developmental intervention and implementation of existing State Highways. The corridors are proposed for Rehabilitation / Strengthening and Widening; as necessary. Out of these, as part of DPR preparation, social safeguard reports have been prepared for 4 corridors including HIV/AIDS Prevention Plan (HPP).

E2. NEED FOR PREPARATION OF HPP

2. Bridge populations are among the most vulnerable population in the context of HIV infection. They are those people who comprise truckers and migrant population, through close proximity to high risk groups [female sex workers (FSWs) and male having sex with male (MSMs)], who are at a higher risk of contracting HIV. They are also clients or partners of male and female sex workers. Large number of migrant labourers works in various sectors across the Gujarat State. Due to the typical character of "mobility with HIV", the bridge population are considered to be the critical group and becomes the core part of any type of intervention designed to combat HIV/AIDS. Their living and working conditions, sexually active age and separation from regular partners for extended periods of time predispose them to paid sex or sex with non-regular partners. Further, inadequate access to treatment for sexually transmitted infections aggravates the risk of contracting and transmitting the virus.

3. As per the findings of past studies on nature and modes of transmission of HIV particularly in transport sector, it has been proved that the linkages vis-à-vis prevalence of HIV/AIDS. Although HIV prevalence rate has come down over the period of time, still some areas are showing high prevalence as per ANC Sentinel surveillance survey. HPP has considered the following linkages between the prevalence of HIV and road sector.

- Approximately 39 percent of truckers[2] are clients of sex workers and 16 percent [3] of clients appear to be truck drivers.
- Surveillance studies indicate that the prevalence of HIV among truckers in general may be more than 10 times higher than in the general population (7.4 percent among truckers as compared to 0.7 percent with the general population);
- The National BSS of 1999 reveals that high risk sexual contacts during transit (87 percent) and poor condom usage among truckers, making vulnerable to sexually transmitted infections (STI) and HIV/AIDS;

[1] GSHP, 2001-2007 one of the most successful WB assisted state highway project, set many benchmarks for others to follow.
[2] Healthy Highways Behaviour Surveillance Survey (BSS), I Round 2006
[3] National BSS among clients of sex workers.

- Various influencing factors which make truck drivers vulnerable to HIV/AIDS, such as stress, consumption of alcohol and drugs, staying away from family for longer period, easily accessible to sex networks operate along the highways and halt points;
- Inconsistent usage of condom and lacking of early treatment seeking behaviour are common phenomenon;
- Lack of awareness and capacity building among the bridge population and the representing organizations respectively elevates the spread effect of HIV;
- In view of the tedious and continuous working hours leading to consumption of alcohol and drug use, the truckers are more likely to engage in unprotected sexual encounters with casual partners and sex workers;
- Single male migrant populations are very large and diverse. The pro-development scenario of Gujarat offers plenty of employment opportunities in the industries and construction sector thereby resulting in a huge influx of temporary and permanent migrants elsewhere India.
- A large number of migrants who come for construction work prefer to have sexual outlets with non-regular partners as they are away from home and many of them are single male migrants

E3. TARGET AND OBJECTIVES OF HPP

4. Combating HIV/AIDS in the project locale with a definite prevention strategy during the project period (design stage, pre-construction, construction and post-construction stage), focusing on truckers, migrants, construction workers and local communities. The specific objectives are,

- To ensure that development initiatives make positive contribution to HIV/AIDS prevention
- To involve various stakeholders including government agencies, road-user groups and community in a participatory process during all stages of project planning and implementation
- To provide specific measures to improve the quality of life of affected population, high risk groups and other direct and indirect stakeholders
- To evolve sustainable intervention strategies that will have positive impact on the living standards of local communities.

E4. METHODOLOGY

5. Participatory approach is adopted for the preparation of HPP. To achieve the objectives, various methods are followed for situation assessment, collection of information; create enabling environment and a sustainable prevention strategy etc.

- **Reconnaissance visit**
- **Co-ordinated effort and institutional survey**
- **Focus group discussions**
- **Individual Interviews**
- **Consultation with Key Stakeholders and**
- **Telephonic Interview and discussions**

E5. HIV/AIDS SCENARIO IN GUJARAT AND KEY ISSUES

6. The GSAC estimated about 1.66 lakh people are HIV infected in Gujarat[4] and number of AIDS deaths have declined by 40.47% estimated in the last eight years (2007 to 2015). Three districts

[4] GSAC Annual Report 2016-17

(Sabarkantha, Mehsana and Surat) are under Category-A and eight districts (Ahmedabad, Dahod, Banaskantha, Bhavnagar, Rajkot, Navsari, Surendranagar and Vadodora) are categorised as B, as per the sentinel surveillance survey of NACO-2017. The project corridors traverse one district of Category-A (Mehsana) and remaining two project districts of Category-B (Bhavnagar and Banaskantha) and one district of Category C (Patan).

7. According to the National AIDS Control Organization (NACO), the HIV incidence increased in Gujarat state where as the adult prevalence rate was stable in the last couple of years. The estimated adult HIV prevalence in the state is 0.41 percent which is higher than the national prevalence of 0.34 percent.

8. Progressive industrialization and resultant migration, especially of single-male migrants (both intra and interstate) in the textiles and infrastructure development sector, has increased the risk of HIV infection.

9. About 0.97 percent of FSWs sites is HIV positive and near about 4 percent of MSMs sites are HIV prevalence[5]. FSWs are scattered and home-based and hence the reach of target interventions is constrained. There is a five-fold increase in the risk-behaviour of clients of sex workers in Surat, Vadodora and Rajkot districts.

10. The HSS among HRGs was conducted in 2016-17. HIV prevalence rates among key population, i.e. FSWs, MSM, and IDUs (Injecting Drug Users) as per the 2016-17 HSS were 0.97%, 3.99%, and 1.2% respectively. MSM prevalence is higher than the national average of 2.69%. The prevalence of HIV among hijra/transgender (H/TG) people in Surat district of Gujarat was 2.4%.

E6. IDENTIFICATION OF HOTSPOTS, HEALTH CARE CENTRES

11. The major hotspots, healthcare centres, intervention areas of RAP IMPLEMENTATION AGNECYs and major industrial areas along the project corridors have been identified. The information has been gathered for project corridors. There are 15 hotspots identified along the corridors. The categorization of hotspots is based on the discussion with RAP IMPLEMENTATION AGNECYs, ICTC Counsellors and discussion with trucker community. Three corridors are part of target interventions by local RAP IMPLEMENTATION AGNECYs funded by GSACS. Vallabhipur-Ranghola corridor has prominent hotspots, NGO intervention is absent. Health care services are present in all the studied corridors.

12. **Mehsana-Bypass and Mehsana-Palanpur Corridors:** There are considerable number of HRGs and HIV positive people identified by the intervention RAP IMPLEMENTATION AGNECYs and ICTCs. HRG activities are taken place mainly in Unjha (Urban areas and Highway), Mehsana (Heeranagar, Bus stop, Main Bazar), Palanpur (Aroma Circle, RTO) and from the villages along the project highway. Presence of HRGs and HIV positive people indicate that focused intervention are required throughout the corridor. The movement of migrant labourers, especially single male migrants in view of the large number of small scale industrial units indicates the need of intervention. Apart from the urban settlements situated in the beginning and ending point of the corridor, the semi-urban and rural stretches also have high presence of HRGs.

[5] HIV Sentinel Surveillance 2016-17

13. **Radhanpur-Chanasma corridor:** This particular corridor connects around 20 villages/settlements and it attains the presence of HRGs in more than five areas. This corridor does not seem a more vulnerable in the HIV/AIDS point of view as there were very less cases registered. Apart from the urban settlements situated in the beginning and ending point of the corridor, the semi-urban and rural stretches also have high presence of HRGs.

14. **Vallabhipur-Ranghola corridor:** This corridor covers small geographical area which is almost 28 km Mostly HRGs is detected from the starting point of the corridor which is Vallabhipur and Hotels located in between the corridor. The numbers of Positive cases and prevalence ratio is lower compare to other corridors.

E7. TARGET INTERVENTIONS AND HEALTH SERVICES

15. Adequate numbers of Community Health Service (CHC) centres, Primary Health Service (PHC) centres and village based Sub Centres (SC) established by Health & Family Welfare Department, Govt. of Gujarat are functioning, along the project corridors. ICTC established by GSACS, are found at all the CHCs pertaining to the corridors. ART centres established by GSACS are also available at major cities like Mehsana Radhanpur, Palanpur and Vallabhipur.

Pattern of Truck Movement and Spread Effect of HIV/AIDS

16. Inter-state movement of goods-vehicles are relatively higher in Mehsana Bypass to Palanpur. The surveyed goods vehicles ply to-and-fro Rajasthan, Maharashtra, Punjab, Delhi, Uttar Pradesh, and Kerala. As per NACO Sentinel Surveillance data, Mehsana is identified as Category-A district implying high prevalence of HIV. With regard to truck movements, the Mehsana connects the truck routes with Rajasthan, Haryana and Punjab States and several number of trucks ply towards Jodhpur Rajasthan via Ahmedabad- Mehsana – Pali Jodhpur road and also the large number of trucks ply towards Udaipur Rajasthan through Ahmedabad- Mehsana – Himatnagar highways.

Industrial hubs and Migrant Workers

17. Mehsana -Palanpur corridor has the industrial hub such as Dairy product, Engineering, Food products and oil, Soaps and Detergents and spinning & Weaving of cotton textiles etc. The major locations are GIDC, Dediyasana, Unjha APMC, Duke and AROMO Company (Deesa Highway) Palanpur to Songadh Highway, Marble godown and factory. Majority of these industries have employed a large number of migrant workers who hail from Rajasthan, Bihar, Uttar Pradesh and Madhya Pradesh.

18. Discussion with the industrial unit operators and NGO personnel reveals that more than 40 percent of the migrant workers are ‘single-male-migrants’. Most of the workers engage for an average period of 8 months in a year depending upon the seasonal requirement of the employment in cotton & ginning units. Consultations with RAP IMPLEMENTATION AGNECYs reveal that the some of the migrant workers are involved with HRGs.

E8. INTERVENTION STRATEGY

19. Implementation of HPP in the project corridors for the benefit of local community, bridge population and HRGs is a pre requisite of the road development project. The reconnaissance visit and the interactive discussions have gathered pertinent information from various sources. The data gathered

for project corridors formed the basis for this report. Comprehensive analysis of the data and the content analysis of consultations held with local RAP IMPLEMENTATION AGNECYs, medical health care service personnel, etc helped in evolving the HPP. It is learnt that there is a well-knit system already in place functional under NACO and GSACS/DAPCU, which has focussed on various components such as information education communication (IEC), behaviour change communication (BCC), condom promotion, care and support, creating an enabling environment, etc.

20. In view of the potential strategy for the prevention of HIV/AIDS in the project corridors, the existing institutional structure has been assessed. The target intervention as envisioned by NACO/GSACS and materialised through NGOs ICTCs, CHCs etc has already established a comprehensive management plan for preventing HIV/AIDS targeting a larger public domain. A segment of the intended population of HRGs and bridge population identified as part of the situation assessment of GSHP II forms a subset of the larger public domain.

21. Based on the understanding of the HIV/AIDS scenario in the project corridor locations, and in view of the strategy, a structure is suggested. The Structure seeks an implementation arrangement with IEC, sensitization programmes and training programs for R&BD personal, contractors and other stakeholders in the transportation sector, as a key tool. The HPP will cater to various stages like design, pre-construction and post construction.

Environmental and Social Management Unit

22. An Environmental and Social Management Unit (ESMU) proposed at the Project Implementation Unit (PIU) of R&BD for the implementation of Resettlement Action Plan (RAP) and HPP. The ESMU at PIU will interact with GSACS/DAPCU. The Social Specialist at ESMU with the assistance of RAP implementing agency will be the responsible person interacting with GSACS/DAPCU and will provide the following information:

- Details of the project corridors and proposed development;
- Potential areas of HRG activities along the corridor;
- Details of the construction camp sites and labourers including migrant labourers

Roles and Responsibilities of RAP Implementation Agency

Awareness Creation on HIV/AIDS Prevention

23. RAP Implementation Agency shall carry out awareness programs along the corridors at identified locations such as construction camp sites and truck-parking lay-by in respective corridors. For the purpose, the IEC materials as well as technical advice from GSACS will be utilized in a timely manner.

24. The RAP IMPLEMENTATION AGNECY shall ensure in collaboration with ESMU that medical facilities and health check-ups which may include diagnosing of STD/HIV for the workers are provided at the construction camps.

- Awareness programs for construction labourers;
- Facilitating medical health care services including STI treatment;
- Interaction with CHCs, ICTCs;
- Coordination with Target Intervention NGOs, Link Worker Schemes and other agencies working in the field of HIV/AIDS awareness and prevention;

- Conduct sensitization programs for officers of SRP divisions, contractors, workers and community members and other stakeholders;
- Interaction with transporters and brokers; and
- Ensure availability of condoms (both socially marketed & govt.) through established condom depots.

Assistance in Monitoring of HIV/AIDS Prevention Plan

25. RAP Implementation Agency shall assist the Project Management Consultant (PMC) in monitoring, evaluating HPP, labour influx and labour welfare compliance and all related components of gender based issues and management incorporated in contract document of each corridor to be executed by the contractor. RAP Implementation Agency shall prepare and submit the monthly progress report on item wise/activity wise implementation/execution of the plan and expenditure incurred thereof.

Role of Supervision Consultant/Authority Engineer in Implementation of HPP

The Engineer or Authority Engineer shall regularly monitor the compliance of EMP by the Contractor. The engineer shall maintain record of compliance or non-compliance of EMP. In case if any failure to rectify the non-compliance with in the specified timeframe in implementing the EMP, the contractor shall be liable for the penalties for major and minor lapse. The following compliances shall be monitor by the Engineer:

- Compliance with Labour Regulations
- Compliance of Code of Conduct prepared by Contractor and submit to the Authority Engineer
- Compliance of ESHS risks including implementation of HIV/AIDS Prevention Plan
- Contractor's C-ESMP implementation monitoring

Role of Contractor in Implementation of HPP

26. Contractor shall submit its Code of Conduct that will apply to its employees and subcontractor, to ensure compliance with Environmental, Social, Health and Safety obligations under the Contract. It includes the risks associated with labour influx, spread of communicable diseases, sexual harassment, gender based violence, illicit behavior and crime and maintaining a safe environment.

The Contractor shall implement the following measures towards ensuring HIV/AIDS prevention during the entire contract period.

(i) conduct awareness campaign including dissemination of IEC materials on HIV/AIDS for all construction personnel (including labourers, supervisors, Authority's Engineers and consultants) on HIV/AIDS/STDs within 3 months of mobilization and once a year subsequently during the contract period;
(ii) Carry out screening of construction personnel for HIV/ AIDS, within the 3 month of mobilisation
(iii) Conduct semi-annual health check-up of all construction personnel including testing for STDs;

E9. STRATEGIC COMPONANTS

27. The components suggested for effective implementation of HIV/AIDS Prevention Plan in respective corridors with the objective of sustaining the project initiatives has been worked out and presented in the following sections.

Information Education Communication (IEC)

28. Awareness creation through IEC will be adopted for identified locations. These locations are communities along the road, hospitals, major junctions, truck parks, construction camp sites etc. The content could be message about prevention strategy, threat of HIV/AIDS and proper use of condoms. The IEC materials developed by NACO/GSACS will be utilised for awareness creation among target groups along the proposed project corridors.

Behaviour Change Communication (BCC)

29. BCC is an interactive process with communities (as integrated with an overall program) to develop tailored messages and approaches using a variety of communication channels to develop positive behaviours; promote and sustain individual, community and societal behaviour change; and maintain appropriate behaviours. PIU will interact with NACO/GSACS and thereby guide the implementing RAP NGO to assist the target population in accessing the services of TI NGOs and ICTCs in BCC. The guiding principles of BCC can be summarised as follows:

30. BCC will be integrated with program goals from the start. BCC is an essential element of HIV prevention, care and support programs, providing critical linkages to other program components, including policy initiatives.

31. Formative BCC assessments must be conducted to improve understanding of the needs of target populations, as well as of the barriers to and supports for behaviour change that their members face (along with other populations, such as stakeholders, service providers and community).

Care and Support

32. People who are infected with HIV require social and psychological support from the society and from their family members. The strategy will be aimed at providing care and support services to cent-percent HIV infected people. The implementing Agency will assist the identified infected people in accessing the services of ICTCs and CHCs in the vicinity and also will introduce the persons to the TI NGO. RAP Implementing Agency will request respective ICTCs, CHCs and TI-NGOs to consider the identified infected persons as part of their interventions.

Awareness Programmes at Construction Camps

33. Health problems of the workers will be taken care of by providing basic health care facilities through a health centre set up at the construction camps. The implementing Agency shall carry out periodic awareness programme on HIV/AIDS in coordination with CHCs/ICTCs and TI NGOs supported by GSACS.

Creating Enabling Environment

34. A favourable environment for the smooth implementation of the intervention will be created with the following components:

- Police personnel will be made aware of the specific intervention programme;
- Active participation of representatives from various CBOs will be ensured. This will help the PIU in fulfilling the programme-objectives in the given time frame;

- Regular interactions with representatives of Medical Institutions will be carried out to ensure a consistent delivery of their services;
- Interactive meeting with Transport Companies operating from the project corridor will be done;
- Consultation with the major Corporate Bodies with respect to make provisions to reduce the time duration of transhipment of goods; and
- Consultation with petrol pumps, major dhabas, located along the project corridor will be carried out. This is aimed at the creation of information centres and service outlets in rest facilities for STI care, condom distribution and counselling through the established network of GSACS.
- Target group congregation events/observance of AIDS Day, etc.

Action Plan

35. The specific action plan to execute the HPP along respective corridors has been prepared and presented. Appropriate action plan has been developed based on the outcome of the situation assessment exercise carried out along the corridors. The action plan shall be implemented by the RAP Implementation Agency to be contracted for the implementation of RAP/HPP.

E10. IMPLEMENTATION BUDGET

36. Implementation of HPP is proposed to be carried out by an RAP Implementation Agency and the budget for the same is included as part of RAP Implementation Agency activities in the overall RAP budget. The overall budget also provisions for contingencies. Escalation of the budget for implementing is considered at an annual inflation rate of 7% based on consumer price index.

1 INTRODUCTION

1.1 PROJECT BACKGROUND

37. With the demonstrated excellence through Gujarat State Highway Project[6], Government of Gujarat (GoG) Roads and Buildings Department (R&BD) and the World Bank (WB) had continued with their successful partnership. This was another teaming up and effort towards empowering the communities with enhanced road infrastructure and building the capacities of stakeholders participating in Second Gujarat State Highway Project (GSHP II). Continuing the development process under GSHP II, R&BD Government of Gujarat has selected four additional corridors, aggregating to 153 km length for preparation of developmental intervention and implementation of existing State Highways. The corridors are proposed for Rehabilitation / Strengthening and Widening; as necessary. Out of these, as part of DPR preparation, social safeguard reports have been prepared for 4 corridors including HIV/AIDS Prevention Plan (HPP). List of project corridors considered under GSHP-II as considered as Additional Corridors are presented in Table 1-1.

Table 1-1: Additional Project Corridors under GSHP II
(Widening/upgradation and Rehabilitation corridors - DPRs Prepared)

Sr. No	List of Roads	Length (Km)	SH No	RoW	Present Lane Configuration	Proposed Improvement	Districts Covered	Specific regions
1	Mehsana - Unjha - Siddhpur - Palanpur	60.90	41	60	4LPS	4 LPS to 6L + Paved Side Shoulder and Hard Shoulders+ Multipurpose Pathway on LHS	Mehsana, Patan Banaskantha	North Gujarat
2	Four laning of Mehsana bypass including RoB	5.00	41	60 & 100	2LPS	2 LPS to 4 L + Paved Side Shoulder	Mehsana	
3	Chanasma-Harij-Sami-Radhanpur	60.40	55	30	2LPS	Rehabilitation / Strengthening	Patan	
4	Vallabhipur-Ranghola (Via Dhola&Parvala)	27.00	39	24	2LPS	Rehabilitation / Strengthening	Bhavnagar	Saurashtra Region
	Total	**153.30**						

Note: 2L: Two Lane; 2LPS: Two Lane Paved Shoulder; 4l: Four Lane; 6L: Six Lane; LHS: Left Hand Side
Source: R&BD, Govt. Of Gujarat

38. It has been proved that infrastructure development project such as highways project will have positive impacts on development and economic growth, but there are some adverse implications among the truckers, road users and local communities who are at risk as far as the vulnerability to HIV/AIDS is concerned. The high risk activities related to unsafe sex are common along the highways. The truck parking areas, bus terminals, rest areas, road side eateries along the corridors are predominant meeting places for sex workers and their clients, mostly trucker community. Apart from trucker community, another most vulnerable group is the construction workers who are migrated from different places.

[6] GSHP, 2001-2007 one of the most successful WB assisted state highway project, set many benchmarks for others to follow.

39. HPP assesses and addresses the pertinent issues with respect to the mobility pattern of high-risk groups (HRGs) and bridge population and analyses the potential risk factors on the local communities. HPP also suggests for appropriate mitigation measures and institutional arrangements for the sustainable delivery of project benefits to community. Data from various sources were collected and consultations with identified stakeholders were carried out in all the project corridors and this report presents a comprehensive prevention plan and strategic action plan.

1.2 NEED FOR PREPARATION OF HIV/AIDS PREVENTION PLAN

40. Bridge populations are among the most vulnerable population in the context of HIV infection. They are those people who comprise truckers and migrant population, through close proximity to high risk groups [female sex workers (FSWs) and male having sex with male (MSMs)], who are at a higher risk of contracting HIV. They are also clients or partners of male and female sex workers. Large number of migrant labourers works in various sectors across the Gujarat State. Due to the typical character of "mobility with HIV", the bridge population are considered to be the critical group and becomes the core part of any type of intervention designed to combat HIV/AIDS. Their living and working conditions, sexually active age and separation from regular partners for extended periods of time predispose them to paid sex or sex with non-regular partners. Further, inadequate access to treatment for sexually transmitted infections aggravates the risk of contracting and transmitting the virus.

41. As per the findings of past studies on nature and modes of transmission of HIV particularly in transport sector, it has been proved that the linkages vis-à-vis prevalence of HIV/AIDS. Although HIV prevalence rate has come down over the period of time, still some areas are showing high prevalence as per ANC Sentinel surveillance survey. HPP has considered the following linkages between the prevalence of HIV and road sector.

- Approximately 39 percent of truckers[7] are clients of sex workers and 16 percent [8] of clients appear to be truck drivers.
- Surveillance studies indicate that the prevalence of HIV among truckers in general may be more than 10 times higher than in the general population (7.4 percent among truckers as compared to 0.7 percent with the general population);
- The National BSS of 1999 reveals that high risk sexual contacts during transit (87 percent) and poor condom usage among truckers, making vulnerable to sexually transmitted infections (STI) and HIV/AIDS;
- Various influencing factors which make truck drivers vulnerable to HIV/AIDS, such as stress, consumption of alcohol and drugs, staying away from family for longer period, easily accessible to sex networks operate along the highways and halt points;
- Inconsistent usage of condom and lacking of early treatment seeking behaviour are common phenomenon;
- Lack of awareness and capacity building among the bridge population and the representing organizations respectively elevates the spread effect of HIV;
- In view of the tedious and continuous working hours leading to consumption of alcohol and drug use, the truckers are more likely to engage in unprotected sexual encounters with casual partners and sex workers;

[7] Healthy Highways Behaviour Surveillance Survey (BSS), I Round 2006
[8] National BSS among clients of sex workers.

- Single male migrant populations are very large and diverse. The pro-development scenario of Gujarat offers plenty of employment opportunities in the industries and construction sector thereby resulting in a huge influx of temporary and permanent migrants elsewhere India.
- A large number of migrants who come for construction work prefer to have sexual outlets with non-regular partners as they are away from home and many of them are single male migrants.

1.3 HIV /AIDS PREVENTION PLAN – TARGET AND OBJECTIVES

42. Combating HIV/AIDS in the project locale with a definite prevention strategy during the project period (design stage, pre-construction, construction and post-construction stage), focusing on truckers, migrants, construction workers and local communities. The specific objectives are,

- To ensure that development initiatives make positive contribution to HIV/AIDS prevention
- To involve various stakeholders including government agencies, road-user groups and community in a participatory process during all stages of project planning and implementation
- To provide specific measures to improve the quality of life of affected population, high risk groups and other direct and indirect stakeholders
- To evolve sustainable intervention strategies that will have positive impact on the living standards of local communities.

1.4 APPROACH AND METHODOLOGY

43. Participatory approach is adopted for the preparation of HPP. To achieve the objectives, various methods are followed for situation assessment, collection of information, etc.

44. **Reconnaissance visit:** All the four project corridors have been visited with the objectives of framing a survey plan for detailed data collection and situation assessment. The visit has identified major transport nodes, industrial hubs, construction sites, health-care service centres, etc.

45. **Coordinated effort and institutional survey:** Rapport has been established with Gujarat State AIDS Control Society (GSACS) and Ahmadabad Municipal Corporation AIDS Control Society (AMCACS), Transport Corporation of India Foundation (TCIF), etc. Information regarding preparation of comprehensive HIV/AIDS Prevention Plan for the selected project corridors has been shared. Appraising the rationale of HPP for the highway development, various stakeholders at state level and at regional level has offered cooperation for materializing the objectives. As a first step, the contact details and preliminary information regarding corridor-specific and local level interventions are obtained. This has enabled the environment for the collection of local-specific data on HRGs, activity places, hotspot networks, RAP IMPLEMENTATION AGNECYs, sex workers and other stakeholders.

46. **Secondary sources of information:** National AIDS Control Organisation (NACO) at the national level and GSACS along with intervention RAP IMPLEMENTATION AGNECYs formed the basis for secondary sources of information. Content analysis of secondary data are carried out and correlated with the primary data collected through focus group discussions, individual interviews and consultations.

47. **Focus Group Discussions:** discussions at various levels are carried out with NGO Personnel functioning in respective villages along the project corridor. Discussions are also held with HRGs in view of assessing the scenario of HIV/AIDS and its potential spread effect concomitant with the development of the highway.

48. **Individual Interviews:** interviews with NGO Personnel and HRGs are done to appraise the location specific vulnerability factors. The behaviour pattern of population and the socio-economic profile are assessed based on individual interviews. The questionnaire used for collecting information from truckers is presented in **Appendix-1.1.** Interviews with ICTC Counsellors helped in obtaining number of HIV positive cases and also the case by case background information.

49. **Consultation with key Stakeholders:** The Industry Personnel, NGO Partners and Medical and Health Institute Personnel are consulted to assess the scenario of HIV/AIDS along the project corridors. The migrant pattern of workers, influx of truckers, duration of truck-halt and information on hotspots are obtained through consultation with key stakeholders.

50. **Telephonic Interview and Discussions:** contact details are collected during the site visit and primary data collection. Some of the information obtained from respective sources has been cross analysed through telephonic interviews and discussions.

1.5 REPORT STRUCTURE

51. **Introduction:** Introductory chapter deals with project background information, corridor details, need for HPP and the methodology used for preparing the HPP.

52. **Assessment of HIV/AIDS in Gujarat:** The chapter is based largely on secondary source of data regarding RAP Implementation Agency programmes and focus areas of GSACS and AMCACS. The key stakeholders in the sector are given in this chapter. Apart from a brief review of various operational guidelines developed by NACO, the key issues derived out of the analysis have been summarised.

53. **Appraisal of Project Location:** The chapter gives in detail the result of situation assessment carried out along the corridor. Information on identified hotspots, vulnerability features, availability of health care services, RAP IMPLEMENTATION AGNECYs functioning in the area of HIV/AIDS and the social dynamics related to HRGs and their network has been given.

54. **Intervention Strategy and Action Plan:** The chapter presents the strategy for the implementation of HPP and explains the institutional framework and roles and responsibilities of RAP IMPLEMENTATION AGNECYs proposed for the implementation. The strategic action plan in areas of Information Education Communication (IEC), Behaviour Change Communication (BCC), care and support, awareness programmes at construction sites and creation of an enabling environment, are discussed in this chapter.

2 HIV/AIDS SCENARIO IN GUJARAT

55. The GSAC estimated about 1.66 lakh people are HIV infected in Gujarat[9] and number of AIDS deaths have declined by 40.47% estimated in the last eight years (2007 to 2015). Three districts (Sabarkantha, Mehsana and Surat) are Category-A and eight districts (Ahmedabad, Dahod, Banaskantha, Bhavnagar, Rajkot, Navsari, Surendranagar and Vadodora) are Category-B, as per the sentinel surveillance survey of NACO-2017. The project corridors traverse one district of Category-A (Mehsana) and remaining two project districts of Category-B (Bhavnagar and Banaskantha) and one district of Category C (Patan).

56. According to the National AIDS Control Organization (NACO), the HIV incidence increased in Gujarat state where as the adult prevalence rate was stable in the last couple of years. The estimated adult HIV prevalence in the state is 0.41 percent which is higher than the national prevalence of 0.34 percent.

57. Progressive industrialization and resultant migration, especially of single-male migrants (both intra and interstate) in the textiles and infrastructure development sector, has increased the risk of HIV infection.

58. About 0.97 percent of FSWs sites is HIV positive and near about 4 percent of MSMs sites are HIV prevalence[10]. FSWs are scattered and home-based and hence the reach of target interventions is constrained. There is a five-fold increase in the risk-behaviour of clients of sex workers in Surat, Vadodora and Rajkot districts.

2.1 DISTRICTS AND CATEGORIZATION OF VULNERABILITY

59. The HSS among HRGs was conducted in 2016-17. HIV prevalence rates among key population, i.e. FSWs, MSM, and IDUs (Injecting Drug Users) as per the 2016-17 HSS were 0.97%, 3.99%, and 1.2% respectively. MSM prevalence is higher than the national average of 2.69%. The prevalence of HIV among hijra/transgender (H/TG) people in Surat district of Gujarat was 2.4%.

60. The GSAC estimated about 1.66 lakh people have HIV infection in Gujarat. HIV prevalence was > 1% among ANC clinic attendees (proxy of general population) in 3 districts viz; Sabarskantha, Mehsana, and Surat have been considered as Category-A (high prevalence). While, districts such as Ahmedabad, Banaskantha, Dahod, Navsari, Bhavnagar, Surrendranagar, Rajkot and Vadodora have been categorized as B (moderate prevalence) and the remaining districts have low prevalence of C and D category.

Table 2-1: HIV Prevalence: Categorisation of Districts in Gujarat

S. No	Name of District	District Category A,B,C,D	No of RAP IMPLEMENTATION AGNECYs working for Target Intervention (TI) for vulnerable groups.
1	Banaskanta	B	2 RAP IMPLEMENTATION AGNECYs - Core composite
2	Dahod	B	1 NGO – Core composite
3	Mehsana	A	2 NGO – Core composite
4	Navsari	B	1 NGO – Core composite
5	Surat	A	RAP IMPLEMENTATION AGNECYs 25 [Migrants-9, FSW-5,MSM-5, Truckers-1, IDU-1, Core - 5-
6	Surendranagar	B	2 RAP IMPLEMENTATION AGNECYs- Core composite
7	Ahmedabad	B	20 RAP IMPLEMENTATION AGNECYs -Ahmedabad - 2 RAP IMPLEMENTATION AGNECYs ; AMCACS - 19 RAP IMPLEMENTATION AGNECYs working in Ahmedabad

[9] GSAC Annual Report 2016-17
[10] HIV Sentinel Surveillance 2016-17

S. No	Name of District	District Category A,B,C,D	No of RAP IMPLEMENTATION AGNECYs working for Target Intervention (TI) for vulnerable groups.
			municipal areas Core composite, MSM, FSW, Migrants, Truckers
8	Bhavnagar	B	8 RAP IMPLEMENTATION AGNECYs [Core composite-1, MSM-4,FSW-2, Migrants-1
9	Rajkot	B	1- NGO (Truckers)- FSW, MSM, Core composite
10	Vadodora	B	8 RAP IMPLEMENTATION AGNECYs [Core composite-1, MSM-4,FSW-2, Migrants-1
11	Amreli	C	2 RAP IMPLEMENTATION AGNECYs – Core composite
12	Anand	C	2 RAP IMPLEMENTATION AGNECYs – Core composite
13	Bharuch	C	1 NGO – Migrants
14	Dang	-	-
15	Kachchh	C	5 RAP IMPLEMENTATION AGNECYs - Core composite, Migrant and Truckers
16	Narmada	C	1 NGO - Core Composite
17	Panchmahal	C	2 RAP IMPLEMENTATION AGNECYs- Core composite and Migrants
18	Patan	C	2 RAP IMPLEMENTATION AGNECYs – Core composite
19	Sabarkantha	A	2 RAP IMPLEMENTATION AGNECYs – Core composite and IDUs
20	Gandhinagar	D	1 NGO – Core composite
21	Jamnagar	D	7 RAP IMPLEMENTATION AGNECYs - Core composite, MSM, FSW, Migrants, Truckers
22	Junagadh	D	3 RAP IMPLEMENTATION AGNECYs – Core composite, FSW and MSM
23	Kheda	D	1 NGO – Core composite
24	Porbandar	D	1 NGO – Core composite
25	Valsad	D	4 RAP IMPLEMENTATION AGNECYs - Core composite, MSM, FSW, Migrants, Truckers

***Category A**: More than1% ANC prevalence in district in any of the sites in the last 3 years*
***Category B**: Less than 1% ANC prevalence in all sites during the last 3 years with more than 5% prevalence in any HRG site (STI/FSW/MSM/IDU)*
***Category C:** Less than 1% ANV prevalence in all sites during the last 3 years with less than 5% in all HRG sites, with known hotspots (migrants, truckers, large aggregation of factory workers etc)*
***Category D: Less than** 1% ANC prevalence in all sites during last 3 years with less than 5% in all HRG sites with no known hotspots or no or poor HIV date.*
ANC – Ante-natal clinic ; HRG – High Risk Group; STI – Sexually Transmitted infections; FSW – Female sex workers; MSM – Men who have sex with men ; IDU – Injecting Drug User
Source: NACO, HSS, 2017

2.2 ORAP IMPLEMENTATION AGNECYING PROGRAMS ON HIV/AIDS IN GUJARAT

2.2.1 Target Intervention (TI)

61. Target Intervention for Bridge and core/high risk population: GSACS and AMCACS have implemented 72 projects out of which 51 are working with core population, while remaining 21 are working with bridge population (Core include Female Sex Workers, Men who have Sex with Men, Transgender and People who inject Drugs and Bridge population include Migrant works and Truckers) in the state through RAP IMPLEMENTATION AGNECYs.

62. With regard to migrants intervention, the projects are concentrated in urban and semi urban areas where migrant community largely present. Targeted intervention projects for migrant community are being implemented by RAP IMPLEMENTATION AGNECYs in Surat, Ahmedabad, Jamnagar, Rajkot and Bhavnagar districts.

63. Truckers Interventions, through RAP IMPLEMENTATION AGNECYs, are being implemented in major Transhipments locations in Kutch (Gandhidham), Jamnagar (Moti Khavadi), Rajkot (RUDA, Marketing Yard Area), Surat (Hazira & Ambuja Cement company site), Valsad (VAPI near GIDC NH 8), and Ahmedabad (Narol, Sarkhej and Aslali Transport Nagar). Truckers intervention, by and large, are functional in transhipment locations, covering about 5 km radius of the location.

64. Following are the major services offered under a TI project:

- Inter personal Behaviour Change Communication (BCC)
- Promotion/ distributions of commodities
- (Condoms, Jelly to MSM & TGs and fresh needles and syringes to PWID)
- Provision of diagnosis and treatment of Sexually Transmitted Infections (STIs)
- Linkages to Integrated Counselling and Testing (ICTC) for testing for HIV and Syphilis
- Advocacy for creation of Enabling Environment
- Community Mobilization

2.2.2 Initiatives of NACO / GSACS in Gujarat

65. GSACS is implementing the intervention programme, under the guidelines of National Aids Control Program-IV (NACP-IV). The goal of NACP IV is to "Accelerate Reversal of HIV epidemic in India" over the period of 5 years (2012-2017). GSACS is directly working through RAP IMPLEMENTATION AGNECYs to reach out the core groups of female sex workers, MSM and IDUs in the states. And also, the bridge population such as truckers and migrants are targeted with set of strategies. In addition, Ahmedabad Municipal corporation AIDS control society (AMCACS), also carrying out intervention programme through RAP IMPLEMENTATION AGNECYs in Municipal corporation limits. The objectives of NACP IV are to reduce new infections by 50% (2007 baseline of NACP III) and comprehensive care, support and treatment to all persons living with HIV/AIDS (PLHIV).

66. The GSACS is implementing AIDS control programme through the following initiatives/services offered: Basic Services (Integrated Counselling and Testing Centres-ICTCs): ICTCs provide people an opportunity to know their health status in a confidential enabling environment. Runs at approximately 1621 ICTC centres where easily accessible such that at risk/vulnerable population more. The districts such as Ahmedabad (21), Amreli (10), Anand (10), Banaskantha (18), Bharuch (6), Bhavanagar (20), Dahod (14), Gandhinagar (8), Panchamahal (8), Jamnagar (14), Junagadh (16), Kheda (9), Kutch (9), Mehsana (16), Navasari (13), Patan (8), Rajkot (23), Sabarkantha (13), Surrendranagar (16),Surat (27), Vadodara (22) with positive networks more than ten and above ICTC centres for providing to the needs of positive people.

67. Link Worker Scheme (LWS): This scheme has established in 11 districts (Navsari, Surrendranagar, Dahod, Banaskantha, Ahmedabad, Rajkot, Bhavanagar and Mehsana under Global Fund to fight AIDS, Tuberculosis and Malaria (GFATM) round IV with the support of CARITAS-India UNICEF, The LWS has been established in Surat, Vadodara and Valsad Respectively). LWS facilitated the scattered the high risk group (HRG) or rural areas and involves youth and women in the villages to generate awareness and linkages with services.

68. Following are the major objectives of the Link Worker Scheme project:

- The scheme aims at building a rural community model to address the complex needs of rural HIV prevention, care and support requirements in selected geographies
- The scheme aims at reaching out to rural population who are vulnerable and are at risk of HIV/AIDS in a non-stigmatized enabling environment.
- The scheme aims at improving access to information materials, commodities (condoms, needles/syringes) through collaborating with nearest TI or government health facilities, testing and treatment services ensuring there is no duplication of services or resources.

- The scheme aims at improving linkage to other social and health benefits provided by other line departments in line with local norms, regulations suitable for vulnerable population.

Table 2-2: NGO Details: Involved in implementation of the project in Gujarat

S.No.	Name of Non-Government Organisation	District
1	Utkarsh Foundation Trust	Ahmedabad & Gandhinagar
2	Sarvoday Mahila Udhyog Mandal	Amreli
3	Sarvangi vikas kelvani Mandal	Anand & Kheda
4	Gujarat AIDS Awareness and Prevention (GAP)	Arvalli & Sabarkantha
5	Sahyog Pragati Mandal	Banashkantha
6	Gujarat state Network of people Living with HIV/AIDS (GSNP)	Bhavnagar & Botad
7	Shri Sevanidhi Trust	Kutch
8	Shri Brahma Samaj Seva Trust	Mehsana
9	Mode India	Vadodara & Chhota udepur

69. Details of various programmes and initiatives of NACO have been given in Appendix 2.1.

Various Schemes implemented by Government of Gujarat for PLHA & CLHA

- Project Jatan- Travel assistance is extended to PLHA and their dependents while they go for treatment in the state.
- PLHA families belong to the category of Below Poverty Line (BPL) are eligible to avail the service of Antyodaya Anna Yojana through Food & Civil Supply Department.
- Rs. 500/- month is paid to PLHAs who fall in the category of socially and Economically Backward Class (SEBC) and avail Nutritional Support under Medical Aid help scheme from Social Justice & Empowerment Department.
- Widow Pension- All BPL widow eligible for Rs. 500/- Month and Rs. 80/- Month per child up to 18 years of age (up to 2 children through S.J. & E. Department). Agencies working with GSACS help in identifying such women for the assistance.
- Education scholarship to infected and orphan or destitute children of HIV +ve parents is implemented by S. J. & E. Department.
- Office order issued to all Govt. Schools to sanction special leave to Children Living with HIV/AIDS (CLHA) for Anti-Retroviral Therapy (ART) and to ensure no discrimination should take place.
- Two orphanage homes established at Gandhinagar and Surat for HIV infected children run by S. J. & E Department.
- Allocate time to representative of Gujarat State Network of People Living with HIV/AIDS (GSNP+) for sensitizing on HIV in Boards/Corporations/Head of Department (HOD) meetings.
- Rs.1000/month under Mata Pita Scheme is paid to people who adopt HIV positive orphans. The scope of this scheme has been extended to entire state.
- Government of Gujarat provides with cash incentive of Rs. 1000/- for institutional delivery of those HIV positive pregnant women.

2.2.3 Other key initiatives in the sector

2.2.3.1 Status of TSU, TSG and SMO

70. Through NACO support, Technical Support Units (TSUs), Technical Support Groups (TSGs) and Social Marketing Organization (SMO) are existed in many states of India. These agencies play major role in HIV/AIDS prevention, Care and Support programmes, focusing on quality of services, effective monitoring & capacity building aspects.

71. In the state of Gujarat, the TSU is not in functional mode for the technical monitoring, support and capacity building of RAP IMPLEMENTATION AGNECYs since 2008.

72. Centre for Operations Research & Training (CORT) was considered as State Technical Resource Centre (STRC) by NACO. CORT provides capacity building and training support to core composite (FSWs, MSMs & IDUs) for targeted Intervention projects. While, supportive monitoring at field level is carried out by TI supervisors of GSACS.

73. In June 2010, DKT was chosen as SMO by NACO for supplying condoms at reasonable rate to community and also carry out condom related awareness programme across the state. However, DKT is not in functional since July 2011.

74. Transport Corporation of India Foundation (TCIF) was considered as Truckers' TSG by NACO. TCIF provides technical inputs for monitoring, capacity building and handholding supports to truckers targeted Interventions in seven transhipment locations in the state.

2.2.3.2 Global Fund for HIV AIDS, TB and Malaria-Link Workers Scheme (Round 7)

75. Link Workers Scheme (LWS) under the round 7 of Global Funds are functional in Gujarat state. In partnership with NACO and GSACS, Caritas India (CI), a leading NGO has implemented LWS project that aims to address the high risk population in the rural areas as well as the young people at 5 districts of Gujarat namely Dahod, Navsari, Banaskantha, Surendranagar and Mehsana.

2.2.3.3 Corporate Social Responsibility (CSR) Initiatives

76. Well known corporate groups such as Reliance, ESSAR, Ambuja Cement Foundation & Apollo Tyres have been working on various activities such as Behaviour Change Communication, IEC, Condom Promotion, Service Delivery & Care and Support components at their industrial corridors.

2.3 OVERVIEW OF KEY STAKEHOLDERS

77. **National and State Level Functionaries:** Gujarat has taken a progressive step in availing the services of various institutions and development agents in the field of HIV/AIDS preventions. In the implementation of NACP-III, the guidelines of NACO have been successfully coordinated by GSACS and AMCACS. Any intervention, either mainstreaming or target intervention shall integrate its objectives or strategies within the established framework of these state level agencies. Some of the government agencies to be part of any interaction with respect to HPP include,

- Department of Health and Family Welfare
- Department of Women and Child Development
- Department of Tribal Development
- Department of Transport
- Gujarat State Road Development Corporation

78. **Non-Governmental Sector:** RAP IMPLEMENTATION AGNECYs and ICTCs have been taking up prominent role and function as an authentic supporter to the state-level government functionaries. The service of non-government sector cannot be ignored in the context of HIV/AIDS interventions in the state. Interactions with RAP IMPLEMENTATION AGNECYs at project locations help in bringing out the real prevalence rate and suggest measures for right kind of intervention. The identified agencies in this sector includes:

- Caritas India
- UNICEF
- TI RAP IMPLEMENTATION AGNECYs funded by GSACS and other RAP IMPLEMENTATION AGNECYs and Corporate Bodies

79. **Corporate Sector:** The involvement corporate bodies like Reliance, ESSAR, Apollo Tyres, Ambuja Cement, etc. in social development of Gujarat are an emulative model for other states. The corporate social responsibility wing has done genuine works in the field of HIV/AIDS prevention in the state. Apart from the corporate bodies involve in the sector, the following development partners could be included in the overall planning.

- Transporters and Brokers Association
- R&BD empaneled Contractors

2.4 APPRAISAL OF THE POLICY FRAMEWORKS

2.4.1 Operational guidelines by NACO

80. NACO has developed operational guidelines for various target groups including core population, bridge population, health-service providers, condom social marketing organizations, RAP IMPLEMENTATION AGNECYs etc. A review of operational guidelines has been carried out to appraise and evolve suitable intervention strategies and also as a guideline for collecting project specific information. The brief overview of some operational guidelines relevant in the context of roads and transport sector is given.

Operational Guideline for Targeted Intervention for Truckers

81. NACP-III has prioritized HIV/AIDS prevention among truckers as one of the key components as far as the imperative strategy to reduce the sexual transmission of HIV and its adverse impacts are concerned. The purpose of these guidelines is to ensure delivery of quality HIV prevention interventions to the trucker population in India. The guidelines outline standardized operating procedures for implementing comprehensive HIV prevention services for the trucker population on a national scale.

82. The operational guideline gives specific strategies to be followed in the target interventions addressing truckers. It also gives the guidelines for RAP IMPLEMENTATION AGNECYs who are involved with trucker community.

Operational Guideline for Targeted Intervention for Migrants

83. Appreciating the migration as an important source of HIV-related vulnerability is the operation guideline elucidates the strategy to be adopted in addressing the migrant population with a gender sensitization approach. The male migrants and female migrant population are to be addressed with unique intervention packages of outreach and communication, condom promotion services, creating enabling environment and community mobilization. The guideline gives details about appropriate ways of mapping of migrant population and evolving designs for linking programmes.

Operational Guideline for Core High Risk Groups

84. The operational guideline for core HRGs identifies the place of activity (street-based, lodge-based, home-based, brothel-based, dhaba-based etc) as a major indicator for target interventions. The

guideline also advocates for participation of HRGs in designing and operation of TIs. The recruiting, capacity building and programme management of RAP IMPLEMENTATION AGNECYs/CBOs or other networks to implement TIs has been detailed out in the guideline.

2.5 KEY ISSUES IN THE SECTOR

85. Out of 33 districts in Gujarat, 3 districts (Sabarkantha, Mehsana and Surat) are high prevalence districts and falls under Category-A.

86. The prevalence rate among adult population is estimated to be 0.41 percent which is higher than the national prevalence of 0.34 percent.

87. There is high influx of migrants to the industries of rural and urban Gujarat. The migrants are reportedly single-males with a potential of engaging in unprotected sex with non-regular partners.

88. High risk behaviour of clients of sex workers has increased by 5 times and the MSMs are the most vulnerable in this category. This scenario is worse in districts like Surat, Vadodara and Rajkot.

89. TIs in general have more focus on urban and semi-urban locations. There is pertinent requirement of focused and strategic intervention in rural Gujarat and also in the road and transport sector in view of the high percentage of bridge population. Inadequacy of quality RAP IMPLEMENTATION AGNECYs also observed as a constraint in reaching to the rural population in an effective manner.

90. The existing intervention in the 8 major transhipment locations majorly focuses on immediate geographic vicinity and covers generally long-distance truckers. However, the high risk behaviour pattern among short-distance truckers, migrant population are addressed in a limited manner.

91. Corporate social responsibility based interventions from major Industrial firms though addresses the HIV/AIDS related issues in an effective manner, the reach of such programmes are limited and too focused. Apart from the major players, there are significant numbers of industrial units who invites migrants as employees. The risky environment emerged from such huge influx is often not addressed properly by such industrial units. There is enough scope for intervention addressing behaviour pattern of bridge population.

3 APPRAISAL OF PROJECT LOCATION

3.1 IDENTIFICATION OF HOTSPOTS, HEALTH CARE CENTRES

92. The major hotspots, healthcare centres, intervention areas of RAP IMPLEMENTATION AGNECYs and major industrial areas along the project corridors have been identified. The information has been gathered for project corridors. There are 15 hotspots identified along the corridors. The categorization of hotspots is based on the discussion with NGO, ICTC Counsellors and discussion with trucker community. Three corridors are part of target interventions by local RAP NGOs funded by GSACS. Vallabhipur-Ranghola corridor has prominent hotspots, NGOs intervention is absent. Health care services are present in all the studied corridors (Table 3-1). The corridor-specific information is also given in corridor-maps.

Table 3-1: Identified Hotspots, Health Care Centres, NGO Intervention Areas and Major Industrial Areas: Present Scenario

Sl. No.	Project Location/Corridor	Hotspots	Health care services	NGO Intervention Areas	Major Industrial Areas
1.	Mehsana- Palanpur	7	7	2	8
2.	Mehsana Bypass	0	1	1	0
3.	Radhanpur- Harij- Chanasma (SH -55)	3	7	1	0
4.	Vallabhipur to Ranghola-SH-39	5	3	0	0
Total		**15**	**18**	**4**	**8**

Source: LASA, 2018-19 (reconnaissance visit and consultations)

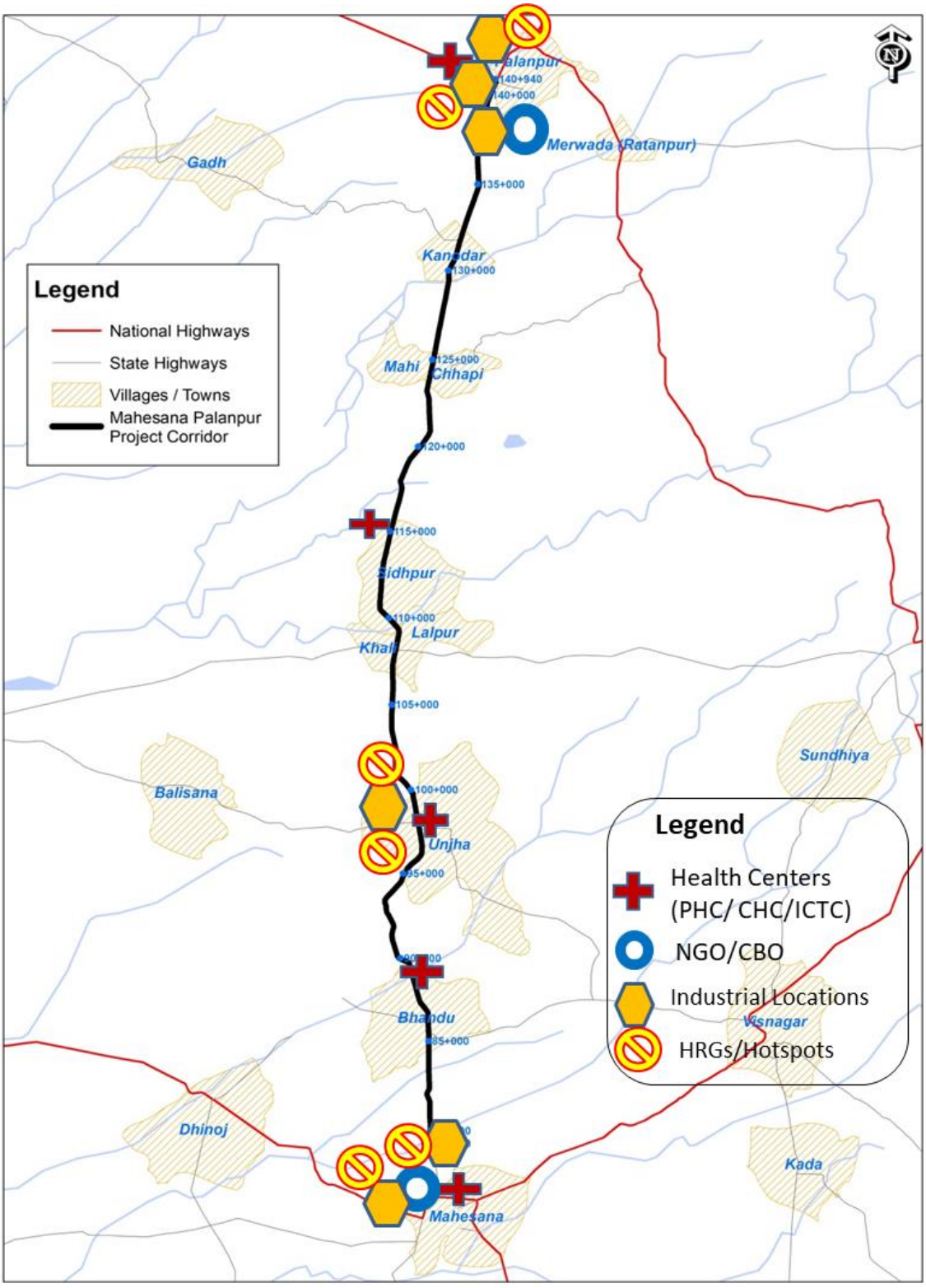


Figure 3-1: Situation Assessment: Mehsana-Palanpur

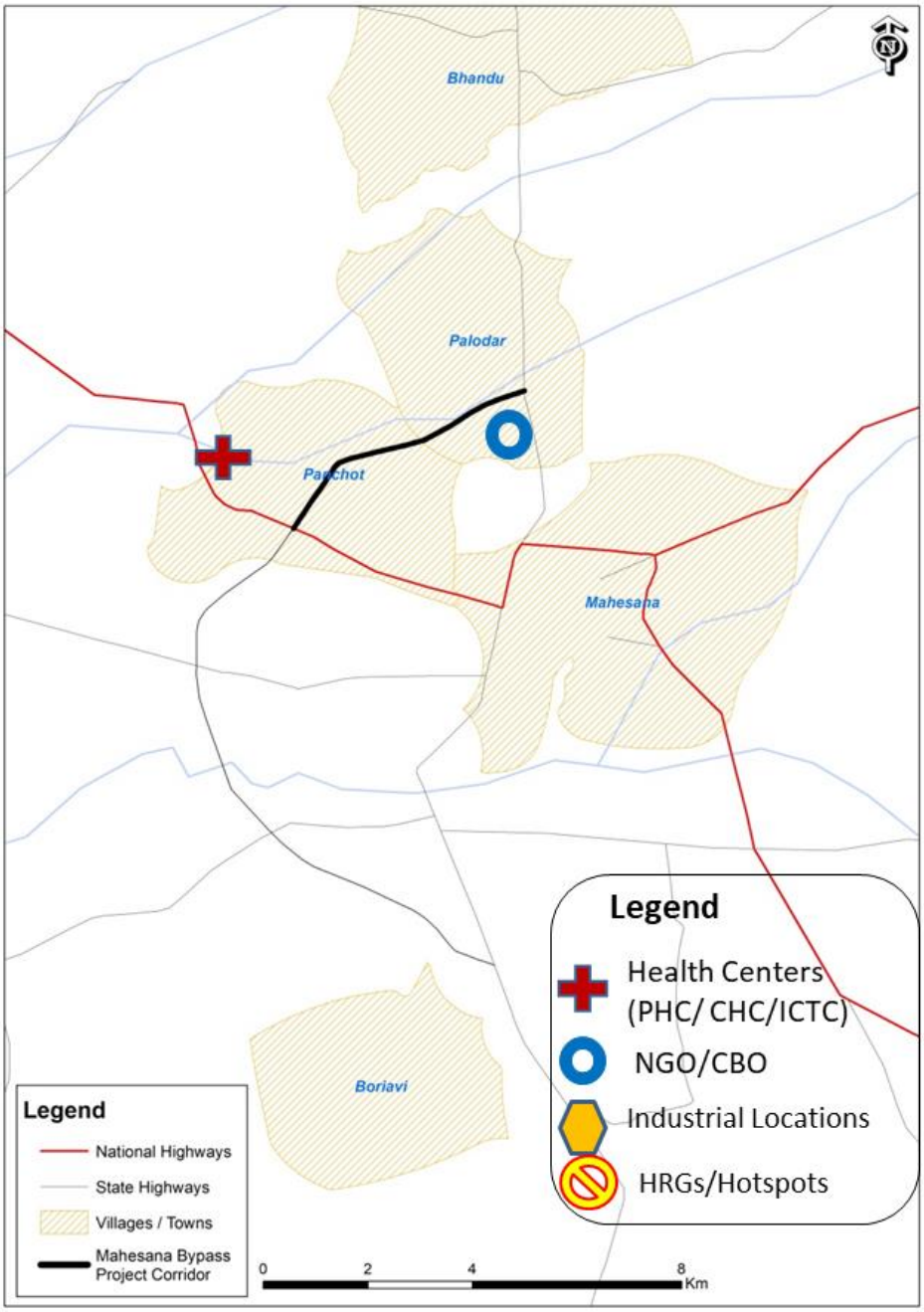


Figure 3-2: Situation Assessment: Mehsana-Bypass Corridor

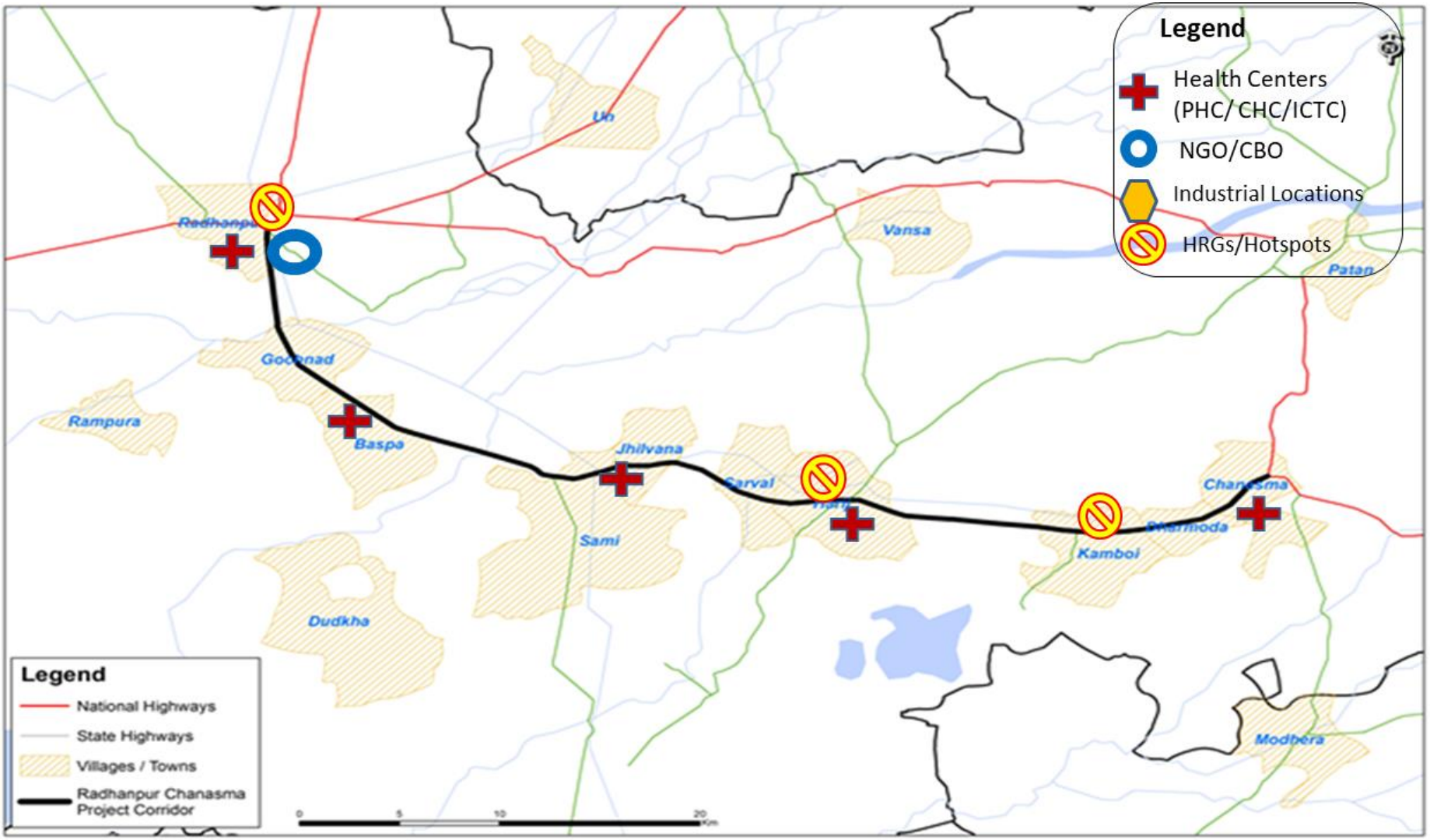


Figure 3-3: Situation Assessment: Radhanpur-Chanasma Corridor

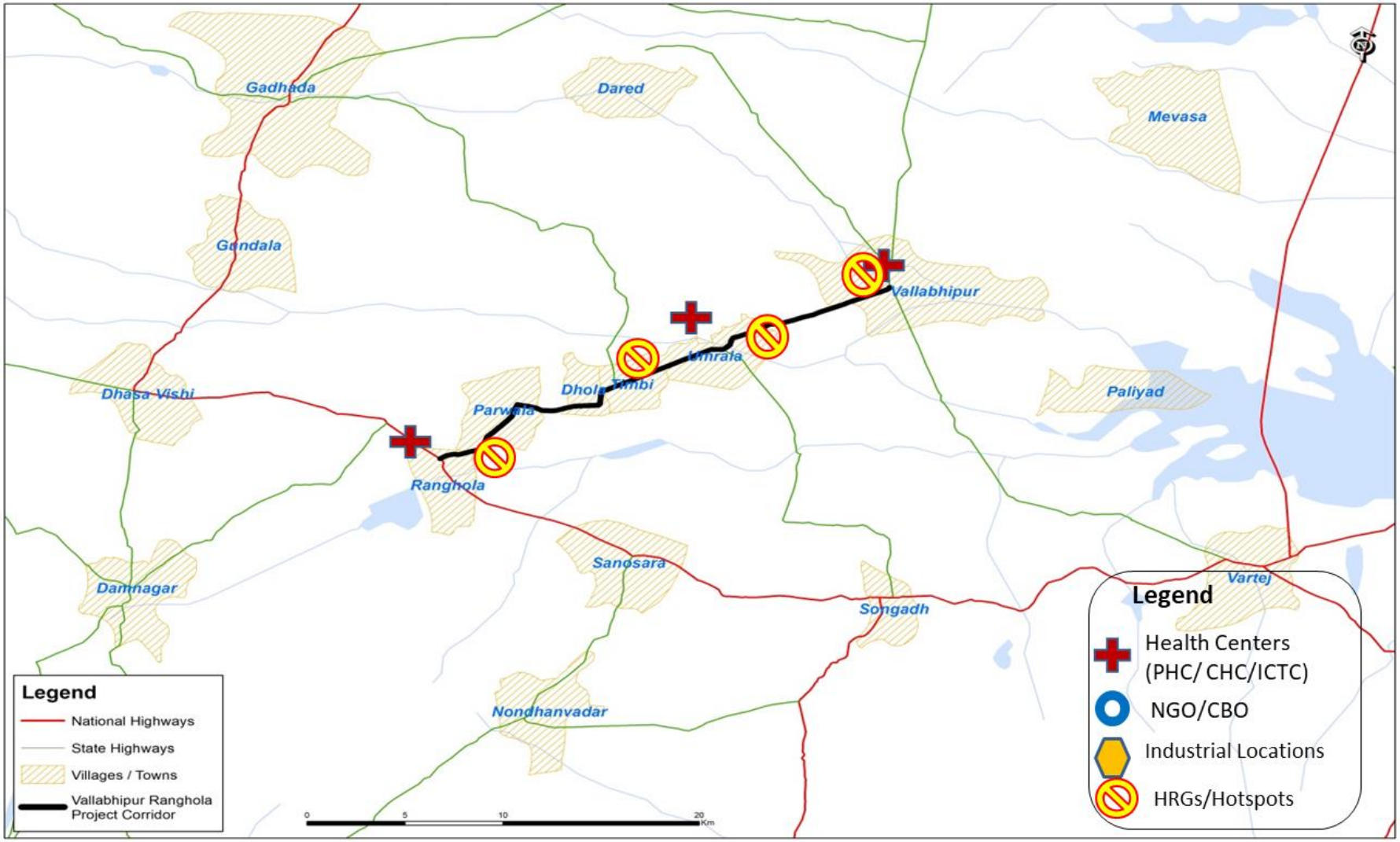


Figure 3-4: Situation Assessment: Vallabhipur-Ranghola Corridor

3.2 VULNERABILITY ALONG THE CORRIDORS

93. **Mehsana-Palanpur Corridor:** There are considerable number of HRGs and HIV positive people identified by the intervention RAP IMPLEMENTATION AGNECYs and ICTCs. HRG activities are taken place mainly in Unjha (Urban areas and Highway), Mehsana (Heeranagar, Bus stop, Main Bazar), Palanpur (Aroma Circle, RTO) and from the villages along the project highway. Presence of HRGs and HIV positive people indicate that focused intervention are required throughout the corridor. The movement of migrant labourers, especially single male migrants in view of the large number of small scale industrial units indicates the need of intervention. Apart from the urban settlements situated in the beginning and ending point of the corridor, the semi-urban and rural stretches also have high presence of HRGs.

Table 3-2: Vulnerability features: Mehsana-Palanpur and Mehsana-Bypass Corridor-Villages

SN	Village Name	Populations	HRG Groups presence	HIV +ve
1.	Majadar	9702	Heeranagar, Bus Stop, Railway station. Main Bazar, Highway cross roads area of Mehsana	During December 2018, 15 HIV positive cases were detected in this corridor which was mostly come from rural areas. While till date, 2415 HIV positive cases were detected. In addition 372 numbers of Positive ANC mothers living with HIV/AIDS registered in this corridor. (Overall 433 FSWs, 469 MSMs and 30 TGs. are found in this area.)
2.	Sherpura (Majadar)	3184		
3.	Mahi	5533		
4.	Bharkawada	2288		
5.	Rajosana	3628		
6.	Teniwada	5077		
7.	Kotadi	1685		
8.	Dharewada	1209		
9.	Esbipura	750	Slum Pocket, Urban areas, Unjha-Palanpur Highway - Unjha	
10.	Jagana	7461		
11.	Sujanpur	2173		
12.	Lalpur	2710		
13.	Khali	3343		
14.	Brahmanvada	5950		
15.	Maktupur	5197		
16.	Aithor	8460		
17.	Unava	12901		
18.	Bokarvada	2891		
19.	Bhandu	8228		
20.	Motidau	4986		
21.	Palodar	3671		
22.	Ramosana	6653		
23.	Chhapi (CT)	8379		
24.	Kanodar (CT)	12389		
25.	Sidhpur (M + OG)	61867		
26.	Unjha (M)	57108		
27.	Mahesana (M + OG)	190753		
28.	Palanpur (M + OG)	141592	Aroma Circle, Bus stand, RTO check post cross road of Palanpur	

94. **Radhanpur-Chanasma corridor:** This particular corridor connects around 20 villages/settlements and it attains the presence of HRGs in more than five areas. This corridor does not seem a more vulnerable in the HIV/AIDS point of view as there were very less cases registered. Apart from the urban settlements situated in the beginning and ending point of the corridor, the semi-urban and rural stretches also have high presence of HRGs.

Table 3-3: Vulnerability features: Radhanpur-Chanasma Corridor Villages

SN	Village Name	Populations	HRG Groups presence	HIV +ve
1.	Amirpura	2203	Aliyana, Kamalpur, Babra, Kolivada, Garamdi (Villages near highway)	During December 2018, only one HIV positive case was detected in this corridor which was mostly detected from rural areas. While till date, 236 HIV positive cases were detected. In addition 11 numbers of Positive ANC mothers living with HIV/AIDS registered in this corridor. (Overall 284 MSMs and 3 TGs in this area)
2.	Sarval	2178		
3.	Dantarvada	1679		
4.	Jasomav	1699		
5.	Sodhav	1628		
6.	Gochnad	3642		
7.	Daudpur	1192		
8.	Varana	2864		
9.	Mahmadpura	2391		
10.	Baspa	3069		
11.	Jalalabad	732		
12.	Jhilvana	1968		
13.	Kathivada	949		
14.	Sami	12591		
15.	Dharmoda	1771		
16.	Naranpura	136		
17.	Kamboi	4554		
18.	Harij (M)	20253		
19.	Chanasma (M)	15932		
20.	Radhanpur (M)	39558	Kandla Highway, Varahi, Santalpur (Truck Workers)	

95. **Vallabhipur-Ranghola corridor:** This corridor covers small geographical area which is almost 28 km Mostly HRGs is detected from the starting point of the corridor which is Vallabhipur and Hotels located in between the corridor. The numbers of Positive cases and prevalence ratio is lower compare to other corridors.

Table 3-4: Vulnerability features: Vallabhipur-Ranghola Corridor Villages

SN	Village Name	Populations	HRG Groups presence	HIV +ve
1.	Pati	569		During last month none of the HIV positive cases was detected in this corridor. While till date, 137 HIV positive cases were detected. In addition 17 numbers of Positive ANC mothers living with HIV/AIDS registered in this corridor.
2.	Juna Rampar	1177		
3.	Timbi	2640		
4.	Dedkadi	960		
5.	Parwala	3817		
6.	Ranghola	6136	Hotels in between Ranghola to Limda road	
7.	Devaliya	1164		
8.	Vallabhipur (M)	15852	Pativada, Ambedkarnagar, Mafatnagar areas of Vallabhipur.	
9.	Umrala (CT)	8044		
10.	Dhola (CT)	7560	Chogath, Ranghola and Dhola villages.	

3.3 TARGET INTERVENTIONS AND HEALTH SERVICES

96. Adequate numbers of Community Health Service (CHC) centres, Primary Health Service (PHC) centres and village based Sub Centres (SC) established by Health & Family Welfare Department, Govt. of Gujarat are functioning, along the project corridors. ICTC established by GSACS, are found at all the CHCs pertaining to the corridors. ART centres established by GSACS are also available at major cities like Mehsana Radhanpur, Palanpur and Vallabhipur. Major health care centres and NGO based TIs identified along the project corridors are presented below.

Table 3-5: Health Service Centres and Target Intervention: Radhanpur Intersection on Mehsana Bypass to Palanpur

Sr. No.	Route	District	SH No	Name of villages / Towns	VCTC/ CHC / ART services	HIV/AIDS intervention
1	**Mehsana – Palanpur and Mehsana Bypass**	Mehsana	SH 41 and 41A	Bhandu	Shree G V Patel and Shree S J Patel General Hospital	Yes
2				Unava	PHC	
3				Mehsana	General Hospital / ICTC	Yes
4				Unjha	ICTC	Yes
5				Chhapi	PHC	Yes

Sr. No.	Route	District	SH No	Name of villages / Towns	VCTC/ CHC / ART services	HIV/AIDS intervention
6				Siddhpur	General Hospital / ICTC	Yes
7				Mehsana	Shree R S Patel Community Hospital and Shree Ram Xray Clinic	Yes
	Source: LASA, 2018-19 (reconnaissance visit and consultations)					

Table 3-6: Health Service Centres and Target Intervention: Radhanpur- Harij- Chanasma Corridor

Sr. No.	Route	District	SH No	Name of villages / Towns	VCTC/ CHC / ART services	HIV/AIDS intervention
1	**Radhanpur-Harij-Chanasma**	Patan	SH-55	Chanasama	PHC and CHC	Yes
2				Kamboi	PHC	
3				Harij	Referal Hospital and Community Health Centre and ICTC	Yes
4				Sami	CHC	Yes
5				Baspa	PHC	Yes
6				Radhanpur	CHC and ICTC	Yes
	Source: LASA, 2018-19 (reconnaissance visit and consultations)					

Table 3-7: Health Service Centres and Target Intervention: Vallabhipur to Ranghola Corridor

Sr. No.	Route	District	SH No	Name of villages / Towns	VCTC/ CHC / ART services	HIV/AIDS intervention
1	Vallabhipur to Ranghola	Bhavnagar	SH-39	Vallabhipur	CHC and ICTC	Yes
2				Ranghola	PHC	Yes
3				Umrala	CHC and ICTC	Yes
	Source: LASA, 2018-19 (reconnaissance visit and consultations)					

3.4 TRUCK PARKING AREAS, HIGHWAY AMENITIES, REST AREAS

97. Major Truck Parking areas are identified in Radhanpur Intersection on Mehsana Bypass to Palanpur corridor but not in the Radhanpur- Harij- Chanasma and Vallabhipur to Ranghola corridors. Brief details are given in the Table 3-8.

Table 3-8: Truck Parking Areas, Highway Amenities, Rest Areas

SN	Project Location/ Corridor	Famous Transport Locations	Highway Amenities and Rest areas	Industrial areas/ Hubs
1	Mehsana – Palanpur and Mehsana-Bypass	Ramosana Chowkdi (Truck stop), Mehsana Godown, Dudhsagar Dairy, APMC Mehsana, Banas Dairy, Jagana Oil Mil, Kanodar oil Mil, Juna and Nava Ganj, Dhidhyawadi and Railway Go down.	Maal guddi, Shivala, Nr. Palavasna chowkdi ONGC, Navjivan, Sabera Ramosana and almost 100 Dhabas in Chhapi to Amirgadh road.	GIDC, Dediyasana, Unjha APMC, Duke and AROMO company (Deesa Highway) Palanpur to Songadh Highway, Marble Godown and Factory.
2	Radhanpur- Harij-Chanasma	Nil	Barkha Hotel, Aashirwad Hotel, Bhagyoday Hotel and Sana.	Nil
3	Vallabhipur to Ranghola	Nil	Bajrang Hotel – Vallabhipur, Dhola village and Ranghola Cross road,	Nil

98. The major activities during truck halting are observed to be interactive deals between truckers, transport broker firms, vehicle maintenance and resting. On an average the truck holds for 0 to 3 hours at the halt places. In these three corridors, Kandla Highway and Varahi, Santalpur's truck workers are the only HRG that is identified by Bhagini Samaj.

3.4.1 Pattern of Truck Movement and Spread Effect of HIV/AIDS

99. The movement pattern of goods-vehicle has been analysed based on the information obtained from origin-destination (O-D) survey carried out as part of the detailed design preparation and also based on the trucker survey carried out as part of preparation of HPP. Inter-state movement of goods-vehicles are relatively higher in one of the corridors out of three and i.e. Radhanpur Intersection on Mehsana Bypass to Palanpur. The surveyed goods vehicles ply to-and-fro Rajasthan, Maharashtra, Punjab, Delhi, Uttar Pradesh, and Kerala.

100. As per NACO Sentinel Surveillance data, Mehsana is identified as Category-A district implying high prevalence of HIV. With regard to truck movements, the Mehsana connects the truck routes with Rajasthan, Haryana and Punjab States and several number of trucks ply towards Jodhpur Rajasthan via Ahmedabad- Mehsana – Pali Jodhpur road and also the large number of trucks ply towards Udaipur Rajasthan through Ahmedabad- Mehsana – Himatnagar highways.

Table 3-9: Distribution of Intra and Inter-state movement of Goods Vehicle

Corridor	Intra-state		Inter-state		Total No.	Origin- Destination of Goods Vehicles (Based on Traffic Survey and Trucker Survey)
	No.	%	No.	%		
Mehsana-Bypass	2969	55	2381	45	5350	Palodar (Mehsana Bypass)
Mehsana- Palanpur	7495	61	4774	39	12269	Sherpura (Mehsana-Palanpur)
Radhanpur- Harij-Chanasma	1567	84	293	16	1860	Baspa
Vallabhipur to Ranghola	807	79	213	21	1020	Parvala

Source: Traffic Survey and Trucker Survey, LASA, 2018.

3.5 INDUSTRIAL HUBS AND MIGRANT WORKERS

101. As mentioned earlier, out of four corridors only Mehsana -Palanpur corridor has the industrial such as Dairy product, Engineering, Food products and oil, Soaps and Detergents and spinning & Weaving of cotton textiles etc.,. The major locations are GIDC, Dediyasana, Unjha APMC, Duke and AROMO Company (Deesa Highway) Palanpur to Songadh Highway, Marble godown and factory. Majority of these industries have employed a large number of migrant workers who hail from Rajasthan, Bihar, Uttar Pradesh and Madhya Pradesh.

102. Discussion with the industrial unit operators and NGO personnel reveals that more than 40 percent of the migrant workers are 'single-male-migrants'. Most of the workers engage for an average period of 8 months in a year depending upon the seasonal requirement of the employment in cotton & ginning units. Consultations with RAP IMPLEMENTATION AGNECYs reveal that the some of the migrant workers are involved with HRGs.

3.6 CONSTRUCTION CAMPS

103. Construction camp sites for the road construction work will be a major intervention site. This will be identified in consultation with the Engineering Team after finalization of the alignment plan. The field survey revealed that there are some construction camp sites already functioning alongside the project corridors. These sites are part of a bridge construction taking place in Mehsna-Palanpur corridor (Govt. Hot Mix Plant near chainage at 80+000). The consultations with workers and management of these construction camps are scheduled and will be carried out.

3.7 IDENTIFIED HOTSPOTS ALONG THE CORRIDOR

3.7.1 Potential Hotspots:

104. Along the Mehsana-Palanpur and Mehsana-Bypass corridors, the major settlement locations are located in a sequence starting from Bus stop, Railway station. Main Bazar, Highway cross road, RTO check post cross road of Unjha and Mehsana. Whereas Kandla Highway, Varahi, Santalpur and some villages are the major hotspots identified in Radhanpur- Harij- Chanasma corridor. In addition, Hotels in between Ranghola to Limda road are the hotspots in Vallabhipur to Ranghola corridor Table 3-10.

Table 3-10: Hotspot Network

Sl. No.	Location	HRGs	Hotspots	Community Involved with HRGs
1	Mehsana Bypass & to Mehsna-Palanpur	283 FSWs, 269 MSMs and 30 TGs.	Unjha and Heeranagar - Mehsana	Truckers, General Populations from the Rural and Urban areas, Migrant People
		150 FSWs and 200 MSMs	Aroma Circle, Bus stand, RTO check post cross road	
		-	Bus Stop, Railway station. Main Bazar, Highway cross roads	
			Slum Pocket, Unjha Urban areas, Unjha Highway	
2	Radhanpur- Harij-Chanasma	284 MSMs and 3 TGs	Kandla Highway, Varahi, Santalpur (Truck Workers), Villages like Aliyana, Kamalpur, Babra, Kolivada, Garamdi	
3	Vallabhipur-Ranghola	-	Pativada, Aambedkarnagar, Mafatnagar	
			Hotels in between Ranghola to Limda road	

Source: LASA 2018-19 (Reconnaissance Visit and Consultations)

3.8 FINDINGS OF CONSULTATIONS

105. As part of the situation assessment and obtaining in-depth information regarding the behavioural pattern of HRGs, NGOs intervention details, etc., consultations with NGOs, interview of key informants and discussion with health-care centres are carried out. The findings from such consultations are summarized in this section.

Details of Consultations with Stakeholders and Health Centers

A. Mehsana Bypass and Mehsana Palanpur

Discussion with District Research Programmer at Shri Brahma Samaj Seva Trust - NACP Mehsana	• This organization conducts rallies, group meetings, one to one discussions and demonstration at FGD, IEC campaigns, condom promotions and behavioural change communication etc. The trust covers 100 villages and settlements located under Unjha, Mehsana and Visnagar Talukas and organise health and awareness programs respectively. • Suggestions/advises provides and refers to the nearest ART and ICTC centers at Mehsana. • Identified as Unjha and Heeranagar at Mehsana are the High Risk Groups. • 20,000 migrant workers are observed in Unjha APMC since their inception of the work, those are from Rajasthan, Bihar, UP and MP states. • Ramosana chowkdi (truck stop), Mehsana go down, Dudhsagar dairy, APMC Mehsana are the major transport locations. GIDC, Dediyasana, Unjha are the major industrial zones. • Maal gadi, Shivala, Nr. Palavasna chowkdi ONGC, Navjeevan and Sabera Ramosana are the famous highway halts in this area. • 283 FSWs, 269 MSMs and 30 transgender are found in this area. • Chuvad Gram Vikas Trust, Becharaji/ Keran CHC Support centre, Mehsana civil hospital and DAPCU (District AIDS Project Control Unit) are the other organizations working in the area of HIV/AIDS.
	

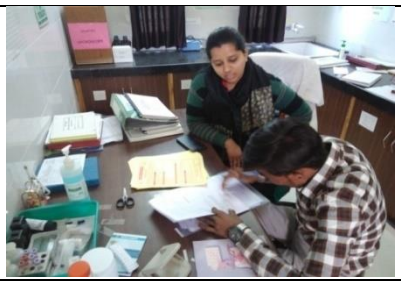
Discussion with President of Vanita Shishu Vihar located at Palanpur. 	• Vanita Shishu Vihar covers all the villages of Palanpur district and conducts IEC and Red Ribbon Club programs at Koli Vistar and bus stand and at educational institutions such as Palanpur Engineering College, College at Deesa etc. • Red ribbon club programme was organized from 2011 to 2015, covered 240 villages of Surela PHC from Amirgadh block for school health program. • Aroma circle bus stand, RTO checks post and cross roads are the high risk groups in Palanpur. • Banas dairy, Jagana oil mill, Kanodar oil mill, Juna and Nava Ganj, Dhidhyawadi and Railway godown are the major transport locations . • Duke and AROMO company (Deesa highway) Palanpur to Songadh highway, marble godown and factory are the industrial zones in this area. • Almost 100 dhabas in Chhapi to Amirgadh are the famous highway halts in this area. • 150 FSWs and 100 MSMs are found in this area. • Vihan NGO, Link Worker are the other organizations that are working in the area of HIV/AIDS. • Diamond factory is running in Palanpur city in which many people are coming for work. Labourers are also coming to work on highway areas.
Discussion with Medical Officer, General Hospital, Visnagar. 	• The medical facility covers 10 villages and 10,000 populations. • Pre and post counselling to mothers infected with HIV/ AIDS. Counselling preferably provides on infant feeding, contraceptive methods, and risks to mother and child from unwanted pregnancy living with HIV/AIDS. • IEC campaigns and behaviour change communication are conducted.
Interaction with Lab Technician at Unava PHC 	• This Health facility covers 27,840 population and four villages namely Unava, Maktupur, Tuntav and Amuth. • Pre and post counselling to mothers infected with HIV/ AIDS. Counselling preferably provides on infant feeding, contraceptive methods, and risks to mother and child from unwanted pregnancy living with HIV/AIDS. • IEC campaigns and behaviour change communication are conducted at PHC, aanganwadi, bus stop, gram panchayat, dairy area. • Condom use promotion and demonstration at PHC. • School health programs organised at boy's school in Unava, Sarvodaya school and HP school.
Discussion with the Medical Officer at CHC Panchot 	• It covers 11,000 population and 10 villages including Gangapura, Anandpura, Ramosana. • Pre and post counselling to mothers infected with HIV/ AIDS. Counselling preferably provides on infant feeding, contraceptive methods, and risks to mother and child from unwanted pregnancy living with HIV/AIDS. • IEC campaigns and behaviour change communication are conducted at centre and bus stop. • 3 positive cases were detected and those were dead.

Discussion with ICTC Counsellor at Cottage Hospital Unjha 	• The health facility covers 4.50 lakh population and 34 villages (17 villages from the road side i.e Bhandu, Unava, Laxmipura, Jetal Vasna, Unjha highway etc.). • Pre and post counselling to mothers infected with HIV/ AIDS. Counselling preferably provides on infant feeding, contraceptive methods, and risks to mother and child from unwanted pregnancy living with HIV/AIDS. • IEC campaigns and behavior change communication surveys conduct regularly at Unjha rural area, centre, college and highway. • Use of condom promotion and demonstration carry out at center. • Till date, 250 positive cases are registered from both rural and urban areas while 28 positive ANC mothers living with HIV/AIDS are registered. • Slum pocket, Unjha urban areas and Unjha highway are the high risk groups.
Interaction with the MPHW – Supervisor at PHC – Chaapi 	• It covers 38,000 population and 9 villages (Chhapi, Majadar, Rajosana, Tenivada, Pirojpura). • Pre and post counselling to mothers infected with HIV/ AIDS. Counselling preferably provides on infant feeding, contraceptive methods, and risks to mother and child from unwanted pregnancy living with HIV/AIDS. • IEC campaigns and behaviour change communication are conducted at aanagnwadis, schools, community places, PHC centres, 7 sub centres. • Use of condom promotion and demonstration at community places, PHC centre and 7 sub centres. • Till date, 15 positive cases have been registered from rural areas.
Discussion with the ICTC Counsellor at General Hospital - Mehsana 	• It covers 1.75 lakh population and 3 PHCs in more than 30 villages. • Pre and post counselling to mothers infected with HIV/ AIDS. Counselling preferably provide on infant feeding, contraceptive methods, and risks to mother and child from unwanted pregnancy living with HIV/AIDS. • IEC campaigns are conducted at Genera hospital, 3 PHC, block health office, bus stops, ICDS branch, aanganwadi workers, ASHA workers and Urban Health Centre, schools and colleges. • Health and awareness programs at Institutions and Colleges/Schools. • Till date, 2631 positive cases have been registered from both urban and rural areas. • 93 positive cases of ANC mothers infected with HIV/AIDS are registered here and these belong to the same area. • Bus stop, railway station, main bazaar, highway cross roads are the high risk groups.
Discussion with the ICTC Counsellor at General Hospital – Siddhpur 	• It covers 1lakh population and 40 villages. • Pre and post counselling to mothers infected with HIV/ AIDS. Counselling preferably provides on infant feeding, contraceptive methods, and risks to mother and child from unwanted pregnancy living with HIV/AIDS. • IEC campaigns, Behaviour change communication and condom is promoted and demonstrated at general hospital, 3 PHCs, block health office, bus stop, ICDS branch, Aanganwadi workers, ASHA workers and Urban Health Centre in Nagpur school and college. • School health programs are organized at government schools and colleges. • Till date, 50 HIV positive cases have been registered that are from rural areas. • 2 positive cases of ANC mothers infected with HIV/AIDS are registered here and these belong to the same area.
Interaction with the ICTC Counsellor at General Hospital – Mehsana	• Pre and post counselling to mothers infected with HIV/ AIDS. Counselling preferably provides on infant feeding, contraceptive methods, and risks to

	mother and child from unwanted pregnancy living with HIV/AIDS. • IEC campaigns, Behaviour change communication and condom promotion/ demonstration and school health programs are organized at college, school, community places and general hospital. • Till date, 2100 HIV positive cases have been registered that are from both urban and rural areas and some are from Rajasthan as well. • 249 positive cases of ANC mothers infected with HIV/AIDS are registered here and these belong to the same area. • Potential HRGs are found in between Unjha to Palanpur highway.

B. Radhanpur- Harij- Chanasma

Table 3-11: Details of Consultations with Stakeholders

Discussion with I/C Superintendent of CHC and PHC in Chanasma 	• CHC and PHC in Chanasma cover population of 1.29 lakh. • Pre and post counselling to mothers infected with HIV/ AIDS. Counselling preferably provides on infant feeding, contraceptive methods, and risks to mother and child from unwanted pregnancy living with HIV/AIDS. • Behaviour change communication and condom use promotion among people. • Two HIV cases are registered.
Interaction with Lab Technician at Kamboi PHC 	• Kamboi PHC covers 11 villages and 21,144 populations. • IEC campaigns, behaviour change communication and condom use promotions at PHC centre, Kamboi and in some villages such as Ramgadh, Naranpura, and Delmal. • Two HIV cases are registered which are from Vadi area of Kamboi village.
Discussion with MPHW Supervisor of PHC located at Baspa village 	• Baspa PHC covers 12 villages and 23,425 populations. • IEC campaigns, behaviour change communication and condom use promotion at Vaval, Varana, Mohmmadpura, Baspa, Godnath PHCs.
Interaction with ICTC counsellor of CHC and ICTC centre at Radhanpur 	• HIV test and antiretroviral therapy (ART) is available at ICTC and CHC in Radhanpur. • Pre and post counselling to mothers infected with HIV/ AIDS. Counselling preferably provides on infant feeding, contraceptive methods, and risks to mother and child from unwanted pregnancy living with HIV/AIDS. • IEC campaigns, behaviour change communication and condom usage promotions at bus stops, railway stations, CHCs, Bhanshali turst, DIC and organise school health programs and at colleges. • Aliyana, Kamalpur, Babra, Kolivada, Garamdi (villages near highway) and areas near ICTC are considered as high risk villages. • 184 positive cases have been registered here.

Discussion with Medical Officer of CHC located at Sami 	• Pre and post counselling to mothers infected with HIV/ AIDS. Counselling preferably provides on infant feeding, contraceptive methods, and risks to mother and child from unwanted pregnancy living with HIV/AIDS. • Behaviour change communication and condom usage promotions will be done regularly at PHC.
Interaction with ICTC counsellor at Referral Hospital and Community Health Centre - Harij 	• Harij referral hospital and community health centre covers 30 villages and 1.18 lakh. • Pre and post counselling to mothers infected with HIV/ AIDS. Counselling preferably provides on infant feeding, contraceptive methods, and risks to mother and child from unwanted pregnancy living with HIV/AIDS. • IEC campaigns, Behaviour change communication and following up the counselling etc. are undertaking at ICTC, Harij. • Condom use promotion/ demonstration at ICTC centre. • Aeklava and Roda villages are considered as the high risk areas. • 45 positive cases have been registered here.
Interaction with ORW (Out Reach Worker) at Bhagini Samaj, Radhanpur 	• Radhanpur Bhagini samaj, established in 2009, cover the villages of Radhanpur Block such as Bariya, Gochnav, Sabdalpur, Shergadh and Najipura. • HIV, RMS, RPR tests with condom promotion and distribution are undertaken by the Bhagini Samaj trust. • Pre and post counselling services, positive case referral to nearest PHC/CHC and counselling on contraceptive methods are provided by the trust. • 284 MSM and 3 transgender are found in the vicinity of the corridor. • Kandla Highway, Varahi, Santalpur (Truck Workers) areas are considered as high risk groups.

C. Vallabhipur to Ranghola

Interaction with counsellor at ICTC and CHC Hospital at Vallabhipur 	• The positive cases are referred to district hospital in Bhavnagar. • Pre and post counselling to mothers infected with HIV/ AIDS. Counselling preferably provides on infant feeding, contraceptive methods, and risks to mother and child from unwanted pregnancy living with HIV/AIDS. • IEC campaign and behaviour change communication are organised at CHC, bus stop, college, higher secondary school, villages where positive cases are there. • Condom promotion/demonstration activities are carried out in the CHC and ICTC. • 81 HIV cases are registered from Mafatnagar Area of Vallabhipur. • 10 numbers of Positive ANC mothers living with HIV/AIDS were registered, which were from Bharwad Street, Vallabhipur. • Pativada, Aambedkar nagar, Mafat nagar are the High Risk Groups in Vallabhipur area.
Discussion with the Medical Officer at PHC in Ranghola 	• Ranghola PHC covers 29 villages including settlements Ranghola, Parvala, Tetkadi, Timbi, Umarala and cover the population of 57,000. • Pre and post counselling to mothers infected with HIV/ AIDS. Counselling preferably provides on infant feeding, contraceptive methods, and risks to mother and child from unwanted pregnancy living with HIV/AIDS. • IEC campaigns and behaviour change communication are promoted at PHCs and schools, bus stops and on cross roads, at government programs. • Condom promotion/demonstration activities in the PHCs. • Organise the school health programs. • 4 HIV Positive cases have been detected from rural areas located along Rajkot to Bhavnagar highway. • Only one case of Positive ANC mothers, infected with HIV/AIDS, is registered

	from rural area near Rajkot to Bhavnagar Highway. • Hotels on Ranghola to Limda road are the high risk areas in Vallabhipur area.
Interaction with counsellor at ICTC and CHC Hospital, Umrala 	• Covers 5 villages such as Rampur, Rajasthali, Dhola Junction, Timbi and covers 98,000 population. • Pre and post counselling to mothers infected with HIV/ AIDS. Counselling preferably provides on infant feeding, contraceptive methods, and risks to mother and child from unwanted pregnancy living with HIV/AIDS. • IEC campaigns and behaviour change communication are promoted at Diamond Factory, school, CHCs, bus stops, ITI, private hospitals and at organizations. • Condom promotion/demonstration activities are carried out in the CHCs • 52 HIV positive cases have been detected from rural areas and villages located on Vallabhipur to Ranghola highway. • Only 6 cases of Positive ANC mothers infected with HIV/AIDS registered from rural areas such as Ranghola, Chogath, Umrala and Dhola. • MSM/FSW in Chogath, FSW in Ranghola and FSW/MSM in Dhola are the high risk groups in this area.

3.9 SURVEY AND CONSULTATION WITH TRUCKER COMMUNITY

106. A detailed survey has been carried out among trucker community along all four project corridors. The survey aimed at assessing the knowledge level of truckers about HIV/AIDS, STI, condom usage, and health care services along the corridor. The team of enumerators for the survey included those with experience in health surveys especially with respect to sexual health interventions supported by GSACS. Apart from individual-based survey, consultations with trucker community, transport agents, NGO personnel, etc., have been carried out.

3.9.1 Consultation with Trucker Community

107. Consultations as well as individual interview with trucker community have been carried out along all project corridors (the questionnaire used to collect information from truckers is given in Appendix 1.1). Community of truckers are vulnerable to HIV due to the high prevalence of risky sexual behaviour, which results from a variety of social and economic factors as well as their work patterns. Since 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[11]. The consultations with Trucker community has been done at locations such as highway-side hotels, guest houses, transporter/brokers office, truck parking areas, market yard, industries, eateries and circles on the corridors. The major issues discussed is summarized as follows:

- Among the truckers who belong to both local and Outstate areas, majority of truckers hails from Maharashtra and Rajasthan. Moreover, truckers from states such as Haryana, Madhya Pradesh, Punjab, Uttar Pradesh, Tamil Nadu, Andhra Pradesh, Karnataka and Nagaland travel across the project corridors;
- Truckers interact with sex workers in many places alongside the project corridors, such as road-side *dhabas*, hotels, guest houses, farm land, forest areas, riverside, etc.
- Provision of health services including awareness about HIV/AIDS should be included as part of the highway improvement project.

[11] Targeted Intervention for Truckers: Operational Guidelines. National AIDS Control Organization.

Discussions with Driver alongside Mehsana-Palanpur (at Unjha-APMC) Corridor

Discussions with Trucker Community at Transport location, Near Radhanpur Intersection (Mehsana-Bypass Corridor)

3.9.2 Analysis of Trucker Survey Data

108. Trucker survey has collected information from 20 respondents (including Drivers and helpers). Interviews were carried out at various locations such as, highway-side hotels, Guest houses, Transporter/Brokers Office, Truck Parking, Market Yard, Circles/cross roads on the corridors.

109. Those truck-drivers were interviewed who usually ply through the corridor. Interviews were conducted in truck drivers' preferred language after confirming their mother tongue. Hence, the entire interviews were conducted in Gujarati and Hindi languages as per their convenience. Details of the sample population are presented in table below. Outcome of the data analysis is summarised as follows:

Sample population for Truckers survey

Sr. No.	Corridor	Location	No. of Interviews
1	Mehsana Bypass	Mehsana APMC	3
2	Mehsna-Palanpur	Ramosana chowkdi	2
		Unava APMC	5
		GIDC area	5
		Unjha APMC	5
		TOTAL **20**	

Source: LASA 2018-19 (Reconnaissance Visit and Consultations)

- **Native Place of Truckers:** Major percentage of truck drivers (50 percent- 10 respondents) belongs to Gujarat, and 50 percent each belong to Maharashtra and Rajasthan. Majority of the truckers (80 percent) are in the profession for the last 10-15 years and 20 percent of the truckers are in the profession for the last more than 16 years.
- **Usual Halt Points:** Long route trucks were having average more than 2 people per truck, while for halting they preferred places such as Hotel, Dhabas, Guest house, Petrol Pump, Transporter/Brokers Offices, highways, Factory/Industrial area and truck parking. Halt is usually for fooding, bathing, refreshment and relaxation etc.
- **Stay-away from Family:** About 30 percent of the truckers meet their families once in a month, whereas 50 percent meet their families once in 15 days and about 20 percent of the truckers meet their families once in 6 months.
- **Marital Status:** 60 percent of the truckers surveyed are married. Staying away from family, under such circumstances indicates it a more vulnerability towards high risk behaviour.
- **Habits:** 30 percent of the truckers consume alcohol on daily basis. 40 percent of the surveyed truckers are aware about the sources (dhaba, villagers, pan shops, etc.) of obtaining alcohol or other substances. About 40 percent of the respondents are aware about the sources (guest houses, highway sites, dhabas, etc.) of availing paid sex partners.

- For having sex 8 drivers have paid Rupees 100 to 200, 6 drivers paid 300 to 400. Majority of the respondent truck drivers had sex with Female partner, while none of the drivers have reported to have sex with male and transgender as their sexual partner.
- 20 percent of the truckers have engaged in sexual activity with labourer/migrants. The activity places included, work place, house of sex-worker, farm field, forest areas, river-side, dhabas, guest house, factories, and within the truck.
- **Condom use:** 50% of respondent truckers have reported condom use. Out of them who reported condom usage with paid sex partner, Out of them, mostly reported that they carry/purchase condom and use with paid sex partner.
- **Knowledge regarding health services:** 45 percent of respondent truckers are aware about various health centres alongside the corridor and they avail health services from formal medical institutions.
- **Knowledge about HIV/AIDS, STI and ART:** knowledge among truckers pertaining to HIV/AIDS and about the National Health Program, implementing since last 15 years, were enquired. It was found that 80% drivers are aware of HIV/AIDS. Those who have heard about HIV responded that they come to know about HIV through Radio, TV, and Newspapers. While some of them have reported that they heard through word of mouth from their friends and peers.
- Further, to assess the knowledge on the HIV/AIDS, truckers were asked whether HIV and AIDS is same, 25% truck drivers responded that HIV/AIDS is same, 35% drivers mentioned that it is not same, 40% says don't know about it or not responded. Regarding awareness about Sexually Transmitted Infection (STI), 30% truckers are aware of the same. The following questions with response reveal the level of awareness among truckers regarding HIV/AIDS.

Table 3-12: Level of awareness among Truckers

Sl. No.	Questions Asked	Number (Percentage) of Respondents		
		Yes	No	Don't know
1	By just looking at a person can you identify whether the person is infected by HIV, the virus that causes AIDS?	-	16 (80%)	4 (20%)
2	Do you personally know someone who is infected with HIV or suffers from AIDS or has died of AIDS?	2 (10%)	14 (70%)	4 (20%)
3	Do you feel that you might be at risk to be infected with HIV/AIDS?	3 (15%)	11 (55%)	6 (30%)

Note: Total number of respondents – 20

Source: Trucker survey, LASA 2018-19

- **HIV Test:** out of the 20 respondent truckers, 4 (20 percent) have undergone HIV testing.
- ***Khushi Clinic:*** 4 (20 percent) out of the 20 respondent truckers have heard about the Khushi Clinic services supported by NACO under the National Trucker TI Programme across India. Those who are aware about the Clinic came to know about it through peers and also through self-experience.
- 70 percent of the respondent truckers opined that providing health services including awareness on HIV/AIDS will be helpful and preferred such services on highway-based Clinics, hospitals suggested the following measures for effective reach.
  - Provide emergency ambulance service;
  - Provide hospital facilities;
  - Health check-up for truckers;
  - Toilet/bathroom facility alongside the highways;
  - Adequate facilities within Petrol Pumps;
  - Provide health facilities by individual industries; and
  - Provide free-of-cast medicine and health-insurance facilities.

4 INTERVENTION STRATEGY AND ACTION PLAN

4.1 INTRODUCTION

110. Implementation of HPP in the project corridors for the benefit of local community, bridge population and HRGs is a pre requisite of the road development project. The reconnaissance visit and the interactive discussions have gathered pertinent information from various sources. The data gathered for project corridors formed the basis for this report. Comprehensive analysis of the data and the content analysis of consultations held with local RAP IMPLEMENTATION AGNECYs, medical health care service personnel, etc helped in evolving the HPP. It is learnt that there is a well-knit system already in place functional under NACO and GSACS/DAPCU, which has focussed on various components such as information education communication (IEC), behaviour change communication (BCC), condom promotion, care and support, creating an enabling environment, etc.

111. Situation assessment of the corridors reveals that the existing network of health facilities and institutions which cater to the needs of population exposed to unsafe sexual practices, is well established and the interventions supported by NACO utilizes the required facilities of CHCs and ICTCs. All the project corridors have the presence of CHCs within the vicinity of the corridors.

4.2 IMPLEMENTATION PLAN

4.2.1 Institutional framework

112. In view of the potential strategy for the prevention of HIV/AIDS in the project corridors, the existing institutional structure has been assessed. The Target Intervention as envisioned by NACO/GSACS and materialized through RAP IMPLEMENTATION AGNECYs, ICTCs, CHCs, etc has already established a comprehensive management plan for preventing HIV/AIDS targeting a larger public domain. A segment of the intended population of HRGs and Bridge Population identified as part of the situation assessment of GSHP-II forms a subset of the larger public domain.

113. Based on the understanding of the HIV/AIDS scenario in the project corridor locations, and in view of the strategy, a structure is suggested. The structure seeks an implementation arrangement with IEC, sensitization programmes and training programmes for R&BD personnel, contractors and other stakeholders in the transport sector, as a key tool. The HPP will cater to various stages like design, pre-construction and post-construction. The institutional structure for the implementation of HPP is presented in Figure 4-1.

4.2.2 Environmental and Social Management Unit

114. An Environmental and Social Management Unit (ESMU) proposed at the Project Implementation Unit (PIU) of R&BD for the implementation of Resettlement Action Plan (RAP) and HPP. The ESMU at PIU will interact with GSACS/DAPCU. The Social Specialist at ESMU with the assistance of RAP implementing Agency will be the responsible person interacting with GSACS/DAPCU and will provide the following information:

- Details of the project corridors and proposed development;
- Potential areas of HRG activities along the corridor;
- Details of the construction camp sites and labourers including migrant labourers;

115. The IEC materials developed by NACO and GSACS for awareness creation among trucker community, migrant labourers, etc., will be disseminated in identified locations along the project corridors and construction camp sites. The services of RAP IMPLEMENTATION AGNECY proposed to be selected for the implementation of RAP and mitigation of adverse impacts due to the project shall be utilised. The roles and responsibilities of the RAP IMPLEMENTATION AGNECY is summarised as follows:

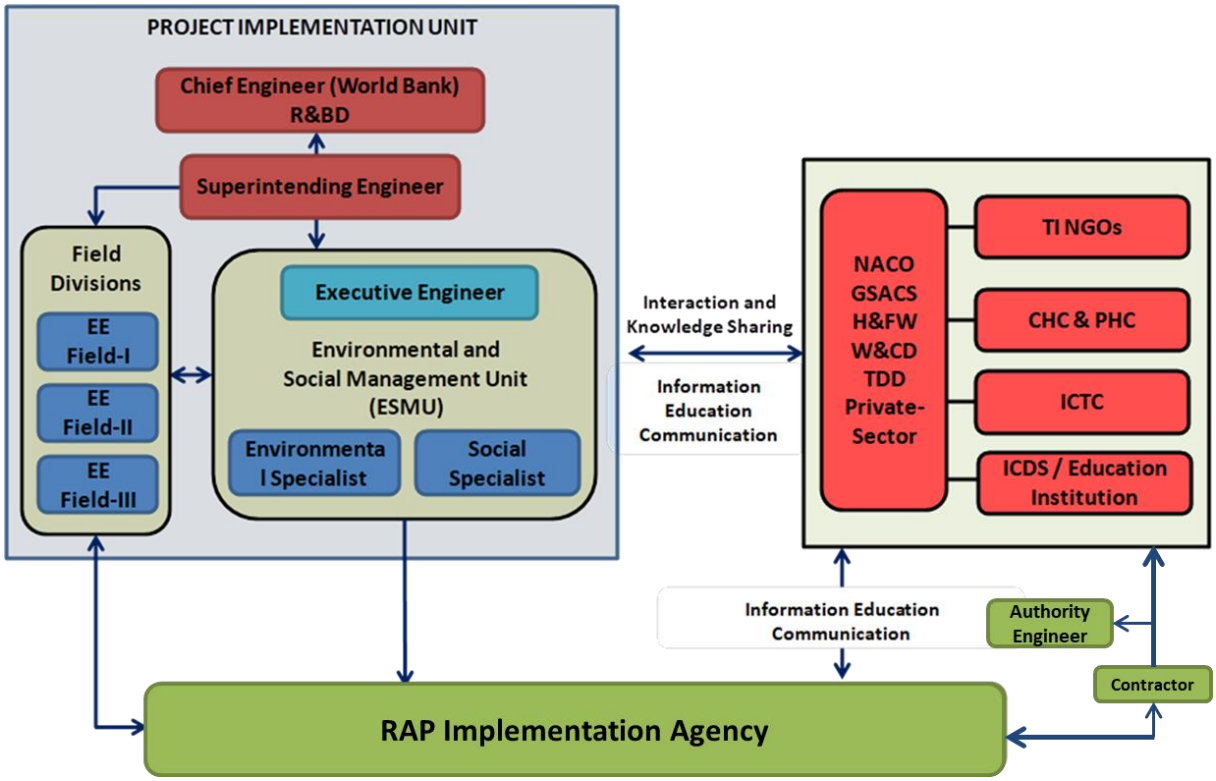


Figure 4-1: HIV/AIDS Prevention Plan: Implementation Structure

4.2.3 Roles and Responsibilities of RAP Implementation Agency

4.2.3.1 Awareness Creation on HIV/AIDS Prevention

116. RAP IMPLEMENTATION AGNECY shall carry out awareness programs along the corridors at identified locations such as construction camp sites and truck-parking lay-by in respective corridors. For the purpose, the IEC materials as well as technical advice from GSACS will be utilized in a timely manner.

117. The RAP IMPLEMENTATION AGNECY shall ensure in collaboration with ESMU that medical facilities and health check-ups which may include diagnosing of STD/HIV for the workers are provided at the construction camps.

- Awareness programs for construction labourers;
- Facilitating medical health care services including STI treatment;
- Interaction with CHCs, ICTCs;
- Coordination with Target Intervention RAP IMPLEMENTATION AGNECYs, Link Worker Schemes and other agencies working in the field of HIV/AIDS awareness and prevention;
- Conduct sensitization programs for officers of SRP divisions, contractors, workers and community members and other stakeholders;
- Interaction with transporters and brokers; and

- Ensure availability of condoms (both socially marketed & govt.) through established condom depots.

4.2.3.2 Assistance in Monitoring of HIV/AIDS Prevention Plan

118. RAP Implementation Agency shall assist the Project Management Consultant (PMC) in monitoring, evaluating HPP, labour influx and labour welfare compliance and all related components of gender based issues and management incorporated in contract document of each corridor to be executed by the contractor. RAP Implementation shall prepare and submit the monthly progress report on item wise/activity wise implementation/execution of the plan and expenditure incurred thereof. A template of monthly progress report is given in Appendix 4.1.

4.2.3.3 Role of Supervision Consultant/Authority Engineer in Implementation of HPP

119. The Engineer or Authority Engineer shall regularly monitor the compliance of EMP by the Contractor. The engineer shall maintain record of compliance or non-compliance of EMP. In case if any failure to rectify the non-compliance with in the specified timeframe in implementing the EMP, the contractor shall be liable for the penalties for major and minor lapse. The following compliances shall be monitor by the Engineer:

- Compliance with Labour Regulations
- Compliance of Code of Conduct prepared by Contractor and submit to the Authority Engineer
- Compliance of ESHS risks including implementation of HIV/AIDS Prevention Plan
- Contractor's C-ESMP implementation monitoring

4.2.3.4 Role of Contractor in Implementation of HPP

120. Contractor shall submit its Code of Conduct that will apply to its employees and subcontractor, to ensure compliance with Environmental, Social, Health and Safety obligations under the Contract. It includes the risks associated with labour influx, spread of communicable diseases, sexual harassment, gender based violence, illicit behavior and crime and maintaining a safe environment.

121. The Contractor shall implement the following measures towards ensuring HIV/AIDS prevention during the entire contract period.

a. conduct awareness campaign including dissemination of IEC materials on HIV/AIDS for all construction personnel (including labourers, supervisors, Authority's Engineers and consultants) on HIV/AIDS/STDs within 3 months of mobilization and once a year subsequently during the contract period;
b. Carry out screening of construction personnel for HIV/ AIDS, within the 3 month of mobilisation
c. Conduct semi-annual health check-up of all construction personnel including testing for STDs;
d. Erect and maintain hoardings/ information signage on HIV/AIDS prevention at the construction sites, labour camps and truck parking locations;
e. Install condom vending machines at the labour camps, including replenishment of supplies.

4.3 STRATEGIC COMPONENTS

122. The components suggested for effective implementation of HIV/AIDS Prevention Plan in respective corridors with the objective of sustaining the project initiatives has been worked out and presented in the following sections.

4.3.1 Information Education Communication (IEC)

123. Awareness creation through IEC will be adopted for identified locations. These locations are communities along the road, hospitals, major junctions, truck parks, construction camp sites etc. The content could be message about prevention strategy, threat of HIV/AIDS and proper use of condoms. The IEC materials developed by NACO/GSACS will be utilised for awareness creation among target groups along the proposed project corridors. Sample copies of such IECs are presented as follows. Refer Appendix 4.2 for various types of IECs.

Figure 4-2: Sample copy of IEC Materials developed by NACO

Tin
Plates (w) 2.5 feet X (H) 1.5 feet

Figure 4-3: Sample copy of IEC Materials developed by GSACS in Gujarati language

4.3.2 Behaviour Change Communication (BCC)

124. BCC is an interactive process with communities (as integrated with an overall program) to develop tailored messages and approaches using a variety of communication channels to develop positive behaviours; promote and sustain individual, community and societal behaviour change; and maintain appropriate behaviours. PIU will interact with NACO/GSACS and thereby guide the implementing RAP IMPLEMENTATION AGNECY to assist the target population in accessing the services of TI NGOs and ICTCs in BCC. The guiding principles of BCC can be summarised as follows:

125. BCC will be integrated with program goals from the start. BCC is an essential element of HIV prevention, care and support programs, providing critical linkages to other program components, including policy initiatives.

126. Formative BCC assessments must be conducted to improve understanding of the needs of target populations, as well as of the barriers to and supports for behaviour change that their members face (along with other populations, such as stakeholders, service providers and community).

- The target population will participate in all phases of BCC development and in much of implementation.
- Stakeholders need to be involved from the design stage.
- Having a variety of linked communication channels is more effective than relying on one specific one.
- Pre-testing is essential for developing effective BCC materials.
- Planning for monitoring and evaluation will be part of the design of any BCC program.
- BCC strategies will be positive and action-oriented.

4.3.3 Care and Support

127. People who are infected with HIV require social and psychological support from the society and from their family members. The strategy will be aimed at providing care and support services to cent-percent HIV infected people. The implementing Agency will assist the identified infected people in accessing the services of ICTCs and CHCs in the vicinity and also will introduce the persons to the TI NGO. RAP IMPLEMENTATION AGNECY will request respective ICTCs, CHCs and TI-NGOs to consider the identified infected persons as part of their interventions. The implementing AGNECY will aim at the following:

- Identify people who are infected with HIV/AIDS among the HRGs (focus will be on Truckers) along the project corridors;
- Coordinate with GSACS for easy access to medical facilities in the project vicinity;
- Ensure uninterrupted supply of ART through regular interaction with CHCs and ICTCs;
- Ensure treatment adherence through partnership development including PLWHA for de-stigmatizing people; and
- Ensure identified infected people have received social care and psychological support.

4.3.4 Awareness Programmes at Construction Camps

128. Health problems of the workers will be taken care of by providing basic health care facilities through a health centre set up at the construction camps. The implementing Agency shall carry out periodic awareness programme on HIV/AIDS in coordination with CHCs/ICTCs and TI NGOs supported by GSACS. The following major activities will be carried ensuring an effective intervention.

- Periodic health-check-ups for all construction workers will be carried out. All workers will be tested at least once for HIV and STI and if required, coordinate with nearby medical institutions for treatment support;
- Regular surveillance for disease outbreaks and health situation of construction camps will be carried out. This will be carried out in collaboration with the respective CHCs;
- Periodic Health Education Campaigns will be organised for construction workers and communities along the project corridor. The campaign will focus on prevention and care messages for HIV and STI;
- Distribution of IEC materials to construction workers and efforts with respect to BCC will be taken to make an intensive impact. This is expected to improve their knowledge level and motivate them to change their unsafe behavioural practices and thereby reduce vulnerability; and
- HIV-awareness billboards will be built in the construction camps and arrangements for supply of condoms will be intensified in coordination with GSACS and partnering agencies.

Figure 4-4: Awareness programs at project corridors including Construction Campsites & IEC to Combat HIV/AIDS carried out at GSHP II Corridors (Mehsana-Himatnagar, Bayad-Lunawada, Dhansura Megharaj and Savarkundra Dhasa corridors)

4.3.5 Creating Enabling Environment

129. A favourable environment for the smooth implementation of the intervention will be created with the following components:

- Police personnel will be made aware of the specific intervention programme;
- Active participation of representatives from various CBOs will be ensured. This will help the PIU in fulfilling the programme-objectives in the given time frame;
- Regular interactions with representatives of Medical Institutions will be carried out to ensure a consistent delivery of their services;
- Interactive meeting with Transport Companies operating from the project corridor will be done;
- Consultation with the major Corporate Bodies with respect to make provisions to reduce the time duration of transhipment of goods; and
- Consultation with petrol pumps, major dhabas, located along the project corridor will be carried out. This is aimed at the creation of information centres and service outlets in rest facilities for STI care, condom distribution and counselling through the established network of GSACS.
- Target group congregation events/observance of AIDS Day, etc.

4.3.6 Action Plan

130. The specific action plan to execute the HPP along respective corridors has been presented in Table 4-1. Appropriate action plan has been developed based on the outcome of the situation assessment exercise carried out along the corridors. The action plan shall be implemented by the RAP Implementation Agency to be contracted for the implementation of RAP/HPP.

Table 4-1: Action Plan

Corridor	Outcome of Situation Assessment/Issues Identified	Strategy/Action Suggested	Locations/Village/Town	Responsibility
Mehsana - Bypass and Mehsana-Palanpur	Presence of HRGs in 3 cities of the corridor.	Intensive IEC campaign in 6 locations - Distribution of IEC materials and carryout awareness programmes for HRGs/Local Community on	Unjha and Heeranagar – Mehsana. Slum Pocket, Unjha Urban areas, Unjha area along Highway	RAP Implementation Agency

Corridor	Outcome of Situation Assessment/Issues Identified	Strategy/Action Suggested	Locations/Village/Town	Responsibility
		monthly basis		
	Truck Halt Points	Assist the target population in accessing the services (BCC, ART, etc.) of TI NGO/CHC	Aroma Circle, Bus stand, RTO check post cross road	PIU/RAP Implementation Agency
		Facilitate supply of condoms in coordination with GSACS/Partnering Agencies	Bus Stop, Railway station. Main Bazar, Highway cross roads	
		Distribution of IEC materials and carryout awareness programmes for truckers on 3-month interval till completion of construction works	Major truck halt points/Junctions along the corridor	
Radhanpur-Harij-Chanasma	Presence of HRGs in some villages	Intensive IEC campaign in 6 locations - Distribution of IEC materials and carryout awareness programmes for HRGs/Local Community on monthly basis	Villages like Aliyana, Kamalpur, Babra, Kolivada, Garamdi	PIU/RAP Implementation Agency
	Truck Halt Points	Assist the target population in accessing the services (BCC, ART, etc.) of TI NGO/CHC		PIU/RAP Implementation Agency
		Facilitate supply of condoms in coordination with GSACS/Partnering Agencies		
		Distribution of IEC materials and carryout awareness programmes for truckers on 3-month interval till completion of construction works	Kandla Highway, Varahi, Santalpur (Truck Workers),	
Vallabhipur to Ranghola	Presence of HRGs in town.	Intensive IEC campaign in 6 locations - Distribution of IEC materials and carryout awareness programmes for HRGs/Local Community on monthly basis	Pativada, Aambedkarnagar, Mafatnagar areas of Vallabhipur	PIU/RAP Implementation Agency
	Truck Halt Points	Assist the target population in accessing the services (BCC, ART, etc.) of TI NGO/VCTC		PIU/RAP Implementation Agency
		Facilitate supply of condoms in coordination with GSACS/Partnering Agencies	Hotels in between Ranghola to Limda road	
		Distribution of IEC materials and carryout awareness programmes for truckers on 3-month interval till completion of construction works		

4.4 IMPLEMENTATION BUDGET

131. Implementation of HPP is proposed to be carried out by an RAP Implementation Agency/NGO and the budget for the same is included as part of RAP Implementation Agency activities in the overall RAP budget. The relevant components of HPP in the RAP budget are presented in Table 4-2. The overall

budget also provisions for contingencies. Escalation of the budget for implementing is considered at an annual inflation rate of 7% based on consumer price index.

Table 4-2: HPP Components in the Budget for Implementing Agency

Sl. No	Category	Unit	Rate	Number	Amount (INR)
1	HIV/AIDS Expert	Person months	60,000	9	5,40,000
2	HIV/AIDS awareness and prevention				
a	Advocacy with key stakeholders	Lumpsum per corridor	30,000	4	120,000
b	Social marketing of condoms and facilitation	Lumpsum (4 corridors)	25,000	4	100,000
c	Audio-visual equipment	Lumpsum (one set)	30,000	1	30,000
d	Target group congregation events/observance of AIDS Day, etc.	Lumpsum per corridor	25,000	4	100,000
e	Travel expense	Months	40,000	12	4,80,000
	TOTAL				**13,70,000**

APPENDCES

Appendix-1: Questionnaire- Individual/CHC-PHC-ICTC and Trucker Survey

GUJARAT STATE HIGHWAY PROJECT-II

Roads & Building Department

Government of Gujarat

Interview Schedule for Stakeholders

Name of the corridor (Chainage):_____

Name of the Respondent:_____

Designation: _____

Date:_____

A. Basic Profile of the Organization		
1.	Name of the Organization	
2.	Year of Establishment	
3.	No. of current working staff	
4.	Address	
5.	Contact no.	
6.	Email Id	

B.	**HIV/AIDS Programs specific details**		
7.	Which types of HIV/AIDS programs Implemented by your organization (Describe)		
8.	Where do your organization implement these above mentioned programs (Geographical coverage area – Like list of villages, sites, etc.)		
9.	No. of staff working on these programs with specific position (Availability of Human Resources for the HIV/AIDS)	**Position**	**Total no. of staff**
		Program Manager	
		Counselors	
		Peer Educator	
		Field worker	
		Any other (Specify)	
10.	We have mentioned some of the **"Preventing activities for HIV/AIDS".** Are these below mentioned activities performed by your organization?		
	List of activities		**Yes/ No**
i.	Pre- post Counseling service		
	If yes, how many counseling had been done till date? From which area most of the people came for the counseling?		

ii.	Positive case Referral to nearest PHC/CHC	
	If yes, how many cases had been referred till date? From which area most of the positive cases came? In which PHC/CHC positive case had been referred?	
iii.	Refers to other organization or individuals who can help to address their (People living with HIV/AIDS) social needs (like, Organize grants, Distributions for food parcels and Poverty alleviation projects to help families survive. Provide home-based care and medical treatment for people who are ill.)	
	If yes, how many cases had been referred till date? From which area most of the positive cases came? Where you have referred?	
iv.	Does organization offers counseling on contraceptive methods and the risks to mother and child of unwanted pregnancy to women of childbearing age living with HIV/AIDS?	
	If yes, how many counseling had been done till date? From which area most of the people came for the counseling?	
v.	Does organization give counseling to mothers living with HIV/AIDS specifically on infant feeding?	
	If yes, how many counseling had been done till date? From which area most of the people came for the counseling?	
11.	We have mentioned some of the **"Awareness activities for HIV/AIDS".** Do these mentioned activities are performed by your organization?	
List of activities		**Yes/ No**
a.	IEC Campaign	
	If yes, then mention the areas where you have done/covered this activity?	

b.	Behavioral change communication	
	If yes, then mention the areas where you have done/covered this activity?	
c.	Condom promotion/demonstration	
	If yes, then mention the areas where you have done/covered this activity?	
d.	Facilitate supply (distribution) of condoms in coordination with various agencies(Mention agencies)	
	If yes, then mention the areas where you have done/covered this activity?	
e.	Organizing school health education program	
	If yes, then mention the areas where you have done/covered this activity?	
C.	**Area/Region specific information**	**Yes/ No**
12.	How many villages and How much areas are covered by your organization?	
13.	Are there any HIV/AIDS positive cases detected in this area (within your NGO) in last one month?	
	If yes, then mention the number of the cases detected in this area (within your NGO) in last one month?	
14.	Are there any High Risk Groups found in this area (within your NGO)?	
	If yes, then mentioned the areas from where they are coming from	

15.	Do migrant workers reside near or in this area (within your NGO)?		
	If yes, how many Migrant workers are found in this area (within your NGO) and from where do they originally came from – (Actual Residence or state)		
16.	Are there any Transport locations found in this area (within your NGO)? (Where huge truck does the loading and unloading)		
	If yes, then how many Transport locations are found in this area (within your NGO)?		
17.	Are there any industries found in this area (within your RAP NGO)?		
	If yes, then how many industries are found in this area (within your RAP NGO)?		
18.	Do you know any famous halt points in this area (within your RAP NGO) where most of the truck driver makes halt?		
	If yes, then how many halt points are found in this area (within your RAP NGO)?		
19.	Are there any PHC/CHC or Health organization located in this area (within your RAP NGO)		
	If yes, then please provide the details of same.		
20.	Are there any FSW/MSW/MSM/CSW/TG found in this area or within your NGO?		
	If yes, then mention the numbers	**List**	**Numbers**
		Female Sex Worker	
		Male Sex Worker	
		Men having sex with men	
		Commercial Sex workers	
		Trans-Gender	
21.	Is there any organization found in this area or within your NGO who is working on HIV/AIDS?		
	If yes, then mentioned the numbers and their addresses.		
22.	Any other information or any suggestions		

Other Important things:

1. Photograph of the NGO with Location 2. Brochure of NGO and Visiting card 3. Photographs of IEC materials
4. Photographs of meetings and interviews

GUJARAT STATE HIGHWAY PROJECT-II

Roads & Building Department

Government of Gujarat

Interview Schedule for PHC/CHC/ICTC

Name of the corridor (Chainage):_____

Name of the Respondent:_____

Designation: _____

Date:_____

D. Basic Profile of the PHC/CHC/ICTC			
23.	Type of the agency (Tick in appropriate box)	PHC	
		CHC	
		ICTC	
		Any other	
24.	Year of Establishment		
25.	Complete Address (With Block, District and location)		
26.	Contact no.		
27.	No. of current working staff		

E.	**Basic profile of the Health Centre**	
28.	Total Population covered under this Health Centre	
29.	Total Number of village covered under this Health Centre. (List the name of the villages)	
30.	Which other Health centers is linked to this Health Centre?	
31.	Distance from the CHC and ICTC? **(Ask if it is PHC)**	
32.	Distance from the District Hospital ?	
33.	Is the Health Centre is centrally located (convenient to all villages)?	
F.	**Availability of Human Resources in the PHC/CHC**	
	Designation	**Total Number of staff**
34.	Midwives/Nurses	
35.	Medical officer (MBBS/AYUSH)	
36.	Auxiliary Nurse Midwife	
37.	Counselor	
38.	Health Educator	
39.	Lab Technician	
40.	MPHW	
G.	**Functions related to health care delivery for HIV/AIDS**	
	HIV/AIDS Case identification / process	**Yes/ No**
41.	HIV testing	
42.	After Screening of persons practicing high-risk behavior with one rapid test which is to be conducted at the PHC level and development of referral linkages with the nearest ICTC at the District Hospital	
43.	Provision of antiretroviral therapy	
44.	Support for adherence to treatment	
45.	Counseling sessions	
	Conducting pre and post counseling and referral	
	Counseling takes place in an environment that ensures privacy.	
	Counseling includes preventing transmission.	
	Counseling includes information on antiretroviral therapy, including access, cost, benefits, adherence and possible adverse effects and drug resistance.	
46.	Prevention for mother to child transmission of HIV infection	
	Does organization offers counseling on contraceptive methods and the risks to mother and child of unwanted pregnancy to women of childbearing age living with HIV/AIDS?	
	Does organization give counseling to mothers living with HIV/AIDS specifically on infant feeding?	
	Do HIV positive women get admitted for the delivery?	
	Is there a separate facility for delivery of HIV positive delivery?	
47.	We have mentioned some of the **"Awareness activities for HIV/AIDS".** Do these mentioned activities are performed by your organization?	
	List of activities	**Yes/ No**

f.	IEC Campaign	
	If yes, then mention the areas where you have done/covered this activity?	
g.	Behavioral change communication	
	If yes, then mention the areas where you have done/covered this activity?	
h.	Condom promotion/demonstration	
	If yes, then mention the areas where you have done/covered this activity?	
i.	Organizing school health education program	
	If yes, then mention the areas where you have done/covered this activity?	
Area/Region specific information		
48.	How many numbers of HIV/ AIDS Positive cases registered here till date?	
49.	How many numbers of HIV/ AIDS Positive cases registered here in last month?	
	Mention the area from where most of the HIV/ AIDS Positive cases come and register here.	
50.	How many numbers of Positive ANC mothers living with HIV/AIDS registered here till date?	
51.	How many numbers of Positive ANC mothers living with HIV/AIDS registered in last one month?	
	Mention the area from where most of the HIV/ AIDS Positive cases come and register here.	
52.	Which are the high risk areas and groups near to PHC/ CHC / ICTC	

Other Important things:

1. Photograph of the PHC/CHC/ICTC with Location
2. Photographs of meetings and interviews

GUJARAT STATE HIGHWAY PROJECT-II

Roads & Building Department

Government of Gujarat

Survey of Truckers: Questionnaire

Name of Corridor: Taluka:

District: Place of Interview:

Time Start: Time End:

Basic Information

1. Vehicle Number of Interviewee:
2. Are you driver 'Ustad' or Helper/Cleaner?
3. How long have you been working as a truck driver?
4. What is your mother tongue?
5. What are the languages – speak / read / write
6. Language used to interview Trucker respondent:
7. Age in completed years: _____
8. What is the highest grade you have completed?
9. Where is your native place (where your parents live)?
10. Are you staying now at your native? (if you not staying at his Native).
11. If not, where do you stay now?
    (In case if he stays at his native) How often have you visited your native place in last 12 months?
12. Are you married?
    If married, how long you have been married?
13. Do you have children? And their gender and age?

Profession / work

14. Are you owner of the truck? If yes,

    How many trucks you have?

    If no, move to question no: 16

15. At present are you carrying any goods with you?

    If yes, What kind of goods you carry?

    If no, who is the owner of this truck?

16. At present with who are you engaged/attached as Truck Driver?
17. At present in which route are you carrying goods?
18. Which types of goods you carried normally?
19. Apart from current route, where do you carry goods (probe for places), if yes
20. Which are those routs & what kind of goods do you carry on those routes?
21. Are there any other helpers/ cleaners or Drivers are working with you at present?

    If yes, How Many?

22. Where do you usually halt?
23. For what reasons & how many hours? (Need to probe more & try to avail information about drinking alcohol or any other relevant information about addiction & availability of sources for fulfilling their sexual needs)

HABITS:

24. What kind of substances do you take for your pleasure /relaxation?
25. Do you take alcohol? if so
26. How often do you consume alcohol or any other substance?
27. From where do you get alcohol or any other substance?

Sexual activity related info:

28. Do you have any idea about source of getting paid sexual partner, if someone wants to have sex to fulfill his sexual desire?
29. How do you come to know about it?
30. Do you know that are there any other drivers/helpers availing such paid sexual partner within this corridor or nearby? If yes,
31. From where do they avail paid sexual partner within this corridor or nearby? (If yes, please mention particular hotspot)
32. How much do they pay for sex worker per encounter? (any idea)
33. Have you ever availed paid sex partner within this corridor or nearby?

    if yes , Please mention particular place?

34. How much amount you pay to sexual partner for having sex?
35. Was your paid sexual partner male, female or Transgender?
36. Do you know that laborers/Migrant female workers & Truck drivers have any kind of interaction?

    If yes, what kind of interactions they have?

    If it is sexual interactions then how frequent it happens?

    Have you ever had such sexual interaction with any migrant/labour female worker?

    If yes, Where & When (Place)?

Condom usage:

37. Was the sexual activity was involved with usage of condom? If yes

    Who gave condom to whom? (Please mention specifically, i.e paid sexual partner initiated condom use or her/his client initiated)..

38. Did your paid sexual partner insist on usage of condom?
39. Did you use condom during sex with your paid sex partner?
40. Do you know about the source of availing condoms along this corridor or nearby? If yes, Please mention the particular place?
41. Did you buy condoms from above mentioned place/s?
42. How much you had paid for availing condom/s?
43. If not used condom, then ask reason for not using condom? (Probe for reasons)

Awareness / Knowledge on health:

44. Do you have any idea about availability of health services along the corridor? If yes, Please mention what kinds of health services are available along the corridor?
45. Have you ever approached/availed any of these health services you mentioned? If yes Please mention the name of health services where you approached/availed & for what reason?
46. If no, then, have you any idea about availability of health services nearby (after or before) corridor?
47. Did you fall in sick in last 12 months? If yes Please mention name of illness/s?
48. Whom did you consult for treatment?
49. Where (place/location) did you approach for treatment?
50. Why did you approach that particular health service/s provider?

Knowledge / Awareness on STI/ HIV/AIDS/ Services / Treatment:

51. Have you ever heard about HIV/AIDS? If yes

    Through which sources?

52. What do you know about HIV/AIDS?
53. Do you know about how HIV spreads/Infected? (Mode of transmission)

54. According to your knowledge, apart from human, which are the others, who can have chance/s of getting HIV infection?
55. Is HIV & AIDS are same? If no

    What is the difference between HIV & AIDS?
56. Do you know about what is AIDS?
57. Have you ever heard about STI? If yes

    Through which source/s it spread?
58. Can you describe any symptoms of STIs in men?
59. By just looking at a person can you identify whether the person is infected by HIV, the virus that causes AIDS?
60. Do you personally know someone who is infected with HIV or suffers from AIDS or has died of AIDS?
61. Do you feel that you might be at risk to be infected with HIV/AIDS?
62. What one should do in order to know whether he has an HIV infection?
63. Do you know about a place/center where HIV test is done?
64. Have you ever undergone for your HIV testing? If yes
65. When did you undergo HIV test?
66. Have you ever heard of ART (Anti-retroviral therapy)?
67. What do you know about ART? If yes
68. How do you come to know?
69. Have you ever heard about Khushi Clinic?
70. If yes, how do you come to know about?
71. If the person has exposure to Khushi Clinic, then ask for what reason he went to Khushi Clinic, when & at which location?
72. Do you feel that providing health services/awareness about various health aspects including HIV/AIDS is important? What is your response?
73. According to your opinion how many truckers would like to avail such services if services are started?
74. How far such services will be helpful to you in your daily routing life cycle?
75. Do you have any suggestions that can be very useful to truckers' community passing through this corridor with regard to health, hygiene, Traffic, Safety and felt needs?
76. Do you feel the role of Transport agency /Brokers, Industry/Private sector & government require for implementing the intervention programme?
77. Anything else you want to say or share with regard to Truckers' Community, Private Sector, Industries, & Govt.?

Appendix 2.1: Details of various Programmes and Initiatives of NACO

Programs and Initiatives of NACO through National AIDS Control Programme IV

India's AIDS Control Programme is globally acclaimed as a success story. The National AIDS Control Programme (NACP), launched in 1992, is being implemented as a comprehensive programme for prevention and control of HIV/AIDS in India. Over time, the focus has shifted from raising awareness to behavior change, from a national response to a more decentralized response and to increasing involvement of RAP IMPLEMENTATION AGNECYs and networks of PLHIV. NACP is now in phase IV from 2012 to 2017. The GSACS is implementing AIDS Control programme through following components:

Component 1: Intensifying and Consolidating Prevention services with a focus on HRG and vulnerable populations

This component will support the scaling up of TIs with the aim of reaching out to the hard to reach population groups who do not yet access and use the prevention services of the program, and saturate coverage among the HRGs. In addition, this component will support the bridge population, i.e. migrants and truckers. Component 1 includes the following two subcomponents:

1.1 Scaling up coverage of TIs among HRG

The interventions under this sub-component will include: (i) the provision of behaviour change interventions to increase safe practices, testing and counselling, and adherence to treatment, and demand for other services;(ii) the promotion and provision of condoms to HRG to promote their use in each sexual encounter; (iii) provision or referral for STI services including counselling at service provision centres to increase compliance of patients with treatment, risk reduction counselling with focus on partner referral and management; (iv) needle and syringe exchange for IDUs as well as scaling up of Opioid Substitution Therapy (OST) provision. This sub-component also includes the financing of operating costs for about 25 State Training Resource Centres as well as participant training costs over a period of 5 years.

1.2 Scaling up of interventions among other vulnerable populations

The activities under this subcomponent will include: (i) risk assessment and size estimation of migrant population groups and truckers at transit points and at workplaces; (ii) behaviour change communications (BCC) for creating awareness about risk and vulnerability, prevention methods, availability and location of services, increase safe behaviour and demand for services as well as reduce stigma;(iii) promotion and provisioning of condoms through different channels including social marketing; (iv) development of linkages with local institutions, both public and NGO owned, for testing, counselling and STI treatment services;(v) creation of "peer support groups" and "safe spaces" for migrants at destination; (vi) establishment of need-based and gender-sensitive services for partners of IDUs; and(vii) strengthening networks of vulnerable populations with enhanced linkages to service centres and risk reduction interventions, specifically condom use.

Component 2: Expanding IEC services for (a) general population and (b) high risk groups with a focus on behavior change and demand generation

IEC has been an important component of the NACP. With the expansion of services for counselling and testing, ART, STI treatment and condom promotion, the demand generation campaigns will continue to be the focus of the NACP-IV communication strategy. IEC will remain an important component of all prevention efforts and will include:

- Behavior change communication strategies for HRGs, vulnerable groups and hard to reach populations
- Increasing awareness among general population, particularly women and youth.

Component 3: Comprehensive Care, Support and Treatment

NACP IV will implement comprehensive HIV care for all those who are in need of such services and facilitate additional support systems for women and children affected and infected with HIV / AIDS. It is envisaged that greater adherence and compliance would be possible with wide network of treatment facilities and collaborative support from PLHIV and civil society groups. Additional Centres of Excellence (CoEs) and upgraded ART Plus centres will be established to provide high-quality treatment and follow-up services, positive prevention and better linkages with health care providers in the periphery.

With increasing maturity of the epidemic, it is very likely that there will be greater demand for 2nd line ART, OI management. NACP IV will address these needs adequately. It is proposed that the comprehensive care, support and treatment of HIV/AIDS will inter alia include: (i) anti-retroviral treatment (ART) including second line (ii) management of opportunistic infections and (iii) facilitating social protection through linkages with concerned Departments/Ministries. The program will explore avenues of public-private partnerships. The program will enhance activities to reduce stigma and discrimination at all levels particularly at health care settings.

Component 4: Strengthening institutional capacities

The objective of NACP IV will be to consolidate the trend of reversal of the epidemic seen at the national level to all the key districts in India. Programme planning and management responsibilities will be strengthened at state and district levels to ensure high quality, timely and effective implementation of field level activities and desired programmatic outcomes.

The planning processes and systems will be further strengthened to ensure that the annual action plans are based on evidence, local priorities and in alignment with NACP IV objectives. Sustaining the epidemic response through increased collaboration and convergence, where feasible, with other departments will be given a high priority during NACP IV. This will involve phased integration of the HIV services with the routine public sector health delivery systems, streamlining the supply chain mechanisms and quality control mechanisms and building capacities of governmental and non-governmental institutions and networks.

Component 5: Strategic Information Management Systems (SIMS)

The roll-out of SIMS is oRAP Implementation Agency and will be firmly established at all levels to support evidence based planning, program monitoring and measuring of programmatic impacts. The surveillance system will be further strengthened with focus on tracking the epidemic, incidence analysis, identifying pockets of infection and estimating the burden of infection. Research priorities will also be customized to the emerging needs of the program. NACP IV will also document, manage and disseminate evidence and effective utilization of programmatic and research data. The relevant, measurable and verifiable indicators will be identified and used appropriately.

Appendix 4.1: Template of Monthly Progress Report

MONTHLY PROGRESS REPORT - OUTLINE

Appendix 4.2: IEC DEVELOPED BY NACO/GSACS


સંયમ અને સુરક્ષા,
એચ.આઈ.વી./એઈડ્સ સામે રક્ષા
લગ્ન પહેલાં જાતીય સંબંધ ટાળો
લગ્ન બાદ તમારા જીવનસાથીને વફાદાર રહો.
જાતીય સંબંધ વખતે હંમેશાં નિરોધનો ઉપયોગ કરો.
એચ.આઈ.વી./ એઇડ્સથી આ રીતે બચી શકાય છે.
હંમેશા નવી અથવા ઉકાળેલી ચેપ રહિત સોય અને સીરીંજ વાપરો
જરૂર પડે ત્યારે એચ.આઈ.વી./એઈડ્સનું પરીક્ષણ કરેલું લોહી જ ઉપયોગમાં લો.
ગર્ભવતી મહિલાએ એચ.આઈ.વી./ એઈડ્સની તપાસ કરાવવી અને સલાહ લેવી આવશ્યક છે.
એચ.આઈ.વી./એઈડ્સની મફત સલાહ અને તપાસ માટે
"વાત્સાયન કેન્દ્ર" નો સંપર્ક કરો.
ગુજરાત સ્ટેટ એઈડ્સ કંટ્રોલ સોસાયટી
આરોગ્ય અને પરિવાર કલ્યાણ વિભાગ, ગુજરાત રાજ્ય.
ફોન : ૦૭૯ - ૨૨૬૮૦૨૧૧-૧૨-૧૩ વેબસાઈટ : www.gsacsonline.org ઈ-મેઈલ : sacsgujarat@gmail.com


એચ.આઇ.વી./એઇડ્સ ગ્રસ્ત લોકોની કુલ સંખ્યામાંથી
૪૦ ટકા મહિલાઓ છે.
મુખ્યત્વે મહિલાઓને આ ચેપ તેમના પતિ દ્વારા લાગે છે.
મહિલાઓને એચ.આઇ.વી./એઇડ્સનો ચેપ લાગવાના કારણો
જાણકારીનો અભાવ
શારિરીક રચના
પ્રજનન તંત્રના ચેપનું પ્રમાણ વધુ
જાતીય સતામણી
નીચલો સામાજીક દરજ્જો.
મહિલાઓ આગળ આવો,
એચ.આઇ.વી./એઇડ્સની જાણકારી મેળવો.
એચ.આઈ.વી./એઈડ્સની મફત સલાહ અને તપાસ માટે "મમતા ક્લિનીક" નો સંપર્ક કરો.
ગુજરાત સ્ટેટ એઇડ્સ કંટ્રોલ સોસાયટી
આરોગ્ય અને પરિવાર કલ્યાણ વિભાગ, ગુજરાત રાજ્ય.
ફોન : ૦૭૯ - ૨૨૬૮૦૨૧૧-૧૨-૧૩ વેબસાઇટ : www.gsacsonline.org ઈ-મેઇલ : sacsgujarat@gmail.com