ROADS AND BUILDINGS DEPARTMENT
GOVERNMENT OF GUJARAT

Gujarat State Highway Project - II

HIV/AIDS Prevention Plan

October 2013

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ABBREVIATIONS AND TERMS

AIDS	Acquired Immuno Deficiency Syndrome
AMCACS	Ahmadabad Municipal Corporation AIDS Control Society
ANC	Ante Natal Clinic
ART	Antiretroviral Therapy
BMGF	Bill & Melinda Gates Foundation
BCC	Behaviour Change Communication
BSS	Behavioural Surveillance Survey
CBO	Community Based Organisation
CHC	Community Health Centres
CMIS	Computerized Management Information System
CST	Care, Support and Treatment
CSW	Commercial Sex Worker
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 Organisation
NACP	National AIDS Control Programme
NARI	National AIDS Research Institute
NFHS	National Family Health Survey
NGO	Non-Governmental Organisation
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 Organisation
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: NGOs implementing HIV/AIDS prevention project with both FSWs & MSMs group.

E. EXECUTIVE SUMMARY

E.1 PROJECT BACKGROUND

1. The Government of Gujarat (GoG), through the Roads and Buildings Department (R&BD), has taken up the second Gujarat State Highway Project (GSHP-II), covering up-gradation, maintenance and improvement of identified core road network in the state. The GoG has proposed to take up this project with financial assistance from the World Bank. An Updated Strategic Options Study (USOS) was carried out by the R&BD in 2005-06 which was subsequently revalidated in 2010 for the State Core Road network. The improvements of 1003.22 km in the project includes: (i) upgradation corridors for a length of 644.05 km, involving the strengthening and upgrading of single/intermediate lane roads to standard 2-lane/ 2-lane-with-paved-shoulders / 4-lanes, and (ii) major maintenance, of the remaining 359.17km. In line with the prioritization exercise, R&BD has selected nine corridors, aggregating to about 394 km in length. The upgradation corridors to be taken up for implementation include thirteen corridors. Out of these, as part of DPR preparation, social safeguard reports have been prepared for 8 corridors. M/s LEA Associates South Asia Pvt. Ltd. (LASA) has been selected as Project Preparatory Works Consultant to prepare detailed project reports including HIV/AIDS Prevention Plan (HPP).

2. HPP assesses and addresses the pertinent issues with respect to the mobility pattern of high-risk groups (HRGs) and bridge population (refer para 3 for details) 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.

E.2 NEED FOR PREPARATION OF HIV/AIDS PREVENTION PLAN

3. 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 (FSWs and 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.

4. 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 36 percent of truckers[1] are clients of sex workers and 15-20 percent [2] 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 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;
- 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.

E.3 TARGET AND OBJECTIVES OF HPP

5. 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 communities residing alongside the road. The specific objectives of HPP are:

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

[1] Healthy Highways Behaviour Surveillance Survey (BSS), I Round 2000
[2] National BSS among clients of sex workers.

E.4 METHODOLOGY

6. 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.

- Reconnaissance visit;
- Coordinated effort and institutional survey;
- Focus group discussions;
- Individual interviews;
- Consultation with key stakeholders; and
- Telephonic interview and discussions.

E.5 HIV/AIDS SCENARIO IN GUJARAT AND KEY ISSUES

7. The NACO estimated about 1.36 lakh people have HIV infection in Gujarat. The HIV prevalence was more than 1 percent among Anti Natal Clinic (ANC) attendees (proxy of general population). Six districts (Banaskantha, Dahod, Mehasana, Navsari, Surat and Surendranagar) are Category-A and four districts (Ahmedabad, Bhavnagar, Rajkot and Vadodora) are Category-B, as per the sentinel surveillance survey of NACO. The project corridors traverse one district of Category-A and all four districts of Category-B.

8. According to the National AIDS Control Organization (NACO), the HIV incidence increased in Gujarat state where as the prevalence rate was low in the last couple of years. The estimated adult HIV prevalence in the state is 0.37 percent which is higher than the national prevalence of 0.31 percent.

9. 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.

10. About 7 percent of FSWs are HIV positive and near about 8 percent of MSMs is HIV positive. 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.

11. Target Interventions (TI), 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 NGOs also observed as a constraint in reaching to the rural population in an effective manner.

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

13. Corporate groups such as Reliance, ESSAR, Ambuja Cement Foundation and 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. 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. The scope for intervention addressing behavior pattern of bridge population is wide.

E.6 IDENTIFICATION OF HOTSPOTS, HEALTH CARE CENTRES

14. The major hotspots, healthcare centres, intervention areas of NGOs and major industrial areas along the project corridors have been identified. The information has been gathered for seven project corridors. There are 15 hotspots identified along the seven corridors. The categorization of hotspots is based on the discussion with NGOs, ICTC Counselors and discussion with trucker community. Out of the seven corridors, 3 corridors are part of target interventions by local NGOs funded by GSACS. Dabhoi-Bodeli and Dhandhuka-Paliyad corridors have prominent hotspots, NGO interventions is absent. Health care services are present in all the studied corridors. Potential vulnerability along the corridors is as follows:

15. **Dabhoi – Bodeli corridor:** There are considerable number of HRGs and HIV positive people identified by the intervention NGOs and ICTCs. HRG activities are taken place mainly in Dabhoi Town and few places of corridor's Block villages. Gola Gamdi village of Sankheda block is starting point of a tribal block.

16. **Dhandhuka – Dholera corridor:** There are cases of HIV positives reported in Dhandhuka town. Out-migration of labourers is found to be high in this region and the vulnerability among female is observed to be high. NGO intervention is absent in the region.

17. **Atkot – Gondal corridor**: Jasdan and Gondal town area and outskirts have relatively higher percentage of HRG presence, compared to other urban or semi-urban areas along the corridor. LWS of Caritas India has been active in many of the villages along the corridor for the last 15 months.

18. **Mehsana – Himmatnagar corridor:** 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 like Visnagar and Vijapur has also high presence of HRGs.

19. **Umreth - Vasad (Including Ladvel-Kapadvanj):** Kapadvanj town has 7 HIV positive cases reported, which shows the potential vulnerability among the community. Presence of NGOs or any target intervention is lacking in the area despite the incidence. Another part of corridor, traversing Umreth (Keda District) and Vasad (Anand district), where presence of HRGs and HIV positives are reported.

20. **Bayad – Lunawada corridor**: HRG presence is not reported along the corridor, however, the data from CHCs at Lunawada and Vatrak shows that there are HIV positive cases reported from nearby talukas. There is a need for HIV/AIDS awareness programme in this region in view of the increasing number of HIV positive cases reported since 2007.

21. **Dhansura – Meghraj corridor**: Along the corridor, major presence of HRGs have been reported at Malpur and Meghraj. An NGO is functioning in these locations catering to the needs of HIV positive children and ART follow-up, etc. Three persons have been tested HIV positive as per the records of the CHCs of Malpur and Meghraj.

22. **Dhandhuka – Paliyad corridor:** This corridor also starts from Dhandhuka[3]. HIV positivity in Paliyad is reported among migrant population and long-distance truckers.

23. **Lunawada – Khedapa corridor**: The corridor passes through fifth schedule area. The truck movement along the corridor is observed to be less and the presence of HRGs not reported along the corridor. HIV positive cases have been reported from Malanpur, Santrampur and Batakwada villages of Santrampur taluka and Pankhi village of Lunawada taluka.

E.7 TARGET INTERVENTIONS AND HEALTH SERVICES

24. 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 and Himmatnagar. Major health care centres and NGO based TIs identified along the project corridors.

25. **Tribal communities and Vulnerability:** Among the 10 corridors, 4 have concentration of tribal communities. Corridors such as Bodeli-Alirajpur, Lunawada-Khedapa and Lunawada-Bayad pass through tribal villages. Some villages of Sankheda Taluka in Dabhoi-Bodeli corridor have majority tribal population. Rathva, Tadvi and Vasave are the major tribes reside in these areas.

26. FSWs belonging to tribal community are reported by the NGOs along the corridor. These FSWs indulge in home-based sexual activity. MSMs are also active in these regions, and the activities are street based and promiscuous places nearby bus station and outskirts of the settlement areas.

27. Around 35 industries such as cotton & ginning units, cold storage units and tiny oil units are situated along the Pilavi-Vijapur area of Himmatnagar-Mehsana corridor. Majority of these industries have employed a large number of migrant workers who hail from Bihar, Uttar Pradesh and Madhya Pradesh. Discussion with the industrial unit operators and NGO personnel reveals that more than 50 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

[3] Dhandhuka is the starting point of two Corridors, Dhandhuka-Dholera and Dhandhuka-Paliyad.

the employment in cotton & ginning units. Consultations with NGOs reveal that the migrant workers are involved with HRGs.

28. **Industrial hubs and Migrant Workers:** Along the Dhanduka-Paliyad corridor, about 15 small-scale industrial units are situated near the Dhanduka-Ranpur stretch. Apart from the small-scale industrial units, quarry and stone-crushing units are located in Nagnesh, Bodiya and Kinara villages. Similar industrial clusters are not observed along other project corridors, except one located in Kotdasangani village along Gondal-Atkot corridor.

29. Migration of workers from Paliad to other districts such as Surat, Bhavnagar, Vadodara is reported. Discussions with the ICTC counsellors reveal that Paliad town has 11 numbers of HIV positive people from among the migrant labourers, thereby elevating the risk and spread effect of the disease.

E.8 INTERVENTION STRATEGY

30. 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 NGOs, corporate bodies, 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/AMCACS, 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.

31. 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 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.

32. 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.

E.8.1. Environmental and Social Management Unit

33. 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), Tribal Development Plan (TDP) and HPP. The ESMU at PIU will interact with GSACS/ AMCACS. The Social Specialist at ESMU with the assistance of RAP implementing NGO will be the responsible person interacting with GSACS/AMCACS 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;

34. 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 NGO 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 NGO is summarised as follows:

E.8.2. Roles and Responsibilities of NGO

Awareness Creation on HIV/AIDS Prevention

35. NGO shall carry out awareness programs along the corridors at identified locations such as toll-plazas, 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. The NGO 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 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

36. NGO shall assist the Project Management Consultant (PMC) in monitoring and evaluating HPP and all related components incorporated in contract document of each corridor to be executed by the contractor. NGO shall prepare and submit the monthly progress report on item wise/activity wise implementation/execution of the plan and expenditure incurred thereof.

E.9 STRATEGIC COMPONENTS

37. 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.

E.9.1. Information Education Communication (IEC)

38. Awareness creation through IEC will be adopted for identified locations. These locations are communities along the road, hospitals, major junctions, truck parks, toll plaza, construction camp sites etc. The content could be massage 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.

E.9.2. Behaviour Change Communication (BCC)

39. 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 NGO to assist the target population in accessing the services of TI NGOs and ICTCs in BCC.

E.9.3. Care and Support

40. 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 NGO will assist the identified infected people in accessing the services of ICTCs and CHCs in the vicinity and also will introduce the person to the TI NGO.

E.9.4. Awareness Programmes at Construction Camps

41. 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 NGO shall carry out periodic awareness programme on HIV/AIDS in coordination with CHCs/ICTCs and TI NGOs supported by GSACS.

E.9.5. Creating Enabling Environment

42. 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.

E.9.6. Action Plan

43. The specific action plan to execute the HPP along respective corridors has been presented in Table E-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 NGO to be contracted for the implementation of RAP/TDP/HPP.

Table E-1: Action Plan - Summary

Corridor	Outcome of Situation Assessment/Issues Identified	Strategy/Action Suggested	Locations/Village/Town (locations en-route)
Dabhoi-Bodeli	Presence of HRGs in 6 out of 29 villages/town	Intensive IEC campaign in 6 locations - Distribution of IEC materials and carryout awareness programmes for HRGs/Local Community on monthly basis	Dabhoi, Sankheda, Pitha, Kundi Tappe, Suryaghoda, Ali Kherva
	Presence of 2 Hotspots	Assist the target population in accessing the services (BCC, ART, etc.) of TI NGO/CHC	Dabhoi, Sankheda
		IEC campaign on 6-months interval till completion of construction works	
	Establishment of construction camp sites for road development works and influx of migrant labourers and their likely interaction with local community	Health checkups for all construction workers on 6-month interval till completion of construction works. NGO shall associate with concerned CHC for treatment support	Construction camp sites
		IEC campaign on 6-months interval till completion of construction works	
		Assist the target population in accessing the services (BCC, ART, etc.) of TI NGO/CHC	
		Facilitate supply of condoms in coordination with GSACS/Partnering Agencies	
	Increased movement of trucks in post-construction period	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 [5 locations (Ch. 29+600, 32+085, 32+700, 46+725, 68+417)]
Dhandhuka-Dholera	No HRG presence		
	No Hotspots		
	Establishment of construction camp sites for road development works and influx of migrant labourers and their likely interaction with local community	Health checkups for all construction workers on 6-month interval till completion of construction works. NGO shall associate with concerned CHC for treatment support	Construction camp sites
		IEC campaign on 6-months interval till completion of construction works	
		Assist the target population in accessing the services (BCC, ART, etc.) of CHC	

Corridor	Outcome of Situation Assessment/Issues Identified	Strategy/Action Suggested	Locations/Village/Town (locations en-route)
		Facilitate supply of condoms in coordination with GSACS/Partnering Agencies	
	Increased movement of trucks in post-construction period	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 [2 locations (Ch.0+000, 27+000)]
Atkot-Gondal	Presence of HRGs in 7 out of 13 villages/town.	Intensive IEC campaign in 7 locations - Distribution of IEC materials and carryout awareness programmes for HRGs/Local Community on monthly basis	Jasdan, Virnagar, Gondal, Dadva Hamirpura, Ghoghavadar, Kotda Sangani, Ramod
	Presence of 2 Hotspots	Assist the target population in accessing the services (BCC, ART, etc.) of TI NGO/VCTC	Gondal, Jasdan
	Establishment of construction camp sites for road development works and influx of migrant labourers and their likely interaction with local community	Health checkups for all construction workers on 6-month interval till completion of construction works. NGO shall associate with concerned CHC for treatment support	Construction camp sites
		IEC campaign on 6-months interval till completion of construction works	
		Assist the target population in accessing the services (BCC, ART, etc.) of TI NGO/CHC	
		Facilitate supply of condoms in coordination with GSACS/Partnering Agencies	
	Increased movement of trucks in post-construction period; Large numbers of trucks from various states of India, (Long Distance) arrive at Gondal Market Yard	Distribution of IEC materials and carryout awareness programmes for truckers on 3-month interval till completion of construction works [at Gondal, the IEC distribution and awareness programme shall be on 2-month interval]	Major truck halt points/junctions along the corridor with focus on Gondal [2 locations (Ch.209+800, 245+000)]
Mehsana-Himatnagar	Presence of HRGs in 11 out of 27 villages/town [Mehsana District is under 'A' category (high prevalence) and the out-migration of rural population elevates the vulnerability]	Intensive IEC campaign in 11 locations - Distribution of IEC materials and carryout awareness programmes for HRGs/Local Community on monthly basis	Mehsana, Heduva Hanumat, Devrasan, Visnagar, Vijapur, Motipura, Pilavi, Dabhala, Vasai, Kotdi, Himatnagar
	Presence of 6 Hotspots	Assist the target population in accessing the services (BCC, ART, etc.) of TI NGOs/ICTCs/CHC	Mehsana, Palvasana, Devrasan, Vasai, Vijapur, Himatnagar
	Large numbers of single male migrant group has presence in cotton & ginning & other small	Distribution of IEC materials and carryout awareness programmes for migrant workers on 6-month interval till	Visanagar, Pilavi, Vijapur

Corridor	Outcome of Situation Assessment/Issues Identified	Strategy/Action Suggested	Locations/Village/Town (locations en-route)
	industry units along the corridor	completion of construction works	
	Establishment of construction camp sites for road development works and influx of migrant labourers and their likely interaction with local community	Health checkups for all construction workers on 6-month interval till completion of construction works. NGO shall associate with concerned CHC for treatment support	Construction camp sites
		IEC campaign on 6-months interval till completion of construction works	
		Assist the target population in accessing the services (BCC, ART, etc.) of TI NGO/CHC	
		Facilitate supply of condoms in coordination with GSACS/Partnering Agencies	
	Increased movement of trucks in post-construction period; Since the transporters & brokers are located at Mehsana & Kadi, the truck-halt-time increases for more than half day & they organize night halts at these place/s	Distribution of IEC materials and carryout awareness programmes for truckers on 3-month interval till completion of construction works [at Mehsana and Kadi, the IEC distribution and awareness programme shall be on 2-month interval]	Major truck halt points / junctions along the corridor with focus on Mehsana and Kadi [8 locations (Ch. 103+275, 117+066, 126+950, 135+260, 139+000, 140+050, 161+335, 163+752)]
Umreth-Vasad (incl.Ladvel-Kapadvanj)	Presence of HRGs in 6 out of 16 villages/town [no HRG presence in Ladvel-Kapadvanj section]	Intensive IEC campaign in 6 locations - Distribution of IEC materials and carryout awareness programmes for HRGs/Local Community on monthly basis	Kapadvanj, Umreth, Bechari, Anand, Ode, Vaherakhadi
	Presence of 4 Hotspots [3 in Umreth-Vasad and 1 in Ladvel-Kapadvanj section]	Assist the target population in accessing the services (BCC, ART, etc.) of TI NGOs/CHCs	Umreth, Ode, Sarsa, Kapadvanj
	Establishment of construction camp sites for road development works and influx of migrant labourers and their likely interaction with local community	Health checkups for all construction workers on 6-month interval till completion of construction works. NGO shall associate with concerned CHC for treatment support	Construction camp sites
		IEC campaign on 6-months interval till completion of construction works	
		Assist the target population in accessing the services (BCC, ART, etc.) of TI NGO/CHC	
		Facilitate supply of condoms in coordination with GSACS/Partnering Agencies	
	Increased movement of trucks in post-	Distribution of IEC materials and carryout awareness	Major truck halt points / junctions along

Corridor	Outcome of Situation Assessment/Issues Identified	Strategy/Action Suggested	Locations/Village/Town (locations en-route)
	construction period	programmes for truckers on 3-month interval till completion of construction works	the corridor [9 locations (Ch. 0+000, 2+500, 8+143, 8+960, 9+230, 19+138, 0+000, 20+535, 32+067)]
Bayad-Lunawada	No HRG presence		
	No Hotspots		
	Proximity of the corridor to tribal area /Potential involvement of tribal people in sex work	IEC campaign and interactive discussions with CBOs/NGOs working for tribal welfare	Lunawada
	Establishment of construction camp sites for road development works and influx of migrant labourers and their likely interaction with local community	Health checkups for all construction workers on 6-month interval till completion of construction works. NGO shall associate with concerned CHC for treatment support	Construction camp sites
		IEC campaign on 6-months interval till completion of construction works	
		Assist the target population in accessing the services (BCC, ART, etc.) of CHC	
		Facilitate supply of condoms in coordination with GSACS/Partnering Agencies	
	Increased movement of trucks in post-construction period	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 [5 locations (0+000, 17+961, 6+450, 9+625, 0+006)]
Dhansura-Meghraj	Presence of HRGs in 9 out of 33 villages/town	Intensive IEC campaign in 9 locations - Distribution of IEC materials and carryout awareness programmes for HRGs/Local Community on monthly basis	Dhansura, Malpur, Nanavada, Sompur, Satarda, Bhempur, Laljina Pahadiya, Surana Pahadiya, Meghraj
	Presence of 1 Hotspot	Assist the target population in accessing the services (BCC, ART, etc.) of ICTC	Dhansura/Modasa
	Establishment of construction camp sites for road development works and influx of migrant labourers and their likely interaction with local community	Health checkups for all construction workers on 6-month interval till completion of construction works. NGO shall associate with concerned CHC for treatment support	Construction camp sites
		IEC campaign on 6-months interval till completion of construction works	
		Assist the target population in accessing the services (BCC,	

Corridor	Outcome of Situation Assessment/Issues Identified	Strategy/Action Suggested	Locations/Village/Town (locations en-route)
		ART, etc.) of CHC	
		Facilitate supply of condoms in coordination with GSACS/Partnering Agencies	
	Increased movement of trucks in post-construction period	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 [5 locations (Ch.38+501, 64+584, 67+712, 72+760,84+987)]
Dhandhuka-Paliyad	No HRG presence		
	Presence of 1 Hotspot	Assist the target population in accessing the services (BCC, ART, etc.) of CHC	Paliyad
	Establishment of construction camp sites for road development works and influx of migrant labourers and their likely interaction with local community	Health checkups for all construction workers on 6-month interval till completion of construction works. NGO shall associate with concerned CHC for treatment support	Construction camp sites
		IEC campaign on 6-months interval till completion of construction works	
		Assist the target population in accessing the services (BCC, ART, etc.) of CHC	
		Facilitate supply of condoms in coordination with GSACS/Partnering Agencies	
	Increased movement of trucks in post-construction period	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 [3 locations (Ch.104+800,131+000,151+200)]
Lunawada-Khedapa	No HRG presence		
	No Hotspots		
	Corridor pass through tribal area / Potential involvement of tribal people in sex work	IEC campaign and interactive discussions with CBOs/NGOs working for tribal welfare	Santrampur, Kadana
	Establishment of construction camp sites for road development works and influx of migrant labourers and their likely interaction with local community	Health checkups for all construction workers on 6-month interval till completion of construction works. NGO shall associate with concerned CHC for treatment support	Construction camp sites
		IEC campaign on 6-months interval till completion of	

Corridor	Outcome of Situation Assessment/Issues Identified	Strategy/Action Suggested	Locations/Village/Town (locations en-route)
		construction works	
		Assist the target population in accessing the services (BCC, ART, etc.) of CHC	
		Facilitate supply of condoms in coordination with GSACS/Partnering Agencies	
	Increased movement of trucks in post-construction period	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 [4 locations (Ch. 130+010, 162+775, 0+000, 9+625)]

E.10 IMPLEMENTATION BUDGET

44. Implementation of HPP is proposed to be carried out by an NGO and the budget for the same is included as part of NGO activities in the overall RAP budget. The relevant components of HPP in the RAP budget are presented in **Error! Reference source not found.**. The overall budget also provisions for contingencies. Escalation of the budget for implementing NGO is considered at an annual inflation rate of 7% based on consumer price index.

1 INTRODUCTION

1.1 PROJECT BACKGROUND

1. The Government of Gujarat (GoG), through the Roads and Buildings Department (R&BD), has taken up the second Gujarat State Highway Project (GSHP-II), covering up-gradation, maintenance and improvement of identified core road network in the state. The GoG has proposed to take up this project with financial assistance from the World Bank. An Updated Strategic Options Study (USOS) was carried out by the R&BD in 2005-06 which was subsequently revalidated in 2010 for the State Core Road network. The improvements of 1003.22 km in the project includes: (i) upgradation corridors for a length of 644.05 km, involving the strengthening and upgrading of single/intermediate lane roads to standard 2-lane/ 2-lane-with-paved-shoulders / 4-lanes, and (ii) major maintenance, of the remaining 359.17km. In line with the prioritization exercise, R&BD has selected nine corridors, aggregating to about 394 km in length. The upgradation corridors to be taken up for implementation include thirteen corridors. Out of these, as part of DPR preparation, social safeguard reports have been prepared for 8 corridors. List of project corridors considered under GSHP-II are presented in Table 1-1, Table 1-2 and Table 1-3. M/s LEA Associates South Asia Pvt. Ltd. (LASA) has been selected as Project Preparatory Works Consultant to prepare detailed project reports including HIV/AIDS Prevention Plan (HPP).

Table 1-1: Project Corridors (widening and upgradation corridors - DPRs prepared)

Sl.no	Link Name	Length (km)	Present Configuration	Improvement Options
1	Dabhoi – Bodeli	38.60	2L	2L+PS+HS
2	Dhandhuka - Dholera	27.00	IL	2L+HS
3	Atkot – Gondal	35.55	NTL	2L+HS
4	Mehsana-Himatnagar	60.70	2L/2L+PS	4L+HS+Drain
5	Umreth- Vasad (incl. Ladvel -Kapadvanj)	41.91	2L	2L+PS+HS & 4L+FP+CD
6	Bayad – Lunawada	44.86	IL, SL/2L	2L+HS
7	Dhansura – Meghraj	43.05	SL, IL	2L+HS
8	Lunawada – Khedapa	56.70	2L/SL	2L+HS

SL – single lane, 2L – two lane, IL – intermediate lane, NTL – narrow two lane, 4L – four lane, PS – paved shoulders, HS – hard shoulders, FP+CD – footpath with closed drain

Table 1-2: Project Corridors (widening and upgradation corridors - DPRs to be prepared)

Sl.no	Link Name	Length (km)	Present Configuration	Improvement Options
1	Jamnagar – Mewasa (Link to Bhavad-Jamjodhpur)	68.20	IL, SL/2L	2L+HS
2	Tarapur - Anand	34.60	2L	2L+PS
3	Kheda - Nadiad	29.70	2L	2L+PS
4	Kapadwanj - Balasinor	29.45	2L	2L+PS

SL – single lane, 2L – two lane, IL – intermediate lane, NTL – narrow two lane, 4L – four lane, PS – paved shoulders, HS – hard shoulders, FP+CD – footpath with closed drain

Table 1-3: Project Corridors (Maintenance Corridors)

Sl.no	GSHP-II Maintenance Corridors	Length(km)	District
1.	Paliyad-Dhandhuka (DPR Corridor)	46.00	Ahmedabad
2.	Palanpur – Danta	36.00	Banas kantha
3.	Atkot-Paliyad	22.25	Rajkot,Bhavnagar
4.	Tharad – Deesa	54.89	Banas Kantha
5.	Chanasma – Deesa	45.05	Patan
6.	Vallabhipur-Rangola	26.60	Bhavnagar
7.	Viramgam–Nandasan	51.85	Mehsana,Ahmedabad
8.	Pardi – Dixal	67.40	Valsad
9.	Bechraji-Chanasma	29.00	Patan,Mehsana
10.	Karjan – Borsad (Partly under RMC)	55.15	Anand,Vadodara
11.	Savar Kundla – Dhasa	70.30	Amreli,Bhavnagar

2. 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 and migrant workers.

3. HPP assesses and addresses the pertinent issues with respect to the mobility pattern of high-risk groups (HRGs) and bridge population (refer para 4 for details) 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

4. 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.

5. 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 36 percent of truckers[1] are clients of sex workers and 15-20 percent [2] 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;
- 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

6. 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

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

8. **Reconnaissance visit:** All the ten 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.

[1] Healthy Highways Behaviour Surveillance Survey (BSS), I Round 2000
[2] National BSS among clients of sex workers.

9. **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, NGOs, sex workers and other stakeholders.

10. **Secondary sources of information:** National AIDS Control Organisation (NACO) at the national level and GSACS along with intervention NGOs 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.

11. **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.

12. **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.

13. **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.

14. **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 analyzed through telephonic interviews and discussions.

1.5 REPORT STRUCTURE

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

16. **Assessment of HIV/AIDS in Gujarat:** The chapter is based largely on secondary source of data regarding ongoing 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.

17. **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, NGOs functioning in the area of HIV/AIDS and the social dynamics related to HRGs and their network has been given.

18. **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 NGOs 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

2.1 NACO ESTIMATES

19. The NACO estimated about 1.36 lakh people have HIV infection in Gujarat. The HIV prevalence was more than 1 percent among Anti Natal Clinic (ANC) attendees (proxy of general population). Six districts (Banaskantha, Dahod, Mehsana, Navsari, Surat and Surendranagar) are Category-A and four districts (Ahmedabad, Bhavnagar, Rajkot and Vadodora) are Category-B, as per the sentinel surveillance survey of NACO. The project corridors traverse one district of Category-A and all four districts of Category-B.

20. According to the National AIDS Control Organization (NACO), the HIV incidence increased in Gujarat state where as the prevalence rate was low in the last couple of years. The estimated adult HIV prevalence in the state is 0.37 percent which is higher than the national prevalence of 0.31 percent.

21. 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.

22. About 7 percent of FSWs are HIV positive and near about 8 percent of MSMs is HIV positive. 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.

2.1.1 Districts and Categorization of Vulnerability

23. The overall HIV prevalence at National Level among different population groups in 2008-09 continues to portray the concentrated epidemic in India, with a very high prevalence among High Risk Groups – Intravenous Drug Users (IDU) (9.2%), MSM (7.3%), FSW (4.9%) and low prevalence among Anti Natal Care (ANC) clinic attendees (0.49%).

24. The NACO estimated about 1.36 lakh people have HIV infection in Gujarat. HIV prevalence was > 1% among ANC clinic attendees (proxy of general population) in 6 districts viz; Banaskantha, Dahod, Mehsana, Navsari, Surat and Surendranagar, has been considered as Category-A (high prevalence). While, districts such as Ahmedabad, Bhavnagar, Rajkot and Vadodora have been categorized as B (moderate prevalence) and the remaining districts have low prevalence.

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

S. No	Name of District	District Category A,B,C,D	No of NGOs working for Target Intervention (TI) for vulnerable groups.
1	Banaskanta	A	2 NGOs - Core composite
2	Dahod	A	1 NGO – Core composite
3	Mehsana	A	2 NGO – Core composite
4	Navsari	A	1 NGO – Core composite
5	Surat	A	NGOs 25 [Migrants-9, FSW-5,MSM-5, Truckers-1, IDU-1, Core - 5-
6	Surendranagar	A	2 NGOs- Core composite
7	Ahmedabad	B	20 NGOs -Ahmedabad - 2 NGOs ; AMCACS - 19 NGOs working in Ahmedabad municipal areas Core composite, MSM, FSW, Migrants, Truckers
8	Bhavnagar	B	8 NGOs [Core composite-1, MSM-4,FSW-2, Migrants-1

S. No	Name of District	District Category	No of NGOs working for Target Intervention (TI) for
9	Rajkot	B	1- NGO (Truckers)- FSW, MSM, Core composite
10	Vadodora	B	8 NGOs [Core composite-1, MSM-4,FSW-2, Migrants-1
11	Amreli	C	2 NGOs – Core composite
12	Anand	C	2 NGOs – Core composite
13	Bharuch	C	1 NGO – Migrants
14	Dang	-	-
15	Kachchh	C	5 NGOs - Core composite, Migrant and Truckers
16	Narmada	C	1 NGO - Core Composite
17	Panchmahal	C	2 NGOs- Core composite and Migrants
18	Patan	C	2 NGOs – Core composite
19	Sabarkantha	C	2 NGOs – Core composite and IDUs
20	Gandhinagar	D	1 NGO – Core composite
21	Jamnagar	D	7 NGOs - Core composite, MSM, FSW, Migrants, Truckers
22	Junagadh	D	3 NGOs – Core composite, FSW and MSM
23	Kheda	D	1 NGO – Core composite
24	Porbandar	D	1 NGO – Core composite
25	Valsad	D	4 NGOs - 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: GSACS, 2011

2.2 ONGOING PROGRAMS ON HIV/AIDS IN GUJARAT

2.2.1 Target Intervention for Bridge Population

25. Target Intervention for Bridge Population (Truckers and Migrant community): GSACS and AMCACS have implemented 28 projects for migrants and 7 projects for truckers in the state through NGOs. Apart from government funding, two more projects are being implemented under Public Private Partnership (PPP) model with the support of Apollo Tyres.

26. 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 NGOs in Surat, Ahmedabad, Jamnagar, Rajkot and Bhavnagar districts.

27. Truckers Interventions, through NGOs, 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), Ahmedabad (Narol, Sarkhej and Aslali Transport Nagar). Truckers intervention, by and large, are functional in transhipment locations, covering about 5 Kms radius of the location.

2.2.2 Initiatives of NACO / GSACS in Gujarat

28. GSACS is implementing the intervention programme, under the guidelines of NACO III. The goal of NACP III is to “halt and reverse the epidemic in India” over the period of 5 years (2007-2012). GSACS is directly working through NGOs 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 NGOs in Municipal corporation limits.

29. Drop-in-Centre (DIC): Runs at 16 centers at Ahmedabad (3), Surat (3), Palanpur, Mehsana, Kutch, Surendranagar, Dahod, Vadodara, Bhavnagar, Rajkot, Jamnagar and Navsari with positive network and catering to the needs of positive people.

30. Link Worker Scheme (LWS): This scheme has been established in 11 districts (Navsari, Surendranagar, Dahod, Banaskantha, Ahmedabad, Rajkot, Bhavnagar and Mehsana under Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) Round – VII. With the support of CARITAS - INDIA and UNICEF, the LWS has been established in Surat, Vadodara and Valsad respectively. LWS facilitated the scattered the high risk group (HRG) of rural areas and involves youth and women in the villages to generate awareness and linkages with services.

31. 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

32. 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.

33. In the state of Gujarat, the TSU is not in functional mode for the technical monitoring, support and capacity building of NGOs since 2008.

34. 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.

35. 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.

36. 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)

37. 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

38. 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

39. **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,

a. Department of Health and Family Welfare
b. Department of Women and Child Development
c. Department of Tribal Development
d. Department of Transport
e. Gujarat State Road Development Corporation

40. **Non-Governmental Sector:** NGOs 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 NGOs 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:

a. Caritas India
b. UNICEF
c. TI NGOs funded by GSACS and other NGOs and Corporate Bodies

41. **Corporate Sector:** The involvement corporate bodies like Reliance, ESSAR, Appolo Tyres, Ambuja Cement, etc in social development of Gujarat is 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.

a. Transporters and Brokers Association
b. R&BD empanelled Contractors

2.4 APPRAISAL OF THE POLICY FRAMEWORKS

2.4.1 Operational guidelines by NACO

42. NACO has developed operational guidelines for various target groups including core population, bridge population, health-service providers, condom social marketing organizations, NGOs 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

43. 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.

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

Operational Guideline for Targeted Intervention for Migrants

45. 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

46. 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 NGOs/CBOs or other networks to implement TIs has been detailed out in the guideline.

2.5 KEY ISSUES IN THE SECTOR

47. Out of 25 districts in Gujarat, 6 districts (Banaskantha, Dahod, Mehsana, Navasari, Surat and Surendranagar) are high prevalence districts and falls under Category-A.

48. The prevalence rate among adult population is estimated to be 0.37 percent which is higher than the national prevalence of 0.31 percent.

49. 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.

50. 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.

51. 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 NGOs also observed as a constraint in reaching to the rural population in an effective manner.

52. 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 and tribal communities are addressed in a limited manner.

53. 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

54. The major hotspots, healthcare centres, intervention areas of NGOs and major industrial areas along the project corridors have been identified. The information has been gathered for project corridors. There are 16 hotspots identified along the corridors. The categorization of hotspots is based on the discussion with NGOs, ICTC Counsellors and discussion with trucker community. Three corridors are part of target interventions by local NGOs funded by GSACS. In Dabhoi-Bodeli and Dhandhuka-Paliyad corridors have prominent hotspots, NGO 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.	Dabhoi – Bodeli	2	3	1	-
2.	Dhandhuka - Dholera	0	4	0	1
3.	Atkot - Gondal	2	5	1	1
4.	Mehsana – Himatnagar	6	5	2	3
5.	Umreth-Vasad (including Ladvel – Kapadvanj)	4	6	3	1
6.	Bayad – Lunawada	0	2	0	0
7.	Dhansura – Meghraj	1	3	0	0
8.	Dhandhuka-Paliyad	1	5	0	2
9.	Lunawada – Khedapa	0	3	0	0
Total		**16**	**36**	**7**	**8**

Source: LASA, 2012 (reconnaissance visit and consultations)

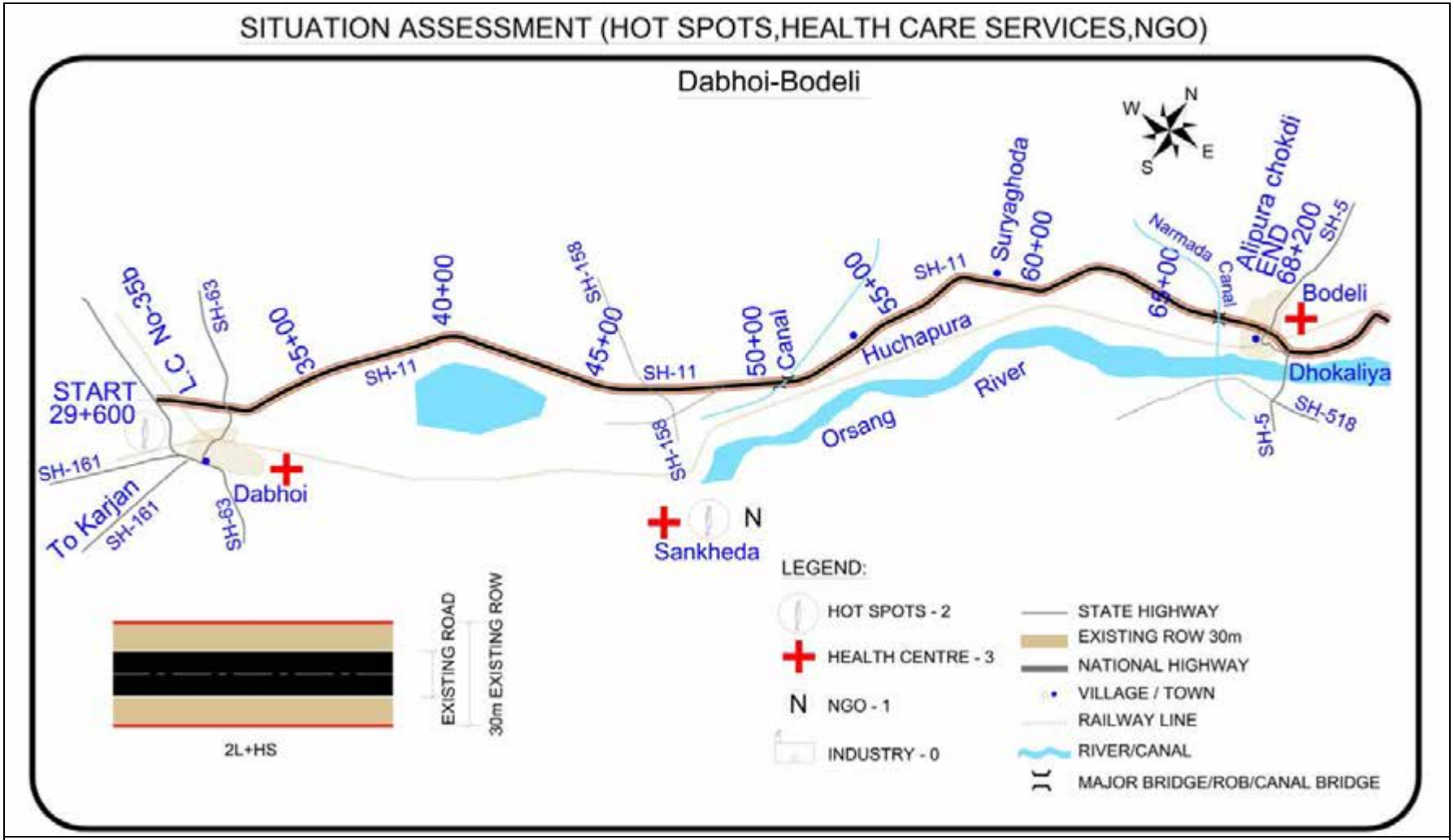


Figure 3-1: Situation Assessment: Dabhoi-Bodeli Corridor

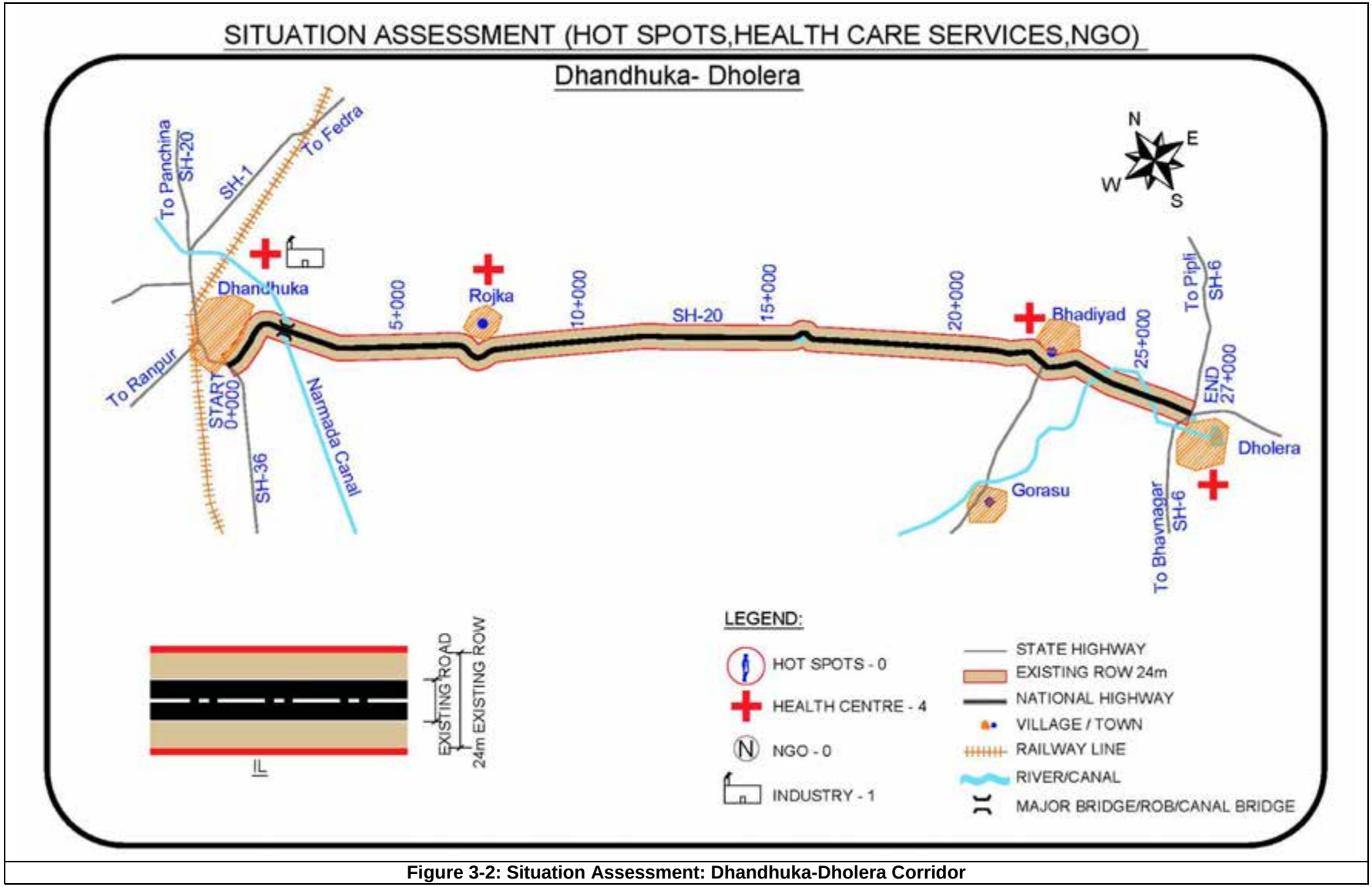


Figure 3-2: Situation Assessment: Dhandhuka-Dholera Corridor

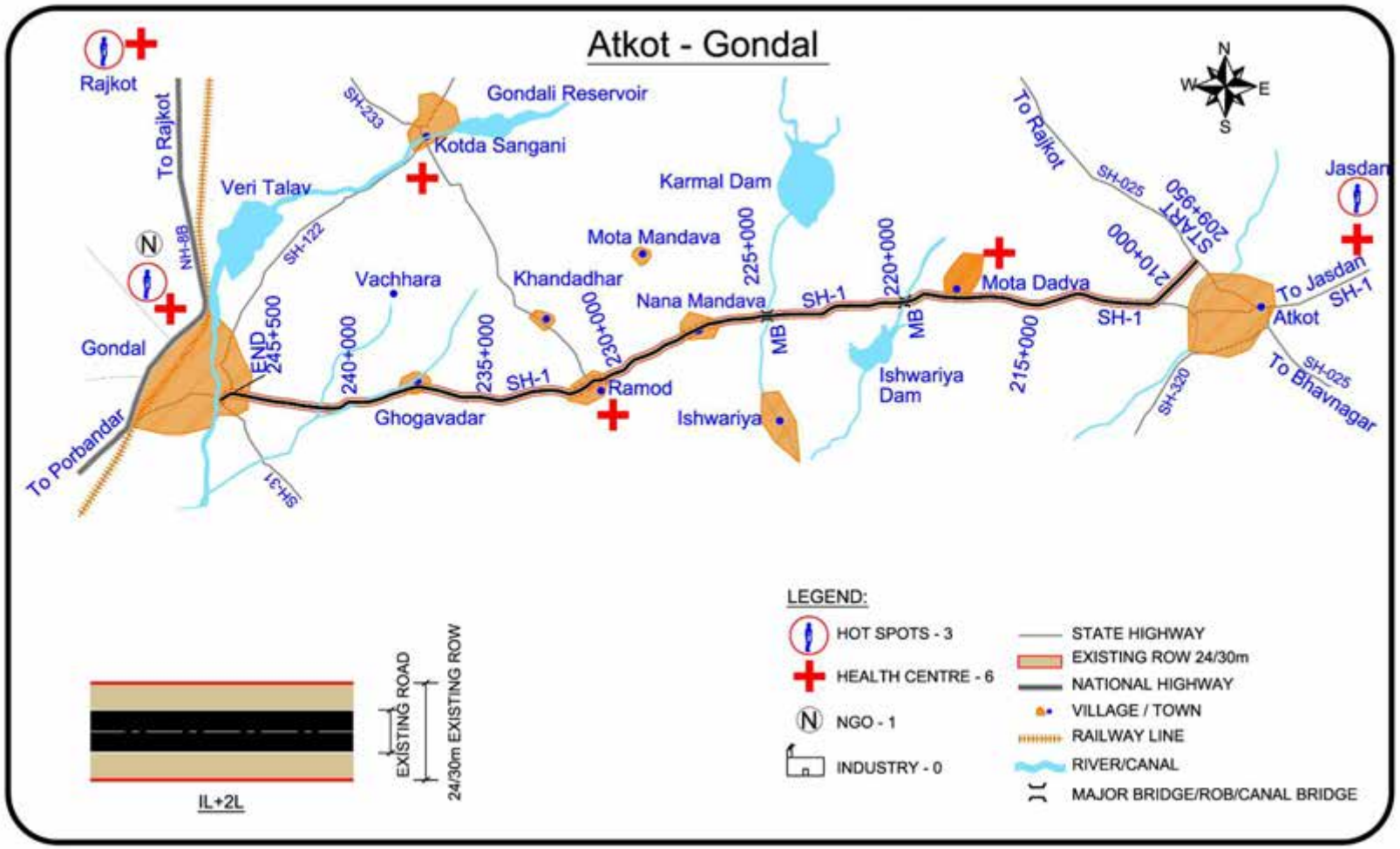


Figure 3-3: Situation Assessment: Atkot – Gondal Corridor

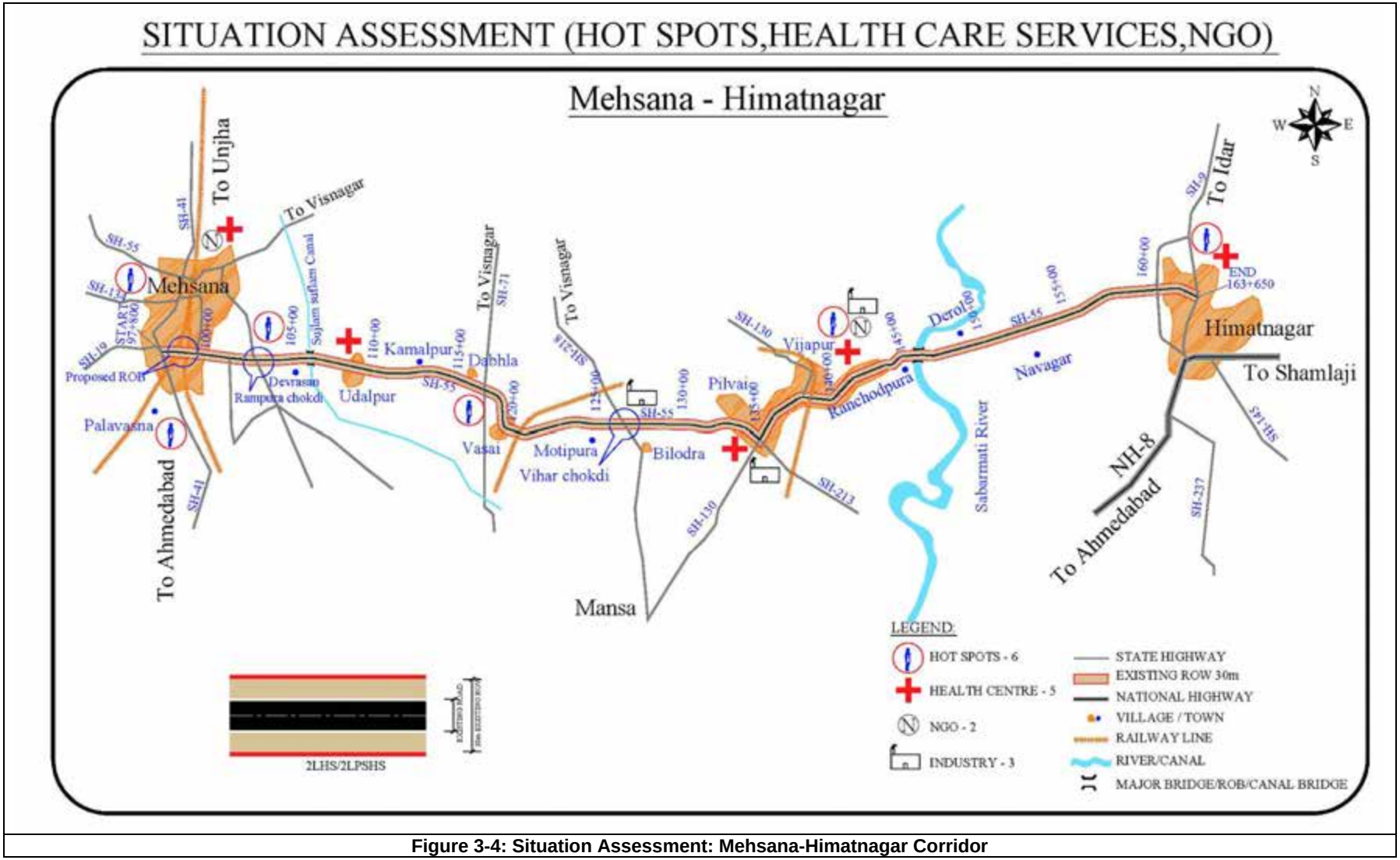


Figure 3-4: Situation Assessment: Mehsana-Himatnagar Corridor

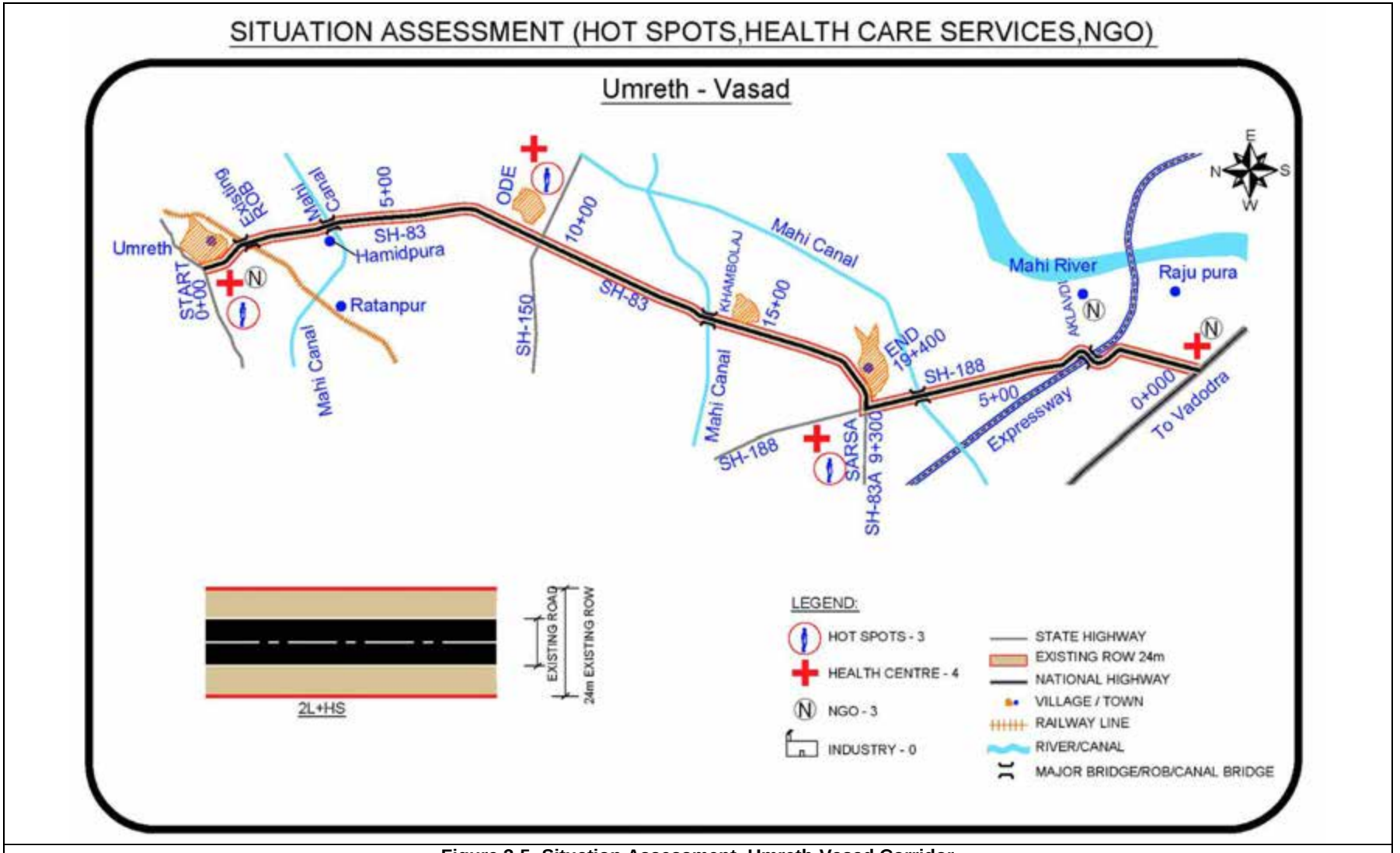


Figure 3-5: Situation Assessment: Umreth-Vasad Corridor

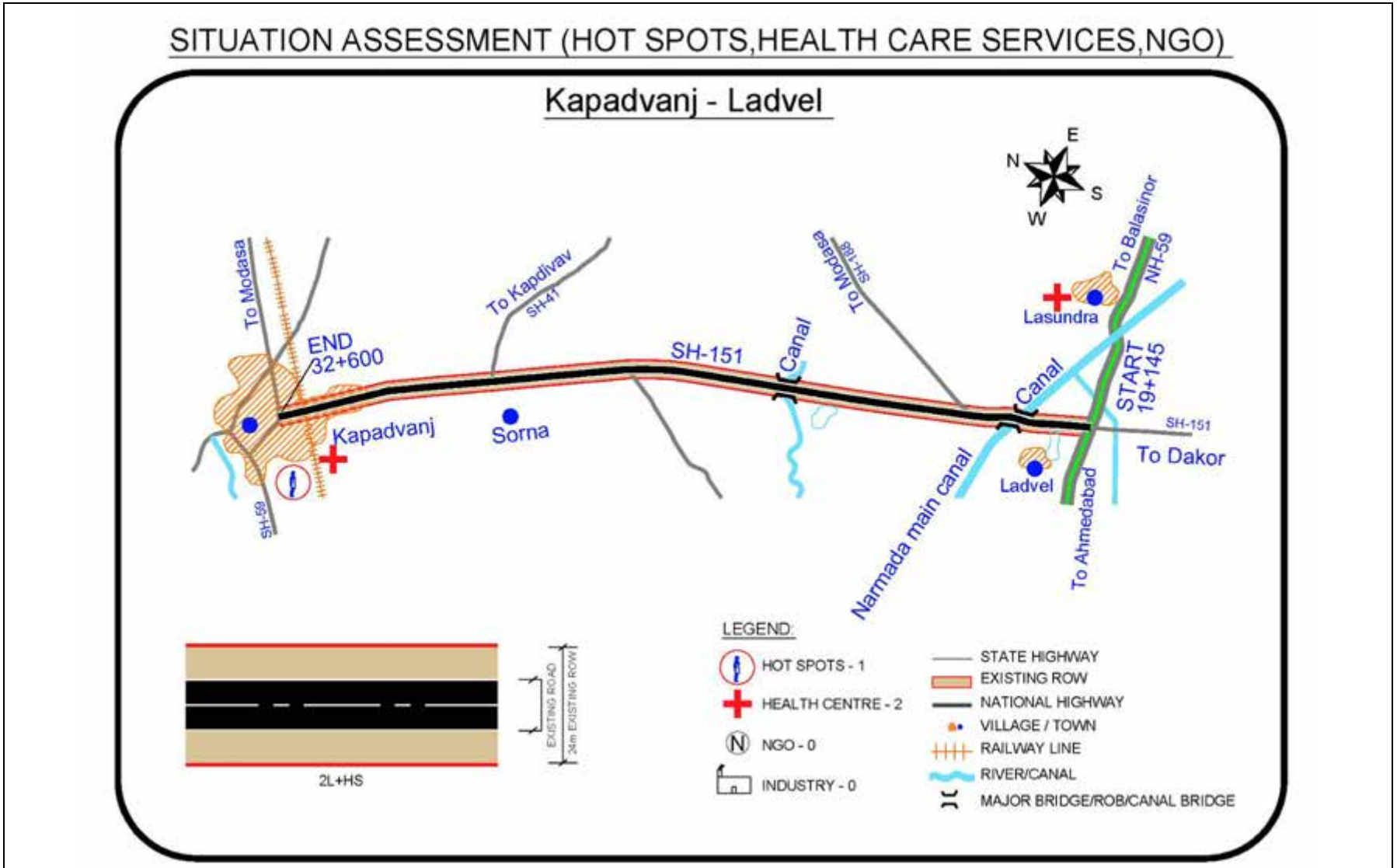


Figure 3-6: Situation Assessment: Ladvel-Kapadavanj Corridor

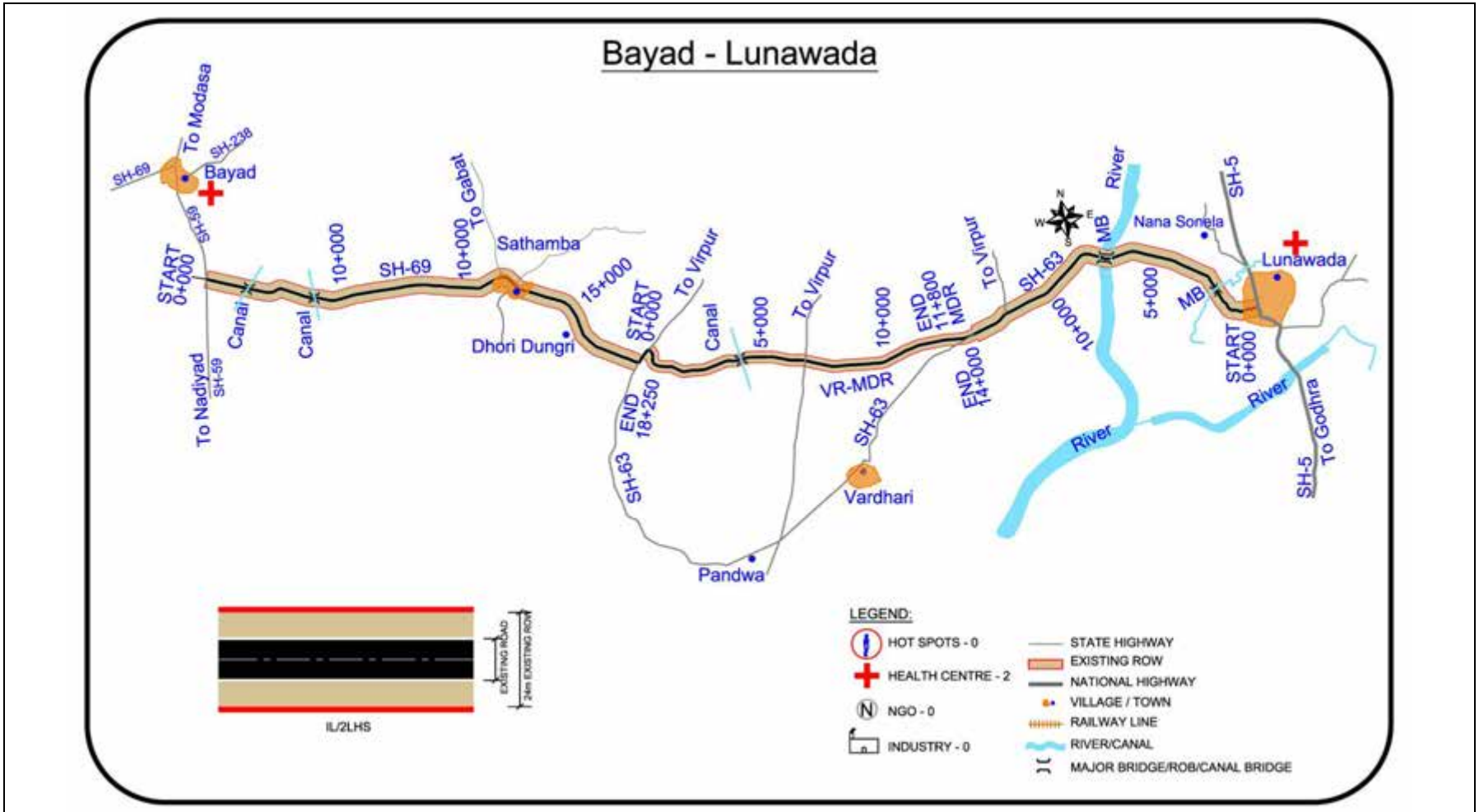


Figure 3-7: Situation Assessment: Bayad - Lunawada Corridor

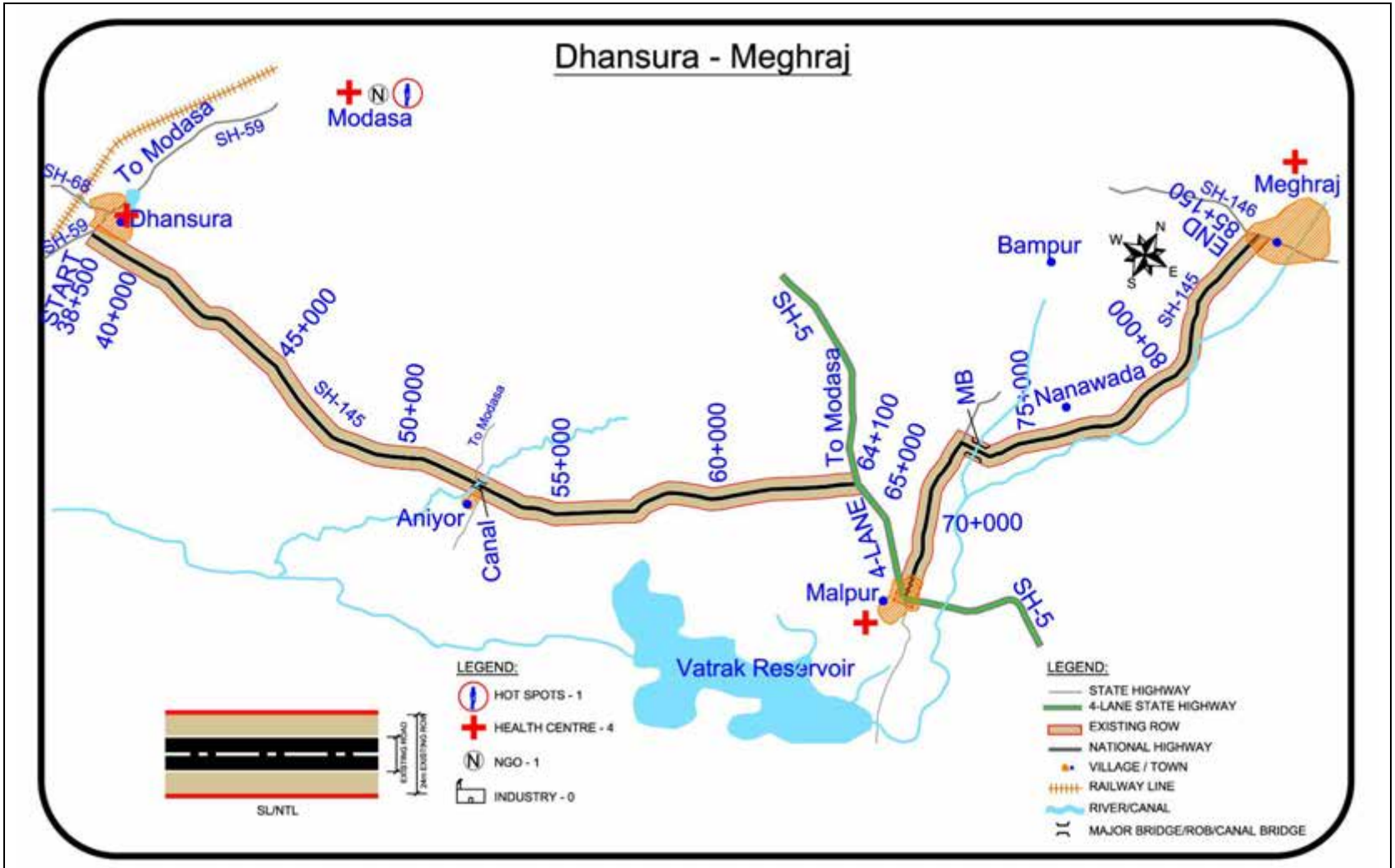


Figure 3-8: Situation Assessment: Dhansura - Meghraj Corridor

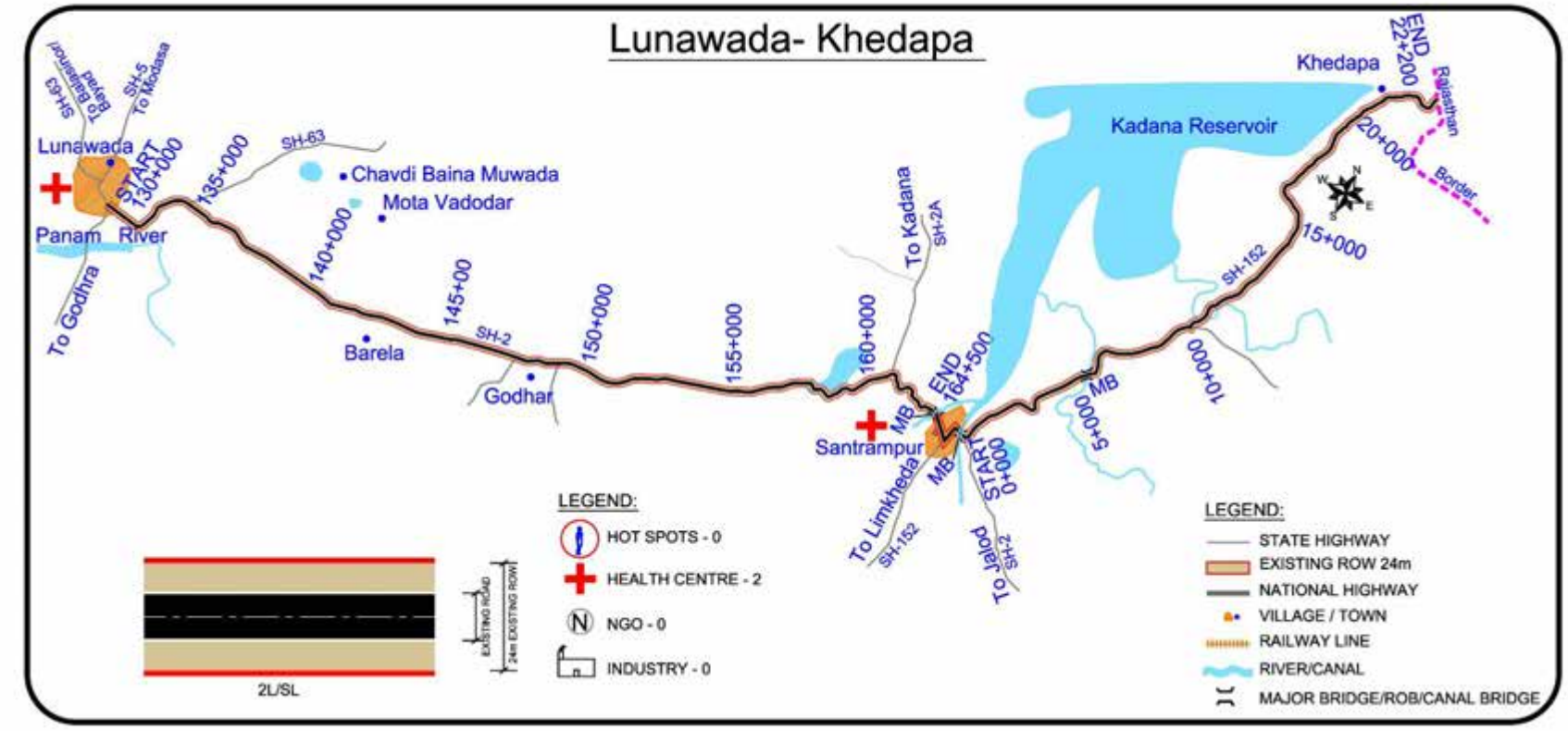


Figure 3-9: Situation Assessment: Lunawada - Khedapa Corridor

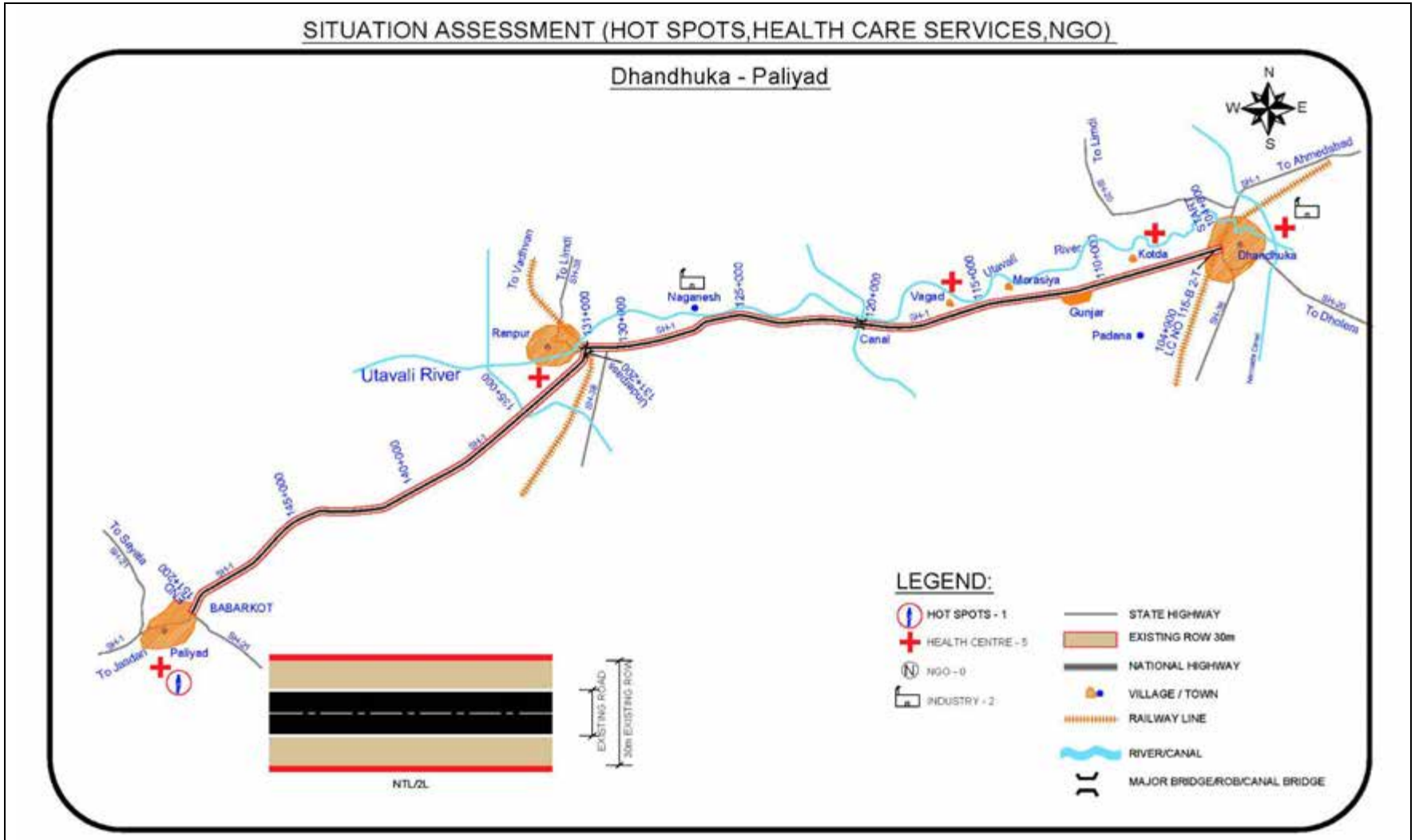


Figure 3-10: Situation Assessment: Dhandhuka-Paliyad Corridor

3.2 VULNERABILITY ALONG THE CORRIDORS

55. **Dabhoi – Bodeli corridor:** There are considerable number of HRGs and HIV positive people identified by the intervention NGOs and ICTCs. HRG activities are taken place mainly in Dabhoi Town and few places of corridor's Block villages. Gola Gamdi village of Sankheda block is starting point of a tribal block.

Table 3-2: Vulnerability features: Dabhoi – Bodeli Corridor Villages

District	Taluka	Villages	Total Population in Villages	HRGs Presence	HIV +ve
VADODARA	DABHOI	Simaliya	2875		
		Gopalpura	449		
		Akotadar	1103		
		Pansoli	1976		
		Timbi	898		
		Morpura	451		
		Dabhoi	54952	27 FSWs + 19 MSMs	32 (10 Female + 22 Male) (data from 2009 to till date)
		Tarsana	1024		2 (2010-'11)
		Nada	2131		
	SANKHEDA	Sankheda		7 FSWs + 5 MSMs	
		Kherva	363		
		Zankharpura	1243		
		Salpura	336		
		Bamroli	1646		
		Garol	624		
		Bodeli	10490		
		Patna	748		
		Pitha	934	1 FSW	
		Kundi Tappe Bahada	376	1 FSW	
		Dormar	784		
		Suryaghoda	1652	2 MSMs	
		Jojva	381		
		Bhadrali	820		
		Bhulvan	1106		
		Lotiya	776		
		Ali Kherva	6248	2 MSM + 7 FSW	2 Female
		Gola Gamdi	1889		
		Kunteshwar	1468		
		Manjrol	2728		

Source: HRGs' details from NGO Vikalp Woman's Group. Number of HIV +ve details of last two years (2010 & '11) from Dabhoi & Sankheda CHCs' ICTC of Vadodara District

56. **Dhandhuka – Dholera corridor:** There are cases of HIV positives reported in Dhandhuka town. Out-migration of labourers is found to be high in this region and the vulnerability among female is observed to be high. NGO intervention is absent in the region.

Table 3-3: Vulnerability features: Dhandhuka-Dholera Corridor Villages

District	Taluka	Villages	Total Population in Villages	HRGs Presence	HIV +ve
AHMEDABAD	DHANDHUKA	Dhandhuka Town	29572	-	15 (10 Male + 5 Female) Taluka Level
		Kothadiya	845	-	-
		Rojka	2950	-	-
		Bhadiyad	2630	-	-
		Dholera	2637	-	-

Source: Number of HIV +ve details of last two years (2010 & '11) from Dhandhuka CHC

57. **Atkot – Gondal corridor:** about 2/3 of the worker population occupied in the construction/manufacturing firms located along the corridor are single male migrants. LWS of Caritas India has been functioning in the villages for the last 15 months.

Table 3-4: Vulnerability features: Gondal – Atkot Corridor Villages

District	Taluka	Villages	Total Population in Villages	HRGs Presence	HIV +ve
RAJKOT	JASDAN	Jasdan Town		238 MSMs, 59 FSWs,	
		Virnagar	5407	3 FSWs, 2 MSMs, 5 LDTs, 170 Out Migration	1M + 1 OVC = 2
		Kharachiya Jam	2135		
		Ishvariya	1503		
	GONDAL	Gondal city	96016	175 MSMs, 237 FSWs	
		Dadva Hamirpara	8135	6 FSWs, 4 MSMs, 4 LDTs, 552 Out Migration	3M + 2 F = 5
		Ghoghavadar	3511	10 FSWs, 5 MSMs, 6 LDTs, 386 Out Migration	2M + 1F = 3
		Rupavati	1319		
	KOTADA SANGANI	Kotda Sangani		4 FSWs, 3 MSMs, 3 LDTs, 485 Out Migration,	2M + 1 F + 1F OVC = 4
		Nana Mandava	1277		
		Pipaliya Karmal	537		
		Ramod	4685	3 FSWs, 2 MSMs, 2 LDTs, 518 Out Migration	1M + 1F = 2
		Vadipara	1284		

Source: Number of HRGs and HIV +ve details from Caritas India (Link Worker Scheme) & Saurastra Gramin Vikas charitable Trust

58. **Mehsana – Himatnagar corridor:** 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 like Visnagar and Vijapur has also high presence of HRGs.

Table 3-5: Vulnerability features: Mehsana - Himatnagar Corridor Villages

District	Taluka	Villages	Total Population in Villages	HRGs Presence	HIV +ve
Mehsana	Mehsana			300 FSWs + 500 MSMs	213 (mehsana city) (136 Male + 77 Females)
		Heduva Hanumat	1480	3 MSMs	
		Kukas	2640		
		Rampura (Kukas)	1104		
		Kadvasan	1527		
		Devrasan	3182	2 MSMs	
	Visnagar			120 FSWs & 120 MSMs	43 (27 M + 16 F)
		Gunjala	1694		
		Udalpur	4040		2
		Kamalpur (Kharavad	1870		
GANDHINAGAR	MANSA	Vihar	3493		
		Bilodra	7228		
Mehsana	VIJAPUR			160 FSWs + 180 MSMs	15 (12M + 3 F)
		Motipura	1331	17 MSM + 12	Total: 7 to 8

District	Taluka	Villages	Total Population in Villages	HRGs Presence	HIV +ve
				FSW	
		Vijapur(Rural)	10161		
		Devpura	2190		
		Vijapur	3096		
		Pilvai	7925	18 MSMs	2
		Khanusa	4014		
		Dabhala	8354	50 LDTs	5
		Kukarvada	12700		
		Vasai	12102	25 LDTs	
		Kotdi	3215	22 MSM + 18 FSW	Total: 10 to 12
Sabarkantha	**Himatnagar**			250 FSWs + 200 MSMs	Total: 33 (18M + 15F) Data: Himatnagar city area, year: 2010 & '11
		Parabada	5069		
		Dhandha	869		1M
		Savgadh	5923		
		Lalpur (Savgadh)	906		
		Dedhrota	3012		10 (5M + 5M)
		Derol	2833		8 (5M + 3F)
		Navanagar	643		

Source: HRGs' details from 2 NGOs. 1. Young Citizens of India Charitable Trust, Mehsana. 2. Narottam Lalbhai Rural Development Fund. Himatnagar, Sabarkantha. Number of HIV +ve details of last two years (2010 & '11) from A. Mahesana & Himmat Nagar Civil Hospitals' ICTC. B. Udalpur & Vijapur CHCs' ICTC of Mehsana Block

59. **Umreth - Vasad (Including Kapadvanj)**: The corridor is geographically spread into two parts. Kapadvanj town has 7 HIV positives reported, which shows the potential vulnerability among the community. Presence of NGOs or any target intervention is lacking in the area despite the incidence. Another part of corridor, traversing Umreth (Keda District) and Vasad (Anand district), where presence of HRGs and HIV positives are reported.

Table 3-6: Vulnerability features: Umreth Vasad Corridor (Including Kapadvanj) Villages

District	Taluka	Villages	Total Population in Villages	HRGs Presence	HIV +ve
KHEDA	KAPADVANJ				15 (10M + 5F) of Taluka
		Kapadvanj	43950	FSWs, MSMs, Truckers	17 (11M + 6F) of total block. 7 (4M + 3F) from local Kapadvanj Town
		Garod	3723		
		Rampura (Sundarvad	1989		
		Sorna	2197		
		Savali	2465		
	KATHLAL				5 (3M + 2F) of total Taluka.
		Lasundra	2465		2 (1M+1F, couple)
ANAND					43 (30M + 13F)
	UMRETH	Umreth	32191	23 MSM + 1 FSW	4 (MSMs)
		Bechari	3322	13 MSM + 3 FSW	
		Navapura	557		
		Hamidpura	2265		
	ANAND			207 FSWs, 282 MSMs	
		Ode	18459	4 MSM	
		Khambholaj	8212		
		Sarsa	14200	7 MSM	
		Vaherakhadi	7045		

District	Taluka	Villages	Total Population in Villages	HRGs Presence	HIV +ve
		Anklavdi	2281		
		Vasad	12487		

Source: HRGs' details from NGO Acil Navsarjan (Anarde Foundation) Ananad. Number of HIV +ve details of last two years (2010 & '11) from A. Kapadvanj & Kathlal CHCs & Civil Hospital Nadiad

60. **Bayad – Lunawada corridor:** There is one CHC located along the corridor and there is no ICTC facility available in this CHC. The ICTC is located at Vatrak, which is around 6 kms away from Bayad.

Table 3-7: Vulnerability features: Bayad – Lunawada Corridor Villages

District	Taluka	Villages	Total Population in Villages	HRGs Presence	HIV +ve
SABARKANTHA	BAYAD				7M + 4F = 11
		Demai	8557		2M + 3F = 5
		Talod	2336		
		Lank	2931		
		Vijayganj	286		
		Patel-ni-Muvadi	1215		
		Nagano Math	663		
		Hathipura	1884		1M
		Kashiyavat	142		
		Vajavat	720		
KHEDA	VIRPUR	Tajpur	70		
PANCHMAHAL	LUNAWADA	Hadod	2352		
		Khantana Bhensadav	434		
		Undra	5319		2M
		Pavapur	448		
		Hardaspur	1020		
		Lunawada	33369		5M + 3F = 8
		Dhamod	1350		
		Charangam (Salawad	2066		
		Maliya	399		
		Lalsar	997		
		Salawada	833		
		Juna Kalava	85		
		Ucharpi	1681		
		Sadhakpur	558		
		Tanachhia	176		
		Untadi	621		
		Vakhatpur (ko-Maha	677		
		Kolwan	2819		

Source: HIV +ve details from CHCs Lunavada & Vatrak

61. **Dhansura – Meghraj corridor:** Dhansura taluka place doesn't have a full fledged ICTC facility. The ICTC facility available at CHC is mainly for ANC testing. The ICTC is established at Vatrak General Hospital, which is located about 10 kms away from Dhansura. The place Vatrak of Bayad Taluka has common ICTC for both Dhansura as well as Bayad town. Modasa – Shamlaji highway (around 30 kms) is the major influencing area for the HRGs and general population pertaining to Dhansura – Meghraj corridor. In the area of Malpur & Meghraj CHC, an NGO – GAP - is functioning for HIV +ve children, ART follow-up, etc. Majority of the truckers own trucks and functions in local district areas. Village Dachka-Billoo of Meghraj taluka has observed major male out migration for employment in Diamond Industry located at Surat. As a trend it's also observed that educated people of this area also went to Rajasthan for their employment. FSWs of this area are from Laborer and construction workers background.

Table 3-8: Vulnerability features: Dhansura – Meghraj Corridor Villages

District	Taluka	Villages	Total Population in Villages	HRGs Presence	HIV +ve
SABARKANTHA	DHANSURA	Dhansura	12906	4 FSWs	1M + 1F = 2
		Gadhada no kot	310		
		Karanpur	951		
		Vantda Suka	1911		
		Bhotudev-no-Math	361		
		Dhamaniya	1284		
		Bilvaniya	1744		
		Barnoli	3337		
		Sardi Sarkhandi	860		
	MALPUR	Malpur	6512	10 FSWs, 3 MSMs	
		Parsoda	1740		
		Hamirpur	161		
		Nanavada	1251	4 FSWs	
		Sompur	424	1 FSW	
		Kasvada	714		
		Medi Timba	311		
		Sonikpur	237		
		Vavdi	1625		1M
		Maljina Pahadiya	520		
		Juna Takhatpur	255		
		Satarda	3256	2 FSWs	
		Bhempur	250	1 FSW	
		Rasapur	404		
		Laljina Pahadiya	726	3 FSWs	
		Surana Pahadiya	243	3 FSWs	
		Aniyor	2937		
		Dodiya	1005		
	MEGHRAJ	Iploda	1257		
		Kamroda	666		
		Jashvantpura	165		
		Vasna	517		
		Meghraj	9902	25 FSWs	
		Prathipura	181		

Source: Number of HRGs details from Seva Sangh Sarvajanik Hospital Trust, Modasa. HIV +ve details from CHCs Malpur & Meghraj

62. **Lunawada – Khedapa corridor:** The corridor from Lunawada to Santrampur is tribal dominated area. Out migration is observed from interior villages of the block. At Santrampur CHC total 18 (8M + 7F +3 Child) HIV positives have been detected during the last two years (2010 & '11) from entire taluka places. No NGO intervention project on HIV/AIDS has presence in the area of corridor villages. No truck movement was observed on the corridor.

Table 3-9: Vulnerability features: Lunawada – Khedapa Corridor Villages

District	Taluka	Villages	Total Population in Villages	HRGs Presence	HIV +ve
PANCHMAHAL	LUNAWADA	Lunawada	33369		
		Ukedi	1324		
		Godna Muvada	601		
		Pankhi	253		1F
		Jesingpur	288		
	SANTRAMPUR	Khedaya Alias Prat	7103		
		Simaliya	6103		
		Batakwada	7453		1M
		Ukhreli	4184		
		Dotawada	249		
		Sangawada	758		
		Santrampur	15777		2M
		Kunda	1049		
		Malanpur	783		1F + 1M = 2

District	Taluka	Villages	Total Population in Villages	HRGs Presence	HIV +ve
		Lalakpur	604		
		Ranijini Padedi	1978		
		Hadani Sarsan	631		
		Moti Sarsan	1023		
		Nani Sarsan	702		
		Bhandara	722		
		Godhar (West)	1581		
		Dhamotna Moyla	1081		
		Kanbina Moyla	160		
		Manchod	2000		
		Rafai	292		
		Barela	724		
		Motikharsoli	533		
		Ranani saran	536		
		Bahediya	173		
	KADANA	Dahyapur	792		

Source: HIV +ve details from CHCs Lunavada & Santrampur

63. **Dhandhuka – Paliyad corridor:** This corridor also starts from Dhandhuka[3]. Major reasons for HIV positivity in Paliyad are reported among migrant population and long-distance Truckers.

Table 3-10: Vulnerability features: Dhandhuka-Paliyad Corridor Villages

District	Taluka	Villages	Total Population in Villages	HRGs Presence	HIV +ve
Ahmedabad	DHANDHUKA	Dhandhuka	29572		15 (10 Male + 5 Female) Taluka Level
		Kotda	2703		
		Gunjar	2153		
		Morasiya	440		
		Vagad	1980		
	Ranpur	Devaliya	2691		
		Ranpur	14486		
		Patna	195		
		Bodiya	1615		
		Kinara	743		
		Baraniya	1636		
		Alampur	2746		
		Rajpura	1762		
		Umrala	4163		
Bhavnagar	Botad	Bodi	2261		
		Sankardi	601		
		Paliyad	9278		16 (10 Male + 6 Female)
		Babarkot	984		

Source: Number of HIV +ve details of last two years (2010 & '11) from Dhandhuka & Paliyad CHCs

3.3 TARGET INTERVENTIONS AND HEALTH SERVICES

64. 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 and Himatnagar. Major health care centres and NGO based TIs identified along the project corridors are presented in Table 3-11 to Table 3-17.

[3] Dhandhuka is the starting point of two Corridors, Dhandhuka-Dholera and Dhandhuka-Paliyad.

Table 3-11: Health Service Centres and Target Intervention: Dabhoi-Bodeli Corridor

Route	District	SH No	Name of villages / Towns	VCTC/ CHC / ART services	HIV/AIDS intervention
Dabhoi[4] – Bodeli	Vadodra[5]	SH 011	Vega Junction[6] (near Dabhoi)	Taluka Hospital	
			Pansolai	Mobile health	
			Sankeda Taluka	Taluka hospital	
			Bodeli	CHC	
			Gola Gamdi	CHC	

Source: LASA, 2012 (reconnaissance visit and consultations)

Table 3-12: Health Service Centres and Target Intervention: Dhanduka-Dholera Corridor

Route	District	SH No	Name of villages / Towns	VCTC/ CHC / ART services	HIV/AIDS intervention
Dhanduka - Dholera	Ahmedabad	SH-001	Dhandhuka	CHC – Taluka hospital	
			Bhadiyad	PHC	
			Dholera	PHC	

Source: LASA, 2012 (reconnaissance visit and consultations)

Table 3-13: Health Service Centres and Target Intervention: Atkot – Gondal Corridor

Route	District	SH No	Name of villages / Towns	VCTC/ CHC / ART services	HIV/AIDS intervention
Atkot-Gondal	Rajkot	SH-001	Gondal	CHC/VCTC	GSACS – NGO's Target intervention
			Kotada Sangani	CHC	-
			Ramod	PHC	-
			Mota Dadva	PHC	-
			Jasdan	CHC / VCTC	-

Source: LASA, 2012 (reconnaissance visit and consultations)

[4] Tribal community such as Thadvi, Vasave and Rathva live in Simaliya, Gopalpura, Pansolai and Dadhoi villages of Dabhoi Taluka

[5] B Category district – Moderate prevalence

[6] Social marketing of condom is being carried out in a shop, which is attached to the petrol bunk, with the support of DKT Company

Table 3-14: Health Service Centres and Target Intervention: Mehsana-Himatnagar Corridor

Route	District	SH No	Name of villages / Towns	VCTC/ CHC / ART services	HIV/AIDS intervention
Mehsana – Himatnagar	Mehsana[7]	SH - 055	Palavsaana	Mehsana (ART centre)	GSACS - NGO intervention
			Rampura Circle	Mehsana	
			Udlalpur	Udalpur – ICTC	LWS [8] covering about 7 villages
			Dabhla[9]		
			Vasai Chokadi		
			Vihar Chokadi		
			Pilavi[10]	Pilavai CHC	
			Vijapur	Taluka Hospital	GSACS -NGO intervention
	Sabarkantha		Himatnagar	Taluka Hospital (ART Centre)	GSACS -NGO intervention

Source: LASA, 2012 (reconnaissance visit and consultations)

Table 3-15: Health Service Centres and Target Intervention: Umreth-Vasad (including Ladvel-Kapadvanj Corridor

Route	District	SH No	Name of villages / Towns	VCTC/ CHC / ART services	HIV/AIDS intervention
Kapdvanj-Ladvel	Kheda	SH-151, SH-83, SH-188	Kapadavanj	CHC	
			Lasundra	PHC	
Umreth- Vasad	Anand		Umreth	CHC	GSACS/NGO's intervention
			Bechari		
			Ode	CHC	
			Sarsa	CHC	
			Vaherakhadi	CHC	
			Anklavdi		GSACS/NGO's intervention
			Vasad	CHC	GSACS/NGO's intervention

Source: LASA, 2012 (reconnaissance visit and consultations)

Table 3-16: Health Service Centres and Target Intervention: Bayad – Lunawada Corridor

Route	District	SH No	Name of villages / Towns	VCTC/ CHC / ART services	HIV/AIDS intervention
Bayad – Lunawada	Sabarkantha, Kheda, Panchmahal	SH-69, SH-63 VR, MDR and SH-63	Bayad	-	-
			Lunawada	CHC/ICTC	-
			Undra	PHC	-

Source: LASA, 2012 (reconnaissance visit and consultations)

[7] A Category - High prevalence district
[8] Link Workers Scheme, funded by CARITAS India, INGO
[9] Long distance drivers more from this village; few of the truck drivers were found HIV+ as per CHC's.
[10] Industrial hub (Ginning and oil factories) situated from Pilavi – Vijapur. Migrant workers, from Bihar, UP, are employed. Most of them are single male migrant. They stay inside the factory premises.

Table 3-17: Health Service Centres and Target Intervention: Dhansura Megharaj Corridor

Route	District	SH No	Name of villages / Towns	VCTC/ CHC / ART services	HIV/AIDS intervention
Dhansura – Meghraj	Sabarkantha	SH-145 & SH-145	Dhansura	CHC / FICTC	-
			Malpur	CHC / ICTC	-
			Meghraj	CHC / ICTC	-

Source: LASA, 2012 (reconnaissance visit and consultations)

Table 3-18: Health Service Centres and Target Intervention: Lunawada – Khedapa Corridor

Route	District	SH No	Name of villages / Towns	VCTC/ CHC / ART services	HIV/AIDS intervention
Lunawada – Khedapa[11] (Border)	Panchmahal	SH-002, SH-152	Lunawada	CHC/VCTC	-
			Santrampur	CHC/VCTC	-
			Batakwada	PHC	

Source: LASA, 2012 (reconnaissance visit and consultations)

Table 3-19: Health Service Centres and Target Intervention: Dhandhuka-Paliyad Corridor

Route	District	SH No	Name of villages / Towns	VCTC/ CHC / ART services	HIV/AIDS intervention
Dhandhuka - Paliyad	Ahmedabad	SH-001	Dhanduka	CHC –Taluka hospital	
			Vagad	PHC	
			Alampur	PHC	
			Ranpur	CHC –Taluka hospital	
			Devaliya	Sub centre	
	Bhavnagar		Paliyad	CHC –Taluka hospital	

Source: LASA, 2012 (reconnaissance visit and consultations)

3.4 TRUCK PARKING AREAS, HIGHWAY AMENITIES, REST AREAS

65. Major Truck Parking areas are identified in Himatnagar-Mehsana corridor and Dabhoi-Bodeli corridor. Mehsana city at the starting point and Himatnagar city at the end point of the corridor have truck parking areas. About 150 trucks halt per day near the park area of Janpath Hotel and also near Ramosana circle, Nirma Mandali and Bhagyodaya hotel situated along the Ahmedabad - Mehsana highway connecting Palavasana circle.

66. Within 15km vicinity, an industrial area - Kadi – along the Mehsana to Ahmedabad road is a major truck halt point. The halting time of trucks in the identified parking areas and also within Kadi industrial area is, on average 3hours to 5 hours. The major activities during truck halting are observed to be interactive deals between truckers, transport broker firms, vehicle maintenance and resting. Interaction with HRGs does take place in these truck halt areas as per field observation and also as per the discussions with NGOs. The activities are largely hotel and lodge based and about 25 such activity centres are located within the vicinity of truck halt areas.

[11] Khedapa village in Santrampur Taluka has tribal population.

67. Along the Dabhoi-Bodeli corridor, Vega Circle is identified as a truck halting point, with an average halting size of 15 trucks during night hours. The accessibility to convenient rest areas (2 hotels) acts as a potential vulnerability location for the truckers and the local community. The road development would elevate the risk. Other project corridors are relatively free from truck halting and related HRG interactions.

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

68. 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 3 of the corridors, Mehsana-Himatnagar, Umreth-Vasad (including Ladvel-Kapadvanj) and Lunawada-Khedapa. The surveyed goods vehicles ply to-and-fro Rajasthan, Maharashtra, Punjab, Delhi, Uttar Pradesh, and Kerala.

69. 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 3-20: Distribution of Intra and Inter-state movement of Goods Vehicle

Corridor/ Road Section	Intra-state		Inter-state		Total	Origin-Destination of Goods Vehicles [based on Traffic Survey and Trucker Survey]
	No.	%	No.	%	No.	
Dabhoi-Bodeli	3869	98	81	2	3950	• Major O-D stations within the state are Sankheda, Vadodara, and Anand. • Major O-D station outside the state is Madhya Pradesh, Uttar Pradesh, Bihar, Punjab and Rajasthan.
Dhandhuka-Dholera	369	100	0	0	369	• Major O-D stations within the state are Dhandhuka, Bhavnagar, Sayyla and Chuda. • Inter-state goods vehicles not observed in this corridor.
Atkot-Gondal	1287	96	56	4	1343	• Major O-D stations within the state are Porbander, Jasdan, Rajkot and Bhavnagar. • Major O-D stations outside the state are Maharashtra and Madhya Pradesh.
Mehsana-Himatnagar	3017	88	401	12	3418	• Major O-D stations within the state are Vijapur, Himatnagar, Mehsana and Ahmedabad. • Major O-D stations outside the state are Rajasthan, Uttar Pradesh, Punjab, Delhi and Kerala.
Umreth-Vasad	702	76	224	24	926	• Major O-D stations within the state are Anand, Vadodara, Junagarh and Ahmedabad. • Major O-D stations outside the state are Maharashtra, Rajasthan and Uttar Pradesh.
Ladvel-Kapadvanj	1932	68	928	32	2860	• Major O-D stations within the state are Anand, Vadodara and Ahmedabad. • Major O-D stations outside the state are Maharashtra, Rajasthan and Uttar Pradesh.
Bayad-Lunawada	678	100	3	0	681	• Major O-D stations within the state are Virpur, Santrampur, Bayad and Lunawada. • Inter-state goods vehicles not observed in this corridor.
Dhansura-Meghraj	237	99	3	1	240	• Major O-D stations within the state are Malpur and Dhansura. • Inter-state goods vehicles not observed in this corridor.
Lunawada-Khedapa	364	89	44	11	408	• Major O-D stations within the state are Godhra, Santrampur, Bayad and Lunawada. • Major O-D station outside the state is Rajasthan.
Dhandhuka-Paliad	1645	96	76	4	1721	• Major O-D stations within the state are Dhandhuka, Bhavnagar, Ranpur, Surat, Junagarh, Chuda, Jasdan and Kapadvanj. • Major O-D station outside the state is Maharshtra.

Source: Traffic Survey and Trucker Survey, LASA, 2012.

3.5 TRIBAL COMMUNITIES

70. Among the 10 corridors, 4 have concentration of tribal communities. Corridors such as Lunawada-Khedapa, Bayad-Lunawada pass through tribal villages. Some villages of Sankheda Taluka in Dabhoi-Bodeli corridor have majority tribal population. Rathva, Tadvi and Vasave are the major tribes reside in these areas.

71. FSWs belonging to tribal community are reported by the NGOs along the corridor. These FSWs indulge in home-based sexual activity. MSMs are also active in these regions, and the activities are street based and promiscuous places nearby bus station and outskirts of the settlement areas. In these locations, majority of the FSWs emanate from the occupational groups such as agricultural labourers, quarry workers, construction labourers and migrants.

72. Site visit and respective consultations brought out that the economic vulnerability of tribal women leads them to sex work. The CHC data shows that about 21 people (including 6 female and 4 children) are found HIV positive (data over the period of last 2 years). High level of migration is observed towards the construction sector in these areas.

3.6 INDUSTRIAL HUBS AND MIGRANT WORKERS

73. Around 35 industries such as cotton & ginning units, cold storage units and tiny oil units are situated along the Pilavi-Vijapur area of Himatnagar-Mehsana corridor. Majority of these industries have employed a large number of migrant workers who hail from Bihar, Uttar Pradesh and Madhya Pradesh. Discussion with the industrial unit operators and NGO personnel reveals that more than 50 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 NGOs reveal that the migrant workers are involved with HRGs.

74. Along the Dhanduka-Paliyad corridor, about 15 small-scale industrial units are situated near the Dhanduka-Ranpur stretch. Apart from the small-scale industrial units, quarry and stone-crushing units are located in Nagnesh, Bodiya and Kinara villages. Similar industrial clusters are not observed along other project corridors, except one located in Kotdasangani village along Atkot-Gondal corridor.

75. Migration of workers from Paliad to other districts such as Surat, Bhavnagar, Vadodara is reported. Discussions with the ICTC counsellors reveal that Paliad town has 11 numbers of HIV positive people from among the migrant labourers, thereby elevating the risk and spread effect of the disease.

3.7 CONSTRUCTION CAMPS

76. 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 Atkot-Gondal corridor at chainage 209+800. Building and industry construction sites are located in Mehsana-Himatnagar corridor at chainages 142+600 and 146+300 respectively. The consultations with workers and management of these construction camps are scheduled and will be carried out.

3.8 IDENTIFIED HOTSPOTS ALONG THE CORRIDOR

3.8.1 Potential Hotspots: Dabhoi-Bodeli Corridor

77. Along the Dabhoi-Bodeli corridor, the major settlement locations are located in a sequence starting from Vega circle, Dabhoi town in Vadodara district. Vadodara is identified as Category-B district, implying a moderate prevalence of HIV. FSWs and MSMs activities in Dabhoi are identified by the local NGOs. Hotspots are located near the rail way station, bus stops, cinema hall and Vegas chockadi (junction) and Hirabhagol area. The preferred place for sexual activity for FSWs are largely home based, whereas MSM activities are mostly street-based. The hotspot network analysis of Dabhoi-Bodeli Corridor is given in Table 3-21

Table 3-21: Hotspot Network: Dabhoi-Bodeli

Sl. No.	Location	HRGs	Hotspots	Community Involved with HRGs
1	Dabhoi	27 FSWs	Home based, Lodge/hotel based, Street based	College Students, Truckers, local drivers, General Population from local city & surrounding villages
		19 MSMs	Bus Stand, Garden, Railway Station, College area, highways, urinals,	College Students, Truckers, local drivers, General Population from local city & surrounding villages
2	Sankheda	7 FSWs	Lodge base, home base, farm house based	Local Drivers, Small business class people
		5 MSMs	Open places like farms, river side areas & home/room based	School/College students, General Population

Source: LASA 2012 (Reconnaissance Visit and Consultations)

3.8.2 Potential Hotspots: Dhandhuka-Dholera Corridor

- Around 30 kms far from corridor, highway stretch from Tarapore circle to Bagodara has major HRGs & hotspots available.
- According to ICTC counsellor at Dhandhuka CHC, during the period of April ’10 to Dec ’11 (20 months) total 3387 HIV testing conducted for general population, out of which 15 (10 Male + 5 Female) found HIV positive.
- At the same ICTC, during the similar period out of total 1307 ANC testing, none of the mother found HIV positive.
- Those males, who found HIV positive, majority of them, were migrant labourers.
- Community from the Native of Dhandhuka – Dholera corridor villages use to migrate at places like Surat, Botad & Bhavnagar districts.
- Caritas India (INGO) has recently initiated LWS in some of the corridor villages.
- The ‘Darbar’ community is prominent in the project corridor area and there are no hotspots or presence of HRGs found within the corridor villages.
- At Dholera, few hotels/restaurants are located, where truck drivers organized their stay for on and around 1 to 2 hours for food and rest. Information on presence of HRGs at this rest area was denied by local sources.
- HIV positive cases are reported from among migrant labourers. There is no HRGs or hotspots existing along the corridor. The HIV prevalence among ANC mothers is not reported.

3.8.3 Potential Hotspots: Atkot-Gondal Corridor

78. Majority (70%) of the people from the corridor villages are single-male migrants as well as many people are having daily out-migration. LWS of Caritas India has been active in many of the villages for the last 15 months. Activities mainly take place in vadi area, hotels/dhaba, lodges and home-based, as revealed from the discussion with Link Workers.

- **Jasdan:** People from Virnagar village migrate temporarily to Surat as Dimond Worker and also to places like Ahmedabad and also to Mumbai. A good number of villagers are engaged as wage labourers in nearby places of Rajkot GIDC.
- **Gondal:** A good number of villagers from Dadva Hamirpara and Ghoghavadar are occupied in nearby places of Rajkot GIDC, Ahmedabad GIDC and Surat as Diamond Workers. The influence of single-migrant population is found significant in the region. Majority of the PLHAs identified in this region are labourers. FSW activities are taking place mainly home-based.
- **Kotda Sangani:** Out migration from Kotda Sangani and Ramod villages are taking place. The destination place for majority of the labourers hailing from the village is the GIDC area in Gondal.

Table 3-22: Hotspot Network: Atkot – Gondal Corridor

Sl.No.	Location	HRGs	Place for Activity	Community Involved with HRGs
1	Jasdan Town	238 MSMs (208 Kothis, 16 Panthi, 6 Double Decker, 1 TG)	Open Places, Farms, Riverside area, Urinals, Bus Station, Atkot Bus Station	Farm Labourer, Diamond Worker
		59 FSWs (57 home based, 2 street based)	Home based	Diamond worker, Farmers, Local from general population, Business man
2	Gondal City	175 MSMs (158 Kothis, 12 Panthis, 5 Double Decker)	Marketing Yard, College area, Garden, Panjrapole – Bus stand area	Local from general population, Farmers, Truckers, Shop owners, College Students
		237 FSWs (1 brothel, 2 street bases, 234 home base)	Brothel, Home based	Yard shop-owners, traders coming to the yard, locale people

Source: LASA 2012 (Reconnaissance Visit and Consultations)

3.8.4 Potential Hotspots: Mehsana-Himatnagar

- **Mehsana:** FSWs availability is very much present in street base, railway station and market place. The high risk activities take place in lodges and brothels (5 to 6 brothels have 70- 80 FSWs). Majority of the FSWs operate in home based, somewhere in settlements / slum areas. MSMs activities take place in institutional areas, highways, urinals and construction sites. In city area, one Transgender's Akhada, having a number 45 MSMs offer home based activity with their partners. A large number of MSMs are kotis (receiving partner), followed by Gariya & Double Duckers
- **Visnagar:** Majority of FSWs activity is lodge-based and home-based arrangements. Majority of them are claimed themselves as small scale workers. Whilst MSMs prefer to choose the places in gardens, bus stand and urinals. Many of them are from diamond worker/Industry.
- **Vijapur:** FSWs prefer house based activity. whereas MSMs activities happen in nearby industrial units
- **Himatnagar:** FSWs activities largely take place in home based and guest house and lodge based. While MSMs activity take place in promiscuous place such as gardens and ring road area
- **Ganeshpur circle:** Miniscule number of FSWs who come in late evening and the major clients are truckers. These FSWs could be categorised as flying-sex workers. The primary place of contact being Ganeshpur circle, the activity place could be anywhere including within truck, or open places like agriculture field, or lodge-based.
- **Vasai circle** has presence of good number of FSWs during late evening.

Table 3-23: Hotspot Network: Mehsana-Himatnagar Corridor

Sl. No	Location	HRG Population	Hotspots	Community Involved with HRGs
1	Mehsana City	300 FSWs	Home based, Lodge/hotel based, Brothel based, Street based	Migrant workers, Labourers, Truckers, Students & General Population from local city & surrounding villages
		500 MSMs	College area, highways, urinals, construction sites, Akhada/ home based	Students, Auto rickshaw driver, Truckers & General Population from local city & surrounding villages
2	Visnagar Town	120 FSWs	Lodge base, home base, brothels, street base	Migrant workers, Labourers, Truckers, Students & General Population from local city & surrounding villages
		120 MSMs	Gardens, Bus stand & Urinals	Migrant workers, Labourers & General Population from local town & surrounding villages
3	Vijapur Town	160 FSWs	House based	Migrant workers, Labourers, Truckers, & General Population from local town & surrounding villages
		180 MSMs	Cotton & Ginning Units, Cold Storage & some small scale industry units	Migrant workers, Labourers & General Population
4	Himmatngar city	250 FSWs	Home based, Street Base, Guest House based, Brothels	Migrant workers, Labourers, Truckers, Students & General Population from local city & surrounding villages
		200 MSMs	Gardens, Ring Road Area, Home based & few of them available at Guest House	Students, Auto rickshaw driver, Truckers & General Population from local city & surrounding villages

Source: LASA 2012 (Reconnaissance Visit and Consultations)

3.8.5 Potential Hotspots: Umreth-Vasad (including Ladvel-Kapadvanj) Corridor

79. There are four major centres identified along the Umreth-Vasad corridor, where hotspots are located. The features of these centres, Kapadvanj, Dakore, Nadiad and Anand are summarised as follows:

- **Kapadvanj:** is a small town where the presence of FSWs, MSMs and Long Distance Truckers are identified. Few truck drivers from Kapadvanj have migrated to places like Surat and Mumbai. Kapadvanj has the presence of good number of local drivers for internal transportation vehicle functioning on the interior roads of the area (shuttle service). The data obtained from CHCs and Civil Hospital reveals various cases of HIV positive people from among FSWs, migrant population and truckers in Kapadvanj.
    - One FSW at Kapadvanj found +ve & her husband died due to the same reason.
    - One family from Maharashtra (Malegaon) found positive at Kapadvanj (Husband + Wife + 2 Children).
    - One widow ANC & her 3 year old child was also found +Ve, while her husband died before 18 months at Kapadvanj.
    - Two truck drivers (1 at Kapadvanj & 1 at Kathlal) found +ve.

- **Dakore:** is a known religious place. People from various places of Gujarat and other states visit Dakore as pilgrims during the event of every full moon (Poonam's day). Activities of FSWs and MSMs are found to be at a high during this season. Dakore is also a major trade centre in the Kheda District. FSWs activities are observed in lodges/hotels, homes and also on streets in Khijalpur village area. At the same time, MSMs activities take place at Gomti pond site, lodge/hotels, bus stand area, Shedhi river site, Railway station area and also in Choultries. Clients of FSWs and MSMs include truckers, tourists, general population, labourers and auto-rickshaw drivers.

- **Nadiad:** Nadiad is a major commercial, educational and health-care centre. Major government offices, commercial and trading establishments, industries such as Mafatlal Suiting and advanced health-care service providers are situated in Nadiad.
- **Anand:** is a major commercial, educational and health care centre. This region is known for milk and milk products brand 'AMUL' and headquarter of National Diary Development Board (NDDB). FSWs are identified in Anand, and the activities are home based, street based, brothel based and lodge/hotel based. Chikodara circle in NH-8 Highway is a major activity centre. Clients of FSWs are truckers, service-class people, labourers, auto rickshaw drivers and also student community. MSMs activity locations are Bus station and Railway station area, gardens, hostel and street based. The hotspot network analysis is summarised in Table 3-24.

Table 3-24: Hotspot Network: Umreth-Vasad Corridor (Including Ladvel - Kapadvanj)

Sl. No.	Location	HRGs	Hotspots	Community Involved with HRGs
1	Dakor Town	**FSWs 139** (Home based 75, Street Based 58, Brothel/Lodge base 6	Lodge/hotel Based, Street Based, Home Based, Khijalpur village, Farm based	Truckers, Tourist, General Population, Labourer, Auto rickshaw driver
		MSMs 322 (285 Kothis (receiving partner), 11 Panthis (active partner), 26 Double Decker (having both receiving & active partner)	Gomti Pond site, Lodge/hotel Based, Bus stand area, Shedhi river site, Railway station area, Choultries within Dakore	Truckers, Tourist, General Population, Labourer, Auto rickshaw driver
2	Nadiad Town	**FSWs 259** (Home based 63, Street based 87, Brothel 6, Hotel based 32, Dhaba based 2, Highway based 69)	Home based, Street based, Brothel based, Hotel/dhaba based, Highway based FSWs activity places are Tarapore & Vataman circle highway area	Truckers, Service class people, Tourist, General Population from surrounding villages, Labourer, Auto rickshaw driver
		MSMs 302 (195 kothis, 8 panthis, 73 double decker, 20 bisexual, 6 transgender)	Railway station area, Bus station area, Open area/construction sites, Farm based	Truckers, Service class people, Tourist, General Population from surrounding villages, Labourer, Auto rickshaw driver
3	Anand Town	**FSWs 207** (Home based 70, Street based 80, Brothel based 11, Highway based 46)	Bus & Railway station area, Home based, Street based, Brothel based, Lodge/Hotel based, old NH 8 highway chikodara circle	Truckers, Farmers, Service class people, Labourer, Auto rickshaw driver, Students.
		MSMs 282 (Kotis 207, 38 double decker, 15 bisexual, 22 Transgender)	Bus & Railway station area, Gardens, Hostel, Home based, Street based	Students, Auto rickshaw driver, Labourers, General Population from surrounding villages

Source: LASA 2012 (Reconnaissance Visit and Consultations)

3.8.6 Potential Hotspots: Bayad-Lunawada Corridor

- No major truck halt-points observed along the corridor. Major truck movement concentrates around 4-5 quarries located alongside the corridor.
- NGO intervention project on HIV/AIDS is absent in this corridor.
- One ICTC is functioning at Vatrak CHC, which caters to the needs to both Dhansura and Bayad Taluka, is in the influence area of Bayad-Lunawada and Dhansura-Meghraj. In this CHC, about 70 HIV+ve cases reported since 2007. The ICTC Counsellor of Vatrak CHC revealed that on average 3-4 HIV+ve cases are diagnosed in the last few months.
- Apart from ICTC services, there a need for HIV/AIDS awareness programme in this region in view of the increasing number of HIV+ve cases reported in the last few months, as revealed from the discussion with the ICTC Counsellor.

3.8.7 Potential Hotspots: Dhansura-Meghraj Corridor

80. Modasa – Shamlaji Highway which is about 30 km away from the corridor is the major influencing area for the HRGs and general population pertaining to Dhansura – Meghraj corridor. Major activity places include lodges/hotels across the Highway, Hajira Industrial Area and vicinity of Shamlaji RTO Check Post on the highway. Along the Rajendranagar circle to Shamlaji Highway, a brothel is located at Davli-Chhatrispuri area having 5-6 FSWs from surrounding villages.

Table 3-25: Hotspot Network: Dhansura – Meghraj Corridor

Sl. No.	Location	HRGs	Place for Activity	Community Involved with HRGs
1	Dhansura	4 FSWs	Guest house/Lodge/ Hotel based of Modasa, Himatnagar & nearby area	Labourer, Auto rickshaw driver and service class people
2	Malpur	24 FSWs	Street Base & Hotel based	Labourer, Auto rickshaw driver shop keepers, truckers
		3 MSMs	Railway & Bus station at Modasa, River and Forest side areas and open places	Auto rickshaw driver, truckers
3	Meghraj	25 FSWs	Guest house/Lodge/ Hotel based at Modasa city & Hajira Industrial area, highway bypass	Truckers, Industry/GIDC workers

Source: LASA 2012 (Reconnaissance Visit and Consultations)

- At Malpur CHC total 10 HIV +ve cases as detected from general population, while none of the ANC found HIV positive. Two HIV +ve cases were detected from local Malpur town. Out of which one +ve person died and another is alive. The person alive is driver and functioning at local level.
- The FSWs in this area are wage-labourers. While, MSMs of this area are occupied in construction work, farming and private services.
- Out of 129 villages of Meghraj Taluka, 102 (Male 45 + Female 57) HIV +ve cases have been reported at Meghraj CHC since 2008. Majority of the males occupied in farming activities, wage-labour and truck driving, etc., and females are mainly occupied in farming activities.

81. At present Meghraj town has 5 HIV +ve (2 Male + 3 Female). Males found +ve are from trucker community.

3.8.8 Potential Hotspots: Lunawada-Khedapa Corridor

- At Santrampur CHC total 18 (8M + 7F +3 Child) HIV positives have been detected during the last two years (2010 and 2011) from within the entire Taluka region.
- Santrampur Taluka is tribal dominated area and out-migration from interior villages of the block is observed.
- No major truck halt-points identified along the corridor.

3.8.9 Potential Hotspots: Dhandhuka-Paliad Corridor

- As per ICTC Counsellor's information, there are 7 MSMs and 15 FSWs at Paliyad town who are basically wage labourers.
- During the last two year (2010 and 2011) out of 3013 HIV testing done (General Population 1391 + 1622 ANC), 16 (10 Male + 6 Female) found HIV positive. Majority of them are migrant labourers.
- At Paliyad Town, since 2008, altogether 20 long distance truckers are reported HIV positive, out of which 3 persons have died.
- LWS of Caritas India (INGO) has recently initiated in some of the villages of corridor.
- Within corridor there are no hotspots existing.

3.9 FINDINGS OF CONSULTATIONS

82. As part of the situation assessment and obtaining in-depth information regarding the behavioural pattern of HRGs, ongoing 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.

Table 3-26: Details of Consultations with Stakeholders

Discussion with Intervention NGO in Mehsana 	• Sex work activities are home-based and lodge-based. • Increase of truck movements in Mehsana-Himatnagar highways observed and will again increase due to the progressive industrialization. • Major auto-industries are setting up plants in the vicinity which will attract more migrant labourers and also have impact on truck movements. • Along the corridors, there is no specific truck parking bays available for long stay. However, few junctions (chokadi) are spacious and vast areas where long distance drivers halt their vehicle for refreshments. • Need for specific place for truck bays (resting place) where a good number of truck drivers would take rest.
Key Informant Interview with Link Worker and District Resource Person 	• The Link Worker Scheme is being implemented by the CARITAS India in support of GSACS. • LWS is functional in 7 villages along the Mehsana- Himatnagar corridor. The scheme will be useful to reach out to the rural population. • With the proposed highway development, large number of migrants would involve in road construction work. Owing to various influencing factors, migrant workers may indulge in sexual activity with the truckers, co-workers and local people who are at high risk. • Road workers with long term engagement in the construction of highways would be increasingly exposed to commercial sexual activity.
Discussion with the Medical Officer and ICTC Counsellor in CHC, Udalpur 	• There is adequate availability of health care service centres along the highway. • The services including the STI management, integrated counselling and testing and referral services are widely available in district, taluka and primary health care centres.

Discussion with Intervention NGO staffs and Peer Educators at Anand 	• There are several numbers of FSWs and MSMs who indulge in sexual activity and their activities are lodge-based and home-based and also street-based. • NGO and the Peer Educators (PE) say that safe-sex is practiced among the FSWs.
Discussion with Counsellor of ICTC, Kapadavanj Taluka hospital 	• The Counsellor of ICTC, Kapadavanj Taluka hospital says there are no hotspots in and around the area. However, there is few sex workers indulge in sexual activity. • Awareness on HIV/AIDS prevention is required in this place.
Discussion with ICTC Counsellor, Lab Technician and other staff at Kathlal 	• The discussion at CHC, Kathlal, (near Ladvel) reveals that the vulnerability to HIV/AIDS is high as the area is connected with a potential risk area of Nadiad town, which is about 25km from Kathlal.
Discussion with Counsellor of ICTC, Dandhuka Taluka hospital 	• There are no hotspots in and around the Dhanduka, • LWS of CARITAS India has been recently initiated in surrounding villages.

Discussion with ICTC Counsellor of Paliyad Taluka hospital 	• Few number of sex workers ICTC Counsellor of Paliyad Taluka hospital says that there is no intervention NGOs in this area. The LWS by CARITAS India is recently initiated. There is few sex workers noticed though any specific hotspots could not be identified.
Discussion with Trucker TI NGO at Rajkot and Resource Person of LWS 	• GSACS funded NGO is working for Truckers' intervention in Transhipment locations at Rajkot. • The target intervention includes components such as BCC, IEC, Counselling, General and STI treatment through *Khushi* Clinic Services, Condom Promotion, Referral and Linkages, etc. • LWS is being implemented by the CARITAS India in Rajkot. The scheme proposed by the National AIDS Control Programme (NACP-III) is specifically designed to reach out to the high risk and bridge populations in selected rural villages. At present under the LWS at Rajkot, around 100 villages are covered for awareness creation about HIV/AIDS aspect.
Discussion with Personnel of Kushi Clinic in Transhipment location, Rajkot 	• The clinic is situated in prime location of transhipment area where the truckers are given syndromic treatment and counselling on the adverse impact of HIV/AIDS and safer sex practices. • This clinic serves as a 'satellite clinic' and effectively handles the referral mechanism to combat the menace of HIV/AIDS and STI.
Discussion with the President of the South Gujarat Motor Transport Association, Rajkot 	• The President of the Motor Transport Association, Rajkot is one of the advisory committee members of the GSACS funded truckers' intervention NGO in Rajkot. • There are number of long-distance trucks pass through Rajkot as the region is an industrial hub. About one-third of the trucks travel to Southern India states. • Awareness, care and support services to trucker community in Rajkot are important.

Discussion with GSACS funded NGO at Gondal 	• The NGO is implementing the targeted intervention for the core composite (MSM and FSW). • Presences of MSMs are larger than the FSWs in the project intervention areas. • The majority of the female sex workers' sexual activity is home based and they come from the nearby villages on pretext of wage works. • Male sex workers indulge in sexual activities in promiscuous places. • Target Intervention activities take place in and around Gondal town and the proposed corridor is not covered as part of the TI intervention.
Discussion with Doctor, PHC, Ramod (Atkot-Gondal Corridor) 	• Health care programmes including ICTC services are available in Gondal Taluka. • PHCs are located at Ramod and Motadadva villages. The health care services cater to the needs of the communities. IEC about HIV/AIDS are displayed in PHCs • ICTC services are not available at both PHCs.
Discussion with the ICTC Counsellor, CHC, Jasdan 	• ICTC services for HIV/AIDS and referral services are available at the taluka hospital (Atkot is located in Jasdon taluka and the taluka headquarter is 6 Kms away from Atkot). • Nearby communities including the people from Atkot avail treatment facilities at the CHC of Jasdan.
Discussion with the ICTC Counsellor, CHC Megharaj 	• The counsellor says there is no HIV/AIDS intervention is taking place along the corridor. • 102 persons (male 45, female57) were tested HIV positive in the CHC since 2008. These reported cases are from nearby villages/talukas. • Majority of the people in the vicinity are occupied as Farm Labourer, Daily Wagers and Truckers. • 'Modasa' is the major influencing hotspot area, as opined by the ICTC counsellor.

Discussion with the Counsellor and paramedical staff at CHC, Dhansura 	• At Dhansura CHC, FICTC facility for ANC has provided by GSACS. While ICTC services are offered at Vatrak General Hospital of Bayad Taluka, which is 10 kms from the Dhansura. • There is no GSACS funded community based NGO intervention projects are implementing in Dhansura Taluka and corridor villages.
Discussion with the ICTC Counsellor, CHC Malpur 	• Malpur CHC is located near the border of three district name Panchmahal (Lunavada), Kheda & Sabarkantha. • Malpur being a major location in along the highway requires attention with respect to HIV/AIDS awareness.
Discussion with NGO, Seva Sangh Sarvajanik Hospital at Modasa 	• GSACS funded NGO is implementing project on HIV/AIDS prevention with core composite group. • HRGs were identified from Dhansura-Meghraj corridor villages. • NGO were implementing Trucker-TI before the initiation of core composite group intervention.
Discussion with the Chief Medical officer, CHC, Lunawada 	• Presence of HRGs not observed along the corridor. • There is no major truck halt-points located along the Lunawada-Khedapa and Bayad-Lunawada corridors. • There are a few number of HIV positive cases reported from nearby Talukas. • There is a need for HIV/AIDS awareness programme in this region in view of the increasing number of HIV positive cases reported since 2007.

Discussion with the ICTC Counsellor, Santrampur	
	• The corridor passes through fifth schedule area and majority of population are Scheduled Tribes. • The truck movement along the corridor is observed to be less and the presence of HRGs not reported along the corridor. • HIV positive cases have been reported from Santrampur and Batakwada villages of Santrampur Taluka. • There is a need for HIV/AIDS awareness among villagers, especially those villages which are located alongside the corridor.

3.10 SURVEY AND CONSULTATION WITH TRUCKER COMMUNITY

83. A detailed survey has been carried out among trucker community along all the 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.

3.10.1 Consultation with Trucker Community

84. 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 [12]. 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/chalkadi on the corridors. Apart from the discussions on HIV/AIDS related awareness and prevention issues, the trucker community requested for provision of adequate parking areas, water supply and electricity connection in such areas. The major issues discussed is summarized as follows:

- Among the truckers who belong to rest-of-Gujarat, majority 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.
- Proper parking facility should be provided near toll plazas. Facilities for drinking water, lighting, eateries should be included in such areas.

[12] Targeted Intervention for Truckers: Operational Guidelines. National AIDS Control Organisation.

	
Discussions with Trucker Community alongside Umreth-Vasad (including Ladvel-Kapadvanj) Corridor	**Discussions with Stakeholders at Transporter Office, Atkot-Gondal Corridor**

3.10.2 Analysis of Trucker Survey Data

85. Trucker survey has collected information from 340 respondents (334 truck drivers and 6 cleaners). Interviews were carried out at various locations such as, highway-side hotels, Guest houses, Transporter/Brokers Office, Truck Parking, Market Yard, Stone quarry work yard, Industries, Octroi Circle, Eateries and Circles on the corridors.

86. 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 Appendix 3.1. Outcome of the data analysis is summarised as follows:

- **Native Place of Truckers:** Major percentage of truck drivers (41 percent) belongs to Gujarat, and 19 percent each belong to Maharashtra and Rajasthan. The sample population included truckers from Tamil Nadu, Andhra Pradesh, Karnataka, Uttar Pradesh, etc. Majority of the truckers (71 percent) are in the profession for the last 10-15 years and 11 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, etc.
- **Stay-away from Family:** About 40 percent of the truckers meet their families once in a month, whereas 31 percent meet their families once in 15 days and about 11 percent of the truckers meet their families once in 6 months.
- **Marital Status:** 71 percent of the truckers surveyed are married. Staying away from family, under such circumstances indicates it indicates a more vulnerability towards high risk behaviour.
- **Habits:** 45 percent of the truckers consume alcohol on daily basis. Half of the surveyed truckers are aware about the sources (dhaba, villagers, pan shops, etc.) of obtaining alcohol or other substances.
- About 54 percent of the respondents are aware about the sources (guest houses, highway sites, dhabas, etc.) of availing paid sex partners.
- For having sex 52 drivers have paid Rupees 50 to 100, 46 drivers paid 100 to 200, 29 drivers paid 300 to 400, 11 drivers paid 400 to 500, while 20 drivers have reported to having sex in exchange of giving lift for travel or some gift to their sexual partner. Majority of the respondent truck drivers had sex with

Female partner (138), while some drivers have reported to have sex with male (11) and transgender (9) as their sexual partner.

- 28 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:** 27% of respondent truckers have reported condom use. Out of them who reported condom usage with paid sex partner, 55% of them carry/purchase condoms themselves, while for 45% cases, their partners insist for using condoms.
- **Knowledge regarding health services:** 42 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 66% 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, 29% truck drivers responded that HIV/AIDS is same, 8% drivers mentioned that it is not same, 63% says don't know about it or not responded. Regarding awareness about Sexually Transmitted Infection (STI), 17% truckers are aware of the same. The following questions with response reveal the level of awareness among truckers regarding HIV/AIDS.

Table 3-27: 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?	-	124 (36%)	216 (64%)
2	Do you personally know someone who is infected with HIV or suffers from AIDS or has died of AIDS?	44 (13%)	137 (40%)	159 (47%)
3	Do you feel that you might be at risk to be infected with HIV/AIDS?	74 (22%)	148 (44%)	118 (34%)

Note: Total number of respondents – 340

Source: Trucker survey, LASA 2012

- **HIV Test:** out of the 340 respondent truckers, 33 (10 percent) have undergone HIV testing.
- ***Khushi Clinic:*** 14 (4 percent) out of the 340 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.
- 82 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, hospital and locations near toll-plazas and 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

87. 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 NGOs, corporate bodies, 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/AMCACS, 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.

88. NACO estimates show that six districts of Gujarat are Category-A and four districts are Category-B. The project corridors traverse one district of Category-A and all four districts of Category-B. Situation assessment of the corridor 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 utilises 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

89. 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 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.

90. 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

91. 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), Tribal Development Plan (TDP) and HPP. The ESMU at PIU will interact with GSACS/ AMCACS. The Social Specialist at ESMU with the assistance of RAP implementing NGO will be the responsible person interacting with GSACS/AMCACS 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;

92. 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 NGO 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 NGO is summarised as follows:

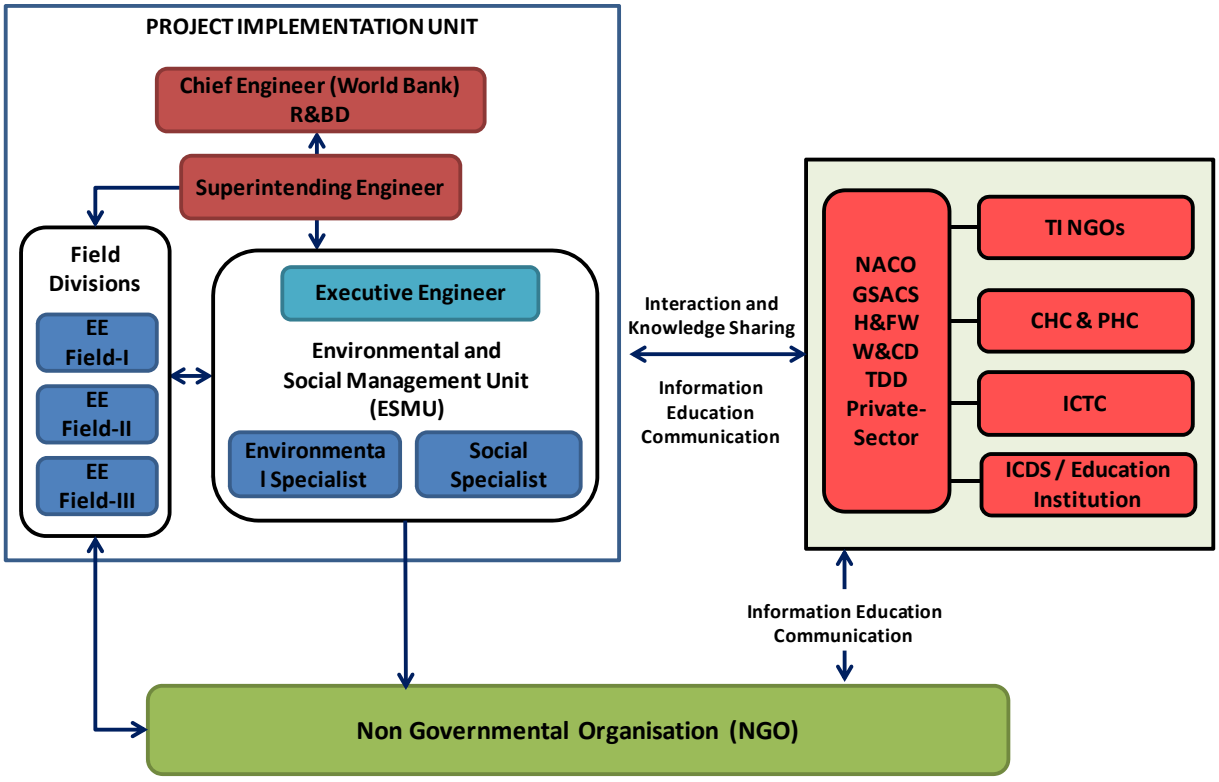


Figure 4-1: HIV/AIDS Prevention Plan: Implementation Structure

4.2.3 Roles and Responsibilities of NGO

4.2.3.1 Awareness Creation on HIV/AIDS Prevention

93. NGO shall carry out awareness programs along the corridors at identified locations such as toll-plazas, 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.

94. The NGO 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 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

95. NGO shall assist the Project Management Consultant (PMC) in monitoring and evaluating HPP and all related components incorporated in contract document of each corridor to be executed by the contractor. NGO 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.

4.3 STRATEGIC COMPONENTS

96. 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)

97. Awareness creation through IEC will be adopted for identified locations. These locations are communities along the road, hospitals, major junctions, truck parks, toll plaza, 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.

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

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

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

4.3.2 Behaviour Change Communication (BCC)

98. 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 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:

- 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.
- 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

99. 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 NGO 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. NGO will request respective ICTCs, CHCs and TI-NGOs to consider the identified infected persons as part of their interventions. The implementing NGO 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

100. 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 NGO 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-checkups 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: Signboards in Construction Campsites: IEC to Combat HIV/AIDS

Source: LASA, 2012.

4.3.5 Creating Enabling Environment

101. 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

102. 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 NGO to be contracted for the implementation of RAP/TDP/HPP.

Table 4-1: Action Plan

Corridor	Outcome of Situation Assessment/Issues Identified	Strategy/Action Suggested	Locations/Village/Town
Dabhoi-Bodeli	Presence of HRGs in 6 out of 29 villages/town	Intensive IEC campaign in 6 locations - Distribution of IEC materials and carryout awareness programmes for HRGs/Local Community on monthly basis	Dabhoi, Sankheda, Pitha, Kundi Tappe, Suryaghoda, Ali Kherva
	Presence of 2 Hotspots	Assist the target population in accessing the services (BCC, ART, etc.) of TI NGO/CHC	Dabhoi, Sankheda
		IEC campaign on 6-months interval till completion of construction works	
	Establishment of construction camp sites for road development works and influx of migrant labourers and their likely interaction with local community	Health checkups for all construction workers on 6-month interval till completion of construction works. NGO shall associate with concerned CHC for treatment support	Construction camp sites
		Health education campaign on 6-months interval till completion of construction works	
		IEC campaign on 6-months interval till completion of construction works	
		Assist the target population in accessing the services (BCC, ART, etc.) of TI NGO/CHC	
		Install signboards/hoardings targeting construction workers	
		Facilitate supply of condoms in coordination with GSACS/Partnering Agencies	
	Increased movement of trucks in post-construction period	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 [5 locations (Ch. 29+600, 32+085, 32+700, 46+725, 68+417)]
Dhandhuka-Dholera	No HRG presence No Hotspots		
	Establishment of construction camp sites for road development works and influx of migrant labourers and their likely interaction with local community	Health checkups for all construction workers on 6-month interval till completion of construction works. NGO shall associate with concerned CHC for treatment support	Construction camp sites
		Health education campaign on 6-months interval till completion of construction works	

Corridor	Outcome of Situation Assessment/Issues Identified	Strategy/Action Suggested	Locations/Village/Town
		IEC campaign on 6-months interval till completion of construction works	
		Assist the target population in accessing the services (BCC, ART, etc.) of CHC	
		Install signboards/hoardings targeting construction workers	
		Facilitate supply of condoms in coordination with GSACS/Partnering Agencies	
	Increased movement of trucks in post-construction period	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 [2 locations (Ch.0+000, 27+000)]
Atkot-Gondal	Presence of HRGs in 7 out of 13 villages/town.	Intensive IEC campaign in 7 locations - Distribution of IEC materials and carryout awareness programmes for HRGs/Local Community on monthly basis	Jasdan, Virnagar, Gondal, Dadva Hamirpura, Ghoghavadar, Kotda Sangani, Ramod
	Presence of 2 Hotspots	Assist the target population in accessing the services (BCC, ART, etc.) of TI NGO/VCTC	Gondal, Jasdan
	Establishment of construction camp sites for road development works and influx of migrant labourers and their likely interaction with local community	Health checkups for all construction workers on 6-month interval till completion of construction works. NGO shall associate with concerned CHC for treatment support	Construction camp sites
		Health education campaign on 6-months interval till completion of construction works	
		IEC campaign on 6-months interval till completion of construction works	
		Assist the target population in accessing the services (BCC, ART, etc.) of TI NGO/CHC	
		Install signboards/hoardings targeting construction workers	
		Facilitate supply of condoms in coordination with GSACS/Partnering Agencies	
	Increased movement of trucks in post-construction period; Large numbers of trucks from various states of India, (Long Distance) arrive at Gondal Market Yard	Distribution of IEC materials and carryout awareness programmes for truckers on 3-month interval till completion of construction works [at Gondal, the IEC distribution and awareness programme shall be on 2-month interval]	Major truck halt points/junctions along the corridor with focus on Gondal [2 locations (Ch.209+800, 245+000)]

Corridor	Outcome of Situation Assessment/Issues Identified	Strategy/Action Suggested	Locations/Village/Town
Mehsana-Himatnagar	Presence of HRGs in 11 out of 27 villages/town [Mehsana District is under 'A' category (high prevalence) and the out-migration of rural population elevates the vulnerability]	Intensive IEC campaign in 11 locations - Distribution of IEC materials and carryout awareness programmes for HRGs/Local Community on monthly basis	Mehsana, Heduva Hanumat, Devrasan, Visnagar, Vijapur, Motipura, Pilavi, Dabhala, Vasai, Kotdi, Himatnagar
	Presence of 6 Hotspots	Assist the target population in accessing the services (BCC, ART, etc.) of TI NGOs/ICTCs/CHC	Mehsana, Palvasana, Devrasan, Vasai, Vijapur, Himatnagar
	Large numbers of single male migrant group has presence in cotton & ginning & other small industry units along the corridor	Distribution of IEC materials and carryout awareness programmes for migrant workers on 6-month interval till completion of construction works	Visanagar, Pilavi, Vijapur
	Establishment of construction camp sites for road development works and influx of migrant labourers and their likely interaction with local community	Health checkups for all construction workers on 6-month interval till completion of construction works. NGO shall associate with concerned CHC for treatment support	Construction camp sites
		Health education campaign on 6-months interval till completion of construction works	
		IEC campaign on 6-months interval till completion of construction works	
		Assist the target population in accessing the services (BCC, ART, etc.) of TI NGO/CHC	
		Install signboards/hoardings targeting construction workers	
		Facilitate supply of condoms in coordination with GSACS/Partnering Agencies	
	Increased movement of trucks in post-construction period; Since the transporters & brokers are located at Mehsana & Kadi, the truck-halt-time increases for more than half day & they organize night halts at these place/s	Distribution of IEC materials and carryout awareness programmes for truckers on 3-month interval till completion of construction works [at Mehsana and Kadi, the IEC distribution and awareness programme shall be on 2-month interval]	Major truck halt points / junctions along the corridor with focus on Mehsana and Kadi [8 locations (Ch. 103+275, 117+066, 126+950, 135+260, 139+000, 140+050, 161+335, 163+752)]
Umreth-Vasad (incl.Ladvel-Kapadvanj)	Presence of HRGs in 6 out of 16 villages/town [no HRG presence in Ladvel-Kapadvanj section]	Intensive IEC campaign in 6 locations - Distribution of IEC materials and carryout awareness programmes for HRGs/Local Community on monthly basis	Kapadvanj, Umreth, Bechari, Anand, Ode, Vaherakhadi
	Presence of 4 Hotspots [3 in Umreth-Vasad and 1 in Ladvel-Kapadvanj section]	Assist the target population in accessing the services (BCC, ART, etc.) of TI NGOs/CHCs	Umreth, Ode, Sarsa, Kapadvanj

Corridor	Outcome of Situation Assessment/Issues Identified	Strategy/Action Suggested	Locations/Village/Town
	Establishment of construction camp sites for road development works and influx of migrant labourers and their likely interaction with local community	Health checkups for all construction workers on 6-month interval till completion of construction works. NGO shall associate with concerned CHC for treatment support	Construction camp sites
		Health education campaign on 6-months interval till completion of construction works	
		IEC campaign on 6-months interval till completion of construction works	
		Assist the target population in accessing the services (BCC, ART, etc.) of TI NGO/CHC	
		Install signboards/hoardings targeting construction workers	
		Facilitate supply of condoms in coordination with GSACS/Partnering Agencies	
	Increased movement of trucks in post-construction period	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 [9 locations (Ch. 0+000, 2+500, 8+143, 8+960, 9+230, 19+138, 0+000, 20+535, 32+067)]
Bayad-Lunawada	No HRG presence No Hotspots		
	Proximity of the corridor to tribal area /Potential involvement of tribal people in sex work	IEC campaign and interactive discussions with CBOs/NGOs working for tribal welfare	Lunawada
	Establishment of construction camp sites for road development works and influx of migrant labourers and their likely interaction with local community	Health checkups for all construction workers on 6-month interval till completion of construction works. NGO shall associate with concerned CHC for treatment support	Construction camp sites
		Health education campaign on 6-months interval till completion of construction works	
		IEC campaign on 6-months interval till completion of construction works	
		Assist the target population in accessing the services (BCC, ART, etc.) of CHC	
		Install signboards/hoardings targeting construction workers	
		Facilitate supply of condoms in coordination with GSACS/Partnering Agencies	

Corridor	Outcome of Situation Assessment/Issues Identified	Strategy/Action Suggested	Locations/Village/Town
	Increased movement of trucks in post-construction period	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 [5 locations (0+000, 17+961, 6+450, 9+625, 0+006)]
Dhansura-Meghraj	Presence of HRGs in 9 out of 33 villages/town	Intensive IEC campaign in 9 locations - Distribution of IEC materials and carryout awareness programmes for HRGs/Local Community on monthly basis	Dhansura, Malpur, Nanavada, Sompur, Satarda, Bhempur, Laljina Pahadiya, Surana Pahadiya, Meghraj
	Presence of 1 Hotspot	Assist the target population in accessing the services (BCC, ART, etc.) of ICTC	Dhansura/Modasa
	Establishment of construction camp sites for road development works and influx of migrant labourers and their likely interaction with local community	Health checkups for all construction workers on 6-month interval till completion of construction works. NGO shall associate with concerned CHC for treatment support	Construction camp sites
		Health education campaign on 6-months interval till completion of construction works	
		IEC campaign on 6-months interval till completion of construction works	
		Assist the target population in accessing the services (BCC, ART, etc.) of CHC	
		Install signboards/hoardings targeting construction workers	
		Facilitate supply of condoms in coordination with GSACS/Partnering Agencies	
	Increased movement of trucks in post-construction period	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 [5 locations (Ch.38+501, 64+584, 67+712, 72+760,84+987)]
Dhandhuka-Paliyad	No HRG presence		
	Presence of 1 Hotspot	Assist the target population in accessing the services (BCC, ART, etc.) of CHC	Paliyad
	Establishment of construction camp sites for road development works and influx of migrant labourers and their likely interaction with local community	Health checkups for all construction workers on 6-month interval till completion of construction works. NGO shall associate with concerned CHC for treatment support	Construction camp sites
		Health education campaign on 6-months interval till completion of construction works	

Corridor	Outcome of Situation Assessment/Issues Identified	Strategy/Action Suggested	Locations/Village/Town
		IEC campaign on 6-months interval till completion of construction works	
		Assist the target population in accessing the services (BCC, ART, etc.) of CHC	
		Install signboards/hoardings targeting construction workers	
		Facilitate supply of condoms in coordination with GSACS/Partnering Agencies	
	Increased movement of trucks in post-construction period	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 [3 locations (Ch.104+800,131+000,151+200)]
Lunawada-Khedapa	No HRG presence No Hotspots		
	Corridor pass through tribal area / Potential involvement of tribal people in sex work	IEC campaign and interactive discussions with CBOs/NGOs working for tribal welfare	Santrampur, Kadana
	Establishment of construction camp sites for road development works and influx of migrant labourers and their likely interaction with local community	Health checkups for all construction workers on 6-month interval till completion of construction works. NGO shall associate with concerned CHC for treatment support	Construction camp sites
		Health education campaign on 6-months interval till completion of construction works	
		IEC campaign on 6-months interval till completion of construction works	
		Assist the target population in accessing the services (BCC, ART, etc.) of CHC	
		Install signboards/hoardings targeting construction workers	
		Facilitate supply of condoms in coordination with GSACS/Partnering Agencies	
	Increased movement of trucks in post-construction period	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 [4 locations (Ch. 130+010, 162+775, 0+000, 9+625)]

4.4 IMPLEMENTATION BUDGET

1. Implementation of HPP is proposed to be carried out by an NGO and the budget for the same is included as part of NGO 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 NGO

Sl. No	Category	Unit	Rate	Number	Amount (INR)
1	HIV/AIDS Expert	Person months	40,000	36	1,440,000
2	HIV/AIDS awareness and prevention				
a	Advocacy with key stakeholders	Lumpsum per corridor	30,000	9	270,000
b	Social marketing of condoms and facilitation	Lumpsum (6 corridors)	25,000	6	150,000
c	Audio-visual equipments	Lumpsum (one set)	30,000	1	30,000
d	Target group congregation events/observance of AIDS Day, etc	Lumpsum per corridor	25,000	9	225,000
e	Travel expense	Months	40,000	36	1,440,000
	TOTAL				**3,555,000**

Appendix 1.1

GUJARAT STATE HIGHWAY PROJECT-II
Roads & Building Department,
Government of Gujarat
Project Preparatory Works Consultancy Services (PPWCS) for GSHP-II
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).

12. 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?

13. Are you married?

If married, how long you have been married?

14. Do you have children? And their gender and age?

Profession / work

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

How many trucks you have?

If no, move to question no: 17

16. At present are you carrying any goods with you? If yes,

What kind of goods you carry?

17. If no, who is the owner of this truck?

18. At present with who are you engaged/attached as Truck Driver?

19. At present in which route are you carrying goods?

20. Which types of goods you carried normally?

21. Apart from current route, where do you carry goods (probe for places), if yes

22. Which are those routs & what kind of goods do you carry on those routes?

23. Are there any other helpers/ cleaners or Drivers are working with you at present?

24. If yes, How Many?

25. Where do you usually halt?

26. 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:

27. What kind of substances do you take for your pleasure /relaxation?

28. Do you take alcohol? if so

29. How often do you consume alcohol or any other substance?

30. From where do you get alcohol or any other substance?

Sexual activity related info:

31. Do you have any idea about source of getting paid sexual partner, if someone wants to have sex to fulfill his sexual desire?

32. How do you come to know about it?

33. Do you know that are there any other drivers/helpers availing such paid sexual partner within this corridor or nearby? If yes,

34. From where do they avail paid sexual partner within this corridor or nearby? (If yes, please mention particular hotspot)

35. How much do they pay for sex worker per encounter? (any idea)

36. Have you ever availed paid sex partner within this corridor or nearby? if yes

Please mention particular place?

37. How much amount you pay to sexual partner for having sex?

38. Was your paid sexual partner male, female or Transgender?

39. 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:

40. 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)..

41. Did your paid sexual partner insist on usage of condom?

42. Did you use condom during sex with your paid sex partner?

43. Do you know about the source of availing condoms along this corridor or nearby? If yes,

Please mention the particular place?

44. Did you buy condoms from above mentioned place/s?

45. How much you had paid for availing condom/s?

46. If not used condom, then ask reason for not using condom? (Probe for reasons)

Awareness / Knowledge on health:

47. 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?

48. 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?

49. If no, then, have you any idea about availability of health services nearby (after or before) corridor?

50. Did you fall in sick in last 12 months? If yes

Please mention name of illness/s?

51. Whom did you consult for treatment?

52. Where (place/location) did you approach for treatment?

53. Why did you approach that particular health service/s provider?

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

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

Through which sources?

55. What do you know about HIV/AIDS?

56. Do you know about how HIV spreads/Infected? (Mode of transmission)

57. According to your knowledge, apart from human, which are the others, who can have chance/s of getting HIV infection?

58. Is HIV & AIDS are same? If no

What is the difference between HIV & AIDS?

59. Do you know about what is AIDS?

60. Have you ever heard about STI? If yes

Through which source/s it spread?

61. Can you describe any symptoms of STIs in men?

62. By just looking at a person can you identify whether the person is infected by HIV, the virus that causes AIDS?

63. Do you personally know someone who is infected with HIV or suffers from AIDS or has died of AIDS?

64. Do you feel that you might be at risk to be infected with HIV/AIDS?

65. What one should do in order to know whether he has an HIV infection?

66. Do you know about a place/center where HIV test is done?

67. Have you ever undergone for your HIV testing? If yes

68. When did you undergo HIV test?

69. Have you ever heard of ART (Anti retroviral therapy)?

70. What do you know about ART? If yes

71. How do you come to know?

72. Have you ever heard about Khushi Clinic?

73. If yes, how do you come to know about?

74. If the person has exposure to Khushi Clinic, then ask for what reason he went to Khushi Clinic, when & at which location?

75. Do you feel that providing health services/awareness about various health aspects including HIV/AIDS is important? What is your response?

76. According to your opinion how many truckers would like to avail such services if services are started?

77. How far such services will be helpful to you in your daily routing life cycle?

78. 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?

79. Do you feel the role of Transport agency /Brokers, Industry/Private sector & government require for implementing the intervention programme?

80. Anything else you want to say or share with regard to Truckers' Community, Private Sector, Industries, & Govt.?

APPENDIX 2.1

Programmes and Initiatives of NACO through NACP-III

1. NACP-III is based on the experiences and lessons learnt from NACP-I and II, It has drawn up the following aspects:

a. The overall goals of NACP-III is to halt and reverse the epidemic in India over the next five years by integrating programmes for prevention, care and support and treatment. This will be achieved through a four-pronged strategy.

b. Prevent infections through saturation of coverage of high-risk groups with targeted interventions (TIs) and scaled up interventions in the general population.

c. Strengthen the infrastructure, systems and human resources in prevention, care, support and treatment programmes at district, state and national levels.

d. Priority is given to intervention programmes for the vulnerable groups such as sex workers, men who have sex with men and injecting drug users. The second high priority in the intervention programmes is given to long-distance truckers and migrant community.

e. NACP-III ensures that all persons who need treatment would have access to prophylaxis treatment and management of opportunistic infections. People who need access to ART will also be assured first line ARV drugs.

f. Needs of children are addressed through universal provision of Prevention of Parent to Child Transmission (PPTCT) services. Children who are infected are assured access to paediatrics ART.

1.1.1 Blood Safety Programme

2. 141 Blood Banks are functional including 61 NACO supported Blood Banks. NACO supports Blood Banks including one Model Blood Bank, 11 Major Blood Bank (MBB), 10 Blood Component Separation Unit, Blood Banks & 39 District level Blood Bank (DLBB). As on October 2011, 41 Blood Storage Centres are functional in the State.

1.1.2 Sexually Transmitted Infection (STI) Control Programme

3. GSACS established STI clinics at - CHC/Taluka level Hospitals in Ahmedabad, Vadodara (Medical College), Tapi, Junagadh, Mehsana, Kheda, Banaskantha, Jamnagar, Bhavnagar, Surendranagar, Sabarkantha, Anand, Pachmahal, Dahod, and Navsari (2) districts and the target has been set to treat more number of STI cases through the clinics.

1.1.3 Target Intervention (TI) for Core Composite - FSWs, MSMs & IDUs

4. GSACS and AMCACS, supported by NACO, are implementing 114 projects in urban and semi urban areas for the targeted intervention activities through NGOs.

Table 1: Details of NGOs intervention among the target groups

Sl. No	Typology	Funded by GSACS	Funded by AMCACS
		No of NGOs involved	No of NGOs involved
1	Core Composite	42	-
2	MSM	15	5
3	FSW	13	3
4	IDUs	1	-
5	Migrants	19	9
6	Truckers	5	2
	Total	**95**	**19**

Source: GSACS, 2011

5. By October 2011, GSACS has covered 33322 truckers and 164962 migrant populations through targeted interventions.

Table 2: Total Coverage of High Risk Group (HRG) by GSACS (as of October 2011)

Female Sex Worker (FSW)	Men sex with Men (MSM)	Injection Drug Users (IDU)	Migrants	Truckers
29196	37747	836	164962	33322

Source: GSACS, 2011

1.1.4 Basic Service Division

6. 1167 ICTCs (Integrating Counseling and Testing Centre) are functional in the State out of which 305 stand-alone ICTCs and 859 Facility-ICTC (Public Private Partnership - PPP model & Primary Health Centre - PHCs) and 3 mobile ICTC.

7. Prevention of Parents of Child Transmission (PPTCT): Under this programme, GSACS has set a target for testing of women is 6 lakh in 2011-12

8. Early Infant Diagnosis: It started in October 2010 with the objective of identifying HIV infected infant child, below 18 months, at the initial stage of birth by testing them with Deoxyribonucleic Acid (DNA) – Polymerase Chain Reaction (PCR) test. At present there are 55 centers across the state where this facility is being provided to infants.

9. Care Support & Treatment (CST): As of now 22 Anti-Retroviral Therapy (ART) centers are functional in Ahmedabad (2), Surat (3), Rajkot, Bhavnagar, Mehsana, Vadodara, Surendranagar, Junagadh, Palanpur, Bhuj, Jamnagar, Himatnagar, Amreli, Navsari, Patan, Porbandar, Godhra, Bharuch and Valsad. A second line ART at Centre of Excellence (COE) are functional in Ahmedabad and Surat. The 7 CD4 machines are in place at various hospitals in Gujarat

10. Link ART Centre (LAC): 36 Link ART centers are functional in Deesa, Gandhinagar, Petlad, Nadiad, Dahod, Morbi, Gondal, Talaja, Palitana, Jamkhambhalia, Limdi, Rajpipla, Kadi, Vyara, Adipur, Una, Keshod, Botad, Mahuva, Chikhli, Bardoli, Idar, Savarkundla, Veraval , Silvassa, Tharad, Vijapur, Jasdan, Jetpur, Chotila, Gadhada, Manavadar, Bhachau, Mandavi, Sidhpur & Dholka.

11. Community Care Centre (CCC): There are 13 CCC functional in Ahmedabad (3), Bhavnagar, Jamnagar, Junagadh, Mehsana, Rajkot, Surat (2), Surendranagar, Banaskantha and Bhuj-Kutch. The centers cater to needs of the PLHA for their in-patient treatment.

12. Information, Education and Communication (IEC): To generate awareness in general population on HIV/AIDS, GSACS handled various strategies such as TV serial namely "Zindagi Ek Safar" and it was broadcast on Doordarshan Kendra, Ahmedabad. Behavioural Change Communication (BCC) materials have been developed for migrants, truckers & General Population. GSACS installed permanent hoardings in public places. A 15-minute radio serial "Padkar" is being broadcast from 2nd August 2011 on every Wednesday on Vividh Bharati, Ahmedabad.

13. Jeevan Deep Project: Gujarat State initiated network of positive people at 20 centers with focusing on mainstreaming the issue of HIV/ AIDS with Government and civil society.

14. Red Ribbon Clubs (RRC): 530 Red Ribbon Clubs are being run in 7 universities of the state through 13 Non-Governmental Organizations.

1.1.5 Important Achievements of GSACS

- Highest ratio of blood donation in the country in terms of utilization.
- Gujarat has highest number of National Accreditation Board for Hospitals & Healthcare providers (NABH) Blood Banks (10) including First NABH Govt. blood bank and Govt. CD4 lab in country.
- Use of Satellite Communication (SATCOM) in Targeted Intervention (TI) projects
- Well established concept of Link ART Centre (LAC).
- Permission to outsource CD4 testing (only Gujarat) enabling to scale up the CST services.
- Support from National Rural Health Mission (NRHM) for Blood safety and CST (upgrading of ART centres).
- State budget supports to provide travel support to PLHA coming for treatment.

Appendix 3.1

Sample Population of Trucker Survey

Sl.no.	Corridor	Location	No. of Interviews
1	Mehsana – Himatnagar	Himatnagar	10
		Vijapur	10
		Visnagar	10
		Mehsana	10
		Kad	10
		TOTAL	**50**
2	Dabhoi – Bodeli	Vega circle	8
		Gamdi circle	6
		Dhokaliya circle	6
		Karan petrol pump Bodeli	4
		Khalikpur circle	6
		TOTAL	**30**
3	Bodeli – Alirajpur	CU check post	6
		Fatehpura	8
		CU transport	10
		Pavijetpur	6
		TOTAL	**30**
4	Umreth – Vasad (Including Ladvel - Kapadvanj)	Vasad Highway	6
		Vasad circle	5
		Chikodara circle	15
		Umreth highway	4
		TOTAL	**30**
5	Dhandhuka – Dholera	Hotels around Dholera Circle	25
		Bhavnagar Road	5
		TOTAL	**30**
6	Dhandhuka – Paliyad	Ranpur Circle	5
		Nagnesh Quarry	15
		Military Road Market	5
		Dhandhuka circle	5
		TOTAL	**30**
7	Atkot – Gondal	Gondal Market Yard	30
		Cotton & Ginning Industries	20
		TOTAL	**50**
8	Lunavada – Khedapa	Market Yard	12
		Hotel Sarvottam	8
		Hotel Shivam	10
		TOTAL	**30**
9	Bayad – Lunavada	Vrundavan Hotel Mahadevpura	6
		Parishram Stone Quarry	8
		Vrundavan Stone Quarry	6
		Sathamba Petrolpump	10
		TOTAL	**30**
10	Dhansura – Meghraj	Modasa Hajira GIDC	12
		Meghraj Circle	8
		Khalikpur Circle	10
		TOTAL	**30**
GRAND TOTAL			**340**

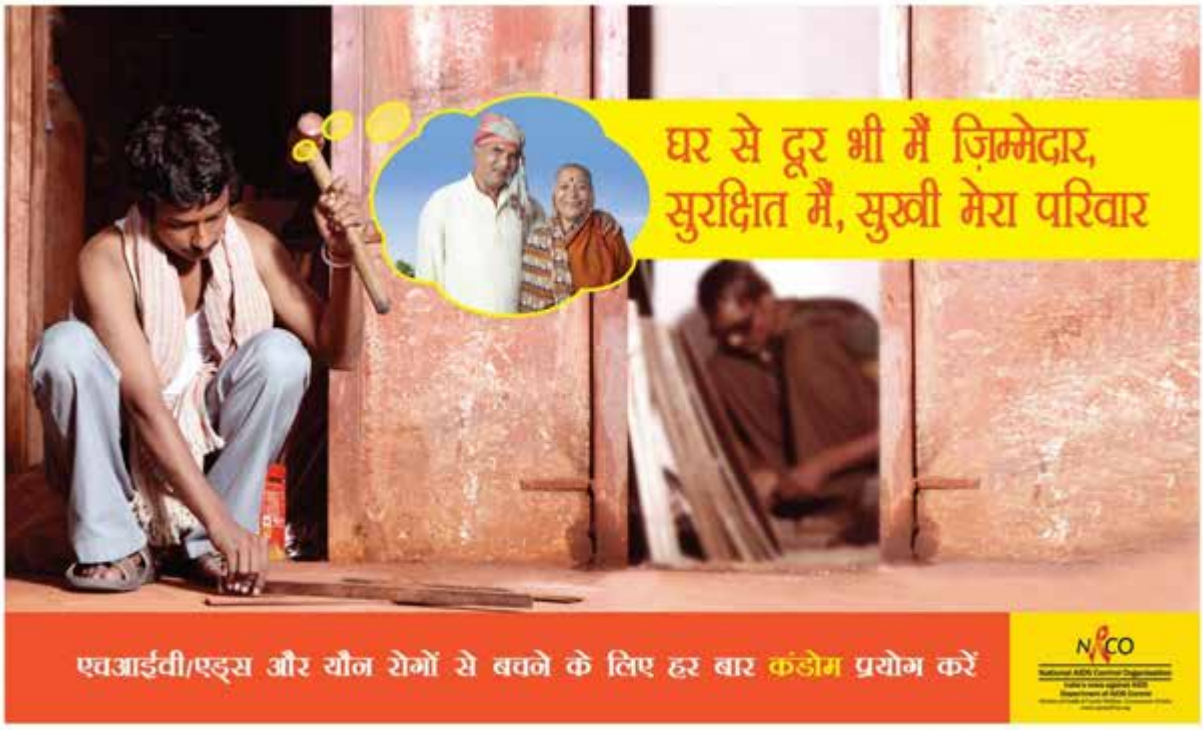
APPENDIX 4.1

MONTHLY PROGRESS REPORT - OUTLINE

APPENDIX 4.2

IEC DEVELOPED BY NACO/GSACS

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



Tin PLates (W) 2.5 feet X (H) 1.5 feet

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