

List of NGOs (OSACS) in TIs Projects			
Sl. No	Name of the NGO	District allotted for the NGOs to implement TI	Contact Address of the NGOs
1	Sundergarh Gramya Unnayan Pratisthan	Sundergarh	At-Lahunipara, Sundergarh-770 040
2	Rajendra Yuvak Sangha	Bolangir	Near Old Fire Station, Railway Road, Bolangir
3	Brundaban Sanskritika Anusthan (BSA)	Kalahandi	Kesinga, Kalahandi
4	Institute of Rural Development and Management Studies (IRDMS)	Bargarh	Plot No.- 473, Kalinga Market, Nayapalli, BBSR-12
5	AIRA	Sambalpur	
6	Health and Development Initiatives (HDI)	Deogarh	D-31, BJB Nagar, BBSR - 751 021
7	Manila Vikash	Nuapada	Tarabod, Nuapada
8	Sambalpur Circle Jail	Sambalpur	
9	Society for the Welfare of Weaker Section(SWWS)	Gajapati	Parlakhemundi, Gajapati - 761 200
10	Lepra Society (KORALEP)	Koraput	P.O. Box-27, Dongaguda, Jeypore, Koraput - 764 001
11	Centre for Good Living (CGL)	Nawarangpur	Gandhinagar, Kasturba Marg, Nawarangpur. 407, Saheed Nagar, BBSR
12	Tagore Society for Rural Development (TSRD)	Malkangiri	A-47, Rameswar Patna, Mausima Chhack, BBSR-751 002
13	Berhampur Circle Jail	Ganjam	
14	ARUNA	Ganjam	Pl.No -20, 1st floor, Phase - II, Nilanchal Nagar, Berhampur, Ganjam-10
15	Universal Service Organisation (USO)	Raygada	Basuguda Road, At: B. Devadal, Po.: Komotolpeta - 765017 , Raygada
16	RRDC	Mayurbhanj	RRDC Head Office Kalimandir road , 3aripada , Mayurbhanj
17	Fellowship	Bhadrak	Tarini Bhawan, women's College road, Santhia, P.O. Box No.-34, Bhadrak
18	Centre for Weaker Section Development (CWSD)	Balasore	Brahamapur, Kharsanapur, Balasore-756 046
19	The Medics	Keonjhar	Similipada, Angul
20	Lepra Society (Khurda)	Khurda	646, Saheednagar, BBSR
21	VAARAT	Kendrapada	Bauiinki, Baradanga, Mahakalpada, Kendrapada
22	Orissa Institute of Medical Research and Health Services (OMRAH)	Cuttack	Friends Colony, Bajrakabati Road, Cuttack-753 001
23	Association for Voluntary Action (AVA)	Puri	Dampur, Berboi, Delang, Puri-752 016
24	Sradhanjali	Jagatsinghpur	Plot No.-106-5, Saileshshri Vihar, Phase-VII, BBSR-21
25	Gania Unnayan Committee (GUC)	Nayagarh	Belpadapatnam, Nayagarh

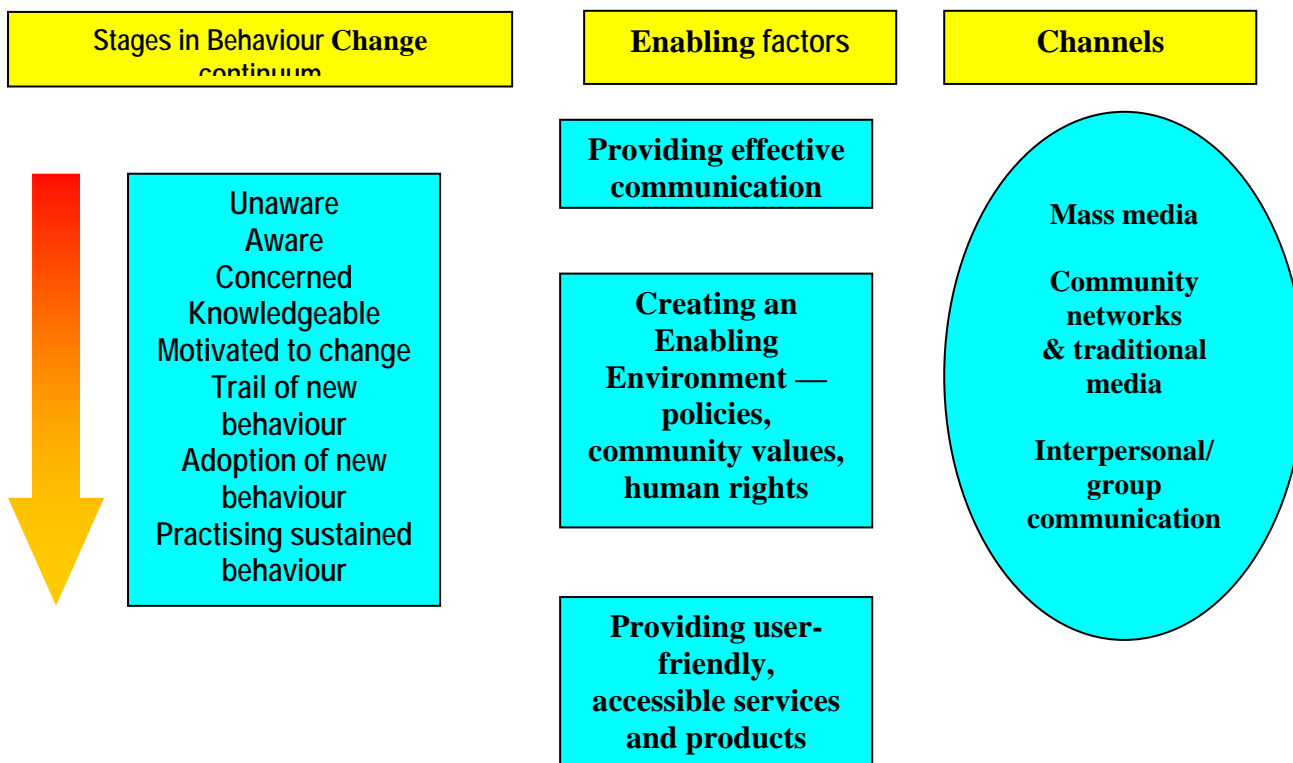
What is behaviour change communication?

Behaviour Change Communication (BCC) is an interactive process for developing messages and approaches using a mix of communication channels in order to encourage and sustain positive and appropriate behaviours. BCC has evolved from Information, Education and Communication (IEC) programmes to promote more tailored messages, greater dialogue and fuller ownership. Participation of the stakeholders (High Risk Groups) is vital at every step of planning and implementation of the behaviour change programs to ensure sustainable change in attitudes and behaviour.

In the context of specified Interventions, **BCC is an essential part of a comprehensive programme** that includes services (e.g. STI/RTI, VCTC, care, counseling), commodities (e.g., condoms, drugs), and policies that promote non-discrimination, empathy and trust. Before individuals and communities can reduce their level of risk or change their behaviours, they must first understand the basic facts about HIV and AIDS, assess and modify their attitudes, learn new skills, and gain access to appropriate products and services. They must also perceive their environment as supportive of behaviour change and the maintenance of safe behaviours. To be effective, BCC programmes need to be tailored to specific target populations. It also entails developing specific messages and approaches that will most effectively resonate with a particular high-risk group.

Theories of behaviour change offer insights into certain aspects of health-related behaviour and can be useful in strategic planning in terms of understanding the target audience, development of messages, and allocation of resources. The following is a practical model that combines ‘stages of change’, focusing on individual behaviour change, with enabling factors that support behaviour change. People may need different messages and information resources at different stages of change.

A framework for BCC design



Effective behaviour change communication can:

- increase knowledge of HIV/AIDS;
- stimulate social and community dialogue;
- promote essential attitude change;
- improve skills and sense of self-effectiveness;
- reduce stigma and discrimination against people living with HIV/AIDS;
- create a demand for information and services;
- advocate an effective response to the epidemic; and
- promote services for prevention, care and support of vulnerable populations.

Behaviour Change Communication Goals

Behaviour change communication goals need to be developed in the context of overall program goals and specific behavior change goals. The following highlights the place of BCC goals within an overall program.

Program goal

- Reduce HIV prevalence among young people.

Behavior Change goals

- Increase condom use.
- Increase appropriate STI care-seeking behaviour.
- Delay sexual debut.
- Reduce number of partners.

Behaviour Change Communication goals:

- Increase perception of risk or change attitudes toward use of condoms.
- Increase demand for services.
- Create demand for information on HIV and AIDS.
- Create demand for appropriate STI services.
- Interest policymakers in investing in youth-friendly VCT services.
- Promote acceptance among communities of youth sexuality and the value of reproductive health services for youth.

BCC goals are related to specific issues identified when assessing the situation, knowledge, attitudes and skills that may need to be changed to work toward behaviour change and program goals.

Behavior change objectives

Behaviour change objectives specify new behaviours to be adopted or maintained over a specific time period.

Objectives should be **SMART: Specific, Measurable, Achievable, Realistic and Time-bound.**

- Increased safer sexual practices (more frequent condom use, fewer partners).
- Increased incidence of healthcare-seeking behaviour for STIs, TB and VCT (for example, calls or visits to facilities).
- Increased use of universal precautions to improve blood safety.
- Increased blood donations (where appropriate).
- Improved compliance with drug treatment regimens.

- Adherence by medical practitioners to treatment guidelines.
- Increased use of new or disinfected syringes and needles by IDUs.
- Decline in stigma associated with HIV/AIDS.
- Reduced incidence of discriminatory activity directed at PLHA and other identified high- risk groups.
- Improved attitudes and behavior among healthcare, social service and other service delivery workers who interact with PLHA, SWs, IDUs and other marginalized groups.
- Increased involvement of opinion leaders and policymakers, private sector managers and community members.
- Increased involvement in self-help and homecare initiatives.

Planning process

The planning process for an effective communication intervention is the key to its final success. This involves several steps.

1. Identify target populations

To develop communication, it is important to identify the target populations as clearly as possible. Target populations are defined as primary or secondary. *Primary populations* are the main groups whose HIV/AIDS-related behaviour, the program is intended to influence. *Secondary populations* are those groups that influence the ability of the primary population to adopt or maintain appropriate behaviours. For example, an HIV program may seek to increase condom use among sex workers and clients (primary populations). But to achieve this objective, it may be necessary to change the behaviour or gain the support of brothel owners and police (secondary populations).

Target populations include:

- Individuals at high risk or vulnerability, such as sex workers, their clients, youth, migrant workers, MSM, IDUs, truckers, jail inmates, slum women.
- People providing services, such as health workers, private practitioners, pharmacists, counselors and social service workers
- Policymakers, such as politicians.
- Leaders and authorities, formal and informal, including law-enforcement, social and religious leaders.
- Local communities and families.

2. Conduct formative BCC assessment

A formative BCC assessment should start by seeking out all available studies, including data from in-depth assessments or rapid ethnographic assessments, behavioural surveillance surveys and other related studies. After analyzing this information, a formative BCC assessment format can be developed.

The formative BCC assessment should collect information on:

- Risk situations, showing in detail how decisions are made in different situations, including what influences the decisions and settings for risk.
- Why individuals and groups practice the behaviours they do, and why they might be motivated to change (or unable to change) to the desired behaviors.
- Perceptions of risk and risk behaviors.

- Influences on behavior, such as barriers or benefits.
- Insights of opinion leaders.
- Patterns of service use and opinions about these services.
- Perceptions of stigma and discrimination.
- Future hopes, fears and goals.
- Media and entertainment habits.
- Health care-seeking behaviors.
- Positive deviants, or those most willing to model change.
- Media resources.

We have the following as our basic data sets from where we generally infer meaning and use them in our analysis for strategy development.

Sentinel Survey - basically give you the prevalence of HIV.

BSS - gives your behaviour awareness patterns/levels related to HIV, sexual practices.

CNA - gives you the reasons/logic/explanation of sexual behaviours, beliefs and perceptions.

Mapping - gives you the geographical concentration of High Risk population cluster.

NFHS - It is a large data set where several factors and variable regarding health and reproductive practices including STD and HIV can be accessed.

RCH- available state and district wise; gives information on RCH variables.

Developing the data analysis strategy is an important part of the planning process. It helps to know the options for data analysis, with the various strengths and weaknesses, as you plan your research.

3. Segment target populations

It is necessary and useful to segment or divide your target population in different ways. This helps in better targeting of messages. Such targeted messages have greater chances of acceptability for influencing behaviour. For example, sex workers can be grouped more specifically according to work location (street, home, brothel), income level, ethnicity, or language. Population segments are often defined by psychosocial and demographic characteristics. Psycho characteristics include the knowledge, attitudes and practices typically demonstrated by a given group or audience; or social characteristics by their role in society, their formal and informal responsibilities and their level of authority). Demographic characteristics include age, place of residence (or work), place of birth, religion and ethnicity. In addition, structural factors and settings (e.g., in the workplace, risk settings, border settings) should also be considered. For example, if sex workers and truck drivers are the target population, border crossings and truck stops constitute risk settings.

4. Define BCC objectives

BCC objectives specify a communication activity that *may change* knowledge or attitudes, which will contribute to the adoption of a specified behaviour. Adoption of that specified behaviour constitutes a behaviour change objective.

BCC objectives, if accomplished, support and promote behaviour change in the target population.

Observable changes in behaviour, as specified in the behaviour change objectives, are a final program outcome. Such changes are generally preceded by intermediate changes. Such changes include:

Knowledge change: an increase in knowledge among targeted Female Sex Workers of modes of transmission.

Attitude change: an increase in perception of personal risk or a change in authorities' attitudes toward promoting condoms to jail inmates.

Environmental change: a decrease in harassment of sex workers by police or an increase in acceptance of messages about condom use on television.

Although some of these changes are not directly related to behaviour change, they can function as necessary environmental antecedents or as shifts that reflect an increasingly supportive environment. Some examples of BCC objectives are:

- Increased demand for information about HIV and AIDS. (Jail inmates will ask for information about HIV and AIDS.)
- Increased knowledge about HIV and AIDS. (IDUs will have correct knowledge of modes of transmission of HIV and AIDS.)
- Increased self-risk assessment. (Truck drivers will say that if they do not use condoms they feel at increased risk of contracting HIV.)
- Increased demand for information on STIs. (Slum women will ask for more information on STIs.)
- Increased demand for services. (Sex workers will demand VCT services.)

5. Develop themes and messages

It is important to develop an overall theme that will appeal to and attract target populations. The theme should stem from the BCC formative assessment and further consultation. The theme will provide overall guidance for the development of messages, all of which will, therefore, be consistent with the theme. The theme should be positive. It is now commonly understood that fear campaigns and campaigns blaming particular groups are ineffective. Most experts agree that fear tends to focus an audience's attention on what not to do, or what to avoid. Approaches are more effective when they promote positive messages that state clearly what audiences can and should do. Themes should also avoid blaming or stigmatizing. Messages that blame a particular group can backfire, especially in AIDS programs, by diverting audiences' attention from their own needed behaviour changes. Such messages can also encourage discrimination, stigma and even physical harm to PLHA and other vulnerable groups. Stigma and denial can in turn cause people to avoid services that may benefit them. The theme should call attention to the campaign and link its various elements together, functioning as a sort of umbrella message. It should be catchy and devised in such a way that all target populations can relate to it and identify with it. People who see different messages for different audiences should be able to link any of these diverse elements with the theme of the campaign. A message consists of carefully crafted information. Information by itself is inadequate. It must be converted into a message (relevant to audience) for communication. It should be designed to meet BCC objectives and to stimulate discussion and action among target audience. Messages are the most critical element in developing a BCC strategy—and they are the area where most strategies fail.

Characteristics of effective messages

**Effective messages:
command attention;
are clearly stated;
communicate a benefit;
are consistently repeated;
reach the heart and the head;
create trust; and
call for action.**

6. Strong messages

A message is the information conveyed to the target population with the aim of motivating them to change, stimulating dialogue or promoting a product or service. A good message contains two parts: a desired behaviour and a benefit for the person adopting those behaviours. It is tailored and appropriate to the target group, as opposed to generic population-wide public health messages. To develop effective messages, one should do the following:

- **Identify barriers** – There are very often barriers to adopting a new behaviour. These could include lack of knowledge, distance to a health facility, lack of access to commodities, etc. Identification of the barriers will guide the development of messages and interventions.
- **Identify key benefits** – Finding out what could help to motivate a person or a community to change is an important step in developing an effective and convincing message. Data from the formative assessment and target population profile, including information about their hopes and fears, are used to develop key benefit statements. A key benefit statement is used with a statement of desired behaviours to form a message: **“If I do X, I will get Y”**.
- **Ensure that messages are consistent across multiple channels and target populations, to avoid confusion.** Key messages can provide a framework for working with multiple target populations and form the entry point for discussions and BCC activities.

7. Communication channels

These are the vehicles that present, deliver and explain messages. Channels can range from face-to-face interactive activities to community-level interventions and mass media. It is important to choose the channels most readily available and acceptable to the target population and to keep cost-effectiveness in mind.

In Targeted Interventions, interpersonal channels such as peer education have proven to be very effective and should be the main strategy.

Mass media channels can raise awareness of specific issues, but more personal interventions (especially by peers) can have a greater impact on influencing behaviour change. Peer education is a process that involves members of a group or community learning informally together. Peers have similar backgrounds, values and jobs to others at the workplace, but are

trained to provide information, education and even counselling. Peer-education initiatives generally focus on health education and prevention activities, and often aim to promote safer and healthier lifestyles. In the context of BCC, it means training members of the target group as key behaviour change communicators. The peer educator is the link between the programme and the target population. Peer education hinges on the idea that people are most likely to change their behaviour if people they know and trust encourage them to do so. Peer education is one of the most effective ways of inspiring behaviour change and conducting HIV/AIDS education at the workplace. Peer education:

- breaks barriers to allow for discussion of sensitive matters without fear;
- brings about sustainable behaviour change in target populations;
- maintains confidentiality;
- is the most effective, informal way of sending the correct message to a specific target group;
- is less time-consuming than formal education activities or programmes;
- provides an open channel for on-going communication and problem-solving;
- costs very little.

Programmes can take advantage of other elements within the workplace to support and legitimize interpersonal channels. These might include newsletters, bulletin boards, company events, radio and print materials. Channels linked to workplace-based activities can also be useful: these include clinics, lunchrooms, basic and in-service training programmes, and organized recreational activities.

7. Identification of communication support materials

Those involved in the BCC strategy-development process (whether in a workshop format, or by using a consultant or small team) needs to identify the types of communication materials they should use to support the channels selected. These can include picture codes for peer educators (pictures that depict risky situations and can be used to initiate a discussion), client/provider support materials (such as flipcharts and pamphlets on various health-care services for HIV/AIDS), billboards, scripts for use in dramas, etc.

8. Development of communication support materials

Behaviour change communication materials should be based on the guidelines established by the BCC strategy for the workplace. The strategy will define an action plan, timeline, channels, and which materials to develop. Development of materials and messages should always correspond to the research conducted with the target population and through stakeholder consensus. BCC budgets will need to take into account the development of support materials and the multiple steps linked to this process. BCC budgets often take into account only materials production, without considering the importance of other steps such as pre-testing (see below). Issues to consider when developing support communication materials include:

- hiring and working with advertising or public relations agencies;
- if working with vendors, giving them what they need and being as specific as possible so they do the job correctly;
- including stakeholders in the entire process;
- providing information that is clearly and simply stated in order to enhance the response;

- repeating your messages frequently;
- making your materials as specific as possible for the target population to understand, taking into account appropriate language, culture, dress, setting, etc.;
- being careful not to stigmatize people living with HIV/AIDS in the materials; and
- being careful not to select images and words that promote negative behaviours.

Once personal prototypes of the materials have been developed, they need to be pre-tested. Pre-testing is a process of determining an audience's reaction to, and understanding of, messages or behaviour change information before materials are produced in final form. Regardless of which channels you choose, you will confirm the effectiveness of what you have developed through pre-testing. After developing, pre-testing and revising the materials, you will need to distribute and monitor them. Further revision and modification may be necessary at a later stage. Given the time, money and effort required to produce effective HIV/AIDS BCC materials, it is not uncommon for programmers to plan and budget insufficiently for distribution and effective monitoring of communication products. Every type of item you plan to produce need to be pre-tested, assuming that various items will utilize the same basic design concept. For example, if you are producing banners and posters at the workplace and they are all targeting the same audience, you can pre-test just one image for them all. Once the materials have gone through the pre-testing and revision process often enough to ensure a good-quality product, you can produce and distribute the material on a larger scale.

9. Implementation of the BCC programme

While implementation varies depending on the sector, specific channels and activities you have chosen, some common issues and challenges are frequently encountered.

Your planning should include the following key areas:

- Developing a workplan.
- Sequencing programme elements.
- Timing.
- BCC Coordination and supervision.
- Budgeting.
- Interactivity and synchronicity of channels.
- Planning for interactivity and synchronicity of channels.

Developing a workplan: A detailed workplan is essential for translating a strategy into action. The workplan identifies activities, who will be responsible for each, and how the activity will occur. It also provides more information about where the activities will happen and what the expected outcomes are.

Sequencing programme elements: Sequencing is the order in which activities are implemented. Make sure you have a clear idea of the timing of all programme events to maximize their impact.

Timing: Timing means the scheduling of activities within your programme in relation to events happening in the broader context of a community, region or country outside of your project. It is important to remember that a programme is not taking place in a vacuum. Think ahead of time about other, unrelated events, such as holidays, celebrations or political events that could compete for time, attention of your target audience(s), broadcast space, or facilities.

BCC coordination and supervision: The best HIV/AIDS BCC programmes will have a specific person in charge of coordinating and supervising behaviour change communication. This person might be the HIV/AIDS focal point or a technical staff member, and will be responsible for ensuring that all BCC-related activities take place. Even if your programme is a team effort, one person should be responsible for coordinating the process. Effective coordination is crucial to ensuring the impact of multi-component BCC strategies and programmes. The key question to ask during the development and implementation process is, “Who can answer questions about the status of any part of the process?”

Budgeting: Promoting the budget that covers the costs of the entire HIV/AIDS workplace BCC strategy development process, in addition to the costs of developing and disseminating quality BCC products and activities, is an essential component of effective implementation planning. This requires expertise from BCC staff who have been through the process and can articulate in convincing terms exactly what should be involved, what it is likely to cost, and why. Consideration of the action steps provided later for each of the eight BCC programme-development steps can illuminate budget ramifications and make planning more accurate for the costs of each step. The primary task at this point will be to ensure that implementation stays within budget. Some planning tips to help make this more likely include the following:

- **Baseline and follow-up evaluations:** Have you budgeted for both baseline and follow-up evaluations?
- **Distribution:** Have you budgeted adequately for distribution? Programmes often underestimate the cost of distribution.
- **Quantity of materials:** Have you briefed stakeholders/funders on the extent of materials production/mass media broadcasting, events, etc? They may make requests later on for wider distribution or broadcasting that could have an impact on your budget.
- **Unexpected incentives:** Make sure that peer educators do not suddenly request ‘incentives’ for their work that you did not plan for.

Planning for interactivity and synchronicity of channels: A comprehensive HIV/AIDS BCC strategy for the workplace ensures that channels are truly interactive and promote consistent messages in a concerted fashion. The programme should say the same things at the same time through a variety of channels.

Collaboration: Effective collaboration means sharing ideas and experience, and effectively rationalizing resources. Without collaboration, BCC interventions can suffer from mixed or contradictory messages and duplication of interventions and services.

10. Monitoring and Evaluation

Monitoring

Measuring progress in achieving BCC objectives and determining whether the programme is on track require monitoring of activities and reactions. Once you have developed your BCC strategy and designed interventions, you will be ready to establish a monitoring plan. Monitoring must take place continually throughout the life of the programme. An effective and well-designed monitoring plan should have mechanisms in place to ensure that staff understand why monitoring is necessary and to help them see their hard work making a difference in the programme. The monitoring plan and tools are specific to the programme being implemented, and they are designed specifically for those who are collecting the data and for the target group. The tools should be simple enough to be understood by those

implementing them. They should also be comprehensive enough to ensure that the information gathered is relevant and that the programme objectives are being met. The monitoring plan should make sure that the information collected is used to improve the project. Monitoring results also provides a bigger picture of the programme, facilitating an understanding of its goals and objectives.

Evaluation

The monitoring process allows for evaluation—a critical component of HIV/AIDS BCC programming. Evaluation helps determine the effectiveness, relevance, reach and impact of BCC activities. It indicates whether the project is achieving its objectives, and it should be an integral part of the entire programme, not just a report at the end. It takes place at the beginning, when you conduct a formative assessment, when you develop BCC objectives, when you carry out pre-testing, and when you implement the programme in line with the envisioned process and output. Evaluation also serves to determine the outcome of the HIV/AIDS workplace BCC programme and the impact on the intended audience.

11. Assessing the outcome and impact of a programme

Evaluation should answer the following questions:

- What outcomes are observed?
- What do the outcomes mean?
- Does the programme make a difference?

For example, evaluation will help determine if a BCC objective, such as stimulating community dialogue on risk and stigma, was actually achieved. Evaluation will show if there is more open discussion on issues of risk and stigma in the community. Questions asked should be based on, and refer to, behaviour change communication objectives and the behaviour change goals of the general programme. People do not change their behaviour overnight. It takes time and it is often difficult to attribute the change to any one component of a comprehensive HIV/ AIDS programme. However, it is possible to achieve qualitative changes in the short term, such as improved worker morale, increased comfort in discussing HIV/AIDS issues at the workplace, improved access to services that support behaviour change, and a sense that the employer is trying to create an environment that is supportive of safer, healthier behaviours.

Examples of HIV/AIDS BCC programme outcome evaluation questions:

- What has been the impact on the knowledge levels of the target/general population?
- What has been the impact on attitudes and beliefs about HIV/AIDS?
- What has been the impact on risky behaviours (e.g., sexual, drug abuse, needle sharing) by the target/general population?
- What has been the impact on stigma associated with people living with HIV/AIDS?
- What has been the impact on discrimination against people living with HIV/AIDS?
- What has been the impact on service utilization (e.g., health, HIV/AIDS, legal, economic, social, psychological services)?

Basic steps in planning for an outcome evaluation:

- Determine when an evaluation is required.
- Determine objectives of the evaluation.
- Choose methodology.
- Ensure that there is a budget for evaluation.

12. Feedback and revision

HIV/AIDS BCC messages and approaches often need revision during the course of the programme. Sometimes messages developed at one point in time become irrelevant or simply stop having the desired impact. As the BCC workplace programme evolves, it may also become necessary to shift resources from one approach to another, or to change the programme theme.

Monitoring is a very effective tool that allows BCC practitioners to fine-tune messages once they have launched the programme. Monitoring should be a required item in the budgets and schedules of all HIV/AIDS workplace BCC programmes. Often the results of monitoring alert programme managers to problem areas in materials or messages. BCC materials and messages can sometimes become less effective following programme implementation. The needs of the target population change as they confront materials that lead them to seek other information.

The Changing Communication Environment

Traditional	New
Vertical communication – from government to people	Horizontal communication – from people to people
Uni-polar communication systems	Communication networks
Few information sources	Many information sources
Easy to control – for good (generating accurate information to large numbers of people) and ill (government control and censorship)	Difficult to control – for good (more debate, increased voice, increased trust) and ill (more complex, issues of accuracy)
Send a message	Ask a question

What is Condom Promotion ?

Condom promotion encompasses a set of interventions to promote the adoption of policies and strategies aiming at increasing the acceptability, availability and use of condoms.

Condom Promotion is basically done by targeting the user group.

Why it is Important:

Condom promotion is a key HIV/AIDS strategy because:

- The consistent and correct use of condoms significantly reduces the risk of HIV and other STIs;
- Condoms offer simultaneous protection against unwanted pregnancy and the possible transmission of STIs/HIV.

How it is Done:

Condom promotion should be projected as a part of an overall strategy to promote safer sexual behaviour.

Networking:

Programme managers and others working in HIV/AIDS control need to work with as many partners as possible to promote condom use. Linkages need to be created with free distribution programmes, social marketing programmes and manufacturers. A multi-sectoral approach involving ministries, nongovernmental agencies, community and voluntary groups, media and the private sector should be adopted.

Ensure Access:

Barriers to access can be reduced through free distribution programmes. Social marketing of condoms at subsidized prices is advantageous and condoms can be available through private sector sales. Introducing subsidies, lowering taxes and import duties and using efficient marketing channels can reduce condom prices. Distribution can be broadened from the traditional family planning clinics and pharmacies to include supermarkets, grocery stores, village shops, universities, places of work, garages, bars and other non-traditional outlets.

Condom Programming:

Condom programming includes three areas: **demand**, **supply** and **support** services. Each area has different requirements that need to be addressed if condom use is to be increased at a national level. For example:

Demand will need to include:

- Research.
- Education.
- Distribution.
- Sales.

Supply will address logistics:

- Forecasting and procurement.
- Distribution systems.
- Distribution.
- Quality.
- Management.

- Logistical information systems.

Support will include:

- Policy.
- Management.
- Staff development.

Condom programming will need to include not only the promotion of the male condom, but also the development of strategies to introduce the female condom. The female condom is a relatively new product and offers a barrier method that can help to prevent the transmission of HIV that women can control. It is a plastic sheath that a woman inserts into her vagina before intercourse. A carefully planned introduction can help to ensure its acceptance by policy makers, service providers and potential users.

Condom promotion also supports dual protection. Dual protection is the simultaneous protection against unwanted pregnancy and the possible transmission of STIs/HIV by either the consistent use of condoms or the consistent use of condoms with another method of contraception.

Specific interventions targeting the transport industry & linkage with the sex industry (100% condom use):

The “100% condom use” model seeks to ensure that condoms are used consistently with every sexual relation between a sex worker and a client and is based on a policy that:

- requires establishment of collaboration with local government, law enforcement, and health services in implementing this approach;
- requires an education component for sex workers and clients;
- requires a readily accessible supply of condoms;
- defines sanctions for establishments not complying with 100% condom use.

Condom Promotion in Orissa State Roadways Project:

The Condom Promotion is basically meant for the Target Group who are exposed or engaged in High Risk Behaviour Practices. The practices, which tends to High Risk in Behaviour in Targeted Intervention Projects are given below:

- Access to Multiple Partner Sex (Female Sex Worker).
- Casual Sex with unknown Partner.
- Unprotected Sex or Having Sex with no Condom.
- Sex between Men (Men Having Sex with Men).
- Groups in the community with sex behavior that leads to STD / HIV Infection.
- Involved in sexual activity with influence of Alcohol or any other Drugs.

Core Population in OSRP:

- FSWs, MSMs and IDUs are the core HRGs.
- Sexual partners of above groups are other HRGs.
- Resistant value added messages.
- Highest number of infections occurs in them.
- Population infected with HIV but not developed AIDS.

High Infection Group - priority needs:

- Partner reduction & safe sex.
- Provisions that help in practicing protected sex – STD Treatment & Condoms.
- Skills in practicing safe sex options.
- Empathy / support of the society to practice safe sex.
- Access to professional services aimed at various options in safe sex practices.

Expressions of Sexual Behaviour:

- Abstinence
- Masturbation
- Non-penetrative sex
- Protected Penetrative Sex
- Unprotected Penetrative sex

The OSRP Objectives in Condom Promotion:

- To ensure that the knowledge, skills and services that are necessary for detection and treatment of Sexually Transmitted Diseases infection are available for the high-risk behaviour groups.
- To ensure that the knowledge, skills and services that are necessary for accessing and using condoms in penetrative sexual acts are available for the high-risk groups.
- The Condom Strategy empathizes on Promotion of Condom in the Community through various processes. The 4A's of Condom is the universal ground strategy adopted across all communities over the world.

Acceptability of CONDOMS

Accessibility of CONDOMS

Availability of CONDOMS

Affordability of CONDOMS

The objective is to have:

- Partner reduction & safe sex.
- Provisions that help in practicing protected sex – STD Treatment & Condoms.
- Skills in practicing safe sex options.
- Empathy / support of the society to practice safe sex.
- Access to professional services aimed at various options in Safe Sex Practices.
- To reduce risk of unwanted pregnancy and STD/STIs and HIV/AIDS.

The 4A's is assured and confirmed by the joint collaboration of the Govt, SMOs, NGOs, CBOs and other non-profit making bodies.

Major Players in Orissa:

- **Hindustan Latex Family Planning Promotion Trust (HLFPPT).**
- **Population Services International (PSI).**
- **Parivar Seva Santha (PSS).**

As per the decision of the NACO & DFID, Population Services International has been contracted by DFID India as the Social Marketing Organisation for Orissa. PSI is liable for making condoms available, accessible, affordable and acceptable to the urban, rural and tribal population of Orissa.

In addition to the above, HLPPT is socially marketing condoms in 4 districts of Orissa (Khurda, Nayagarh, Kandhamal and Ganjam), both in urban & rural areas. For the rest 26 districts, HLPPT is socially marketing condoms in the urban areas.

Parivar Seva Santha (PSS) operated throughout the State having Stockists in almost all the district headquarters and retail outlets in all the 314 Blocks of Orissa.

Condom promotion Gap analysis for Orissa:

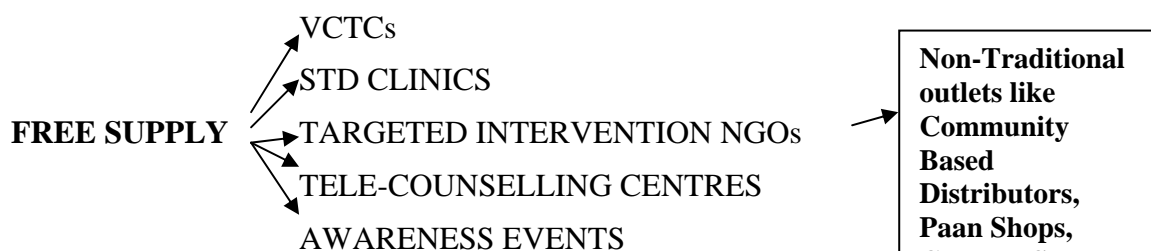
- Co-ordination among the SMOs in Orissa is very weak.
- The linkage among the TI partners and SMOs is very poor.
- The opening of outlets in the project area is done without proper consultation of the partner NGOs.
- CB of the PEs and ORWs of the partner NGOs has not been done by the SMOs.
- Training of the non-traditional outlets in the project area has not been initiated by the SMOs.
- SMOs have not been effective in creating demand for the product.

The Free Condom Strategy:

The Govt Health Deptt and all the local Health Service Centres provide the Free Condom to the Community.

These Condoms are specific brand (NIRODH) and free of cost and easily available to the user on requisition.

Some of the NGOs and CBOs provide the Free Brand (Nirodh) during Awareness Camps / Campaigns / Health Camps etc.



As per NACO guidelines, the condoms are to be made freely available to the Core Group like Female Sex Workers (FSW), Injecting Drug Users (IDU) and Men having Sex with Men (MSM).

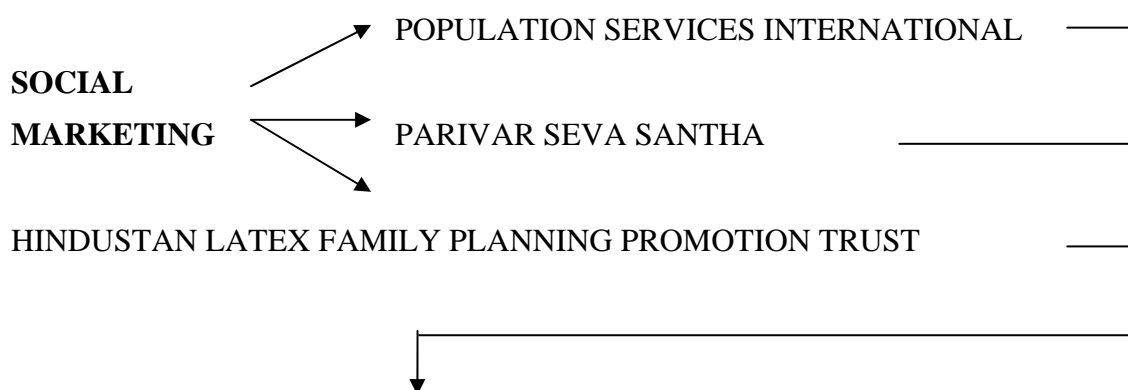
The Social Marketing of Condoms as a Promotional Strategy:

These are non-profit organisations or NGOs/CBOs who also ensure the community with the 4A's strategy but the major difference between the Free and the Social Marketing Brand is the Social Marketing Organisation (SMO) provides the buyers' choice phenomenon. The

Brand includes Government's subsidized one and a varied range with respect to their prices and demand.

This is rather a market promotion strategy in the Demand & Supply Chain while the Tag Line delivers – **Buyers' Choice**.

For the Strategy to work, the SMOs adopt a Retailers or Community Based Suppliers of Network. These are the Community Retailers, Pan Shops, Stationery/Variety Shops, Medicine Outlet, Self Help Groups, Community Health Service Providers, Members of Civil Society, PRI Members, and in some instances also are the Opinion Leaders such as Teachers, Postal Deptt workers.



Traditional outlets – Chemist shops, Drugstores, etc.

Non-Traditional Outlets - Community Based Distributors, Paan Shops, Grocery Shops, Tea stalls, Petrol Pumps, Welding shops, Garages, Dhabas, etc.

- **Involvement of SHGs, Mahila Mandals, Youth Club, CBOs, CSOs.**
- **Attractive promotional scheme by SMOs.**

INTEGRATED CONDOM MARKETING

The following key issues need to be studied and interpreted in order to effectively fit condom component into the overall strategy/response to HIV/AIDS.

1. Distribution.

- The retail presence of condoms in traditional and non-traditional outlets.
- Pricing and accessibility by vulnerable groups.
- Key stakeholders and their roles in the market.
- Sales trend and brand preferences.
- The acceptability and reach of freely distributed product.

2. Behaviour Change.

- Segmentation of the Core groups with increasing depth of understanding about their habits, preferences and knowledge levels.
- Social, environmental and individual barriers to increased deployment of safer behaviour.
- The impact of programme activities in addressing these barriers.
- Level of confidence in condom effectiveness and ability to use condoms correctly.

3. Better Practice Sharing.

- Which approaches are having the best reach ?
- How can targeted distribution and communication activities be done cost-effectively ?
- Are the commercial, social marketing and free distribution approaches well co-ordinated ?

HIERARCHY OF OBJECTIVES

GOAL

Reduced HIV incidence in Orissa.

PURPOSE

Increase opportunity for condom use. Specifically,

- (1) Increase perceived availability of condoms in along state roads; and
- (2) create social support for condom use for HIV prevention among the target high-risk population.

OUTPUTS

- (1) Condoms are available and affordable to high-risk and general rural population.
- (2) Sustainable systems for supply of condoms functioning.
- (3) Condom acceptability increased.
- (4) Orissa SACS capacity to guide, support, and create an enabling environment for sustainable condom promotion strategies enhanced.

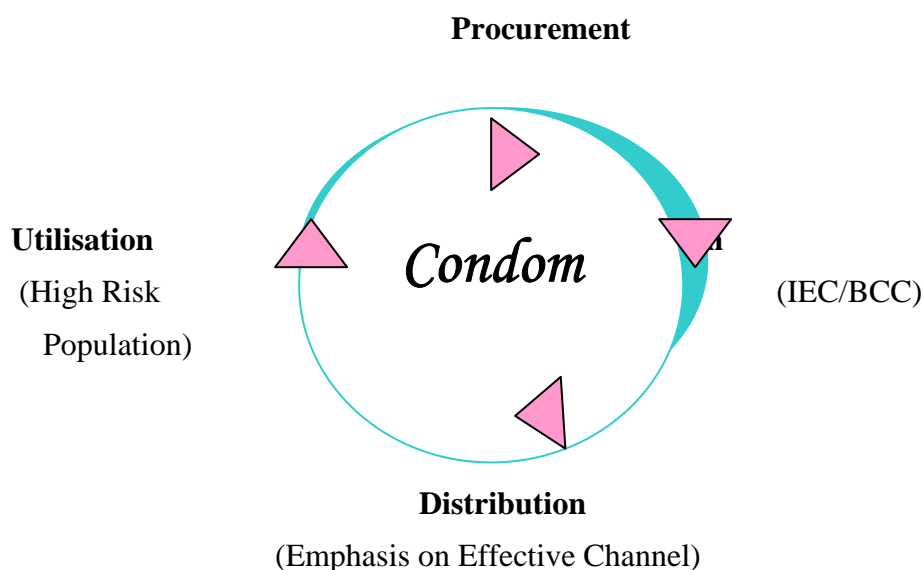
MAJOR ACTIVITIES

- 1. Condoms are available and affordable to high-risk, including rural population.**
 - Train NGO personnel in interpersonal communication and selling skills, product knowledge, and HIV/AIDS knowledge.
 - Establish condom distribution network to cover high-risk areas and rural areas in all 30 districts in Orissa.
 - Develop partnership with non-partner NGOs to expand condom social marketing base in rural areas.
- 2. Sustainable system for supply of condoms functioning.**
 - Establish and maintain cost-effective social marketing operations, including premises, staff, systems for procurement, sales and distribution, promotion, finance and administration.
 - Engage commercial condom marketers, social marketing organisations and NGOs in discussions to coordinate condom promotion and distribution.
- 3. Condom acceptability increased.**
 - Identify the key determinants of condom use and acceptability among target population through research.
 - Develop key BCC messages based on the identified key determinants.
 - Develop and implement a mix of communication activities to promote the key messages. Monitor the impact of communication activities and fine-tune accordingly.
- 4. Orissa SACS capacity to guide, support and create an enabling environment for sustainable condom promotion strategies enhanced.**
 - Hold regular coordination meetings with Orissa SACS and district authorities and SMOs.
 - Orissa SACS, SMOs and NGOs to share data, information, research results, best practices and lessons learnt.

Orissa State Roadways Project Needs

- Sensitize people for using condoms not only for the sake of family planning but also as the best preventive step against HIV and STD.
- Convince the clients and the commercial sex workers, about the importance of use of condoms as a means for preventing the HIV transmission.
- Make available low cost and good quality condoms to the people all over the country easily at the time and place when they need it.

To inculcate better understanding, overall strategy is presented through the following vicious cycle:



The objective of the condom programme is to ensure easy access to good quality, affordable and acceptable condoms to promote the safe sex encounters. To address these we need to focus on each component. Probable Strategy is sketched in a flow chart to be implemented among the High Risk Population.

INNOVATIONS IN CONDOM PROMOTION LIKE INSTALLATION OF CONDOM VENDING MACHINES:

CREATING QUALITY ACCESS TO CONDOMS

In view of the stigma and social taboo normally associated with condoms, a majority of the youth who are sexually active will feel embarrassed and hesitate to go to the commonly known, manned and often crowded conventional / medicine outlets and ask for the condom. They instead in many an occasion would resort having unprotected sex. Condom Vending Machines are a novel way to tackle these kinds of situation.

Condom Vending Machines placed at private but highly frequented sites by youth such as manned parks, public toilets, railway stations, bus stands, STD booths, Cinema theatres, Petrol pumps, Dhabas, Highway stopovers, Wine shops with bar facility, ATM centres, etc. will not only tackle the Time, Place, Privacy, Availability, Awareness, Accessibility factors but also will increase the reach of condoms. Depending of the profile of the site and traffic, different types of Condom Vending Machines can be installed.

What is Capacity Building?

Capacity Building is a new level of effectiveness, which is not a single initiative, but a deliberate program to enhance its capabilities at all levels, from its strategy to its systems and structure. It is to introduce a subject to the partakers in the Concern that the Project visions from the manpower view point.

Why Capacity Building in OSR Project:

Capacity Building in TI Project Management needs to focus on building the capacity of their entire organization if they want to maximize their social impact.

These efforts in turn improve the ability to deliver against its aspirations and help the staff to develop their inner capabilities to handle and manage independently the circumstances and enable them to take immediate action and in favor of developing and deploying programs.

Whose Capacity Building:

The Staff especially need to dedicate themselves to raise capacities to the same level of importance and attention as program development and management – to think early and often about strengthening the organization in lockstep with implementing programs. This is required in the Targeted Intervention Project as the Group addressed need updates and information of programmes and services available and implemented at local level.

The tendency is to favour the program, as new idea, different approach, method, or system is required to address the pressing need of the Targeted Intervention. The programmatic innovation focus on providing counselling to FSWs, MSM, IDU and the Bridge Population. The start-up phase revolves around testing, refining, and implementing its new idea, with the majority of the organization's resources dedicated to that task. Moreover the target is to achieve missions in the not-too-distant future.

Manpower in handling the HIV/AIDS Project:

Core Project Staff Structure:

- **FSW** – Project Manager, Counsellor, ORW, PE, Off Asst.-cum-Acct.& Part Time Doctor.
- **MSM** - Project Manager, Counsellor, ORW, PE, Off Asst.-cum-Acct. & Part Time Doctor.
- **IDU** - Project Manager, Counsellor, ORW, PE, Off Asst.-cum-Acct., Nurse & Part Time Doctor

Composite Project Staff Structure:

- In a composite Targeted Intervention project which may have any of the following combinations like FSW, MSM, IDU, Trucker, Migrant Labourer, Slum Women & Street Children - Project Manager, Counsellor, ORW, PE, Off Asst.-cum-Acct., Nurse & Part Time Doctor.
- Nurse is available to the TI Project with IDU populations.

Training Needs Assessment

Each and every project staff does possess a set of skills and expertise, which needs to be refreshed and rejuvenated in due course of time in order to maintain the pace in an ever-changing world. In the field of HIV/AIDS and in particular, Targeted Intervention projects, we deal with a complex of sexual behaviours, which varies, from one group to another. The

Project staff must be adequately trained and should possess skill set and expertise to deal with such impeccable situations and groups. The training needs of the Project staff must be assessed and requisite training imparted to enhance their knowledge and skills, which shall reflect in the field and shall help in achieving the desired results.

Contents in Training Module:

HIV Scenario – Global to Local

- The participants should understand the impact of the HIV/AIDS and the catastrophe globally as well as the national scenario. They should also be appraised about their local situation and the impact of HIV in their place of operation.

Identification & Mapping of Core Group

- In order to implement the Targeted Intervention project, the project staff should have clarity on the Target population (Core as well as Bridge and the secondary stakeholders). This would help in enhancing the staff capacity in understanding the needs and priorities of both the Primary and Secondary stakeholders.

NACO & State AIDS Control Programme

- The National AIDS Control Organisation (NACO) is the apex body for carrying out the HIV/AIDS control and prevention activities in India through the National AIDS Control Programme (NACP). The State AIDS Control Society (SACS) are the State level nodal agency funded by NACO. The project staff should imbibe the NACP overall objectives, components which would help them in establishing supportive linkages with other programmes of SACS at the district / Block / Gram Panchayat level.

Core Group & Bridge Group Details – Knowledge, Attitude, Practice & Behaviour

- The Project staff should understand the sexual as well as the non-sexual health needs and priorities of the primary stakeholders. The Knowledge, Attitude, Behaviour and Practice (KABP) study results can be derived from the Needs Assessment study conducted by the implementing agency (NGO) for the Target population. This can be denoted as the Base line for programme implementation.

Basics of HIV/AIDS

- The staff along with the Primary and External stakeholders should have a clear understanding on HIV & AIDS; the linkage between HIV & AIDS; the routes of transmission and prevention; the services available in the state; etc.

STI & RTI

- The participants should be clear on Sexually Transmitted Infections and diseases; Reproductive Tract Infections; the signs and symptoms of STI & RTI on both men and women; the treatment services available in the state; focus on partner notification; Linkage with the ongoing RCH activities and the services available.

Sex & Sexuality

- To enhance the capacity of the staff working with the intervention programme, primary and external stakeholders regarding the gender issues, sex and sexuality through administration of games and case studies; addressing issues revolving around sexuality, sexual hygiene; make them clear on gender inequality, stereotypes and impart skills to address gender issues using localized tools and techniques.

Targeted Intervention Project

- The OSRP staff should understand and imbibe the components and the implementation of the Targeted Intervention programme undertaken by National AIDS Control Organisation through the State Government; Exposure visit both at the office and field level would enhance the capacity of the OSRP staff and would help them in adding value to their interventions.

Ethics and Human Rights

- HIV/AIDS deals with behaviours of human beings and the PLWHA are often discriminated and stigmatized by the society. The training on Ethical issues; fundamental rights and human rights would enable the stakeholders in enhancing the process of de-stigmatization in the community and in the longer run would help in increased acceptance of PLWHA by the community.

Counselling Skills

- The NGO staff should be imparted training and skills on individual counselling, family counselling, group counselling, counselling at work place; pre-test counselling; post test counselling, referral services, psycho-social counselling; medical counselling, legal counselling, ethical counselling, human rights counselling, fundamental issues counselling, etc.

Communication Skills

- Communication skills should be imparted to the field staff related to Inter Personal Communication; Focus Group Discussion; carrying out communication activities for the target group; communication as a change agent for inducing behaviour change and motivating the target group towards the desired change output, etc.

Behaviour Change Communication

- The steps of Behaviour Change Communication should be spelt out clearly to the field staff carrying out the intervention activities; the repeat visits to the target group shall help in taking them to the upper levels of behaviour change model; the skills, tools and techniques required for inducing behaviour change among the target group should also be emphatically spelt out to the field staff; re-orientation programmes and exposure visit to other intervention sites would act as a confidence building initiative and sharing exercise.

Utilization of IEC Materials

- The staff should be trained on development of IEC materials both for the general population and the high-risk groups through a participatory method involving the stakeholders, which would enable in sharing of ownership of the programme. The staff should be trained on storage of the materials produced, effective and optimum utilization of the materials so as to extract the maximum output from the developed materials.

Team Work and Leadership Skills

- The staff as well as the primary and external stakeholders should be imparted with training on team work, team building initiatives and leadership skills, conflict resolution through administration of case studies, role plays, which would enable them to be team players rather than putting individual efforts to the show and decrease the blaming syndrome in the longer run.

Condom Promotion and Negotiation Skills with demonstration

- As there is no proven cure or vaccine against HIV/AIDS, hence, correct and consistent condom use is the most effective protection against the transmission of HIV. Hence, the staff, primary and external stakeholders should be demonstrated on correct and consistent condom use; negotiation skills, availability of condoms; accessibility of condoms, affordability of condoms and acceptability of condoms.

Record Maintenance

- The NGO implementing the intervention programme should not only be strong at the field level but also have an effective documentation backup in order to prove the field reality in the years to come and the same would be counted as the strength of the NGO. Hence the staff of the NGO should be trained on documentation skills, record keeping, maintenance of registers and documents; development of localized strategies, etc.

Reporting Formats and Monthly Monitoring Schedules

- The staff of the NGO should adept on the reporting and recording formats, development of annual, monthly and weekly action plan, compliance report, effectively monitor the change in the knowledge, attitude and practice level of the target group and revise the plans if the desired change is not happening. The skills on professionalism should be imparted to the NGOs in order to enhance the capacity and it would benefit the programme in the long run.

Referral Networks

- The staff of the NGOs and the primary and external stakeholders should have a clear understanding on the referral networks with regards to HIV/AIDS like Voluntary Confidential Counseling & Testing centres, Prevention of Parent to Child Transmission centres, STD Clinics, ART Centres, Community Care Centres, Drop-in Centres, Targeted Intervention projects, Medical Colleges, District Headquarter Hospitals, Sub-Divisional Hospitals, Community Health Centres, Primary Health Centres, etc.

Other Partners in HIV/AIDS Intervention

- The staff of the Orissa State Highway project (OSHP) and partner NGOs should have a better understanding on the activities and programmes of other bilateral, national and state level funding agencies implementing different projects in Orissa and linking, sharing and trading best practices within the projects would help in better co-ordination and successful implementation of the project.

Baseline Data Collection & Needs Assessment

- The NGO & OSHP staff should be imparted skills to undertake research activities at the field level; data collection, collation and reporting; data analysis and presentation skills and developing strategy relating the data and figures available from the study undertaken.

Syndromic Management to Doctors & Nurse on IDU

- As per the World Health Organization and National AIDS Control Organization guidelines, the treatment of Sexually Transmitted Infections and Reproductive Tract Infections is done through the Syndromic approach. Hence, the Medical Officers and the Pharmacists should be trained on the Syndromic management of STI & RTI. The nurses should be trained on the abscess management and vein care management in order to facilitate them and for their better understanding and implementation in case such cases arise.

Myths & Misconceptions about HIV/AIDS

- The prevailing myths and misconceptions regarding the transmission and prevention of HIV/AIDS needs to be cleared from each and every individual and hence the staff of OSHP and partner NGOs should be trained and develop skills on the prevailing myths and misconceptions. This would benefit the project and the target population at large.

ART management (Adherence & Compliance)

- The management of Anti Retroviral Treatment for the People Living with HIV/AIDS (whose CD4 count has dropped below 200 count need to be done through trained Medical Officers and in a registered ART Centre. But the staff of OSHP and partner NGOs should be trained on the services available and the Medical Officer appointed in the intervention programme should have hands-on knowledge regarding the ART management.

Advocacy with External stakeholders

- The external stakeholders play a pivotal role in shaping the behavior and mind of the target group. They are often termed as ‘gate-keepers’ or the ‘opinion leaders’ and are an asset to the intervention programme. They the external stakeholders should be sensitized on the HIV/AIDS issue by linking them to the project and thereby creating allies for advocating the issue at the state level.

Annexure –V(a)

PROPOSAL

FOR

ESTABLISHMENT OF

COMMUNITY CARE HOME

FOR

ORPHANS & CHILDREN

INFECTED WITH

HIV/AIDS

The State of Orissa has a population of 36.80 million, which is 3.7% of the population of India. The total urban population is 5.5 million and rural population is 31.3 million. The literacy rate is 63.08% (male literacy is 75.35% and female literacy rate is 50.51%).

VULNERABILITY OF ORISSA TO HIV/AIDS

Orissa is currently classified by National AIDS Control Organisation (NACO) as one of the most vulnerable States to HIV/AIDS from the perspective of current status of the epidemic in the country as a whole due to its close proximity to highly vulnerable States like Andhra Pradesh & West Bengal in particular and also being one of the States in the Golden Quadrilateral through N.H.-5 & N.H.-6 and other National Highways passing through the State. The vulnerability is compounded by the natural disasters like flood, drought, cyclone to which the State is prone. We have specifically made plans to address the following issues, which we consider are primarily responsible for spread of the epidemic in Orissa.

- ☞ Large migrant population (both in & out migration) including tourists (inter-state & intra-state).
- ☞ Trafficking of women from districts like Koraput, Nawarangpur, Malkangiri, Mayurbhanj, Kalahandi, Nuapada, Khandhamal, Nayagarh.
- ☞ Long stretch of National Highways.
- ☞ Urbanization and industrialization.
- ☞ Large number of mining activities employing large number of skilled & unskilled labourers.
- ☞ Low literacy and low socio-economic status among the female population.
- ☞ Large population of adolescent and youth.
- ☞ Vulnerable to natural calamities resulting out migration in search of livelihood.
- ☞ Inadequate service delivery facilities for the indigenous isolated disadvantaged population of Orissa.
- ☞ Livelihood Insecurity.

STATE PROFILE

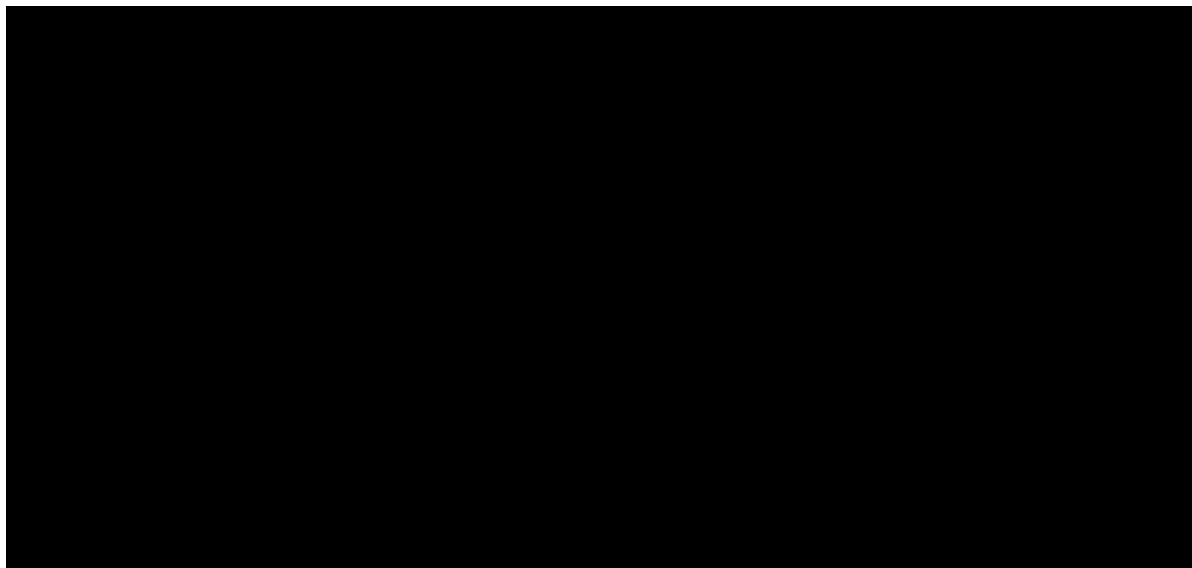
1	Total Area (Sq. Kms.)	155,707
2	Total Population (2001)	36,804,660
	(a) Total Male	18,660,570
	(b) Total Female	18,144,090
3	Total Urban Population (2001)	5,517,238 (16%)
4	Total Rural Population (2001)	31,287,422 (84%)
	(a) Total Rural Male	15,748,972

	(b) Total Rural Female	15,538,452
5	Literacy Rate (2001)	63.08 %
6	Total Scheduled Tribes Population (2001)	8,145,081
	%age to Total Rural Population	22.13%
7	Youth Population (15 to 49 years)	19,594,000 (53%)
8	Total Number of Villages	51,349
9	Districts	30
10	Tahsils	171
11	Gram Panchayats	6234
12	Blocks	314
13	Municipalities	34
14	Notified Area Councils	67
15	Medical Colleges	3
16	District Headquarter Hospitals	32
17	Sub – Divisional Hospitals	22
18	CHC – I	183
19	CHC – II	48
20	PHC	120
21	Anganwadi Centers	34,201
22	Health Workers (Male)	3,422
23	Health Worker (Female)	6,846

Administratively Orissa has 3 Revenue divisions, 30 Districts, 58 Sub-divisions, 171 Tehsils and 314 Community Development Blocks. There are 105 local bodies, 31 towns, 6234 Gram Panchayats and 51,349 villages.

SITUATION MAPPING

As per Situation Mapping conducted by ORG Marg in 2004 – 2005, 10 districts are highly vulnerable, 11 districts are medium vulnerable and 9 districts are low vulnerable to HIV/AIDS as hereunder.



But the VCCTC report of Cuttack, Kendrapara, Jajpur and Angul show high prevalence of HIV/AIDS whereas they are categorised as medium and low vulnerable districts.

HIV PREVALENCE IN ORISSA

There are 7 STD sites, 4 ANC sites and 2 FSW sites covering 10 districts only. The data shows that till 2003, Ganjam district was highly vulnerable to HIV/AIDS due to its large number of migrant population working in Gujarat. But the 2004 data shows that the epidemic has started reducing in Ganjam district whereas new districts like Khurda (capital city of Bhubaneswar) and tribal districts like undivided Koraput and to some extent in Balasore & Puri district shows high prevalence of HIV/AIDS. The increase in percentage in ANC Center, City Hospital, Berhampur shows that the infection has spread to general population.

The 2005 Sentinel data shows that districts like Balasore district has the highest prevalence rate.

The data of ANC site of City Hospital, Ganjam shows that the infection has further spread to the general population, i.e., from 1.50% in 2004 to 2.25% in 2005, which is alarming.

But the tribal districts like Keonjhar, Kandhamal, Kalahandi, Mayurbhanj and Bolangir do not have Sentinel sites and hence the prevalence rate among the tribal population is not properly reflected in the Sentinel data.

STATUS OF HIV +ve / AIDS CASES / DEATH DUE TO AIDS

(as on August 31, 2006)

Sl. No.	District	HIV +ve	%age	AIDS cases	%age	Death due to AIDS	%age
1	Angul	95	2.3	26	3.5	22	3.9
2	Balasore	140	3.3	19	2.6	19	3.4
3	Bolangir	37	0.9	5	0.7	5	0.9
4	Baragarh	12	0.3	0	0.0	0	0.0
5	Bhadrak	79	1.9	21	2.8	20	3.6
6	Boudh	0	0.0	0	0.0	0	0.0

7	Cuttack	872	20.8	106	14.3	32	5.7
8	Dhenkanal	8	0.2	1	0.1	1	0.2
9	Deogarh	0	0.0	0	0.0	0	0.0
10	Gajapati	31	0.7	0	0.0	0	0.0
11	Ganjam	1618	38.6	243	32.9	182	32.7
12	Jharsuguda	20	0.5	1	0.1	1	0.2
13	Jagatsingpur	6	0.1	0	0.0	0	0.0
14	Jajpur	65	1.6	24	3.2	24	4.3
15	Kalahandi	22	0.5	0	0.0	0	0.0
16	Kandhamal	5	0.1	3	0.4	2	0.4
17	Kendrapara	49	1.2	69	9.3	68	12.2
18	Keonjhar	12	0.3	0	0.0	0	0.0
19	Khurda	230	5.5	45	6.1	37	6.6
20	Koraput	260	6.2	30	4.1	30	5.4
21	Malkangiri	8	0.2	7	0.9	1	0.2
22	Mayurbhanj	14	0.3	2	0.3	2	0.4
23	Nawarangpur	27	0.6	0	0.0	0	0.0
24	Nayagarh	22	0.5	2	0.3	2	0.4
25	Nuapada	36	0.9	11	1.5	11	2.0
26	Puri	119	2.8	50	6.8	43	7.7
27	Rayagada	134	3.2	39	5.3	25	4.5
28	Sambalpur	212	5.1	20	2.7	20	3.6
29	Sonepur	2	0.0	0	0.0	0	0.0
30	Sundergarh	58	1.4	15	2.0	10	1.8
	TOTAL	4193	100.0	739	100.0	557	100.0

In total, there are 4193 reported HIV +ve cases in Orissa, out of which, 739 are AIDS cases. Till date, 557 people have died of AIDS. Ganjam district leads the table with 1618 HIV +ve cases, out of which, 243 are AIDS cases. Death due to AIDS in Ganjam is 182.

STATUS OF ORPHANS & CHILDREN (0 – 14 years) INFECTED WITH HIV

As per the reports from Voluntary Confidential Counselling & Testing Centres (VCCTC) and Prevention of Parent To Child Transmission PPTCT) Centres, the status of HIV +ve orphans & children in the age group of 0-14 years is mentioned below.

Sl. No.	DISTRICTS	Sl. No.	REPORTING UNITS	Orphan+	Child +	Total +ve children
1	2	3	4	5	6	7
1	ANGUL	1	ANGUL	1	0	1
		2	TALCHER	0	0	0
2	BALASORE	3	BALASORE	0	0	0
3	BOLANGIR	4	BOLANGIR	0	0	0
		5	TITILAGARH	0	0	0
4	BARGARH	6	BARGARH	0	0	0
5	BHADRAK	7	BHADRAK	3	0	3
6	BOUDH	8	BOUDH	0	0	0
7	CUTTACK	9	SCB MED. COLL.	0	0	0
		10	CITY HOSP,CUTTACK	0	0	0
8	DHENKANAL	11	DHENKANAL	0	2	2
9	DEOGARH	12	DEOGARH	0	0	0
10	GAJAPATI	13	PARELAKHEMUNDI	1	0	1
11	GANJAM	14	MKCG MED.COLL.	11	49	60
		15	CITY HOSPITAL	1	0	1
		16	BHANJANAGAR	0	0	0
		17	ASKA	0	7	7
		18	HINJILIKATU	0	0	0
12	JHARSUGUDA	19	JHARSUGUDA	0	0	0
13	JAGATSINGHPUR	20	JAGATSINGHPUR	0	4	4
		21	PARADEEP	0	0	0
14	JAJPUR	22	JAJPUR	1	0	1
15	KALAHANDI	23	BHAWANIPATNA	0	0	0
		24	DHARMAGARH	0	0	0
16	KENDRAPARA	25	KENDRAPARA	5	0	5
17	KEONJHAR	26	KEONJHAR	0	0	0
		27	ANANDAPUR	0	0	0
		28	BARBIL	0	0	0
18	KHURDA	30	CAPITAL	1	7	8
		31	DHH, KHURDA	0	0	0
19	KORAPUT	32	KORAPUT	8	17	25
		33	JEYPORE	0	2	2
20	MALKANGIRI	34	MALKANGIRI	0	0	0
21	MAYURBHANJ	35	BARIPADA	0	0	0
		36	UDALA	0	0	0
		37	RAIRANGAPUR	0	0	0
22	NAWARANGAPUR	38	NAWARANGAPUR	0	3	3
23	NAYAGARH	39	NAYAGARH	0	0	0
		40	BMTBS	0	0	0
24	NUAPARA	41	NUAPARA	0	0	0
25	PHULBANI	42	PHULBANI	0	0	0
26	PURI	43	PURI	2	3	5
27	RAYAGARH	44	RAYAGADA	2	5	7
		45	GUNUPUR	0	0	0
28	SAMBALPUR	46	SAMBALPUR	0	0	0
		47	VSS MED. COLL.	0	8	8
29	SONEPUR	48	SONEPUR	2	1	3
30	SUNDARGARH	49	SUNDARGARH	0	0	0
		50	RHG,ROURKELA	1	0	1
		51	BANAI	0	0	0
		52	IGH,ROURKELA	0	0	0
			GRAND TOTAL	39	108	147

But the details of the children directly affected with HIV/AIDS are unknown as there is no tracking system in place.

CHILDREN DIRECTLY AFFECTED WITH HIV/AIDS

Maternal orphans are children under 18 whose mothers have died.

Paternal orphans are children under 18 whose fathers have died.

Double orphans are children under 18 who have lost both parents.

VULNERABLE CHILDREN

A vulnerable child is below 18 years of age and has:

- Lost one or both parents;
- Has one chronically ill parent;
- Lives in a household where one adult has died in the past year and was sick for three of the last 12 months before death; or
- Lives outside of family care.

PROBLEMS / CHALLENGES

The below-mentioned are some of the major challenges faced during implementation of the HIV/AIDS Prevention and Control programme for the Children infected and affected with HIV/AIDS.

- Increase in the children infected with HIV.
- No Tracking system in place for children directly affected with HIV/AIDS.
- Increased number of street children.
- Homelessness and child-headed households.
- Growing trend in the exploitation and abuse of girl child.
- Increase in the vulnerability of orphan girl child due to gender disparity.
- Disproportionate number of orphans involved in child labour.
- Inclusion of orphans from the formal education system and mainstream society.
- Stigmatization and exclusion of HIV +ve orphans.
- Negative impacts of gender inequality on lives of HIV/AIDS orphans.
- Sustaining livelihood for orphans.
- Reintegration of HIV +ve adolescent children into mainstream society.

OBJECTIVES

- Reduce HIV related mortality and morbidity among children infected & affected with HIV/AIDS.
- Improve quality of life for Children infected & affected with HIV/AIDS.
- Improve survival of Children infected & affected with HIV/AIDS.
- Improve access to quality primary health care and treatment.
- Improve access to life skills education and psychosocial counselling.

- Ensuring social and economic empowerment of orphans through Entrepreneurship Development training and provision of micro-credit.
- Improve access to quality ART for AIDS orphans.
- Ensuring parenting skills for foster parents / extended families.

NEEDS OF CHILDREN INFECTED & AFFECTED WITH HIV/AIDS:

These can be broadly divided into: -

Medical needs :

- Access to treatment of opportunistic infections;
- Access to antiretroviral treatment;
- Palliative care for terminally ill patients;
- Complementary home based or community based care.

Psychological needs :

- Nutrition/hygiene/stress reduction;
- Full information;
- Retain self esteem, dignity and respect of others;
- Positive emotional stability; and
- Enabling future planning

Social welfare needs :

- Mainstreaming in the formal education system;
- Income support through social security etc.;
- Shelter/housing, equal access to existing provision;
- Care for young dependent brothers / sisters;
- Legal assistance and prevention against discrimination;
- Vocational training.

COMPREHENSIVE HIV/AIDS CARE:

Comprehensive HIV/AIDS care is a holistic approach for meeting the needs of the children infected & affected with HIV/AIDS. These needs are identified and met by different discipline ranging from medical care to social support, as one discipline alone cannot effectively meet all the needs outlined above. The concept of comprehensive HIV/AIDS care across the continuum of care builds on HIV/AIDS Care Services in a Team spirit and includes the following:

(i) Voluntary Confidential Counseling and Testing (VCCT) facilitates an entry point in the continuum of comprehensive care. Establishing a site, where, in privacy, people can come to learn and accept their HIV sero-status, allows access to effective care and preventive interventions.

(ii) Clinical management of symptomatic infection with early and appropriate diagnosis and rational treatment, nutritional support, discharge planning and referral to service providers.

(iii) Nursing care to relieve the physical discomfort of illness, hygiene and infection control promotion, palliative and terminal care, training of family members in home care and preventive education.

(iv) Pre and Post test counseling to help parents of the children make informed decisions on HIV testing. This should also include a supportive and accepting environment in which behavior change and positive living are promoted and should continue with follow up counseling for the patient, and others so identified.

(v) Care at home and in the community, including the training of relatives and volunteers in the provision of care, treatment of common symptoms and palliative care. For chronic and terminal illnesses the care at home or in a community care center for distillates. Promotion of good nutrition, psychological and emotional support, spiritual support and counseling;

(vi) Formation of community support groups to provide emotional support to Children infected & affected with HIV/AIDS and their care providers. Opportunities for developing income-generating projects could be explored in these groups.

(vii) Eliminating the stigma of HIV/AIDS and developing of positive attitudes in the community towards children and families living with HIV/AIDS. This includes health care workers in both private and public health institutions.

(viii) Social support or referral to appropriate social welfare services to meet the needs for housing, employment, legal support, and to monitor and prevent discrimination; and

(ix) Partnership building between various providers (clinical, social, support groups) in order to be accessible through mutual referrals.

A priority action plan is to be developed step-by-step approach.

APPROACH:

Following initiatives are needed for setting up of care program of PLWHA :-

1. Estimation of present and future Children infected & affected with HIV/AIDS through conducted of a State level survey.
2. Assessment of needs of the Children infected & affected with HIV/AIDS.
3. Assessment of:
 - (i) Existing Services and Resources;
 - (ii) Mobilization or readjustment of resources for Institutional and home care.
4. Define priorities for additional resources.
5. Integration of home care with Primary Health Care Services & referral system.
6. Implementation:
 - (i) Training,
 - (ii) Ensure supplies.

CARE HOME FOR CHILDREN INFECTED & AFFECTED WITH HIV/AIDS:

One of the ways to take care of the Children infected and affected with HIV/AIDS cases is to establish "CARE HOME" or "Residential Care" which can be used as low cost community care and be a bridge between hospital and home care. It would also train families to look after the ill specially the terminal cases. Such care can best be provided by Philanthropic, Charitable Missionary Organizations. Linkages with primary, secondary and tertiary, as well

as, homes of the patient, community and other NGOs in the area, is essential, for the purpose of referral and other services like supply of drugs etc.

MERITS OF COMMUNITY CARE HOME:

A Care Home for Children infected & affected with HIV/AIDS has several merits :

- they can decongest hospitals, which is very important in areas where large numbers of sero-positive patients are threatening the ability of hospitals to deliver any form of health care.
- it places the responsibility of care on the community, a more appropriate strategy with chronic symptoms that cannot be cured because specific treatment is not available, or is prohibitively expensive.
- It provides palliative pain relief thus giving a good quality of life.
- It promotes a community response to the consequences of HIV infection.
- It is an affirmation that something can be done once illness has developed; and complements effective control schemes.

OBJECTIVES OF A COMMUNITY CARE HOME:

The objectives of a Care Home managed by Non-Governmental Organisations, which cares for Children infected and affected with HIV/AIDS should be as follows:

1. Keeping them comfortable and prevention of opportunistic infections that can make them feel worse.
2. Assisting them in coping with the continuing illness they experience.
3. Keeping them within the community and family groups as long as possible. This can provide them with a better quality of life at a time when they are too ill to enjoy or understand what is going on.
4. Helping them and their families prepare for coping with life after HIV. This may include proper care and nutrition, tending to relationships in the family or the community, arranging for the transfer of responsibilities and helping them to be as independent as possible.
5. AIDS patient requires more than a medicine or hospital to cope with his physical stress, mental agony, social, psychological and spiritual conditions. He needs holistic care which should have more emphasis on nursing care like that of physical care to keep the person clean and dry, to prevent skin problems, stiffness of joints and relieve pain.
6. Psychosocial care of people with AIDS is another important aspect. People with AIDS and those they love need to feel that they are not outside the love and life of their community.

COMPONENTS OF COMMUNITY BASED CARE HOME

Following are the essential components of a community care center:

1. Shelter
2. Nutritional care & support
3. Nursing care & enabling environment
4. Recreational facilities

5. Spiritual discourse
6. Referral services
7. Linkage with other social welfare organization
8. Facilities for last rites
9. Legal aspects – fulfillment of last wishes
10. Training of community based organizations in care of Children infected & affected with HIV/AIDS.

PROCEDURE FOR ADMISSION IN THE COMMUNITY CARE HOME

Any child in the age group of 0 – 18 years who is termed as:

A child tested HIV positive, confirmed by three tests. The referral should come from a Government medical hospital or a qualified private practitioner.

Maternal orphans are children under 18 whose mothers have died.

Paternal orphans are children under 18 whose fathers have died.

Double orphans are children under 18 who have lost both parents.

VULNERABLE CHILDREN

A vulnerable child is below 18 years of age and has:

- Lost one or both parents;
- Has one chronically ill parent;
- Lives in a household where one adult has died in the past year and was sick for three of the last 12 months before death; or
- Lives outside of family care.

The NGO would then have a discussion with the family members to decide whether the family can take care of the patient. If the family has the facilities to take care of the patient, the NGO would help the family to take care of the patient through its outreach workers. If the family is unable to take care of the patient economically, then the patient would be admitted in the community care home. At times orphans and those who are very sick will also be admitted. The physician employed in the NGO would do the diagnosis of the patient according to the WHO guidelines.

The community care home would observe all universal precautions and principles of hospital infection control as observed in hospitals.

It is proposed that all the staff will be trained on counseling, care and support. A yoga teacher may not be required on a full time basis, since the health of many of the children may not permit them to practice yoga. Therefore, one of the health workers may be trained on yoga.

Orissa State AIDS Control Society would provide post exposure prophylaxis for needle stick injuries to its health workers as per standard WHO guidelines.

LIST OF DRUGS REQUIRED FOR COMMUNITY CARE HOME HAVING 10 BEDS

- 1. Pain Killer :**
 - a) Paracetamol Tablet 325 mg. 100
 - b) Aspirin Tablet 250 mg. 100
 - c) Brufen Tablet 400 mg. 100
 - d) Proxivon Tablet 100
- 2. Anti – diarrhoeal :**
 - a) Lomotil 50
 - b) Imodium 50
 - c) Keolin Mixture 2 bottles
 - d) Dover's Powder
- 3. Antitussives :**
 - a) Cough syrups 5 bottles
 - b) Mist code in Phos 5 bottles
 - c) Benadryl cough syrup 5 bottles
- 4. Antibiotics (Broad spectrum antibiotics may be used)**
 - a) Tetracycline 50 caps
 - b) Metronidazole 50 Tabs
 - c) Trinitroazole 50 Tabs
 - d) Ofloxacin combination 50 Tabs
- 5. Hypnotics and Sedatives :**
 - a) Alprazolam 0.5mg. 50
 - b) Diazepam 50
 - c) Nitrozapam 50
 - d) Chlordiazepoxide (Librium) 50
- 6. Vitamins etc.:**
 - a) B – Complex 500 Tabs
 - b) Vitamin ‘C’ 500 mg. 100 Tabs
 - c) Vitamin A 100 Tabs
 - d) Vitamin D 100 Tabs
- 7. Parental Medication (The initial cost will be about Rs.10,000/-):**
 - a) Clotrimazole 5 tubes
 - b) Ointment (Volini) 5 tubes
 - c) Ciplox eye drops 2
 - d) Betnisol eye drops 2
 - e) Moove ointment 2 tubes
- 8. IV Fluids:**
 - a) 5%Glucose 10
 - b) Glucose(5%) with normal saline 10
 - c) 10% Glucose 10
- 9. Injectibles- Fortwine injections**
- 10. Calmpose**

Annexure –V(b)

TASK 1: PREPARATION OF DETAILED CAMPAIGN IMPLEMENTATION PLAN (CIP)

The preliminary assessment will be carried out within the project area. The project area in the present context is defined as a band of area applying on a corridor on 1 km either side of the right of way. Delineation of area will help in getting familiarity with the persons residing within the study area and building a rapport for smooth follow up. This part of the work comprises of several stages as narrated below. Each stage of work, as outlined below, would essentially include coordination with concerned line departments, NGOs, CBOs and State AIDS Control Society etc.

Activity 101: Mobilisation, Start up Meeting and Initial Reconnaissance

The partnering NGO will mobilize the team of experts having specialized experience in preparation of such work for Awareness Campaign for the Prevention of HIV/ AIDS Transmission in the project area. They will mobilize three key staffs from different field of expertise like **public awareness campaign manager**, **public health specialist** and **communication expert**. Except these three key staffs adequate field staffs and enumerators will be mobilized at appropriate time. For detail please refer ToR of NGO appended.

The Project start-up process with the arrival of the Team Leader. The project start up process will include identification and collection of existing data and reports, and resources planning. The Team Leader will discuss with the Client, proposed manning schedule, and consider the requirements of appropriate changes if any.

The Team Leader along with other specialists will carry out the initial reconnaissance survey of road stretches and the study area based on available time. This will be done to get a feel of the existing site situation and problems, and to enable preparation of the Inception Report. During the project period, the Team Leader and other experts will visit the study area thoroughly. This would be beneficial in finalizing the survey locations and the sampling techniques to be adopted, and also to get an idea about the problems that could be encountered during survey.

Activity 102: Desk Review of Available Documents and sample survey

To understand the socio-cultural context of the proposed project and for providing necessary inputs, relevant baseline data on social, economic existing health profile and cultural conditions will be collected and reviewed. The partnering NGO shall undertake a desk review and sample survey of the project area in order to determine the followings.

- NGOs, CBOs and other public service deliverers operating in the project area that have an interest and capacity to be involved in the project;
- Location of places where high risks groups gather,
- Local of health service providers, both public and private,
- Availability of existing public awareness materials and media channels,
- Priority target stakeholders and key behaviors to be influenced under the project;
- Stratified survey of at least 1,000 beneficiaries to determine the health profile and level of knowledge on HIV/ AIDS in a few key areas.

Activity 103: Sample Survey to Mark Current Baseline Health Profile and Assessment

As described in above task, stratified survey would be carried out of at least 1000 beneficiaries to determine the health profile. Adequate consultation would be carried out to know their current level of knowledge on HIV/ AIDS and their associated stigma. During survey the Partnering NGO would focus on the followings.

- Identification of sensitive locations vulnerable to HIV/AIDS and STDs along proposed road, and specific pockets in the study area,
- Identification of target groups susceptible to such diseases and their social behavior towards community/ society,
- Level of spread of epidemic, and
- Current practice of health care etc.
- Survey of socio-economic profile, recreation time activities, communication channels, health and treatment, use of condoms etc.

Behavioral assessment will be carried out to know the changes in behavior of the affected people and their reaction towards the society in which they are living. The assessment would focus on their economic condition, health, gender, mobility and time being spent outside the home. The present health care facilities available in the surrounding areas and what kind of health care facility the affected people adopt. Special consideration will be made to study how gender disaggregated activity is impacted with respect to highway project.

Survey Schedule

Focus group discussions

- For men
- For women

In-depth interview

- For *dhaba* owner / manager
- For transport company owner / manager
- For NGO

One-to-one interview (structured and semi-structured questionnaire)

- For truckers
- For sex workers



Photographs showing Sample Survey of Roadside Kiosks and Truckers to be adopted during project Implementation

Survey Points

Survey locations will be carefully chosen so as to collect the accurate data and information. The probable points are truckers resting point, roadside *dhabas*, and single kiosks along roadside, roadside red light area where sex workers operate or villages closely situated to the highway bypasses. A sample photographs shown above explains the survey of various target groups to be captured during project implementation.

Activity 104: Consultation with the Client and other Stakeholders

In order to adopt a participatory approach during project preparation adequate consultation will be carried out with the local active NGOs and CBOs of the concerned road sections, with the OWD, SACS, and general public in different parts of the project area and especially at identified sensitive locations. Social harmony will be maintained at all time for continued flow of information. At the same time confidentiality will be maintained particularly with the HIV/ AIDS affected persons because AIDS has been traditionally perceived as a disease of "others" - of people living on the margins of society, whose lifestyles are considered 'perverted' and 'sinful'.

Need of Stakeholders Consultation

Consultation of the Stakeholders in planning process for preventive measures adopted for HIV/AIDS is an important process. The consultation of stakeholders is essential to bring out their issues, needs, opinions and concerns. Since the study addresses the issues, which are important to the stakeholders, it is necessary to know their views. Different interest groups would be contacted to know their views and suggestions through out the project cycle. **Photo below** shows organizing different interest groups like, women, workers etc. and consultation with them. Besides this, it is also important to identify the roles and functions of each of the stakeholder and their interrelationships in the entire process. The different stakeholders are

- Groups which are affected by the problem;
- Groups which are likely to be affected or are vulnerable to the disease;
- Groups which are working for the control of the disease which includes the NGO's and the government; and

- The funding agencies for AIDS control programs.

Identification of Stakeholders

Based on the above the stakeholder’ can be classified into:

- Primary Stakeholders;
- Secondary Stakeholders; and
- External Stakeholders.

The **Figure below** shows identification of different stakeholders. All stakeholders would be contacted during project implementation stage at different point of time.

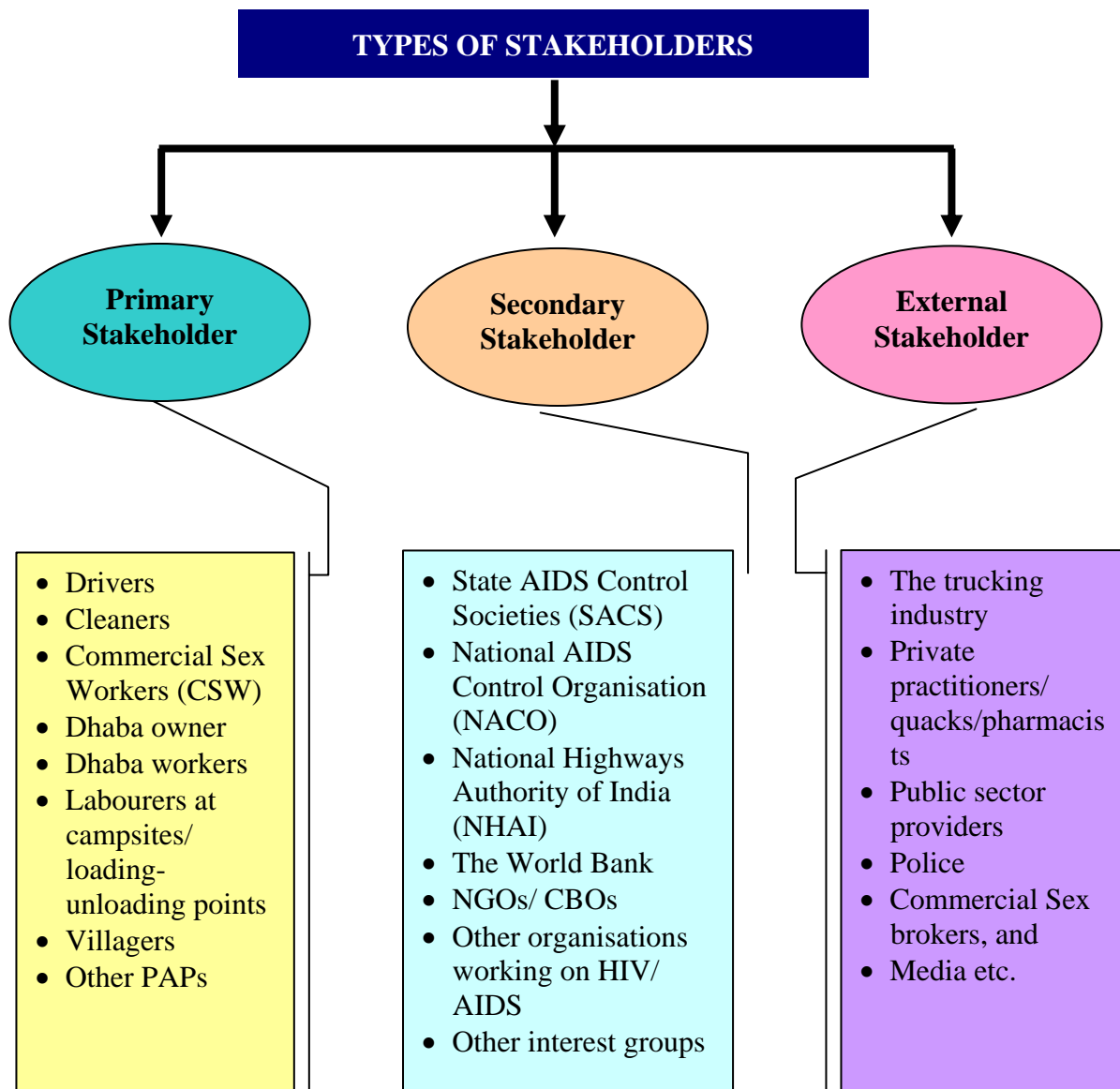


Figure: Identification of Stakeholders

Activity 105: Preparation of Approved Campaign Implementation Plan (CIP)

On the basis of the steps followed from 101 to 104, a detailed Campaign Implementation Plan (CIP) will be prepared. The CIP would reflect the detailed overall mechanism over subsequent 36 months and how the project will be implemented. The CIP would contain the following broad items.

- Identify target groups
- Identify target beneficiaries
- Identification of change of behaviour pattern over time
- Method devising how the ‘target beneficiaries’ behaviours to be changed
- Timing of/ frequency of campaign delivery in relation to the construction program
- How target beneficiaries will be directed to access medical care services for treatment of STDs and voluntary counseling/ testing centers for the diagnosis of HIV / AIDS
- How the partnering NGO will work with the OSACS and their partner agencies to complement and strengthen the AIDS control effort in the state; and
- The mechanism, including indicators and targets to be used for monitoring and evaluating progress of the campaign.

The schematic diagram shown in **Figure below** illustrates the concept of CIP, various components and their interrelationship.

Attempt will be made to study how the coordination between road development authorities and other agencies for prevention and control of HIV/AIDS and STDs along the highway would be achieved. Participatory mapping exercise will be carried out in consultation with the relevant stakeholders and key informants at the local level.

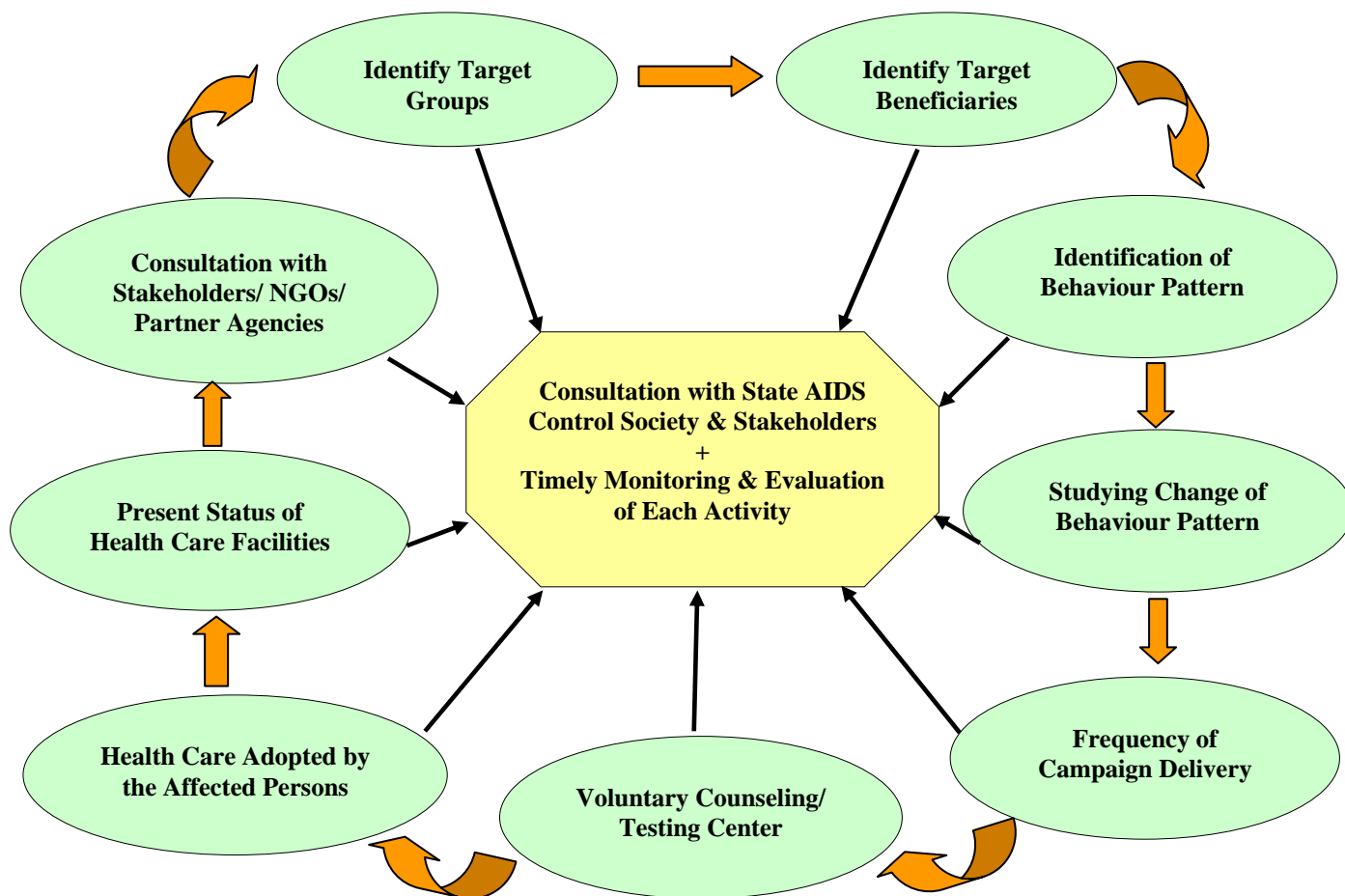


Figure: Proposed Campaign Implementation Plan (CIP)

TASK 2: DELIVER TRAINING TO AWARENESS RAISERS

The partnering NGO shall undertake training of “Awareness Raisers” as per the agreed CIP. The training of awareness will be conducted at the beginning of the campaign. This exercise may then be repeated for some or all parties at various times in accordance with the CIP.

Activity 201: Identification of Training Needs Assessment and Trainees

List of Awareness Raisers

As a part of the contract the Partnering NGO will identify the awareness raisers/ trainees. They are may be of following categories.

- Employees of the partnering NGO;
- Members of NGOs, CBOs or private sectors in the project area.
- Public service delivers (e.g. teachers, health professionals) in the project area;
- Residents of the project area;
- Transport workers;
- Shopkeepers, pharmacists, fuel station staff;
- Construction workers; or
- Other stakeholders/ interest groups as identified in CIP.

The training program will be tailored for each group as described above. During project preparation the Partnering NGO will identify the minimum number of trainees of different type to be trained over the life of the project within the available budget. Involvement of women (**Photo**) for awareness and dissemination of information is an important component of the project.

Number of Awareness Raisers to be Trained

The number of awareness raisers/ trainees to be trained will be selected carefully so that the sample size would not be less than about 25% of a particular group. Adequate care will be taken to organize all training programmes within the available budget. It is the responsibility of the Partnering NGO to select the sample size to be trained from different groups of NGOs, teachers, health professionals, local people, and shopkeepers etc. **Table 4.2** shows types of groups and the number of trainees to be chosen for training during the project implementation stage. It is estimated that more than 10,000 persons would be covered during the period of 36 months for training and awareness.

Table 4.2: Number and Types of Trainees to be given Training/ Awareness

Sl. No.	Type of Focus Groups	No. of Persons/ Trainees		
		Year 1	Year 2	Year 3
1	Training to own staffs and Clients Staffs			
2	Training to Local People			
3	Training to Drivers			
4	Training to Commercial Sex Workers			
5	Training to <i>dhaba</i> owners/ staffs			
6	Training to Labourers			
7	Training to School Teachers			
8	Training to NGOs/ CBOs/ Leaders			
9	Training to Staffs of State AIDS Control Societies			
10	Training to Media Persons			
11	Training to Villagers			
12	Training to Private practitioners/ quacks			
12	Training to Police Personnel			
13	Training to Trucking Industry			
14	Training to other Interest Groups			
15	Training to other Stakeholders			
16	Total			

Activity 202: Modes of Training and Training of Awareness Raisers

Modes of Training: The training will be imparted using audio-visual media. There will be definite and approved course content of the training material to familiarize the basic concept and aim of carrying out the exercise. Following points will be discussed during training program.

- Aim and objective of training;
- Training modules;
- Change of behavior emerging out of economic and socio-psychological background of these people;

- Role of OWD SACS in spreading awareness to reduce HIV/ AIDS;
- Role of NGOs, individuals and other institutions; and
- Measures to combat HIV/ AIDS etc.

TASK 3: DELIVERING HIV/ AIDS AWARENESS CAMPAIGN

One of the important steps in project is to deliver HIV/ AIDS awareness campaign with its design and implementation of campaigning exercise. The basic tool for carrying out this task is dissemination of information, education and communication (IEC). Various activities under this task are as follows.

Activity 301: HIV/ AIDS Awareness Campaign through Identified Staffs

The partnering NGO shall deliver the HIV/AIDS awareness campaign as given in the agreed CIP. The campaign delivery will be carried out both through in house staffs and through the awareness raisers. All the campaign shall be delivered in close collaboration with the State AIDS Control Society, and other involved agencies as appropriate.

Keeping in mind social norms, cultural beliefs and sensitivities of the community all the communications must be in the local languages, as a result it will easy to understand and effective. Above all communication programs must give space for interaction, clarifying doubts, addressing misgivings on the issues of sex and sexuality, which are traditionally not discussed openly in a conservative society.

Activity 303: Campaign Delivery Methods and Quality Control Measures

The campaign delivery would be carried out through Information, Education and Communication (IEC). IEC is a process that informs, motivates and helps people to adopt and maintain healthy practices and life skills. It aims at empowering individuals and enabling them to make correct decisions about safe behaviour practices. IEC also attempts to create an environment, which is conducive, and supports access to treatment and services for those already infected. The objectives of the IEC strategy will be the followings.

- To raise awareness, improve knowledge and understanding among the general, population about AIDS infection and STD, routes of transmission and method of prevention.
- To mobilize all sectors of society to integrate messages and programmes on AIDS into their existing activities.
- To train health workers in AIDS communication and coping strategies for strengthening technical and managerial capabilities.
- To create a supportive environment for the care and rehabilitation of persons with HIV/AIDS.

The campaign delivery methods are expected to include the following groups.

- Public meetings; Group discussions, meeting with target groups.
- Posters, larger bill boards, banners and mobile hoardings;
- Leaflets of other objects with HIV/AIDS safety messages embedded; street plays, magic shows, puppet show, short films, *Nukrad Natak* and road side retro boards etc.
- Traveling loudspeaker vans;
- Construction camp or truck lay bye focus groups;

- Workshops and training of CBOs;
- Local radio broadcasts;
- Distribution of condoms and
- Other methods.

Resource Materials and Fees

Adequate posters, banners and leaflets will be distributed during campaign and various meetings to raise the level of awareness among public. We will incur all expenses and necessary resources to awareness raisers to implement their role throughout the campaign.

1. Posters

A kind of information, education and communication material to be distribute and fixed in publics locals. It contains information related with HIV/AIDS (**Photo 4.8**).

2. Brochures

Small hand-books which contain information related with HIV/AIDS. It's also a kind of information, education and communication material (**Photo 4.9**).



Photo 4.8: A Sample Poster

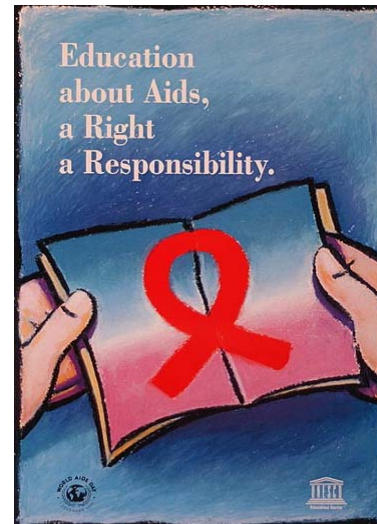


Photo 4.9: A Sample Brochure

Hoardings and Banners

Hoardings, wall paintings and banners etc. will be used at a convenient place, where people can get appropriate information. A sample copy of wall painting displaying information HIV/AIDS is shown in **Photo 4.10**.

3. Other IEC Materials

Other kind of information, education and communication material such as video, films, audio tapes, newspapers etc. to be used.



Photo 4.10: Sample Wall Painting on HIV/AIDS Awareness

4. Other Sessions

Video sessions to project films related with HIV/AIDS matters.

5. Promotional Events

Social aggregation, and others artistic events to be held with communities. During this activities give messages about HIV/AIDS matters, to encourage openness and discussion of HIV/AIDS issues.

Education will cover:

- Stigma and discrimination issues;
- Preventative behaviour including partner reduction, condom use, and awareness and importance of treatment;
- Skills including negotiating safer sex, correct condom use, purchase without embarrassment;
- Referral to local health centers and services available; and
- Integrate into the health care services routinely provided to workers the “medical” issues related to HIV/AIDS-STDs, VCT and other as appropriate.

Training Materials, Budget and Fees for Training

The number of trainees to be trained from a particular group will be carefully chosen. At least 25% sample size from each group will be taken for giving training at a time. The number of people identified for training during implementation of the project is given in **Table**. The different groups selected for training include groups of NGOs, teachers, health professionals, local people, and shopkeepers etc. The budget available for this purpose should correspond to the financial planning and actual implementation. An indicative module and number of training materials proposed for training programme is given in **Table**.

Table: Module of IEC Materials to be used during Training Programme

Type of Training Material	Strategy and Content Material	Type / Design	Number of Items to be Distributed/ Used		
			Year 1	Year 2	Year 3
IEC Materials					
Posters	Information, education and communication material to be distribute and fixed in publics locals	A-4 size A-3 size A-2 size A-0 size			
Brochures	Primary information, HIV/ AIDS issues etc.	A-4 size Tiny leaflets			
Hoardings	Awareness aspects, do's and don'ts and other AIDS issues.	Big size hoarding			
Banners	Awareness aspects, places of meeting.	Canvas banners (2mx3m)			
Wall Paintings	Wall painting on HIV/ AIDS issues.	Wall painting of various sizes			
Sub Total					
Mass Awareness Strategy					
Audio Session/ Radio broadcast	Short story and songs and basic information on HIV/ AIDS issues.	Form of songs and story			
Cable TV	About HIV/ AIDS	Information			

Type of Training Material	Strategy and Content Material	Type / Design	Number of Items to be Distributed/ Used		
			Year 1	Year 2	Year 3
broadcasting	information.				
Video Programme	Short films on HIV/ AIDS issues will be shown at public places.	Short shows			
Loud Speaker traveling vans	About HIV/ AIDS information.	Information			
Sub Total					
Promotional Events					
Fairs	Short films, discussions and information dissemination on HIV/ AIDS issues	All IEC Materials			
Social Aggregation		All IEC Materials			
Sub Total					
Other Events					
Street Plays	A skit will be prepared with references of the local area, culture, art and important current happening to ensure the maximum attention of the target audience.	Group Arrangement			
<i>Nukrad Natak/</i> puppet shows/ magic shows	Show will be organised in villages on HIV/ AIDS aspects.	Group Arrangement			
Mahila Sammelan	Meeting of women to discuss problem of HIV/AIDS. A small film will be performed to in these meeting to make the gathering more lively and interactive.	Group Arrangement			
Sub Total					

Quality Control

The partnering NGO will put in place reasonable quality control measures for ensuring that awareness raisers undertake their role to a satisfactory standard and diligently. The proposed quality control will be achieved through the following methods.

- Quality control through internal monitoring;
- Checking the assessment level both among the awareness raisers and the target groups;
- Conducting internal audit to check the quality;
- Conducting internal training of trainers;
- Continual improvement of training procedure, and taking preventive and corrective action to maintain standards.

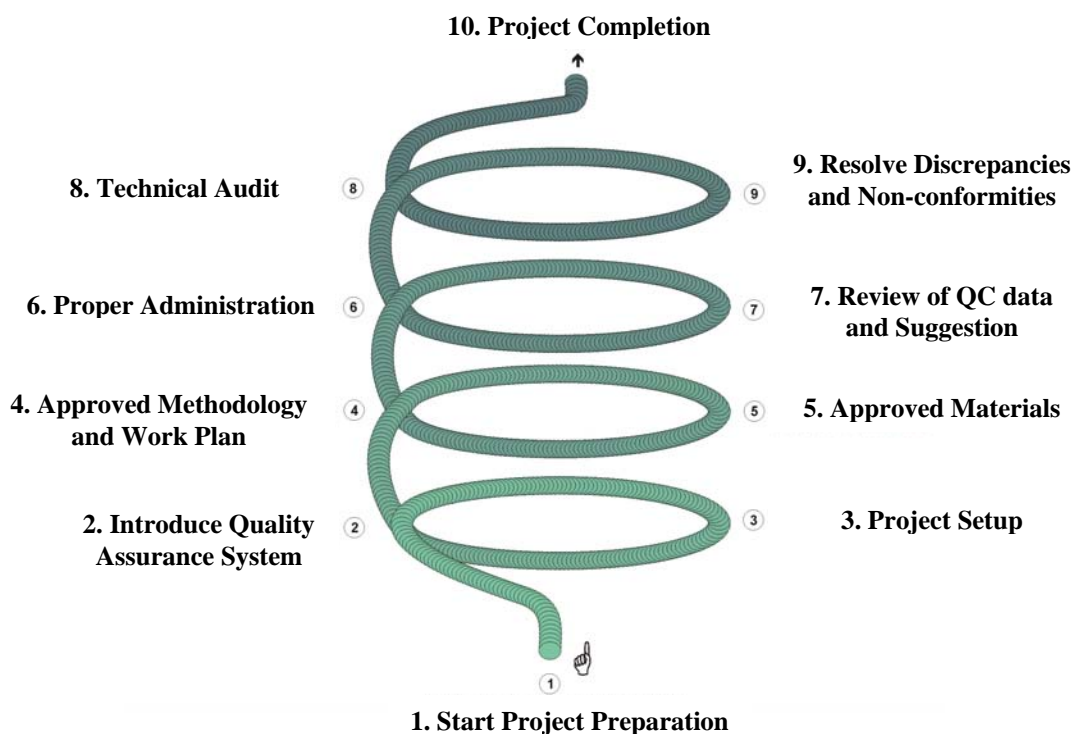


Figure 4.8: Quality Assurance Loop

The **Quality Control System (QCS)** will be drawn up by the Team Leader in consultation with other team members and the Client. In general, a two-tier approach will be followed. Any activity carried out by the support staff will be test checked by the experts as part of the QCS. The Employer will be continuously apprised about the results of these checks. The Quality Assurance Loop as given at **Figure below** explains the various steps involved in achieving and ensuring quality.

Activity 304: Identification of HIV/ AIDS Testing Centres

Voluntary Counseling and Testing (VCT) play an important role in both HIV prevention and care as an entry point. It provides people with an opportunity to learn and accept their HIV serostatus in a confidential enabling environment. Clients requesting STD or HIV testing services will be referred to testing centers identified in consultation with the state AIDS control society. The potential benefits of testing centers are

- Checking of HIV/ AIDS status at a nearest point at free of cost
- Early access to care and support
- Prevention of HIV-related illnesses
- Awareness about safer options for reproduction and infant feeding
- Better ability to cope with HIV-related anxiety
- Motivation to initiate or maintain safer sexual practices
- Improved health status through good nutritional advice
- Medicinal and emotional support

People living with HIV/AIDS experience a variety of health and social support needs as their illness progresses and opportunistic infections occurs. As a result, there is an utmost requirement of humane approach with safe clinical management of these cases. Appropriate mitigation measures and guidelines will be developed depending upon the number of cases and for future requirement during project preparation stage.

CAMPAIGN MONITORING, EVALUATION AND COORDINATION

No project is successful without proper monitoring and execution. Monitoring and evaluation is a critical activity in awareness campaign. In this task a detailed monitoring and evaluation system will be explained for evaluating the impacts. Activity 401 and Activity 402 explains the monitoring and evaluation aspects related to the project.

Activity 401: Designing Monitoring and Evaluation System

Monitoring involves periodic checking to ascertain whether activities are carried out as per the agreed schedule. It provides the necessary feedback for project management to keep the programme on schedule. By contrast, evaluation is essentially a summing up job, the end of the project's assessment of whether those activities planned to be carried out actually achieved their intended objectives. A number of quantifiable and objective indicators will be chosen to study the evaluation of pre-project and post project scenario.

The monitoring and evaluation system shall include a sample survey of beneficiaries to address the followings

- Change in health profile as identified earlier in task 1
- Change in knowledge in relation to HIV
- Change in sexual behaviour, knowledge attitude, attitude towards HIV and safe sex.

The details of evaluation of impacts and indicators are given below in Task 402.

Activity 402: Evaluation of Impacts

During project preparation a list of all indicators will be developed and taking time series data their impact will be studied. Village wise, pocket-wise, and corridor-wise analysis will be carried out to know the impact at different places.

Monitoring Indicators

Objectively Verifiable Indicators (OVI) shall be used to monitor the impacts of the project. Some of the indicators, but not limited to all are as follows.

- Number of studies conducted
- Original cases of HIV/ AIDS reported
- Level of awareness among the general public, target groups etc.
- Number of people sensitized by the project
- Change of trend in HIV/AIDS statistics with that of pre-project scenario
- Number of families identified as HIV + in pre-project period and during start of project
- Number of people outreached by outreach activities
- Number of families able to improve their health status as a percentage to total
- Number of peer educators trained during the project period

- Number of IEC materials and posters used during the training
- Other indicators as may be required depending upon site specific conditions.

Activity 403: Coordination and Suggestions

The partnering NGO shall operate for the life of the campaign as a coordinator between the client, works contractors, supervision partnering NGOs, local NGOs or CBOs and other parties with an interest in HIV/ AIDS awareness in the project area. The partnering NGO shall maintain close collaboration with the State AIDS Control Society and any other party hired by NHAI on adjacent stretches to undertake similar work. It is assured that the partnering NGO will have office premises within the project area throughout the 36 months campaign. As and when required the partnering NGO shall suggest in all matters pertain to HIV/ AIDS awareness campaigning for improvement and effective implementation.

Strategy for Sustainability of Programme in Future

Implementation framework of awareness campaign for the prevention of HIV/ AIDS envisages a time bound programme. A holistic approach must be adopted which will prevent HIV/AIDS transmission and keep a vigil on sustainability in future. Some of the strategies would be adopted are given below.

- ⌘ Secure and continuous commitment from State AIDS Control Societies for ensuring sustainability of programme.
- ⌘ Continuous awareness raisers among all groups.
- ⌘ Periodic monitoring by the implementing agency involving local people in the form of a committee.
- ⌘ Adequate information centers and dissemination of information.
- ⌘ Linking various programmes to achieve the objectives.
- ⌘ Adequate fund for implementation of the project.
- ⌘ Dedicated campaign to wipe out HIV/ AIDS as soon as possible.

Annexure –VI (a)

Terms of Reference for the Package level NGO
For the Implementation of Social Management Plan under
Orissa State Road Project(OSRP)

Works Department, Government of Orissa, has planned to improve State Highways in Orissa with the assistance of World Bank. Based on strategic option study, Works Department has identified 900 km of State Highways improvement under proposed Bank funded project. The present improvement proposal includes widening, strengthening and maintenance of various State Highways as well as important District roads.

A feasibility report has been prepared. Detailed engineering designs are being prepared for the project corridors, including comprehensive environmental and social Management Plan. Construction in the project is expected to start by October 2007.

As part of project preparation a detailed social assessment has been carried out for the proposed corridors. Social assessment studies were done based on socio-economic and census survey of the affected areas. Based on the findings of social assessment a detailed Social management Plan is being prepared.

Component of Social Management Plan are:

Resettlement Plan (RAP)

Resettlement Action Plan (RAP) is being prepared for compensating and assisting the project-affected persons (PAPs) including the project-displaced persons (PDPs) to restore their livelihood. The RAP prepared fully complies with the requirements of the Resettlement and Rehabilitation Policy of Government of Orissa, 2006. Implementation of the RAP is an important component of the overall project implementation.

Action Plan for the Prevention and Control of HIV/AIDS Transmission

Strategy and Action Plan for prevention of HIV/AIDS transmission are being prepared. The action plan envisages intervention for awareness generation, Behavior Change Communication (BCC), Information Education Communication (I-E-C) campaigns and care and support to AIDS orphan. The implementation of HIV/AIDS action plan is integrated with RAP implementation.

Indigenous People Development Plan (IPDP)

The project envisages indigenous people development as an important component. A strategy and action plan for the development of indigenous people is being prepared. The indigenous plan would be implemented by NGOs involving local communities along the project road. The Indigenous People Development Plan (IPDP) suggests preparation of community managed and community owned sustainable plan. The implementation framework of IPDP has been integrated with implementation of other social management plan

Implementation Mechanism

Social Management Plans will be implemented by Project Implementing Unit(PIU),Orissa Works Department(World Bank Projects) through its package unit at each contract packages. Implementation framework of Social Management Plan envisages support from NGOs for implementation at two levels. First tier will be at PIU level and second tier would be at package level. At PIU level nodal NGO will be hired to provide guidance to package level NGOs. Services of package level NGO would be hired for three years at each contract

package level to facilitate implementation of Social Management plans along the 900 km of stretches.

To assist in the implementation of the above mentioned Social Management Plans, PIU, Works Department now invites the services of eligible NGOs at package level. The package level NGOs will be contracted to facilitate implementation of the Social Management Plans, coordinate with nodal NGOs and package Managers and Social Management Specialist. Initially services of package level NGOs would be hired for following three packages.

Package	Description	(Approx.)Length (km)	District	PIU
1	Chandbali-Bhadrak(SH-9)-Annadpur(SH-53)	100	Bhadrak	Bhadrak
2	Berhampur-Dighaponi(SH-17)	40	Ganjam	Berhampur
3	Bhawanipatna-Khariai(SH_16)	70	Kalahandi,Bolangir,Nuapada	Bhawanipatna

Specific task of package level NGOs (but not limited to):

- Educating the PAPs on their right to entitlements and obligations.
- To ensure that the PAPs are given their full entitlements as due to them,
- Assist the PAPs in relocation and rehabilitation, including counseling, and co-ordination with the local authorities.
- Assist the PAPs in redressal of their grievances (through the grievance redressal cells set up by the project)
- Impart information to all the PAPs about the functional aspects of the various district level committees set up by the project, and assist them in benefiting from such institutional mechanism.
- To assist the package Unit (PU) in ensuring social responsibilities of the Project, such as, compliance with the labour laws, prohibition of child labour, and gender issues.
- To collect data and submit progress reports on a monthly basis as well as quarterly basis for OWD to monitor the progress of the RAP implementation.
- To reduce the risk of the spread of HIV/AIDS in the project area through raising awareness among local residents and the road users. Beneficiary's awareness is to be raised before, during and after road improvements.
- Enhance the level of awareness and knowledge of all stakeholders, particularly high risk groups, on HIV/ AIDS and safe sexual behaviours.
- Facilitate access by local communities to condoms, medical care services for treatment of STDs and voluntary counselling/ testing centres for the diagnosis of HIV/ AIDS; and
- Develop technical capacities of agencies delivering HIV/ AIDS and activities in the project area
- Implement demand driven indigenous development plans, to ensure community participation for operation and management

- To conduct Road safety awareness campaign along the project road.

Scope of Work

The NGOs will play a role of secondary stakeholder in implementation of the Social Management Plans and in mitigating the adverse effects of the project. The NGOs will remain responsible for the development of a comprehensive implementation plan to facilitate the PAPs to take advantages of the options available in the projects.

Scope of Work towards Implementation of the Social Management Plans (SMPs) are :

1 Works Towards Implementation of RAP

Identification and Verification

The NGO will undertake a survey of the project area and will update the information on the Eligible PAPs and project-affected families (PAFs). The NGO will verify the information already contained in the RAP and the individual losses of the PAPs. The NGO will establish rapport with PAPs, consult them, provide them information about the respective entitlements as proposed under the RAP, and distribute Identity Cards to the eligible PAPs. An identity card would include a photograph of the PAP, the extent of loss suffered due to the project, and the choice of the PAP with regard to the mode of compensation and assistance (if applies, as per the RAP).

The NGO will develop rapport between the PAPs and the Project Authority, particularly the Social Manager at package level. This will be achieved through regular meetings with both the Manager and the PAPs. Meetings with the Manager social will be held at least fortnightly, and meetings with the PAPs will be held as and when required basis but at least once in a month in project village (preferably the date of gram sabha meeting), during the entire duration of the assignment. All meetings and decisions taken will be documented by the NGO.

The NGO will prepare a list of the project-affected persons/families (PAPs/PAFs) including for relocation, enlisting the losses and the entitlements as per the RAP, after verification. Verification exercise will include actual measurement of the extent of loss/damage, and valuation of the loss/damage/affect along with the social Manager and representative of nodal NGO. The NGO will display the list of eligible PAPs in District offices, Tahsil office, Panchayat Offices, and prominent public places.

During the identification and verification of the eligible PAPs/PAFs, the NGO will ensure that each of the PAPs are contacted and consulted either in groups or individually. The NGO will specially ensure consultation with the women and other vulnerable families.

While finalising the entitled persons (EPs) for compensation/assistance the NGOs will make a list of entitled PAPs, and distribute **Identity Cards** to each and every verified eligible AP.

Counselling the Entitled Persons

The counselling will include the following activities by the NGO:

- The NGO will explain to the PAPs the need for land acquisition, the provisions of the policy and the entitlements under the RAP. This will also include communication to the roadside squatters and encroachers about the need for their eviction, the timeframe for their removal and their entitlements as per the RAP.

- Distribution of the OSRP entitlement framework and the translated version of the policy (in Oriya) for each and every PAP to make them understand the entitlement packages in correct perspectives.
- The NGO will disseminate information to the PAPs on the possible consequences of the project on the communities' livelihood systems and the options available, so that they do not remain ignorant.
- The NGO will initiate micro-level plans for income restoration, in consultation with the PAPs. Women's perceptions are important to be incorporated in the development of these plans.
- NGO will monitor the involvement of child labour in the civil construction work in each package.

In all of these, the NGO will consider women as a special focus group, and deal with them with care and sympathy.

Disbursing the Assistance

- The NGO will assist in determining and preparation of individual entitlement of each of the PAPs/PAFs on the basis of the RAP. In case of discrepancies, the NGO will try to resolve it in consultation with the package level manager on the basis of the Policy guidelines or take up the matter to the RPDAC, GRC.
- The NGO will assist the project authorities in ensuring a smooth transition (during the part or full relocation of the PAPs/PAFs), helping the PAPs to take salvaged materials and shift with proper notices. In close consultation with the PAPs, the NGO will inform the package manager about the shifting dates agreed with the PAPs in writing and the arrangements desired by the PAPs with respect to their entitlements.
- The NGO will assist the PAPs in opening bank accounts explaining the implications, the rules and the obligations of a joint account, and how s/he can access the resources s/he is entitled to.
- The NGO will ensure proper utilisation of the R&R budget available for each of the packages. The NGOs will ensure that the PAPs have found economic investment options and are able to restore against the loss of land and other productive assets. The NGO will identify means and advise the package manager to disburse the entitlements to the eligible persons/families in a manner that is transparent, and will report to the SMU,PCU on the level of transparency achieved in the project.

Facilitating PAPs at the Grievance Committee Meetings

- The NGO will nominate a suitable person (from the staff of the NGO) to be a member of the committees agreed upon by GRC.
- The NGO will make the PAPs aware of the functioning of RPDAC,DCAC,GRC
- The NGO will train the PAPs on the procedure to file a grievance application and to confirm that a statement of claim from the concerned PAP accompanies each grievance application. The NGO will help the PAPs in filling up the grievance application and also in clearing their doubts about the procedure as well as the context of the GRC award.
- The NGO will record the grievance and bring the same to the notice of the GRCs within 7 (seven) days of receipt of the grievance from the PAPs. It will submit a draft

resolution with respect to the particular grievance of the AP, suggesting multiple solutions, if possible, and deliberate on the same in the GRC meeting through the NGO representative in the GRC.

- To accompany the PAPs to the GRC meeting on the decided date, help the AP to express his/her grievance in a formal manner if requested by the GRC and again inform the PAPs of the decisions taken by the GRC within 3 days of receiving a decision from the GRC. (The time frame for the GRC to take a decision is 15 days).

Assisting the PAPs and the Package Manager) to Identify and Negotiate for the New Land for Resettlement

The NGOs will be responsible for the following activities

- Obtain the PAP's choice in terms of (i) land identification, (ii) site for relocation; (iii) shifting plan and arrangements; (iv) grant utilization plan; (v) community asset building plan and institutional arrangements in maintaining the assets.
- Assist the PAPs/Manager in identifying suitable land for relocation and for agriculture, ensuring the replacement of the land lost in terms of quality and quantity.
- Identify suitable government land in consultation with the Revenue Department Officials and assist in negotiating its transfer to the PAPs/ Manager (social) at reasonable prices and motivate them to appreciate and welcome the new neighbors.

Facilitating the eligible PAPs to take advantage of the existing Government Housing and Employment Schemes

With regard to the above, the NGO will,

- Co-ordinate (and impart wherever required) the training and capacity building of the PAPs, for upgrading their skills for income restoration. This will include the training to be given by the NGO to women self-help-group members in accounting, record maintenance, skill acquisition in the chosen enterprise, and marketing, etc.
- Help the PAPs in realizing and optimizing the indigenous technology knowledge (ITK) through use of local resources.
- Define, evolve and implore alternative methods of livelihood using the local skill and resources.
- Contact financial institutions like NABARD, SIDBI, and the Lead Bank of the area in accessing the credit required by the individual as well as groups of PAPs and the women's groups from the PAFs. The NGO will maintain a detailed record of such facilitation, and plan for each PAF to repay the loan.
- Establish linkages with the district administration for ensuring that the PAPs are benefited from the schemes available and those they are entitled to. The focus for this component of the NGO's work will be the vulnerable PAPs for their income restoration. The NGO will maintain a detailed record of such facilitation.

Representing the EPs in Market Value Assessment Committee for consent award

- Market Value Assessment Committees for consent award will be established at the district level and village level to evaluate the actual market price of the properties in the areas where acquisition or land and/or structures are necessary. The NGO will represent the entitled persons (EPs) in the committee to ensure that a fair assessment takes place.

2 Work towards the Implementation of Action Plan for Prevention of HIV/AIDS Transmission

Information campaign in collaboration with line agencies (such as NACO, DFID, SACS etc), including provision of signage/hoardings at suitable locations, I-E-C, and provision of condom vending machines at suitable locations (communities, rest areas, truck parking lay-byes, etc.). The NGO will assist the PIU to implement these measures, including collaborating with the line agencies.

The NGOs shall undertake a desk review and sample survey of the project area to determine information given in the Action Plan for Prevention of HIV/AIDS Transmission:

- NGOs, CBOs or other public service deliverers operating in the project area that have an interest and capacity to be involved in the project;
- Location of places where high risks groups gather,
- Local of health service providers, both public and private,
- Availability of existing public awareness materials and media channels,
- Priority target stakeholders and key behaviours to be influenced under the project;
- Stratified survey of beneficiaries to determine the health profile and level of knowledge on HIV/ AIDS in a few key areas;

Prepare Detailed Campaign Implementation Plan (CIP)

The NGOs shall prepare and agree with the SMU(PIU) a detailed Campaign Implementation Plan (CIP) for delivery over the subsequent 36 months. The CIP shall describe how following tasks will be implemented.

The CIP will identify:

- Who the target beneficiaries are and which behaviours are to be changed;
- How the target beneficiaries' behaviours to be changed, including the methods and materials (existing materials to be used wherever feasible) to be used;
- Timing of/ frequency of campaign delivery in relation to the construction program;
- How target beneficiaries will be directed to access medical care services for treatment of STDs and voluntary counseling/ testing centers for the diagnosis of HIV / AIDS.
- How the NGOs will work with the respective State AIDS Control societies and their partner agencies to complement and strengthen the AIDS control effort in the state; and
- The mechanism, including indicators and targets to be used for monitoring and evaluating progress of the campaign.

Deliver HIV/ AIDS awareness campaign: Design & Implementation of campaign

The NGOs shall deliver the HIV/AIDS awareness campaign as given in the agreed CIP. The campaign delivery shall be either through the NGOs own staff. The campaign shall be delivered in close collaboration with the State AIDS Control Society.

The NGOs shall provide all necessary resources (e.g. materials, fees, out of pocket expenses) to awareness raisers to implement their role throughout the campaign. This cost shall be included as part of the NGOs's Financial Proposal.

The campaign delivery methods are expected to include the following:

- Public meetings; Group discussions, meeting with target groups.
- Posters, larger bill boards, banners and mobile hoardings;
- Leaflets of other objects with HIV/AIDS safety messages embedded; street plays, magic shows, puppet show, short films, Nukrad Natak, Road site retro boards.
- Travelling loudspeaker vans;
- Construction camp or truck lay bye focus groups;
- Workshops and training of CBOs;
- Local radio broadcasts;
- Distribution of condoms and
- Other method to be described in the CIP.

3 Work towards the Implementation of Indigenous People Development Plan

- Coordination with District Administration for dovetailing schemes of rural development such as TSC, total literacy mission etc and understanding community needs of such project. The objective of such assessment is to integrate IPDP to these rural development plans in selected stretches for partnership development and role of OWD in the schemes.
- Facilitate community based organisations, and local NGOs working along project stretches in the planning mission of present project IPDP.
- Develop profile of indigenous communities, village resource mapping for needs of the people and conduct public meeting to reach consensus about required demand driven tribal initiatives.

4 Work towards Road Safety programme

The package level NGO would educate, aware people about road safety to

- Make community residents aware that road safety is a major community concern.
- Encourage community residents to identify the specific road safety problems faced by the community as well as remedial measures.
- Strengthen local Non Government Organizations (NGOs) and Community Based Organisations (CBOs) and their linkages to external institutions with a role in road safety.
- Educate community residents and road users in the safe use of the road and actions to be taken in the event of an accident.
- Linking community facilitators and ORWs to road safety programme to ensure sustainability of programme.

Condition of Services

The NGO will ensure that the Social Management Plans is implemented in an effective and proper manner. The prime responsibility of the NGO will be to ensure that each and every eligible PAPs receive appropriate and due entitlement (within the Entitlement Framework of OSRP) and that, at the end of the project the eligible PAPs have improved (or at least restored) their previous standard of living.

Additionally the NGO will help the PIU,OWD in all other matters deemed to be required to implement the Social Management Plan in its spirit and entirety irrespective of scope of works mentioned in ToR.

All documents created, generated or collected during the period of contract, in carrying out the services under this assignment will be the property of the OWD. No information gathered or generated during and in carrying out this assignment will be disclosed by the NGO without explicit permission of the OWD.

The Package level NGO will open its offices within project corridor preferably near the office of package manager.

Time frame for Services

The NGOs will be contracted for a period of three years from the date of commencement, with a withdrawal methodology in built into the proposals from the NGO.

Data, Services and Facilities to be provided by the Client

The OWD will provide to the NGO the copies of the PAPs' Census, the RAP, the land acquisition plan, HIV/AIDS action Plan, IPDP and any other relevant reports/data prepared by the Project Preparation team. The OWD will assist the NGOs in collaborating with the Supervision consultant.

All facilities required in the performance of the assignment, including office space, office stationery, transportation and accommodation for staff of the NGO, etc., will be arranged by the NGO.

Payment Schedule

The case of target oriented milestones for payment, certificates from the Social Manager and duly forwarded by nodal NGOs that the targets had been achieved in a satisfactory manner will accompany the invoices. In case of time bound payment package level manager and social management specialist should forward the case to Chief Engineer (World Bank Projects).

Sl.No	Payment Schedule	Payment (% of contract Value)
1	On submission of the inception Report complete in all respects	10%
2	On completion of the identification, verification and initial consultation sessions, and submission of updated data of Non-titleholders and review of the same by the Social Manager and nodal NGOs.	5%
3	On finalization of identification of hot spot, CIP and networking with stakeholders ,Training of Awareness raisers	4%
4	On submission of first round of community consultation report	4%
5	On completion of the distribution of Identity Cards to eligible NTH PAPs.	2%
6	On disbursement of compensation to at least 33% of titleholders	2%
7	On submission of the Detailed Budget of compensation/Assistance for non-titleholders (micro-individual plan)	4%
8	On approval of the plan from RPDAC and disbursement of budget	4%
9	On preparation and approval of detailed plan and Budget for	4%

	titleholders(66%) to RPDAC	
10	On substantial completion of implementation of IPDP	2%
11	On substantial completion of the relocation and rehabilitation process	4%
12	On completion of road safety awareness campaign	5%
13	Mid term Evaluation report of HIV/AIDS action plan and duly approved by SMU	5%
14	On submission of the Final Completion Report	5%
15	The remaining 40% will be paid as equal quarterly installments during the second and third year of the assignment (8 quarterly installments each equal to 5% of the contract value)	40%
	Total	100%

Team for the Assignment

The NGO will depute a team of professional to the site. The consultation of the team and the qualification for the team members is given below:

Sl.No.	Position	No. of positions	Man Month	Qualification
1.	Community Mobilizer	1	36	The Community mobilizer should be a graduate, preferably in social sciences, and should have experience of working in civil engineering/linear projects. S/he should have at least 5 years experience in implementation of R&R and community development works. S/he should have held responsible position in the previous assignments should possess participatory management skills and should have good knowledge of the region and the local languages.
2.	Communication Strategy Specialist	1	12	Should be at least a graduate in social sciences preferably in Psychology/Social Work. S/he should have at least 5 years of working experience of which at least 2 years in communication/media/job or worked in multilateral funding agencies implementation projects. Should have sound understanding of the social structure, cultural ethos of the project areas and experience in participatory management. Knowledge of local language is a necessary qualification.
3.	HIV/AIDS specialist/counselor	1	36	Should be at least a graduate in social sciences preferably in community medicine, medical anthropology/sociology/geography. S/he should have at least 5 years of working experience of which at least 2 years in awareness and communication techniques of HIV AIDS. S/he should have experience of developing and implementing SACS project, experience in participatory management. Knowledge of local language is a necessary qualification.
4.	Rtd Revenue Inspector	1	36	No minimum qualification

Additionally the following conditions will apply to the team proposed by the NGO.

- That any of the above mentioned key person could be Team Coordinator.
- That the proposal should accompany a personnel deployment schedule, clearly indicating whether the deployment is home-office based or in the field.
- That the NGOs must propose at least one woman as part of the key personnel. The person-month deployment of the woman key personnel will constitute at least 33% of the person-month deployment of all key professionals (including the team leader) in the assignment. At least one proposed woman key person will be available to work at site for at least 50% of the duration of the assignment.
- That the women key persons, if selected for the contract, may be replaced during the period of contract, only with women key persons of equivalent qualifications and experience.
- That the NGOs will depute a 'technical support' team to work at the site, which will consist of at least 33% of women members. Junior support personnel and/or administrative staff will not be considered as 'technical support' professionals, as far as this condition is concerned.

Annexure –VI (b)

Terms of Reference for the Nodal NGO
For the Implementation of Social Management Plan under
Orissa State Road Project(OSRP)

Works Department, Government of Orissa, has planned to improve State Highways with the assistance of World Bank. Based on strategic option study, Works Department has identified 900 km of State Highways improvement under proposed Bank funded project. These roads have been prioritized as year one and year two roads.

The present improvement proposal includes widening, strengthening and maintenance of various State Highways as well as important District roads.

A feasibility report has been prepared. Detailed engineering designs are being prepared for the project corridors, including comprehensive environmental and social Management Plan. Construction in the project is expected to start by October 2007.

As part of project preparation a detailed social assessment has been carried out for the proposed corridors. Based on the social assessment comprehensive Social Management Plan is being prepared.

Component of Social Management Plan are:

Resettlement Plan (RAP)

Resettlement Action Plan (RAP) is being prepared for compensating and assisting the project-affected persons (PAPs) including the project-displaced persons (PDPs) to restore their livelihood and resettle displaced families. The RAP prepared fully complies with the requirements of the Resettlement and Rehabilitation Policy of Government of Orissa, 2006. Implementation of the RAP is an important component of the overall project implementation.

Action Plan for the Prevention and Control of HIV/AIDS Transmission

Strategy and Action Plan for prevention of HIV/AIDS transmission are being prepared. The action plan envisages intervention for awareness generation Behavior Change Communication (BCC), Information Education Communication (I-E-C) campaigns and care and support to AIDS orphan.

Indigenous People Development Plan (IPDP)

The project envisages indigenous people development as an important component. A strategy and action plan for indigenous people development is being prepared. The indigenous plan would be implemented by NGOs involving local communities along the project road. The IPD plan suggests preparation of community managed and community owned sustainable plan. The implementation framework of IPDP would be integrated with implementation of other social management plan

Implementation Mechanism

Social Management Plan will be implemented by PIU, World Bank Projects (PIU) through its package unit in each contract packages. Implementation framework of Social Management Plan envisages support from NGOs for implementation at two levels. First tier will be at PIU level and second tier would be at package level. Services of nodal NGO would be hired for five years at PIU level to facilitate implementation of social management plan along the 900 km of stretches.

To assist in the implementation of the above mentioned Management Plan, PIU, Works Department now invites the services of eligible nodal NGO. The nodal NGO will be contracted to facilitate implementation of the Social Management Plans, coordinate with package level NGOs and package Managers, Social Management Specialist. Following table outlines project stretches under proposed road improvements

Sl. No.	Name of Road	SH/MDR	Length (km)
1	Jagatpur - Kendrapada - Chandbali Bhadrak		
	a) Jagatpur - Kendrapada - Chadbali	SH-9A	99
	b) Chandbali - Bhadrak	SH-9	53
2	Bhadrak - Anandapur - Karanjia - Jashipur		
	a) Bhadrak - Anandapur	SH-53	46
	b) Anandapur - Karanjia	SH-53	79
	c) Karanjia - Jashipur	SH-49	17
3	Berhampur - Raygada		
	a) Berhampur - Bangi Jn.	SH-17	150
	b) Bangi Jn. - JK Pur	SH-4	51
4	Khariar - Bhawanipatna - Muniguda - Kerada		
	a) Khariar - Bhawanipatna	SH-16	70
	b) Bhawanipatna - Muniguda	SH-6	68
	c) Muniguda - J.K.Pur	SH-5	50
	d) J.K. Pur-Raygada	SH-4	10
	e) Raygada - Kerada	MDR-48B	25
5	Banarpal - Daspalla - Bhanjanagar - Aska - Digapahandi		
	a) Banarpal - Daspalla	MDR-18,19	89
	b) Daspalla-Bhanjanagar	SH-37	61
	c) Bhanjanagar - Aska	SH-7	38
TOTAL			906

Nodal NGO would provide consulting services to Social Management Unit (SMU) in implementing RAP, HIV/AIDS action Plan and Indigenous People Development Plan(IPDP) and Road Safety Awareness campaign.

Specific Tasks of nodal NGO will include (but not limited to):

- Facilitate implementation of RAP
- Facilitate PIU for hiring local NGOs at contract package level
- Work in close coordination with package level NGOs and provide necessary guidance to Social Management Unit (SMU) and package level NGOs in smooth implementation of RAP
- Train local NGOs and Develop capacity building measures of local NGOs
- Assess the conformity of the individual entitlement matrix (micro-plan) prepared by NGOs within the framework of approved RAP.
- Regular interaction with PIU & package managers and District level committees such as RPDAC, DCAC and Grievance Redressal.

- Co-ordinate with package level Managers.
- Provide guidance to NGOs and Package Manager in implementation of HIV action plan.
- Assist in planning and implementation of the Indigenous People Development Plan.
- Ensure community participation in implementation of Social Management Plans.
- Coordinate package level NGOs in Road safety awareness programmes.

Scope of Work

The NGOs will play a role of secondary stakeholder in implementation of the SMP and in mitigating the adverse effects of the project and provide guidance for the implementation of SMPs. The NGOs will remain responsible for the development of a comprehensive implementation plan to facilitate the PAPs to take advantages of the options available in the projects and dovetailing existing Government developmental schemes.

Scope of Work towards Implementation of the Social Management Plan will include (but not limited to):

1 Works Towards Implementation of RAP

Identification and Verification

The nodal NGO will verify the information of PAPs list prepared by package level NGOs by using suitable statistical techniques. Based on the survey and verification, the nodal NGO would vet the list of PAPs.

Facilitate Package Managers and Package level NGOs in finalizing the list of PAPs to put on bill board as per provision of RAP.

Documentation of Grievances and suggesting SMU a viable solution

- To provide technical and other support to package level NGOs for speedy solution in matter related to grievances of PAPs
- The nodal NGO would coordinate with package level NGOs and GRC at District level to provide plausible solution of grievances of PAPs and accordingly apprise SMU.
- The grievances not resolved at GRC level would be brought to SMU by nodal NGOs for further consideration.
- The nodal NGO would participate in GRC meeting at SMU level and accordingly suggest remedial measures.
- Facilitate PAPs in the GRC meeting on the decided date at State level(SLC),

The nodal NGOs would be responsible for minimizing litigation in matter regarding land acquisition and R&R assistance.

Preparation of Relocation Plan

- The nodal NGO in consultation with package level NGOs and social Manager would finalize relocation site.
- The nodal NGO would prepare relocation lay out plan, would assist SMU for finalizing allotment of land in the site.
- The nodal NGO would conduct a host population survey and endorse relocation plan.

- Assist package level NGOs in identify suitable government land in consultation with the Revenue Department Officials and assist in negotiating its transfer to the PAPs/Manager at reasonable prices and motivate them to appreciate and welcome the new neighbors.

The Nodal NGO would be responsible for successful implementation of relocation plan.

Representing the PAPs in Market Value Assessment Committee for consent award

One of the provisions of RAP in establishing compensation is consent award through negotiation. Market Value Assessment Committees for consent award at negotiated price will be established at the district level and village level. The project will assist the eligible PAPs/PAFs towards the difference between the assessed market price and the compensation award in the form of top-up. The nodal NGO will assist the entitled persons (PAPs) in the committee to ensure that a fair assessment of replacement value takes place.

Inter-Agency Linkages for Income Restoration and other R&R Services

The nodal NGO will be responsible for establishing linkages with,

- Financial institutions for facilitating the PAPs to access credit.
- Government departments, district administration, etc, to ensure that the PAPs are included in the development schemes, as applicable;
- Training institutes for imparting skill and management training for enterprise creation and development.
- The nodal NGO will ensure proper utilisation of the R&R assistance given to PAPs. The nodal NGOs will liaison with concern line department for dovetailing government schemes for the generation of additional income to PAPs.

Assisting the Engineer in Ensuring the Social Responsibilities

The NGO will assist the Engineers (Supervision Consultant) to ensure that the Contractors are abiding by the various provisions of the applicable laws, concerning the worker's safety, health and hygiene; women's issues and the child labour issues.

The applicable laws include

- i. The Maternity Benefit Act, 1951;
- ii. The Contract Labour (Regulation and Abolition) Act 1948;
- iii. The Minimum Wagers Act, 1948.
- iv. The Equal Remuneration Act, 1979.
- v. The industrial Employment (Standing Order) Act, 1946;
- vi. The Child Labour (Prohibition and Regulation) Act, 1986;
- vii. The Building and Other Construction Workers (Regulation of Employment and Conditions of Service) Act 1996;
- viii. The Cess Act of 1996 and
- ix. The Factories Act, 1948.

Any divergence from the (workers welfare and remuneration, safety, health, hygiene, women's issues, and child labor issues) provisions of these laws should be brought to the

notice of the Engineer, SMU. In this regard, nodal NGO would get input with adequate evidence from package level NGOs.

As per these laws, there are specifications regarding the facilities/requirements at the construction camp/site, including basic health care facilities, Mother and Child Welfare units and facilities for vaccinations, day creche facilities, etc. The NGO will work in co-ordination of the Female social Worker/resident engineers of the Contractor, or any other representative of the Contractors, to ensure these facilities are provided in a satisfactory manner, and all social responsibilities of the Contract is implemented satisfactorily.

Coordinating with Monitoring and Evaluation Agency

The RAP includes a provision for mid-term and post-project monitoring and evaluation by external agencies. The nodal NGO involved in the implementation of the RAP will be required to supply all information, documents to the external monitoring and evaluation agency. To this end, the nodal NGO will keep proper documentation of their work and the R&R process involved in the project, and will be responsible for the upkeep and updating of such documents periodically and regularly. The documentation will include photographs and videotapes of the pre-intervention and the post-intervention scenario of all the properties, structures and assets affected by the project.

Recommending for the Improvement of R&R Services

- Extend all services recommended by the additional studies to be undertaken by the project, in respect to the R&R services to be provided as part of the project.
- Recommended and suggested techniques and methods for improvement of services extended by the concerned government departments and other agencies and committees in disbursement/extension of R&R services in the project.
- Document implementation of the R&R process and services, including difficulties faced and corresponding solutions.
- Discuss with the SMU, Works Department on contingency management and other improvement of R&R services, within the project period.

2 Work towards the Implementation of Action Plan for Prevention of HIV/AIDS Transmission

Deliver training to awareness raisers

The NGOs shall undertake training of “Awareness Raisers” in according with the agreed CIP. The training of awareness will be conducted at the beginning of the campaign and may then be repeated for some or all parties at various times in accordance with the CIP.

The awareness raisers/ Trainees (Peer Group) education to:

- Employees of the implementing NGOs;
- Members of NGOs, CBOs or private sectors in the project area.
- Public service delivers (e.g. teachers, health professionals) in the project area;
- Residents of the project area;
- Transport workers;
- Shopkeepers, pharmacists, fuel station staff;
- Construction workers; or

- Other stakeholders to be identified as part of the CIP.

The training program will be tailored for each group

The NGOs must state in their Technical Proposal) the minimum number of trainees of different type to be trained over the life of the project within the available budget.

Finalize HIV/ AIDS awareness campaign: Design & Implementation of campaign

The nodal NGOs shall would act as architect of campaign delivery method. The nodal NGO in consultation with SMU,package managers and package level NGOs would finalize CIP agreed in HIV/AIDS action plan.

The NGOs shall work for partnership development with various secondary stakeholders such as SACS,DFID,UNAIDS for partnership development in campaign delivery.

The nodal NGOs must put in place reasonable quality control measures for ensuring that package level NGOs undertake their role to a satisfactory standard and diligently. The proposed quality control measures must be described in nodal NGOs's technical proposals.

Refer HIV testing services 2 out of 5 to testing centres identified in consultation with the State AIDS Control Society.

Make available AIDS drugs 2 out of 5(ART) to all infected by HIV/AIDS in consultation with State AIDS Control society and care and support to all AIDS orphan.*(This exercise is limited to 1 km corridor of road and budget would be entirely financed by project authorities*

The NGOs must *state in their Technical Proposal (as part of Form: Tech 4)* the minimum number of each type of method (as stated in para above) they will deliver over the life of the project within the available budget.

Campaign Monitoring, Evaluation and Coordination

The NGOs shall design and implement a monitoring and evaluation (M&E) system, using a small number of measurable indicators and target values, to assess the impact of the campaign. The M & E system shall be described in the CIP and agreed with the client.

The system shall include a sample survey of beneficiaries (i) change in health profile (ii) change in knowledge in relation to HIV and (iii) change in sexual behaviour, knowledge attitude, attitude towards HIV and safe sex.

Beginning after approval of the CIP, the NGOs shall prepare monthly progress reports to a format to be agreed with the client that states:

- Mid term report that assess the impact to date of the campaign and proposes modifications for improvement, and
- End of campaign report that assesses the impact of the road improvements on the prevalence of HIV/ AIDS and the impact of the campaign in preventing the spread of HIV/ AIDS.

The NGOs shall operate for the life of the campaign as a coordinator between the client, works contractors, Engineers, implementing NGOs, local NGOs or CBOs and other parties with an interest in HIV/ AIDS awareness in the project area. The NGOs shall maintain close collaboration with the State AIDS Control Society, DFID,UNAIDS and any other party hired by SMU, Works Department on adjacent stretches to undertake similar work. Accordingly, it is expected that the NGOs shall have at least one office open within the project area throughout the campaign.

Work towards the Implementation of Indigenous People Development Plan

- Coordination with District Administration for dovetailing schemes of rural development such as TSC, total literacy mission etc and understanding community needs of such project. The objective of such assessment is to integrate IPDP to these rural development plans in selected stretches for partnership development.
- Facilitate package level NGOs to involve community based organisations, and local NGOs working along project stretches in the planning mission of present project IPDP.

Work Towards Road Safety Programme

The Nodal NGO shall undertake a desk review and survey of the project area to determine the following:

- i. NGOs, CBOs or other public service deliverers operating in the project area that have an interest and capacity to be involved in the project;
- ii. Location of accident blackspots, number of road deaths and serious injuries in the project area based on secondary information;
- iii. Location of places where road users gather
- iv. Location of schools and other places where vulnerable road users may congregate;
- v. Priority target stakeholders and key behaviours to be influenced under the project;
- vi. Availability of existing public awareness materials and media channels;

The nodal NGO shall train package level NGO about road safety programme, techniques, community involvement and will share findings of above mentioned data and information.

To develop user friendly software for managing retrieving strong data base of NGOs

- The consultant would develop suitable software with linkages among database of different NGOs
- The data base would be provided by NGOs in soft copy
- The software so generated would have quality to formulate implementation plan for other section of OSRP
- Demonstrate the software in front of officials of SIMSU,OWD

To highlight best practices of implementation of NGOs and develop mechanism for replication in other section of OSRP

- Scope of services in the above mentioned objectives is to document best practices as case studies and prepare steps to follow above mentioned best practices in other stretches.
- Illustrate role of SMU,OWD in implementation of best practices in other section of OSRP

Nodal NGO would be responsible for sustainable management and implementation framework of Social Management plans and would make withdrawal plan of package level NGOs.

Payment Schedule and deliverables

Sl. No.	Output	Payment Schedule
1	Inception Report	10%
2	Identification and Verification	10%
3	Preparation of Campaign Implementation Plan of HIV/AIDS Action Plan	5%
4	Completion of Market Value Assessment	5%
5	Training to awareness raisers	5%
6	Finalization of Relocation Plan	5%
7	Disbursement of Assistance	5%
8	Disbursement of compensation	5%
9	Physical Relocation of PAPs	5%
10	Withdrawal Plan and Database of Package level NGOs to SMU	5%
11	The remaining 20% will be paid as equal quarterly installments during the second and third year of the assignment (16 quarterly installments each equal to 2.5% of the contract value)	40%
Payment milestone is only indicative and payment to Nodal NGOs could be made as proportion of work completed. However maximum no of claim of completion of work would not exceed two in one quarter of the year.		

Condition of Services

The NGO will ensure that the Social Management Plans is implemented in an effective and proper manner. The prime responsibility of the NGO will be to ensure that each and every eligible PAPs receive appropriate and due entitlement (within the Entitlement Framework of OSRP) and that, at the end of the project the eligible PAPs have improved (or at least restored) their previous standard of living. People along the corridor are aware about the HIV/AIDS.

Additionally the NGO will help the SMU in all other matters deemed to be required to implement the SSIs in its spirit and entirety.

All documents created, generated or collected during the period of contract, in carrying out the services under this assignment will be the property of the OWD. No information gathered or generated during and in carrying out this assignment will be disclosed by the NGO without explicit permission of the OWD.

Any other services not included in the scope of work of ToR but required for effective implementation of Social Management Plan

The nodal NGO would open a office in Bhubeneswar preferably near PIU office.

Time frame for Services

The NGOs will be contracted for a period of five years from the date of commencement, with a withdrawal methodology in built into the proposals from the NGO.

Data, Services and Facilities to be provided by the Client

The OWD will provide to the NGO the copies of the PAPs' Census, the RAP, the land acquisition plan, HIV/AIDS action Plan, any other relevant reports/data prepared by the package level NGOs. The SMU will assist the nodal NGOs in collaborating with the Supervision consultant.

All facilities required in the performance of the assignment, including office space, office stationery, transportation and accommodation for staff of the NGO, etc., will be arranged by the NGO.

Team for the Assignment

The NGO will depute a team of professional at the office and at the site. The constitution of the team and the qualification for the team members is given below:

Sl. No.	Position	No. of positions	Man Month	Qualification
1.	Team Coordinator	1	60	The team leader should be a graduate, preferably in social sciences, and should have experience of working in civil engineering/linear projects. S/he should have at least 10 years experience in implementation of R&R and rural development works. S/he should have held responsible position in the previous assignments. S/he should possess participatory management skills and should have good knowledge of the region and the local languages.
2.	HIV/AIDS specialist /Counselor	1	60	Should be at least a graduate in social sciences preferably in Psychology, community medicine, medical anthropology/sociology/geography. S/he should have at least 5 years of working experience of which at least 2 years in counselling and communication techniques of HIV AIDS. S/he should have experience of developing and implementing SACS project, experience in participatory management. Knowledge of local language is a necessary qualification.
3	Communication Strategy Specialist	1	24	Should be at least a graduate in social sciences preferably in mass media. S/he should have at least 5 years of working experience of which at least 2 years in communication techniques of HIV/AIDS. S/he should have experience of experience in participatory management preferably working in multi lateral funding agencies. Knowledge of local language is a necessary qualification.
4.	MIS Expert	1	3	Should be BCA from recognized institute and having 3 years of experience in software management. Should have experience of handling large database.

Additionally the following conditions will apply to the team proposed by the nodal NGO.

- That the proposal should accompany a personnel deployment schedule, clearly indicating whether the deployment is home-office based or in the field.
- That the NGOs must propose at least one woman as part of the key personnel. The person-month deployment of the woman key personnel will constitute at least 33% of the person-month deployment of all key professionals (including the Team Leader) in the assignment. At least one proposed woman key person will be available to work at site for at least 50% of the duration of the assignment.
- That the women key persons, if selected for the contract, may be replaced during the period of contract, only with women key persons of equivalent qualifications and experience.
- That the NGOs will depute a 'technical support' team to work at the site, which will consist of at least 33% of women members. Junior support personnel and/or administrative staff will not be considered as 'technical support' professionals, as far as this condition is concerned.