Part I: Internship Report

ASTRON is a professionally managed consultancy organization specializing in hospital and healthcare, promoted by Dr Yash Paul Bhatia who has been at the forefront of hospital and healthcare facility management since 1981, along with a team of Healthcare and allied professionals. The combined strength of these professionals, 'Team Astron', forms the core strength of the organization. Individually, the team members have excelled in their respective fields of expertise and specialties.

Astron Hospital and Healthcare consultants are well endowed with technical expertise and experience to comprehensively assimilate projects in Hospital and Healthcare activities from conceptualization, execution, operational management to turn key project management. Their capabilities in contemporary and visionary planning of new hospitals is equally matched in adapting existing commercial buildings (hotels and commercial complexes) into healthcare delivery facilities. Functionality remains their watchword to ensure a healing environment for the seekers and ergonomic comfort for providers within the facility.

An unmatched distinction of the 'Team Astron' is its combined experience in setting up and managing large number of hospitals. Astron Hospital and Healthcare Consultants are uniquely poised to deliver advisory services in operational management for existing healthcare facilities and offer services to take on this role. The 'Team Astron' ascribes to concept of corporate governance for taking on the challenge of astute healthcare facility management.

'Team Astron' offers expertise in health economics for strategic financial investments in commercial ventures in healthcare. Their expertise for optimization of resource deployment in existing facilities, market surveys and techno-economic feasibility studies for new projects will ensure viability and surplus generation in the units.

Astron is organized as an agglomeration of divisions. These divisions work in an integrated manner while maintaining work distinction and responsibility in their specialized activities and niche foci. All projects are subject to scrutiny by the various divisions as required. This matricial organizational framework enables Astron to comprehensively assimilate projects imparting professional flavour to the various facets of its projects be it on the structural, process or outcome parameters. This distinct advantage offered by Astron is unmatched by any other hospital and

healthcare consultancy in the region.
Keeping in view the needs of the hospital and healthcare facilities Astron has developed the following divisions:

Division of Facility Planning and Design

Division of Quality and Accreditation

Division of Public Health

Division of Equipment Management

Division of Corporate Governance and System Optimization

Division of Healthcare Human Resources

I, Dr. Pooja Passi was engaged in the Public Health Division of ASTRON, under the leadership of Dr. Neeru Bhatia.

This division has to its credit several prestigious projects ranging from Research studies, Interventions, Human resource Trainings et all. There were several ongoing projects viz. Trainings of ANM for DSACS on integration of PPTCT component and RCH services being provided by the ANMs, Routine acceleration of Immunization in 10 underserved Distts of MP- a DIFID sponsored project among others.

I was involved in two projects i.e. carrying out the IEC intervention project on HIV/AIDS for the RPs across 30 Metro stations and the Acceleration of Routine Immunization project in MP. For the MP project I was involved in developing survey instruments, pr-testing and report writing. Also as part of this project I visited the Distt. of Panna falling under the project.

As part of the RP project I was part of team conducting the project and was responsible for coordinating project activities, meetings with the stakeholders, organizing the IEC camps at the designated Metro stations, data collection, analysis and report writing as well.

As part of dissertation I got to understand the working of Public Health sector i.e. how projects are planned, implemented and findings reflected upon. Being part of a Consultancy firm, I could also learn the practical application of management principles by having the chance of working in a corporate environment. I can say that my Internship period has been a very learning and fulfilling one.

Part II: Dissertation on
"IEC intervention for Rickshaw Pullers on HIV/AIDS - Assessing the impact of intervention "

INTRODUCTION

India has the world's third largest population suffering from HIV/AIDS. As per HIV statistics - 2007 Delhi (10.10%) is ranked 4th among the 29 states of India after Maharashtra (24.40%), Manipur (17.9%), and Tamil Nadu (16.8%) for IDU HIV prevalence and 5th for MSM HIV prevalence (11.73%). The worst part is that HIV is affecting the productive age of 15-49yrs with 40% of new infections occurring in the young adults. In India 88.7 % of the PLHIV has been reported in the productive age group. Now the productive age group in economic terms means the workforce. In India 92% of the workforce falls under the informal economy not covered by any security benefits. Also as per the economic survey of Delhi 2007-08 the total number of people below poverty line in Delhi is 22.93 lakhs which amount to 14.7% of total population. So not only are majority of people unable to sustain themselves but also have no security cover. The most common face of such population is the Rickshaw pullers who comprise majority of this BPL as well as the urban informal sector workforce. Poor economic background, an unsustainable livelihood, intergenerational mobility constrained by very limited education and poor range of occupational choices, Health shocks impose a significant burden on rickshaw pullers thus making them vulnerable to HIV/AIDS among other disease like TB.

Phase-III (2007-2012) of NACP has the overall goal of halting and reversing the epidemic in India over the five-year period. It has placed highest priority on preventive efforts while, at the same time, seeking to integrate prevention with care, support and treatment through a four-pronged strategy, out of which our strategy of concern is "Preventing new infections among high risk groups and general population" through:

(a) Saturation of coverage of high risk groups with targeted interventions; and

(b) Scaled up interventions in the general population.

Delhi State AIDS Control Society is a nodal agency working under National AIDS Control Organization and is responsible for implementing HIV/AIDS prevention as well as care and support program in the state of Delhi. In addition to its role in implementing Targeted Interventions to cover high- risk behavior groups and bridge population, DSACS now feels the need to focus on this fluid group which is posing a threat to accelerating HIV infection among the general population. In lieu of this, DSACS rolled out the IEC intervention project for the above mentioned high risk group of Rickshaw pullers through ASTRON Hospital & Healthcare Consultants Pvt. Ltd. The Interventional IEC activity involved nukkad nataks, counseling both one to one and group counseling, quiz and games, pamphlets and posters distribution, referral for testing and treatment to nearest ICTC/VCTC centre is an attempt to enhance the general awareness level of rickshaw pullers on HIV/AIDS and its related issues especially information about healthcare facilities for HIV testing and treatment.

The IEC activity was carried out across 30 metro stations i.e. Dilshad garden to Rithala on Red line and Jahangirpuri to New Delhi on Yellow line. A pre and post IEC activity questionnaire was conducted at each metro station to assess the awareness levels of Rickshaw pullers before and after the IEC activity. A total of 901 rickshaw pullers were targeted that is minimum number of 30 rickshaw pullers per metro station were to be covered. Also to make the intervention sustainable training of peer educators among rickshaw pullers was planned and executed by identifying peer educators through contractors and garage owners while conducting IEC activity at each metro station.

REVIEW OF LITERATURE

Reducing the risk of HIV/AIDS through behavioral and communication change method is a new key aspect of interventions in the field of public health. Information, education, and communication (IEC) for combating the situation is implemented and analyzed in the terms of planning ,implementation and outcomes to measure the effect on the society keeping in light the costing .Stating over the costing and timeline part of the IEC ,in a study in Uganda ,shows that participation in the IEC by the population not only results in the success of the activity in terms of BCC and knowledge but also has a indirect correlation of no of

participants the unit cost of interventions [***Terris-Prestholt F et al. ,*2006**] .From the above study it is quite clear that during the intervention of IEC in rikshaw puller community ,the variation of cost is proportional to the number of participant and hence more and more population should be involved.

An intervention combining AIDS information with condom eroticization, condom normalization, and communication skills; training was found to increase both AIDS-related knowledge and condom use among Canadian college students [***Ploem C, Byers ES,1997***]. From the above study it is quite clear that training component leads to an increase in community penetration as person who is trained is a representative of the population who is having more reliability by the population. Similarly other than the information activities and education intervention, training should also be included in the proposed intervention on rickshaw puller, so that each individual of population cover can act as a resource person for implementing IEC at later stage.

Coming on to the IEC methods, assessing the effects of radio, as a method of IEC material. In a study in Zambia, it was found that radio doesn't have a significant effect over the change in the knowledge and awareness of AIDS and condom usage [***Yoder PS, Hornik R, Chirwa BC,1996].***So while implementing the IEC components it could be taken into consideration as direct face to face intervention has a more effect as compared to radio ,this would probably decrease the incurred cost as the result shows there is no significant difference between high and low access groups.

Entertainment can be an effective form of information, education, and communication (IEC). In particular, theater can overcome any existing literacy barriers, add the personal face-to-face aspect of communication which uses the language and idiom of the people, and provoke emotional and analytical responses. The health promotion goals of theater productions should be made apparent in theatrical content. That content should be based upon a realistic assessment of the levels of knowledge held by the target audience, the attitudes they hold, and the behaviors they practice. The content should also be based upon an analysis of the barriers which audience members believe are impeding behavior change. Professional theatrical techniques should be used and thorough evaluation should always be conducted despite the additional costs it adds to a program. Decision-makers should also always consider the

opportunity cost of using resources for a theater intervention and question what else could be accomplished with those funds .

In a study in rural Uganda, The CEs had a tendency to avoid the educated, rich and their older relatives. Those who had met with a CE rated them as knowledgeable and trustworthy, but felt they would rather be taught by a trained health worker. Around 80% of the community said they had seen the leaflets, but had not necessarily read them. Although appreciated by some as reference material, low literacy levels and a lack of reading culture meant that some leaflets may have gone astray. These findings suggest that a multi-channel approach may be required to overcome weaknesses inherent in individual channels.[***Mitchell K, Nakamanya S, Kamali A, Whitworth JA, 2001].***

Theater approach has shown a greater effect on the change in the knowledge regarding HIV and condom usage in the above study among the people with low economic background and literacy. Since our study is on rickshaw puller community , theater approach can be emphasized as from the above literature it is quite clear that illiterate people find these methods more interactive and participates a lot ,which directly or indirectly increases the awareness level and knowledge.

OBJECTIVES

Bringing all the discussions together i.e. similar IEC activities and the informal sector population and issue of HIV/AIDS, helps define me the objective of my dissertation as follows:

***General Objective*:** Assess the impact of IEC initiatives undertaken by the Project "HIV/AIDS intervention for Rickshaw Pullers" of ASTRON Hospital & Healthcare Consultants on the targeted migrant high risk population of Rickshaw pullers across 30 Metro stations covered under the project area.

Specific Objectives:

- To design a framework for impact assessment on the basis of proposed activities.
- To assess the increase in HIV/AIDS awareness levels post IEC activity
- To assess the change in health seeking behavior of the Rickshaw Pullers.

- To assess the change in knowledge and attitude of Rickshaw Pullers regarding HIV/AIDS.
- To assess the change in awareness about myths and misconceptions regarding HIV/AIDS prevalent in the minds of Rickshaw Pullers. Post IEC activities.
- To assess the change in awareness about the relation between STIs and HIV/AIDS post IEC activities.

METHODOLOGY

Project Framework

Project was an intervention using multipronged strategies to reach underprivileged, socially excluded migrant community of rickshaw pullers towards creating awareness on issues related to HIV/AIDS. Pre intervention and post intervention data is collected to evaluate effect of intervention activities and conclusions are drawn.

The following steps comprised the Project activities:

1. Mapping of the rickshaw pullers across the designated 30 metro stations on Yellow and Red lines of Delhi.
2. Increasing awareness among rickshaw pullers regarding HIV/AIDS by carrying out IEC activity.
3. Counseling and referral of HIV suspected cases for seeking proper testing and treatment facilities.
4. Identifying and subsequent training of Peer educators on HIV/AIDS to establish a sustainable source of information on HIV/AIDS.
5. Monitoring and Evaluation of the project at all the stages to meet timelines
6. Reporting to the concerned authority i.e. DSACS.

Phase I - Preparation for Mapping the Rickshaw Pullers across 30 Metro Stations

Phase 1 was planning for locating rickshaw pullers around metro stations. Ground work was done to trace rickshaw pullers through various sources as mentioned below.

Licensing authority of Rickshaw Pullers in Delhi

Delhi authority for licensing of rickshaw pullers was contacted to get input about strength of rickshaw pullers and it was found that rickshaw puller contractors are the one who owe the rickshaws and are owner of garages and in turn rent out the rickshaws to rickshaw pullers on a daily fee basis. Also the online portal of the Federation of Rickshaw pullers of India (FORPI) was visited to gather some ground information.

Rickshaw Pullers Contractors/ Garage heads

Rickshaw puller contractors were found to be the central point from where rickshaw pullers collect their rickshaws early in the morning (7-8 am) and deposit the same in evening (9-10 pm). Rickshaw pullers pay a minimal of Rs 50 to the contractors per day for renting out their rickshaws in addition to any wear and tear caused to the rickshaw. Through these contractors our study team got an insight of the life style of rickshaw pullers and the most important fact that it's these contractors and garage owners who influence the decisions of the Rickshaw Pullers the most. Hence sensitization of the contractors is a must if we want to identify Peer educators among our target group.

NGOs working with Rickshaw pullers

Lokayan , Manushi Sangathan and Maitri are the NGOs working for the cause of Rickshaw pullers in Delhi. These important stakeholders were contacted to know what all programs are already being run by NGO's for the RPs, where the maximum number of Rickshaw Pullers can be found, what's the best time to approach the RPs, if any Peers have already being identified and which IEC means used will be most effective for the Rickshaw Pullers.

Phase II - Meeting with Stakeholders and Identifying Project Team.

Meetings and discussion were held with the following stakeholders:

- Police authorities of the respective districts including DCPs, ACPs, SHOs, Readers, Chitha Munshis and Beat Constables.
- Project Directors, Project managers of the NGOs
- Rickshaw puller contractors/ Garage heads
- Panwala, Chaiwala and other Stall/Cart owners near the identified Metro Stations.

Prime objective of meeting with these stakeholders was to collect primary information about the targeted group and build an initial rapport with the rickshaw pullers through these stakeholders.

Constitution of the Team

A core team for the intervention of rickshaw pullers was constituted comprising of experts from the field of public health, social sciences, HIV/AIDS, Institute of Clinical Research India Delhi, and team Astron.

For conducting IEC activity "Mehak" a nukkad natak organization was hired to perform the nukkad natak titled "Ek Choti Si Bhul" at all the designated metro stations. To provide counseling sessions 2 people i.e. a PLHA and a Counselor were also hired to be part of the Project Team.

A project coordinator having expertise in the field of public health and HIV/AIDS was designated to coordinate and monitor IEC activity at designated metro stations in Five districts of Delhi. In addition Principal investigator, consultant statistics and social sciences was responsible for coordinating data collection, compilation and collation.

A one day training program was organized for the Project team. The resource person involved were experts in public health, HIV/AIDS and IEC interventions.

Phase III - Estimating Target population size and Developing Study Tools

Size of Target Respondents:

A total of 901 rickshaw pullers i.e. the **Sampling Population** from the 30 designated Metro Stations on Red and Yellow line of Metro were covered. To achieve this target a minimum of

30 rickshaw pullers at each of the designated metro station were covered except at Keshav Puram (10 rickshaw pullers), Mansarovar (10 rickshaw pullers) and Chawri Bazaar(10 rickshaw pullers) metro station. In addition, the passersby as well as nearby stall owners (Panwala, Chaiwala etc) were also included in the study to assess the impact of IEC activity on general population.

Also this meant that the **Sampling Method** for the study is 'Purposive' as the project focus are the Rickshaw Pullers and the fact that only those can be chosen as sample population, on whom the intervention has been conducted.

Development of Project Instruments

Two instruments were developed viz.

1. Checklists for mapping of rickshaw pullers and related Stakeholders (Contractors & garage owners)
2. Questionnaires for Pre and Post IEC intervention.

The **CHECKLISTS** were prepared to locate the rickshaw pullers across the 30 defined Metro Stations and deciding the most convenient timings when the rickshaw pullers were relatively free, their perception about such programmes run by government and willingness to participate in such activities. Another checklist was prepared for the stakeholders i.e. Garage heads and rickshaw contractors to estimate number of rickshaw pullers in the area, identify peer educators among them and get an insight about life style of RPs.

QUESTIONNAIRES were used for data collection. Pre and Post IEC intervention questionnaires (each with a set of 14 questions) were developed keeping the following parameters in mind:

» Modes of transmission of HIV/AIDS

» Accurate modes of prevention from HIV infection

» Myths and misconceptions related to HIV/AIDS.

» Testing and referral for HIV/AIDS

» Awareness about care and support services in context of HIV/AIDS,

» Proper usage of condoms and

» Relation of STIs and HIV.

The draft pre and post intervention questionnaire was submitted to Delhi State AIDS Control Society for approval. The finalized questionnaire was then pre tested in field among similar situations and then further refined to make them comprehensible to the target respondents.

The Quantitative analysis of these questionnaires Pre and Post IEC activity using SPSS package was the mode of **Data Analysis.**

Phase IV- Conducting IEC camps

IEC Camps were organized across all the 30 Metro Stations on Red line and Yellow line falling under Five districts of Delhi i.e. Outer, North West, New Delhi, North East and North Delhi. IEC activity included *nukkad nataks* focusing on the various issues related to HIV/AIDS, counseling both one to one and group, dissemination of IEC material, conducting quizzes and prize distribution, dissemination of condoms and referral of HIV cases to the nearest Government facility.

Questionnaires were used during Pre intervention activity and Post intervention activity to assess the impact of IEC activities. The questionnaire had 14 questions asked before and after the activities and were filled in by the RPs or facilitated by the team members in case of illiterate RPs. It was the qualitative analysis of these questionnaires which gave us the study findings.

STUDY FINDINGS

GENERAL

Primary information collected from meetings with various stakeholders showed that:

» 80% of RPs are Illiterate, 5% have studied till primary school (Class 5) and rest of the 15% have some sort of informal education enabling them to read Hindi to a limited extent.

» Their family size ranges from 7-10 members with 98% of them having the families in their native villages.

» 70% of these Rickshaw pullers are migrants from Bihar, Jharkhand and U.P.

» Their living space is the slums within 2-3 Kms radius of the Metro Station. In the slums each '*jhuggi*' is occupied by 6-7 men.

» The most common substance abuse observed among the RPs is Tobacco in form of '*khaini' and 'gutka'.* Also opiod drugs in form of *'hafeem'* and '*ganja*' are brought into use to quite an extent by the RPs. There was a clear observation of IV drug use at Kashmere gate Metro Station area.

» There are 2 categories of RPs viz.

- Rickshaw pullers with their own rickshaw. (2 - 5%)
- Rickshaw pullers who rent rickshaws from contractors/ garage heads. (85 – 98%)

» Their daily income varies from Rs. 200 – Rs. 300 out of which they have to give the daily Rickshaw rent of Rs. 50.

» Opting Rickshaw pulling as mode of livelihood is influenced by factors like easy entry, regular flow of income, non availability of other suitable jobs, illiteracy and lack of skill and existing peers in the trade.

» RPs exhibit some common high risk characteristics like unsafe sexual behavior, multiple sex partners, homo sexual encounters, substance abuse and lack of awareness about testing and treatment facilities etc. which makes them highly vulnerable to HIV/AIDS.

Figure 1

Area wise Coverage of Rickshaw Pullers across 30 Metro Stations

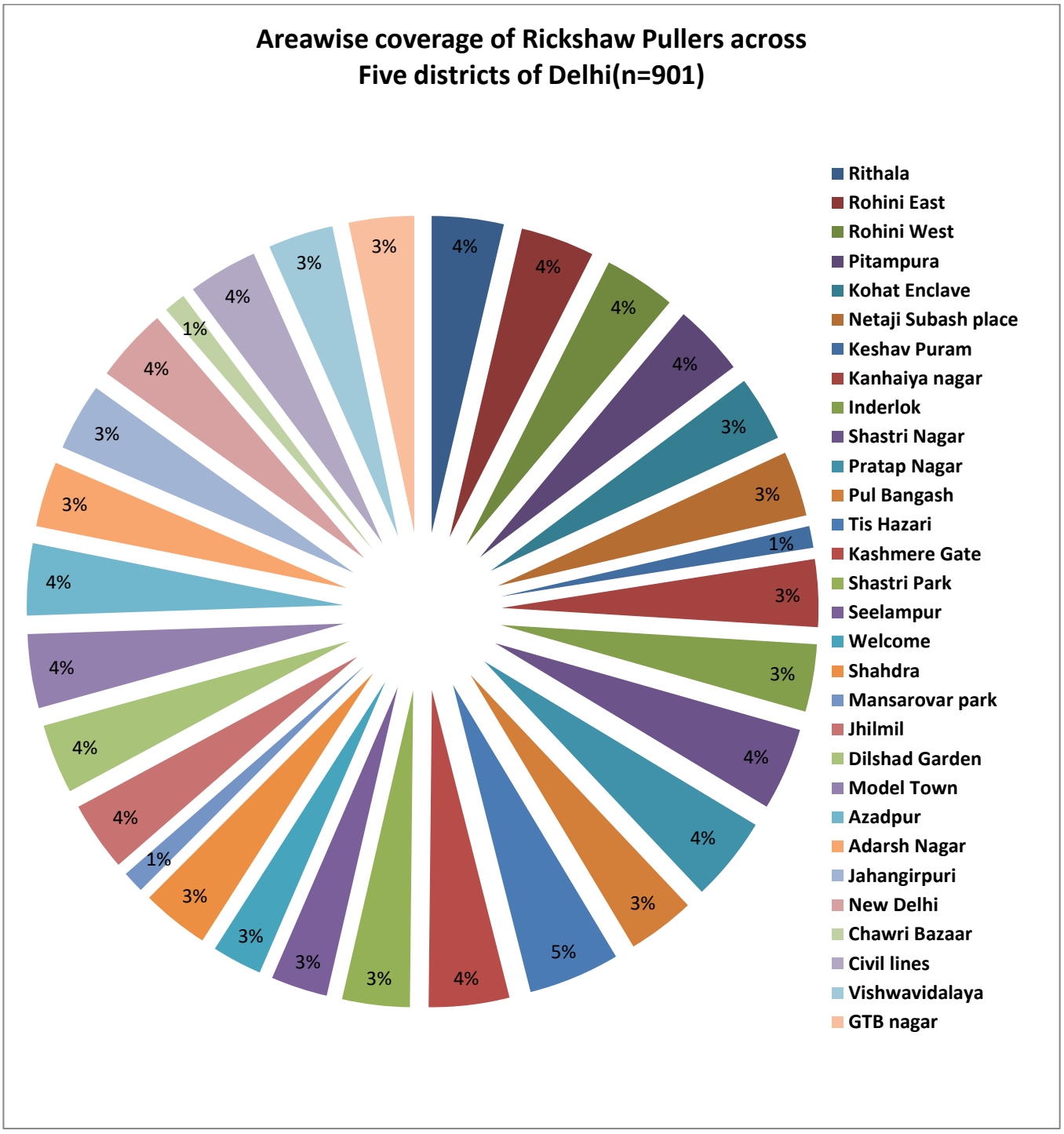


Table1: No. of Rickshaw Pullers covered across 30 Metro Stations (n=901)

DISTRICT	*Metro Station*	*Number of Rickshaw Pullers covered*
Outer Delhi	**Rithala**	**33**
	Rohini East	**34**
	Rohini West	**33**
North West Delhi	**Pitampura**	**33**
	Kohat Enclave	**30**
	Netaji Subash Place	**30**
	Keshav Puram	**10**
	Kanhaiya Nagar	**31**
	Model Town	**34**
	Azadpur	**33**
	Adarsh Nagar	**30**
	Jahangirpuri	**31**
	Inderlok	**31**
	Shastri Nagar	**38**
	Pratap Nagar	**39**
New Delhi	**New Delhi**	**34**
North Delhi	**Pul Bangash**	**31**
	Tis Hazari	**42**
	Kashmere Gate	**37**
	Chawri Bazaar	**10**
	Civil Lines	**32**
	Vishwavidalaya	**30**
	GTB Nagar	**30**
North East Delhi	**Shastri Park**	**31**
	Seelampur	**26**
	Welcome	**23**
	Shahdra	**31**
	Mansarovar Park	**10**
	Jhilmil	**32**
	Dilshad Garden	**32**
	Total	***901***

Analysis of Pre IEC intervention data reflects that ***general awareness of rickshaw pullers on issues related to HIV/AIDS was 40% and this increased up to 70% post IEC activity*. Also the %age of *Don't know questions fell down from 9% pre IEC to 3% post IEC*** showing that our basic objective of increasing the awareness levels of RPs on HIV/AIDS has been fulfilled.

Awareness about unprotected sex as a main route of transmission of HIV infection was among 50.16% of the target respondents while 43.28% were aware that the use of infected needles is responsible for spread of HIV infection.

As regarding awareness about myths and misconception in context of HIV/AIDS; only 35% of the rickshaw pullers were aware of the fact that mosquito bite does not cause HIV. Awareness about the fact that sharing of toilets and living space does not lead to HIV infection was also pretty good Pre IEC with 45% of respondents answering that HIV +ve people should not be kept in isolation.

Regarding Condom usage 46.28% of rickshaw pullers knew that once used condom cannot be reused and this awareness level further improved to 8.25% post IEC activity. Also Pre IEC 42.06% of the respondents answered correctly that Two HIV infected persons need to use a condom while having sex and this indicator too showed a remarkable improvement of 72.36% Post IEC.

Analyzing indicators regarding testing and referral issues of HIV/AIDS, we could observe that only 36-39% of the respondents pre IEC knew that only a blood test can confirm the HIV status of a person, also awareness about testing facilities i.e. ICTC/VCTC centers was negligible. It was after IEC activity that 64.92-70.58% could answer correctly about Blood test and ICTC/VCTC centers.

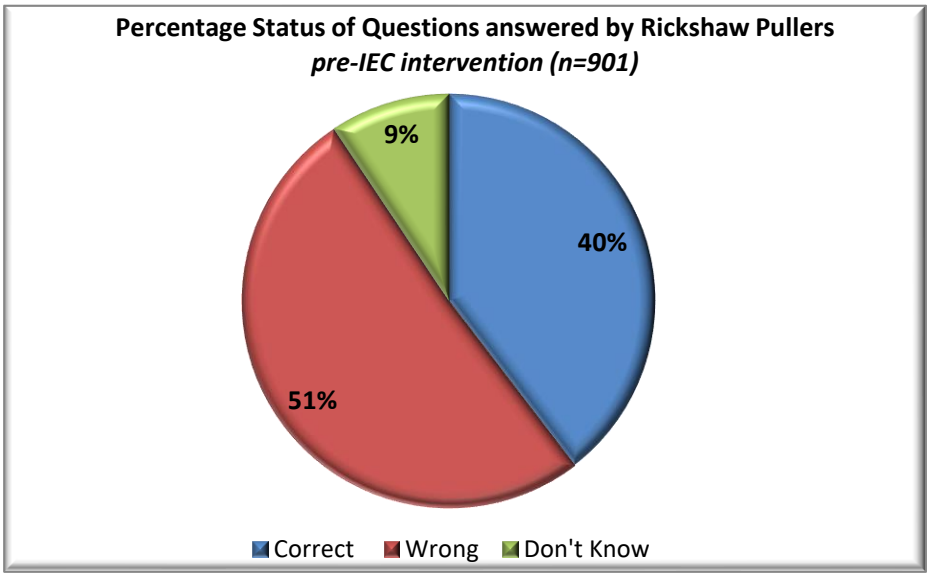
SPECIFIC

The awareness levels of RPs before and after the IEC activities was evaluated through a set of 14 questions addressing various issues like modes of transmission of HIV,knowledge about prevention methodology, STIs, myths & misconceptions, care & support services and stigma & discrimination towards PLHAs.

Keeping in view the number of participants (901) who attended the IEC camps in the district, a total of 12614 questions were answered.

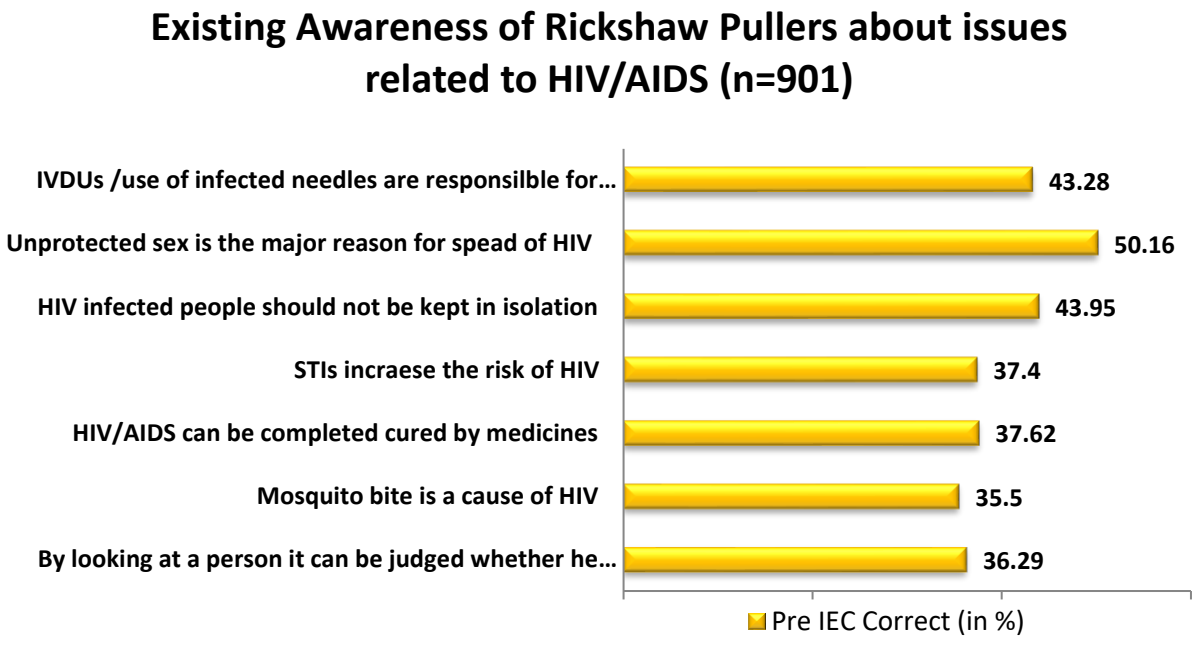
Pre IEC

Figure:2



The pre-IEC test showed (Fig.1) encouraging results with 5045 (40%) questions out of a total of 12614 being answered correctly by the RPs. 51% i.e. 6433 questions were not answered correctly and 1135 (9%) were left unanswered (don't know). This category included issues like "treatment of HIV/AIDS" and "window period in context of HIV testing".

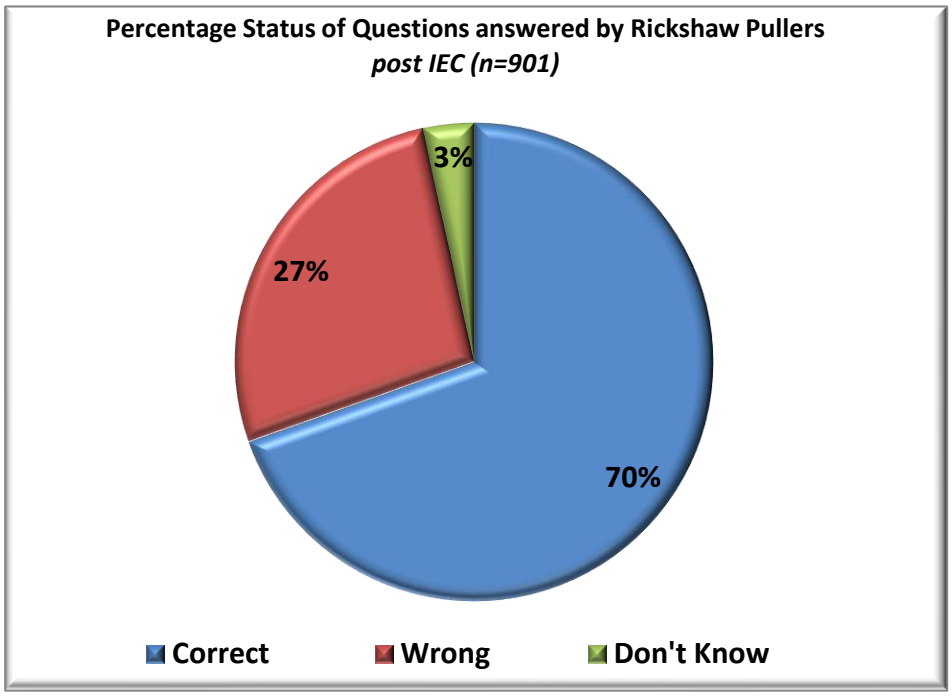
Figure 3



The pre-training evaluation infers the presence of awareness about the two leading routes of acquiring HIV infection i.e. 50.16% of the respondents were aware of the fact that unsafe sex with infected HIV person may lead to acquiring an HIV infection and 43.28% of them were aware HIV infection can also be acquired through use of infected needles. However awareness about the fact that mosquito bite cannot transmit HIV infection was found to be very low (35.5%). Also the relation between STIs and vulnerability towards HIV infection was very dismissal with only 37.4 % respondents answering correctly to this question.

Post IEC

Figure 4

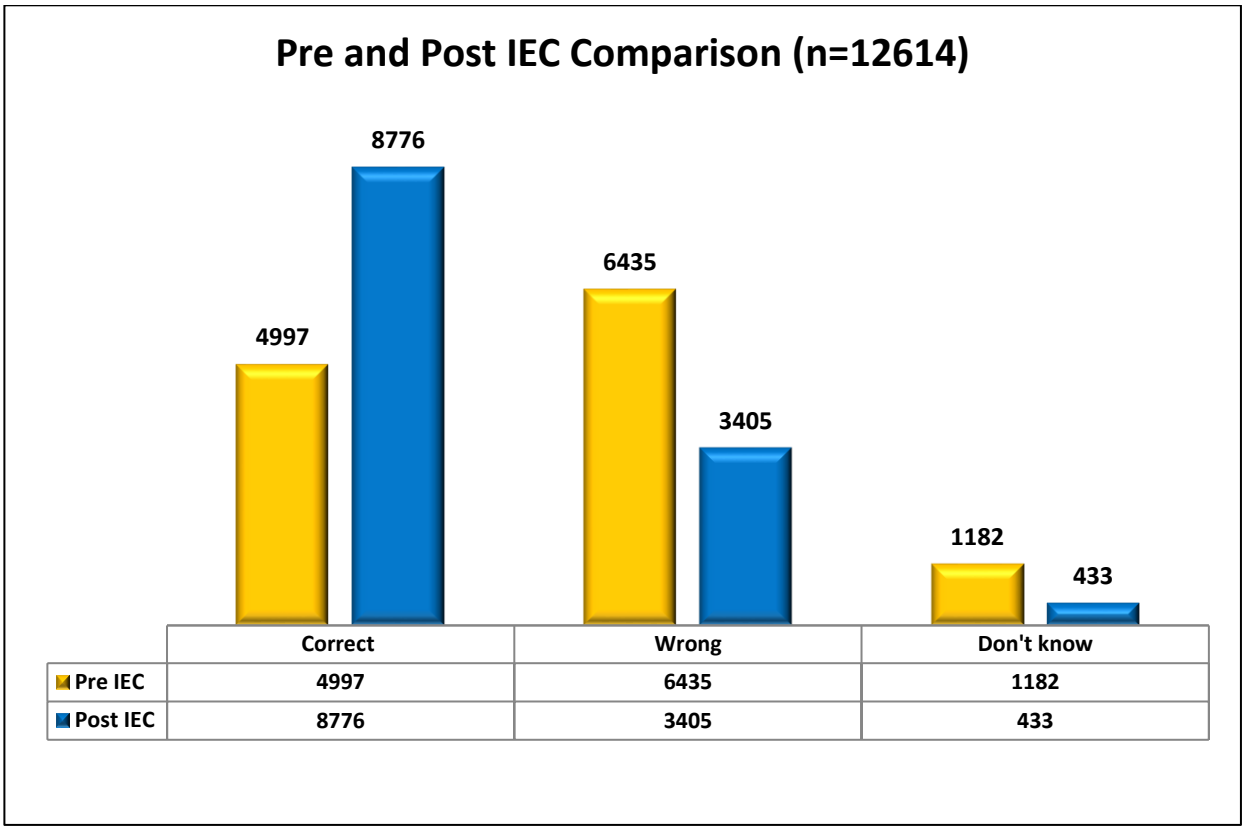


Post IEC evaluation of RPs using similar questions as in pre-test demonstrated an expected improvement of the awareness levels (Fig.) with an increase in number of correct answers (70%) and reduction in wrong (27%) and don't know answers (3%). This infers the impact of information imparted and efficiency of IEC resources.

Comparative responses of RPs: Pre-IEC and Post- IEC evaluation:

The Pre and Post IEC questionnaire had 14 questions each and hence a total of 12614 questions were analyzed as part of quantitative data analysis. An allegory of pre & post IEC test can be visualized in the following bar chart (Fig.5).

Figure 5:



When viewing in totality, a comparative analysis of pre and post IEC evaluation substantiates the purpose of this IEC exercise with an improvement in awareness levels upto 60% i.e. correct responses showed 30% improvement , wrong responses showed 25% improvement and don't know responses improved at the rate of 6%.

★★★★★★★★★★

Comparative analysis of pre and post IEC evaluation shows an improvement in awareness levels upto 60%

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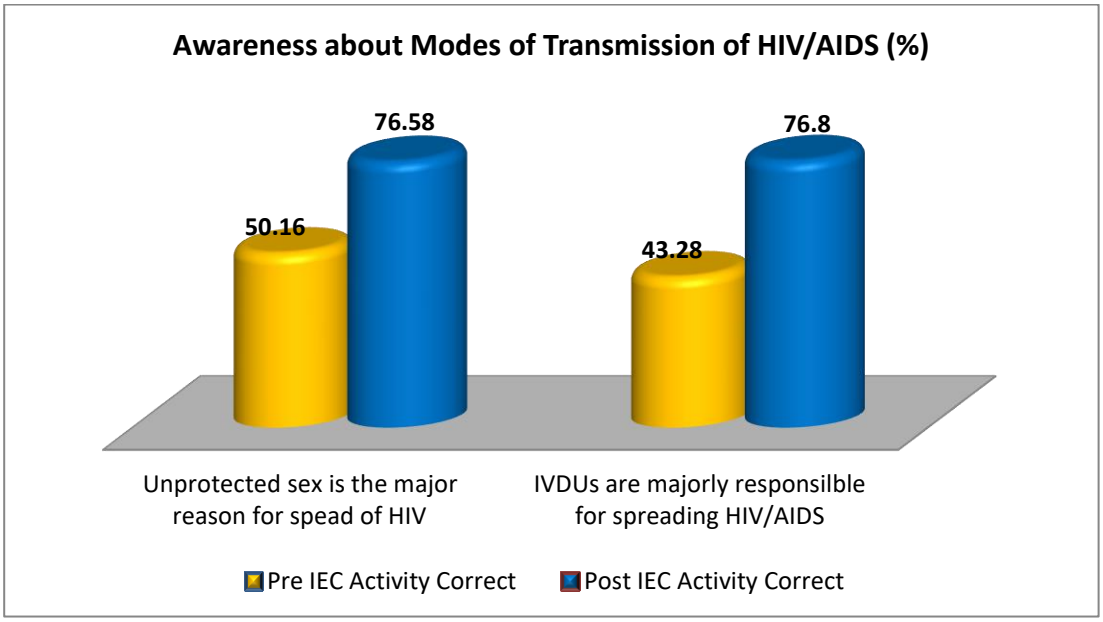
a. ***Comparative status of Awareness about Modes of Transmission of HIV/AIDS***

Figure 6

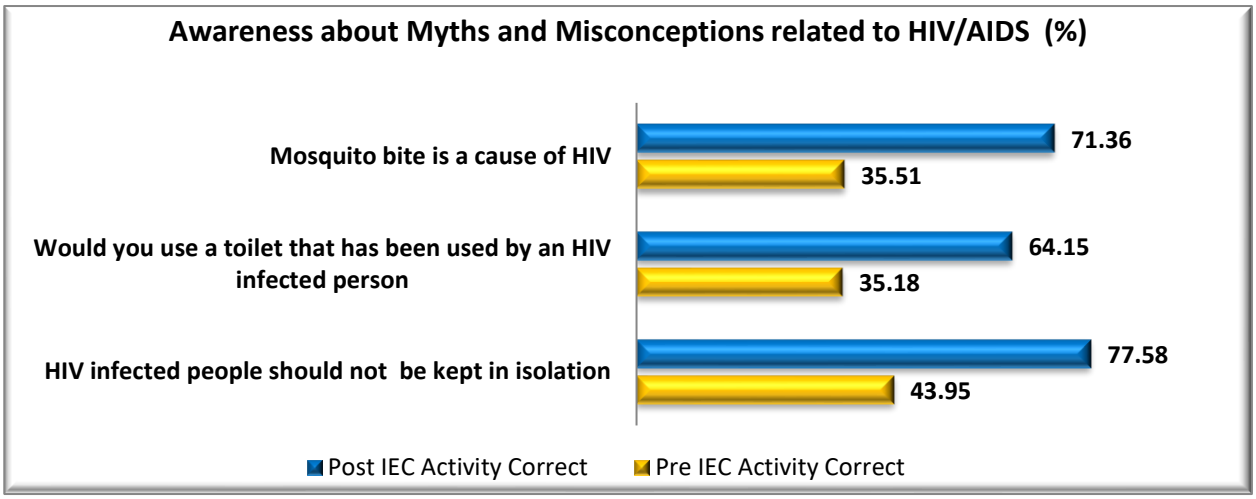


The IEC activity achieved its objective of increasing awareness about unsafe sexual practices and Injecting drug use; as the correct answer about unsafe sex increased from 50% pre IEC to 77% post IEC. Also since RPs at certain Metro Stations were found to be indulging in Injecting drug use, the IEC activity was able to make them aware of the risk of contracting HIV infection through it as post IEC evaluation shows 77% respondents correctly answering infected needle use as one of the leading causes of HIV infection.

Nukkad Natak being conducted @ Kashmiri Gate Metro Station

b. ***Comparative status of Awareness about Myths and Misconceptions related to HIV/AIDS***

Figure 7

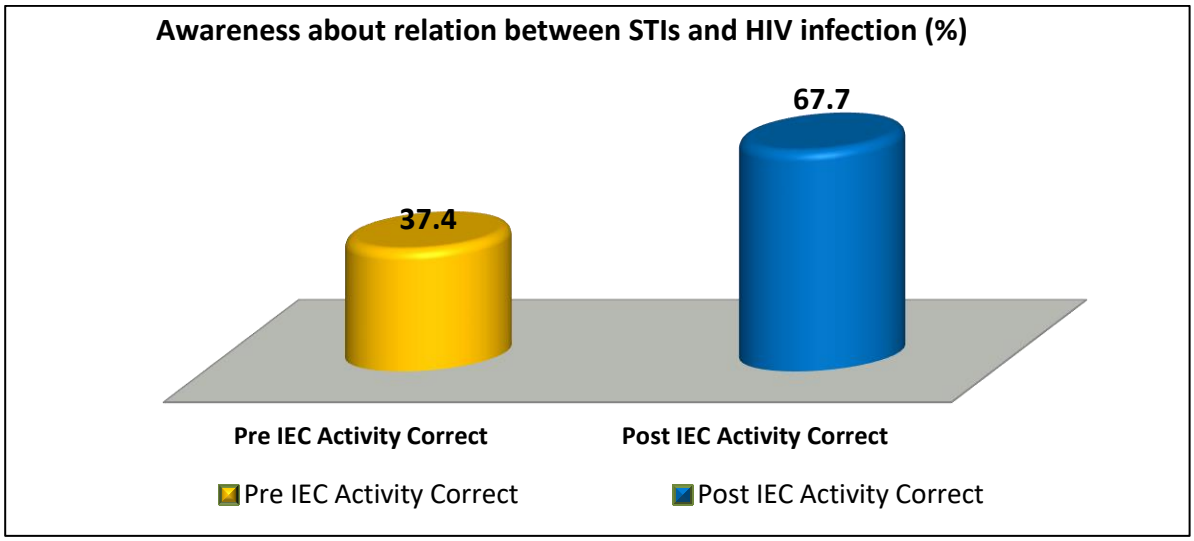


Myths and Misconceptions related to HIV/AIDS were prevalent among the RPs with only 35.51% -43.95% of the respondents correctly answering about mosquito bite being a probable mode of HIV infection and sharing toilets with HIV infected person respectively . Post IEC evaluation showed the improvement in these indicators with correct answers increasing up to 64.155 -77.58%.

Pre IEC questionnaire being filled

c. Comparative status of Awareness about correlation of STIs with HIV

Figure 8

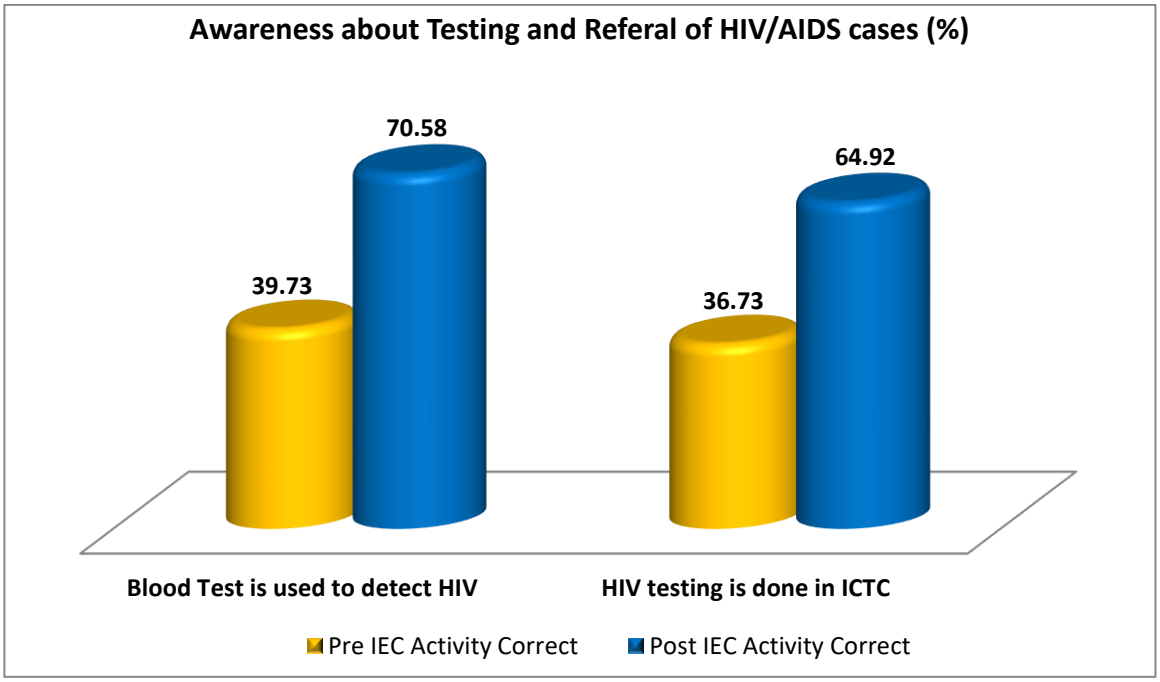


Awareness about the fact that presence of STIs increases the risk of contracting HIV pre IEC was only among 37.4% of the respondents and this level improved to 67.7% post IEC activity. Increase in awareness about STIs and HIV is very significant for this target group because owing to their poor economic status coupled with high risk activity they are much more vulnerable towards acquiring STIs and subsequently HIV, and this information now available with the RPs through the IEC activity will definitely help them adopt safe health practices.

Condom Distribution

d. ***Comparative status of Awareness about testing and treatment at ICTC/VCTC centre***

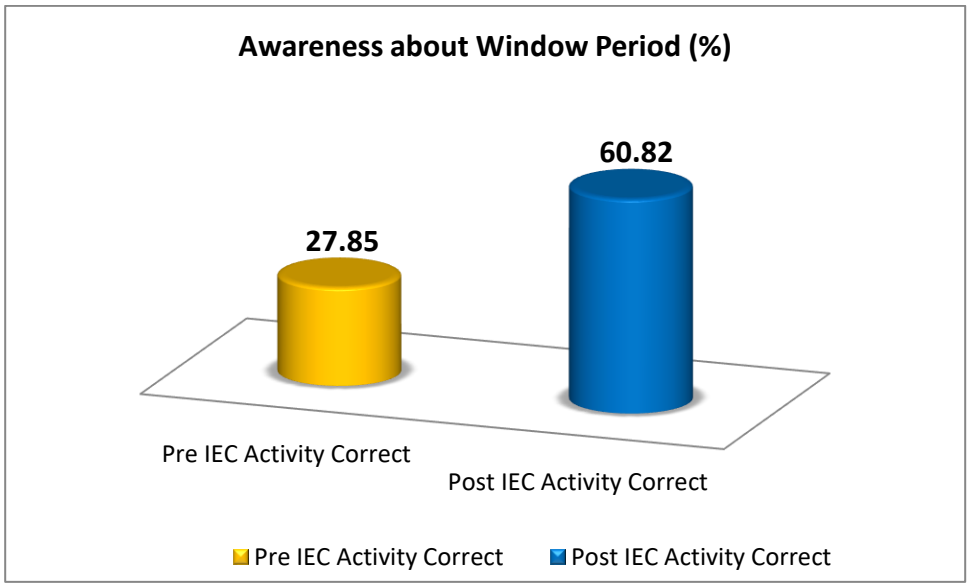
Figure 9



Awareness about testing of HIV was low among the target respondents Pre IEC as only 39.73% of the target respondents were aware that blood test is used to detect HIV infection. However post IEC this improved to 70.58%. Similarly knowledge about ICTC /VCTC centre for counseling and testing of HIV was low (36.73%) pre IEC and this level improved to 64.92% post IEC implying that now RPs know where they can go for testing and/or treatment if the need arises unlike pre IEC when they had no knowledge about facilities available and

e. ***Comparative status of Awareness about Window Period of HIV testing***

Figure 10

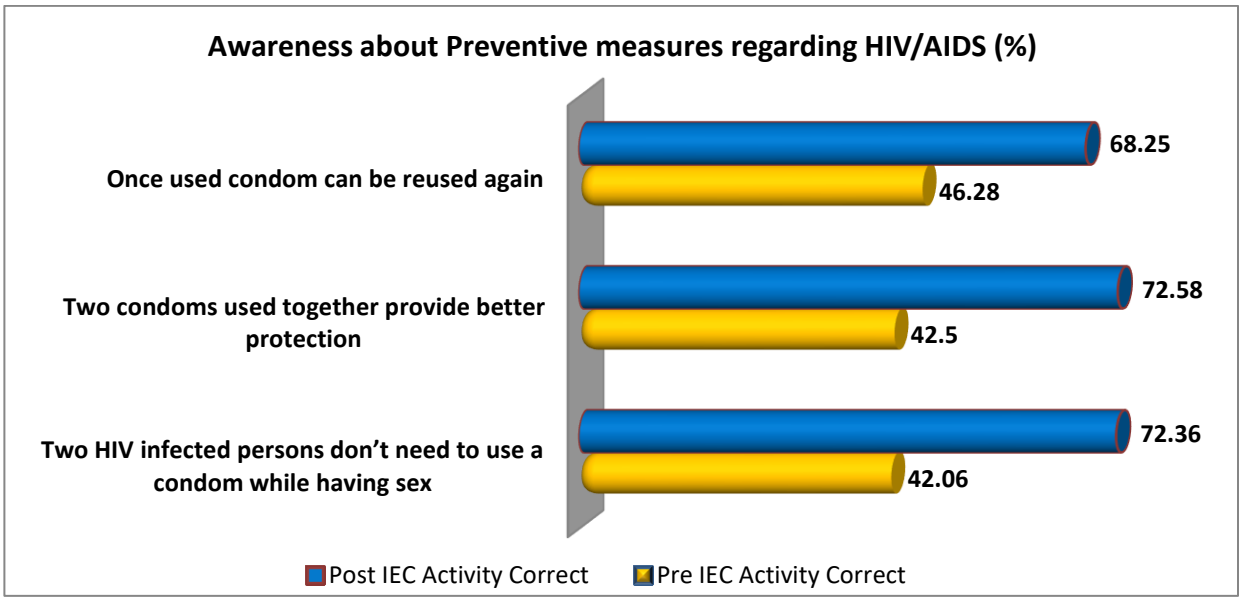


Though awareness about window period of HIV testing has shown a drastic improvement from 27.85% to 60.825 % post IEC, still concept of window period in context of HIV testing needs to be further substantiated in the minds of the RPs. This is important because the RPs need to remember that a negative test conducted once does not mean that a person is not infected with HIV, the test needs to be repeated after 3 months to have a confirmation about the HIV status.

Display of IEC materials on the Rickshaws

f. Comparative status of Awareness about Preventive Methodologies

Figure 11



Preventive methodologies being most important ways to avoid contracting deadly HIV/AIDS were the focus of the IEC camp and the effectiveness of the activities was reflected in Pre and Post IEC intervention evaluation. Out of a total 901 respondents covered, 42.06% were aware that two HIV infected persons should use condom while having sex and this awareness level further improved up to 72.36% Post IEC. Concept of condom re-usage also improved with 68.25% respondents answering it correctly post IEC. This was a very significant improvement as it can now be expected that correct usage of Condoms will be done among the RPs and will be major step towards prevention of new HIV infections among this high risk group.

DICUSSION & CONCLUSION

The specific findings indicate that the objectives of the study have been achieved. Every indicator has shown improvement which implies that if such interventions are sustained or carried out more frequently it will lead to a positive health seeking behavior among the target populations.

Looking at the total number of questions answered pre and post IEC activity; there is improvement in awareness levels upto 60% especially the number of correct answers which

increased from 40% pre IEC to 70% post IEC, indicating the overall effectiveness of the IEC intervention.

Specifically discussing the indicators, awareness about modes of transmission of HIV/AIDS showed improvement by 20-30 % on the questions about unsafe sexual practices and using unsterilized needles respectively. These are the two high risk behaviors of RPS and the post IEC intervention improvement in awareness levels ensures positive behavior change among the RPs. Similarly awareness levels about myths and misconceptions related to HIV/AIDS showed significant improvement and this implies that now stigma and discrimination towards HIV +ve person will be reduced, as RPs post IEC are willing to share toilets with HIV +ve person.

Another important indicator which showed the desired improvement was the awareness about relation between STIs and acquiring HIV infection. An STI patient has 2-9 % increased risk of acquiring HIV infection compared to a normal healthy person. Due to low socio economic status, unhygienic living conditions and unsafe sexual practices RPs often suffer from STIs and thereby are 2-9 times more prone towards acquiring HIV infection. Post IEC awareness levels (68% RPs answering correctly) thereby depict that if suffering from STI the RP may now be expected to seek testing for HIV as well. Coming to testing then, post IEC 71 % (compared to 39% pre IEC) RPs correctly responded about blood test being a confirmatory test for HIV and about ICTC/VCTC being the facility for HIV testing was answered correctly by 65% RPs post IEC compared to 36% pre IEC. So it can be concluded that RPs can not only know their vulnerability towards HIV but also access the healthcare facility towards testing of their status. In context of testing for HIV, IEC activity also informed about the ‘Window Period’. Post IEC significant improvement was observed indicating that the RPs now know that a single –ve test for HIV doesn’t necessarily indicate an HIV free status, a repeat test after 3 months will be required to have a confirmation about HIV status.

The most important focus of the IEC activity was to disseminate information about preventive measures towards HIV infection, hence messages about correct condom use were imparted during the IEC activity. As desired, post IEC improvement in awareness levels was observed ensuring that RPs can safeguard themselves as well their partner from contracting HIV infection.

The study findings and discussion make us conclude that IEC activity is an effective strategy and success towards inducing positive health seeking behavior among the target population. The post IEC awareness level improvements depict that such interventions hold promise and can be replicated at a larger scale in future.

RECOMMENDATIONS

Generating awareness among the rickshaw pullers, a migrant community vulnerable to HIV/AIDS through IEC activity is a great concept and successfully implemented by ASTRON Consultants. Based on the interaction with the RPs and other stakeholders, level of absorption of knowledge, assessment of their capacity, field level realities and work place constraints, the following recommendations are made for any similar IEC activity.

- Refresher IEC camps on the similar topics should be conducted. These could be done to cement the knowledge imparted during previous IEC activities and also to clarify existing doubts which still remain in the minds of some of the RPs.

- Regular training of the Peer educators on HIV/AIDS need to be done at frequent intervals in lieu of the turnover of this workforce so that sustained community dissemination of correct messages is done.

- The agenda/topic of IEC camps can become more focused i.e. at different times different aspects of HIV/AIDS can be taken up as content of the IEC activity. E.g. an IEC camp exclusively about imparting knowledge on testing facilities for HIV wherein locations of the ICTC/VCTC centers, the counselors at these centers and other related details can be imparted with sole focus.

- Not just Peers but also opinion leaders of the RPs i.e. the Contractors and Garage owners need to be sensitized and trained on HIV/AIDS to safeguard not only the RPs but other indirectly related migrant workers under these stakeholders.

- Condom vending machines need to be set up at the slums areas as well as the rickshaw garages to make Condoms easily available to the RPs.