

Project Proposal

For

**Prevention and Control of HIV/AIDS through BCC
and Reduction of Incidence of STI**

Target Areas : Kampala City, Uganda

Target Groups : (Female Sex Workers)

Duration of Project : 36 Months

Contribution of Implementing Agency: Human Resource, Land and
Community Volunteers Technology Resource Centre

Submitted by

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Estimated Project Cost:

Executive Summary

HIV/AIDS impacted lives of people negatively around the globe, especially in under developing countries. In Sub-Sahara African countries large number of people are affecting from this virus, marginalized groups who have lack of resources or limited access to health care services in resource constraint settings are most vulnerable and higher at risk for contracting this infection.

In Uganda the nature of this epidemic is generalized but certain marginalized groups are higher at risk for contracting of HIV due to their high risky behavior. These groups are female sex workers, Men having sex with men, People who inject drugs and young and adolescent men women and people from Uganda's transient fishing communities.

In 2018 population-based survey, it was reflected that an estimated 1.4 million people were living with HIV, and an estimated 23,000 Ugandans died of AIDS-related illnesses. the estimated HIV prevalence among adults (aged 15 to 49) stood at 5.7%. Women are disproportionately affected, with 8.8% of adult women living with HIV compared to 4.3% of men.

A national level study conducted by government authorities in 2015-16 reveled that prevalence of HIV among sex workers was estimated at 37% in 2015/16. It is also estimated that sex workers and their clients accounted for 18% of new HIV infections in Uganda in 2015/16. This study also found evidence that between 33% and 55% of sex workers in Uganda reported inconsistent condom use in the past month, driven by the fact that clients will often pay more for sex without a condom.

Keeping the above alarming situation in the mind present project is designed with multi-pronged strategy to cater the need of specific high risk groups FSW, which aims to reduce the further HIV transmission among the Female sex workers through effective behavior change communication, diagnosis and treatment of STIs, improved

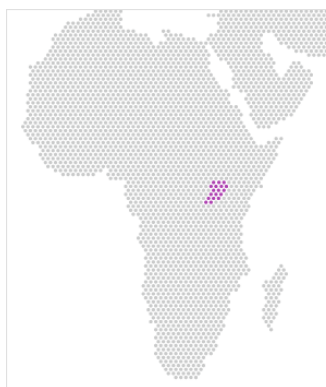
their access to resources and mobilizes them to take the ownership of intervention activities at the end of project.

This project will be implemented with the Peer led approaches, project team will reach out to FSW community members and identify and select the motivated sex workers who will willing to work as peer for their community. These peers will be further trained on various aspects and topics of HIV/AIDS, STI, ART etc. Peer will organizes small session inviting all sex workers in her link to attend the HIV/AIDS education and information sessions, these sessions also supported by ORW, PM, and Counselors. FSWs are motivated for Voluntary HIV counselling and testing and will referred to HCT centers. The Project will be implemented for three years and would cover more than 2000 FSW with prevention package.

PROJECT RATIONALE/BACKGROUND: SITUATION ANALYSIS

In 2018, an estimated 1.4 million people were living with HIV, and an estimated 23,000 Ugandans died of AIDS-related illnesses.

The epidemic is firmly



Uganda (2019)

1.5m people living with HIV

5.8% adult HIV prevalence (ages 15-49)

53,000 new HIV infections

21,000 AIDS-related deaths

85% adults on antiretroviral treatment*

65% children on antiretroviral treatment*

*All adults/children living with HIV

Source: UNAIDS Data 2020

established in the general population. As of 2018, the estimated HIV prevalence among adults (aged 15 to 49) stood at 5.7%. Women are disproportionately affected, with 8.8% of adult women living with HIV compared to 4.3% of men.

Other groups particularly affected by HIV in Uganda are sex workers, young girls and adolescent women, men who have sex with men, people who inject drugs and people from Uganda's transient fishing communities.

There has been a gradual increase in the number of people living with HIV accessing treatment. In 2013, Uganda reached a tipping point whereby the number of new infections per year was less than the number of people beginning to receive antiretroviral treatment.

However, as of 2018 around 27% of adults living with HIV and 33% of children living with HIV were still not on treatment. Persistent disparities remain around who is accessing treatment and many people living with HIV experience stigma and discrimination.

Groups most affected by HIV in Uganda

Adolescent girls and young women

HIV prevalence is almost four times higher among young women aged 15 to 24 than young men of the same age. The issues faced by this demographic include gender-based violence (including sexual abuse) and a lack of access to education, health services, social protection and information about how they cope with these inequities and injustices. Indeed, young Ugandan women who have experienced intimate partner violence are 50% more likely to have acquired HIV than women who had not experienced violence. The lack of sexual education is telling. In 2014, only 38.5% of young women and men aged 15-24 could correctly identify ways of preventing the sexual transmission of HIV and rejected major misconceptions about HIV transmission.

Sex workers

HIV prevalence among sex workers was estimated at 37% in 2015/16. It is estimated that sex workers and their clients accounted for 18% of new HIV infections in Uganda in 2015/16.

A 2015 evidence review found between 33% and 55% of sex workers in Uganda reported inconsistent condom use in the past month, driven by the fact that clients will often pay more for sex without a condom.

Violence is common, with more than 80% of sex workers experiencing recent client-perpetrated violence and 18% experiencing intimate partner violence. More than 30% had a history of extreme war-related trauma.

The criminalization of sex work and entrenched social stigma means sex workers often avoid accessing health services and conceal their occupation from healthcare providers. In particular, stigma towards male sex workers who have sex with men is exacerbated by homophobia. Indeed, many sex workers in Uganda consider social discrimination as a major barrier in their willingness or desire to test for HIV.

The prevalence of youth engaging in sex work in the slums in Kampala is high, and these young people are in dire need of interventions which address these complex health risks.

From a public health perspective, the high HIV prevalence among the youth engaging in sex work is a significant cause for concern. Targeted interventions for youth engaging in sex work could substantially impact the HIV/STI prevalence of the youth as well as their clientele.

Purpose

The proposed project will support efforts to halt and begin to reduce the spread of HIV/AIDS by 2025. The Project will assist the government as well civil society efforts to implement a comprehensive behavior change communication (BCC) package for, including mass media and community outreach to effect behavior change and reduce the risk of HIV infection among Female Sex worker, Females who are indulged in the commercial sex work activities and operating in an around Kampala city in Uganda.

The Project will be implemented for 3 years and intends to achieve reduced transmission of HIV among the targeted population, enhanced knowledge of safer sex practices, education about HIV/STI and other health conditions, correct and consistent use of condoms, creating supportive environment for better implementation of project activities, Treatment of PLHWAs.

ORGANIZATION STRENGTH

██ is a voluntary, non-profit, social development organization, committed for the empowerment of women, children, aged and needy rural masses. ██████████ longstanding desire is to support the under privileged and disadvantaged members of the society. Awareness and education, bring empowerment and empowerment leads to sustainability.

Legal Status of the Society is registered as Non-Profit Organization. Previously we have successfully implemented following projects and vast experience in implementing of such kind of Socio technical projects in and around Kampala geographical area.

Past Programs Successfully Implemented By ██████████

s.n.	Project Name	Target area	Supported by	Status
1	HIV/AIDS Prevention Project			Completed
2	Computer Training for girls and boys of High School,			Completed
3	Bag Making training for Muslim women			Completed
4	Health Awareness Program for Youths			Completed

GOAL AND OBJECTIVE:

Goal: Prevention and control of HIV/AIDS through BCC and reduction of incidence of STI among female sex workers of project area less than 10% from present level within three years in and around Kampala city in Uganda.

OBJECTIVES

The main objectives of the project are as below:

- To enhance the perception of risk among female sex workers about STI, HIV/AIDS.
- To provide BCC services 100 % community for safer sex practices.
- To develop the awareness and knowledge of STD, HIV/AIDS among Truckers & CSWs.
- To increase treatment seeking behavior among Female sex workers.
- To reduce the incidence of STI among Female sex workers by 60%.
- To promote the behaviour of condom usage among female sex workers by 80%
- To prevent and cure STIs among 100% of targeted population.
- To ensure 100% young and newly identified HRGs would be covered through BCC and prevention services.
- To establish linkages with care and support services for PLHA among target population.
- To mobilize HRG community for developing ownership of Prevention Program.

PROJECT STRATEGY:

The Project will follow multipronged strategy to cater the needs of highly specific targeted group.

- **BCC** Behaviour Change Communication is a cross cutting issue that provides communication that is aimed at achieving the objectives of the other four components.
- **STD diagnosis and treatment** To promote that the knowledge, skills and services that are necessary for detection and treatment of STD infection are available for the high risk behavior groups. In an environment that is empowering, the above situation leads the community to promptly access STD services in the event of STD infection.
- **Condom** 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. In an environment that is empowering, the above situation leads the community to use condoms in penetrative sexual acts.
- **Enabling Environment** To support and facilitate changes in the environment that enables the community to practice safer behaviors. These changes need to become policies and get implemented at state, district and local levels.
- **Community mobilization** To support and facilitate changes in the community so that they are empowered to articulate their issues and develop their own solutions or advocate for the needed solutions.

Component wise project activities are follow:

To achieves the set objective of project, we will implement following activities among the targeted population

1. Behavior Change Communication:–

- One to One session
- Community meeting/Group meeting and discussion with groups.

- Condom demo and re-demo
- leaflets distribution
- Home visits
- Counseling
- Follow up
- Reporting & Documentation

2. **STI Management:—**

- Selection & mapping of preferred providers zone wise.
- Rapport building & linkages with service providers.
- Training of preferred provider.
- Counsel and orient the preferred provider about TI roles, process of STI services and payment conditions.
- Develop medicine KIT according to guide line of NACO for preferred provider.
- Counseling and referral of HRG to preferred provider.
- Regular group discussion and one to one with HRGs and refer to preferred provider for RMC, PT, Syphilis screening.
- Follow-up.
- Record keeping at regular basis.

3. **Condom promotion:—**

- Identification and selection of outlets.
- Gap analysis of condom use and condom used.
- Demonstration on condom Use.
- Condom re-demonstration.
- Establishment of condom outlets.

- Free Condom Distribution through Peer, outlets, outreach worker.
- Social Marketing through ORW and outlets.
- Follow up.
- Training on negotiation skills.
- Reporting & Documentation.

4. **Community Mobilization :-**

- Meeting at hot spot level.
- Meeting at DIC level.
- Community event
- Reporting & Documentation

5. **Enabling Environment:-**

- Stakeholders Analysis.
- Stake holder level meeting.
- Setting up network and linkages with other services providers.
- Networking meeting with service providers.
- Advocacy and linkages with line departments.
- Observation of important Days (World AIDS day, Women day, Childers day etc).
- 1 day Advocacy – cum –sensitization workshop with media person, Health department, local leaders, police department, NGOs.

6. **Referrals and Linkages: –**

- Establishment linkages with TB clinic/ HTC/ ART.
- Referrals to HTC /ART/
- Follow-up.
- Linkages with other concerned Govt. departments.

WORK PLAN

DURATION TIME SCHEDULE FOR EACH OF THE PROJECT ACTIVITIES:

[illegible]

MONITORING AND EVALUATION

The programmed will be monitored at all level Project Director will be overall in charge of the project which will be assigned by the implementation organizations and responsible for management and day to day supervision of the project activities, PD will be assisted by project manager who will responsible for plan, design, and implementation of all project activities at field level. PM will report Pd for Project performance monitoring.

At ground ORW will be a manager of his site or area, ORW will supervise working and implementation of activities at microlevel. ORW will be supported by peer educators and conducted day to day Bcc and services related activities with target groups and community members.

The programmed will be monitored at all at Field level project activities will be supervise by Outreach worker, and project manager. Project manager will conduct weekly performance review of project activities with all peers and ORW and project team, a weekly performance report will be prepared and target for next week will be set out with individual staff members.

A project monitoring committee will be formed which will include all key staff and beneficiaries and representative from public health service department. this committee will met every month and conducts monthly review of project performance, meeting will be conducted at project office with all the project staff team with project director/ NGO representative to access the performance and find out gaps, if there any need arise to for the intervention of NGO level functionaries it will be communicated with them , they will mobilize resources accordingly.

Reports of Monthly performance review will be shared with all stakeholders and funding agencies.

Performance Indicator

Following are some of key performance indicators.

- No of Peers Identified, recruited and trained on BCC and service delivery.
- No of FSW educated on HIV/AIDS and STI through BCC.
- No of Peer regularly visiting at least two time in month to FSW for BCC and providing key messages and education on HIV/AIDS.
- No of FSW counselled on HIV/AIDS, risk reduction and STI treatment.
- No of FSW tested for HIV at least two time in a year at HCT centers.
- No of FSW who found Positive linked to ART center.
- No of Positive FSW are regular on ART and adhering the treatment norms.
- No of training sessions conducted for Peers and FSW.
- No of condom demo - re demo conducted during 1 to 1 sessions.
- No of one to one and one to group sessions conducted by all peers.
- No of FSW covered by project services.

SUSTAINABILITY

The proposed project will be implemented with the active participation of the HRG community members. Over the period after initial implementation, HRG community members would be recruited as the project staff to take the ownership of the project, when community will get empowered than this project will get self-sustained and people working with the awareness and service delivery only needs to be put on paid roll which will cost very less amount thus that can be mobilized by other resources or INGO or local government. Project will also develop linkages within project span to build strong relationship with likeminded organizations and NGOs for support the activities after end of this phase of implementation.

Project Management Team/Personnel-

Project team will comprises following technical and managerial resources.

S.N.	Type of Resource	No	Justification
1.	Project Director	1	To provide direction vision and guidance to project team.
2	Project Coordinator	1	To provide all project management support, liaison and linkages with all stakeholders.
3	Outreach Worker	04	To assist a and facilitate day to day activities at field level, support and monitor peer educators at field level.
4	Counselor	2	For one to one behavior change counselling of HRGs on HIV/STI.
5	M&E assistant cum accountant	1	To support financial management and MIS cum M&E data Management activities.
6	Peer Educators	20	Peer educators will be identified and selected from HRG community. They will be link between project services and sex workers to implement activities.

Project Results

Project is intend to produce following outcome:

1. 2000 Female sex workers would have enhanced awareness and knowledge about, safe sex practice, and change in risk behavior with treatment seeking behavior and consistent use of condom.
2. 2000 Female sex worker would be tested for HIV through HCT in every year.
3. 100% STI cases would get complete treatment for themselves and their regular partners.
4. 50 Condom dispensers would be installed in 20 Peers area. which will be fed by the free condoms supply.
5. 100% PLHIV would be linked with ART services.
6. Socially Marketing of condoms will be established.
7. 100% of referrals of FSWs would be counseled on STI, HIV.
8. 360 Behavior change communication (BCC) events would be conducted in a year.
9. 20 peer educators would be trained over a period of three years.

STAFF REQUIREMENTS AND FINANCIAL IMPLICATION

	Activity	Unit Cost	No. of Unit/Months	Annual Budget
Salary			12	
1.1	Programme Manager		12	
1.2	M&E Assistant cum Accountant		12	
1.3	Counsellor		12	
1.4	ANM		12	
1.5	ORW			
Office expenses				
2.1	Telephone/Communication Expenses		12	
2.2	Bank Charges		0	
2.3	Printing & Stationery		12	
2.4	Water and Electricity Charges		12	
2.5	Postage/Courier		12	
2.6	Other Administration Cost		12	
2.7	AMC		1	

2.8	Recruitment Cost		0	
2.9	Insurance to staff		4	
Equipments				
3.1	Computer & Peripherals for office		1	
3.2	Furniture for office		1	
3.3	DIC Equipment		1	
3.4	Start-up cost for clinic			
Honorarium				
4.1	Project Director		1	
4.2	Peer Educator		12	
4.3	Doctor-visit Physician		12	
4.4	Consultation fee for doctor for referral		500	
Travel expenses				
5.1	Travel cost for admin purpose		12	
5.2	Travel cost for Program Manager		12	
5.3	Travel Cost for MEA Officer		12	
5.4	Travel cost for Counsellor/ANM		12	
5.5	Travel for ORWs		12	
5.6	Travel for PE		12	
Programme cost				
6.1	Community based Activities			
6.2	DIC Level meetings		12	
6.3	Demand generation activities		24	
6.4	Advocacy Activities		6	
6.5	Community Events		2	
6.6	Crisis response		0	
Service related expenses				
7.1	Health Camps		0	
7.2	Recurring cost for clinic		0	
Commodities				
8.1	Social Marketing-condoms			
Documentation				
9.1	Documentation cost including cost for BCC Materials		1	
9.2	Needs assessment		1	
Meeting expenses				
10.1	Review meetings- weekly and monthly			
Rent for office/DIC				
11.1	Rent for office-cum-DIC		12	
	Grand Total			

PROJECT LOGFRAM

GOAL: Prevention and control of HIV/AIDS through BCC and reduction of incidence of STI among female sex workers of project area less than 10% from present level within three years in and around Kampala city in Uganda.					
OBJECTIVES	OUTCOME	OUTPUT	ACTIVITIES	INDICATORS	MEANS OF VERIFICATION
Behavior Change Communication					
To provide innovative and effective B.C.C. to FSWs and stakeholders of the community	Development of health seeking behaviour Among the community.	All Peer workers appointed and Oriented	Arranging orientation programme for the newly appointed staffs.	No. of programme arranged	Programme Books /Registers.
		Awareness will be given through one to one interaction.	Pay regular field visit to FSW through one to one interaction	No. of One to One interaction held through PEs / ORWs	Field Visit reports. Field Record Books

		Target communities responding to peer educators	Bring Patients suffering from STDs by Peer motivation / ORWs in STD clinic to nearest clinic	No. of patients attended through PEs / ORWs in STD clinic	Supervisors Report
		Arrangement of training according to the need	Assessing the capacity need of the PEs & ORWs.	Number of assessment session held.	Session reports.
		Capacity increased of PEs / ORWs	Arranging Training for PEs and ORWs on sex & sexuality, gender, vctc etc.	No. of PEs attended No. of PEs responded Correctly during interaction session	Programme Register
		Capacity increased of Staffs	Arranging Training for Staffs on sex & sexuality, gender, vctc etc.	No. of Staffs attended No. of Staffs responded correctly during interaction session	Programme Register
		Community needs /community acceptance assessed.	Participatory planning of quality IEC materials relevant to project.	No. of planning Pre testing session held	Planning and Pre testing Report

		IEC gaps addressed.	Pre testing of IEC in the field	No of community people expressed their opinions	Pre testing Reports
		Acceptance among the community.	Development of IEC	Type of IEC developed No. of IEC developed	IEC Register
		Availability of the IEC to the community.	Distribution of IEC among the community	No. of IEC distributed No. of person give a look to the IEC	IEC Register
To increase STD/HIV/AIDS awareness knowledge score from existing to 90% within three years.		Group awareness generation on various aspects of HIV/STD /AIDS prevention& services.	Arranging GD with the community on various prevention issues of HIV/AIDS to promote BCC.	No. of person attended No. of person interacted	GD Report Book
		To spread information in a Small group on a particular topic.	Arranging FGD with the community on various prevention issues of HIV/AIDS to promote BCC.	No. of person attended No. of person interacted	FGD Report File

		Counselling service to the availability community .	Providing counseling service to the STD patients and to the general patients as per requirement.	No. of STD Patients counseled No. of Non STD patients counseled No. of follow-up counseling held	Counselling Records
		Impact of behavior change assessed.	Recording case study for effective behavior change.	No. of recorded. Case study	Case study register
To provide STD treatment to 100 % STI diagnosed patients to reduce STD among the targeted community .	Reduction in rate of infection of Sexually Transmitted Diseases.	Availability of essential equipment's for promoting quality service delivery.	Development of quality infrastructure of the clinic.	No. of infrastructural equipment's purchased	Vouchers
		Drug project.	Procurement of drugs	Types of drugs purchased. Amount of money expended on drugs.	Medicine stock Register, Voucher

		Provide STD service through strategic clinic points.	To run 3 clinics in a week in five strategic points.	No. of STD clinic held	OPD Register
		Provide STD treatment by qualified doctors	Recruitment of part time qualified doctors	No. of doctors recruited	Appointment Letter
		Treatment of STD cases and general cases	Diagnosis treatment case and ailments of general and STD	No. of STD patients treated No. of patients treated	OPD Register
		Availability of STD Treatment	Treatment of STD cases among CSWs.	No. of STD patients treated among CSWs	OPD Register
		Availability of STD Treatment	Treatment of STD cases among partners and clients	No. of cases of partners & clients treated among partners and clients	OPD Register
	Reduction relapse STDs.	Availability of STD Treatment	Treatment STD cases among stakeholders and	No. of STD cases treated among KSF and Children.	OPD Register

			spouses		
		Physical examination facilities available	Physical examination of the STD cases	No. of cases examined	OPD Register
		Provide STD drugs at free of cost	Provision of Medicine free of cost	No. of medicine issued	OPD Register Patient Card Medicine Register.
		Provide follow up of STD cases	Follow up of treated cases	No. of STD cases followed up	Follow up register
		Strengthen networking of services	Provide Referral services	No. of cases referred to Govt. and other service provider	Referral formats
		Programme acceptance of patient.	Follow ups of referred cases	No. of feedback meeting occurred	Supervisors report.

		Availability of clinic services to the client group.	Health camps addressing specific client group.	No of Camp conducted	OPD registers
OBJECTIVES	OUTCOME	OUTPUT	ACTIVITIES	INDICATORS	MEANS OF VERIFICATION
To promote consistent and correct use of condom among the communities through various channels.	Sustained and proper usage of condom	Strategy of free & SM distribution finalized.	Participatory meeting for condom promotion planning.	No. of person expressed their opinion	Meeting registers
		Condom stock generated.	Procurement of good quality condoms for free distribution	No. of Condom procured	Free condom register
			Procurement of good quality preferred condoms for social Marketing through	No. of condom Purchased	CSM stock register Condom Quotation.

			tendering.		
		Quality of condom is maintained	Safe Storage of Condom	No of condom damaged of expired	Condom stock registers.
		Availability in the community	Distribution of free condom by PE's and ORWs.	No. of condom Purchased	Free condom stock register
			Create CSM outlets in the Community.	No of outlets created	Supervisors Report
	Rate of reduction in relapsed STD cases.		Social Marketing of Condom through PEs and ORWs	No. of condom sold Through social marketing	Condom stock register
			Create Non traditional outlets in the community.	No. of outlets created	Supervisors report

		Motivating peers by incentives through CSM.	Generation of profit from CSM	How much amount came as profit	Books of Accounts.
			Incentive to the peers for sale of condom	How much incentives given.	Vouchers, Books of Accounts.
		Condom visibility And acceptance increase.	BCC sessions for condom popularizations.	No. of meeting held for popularization of condom	Programme register
			Preparing & Distributing IEC material regarding condom.	No. of materials developed & distributed	IEC Registers
			Selling of condom in affordable price.	No. of condom sold	Sale bill, vouchers, Books of Accounts. CSM Register.

			IEC support the to traditional outlets	No. of IEC distributed.	IEC register.
		Motivation increase in outlets owners.	Recognition by Gift to the outlet owner in half yearly basis.	No. of gift distributed	Voucher.
		Skill generation for proper use.	Condom demonstration by Pes & ORWs.	No. of demonstration made.	Supervisors report
		Enable them to demonstrate condom and to learn utilities of condom.	Retailer training and point of sale promotion	No. of retailer trained No. of points for Social Marketing	Programme Register Condom Outlet Register

OBJECTIVES	OUTCOME	OUTPUT	ACTIVITIES	INDICATORS	MEANS OF VERIFICATION
To provide Care and Support to people living with HIV/AIDS within T.I. command area.	Prevention of further infection	Deliver Service to PLWHA	Identification of PLWHA	No. of PLWHA identified	Documents of Counsellor
		Deliver counseling services to PLWHA	Provide Counseling service to PLWHA	No. of PLWHA counselled	Counseling reports
		Deliver HBC services to PLWHA	Provide Home Base care service to PLWHA	No of time HBC service provided	Counsellors report.
		Deliver HBC services to PLWHA	Provide Nutritional service to PLWHA	No of time nutritional service provided	Counsellors report
		Deliver OI services to PLWHA	Provide medicine for Opportunistic infection PLWHA as per requirement.	No. of PLWHA given OI medicine.	Counsellors report Books of Accounts

		PLWHA are provided with quality services	Networking with the organization working with Positive people	No. of organizations working with PLWHA in the network	Referral Register Letters of communication
	Increasequality of Life	Linkage between Project & Govt. Services for PLWA's established.	Testing support to PLWA's	No. of cases referred for testing in VCTC.	Counselling Supports
		Networking of the services by Govt. and NGO's.	Referral to Govt. Setup as & when required.	No. of cases referred other services such as DOTs.	Referral format.
		Documentation of counseled patients.	Keep records of counseled person	No. cases recorded for counselling	Counselling Report

To create an Environment supportive to service delivery and community development.		Awareness generation on HIV/STD among the target community through field visit	Arranging supervised field visit with condoms & IEC by Pes 5 days in a week	No. of field visit held No. of condom distributed free No. of IEC distributed.	Field Visit Report Field Record Books Condom Registers IEC Registers
	Develop community participation	Infiltration of information among the target community through Street Drama.	Perform street theatre by expert and experienced group in B.C.C.	No. of person attended the programme	Report and Video documentation of Street Drama
		Generation of Awareness through magic show	Arrange magic show for B.C.C.	No. of person attended No. of person interacted	Report and Video documentation of magic show
		Dissemination of information through Talking doll show	Arrange Talking doll show for B.C.C.	No. of person attended No. of person interacted	Report and Video documentation of Talking doll show

		Spread awareness through video show	Arrange video show	No. of person attended No. of person interacted	Report and Photography of video show
	Creation of Supportive environment.	Administrative support in implementing project activities.	Arrange advocacy with Local Administration & political persons.	No. of person attended the meeting	Programme Register
		Strengthen networking with quacks	Arranging workshop for local quack practitioner	No. of quacks attended No. of quacks responded positively	Programme Register
		Decrease of Raids. Support in case of crises.	Arranging orientation	No. of Policemen attended	Programme Register