

# **ANALYTICAL PROGRESS REPORT**

## **Implementation of HIV/AIDS and STDs Prevention And Care Activities on Truckers at Aricha Ferry Terminal, Shibalaya, Manikgonj, Bangladesh**

**(January 1996 to December 1996)**

### **CEDAR**

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## **FORWARD**

AIDS/HIV infection has not yet surfaced on a large scale in Bangladesh. But the forecasting of HIV/AIDS situation has become a major public health concern predicting the future consequences. So it has become the need of the hour to embark an intensified and comprehensive HIV/AIDS Prevention and Control Programme to overcome the deadly scourge.

Concern for Environmental Development and Research – CEDAR launched its journey to create a healthy environment for the mankind, especially for the people in Bangladesh. In resemblance with the objectives of the organization, it has conducted a NEED ASSESSMENT SURVEY on trucker's community in December 1995.

Basing on the NEED ASSESSMENT SURVEY Report, it submitted a project entitled "Implementation of HIV/AIDS and STD Prevention and Care Activities on Truckers at Aricha Ferry Terminal, Shibabaya, Manikgonj", in brief it is known as "STD/HIV/AIDS Care and prevention Programme."

The Programme as per the proposal is being funded by HASAB NGO Support Programme on behalf of Alliance International, UK In 1996, it has started and already completed a year of successful implementation.

This is the deliberation of first year of implementation of this project. The report tried to reveal the salient features of the Programme. With the initiative, drive and performance of the project personal, supervision of the Executive Director of CEDAR and tender care of Mahmuda Akter Kabita, Programme Officer, HASAB NGO Support Programme, implementation of the project as well as achievement of the goal has become possible.

## ACKNOWLEDGEMENT

With the extreme pride and gratitude, I like to thank Mr. Shafiqul Alam, Executive Director of CEDAR for his overall guidance in preparing the report. Thanks should go to Mr. Taiyeb Irfan, a member of CEDAR who had been the key instrumental in conducting the need assessment survey on trucker community which paved the way to the on going "STD/HIV/AIDS Care and prevention Programme." Thanks to Dr. Md. Ahsanul Kabir Mamun, IEDCR who has unhesitatingly provided me with technical advice and valuable suggestions during the preparation of this report.

Mr. Abu Zahid Mia, a computer expert who took all the trouble to make the report presentable and artistically expressible i.e. graphics is rightly subjected to thanks. I am very thankful to Mr. Wahiduzzaman for his valuable contribution.

At last but not the least, I place on record my appreciation for all those who pooled their effort either before or during preparation of this report. The editorial trimmings might have inadvertently resulted in some mistakes, for which I own the responsibility.

Any suggestions or criticism will be gladly accepted.

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## **ABBREVIATION AND ACRONYMS**

|         |                                                           |
|---------|-----------------------------------------------------------|
| AIDS    | = Acquired Immuno Deficiency Syndrome                     |
| ASA     | = Association for Social Advancement                      |
| BBS     | = Bangladesh Bureau of Statistics                         |
| BRTA    | = Bangladesh Road Transport Authority                     |
| CCDB    | = Christian Commission for Development in Bangladesh      |
| CDL     | = Community Development Library                           |
| CEDAR   | = Concern for Environmental Development And Research      |
| CIDA    | = Canadian International Development Agency               |
| CSWs    | = Commercial Sex Worker                                   |
| GOB     | = Government of Bangladesh                                |
| GUD     | = Genital Ulcer Disease                                   |
| HASAB   | = HIV/AIDS/STDs Activities in Bangladesh                  |
| HIV     | = Human Immuno Deficiency Virus                           |
| IEC     | = Information, Education and Communication                |
| IEDCR   | = Institute of Epidemiology, Disease Control and Research |
| ISF     | = Ingenious Sans Frontieres -Belgique, (asb)              |
| KAP     | = Knowledge, Attitude and Practice                        |
| NGO     | = Non Government Organization                             |
| PSKP    | = Progoti Samaj Kallyan Protisthan                        |
| SAARC   | = South Asian Association for Regional Cooperation        |
| SHISHUK | = Shikkha Shasta Unnayan Karzakram                        |
| SMx     | = Syndromes Management                                    |
| STD     | = Sexually Transmitted Diseases                           |
| UD      | = Urethral discharge                                      |
| VHSS    | = Voluntary Health Services Society                       |
| VON     | = voluntary Organization for the Needs                    |
| WHO     | = World Health Organization                               |

## **EXECUTIVE SUMMARY**

CEDAR started its journey in the field of Health and Hygiene by launching STD/HIV/AIDS care and prevention programme for the underprivileged and disadvantaged group like truckers community. The project location is Aricha Ferry Ghat, Shibalaya, Manikgonj and has started working since January, 1996 and is funded by HASAB NGO support programme on behalf of Alliance International UK.

Having understood the magnitude of the problem posed by HIV/AIDS and its relation with sexually transmitted diseases, this project finds a better avenue to work amongst the truckers community who are the mobile launching pads for STDs and eventually HIV. The aims of this project are to address this community about the treacherous nature of the virus HIV (Human Immune deficiency Virus), the causative agent of AIDS and its interrelation with STDs (Sexually Transmitted Diseases), the ways and means to prevent them from getting these infections and to reduce risk reduction behavior by promoting other recreational facilities. For the event of designing and developing this project, a NEED ASSESSMENT SURVEY was done at the aforesaid location. A qualitative survey was done amongst truckers, helpers, union leaders and allied community using one to one interview, focus group discussions and observational assessment.

A brief summary of this survey is attached in this report. The survey showed that this community hardly knows about AIDS, high prevalence of extramarital sex with the CSWs (Commercial Sex Workers), high prevalence of STD cases and non compliance of condom use.

The justification of selecting Aricha Ferry Ghat has been given in this report. It was urgently felt during the assessment that though the truckers are mobile, yet they need health care services, access to pure drinking water and good sanitation coupled with recreational facilities. For the target audience, CEDAR has been trying to provide these facilities i.e., greater emphasis on early and effective treatment of the STDs on the basis of Syndromes Management (SMx). Health education, counseling regarding STD/AIDS has been found to be effective and promotion of condom for safe sex starts accepting among this community. Besides, outreach workers are trying to convey the same facts to those who are hard to reach.

The project staffs were trained and refresher training was being held to keep them up-to-date. The project activities are being monitored by the experts from HASAB Support Programme.

The evaluation and the effectiveness of the services imparted by the project personal are hard to monitor unless the project is expanded to other transit points. Because the beneficiaries of this programme are mobile and hard to monitor in the existing programme design and due to financial constraints. Even then, we are trying to work out a mechanism through which it could be monitored in future.

The qualitative information pertaining to the activities of the programme are presented both in the tables and graphics for easy visualization.

The training programs, other activities related to this project, project organ gram, project personnel and other information pertaining to this project are also reported.

## **1. ORGANISATION IN BRIEF**

### **A. ORGANISATIONAL INFORMATION**

**Name of the organization:** Concern for Environmental Development And Research-CEDAR

**Address of the Organization:** 768, Sarmasjid Road, Dhanmondi R/A, Dhaka-1209  
Phone : 327331/9121504,  
Fax : 880-2-9121504

**Attention :** Md. Shafiqul Alam  
Executive Director  
CEDAR

Mr. Tarikul Islam  
Project Coordinator  
STD/AIDS Programme  
CEDAR

### **B. LEGAL INFORMATION**

Registration : DHA-02905  
Registered on : 20/03/93 AD; 06/12/99 BS  
Registered with : Department of Social Welfare, GOB under ordinance 46 of 1961- (Registration and Regulation) of Voluntary Social Welfare Organizations Ordinance, 1961

NGO Bureau Registration : 1132, GOB Ordinance No. 46, 1978, dated 01/02/1997

### **C. ORGANISATION IN FLASH-BACK**

Concern for Environmental Development and Research-CEDAR was established in the year of 1990. A group of young men with an energetic view formed this organization being enriched by the situation that, there is a great scope to take effective step in support of protection of environment as well as to work for the betterment of the people those are being considered vulnerable in eyes of our society, that is to make them accessible into the society.

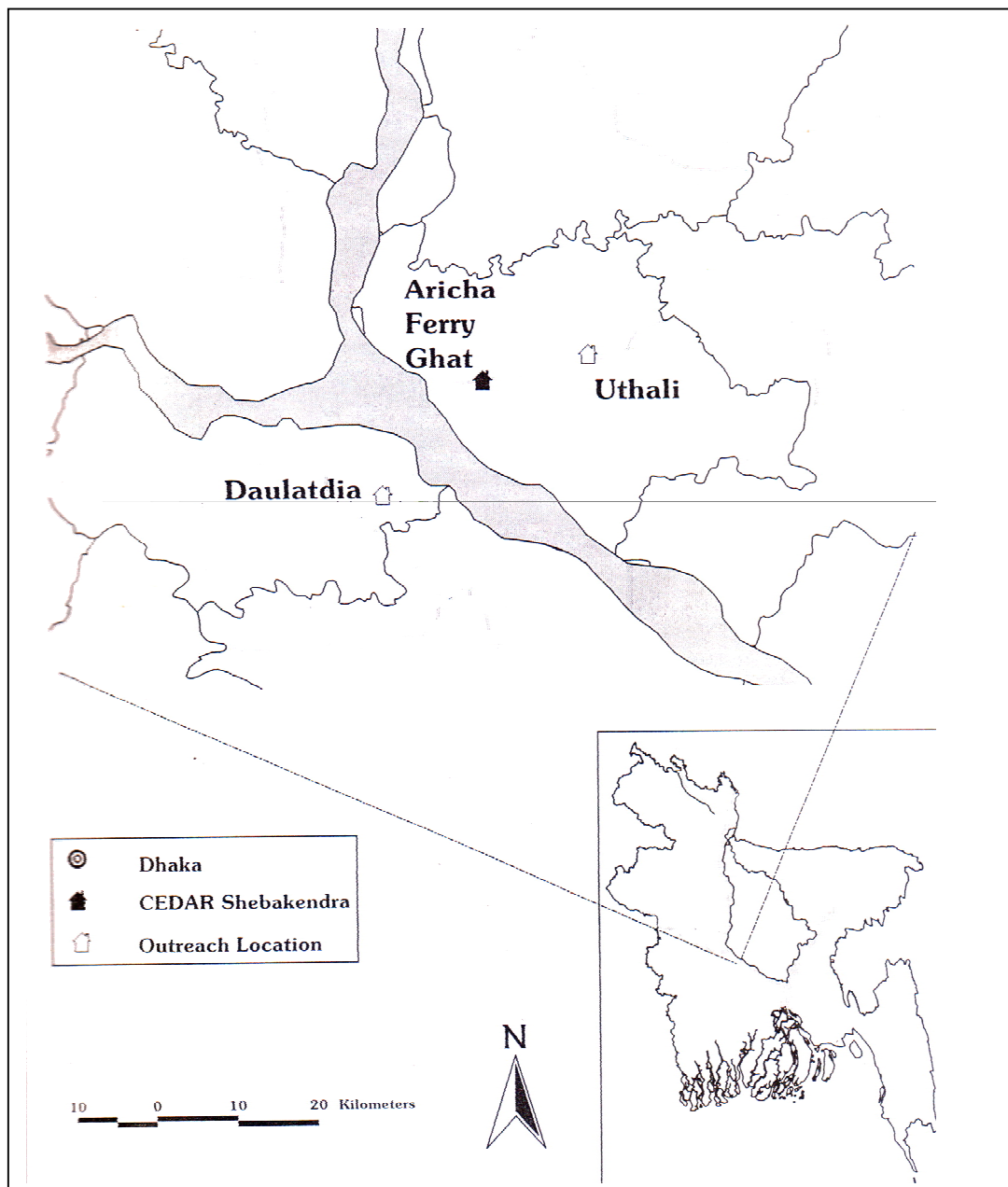
Due to environmental disasters, most of our people are unable to lead a better life. For this CEDAR, also decided to launch a poverty alleviation programme. To enable the women, CEDAR planned to work for women empowerment and to educate them with a modern approach. And as the socially vulnerable community is in lack of proper health, one the main activities of CEDAR is concerned with Health Care activities and bearing this sense, in mind, CEDAR, first of all; started its journey towards reaching its goal through its STD/HIV/AIDS care and prevention programme at Aricha Ferry Ghat, Shibalaya, Manikgonj; in the month of January 96. It has already completed a year of successful implementation.

Here to note that, in the last quarter of 1995 we have completed a needs assessment survey on the truck drivers and helpers at Aricha Ferry Ghat, Manikgonj, Bangladesh. This assessment; funded by HASAB NGO Support PROGRAMME, ALLIANCE IN ENGLAND, and titled " Assessment on STD/HIV/AIDS Related Issues on the Truckers "; revealed interesting facts about the truckers marking them as a risk group. According to the recommendation of this assessment, an intervention programme was designed for the said community. The one year intervention programme, to be implemented in the period from January to December, 1996.

## HIV/AIDS Activities Area

D. Geographical measures

Location At Aricha Terminal, Shivalaya, Manikgonj



**Concern for Environmental Development And Research (CEDAR)**

Aricha is a key river port located in the middle of the country at Shibalaya thana of Manikgonj district on the bank of the river Jamuna. All the trucks carrying goods from the Eastern part of the country to the West and vice versa; have to be ferried through this ghat (jetty). There are two ghats on the other side, one at Daulatdia of Rajbari district connecting the south-western districts and the other at Nagarbari of Pabna district connecting the North-Western districts. Aricha Ghat is thus a strategic location which truck drivers from all over the country has to transit through. Due to inadequate number of ferries and lack of proper management etc. trucks have to wait at the Ghat for three to four hours and sometimes they are to stay 2 to 5 days before they get the serial to board the ferry.

The following table gives a picture about the truck traffic through Aricha everyday-

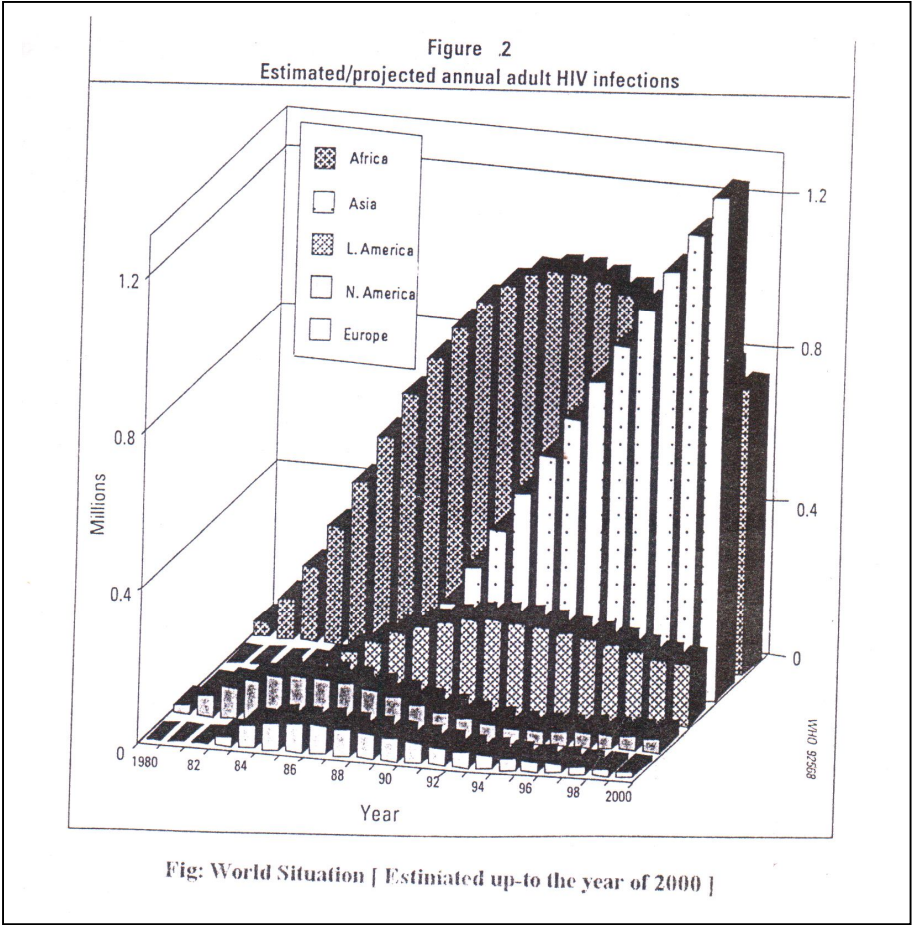
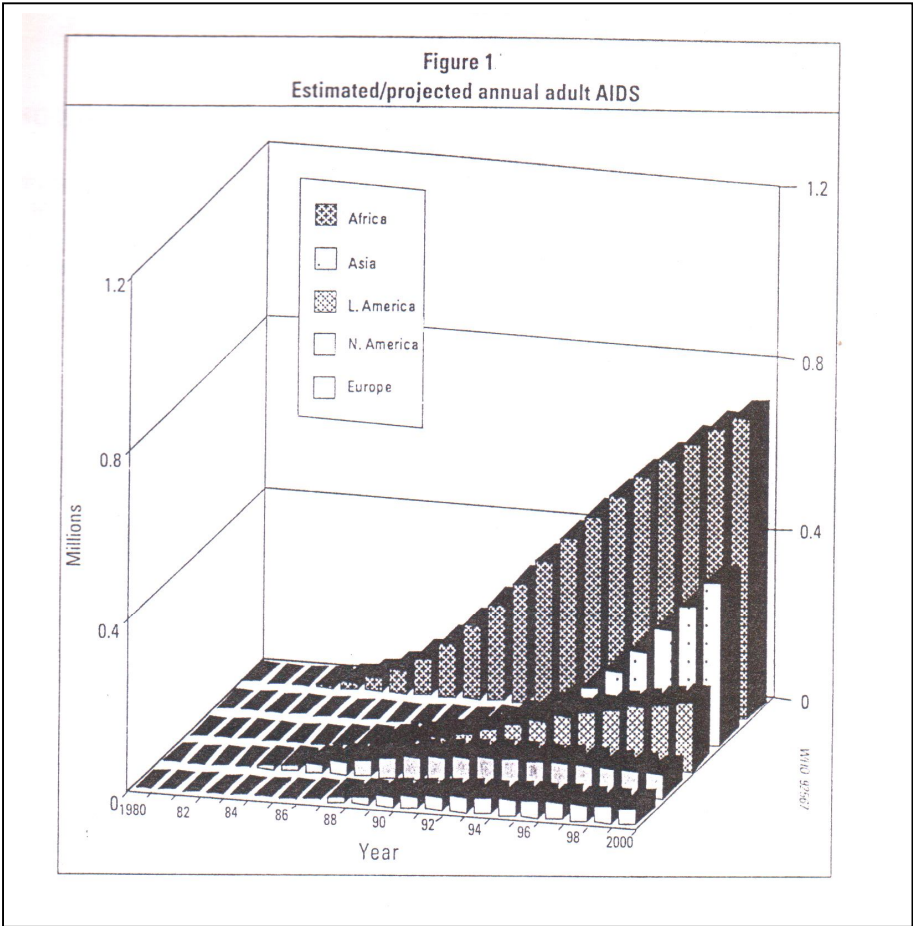
| Date              | 18 Aug, 1995 |         | 24 Sep, 1995 |         | 13 oct, 1995 |         |
|-------------------|--------------|---------|--------------|---------|--------------|---------|
| Route             | Crossed      | Waiting | Crossed      | Waiting | Crossed      | Waiting |
| Aricha-Nagarbari  | 370          | 400     | 561          | 455     | 434          | 310     |
| Aricha-Daulatdia  | 259          | 40      | 336          | 86      | 433          | 105     |
| Nagarbari- Aricha | 332          | 741     | 576          | 250     | 471          | 295     |
| Daulatdia -Aricha | 230          | 92      | 333          | 152     | 303          | 53      |

Source : Block position Book; BIWTC, Area Office, Aricha, 1995.

## 2. GLOBAL PERSPECTIVE

Acquired Immune Deficiency Syndrome (AIDS) has by now become a global phenomenon. Recently HIV infection and AIDS have spread all over the world at an alarming rate. The virus which causes AIDS (Human Immune-Deficiency Virus: HIV) has been able to pierce essentially every single border. The piercing is invisible, especially in view of the number of people traveling abroad for work and leisure. During the 10<sup>th</sup> international conference on AIDS in Yokohama, Japan, 1994, it was mentioned that the number of people who contracted HIV infection since the epidemic began stood at 6 million. But now just after a period of about two years more than 22 million people including a substantial number of children are estimated to be living with HIV or AIDS. The figure estimated to have developed AIDS is not less than 4.5 million. Every day more than 6000 adults and 500 babies are being newly infected.

The scenario in Asia is fast becoming the worst. In recent years it has turned aggressively toward Asia and eight fold increase in the number of AIDS cases in Asia. Over the past one year only. For the region of SAARC, though it is assumed that conservative society and high family values might be the barrier of spreading.



### 3. BANGLADESH SITUATION

It has already been noted earlier that Bangladesh is not so far from the AIDS affected tract. The epidemic has already started though fortunately the country is still a low prevalence area. In our country so far 77 individuals reported to have HIV positive and the cumulative number of AIDS cases now stands at ten (10). There were no cases of HIV cases in Bangladesh until 1989. However how many HIV carriers or how many AIDS patients have detected in the country is a no-matter as the virus is already here and the number of HIV positive cases is increasing. Thus there is no room for complacency.

Researchers around the world have been heavily engaged in finding out a cure or a vaccine for the dreadful disease- AIDS, but not yet succeeded in finding a cure to AIDS. Hence only way to check it's aggression is through a better prevention and care method, especially for the case of Bangladesh, as the disease is not yet wide-spread and endemic here, the best way might be to prevent and control before explosive outbreaks.

In view of the threatening epidemic of AIDS in Bangladesh, several measures for prevention and control of AIDS have already been launched from both GOs and NGOs. Government has already formulated National policy on HIV/AIDS and STDs related issues, and also taken several programs along with other international agencies. Above all, NGOs activities regarding HIV/AIDS prevention and control in Bangladesh is remarkable than any others. In the view of contacts with grassroots level and access to individuals and community, NGOs role in AIDS prevention specially focusing on targeted interventions can make a special impact on individuals and the community as well.

The Concern For Environmental Development and Research (CEDAR), an NGO, is one of those in Bangladesh profoundly involved in HIV/AIDS/STDs prevention and control. Since its very inception CEDAR has been keeping itself in this line and presently it is one of the largest partners of HIV/AIDS/STDs Alliance, Bangladesh (HASAB) and International HIV/AIDS Alliance, UK.

HIV/AIDS Status by sex in Bangladesh as of 8 Jan, 1997

| Sex   | HIV   |      |                | AIDS  |      |                | Grand Total |
|-------|-------|------|----------------|-------|------|----------------|-------------|
|       | Alive | Dead | Total % of HIV | Alive | Dead | Total % of HIV | %           |
| M     | 51    | 01   | 52(78)         | 06    | 04   | 10(100)        | 62(81)      |
| F     | 15    | 00   | 15(22)         | 00    | 00   | 06(100)        | 15(19)      |
| Total | 66    | 01   | 67(100)        | 06    | 04   | 10(100)        | 77(100)     |

#### 1. HIV/AIDS related morbidity and morbidity and mortality (as of 8 Jan 97)

| STATUS | HIV | AIDS |
|--------|-----|------|
| Alive  | 66  | 10   |
| Dead   | 1   | 4    |

#### 2. HIV/AIDS cases by year (as of 08 Jan 97)

| Year | 89 | 90 | 91 | 92 | 93 | 94 | 95 | 96 | 97 |
|------|----|----|----|----|----|----|----|----|----|
| no.  | 1  | 2  | 6  | 2  | 12 | 13 | 11 | 29 | 1  |

## **PHASE-1**

### **4. PROGRAMME ACTIVITIES**

#### **A. INTRODUCTION**

Acquired Immune Deficiency Syndrome, AIDS, caused by Human Immune-Deficiency Virus (HIV), has by now become an endemic. According to reports from World Health Organization as of January 1995 up to 18 million people world-wide are HIV positive and of them 4 million are having AIDS. This number of people infected with the virus, transmitted chiefly by unprotected sexual intercourse, transfusions of contaminated blood, sharing or reusing of contaminated needles etc. is increasing everyday by 6000. And even according to conservative estimate 40 million of world population will be carrying this by the turn of the century, of whom at least 50 percent will be women giving birth to around 10 million HIV's baby.

Though AIDS related risk behaviors, like multi-partner sex or homosexuality are socially accepted part of western culture, the scenario is more dangerous in this part of the world comprising mostly of underdeveloped countries, which can be attributed to the existing poverty and illiteracy and consequent lack of awareness about the disease among their vast population. Of ten million Asians already infected by HIV, three million hail from south and south-east Asia. Poverty associated with diminishing agricultural productivity and population explosion gives rise to landlessness and the migration of landless in search of wage employment resulting in family fragmentation. Thus an appreciable number of people in the countries in this region are engaged in occupations which entail long periods of separation from their stable sex partner. This home away work force, driven by the basic instincts, could logically build up contacts with commercial sex workers and thus have every chances to become to mobile launching pads for HIV or other micro organisms liable for sexually Transmitted Diseases.

In Bangladesh, a least developed country with a conservative society and high family values, the scanty number (80 persons) of infected persons up to now can not by itself explain the threats. According to a projection made in a recently published World Bank report (The Daily Star: 09/06/95), HIV infection cases in our country will cross 30,000 by the year 2000. The severe impact of AIDS has also highlighted the urgency to prevent and control other infectious diseases especially STDs which are passed on during unprotected sexual intercourse. Having a sexually transmitted disease increases the risk of being infected with HIV or of passing on HIV, by as much as nine times during sex (where one partner has HIV). WHO estimates that, at least one in ten sexually active people is infected with an STD. What is more concerning related to the context of Bangladesh is that STDs have a major impact on people's health, specially for women and new-born babies. In developing countries like ours STDs are among the five most common health problems for which people seek treatment. But most of the time services are not available, inaccessible or of poor standard.

There is no time to waste rather both the Government and Non-Government organizations should come forward to put their maximum effort and work hand in hand to fight the spread of these deadly diseases. HIV has already gained its foothold on Bangladesh and the prevalence is very low till now (less than 0.1% in general population and below 1% among the high risk behavior groups i.e., CSWs, STDs etc) Though the magnitude of the problem has not yet been surfaced but it is the best time to act now on the face of an epidemic And we do not want to see the same vivid scenario which was experienced by the Sub Saharan Africa, the worst hit by HIV pandemic. And since medical science has not yet succeeded in finding a cure to AIDS, only way we can check its aggression is through a better prevention and care method. CEDAR has envisioned rightly and taken full preparation to hammer home their "3As" three phase plan including Assessment of selected target population, developing Awareness among them and taking specific Actions to prevent the onslaught of HIV/AIDS and STD.

## **B. BRIEF SUMMARY OF THE NEED ASSESSMENT SURVEY ON TRUCKERS**

### **About the Target Community**

The truckers in our study are selected as the target community as they are most vulnerable to the society. For the sake of our study when we conducted a survey (Need Assessment Survey) we have got the following information about the target community that is about the truckers.

- As per latest (1992) available data there are 38392 registered trucks in Bangladesh according to BRTA (Bangladesh Road Transport Authority) sources published in BBS Statistical Yearbook of Bangladesh 1993.
- Every truck has got at least one driver and a helper, which makes a total of nearly 70,000 workers in this area.
- There are 2 major countrywide truck drivers union namely-Bangladesh Truck Drivers Union and Bangladesh Inter District Truck Drivers Union with memberships of 14,000 and 11,00 respectively. However these figures exclude the non-card holder drivers and helpers enlisted with Bangladesh Motor Worker's Union.
- The truck drivers, 100% of whom is male, has to stay away from their wives for a good number of days at a stretch while taking trips to far away places.
- It is inferred that during this home away periods the truck drivers, driven by the instincts, or being devoid of healthy recreation or due to other to-be- assessed reasons might pilgrim to commercial sex workers or might resort to drug abuse, thus exposing themselves as well as their stable partners to the threat of being infected by the sexually transmitted diseases.
- Thus a methodical assessment of this community can provide us with some insight into the behavioral facts related to the prevention and control of AIDS and STD in this country as a whole.

## **C. AIMS AND OBJECTIVES OF THE STUDY**

### **The broad objectives of the present study are:**

- To assess the knowledge, attitude and practices (KAP) of the target community, i.e, truck drivers, in connection with socio-economic conditions, education level, health and sanitation status and recreation etc.
- To design an effective STDs/HIV/AIDS prevention program for the target community, if such a program is necessary at all for them, as would be indicated by the results of the assessment

### **The Specific Objectives of the Study are:**

- a) To understand the usual pattern of the target community by observing their everyday life, range of income, intra and extra community interaction etc. and to estimate a subsequent risk level towards being exposed to the diseases.
- b) To their visualize general health conditions and usual health habits
- c) To assess their high risk behavior in relation to sex practices.
- d) To assess the prevalence of common STDs and to provide early and effective treatment using Syndromic Management (SMx)
- e) To measure their level of awareness and eagerness about STDs and other diseases.

## **D. METHODOLOGY**

Study Area : Aricha Ferry Terminal, Shibalaya, Manikgonj, Bangladesh

Sample Size : 100 (For face-to-face interview)

**Prior to preparing this assessment plan a number of visits were made to the target location with a view to-**

- To gather preliminary this information about the target audience and location
- To build up a friendly relationship with the community leaders of the concern groups
- To observe and find out the necessary criteria for an effective assessment.

On the basis of the data/information gathered in these visits and the established methods of needs assessment following methodology was designed keeping the objectives of the study in mind.

## **E. INSTRUMENTS OF INFORMATION GATHERING**

As this very assessment requires producing more qualitative than quantitative output, unstructured methods of data gathering will be given preference. Following methods will be used:

- Focus group discussions
- Face to-Face interviews on the basis of an pre-printed outline
- Observation on the lifestyle of the target group and their milieu
- Retrieval of data/information from secondary sources.

## **F. SUMMARY FINDINGS**

More than 90% of the sample truckers and less than 10% of helpers are found to be married. More than 90% are literate though only a few studied up to grade IX.

Truck professionals have to be away from family for a period ranging from 10 days to more than a month. Moreover, various other types of professional hazards and a distorted social image give rise to job dissatisfaction. And these lead to irregularities in lifestyle like taking excess of alcohol, having sex with CSWs etc. They do not care about whether the sex workers are passing any disease to them or not.

The truckers don't have enough sources of recreation. They pass their time simply by gossiping in groups, listening songs, playing cards etc. Some of the drivers consider taking alcohol and going to women for commercial sex as a recreation. Elderly members of the community opined that adequate sources of healthy recreation for the truck professional specially at transit points like Aricha could keep them away from drug wine and women.

Most of the drivers and helpers read daily newspaper, others being informed about the everyday affairs from discussions with peers. As for the electronic media, listening to radio is more common than watching television.

Only a small fraction of truck drivers are drug addict. The general reaction in the community towards drug addicts is negative. Local wine Bangla is very popular among truck drivers.

The drivers and helpers knowledge about primary health care and sanitation is satisfactory. But they cannot practice what they want to do due to lack of available facilities. The truck drivers are quite familiar with sexually Transmitted Diseases. The truckers often suffer from STDs and are highly vulnerable to HIV/AIDS as a result of having unprotected sex.

Only few number of truck drivers ever heard about AIDS. Amongst those who know about AIDS there exist various misconception.

Their attitude towards condom is very negative. Condoms, according to them, hinder the attainment of complete sexual pleasure.

## **G. RECOMMENDATION**

In resemblance with the need assessment survey-that is already stated in brief-some recommendations are made over here.

An advocacy programme may be designed to address the trucker's professional hazards like social harassment, unbearable behaviors from the owners etc.

An health education and counseling Programme may be run for the truckers concerning STD/HIV/AIDS. In this purpose a centre could be established run by trained person.

Some sort of medical set up providing treatment to preliminary ailments and to STDs and counseling on further treatments required could be run simultaneously with the centre.

In this centre some recreational facilities could be provided so that the truckers can pass their time and can give up the habit of going to the brothels.

Special counseling on the affect of excessive intake of alcohol should be imparted, especially to drivers.

A condom culture promoting the mass use and availability of condom should be developed.

## **PHASE-2**

### **5. CEDAR INPLEMENTATION OF HIV/AIDS AND STD PREVENTION AND CARE ACTIVITIES ON TRUCKERS AT ARICHA FERRY TERMINAL, SHIBALALY, MANIKGONJ, BANGLADESH**

#### **A. OBJECTIVES OF THE PROGRAMME**

What was the situation in which Concern for Environmental Development and Research took it's birth and what are the objectives of organization is already explained in the earlier section named " Organization in brief". The project of Aricha Ferry Ghat on HIV/AIDS and STD care and prevention programme is one of the most important concerns of CEDAR. And objectives of the programme was drawn keeping resemblance with the objectives of CEDAR these are as follows-

1. To provide Treatment facilities to the truckers community (truck drivers and helpers)
2. To provide them education about STD/HIV/AIDS, Primary health care that they can lead a danger free life.
3. To give information concerning STD/HIV/AIDS, genital, reproductive health, primary health cares to the truckers families.
4. To give them a comfortable environmental providing sanitation facilities and safe drinking water.
5. To provide recreational facilities to keep them fresh and lively.

6. To promote a condom culture so that they can keep they free from STDs.
7. To delve further into the details of STDs/HIV/AIDS activities.
8. To gather more information on the basis of existing programme to shape a long-term and sustainable programme for the aforesaid community.
9. To develop a better hygienic sense
10. To work for a fresh environment through health care activities as we know that better health is better environment.
11. To change their life study, sexual behavior.
12. To reduce the percentage of vulnerably.

## **B. STAFF STATUS AS OF 96**

| <b>SL</b> | <b>Name of Employee</b> | <b>Designation</b> |
|-----------|-------------------------|--------------------|
| 01        | Tarikul Islam           | Kendra Prodhan     |
| 02        | Dr. Syeed-Al. Mamun     | Medical Officer    |
| 03        | Md. Shameem Ahmed       | Accountant         |
| 04        | Md. Abdus sattar        | Educator           |
| 05        | Md.Abu Sayeed           | Educator           |
| 06        | Md.Sadek Ali Bepari     | Outreach Worker    |
| 07        | Md. Fazlul Haque        | Outreach Worker    |
| 08        | Md. Zakir Hossain       | Care taker         |
| 09        | Ahmed Mia               | Cleaner            |

## **C. PROGRAMME TERMINOLOGY :**

### **Staff Responsibilities**

A total of ten (10) personal including the CEDAR Executive Director will be responsible for the execution of the whole project. The chain of responsibilities of the project personnel is shown in the Organ gram. Here the terms are tried to make clear.

#### **Executive Director** (Not to be paid from project)

- To plan, organize and supervise the programme
- Maintaining necessary official contacts and communication with the concerned organizations.

#### **Kendra Prodhan**

- Overall management of the Sheba Kendra
- Preparation of monthly reports
- Monitoring and evaluation of the project
- Supervise and support the general works of the Kendra

#### **Medical Officer**

- General practices
- Treating STD patients by Syndromic Management Technique and referring more serious cases to experts in Dhaka
- Maintaining STDs/HIV/AIDS and general health related

#### **Accountant**

- Maintaining accounts
- Maintaining Truckers Membership Card registers.

**Educator**

- Rapport building
- Conducting education and counseling session

**Outreach Workers**

- Rapport building with the Truckers
- Informal gathering, Chattering on AIDS/STD and related Issues with helpers and drivers at outreach locations

**Caretaker**

- Store (Medical) Keeping
- Keeping and maintenance of recreational, Medical, and other equipment as well as the sheba Kendra as a whole

**Cleaner**

- Cleaning and maintenance of Sheba Kendra, shower and latrine.
- Informal gathering, Chattering on AIDS/STDs and related issues with helpers and drivers at outreach locations.

***Sheba Kendra:***

Sheba Kendra is the centre of all activities concerning implementation of the project at Aricha. All members, related to the project functioning are assumed to take directions from the Sheba Kendra everyday. In the project proposal it is assumed to be a rented shade located very closely to the truck site.

***Recreation:***

In case of STDs/HIV/AIDS care and prevention programme the term Recreation is used to denote mental and physical refreshment. And for this reading newspapers, watching TV and VCP, playing (indoor games) are considered as tools of Recreation.

***Outreach Campaign:***

Outreach Campaign is termed as the process of communication with the people those are not directly involved in the implementation process that is the people those have not filled-up a membership card of the Sheba Kendra. This campaign is designed to disseminate information on STDs/HIV/AIDS and other health care activities. This process is to be executed in the form of Addas and in the form of chit-chats. The outreach worker will also encourage them to come to Sheba Kendra.

***Spot Campaign:***

This is process of disseminating information on STDs/HIV/AIDS in different spots within the periphery of the Sheba Kendra. In the spots, popular songs and "Kobigan" are to be performed to spread information about primary health care, reproductive health, genital health, spread of STD/AIDS, way to prevent them etc.

### ***Condom Culture:***

Condom Culture refers to the system in which there is a practice of using condoms as a preventive measure while the target group is in any physical contact. In case of developing sexual relations condom culture will help the truckers not to be infected by HIV/STDs.

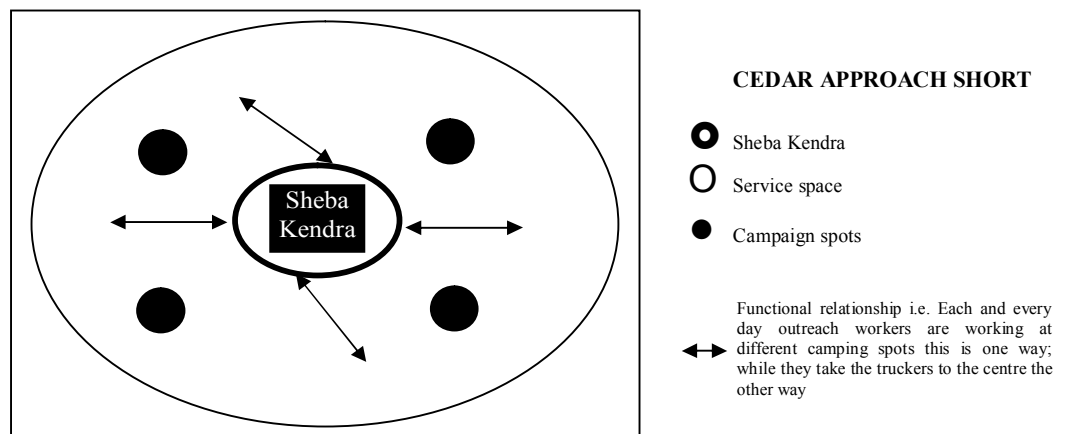
## **D. IMPLEMENTATION PROCESS/STRATEGY**

### **The Sheba Kendra Approach**

A centre under the above mentioned name has been opened at Aricha Ghat and functioning everyday from 3.00 PM to 11 PM (except weekly and national holidays). The centre provides with the following facilities: seating arrangement, Medicare facilities, recreational facilities, health education and counseling booth etc.

### **The Outreach Approach**

The another important strategy to address the community. This includes following activities: spot campaign viz. street drama, kabigun etc., utilizing informal gathering, campaigning through peer educator.



## **PROGRAMME ACTIVITIES IN DETAILS**

### **CARE SERVICES**

#### **Recreation Facilities**

Following materials have been providing in the common room of Sheba Kendra for recreation purpose: news papers, TV and VCP, indoor game equipment etc.

## **Medicare Facilities**

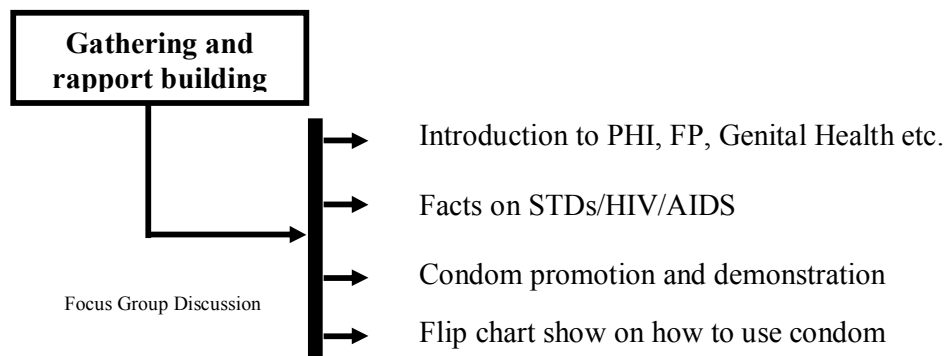
These facilities and arrangement include: a medical officer (Doctor), essential drugs, basic clinical facilities etc. Special cases are referred to nearby health centre or Dhaka if needed.

## **Sanitation Facilities**

A low cost sanitation facilities is installed within the premises of the centre. This includes: a tube well (for safe drinking water), a small bathing place, a low public toilet.

## **HEALTH EDUCATION AND COUNSELLING**

The principle aim of the programme is to aware and educate, and to motivate the truckers about the HIV/AIDS and STDs as well as the social and family values, danger of addiction and excessive drinking, personal hygiene and good health practices etc. The sessions are addressed by the educators/counselors. The process of conducting each session is as follow.



## **OUTREACH/SPOT CAPPAIGN**

Outreach workers approach the driver and helper through 'Adda' and try to disseminate knowledge on AIDS, STDs and related issues in the form of chit-chats. However there are other forms of spot campaign such as street Drama, Popular song and ' Kobigun' etc.

## **CONDOM CULTURE**

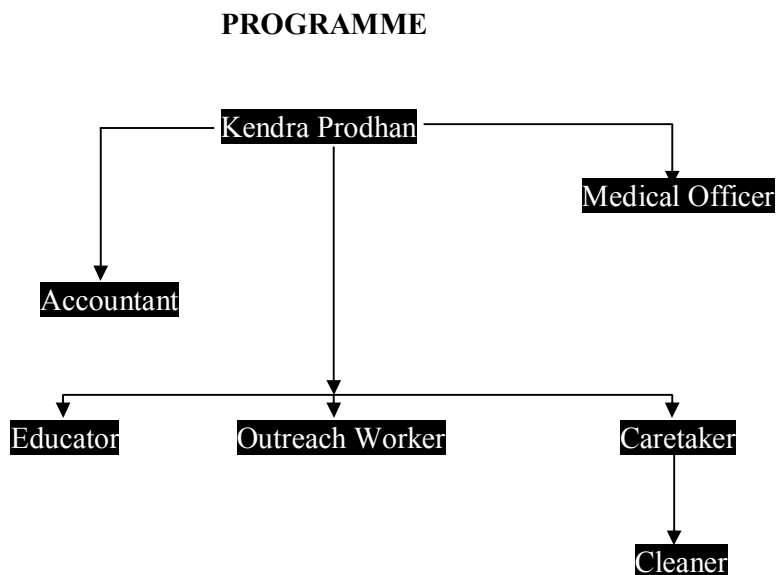
Condoms are being made available in the local pan-biri-cigarette shops. Dissemination on the necessity and the correct use of condom is also being ensured by the educator, outreach workers as well as the Medical officer of the centre.

## **REGISTRATION AND MEMBERSHIP**

A membership card is issued to truckers coming for the first time to the sheba Kendra and will be checked in every time they come in to the sheba Kendra.

## PROFRAMME ORGANIZATION

The total of nine personal is responsible for the execution of the programme. The chain of responsibilities is shown in the programmogram. The Kendra Prodhan is responsible for overall management of the Sheba Kendra.



## MONITORING & EVALUATION

Constant monitoring and evaluation of the whole project is being carried on by Kendra Prodhan. The membership card, in case of monitoring, plays a systematic role. Each entry in to the centre is recorded in the card as well as several separate registers are maintained at the centre. And then a quarterly report is produced to determine the progress of the programme.

## **6. EVALUATION OF PROGRAMME ACTIVITIES (STD/AIDS Programme Review after one year)**

### **6.1 METHODOLOGY**

**A.** To prepare this report on yearly basis on the implementation of STDs/HIV/AIDS care and prevention programme for the first time in our experience we have to take cautious measures in collection of response to this programme from various sources. We collected response/data mainly from—

1. Sheba kendra Register
2. Focus group discussions
3. Interventions of the target community
4. Paper cutting and
5. Comments of resources personnel

#### **B. Questionnaire development**

To judge how the programme activities are going on we have developed three sets of questionnaire after the completion of the 2nd quarter of implementing the programme. The questionnaires were both for the target community and for the outreach workers as they are open (their area of work is open) to put consent on the matters concerning the programme activities. In this regard we personally visited a few of the largest community and the response of the outreach workers. The aim of this process through questionnaire was to explore the exact feature and at the same time to get a feelings of the accessibility; location and co-operation of the respondents.

#### **C. Sampling**

The number of attendance to the programme, no doubt a big one. For this it is quite impossible to collect response, to judge the programme activities; from all the persons taking facilities from the programme, and working for the programme. In this regard we have followed a simple random sampling method to construct a sample for the drivers, helpers and related community. And in connection with this we have collected response from 39, 49, 69 persons respectively in three different sample survey.

### **6.2 FINDINGS AND DISCUSSION**

Cedar has started implementing HIV/STD/AIDS Prevention and Care activities on Truckers since January 96 it took a month's time to start its component going. Within this span. CEDAR provided training to the concerned staffs and predated them both in the field and in the office. There had been a couple of sessions with the local community traders, trucker's union leaders and also the truckers and helpers. The objectives of these sessions were to let them know the different components of this programme and how would they be benefited from this programme. This helped to achieve turn aims of the project:

- i) Access to the very community and
- ii) Acceptance of the project components without any barriers.

#### **A. TOTAL VISITORS (truckers/others)**

A total of 6,758 drivers, helpers and allied numbers of the community were enrolled as members of the Sheba Kendra. Table-1 showed the quarterly frequency of different visitors of the total visitors. 46.78% were drivers, 48.66% helpers and 4.54% allied members (Fig-1). The very term allied members implies to boarding boys, dock laborers, small traders, hotel boys, saloon workers etc. The trends of visitors had well reflected the gradual increase which meant more they heard about the centre, more they turned up (Fig-2).

Table-1

| Quarter         | Drivers     | Helpers     | Others     | Total       |
|-----------------|-------------|-------------|------------|-------------|
| 1 <sup>st</sup> | 339         | 192         | 60         | 591         |
| 2 <sup>nd</sup> | 732         | 588         | 108        | 1428        |
| 3 <sup>rd</sup> | 1019        | 1246        | 0          | 2265        |
| 4 <sup>th</sup> | 1072        | 1263        | 139        | 2474        |
| <b>Total:</b>   | <b>3162</b> | <b>3289</b> | <b>307</b> | <b>6758</b> |

**Note:** The asterisk (\*) indicates that in the 3<sup>rd</sup> Quarter, the number of other visitors is zero, as we could not record the number of other visitors. It was done just to concentrate on the number of truckers only. In that quarter, we were in manipulation problem. And in the next month we have managed the manipulation problem and decided to count the figure of other visitors.

## B. HEALTH EDUCATION AND COUNSELLING

Health education pertaining to personal health and hygienic and counseling emphasizing on STD/HIV and risk reduction behavior is one of vital components of the programme. 5,116 visitors, (75.70% of the total visitors) attended the health education and counseling session (Table-2) of which 2716 (53.08%) were drivers and 2400 (46.91%) helpers (Fig-3).

Table-2: Frequency distribution of drivers and helpers by quarter

| Quarter         | Driver      | Helper      | Total       |
|-----------------|-------------|-------------|-------------|
| 1 <sup>st</sup> | 295         | 138         | 433         |
| 2 <sup>nd</sup> | 669         | 570         | 1239        |
| 3 <sup>rd</sup> | 793         | 767         | 1560        |
| 4 <sup>th</sup> | 959         | 925         | 1884        |
| <b>Total:</b>   | <b>2716</b> | <b>2400</b> | <b>5116</b> |

## C. RECREATIONAL FACILITIES

Truckers and helpers lack recreation which drove them to wine and woman. Both enhance risky behavior leading to STDs and increase Vulnerability to HIV infection. CEDAR provided new avenues of recreation to deviate them from the above behaviors by setting up a recreation centre at Sheba Kendra equipped with TV, VCP, Chess, Ludo, Carom boards etc. Table-3 showed the quarterly turn up of visitors. It was shown that that 90.88% (6142) of visitors took the recreation facilities which were a great deal of demand while doing the need assessment survey (Fig-5).

Table-3: Frequency distribution of target groups by quarter

| Quarter         | Drivers     | Helpers     | Others     | Total       |
|-----------------|-------------|-------------|------------|-------------|
| 1 <sup>st</sup> | 256         | 125         | 21         | 402         |
| 2 <sup>nd</sup> | 636         | 511         | 108        | 1255        |
| 3 <sup>rd</sup> | 880         | 1218        | 100        | 2198        |
| 4 <sup>th</sup> | 990         | 1160        | 367        | 2517        |
| <b>Total:</b>   | <b>2762</b> | <b>3014</b> | <b>595</b> | <b>6372</b> |

## D. SANITATION

Lack of sanitation facilities coupled with unsafe drinking water was the need of the community doing assessment. To improve personal hygiene and make assess to safe drinking water. The Sheba Kendra set up water sealed latrines and a deep tube well without its premise. It makes a better understanding of personal hygiene and sense of security in respect to pure drinking water. And they well availed this opportunity. (Table-4).

Table-4: Sanitation facilities availed by the target community

| Quarter         | Drivers     | Helpers     | Others    | Total       |
|-----------------|-------------|-------------|-----------|-------------|
| 1 <sup>st</sup> | 0           | 0           | 0         | 0           |
| 2 <sup>nd</sup> | 263         | 190         | -         | 453         |
| 3 <sup>rd</sup> | 485         | 367         | 27        | 879         |
| 4 <sup>th</sup> | 527         | 577         | 45        | 1149        |
| <b>Total:</b>   | <b>1275</b> | <b>1134</b> | <b>72</b> | <b>2481</b> |

## E. CONDOM PROMOTION

Truckers are called as one of the high risk community who has high prevalence of STDs and vulnerable to HIV/AIDS. They had negative attitude towards condom use as they think it reduce sexual pleasure. Besides they thought condom use only for family planning and did not have a clear understanding that condom could prevent STD/HIV. Having understood the misconceptions of the truckers, the doctor, Health education, counseling and outreach workers tried to bring out the misconception and made them aware that condom is a thin layer between life and death. It not only prevents unwanted pregnancy but also helped in preventing STD/HIV/AIDS and by making easy access to condom, the volume of condom and started increasing with a shift toward positive attitude. (Table-5)

Table-5: Shows volume of condom distribution by quarter

| Quarter         | Condom Distribution |
|-----------------|---------------------|
| 1 <sup>st</sup> | 1571 Pkts.          |
| 2 <sup>nd</sup> | 1746 Pkts.          |
| 3 <sup>rd</sup> | 2994 Pkts.          |
| 4 <sup>th</sup> | 3796 Pkts.          |
| Total:          | 10107 Pkts.         |

## F. MEDICARE FACILITIES:

Medical facilities are hard to be available at Aricha Ferry Ghat. That was why the Truckers had to depend on local Homeopaths, Kabiraj and faith healer. The nearest health facilities provided by Govt. health complex are at a distance of two miles away. So besides above mentioned components, Medicare facilities are one of the key components of this project. A medical graduate is in charge of the Sheba Kendra clinic and provides health services to the visitors. 1357 drivers and 906 helpers sought health care services from the clinic (Table-6). 45.82% were treated for STDs and 54.17% for other medical problems. The treatment for STDs were provided in the basis of syndromes management. Most of the drivers and helpers are familiar with syphilis and gonorrhea and a few even used to take antibiotics for these STDs. They knew that these diseases used to be treated and a misconception deeply rooted in their mind that these in turn would reduce their sex power. Table -7 showed total number of STD cases amongst truckers. In table 8 and 9, frequency of different STD syndromes and other STDs were presented by quarters for the drivers and helpers respectability.

**Table-6 : Frequency distribution of different groups seeking medical facilities by Quarter**

| Quarter         | Drivers     | Helpers    | Total       |
|-----------------|-------------|------------|-------------|
| 1 <sup>st</sup> | 41          | 29         | 70          |
| 2 <sup>nd</sup> | 317         | 212        | 529         |
| 3 <sup>rd</sup> | 376         | 250        | 626         |
| 4 <sup>th</sup> | 623         | 415        | 1038        |
| <b>Total:</b>   | <b>1357</b> | <b>906</b> | <b>2263</b> |

**Table -7: Showed STD cases by quarter by group**

| Quarter         | Drivers    | Helpers    | Total       |
|-----------------|------------|------------|-------------|
| 1 <sup>st</sup> | 25         | 15         | 40          |
| 2 <sup>nd</sup> | 167        | 53         | 220         |
| 3 <sup>rd</sup> | 89         | 89         | 178         |
| 4 <sup>th</sup> | 358        | 241        | 599         |
| <b>Total:</b>   | <b>639</b> | <b>398</b> | <b>1037</b> |

**Table-8: Frequency distribution of STDs cases by quarter for the drivers**

| Quarter         | Genital Ulcer Disease | Urethral Discharge | Other STDs | Total      |
|-----------------|-----------------------|--------------------|------------|------------|
| 1 <sup>st</sup> | 9                     | 7                  | 9          | 25         |
| 2 <sup>nd</sup> | 44                    | 102                | 21         | 167        |
| 3 <sup>rd</sup> | 52                    | 37                 | 0          | 89         |
| 4 <sup>th</sup> | 93                    | 100                | 165        | 358        |
| <b>Total:</b>   | <b>198</b>            | <b>246</b>         | <b>195</b> | <b>639</b> |

**Table-9: Frequency distribution of STD cases among helpers by quarter**

| Quarter         | Genital Ulcer Disease | Urethral Discharge | Other STDs | Total      |
|-----------------|-----------------------|--------------------|------------|------------|
| 1 <sup>st</sup> | 3                     | 1                  | 11         | 15         |
| 2 <sup>nd</sup> | 18                    | 25                 | 10         | 53         |
| 3 <sup>rd</sup> | 35                    | 54                 | 0          | 89         |
| 4 <sup>th</sup> | 57                    | 74                 | 110        | 241        |
| <b>Total:</b>   | <b>113</b>            | <b>154</b>         | <b>131</b> | <b>398</b> |

Out of 1037 STD cases, 29.99% were GUD (Genital Ulcer Disease), 38.57% Urethral Discharge, 31.43% other STDs both for driver and helpers. Other STDs include mainly Scabies and Ringworm (Fig 7).

Amongst the drivers, Urethral Discharge (38.49%) followed genital ulcer disease (30.98%) and rest 30.51% other STDs. While among the helpers, Urethral Discharge (38.69%) was followed by other STDs (32.91%) and then GUD (28.39%).

There are the salient features and brief discussion on different activities performed during the last one year of implementation.

These were few loop-holes while implementing the project components because this was so far the first effort in responding to STD/HIVAIDS. Besides, the target community is mobile, unstable and sometimes hostile in nature. But we are confident that it has become easier on the part of us to build a good rapport and interpersonal communication and they have developed a faith on us.

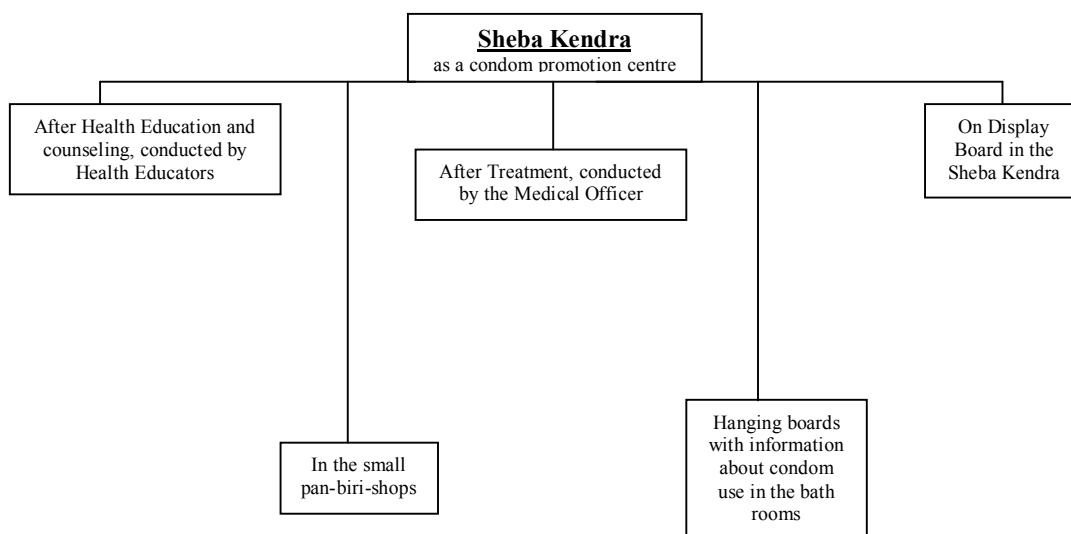
## G. OUTREACH CAPPAIGN

The Outreach programme started from the 1<sup>st</sup>. quarter. It is a continuning programme conducted by the outreach workers. They disseminate information on HIV/STD/AIDS and about Sheba Kendra and also invite the target community to the Sheba Kendra. Every day they contact with 30 persons on average, and in the last year they contacted with  $30 \times 250 = 7500$  persons. In the Schedule of Outreach campaign we have an arrangement of two special programmes in every month. This target is not reached in the last year due to political unrest in the country. However we conducted 15 programmes in total. In the usual programmes, those are a routine work of the Outreach Workers, the target community took part. The outreach workers also managed a local magician to make the programmes more enjoying.

## H. STRATEGY OF CONDOM DISTRIBUTION ON TARGET COMMUNITY AT ARICHA FERRY TERMINAL PROJECT OFFICE:

- 1) After Health Education and counseling
- 2) After Treatment
- 3) Display Board at centre
- 4) Keeping at Bathroom
- 5) Terminal spot (Pan-biri-shop)

In a chart the condom promotion-process could be shown as below-



### 6.3 COST MANAGEMENT ANALYSIS

In the table we just have shown a calculation to show. 1. Expenditure against medicine, sanitation, recreation, outreach campaign and condom 2. Number of beneficiaries against the components 3. Yearly per head cost against the components and 4. The % cost covered by the components- of the total cost.

| Components               | Cost          | Number of beneficiaries | per head cost (Taka) | % cost of the components |
|--------------------------|---------------|-------------------------|----------------------|--------------------------|
| Treatment                | 103690        | 1981                    | 52.34                | 47.34                    |
| Education and Counseling | 21310         | 5226                    | 4.07                 | 9.73                     |
| Sanitation               | 40250         | 2464                    | 16.33                | 18.37                    |
| Recreation               | 28380         | 6192                    | 4.58                 | 12.95                    |
| Condom                   | 25421         | -                       | -                    | 11.61                    |
| <b>Total:</b>            | <b>219051</b> | <b>-</b>                | <b>-</b>             | <b>100</b>               |

**Note:** Here we didn't take the amount spent as salary for the Sheba Kendra staff, just the amount spent against the heads is considered. And again to note that here we do mean-

Treatment cost = Medicine cost + Clinical apparatus cost + Health Card

Education cost = Training cost of the Educators + Equipment cost

Sanitation cost = Set-up cost + Equipment cost

Recreation cost = Set-up cost + Equipment cost + Maintenance Cost

### 6.4 IMPACTS OF THE PROGRAMME

After the starting of the programme at the beginning of the year 1996, it has able to create an atmosphere of understanding among the related people (the target community and others) about how to deal with the problems caused by STD/HIV/AIDS components. It was planned not only for the target community, though they were the main group to be concerned, but also to create a social awareness. Including all factors active in this pursuit of this programme we also considered to give education to the families of the truckers. After completion of one year of implementation we have seen that this programme is become able to make notable impact on the target community, related community, families of the truckers and on the concerned quarter. Here, the comments made by the persons of the above mentioned categories; when they were interviewed or they took part in the discussions, are presented to detect what are the impacts of the programme.

#### Target Community

Md. Manik, a truck driver. He is a member of CEDAR Sheba Kendra; his Card no is 171. He is 35 years old. He is married and he has a family of 4 members. When he was asked about CEDAR he said, "Condoms in the Bath room made me astonished" and then I came to know the cause. CEDAR made me counties about this. He said that sanitation facilities are satisfactory to him. He often speaks with others about the centre and invites them to join the programme.

Sayed-a helper-says, " It is shameful to talk about our characters, previously more than one time a week I was to go the Brothel, now it is reduced after coming your centre". Now I am using condom regularly. "There is a change in my habit", he said with satisfaction. He also said that more steps should be taken for the betterment of the trucker's community.

### **Related Community**

LOKMAN- a Hawker and small trader. From the beginning he is attached with CEDAR activities, helping in developing a sense in the community. He is also helping the drivers and helpers to be related with the centre. He commented, "this type of programme is helpful to us". He also said that this programme made them continues and helped to be aware of STDs. He is a volunteer in his attitude.

ZULHASH-a businessman. His job is fish-marketing. He is a neighbor to CEDAR SHEBA KENDRA. From the very beginning he is attached to the SHEBA KENDRA. " I have disseminated information about STDs and I have taken various facilities from CEDAR SHEBA KENDRA" said Zulhash. He is from Aricha (local) and he is 35 (approx) years old.

### **Families of the Truckers**

BACCHU said his wife knows how to read. He is a driver. His wife came to know about STDs from him as he talked to her about STDs. She expressed her wish to come to the centre. She bears the responsibility of a 2 member family. They till now didn't take babies. Bacchu's wife is at the age of 21. Her name is Nazma.

### **Influential Person**

ALI AKBER-Ex-Up-Zilla chairman, very much known in that area. He is a well wisher of this programme. In a meeting he proposed to the T.N.O to provide Sheba Kendra with a plot (a piece of land) to run such a social awareness activity that is significant to the truckers as well as to the common people. He also appealed to other persons concerning this. He said, "I wish Sheba Kendra be running with it's objectives".

A.R ALI is a notable businessman. He is the Secretary of the port committee. He is helpful to such hygienic sense developing activities. He said I am ready to help you in such kind of activities.

### **Concerned Quarter**

HASAB, Rock Feller foundation, Alliance Srilanka, CCDB, ISF Belgium, Alliance International UK those concerned with STD/HIV/AIDS Prevention and care activities have gave us their consents about the programme activities. They said that this type of programme is very much effective in disseminating information on STD/HIV/AIDS and treating the STD cases. They expressed satisfaction about the programme and also gave valuable suggestions regarding the components of the programme, working atmosphere, staff training, staff-target community relation, rapport building, management etc. They also put consents in favor of expansion and extension of the programme.

## **6.5 PROBLEAMS FACED**

Not only for this programme, could any programme face different type of problems. Of these some could be assignable and some could be non-assignable. This problem could arise due to political, location and manpower oriented causes. As this programme that is of new characteristics in this area of Aricha Ferry Ghat, we faced a quite uneasy situation though within a year of implementation there is prevailing a well-neigh familiar atmosphere at Aricha ferry Ghat. Now, over here, we are stating what type of problems, in the year of 1996; we have faced.

### **Political:**

At the very beginning of 1996 we have to face a political crisis in Bangladesh. There was a non-co-operation movement launched by the then opposition parties and for this there was a total break up in the system that governs the country. Communication system was totally collapsed and we failed to develop a linkage in between our central office and the Sheba Kendra at Aricha. All the set-up of sanitation facilities was lingered and we recorded no truckers against this component in first quarter.

**Social:**

The social structure of Bangladesh is a conservative one in many senses. Though it is seen that the people of Bangladesh is very much friendly and cordial in general. However the conservativeness, especially concerning Medicare seeking behavior is due to lack of education. As they are not given proper education, they do not know how to approach the doctor. The problem becomes grave when it is concerned to STDs. They are not easy and frank to speak of their problems. For this, when the Sheba Kendra started its functioning the neighboring people did not take it easily as they don't know the real situation. Also there is a threat from the religious pressures groups concerning STDs.

**Financial:**

As it is a new project, and frankly speaking; we have no previous knowledge concerning this we have underscored the real situation especially the financial cases. After a certain period we have seen that the requirements are increasing. For this the budget adjustment was not properly done as the needs were to meet.

**IEC Materials:**

As STD treatment, in a broad scale; till now is a vague term in our country, it is quite a hard task to meet all the requirements. And as we have started this programme for the first time we were in lack of IEC materials.

**7. OTHER ACTIVITIES****7.1 PROJECT SURROUNDINGS**

By the term "project surroundings" we are mainly indicating to the people living in and around Aricha Ferry ghat, in Sibalaya thana-with whom we are related either personally or officially; and also the establishments. These people and establishments provided us with official and intellectual support and with their cordiality. And as we have such a surroundings, we have succeeded in implementing the programme soundly. We can blame of them over here as Akram Hossain, Thana Nirbahi Officer, Sibalaya Manikgonj; Thana Health Officer; Thana Police Administration-they provided security Support; Port Authority – gave approval for different programme in the terminal (especially DGM of port authority); NGOs as CCDB, GRAMEEN BANK, ASA, VON and Agrani bank; Governing bodies of Schools/Colleges/Madrasas-especially the Head master/the principal; Union chairman-Abdur Razzak; Ex-Upazilla chairman-Ali Akber, Businessmen; Truckers' Union Leaders (central and Local Leaders)

## 7.2 MEDIA COVERAGE

| SL  | Name of the Media                    | Type of Media   | Type of Coverage   | Issue/Event                | Date                     |
|-----|--------------------------------------|-----------------|--------------------|----------------------------|--------------------------|
| 1.  | Dinkal                               | Daily Newspaper | Picture            | World AIDS DAY, Discussion | Dec. 8'96                |
| 2.  | The Bangladesh times                 | Daily Newspaper | Picture            | Seminar on AIDS            | Dec' 29                  |
| 3.  | The Daily Star                       | Daily Newspaper | Picture            | Seminar on AIDS            | Dec'96                   |
| 4.  | AIDS Samachar                        | Periodical      | News with picture  | Treatment                  | 3 <sup>rd</sup> Issue 96 |
| 5.  | Update AIDS                          | Periodical      | Review and picture | Outreach Campaign          |                          |
| 6.  | Alliance News Letter (International) | Periodical      | Review             | CEDAR STD/AIDS Activities  |                          |
| 7.  | The Independent                      | Daily Newspaper | Picture            | Outreach Campaign          | 5 July'96                |
| 8.  | Bhorer Kagoj                         | Daily Newspaper | News and Picture   | World AIDS DAY             | 1 Dec'96                 |
| 9.  | The New Nation                       | Daily Newspaper | News               | World AIDS DAY             | 29 Nov' 96               |
| 10. | Ajker Kagoj                          | Daily Newspaper | Picture            | World AIDS DAY             | 2 Dec' 96                |
| 11. | Alor Bani (local)                    | Weekly News     | News               | World AIDS DAY             | 7-13 Dec' 96             |

## 7.3 STAFF DEVELOPMENT TRAINING

| SL | Name of Participants | Designation         | Name of the Course                                                     | Duration | Place and Institute           |
|----|----------------------|---------------------|------------------------------------------------------------------------|----------|-------------------------------|
| 1. | Tarikul Islam        | Project Coordinator | STD/HIV/AIDS on Population Assessment Techniques                       | 5 days   | CEDAR Office                  |
|    |                      |                     | How To Design a Proposal for population Assessment on Target Community | 3 days   | HASAB-CDS Auditorium          |
|    |                      |                     | Behavior Change and Communication                                      | 5 days   | Karitas Training centre,Dhaka |
|    |                      |                     | Community Need Assessment                                              | 5 days   | CDS-HASAB                     |
|    |                      |                     | Exposure visit to HIV/AIDS related intervention Projects in India      | 7 days   | India                         |

| SL  | Name of Participants   | Designation        | Name of the Course                                                                                                          | Duration                           | Place and Institute                                             |
|-----|------------------------|--------------------|-----------------------------------------------------------------------------------------------------------------------------|------------------------------------|-----------------------------------------------------------------|
| 2.  | Wahiduzzaman           | Field Coordinator  | STD/AIDS Prevention and Assessment Techniques<br><br>How to Design a Proposal for Population Assessment on Target Community | 5 days<br><br>3 days               | CEDAR Office<br><br>HASAB-CDS Auditorium                        |
| 3.  | Azizul Haque           | Field Investigator | STD/AIDS Prevention and Assessment Techniques                                                                               | 5 days                             | CEDAR Office                                                    |
| 4.  | Saiful Islam           | Field Investigator | STD/AIDS Prevention and Assessment Techniques                                                                               | 5 days                             | CEDAR Office                                                    |
| 5.  | Abdur Rauf             | Field Investigator | STD/AIDS Prevention and Assessment Techniques                                                                               | 5 days                             | CEDAR Office                                                    |
| 6.  | Asaduzzaman            | Field Investigator | STD/AIDS Prevention and Assessment Techniques                                                                               | 5 days                             | CEDAR Office                                                    |
| 7.  | Tushar Kanti Chowdhury | Data Analyst       | STD/AIDS Prevention and Assessment Techniques                                                                               | 5 days                             | CEDAR Office                                                    |
| 8.  | Dr. Syeed Al Mamun     | Medical Officer    | Project Management<br><br>STD Treatment Techniques Behavior<br><br>Change and Communication                                 | 3 days<br><br>1 days<br><br>5 days | CEDAR Office<br><br>CEDAR Office<br><br>Karitas Training centre |
| 9.  | Shameem Ahmed          | Account Officer    | Management of Account System                                                                                                | 3 days                             | CEDAR Office                                                    |
| 10. | Abdus Sattar           | Educator           | Project Management Communication<br>STD/AIDS Terminology<br>Counseling Technique<br>Condom Promotion                        | 7 days                             | CEDAR Office and Project Office                                 |
| 11. | Abu Syeed              | Educator           | Project Management Communication<br>STD/AIDS Terminology<br>Counseling Technique<br>Condom Promotion                        | 7 days                             | CEDAR Office and Project Office                                 |
| 12. | Sadeq Ali Bepari       | Outreach Worker    | Techniques of outreach Campaigning<br><br>Communication Knowledge about STD/AIDS                                            | 7 days                             | CEDAR Office and Project Office                                 |

| <b>SL</b> | <b>Name of Participants</b> | <b>Designation</b> | <b>Name of the Course</b>                                                        | <b>Duration</b> | <b>Place and Institute</b>      |
|-----------|-----------------------------|--------------------|----------------------------------------------------------------------------------|-----------------|---------------------------------|
| 13.       | Fazlul Haque                | Outreach Worker    | Techniques of outreach Campaigning<br><br>Communication Knowledge about STD/AIDS | 7 days          | CEDAR Office and Project Office |
| 14.       | Zakir Hossain               | Caretaker          | Office Maintenance<br>Communication Knowledge about STD/AIDS                     | 5 days          | CEDAR Office and Project Office |
| 15.       | Ahmed Mia                   | Cleaner            | Office Cleaning<br>Communication Knowledge about STD/AIDS                        | 5 days          | CEDAR Office and Project Office |

## 7.4 WORLD AIDS DAY 96 ACTIVITIES

| Particulars                                                   | Participants                                                                                                                                                                                                                                                                                                                                                                                                                                           | Place                                                   |
|---------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|
| Seminar                                                       | Prof. Abdul Mamun (Ex VC of D.U)<br>Prof. Nazrul Islam (Project Director, Bangladesh AIDS Prevention & Control Programme and Seminar Chief guest)<br>Najmus Sahar Sadiq – UNDP<br>Monira Sultana – Save The Children Fund Australia.<br>Mr. Mike Baily – Consultant –Alliance International –UK<br>Mr. Siddiqur Rahman –Project Coordinator –HASAB<br>Community People (Truckers)<br>Distinguished Guest from different work of life<br>CEDAR Personal | C.D.L Dhanmondi, Dhaka.                                 |
| Rally                                                         | CEDAR Personal and Target community T.N., o, EX-UpZilla-Chairman, Target Community                                                                                                                                                                                                                                                                                                                                                                     | Press Club to Aricha Launch and Ferry Ghat              |
| Community Meeting on STD/HIV/AIDS Prevention and Control      | T.N.O, T.H.O, Officer in Charge – Shibalaya Thana, Social Leader, Community Leader, Local Business man, Truckers and other related community                                                                                                                                                                                                                                                                                                           | Project Office, Aricha Ferry Ghat, Shibalaya, Manikgonj |
| Magazine "Green voice" (Special issue on World AIDS Day 1996) | Shafiqul Alam, ED. Jamal Khan, R.C. Saiful Islam, Wahiduzzaman, Samsul Kabir, Tarique Tushar Kanti Chowdhury                                                                                                                                                                                                                                                                                                                                           | CEADR                                                   |
| Culture Programme                                             | Local Singer Ex- Upozila Chairman, T.N.O, T.H.O, Officer in Charge – Shibalaya Thana, Social Leader Community Leader, Local Business man, Truckers and other related community                                                                                                                                                                                                                                                                         | Terminal, Aricha Ferry Ghat                             |

## 7.5 COLLABORATION ESTABLISHED

To run the programme as the objectives of the programme requires; we have developed a good number of relations with –

- Bangladesh AIDS Prevention & Control programme
- STD/AIDS Network
- VHSS
- ACTIONAID, Bangladesh
- CIDA, Canada
- Rock Feller Foundation, U.S.A
- Bhuroka Public Welfare Trust, India
- Alliance Srilanka
- International HIV/AIDS Alliance, U,K
- STD project, IEDCR Mohakhali
- Ministry of Health and Welfare, GOB
- related NGOs in Bangladesh, such as
  - PSKP
  - SHISHUK
  - Al-Falah,etc.

## 7.6 IMPORTANT MEMBERSHIP (National and International)

Concern for Environmental Development and Research –CEDAR is a member of the following organization

1. Department of Social Welfare, GOB
2. NGO Bureau, GOB
3. STD/AIDS Network (VHSS)
4. NGO Forum for Drinking Water supply and Sanitation

## 8. CONCLUSION

This is the brief report of the 1<sup>st</sup> year of implementation. In the effort of implementing this project, especially working with a community who by nature is disorganized, it is a matter of time to shape such programme into moment urn. CEDAR has tapped all the corners of this community to make the programme successful and effective. In doing so, the staff of this project has built up a steady and cordial relation with the truckers and helped in report building with the new members enrolled.

In-spite of all these efforts, we think we could have achieved our target provided we did not have to face the political unrest at the very outset of this project implementation. Gaps could have been minimized in the current working year. It has been urgently felt and expressed by the truckers that expansion of such model project need to be extended for the trucker's community to other sites of the country for sustainable health care services.

### Facilities Taken by The drivers

| Facilities   | Medicine   |            |            | Education<br>and<br>Counseling | Sanitation  | Recreation  | Condom      |
|--------------|------------|------------|------------|--------------------------------|-------------|-------------|-------------|
|              | GUD        | UD         | Gen.       |                                |             |             |             |
| January      | 0          | 0          | 0          | 0                              | 0           | 0           | 0           |
| February     | 4          | 3          | 2          | 121                            | -           | 123         | 576         |
| March        | 5          | 4          | 4          | 174                            | -           | 133         | 292         |
| April        | 16         | 48         | 94         | 262                            | 63          | 154         | 468         |
| May          | 3          | 3          | 2          | 247                            | 105         | 242         | 232         |
| June         | 25         | 51         | 75         | 260                            | 78          | 204         | 264         |
| July         | 25         | 15         | 65         | 293                            | 105         | 317         | 407         |
| August       | 13         | 12         | 105        | 235                            | 175         | 258         | 739         |
| September    | 14         | 10         | 115        | 265                            | 205         | 305         | 457         |
| October      | 37         | 25         | 63         | 322                            | 195         | 325         | 637         |
| November     | 25         | 33         | 95         | 304                            | 125         | 305         | 679         |
| December     | 31         | 42         | 74         | 333                            | 207         | 298         | 773         |
| <b>Total</b> | <b>198</b> | <b>246</b> | <b>694</b> | <b>2816</b>                    | <b>1258</b> | <b>2664</b> | <b>5524</b> |

### **Facilities Taken By The Helpers**

| <b>Facilities</b> | <b>Medicine</b> |            |            | <b>Education<br/>and<br/>Counseling</b> | <b>Sanitation</b> | <b>Recreation</b> | <b>Condom</b> |
|-------------------|-----------------|------------|------------|-----------------------------------------|-------------------|-------------------|---------------|
|                   | GUD             | UD         | Gen.       |                                         |                   |                   |               |
| January           | 0               | 0          | 0          | 0                                       | 0                 | 0                 | 0             |
| February          | 2               | 1          | 14         | 75                                      | 0                 | 74                | 488           |
| March             | 1               | 0          | 10         | 63                                      | 0                 | 51                | 215           |
| April             | 5               | 7          | 58         | 110                                     | 42                | 92                | 390           |
| May               | 3               | 4          | 5          | 175                                     | 61                | 172               | 194           |
| June              | 10              | 14         | 75         | 285                                     | 87                | 247               | 298           |
| July              | 17              | 17         | 35         | 311                                     | 184               | 375               | 385           |
| August            | 5               | 12         | 74         | 264                                     | 68                | 426               | 592           |
| September         | 13              | 25         | 54         | 202                                     | 115               | 417               | 413           |
| October           | 21              | 29         | 46         | 314                                     | 205               | 375               | 489           |
| November          | 17              | 18         | 72         | 287                                     | 210               | 375               | 529           |
| December          | 19              | 27         | 89         | 324                                     | 162               | 317               | 689           |
| <b>Total:</b>     | <b>113</b>      | <b>154</b> | <b>532</b> | <b>2410</b>                             | <b>1134</b>       | <b>2921</b>       | <b>4682</b>   |

## FIGURES

**Fig 1 : Pie chart Showing types of visitors**

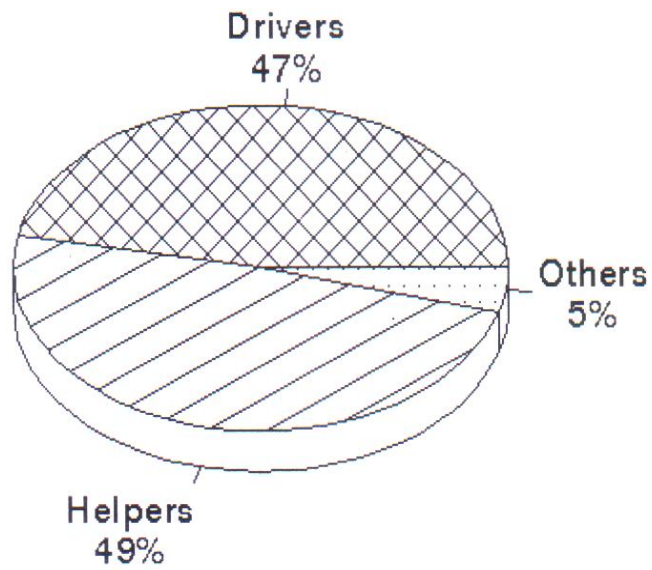


Figure shows percentage of visitors by group.

**Fig 2 : Trends of visitors**

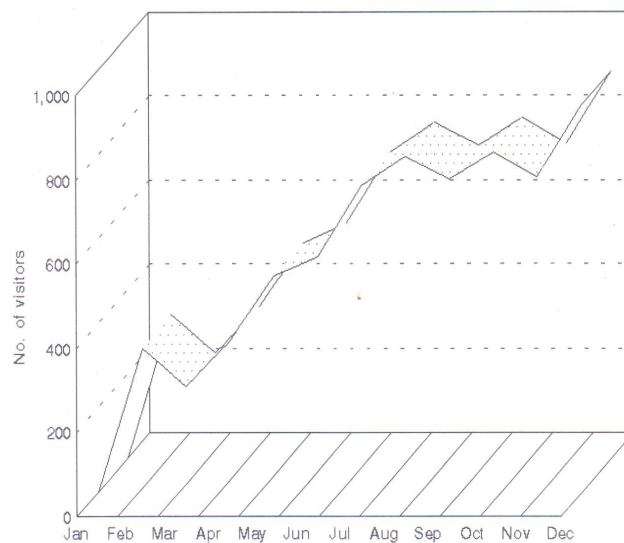


Chart shows the trends of visitors over the last 12 months.

**Fig 3 : Bar Showing visitors attending health education & counseling session**

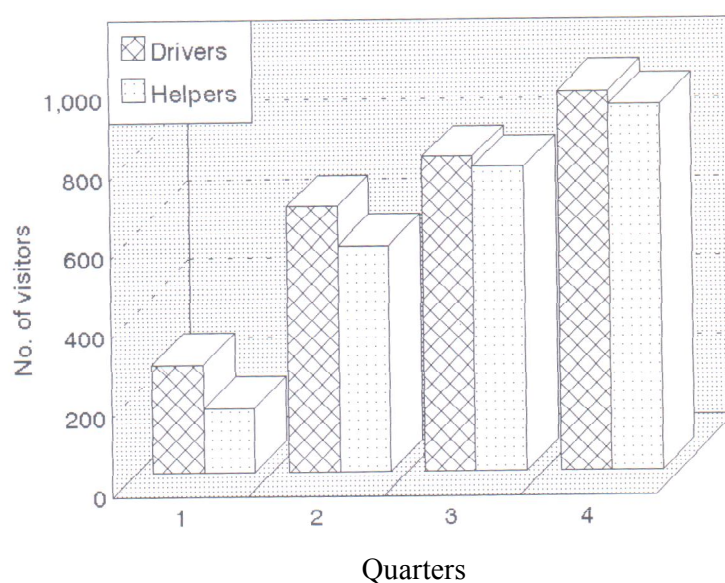
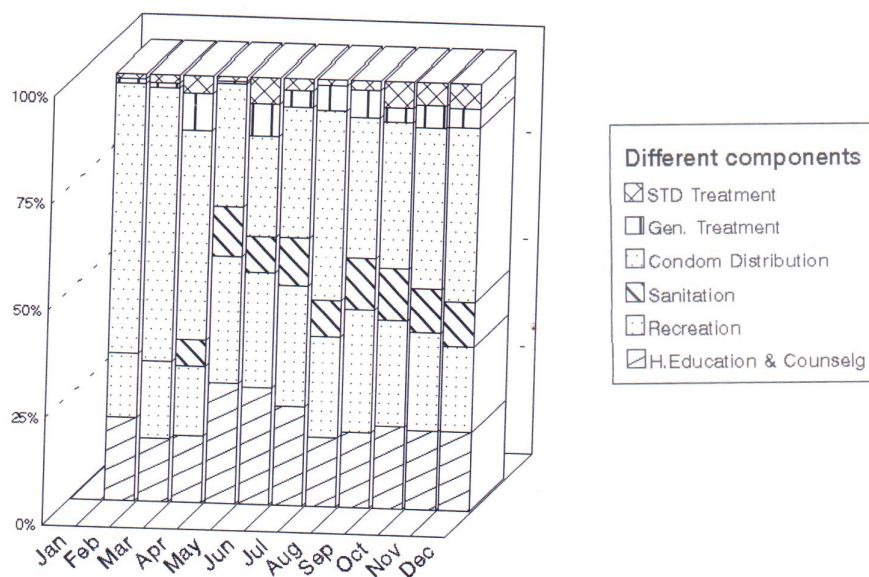


Figure shows number of visitors attended Health Centre Education & Counseling Session

**Fig 4: Bar Showing monthly distribution of components attended by the visitors**



Bar showing different facilities taken by the visitors

**Fig 5: Showing different groups attended the Recreation Centre by quarter**

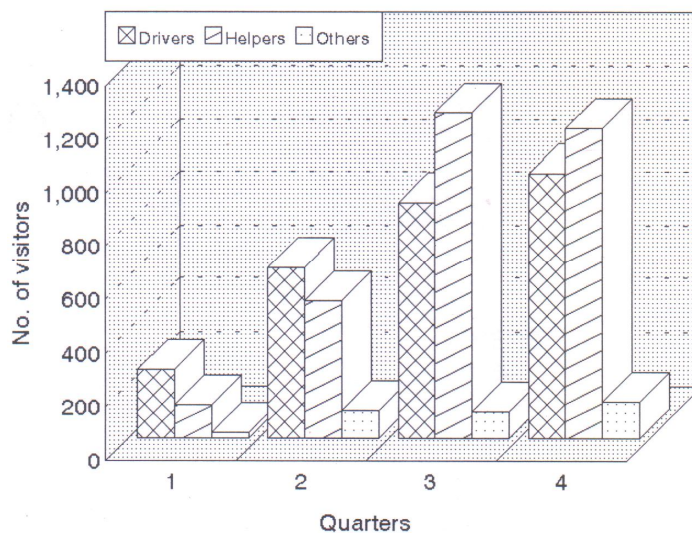


Chart Showing Recreation seekers at the sheba Kendra by quarter

**Fig 6 : Bar showing Medicare Facilities taken by target community by quarter**

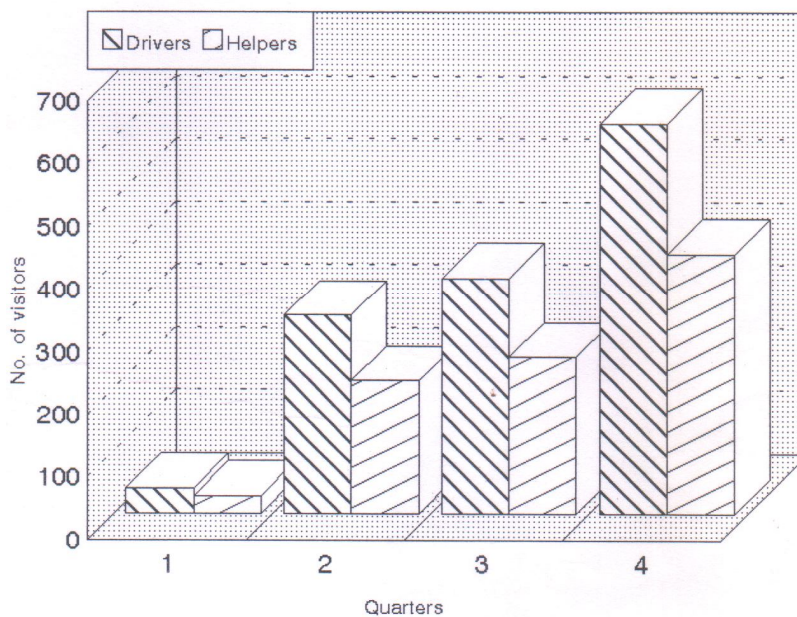
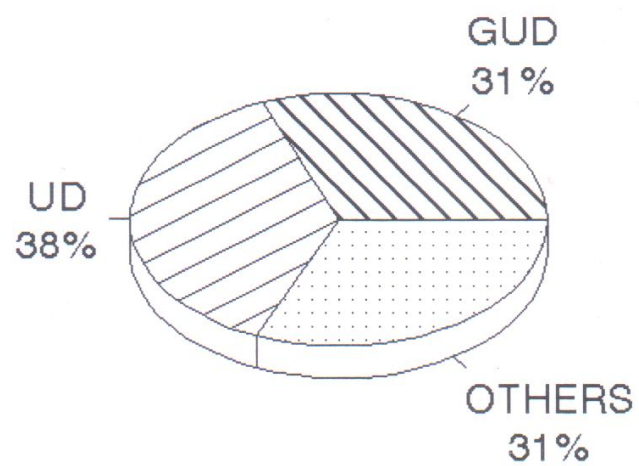


Chart showing categorical Medical seekers by quarter

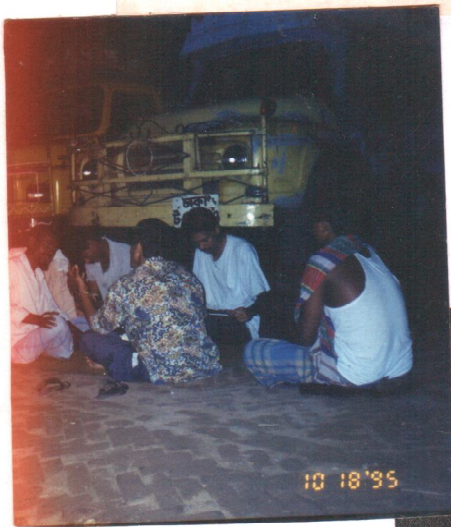
**Fig 7 : Pie chart Showing different STDs among truckers by types**



GUD- Genital Ulcer Disease Discharge, Others – Other STDs

Chart showing frequency of different STDs by syndromes among the target groups

Photograph of Activities  
Face-to-Face Interview





**Mike Bailey, Associate Consultant of International HIV/AIDS Alliance, UK & Mahmuda Aktar Kabita, Programme Officer, HASAB NGO Support Programme visited the Aricha Sheba Kendra.**



**Representative from Alliance Srilanka visited the Aricha Project Office.**



Recreational facilities along with indoor games, Daily Newspaper & Television at the Sheba Kendra.





**Health Education Session on HIV/AIDS & Reproductive Health.**



**Group discussion about STD/AIDS/HIV along with Health & Hygiene.**



**Different Brands of Condoms are made easy available for the Target Community.**

