



Concurrent Evaluation of **THE RED RIBBON EXPRESS** 2010



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THE RED RIBBON EXPRESS
2010

National Campaign on
Creating Awareness about
HIV/AIDS through
Mission on Wheels in India





United Nations Population Fund – India

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PREFACE

The second phase of the Red Ribbon Express (RRE) was flagged off on 1st December 2009. The project aimed at reaching out to population living in remote rural areas and urban slums. The train consisted of 8 coaches, 4 for exhibition, 1 for training, 1 for counselling and testing facilities and 2 service coaches. Over a span of one year the train passed through 22 states, halting at 152 stations, and spread messages on HIV & AIDS and health issues.

During this period it directly reached out to over 80 lakh people. 36,000 persons were tested for HIV and 81,000 grassroots functionaries were sensitized. In order to independently assess the impact of this intervention, a concurrent evaluation was assigned to UNFPA. This evaluation used quantitative research methodology and conducted population based surveys in a staggered manner, before the arrival of the train and two months after its departure in order to gauge the increase in knowledge target population.

This evaluation has given some good insights regarding various parameters like knowledge of HIV prevention, knowledge of HIV related services, myths and misconceptions, attitude and perception of people about those living with HIV/AIDS etc. It has also brought out that knowledge amongst those exposed to the train has definitely been higher than those who were not exposed to the train.

I would like to take this opportunity to acknowledge the efforts of UNFPA in undertaking this evaluation of Phase – II of the Red Ribbon Express.

Aradhana Johri, IAS
Additional Secretary,
National AIDS Control Organization

Foreword

The Red Ribbon Express Train intervention was successfully completed by the National AIDS Control Organization (NACO) during one year period from 1st December 2009 to 1st December 2010. The nationwide campaign created awareness on HIV and AIDS and disseminated messages on HIV prevention among general population with focus on youth and women. The exhibition coaches of the Train disseminated messages while various awareness generation activities were organized at 152 halting stations. The Bus-Caravan with messages on HIV and AIDS reached out to rural areas surrounding the halting stations. The campaign also had provisions of counseling and HIV/AIDS testing facilities and referral linkages with health facilities.

On the request of NACO, UNFPA conducted concurrent evaluation of this intervention in collaboration with UNICEF. The zone-wise findings were shared with NACO and other stakeholders to inform better implementation and mobilization activities among general population. This brief report provides the overall findings of the concurrent evaluation and the recommendations for making such programme even more effective. The zone-wise detailed findings have also been compiled which can be obtained from UNFPA.

My colleagues Mr. Venkatesh Srinivasan provided overall guidance and Mr. Sanjay Kumar made technical contributions towards undertaking the concurrent evaluation of the RRE. I thank them for their valuable contributions. I am sure that the findings of this evaluation study will be useful to programme managers for implementing similar interventions in future and this will also be of interest to academicians and researchers who have interest in this area.



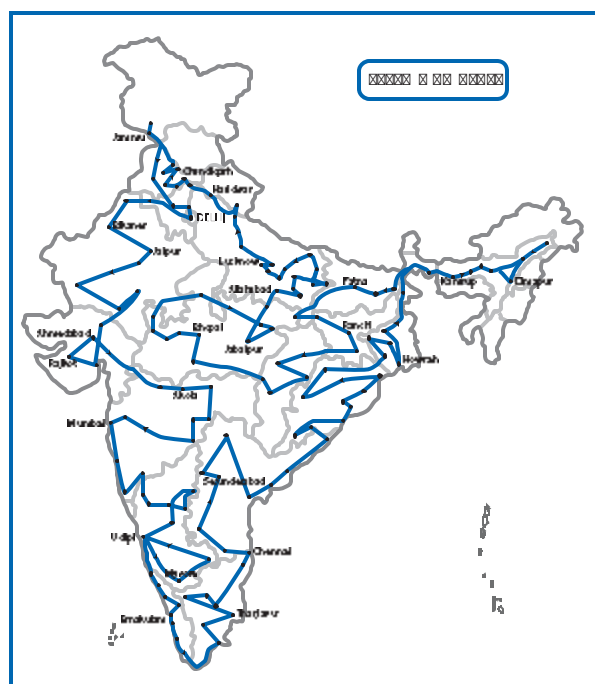
Frederika Meijer
UNFPA Representative
India and Bhutan

Concurrent Evaluation of National Campaign on Creating Awareness about HIV/AIDS through Mission on Wheels in India: The Red Ribbon Express (RRE) – 2010

1. Background

India had an estimated 2.3 million HIV-positive persons in 2008, with an estimated adult HIV prevalence of 0.29 per cent (NACO Annual Report, 2009-10). As HIV prevalence among the high-risk groups (HRG) is very high, India falls in the category of concentrated epidemic. HIV transmission among the general population occurs mainly through their sexual partners, who also have an infected sexual partner(s) among the HRGs. Interventions for the general population are about raising their awareness of HIV. Among the general population, women, youth and adolescents are seen as the most vulnerable. To raise awareness levels on key aspects of HIV/AIDS among the general population, a nation-wide awareness campaign on wheels (the Red Ribbon Express project) was implemented by National AIDS Control Organisation (NACO) in collaboration with the Ministry of Railways and the involvement of state AIDS Control Societies.

The Red Ribbon Express (RRE) project is the world's largest mass mobilisation endeavour to spread awareness on issues concerning HIV/AIDS and promote safe-sex behavioural practices among the general population in India. It is a multi-sectoral project to mainstream the issues of HIV/AIDS through a train that traversed more than 25,000 km. during a period of one year (1 December 2009 to 30 November 2010), halting at around 152 railway stations throughout the length and breadth of the country and covering 22 states. Programmes and activities were organised at the designated railway stations as well as in the outreach areas of these halting stations, through a bus caravan and volunteers, to create awareness and mobilise a people's movement against HIV/AIDS in India.



The project covered 41,334 villages and about 81,000 district-level resource persons were trained on HIV and AIDS, 57,000 people were counselled and 36,000 people got themselves tested for HIV. According to published highlights from NACO, RRE has directly reached over 8 million people across India spreading the message of HIV prevention, treatment, care and support and also addressing general health issues. While targeting the general population, RRE has a special focus on youth groups, women self-help group members, adolescent/student community from schools and colleges, members of *Panchayati Raj* Institutions (PRI)¹, youth in school, and out-of-school/non-student youth.

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¹ PRI is the local democratic elected Self-Governance Institution.

2. Aims and Objectives of the RRE Mission

The main objective of RRE mission was to generate an understanding of HIV-related issues and ensure wide dissemination of messages on HIV prevention and means of protecting oneself from this infection.

3. Evaluating the RRE Mission

To evaluate whether the RRE has been able to attain its goals and objectives, a robust monitoring and evaluation design was developed and implemented with support from UNFPA and UNICEF. The monitoring component informed the achievement of the mission on a day-to-day basis and conducted quick assessment post-departure of the train from each state. The concurrent evaluation was meant to assess the effect of the RRE mission in increasing awareness levels among the general population (separately for youths and adults) and to provide estimates for five zones (a group of states) of the country (see Annex –A).

To judge the extent to which the Red Ribbon Express has achieved its objectives, a population-based survey, using quantitative research methodology, was conducted. The evaluation framework adopted was a pre- and post-test design in which a sample survey was conducted in the catchment areas of the train's halting stations, one month prior to the arrival of the Red Ribbon Express. This provided the baseline information while at the post-test stage, another survey was conducted among the general population two months post-departure of the train. Thus, the pre- and post-test design under this concurrent evaluation was a staggered one, in which the baseline and end-line surveys were conducted in a staggered manner over a period of one year, maintaining the rule of conducting the baseline survey (BLS) one month prior to the arrival of the train and the end-line survey (ELS) two months after the departure of the train from a sample of the halt stations. The time period between the baseline and end-line surveys was fixed in such a way as to balance several factors including recall lapse, settling down messages among the general population and avoiding any external influence so as to largely deem changes as a contribution of the RRE mission towards increasing awareness and knowledge levels. Like any evaluation survey, separate samples were drawn for baseline and end-line surveys mainly to avoid any bias creeping in due to disclosure of the halt stations which underwent the baseline survey.

To give equal representation to the urban and rural areas, in each of the selected halt stations, six spots (three from urban and three from rural areas) were chosen. The minimum sample size calculations were based on the accurate knowledge of HIV/AIDS among the general population and the level of expected change due to the RRE mission. Findings from national level BSS (2002 and 2006) were used to detect a change of at least 8 percentage points due to this intervention. Accordingly, the minimum sample size based on 80 per cent power and 95 per cent confidence interval was arrived at. A sample of 20,880 respondents (four categories of respondents and five zones of the country)² was selected at the baseline survey and the same number was covered during end-line survey, yielding a total sample size of 41,760. While selecting the sample, mega-metro cities (Delhi, Mumbai, Chennai and Kolkata) were kept out of the universe. The data was collected by the ORG Centre for Social Research – a division of Nielsen Company, New Delhi – over a period of more than a year, as per the train schedule.

4. Major Findings

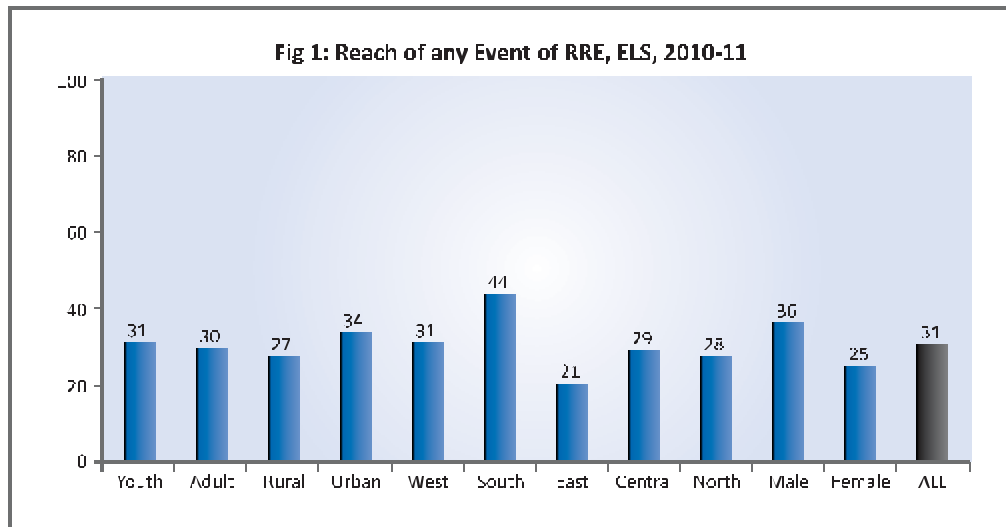
Major findings of the RRE mission are based on a comparison of baseline and end-line surveys in terms of key indicators on the awareness, knowledge and attitude of the general population about HIV/AIDS. In addition, the evaluation exercise also assesses the reach of the intervention among the general population along the route of the RRE train.

² Four categories of the respondents were considered (young males and females, adult males and females) and the estimates were to be generated for five zones (a group of states clubbed for five zones, namely, West, South, East, Central and North) of the country. The all-India estimates are simple average of these regions. The names of the states in each zone are provided in Annex A.

4.1 Reach of RRE

To judge the extent of reach of the RRE intervention, the respondents were asked in the end-line survey whether they had visited the RRE train or participated in any of the outreach events associated with RRE. In all, 31 per cent of the general population was found to be exposed to any RRE event in the country. There was no marked difference between the youth (31 per cent) and adult population (30 per cent) in visiting any of the events of RRE, though the rural population had less exposure (27 per cent) as compared to their urban counterparts (34 per cent) (Fig 1). However, there were stark zonal variations in the reach of RRE events. In South zone, around 44 per cent of the population was exposed to any RRE event, while East zone was the lowest with 21 per cent.

While 16 per cent of the population had visited the RRE train, a slightly higher percentage was found participating in outreach activities at 19 per cent (Annex – B, Table 1). A similar pattern of exposure to the RRE train was found among the youth and adult population, though higher percentage from urban areas had visited the train (23 per cent)



as compared to rural population (only 9 per cent), which seems logical as the train halt stations are surrounding the urban areas. Overall, 14 per cent of the population visited both the RRE train as well as the outreach events in the country as a whole with wide variation across zones. Around 25 per cent of the population had visited both the events in South zone, while this figure was the lowest in East zone with 5 per cent followed by North zone with only 9 per cent.

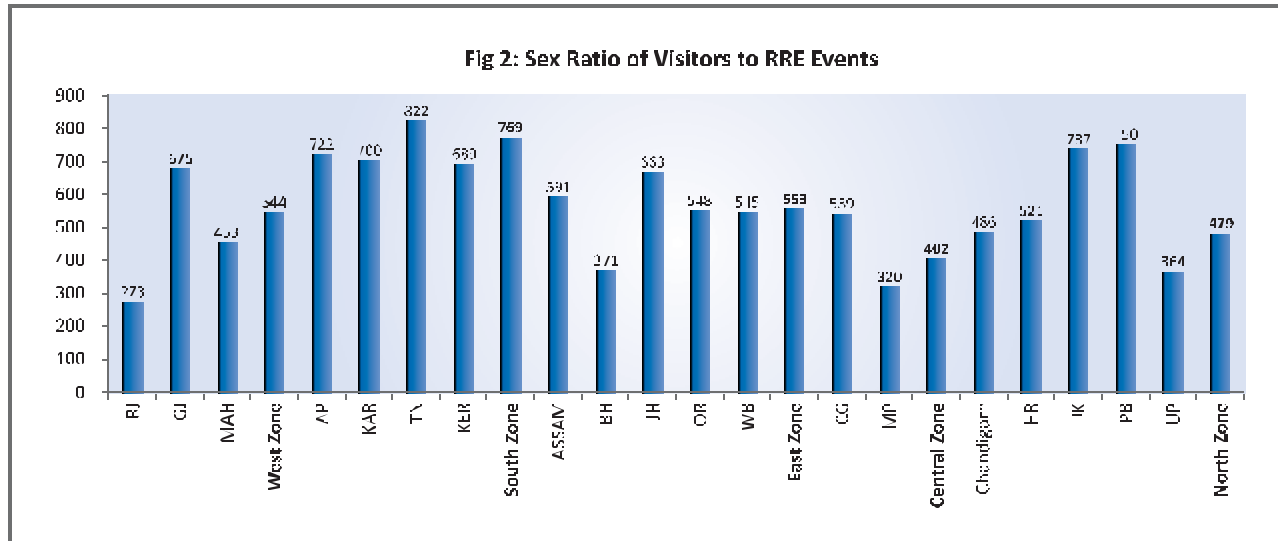
Among major sources of information about the RRE mission, television was reported by around 48 per cent of the respondents. This figure was higher in West, South and East zones where around 53- 54 per cent of respondents received information about RRE from TV. The next popular sources of information were newspaper and public announcement (around 31-33 per cent) while only around one-fourth of those who responded received information from grassroot functionaries.

As per NACO’s monitoring information, average attendance was around 25,000 persons per halting station (including the outreach activities), while South zone recorded highest average participation at 28,000. Further, the information also indicates that there were more males among visitors to RRE events than females, though the extent of such gender differentials varied between zones and states (see Fig 2). The sex ratio of the visitors (females for every 1000 male visitors) was found to be highest in South zone, while in other zones, around half

Region	Attendance
West Zone	20,380
South Zone	28,464
East Zone	23,262
Central Zone	22,604
North Zone	27,707
India	25,014

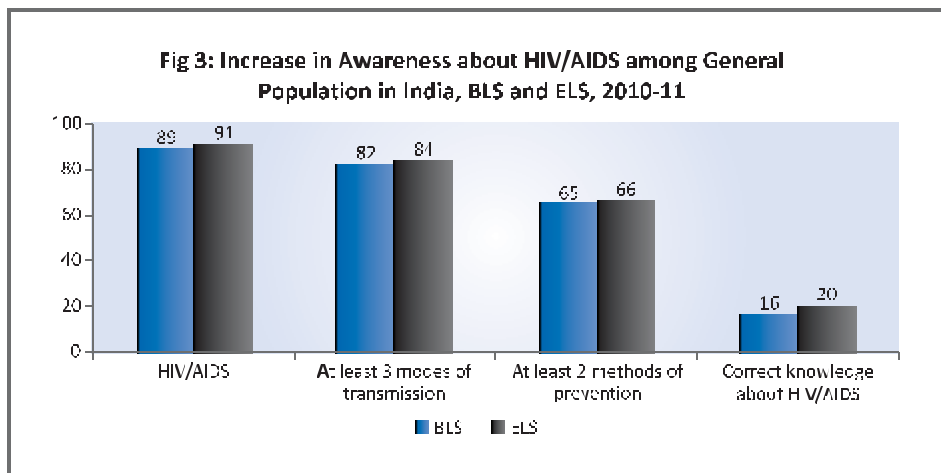
* Per halting station including outreach activities

or less females compared to males attended any events. The turnout of the females varied from a high of 822 per thousand male visitors in Tamil Nadu to a low of 270 in Rajasthan and 320 in Madhya Pradesh. In North zone, Punjab and Jammu and Kashmir recorded a fairly high ratio of females at 750 and 737 respectively.



4.2 Influence on HIV/AIDS Awareness, Knowledge on Transmission and Prevention

HIV/AIDS awareness among the general population was 89 per cent in the baseline survey. The BSS 2006 had reported this indicator at 80 per cent. After the RRE mission, a significant increase in the awareness level was observed during end-line survey at 91 per cent (Fig 3). The results of the multivariate analysis, accounting for the possible confounders like education level, mass media exposure,



age, sex and marital status, also indicated a significant increase in awareness from baseline to end-line survey. This increase was observed among females, rural and urban populations (Annex – B, Table 2). Awareness was higher among those who had witnessed any event of RRE intervention (99.1 per cent) as compared to those who were not exposed to any such event (87.1) in the end-line survey. Such differentials in awareness and knowledge tend to be less significant when the effects of background characteristics and media habits are statistically controlled through a multivariate analysis.

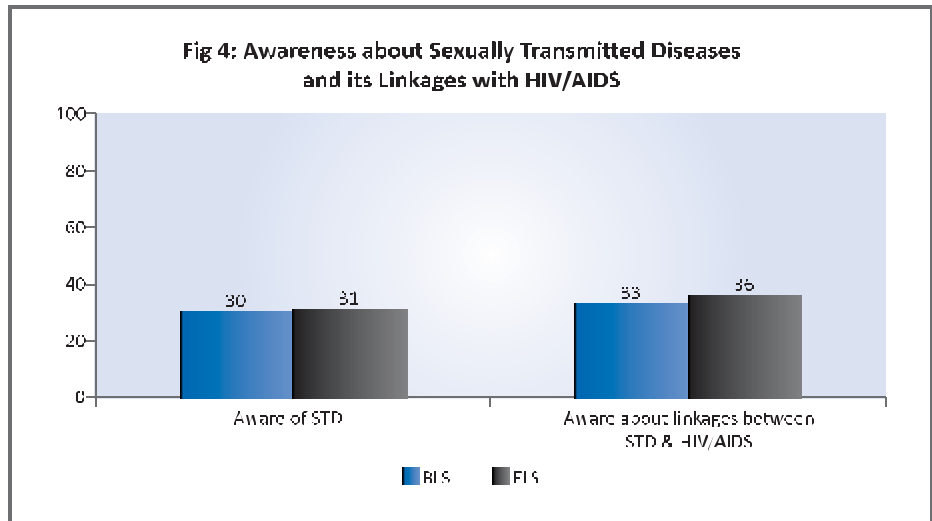
An increase in the knowledge of at least three methods of transmission was seen only among the urban population, while such changes were not significant among other categories of the respondents. Knowledge of at least two methods of prevention increased by about one and a half percentage points overall; it increased more among adults and urban

population. While RRE had been able to increase awareness about HIV/AIDS, in-depth knowledge about routes of transmission and methods of prevention needed more attention.

In the country as a whole, only about one-fifth of the population had complete and correct knowledge about HIV/AIDS in the end line survey, which increased significantly from 16 per cent in the baseline. This indicator increased significantly among all categories of the respondents. Awareness about condoms was quite high even in the baseline survey and it did not show any increase overall or among various population sub-categories during the end-line survey, though it increased significantly only among the adult populations.

4.3 Influence on Sexually Transmitted Diseases and its Linkages with HIV/AIDS

The level of awareness about Sexually Transmitted Diseases (STD) was comparatively low. Only about 30 per cent of the population knew about it during the baseline survey, but during the end-line survey, no change in this indicator was observed (Fig. 4). Comparing across various segments of the population, such as by gender, place of residence and age category, awareness about STD remained in the range of 28 to 33 per cent (Annex – B, Table 3). The respondents who knew about STD were also asked about the linkages between STD and HIV/AIDS. An increase of about 3 percentage points was observed from baseline to end-line surveys. This increase was slightly higher among males (from 37 to 41 per cent), while among other categories of respondent it increased more or less by 3 percentage points (Annex – B, Table 3).

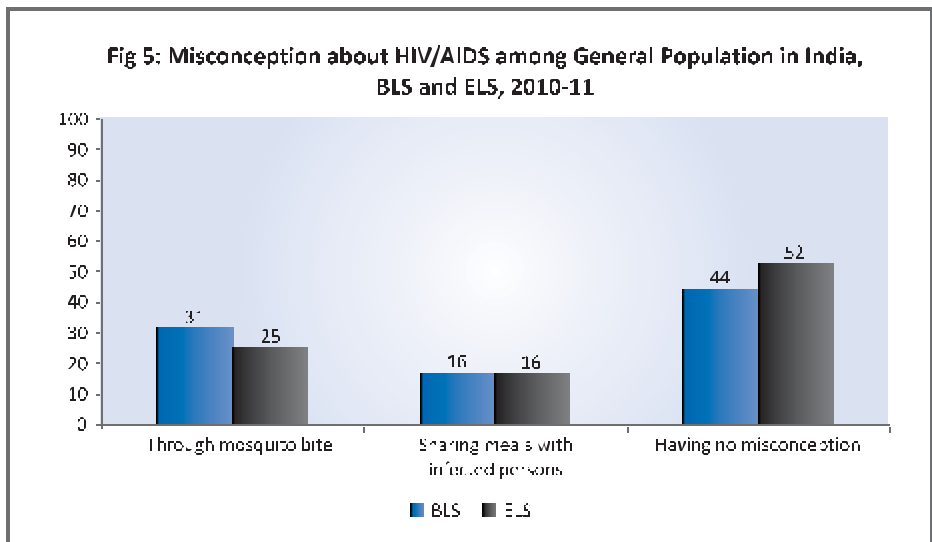


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4.4 Reducing Misconceptions

One of the important aspects of awareness generation is to dispel myths and misconceptions about HIV/AIDS. The

misconception about HIV/AIDS spreading through mosquito bites was raised in the evaluation survey of the RRE. Around a quarter of the population in the end-line survey, still has the misconception that HIV/AIDS is spread through mosquito bites. However, there was a significant decrease of about 6 percentage points from the baseline survey (Fig 5). Significant reductions in this misconception were also seen



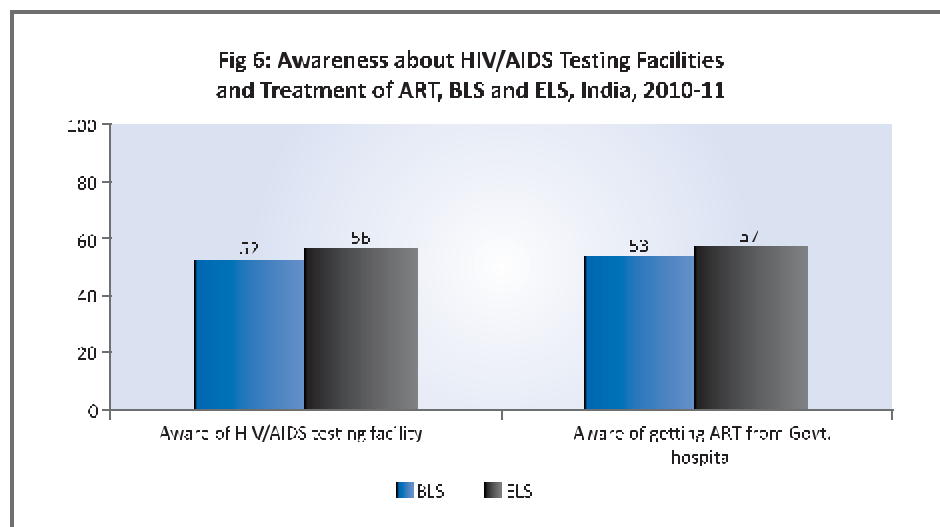
among all categories of the population and varied from 3 percentage points among females to 10 percentage points among males. The decrease was about 6 to 7 percentage points from baseline to end-line survey. Another misconception regarding sharing meals with infected persons resulting in the spread of HIV/AIDS was around 14–16 per cent among various categories of the population; however, no significant reduction in this misconception were seen between baseline and end-line surveys (Annex – B, Table 4).

An attempt was made to derive an indicator which measures percentage of population having no misconception about the transmission of HIV/AIDS. At end-line survey, around half of the population (52 per cent) were found having no misconception, a significant increase from 44 per cent at the baseline, or a change of around 8 percentage points. There was a significant increase in this indicator among all population sub-groups, with the highest change among males (12 percentage points). The lowest increase in this indicator was observed among females (4 percentage points). Overall, between baseline to end-line surveys, RRE had been able to dispel some of the common myths about the spread of HIV/AIDS and increase the percentage of population having no misconception.

4.5 Influence on Service Availability

One of the major thrusts of RRE was to create awareness about service availability related to HIV/AIDS testing and receiving treatment. A significant increase was observed in the percentage of population knowing about HIV/AIDS testing facilities in and around the area in which they live.

Around 52 per cent of the population knew about such facilities before the arrival of the train, which increased to 56 percentage (an increase of 4 percentage points) after the departure of the RRE train (Fig 6). The highest increase in this knowledge was observed among rural population (from 49 to 56 per cent) from baseline to end-line survey (Annex – B, Table 5). Among various sub-categories of the population also, there were significant increases which varied from 3 to 5 percentage points.



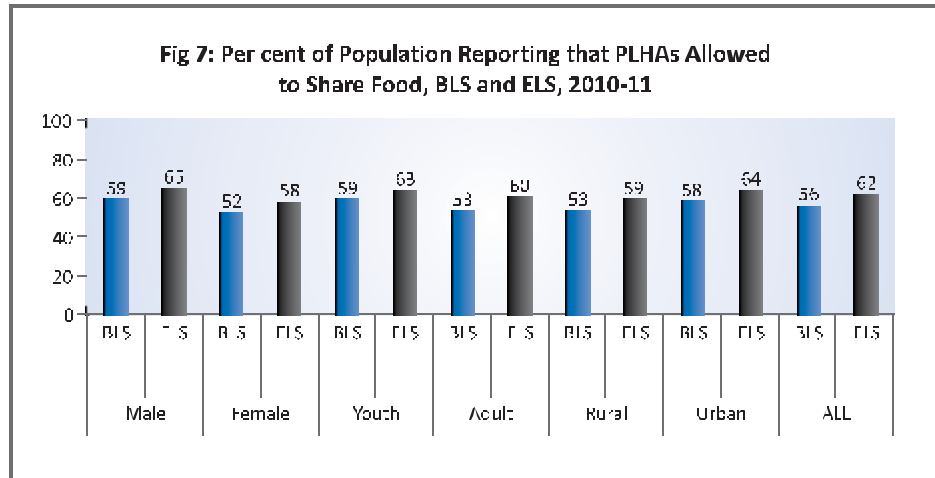
The percentage of population aware about ART treatment from government, private and other types of health facilities increased significantly from baseline to end-line survey. The RRE had been successful in increasing awareness that ART could be availed from government health facilities by 4 percentage points (from 53 to 57 per cent). A similar increase in awareness about ART was also seen for health facilities belonging to private sector and run by NGOs. The knowledge on ART facilities also increased among various sub-categories of the population and varied from 3 to 5 percentage points (Annex – B, Table 5). The findings suggest that the RRE mission had been largely successful in creating awareness about availability of testing and treatment facilities for HIV/AIDS among the general population.

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4.6 Changing Attitude towards People Living with HIV/AIDS (PLHAs)

One of the aims of the RRE mission was to change the attitude of the general population regarding people living with HIV/AIDS in order to reduce stigma. The respondents were asked a series of questions to assess the attitude and changes in

this regard among the general population from baseline to end-line surveys. The findings indicate that a the proportion of the population who reported allowing PLHAs to share food increased from 56 to 62 per cent (Fig 7). The change in this indicator was found among all sub-categories of the general population. A higher percentage of adults as compared to youth reported allowing PLHAs to share food.

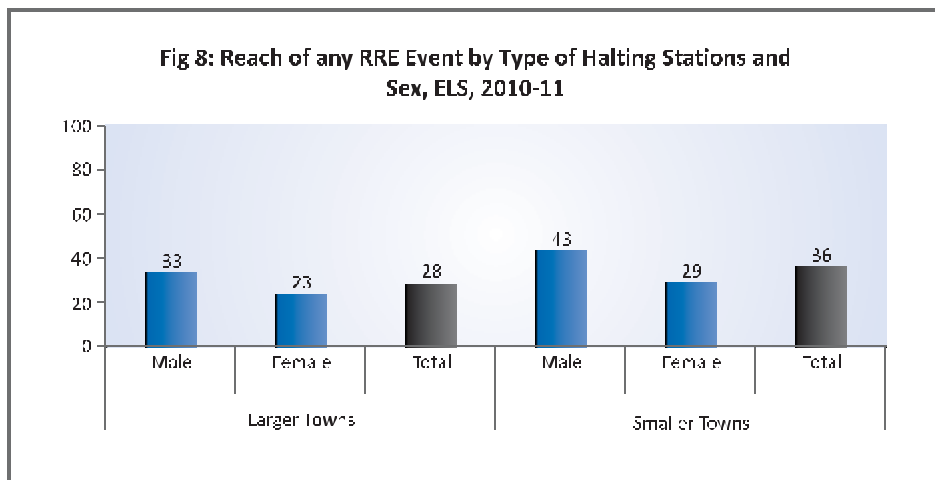


Those reporting that PLHAs can be treated along with general patients also increased from 65 to 68 per cent from baseline and end-line surveys (Annex – B, Table 6). On the other hand, percentage of population reporting that PLHAs would need separate care centre decreased by around 3 percentage points (70 to 67). The findings indicate that RRE had been successful in changing the attitude towards PLHAs in the desired direction, though the quantum of change remains in the range of 3-6 percentage points.

4.7 Reach and Influence of RRE by Type of Halting Stations

The halting stations for the RRE (on an average 2- 3 days in 152 railway stations across the country) were pre-decided by NACO in consultation with the state, to arrange and manage logistics for mobilising the general population to visit either the RRE train or its outreach activities. The selected halting stations varied from large to medium to small habitations surrounding the railway station. Some of these halting stations were the headquarters of a state or a district, while many others were smaller towns. An attempt was made to judge whether the different types of halting stations had differential exposure to RRE event and whether there were differential increases in the awareness and knowledge level among general population as per the categories of the halting stations. In order to do this, the halting stations were divided into two categories: those which were headquarters of a district or capital cities and those which were smaller towns or cities.

The findings by the type of halting stations suggest that a higher proportion of the general population were exposed to any event of RRE (36 per cent) in smaller towns as compared to 28 per cent in large cities (Fig 8), a difference of about 8 percentage points. Male turnout for the events was higher by 10 percentage points in smaller towns while for females it was around 6 percentage points higher. Not only the reach, but the quantum of change and awareness and knowledge among the



general population in smaller towns was higher than the observed change in halting stations which were district or state headquarters. A significant increase in awareness about HIV/AIDS (from 84 to 91 per cent), awareness of at least three modes of trans-

Key Indicators on HIV/AIDS	BLS			
Aware of HIV/AIDS	91.2	91.3	84.8	91.4*
Aware of at least three modes of transmission	82.8	84.1	81.2	83.3*
Aware of at least two methods of prevention	64.7	65.3	64.3	67.1*
Having no incorrect knowledge of HIV/AIDS	17.7	21.2*	14.2	17.3*
Aware of STD	31.3	29.1	29.1	33.9*

*Sig. at < 0.05

mission (from 81 to 83 per cent) and awareness of at least two modes of prevention (from 64 to 67 per cent) was seen in smaller towns as compared to a relatively lower change in locations which were district or state headquarters. Awareness about STD increased significantly among the general population in the smaller towns (from 29 to 34 per cent) while an increase in this indicator had not been observed either for the country as a whole or in any of the geographical regions or population sub-categories. It seems that the awareness and knowledge about various aspects of HIV/AIDS were well received by the population living in and around smaller halting stations (Annex – B, Table 7).

5. Lessons Learnt and Way Forward

The concurrent evaluation of the Red Ribbon Express train indicates that the mission had been largely successful in increasing awareness about HIV/AIDS among the general population, reducing misconceptions, increasing knowledge about service availability for testing and treatment of HIV/AIDS and reducing stigma by changing the attitude of the population towards PLHAs. In some indicators of awareness and knowledge, there was a significant increase only in selected geographical regions or in sub-categories of the general population. On the other hand, the findings suggest that more concerted efforts are needed to increase specific knowledge regarding various routes of transmission and methods of prevention from current levels to higher levels.

In order to make such events more effective, the findings suggest considering the following:

- Reaching the unreached:** A higher percentage of the population received messages from TV and newspapers. It was also seen that the change in knowledge is associated with the background characteristics of the target population, their media habits and the habitation in which they live. The analysis indicated that populations having some pre-disposing factors such as prior knowledge about HIV/AIDS and higher exposure to media tend to visit such events more and by multiple times. In order to reach those populations who are in need of this information and those who belong to lower socio-economic strata, it is important that efforts should be made to combine the mass media approach with use of electronic and print media along with higher emphasis on locally relevant mobilisation activities.
- Increasing comprehensive knowledge on HIV/AIDS:** Awareness about HIV/AIDS increased significantly, though the levels of such awareness are quite high in the general population as indicated by the evaluation findings as well as BSS conducted among general population in 2006. Considering that general awareness is high, the next round of RRE should have communication objectives of increasing comprehensive knowledge about HIV/AIDS, specifically all routes of transmission and the methods of prevention, so that indicators such as 'at least three modes of transmission' and 'at least two methods of prevention' could be increased among the general population. Similarly, there is a pressing need to make the general population aware about STD and its linkages with HIV/AIDS. More efforts are needed to focus on correct and in-depth knowledge and prioritise the messages through such campaigns.

- **Increasing reach through high programme intensity:** Overall, it was found that the RRE reached around 30 per cent of the target population with variations across zones and by gender. The highest turnout was seen in South zone, where around 44 per cent of the target population witnessed any event of RRE. Higher programme intensity by local level organisers also matters in mobilising more persons as was seen in South zone, particularly in Tamil Nadu. Use of cultural programmes and folk dances were prominently used to attract population groups and maintain their interest in such events. In future, mobilisation activities with a coordinated plan of action and sufficient funds needs to be chalked out well in advance to increase the reach, targeting geographical areas which showed low turnout and especially encouraging participation of women. A culturally appropriate mix of mass and local media is suggested in future endeavours to increase turnout of the target population to visit the events.
- **Strategic route planning of RRE targeting smaller towns and cities:** The RRE train passed through around 152 stations of different types in terms of their size and status. In the evaluation, around 31 per cent of the sample came from halting stations which are other than the district or state headquarters towns, indicating a tilt of the focus of RRE halting stations towards larger towns and cities. Further, disaggregated analysis by type of halting stations found a higher turnout of the general population in smaller towns and cities to RRE mission. Not only was the reach higher, the analysis also revealed a higher and significant quantum of change in the key indicators among the general population from these smaller stations. This calls for a two-pronged strategy:
 - A well-designed route plan of the train movement and halt points focusing on smaller towns and cities; and
 - Organising innovative communication events surrounding the halting stations to penetrate the relatively unreached rural areas. This may include infotainment approaches to attract higher numbers of people to the halting stations, locally relevant outreach activities such as cycle or bullock/camel cart caravans to generate awareness in the villages and improve efficiency of the programme efforts.

The lessons learned through the concurrent evaluation of the RRE mission indicate that better targeting the population in terms of size of habitation and those who are out of the coverage of electronic and print media, mobilisation efforts backed by inter-personal and local media activities and prioritising messages to increase comprehensive and in-depth knowledge on HIV/AIDS will go a long way in making the intervention more effective.

Annex – A

Names of the states by zones

S. No.		
1.	West	Rajasthan, Gujarat, Maharashtra
2.	South	Karnataka, Kerala, Tamil Nadu, Andhra Pradesh
3.	East	Orissa, West Bengal, Assam, Nagaland, Bihar, Jharkhand
4.	Central	Chhattisgarh, Madhya Pradesh
5.	North	Uttar Pradesh, Uttarakhand, Haryana, Punjab, Jammu and Kashmir

Annex – B

Table 1: Reach of RRE events among sub-categories of the population, End-line Survey, 2010-11, All India

Exposed to RRE Mission										
<i>N</i>	10116	10211	10082	10245	4189	4190	4210	3568	4170	20327
Exposed to any RRE event	31.3	29.7	27.4	33.5	31.0	44.1	20.5	28.9	27.7	30.5
Visited RRE train	16.7	15.7	9.1	23.2	19.1	23.2	13.3	16.8	8.6	16.2
Attended any outreach event of RRE	20.8	19.6	20.1	17.4	19.0	30.7	8.1	22.0	14.4	18.7
Exposed to both train and outreach event	14.2	13.4	12.9	14.7	13.4	24.1	5.1	18.4	8.8	13.8

Table 2: Percentage of respondents awareness about HIV/AIDS, its transmission and prevention by population sub-categories, Baseline and End-line Survey, 2010-11, All India

Awareness Indicators														
<i>N</i>	10323	10164	10324	10163	10238	10116	10409	10211	10303	10082	10344	10245	20647	20327
HIV/AIDS	93.1	94.6*	84.2	88.0*	90.2	88.0*	87.2	90.2*	86.5	89.2*	86.5	93.4*	88.7	91.3*
At least three modes of transmission of HIV/AIDS	86.2	87.9*	77.8	79.4*	82.8	79.4*	81.2	83.3*	79.6	81.4*	79.6	85.9*	82.0	83.7*
At least two methods of prevention of HIV/AIDS	72.3	72.6	56.8	59.9*	64.7	59.9*	64.3	67.1*	62.3	64.4*	62.3	68.1*	64.5	66.2*
Correct knowledge about HIV/AIDS	15.4	19.7*	17.3	20.2*	16.9	19.7*	15.8	20.2*	15.8	18.2*	16.9	21.7*	16.3	20.0*
Aware of Condom	92.0	92.1	77.9	79.5*	84.0	83.5	85.9	88.1*	83.3	83.8	86.6	87.8	85.0	85.8

* p value < .05

BLS – Baseline Survey

ELS – End-line Survey

Table 3: Percentage of respondents aware about Sexually Transmitted Diseases (STD) and its linkages with HIV/AIDS, Baseline and End-line Survey, 2010-11, All India

Awareness Indicators	BLS – Baseline Survey		ELS – End-line Survey		BLS – Baseline Survey		ELS – End-line Survey		BLS – Baseline Survey		ELS – End-line Survey		BLS – Baseline Survey		ELS – End-line Survey	
N	10323	10164	10324	10163	10238	10116	10409	10211	10303	10082	10344	10245	20647	20327		
Aware of Sexually Transmitted Disease	32.1	31.2	28.7	29.9	28.1	28.8	32.7	32.3	28.7	28.6	32.1	32.5	30.4	30.6		
N	3314	3171	2963	3039	2877	2913	3404	3298	2957	2883	3320	3330	6277	6220		
Aware about linkages between STD & HIV/AIDS	36.9	41.1*	29.6	31.2	33.2	36.0*	33.3	36.3*	31.1	33.6*	35.4	38.7*	33.2	36.1*		

* p value < .05

BLS – Baseline Survey

ELS – End-line Survey

Table 4: Percentage of respondents having misconceptions about HIV/AIDS transmission, Baseline and End-line Survey, 2010-11, All India

Major Misconceptions about Spread of HIV/AIDS	BLS – Baseline Survey		ELS – End-line Survey		BLS – Baseline Survey		ELS – End-line Survey		BLS – Baseline Survey		ELS – End-line Survey		BLS – Baseline Survey		ELS – End-line Survey	
N	10323	10164	10324	10163	10238	10116	10409	10211	10303	10082	10344	10245	20647	20327		
Through mosquito bite	32.4	21.9*	30.8	27.7*	30.0	24.3*	31.6	24.8*	30.8	25.1*	30.8	24.0*	30.8	24.5*		
Sharing meals with infected persons	16.8	14.6*	15.6	18.0*	15.5	16.4	16.9	16.2	16.5	16.4	15.9	16.2	16.2	16.3		
Having no misconception about transmission of HIV/AIDS	46.4	58.0*	41.6	46.4*	46.6	53.7*	41.5	50.7*	42.2	49.6*	45.7	54.7*	44.0	52.2*		

* p value < .05

BLS – Baseline Survey

ELS – End-line Survey

Table 5: Percentage of respondents aware about HIV/AIDS testing and treatment facilities, Baseline and End-line Survey, 2010-11

Indicators	BLS – Baseline Survey		ELS – End-line Survey		BLS – Baseline Survey		ELS – End-line Survey		BLS – Baseline Survey		ELS – End-line Survey		BLS – Baseline Survey		ELS – End-line Survey	
N	10323	10164	10324	10163	10238	10116	10409	10211	10303	10082	10344	10245	20647	20327		
Aware of Testing facility for HIV/AIDS in their Area	55.7	60.8*	48.4	50.8*	50.7	55.1*	53.8	56.8*	49.2	54.7*	55.1	57.2*	52.2	56.0*		
Aware that one can get ART from[@]																
N	5750	6180	4997	5163	5191	5574	5600	5800	6069	5515	5700	5860	10778	11383		
Government Hospital	58.4	60.5	47.9	52.9	54.1	56.9	52.2	56.5	49.9	54.4	56.3	59.0	53.1	56.7		
Private Hospital	9.2	13.6	5.2	11.6	7.5	12.7	7.0	12.6	6.8	11.9	7.7	13.4	7.2	12.6		
NGOs	1.6	4.7	1.9	2.5	1.6	3.3	1.9	3.9	1.7	3.6	1.8	3.6	1.7	3.6		
Others	0.1	0.2	0.2	0.1	0.1	0.2	0.2	0.1	0.1	0.1	0.2	0.2	0.2	0.2		
DK/NR	38.4	34.7	50.8	43.6	43.3	38.3	45.9	40.0	48.0	41.6	41.2	36.7	44.6	39.1		

[@] Multiple Response

BLS – Baseline Survey

ELS – End-line Survey

Table 6: Percentage of respondents with various attitudes towards people living with HIV/AIDS (PLHAs), Baseline and End-line Survey, 2010-11, All India

Indicators	10323		10164		10324		10163		10238		10116		10409		10211		10303		10082		10344		10245		20647		20327	
Reporting PLHAs would be allowed stay in the family	81.1	82.7*	74.1	76.0*	79.2	80.1	76.0	78.6*	75.4	76.9*	79.8	81.8*	77.6	79.3*														
Reporting PLHAs would be allowed to share food	59.4	65.1*	51.6	57.9*	58.5	63.0*	52.6	60.0*	53.4	58.7*	57.6	64.3*	55.5	61.5*														
Reporting PLHAs would need separate care center	76.6	73.0*	63.3	60.7*	71.9	66.8*	68.1	66.8*	68.3	64.5*	71.6	69.1*	70.0	66.8*														
Reporting PLHAs can be treated along with general patients	68.3	70.4*	61.0	65.1*	67.6	68.4	61.7	67.2*	62.4	65.4*	66.8	70.2*	64.6	67.8*														

* p value < .05 BLS – Baseline Survey ELS – End-line Survey

Table 7: Changes in key indicators by type of halting stations (state/district HQ vs. others), BLS and ELS, 2010-11, All India

Key Indicators on HIV/AIDS	6242		6972		6217		6970		12459		13942		4081		3192		4107		3193		8188		6385	
Aware of HIV/AIDS	94.8	94.3	87.6	88.3	91.2	91.3	90.5	95.4*	79.1	87.4*	84.8	91.4*												
Aware of at least three modes of transmission	85.3	87.3*	80.3	80.8	82.8	84.1	87.1	88.5*	75.4	78.0*	81.2	83.3*												
Aware of at least two methods of prevention	69.7	72.9*	59.8	57.7	64.7	65.3	74.8	72.2	53.9	62.1*	64.3	67.1*												
Having correct knowledge of HIV/AIDS	15.4	21.7*	20.1	20.7	17.7	21.2*	15.4	15.4	13.0	19.3*	14.2	17.3*												
Aware of STD	34.6	29.1	27.9	29.0*	31.3	29.1	28.4	35.9*	29.9	31.9*	29.1	33.9*												

* p value < .05 BLS – Baseline Survey ELS – End-line Survey

