

Working Group: Truckers TI



NACP IV

5TH MAY, 2011

Significant scale up in NACP III: 8-15x increase in service levels in 2010



	2009	2010	% Change
Coverage	399,399	3,043,702	762%
Clinic Footfalls	45,931	449,155	978%
STI	6,644	60,952	917%
ICTC Reached	11,593	40,585	350%
CSM	293,944	4,242,493	1443%

Vision for Truckers program in NACP IV



- To **reduce HIV prevalence** from 2% to less than 1%
- **Increase coverage** of LDTs from 1.13 million (50%) to 2 million (85%). Universe is 2.5 million.
- **Network of Trucker TIs** to be operationalized in NACP IV with budgetary support
- **Smart cards** proposed to provide universal access to services (since ICTC & ART access needs to improve)
- The current **management model at national and state level** works and to continue with focus on **quality and information sharing**

Vision for Truckers program in NACP IV



- **Flexibility in TI operations** needed through OG/CG to improve efficacy and coverage
- For **families of truckers** in rural high prevalence districts and villages which have a high density of truckers it is suggested that a study be undertaken to understand the situation.
- *Intervention can then be part of Link Worker and Migrant Source programme. Package of services may be the same.*
- Scaling up of WPI models, PPP models

Target Groups



- Primary group :
 - Long Distance Truckers travelling a minimum of 800Kms one way / away from home for more than 2 wks.
- Secondary group:
 - The allied population, defined as transport industry related workers at the intervention location.
 - A study to find out the vulnerability and risk behaviour of the non trucking industry workers within the intervention area (mechanics, hamalis, Dhaba owners, barbers etc.) is proposed

Target Group



- **A study to define special package of services for the NE states** where the distance might be less than 800Kms but the character of the trucker remains long distance because of the number of days travelled
- **A package of basic services to cater to special category sectors** like automobiles, petrol, transportation of trucks, mining, etc.

Quality parameters to strengthen services



- Introduce a **point of care testing for Syphilis and HIV as a screening mechanism at the TIs**
- **Minimum standards need to be revisited** for BCC, STI, Outreach and condom promotion, based on the site categorization
- **Minimum standards for the quality services to be developed.** Minimum standards would include evidence based thematic communication-plan, execute and monitor evidence

Scope of work for NNTI



- **Constituents:** Associations, Brokers, Transport departments, Truckers Tis, SACS, NACO and supporting structures
- **Deliverables:**
 - Networking with a goal to move towards universal access to services.
 - Institutionalise a system for tracking –through a unique Smart Card. (Registration and service related information may be tabulated.)
 - Mascot stickers on long distance trucks for identification

Institutionalization of TIs



- **Partnerships** among
 - all partners intervening with truckers
 - Industry and experts for communication strategy, advocacy for policy issues with all stake holders
- A different strategy needs to be developed in **consultation with large industry bodies** to engage corporate sector

Capacity Building



- **Perspective building at management level (State & National)**
- **Synergy and Role Clarity** between the various actors in the state
- **Managerial inputs** in modules- soft skills
- **Role of counselor** needs to be defined further and training provided accordingly
- **Areas that need strengthening:**
 - Communication skills of ORW,PE;
 - Project Planning & Management,
 - Analysis of data at intervention level,
 - Assessment of strategies-effectiveness at local level

Emerging issues



- **Communication** would need to be focused additionally upon increasing self-risk perception considering that a level of awareness appears to have improved.
- Special issues of ICTC/ART access Ensuring **favorable policies** are formulated to address access
- ***Continuing without addressing the drivers of risk behavior among the target population may not yield much results***

Costing guidelines



- The following costs have been proposed to the existing budget
 - **M&E Officer**
 - **Waste disposal**
 - **Training cost in place of DiC**
 - **Health camp**
 - **Stationery**
 - **AMC**
- Salary revision proposed to bring in parity across programmes.