

Targeted / Preventive Interventions among Bridge Populations (Truckers)

Truckers and Vulnerability to HIV

Truckers have been a critical group because of the link of their mobility which in approx 30% cases result into multiple sex interactions with local populations as they travel. The living and working conditions, sexually active age group and separation from regular partners for extended periods of time; availability of cash being carried to meet their travel needs make them attractive customers to the sex industry; and inadequate access to treatment for sexually transmitted infections are the major factors that put truckers at risk of contracting and transmitting the virus. This is a sector where future drivers are current helpers who are trained by the present long distance drivers and hence, the behavioural patterns are perpetuated from generation to generation of drivers thus continuing the vulnerabilities of those in the profession. The low self-esteem and the powerlessness of the drivers while dealing with the different constituencies also drive their risky sexual behaviour because it is only in these situations that the drivers perceive that they have fulfilled their macho image and therefore satisfy their ego. Combined with the risk to life faced by them and the open life style that they lead these cause to increase their high risk behaviour as they live for the current and hence long term is not in their horizon. In their mental mapping of risk unprotected multi-partner sex as a risk is nowhere in the horizon and hence addressing the risk behaviour in this context calls for a holistic multi-sector approach that addresses the overall psyche of the drivers and not a traditional approach of bio-medical approach oriented towards sexual risk.

Sex Workers and Transport industry

It has been observed that there are diverse settings where sex takes place between the mobile population and the sex workers e.g. i) unorganised brothels located nearby transshipment locations(TSL's) ,inside the truck ,around rest areas and, therefore, more accessible and approachable to truckers' community; and ii.) in small towns and cities – lodges, rented houses etc. It has also been recognised that sex workers operating in one location easily move to other locations and have greater degree of mobility.

Sex workers catering to the mobile population are normally either from the neighbouring villages coming to the TSLs during the evening/night time or local women, slum dwellers from the industrial towns located near the TSLs, migrants or daily wage labourers from the construction sites, tea, cigarette and other vendors at the halt points etc.

Current Truckers Interventions in the Country

Technical support group at National and state level has been commissioned by NACO to manage and provide monitoring support to the current trucker intervention program.

Targeted interventions are being carried out by NGOs/Association of Transporters, at locations where truck drivers halt for sufficient duration to manage their business transactions. The interventions are mainly along transshipment locations (TSL) on national highways, business activity areas, industrial towns or port areas. Truckers mainly halt here for loading or unloading.

Achievements in NACP III

- The current universe for the truckers is 2.5 million LDTs but the mapping carried out has been for about 2 million, of which 1.1 million have been covered. The core group was defined as LDTs.
- Optimized contracting required.
- Evidence based, goal defined, effective communication is a gap.
- Absence of structural support to address drivers of risk behaviour
- Barriers to access STI services and referred ICTC services and further linkage to ART services
- Impact assessment through a behaviour tracking study required and a study carried out to determine condom preferences and availability as well as a study to assess the risk of allied population
- Allied population is not the focus but they are covered as a part of the TSL.
- The involvement of large transport companies is limited. Roles of different stake holders are not well defined.
- The education and awareness levels among truckers have increased. However practice is yet to be risk free.
- Emerging issues also include limitations to optimally access to ART and ICTC.
- Networking of Truckers TIs (NNTI) was envisaged in NACP III which is yet to be operationalized.
- Operational Guidelines require to be re-visited in light of implementation fields.
- Impact on field of training in terms of management is reflected in a sub-optimal level, reflections include high rate of attrition as which may be because of salary as well as personal development, team satisfaction.
- Role of TI staff needs to be re-defined in light of the needs of the programme and group.
- Costing guidelines need to be factored in Plan, activate and measure with funding support for the communication.

Lessons Learnt

Key lessons learnt after working for over a decade on this intervention are:

- i. A National Unit to Manage the programme helps as this population has a very specific and different mobility pattern in comparison to the other bridge populations.
- ii. Local community's involvement is critical, for referral of truckers, to understand the dynamics of the infection, to track services and for fund services.
- iii. Selection of "peer" educators from the locally stationed trucking industry members (dhaba owners, paan and tea shop owners, petrol pump attendants, brokers staff) is more sustainable and useful than from the mobile population. These peer educators (though not strictly peers in the truest sense) have been able to provide services to the truckers / helpers with a measure of success.
- iv. TSLs are the best area for intervention with truckers as the truckers are more at rest in these areas. The time taken between 2 trips is the best time for providing appropriate messages to the truckers.
- v. Cost recovery model for medicines is very useful as this ensures adherence. However it is very important to engage the local preferred providers with the project owned clinics as they are more popular.
- vi. Thematic communication with the truckers with a focus on their families helps in sensitising the truckers to their risks.
- vii. The truckers return to the clinics only if they perceive a benefit as it is very difficult to convince this population.

Vision for 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
- Flexibility in TI operations needed through Operational and Costing Guidelines 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 under NACP IV

Primary group:

- Long Distance Truckers travelling a minimum of 800Kms one way / away from home for more than 2 wks.
- 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.

Secondary group:

- The allied population is 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

Strategies under NACP-IV

Under NACP IV the interventions are planned to be carried out by NGOs or Associations as deemed suitable as per the norms and procedures. However the TAC and JAT processes need to be improved to cover all the missing aspects. A specific tool for assessment and evaluation of the Trucker TIs need to be developed as currently a very generalized tool is being administered.

- The Micro Level Planning (MLP) for revalidation of sites to be conducted at the beginning of NACP 4 and at the end of 3rd year. The MLP tools to be redefined. The grading of the sites will be conducted after the MLP at the beginning of NACP 4.
- Greater involvement of trucker associations, federations, unions and related organizations in Trucker Intervention programmes through the Network of Trucker TIs (NNTI) as envisaged in NACP III. The constituents of NNTI includes Associations, Brokers, Transport departments, Truckers TIs, SACS, NACO and supporting structures. The specific deliverables of the NNTIs would be :
 - Networking with a goal to move towards universal access to services.
 - Institutionalize 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
 - Methods of tracking through mobile phones are also to be explored

- Address structural barriers (laws, policies, norms, practices, culture) through a multi-sectoral response. Currently there is no relationship between the trucker and transporter and defined working hours for the truckers. Support to be sought from NACO mainstreaming division, to address this issue and recommend the concerned ministries and stake holders to take up issues like special licensing/test for LDTs, access to highway amenities as envisaged in the 1987 sub committee report. This would address the self esteem issues and risk perception of truckers and also ensure road safety.
- The current management model at national and state level works and to continue with focus on quality and information sharing
- A specific package of services in the NE states where most of truckers profile might be SDTs but the character of the truckers remain long distance because the distance might be less but the hour of travel is more because of the terrain. A study is proposed to assess their risk and if needed an add on intervention to be included in the existing interventions
- The implementation of the intervention will remain in the TSLs/ ports as per the recommendation of the MLP conducted in 2009. Special category vehicles like automobiles, petrol, transportation of trucks, coal will be catered to as WPI through respective organization with a minimum package of services. The minimum package of services will include IEC, condom and STI referral. WPI will have 1 ORW for 200 populations and this can be placed with an existing TI. The categorization of sites will be done based on the MLP at the beginning of the NACP

Institutionalisation 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

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
- External quality assurance studies to be carried out once every year

Emerging Issues Relevant to NACP-IV

- 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 result

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

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
 - Annual Maintenance Contract
- Salary revision proposed to bring in parity across programmes.

