

**COMPOSITE TARGETED INTERVENTION WITH COMMERCIAL
SEX WORKERS, INTRAVENOUS DRUG USERS AND TRUCKERS:
A CASE STUDY**

Sri. Bhardwarj Gramodyog Sewa Sansthan

Sherry Joseph and Ashok Kumar Singh

The POLICY

Futures Group

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Composite Targeted intervention with Commercial Sex Workers, Intravenous Drug Users and Truckers: A Case Study

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The Targeted Intervention (TI) project implemented by Sri Bhardwarj Gramodyog Sewa Sansthan (SBGSS) covers a high-risk population composed of commercial sex workers (CSWs), intravenous drug users (IDUs) and truckers. It operates in the district of Maharajganj in Uttar Pradesh near the Indo-Nepal boarder and across a road distance of about 50 kms in the State High No 6. Maharajgunj district touches Nepal in the north, Gorakpur District in the south, Padrauna District in east and Sidharth Nagar and Kabir Nagar Districts in West. The total area of district is 2934.1 sq. kms. and have a population of 1593461. The project office is located at Sonauli, the town bordering Nepal.



Base line data collection in progress at the Indo-Nepal border

Who are we?

Sri. Bhardwarj Gramodyog Sewa Sansthan is a registered NGO working in the fields of education, health, environment and poverty alleviation. It was the initiative of Sri. Vimal Kumar Pandey, a botany postgraduate and postgraduate diploma in rural development. Young Mr. Pandey got inspiration to enter into social work while he was representing Uttar Pradesh as the NCC Captain in the Basic Leadership Course at Delhi in 1990 where he won the best cadet award. The organization was registered in 26 March 1993 with the blessings from his teacher (guruji) and freedom fighter late Sri. Jagadev Prasad Mishra as

the founding president. The governing committee of the organization includes advocates, doctors, teachers and other social workers.

The first intervention of SBGSS was to make Sri. Pandey's native village Belwa Kazi literate. The District Magistrate declared the village fully literate on 28 December 1993. After this success, he took the challenge to implement a UNICEF supported initiative to reduce Iodine Deficiency in three Blocks of the district. Working on awareness generation on iodine deficiency and anemia, they established *swasth ghar*. Programmes like distribution of ORS packets, awareness about hygiene and sanitation, kitchen garden and low cost pedal pumps for marginal farmers and below poverty level people followed. A project on BGA bio-fertilizer, supported by the Ministry of Environment, GoI, succeeded this. The TI project was the next to be initiated in 2002-03. This was followed by appointing counselors to the VCTC at the District Hospital at Maharajgunj.

How it began?

A base line survey conducted by Dr. Manoj Agarwar and Dr. Uday Mohan of the King George Medical College, Lucknow for UPSACS (2001) found a high rate of high-risk behaviour practices vulnerable to HIV/AIDS in the Indo-Nepal border. Based on the findings of this study, UPSACS decided to implement TI projects in these districts. Following the request of the UPSACS, the DM and the CMO recommended names of 3 organizations working in the District to be considered as partners in sexual health, one being SBGSS. This was followed by a 3 days workshop on targeted interventions at Lucknow in February 2002 organised by SACS. After the workshop the agency developed the project proposal. The project proposal was submitted UPSACS through the CMO who is the Member Secretary of the District AIDS Coordination Committee. Administrative sanction for the proposal was obtained on 17th May 2002. After six months the agency received the financial sanction (12 November 2002). The first installment of Rs. 5,54,962 was received in November. The project took off in the month of December 2002. The second installment of Rs. 4,06,088 was released on 31.9.03 and credited on 17.10.03. So far they have received Rs. 9,62,500.

Why we do?

The organisation is one of the leading NGO in the district. It did not have any prior involvement with the target population or in the field of HIV/AIDS. The project evolved as an outcome of need identified by UPSACS and availability of funding. However, in the due course of time, they learned that HIV/AIDS is a major issue that is affecting the population in their locality. This is clear from the words of one of the project staff: "When I learnt about the gravity of the HIV/AIDS situation, I feel more committed and dedicated to work in this field".

What we do?

The TI project works among 300 commercial sex workers, 300 intravenous drug users and 10,000 truckers in reducing their risk to HIV/AIDS/STD transmission.

The objectives of the project are:

- To motivate population with high-risk behaviour (truckers, IDU and CSW) for behaviour change in order to prevent the spread of HIV/AIDS.

- To provide treatment to the target audience for STD.
- To promote condom usage among the target audience by providing knowledge about the use of condoms and reducing misconception about condoms.
- To implement awareness and advocacy programmes through IEC for behaviour change.
- To monitor the high-risk behaviour change.

With whom we work?

The study conducted by UPSACS in the Indo-Nepal border areas shows that Maharajganj has the maximum concentration of CSW (94 %) compared to other bordering districts. The commercial sex workers (CSW) in this area come from a low socio-economic rural background. They can be classified into three different categories. The first type of CSWs come from the villages and operates as floating sex workers. Their primary customers are truckers coming from different parts of the country transporting materials across the Indo-Nepal border. They are mobile and solicit their clients along the stretch of road or places where the trucks halt. The sexual activity takes place inside, below or above the truck.

The second type of CSWs are stationed in one place and normally owns or operates small pan shops, tea stalls, and petty shops along the roadside. As in the above case, their major clientele are truckers. They solicit their clients by attracting them to their shops/establishments. A large number female operated shops/establishments can be seen in this area. Male members are normally absent in these shops/establishments, but one could see their children there. Sexual activity normally take place either in the truck or inside the shop or adjoining hut. The third category are casual sex workers, who have links to public telephone booths (PCO) and/or with the above two types of CSWs. They operate on call basis, depending upon the availability and demand. They entertain clients who are economically well off than the truckers. Sexual activity takes place in private places like hotels/lodges and houses.

Data from the study conducted by SBGSS on a sample of 361 CSWs shows that 92 % are below poverty level and 61 % have completed only primary level of education. Five percent of the CSWs are below 20 yrs, 60% between 20-35 years, 30 % above 35 years and 5 % were not clear about their age. The STD infection rate was very high- close to 26 %; however it was found that 87.96 % do not use condom and 92 % are unaware of HIV. A large majority (92 %) of them receive treatment from quacks for STD.

The second population that the project targets is the truckers. According to the agency, about 1200 trucks from outstation and 200 from the locality pass through the Indo-Nepal border everyday. Within the distance of 50 kms, that the SBGSS intervenes, they halt at about 10 places. One of their major halts is at Sanouli, near the border check post, most of them halting overnight waiting for the border to be open in the morning. Long lines of trucks are found round the clock. Apart from the check post, trucks are found to be halting in dhabas and tea stalls for food and refreshments. During these long halts, the truckers approach the CSWs that operate in the vicinity.

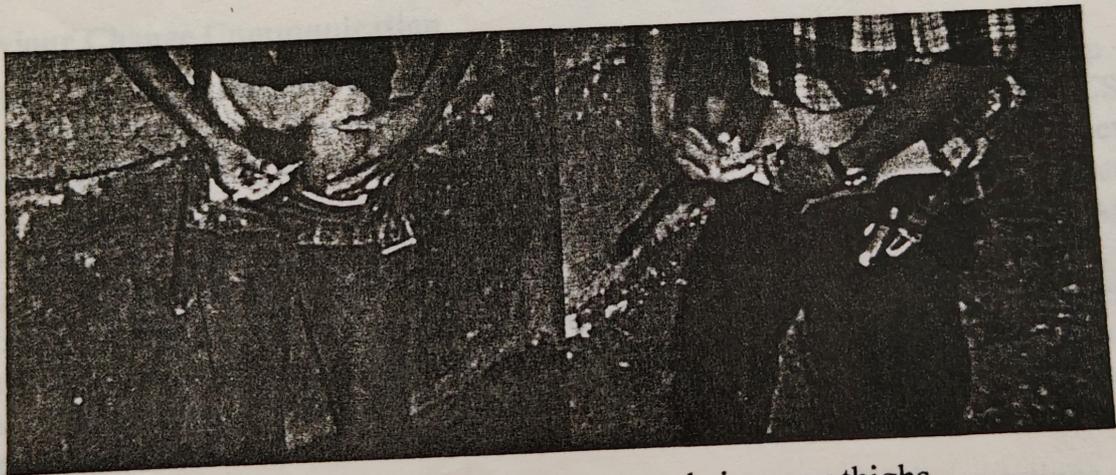
Base line information from the sample of 105 truckers by SBGSS shows that 75 % of them are married; 77 % have 1-5 sexual partners; 27.76 % are infected with STD; 12.4

% have knowledge about HIV and its prevention and; 8 % used condoms in the last intercourse.

Drug abuse is also another major problem in the locality. Drugs that are abused include ganja, brown sugar, iodox, diazepam and cough syrups excluding alcohol and nicotine. Apart from the common ways of smoking and oral consumption, intravenous drug intake is on increase. The 2001 baseline study describe the administration as drugs as follows: 74 % use a combination of oral, intra-muscular and intravenous; 9 % administers drugs intramuscularly and intravenously; 6 % consumes orally, 5 % administer it intra-muscularly and another 5 % use oral and intra-muscular means.

The most popular intake of drugs intravenously is a combination of Diazepam, Tidigesic and Phenirgan. Each of the above drugs, available in 2 ml ampule are mixed and the cocktail is injected. It was understood that 3 such dose of drug is required per day for a person, more for a chronic drug abusers. Since these drugs are not easily available in Nepal, drug users from the villages neighbouring to India cross over to India to procure. A combination of three drugs costs about Rs. 120. This is the third population group that the project intervenes. An almost equal number of Indian and Nepali IDUs are seen in the area.

In the initial stage of drug abuse, an individual start injecting on his wrists and arms. Sooner getting blood veins become difficult in the writs and arms. He then injects the drug through the veins in the feet. Regular unhealthy injecting practice will lead to infection, abscesses, and swelling. This also increases the visibility of the signs of an IDU. They then explore other parts of the body, like upper thigh and sometimes even on the penis. The figure below shows the practice of injecting at the upper thigh portion.



Injecting drug users prefer to use their upper thighs

Among the sample of 95 IDUs in the base-line study conducted by SBGSS, 6.24 % are graduates, 7.36 % intermediate, 17.10% higher secondary and 42.28 are literate. About 87.37 % were unmarried during the study and 23 % had a history of STD infection. This shows that high-risk multi partner sexual activities taking place among IDUs. Sharing needles among IDUs is found to be a practice in the area, with 9053 % agreed to have shared needles. Moreover, 74.42 % agreed that the needle is shared among 1-6 partners.

How we do?

SBGSS initially made an assessment of the area to understand the extent and nature of high-risk activities. On the basis of this, they identified the geographical areas and assessed the number of people practicing high-risk behaviour. The seven major points of intervention for the truckers and the CSWs are the forest check post at Mandila, Gitti plot (stone crusher area), Nautanua bypass, nautanua Railway station, No-man's land (Belahiya) at the indo-Nepal boarder, Eksarwa and Mohanpur railway crossing. The point of interventions for the IDUs are the No-Man's land, Sonouli town and Beharwa (in Nepal).

SBGSS started interacting with the target population and the stakeholder in an informal manner. They had to face lot of resistance and hardship to develop rapport with the target population, especially the sex workers and the IDUs in the initial period. The sex workers and IDUs who were marginalized and stigmatized, and who were indulged in 'illegal' acts, feared that SBGSS was an agency working for the police and would harm them. The warm and friendly approach of the staff, slowly demystified the fear.

With no guidelines and experience, establishing rapport with the IDUs was the most difficulty process. Most of the time, they were under the influence of drugs and entering into a discussion was difficult. They started demanding money for their time spends in discussing with the project staff. The IDUs were constantly in search of 'quick money' that they require for their next dose of drugs. They even involve in petty thefts like stealing a pair of shoes from a shop, pick pocketing, stealing valuables from their own house and sell it on low rates to make money. At many times, they had threatened the staff with dire consequence if their identity is disclosed to the police. The rapport was developed slowly, when they realized the geniuses of the project staff and felt that they are concerned with their life.

Behaviour Change Communication

The BCC strategy adopted by SBGSS has a focus on the individual, group and community. One-to-one communication by the ORWs and the PEs with the CSWs, truckers and the IDUs is most favoured in the BCC strategy. The ORW and PEs meet the target audience in the field and they are provided information on various aspects of HIV/AIDS/STD prevention and motivate them to reduce the high risk behaviour. As per the CMIS, the ORWs and the PEs have contacted 11,403 truckers and 4960 CSWs, their clients and IDUs over a period of 10 months, which is above the planned achievement. Discussion with the target group revealed that they have somewhat clear idea about the routes of transmission and is motivated to change their high risk behaviour through increased condom use.

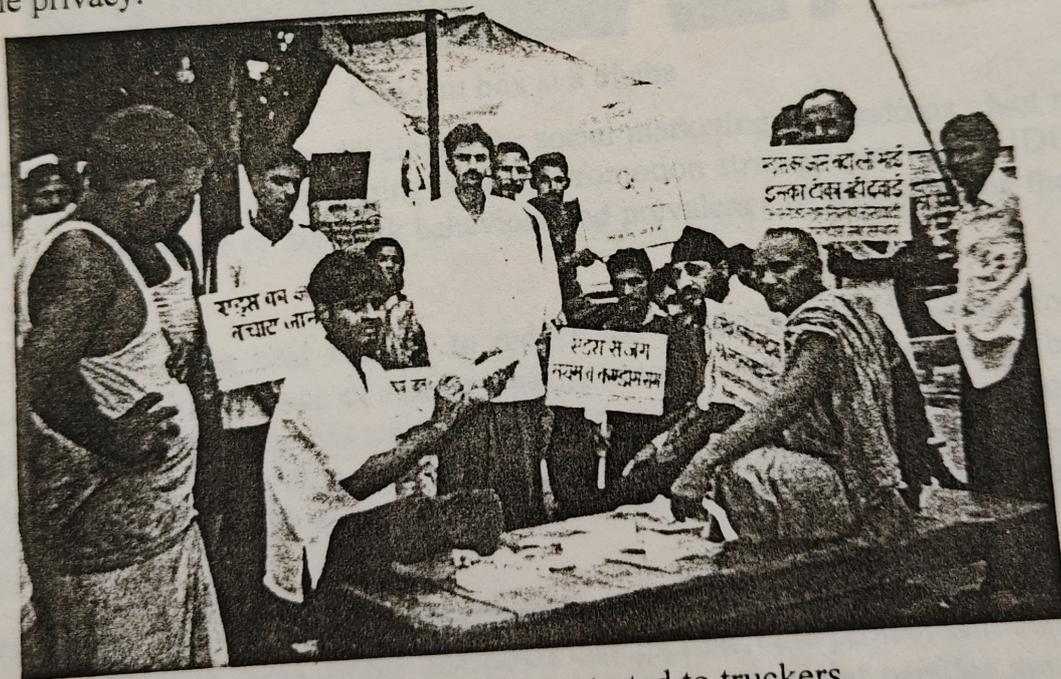
Apart from one-to-one interactions, group meetings and community meetings of the target audience are also organized. During the group meeting the project staff provide information about the spread and prevention of HIV/AIDS/STD and undertake condom demonstration. The project team of SBGSS has also developed a skit- Nukat Nadak, which is performed especially in the truck terminals and truck stops. Now and then, they organize mobile exhibition where posters and placards carrying messages are displayed in the field. Video films, organizing rally of school children; katputuli shows and advertising through the local cable network are other means of one-to-many communication strategy adopted by SBGSS.

The project has produced a few IEC materials that include a packet with message to repack condoms, stickers and notice. The packet make to repack condoms is one unique IEC material produced by the project. The condom packet carry messages primarily focusing on truckers. So far the project has not developed any specific IEC/BCC material for the IDUs. Communication that is provided to IDUs is primarily focused only on the risk associated with sharing needles, even though 23% of IDUs have a history of STD infection.

Condom Promotion

Condom promotion strategy focuses on clarifying the misconceptions about condoms, educating about the correct usage of condom and making condoms accessible to the target audience. Condom promotion strategy is one of the major responsibilities of the field staff. The ORWs and the PEs educate the target audience and demonstrate condoms using a wooden model of the penis.

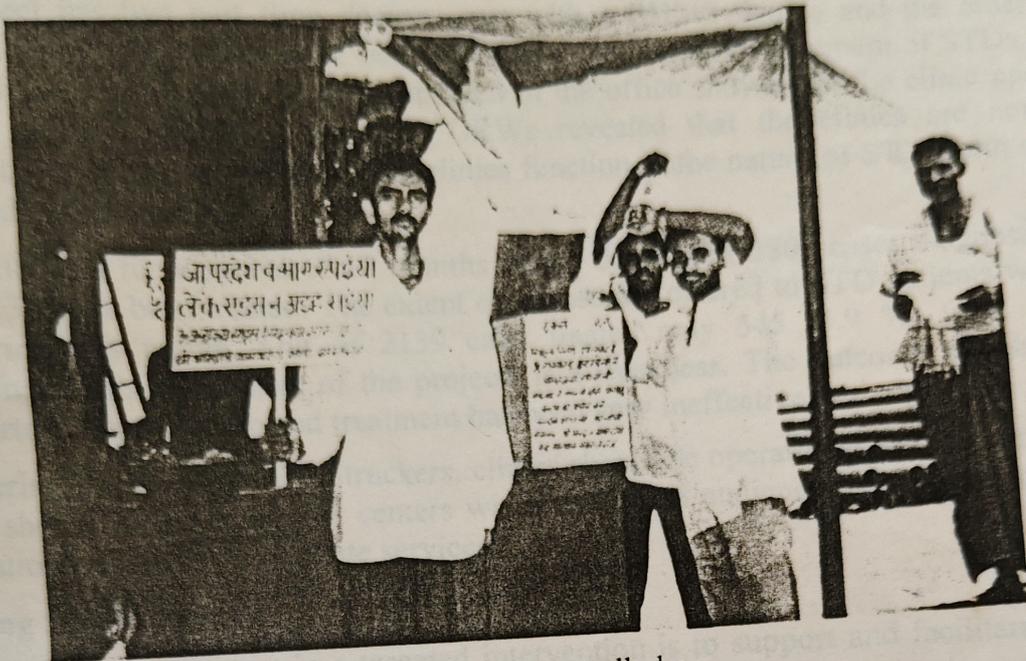
The project received one consignment of condoms from SACS and the remaining requirements from the DMO for free distribution. They have not faced any shortage of condoms for free distribution. Nirodh that comes in packets of 20 are repacked into smaller packets containing 5 condoms. These small packets are much easy to carry and have some privacy.



Condom being demonstrated to truckers

Condom distribution strategy follows one-to-one distribution and setting up of condom depots. The project team during their outreach work distributes condoms to the target audience. Ten unmanned condom depots have been established across the highway located in the dhabas, tea stalls and other places. Condoms are kept in boxes made of iron. One of the condom boxes is kept in a shop owned by a CSW and in another case it is kept in a dhaba, the owner also working as a pimp. This is an instance to show the integration in a composite TI project, where both the service provider (CSW) and clients (truckers) are handled from two different angles. As an incentive to the depot owner and motivation to take care of the condom boxes, gas petro-max lights were also provided.

The Assistant Project Coordinator and the Field Workers on a regular basis maintain the condom stocks in the boxes. However there is scope for increasing the number of depots in places like No-Man's land, Sonauli town etc and thereby increasing the accessibility of condoms to the target audience.



Condom box at a dhaba

No effective strategy has been developed for social marketing of condoms. Not much of concerted effort is seen in integrating condom promotion strategy among the IDUs, even though there is evidence of high-risk behaviour and prevalence of STDs among them.

Needle Exchange

Needle exchange is the best strategy to reduce the spread of HIV transmission among IDUs where there is evidence of needle sharing among drug users. Since the beginning, the project is implementing this strategy. In the course of time, there was a demand from the drug users to provide disposable syringes in addition to needles. The proposal was approved by the UPSACS and the project has made provisions for both needles and syringe.

Contrary to the concept of exchanging used needles with new needles, the project is 'distributing' needles. This means that IDUs can approach the project and collect needles that are required for a day. This approach would not ensure that needles are not shared among drug users. If the used needles and syringes are not properly disposed, then there is also a chance for it to recycled.

As mentioned earlier, the drug users inject a cocktail of 3 drugs of 6 ml in one shot. The project is providing syringes of 5 ml volume. In addition to this there is the practice of 'booting' (drawing blood into the syringe, mixing it with blood in the syringe and injecting it) among the IDUs. This means that the volume of the syringe distributed in the project is insufficient for the existing drug use practice. There is also a risk that drug users will restart sharing larger syringes for mixing the cocktails and booting. The project

should have provisions for procuring syringes that can hold at least 6 ml of fluid. The BCC should also address changing the practice of 'booting' among drug users.

STI Treatment

The project has two part time doctors, one with a BHMS degree and the other with BAMS degree. The doctors have been trained in syndromic management of STDs. Even though the schedule of the doctor displayed in the office shows that the clinic operated thrice a month, discussion with the ORWs revealed that the clinics are not well scheduled. It is understood that STD clinics function in the nature of STD/health camps organized in different places.

The CMIS data for a period of 10 months shows that out of 2803 cases diagnosed with STD, 2139 have been treated. The extent of counseling offered to STD patients was very low during this period. Out of 2139 cases treated only 545 (3.9 %) were offered counseling. This component of the projects is a weakness. The outcome of this is that there partner identification and treatment has been very ineffective in the project.

Considering the mobility of the truckers, clinics should be operative more frequently. The project should establish drop-in centers where the target audience can come and collect information and access immediate services.

Enabling Environment

The key to this component in a targeted intervention is to support and facilitate changes in the environment that will enable the community to practice safer behaviour. However, the project team has not developed a clear understanding about this component and has not developed a sound strategy.

However, 'advocacy' meetings are held with the dhaba owners, truck drivers association, and district administration. While discussing on the content of these meetings, it was understood that most of the time it was like an introduction about the project and invitation for cooperation in the activities of the project.

Care and support of PLWA

"A sex worker near to this place died last month. Every one says that she died of AIDS. Such events happening in front of our eyes make more and more people serious about the disease", said a peer educator. Even though her death was not medically confirmed (as in hundreds of death due to AIDS in India), the news has broken hearts of many vulnerable populations and is motivating them to change their high-risk behaviour. The project staff made attempts to console the grieving family and organised awareness programme in that village to correct the misconceptions and to reduce stigma and discrimination. There is information that about 3-4 people have died of AIDS in the project area and it includes an IDU, a out-migrant and a CSW. The project does not have separate budgetary provision for care and support.

Capacity Building

Apart from one ORW and the Assistant Project Coordinator who attended a TOT organized by UPSACS, no other staff had a formal training on the subject. The learning obtained from this is shared among other staff to some extent only. There was no concerted effort to use the ORW as trainers in the grass root level trainings. The capacity

of the field staff needs to be improved and NGO and SACS should take immediate effort to develop the capacity of the staff.

Systems

The overall management of the project is by the secretary of SBGSS from the head office at Maharajung. He makes the major decisions, and there seems to be less of involvement of the project team. The secretary is also in charge of the financial matters, with only petty cash dealing taking place from the project office at Sonauli. The salary of the staff is paid through cash and not through cheque. UPSACS have developed a system so that half yearly accounts from the agency are submitted through the CMO and the District AIDS Coordination Committee to the state. This is to ensure that the District AIDS Coordination Committee ensures that money is properly handled and utilized. The agency expressed their dissatisfaction to this system.

The flow of reports of contacts from the field to the office is sound and somewhat systematic. The APC is in charge of collecting and compiling all the field data and it is sent to the agency office at Maharajung. The agency office compiles the data and fills in the CMIS format and sent it to UPSACS. The MIS system designed centrally by NACO is used by the project, but the data flow is not through computers from the field to the agency office to UPSACS.

The agency is yet to start documenting the success stories and the qualitative data obtained from the field. The team does not have expertise in doing this nor in analyzing and preparing reports on quantitative data from the field.

Monitoring and Evaluation

Monitoring of the project is done internally through an informal system. As of now, there is no specific indicators against which monitoring of the project is done. After the launch of the project, UPSACS have not so far visited the project and provided on-the-field feedback.

A system for monitoring and evaluating TI projects by a Joint Appraisal Committee consisting of 3 members (2 from SACS and one from NGO sector) is being developed at the state level. Even as the project is approaching the end of the first year of intervention, no effort to evaluate and redesign the project is taking place. On the other hand, funding proposal for the second year is being prepared by the NGO.

Relationship with DACC and SACS

The agency maintains a cordial relationship with the UPSACS and DACC. The DACC is informed about every programme that the project organizes and they are been invited. The District Magistrate and the District Medical Officer had participated in some of their outreach programmes. Communication with UPSACS is mostly through letter of invitation for the outreach programme and CMIS and occasional visit to Lucknow.

As a young project, operational for the last 11 months, SBGSS has been able to establish a good rapport with the target population, different stakeholders and local community. Within the capacity of the staff, and guidelines from UPSACS, leadership

What we learned

- The project office centrally located at Sonauli town announce- HIV/AIDS Target Intervention Project'. The stigma associated with AIDS has led many people who desire information and service to access the services. The office space also does not provide confidentiality of the people dropping in.
- If the place does not provide privacy, then the confidentiality of the people dropping in cannot be maintained.
- Working with IDUs is difficult, if the staff does not have prior knowledge and experience in this field.
- The absence of an efficient counseling process is reflected on the low level of partner notification and treatment.
- Some of the IDUs have a desire to stop drug abuse. Since the agency does not have information about the services for detoxification and linkages, this has been difficult to meet the immediate needs of the clients.
- Capacity of the staff is very important for providing leadership to the project.

What we recommend

- The board of the project office need not have to be announced as HIV/AIDS targeted project. The project office should be relocated to a place that will be accessible to the target audiences. It should be in a safe place and ensure confidentiality. The atmosphere should be conducive enough for people to open up and discuss sensitive matters
- A drop-in center should be established at the truck terminal and also for the sex workers. It should be ensured that information and condoms are available round the clock. Provision for entertainment of the truckers, and provision for make-up in the case of CSW would attract more number of target audience to visit the center.
- STD care and treatment system should be streamlined and made efficient.
- In order to enhance the counseling services, SACS should consider appointing a counselor in the TI projects
- The practice of 'distributing' needles and syringes should be stopped. Alternatively, fresh needles and syringes should be provided only when a drug user produce a used one.
- A comprehensive IEC/BCC package should be delivered to the IDUs that emphasis on the spread of HIV through sharing of needles, sexual contacts and STD care and treatment. The IDUs should for behaviour change by using safe needles and syringes, use of condoms in multi-partner sex.
- Initiate social marketing of condoms.
- Staff capacity need to be developed. UPSACS should take steps to ensure that regular capacity building programme are organized for the staff of TI projects

- There is a considerable delay in the fund flow. UPSACS should ensure regular and timely dispatch of funds so that programmes in the field are not affected.
- In order to reduce malpractices at the level of implementing NGO, salary of the staff should be paid in cheques.
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Mrs. Phoolwati:

'If you want, I can take you to Lucknow and Delhi without ticket', she boasted of her contacts and sources, living in a small dark town.

P belongs to a middle class Brahmin family. Her father was working in the police department in Nepal. P has studied up to high school. She was born and brought up in Nepal and married to a Nepali man. She is 48 years old and has 4 sons and 1 daughter. For the last 14 years they are settled in India.

She has been involved with political parties and is the office bearer of the women's forum of a political party.

The staff of the project came to know that P is a key person in the sex work network. She was involved in casual sex work with the elite class in the neighbourhood. At present, she also functions as a contact person for supplying women to customers. Earlier the family owned only a small teashop. From that condition they have earned money to construct a five room shopping complex in a prominent locality!!!.

Her personality was quite contradictory to her family background. She is very active, volatile and extrovert and have a good command over language. She was willing to openly talk about situations and issues in front of her husband, mother-in-law and adolescent daughter.

Mrs. P is a peer educator in the project.