



## **Case Study: Transport Corporation of India Limited**

### **Overview**

Long-distance truckers have been found to be at high risk for HIV and other sexually transmitted infections.<sup>9</sup> Transport Corporation of India (TCI), as a major cargo transport company, recognized the importance of truckers in its business and launched a project specifically targeted to this population. This five-year HIV prevention project, Project Kavach (a Hindi word meaning *protection* or *shield*), is being implemented by TCI's social arm, the TCI Foundation, and by the Avahan India AIDS Initiative, which is funded by the Bill & Melinda Gates Foundation.

The project is a comprehensive, integrated approach to reducing the transmission of HIV and other sexually transmitted infections among long-distance truckers by:

- Providing diagnosis and treatment of sexually transmitted infections through project clinics.

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9. The information in the TCI case study is based on personal interviews with TCI Foundation officials in Delhi and personnel responsible for implementing the program in Bangalore as well as internal documents shared by foundation staff during site visits in Delhi and Bangalore. The information is current as of September 2006.

- Using behavior change communication to encourage truckers to adopt safer sexual behavior and practices.
- Promoting condom use among the target population.

Because long-distance truckers are highly mobile, they need access to medical facilities where they travel. Project Kavach has therefore located its “Khushi” (a Hindi word for happiness) clinics at 17 major trucker halt points in nine Indian states. Each halt point sees about 20,000–30,000 truckers a year as they stop to rest and to repair their vehicles and the like.

These project sites were selected with the aim of reaching a target group of about 1.4 million long-distance truckers (drivers and crew members) nationwide through clinics, peer education, and condom distribution. To run the clinics and undertake other activities, the TCI Foundation has contracted with NGOs across the country.

Truckers’ mobility also means that medical records are hard to maintain. The project deals with this challenge by issuing truckers a “Khushi passport”—a diary recording their medical history, diagnoses, and medications—that they can present at any project clinic.

The project has reached large numbers of truckers and others. Between January 2005 and March 2006 alone, its clinics treated nearly 43,000 people for sexually transmitted infections, 82 percent of them truckers. During the same period the project also distributed more than 700,000 condoms.<sup>10</sup>

### **Business background**

Established in 1958, TCI is now among the leading conventional cargo transport companies in Asia. It transports cargo ranging from raw ma-

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10. Condoms are also widely available along the truck routes through social marketing.

terials and agricultural and industrial products to consumer durables and drugs and pharmaceuticals. Recently TCI has started also transporting more sophisticated cargo, such as refrigerated, time-sensitive, and high-value items. The company's 4,000 trucker employees and fleet of more than 3,000 owned or contracted trucks move 4 million metric tons of goods annually. The company's annual turnover is Rs 1,000 crores (US\$220 million).

### **Why do something about HIV and AIDS?**

Studies show that long-distance truckers are at high risk for HIV and other sexually transmitted infections. Among India's 5–6 million truckers, nearly half work on long-distance routes across the country. Approximately 300,000 long-distance truckers in India are living with HIV.

HIV and AIDS interventions for truckers in India have been under state government programs, which lack oversight by a national program. Moreover, most government HIV and AIDS interventions have lacked strategic locations and adequate health services for this high-risk population.

To address this problem, the Bill & Melinda Gates Foundation launched the Avahan India AIDS Initiative, a large-scale HIV prevention program, in December 2003. This program focuses on the needs of several target groups: sex workers and their clients, men who have sex with men, long-distance truckers, and injecting drug users.

We have begun this program because we feel morally responsible for an important stakeholder: the trucker community. Our efforts will continue to address the HIV and AIDS epidemic.

—D. P. Agarwal, Vice Chairman and  
Managing Director, TCI

Asked by Avahan to participate in the program, TCI agreed, considering this an opportunity to reach out to one of its key stakeholders, the Indian trucking community.

## **The program**

TCI's HIV program centers on Project Kavach. Launched in December 2003 and operated by TCI's social arm, the TCI Foundation, this five-year project is targeted to around 1.4 million long-distance truckers in nine states (about 30 percent of the country's trucking population and 60 percent of its long-distance truckers).<sup>11</sup>

The project is implemented through a chain of Khushi clinics at 17 high-volume transshipment hubs where truckers halt for at least 12 hours. Located along the Golden Quadrilateral—the 5,846-kilometer network of highways connecting Delhi, Kolkata, Chennai, and Mumbai—these clinics each serve an inflow of 100 truckers a day on average. The clinics also serve the local community, including workers employed at the halt points.

The program also uses some nontraditional outlets, such as tea shops, tobacco outlets, and roadside cafes and eateries, to distribute condoms. While interacting with truckers, shopkeepers at these outlets provide background information about HIV and AIDS and the dangers of not using condoms. The program enlists the services of truckers for peer education too. Both the shopkeepers and the truckers involved in peer education—referred to as secondary peer educators—offer their services voluntarily.

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11. Initially the program targeted truckers through services at truck stops and halt points in 15 states. But in 2006 a strategic redesign narrowed the focus to an improved package of services delivered at high-volume truck stops where truckers spend significant time—transport hubs that link almost all major national highways in India. Clinics at halt points with smaller inflows of truckers were closed.

## Interventions for truckers

Project Kavach has four main components:

- Clinical management of sexually transmitted infections and related counseling.
- Behavior change communication.
- Condom promotion and social marketing.
- Community mobilization.

Because management of sexually transmitted infections is considered an important factor in stemming the spread of HIV, STI treatment and counseling have been a vital part of Project Kavach. To provide such services, the clinics are staffed by 80 qualified doctors, nurses, and counselors (picture 1).

Other project efforts are designed around truckers' activities. During their halts truckers receive orders and payments, service their vehicles, and transact business with contractors and brokers (agents who book vehicles). The project uses the spare time that truckers have left to share information and educate them on such topics as the risks of unprotected sex and the advantages of using condoms.

The Khushi clinics are also equipped to treat general ailments, since trucking hubs, located along stretches of highway outside cities, lack basic medical facilities. Positioning Khushi clinics as general health and STI treatment centers has the added advantage of reducing any hesitance truckers may feel about entering a clinic.



**Picture 1. Medical officer at a Khushi clinic**

Other features of the project are also designed to fit the circumstances of truckers, including their mobility.

### *Innovations for medical tracking*

A trucker making a first visit to a clinic is issued a “Khushi passport,” a diary recording details of the trucker’s medical history and the diagnosis and any medication given during that visit. The trucker is expected to bring this diary each time he visits a clinic. The diary also contains the addresses of all 17 Khushi clinics in India to encourage the trucker to use their services when traveling in the area where they are located.

Each trucker visiting a clinic also has a unique identification number, which helps clinic staff track his medical records in their database. This central database is maintained by the TCI Foundation’s national project management unit in Gurgaon, Delhi, which collects the data from each Khushi clinic. The management information system not only allows access to medical records, it also supports analysis providing useful insights into the prevalence of HIV and other sexually transmitted infections and helps in the annual monitoring and evaluation of the program.

### *Treatment and services*

Each Khushi clinic follows comprehensive clinical operating procedures that were designed by Family Health International and the WHO, based on Indian clinical guidance where available.

While registration and consultation at the clinics are free, truckers are required to pay for medicines (priced at cost) to encourage them to take the treatment more seriously. During the consultation each trucker is also counseled on basic facts about sexual health and safety.

Khushi clinics do not have laboratory services, instead relying on their referral system for these. The project has established links with government laboratories to provide syphilis testing (rapid plasma reagin and Venereal Disease Research Laboratory screening). Rapid HIV testing is conducted at only one project site, that in Neelamangala, Bangalore.

### *Setup and operation of the clinics*

Setting up Khushi clinics involved a number of steps. The TCI Foundation first had to research trucker long-halt points to identify strategic locations for clinics. At the same time it also had to identify, for each site, a local NGO that had the capacity and willingness to be responsible for a Khushi clinic and carry out behavior change communication. In addition, the foundation had to seek permission from the local State AIDS Control Society to operate in the area. This step was important so as to avoid duplicating interventions, since several halt points have more than one NGO operating through various targeted HIV and AIDS programs.

Operation of each clinic has been contracted to an NGO with responsibility for running the clinic, disseminating information, providing referrals, and the like (table 2). The clinic staff, comprising outreach workers, doctors, and nurses, are all full-time employees of these NGOs. The TCI Foundation provides the NGOs the funds to run the clinics. With its national team of 33 professionals, the foundation supervises the work of the NGOs to ensure that they are complying with the minimum standards set for all NGOs participating in the program for truckers.

In addition to a static Khushi clinic that serves as the hub of project activities at each halt point, there are tents, mobile vans, and clinics in the premises of brokers and local transporters (picture 2). These satellites were established because a transshipment hub or halt point covers a large area and cannot reach all truckers.

**Table 2. Khushi clinics in India**

<i>Region and clinic</i>	<i>NH</i>	<i>NGO operating the clinic</i>	<i>State</i>
<b>Bangalore</b>			
Neelamangala DTT	4	Bhoruka Charitable Trust	Karnataka
Hyderabad Autonagar	7 & 8	Bhoruka Charitable Trust	Andhra Pradesh
Ichchapuram	5	BPWT	Andhra Pradesh
Hubli-Dharwad	4	Bhoruka Charitable Trust	Karnataka
Jamsola	6	Bhoruka Charitable Trust	Orissa
<b>Delhi</b>			
Delhi SGTN	1	Child Survival India	Delhi
Delhi UP Border	2	CEVA	Uttar Pradesh
Kanpur	2	Nirman Seva Sanstha	Uttar Pradesh
Jaipur VIA with JK satellite at intersection at Transport Nagar	8	VATSALYA	Rajasthan
Agra	2	CREATE	Uttar Pradesh
Varanasi	2	Jankalyan Maha Samiti	Uttar Pradesh
<b>Nagpur</b>			
Mumbai Kalamboli	4	Bombay Leprosy Project	Maharashtra
Indore	3	Bhartiya Gramin Mahila Sangh	Madhya Pradesh
Pune Nigdi	4	Seva Dham Trust	Maharashtra
Nagpur Pardi with satellite at Wadi	6	Indian Institute of Youth Welfare	Maharashtra
Jamshedpur	33	TSRDS	Jharkand
Dhanbad	2 & 23	Gram Pradyogik Vikas Sanstha	Jharkand

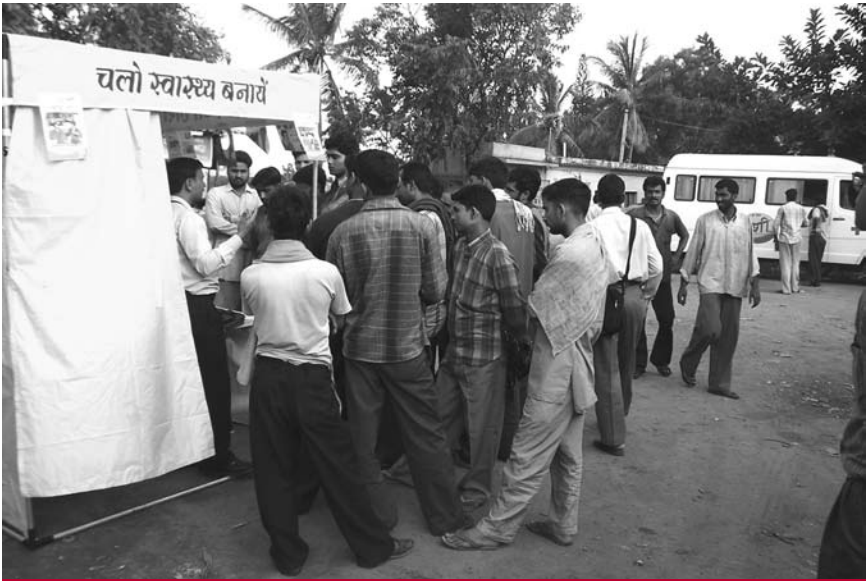
Note: NH is national highway number.

Source: TCI Foundation.

## Interventions for the community

Besides providing services to truckers, the NGO staff at each site also reaches out to the community and educates the local populace about HIV and AIDS. These activities have been particularly helpful in addressing the social stigma and discrimination associated with HIV and AIDS. The development of interpersonal relations tools customized for the different target groups has helped in making these awareness activities effective.





Picture 2. Activity aimed at generating HIV and AIDS awareness among long-distance truckers

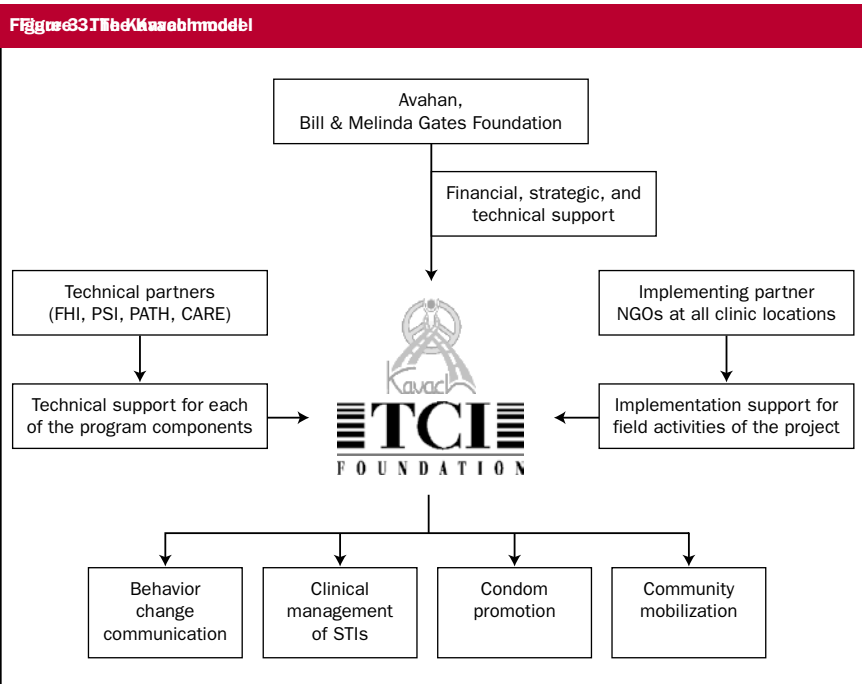
### Internal workplace program

After launching Project Kavach, TCI began to develop its own workplace policy on HIV and AIDS, with support from the ILO, Delhi. In 2004 the company initiated an HIV program for its workplace. It has begun to create a cadre of peer educators who will share HIV and AIDS information with their colleagues at the workplace and distribute information, education, and communication materials. The company would like to eventually reach out to all 4,000 employees.

In addition to its awareness program, the company is funding the cost of antiretroviral therapy for two to three employees.

## Partnerships

Project Kavach depends on a range of partnerships. The program draws expertise not only from the partner NGOs operating the clinics but also from other Avahan partners: Program for Appropriate Technology in Health (PATH) for effective communication campaigns, Population Services International (PSI) for social marketing of condoms, Family Health International (FHI) for medical training, and CARE for community involvement (figure 3). Each of these provides their services in the transshipment hubs serving the trucking population. The TCI Foundation provides infrastructure such as office space and equipment



through its regional offices (Pune and Bangalore). And Avahan provides funding for medicines and for staff salaries (for the TCI Foundation and partners).

As noted, the TCI Foundation supervises the work of the partner NGOs to ensure quality of implementation and efficiency of service. The foundation's staff is also responsible for networking and coordinating the program with the other Avahan partners.

The project has worked to build the capacity of the NGOs through training programs to ensure that these organizations can continue the fight against HIV and AIDS even after the project ends. To further decentralize the program, steering committees made up of local brokers, truck owners, and truckers are being set up to form important nodal points for projects in the local communities.

## **Funding**

Avahan of the Bill & Melinda Gates Foundation is providing US\$8 million for the five-year program. The TCI Foundation is exploring a strategy for ensuring that the program can be self-sustaining after 2008.

## **Outreach**

The project's outreach—through communication, condom marketing, and treatment—involves impressive numbers. Consider the achievements of the project's team of 197 outreach workers and 942 secondary peer educators:

- On average the team has made 63,000 effective contacts monthly through one-on-one and group discussions.

- By March 2006 the team had made more than one million contacts with truckers alone.

The project's condom marketing efforts have been extensive:

- The project has set up 979 nontraditional condom outlets nationwide.
- Between January 2005 and March 2006 outreach workers, condom outlets, clinics, and peer educators distributed 706,250 condoms.

The record of treatment provided by clinics is similarly impressive. Between January 2005 and March 2006:

- Clinics provided treatment of sexually transmitted infections for 4,000 people a month on average, and for a total of 42,906 people. Of these, 35,059 (82 percent) were truckers. The rest were local shopkeepers, mechanics, vendors, and others in the local population.
- Clinics provided treatment of general ailments for 9,000 people a month on average, and for a total of 92,053. Of these, 64,488 (70 percent) were truckers.

### **Lessons learned**

The TCI Foundation monitors Project Kavach by periodically meeting with its partner NGOs to discuss the progress of their interventions and areas of possible improvement. This regular monitoring, considered one of the strengths of the program, has identified useful lessons.

### Key success factors

- *Wide network of implementing partners.* The TCI Foundation's success in implementing the HIV program on such a large scale is due largely to the network of NGOs that form the backbone of the project. Besides outreach, this network provides the program with technical support and local knowledge.
- *Location of clinics.* The location of the clinics along highways not only helps fill the gap in medical services for truckers, it also leads to a big inflow of patients, which has helped the program acquire a national reputation.
- *Diverse expertise from other Avahan partners.* Project Kavach has been able to take a holistic approach to delivering services because it can draw on the diverse expertise of other Avahan partners.

### Key challenges

- *Sensitizing other industry stakeholders.* TCI has been seeking partnerships with other companies that also interact with the trucking industry on a large scale, including oil and gas companies with gas stations along the highways. But it has found that many companies have not yet realized the enormity of the HIV and AIDS problem, its repercussions, and the high cost of inaction. The company is therefore conducting advocacy efforts through industry bodies and with individual companies to sensitize businesses to the issue.
- *Behavioral change.* Truckers repeatedly exposed to the same information experience message fatigue. In addition, repeated interventions targeted at the trucking community have resulted in negative branding, stigmatizing truckers as people who practice

unsafe sexual behavior. The program is therefore devising new forms of communication to increase its acceptability to the trucking community. One innovation, Magnet Theater, involves truckers themselves as the protagonists in theater performances. In addition, the TCI Foundation has found that efforts to change behavior may not be entirely successful unless they simultaneously address such factors as harsh working conditions and exposure to a high-risk environment.

#### Other lessons learned

- *Payment as a way to create ownership.* A key lesson from the program is that when truckers pay for their medication, they develop a sense of ownership for the entire treatment process and take their treatment more seriously.
- *Importance of easy access to services.* The TCI Foundation observed that truckers rarely leave their halt points to go into the city to use medical facilities. Khushi clinics, located at trucker halt points, have been successful because they provide easy access.
- *Myths about HIV and AIDS.* Many myths and misconceptions about the spread of HIV persist, leading to unsafe behavior among truckers. For example, many truckers practiced unsafe sex with their male cotravelers because they believed that HIV does not spread through sex with men. The program has therefore focused on addressing misconceptions through its information, education, and communication material and sessions.

## **Future plans**

The TCI Foundation is exploring several plans and ideas for making Project Kavach more effective:

- Strengthening links with testing and treatment facilities around each clinic so as to develop a strong referral network.
- Enabling each Khushi clinic to undertake HIV testing.
- Building a mechanism to track truckers' movements. The project now has no way of ensuring that truckers needing further treatment would return to a clinic (and truckers often lose their Khushi passports).
- Documenting the lessons and achievements of the program to help in developing a future strategy.

As part of the efforts to make the project more effective, it will be important for the TCI Foundation to evaluate the project's impact and the cost and effectiveness of its interventions.