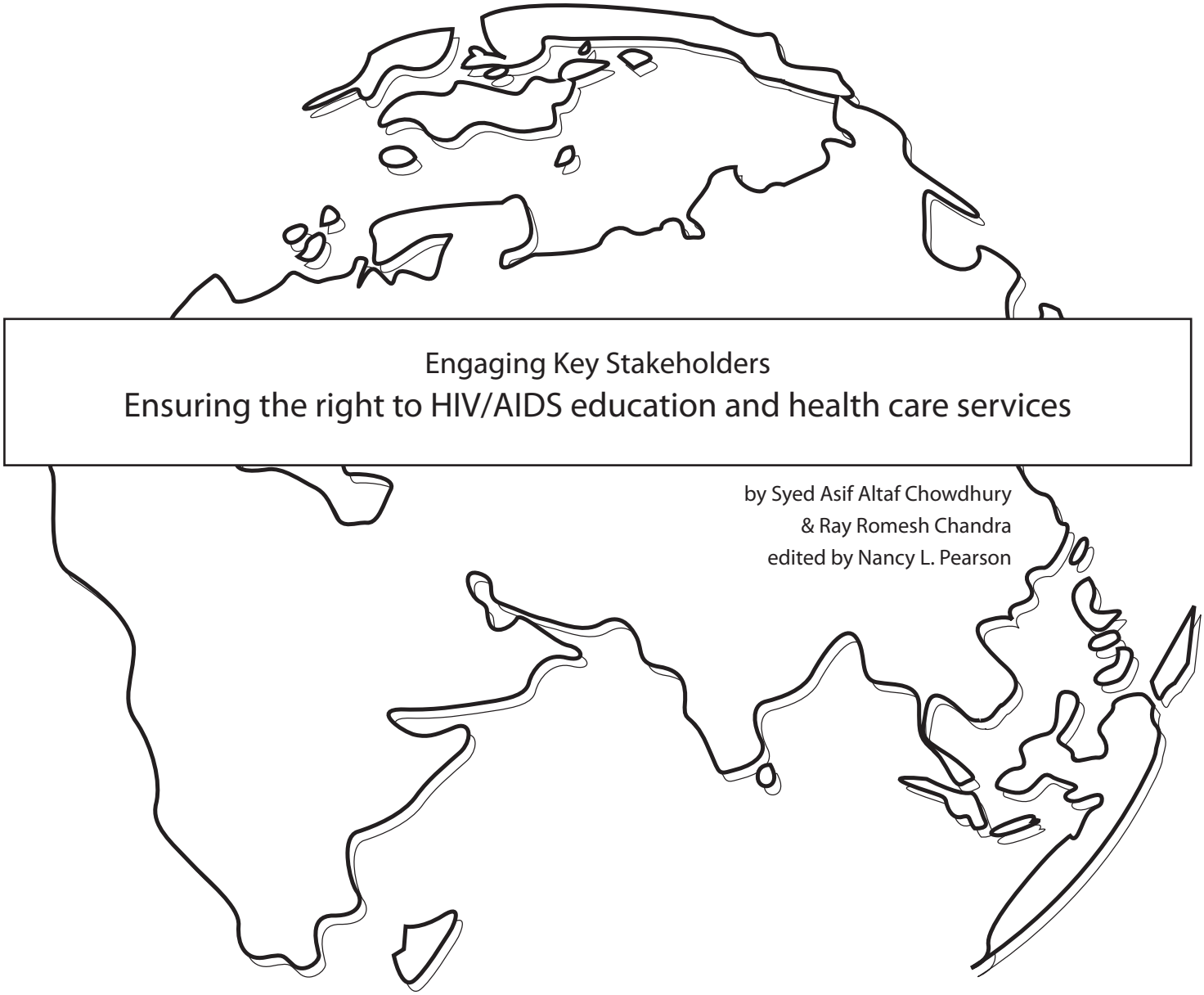


Engaging Key Stakeholders
Ensuring the right to HIV/AIDS education and health care services

by Syed Asif Altaf Chowdhury
& Ray Romesh Chandra
edited by Nancy L. Pearson

NEW Tactics in Human Rights

A Tactical Notebook published by
the New Tactics Project
of the Center for Victims of Torture

Published by
The Center for Victims of Torture
New Tactics in Human Rights Project
717 East River Road
Minneapolis, MN 55410 USA
www.cvt.org, www.newtactics.org

Notebook Series Editor
Liam Mahony

Design and copyediting
Susan Everson

NEW Tactics in Human Rights

The Center for Victims of Torture
New Tactics in Human Rights Project
717 East River Road
Minneapolis, MN 55410 USA
www.cvt.org, www.newtactics.org

CARE-Bangladesh

CARE-Bangladesh, the largest international development agency, has been working in Bangladesh for almost fifty years. Guided by the aspirations of local communities, CARE-Bangladesh works together with poor and vulnerable people to eliminate poverty and foster human dignity.

CARE is one of the pioneers in HIV prevention programs in Bangladesh and has been implementing HIV/AIDS prevention activities since 1995. The program focuses on facilitating behavior change and on addressing the socio-economic inequalities that create vulnerability to HIV/AIDS. The program operates in all strategically important areas throughout the country. CARE-Bangladesh increasingly acts as a resource organization and provides technical and financial support to a large number of self-help groups, non-government groups, and community-based organizations to implement effective HIV prevention programs.

Bangladesh Truck Driver's Federation

The Bangladesh Truck Driver's Federation was founded in 1984 by a group of union leaders who wanted to organize small, individual transport workers' unions. The Federation's main objectives are to organize unorganized transport workers and to take part in collective bargaining with employers, the government, and other agencies to ensure that all rights of the transports workers are fulfilled. The Federation presently has almost 84,000 registered members from 37 unions and 150 branches.

The Federation takes part in different welfare activities for its members and their families. It works in partnership with CARE-Bangladesh to implement a nationwide health care and HIV prevention program for transport workers, and strives to create awareness among transport workers on trade union issues and their rights as workers.

Acknowledgements

We express our deepest gratitude to every individual and organization affiliated with this project. The efforts of Nancy Pearson from the Center for Victims of Torture's New Tactics in Human Rights Project are greatly appreciated. We also sincerely acknowledge DFID, the sponsor of this project, for its financial support.

Contact Information

CARE-Bangladesh
Pragati RPR Center
20-21 Kawran Bazar, Dhaka, Bangladesh
Tel: 880-2-8114207
E-mail: saa01bd@yahoo.com

Bangladesh Truck Drivers and Workers Federation:
Kalmilota Market, Tejgaon
Dhaka, Bangladesh
Tel: 880-2-8611539 ,
E-mail: Roy@agnionline.com

Syed Asif Altaf Chowdhury

Dr. Asif currently works for CARE-Bangladesh as the HIV Program Coordinator in the NGO Service Delivery Program (NSDP). He graduated from Dhaka Medical College, then obtained his Masters in Public Health from the University of North Carolina at Chapel Hill, USA. Over the last 11 years he has worked in the primary health care programs of a number of national and international organizations, with a vision of insuring the right to health care services in marginalized and disadvantaged communities. His professional skills include project planning and implementation, advocacy and networking, and the mobilization of local communities and resources.

Dr. Asif has led many collaborative/networking initiatives from grassroots to policy levels, and with donors, government staff, and community-based organizations. He has attended training programs, conferences, and workshops in the USA, UK, Canada, South Africa, Japan, China, Thailand, and Indonesia, and has made presentations to share realities, issues, and success stories, especially those related to the right to health care services for marginalized and disadvantaged people.

Ray Romesh Chandra

Mr. Roy Ramesh Chandra, Secretary of the Trucker's Federation, is a reputed trade union leader of Bangladesh, but loves to call himself an "activist." He has been involved in trade union leadership for the last 30 years. He presently serves as the Honorary General Secretary of Bangladesh Worker's League, the largest trade union center of the country, which is affiliated with the International Confederation of Free Trade Unions (ICFTU). He is also the Founder General Secretary of the Bangladesh Truck Drivers and Workers' Federation.

Mr. Ramesh has been involved in nationalist movements since a young age, and took active part in the Bangladeshi liberation war in 1971. He has travelled widely and visited many countries to talk about workers' rights in Bangladesh and to share his organization's work.

NEW Tactics
in Human Rights

April 2006

Dear Friend,

Welcome to the New Tactics in Human Rights Tactical Notebook Series! In each notebook a human rights practitioner describes an innovative tactic used successfully in advancing human rights. The authors are part of the broad and diverse human rights movement, including non-government and government perspectives, educators, law enforcement personnel, truth and reconciliation processes, and women's rights and mental health advocates. They have both adapted and pioneered tactics that have contributed to human rights in their home countries. In addition, they have utilized tactics that, when adapted, can be applied in other countries and situations to address a variety of issues.

Each notebook contains detailed information on how the author and his or her organization achieved what they did. We want to inspire other human rights practitioners to think tactically—and to broaden the realm of tactics considered to effectively advance human rights.

In this notebook we learn how CARE-Bangladesh, through its NGO Service Delivery Program, recognized that a critical stride in combating the spread of HIV/AIDS in Bangladesh relied upon the engagement of key stakeholders—particularly transport workers themselves, their unions, and the trucking companies which employ their services. As a result, CARE-Bangladesh was able to establish partnerships, particularly with the transport workers' unions, in order to initiate a behavioural change program to prevent a possible HIV epidemic while also providing quality health care services to transport workers throughout the country. This tactic may assist others in creatively identifying the key stakeholders in their issue who would make a critical impact on moving their human rights effort forward.

The entire series of Tactical Notebooks is available online at www.newtactics.org. Additional notebooks will continue to be added over time. On our web site you will also find other tools, including a searchable database of tactics, a discussion forum for human rights practitioners and information about our workshops and symposium. To subscribe to the New Tactics newsletter, please send an e-mail to newtactics@cvt.org.

The New Tactics in Human Rights Project is an international initiative led by a diverse group of organizations and practitioners from around the world. The project is coordinated by the Center for Victims of Torture (CVT) and grew out of our experiences as a creator of new tactics and as a treatment center that also advocates for the protection of human rights from a unique position-one of healing and reclaiming civic leadership.

We hope that you will find these notebooks informational and thought-provoking.

Sincerely,

Nancy L. Pearson
New Tactics Training Manager

Introduction

Since the first identification of HIV and AIDS, their prevalence has been particularly high in communities situated on transport routes, such as border posts and port towns and cities. The HIV virus spreads as people travel, so transport workers are particularly vulnerable. Although Bangladesh is currently rated 161st of 166 countries and territories in rates of HIV/AIDS, it is in close proximity to Asian countries with relatively high rates.[1] Rather than wait for the epidemic to arrive, CARE-Bangladesh sought a strategy that would prevent the spread of HIV/AIDS.

CARE-Bangladesh recognized that it was crucial to engage transport workers, unions, and companies as key stakeholders in combating the spread of HIV/AIDS. As a result, in partnership with the workers' union and associations, and with owners of the transport companies, we initiated a behavioural change program to prevent an HIV/AIDS epidemic and to provide quality health care services to transport workers, especially truckers. Because we planned to give the project over to its participants—namely the transport union—after the initial design phase, the primary stakeholders, especially the union, have been actively involved in program development and activities. By holding the union accountable and responsible, CARE-Bangladesh has facilitated a process whereby the workers' union has become an implementer of health care services, including prevention services, related to sexually transmitted infections (STIs) and HIV.

The active involvement of the union has brought many positive results. Its participation and sense of ownership have been essential in sustaining the program and making it socially acceptable. Union involvement was also instrumental in the scaling up of project activities and the ability to quickly create a nationwide service network.

To address the mobility and needs of some 300,000 transport workers, the program now has 45 Drop-In Centres (DICs) nationwide, each called "Traveller," about 300 paid peer outreach workers, and 25,000 volunteer peer educators (recruited from the transport workers themselves). Approximately 4,000 transport workers receive health services from the DICs each month. The project has also established a system for the social marketing of condoms through Peer Outreach Workers and more than 200 local depot holders. On average, 200,000 condoms are sold through this system every month. The establishment of these DICs not only addresses the mobility of transport workers, but greatly improves their access to effective health care services.

> In the last three months, I have spent only one night at home. I did not get time to go to my village home to meet my wife and two children as I do not get leave from my job as a helper on the truck. Most of the time, I was on the truck helping my boss (the driver of the the truck). We usually drive at night and take some rest in the truck during day time.
>
> 30-year old truck helper in Chittagong, a port town

In this notebook we share our experience of engaging critical key stakeholders—CARE-Bangladesh, the transport trade union, and the transport workers—to create a holistic approach to HIV/AIDS education, prevention, and treatment. We hope our experiences will be helpful for others who want to work with community-based organizations, unions, and other civil society actors in the context of their own countries and issues. And we hope this effort will provide a model for establishing effective cross-border interventions as well.

Background: HIV/AIDS in Bangladesh

With its rapid spread, its broad reach, and the depth of its impact, AIDS is unique in human history. According to UNAIDS, it is estimated that 20 million people have already died of AIDS, and 40 million are living with HIV.[2] HIV/AIDS is now widely accepted as a significant threat to social and economic development, national security, and, in many cases, the fabric of society itself.

While HIV prevalence in Bangladesh is still very low—well below one percent—data show that it is rising significantly, with the number of HIV–positive individuals increasing from 363 to 465 in one year alone.[3] These numbers do not reflect undetected cases, nor those identified at private clinics. UNAIDS estimates that there are 2,400–15,000 adults in Bangladesh living with HIV/AIDS.[4]

The recent National Serological and Behaviour Surveillance for HIV in Bangladesh (conducted in 2003) showed that the prevalence of STIs is quite high among vulnerable and bridging populations (those who move between high-risk individuals, such as female sex workers, and those at low risk, such as wives and children). It is well known that HIV spreads in the same way as other STIs such as gonorrhoea and syphilis. The low rate of HIV infection in Bangladesh is not due to a decrease in risk behaviour; the survey found not only that large numbers of men (including truckers,

[1] List of countries and territories by HIV/AIDS adult prevalence rate, based on The World Factbook, accessed in September 2005. Source: http://en.wikipedia.org/wiki/List_of_countries_by_HIV/AIDS_adult_prevalence_rate.

[2] UNAIDS 2004 report on the global AIDS epidemic.

[3] 5th Round National Serological and Behaviour Surveillance for HIV in Bangladesh, 2004 , National AIDS/STD Program.

[4] UNAIDS 2004 report on the global AIDS epidemic.

Top: Peer outreach worker selling condoms to a truck driver.
Bottom: A birds-eye view of a typical truck stand in Bangladesh.

rickshaw pullers, and other migrant labourers) continue to buy sex, but that the number employing the services of sex workers is higher in Bangladesh than in any other country in Asia.[5] We must also remember that Bangladesh is surrounded by countries such as India, Nepal, and Myanmar, where the HIV prevalence rate is significantly higher and where both legal and illegal migration and cross-border movement are significant.

THE TRANSPORT INDUSTRY

The transport industry is a crucial sector in economic development. In Bangladesh, as in many developing countries, land transport is the central method of conducting business and moving goods. Truckers and their assistants, however, are away from their families for long periods, encountering inadequate work terms and conditions, insecure environments, prolonged delays, and adverse health-related conditions. While on the road, there are very few places available for rest, relaxation, and medical attention, so these men suffer from stress and chronic diseases.

In Bangladesh, transport is one of the few unionized professions, with a nationwide, very organized union network. As a result, workers are considered important stakeholders in this sector, and are indeed quite powerful, as they passively control the entire transport industry. In most districts there is a defined parking place called a "truck stand," where the union office is located. Union leadership is an elected position, usually sought by ex-drivers or others related to the industry. Many leaders are financially well off, and most earn a living renting out trucks or conducting other related business.[6] Their election to the union board provides no salary, but does bring prestige and influence, significant forms of currency in Bangladesh. A leader's potential ability to influence the voting choices of union members creates political connections with access to resources and personal favours, many of which are financially advantageous. Leaders are responsible for collective bargaining with owners, brokers, and government authorities, including the law enforcement agencies. When it comes to helping ensure the well being of union members, however—through such things as medical care—activities of the union leaders are limited.

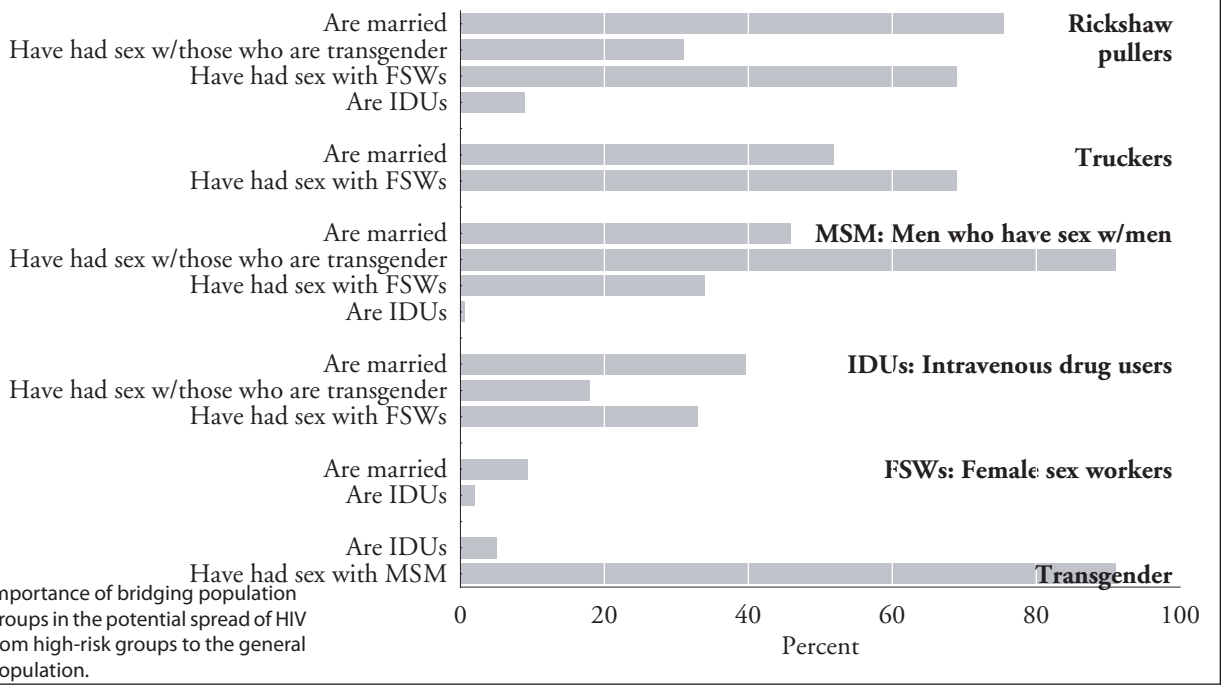
A HEALTH CARE AND HIV PREVENTION PROGRAM FOR THE TRANSPORT WORKERS

CARE-Bangladesh, a pioneer in HIV prevention in Bangladesh, has been working with high-risk groups since 1996. Program experience has shown that commercial sex workers, after learning more about STDs, do want to use condoms, but that their clients (who include migrant workers as well as transport workers) are reluctant to do so. CARE-Bangladesh thus decided that it had to interact with transport workers to prevent the spread of STIs and HIV and to ensure the provision of quality medical services.

A baseline behaviour survey was conducted in 2000 to assess the risk of transport workers acquiring and

[5] 4th Round National Serological and behavior surveillance for HIV in Bangladesh, 2003, National AIDS/STD Program.

[6] It is important to note that union leaders own a very limited number of trucks in comparison to the total number of trucks in the country. Usually a broker agency or company conducts business with the unions on behalf of the truck owners.



Importance of bridging population groups in the potential spread of HIV from high-risk groups to the general population.

transmitting STIs, including HIV. Most workers had little information on HIV transmission and prevention. Indeed, they had many misconceptions, like the belief that washing the penis with soap after sex with commercial sex workers would prevent disease transmission. Almost 50 percent of the transport workers surveyed had bought sex from female sex workers in the previous month, and almost 10 percent had paid for sex from transgender sex workers. Condom use was very low, while intravenous drug use was high, and the prevalence of STIs was significant as well. In the majority of cases, men had visited traditional healers, village quacks, and non-trained pharmacists rather than qualified medical practitioners, resulting in re-infection and serious complications.[7]

These risky behaviours mean that transport workers—more than half of whom are married—and other internal migrant workers can act as a channel for infection or as a bridging group between high-risk and low-risk populations. The wives living in the village home know nothing about STIs or HIV, yet are acquiring the infections from their husbands.

Knowing that transport workers, their families, and their communities formed a population at extremely high risk of contracting STIs and HIV/AIDS, CARE determined that any interventional program must engage the workers themselves. And given the strong position and influence of the union, we determined as well that program success—including quality education and health care services—would also require the engagement of these key stakeholders.

[7] Long-distance trucker's behavioral baseline survey, 2000, CARE-Bangladesh.

Engaging key stakeholders: building a partnership with the transport workers' unions

Some organizations had tried to provide health care services to the transport workers. They had done so, however, without consulting or involving the workers themselves, their representatives, or other related organizations. Because these projects were seen as coming from "outsiders," transport workers did not feel a sense of ownership, and the projects were unsuccessful. Although CARE-Bangladesh had no previous experience partnering with the trade unions, our senior management was determined to create such a partnership—based on our belief that the union held a critical position regarding the issue, and that "community participation" must include involvement in decision-making. Our engagement of these key stakeholders required them to participate from the beginning in the decision-making process. As a result, they greatly influenced our implementation of the project.

The strategic objective of this partnership was to develop a health services program that would meet the needs of the transport union workers while building the capacities of participants (the trade union and its members). This objective was built on the understanding that a participatory intervention for social change would generate knowledge and raise consciousness among participants about their own concerns (rather than the project's) and help them take steps to address these concerns. CARE expected that this partnership would bring about a sense of group identity and entitlement among union members, helping them act collectively to bring about social and behavioural change. The confidence created by their participation would

act as a kind of social 'capital,' and also enhance the sustainability of the project, with the transport workers' union implementing a sustainable health care program for its own members. As a partner in this program, for example, the union has accepted the problem of STI/HIV as its own concern. This is evident not just in the institution of Drop-In Centres at union offices, but in the work of transport workers as peer volunteer educators and outreach workers. These workers have come to understand that HIV is their own problem, and volunteer in order to help their friends and peers.

STEPS IN THE PROCESS OF ENGAGEMENT

Due to bad experiences in the past with non-government organizations (NGOs), the union initially had reservations about collaborating with CARE. It resented the implication that truckers were responsible for HIV transmission, and even resisted the insinuation that truckers were sexually active outside marriage. Open discussions of sexual activity and public displays of condom use, demonstrated on a plastic model of a penis, were novel and suspect.

During the project's initial period, our staff devoted a great deal of time to developing a trusting relationship with union leaders, one ultimately formed through discussion, advocacy, careful building of reputations, and the sharing of information. With persistence, CARE staff shed their image as outsiders and became friendly collaborators and, eventually, equal partners.

To illustrate just how important was our investment of time and patience during the early part of the partnership building process, one of our project staff recalls: "Usually we always tried to have the advocacy meeting in the union office rather than having it in our office to make it clear that we really wanted to develop a partnership with them. During the long waiting periods, discussions, or meetings with the union leaders, we never asked them for tea; rather we always waited to have tea offered by them. Here the cost of tea is not important, but the offering of tea means the beginning of a relationship."

Another key element of our relationship building during this period was the transparency of our goal and objectives. We wanted our counterparts to be certain that we had no hidden agenda for starting this project. We were also careful to share information, an act crucial in motivating someone to join your side.

During the period of our discussions and negotiations with the union leaders, we were conducting a fact-finding baseline survey to identify actual behaviour patterns of transport workers in Dhaka city. The findings of this survey helped us gain the support of union leaders and the union as partners in this project. It allowed us to establish an understanding of risk, and to make clear that HIV would be a problem for union members in the near future. Once this risk had been established, staff sought to convince union leaders that they had a duty to keep members safe from HIV and STIs. If leaders could ensure the provision of quality health care services at their doorsteps for an affordable price, the project would inspire respect and confidence from members. Furthermore, their capacity in program management would be increased, benefiting the union as a whole as well as the skills of individual leaders themselves. As a project of this magnitude had never been attempted before, its success would confer a sense of achievement for all involved. Finally, setting up the health services program, with such benefits to members, would likely result in favorable support (votes) from members in the next election.

At this point we ourselves were unsure who would be the right person, the visionary leader, to help us to move this project forward. We were looking for someone who could see positive things in any new initiative, and who had a vision for the future. We were lucky to find that someone in Mr. Roy Ramesh Chandra, the General Secretary of the Bangladesh Truck Drivers and Workers Federation. As a leader he became a crucial "change agent," helping to start and expand the project.

BUILDING LEVELS OF PARTNERSHIP

As we continued, in the first stages of our partnership, to pay close attention to building reputations and spreading information, the union saw that we were meeting our commitments: providing quality clinical services at affordable prices and at sites close to the workers; providing important information in the education sessions; and hiring as peer outreach workers the union members (truck drivers) they recommended. Union leaders had no experience with this type of project. But they agreed to offer space in the

> During the whole of 2000 we did advocacy with union leaders to convince them of their moral responsibility to look after the health of their members. We tried to convince them that this project will bring benefits to them, so for their own interest they should be involved in the project activities. In the beginning, we even said to them, 'You can say you have brought CARE here and it will help your status and leadership.' We told them we could run the project on our own, but as elected representatives they should run it in the long-term. But interestingly, as the project gained such an excellent reputation, union leaders in many places approached us and requested that we start the program in their working areas.
>
> CARE project staff member

I really feel great to be involved in this program because it gives me the opportunity to ensure health care for my members. And I know maybe today HIV/AIDS is not a big problem in Bangladesh, but if we do not take a proactive role of prevention now, then we might face a big problem in the near future. And I am really concerned about the transport workers of Bangladesh. Through this program we can really create awareness among the transport workers about getting treatment of sexually transmitted infection in quick time and also taking preventive measures against HIV/AIDS.

Mr. Roy Ramesh Chandra, General Secretary, Bangladesh Truck Drivers and Workers Federation

union offices for Drop-in Centres (DICs), and to bear the related maintenance costs,.

Transport workers can come to the DICs not only to pass their leisure time and meet friends, but to receive information about safer sexual practices and the prevention of STIs and HIV. These centres are also used as medical service centres, so that nobody is stigmatized as going to an HIV or STI clinic. The centres have provided transport workers with accessible, inexpensive, and high-quality STI care in a friendly setting, coupled with education, motivation, and access to condoms. A standardized treatment protocol has been introduced in all centres so that follow-up and consistent care of patients can easily be provided.

As our partnership has continued to grow, the union and its leaders have contributed to and taken responsibility for the intervention in other ways as well. They now give significant amounts of time to different program activities, including:

- day-to-day management of the DICs
- committee governance
- monitoring of project activities, including the activities of peer outreach workers
- sharing of union office staff to look after the DIC activities (e.g., DIC superviors)
- motivation of transport owners and agencies to support the intervention
- monitoring of the social marketing of condoms through union offices
- attendance at peer training opening and graduation ceremonies

Time such as this is not usually considered a resource, but it is time in which these leaders might be earning additional income. Their time is indeed a valuable resource for the project—often more valuable than cash or kind. Their participation, for example, in day-to-day DIC management, committee governance, and local trouble shooting is essential for smooth implementation of the project, and for maintaining the project's on-going reputation with union members.

As all outreach workers are union members, they are not only monitored by CARE project staff but are accountable to the union and monitored by union leaders. These leaders also monitor the social marketing of condoms both through outreach workers and local depot holders like tea shop owners.

Union leaders give time and moral support during the opening and graduation ceremonies of the Volunteer Peer Educator training course. Peer educators are motivated to participate more actively in the training process after they hear a union leader praise their role and contribution; receiving a certificate from their union leader also bestows a sense of prestige.

One of the most important activities of the union and its leaders is to bargain collectively with transport owners and broker agencies for their participation in the project activities, as their support is important in making the program sustainable.

It is important to note that corruption or misuse of CARE funds by the union has not been a problem. Their own regulations require union leaders to submit an account of budget spending to members before each election, and, as a result, pilfering of union funds is uncommon. CARE pays salaries for outreach workers directly into their bank accounts, and unions hosting DIC offices may receive a small amount for office incidentals.

Strategic advantages of a full partnership with unions

A partnership such as ours cannot be one-sided. In our case, it has meant that both the NGOs and the union, with its leaders and members, benefit mutually, if in different ways. If the benefits were one-sided, the partnership would not last. Union leaders gain respect and confidence from community members; increased capacity in program management (and the self-esteem this brings) through their essential roles in providing quality, affordable, and accessible health care services for members; and both pride in the union and self-satisfaction by ensuring that members are safe from STIs. Members themselves are assured not only that the union cares about their welfare, providing education about the diseases and their prevention, but, just as importantly, that the union has made it possible for them to receive proper treatment if they should become infected, helping keep them and their families healthy and productive. The union itself then gains credibility

and stature, having successfully advocated for and provided such important benefits for its members.

Here we summarize the benefits of engaging key stakeholders in pursuit of a partnership such as ours.

OWNERSHIP AND SOCIAL ACCEPTANCE

Two key elements of our partnership with the union are the access to infrastructure and the commitment of personnel close to the education activities. Drop-In Centres are located within union offices because transport workers feel that these office are their own. Having all activities take place on union premises, and in collaboration with the union, encourages a sense of ownership amongst members. This provides tremendous social acceptance of the interventions, which grows when truckers see educational materials and messages while hanging around union offices, and medical care is available in the same place. The DIC, along with the union, is their own and it takes care of them.

SUSTAINABILITY

We knew we were lucky with the amount of funding received for this project. We also knew that at some point it would be reduced, and probably disappear. So we wanted to create something that would endure, far past the few years of a funding cycle.

One central advantage of a union-run project is the solidity of its infrastructure. In our case, with the DICs managed by the union, the educational posters, pamphlets, and knowledge will remain, even if the outside funding ends. The union has the financial resources to support a project which creates a sense of ownership, self-importance, and value. And some activities could continue either by union subsidy or through fees paid by union members themselves.

A peer outreach worker at work: demonstrating the correct use of a condom.

Another way to ensure sustainability is to institute fees for medical services. The project now charges Taka 30 (40 cents US) for each medical consultation, achieving 50 percent of the cost recovery. If a shortage of funds occurs, the union will be able to increase this charge; once people create the habit of treating a medical condition, they will likely continue to work with a medical service provider, and will be willing to accept additional fees. Clinic services won't, then, collapse when funding decreases or ends. What's more, union members value things more when they've had to pay for them, even if just a nominal amount. The marketing of condoms, for instance, has been far more effective than free distribution, and has been related to greater actual use. Funding shortages may make it difficult to sustain the cost of outreach workers (4000 Taka/month, or 55 USD). But, the initial awareness-raising will have been accomplished, and because of all the peer education the knowledge will exist in the community.

NATIONWIDE ACCESS

The existence of transport union offices across the country has provided a wealth of opportunities to rapidly expand the service network and to ensure consistent STI and HIV/AIDS education and health services. With the active involvement of the unions, the program has now expanded to 45 (DICs) serving 300,000 transport workers, providing nationwide access to quality, confidential care. Sometimes a phone call from a central union leader to a district-level leader has been enough to help us start a centre. In most places, unions and/or transport owners share their offices with the centres, and also provide the office support and maintenance costs.

A management and service provision system has been created to ensure quality control. Each DIC, called "Traveller," provides workers with the same information and clinical services. If a trucker consults a doctor in Dhaka on Sunday and then travels to Mongla, a port city in the south, on Wednesday, the doctor in the Mongla DIC will know what treatment was provided in Dhaka. All service providers in the project receive the same training so they can easily interpret the confidential, coded information, and provide follow-up treatment. On average, slightly more than one percent of union members—about 4,000 per month—receive healthcare services from this program.

The number of family members visiting our clinics is very limited, as most live in the village home. But partner management of STIs is a crucial element of our approach. When

a transport worker comes to a clinic with a STI, the doctor also counsels him on the importance of partner management, including treatment for his wife and other traceable partners. The doctor prescribes medication for these partners, and instructs the patient to take them to a DIC or to buy the medicines as described in the prescription.

Drop-in Centre Supervisor conducting an awareness session in the DIC.

Partnership implementation of the program

COMMUNITY PARTICIPATION:
THE ROLE OF PEER PARTICIPATION

The project also depends on the community, with the active involvement of the transport union and members in decision-making and program activities. In particular, it relies on peer participation, which has been crucial in developing community engagement. Peers—who are transport workers themselves—help identify areas for outreach, ensure cultural appropriateness of the prevention message, and serve as outreach workers. They are most effective at persuading their peer transport workers to participate in project activities in a meaningful way, and to feel that the project belongs to them. Many studies have shown that HIV prevention messages are most effectively delivered through peers, as they are better communicators and better counsellors. They know the lifestyle and have a natural empathy for their colleagues. They know how to talk to their peers on sexual issues, and they are very motivated by an authentic interest in the project.[8]

CARE helps the union recruit peers from the workers. They are involved in one of three ways:

- As volunteer peer educators
- As paid peer outreach workers
- As trainers/supervisors (in more senior positions) of outreach workers, interviewers for the monitoring survey, and Drop-In Centre supervisors

One of the advantages to peer outreach workers is that they may know people at their site and can talk about other topics before bringing up sensitive ones such as HIV. In addition, some peers have shown themselves to be natural social workers and willing to take on the burden of helping their community; they might, for example, visit people in the evenings for follow-up.

The role of volunteer peer educators

To date, the program has trained more than 25,000 volunteer peer educators. Such training was not new in Bangladesh; it had been used for the CARE sex worker project with great success. Every community has a peer education system of some kind, and we learn most things from our peers. Our project's goal was to make certain that community peer information about STIs and, specifically, HIV/AIDS, is accurate and factual.

Our peer educators are volunteers who participate in two-day training sessions on STI/HIV prevention. After training they are given a certificate of completion and asked to provide informal education to their friends, family, and colleagues during their daily activities. They are paid for their time while in training and annual refresher courses; the remainder of their time is given as a contribution to community service. The project introduced the system of awarding certificates—signed by one senior project staff and the Union President or Secretary—to participants who successfully complete the training. As most have never completed schooling, they have no certificate related to education or any extracurricular activity. The certificate, then, means a great deal to them. Every month each DIC usually conducts two trainings with 25 participants.

Although it is controversial in some ways, with some activists questioning why the poorest people in society should remain unpaid for their contributions, the peer educator model is valuable in a number of ways:

- It helps to disseminate the message about HIV through pre-existing, natural, and informal networks of neighbours and friends, rather than requiring other systems or authorities to supplant these networks.
- It supports the sustainability of HIV education work. The hope is that by taking the message from the hands of paid educators, the viability of the work will be ensured.

[8] Annual report of Sonagachi project with sex workers, Durbar Mahila Shangstha, Kolkata, India (This is not a CARE project, but one of the most well-known HIV prevention projects for the sex workers.)

Abdur Rahim: An activist peer educator—increasing the area of influence

Abdur Rahim worked as a driver in the trucking industry for nearly 25 years, but is now a peer outreach worker in Tejgaon, the country's largest truck stand. He helped project staff conduct the baseline survey before the start of the project activities, is an important member of the local union, and helped the project team establish union ties. He is very influential and popular among the transport workers. According to Rahim, he knows how the truckers feel and think.

"I know what is going on in their minds. They often come to me to discuss their problems related to their profession and those related to their family, friends, and even their disease burden. Many of them also talk about their sexual lives and sexually transmitted infections. I discuss with them STI/HIV prevention and transmission, and also advise and guide them to visit the doctor in our DIC."

Rahim strongly feels that even if the project ends in his area, the work of creating awareness will be carried on by the large number of peer workers. Rahim speaks as an activist committed to the cause of preventing the spread of STI/HIV among his friends and colleagues.

- Work as a peer educator is for some an initial step toward the development of skills (cognitive, motivational) needed as outreach workers, who are recruited from the more skilled peer educators. And all peers learn about the larger context of the international HIV/AIDS epidemic and the risk behaviours involved.
- This work empowers individual members of society to express care for their communities, and provides an avenue to help in the struggle against diseases affecting those communities.
- Rather than training an individual in order to promote him out of his working community, the peer volunteer model enriches the knowledge, skills, and leadership of that community without changing the individual's identity as a member.

The role of paid peer outreach workers

There are currently about 300 paid outreach workers throughout the country. With the help of the unions, the project selects these workers from the voluntary peer educators who are eager to help, relatively independent, and acceptable to their peers, and who show leadership qualities and strong communication skills. After their selection they receive special training on communication skills.

Peer outreach workers work six days a week and are paid 120–150 Taka per day (about 2 to 3 USD; a truck driver usually earns 200–250 Taka per day and his helper 120–150, but they earn nothing if there is no trip scheduled). They are free at any time to return to their professions as drivers or helpers. These peer outreach workers conduct one-to-one and group education sessions in the field, are involved in social marketing of condoms, refer STI patients to the clinic and provide follow-up, and partner management advice. To ensure smooth monitoring and supervision, all peer outreach workers are outfitted with the same types of caps, bags, and umbrellas.

The role of senior positions

There are 45 DIC supervisors—one for each DIC currently operating throughout the country. Usually the clerk of the union office works as a part-time DIC Supervisor; he is a paid union staff member, but also works part-time for the project, which shares his salary with the union. He is responsible for the paperwork of the DIC, including the social marketing of condoms. He also conducts group education sessions with the transport workers who visit the DIC.

COMMUNITY PEERS AT WORK: SOCIAL MARKETING OF CONDOMS AT THE COMMUNITY LEVEL

For successful HIV prevention, we believed it was very important to increase the use of condoms by transport workers. In order to do this, condoms had to be made more socially acceptable, available, and affordable.

Acceptability

Peers are critical in conveying to transport workers the importance of using condoms. We have used a social marketing process to increase awareness of condom use and to influence behavior on a large scale. This process uses marketing principles for social benefit rather than commercial profit, and takes into account the needs and constraints of consumers.

Availability

Owners of tea stalls and mechanic's shops have been persuaded to promote and sell condoms, as these businesses are often open after pharmacies and other shops close. Most transport workers spend their leisure time gossiping around the tea stalls, and their strong relationships with the owners makes them comfortable buying condoms; many often feel too shy to go to the pharmacy. By stocking condoms, and becoming knowledgeable about their importance, business owners such as these make their businesses new centres of information dissemination for the men who frequent them.

Affordability

The sale of condoms, rather than their free distribution, has been found to reinforce their perceived

value among consumers. Because condom prices are subsidized by the government, they are relatively low (30 paisa to 3 taka—half a cent to 5 cents US), remaining within anyone's reach. And by selling condoms rather than giving them away, outreach workers do not compete with local merchants but rather work hand-in-hand with those in the community who will carry on promoting and selling condoms if or when the project intervention comes to an end.

As consistent use of condoms is a very important indicator for a successful STI/HIV prevention program, the project gives a great deal of emphasis to condom promotion. Through the system of social marketing of condoms by Peer Outreach Workers and the more than 200 local depot holders, an average of 200,000 condoms are sold every month. It should be mentioned that while outreach workers always encourage workers to use condoms, the condoms can be purchased from any shop; the Social Marketing Company (SMC) of Bangladesh, for instance, sells condoms very successfully throughout the country.

Suruz Mian: A tea shop owner
making condoms available

Suruz runs a tea shop in one of the biggest truck stands of Dhaka city. According to his estimate, nearly 200 persons visit his shop every day—starting in the early morning and going until late at night, and including truckers, mechanics, labourers, and others related to the trucking industry. One day he was invited to the DIC to attend a meeting on the project activities and their benefit to the truckers. The issue of condom availability was introduced, and the project team suggested that if shops near the trucks stands would be willing to stock and distribute condoms, condom availability would be ensured at all times, and truckers and others would feel comfortable making the purchase. Because the project could buy condoms in bulk through a revolving fund, the price was some 15 percent cheaper, allowing shop owners to make a small profit. Now Suruz Mian personally feels very good and honoured, as he is contributing significantly to the project's success and helping many people by providing them with protection against STI and HIV/AIDS.

A new lease on life

Rahim is a truck driver who hails from Jessore. He is married with one daughter, and his family lives in the village home. He usually visits his village home once a month. For several months he experienced discharge from his penis. Fearful and reticent, he did not discuss this with anybody, but instead visited some traditional healers. Instead of improvement, he saw new eruptions around his penis. Then one day he met an outreach worker who is from his village district, and who suggested that he consult the doctor in the DIC. He told Rahim that he could face serious complications if he did not take medicine from a qualified doctor. But Rahim was not convinced, and went to a pharmacy for medicine. The pharmacist had received training from the project. He considered Rahim's a complicated case and referred it to the project DIC. At last Rahim visited a DIC doctor and was cured. He also obtained medicines for his wife.

TRAINING OF COMMUNITY-BASED
UNLICENSED MEDICAL PRACTITIONERS

Many people are shy about attending a medical clinic and instead receive treatment from a variety of alternative practitioners—traditional healers, homeopaths, herbalists, outright quacks, unlicensed medicine shop owners, and trained pharmacists. Our baseline survey showed that most transport workers visit these providers for their health problems. During outreach education activities, peer outreach workers encourage the transport workers to avail themselves instead of the services of the qualified medical personnel in the Drop-In Centres. It is very difficult, however, to change this habit in a short time. CARE thus created a variety of training sessions for these unlicensed practitioners, addressing "Syndromic Management" of sexually transmitted infections so that they can prescribe the correct drugs.[9] Some practitioners are enlisted as educators to inform patients about the importance of attending a clinic for diagnosis and treatment. After the training we have seen that practitioners are providing the correct drugs so as to cure patients. We have also found that they refer complicated patients to the DICs.

Results and outcomes

By engaging key stakeholders—the transport union and the workers themselves—the project has successfully initiated a behaviour change program to prevent HIV/AIDS among workers and to ensure quality health care, a basic right for every individual. The union has been particularly instrumental in the program's rapid, nationwide expansion. Within just its first year, the project had created 45 Drop-In Centres, a nationwide network to address the worker mobility. Without union support, it would have been impossible for CARE to make this expansion in such a short time.

Data from the recent National Serological and Behaviour Survey show that transport worker knowledge of HIV transmission and prevention has grown considerably. While consistent condom use during casual sex has not increased significantly, the number of new cases of sexually transmitted infection among workers has fallen. Most significantly, the prevalence of HIV

[9] "Syndromic management" is a public health approach for managing sexually transmitted infections in which service providers treat a patient based on his/her presenting signs and symptoms rather than seeking a laboratory diagnosis.

among workers is still minimal, with only one worker found to be HIV positive among all those tested during the fifth survey.[10]

The International Transport workers Federation (ITF) has agreed to provide a small fund to continue program activities in some strategic locations beyond current CARE funding. The ITF has also agreed to work with CARE and Bangladeshi transport unions to seek other donors for the continuation of program activities in large scale, and to cover other transport worker groups.

ON-GOING PARTNERSHIP: COMMUNITY-LED DIC MANAGEMENT & PARTICIPATORY GOVERNANCE

To maintain participation and quality control, a Managing Committee has been formed in every DIC. In addition to staff from the project, the committee includes all possible stakeholders: neighborhood members, union leaders, a member of the transport broker agency,[11] one or two transport owners, local business people, the ward commissioner, and outreach workers. The committee meets monthly to discuss problems and solutions regarding outreach activities, service delivery, and DIC operation.

Each DIC also has a clinical governance steering committee, made up of union leaders, one outreach worker, a community member, project staff, and service providers. Issues such as privacy, provider attitudes, treatment costs, and clinic hours are addressed at meetings. Continual periodic exit interviews monitor client satisfaction and behaviour changes, providing feedback for clinic managers and documentation of project progress.

The clinical governance concept was introduced in order to maintain a high standard of STI management in all the centres, and has been part of the development of a nationwide network for partner management. Clinical governance includes clinical audits, clinical risk management, and continuous professional development. Because trained staff are key to providing quality services, a great deal of emphasis is given to staff development.

It is essential that all stakeholders, including neighbours, be involved in ownership and management of each DIC to ensure sustainability of the project. Indeed, the inclusion has helped to create a broader sense of ownership towards the project. The hope is that these committees will continue to oversee the functioning of the DICs should CARE funding come to an end.

Transferring the tactic: Challenges addressed and lessons learned

RESERVATIONS ABOUT PARTNERSHIP

Because of its previous bitter experience, the union initially had reservations about partnering with NGOs. Leaders were unsure whether we had a hidden agenda. Time, patience, and the building of relationships over a long period have been well worth the effort in overcoming these challenges. It is also crucial to share the successes with primary stakeholders, and give them due recognition. This helped sustain and grow our partnership. We did not position ourselves as experts, but instead were willing to recognize and value the knowledge of the union and its partners.

DENIAL OF HIV PROBLEM

In Bangladesh in the late 1990s, HIV was thought to be a problem limited to Africa. It took us some time to convince people, including union leaders, that if we do not take preventive measures now, we may face Africa's problems ourselves. To do so, we depended on the sharing of reliable and accurate information.

HIGH MOBILITY OF TRANSPORT WORKERS

Transport workers, especially truckers, move with their trucks. Addressing their mobility was and still is one of the project's central challenges. One important way to both address and minimize this challenge has been to create a nationwide network of services.

POLITICAL INVOLVEMENT OF UNION LEADERS

Most union leaders in Bangladesh are politically involved either with the ruling or the opposition party. As project staff, we work to maintain a very fine balance of relationships among both groups to ensure project consistency whenever there are changes in power.

INVOLVEMENT OF THE TRANSPORT OWNERS

Involving the owners is a considerable challenge. We believe, however, that their participation will be vital in making the the program sustainable in the long term, and will work with union leaders to achieve this. Already, in two places where the union office was too small to accommodate the DIC, owners have given permission to locate the DICs in their offices. Some owners have also started placing HIV/AIDS prevention messages on the bodies of their trucks. As union leaders play a crucial role in collective bargaining with owners, we hope to further engage owners as partners and investors in HIV/AIDS prevention and services.

[10] 5th Round National Serological and Behavior Surveillance for HIV in Bangladesh, 2004, National AIDS/STD Program.

[11] In Bangladesh, a transport broker agency serves as a go-between, dealing with businesses on behalf of truck owners.

LACK OF PROGRAM MANAGEMENT
CAPACITY OF STAKEHOLDERS
Most of the union leaders are experienced in trade union issues, but had little expertise in program management. CARE is working with the International Transport workers Federation (ITF) to build their program management capacity.

COUNSELOR RECRUITMENT AND TRAINING
The peer outreach approach has been a powerful tool for creating project awareness and legitimacy. We do face challenges, such as finding those with the good communications skills essential for this work, and recruiting those willing to make a lower salary than that earned by drivers. The program has sometimes been able to recruit drivers who have given up the profession due to health reasons or to remain close to family.

SOME UNIONS LACK RESOURCES
While some union offices have sufficient space to share with a Drop-In Centre, others are short on both space and the resources needed to maintain a DIC. In some cases, the project has shared with the union the cost of expanding the office.

NO MODEL TO GUIDE US
We had no model to follow, and have learned simply by doing. We needed to be very flexible to address the various local situations and contexts. As there are few successful HIV prevention programs for transport workers, we faced many problems, especially during the initial phases of the project. We did many things on a trial or experimental basis. If something clicked, we continued to use it; otherwise we tried something else. With time, experience, and the active support of the union leaders, we are now implementing one of the most successful HIV prevention programs for transport workers in the world.

MAINTAINING PROJECT SUPPORT
We continue working to attract donors and create alliances to help us continue the existing program and expand our services to other groups and areas. As the HIV prevalence rate among transport workers in Bangladesh still remains very low, it is becoming difficult for us to attract donors; they are more interested in funding programs for intravenous drug users, among whom prevalence rates are high. Together, CARE-Bangladesh, the unions in Bangladesh, and the International Transport workers Federation are working to attract donors to maintain this very unique HIV prevention project.

ENSURING QUALITY HEALTH CARE SERVICES
To ensure quality STI/HIV services, we needed to help DICs provide a standardized STI/HIV management protocol in every part of the country. One advantage of syndromic management is the use of uniform coding and treatment protocols. All service providers working in the program have been trained in syndromic management of STIs.

ESTABLISHING EFFECTIVE
CROSS-BORDER PROGRAMS
In comparison to those of Bangladesh, HIV prevalence rates in India are very high, and both legal and illegal migration are common along the India-Bangladesh border. It is crucial, therefore, to establish cross-border interventions. The project is presently working to develop partnerships with organizations in India which also work in the border areas, so that we can develop a joint cross-border HIV prevention program. So far we have been able to develop a program in only one of the five important border areas. At this location, our partnership with an Indian organization means that Indian truckers coming to Bangladesh can get treatment from our DIC, and Bangladeshi truckers may receive treatment on the other side of the border. To minimize the language barrier, we also share our behaviour change communication materials.

Conclusion

It is essential to keep in mind that the interest level of various stakeholders involved in an issue will vary. As a result, the tactics you use to engage and involve them will need to be adapted. Some stakeholders quickly see the benefits to themselves of engaging in partnership, while others need more persuasion and incentives. We initially worked hard to build investment and concern among transport unions and workers for a program we believed would be of interest and benefit to them. The on-going partnership we have built together with the unions, and the workers themselves, now provides credibility and leverage as we develop the long-term sustainability of the HIV/AIDS health education and services program by increasing the investment of transport owners. They have been much more difficult to engage, and subsequently their involvement has been less.

We believe that organizations in other countries and situations can adapt and use this tactic very effectively with their own human rights issue. Every organization can identify a broad range of involved stakeholders. The number and types will vary from issue to issue and context to context. We were able to identify and engage some of the key people most likely to be affected by HIV/AIDS in Bangladesh, and to involve them in a prevention and service program that met their own concerns and needs. We hope that our experiences provide ideas for others about identifying and engaging key stakeholders in the creation of sustainable partnerships.