

PREVENTION HIV/AIDS of and STDs among truck drivers

ALCS
جمعية
السيطرة
على
العدوى
الفيروسية

The experience of
the *Association de Lutte Contre le Sida* in Morocco
in partnership with the **Institut Pasteur**, **Total**
and the **Global Fund**



With the support of the Global Fund



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FOREWORD

Raising the awareness of truck drivers – a population that is particularly vulnerable to HIV infection – in the places where they are exposed to risky behaviors and liable to be receptive to prevention messages: this idea, which we formalized in 2006 and began to test from 2007, has proved to be relevant and promising. It is for this reason that we considered that it would be a legitimate and useful exercise to recount our experience in order to share it with other protagonists, who themselves may have expertise to contribute, the ultimate aim being to establish the approach as an important component in the prevention of HIV/AIDS in the regions concerned.

Our reasoning is that in order to ensure the development of this type of project, not only does it need to be led by competent and motivated operatives in the field, but it also has to be incorporated into the priorities and operating methods of institutional players and secured by regular financial investments that are both properly distributed and well managed. From indentifying target populations to making contact with them, from observing and listening to these populations to raising their awareness, from awareness to testing, from testing to treatment... a complete chain of actions needs to be established and hence the relevant players must be identified, mobilized and coordinated. A chain whose solidity depends on that of the weakest link, demanding pertinence of task allocation, rigor of specifications, clarity of communication and precision of reporting.

All these ingredients are present in the project described here, a project implemented in Morocco by the ALCS (Association de Lutte Contre le Sida, an association active in the fight against AIDS), in partnership with the Morocco section of the Institut Pasteur, with the support of the Moroccan Ministry of Health and the local authorities of the various cities in which it is established, and, in France, of the Institut Pasteur and the Total Foundation.

The initial starting point for the project was the ALCS' work focusing on those populations most vulnerable to HIV infection and, in particular, sex workers among whom the prevalence of HIV infection is 2.6% in Morocco – as compared with a prevalence of less than 0.1% in the population as a whole – along with funding provided by the Global Fund to set up HIV infection prevention programs. The Institut Pasteur and the ALCS then began a reflection process to examine the development of these programs and their extension to diagnosis and treatment of other sexually transmitted

diseases (STDs) among sex workers and truck drivers who may be led to use their services while travelling. A similar process was also under way at the Total Group. Total is active in the field of road safety in numerous countries and is convinced that the health of truck drivers has a direct bearing on road safety.

In the program described here, each of these parties played a role. Having identified Agadir as a pilot center, the ALCS, already actively involved in programs aimed at sex workers, used the city as a base from which to mobilize its national network. It identified sites where truck drivers assemble and focused its interventions around mobile centers for the diagnosis of AIDS and STDs and prevention campaigns led by ALCS workers and peer educators. The Moroccan Institut Pasteur, a longstanding partner of the ALCS, performs laboratory tests and coordinates follow-up of operations alongside the Institut Pasteur in Paris. Total provides part of the funding – the other part being provided by the Global Fund – and the Group’s Moroccan subsidiary facilitated contact with the road haulage environment.

Setting a good example of cooperation between the private sector and civil society, between developed countries and developing countries, between a renowned research institute and an association; sharing effectively to work more efficiently: such are the ambitions of this document, which provides a synopsis of the main phases of a program that it would have been impossible to establish or take forward – either today or in the future – without the men, women and institutions mentioned here.

Professor Françoise Barré-Sinoussi



Professor Hakima Himmich



The **HIV/AIDS** and STD PROGRAM **PREVENTION**

aimed at **truck drivers** and **sex workers**
in Morocco - 2007 / 2012

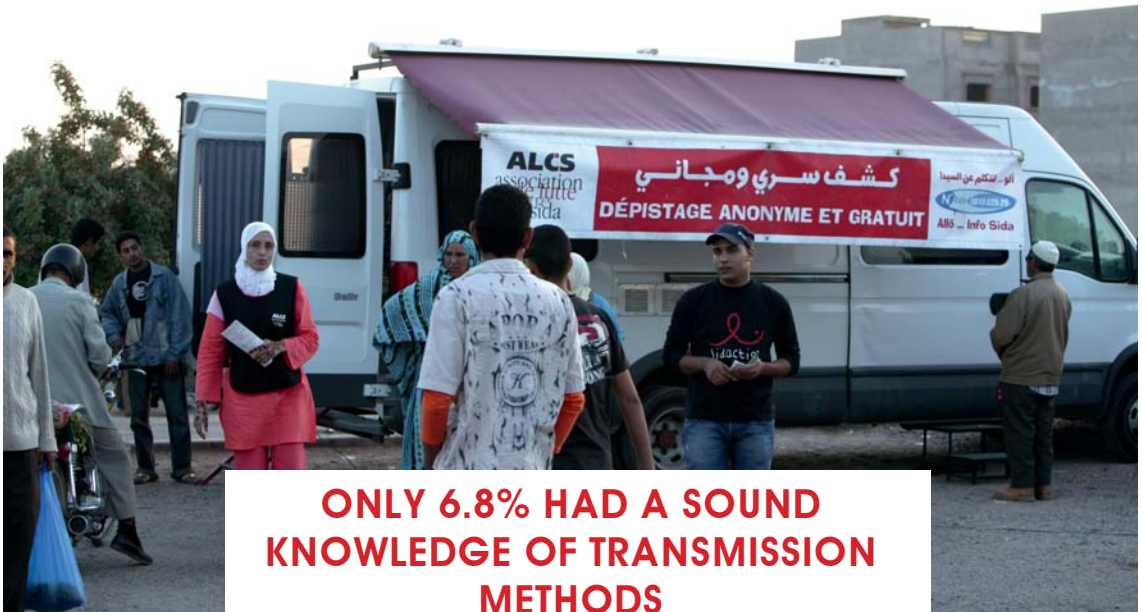
As several studies have shown, the mobility of certain groups of the population (truck drivers, sailors, men in uniform, etc.) is a factor in the spread of HIV/AIDS. In Africa and Asia, the epidemic is particularly rife near major trunk roads. Away from their base, deprived of a regular home life, truck drivers form a group particularly vulnerable to HIV/AIDS and other sexually transmitted diseases (STDs). They may also pose risks to the populations they encounter during their long journeys.

Conscious of this reality, the ALCS (*Association de Lutte Contre le AIDS*), working in partnership with the Institut Pasteur in Paris and the Moroccan Institut Pasteur, wanted to launch a program aimed at truck drivers and the sex workers they frequent. The Total Group, already extensively involved in road safety programs aimed at truck drivers in the countries where it is present, was more than happy to support the truck drivers component of the program, which also receives funding from the Global Fund to fight AIDS, Tuberculosis and Malaria.

The aim of this prevention program is to implement awareness-raising and screening campaigns among truck drivers and sex workers, operating specifically at major truck stops located along the main Moroccan trunk road running between Tangiers in the north of the country and Guelmim in the south.

THE PREPARATORY BEHAVIORAL SURVEY (cf. card 3)

Traditionally, the ALCS implements HIV/AIDS programs aimed at a variety of targets: sex workers, company employees, students, etc. The truck driver group is a new target for the association. Since the knowledge, attitudes and practices of this population with respect to HIV/AIDS and STDs had not yet been the subject of any studies in Morocco, the ALCS decided, prior to the project and in agreement with its partners, to carry out an extensive quantitative and qualitative survey between July and October 2007. As well as analyzing the situation of Moroccan truck drivers with respect to AIDS and STDs in order to design a program adapted to their needs, this KAP survey (knowledge – attitudes – practices) also aimed to provide a reference point for subsequent assessment of the program's impact (cf. card 6).



ONLY 6.8% HAD A SOUND KNOWLEDGE OF TRANSMISSION METHODS

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484 questionnaires were administered at around twenty truck stops located close to the road linking Tangiers and Guelmim, randomly chosen from the one hundred or so main sites identified by the ALCS’ teams. Having determined that 87.5% of truck drivers practiced risky behaviors and that only 6.8% had a sound knowledge of transmission methods, the survey confirmed that this population is very vulnerable to HIV/AIDS and STDs, and that, as a result of their practices, truck drivers represent a risk vector for the sex workers and partners (occasional or otherwise) they frequent.

For the qualitative component, focus groups (group interviews) demonstrated the existence of numerous misconceptions leaving truck drivers powerless in the face of AIDS, prone to reject sufferers or to adopt a fatalistic view if they themselves are victims. However, they express a strong demand for information and prevention initiatives.

DESIGN OF THE PROGRAM (cf. card 4)

Definition of the target. Truck drivers form a very heterogeneous population: drivers, driver’assistants, long-distance taxi drivers, etc. In the ALCS program, the term “truck driver” concretely refers to all road transport professionals using truck stops with varying degrees of regularity. When not driving, truck drivers gather in waiting areas, where they can park, rest, eat, relax or repair their trucks, while waiting for their next job. These sites are usually located outside city centers, alongside major roads. In addition to truck drivers, these sites attract mechanics, brokers (business providers), café-owners, etc. In practice, the target of the initiative focusing on truck drivers includes all

everyone frequenting these truck stops, without distinction in terms of job, nationality or employment by a company.

Sex workers also form a heterogeneous group and through its work with this group, the ALCS comes into contact with many poor women (unemployed, manual workers or agricultural laborers) who turn to prostitution in order to survive.

Definition of the geographic scope. The program's operating perimeter extends all along the major North/South trunk road between Tangiers and Guelmim. By focusing operations on the truck stops along this road, the program potentially reaches all truck drivers travelling around Morocco since the majority of long-distance journeys made in the country have to incorporate this road.

The ALCS intervenes at the sites from 6 cities where it has branches: Tangiers, Casablanca, Marrakech, Beni-Mellal, Agadir and Guelmim.

Definition of the diseases covered. The ALCS decided to combine an STD (sexually transmitted diseases) component with the HIV/AIDS component. STDs are a risk factor for the transmission of the AIDS virus: the fight against AIDS therefore goes hand-in-hand with the fight against STDs. In addition and on a practical level, a program targeting STDs is organized in a similar way to an AIDS program, making it relatively easy to incorporate an STD component.

Definition of actions. Awareness-raising and screening operations form the core of the program, with the aim of preventing HIV/AIDS and STDs. However, support for the treatment of HIV-positive individuals is also planned, since a person testing positive for HIV during a screening campaign cannot be left to cope with the disease alone.

IEC (Information – Education – Communication) AND PREVENTION (cf. card 1)

The behavioral survey highlighted the extreme vulnerability of truck drivers to HIV/AIDS and STDs (condom use during most recent sexual intercourse with a sex worker: 36.7%). In addition, knowledge of the risks and means of protection is not synonymous with safe practice and the results of this survey confirmed this yet again. Beyond simply improving knowledge, it is triggering a change in behavior that is the objective of IEC actions.

The challenge of a program aimed at truck drivers and sex workers is to reach them when they are receptive, in terms of both time and place.

Truck driver awareness-raising actions are carried out directly at truck stops, on an informal basis, next to trucks or around a cup of tea. The field worker begins by finding out what the group approached knows, as well as their practices. The session is continued by a discussion on what AIDS and STDs are, the way they are spread and methods of prevention. After 15 or 20 minutes of

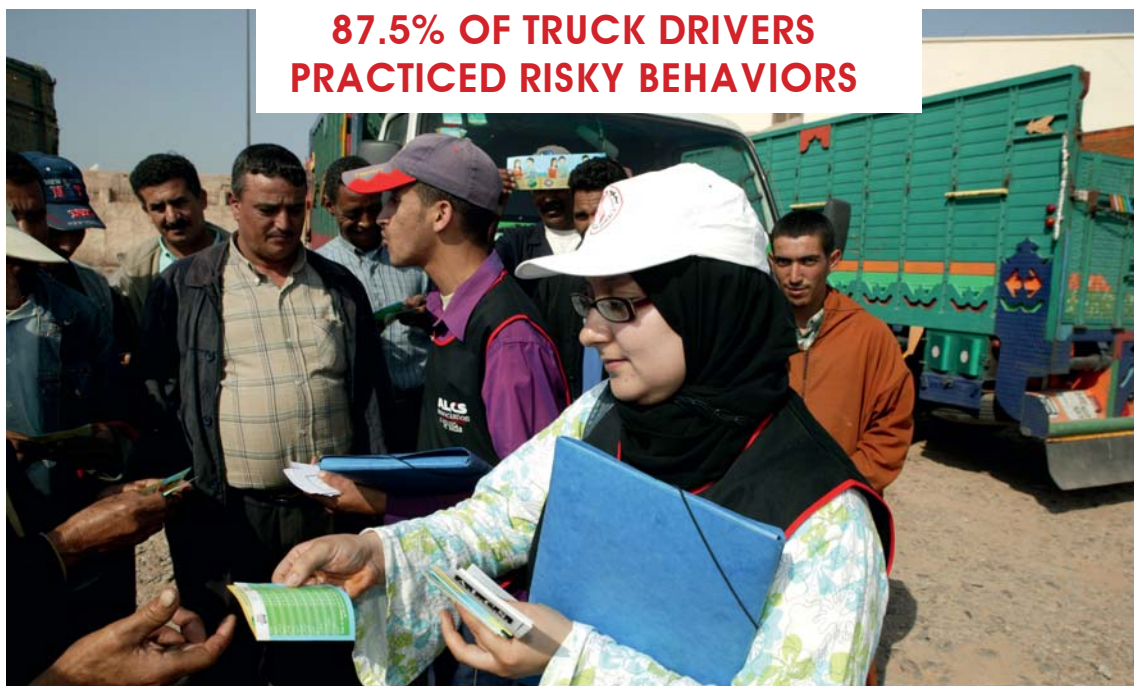
debate, the field worker gives each of the participants an information sheet (or an audio tape for illiterate truck drivers, see below), resuming the main themes of the session, and also hands out free condoms on request.

These operations at truck stops are an opportunity for the ALCS to ensure the long-term future of its action by recruiting future “peer educators” from the people using these sites. Peer educators are responsible for circulating the right messages to those around them, to their colleagues, to their customers, etc.; it is they who raise awareness on a day-to-day basis. Once selected, these future peer educators undergo 2 days of training.

Sex workers regularly visit truck stops seeking clients, but it is not always at these locations that they are receptive to an awareness-raising campaign. Unlike truck drivers, who are relaxing at this time, they are working and fear the involvement of the police. The ALCS has noticed that an effective way of reaching them, in areas where it is difficult to approach them at truck stops, is to meet them at home, during the course of door-to-door operations, at times when they are not working (often in the early afternoon). Their awareness can also be raised at regular sessions held on ALCS premises; these sessions are an opportunity to examine in more detail themes related to self-esteem or to teach negotiating techniques to persuade their clients to use condoms.

For the requirements of the program, the ALCS has created its own IEC aids. Truck drivers who have had their awareness raised are given a log book, in which the pages are preceded by illustrated cards about HIV/AIDS with the telephone number of the AIDS information center set up by the ALCS printed

87.5% OF TRUCK DRIVERS PRACTICED RISKY BEHAVIORS



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on the cover, along with a map showing the location of the association's premises and screening centers. For truck drivers unable to read, an audio tape has been designed, presenting the main information contained in the log books in the form of sketches. 5000 copies of each have been produced, in Arabic only. Finally, a games chest has been developed for use at sessions aimed at sex workers. The aim of these games is to make participants aware of their practices and of the risks they involve.

STD SCREENING AND CONSULTATIONS (cf. card 2)

Screening forms the core of the program, as both a step on the way to treatment of HIV-positive individuals and a key moment to encourage behavior change: the emotional burden surrounding an HIV test and its result makes the person being tested particularly receptive.

As with IEC, the main challenge is to make screening as accessible as possible to truck drivers. Realizing that the only truly effective method is to go directly to truck stops, the ALCS uses vehicles kitted out as mobile screening centers.

In order to avoid a situation in which an individual having tested positive goes straight back on the road while still in shock following a result, screening is only conducted at long-stop sites, where truck drivers wait for at least a few hours before going back on the road (their trucks are empty and waiting to be loaded).

The ALCS' primary objective is to achieve a change in behavior. As much as an opportunity to discover HIV status, screening is a chance for personalized awareness-raising, with the field worker first of all, outside the truck, and then with the doctor, as the test is performed. Screening tests are performed exclusively by doctors.

The HIV test used is a rapid test, with the results being known 15 minutes after the sample is taken. The doctor gives the tested person the result in his truck to ensure confidentiality. Each screening candidate is allocated a number to ensure test anonymity. In the event of a positive test, a second confirmation test (Western Blot) is performed in the nearest public reference laboratory. The result of this is available two weeks later in the ALCS center chosen by the truck driver.

In addition to the HIV test, the doctor also offers the truck driver a rapid syphilis test and a physical examination to look for signs of any STDs. If the doctor believes the clinical diagnosis to be inadequate, he prescribes additional laboratory tests (free of charge to the patient) at the Moroccan Institut Pasteur or in one of the partner private laboratories.

Often more available than truck drivers and also readily persuaded of the benefits of screening, sex workers are more willing to attend free and

anonymous diagnosis centers located on ALCS premises to have an HIV test. For those living far away from permanent diagnosis centers, the ALCS organizes mobile screening campaigns. Sex workers also express a strong demand for STD consultations and additional tests.

A SAFE PARTNERSHIP (cf. card 5)

A partnership relationship has existed between the various structures for a number of years. Each of the partners has the capacity and the determination to play its full roll in the project, starting with the ALCS. An association with dozens of doctors and volunteers, the ALCS is the principal Moroccan NGO involved in the fight against AIDS; it covers the whole of Morocco, through its network of around twenty centers located in the country's main cities.

ACHIEVEMENTS DURING THE FIRST 9 MONTHS OF THE PROGRAM

(November 2007 – June 2008)

The objective of these first months of an operation scheduled to last 5 years is, above all, to firmly establish the foundations of the program, in particular by trying out and fine-tuning the approaches selected. Early concrete results have proved to be very encouraging:

- 7,000 truck drivers have had their awareness raised (6,500 directly at truck stops);
- 16,500 condoms distributed (14,500 at truck stops);
- 10,000 IEC aids distributed;
- 600 HIV tests performed on truck drivers (400 at truck stops);
- 100 HIV tests performed on sex workers;
- 100 syphilis tests performed on truck drivers (100 at truck stops);
- 250 STD consultations conducted for truck drivers (100 at truck stops);
- 100 STD consultations conducted for sex workers.

IEC* AND PREVENTION

*(Information – Education – Communication)

Triggering behavior change – the primary objective of the program – depends on ensuring a better understanding of AIDS and STDs, risky practices and methods of prevention; hence the need for IEC (Information – Education – Communication).

AWARENESS-RAISING ACTIONS IN THE FIELD AIMED AT TRUCK DRIVERS

• Characteristics of the sites selected

• **Significant size.** The ALCS focuses on sites where at least twenty or so trucks are stopped at the same time, on average.

• **“Long-stop” sites.** When drivers have left their trucks to wait for their next job, it is easier to start a discussion with them.

• **Proximity.** The ALCS usually intervenes at truck stops located near the cities where its branches are based. However for truck driver categories that cannot be reached at these sites, they may organize operations at stops that are further away (example: truckers working at the Port of Tantan, 130 kilometers from Guelmim). Where this is the case, the awareness-raising is systematically combined with a screening campaign (cf. card 2).

• Operating procedure for IEC actions at truck stops (truck drivers component)

• **Practical aspects.** Field operatives work with groups of at most 10 truck drivers at a time. The sessions last 15 to 20 minutes and are organized on an informal basis, next to trucks, in cafés, etc.

• **Conduct of the session.** The field worker identifies a small group, introduces himself, asks a few questions to find out what the group members know and what their practices are. He continues with a discussion about AIDS and STDs, how they are spread and methods of prevention. The approach is always as participation-based as possible, and the atmosphere very relaxed. The field worker hands out a document to truck drivers at the end of the session, summarizing the main themes covered (description of aids at the end of the card).

Need to constantly review site maps

Some sites are permanent (service stations, cafés, usual location for brokers, etc.), while others are seasonal or temporary (e.g. sites that form during the vegetable harvest). The ALCS constantly adjusts its maps, updating them on the basis of observation or word of mouth.

Condoms: a priority method of prevention

The ALCS circulates the traditional message concerning methods of prevention: condoms, abstinence and fidelity. However, in view of the lifestyle and habits of truck drivers, the emphasis is clearly placed on condom use.

- **Distribution of condoms.** Free condoms are handed out to truck drivers. Since there is often a high demand, it is important to ensure adequate supplies of these (5 / 10 per truck driver).

- **Tips to aid awareness-raising.** When field workers arrive at the site, they start by identifying truck drivers who have already been targeted during previous sessions and ask them to participate in awareness-raising sessions for new truck drivers. This facilitates integration within groups, experience-sharing and understanding of good practices.

- **Organization.** 2 field workers travel to the selected site, sometimes accompanied by the branch manager. They spend an average of 4 to 6 hours working at the site.

FIELD OPERATIONS AIMED AT SEX WORKERS

- **Door-to-door operations** (sex workers component)

Sex workers visit truck stops seeking clients. Apart from very brief exchanges, it is sometimes difficult to get them to take the time to talk in this setting, due to their fear of the police or, quite simply, because they are busy. However, they are very receptive when field workers go out to meet them in their homes. Gradual identification of the places where they work depends on trust being built up between them and ALCS members.

- **Times for door-to-door operations.** Home visits for awareness-raising sessions are conducted at times when sex workers are not out working, ideally between 2 and 5 p.m.: earlier, they are working or resting and later, they are out seeking clients.

- **Selection of field workers.** To make dialogue easier, door-to-door operations are carried out by female teams. Field workers always operate in pairs for safety reasons.

REGULAR SESSIONS HELD ON ALCS PREMISES

- It is difficult for truck drivers to get to ALCS premises, which are located in city centers. It is mainly sex workers that attend regular sessions conducted there.

- The challenge of these regular sessions is to change the activities organized every time so that participants who attend regularly do not get bored (several regular sessions per week). The ALCS invites guest speakers to come and talk about topics linked to the role of women in society, self-esteem (women's rights, sexual harassment, contraception, etc.). A games chest has been specifically created to make sessions fun (see aids). These games encourage participants to be as honest as possible with themselves about how they really behave with respect to AIDS.

Supporting sex workers in condom use

Despite many of them recognizing the benefits of using condoms, sex workers often encounter clients who refuse to use them. The ALCS focuses strongly on the theme of self-esteem and teaches negotiating techniques.

ONGOING AWARENESS-RAISING WITH PEER EDUCATORS

Informal communication, day-to-day, between members of a same group is known to be a very effective means of speeding up behavior change. The ALCS therefore also recruits and trains “peer educators” from among target groups so that awareness-raising can continue beyond specific operations.

- **Selection.** This is a long-term process, as field workers gradually meet people frequenting a given site. The aim, over time, is to identify the most motivated individuals meeting the following criteria: capable of being attentive to the problems of their peers without judging them, well integrated into the community, reliable, good communicator, motivated to support the ALCS’ activities.

- **Training.** Once selected, peers are trained over a period of 2 days.

Giving priority to the recruitment of people living in contact with truck drivers

The ALCS preferentially selects peers from among brokers, mechanics, fuel pump attendants, café owners, etc. rather than truck drivers themselves. The latter do not necessarily know one another and spend most of their time on the road.

OTHER PREVENTION ACTIONS

- **Prevention information sessions at training institutes.** The ALCS organizes at least one IEC session per year aimed at young drivers being trained in the country’s public training institutes. At the end of the session, students are invited to attend the ALCS center for a screening test. The NGO also plans to train peer educators among the students and their teachers.

- **AIDS information number.** The ALCS has a telephone call center offering advice and information on AIDS. Calls are billed at local call rates. However the service is relatively little used by truck drivers, who prefer direct contact with field workers.

IEC AIDS

- **Log books.** To encourage truck drivers to travel with the aid handed out to them at the end of an awareness-training session, the ALCS has incorporated a summary of AIDS messages in a log book, a small book that drivers find both familiar and useful. 5000 log books have been printed.

- The pages of the log book are preceded by 3 very short cards – one page each – on the topics of HIV/AIDS transmission (3 drawings, with a brief explanation of transmission via blood, sexual intercourse and from mother to child), methods of prevention and condom use.

- The log books are written entirely in Arabic.

- At the end of the log book, there is a map of Morocco indicating the locations of all the existing ALCS screening centers, along with their telephone numbers. The number of the AIDS information line is given again on the back cover.

- **Audio tapes.** For truck drivers who are unable to read, an audio tape with a recorded sketch about AIDS in the context of their work replaces the log book.
- **The games chest.** The games chest contains around fifty original games, along with their accessories and instructions. It has been especially designed by the ALCS for sex workers.

Note : The ALCS authorizes and encourages the use of this games chest by other NGOs (on condition that the users have been trained in its use).



HIV SCREENING, STD CONSULTATIONS AND TREATMENT

The associations active in the fight against AIDS in Morocco and, primarily the ALCS, have a very specific responsibility in terms of ensuring access to screening to the greatest possible number of people, beginning with groups such as truck drivers and sex workers, whose habits put them at a high risk of infection. The cost of this service is prohibitive in private laboratories (200 dirhams – approximately 20 euros – for an initial screening test and 800 dirhams – approximately 80 euros – for a confirmation test) and public HIV screening is not available. It should be noted that sex workers as a whole and the great majority of truck drivers have no medical cover.

SCREENING AND DIAGNOSIS PROTOCOL

• HIV screening

Screening at ALCS centers is performed using an ELISA rapid test involving migration on test strips of a drop of blood taken from the fingertip. In the event of a positive result, a confirmation test is performed on the sample in a partner public laboratory using the Western Blot method (reference test).

• Diagnosis of STDs

- The syphilis test. A rapid test for syphilis (Syphilitop®) is offered at the same time as the HIV test (same principle, same testing time). In the event of a positive result, the sample is sent to the Moroccan Institut Pasteur for confirmation (quantitative assay).

- The STD consultation. A clinical diagnosis for sexually transmitted disease is also offered to individuals being screened. If the doctor wants a more in-depth analysis to this symptom-based approach, he can prescribe additional tests.

- Additional tests. 3 types of tests are performed: bacteriological analysis (including chlamydiae), mycological analysis, testing for mycoplasma. The laboratory supplies a list of drugs active on the microorganisms identified (antibiogram) to guide the doctor in his prescription.

Strict procedures to avoid any virus transmission following incorrect handling

Screening requires careful concentration on the part of the doctor. If he feels tired, he must take a break or end the session, even if there are still people waiting to be tested. In addition, and again to limit blood exposure accidents, it is necessary that he systematically follows handling procedures (burning of needles in an incinerator, without recapping them, etc.)



Symptom-based approach or bacteriological tests

Generally speaking, the symptom-based approach defined by WHO is sufficient to diagnose STDs. This approach guides diagnosis and treatment of STDs using algorithms based on their clinical symptoms. However, when dealing with vulnerable groups liable to be carrying STD microorganisms that are resistant to the usual antibiotics, bacteriological tests enable accurate epidemiological monitoring and fine-tune the analysis with a view to helping prescribers choose the most appropriate treatment. But such tests are expensive and can only be performed in very modern laboratories. When there are insufficient resources for this, it is therefore necessary to settle for a symptom-based approach.

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ORGANIZATION OF SCREENING IN THE FIELD

• Communication and administrative authorizations

Field workers inform the people working at the site a few days in advance that they are going to be holding a screening session so that they can circulate the information.

Note: HIV/AIDS screening operations are obviously tightly controlled. Officially authorized by the Moroccan Ministry of Health to carry out screening, the ALCS also submits a specific application to the administrative authorities before each screening trip.

• Selection and reception of truck drivers

• Waiting truck drivers

For road safety reasons, it is essential that truck drivers who have tested positive do not take their trucks back onto the road again while still in shock following the result. Therefore the ALCS only intervenes at “long-stop” sites. Field workers make sure that screening candidates do not have to set off again for several hours. If a truck driver about to leave wants to be screened, the field worker organizes an appointment for him at another ALCS center.

Mobile screening trucks

Mobile screening centers consist of large vans or trucks specially kitted out for this type of operation. The consultation room consists of a work table, a refrigerator for storing tests and samples, a chair for the patient and a stool. Ideally, there should also be a table for gynecological examinations. A water supply and a generator must also be available. The cost of having a van kitted out by an external service-provider is 450,000 dirhams (45,000 euros) per van.

- **Reception of truck drivers**

Each candidate is allocated a number and awaits their turn. Field workers take advantage of this waiting time to engage in initial awareness-raising (see box).

IEC during screening

Generally speaking, the field worker and then the doctor:

- talk with candidates to investigate any risky situations that they may experience with a view to making them aware of the real risk of infection and behaviors to be avoided;
- correct misconceptions;
- remind them of the correct measures to be taken;
- encourage candidates to pass on the message to those around them.

- **Performance of the test**

- **The screening session.** The HIV screening test and the test for syphilis and STD consultation are performed exclusively by a doctor. The screening session consists of three phases: pre-test counseling, testing and post-test counseling. Pre-test counseling does not necessarily lead to a test. A session lasts around 10 minutes (the ALCS schedules 6 screening sessions per hour). The anonymity of the person being screened is guaranteed by allocation of a code.

- **The result.** Individuals who have been tested are seen again by the doctor ½ an hour later to get their results. In the event of a positive test, the doctor takes a blood sample to be sent to a partner laboratory for confirmation. The result is then available 10 to 15 days later at the ALCS center chosen by the truck driver.

Note: This long delay leads to a high risk of individuals being “lost to follow-up”. Ideally, the diagnosis should be confirmed by a second rapid test, which is what happens in countries with a high prevalence of HIV infection. But this approach is not yet authorized in Morocco, where the prevalence is low.

ORGANIZATION OF ADDITIONAL TESTS FOR STDs

- **Procedure.** The doctor prescribing additional tests gives patients a form that they must take to the Institut Pasteur (in Tangiers or Casablanca) or the relevant partner laboratory depending on the area, on a date organized in advance. This form is anonymous and indicates the clinical symptoms diagnosed by the doctor. It takes approximately 15 minutes to take the necessary samples. Around 5 days later, the results are sent back to the prescribing doctor, who then takes over the patient’s care. The program coordinator receives a copy of the results (follow-up/evaluation, cf. card 6).

- **Difficulties**

- **Accessibility for truck drivers.** Few truck drivers take the time to undergo these types of tests, since laboratories are located in the centers of major cities. The ALCS plans to take the samples directly, at the same time as performing screening, in mobile centers.

- **Quality of services of the partner laboratory.** Since the PCR technique (gene amplification) is not accessible in developing countries, laboratories are obliged to use methods that are slightly less sensitive but require an excellent level of expertise in terms of selection of reagents.



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• **Costs and organization.** These tests are expensive (approximately 60 euros) and difficult to perform. Mass sample testing is essential to limit the costs and facilitate the laboratory’s work. The ALCS must therefore send beneficiaries to the laboratory in groups and make sure that they really do attend to have their samples taken. It is better to delay these tests during certain periods (Ramadan, farming season, etc.).

SUPPORT FOR MEDICAL CARE

Medical care for HIV-positive individuals is properly organized in hospital centers. The ALCS doctor who performed the screening test gives the HIV-positive individual a liaison form with the confirmation result (Western Blot) in a confidential envelope. This form is for the attention of the doctor in the reference center for the area concerned (public health system doctor). The ALCS provides its support throughout this medical care:

- funding of additional tests;
- purchase of drugs to treat opportunistic infections not available in the pharmacies of public hospitals;
- provision of a drop-in center for people living with HIV (in Agadir only);
- psychological support;
- social assistance;
- help complying with treatment.

STDs are treated directly by ALCS doctors. The drugs for the treatment of STDs are supplied to patients free of charge.

SOCIO-BEHAVIORAL ANALYSIS: KAP SURVEY

(Knowledge – Attitudes – Practices)

A KAP survey is designed to specify the Knowledge, Attitudes and Practices of the population with respect to AIDS and STDs. It is helpful for the definition of a program since it makes it possible to target IEC at weaknesses identified and provides an indication of how well the various actions planned are likely to be received. A KAP survey is also useful when measuring the impact of the project in the context of monitoring/evaluation (cf. card 6).

EXISTING STUDIES AND DATA

- Before beginning a KAP survey, it is important to contact the Ministry of Health and the NACP (National AIDS Control Program) to gain access to any already existing studies concerning truck drivers in the country in question.
- However, it is not possible to use a study conducted on other mobile targets (fishermen, major construction site workers, etc.) as a basis for this survey. The extreme mobility of this population leads it to adopt specific habits setting it apart from any other vulnerable group.

QUANTITATIVE SURVEY OR QUALITATIVE SURVEY?

- As is done in the ALCS program, the ideal solution is to carry out both types of surveys. Should the internal expertise required to carry out a quantitative survey be lacking, it is recommended that an outside service-provider be used (allow several thousand or even several tens of thousands of euros).
- If funds are inadequate for this approach, a qualitative study only, conducted on the basis of focus groups or in-depth interviews, makes it possible to gain a better understanding of behaviors and identify dominant trends. However, qualitative surveys cannot be used to draw statistical conclusions, which are particularly useful for measuring progress made as a result of awareness-raising initiatives.

THE QUANTITATIVE COMPONENT

• Study protocol

For the purposes of comparison and dissemination of results, it is preferable to define the protocol according to international standards. In the protocol selected by the ALCS:

- The indicators used are indicators such as behavior monitoring, adapted from UNAIDS documents.
- Sampling is carried out using the cluster method recommended by WHO.

- The questionnaire is a UNAIDS questionnaire adapted to the local context (prior test on a small sample of 20 truck drivers selected in 5 different cities (cf. card 4)).

- **Identification of the study population**

In order to measure the size of the study population and determine the interview sites, the ALCS has mapped the biggest truck driver gathering sites existing on the main North-South road between Tangiers and Guelmim (cf. card 4).

Inclusion criteria. The study population includes any truck drivers (drivers, driver's assistants and mechanics) over the age of 18, living in Morocco, using the main truck stops on the Guelmim-Tangiers trunk road and spending at least one night away from home.

- **Administration of questionnaires**

- **Selection and training of field workers.** To foster the commitment of field workers, the questionnaires were administered by the same team that carried out mapping operations. Interviewer training was in the form of role play.

- **Formation of a cluster in the field.** To avoid any selection bias, the interviewers select truck drivers on the basis of truck registration number. Specific cases:

- >> If the truck has two truck drivers (a driver and an assistant), choice is made on the basis of alphabetic order of their names.

- >> If there are not enough truck drivers to form the cluster, the selection is made on the basis of order of arrival.

- >> If a truck driver agrees to answer the questions but needs to leave, he is replaced; however, if he refuses to answer, he is not replaced.

- **Organization of teams.** The interviewers operate in pairs: one administers the questionnaires, while the other deals with the practical aspects, in particular selection of the truck drivers that will form the cluster.

- **Prior to administration of the questionnaire.** Since the questions asked are rather delicate, the interviewers begin by emphasizing:

Number of truck drivers surveyed and number of clusters

To ensure greater reliability of results, the ALCS made the sample as representative as possible by opting for small clusters: 500 truck drivers were surveyed in clusters of 10 (i.e. 50 clusters). Small clusters promote heterogeneity of individuals surveyed.

Selection and mapping of truck driver gathering sites

The ALCS adopted two main criteria:

- **Size:** selection of the biggest truck stops on the roads studied (minimum of 20 to 30 truck drivers present, on average).

- **Location:** priority selection of sites closest to major cities to limit travelling (particularly when administering questionnaires).

89 sites were identified, frequented by 12,900 truck drivers. This stage involved 10 field workers and 5 ALCS supervisors, over a 2-week period.

- >> The very personal nature of the questions.
- >> The anonymity of the questionnaire and the fact that answers remain entirely confidential.
- >> The freedom of the person being surveyed: an individual may refuse to answer the questionnaire or only answer certain questions, or end the interview at any stage.

• **Analysis of questionnaires** using statistical software (Epi Info, a software package provided free of charge by the Center for Disease Control (United States); this can also be downloaded in French free of charge from the website: www.epiconcept.fr).

THE QUALITATIVE COMPONENT

• **Description.** The qualitative part consisted in the formation of focus groups (collective interviews) and semi-directed interviews. Focus groups provide a better understanding of truck drivers' views of the disease, along with their expectations, and identify ideas for actions. Semi-directed interviews (20 interviews carried out) primarily serve to confirm, by cross-checking, the information gathered during focus groups.

• **Selection of truck drivers.** In order to obtain heterogeneous groups (multiplying the possible reactions to a given question), the ALCS selected participants on the basis of a variety of differentiating criteria: seniority in job, age, leadership, etc.

• **Implementation.** Focus groups were led by experienced members of the ALCS – mostly supervisors – skilled in group communication techniques. The reactions of the participants were recorded as exhaustively as possible by an observer.

• **Analysis.** This is done by typological cross-referencing, the aim being to retrieve all the responses given.

• **Limitations.** Depending on the field worker and the group dynamics, the responses expressed may predominantly express socio-cultural and religious norms.

Focus groups: number, size, duration

10 focus groups were held. On average, the focus groups consisted of 7 participants and lasted around 3 hours. Rule for determining the number of focus groups to be held: continue focus groups until a saturation of responses (focus groups can be continued until practically no new responses emerge).

Favor note-taking for recording focus group data. Unlike an audio tape recording, note-making makes it possible to record the body language of participants. In addition, there is no risk of it influencing them, as can be the case with video-recording.

PROGRAM DESIGN

Being faced with a heterogeneous, constantly mobile population raises several strategic questions:

Which target(s) is the program aimed at, who will benefit from the program?

What should its scope be to reach these targets?

What actions should be implemented?

DEFINITION OF THE TARGET POPULATION

- **Truck drivers, a broad and heterogeneous target**

- **Who are truck drivers?** The program's initial target includes all road truck drivers, specializing in long-distance work and therefore usually living far away from their homes. The ALCS also includes long-distance taxi drivers and heavy plant drivers waiting for new projects, etc. in its definition of truck drivers. Foreign truck drivers encountered during the initiatives are also invited to take part in the program.

- **Are there any other direct beneficiaries?** Since they have many short-term contracts, truck drivers often spend a full day, or even several days in a row, at truck stops located near major roads, while awaiting a new job. These sites are frequented by numerous other people who make their living from related activities: brokers (intermediary business-providers), mechanics, fuel pump attendants, café-owners, etc. During an awareness-raising or screening operation at a site, the program is obviously open to all those present at the site. For the ALCS, targeting truck drivers is a practical way of reaching all those connected with them along highways, at truck stops.

- **Sex workers, a related target**

- **Why a program for truck drivers AND sex workers?** When working with truck drivers, it is difficult to ignore sex workers. The two groups come into frequent contact and sex workers themselves are very vulnerable to HIV/AIDS and other STDs (sexually transmitted diseases).

Note: Targeting sex workers at the same time as truck drivers is a coherent approach. However, in the Moroccan context, this means designing a specific program for sex workers that is organized differently insofar as they cannot be reached at the same place as the truck drivers, at truck stops (cf. cards 1 and 2).

- **What is a sex worker?** The sex worker population is also a very varied one. It includes both hotel prostitutes or kept women and poor employees (manual workers, seasonal agricultural workers, etc.) who prostitute themselves on a more or less regular basis in order to survive. The ALCS program mainly affects the latter category, since it is primarily their services that truck drivers use.

Is it possible to use a program aimed at truck drivers to reach other vulnerable mobile groups?

The question as to whether the program should also be aimed at other mobile populations, such as sailors or military personnel, may be raised.

However, it is difficult to use a program aimed specifically at truck drivers for other targets, in the same form:

- The interventions generally take place at sites used solely by truck drivers (with the exception of specific cases, such as initiatives at fishing ports, where both fishermen and truck drivers can be reached).
- Other vulnerable mobile groups have very specific behaviors and habits requiring a specific organization.

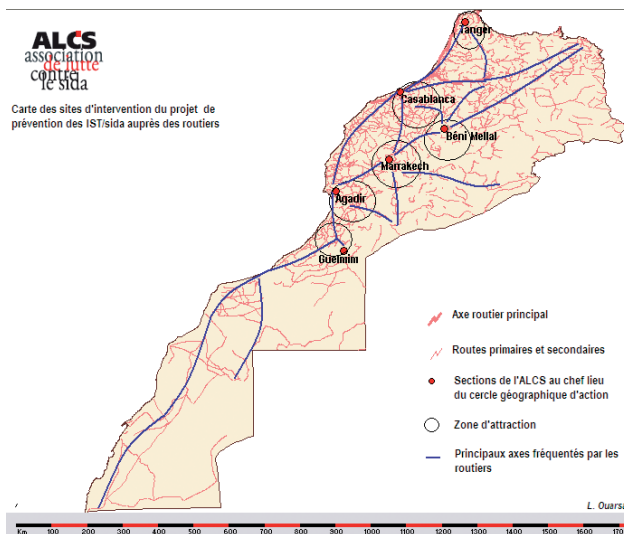
THE GEOGRAPHIC SCOPE OF THE PROGRAM

• Identification of main transit points

How is it possible to potentially reach all truck drivers travelling around Morocco? The Moroccan road network has hundreds of truck stops. Limited resources make it difficult to intervene at all these sites.

Following a study of the road network, the ALCS reached the conclusion that the majority of long-distance journeys made in the country have to incorporate the main North/South trunk road between Tangiers and Guelmim.

The ALCS therefore decided to use the cities crossed by this strategic road and in which it has active branches as centers for its project: Tangiers, Casablanca, Marrakech, Beni Mellal, Agadir and Guelmim.



- A selection of intervention zones for the sex workers component dependent on the truck drivers component

Do the truck stops determine the choice of intervention zones for the sex workers component? Sex workers often live in villages and districts close to truck stops. The choice of intervention zones in the sex workers component is therefore linked to the map of truck stops.

CHOICE OF ACTIONS

- **HIV/AIDS and STDs**

Why add an STD component to the HIV/AIDS component?

- Medically-speaking, STDs are risk factors for HIV/AIDS (an individual with an STD will pass on or catch the AIDS virus more easily).
- In practice, the messages and methods of prevention are very closely related. From a financial and organizational point of view, the marginal cost of the STD component is therefore relatively low, particularly since the treatments are inexpensive.

- **Prevention and treatment**

Where does a prevention campaign end? The ALCS “truck drivers” program is an HIV/AIDS and STD prevention program (cf. cards 1 and 2). However, given the complexity of the medical management of an HIV-positive individual (in particular, the problem of compliance with treatments), it is difficult to conceive of not offering solutions to those individuals testing positive for HIV during screening campaigns. The ALCS therefore provides support for the medical care of HIV-positive individuals (cf. card 2), care which falls within the framework of the support program for people living with HIV implemented for several years by the ALCS in all cities where a specialist hospital center exists in this domain. As part of the “truck drivers” project, the ALCS also fully covers the cost of medical care for individuals with an STD (consultation, prescription, treatment).

Quantitative objectives and program schedule

The ALCS program is on a national scale: its potential beneficiaries are very numerous (dozens, or even hundreds of thousands of people). However, with limited resources and in a field where every action requires patience and rigor, the ALCS has opted to concentrate on quality rather than quantity. The challenge is to achieve a change in behavior: it is better to work in-depth with a limited number of beneficiaries than to work superficially with a larger number.

PROGRAM PLAYERS AND PARTNERS

The HIV/AIDS and STD prevention program for truck drivers and sex workers in Morocco is the result of a partnership between the ALCS, the Institut Pasteur (in Paris and Morocco), the Total group and the Global Fund to fight AIDS, Tuberculosis and Malaria (as part of its Morocco Project).

The keys to the success of this public/private partnership are numerous: partners' confidence in the capacity of the ALCS to lead the project, effective cooperation, agreement on a common objective compatible with the specific objectives of the individual parties, appropriate joint funding.

THE NGO'S CAPACITY TO LEAD THE PROJECT

- As the principal Moroccan public-interest NGO involved in the fight against AIDS, the ALCS has a national presence (around twenty centers throughout Morocco). In addition, the NGO has several dozen salaried or voluntary physicians (some made available to the ALCS by the Ministry of Health) working for it.

- Partnership links have existed between the ALCS and the other structures for a number of years. The ALCS has conducted AIDS prevention initiatives for Total Maroc, it has already received funding from the Global Fund in the context of its Morocco project on two occasions, and it has a longstanding relationship with the Institut Pasteur.

- When the partners do not know one another, the question of selecting the NGO to run the program is raised. It is preferable to choose a structure:

- **With a national presence** (offices and teams distributed throughout the country);
- **Recognized for the quality of its work** (Global Fund beneficiary, member of a regional or international network, such as Sidaction or AIDES (as is the case with the ALCS), or recommended by the National AIDS Control Program);
- **With a professionally managed accounting process** and audited accounts.
- **Capable of dedicating adequate human resources to the project.** In particular, it is essential to appoint a program coordinator exclusively responsible for the project and sufficiently competent to be able to lead the teams and manage monitoring/evaluation (cf. card 6).

Laying the foundations for mutual trust

In order to guarantee the competence of the prospective NGO to conduct a major AIDS program, it may be preferable to begin by involving it in a smaller program or, better still, for a company, in a program aimed at its employees.

- Other criteria may also be desirable, although not essential, such as specialization in screening for HIV and STDs. If this is not the case, the NGO could subcontract screening, STD consultations and medical care support.

CLEAR DIVISION OF TASKS BETWEEN PARTNERS

Each partner has clearly defined responsibilities in terms of operating the program.

- The ALCS is in charge of conducting awareness-raising actions, screening for HIV/AIDS and STD consultations.
- The Moroccan Institut Pasteur provides technical training and performs additional tests for STDs in the cities where it is present (Casablanca and Tangiers).
- In addition to its role as a fund-provider, the Total Group also organizes steering committees and handles the communication aspects (press conferences, production of the present guide, etc.).
- Conscious of the importance of the quality of the program and the results obtained, the Global Fund is closely involved in monitoring/evaluation.

A COMMON OBJECTIVE, SPECIFIC OBJECTIVES

- The commitment of the partners is related to the fact that the program enables each of them to pursue their own specific objectives.
- For the Total Group, in particular, an initiative aimed at truck drivers fits squarely with its social responsibility and complements its involvement in numerous road safety programs aimed at truck drivers in the countries where it operates. The ALCS initially planned to implement a prevention action aimed specifically at sex workers. The final program came about thanks to the inventiveness of the partners in terms of conceiving a project in line with the objectives of each of them.



Offering transport companies the chance to join the pool of fund-providers

Private fund-providers are more inclined to fund a program that is of direct economic benefit to them. In the context of a program aimed at truck drivers, major transport companies are potential partners to be contacted.

Joint funding: the need for transparency

While it increases the resources available, joint funding nonetheless involves certain risks:

- Manipulation (fraudulent) or negligence on the part of the NGO, which may submit the same invoices twice, etc.
- Misunderstandings between the fund-providers in terms of external communication.

To overcome these potential difficulties, the following recommendations are made:

- be as transparent as possible: the NGO must provide numerous and detailed explanations concerning the allocation of funds;
- organize a meeting between the joint funders so that they can decide about the practical aspects of their involvement.

APPROPRIATE AND TRANSPARENT JOINT FUNDING

• **Sustainable funding, evenly balanced between the fund-providers.** The program is 50% financed by the Total Group and 50% by the Global Fund. Overall funding amounts to 6 million dirhams (approximately 600,000 euros) over 5 years.

• **Transparent allocation of funds.** In accordance with their respective objectives, the Total Group funds the component aimed at truck drivers and the Global Fund the component aimed at sex workers together with part of the truck drivers component. The Total Group is therefore responsible for the costs of operating mobile screening centers for truck drivers (cf. card 2), additional tests and treatments for STDs. In the context of the truck drivers project, the Global Fund finances the behavioral study (cf. card 3), mapping, the training of peer educators and regular screening sessions in the field aimed at truck drivers.

PROGRAM MANAGEMENT: MONITORING / EVALUATION AND HUMAN RESOURCES

Monitoring / evaluation makes it possible to ensure correct implementation of the program and contribute to its promotion through objective evaluation (mobilization of partners and fund-providers).

The challenge for the human resources policy is to maintain motivation of the teams despite limited financial reward.

ORGANIZATION OF MONITORING / EVALUATION

Monitoring / evaluation is conducted by the program coordinator on the basis of the information passed on to him by the branch focal points (one in each of the 6 cities, cf. card 4), the doctors operating in the screening centers and the laboratory technicians in charge of laboratory tests for STDs.

- **Implementation indicators.** 5 main indicators are monitored monthly:
 - The number of regular sessions in the field and on premises;
 - The number of people who have been included in awareness-raising sessions;
 - The number of condoms distributed;
 - The number of HIV tests performed;
 - The number of STD consultations conducted.

The results obtained are compared with the targets defined with the partners.

- **Monitoring of field actions.** The coordinator regularly goes out into the field to check the work of field workers, both in their presence and their absence (particular attention is paid to monitoring of selection of potential peer educators identified in advance by the field workers).

- **Epidemiological monitoring.** The coordinator centralizes all the results of HIV confirmation tests (confirmation using the Western Blot test, cf. card 2). Doing so yields information on the number of HIV-positive truck drivers and enables follow-up of their compliance with treatment.

The results of STD tests are also monitored by the coordinator. From an epidemiological point of view, these results provide an accurate indication of the STD microorganisms present in the target population.

Note: The strictest confidentiality is guaranteed during monitoring of confirmation test results (code system).

- **Measurement of the impact of the program.** The primary objective of the program is to achieve a change in behavior. Measurement of the impact of the program is scheduled 5 years after the launch of the operation, through the implementation of a new behavioral survey using exactly the same protocol as the preparatory behavior survey (cf. card 3).

The differentials observed for the various indicators will enable measurement of the real effectiveness of the program.

HUMAN RESOURCES AND TEAM MOTIVATION

- **Work rate.** Field workers involved in the truck drivers component undertake to hold at least one regular session per week in the field (each regular session lasts between 4 and 6 hours). The field workers involved in the sex workers component hold 3 regular sessions per week at the premises. The doctors involved in the program, who are also public health doctors or private general practitioners, take part in sessions of varying lengths, once per week, or more often, depending on their availability.

- **Financial compensation and expenses.** Apart from the coordinator, who is a public health physician made available to the ALCS, the field workers and doctors are all volunteers. They only receive a very modest fee designed to cover their travelling and meal expenses.

>> Field workers are given 140 dirhams (around 14 euros) to cover their expenses for each session in the field.

>> The focal point receives 400 dirhams (around 40 euros) for the production of his report.

>> The doctors receive 500 dirhams (around 50 euros) in expenses for mobile center sessions at remote sites.

- **Non-financial methods of motivation.** Long-term operation on a voluntary basis requires extremely careful management of human resources.

>> Frequent renewal of teams via ongoing recruitment, relieving the members in place.

>> Rapid allocation of responsibility to field workers.

>> Rotation of the various jobs to avoid any routine.

The ALCS also makes sure that its members can make full use of the experience they gain working for the association.

>> Issue of a letter of recommendation to field workers when they are seeking a job.

>> Issue of a trainer diploma (not approved by the State but which nonetheless carries some weight with a potential employer).

Provide salaries

Voluntary work presents certain advantages : in addition to the savings made, volunteers tend to be more flexible and more motivated than employees. However, it is difficult to sustain a program over the long-term on a voluntary basis alone. It is preferable that the funding allow for significant financial compensation for active members of the NGO.

The motivations of a field worker

The focal point of the Agadir branch explains his motivation as follows:

- The theme of AIDS and STDs is of great interest to him (he is a biology student).
- The program gives him the chance to take on responsibilities that he would not get elsewhere at such a young age.
- Achieving behavior change is a compelling objective.
- The awareness-raising actions have taught him to communicate better.

NOTES

ACKNOWLEDGEMENTS

This document was compiled on the basis of interviews with the various players in the program, ALCS members or partners in the project.

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Aziza RAZKI MIKOU, Microbiologist (mycology), Moroccan Institut Pasteur (Casablanca)

Doctor Abdellatif TIBARY, General Practitioner, Ait Melloul Public Health Center, ALCS volunteer (Agadir)

Doctor Lahcen WAKRIM, Microbiologist (virology), Moroccan Institut Pasteur (Casablanca)

Hasna WARDI, Field Worker, Local Protection Project aimed at Women, ALCS (Agadir)

For their assistance in the organization of these meetings,

Doctor Lahoucine OUARSAS, National Coordinator of the Truck drivers Prevention Project, ALCS (Agadir)

For their support in the production of this guide,

Catherine FERRANT, Managing Director - Total Foundation (Paris)

Coline LAPORTE, Social and Health Program - Total Foundation (Paris)

For their commitment making the program possible,

Professor Hakima HIMMICH, President of the ALCS, Head of the Infectious Diseases Department, Ibn Rochd University Hospital Center (Casablanca)

Professor Françoise BARRE-SINOSSI, Director of the Retroviral Infection Regulation Unit, Institut Pasteur (Paris)

Professor Mohammed HASSAR, Director of the Moroccan Institut Pasteur (Casablanca)

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The program partners would like to thank the Shem's agency for allowing it to use the poster created for the Truck drivers Prevention Project on the cover of this document.

