Getting Started: WFP support to HIV/AIDS Training for Transport and Contract Workers

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Contents

Acronym List

AHRN	Asia Harm Reduction Network
AIDS	acquired immune deficiency syndrome
AMREF	African Medical and Research Foundation
ART	antiretroviral therapy
ARVs	antiretroviral drugs
ATGWU-URWU	Amalgamated Transport and General Workers Union and Uganda Rail Workers Union
BCC	behaviour change communication
BPWT	Bhoruka Public Welfare Trust
BSS	behavioral surveillance survey
CDC	Centers for Disease Control and Prevention (United States)
CMV	Cytomegalovirus
COH	Corridors of Hope initiative of USAID
DFID	Department for International Development (United Kingdom)
DNA	deoxyribonucleic acid
DRC	Democratic Republic of the Congo
ERA	Ethiopian Roads Authority
EU	European Union
FHI	Family Health International
FXB	François-Xavier Bagnoud International
GLIA	Great Lakes Initiative on HIV/AIDS
GPS	Global Positioning Systems
HAPCO	HIV/AIDS Prevention and Control Office (Ethiopia)
HIV	human immunodeficiency virus
HRCI	High-Risk Corridor Initiative
ICT/ESA	Intercountry Team for Eastern and Southern Africa of UNAIDS
IDP	internally displaced person
ILO	International Labour Organization
IOM	International Office on Migration
ISAPSO	Integrated Service for AIDS Prevention and Support Organization
JHU	Johns Hopkins University
JSI	John Snow Inc.
KABP	knowledge, attitudes, beliefs and practices
M&E	monitoring and evaluation
MAP	Multicountry AIDS Program of the World Bank
MAP2	Multicountry AIDS Program 2 of the World Bank
MSF	Medecins sans Frontières
MTCT	mother-to-child transmission
NBCRFI	National Bargaining Council for the Road Freight Industry (South Africa)
NECTOI	National Employment Council for the Transport Operating Industry
NGO	non-governmental organization
NRTI	nucleoside transcriptase inhibitors
OI	opportunistic infections
OSSA	Organization for Support Services for AIDS
OVC	orphans and vulnerable children
PATH	Program for Appropriate Technology in Health
PCP	pneumocystis carinii penumonia
PFI	Prison Fellowship International
PLWHA	People Living with HIV and AIDS
PMC	Population Media Center
PMTCT	prevention of mother-to-child transmission
PSAMAO	Prévention de SIDA sur les Axes Migratoire de l'Afrique de l'Ouest (AIDS Prevention on the Migratory Axes of West Africa)
PSG	Project Support Group
PSI	Population Services International
REDSO	Regional Economic Development Services Office
RHAP	Regional HIV/AIDS Program of USAID
RNA	ribonucleic acid
RTA	Road Transit Authority (Ethiopia)
SADC	Southern Africa Development Community
SC/USA	Save the Children/USA
SIDA	Swedish International Development Cooperation Agency
STD	sexually transmitted disease (generally interchangeable with STI)
STI	sexually transmitted infection (generally interchangeable with STD)
TAA	Trucking Against AIDS
TB	tuberculosis
TCWs	transport and contract workers
TNT	global logistics firm (the Netherlands)
ToT	training of trainers
UCTOA	Uganda Commercial Transport Operators Association
UCTU	Uganda Co-Operative Transport Union Ltd.
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNFPA	United Nations Populations Fund
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
VCT	voluntary counselling and testing
WHO	World Health Organization
WVI	World Vision International


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NO UNAUTHORISED PASSENGERS

Getting Started: HIV/AIDS Training for Transport and Contract Workers (TCWs)

Summary

WFP moves large quantities of food, thus contributing to the transport, port and rail sectors' activity and mobility, which may be causally linked to the increased spread of HIV. The "do-no-harm" principle in performing humanitarian assistance requires that WFP take responsibility for the consequences of its interventions – including the spread of HIV to transport and contract workers (TCWs)[1], sex workers, and members of local communities. Consequently, HIV/AIDS mitigation activities are fully within WFP's mandate and can be considered an obligation. Since WFP is the largest humanitarian agency in the world, no other agency has as much access to the transport, shipping and rail sectors or such an opportunity of promoting responsible and safe sexual behavior and treatment, care, and support within these sectors, whose members are at high risk of HIV infection. As a prominent contributor to the global response to the HIV/AIDS pandemic and as a co-sponsor of UNAIDS, WFP has an obligation to act on this opportunity to promote safe sexual behavior and HIV/AIDS prevention, as well as access to HIV/AIDS treatment, care and support.

Since WFP is in daily contact with many companies providing transport, shipping, port, rail and porter services to move WFP food along the supply chain, WFP can play a key role in encouraging them to involve their staff members and contract workers in HIV/AIDS training. WFP can also obtain greater support from company managers in helping HIV/AIDS training programmes become as comprehensive, effective and sustainable as the pandemic situation requires. WFP can therefore use its position to leverage more substantial HIV/AIDS training participation and indeed work on a variety of levels across communities to save more lives.

The objectives of WFP's HIV/AIDS training intervention are to:

- increase and improve HIV/AIDS knowledge, attitudes, beliefs and practices (KABP) of target audiences;
- mitigate the impact of HIV/AIDS on workplaces and communities through greater understanding of the epidemic;
- lessen stigma and discrimination against people living with HIV/AIDS;
- increase support for people living with HIV and AIDS (PLWHA) and their families through broader knowledge of the needs for care and support and appropriate ways to provide this to individuals, families and to community-based initiatives;
- decrease gender-based stigma and discrimination by focusing on all the training topics in gender-sensitive ways.

[1] In this document, transport and contract workers (TCWs) includes transport, port, rail and dock workers, as well as porters, loaders and boat operators.

Another underlying objective of this training is to empower individuals to behave as sensitive, knowledgeable and effective leaders in their personal relationships, including their sexual relationships, on the job, at home and in their communities. Considering that the responsibility and potential impact of one's actions is integral to HIV/AIDS training, valuing one's own health and life – ensuring one's overall individual sense of self-esteem and valuing the health and lives of others – is a fundamental approach to practising safe sex.

WFP's HIV/AIDS awareness training curriculum includes the following topics, which will vary in breadth of coverage according to local conditions and the prevalence of HIV:

- HIV/AIDS prevention and living healthily, including harm reduction;
- HIV/AIDS treatment, care and support;
- related issues such as sexual exploitation, stigma and discrimination;
- a list of available health service providers and other local resources.

This document provides guidance on the basic steps for strategically choosing programme partners and appropriate training providers or a team of trainers, together with a separate guide called "Taking Action" for planning the training intervention. Methods for monitoring and evaluating the intervention according to WFP standards are described. Examples of current WFP HIV/AIDS awareness-building interventions in the transport, port and rail sectors are summarized, as well as tips to help achieve overall and sustainable programmatic success. Lessons learned by NGOs and donors in these sectors in similar interventions in various countries are also included. Finally, a glossary of terms for quick reference concludes the main document.

This document also includes a wide variety of information gleaned from similar operations over nearly 20 years of field programme experience on HIV/AIDS interventions for men in the transport and port sectors. It serves as a key resource for WFP to respond more effectively to the HIV/AIDS pandemic by involving those who work in WFP's core business – food delivery – to contribute to the global HIV/AIDS response. In addition, WFP can use its position as the leading humanitarian agency in the world to make a greater impact in stemming pandemic growth in the future.

Section 1: Introduction

Background information

Since the mid-1980s members of mobile populations, specifically long-haul truck drivers and sex workers, have been identified as highly vulnerable to HIV infection. In 1988, Tanzania's National AIDS Control Programme promoted safer sex in mobile populations, especially truck drivers in "high transmission areas", as one of its priority HIV/AIDS prevention intervention activities (United Republic of Tanzania, 1998). A fundamental reason for targeting truck drivers for HIV/AIDS interventions was because '[l]ong-distance truck drivers admitted to more risk behaviour and condom use than the other respondents," according to a summary of responses to a survey questionnaire given to men across Uganda by the World Health Organization in 1988 (Kangeya-kayondo and Richardson, 1988). Subsequently, the published results of an HIV seroprevalence study conducted on truck drivers in Burkina Faso in 1994 began with, "Truck drivers are a well recognized high-risk population for sexually transmitted diseases". After reporting the 18.6 HIV prevalence rate found in the drivers in Burkina Faso, the article continued, "These findings suggest that truck drivers are highly exposed to the risk of contracting and disseminating HIV infection due to high mobility and the high incidence of sexually transmitted diseases among their ranks" (Lankoande et al., 1998).

By 1996, truck drivers were deemed to be potentially the main transmitters of HIV infection in sub-Saharan Africa: "The primary agent for the spread of the epidemic may have been truck drivers with regular and casual partners at their official and unofficial stops. It is possible that one truck driver could infect every one of his partners on one transcontinental trip. The partners would then infect local men and transmit the virus throughout the countryside..." (Hudson, 1996). A later study in 2002 carried out in South Africa found an HIV prevalence rate of 56 percent in truck drivers and sex workers along the main highway from Durban north to Zimbabwe, and concluded that "[t]ruck drivers may have facilitated the spread of HIV infection throughout southern Africa" (Ramjee and Gouws, 2001).

Fueling the pandemic

While truck drivers undoubtedly play a role in the transmission of HIV in sub-Saharan Africa as well as in the Indian subcontinent and in Southeast Asia, this employment group is not singly responsible for the spread of the HIV/AIDS pandemic in any region or subregion. Members of mobile populations in general are highly vulnerable to HIV infection because of their social dislocation, the risk environments along transportation routes and poverty. In addition to truck drivers, migrant workers, refugees, military and other uniformed personnel, sex workers and other employment groups who travel frequently can facilitate the spread of the HIV/AIDS epidemic by practising unsafe sex. Specifically, the "sexual networking", or concurrent sexual partnerships of members of mobile populations promotes the spread of sexually transmitted infections (STIs), including HIV. Sexual networking fuels all of these serious and concurrent epidemics. The HIV epidemic is also seriously exacerbating the spread of tuberculosis (TB), the opportunistic infection from which most PLWHA in developing countries eventually die.

Ironically, however, despite the significant blame attributed to truck drivers for spreading HIV in developing countries, a Zimbabwean physician summarized the situation in 1996, which largely continues today in 2006. "Few programme activities have been developed that address men as a critical core group potentially propagating or sustaining the epidemic. [...] the need to focus upon

men overall as a risk group has been largely ignored" (Mbizvo, 1996). In fact, not only does this situation continue in regard to effective and targeted HIV prevention interventions, but men are still not being educated to care for PLWHA, including themselves, their family members and members of their communities. They are not being empowered as individual leaders in HIV prevention, prioritized as recipients of life-saving HIV treatment, identified as familial providers of HIV/AIDS care or recognized as key community advocates for HIV/AIDS support, networking and organized programming.

Focusing on men

In the primary position of power, in whose hands global control largely resides in nearly every society worldwide in the 21st century, men as both individuals and members of the population group are being ignored in regard to the HIV/AIDS pandemic. Yet each man has responsible choices to make in preventing, responding to and mitigating the HIV/AIDS pandemic within his individual and social network. Long-haul truck drivers and their assistants have extremely difficult jobs, with multiple stresses from constant travel at high speeds, sometimes in harsh weather conditions and on bad roads, being away from home and their families and friends for several weeks at a time, and working in small, socially isolated conditions in their vehicles. Within such stressful environments, which can make up most of their waking hours for years on end, individuals still need human connection, acceptance and affection. Human desires prompt some individuals to practise high-risk sexual behaviour while away from home. Short-haul truck drivers have the most contact with WFP beneficiaries and may be perceived to have power over people, especially women needing food. Consequently, these drivers are in a position to sexually exploit beneficiaries. This is the type of behaviour WFP explicitly wants to prevent. Even more importantly, sexual exploitation is an abuse of power; it is against WFP's principles and may risk HIV transmission between partners.

Boat operators frequently work under even tougher conditions, governed by weather in totally isolated situations for weeks or months at a time. Dock workers and porters also frequently work away from home for long periods, thus encountering the same needs and potential behavioural risks as other migrant workers. Rail workers, too, can spend time working away from home or be in a position to have frequent daily contact, inviting sexual relationships, with local populations residing along rail lines. Consequently, these employment groups remain one of the highest priorities for HIV/AIDS interventions in the world today. More importantly, WFP holds a unique organizational position in being able to reach truck drivers and their assistants, porters, boat operators, dock workers and rail workers with comprehensive HIV/AIDS and related information, providing the modelling of effective behavioral practices, leadership and networking skills that can collectively benefit nations, whole regions and WFP's extended working community worldwide.

Purpose

The objective of this document is to provide clarification for programme planners, HIV/AIDS focal points and logistics staff on how to support HIV/AIDS awareness and prevention, and care training for TCWs. Some of the various ways to achieve this will be presented here. Country offices can select the appropriate activities according to their needs and circumstances, based on their capacity to undertake HIV/AIDS initiatives or to link with other initiatives and partners available locally. The process of supporting HIV/AIDS training for TCWs may be more advanced in some country offices where the need is also greater, while in others, it may just be getting started.

What is WFP's role in supporting HIV/AIDS training for TCWs?

WFP's support for HIV/AIDS training for TCWs helps them meet their needs to become aware of, understand and support HIV/AIDS prevention, treatment and care issues, and to behave accordingly. Starting in 2004, WFP has prioritized HIV/AIDS training for its staff members and its contract workers as an activity specifically designed to respond to the HIV/AIDS pandemic. Having access to information to know how to live a healthy life and protect oneself and others from infectious diseases is considered by many as a basic human right. Yet because the HIV/AIDS pandemic is only now being recognized as an issue of regional and national importance in some areas of the world, few have had the opportunity to become informed about the range of HIV/AIDS-related issues that everyone should know about.

Because TCWs are at greater risk of HIV infection due to having jobs in high-risk work environments, WFP believes it can play an important role in helping them (many work for companies that WFP employs on a contract basis) gain access to HIV/AIDS information, and become aware of and minimize their personal risk of HIV infection and other sexually transmitted infections (STIs).

While WFP contract workers are not WFP employees, their behaviour on and off the job concerns WFP. These **contract workers are perceived as representatives of the agency to many members of WFP's principal target audience** – the food beneficiaries. Some beneficiaries believe that the contract workers actually work for WFP because WFP's logo appears on their trucks, food bags and other items that truck drivers, porters, and dock workers handle or deliver. Consequently, these workers, especially those in WFP's dedicated fleets, are perceived by many people around the world to represent *de facto* the agency. WFP believes that through HIV/AIDS training and other initiatives for its contract workers, the agency will be perceived as part of the solution to the HIV/AIDS pandemic and not part of the problem.

Moreover, many members of the transport, shipping and port sectors have not received any HIV/AIDS training on prevention, treatment, care and support. To be able to curb this pandemic, it is essential for each and every one of these high-priority individuals to have access to HIV/AIDS information. While WFP cannot do all this outreach on its own or provide the training; nor is it responsible for training staff members of other companies and organizations in HIV/AIDS skills, it nevertheless believes it can play an integral role in building national and international responses to HIV/AIDS in the sectors in which it operates. In the future, WFP will continue to look for other opportunities to help mobilize people toward a greater response to the HIV/AIDS pandemic.

What is HIV/AIDS training and what does it cover?

"HIV/AIDS training" is a generic term used to describe a wide variety of HIV/AIDS–related issues on which each adolescent and adult in the world today should be aware due to the current breadth and continuing growth of the HIV/AIDS pandemic. Most HIV/AIDS training programmes focus specifically on HIV prevention methods, issues and behaviour. However, people should also be aware of HIV/AIDS treatment and care in order to know when to seek care themselves if need be and to be able to help others. Various treatment and care-related issues are starting to be included in HIV/AIDS training, especially in the regions already hard hit by the pandemic. HIV/AIDS treatment and care are also forms of prevention because lower viral loads of HIV in the body make it less transmissible.

Workplace programmes are the most common mechanisms used to reach and train adults in HIV/AIDS-related issues. These programmes are becoming more common, particularly in regions where the HIV/AIDS pandemic has become a significant issue affecting the profits of companies. Widespread

HIV/AIDS epidemics result in productivity losses, work absences and related health and funeral benefits costs.

Many HIV/AIDS workplace programmes focus on the following: providing clear and understandable HIV prevention information, including the importance of prompt diagnosis and treatment of sexually transmitted infections (STIs); making available free condoms; introducing a peer education programme, in which a few employees volunteer to update fellow employees in HIV/AIDS-related information, serving as confidential peer counsellors on HIV/AIDS issues, and make health service referrals, including for voluntary counselling and testing (VCT) of HIV. These programmes also focus on building a supportive environment to practise HIV prevention behaviour on the job, in the community and at home, and on reducing common HIV/AIDS stigma and discrimination in the workplace, as well as providing workplace policies that support PLWHA's needs.

Other topics were considered important and relevant to WFP contract workers through a needs assessment conducted in several countries in 2004. These topics comprise, among others: information on the location of health service points, including services for STI/HIV along transport routes; the prevention of mother-to-child transmission (PMTCT) of HIV; the importance of harm reduction as an HIV prevention method, and providing home-based care.

Some HIV/AIDS training initiatives focus only on peer education, taking an approach that providing in-depth training with emphasis on one-on-one counselling is a good way to reach members of mobile populations and other groups. Such training generally lasts for three to five days. WFP's HIV/AIDS prevention awareness initiatives in one or more countries and those of other organizations have shown, however, that peer education is stronger as a secondary approach in expanding large-scale awareness of HIV/AIDS. Peer education is more effective in supporting one's peers who have already received basic HIV/AIDS training and consequently have a level of accurate knowledge and some understanding of the range of HIV/AIDS issues.

Peer educators cannot individually reach all of the people who could be trained through effective training sessions held in various locations. Further, peer education relies completely on the peer educator's quality, commitment and time, as well as the beneficiary's available time for counselling, which frequently lasts only 10 to 15 minutes for truck drivers with very busy schedules. Findings in a number of countries worldwide have shown that "burn-out," i.e. exhaustion from the pressure of discussing such an emotional topic with individuals one-on-one, is a significant factor in the length of time that HIV/AIDS counsellors, including peer educators, are willing to focus on HIV/AIDS over months or years. The peer educator's expertise is lost when he or she "burns out," changes jobs or moves on. Peer education is valuable but has several distinct limitations.

Another approach to training is the "training of trainers" (ToT) method, whereby individuals are instructed to train others. This approach involves more training time, generally two weeks or more. While fine in theory, it has not proven very effective in practice in workplace environments. Resource limitations for programme follow-up activities are common, including a lack of individual trainers' sustained commitment and beneficiaries' time.

How effective is HIV/AIDS training in reducing HIV transmission?

Because HIV/AIDS training is new and encompasses such a broad range of types of training, training methods, training providers and even training objectives, no definitive study has been performed on how effective it is in reducing HIV transmission. However, common sense tells us that individuals cannot practise HIV prevention if they have not been exposed to HIV prevention methods. They cannot be expected to know how to prevent their babies from becoming infected with HIV if they are unaware of the prevention of mother-to-child transmission (PMTCT) methods. Further, they cannot practise appropriate HIV/AIDS care for someone who they believe may be ill with AIDS if they have no idea what their special needs are, and how to prevent themselves from possibly becoming infected with HIV through unsafe hygiene and care-taking practices.

The real effectiveness of HIV/AIDS training, as is the case with any type of training, depends on:

- the choice of the appropriate target group for training;
- the quality of the trainer who provides the training;
- the accuracy and comprehensiveness of the training information and any materials used;
- practical referrals to contact people and services for follow-up and support for behaviour change;
- attendance of training participants;
- adequate training duration;
- training participants' attention and retention.

WFP hopes to make the HIV/AIDS training that it supports as effective as possible by using a combination of high quality, experienced and committed trainers and excellent HIV/AIDS and related information. Further, attentive participants are given opportunities to ask questions during training sessions and are provided with additional resources, such as flyers or pamphlets on HIV/AIDS issues, and a list of health-service provision points they can access locally or along their routes.

What are the overall objectives of WFP's support for HIV/AIDS training programmes for TCWs?

The overall objectives of WFP's support for HIV/AIDS training programmes for TCWs are:

- increase and improve knowledge, attitudes, beliefs and practices (KABP) of target audiences;
- mitigate the impact of HIV/AIDS on workplaces and communities through greater understanding of the epidemic;
- lessen stigma and discrimination of people living with HIV and AIDS or suspected of doing so;
- increase support for people living with HIV and AIDS and their families through broader knowledge of their needs for care and support, and appropriate ways to provide this to individuals, families and to community-based initiatives;

- decrease gender-based stigma and discrimination by focusing on all the training topics in gender-sensitive ways.

Empowering individuals to behave as sensitive, knowledgeable and effective leaders in their own individual human relationships, including sexual relationships, on their jobs, at home and in their communities is also an underlying objective of this training. **Considering the responsibility and potential impact of one's actions is integral to HIV/AIDS training.** Valuing one's own health and life, that is, ensuring one's overall individual sense of self-esteem, and valuing the health and lives of others is a fundamental approach to practising safe sex. The training supports behaving as a responsible and valued member of one's company, family, community and indeed the WFP community at large.

As part of this initiative, WFP hopes to involve the largest possible number of HIV/AIDS training participants from the transport, port worker, shipping and porter communities in countries where the agency works. The nature of their jobs means that many of them come in contact with a wide variety of individuals along their routes. Therefore, a secondary objective of the HIV/AIDS training for the participants is that they pass on the information they learn to their peers, family members and communities based on the quality of the training provided and materials disseminated as part of the initiative. This transfer of information will enable the programme to benefit from a "multiplier effect" across communities, nationwide and across national borders.

What is the rationale behind WFP's involvement in HIV/AIDS training for its contract workers?

The rationale behind WFP's involvement in HIV/AIDS training for contract workers is that WFP moves large quantities of food, thus contributing to activity and mobility in the transport, port and rail sectors, which may be causally linked to the increased spread of HIV. The "do-no-harm" principle in performing humanitarian assistance requires that WFP take responsibility for the consequences of its interventions – including the spread of HIV to TCWs, sex workers and local communities. HIV/AIDS mitigation activities are fully within WFP's mandate and should therefore be considered an obligation. Since WFP is the largest humanitarian agency in the world, no other agency has as much access to the transport, shipping and rail sectors, nor as great an opportunity for promoting responsible and safe sexual behaviour and treatment, care and support within these sectors, whose members are at high risk of HIV infection. As a prominent contributor to the global response to the HIV/AIDS pandemic and as a co-sponsor of UNAIDS, **WFP has an obligation to act on this opportunity to promote safe sexual behaviour and HIV/AIDS prevention as well as access to HIV/AIDS treatment, care and support.**

Because most mobile contract workers do not have access to HIV/AIDS workplace programmes, WFP is in a position to serve as a catalyst for HIV/AIDS awareness and training interventions. Indeed, some transport companies wishing to offer such programmes find them very difficult to organize logistically because many staff members or contracted staff members are inaccessible at any given time. Further, the inaccessibility of these workers partly puts them at greater risk of HIV infection and not receiving treatment for STIs, including HIV, although available. Many of these workers are not regularly near clinics where such treatment is offered and may be at home only a few days a month, if at all.

Based on WFP being in daily contact with many companies providing transport, shipping, port and porter services to move WFP food along the supply chain, WFP can play a key role in helping to mobilize these companies in order to focus more attention where needed and to involve their staff members and contract workers in HIV/AIDS training. WFP can also assist in gaining greater support

from company managers so that HIV/AIDS training programmes will be as comprehensive, effective and sustainable as possible to respond appropriately to the pandemic situation. WFP can therefore use its position to leverage more substantial HIV/AIDS training participation and indeed work on a variety of levels across communities to save more lives.

Who are the potential partners in HIV/AIDS training programmes?

The potential partners for WFP in HIV/AIDS training programmes cover a wide variety of UN agencies, non-governmental organizations (NGOs), unions, government agencies, donors and private companies. Because some UN and government agencies, NGOs, donors and companies have been engaged in the overall response to the HIV/AIDS pandemic for ten years or more, it is important for WFP to be involved with as many partners as possible in the HIV/AIDS training programme and other initiatives for contract workers, according to the country situation. Moreover, the programme and project coverage of many HIV/AIDS initiatives are restricted to specific geographic targets based on donor, government or company preferences, or subject to funding and staffing limitations. It is therefore possible for WFP in some countries to simply add its resources to existing HIV/AIDS training initiatives for the transport, shipping and port sectors where such additional resources are needed for scale-up or where they would add to the "multiplier effect" nationwide.

In some countries where the central approach is multisectoral and is used in response to its HIV/AIDS epidemic, a wide variety of government agencies could be potential partners of WFP in this HIV/AIDS training initiative. A non-exhaustive list of examples include the Department of Health, the Department of Education, the Department of Transport, the Department of Labour, the Department of Social Development, the Department of Finance, and the National AIDS Committee.

Other UN agencies are obvious potential partners for the HIV/AIDS training with WFP: the Joint United Nations Programme on HIV/AIDS (UNAIDS), which is a current supporter of WFP in launching this initiative more systematically; the United Nations Population Fund (UNFPA), which supplies free condoms in many developing countries, the United Nations Children's Fund (UNICEF), which has funded HIV/AIDS training initiatives for the transport sector in one or more countries; the United Nations Development Programme (UNDP), which supports sectoral and development-focused initiatives, including HIV/AIDS and the transport sector, in some regions; the International Labour Office (ILO), which supports HIV/AIDS and Mobility in a variety of ways, as well as HIV/AIDS workplace policies and programming; and the World Bank, which focuses on the transport and port sectors in regard to HIV/AIDS in more than one subregion in sub-Saharan Africa. In addition, the International Office on Migration (IOM) has also partnered with various organizations and received donor funds to focus research and other support on HIV/AIDS and mobility.

Identifying NGO Partners

The NGOs involved in HIV/AIDS initiatives, including training, for the transport and port sectors include, but are not limited to: the African Medical and Research Foundation (AMREF); Bhoruka Public Welfare Trust (BPWT); CARE International; Family Health International (FHI); François-Xavier Bagnoud International (FXB); Integrated Service for AIDS Prevention and Support Organization (ISAPSO); Population Services International (PSI); Project Support Group (PSG); Save the Children; and World Vision International (WVI). Some NGOs have been targeting truck drivers for HIV/AIDS interventions for nearly 20 years, while others have done so for ten years or more. Consequently, one or more potential NGO partners in the area or country where WFP would like to provide HIV/AIDS training may

have significant experience working with the transport and port sectors, whether or not they currently have an HIV/AIDS training intervention or any other initiative for these sectors in place to which WFP can liaise or provide additional resources to expand. Furthermore, some NGOs provide service interventions for the transport community, including diagnosis and treatment of STIs at border clinics, truck stops along highways, or make referrals to clinics in towns and cities that provide these important services.

A number of national and international transport and port worker unions have realized the extensive impact of the HIV/AIDS pandemic on their members in some countries and have organized HIV/AIDS training or other prevention interventions, including the building of roadside clinics. However, most of the unions struggle to find enough funding to start, maintain and expand such programming, despite widespread recognition of the high risk of HIV infection faced by their members. Another natural partner for WFP for HIV/AIDS training interventions would therefore be the one or sometimes several different unions to which members of these employment groups belong, including railway workers in countries with extensive railway networks. Unions can also play an instrumental role in publicizing and mobilizing their members to attend the training sessions and help gain support from influential union leaders to publicize the initiatives nationally or even internationally with local and national policymakers. In addition, some are in a position to eventually carry on the intervention themselves, thus lengthening its lifespan and making it sustainable. Before partnering with a union, however, it is important to ensure that its political profile does not directly conflict with the government; otherwise, it would be difficult to achieve governmental support and even sustainability for the initiative.

Several large multinational corporations have started HIV/AIDS initiatives for their employees over the last ten years. These could be strong local partners with the influence to guarantee government support and to provide broad enough geographic coverage to ensure that a programme truly makes a difference in a population group or across communities. Several of the major oil companies fall into this group, as well as consumer product companies and some national parastatals.

Today, a number of large international donors tend to prioritize the funding of partnerships and consortia for large-scale HIV/AIDS interventions because they consider them more effective in reaching target audiences. There is also a greater possibility of programme sustainability by involving all the relevant stakeholders, including local businesses and key community leaders. Included among the donors targeting transport and port sector-related HIV/AIDS interventions over the last ten or more years are: the Swedish International Development Cooperation Agency (SIDA), which currently funds WFP's HIV/AIDS and transport sector initiative in Malawi; the European Union (EU); the UK Government's Department for International Development (DfID), the U.S. Agency for International Development (USAID); the World Bank; and the Bill & Melinda Gates Foundation.

Section 2: Technical Guidance

Who should receive HIV/AIDS training as a part of this programme?

The staff members and contract workers employed by the companies that WFP hires to deliver food and other commodities should be the highest priority for HIV/AIDS training. In some countries, WFP works with as many as 45 transport and shipping companies on a regular basis or over the course of a year, therefore playing a very important role in providing work for companies and members of the transport, shipping and port sectors. Here, WFP has a key leveraging opportunity to mobilize its company partners to strongly encourage their managers, drivers and their assistants, boat operators and porters to attend training sessions.

WFP country offices have included specific information on HIV/AIDS training sessions in contracts with transport companies in a few countries in sub-Saharan Africa. However, whether to make such training a mandatory contractual obligation remains controversial. Strong encouragement may be a more strategic and effective approach than making training attendance mandatory. Programme planners need to keep in mind that by making training attendance mandatory for members of the transport sector – who are already stigmatized as probable "carriers" of HIV infection – they may be increasing the HIV/AIDS stigma. Moreover, in some countries there may be legal issues with which WFP would not wish to be involved. WFP also may lose its competitive financial advantage in the national transportation market by demanding HIV/AIDS training attendance, especially in highly competitive markets and in countries in which there are generally very low incomes or low company profits.

In countries with less extensive food aid programming and where WFP therefore has a lower profile nationally, it would be ill advised to make such training a contractual obligation. Nevertheless, WFP is in a key position in most of the countries in which the agency works to help mobilize the transport, shipping, rail and port sectors to focus on HIV/AIDS training opportunities in a positive and strategic manner. All members of these communities should benefit from HIV/AIDS training and other related interventions.

Building trust in the community

In some countries where WFP has provided HIV/AIDS training for its own staff, members of their families have also been invited to participate in the training sessions. This approach has proved to be popular in Sierra Leone and Zimbabwe. In acknowledging that sex workers and local community members interact sexually with members of the transport sector, HIV/AIDS training and awareness-raising interventions have also been available to them along major highways in some countries. Where logistically possible and financially feasible, WFP country offices should, together with their partners, consider opening the HIV/AIDS training sessions to sex workers and community members, especially in areas where the HIV prevalence rate is known to be high. However, in many countries much more focus is given to reaching sex workers with HIV/AIDS interventions than mobile populations of men. Since men tend to be the neglected population, this programme is targeted primarily at them. One also needs to keep in mind that little of the programme's impact will be felt if efforts are spread too thinly by including too wide a variety of target audiences. In trying to reach men specifically, it is important to realize that male trainers can have a larger impact than female trainers, because men see other men as role models. Many men are more comfortable in discussing sensitive sexual issues with their own sex. When choosing trainers, the importance of building trust and a comfort level among training participants should not be minimized, especially when targeting men.

Since members of the target audience work on a daily basis in isolated conditions, it is important to keep in mind that it may be possible for men to have sex with men (MSM) in such situations. While this is a very sensitive issue in all countries, programmes should be open to setting up support mechanisms in response to need, such as discreet access to female condoms for use by the receptive partner, even if they do not identify themselves as MSM. Female condoms will obviously be useful to local populations, including sex workers. In addition, they can be used by the partners of men living with HIV.

Another example of using a project's "multiplier effect" to advantage has been the *ad hoc* practice of some peer educators – based at truck stop clinics along major highways in South Africa – of giving HIV/AIDS talks to secondary school students at local schools. Since the truck stop clinics in South Africa generally open at 17:00 or 18:00, a few of the very committed peer educators have found time during the day to reach out to local school students, as well as sex workers and members of local communities. Since South Africa currently has the highest number of people infected with HIV in the world – estimated to be more than 5 million – the approach of sharing HIV/AIDS information as widely as possible is laudatory. This is particularly necessary since young people who are sexually active, especially adolescent girls, are at extensive risk of HIV infection if they do not practise safe sex or are not in the position to demand condom use.

What is WFP's role in identifying training participants?

WFP has a potentially extensive role together with suggestions from its implementing partners in identifying HIV/AIDS training participants in the transport, shipping and port sectors in countries where it has a prominent position. WFP's logistics team members have daily contact with its contracting companies, some of which are the largest transport companies in the country. WFP also has a potential leveraging ability with transport unions in the countries where the agency is well known because of its financial position in support of sectoral employment. WFP is therefore in the position to request these companies and unions to notify their staff and union members of HIV/AIDS training sessions, locations and dates and urge their attendance.

It is useful for WFP to contact its partner companies prior to planning the training initiative with training partners to **start the mobilization process before any key decisions are made** in order to involve the companies as stakeholders. The companies are obviously in the best position to identify their own staff members and their subcontractors. Moreover, if peer educators are to become a part of the training initiative, companies are also best positioned to decide who may be most appropriate for peer educator training to support staff members' training follow-up needs.

WFP should introduce its key capacities to help mobilize companies and unions to become potential HIV/AIDS training partners. WFP is also in an important position to help develop appropriate and relevant criteria to identify training participants, including peer educator candidates. Working with WFP partner companies to develop this criteria would work to the advantage of the initiative. Similarly, including managers in the HIV/AIDS training would help secure companies as concrete stakeholders and raise awareness of the managers themselves on important HIV/AIDS issues to be passed on to their staff members. Managers can also play key roles in disseminating printed information, including heath service provider locations, as well as specific HIV/AIDS/STI informational flyers and brochures. Further, their participation in support of the initiative will be crucial in ensuring that condom supplies are available at depots, warehouses, clinics and other company sites and are readily accessible to drivers and assistants, boat operators and porters after training sessions.

Where should the HIV/AIDS training be geographically targeted?

The geographic targets for HIV/AIDS training should be determined with inputs from a variety of knowledgeable sources. WFP's logistics staff generally have extensive knowledge of the main transport routes in the country where food is moved and also have maps. They also know the other means of transport, including railways, that are used to feed the food supply chain nationally and internationally. WFP logistics staff can therefore play principal and indeed crucial roles in guiding the choice of locations for HIV/AIDS training. Further, WFP can be in a strong position because of its knowledge of a country's transportation system, rendering a new vulnerability mapping exercise unnecessary.

Transport and shipping operator company managers should also play a key role in helping to determine appropriate HIV/AIDS training locations, as should union managers. Since WFP logistics and procurement staff have direct access to all of these managers, it is crucial to involve them in planning the training initiative for optimal efficiency.

Choosing training locations is key

Because most drivers and their assistants work on major highways, spending little time at truck depots and trucking company offices, the logical location for holding HIV/AIDS training sessions is along major highways at key points where drivers normally stop. The same applies for any water transport sector groups involved or landside operators in the port itself. National border crossings can be the best place to hold the training sessions, particularly in countries where border waits to process customs and paperwork can last three to four days, providing the drivers and shippers with plenty of leisure time to attend HIV/AIDS training sessions. In some countries the major cities are also good locations to hold training sessions since they tend to be located along major highways or are ports where the shippers, port worker communities, truck drivers and their assistants are accessible. Warehouses also can be locations for holding training sessions.

Truck stops may be a key location for holding HIV/AIDS training sessions. Major truck stops outside port areas or near national border points can have hundreds of parked trucks. Drivers and their assistants are therefore accessible at any given time. Some of these truck stops have been targeted for HIV/AIDS training sessions in certain countries. However, training sessions at borders tend to be held infrequently, sometimes as one-off offerings and for small numbers of drivers and their assistants, 30 to 40 at a time, whereas several hundred individuals could be available for training over the course of a week. Publicizing the training sessions is crucial.

Choosing locations for the HIV/AIDS training sessions is one of the most important decisions in this initiative. Consequently, time focused on potential training locations is needed by representatives of the training partners, including WFP's logistics staff, the companies and unions, as well as knowledgeable NGOs. Some advice from prospective training participants will be time and effort well spent to help determine strategic locations for training. Lessons learned by a number of HIV/AIDS training initiatives and interventions in these sectors over the last ten years show that preliminary planning should be as extensive as necessary. "Location, location, location" is not only the most important criterion in the real estate industry, but also in the HIV/AIDS training industry, especially for members of mobile populations.

What are the issues that should be covered by HIV/AIDS training?

This document does not include a specific HIV/AIDS training curriculum which should rather be developed locally by WFP offices with their implementing partners in order to respond to the specific training needs of the target audiences. Nevertheless, the HIV/AIDS training curricula should also include the following topics:

- **HIV/AIDS prevention and living healthily**
  - HIV transmission routes;
  - HIV prevention methods, including male and female condom demonstrations and harm reduction;
  - Healthy living for HIV-negative individuals;
  - Leadership and networking on HIV/AIDS in relationships with family members and peers and in communities.
- **HIV/AIDS treatment and care**
  - Living positively with HIV, including nutrition, exercise and an optimistic outlook;
  - Facts about HIV/AIDS disease progression;
  - Basic information on home-based care;
  - Facts about antiretroviral therapy (ART).
- **HIV/AIDS support**
  - Support of family members;
  - Support of peers and community members;
  - Support for orphans and vulnerable children (OVC).
- **Other issues related to HIV/AIDS**
  - HIV/AIDS and human rights;
  - Stigma and discrimination;
  - Gender sensitivity;
  - Focusing on one's family and close relationships.
- **List of health service providers**
  - Basic health services, STI-related;
  - HIV/AIDS-related, including prevention services, VCT, PMTCT and ART, where available.

These topics do not cover all the potential issues and questions that could arise during HIV/AIDS training sessions. Only the broad categories and some subtopics are listed. The main topics or subtopics do not provide specific details, some of which are crucial to cover everywhere, such as the various ways that HIV can be transmitted and prevented. Nonetheless, the list of relevant issues provided here shows the wide range that should be covered in HIV/AIDS training in many countries, particularly those with generalized HIV/AIDS epidemics. A list of HIV/AIDS training and other programme resources is provided in Section 4.

The logistical opportunities for conducting training sessions will obviously vary. Discussions held in a number of countries in sub-Saharan Africa in 2004–2005 concluded that organizing one-day HIV/AIDS training sessions would be possible in most locations and highly beneficial. An HIV/AIDS curriculum utilizing the one-day training session would provide a sound basis for sharing HIV/AIDS information, fostering good understanding and serving as a basic foundation on which further learning can be added through extra or refresher training sessions.

Making curriculum decisions

While it will be up to the HIV/AIDS training provider to make the final decision on specific issues the training will cover, the outline includes topics WFP staff and its partners should consider worth including in many locations. The range of knowledge of the trainer or the training team, the highest risks in the overall environment locally, and the time available – especially if training sessions are scheduled to move from general topics in the first session to more specific ones at a later time or date – will vary. The training curriculum planning team can decide on which issues are crucial and which are of secondary or tertiary importance

If the HIV/AIDS epidemic in a country is at a very early stage, HIV prevention will be substantially more important to focus on than home-based care, for example. Nonetheless, topics such as PMTCT of HIV and the importance of VCT are important to include everywhere so that training participants become aware of them and take such precautions if they themselves are at risk. These topics need to be clearly understood so that the information can be passed on to others who can then seek further information from health professionals, when needed.

Harm reduction, which in the context of HIV prevention normally relates to minimizing the risk of infection related to intravenous drug use, will be a very important topic to include in the training in locations where knowledge of this risk factor is urgently needed. However, alcohol and non-injecting drug use generally lower individuals' identification with and acknowledgment of high risk-taking behaviour and the need to use specific protection methods against HIV infection.

Alcohol use can be widespread in mobile employment groups, in many cases as a means to relax from the stress of dangerous high-speed driving for many hours at a time. Drugs can be used to reach the same result – relaxation and a sense of peace. Where practised as a cultural norm or with frequency by many, drug use is an important topic related to HIV prevention, whether or not injecting drugs are most commonly used. It will be important to focus on the principles behind harm reduction, whether related to drug or alcohol use. The negative consequences of alcohol use regarding HIV prevention will be important to mention everywhere. In addition, drug use and excessive alchohol use are linked to increased incidence of violence against women. This should be highlighted as something that is not tolerated at any level.

A brochure or a series of brochures should be strongly considered as basic material to disseminate during and after the HIV/AIDS training. They should highlight locally resonant messages for behavioural change to reduce the risk of HIV infection for those who need ongoing reminders. In some countries, the only brochures available focusing on HIV prevention in local languages are targeted to women. Men, including members of the transport, shipping and port sectors, generally do not receive the attention they need regarding HIV/AIDS information. Important specific topics such as PMTCT, harm reduction and ART also require subject-focused brochures as useful resource materials after training sessions.

Many technical terms used here are defined in the glossary of terms and may help in determining the range of topics appropriate for the training curriculum. Accurate information is vital for the training due to widespread misunderstanding of HIV/AIDS issues. Another valuable segment of the training, possibly the most important for some trainees, would be devoting attention to the predominant HIV/AIDS-related myths circulating in communities. For example, where misinformation is prevalent, many lives can be saved by sharing information that condoms are not infected with HIV and when used properly, are more than 90 percent effective in preventing HIV transmission.

HIV/AIDS training can be extremely effective through information dissemination. This may help people better understand the HIV/AIDS pandemic, thus protect and take care of themselves and others in appropriate ways. If an approach is taken simply to frighten participants, however, some people may be so put off that they will not remember the specific details when it becomes crucial to do so. What may seem very scary at first can seem emotionally insignificant over time and simply become factual knowledge on which to base one's own life-saving actions.

Consequently, an underlying premise that **each and every individual has the right to know how to save his or her own life in the midst of a pandemic** can be a convincing factor to take into consideration during the training and in discussions leading to the training with transport company managers and policymakers. Also, the impact of the HIV/AIDS epidemic on business owners and managers is important to emphasize. Dealing with the vast range of somewhat complex information that needs to be clearly and directly communicated in HIV/AIDS training will best equip participants to understand, retain and rely on the information in their approach to daily life, both on and off the job.

How often should this training be provided?

This training should be provided as often as WFP and its partners are in a position to be able to support it. According to various informal surveys in 2004 on individuals in a number of countries, some WFP-contracted drivers and porters said they would like an HIV/AIDS training session held every three months. These individuals said that the continual reinforcement of HIV/AIDS prevention was very important and that sharing information on a consistent basis indeed helped them remember it and practise prevention. Since some drivers and porters said they pass the information they learn on to others, they want to ensure they have a good understanding of it themselves. They also want to be updated on HIV/AIDS information in order to help members of their families and communities learn about and understand the information that they themselves need to save their own lives.

Determining training frequency

It is important to keep in mind the need for refresher training where possible. Still, it is also important to acknowledge that because of the widespread prevalence of HIV in many countries today, providing basic HIV/AIDS training to as many members of these employment groups as possible will be more effective in stemming further spread of HIV than training a small number of people on a quarterly basis. Consequently, WFP should try to gauge the extent of its reach in the transport, shipping and port sectors in countries, as well as its total number of contracted porters. Then, with its training partners, WFP can determine a workable and financially feasible frequency for providing HIV/AIDS training to reach as many as possible. All the training partners will have to choose an appropriate balance between small and larger groups; training is generally more effective when the number of participants is smaller, such as under 40.

HIV/AIDS training once a year does not seem to be frequent enough, as expressed by many men working in high HIV-risk environments. Nonetheless, some of these men thanked WFP for providing the only HIV/AIDS training they had ever received in their lives. These men live and work in countries with high to extremely high HIV-prevalence rates and have been personally affected by the breadth of the epidemic. The ideal situation would be to train as many TCWs as possible and provide refresher training every six months or even more often. Eventually, training saturation of the target

audiences will be reached. HIV/AIDS training performed to date has not been widespread enough to reach target audience saturation in any country.

A lesson learned over 15 to 20 years of providing HIV/AIDS programmes by several large international organizations is the importance of programme sustainability to enable such interventions to meet their objectives over time. It is preferable for WFP to **envision HIV/AIDS training as a multi-year programme**, enabling the training to provide depth of knowledge as well as breadth of reach to members of the transport and port sectors. Planning at least a two-year programme in partnership with relevant programmers and stakeholders would enable the HIV/AIDS training to be in a stronger position to meet its objectives. Planning a multi-year programme would strengthen local stakeholder capabilities to understand its value and possibly build up enough internal resources – human and financial – to continue it themselves after WFP is no longer in a position to support it. Ideally, at some point outside support should no longer be needed for programmes to be sustained by the transport, shipping and port communities themselves in conjunction with other local partners, including government agencies.

Should WFP provide condoms as a part of this training?

WFP should not have to be the provider of condoms as part of this training. Nonetheless, WFP should work with its partners to find an appropriate condom provision mechanism by an experienced condom procurement agency or distributor. **Providing condoms as a part of HIV/AIDS training** is indeed very important, an aspect of the training programme that is bound to arise in preliminary discussions with partners and probably potential training partners. Other UN agencies and international donors have provided condoms freely or socially marketed (i.e. at a very low price as determined locally) for ten or 15 years or more in many countries. A potential UN agency partner for WFP in condom provision is UNFPA, which provides free condoms in many countries, focusing on family planning uses and HIV/AIDS prevention.

The US Agency for International Development (USAID) also provides condoms as a part of its HIV/AIDS programming, which is implemented by local, national and international NGOs in many developing countries. PSI, the largest social marketing organization in the world, works in partnership with other organizations in many developing countries, frequently with funding support from USAID. PSI also works on HIV/AIDS prevention interventions focusing on members of the transport sector in a number of countries. In addition PSI or its national affiliates have been HIV/AIDS training providers to WFP country offices in Eritrea and Rwanda, among others. John Snow Inc. (JSI), which is called John Snow International in the United Kingdom, also implements USAID-funded programmes in various developing countries. This organization also has a significant condom distribution network and other commodity components. National family planning programmes may also be potential WFP partners in providing condoms for the training initiative.

Some transport companies already provide free condoms in their depots; those that do not, generally jump at the opportunity to connect with a mechanism for free supplies.

It is important to find an experienced provider of condoms familiar with storage issues as well as procurement and distribution needs. Planning that involves a commodity capable of preventing a life-threatening infectious disease requires experience in all facets of supply, programming and distribution.

Which criteria should WFP use in choosing training providers?

The criteria WFP should use in determining training providers can vary based on the stage of the HIV/AIDS epidemic in the country. If the country's HIV/AIDS epidemic is quite advanced, including a focus on issues surrounding HIV/AIDS care and support should be strongly considered as part of the training curriculum. Moreover, although harm reduction could also be an important topic for inclusion in HIV/AIDS training, including it may widen the curriculum beyond the skills and expertise of a single organization.

The organization chosen by WFP and its training initiative partners as the HIV/AIDS training provider should have specific experience in providing such training or managing a training programme using a variety of expert trainers or training consultants. An organization with a good local track record would be ideal. Since many international organizations have trained members of the transport sector in HIV/AIDS prevention, if one or more of these organizations have a base in the country, they would be optimal partners for the initiative.

For training implementation, WFP and its training partners should consider the potential for a team of experienced trainers, relying on the individual technical expertise of each trainer who is knowledgeable in specific HIV/AIDS-related topics.

Even if there is only one organizational service provider contracted to manage the training, it is still important to stress the need to involve experienced trainer providers with technical expertise who are knowledgeable in specific HIV/AIDS topics.

Since the training must be well managed, it is important to look at the management capacity of potential training providers This will be even more important whenever trainers need to be chosen on the basis of their language skills and ability to provide information on complex topics in one or more local languages.

Sizing up needed training skills

A trainer not only has to be able to develop an appropriate curriculum, but also to respond as accurately as possible to questions from the participants. While no one has expertise in every area of HIV/AIDS and scientists do not have a complete understanding of every aspect of the virus itself, it is important to choose trainers who are technically knowledgeable, skilled and experienced in HIV/AIDS training. The trainers should also be personable, able to communicate the material, and respect individual and group equity so that participants are not made to feel ignorant or inferior.

Since gender-related issues will be discussed during the training, it will also be necessary for individual trainers to deliver gender-related information and to respond appropriately to issues and questions in a clear and effective manner. The trainers should therefore be **sensitive individuals who are fully comfortable with, and knowledgeable about, the subject matter.** They also have to be responsible enough to admit ignorance in answering questions that may arise in order to avoid disseminating inaccurate HIV/AIDS information that may have severe repercussions.

The training itself may have to be provided in a number of different locations nationwide, one or more of which may be far from a major town or city, particularly for cross-border site locations. The training provider's ability to manage a potentially widespread national initiative may also be important. Moreover, the trainers themselves will have to be able to travel when needed. The

organization's ability to manage the transport of individuals and materials is consequently another criterion in many countries. In areas where security of training spaces is an issue, this managing ability should also be kept in mind. While WFP and/or its partners may be able to assist with one or more of these considerations through its field offices, the overall management of the logistical needs by the training provider will also be another important criterion. Check the types of training that the potential implementer has provided in the past, where and for how long.

Honest and experienced financial management will also be a key criterion for the training provider. WFP and its partners should be ensured that the organization has enough cash flow management experience to handle the needs of the training effectively. Such issues should be discussed in advance of contract negotiation to ensure timely and sustainable programme implementation and continuity. For any initiatives that may be regional or cross-border in nature, i.e. with training sites in two or more countries, it will also be important to consider and discuss whether the provider can manage different forms of currency effectively across borders in a timely manner

As with any other endeavour involving partners, the **training partner's enthusiasm and interest** in providing HIV/AIDS training intervention should be taken into consideration. These criteria will help to ensure that the training time line is met, the need for teamwork is acknowledged and respected, and any necessary next steps or closure responsibilities are faithfully fulfilled. The HIV/AIDS training should be envisioned by the various parties as an excellent opportunity to advance health and HIV/AIDS knowledge and awareness across the country and international borders.

How to plan for monitoring and evaluation?

The primary purpose of monitoring and evaluation (M&E) is to measure the extent to which a programme is implemented and achieves its planned results. The HIV/AIDS training programme might be part of a broader HIV/AIDS intervention; however, clear objectives of the training need to be defined in order to allow sound M&E of the training results. The main purpose of M&E of the HIV/AIDS training programme is to allow training managers to identify potential problems and successes in time, in order to steer the training along its planned path, achieve its objectives and trigger adjustments, if necessary. Furthermore, monitoring also provides information for accountability purposes, within WFP as well as for donors, governments, implementing partners and target audiences.

As a first step to plan for the M&E functions of the training programme, WFP and its partners should undertake a **needs assessment** prior to designing the training programme. The needs assessment identifies the main problems and its context-specific causes, and identifies unmet needs that WFP and its partners will try to address through the training. The assessment could be used as a **baseline** that provides analysis and description of a situation before the training is conducted, against which change can be measured or comparison made at a later stage.

As a second step, and based on the analysis of needs assessment, context-specific and realistic **objectives** of the training programme, as well as planned results (outputs and outcomes) are to be defined.

What will be monitored and evaluated?

Monitoring focuses on measuring progress and outputs of the programme and is a continuous function with a shorter-term perspective. Evaluation focuses more on the outcomes (objectives reached) of an intervention and is usually undertaken some time after programme implementation has begun (one year later, mid-term, etc.). The two functions clearly overlap and complement one another; monitoring data collected feeds into the evaluation analysis.

The third step to consider for designing the M&E of the training programme is to define and select performance **indicators**. An indicator is a quantified and qualified parameter that signals changes or results of interventions and indicates specifically what to measure to determine whether project objectives have been achieved within a given timeframe and a specified location. Indicators, which can be both quantitative and qualitative, define the information to be collected with a view to measuring progress and enabling actual results achieved over time to be compared with planned results. Results are monitored in WFP.

The results of a programme can be at the output or outcome level. Outputs are deliverables (products, capital goods and services) that result from an intervention, such as the number of training sessions held on HIV/AIDS prevention. Outputs lead to the achievement of outcomes, which are the objectives of a programme.

Outcomes describe the primary reason for which the programme is implemented and the desired results to be achieved. They determine the effectiveness of a programme in reaching its objectives and in producing changes in the target audience's behaviour. There is less control over outcomes because there can be multiple factors affecting behavioural change. Therefore, outcome results, including failures, are not exclusively attributable to the implemented programme and must be interpreted cautiously.

For this reason, this HIV/AIDS training programme – which is targeted to mobile populations such as truck drivers and their assistants, boat operators, porters, port and rail workers – will be difficult to use as a means to survey a large number of training participants a year or two after the training sessions. It will be easier to survey porters or other workers who are largely stationary in their workplaces. Serious consideration should therefore be given to feasibility if outcome and impact evaluation methods are planned to be carried out and if adequate resources need to be identified in the training programme design stage.

Even more difficult to undertake would be **impact evaluation**, a method designed to measure the long-term effects to which a programme contributes. Impact evaluation focuses on programme results such as sustained behavioural change, trends in HIV/AIDS incidence and prevalence rates, AIDS-related mortality rates, reduced individual and societal vulnerability to HIV/AIDS, and sustained changes in societal norms. However, this level of evaluation is usually beyond WFP's scope.

What are some examples of performance indicators?

All WFP activities aimed at providing HIV/AIDS awareness trainings for TCWs should consistently measure the following mandatory output indicator:

actual participants in the training sessions as a percentage of planned participants by sex.

Examples of additional **output indicators** depend on the objectives and focus of the training topics could include:

- number of training sessions held (and on which topic);
- number of male and female condoms distributed (if condom distribution is part of the training activities);
- number of individuals, male and female, reached by peer educators (if peer education is part of the HIV/AIDS training);
- number of individuals, male and female, referred for services by a peer educator or a trainer (if service referrals are made as part of the training activities);
- number and kind of information material disseminated.

Evaluation of outcome indicators (objectives reached) is generally performed after a programme has terminated or in the case of a multi-year programme, after the programme has been implemented for a year.

Outcome indicators still need to be defined corporately, but could include:

- increased understanding of HIV/AIDS and STI transmission, prevention and care;
- increased use of condoms;
- increased attendance at peer education and/or health services (including VCT);
- increased usage of PMTCT services.

How to collect data for monitoring and evaluation?

The fourth step is to draft the M&E plan, which determines who, when and how monitoring data will be collected, stored, analysed and reported. It is based on the performance indicators selected. For each indicator, the data source, data collection method, responsibility and frequency will be determined. Standardized data collection and analysis formats need to be provided to collect the same data on a regular basis.


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Section 3: WFP Examples of HIV/AIDS Training for Transport and Port Sectors and Lessons being Learned

Ethiopia: taking a systematic approach to providing solutions

WFP's flagship for HIV/AIDS and transport worker awareness is Ethiopia, the country office that provided the impetus for WFP's focus on building awareness of HIV/AIDS in the transport, shipping and port sectors worldwide. Working with its local implementing Ethiopian NGO, ISAPSO, WFP trained some 2,050 truck drivers and their assistants in HIV/AIDS awareness and prevention methods from June through August 2001 at two main truck route locations in the country and distributed thousands of condoms and pamphlets. But the programme did not stop there. WFP followed up with an 18-month project with peer educators providing further awareness building, one-on-one counselling and condom distribution at the 21 participating transport companies that employ drivers delivering WFP food from the port in neighboring Djibouti to distribution points throughout Ethiopia.

In July 2002, ISAPSO carried out an assessment by querying some 400 drivers and their assistants along the Addis to Djibouti route, which showed that about 90 percent of the individuals had basic knowledge of HIV transmission and prevention behaviour. They also found some anecdotal evidence of behavior change in this group. In August 2004, WFP and ISAPSO held a two-day consultative workshop with managers of 81 transport companies in Ethiopia after ISAPSO had performed a rapid assessment on the views and responses to HIV/AIDS in the workplace of transport company staff and management. The assessment found that despite the fact that company staff consider HIV/AIDS a problem and show commitment towards addressing the epidemic, company policies had no HIV/AIDS-related provisions. The consultative group of managers therefore discussed the results of the assessment in the workshop and **prioritized action steps.** All company managers designed individual follow-up action plans at their company.

In May 2005, based on the action plans developed at the workshop held in 2004, WFP and ISAPSO launched a new two-year project using a variety of activities to foster even greater awareness, actions and support for HIV/AIDS prevention and care in the transport community. WFP and ISAPSO strengthened their partnership in and impact on the transport sector by continued work with the 21 companies that have been involved in WFP's HIV/AIDS initiatives since 2001, including Ethiopia's Road Transit Authority (RTA), Ethiopian Roads Authority (ERA), the Ministry of Labour, as well as the ILO, based on its experience in working on HIV/AIDS as a labour and workplace issue.

The activities planned for the two-year initiative include the development of a single workplace policy supported by all partners that the companies can set up and start to implement. Anti-AIDS clubs are operating at some companies, but are needed at others. The project will also help the companies develop the capacity to implement their own HIV/AIDS prevention activities. To support co-workers and families infected and affected by HIV/AIDS, mutual support systems will be set up for companies to develop a matching fund to which employees will make contributions. Moreover, since the Government has started to make ARVs available, workers need to know what the eligibility requirements are and where to go to get CD4 cell counts in order to register for treatment. The project is also planning to produce informational brochures in Amharic on PMTCT, ARVs and positive

living, among other topics, taking a systematic approach to dealing with the various issues and steps involved in comprehensive HIV/AIDS awareness and programming for the transport sector.

Kenya: choosing the right partners is key

In the late 1980s, Kenya was one of the first countries where HIV/AIDS interventions were launched with truck drivers and sex workers. Nonetheless, Kenya's HIV/AIDS epidemic continues to take a major toll on the transport industry. Acknowledging that WFP has an important role to play in helping to prevent further HIV transmission in the transport community, WFP programming staff decided nonetheless to do things differently in the Kenyan context. Because Kenya's road transport system covers a very large area, WFP staff decided it is too large for peer educators to work along its highways effectively to reach all the drivers. Further, the NGOs already working with the truck drivers did not have any links in the commercial sector with the transport companies with which WFP works on a daily basis. Therefore, working directly with the transport companies presented the **best opportunity for programme impact.**

Even though the WFP country office initially found it difficult to discover who was already working with the transport sector on HIV/AIDS in the country, WFP staff discovered one very important project that proved to be a key partner in a variety of ways. The Strengthening STD/HIV Control Project in Kenya of the University of Manitoba in Canada, long involved in HIV/AIDS-related research in Kenya, together with the University of Nairobi, had already been researching and analysing HIV/AIDS in the transport sector. In fact, the project had already mapped HIV risk factors along the highways which indicated the number of trucks, bars, sex workers, pharmacies and VCT centres, providing a wealth of information on activities and potential referral sites. Moreover, project staff members were already working with large companies near Nairobi on their workplace policies. WFP decided to team up with the project, which had its own secure funding for research on the transport sector, asked for its close collaboration and focus on the HIV/AIDS policies of WFP's shortlisted, contracted transport companies.

Taking a cost-sharing approach with the University of Manitoba project enabled WFP to keep its own project costs very low. So far, the Kenya County Office has spent some US$5,000 only on the project, which has been running for a year. Starting in October 2004, the first in a series of workshops on different HIV/AIDS themes was held for all the managers on WFP's shortlist of some 35 companies – a one-half day workshop on HIV/AIDS sensitization and the risks of the epidemic to their businesses, highlighting impact data gathered over a number of years in South Africa. The focus of the workshops was to help the companies write and implement their own HIV/AIDS policies using an HIV/AIDS workplace programme tool developed by the Futures Group, a company known for its important work on HIV/AIDS workplace programmes. Other workshops in the series focused on the importance of peer education, care activities and programme M&E.

WFP is aware that some of the large companies already had policies and even treatment programmes, but that the smaller companies had not. By June 2005, WFP noted that the programme had been very successful to date, even though WFP was primarily managing the programmatic planning aspect with the assistance of volunteers, together with key inputs from WFP logistics staff members. Indeed, the large majority of the WFP transport companies participated in all the workshops and some of the company owners became very enthusiastic about the new initiative. WFP staff found that by the time the company policies were shared with WFP, however, their quality was very uneven. Each one deserved its own response and some of the companies clearly needed technical assistance, which WFP

staff did not have time to provide. In the future, WFP hopes that the University of Manitoba and the University of Nairobi will be able to follow up with the companies individually and provide the technical assistance that they still need, highlighting the importance of choosing partners carefully with strong technical capacities and long-lasting commitment.

WFP's Regional Bureau for East and Central Africa (ODK): widening the net on protecting high-risk populations

Building on the experience of WFP Ethiopia and Kenya country offices and in response to interests of another donor, USAID, the Regional Economic Development Services Office (REDSO), WFP's ODK Regional Support Office in Kampala, Uganda, joined together with REDSO in 2005 to launch a new multi-country HIV/AIDS and transporters initiative, which is planned to eventually benefit other mobile populations and local communities in eight countries.

REDSO's Food for Peace office, based in Nairobi, Kenya, launched the SafeTStop initiative in March 2005 at Mariakani, Kenya, along the northern transport corridor starting in Mombasa, Kenya, extending north to Sudan, west to Rwanda and beyond. A few months later, the REDSO office approached WFP and invited collaboration on the SafeTStop project, suggesting that the two agencies work together and build on their comparative advantages in promoting HIV/AIDS campaigns by distributing leaflets and using billboards along major transit routes, especially at or near WFP food distribution points, and using signs on WFP food delivery trucks to deliver HIV/AIDS prevention messages.

"Stop," "Prepare" and "Prevent HIV" is the slogan of the new initiative and communication campaign, using the red, yellow and green lights of traffic signals as the graphic background for the simple, yet strong logo with a red AIDS ribbon at the bottom. The NGO partner in the REDSO-funded initiative, the Program for Appropriate Technology in Health (PATH), Kenya office, designed the SafeTStop stoplight logo, and REDSO-funded NGO FHI's office in Nairobi is coordinating the initiative. WFP's Regional Programme Office is trying to build on WFP's past experiences, support the country offices and work with REDSO in supporting regional HIV/AIDS messaging. Consequently, at this stage of the new partnership, WFP is providing its expertise and trucks in addition to technical guidance, lessons learned and best practice experience, while REDSO is using funds already on hand to support initiative development.

The countries planned for involvement include Burundi, the Democratic Republic of the Congo (DRC), Djibouti, Ethiopia, Kenya, Rwanda, the United Republic of Tanzania and Uganda. Phase 1 of the project, supported through the REDSO funds, will be piloted in Kenya with support from the WFP country office, using the SafeTStop logo and messages on the backs and sides of WFP trucks and billboards along the route. Phase 2 is planned to encompass the seven other ODK countries. If focusing on the transport community is found effective in supporting HIV prevention, Phase 2 will focus on other at-risk community members, including school children who can bring HIV prevention messages home to their parents through WFP school feeding programmes as well as teachers, community leaders, women and orphans, displaced persons, and refugees in camp settings around transport corridors in the seven countries.

While funding for Phase 2 has not been secured and plans are still in the drafting stage, the idea is to take the field-tested, proven messages to a wider audience through a Regional Transport Corridor Initiative, similar to USAID's Corridors of Hope programme, implemented in southern Africa (see

p. 33). The vision of SafeTStop's current partners is to **use a strategic behavior change communication (BCC) framework**, including peer education, for a wide variety of HIV/AIDS-related topics and expand it to multiple settings, working with national governments, transport unions, and other interested partners in 2006.

Myanmar: responding to unusual limitations fosters creativity

Myanmar's estimated HIV prevalence rate is relatively low, at 2 percent, yet the country is governed by the military and has a more complicated transport situation than in other countries. In planning the HIV/AIDS and transporters and shipping initiative, WFP staff recognized that transport workers in Myanmar may be at much higher risk of HIV infection than transport workers in other countries because some practise more than one HIV risk behavior: unsafe sex and drug use.

Intravenous drug use can be the cause for HIV transmission by sharing needles and other drug paraphernalia, transmitting HIV through infected blood. While it might seem to be a lesser risk-taking behaviour than injecting drugs, under the influence of amphetamines, or *yaba*, to stay awake for long periods of time on the road, some transport drivers do not use condoms when having sex with sex workers, which leads to sexual transmission of HIV. *Yaba* heightens the libido and lowers one's sexual inhibitions. Consequently, WFP's new HIV/AIDS and transport initiative in Myanmar had to openly reveal this reality and emphasize harm reduction, which takes a compassionate approach towards drug users by teaching them to avoid dangers such as HIV infection by explaining all the HIV transmission routes and prevention methods.

Focusing on the need to include information on drug use in HIV/AIDS awareness-building sessions was only one of the challenges faced by WFP when it introduced its HIV/AIDS, STI and harm reduction awareness-building initiative in Myanmar in July 2005. The political situation required WFP to be very careful in choosing its local partners because NGOs are not allowed to enter new areas in the country where they have not worked before. WFP therefore looked to NGOs with established track records working on HIV/AIDS in high transmission areas targeted for transport community training: the Asia Harm Reduction Network (AHRN), Medecins sans Frontières (MSF)-Holland, and Population Services International (PSI). By joining forces on the new initiative, WFP was able to **use different organizations with differing strengths** and areas of HIV-related expertise and services in the training sessions for drivers, boat operators, their assistants and loaders. WFP's initiative also proved to be the first opportunity that the organizations had to work with each other, another advantage for all involved, including the beneficiary communities.

Choosing interested HIV/AIDS focal points in the WFP suboffices was key to being able to have Burmese champions of the cause within WFP capable of ensuring the initiative's sustainability. Working with the three NGOs and capitalizing on their local staff's expertise allowed the transporters, who are members of specific ethnic groups, to be trained in their own languages – Burmese, Bengali or Shan – in order to ensure that the 120 training participants fully understood the topics.

As an innovation, WFP Myanmar planned to support those already trained on HIV/AIDS and harm reduction, and also to disseminate this information to new members of transport and loading staff at the companies by including 10- to 15-minute refresher sessions in or outside the warehouses. While conducted on an *ad hoc* basis, they have proved to be very successful. Refresher sessions include condom demonstrations and referral service information on HIV/AIDS, STIs, VCT and other services. The importance of PSI's work in promoting female condoms in Myanmar is underscored by the fact that

they are also being used by men who have sex with men to prevent HIV and other STI transmission, showing the inventiveness of users when presented with a potentially life-saving product.

Malawi: travelling well in perilous times

Muyende Bwino, or travel well, may be the wish of travellers everywhere, but in Malawi, *Muyende Bwino* means something more. It is the particularly pertinent slogan for a newly launched series of pit stops for transporters as a public-private partnership in the fight against HIV/AIDS. Launched in late 2005 by WFP's HIV/AIDS Unit in Headquarters and WFP Malawi in partnership with TNT, the Netherlands-based private sector global logistics firm, together with Malawian NGO Banja La Mtsogolo and the Malawian Department of Health, the *Muyende Bwino* Wellness Centres project has received technical assistance from the Trucking Against AIDS (TAA) programme in South Africa (see p. 34) and funding from the Swedish International Development Agency (SIDA).

A new initiative within WFP's growing HIV/AIDS and transport and shipping sector project portfolio, the *Muyende Bwino* project is building on the lessons learned by TAA, which was originally funded by the Government of South Africa with EU funds in 1999 in partnership with the Road Freight Association. Following the lead of TAA, a container was placed at a main transit point in the country, becoming the first *Muyende Bwino* Wellness Centre, located in Mwanza at the Malawi-Mozambique border. It is a key transit point for 70 percent of the country's freight and some 45 to 120 trucks entering and leaving Malawi from Mozambique, Zimbabwe and South Africa every day. The second Wellness Centre is located at the WFP warehouse near Malawi's largest city, Blantyre. Further expansion within Malawi is being discussed in addition to plans for the Mozambican port of Beira and the Beira-Tete road corridor, which serves as a major regional transport route for WFP food aid.

Conceived when a joint WFP/TNT team conducted a five-day exploratory mission to Malawi in January 2005, the *Muyende Bwino* project got off to a very quick start. Meetings with transporters, government agencies, warehouse managers and other stakeholders, as well as focus group discussions, informed the team on HIV/AIDS programming needs, gaps, opportunities and the basic support available on the ground for a new wellness programme for transporters. Hearing that the Malawian Ministry of Health, the National AIDS Commission and UNAIDS were all interested and supportive of a new project, the team quickly decided that the programme must include education, VCT and psychosocial support, and be linked through referrals to other HIV/AIDS treatment and care services along transit routes.

With the assistance of WFP Malawi Country Office programming staff, a local consultant was hired to carry out a feasibility study for the new project, for which a TNT staff volunteer was brought to Malawi to plan from the ground up. From May to August 2005, the four-month development phase, conference calls were held every two weeks with staff at WFP Malawi, WFP Headquarters, TNT headquarters in the Netherlands, and TAA in South Africa to discuss the project's progress, issues, concerns and needs for external assistance. In May, TAA also performed a KABP survey to gauge the transport community's overall vulnerability and knowledge of HIV/AIDS.

With an HIV prevalence rate of some 15 percent and an average life expectancy of only 37 years due to extensive poverty and the impact of HIV/AIDS, Malawi clearly needs the type of groundbreaking partnership that *Muyende Bwino* Pit Stops have brought to the country. Focusing on reproductive health, HIV/AIDS and STIs, the Wellness Centres offer one-on-one counselling, support group sessions, confidential consultations and medication for minor ailments, such as headaches and STIs. This type of **pit stop along the highway could be a life-saving stop** for any driver or assistant for preventing the

spread of HIV. The *Muyende Bwino* project also shows the extended WFP community that their lives, health and well-being are crucial to WFP and its partners. In supporting this public-private partnership, which is becoming increasingly recognized at the international level, the *Muyende Bwino* project stakeholders also acknowledge that the *Muyende Bwino* project will need continuing support for its sustainability. WFP is only the catalyst for this project whose sustainability depends on the Malawi transport sector taking control and ownership of the initiative.

Other WFP HIV/AIDS and transport, shipping and port sector initiatives

WFP Eritrea worked with the Eritrean Social Marketing Group (the local PSI affiliate) in 2003 and provided HIV/AIDS prevention training for TCWs. Focal points were chosen at individual companies and half-day training sessions in HIV/AIDS prevention were conducted for drivers. Various materials developed by the Ministry of Health were translated into local languages for distribution to drivers and truck panel messages were developed. Pre- and post-training surveys were administered and an evaluation was conducted at the end of the programme.

WFP Rwanda held HIV/AIDS sensitization training sessions for TCWs in June 2003 at WFP's large office in Kigali, where several hundred porters were employed on site. The training sessions lasted 2.5 hours, which was relatively short. The WFP Country Director wrote individual letters of invitation to transport company managers explaining the background behind organizing the training, providing a description of the training provider, PSI, and stating, "Successful completion of the training shall be considered by WFP as a criterion for remaining on our shortlist of transporters." (The letter is reproduced on page 12 of "Taking Action", which may serve as a model of an effective letter of invitation.)

Two lessons resulted from this HIV/AIDS sensitization training. First, a year after the training was held, many of the porters who had participated requested more in-depth information than they had received during the initial session; some still believed in common HIV/AIDS myths and misconceptions, and some highlighted that training was too short. Second, a very positive response was acknowledged when a number of the drivers and porters who had been trained in the workshop openly thanked WFP a year later for providing them with the only HIV/AIDS training that they had ever received in their lives. They were eager to learn further HIV/AIDS information and share it with their families and community.

In 2003, **WFP Sierra Leone** worked with the Ministry of Health and other partners to conduct HIV/AIDS awareness and prevention workshops for drivers and their assistants in Freetown, Port Loko and Kenema. The training planners built on the HIV/AIDS training programme that WFP provided to its own staff members, sharing the opportunity to hear state-of-the-art information in a supportive setting. A human rights approach was taken to the training.

Examples of other relevant interventions for the transport and port sectors, including several lessons

Corridors of Hope (COH) is an initiative started by the Regional HIV/AIDS Program (RHAP) of USAID in 1999. USAID recognized the need to take a regional approach to reach the highly mobile populations traversing national road corridors and border points in southern Africa at risk of STI/HIV infection. Initially designed as an intervention along the main transport route leading from the port of Durban, South Africa, up through Beitbridge, Zimbabwe, Africa's largest inland port, to Lusaka, Zambia, COH was expanded to encompass additional countries in the subregion with major road corridors. In 2003, Mozambique and Namibia were added to the initiative, widening its intervention breadth to include 32 COH sites in eight countries.

The COH cross-border-based initiative focuses primarily on: (i) condom social marketing, led by COH partner PSI, which has been a partner of WFP in its HIV/AIDS awareness training programmes in Eritrea and Rwanda; (ii) diagnosis and treatment of STIs; and (ii) BCC. The latter two components are managed by FHI, working in conjunction with a variety of local and international partners, some of which include PSG, previously based in Zimbabwe and now in South Africa; the Center for Positive Care, based in South Africa; Care International in Lesotho and South Africa; Project Hope in Malawi; Family Life Association in Swaziland; and World Vision in Zambia.

COH is a large and complex programme and includes many other activities in addition to its three main components: counselling training for support groups; peer educator meetings; health education campaigns; orientation for traditional healers; production of training manuals; and mapping and conducting of BSSs and other ethnographic research with the aim of fully understanding and describing the STI/HIV risk environment, behaviour and practices of local and transitory populations and the types of services available. This last component, which is also first chronologically, has been very important in the subregion and globally for better understanding of HIV transmission patterns at cross-border sites.

In RHAP's fiscal year 2003, from 1 October 2002 to 30 September 2003, more than two million people at the COH sites received HIV/AIDS information and abstinence and partner reduction education. More than four million socially marketed condoms, both male and female, were distributed by the COH project during fiscal year 2003. In addition, the programme was requested by a number of local communities in 2003 to include VCT as one of its programme activities in the future.

While the original target groups for this intervention programme were truck drivers and sex workers in cross-border locations, the COH initiative quickly spread its wings to encompass local communities in these areas, providing them with STI diagnosis and treatment, condoms and BCC materials. The project was realigned in fiscal year 2004 to include transit routes rather than just the cross-border points along them. A lesson from COH is that it is crucial to choose the exact locations for positioning clinics and outreach services to truck drivers. Ideally, they should be located on the road or wherever the drivers park. Alternatively, drivers may not learn about or be able to use the services, because they have to stay with or near their trucks at night given the high theft rates locally.

The **National Employment Council for the Transport Operating Industry (NECTOI)** has been providing HIV/AIDS training for transport workers in Zimbabwe off and on, depending on programme funding, since at least 1995, when the initiative was funded and overseen by FHI with grant monies from USAID. In 2004, NECTOI provided HIV/AIDS training for four target audiences in Zimbabwe, including managers, drivers, other transport industry employees and sex workers, funded by UNICEF to 2006. A lesson that emerged from this project in 2004 was that participation in training both by drivers and

managers was low; since some of the HIV/AIDS training sessions were scheduled for three days, it is likely the length of the training was an impossible hurdle for many prospective participants. NECTOI also conducts one-day HIV/AIDS training for both drivers and sex workers. Further, it supplies free condoms to drivers, which is an important asset and response to a need expressed by drivers and transport operating companies in Zimbabwe.

GDC Haulage, a large transport operator based in Chitungwiza, Zimbabwe, outside Harare, has been offering HIV/AIDS outreach and peer support to its staff for nine years, partly based on the NECTOI training initiative. GDC staff members made their own video drama after being unimpressed with the "one-off" HIV/AIDS training and dramatic performances that others, mostly NGOs, were occasionally providing in their office. The Chair of the National AIDS Council in Zimbabwe is a GDC staff member, who also heads the District AIDS Council. The company's management is eager to use its leadership on HIV/AIDS and staff mobilization experience and lessons learned to help other transport operators in the subregion focus on HIV/AIDS. GDC serves as a model to facilitate the participation of companies whose management seems less interested in HIV/AIDS training. It is essential to assist managers in understanding the reality of the epidemic and its impact on their business, and to help support them in HIV/AIDS training for their drivers.

South Africa's National Bargaining Council for the Road Freight Industry (NBCRFI) and the Road Freight Association (RFA) started two HIV/AIDS prevention initiatives, **Trucking Against AIDS (TAA)** and **Focus on AIDS**. In 2000 the projects were combined into one initiative funded by the South African Government using EU funds to start roadside STI clinics, now called "wellness centres," a common conceptual term used internationally in the health care and benefits field to highlight prevention and lessen stigma toward specific diseases. The TAA wellness centres focus on HIV/AIDS awareness training, using one trained peer educator who speaks several local languages to staff each centre from 18:00 to 22:00, five nights a week. In addition to the peer educator, there is a trained staff nurse who manages the basic health care/STI wellness centre. Several of the project's nurses were recommended by South Africa's Provincial Departments of Health. The nurses treat STIs, administer to primary health care needs, and make referrals to other more comprehensive clinics and hospitals locally, when needed. The peer educators provide packets of ten condoms and the project has also disseminated cassettes with music and HIV/AIDS prevention messages that the truck drivers listen to while en route to their destinations.

The TAA initiative operates eleven wellness centres in various locations in South Africa, including Beit Bridge, based at the Shell truck stop. The other wellness centres have been placed along the main corridors, including the aforementioned main highway north from Durban, South Africa's major port, to the Zimbabwe border, and the other main highway from Johannesburg south to Cape Town, among other locations. Along with its outreach to truck drivers, the initiative has used an electronic database to provide those seeking treatment with a number. Each number can be accessed by the staff nurse at each of the initiative's wellness centres to track the individual's specific health needs and medication with which he/she has been previously treated at other TAA wellness centres.

World Vision International, a current WFP NGO partner in some countries, has funding from the Southern African Development Community (SADC) to work on HIV/AIDS-related policy for the transport sector in four SADC countries: Mozambique, Swaziland, Zambia and Zimbabwe. World Vision is trying to reduce truck drivers' border waiting in order that their vulnerability to HIV infection in their leisure time is decreased, among other policy-related issues. World Vision provided a two-day SADC stakeholders' multi-country workshop, held in Harare, Zimbabwe in April 2004, and other activities are planned to follow.

The **Great Lakes Initiative on AIDS (GLIA)**, whose Secretariat is in Kigali, Rwanda, encompasses six African countries: Burundi, DRC, Kenya, Rwanda, United Republic of Tanzania and Uganda. Initiated in 1997, GLIA had serious funding problems for several years and has been supported in various ways by UNAIDS, IOM and the Government of Rwanda. GLIA has also had transnational operational problems due to its lack of a viable legal framework. However, its legal problems were resolved at a meeting held in Bujumbura, Burundi in July 2004, attended by government ministers from the six participating countries.

In 2002, the World Bank's Multicountry AIDS Program 2 (MAP2) agreed – through the facilitation of UNAIDS' Intercountry Office for Eastern and Southern Africa (ICT/ESA) – to provide US$15 million funding for GLIA for three years, which will come into effect after the legal framework issues are settled. The three focuses for the GLIA funding include: (i) refugees, internally displaced persons (IDPs) and surrounding communities; (ii) transport sector members, sex workers and PLWHA; and (iii) collaboration with the health sector, which includes the development of protocols for providing ART, and the strengthening of the health infrastructure in cross-border areas to provide HIV/AIDS treatment. GLIA was already partnering with the United Nations High Commission for Refugees (UNHCR) in June 2004, and GLIA's secretariat at that time was interested in future involvement in WFP's initiative.

The ***Uganda Commercial Transport Operators Association (UCTOA)***, whose Chair is the general manager of the Uganda Co-Operative Transport Union Ltd. (UCTU), a WFP-contacted company and a major WFP partner in Uganda and Rwanda, together with the **Amalgamated Transport and General Workers Union and Uganda Rail Workers Union (ATGWU-URWU)** have organized or supported HIV/AIDS awareness training for members of the transport sector. UCTOA has linked with the Ugandan Ministry of Health and has provided formal HIV/AIDS training. ATGWU-URWU has also linked with companies and 18 transit communities in Uganda concerning HIV/AIDS and provided shorter, less formal training with a peer education focus. Moreover, the HIV/AIDS coordinator at ATGWU-URWU is also the project manager of a new three-year Africa-wide HIV/AIDS initiative of the International Transport Workers Federation, based in London, a potential international partner for WFP to help support HIV/AIDS training for the sector in various ways.

Save the Children USA (SC/USA) implemented a **High-Risk Corridor Initiative (HRCI)** along the Ethiopia-Djibouti transport corridor in both countries funded by USAID from July 2001 through September 2004. The project aimed to increase HIV/AIDS prevention practices and the response to the demand for related services in the communities living along, and individuals transiting this corridor as well as upgrade the quality, increase the availability of, and improve access to HIV/AIDS-, STI-, and opportunistic infections (OIs)-related services. It also aimed to increase care and support for PLWHA and OVC in local communities, as well as provide them, their families and caregivers with livelihood security. The HRCI involves a number of local and international partners including ISAPSO, WFP's partner for transport sector-related HIV/AIDS initiatives, Ethiopia's HIV/AIDS Prevention and Control Office (HAPCO), DKT International, the Organization for Support Services for AIDS (OSSA), the US Centers for Disease Control and Prevention (CDC), FHI, Coca Cola, the Population Media Center (PMC), UNAIDS, UNFPA, Care International, Johns Hopkins University (JHU), and Prison Fellowship International (PFI).

As of May 2004, HRCI has provided HIV/AIDS information and/or counselling to 88,393 individuals, distributed 102,952 HIV/AIDS-related materials and 190,000 condoms, and referred 1,113 truck drivers, sex workers, young people and community members to VCT and/or STI services. With funding

from Coca Cola, the project had also erected seven billboards with HIV/AIDS prevention messages in seven communities along the main transport corridor in Ethiopia leading to Djibouti. This project has a large community-focused component involving community committees, regular meetings and NGO staff recommendations for beneficiary inclusion. HRCI produced flyers and posters on HIV/AIDS in three languages, which are distributed by counsellors at roadside kiosk information centres. They also distribute HIV/AIDS materials in Amharic supplied by other project partners such as DKT International (pamphlets) and FHI (posters), and DKT International condoms at the information centres. Some of the Information Centre counsellors also reach out to community members frequenting bars and hotels in the local communities and place condoms in hotel rooms and bar washrooms.

Several lessons have been observed over the life of this project by staff and outsiders: the large number of project partners has made the initiative very difficult to manage; the counsellors working at the information centres are generally young people in their 20s, some of whom say their training has not prepared them well enough to respond knowledgeably to all truck drivers' questions; the range of service offered, which is quite wide, has led to a lack of specific focus for the project in some areas; managers and health care clinic staff members and peer educators at some of the largest transport operators in Ethiopia seemed unaware of the project despite its size and billboards along major highways. This suggests that not enough effort had been put into building a broad cadre of project stakeholders for the project nationwide beyond the actual project partners in the country.

In June 2004, the World Bank introduced a **training of HIV/AIDS peer educators at maritime companies** in Djibouti. The training focused on members of the dock worker community, one of the target groups for the World Bank's multi-year HIV/AIDS programming in Djibouti. Members of this community mostly live in close confines in the same areas of Djibouti City. Training HIV/AIDS peer educators among members of this community may therefore have a larger impact than many peer education training activities for transport, shipping and port sector members because of the daily ready access to many other family and community members living together in areas visibly ripe for the spread of infectious disease.

Since 1998 PSI has conducted an HIV/AIDS prevention programme for mobile populations, including truck drivers, sex workers and seasonal workers, in six countries in West Africa, known as **Prévention du SIDA sur les Axes Migratoire de l'Afrique de l'Ouest** (AIDS Prevention on the Migratory Axes of West Africa) **(PSAMAO)**. The USAID-funded initiative, operating in Benin, Burkina Faso, Cameroon, Côte d'Ivoire, Mali, Niger and Togo, is primarily a mass media and condom social marketing campaign, which promotes STI treatment and VCT. The campaign utilizes television, billboards, pamphlets and peer education, working with local NGOs in the various countries.

References

Hudson, C.P. 1996 "AIDS in Rural Africa: A Paradigm for HIV-1 Infection". *Int J STD AIDS*. July, 7(4):236-43.

Kangeya-kayondo, J. & Richardson, H. 1988. *Public Awareness Survey on AIDS and Condoms in Uganda*. *WHO AIDS Technical Bulletin*, 1989. Aug., 2:123-4.

Lankoande, S., Meda, N., Sangare, L., Compaore, I.P., Cataye, J, Zan, S., Van Dyck, E., Cartoux, M. & Soudre, R. 1998. "HIV infection in truck drivers in Burkina Faso: A Seroprevalence Survey". *Med Trop.*, March, 58(1):41-6.

Mbizvo, M.T. 1996 "Gender dynamics and the challenges for HIV prevention". *Cent Afr J Med.*, Dec., 42(12):351-4.

Ramjee, G. & Gouws, E.E. "Prevalence of HIV among Truck Drivers Visiting Sex Workers in Kwa Zulu-Natal, South Africa". *Sex Transm Dis.*,2001, Jan., 29(1):44-9.

United Republic of Tanzania. 1998. "National AIDS Control Programme Medium-Term Plan 1987-1991". Dar es Salaam, Tanzania.

Section 4: Additional Information

HIV/AIDS training and other programme resources

UNAIDS: www.unaids.org

- AIDS and HIV Infection: Information for United Nations Employees and their Families
- The Decree of the Minister of Manpower and Transmigration of the Republic of Indonesia on HIV/AIDS Prevention and Control in the Workplace
- An ILO Code of Practice on HIV/AIDS and the World of Work
- Employers' Handbook on HIV/AIDS: A Guide for Action
- The Private Sector Responds to the Epidemic: Debswana, a Global Benchmark
- Putting HIV/AIDS on the Business Agenda
- United Nations Learning Strategy on HIV/AIDS: Building Competence of the UN and its Staff to Respond to HIV/AIDS
- Waking Up to Risk: Corporate Responses to HIV/AIDS in the Workplace

United Nations Development Programme: www.undp.org

- Building an Alliance with Transport Sector HIV Vulnerability Reduction
- Early Warning Rapid Response System: HIV Vulnerability Caused by Mobility Related to Development
- The Impacts of Mapping Assessments on Population Movement and HIV Vulnerability in South East Asia

International Organization for Migration (IOM): www.iom.int

- Mobile Populations and HIV/AIDS in the Southern Africa Region: Desk Review and Bibliography on HIV/AIDS and Mobile Populations
- HIV and Mobile Workers: A Review of Risks and Programmes among Truckers in West Africa

Family Health International: www.fhi.org

- AIDSCAP Behavior Change Communication Handbooks
- BSS Guidelines for Repeated Behavioral Surveys
- Corridors of Hope in Southern Africa: HIV Prevention Needs and Opportunities in Four Border Towns
- Developing Materials on HIV/AIDS/STIs for Low-Literate Audiences
- Estimating the Size of Populations at Risk for HIV
- Evaluating Programs for HIV/AIDS Prevention and Care in Developing Countries: A Handbook for Program Managers and Decision Makers
- HIV/AIDS Care and Treatment: A Clinical Course for People Caring for Persons Living with HIV/AIDS
- HIV/AIDS Prevention and Care in Resource-Constrained Settings
- HIV/AIDS Rapid Assessment Guide
- Manual for Reducing Drug-Related Harm in Asia
- Meeting Behavioural Data Collection Needs
- Monitoring HIV/AIDS Programs: A Facilitator's Training Guide
- Peer Educators Trainers' Guide
- Workplace HIV/AIDS Programs: An Action Guide for Managers

The Population Council: www.popcouncil.org

- Doing the Right Thing for Employees
- Expanding Workplace HIV/AIDS Prevention Programs for a Highly Mobile Population
- Expanding Workplace HIV/AIDS Prevention Programs for a Highly Mobile Population: Construction Workers in Ho Chi Minh City
- HIV/AIDS Workplace Programs: Mobilizing Managers, Crafting Policies, Educating Workers
- Reaching Highly Mobile Workers with HIV/AIDS Prevention Programs: Vietnam-based Study Examines Impact of Peer Educations, Motivating Management
- The Role of Incentives in Encouraging Workplace HIV/AIDS Policies and Programs
- Using Incentives to Encourage AIDS Programs and Policies in the Workplace: A Study of Feasibility and Impact in Thailand

Population Services International: www.psi.org

- Research Brief #1: Trust Is Principal Barrier to Condom Use
- Sexually Transmitted Infections in Sub-Saharan Africa: The Use and Effectiveness of Treatment Kits
- The Social Marketing Approach to PMTCT
- The Social Marketing Approach to Voluntary Counseling and Testing

Regional HIV/AIDS Program, Southern Africa, USAID: www.rhap.org.za

- Behavioral and Biologic Surveillance Survey: Lesotho
- Lesotho and Swaziland: HIV/AIDS Risk Assessments at Cross-Border and Migrant Sites in Southern Africa
- Malawi – HIV/AIDS Cross Border Project: Baseline Survey

The Futures Group International: www.tfgi.com

- AGOA Forum: Background Paper 4, The HIV/AIDS Crisis: How Are Businesses Responding?
- How Does HIV/AIDS Affect African Businesses?

Academy for Educational Development: www.aed.org

- Food and Nutrition Implications of Antiretroviral Therapy in Resource Limited Settings
- HIV/AIDS: A Guide for Nutrition, Care and Support
- Prevention of Mother-to-Child Transmission of HIV in Africa: Practical Guidance for Programs
- Prevention of Mother-to-Child Transmission of HIV in Asia: Practical Guidance for Programs
- Understanding and Challenging HIV Stigma: Toolkit for Action

Canadian HIV/AIDS Information Centre: www.aidssida.cpha.ca

- Designing and Delivering HIV/AIDS Training: A Facilitator's Guide

Glossary of terms

Acquired Immune Deficiency Syndrome (AIDS)
Acquired Immune Deficiency Syndrome (AIDS) is a syndrome of the most severe manifestation of infection with the human immunodeficiency virus (HIV). The definition of AIDS by the Centers for Disease Control and Prevention (CDC) includes all HIV-infected people who have fewer than 200 CD4+ T cells per cubic mm of blood. (Healthy adults usually have CD4+ T-cell counts of 1,000 or more.) In addition, the definition includes 26 clinical conditions that affect people with advanced HIV disease. Most of these conditions are opportunistic infections that generally do not affect healthy people. In people with AIDS, these infections are often severe and sometimes fatal because the immune system is so ravaged by HIV that the body cannot fight off certain bacteria, viruses, fungi, parasites and other microbes.

Antiretroviral therapy (ART) (also referred to as Highly Active Antiretroviral Therapy (HAART))
Antiretroviral therapy (ART) is a treatment using antiretroviral medicines to suppress viral replication of HIV and improve the symptoms of AIDS. Effective ART requires the concurrent use of three (or four) antiretroviral medications specified in the World Health Organization's *Guidelines for a Public Health Approach, Scaling Up Antiretroviral Therapy in Resource-Limited Settings* (June 2002). The World Health Organization (WHO) Guidelines are intended to facilitate and support proper scale-up and management of ART by providing recommended first- and second-line treatment for adults and children and reasons for changing ART regimens, monitoring patients, listing potential side effects of ART, and outlining recommendations for treating specific patient subgroups. In late 2005, 27 different medications were registered for ART use in some developed countries, but generally only four to six are available in developing countries.

Behaviour change communication (BCC)
Behavior change communication (BCC) is the process of using a variety of communication approaches, tools and media to develop the capacities and skills of individuals to promote and manage their own health. It fosters positive change in behaviour, where needed, as well as in knowledge and attitudes. BCC approaches recognize that presenting facts alone does not ensure behavioural change. BCC strategies are therefore designed to accommodate the stage of behavioural adoption of an individual or group and to cultivate the skills integrally needed to enable and sustain behavioural change.

Behavioural surveillance survey (BSS)
Behavioral surveillance surveys (BSSs) are repeated cross-sectional surveys of groups whose behaviour may help explain the spread of HIV and thus be used to determine prevention needs in a country. BSSs use an approach based on standard HIV and STI serological surveillance, a consistent sampling methodology, consistent data collection methods and consistent indicators to track trends in sexual and other potential HIV risk-related behaviour over time. BSS is not a household survey method and is therefore a useful tool for monitoring HIV epidemics in which HIV and related risks remain concentrated in relatively well-defined subpopulations.

Cytomegalovirus (CMV)
Cytomegalovirus (CMV) is a member of the herpes family of viruses and can cause

viremia, retinitis, colitis, esophagitis, neuropathy, encephalitis, adrenalitis and hepatitis in HIV-infected individuals. Humans are the only known reservoir for this virus, which is found on all continents.

Formative evaluation
Formative evaluation is an evaluation method used in planning and developing a programme to determine its feasibility and to help its effectiveness. It uses an array of methods to provide relevant information to help design an effective programme. These methods include but are not be limited to: reviews of existing information; focus group discussions; individual in-depth interviews; participant observations; and short quantitative surveys using structured questionnaires.

Gender and Sex
Gender refers to the differences in social roles and relationships between men and women, unlike sex, which refers to the biologically determined differences between them. Gender roles are learned through the process of socialization and vary widely within and between cultures. They are also affected by age, class, race, ethnicity and religion, as well as by geographical, socioeconomic and political environments.

Harm reduction
Harm reduction incorporates a spectrum of strategies to reduce the negative consequences of drug use, ranging from safer use, to managed use, to abstinence. The concept behind harm reduction is to acknowledge that licit and illicit drugs are used in society and that it is better to minimize their harmful effects rather than ignore or condemn them. Drug use is understood as a complex, multi-faceted phenomenon, encompassing a continuum of behaviour from severe use to total abstinence, and acknowledges that some ways of using drugs are safer than others. The concept focuses on the quality of individual and community life and well-being. It affirms that drug users themselves are the primary agents to reduce the harm of their drug use, recognizing the realities of poverty, class, racism, social isolation, trauma, sex-based discrimination and other social inequities that affect individuals' vulnerability to and capacity for effectively dealing with drug-related harm. While harm reduction does not attempt to minimize or ignore the real and tragic harm associated with licit and illicit drug use, it establishes the need for non-judgmental, non-coercive service provision and resource support for users and the communities in which they live in order to assist them in reducing related harm.

High-risk group
The term "high-risk group" should be used with caution, because it can increase stigma and discrimination. For people who do not consider themselves members of such a group, the term can lead them to believe they are not at risk of HIV infection. Since all social groups are interrelated, it is more accurate to refer to a specific high-risk behaviour, such as needle-sharing or unprotected sex, when describing behaviour that puts an individual or a number of people practising it at risk of HIV infection.

HIV incidence rate
The HIV incidence rate refers to the percentage of a population newly infected with HIV during a specific period of time, generally one year.

HIV-infected
As distinct from HIV-positive (which can sometimes be a false positive test result, especially in infants of up to 18 months of age), the term HIV-infected is usually used to indicate that evidence of HIV has been found via a blood or tissue test.

HIV-negative
Showing no evidence of infection with HIV (e.g. absence of antibodies against HIV) in a blood or tissue test. Synonymous with seronegative.

HIV-positive
Showing indications of infection with HIV (e.g. presence of antibodies against HIV) on a test of blood or tissue. Synonymous with seropositive. Test may occasionally show false positive results.

HIV prevalence rate
The HIV prevalence rate is the percentage of a population living with HIV during a specific period of time, generally one year.

Human Immunodeficiency Virus (HIV)
Human Immunodeficiency Virus (HIV) is a type of retrovirus causing immune system failure and debilitating symptoms generally over a number of years, resulting in a diagnosis of AIDS.

Immune deficiency
Immune deficiency refers to a breakdown or inability of parts of the body's immune system to function, making a person susceptible to diseases that he or she would not ordinarily develop.

Immune response
Immune response refers to the activity of the body's immune system against foreign substances.

Immune system
The immune system refers to the body's complex natural defences against foreign substances, such as microbes and viruses. The immune system has both an innate response, which it quickly mobilizes in response to infection, and an acquired response, in which the body recognizes and defends itself against microorganisms, viruses, and substances recognized as foreign and potentially harmful to the body.

Impact evaluation
Impact evaluation is a method used to determine the long-term effects of a programme or intervention, generally regarding behaviour or health status. Impact evaluation measures include sustained changes in HIV/STI-related risk behaviors, trends in HIV/AIDS rates, AIDS-related mortality rates, reduced individual and societal vulnerability to HIV/AIDS, and sustained changes in societal norms.
Some evaluation experts consider long-term effects as those lasting three to five years after a programme or intervention has terminated.

Indicator
An indicator is a direct or indirect measure towards achieving an objective, generally using numeric criteria, either a number or a percentage. The choice of indicators for programmes, even those with well-defined objectives, requires careful thought and consideration of both theoretical and practical programme elements. Appropriate programme evaluation indicators include the following

characteristics: validity, reliability, specificity, sensitivity, operationality, affordability and feasibility.

Mother-to-child transmission (MTCT)
HIV can be transmitted from an infected mother to her baby during pregnancy, during the birth process or after birth through breastfeeding. Such modes of HIV transmission are referred to as mother-to-child transmission (MTCT), parent-to-child transmission, perinatal transmission or vertical transmission.

Multiplier effect
The multiplier effect is a term used in economics, but is also frequently applied to public health where it means an effect or impact of indirect linkages resulting from a public health intervention. These linkages are summed up in addition to the direct impact of the intervention and called the "multiplier effect". The multiplier effect in public health frequently concerns health information or messages passed on via word of mouth, or information materials to the community at large or to multiple sectors, in addition to the specific audience targeted for the intervention or communication. In public health terminology this effect is also though less frequently called "a synergistic effect".

Opportunistic infections (OIs)
Opportunistic infections (OIs) are illnesses caused by various organisms, some of which do not cause disease in individuals with healthy immune systems. People living with HIV can suffer OIs of the lungs, brain, eyes and other organs. Opportunistic infections common in people diagnosed with AIDS include Candida albicans, pneumocystis carinii pneumonia (PCP), cytomegalovirus (CMV), cryptosporidiosis and a variety of other parasitic, viral and fungal infections, as well as some types of cancers, including Kaposi's sarcoma. While technically not an OI, TB often makes people living with HIV very ill if they are co-infected with both; TB tends to be the bacterial infection that kills most people living with HIV in developing countries.

Outcome evaluation
Outcome evaluation is a method used to determine the intermediate effects of a programme or intervention, including changes in attitudes or behaviour of the target population. Outcome evaluation using questionnaires or interviews is performed following the conclusion of a programme, or if it is a long-term intervention, after it has been implemented for two years or more. Outcome evaluation looks at questions such as: What outcomes were observed? What do the outcomes mean? Does the programme make a difference? Some evaluation experts consider intermediate effects as those lasting two to three years after a programme has terminated.

Palliative care
Palliative care is an approach to life-threatening chronic illnesses, especially when a person is nearing the end of life. The approach combines active and compassionate therapies to comfort and support patients and their families who are living with life-ending illness. Palliative care strives to meet the patient's physical needs through pain relief and maintaining a respectable quality of life, while emphasizing the rights of patients and the families to participate in informed discussions and to make choices. As a patient- and family-centered approach, palliative care encompasses the skills of an interdisciplinary team to provide a continuum of care, addressing the spiritual and emotional needs of the patient and the family.

People living with HIV/AIDS (PLWHA)
People, or a person, living with HIV/AIDS (PLWHA) is the preferred term used to describe people infected with HIV because they can indeed live with HIV infection productively and maintain good health for many years. Describing someone as an "AIDS patient" should only be used in a medical context where such a description is accurate and relevant. Calling one or more people "AIDS victims" deprives them of human dignity, and the power to make choices and decisions and thus control their life options. Using the term "victim" may also connote a difference in the mode of HIV transmission, which is inappropriate and signifies a value judgment regarding some PLWHA. Each individual is entitled to human dignity whether well or ill, adult or child, female or male.

Perinatal transmission
Perinatal transmission is a term used to describe the transmission of a pathogen, such as HIV, from mother to baby before, during or after the birth process.

Pneumocystis carinii pneumonia (PCP)
Pneumocystis carinii pneumonia (PCP) was initially classified as a protozoan parasitic infection; however, more recently it has been classified as a fungal infection. Patients with early PCP may exhibit systemic symptoms such as fever, fatigue and weight loss before the appearance of respiratory symptoms, including shortness of breath, a dry cough and wheezing. While PCP is usually a disease centered in the lungs, pneumocystis carinii can also develop disease in the lymph nodes, spleen, liver and bone marrow. PCP is a common AIDS-defining diagnosis in addition to a CD4-positive T cell count under 200 per mm3 diagnosis.

Seroprevalence
When used in regard to HIV infection, seroprevalence signifies the percentage of the population having serologic (i.e. blood serum) evidence of HIV infection at a given time.

Serostatus
Serostatus is a generic term referring to the presence or absence of specific disease antibodies in the blood. When used in regard to HIV, the term refers to the presence of HIV antibodies.

Sexually transmitted infection (STI)
A sexually transmitted infection (STI) is an infection spread by the transfer of organisms from one person to another during sexual contact. Also commonly known as a sexually transmitted disease (STD), an STI is differentiated by some experts from an STD based on a lack of or duration of symptoms. However, the terms are now used interchangeably. The earlier term used for the same type of disease was venereal disease. The most common STIs are the "traditional" ones such as syphilis and gonorrhea, as well as chlamydial infection, trichomoniasis and HIV (when it is sexually transmitted). STIs include human papilloma virus (HPV), genital herpes, chancroid, hepatitis B, genital mycoplasmas, enteric (intestine) infections and ectoparasitic diseases, i.e. diseases caused by organisms living outside the host's body, among others.

Transmission
Transmission is the conveyance of infection or disease from one person to another. In regard to HIV, most people are infected with the virus through sexual contact. However, HIV is also spread by contact with infected blood

through needle- or syringe-sharing or blood pooling, or through a "needle-stick injury" in a health care setting, or through mother-to-child transmission (MTCT) during pregnancy, the birth process or after birth through breastfeeding. Sexual transmission of HIV involves the virus from an infected partner entering the body of the other partner through the mucosal lining of the vagina, vulva, penis, the rectum, and although rarely, orally during sexual contact. The likelihood of HIV transmission and other sexually transmitted infections (STIs) is increased when ulcers or inflammation are present, which can be caused by other STIs. Women are at greater risk of HIV and STI infection than men because of their mucous membranes; moreover, adolescent girls are at even higher risk of HIV and STI infection than older women because of their underdeveloped sex organs. In countries where the screening of blood is very efficient and effective, i.e. most developed countries, HIV is rarely transmitted through transfusions. HIV infection through blood transfusion remains a significantly higher risk in developing countries.

Tuberculosis (TB)

Tuberculosis (TB) is caused by infection with Mycobacterium tuberculosis. People living with HIV are at increased risk of active TB because HIV attacks T lymphocyte cells, the body's main defence against TB. Thus an HIV-infected person is at much higher risk of reactivation of latent TB, and is at increased risk of active disease when newly infected with TB. Symptoms of TB include cough, fever, weight loss and infiltrations into the upper lobes of the lungs and lung cavities. While most consider TB as primarily a lung disease, extrapulmonary (outside the lung) TB is present in about one-half of HIV-infected patients with active TB, including sites in the blood, lymph nodes, central nervous system, genitourinary tract and the lining of the thorax.

Voluntary counselling and testing (VCT)

Voluntary counselling and testing (VCT) is the process by which individuals undergo counselling, enabling them to make informed choices about being tested for HIV infection. Voluntary HIV testing, in combination with pre- and post-test counselling, has become increasingly important in HIV/AIDS prevention and care. Knowledge of serostatus through VCT can be a motivating force for HIV-positive and negative people alike to adopt safer sexual behaviour, enabling seropositive individuals to prevent their sexual partners from getting infected and those who test seronegative to remain so. VCT also facilitates access to HIV prevention and support services for seronegative people, and is a key entry point for HIV-infected people to access care and support services. Such services include interventions to reduce MTCT of HIV and to prevent OIs, and other medical and supportive services available to help PLWHA live longer, healthier, more productive and happier lives.

Viral load test

In regard to HIV, a viral load test measures the amount of HIV type 1 ribonucleic acid (RNA) in an individual's blood, expressed as the number of copies per ml of blood plasma, as HIV spreads in the body by replicating itself. Measurements of HIV RNA viral load along with CD4-positive T cell counts are used to determine when an individual should initiate antiretroviral therapy (ART). Research has shown, however, that viral load tests predict disease progression more accurately than do CD4-positive T cell counts. Viral load tests are used to monitor treatment efficacy as well as

treatment failure; they are therefore used to determine when to change and when to initiate therapeutic regimens.

Virus

A virus is an organism composed mainly of nucleic acid within a protein coat; some viruses also have a double-layered lipid envelope. Viruses range in size from 100 to 2,000 angstroms (an angstrom is 10-10m). When a virus enters a living plant, animal or cell, it uses the host cell's chemical energy and protein along with nucleic acid to both synthesize the nucleic acid and protein and to replicate itself. Viruses can only replicate within living cells, yet thousands to millions of its subunits (called virions) can be made by one cell. Nucleic acids in viruses are single- or double-stranded and may be either deoxyribonucleic acid (DNA) or ribonucleic acid (RNA). After the infected host cell makes the virions and releases them, the host cell often dissolves. Some viruses do not kill the host cells but transform them into a cancerous state. Others cause illness and seem to disappear, while remaining latent and causing another, at times, much more severe disease. In humans, viruses cause diseases such as measles, mumps, yellow fever, poliomyelitis, influenza and the common cold. Some viral infections can be treated effectively with medication, while others have no known cure.

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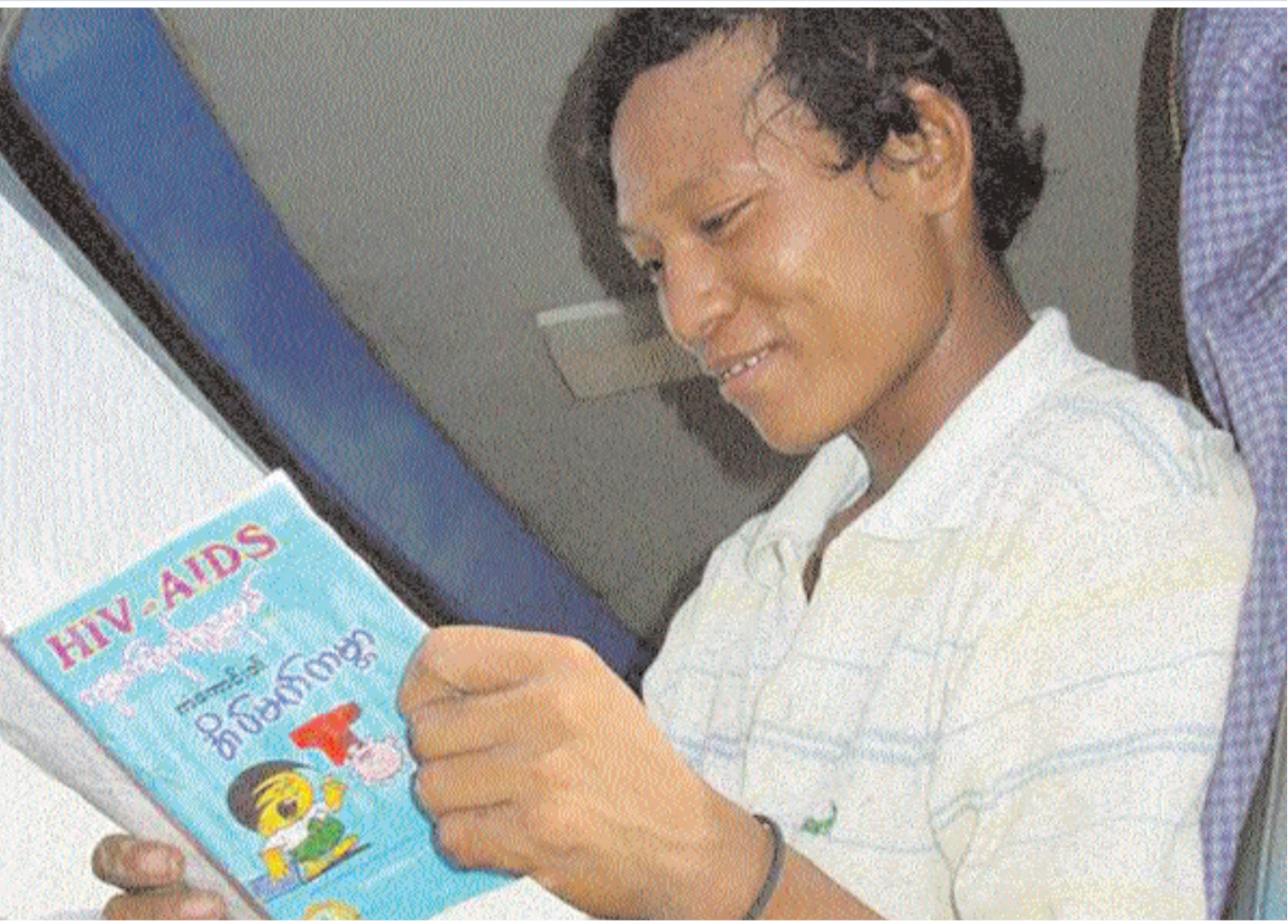
Taking Action: WFP support to HIV/AIDS Training for Transport and Contract Workers



APRIL 2006

WFP World Food Programme


CALBRO
Gaston Chikanga
708-0725

Taking Action

Steps WFP country offices should take to get started in supporting HIV/AIDS training programmes for TCWs

Getting started

- **Assess what has occurred in the country** regarding HIV/AIDS programmes and training for TCWs. Since WFP is already an active contractual partner with transport, shipping and port companies, an important early step is to contact these companies to see if they have HIV/AIDS policies or programmes in place. For the countries where WFP is a partner in or funder of HIV/AIDS programme implementation, WFP will have potential current NGO and other UN agency partners to work with on HIV/AIDS training programmes for the transport, shipping and port sectors. WFP should contact these potential partners and inform them of its interest in launching an HIV/AIDS training partnership or initiative for the sector(s) where none currently exists. Concurrently, it would be useful to contact the WFP Regional Office and Headquarters to see if recent lessons learned in other countries and regions might be applicable to your country as well.

- **Liaise with WFP logistics staff members and the Country Director** to discuss whether WFP could be in a position in the country to either make HIV/AIDS training mandatory or a criterion for drivers to remain on WFP's shortlist of transporters. In some countries, WFP might lose its competitive advantage by making such a demand. Follow the advice of WFP logistics staff in making such a determination.

- **Investigate other potential HIV/AIDS training partners** in the country to help determine if any organizations specialize in such training currently or have provided it in the past. International NGOs and service providers such as AMREF, Care, FHI, FXB, PSG, PSI, Save the Children and WVI are or have been previously active in HIV/AIDS training for transport and/or port sectors. Find out what their role is or has been in such training, as this could save significant planning time. Alternatively, if HIV/AIDS training for the transport and/or port sectors is ongoing in the country and WFP would like to help expand its reach, contact the implementers and funders of the training regarding WFP's interest in providing further support to the existing initiative.

- **Contact the ministries of health, transport, labour and any other relevant ones** in the country actively

involved in the HIV/AIDS arena or relevant to the training initiative in order to gain support for a training programme if none currently exists. In some countries, it would be appropriate to contact both the Ministries of Labour and Education. WFP should schedule meetings with the appropriate officials at these ministries, who may also be current WFP partners, in order to discuss their interest in supporting HIV/AIDS training programmes. It will be important to gain support from the ministries to build a consensus for WFP to enter the HIV/AIDS training arena and to explore possibilities for partnership and collaboration to help the initiative be as effective as possible.

- **Join any HIV/AIDS-related committees** in the country involving UN agencies, such as the UN Theme Group, generally coordinated by UNAIDS, if WFP is not already a member. If any national transport or port committees exist, join these as well, because their support will be important for the training initiative to be publicized and will help it to fully meet its objectives.

- **Set up a one-day workshop with potential training programme partners** to document information and share experiences on any previous HIV/AIDS interventions, including training, that focus on the transport, shipping and port sectors. Include all relevant NGOs, UN agencies, government agencies and interested managers from private-sector transport, shipping and port companies, as well as transport and port union officials.

UNDP is very active in focusing on HIV/AIDS and the transport sector in Southeast Asia. The World Bank is also active in the transport and port sectors in some subregions, especially in Africa. In order to avail the programme of necessary and advantageous resources, including policymaker support, discuss the potential resources that interested partners can provide, including all human and financial ones, and information on other potential resources available in the country, such as training providers.

- **Explore other contacts and suggestions** emerging during the workshop or based on discussions held after the workshop. Other potential partners or resources might be identified that could become key players in the initiative or provide significant additional resources to both planning and implementation phases, as well as affect the sustainability of the initiative over time.

- **Identify who the key partners in the training initiative will be** once enough research has been carried out and discussions held to determine the human, financial and possible policy support needs of the initiative over the specific planned training period. If a peer education component is part of the initiative after training sessions, each and every company participating in the training will have to commit to such participation, at least in principle. They can also help determine the potential logistical parameters of the training, which will be of valuable assistance.

- **Discuss potential current and future roles and responsibilities** of the partners, ranging from human and financial resource needs to different areas of expertise, including institutional core competencies or capacities. Agencies should agree on levels of support so that the available resources become evident before the initiative commences. A planning team or working group should be selected based on relevant roles and responsibilities. The planning team or working group should help decide which NGO or training entity will provide the training, or manage it if team training is determined to be the best approach, and whether it is feasible based on skills and logistical needs in the country. During this period, the participating private sector companies should start identifying committed and capable individuals interested in becoming peer educators if a peer education segment is planned as part of the initiative.

- **Advocate for ongoing support** for the training initiative and a serious focus on the HIV/AIDS epidemic impact on the transport and port sectors with the appropriate government agencies. Ideally, from the outset, WFP should start thinking of ways to help the initiative become sustainable with necessary support eventually coming from various local entities. Where it is possible for regional initiatives to be designed or expanded when already existing in several countries in southern Africa and in the Great Lakes region of East Africa, WFP is in an excellent position to use its expertise and direct contact with transport operators to support these initiatives on various levels.

- **Allocate enough WFP resources** to ensure that the planning process will continue and that any WFP funds needed in the future will be available for the implementation period of the programme from start to finish to ensure programmatic continuity.

Key questions to ask potential training partners (governments, UN agencies, NGOs, institutions and relevant companies and unions)

- What are the existing HIV/AIDS interventions in the country, including training programmes, for the transport and port sector communities?
- How widely are these programmes being implemented and where are they located?
- How many individuals have been reached by these programmes to date?
- What additional programmatic services could WFP help to support (if there is already an HIV/AIDS training programme set up for the transport and/or port sectors)?

- Are private sector companies or unions involved in any of the HIV/AIDS initiatives?
- Does your company or union have an HIV/AIDS policy or programme in place (for the transport and port companies and their unions)?
- Which agencies, institutions, NGOs or consulting groups are you aware of that have experience in HIV/AIDS programmes in the country?
- Can you think of other agencies, institutions, NGOs, companies or unions that might be interested in becoming a partner in an HIV/AIDS training initiative for the transport and port sector communities?
- Has any advocacy work been attempted with various government agencies specifically focusing on HIV/AIDS and the transport and port sectors (for non-government agency partners)?
- Does the government provide any concrete or policy support to HIV/AIDS programmes for these sectors? If so, how?

- What type of support do you think your agency/NGO/institution/ company could provide to an HIV/AIDS training initiative for these sectors?

- Would you or someone from your agency/NGO/institution/company/ union be available to participate in a one-day workshop that WFP may organize in order to share information and experiences that will help design and implement an effective HIV/AIDS training intervention for these sectors?

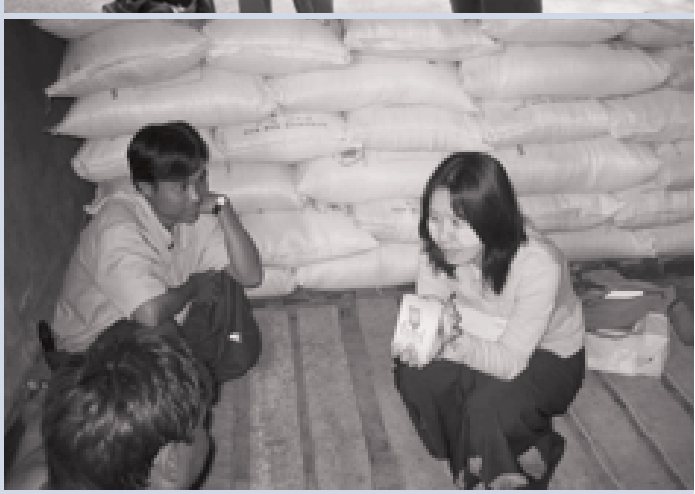
- Do you know of any potential additional stakeholders in an HIV/AIDS training programme for the transport and port sectors who should be invited to the workshop?

- Do you know of any high quality training organizations in the country that may be important to be aware of even if they have not been involved with HIV/AIDS training to date?

- Will you get in touch with our office if any other ideas occur to you that you believe will be helpful in planning the next steps or learning from previous programmes?

Key questions to ask potential HIV/AIDS training providers

- How long has your organization been involved in providing HIV/AIDS-related training?
- When did the most recent HIV/AIDS training workshop take place?
- What experience does your organization have in providing training to members of the transport or port sectors, such as truck drivers or port workers?
- How has your organization worked with the private sector in the past?
- Describe how your organization has been involved in HIV/AIDS training for men.
- Can you describe the contents of a typical HIV/AIDS training curriculum, according to how it has been used by your organization in the past?
- Describe how your organization included issues such as the PMTCT of HIV and VCT in previous training programmes.
- Can you describe how your organization has been involved with HIV/AIDS training that went beyond prevention and covered information on HIV/AIDS-related treatment and care?
- Do you have an HIV/AIDS training curriculum available that can be reviewed?



- How open do you think your organization would be to additional inputs from a programme planning team into an HIV/AIDS training curriculum that your organization might be asked to follow?

- How would your organization manage the training if it were decided that a team of trainers with various types of expertise would be ideal for implementing this programme?

- What experience does your organization have in working with consultants who are experienced trainers?

- How large is your organization?

- Is this your only office or do you have other branches in the country?

- How would you describe the management capacity of your organization to work on a national level?

- What kind of logistical capacity does your organization have to organize training sessions in various locations?

- Does your organization have its own transport or do staff members have their own vehicles?

- Does your organization work on a project basis, monthly, daily or on some other financial basis?

- Does your organization have previous experience working on a training programme with a UN agency? If so, which one?

- Has your organization worked on a training programme in the past involving several programme partners? If so, please describe it.

- Should plans work out and your organization be awarded a contract, how available do you think your organization might be to implement an HIV/AIDS training programme for the transport, shipping and/or port sectors starting six months later?

Guiding principles for HIV/AIDS training

- Recognize the valuable role that WFP has to play in response to the HIV/AIDS pandemic.
- Ensure that the training itself and related activities support the government's response to HIV/AIDS.
- Establish new partnerships and strengthen existing ones to increase the effectiveness of the training initiative and help it reach as many participants as possible.
- Explore potential opportunities and entry points with new partners, including government agencies, other UN agencies, NGOs, companies, unions and donors in order to support various aspects of the training initiative.
- Be flexible and consider partners' suggestions to address challenges.
- Utilize the experiences, expertise and resources of other partners and organizations to support and contribute valuable assets to the training initiative and related activities.
- Initiate periodic meetings with partners to help facilitate timely training programme development and implementation to overcome obstacles and move forward.
- Involve company managers and informed members of the transport, shipping and port sectors in the planning and implementation of the training initiative and any follow-up activities.
- Be sensitive to gender and other behavioural issues that arise during training discussion and planning with prospective participants, training programme implementation and the evaluation activities.
- Respect the various needs of the training partners and participants that may be different from WFP's and accommodate them as much as possible.


Healthy living
with HIV

Some suggestions for HIV/AIDS focal points or programme officers/advisers taking on this new task

- **Find out what is expected of you** in your new role as an HIV/AIDS focal point or the relevant programme officer/adviser regarding the training initiative.

- **Start by having a meeting** to discuss WFP's potential in initiating a new or supporting an existing HIV/AIDS training initiative in the country for the transport, shipping and/or port sectors. WFP senior management in the country should be invited to the meeting because the Country Director will ultimately be responsible for deciding the initiative's feasibility, programming priorities, and the various roles and responsibilities within WFP that will be needed in support of the initiative.

- **Research the status of any ongoing HIV/AIDS training initiatives** for the transport, shipping and port sectors in the country using the questions provided in this document, as well as those from potential partners, skilled training providers and any other additional resources.

- **Keep headquarters and regional office focal points informed** on what you are doing so that they can provide information and support as needed. Opportunities will arise for HIV/AIDS training initiatives and interventions for the transport, shipping and port sectors to become regional endeavours. Establish relationships with the appropriate people in these offices who can support you and your new initiative.

- **Request your job description and include all of the work you perform** or expect to perform in planning, coordinating and overseeing the implementation and evaluation of the HIV/AIDS training.

- **Ensure that open communication channels are established** with other team members for the initiative within WFP, including logistics and procurement staff. Keep them apprised in a timely way of any upcoming internal or external meetings

where their presence will be requested and any other initiative needs where their expertise will be necessary.

- **Build a network among local and international colleagues** to help support the training initiative and WFP's growing involvement in the response to HIV/AIDS on national and international levels.

- **Be open to incorporating new information** as it becomes available about the training curriculum, target audiences, and potential additional partners and resources. HIV/AIDS is an evolving field: new information constantly becomes available and new partners frequently enter the arena, an aspect that can make such work exciting and fulfilling – in helping to save more lives.

How will the HIV/AIDS training initiative be funded?

- **Include the HIV/AIDS training initiative in country programme planning.** The budget line to use for funding this initiative is the "Training" category in the programme or logistics budget line. WFP's HIV/AIDS Service in headquarters can assist in seeking funding from a variety of donors to support the initiative. However, if your country office has the opportunity to raise its own funding for the initiative, or tap into any local source or partner funding to support it, this will be helpful in ensuring that the training programme funding needs are met.

Letter of invitation to a transport company for an HIV/AIDS training session

Sample letter used by WFP Rwanda in 2003

Dear Mr. .....,

HIV/AIDS sensitization training for WFP transporters

In response to the UN Declaration of Commitments on HIV/AIDS, the World Food Programme is strengthening its response to the pandemic by providing mass sensitization campaigns to beneficiaries of food assistance programmes. WFP is undertaking a sensitization campaign for short-listed WFP transporters to increase their HIV/AIDS awareness.

Recognizing the importance of HIV/AIDS as a priority for the Government of Rwanda and the people of Rwanda, WFP intends to actively involve transporters and we need your support. The session will contribute significantly towards breaking down one of the attitudinal barriers that stand in the way of combating HIV/AIDS. The training will provide effective information and education on avoiding infection, behavioural change and sexually transmitted infections.

Population Services International (PSI), an international NGO with thorough expertise and knowledge in the area of HIV/AIDS sensitization, will carry out the training, composed of questions and answers, discussions, movies and play-acting. The session is expected to increase transporters' knowledge base on issues relating to HIV/AIDS and enhance their sensitivity to these issues and the various attitudes surrounding them.

WFP believes that the session will present an excellent opportunity to openly discuss, interact, share and exchange ideas on HIV/AIDS prevention and control. The overall goal of this training is to heighten sensitization regarding HIV/AIDS and also to create a positive impact on individual behaviour and decision-making.

It is crucial that we come together to address and find solutions to reduce the prevalence of HIV/AIDS. Encouraging your drivers to attend this session is a positive step towards the promotion of HIV/AIDS prevention and control. Your drivers will be trained on different issues, ways that the disease is transmitted, other sexually transmitted diseases and changes in behaviour.

Successful completion of the training shall be considered by WFP as a criterion for remaining on our shortlist of transporters. Badges and certificates will be presented to drivers to confirm successful participation. In all future WFP transport contracts, it will be a requirement that drivers wear badges during each WFP delivery.

The session will be held on...., from ....to ..... at... I would appreciate confirmation of attendance to the training by..... Please submit a list containing complete names of all drivers to the WFP Office of the Representative, Attn:.....

I welcome any queries regarding your response to this sensitization session. Please contact..... at ..... or ....., should you require further information.

Thanking you in advance for your cooperation.

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