WORLD BANK CONTRACT 7150602

MONITORING AND ADVOCACY FOR EFFICIENT HIV/AIDS INTERVENTIONS ALONG CORRIDORS IN EAST AND SOUTHERN AFRICA.

FINAL REPORT

BARNEY M W CURTIS
FESARTA
(Federation of East and Southern African Road Transport Associations)

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# CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. ACRONYMS AND WEBSITES</td>
<td>4</td>
</tr>
<tr>
<td>2. EXECUTIVE SUMMARY</td>
<td>5</td>
</tr>
<tr>
<td>3. BACKGROUND TO THE PROJECT</td>
<td>6</td>
</tr>
<tr>
<td>4. OBJECTIVES OF THE PROJECT</td>
<td>7</td>
</tr>
<tr>
<td>4.1 KNOWLEDGE AND CAPACITY BUILDING</td>
<td>7</td>
</tr>
<tr>
<td>4.2 ADVOCACY</td>
<td>7</td>
</tr>
<tr>
<td>5. OUTCOMES OF THE PROJECT</td>
<td>7</td>
</tr>
<tr>
<td>5.1 PARTNERSHIPS WITH ALCO, TW AND NORTH STAR</td>
<td>7</td>
</tr>
<tr>
<td>5.2 STATISTICS</td>
<td>8</td>
</tr>
<tr>
<td>5.3 DEVELOPMENT OF PARTNERS AND PROJECTS</td>
<td>8</td>
</tr>
<tr>
<td>6. WELLNESS CENTRES</td>
<td>9</td>
</tr>
<tr>
<td>6.1 ORIGIN</td>
<td>9</td>
</tr>
<tr>
<td>6.2 DESCRIPTION AND ESTABLISHMENT</td>
<td>9</td>
</tr>
<tr>
<td>6.3 OPERATIONS</td>
<td>11</td>
</tr>
<tr>
<td>7. ALCO INFORMATION UNITS</td>
<td>13</td>
</tr>
<tr>
<td>7.1 ALCO PROJECT</td>
<td>13</td>
</tr>
<tr>
<td>7.2 DESCRIPTION AND ESTABLISHMENT</td>
<td>14</td>
</tr>
<tr>
<td>7.3 OPERATIONS</td>
<td>14</td>
</tr>
<tr>
<td>8. COVERAGE OF BOTH SYSTEMS</td>
<td>15</td>
</tr>
<tr>
<td>9. REFERRALS</td>
<td>16</td>
</tr>
<tr>
<td>10. IMPACT OF WELLNESS CENTRES</td>
<td>16</td>
</tr>
<tr>
<td>11. SUSTAINABLE FUNDING</td>
<td>17</td>
</tr>
<tr>
<td>12. EXPANSION OF THE SYSTEM</td>
<td>18</td>
</tr>
<tr>
<td>12.1 TRUCKING WELLNESS</td>
<td>18</td>
</tr>
<tr>
<td>12.2 NORTH STAR ALLIANCE</td>
<td>18</td>
</tr>
<tr>
<td>12.3 ALCO</td>
<td>18</td>
</tr>
<tr>
<td>13. MOBILE CLINICS</td>
<td>18</td>
</tr>
<tr>
<td>14. PARTNERSHIPS</td>
<td>19</td>
</tr>
<tr>
<td>14.1 ABIDJAN-LAGOS CORRIDOR PROJECT</td>
<td>19</td>
</tr>
<tr>
<td>14.2 NORTH STAR ALLIANCE</td>
<td>19</td>
</tr>
<tr>
<td>14.3 ALCO AND NORTH STAR AGREEMENT</td>
<td>20</td>
</tr>
<tr>
<td>14.4 TRUCKING WELLNESS</td>
<td>20</td>
</tr>
<tr>
<td>14.5 LINK BETWEEN NORTH STAR AND TRUCKING WELLNESS</td>
<td>21</td>
</tr>
<tr>
<td>14.6 WALVIS BAY CORRIDOR GROUP (WBCG)</td>
<td>21</td>
</tr>
<tr>
<td>14.7 SADC GLOBAL FUND HIV/AIDS PROJECT</td>
<td>21</td>
</tr>
<tr>
<td>14.8 SUPPORT THE PRIVATE SECTOR AGAINST AIDS (SPAA)</td>
<td>22</td>
</tr>
<tr>
<td>14.9 NORTHERN CORRIDOR</td>
<td>23</td>
</tr>
</tbody>
</table>
15. MONITORING AND EVALUATION 23

16. DATA COLLECTION AND REPORTING 25

17. CHALLENGES 26
   17.1 SOURCING OF DATA 26
   17.2 TRUCKING WELLNESS AND NORTH STAR LIAISON 26
   17.3 NBCRFLI AND FESARTA LIAISON 26
   17.4 RAPID EXPANSION OF NORTH STAR 27
   17.5 INDECISION BY SADC 27
   17.6 INTRODUCTION OF SPAA 27
   17.7 SHORTAGE OF TRUCK STOPS ALONG CORRIDORS 27

18. RECOMMENDATIONS 27
   18.1 SOURCING DATA 27
   18.2 WORKING RELATIONSHIP WITH ALCO 28
   18.3 TRUCKING WELLNESS, NORTH STAR & FESARTA LIAISON 28
   18.4 HARMONIZED DATA COLLECTION 28
   18.5 UNIONS AS MAJOR STAKEHOLDERS 28
   18.6 THE NORTHERN CORRIDOR 28
   18.7 SADC GLOBAL FUND PROJECT 29
   18.8 SPAA PROJECT 29
   18.9 WELLNESS CENTRES AS TRUCK STOPS 29
   18.10 GENERAL RECOMMENDATIONS 30

19. CONCLUSION 30

20. REFERENCES 31

21. ANNEXES 31
1. ACRONYMS

AIDS  Acquired Immune Deficiency Syndrome
ALCO  Abidjan Lagos Corridor
CEP   Corridor Empowerment Project
COMESA Common Market for East and Southern Africa
COMETS Corridor Medical Electronic Transfer System
EAC   East African Community
ECOWAS Economic Community of West African States
FESARTA Federation of East and Southern African Road Transport Associations
FHI   Family Health International
HIV   Human Immunodeficiency Virus
M&E  Monitoring and Evaluation
NBCRFLI National Bargaining Council for the Road Freight and Logistics Industry
NCTTCA Northern Corridor Transit and Transport Coordinating Authority
NRTA  National Road Transport Association
NSA   North Star Alliance (formerly North Star Foundation)
PLWHA People Living with HIV and AIDS
REC   Regional Economic Community, eg COMESA, EAC, SADC
RFA   Road Freight Association
SADC  Southern African Development Community
SIDA  Swedish International Development Agency
SPAA  Supporting the Private Sector in African to Fight HIV/AIDS
SSATP World Bank Sub-Saharan African Transport Policy Programme
STI   Sexually transmitted infection
TCC   Transport Coordination Committee of the RECs
ToR   Terms of Reference
VCT   Voluntary Counselling and Testing
WBCG  Walvis Bay Corridor Group

WEBSITES

ALCO  www.corridor-sida.org
FESARTA www.fesarta.org
North Star Alliance www.northstar-alliance.org
SADC AIDS www.sadc.int/shdsp
Trucking Wellness www.truckingwellness.co.za
2. EXECUTIVE SUMMARY

FESARTA was given a project by the World Bank SSATP; to primarily monitor and evaluate the Wellness Centre system in East and Southern Africa and the Information Units on the Abidjan-Lagos Corridor (ALCO) in West Africa. There were other objectives in the project, but, as FESARTA considered the two projects to be most important to the road transport industry, it decided to focus on them.

ALCO had completed its first two projects (2003-2007 and 2008-2009), so it did not have much recent information on HIV/AIDS prevalence to give to FESARTA.

The South African National Bargaining Council for the Road Freight and Logistics Industry (NBCRFLI) which directed the Trucking Wellness project, had a misunderstanding with FESARTA over FESARTA’s sourcing of funding and its working relationship with North Star Alliance. It took most of this project’s duration to convince the NBCRFLI that FESARTA’s objectives were honourable, before FESARTA was able to source useful information from the Trucking Wellness project.

North Star Alliance was on a rapid expansion programme and FESARTA was having difficulty in keeping up. FESARTA was however able to source useful information.

The information that FESARTA sourced from the three projects was entered into schedules drawn up for the purpose. The indicators chosen by FESARTA were acceptable to the three other parties, though the information that was submitted to FESARTA during this project, did not complete the schedules. This may have been due to insufficient close interaction between FESARTA and the three projects.

FESARTA was able to show some trends in the percentages of persons having STIs against those having basic primary health care and the percentages of persons testing positive for HIV/AIDS. For example:

2.1 Trucking Wellness: The percentage of STIs to BPH decreased steadily from 2008 to 2011 (25%, 34% and 24%). The HIV/AIDS prevalence increased from 2008 to 2009 (19%), but then decreased markedly from 2009 to 2011 (30% and 5%).

2.2 North Star: The percentage of STIs did drop from 2009 to 2011 (16% and 0%). HIV/AIDS prevalence dropped considerably from 2009 to 2010 (43%), but then increased from 2010 to 2011 (11%). As VCT had just started, and only a few results were available for 2009, they may not have been very accurate and so affected the trends.

2.3 The few results available from ALCO showed a marked in HIV/AIDS prevalence drop from 2008 to 2009 (33%) and then a small drop from 2009 to 2010 (8%).

2.4 Overall, the trends were quite strange. The percentage of STIs did drop from 2008 to 2011 (33%, 26% and 11%). However, the HIV/AIDS prevalence increased! (93%, 11% and 10%). The reason for the unbelievable increase from 2008 to 2009 was that ALCO tested a large number of people in 2008 and they had a low prevalence. This reduced the overall prevalence down to less than 3%. With only a few ALCO results in 2009, East and Southern African raised the prevalences. It was worrying that between 2010 and 2011, the overall prevalence increased. This was due to the high prevalences in the new North Star Centres.

See Annex 1 for these trends.
The main bulk of the information sourced from the three projects, was for only 2009 and 2010. Some was sourced for 2008 and two months for 2011. This would have affected the accuracy. It was hoped that as FESARTA sourced more information, including for the balance of 2011, the schedules would become more complete and the trends more accurate.

Other initiatives, including the SADC Global Fund project and the GIZ SPAA project, were introduced into Southern Africa during the period of this SSATP project. The SADC project had not got off the ground at the time of this report. The SPAA project had started and produced useful outcomes from several meetings and a regional AIDS and self-regulation workshop held on 27th to 28th January 2011. See Annex 2. It was hoped that the above two projects would continue and provide useful input to FESARTA’s activities.

Even though this project had overrun its duration by a considerable length of time, FESARTA believed that there was so much happening with HIV/AIDS in the East and Southern African region, that the extra time taken was important to enable FESARTA to get best effect from the activities. These activities were:

- The rapid expansion of the North Star project
- The expansion and difficulties experienced with the Trucking Wellness project
- The preparations for the introduction of the SADC Global fund project
- The introduction of the SPAA project
- The interest for cooperation shown by the Northern Corridor

FESARTA recommended that it continue to source information from all the projects and so improve the accuracy of the trends that it had developed.

### 3. BACKGROUND TO THE PROJECT

In the late 1990s, it was apparent from statistics on HIV/AIDS prevalence in the cities and towns along the road transport corridors from East Africa to Southern Africa, that the pandemic was being spread by the road transport industry along these corridors. For example, at a conference in the Carlton Centre in Johannesburg in 2000, one of the NGOs at that time, noted that the prevalence in Mbeya near the Zambia/Tanzania border, was negligible in the 1980s. Yet in the 1990s, it had risen to one of the highest figures in the region. Mbeya was a main transit and stopping point on the corridor between East Africa and Southern Africa. FESARTA attended that conference, but has been unable to find the reference for the figures.

There were many projects and programmes aimed at fighting the HIV/AIDS pandemic in the region at that time, but few were directed at the road transport industry.

The World Bank Sub-Saharan Transport Policy Programme (SSATP) had, in the past years, identified HIV/AIDS as an important cross-cutting issue in its objectives to reduce poverty and lower the cost of transport in sub-Saharan Africa. FESARTA had also seen fighting the pandemic as an obligation by the road transport industry, since it was mainly the drivers in the industry that had been spreading it.
Even though there have been many interventions in the region, little useful information had been tabled at the SSATP meetings and therefore the SSATP was not well-informed on the projects.

It was for the above reasons that FESARTA approached the SSATP in 2008; to set up a project to monitor and evaluate the projects in the region. A Concept Note and ToR was drafted in January 2009. See Annex 3. A contract was then drawn up between World Bank and FESARTA in March 2009. See Annex 4. The project started in June 2009. Jocelyne do Sacramento of the World Bank in Washington, was designated the leader of the project. She visited the region in June 2009 and her Back to Office report detailed the start of the project. See Annex 5.

4. OBJECTIVES OF THE PROJECT

The objectives of the project were described as follows:

4.1 Knowledge and Capacity Building
- Design and disseminate an appropriate monitoring and evaluation tool for the Wellness Centre concept, in partnership with NSA and ALCO
- Building on a partnership with ALCO, improve FESARTA’s capacity to support HIV/AIDS programmes within its National Road Transport Associations (NRTAs)

4.2 Advocacy
- Disseminate appropriate measures to support the creation of Wellness Centres and ease their implementation in East and Southern Africa, as well as West Africa through the involvement of ALCO
- Improved commitment by the road transport industry (through the NRTAs) and stakeholders, towards the establishment and future sustainability of the Wellness Centres
- Scale up commitment by corporate companies to support Wellness Centres in a large scale in East and Southern Africa
- Disseminate other useful sector specific tools and leaflets within the industry and the countries’ public and private stakeholders

5. OUTCOMES OF THE PROJECT

5.1 PARTNERSHIPS WITH ALCO, TRUCKING WELLNESS AND NORTH STAR ALLIANCE
Visits by ALCO to Southern Africa and FESARTA to ALCO, encouraged a networking of ideas and adoption of some of the better practices of each project, viz:

5.1.1 Strong central management of the Southern African system, through the Wellness Centres
5.1.2 Close interaction between management and the target population through the Border Committees and less reliance on the Information Units
5.2 STATISTICS

Statistics from all three projects were brought together into one schedule, for each of years 2008, 2009, 2010 and 2011, and some trends were then developed.

See Annex 1.

There were three main reasons for trends which were sometimes unrealistic:

5.2.1 The prevalence rate was calculated by dividing the number of persons tested positive for HIV/AIDS, by the number of persons going through VCT. However, it has been ascertained that not all of the persons going through VCT were actually tested for HIV/AIDS. Some persons, after going through the first counselling session, decided not to be tested. Unfortunately, the numbers that decided not to be tested, were not always identified and so the statistics may not have been entirely accurate. This would have materially affected the statistics.

5.2.2 In 2009, North Star was only doing VCT at the Mwanza Wellness Centre. The prevalence rate for North Star in 2009 (7%) was therefore based on only one Centre and it was quite likely that this one Centre did not produce entirely accurate statistics. In 2010 when substantially more statistics were available and there was greater accuracy with sourcing the information, the prevalence rate (4%) was probably also more accurate. Therefore, the drop in prevalence from 2009 to 2010 (-39%) was understandable.

5.2.3 The number of persons undergoing VCT at ALCO, was considerably higher than for Trucking Wellness and North Star. This was commendable for ALCO. Unfortunately, these high numbers were only for 2008 and 2009 (when the project came to an end). Furthermore, the HIV/AIDS prevalence rate was considerably lower in West Africa than for East and Southern Africa. The lower prevalence rate with the high number of persons tested therefore affectively lowered the overall figures for the three projects. Then, for 2010, when the ALCO statistics were not significant, the overall prevalence rate was more influenced by the other two projects.

5.2.4 In 2009, both Trucking Wellness and North Star produced statistics with a large number of persons participating. As the prevalence rate in their areas was much higher than in West Africa, the overall prevalence rate increased rapidly.

5.2.5 Generally, the prevalence rates were higher in South Africa (14%, 14%, 12% and 11% for the years 2008 to 2011). North Star statistics for North of South Africa, were generally lower (7%, 4% and 4% for 2009 to 2011). ALCO in West Africa were the lowest at 2%, 1% and 1%. Overall the statistics showed an increasing trend (3%, 6%, 6% and 7%), because of the influences of ALCO’s low prevalence rate and high number of persons in 2008, then the influence of a growing Trucking Wellness and North Star in 2009, then the removal of ALCO in 2010.

5.2.6 The rapid expansion of the North Star project from 2010 to 2011, meant that the slight increase in prevalence for that project (3%), significantly affected the overall prevalence rate (5%).

5.2.7 With the signing of the MOU between North Star and ALCO and the potential for the ALCO Information Units to start producing results later in 2011, the overall prevalence rates could again drop.

5.2.8 In general, it could be stated that the prevalence rate for driver, women at risk and the surrounding communities were 11 to 14% in South Africa, 4 to 7% North of South Africa and 1 to 2% in West Africa.

5.3 DEVELOPMENT OF PARTNERS AND PROJECTS

The North Star project had expanded rapidly from 2009 and both Trucking Wellness and North Star planned even greater expansion from 2011 onwards.
Against difficult circumstances to be expanded on later in this report, FESARTA had developed good working relationships with the three projects. Working relationships had improved between employers (transport associations) and employees (Unions). This was especially evident at the WBCG HIV/AIDS help desk.

6 WELLNESS CENTRES

6.1 ORIGIN
The South African National Bargaining Council for the Road Freight Industry (NBCRFI), then changed to the National Bargaining Council for the Road Freight and Logistics Industry (NBCRFLI), was comprised of representatives of labour (the trade unions) and of the employers (Road Freight Association).
In the late 1990s, the NBCRFI had an AIDS project in the road freight industry, but it was not having much effect.
It hired a contractor (the Learning Clinic) to escalate the project into something more worthwhile.
It wasn’t long before the Learning Clinic realized that the most important clients of the projects, the drivers, were not normally at their work bases. They were on the roads and sleeping in their trucks at “hot spots” along the major road transport corridors.
This attracted commercial sex workers, then becoming known as women at risk.
The NBCRFI created the “Trucking Against AIDS” project and decided to focus its efforts on the hot spots along the corridors.
The next step was to identify these hot spots and decide how best to fight the HIV/AIDS pandemic at them.
They were either at borders or convenient driving time places along the major corridors where the drivers could get refreshments and other services.
In 2000, it was decided that some sort of infrastructure was needed at these hot spots; where the project could interact with the drivers.
The subsequent mobile installations were first called Roadside Container Clinics (since they were created out of 6- and 12-metre ISO shipping containers.)
The first such unit was established at Beaufort West, not far from Cape Town, in 2001.
The name was later changed to Wellness Centres; to better reflect the objectives of the establishments.

6.2 DESCRIPTION AND ESTABLISHMENT
As mentioned, the Wellness Centres were traditionally created from 6- and 12-metre ISO shipping containers.
Modifications included putting in windows, doors, flooring, internal walling, ceiling, lights, plugs, basin, air conditioner etc.
Either one 6-metre container, or half of a 12-metre container was configured as an education and training unit, with chairs, a table etc. It was staffed by a trainer.
The other half was configured as a clinic, with the basin, cupboards, consultation bed, screen, a desk and chairs. It was staffed by a nurse linked to the national health system of the host country.
Where there was sufficient throughput to justify expansion and where there were suitable infrastructure facilities, some Centres were transferred to fixed brick and mortar buildings. See Annex 6.
Partnerships were entered into with owners of such infrastructure and the project either leased the building, or the owner provided the building free-of-charge.
Before a Wellness Centre was established, a feasibility study had to be carried out to:

6.2.1 Source funding to create the infrastructure, establish the Centre, pay for the staff and services, etc
6.2.2 Determine the traffic flow and the number of clients likely to visit the Centre
6.2.3 Get agreement from the relevant authorities to set up the Centre
6.2.4 Get the support of the unions and the road freight industry
6.2.5 Identify a suitable site with water, electricity, parking etc
6.2.6 Get agreement with the relevant authorities to:
   o source services
   o source trained nurses to staff the clinic and
   o drugs

Generally, donor funding had been used to establish the Centres and run them for three months. Then, the objective was for the private sector to “adopt” a Centre and continue to pay for its operation.

The majority of the Centres were established on the major road transport corridors. The corridors had been identified and categorised into the Regional Economic Communities (REC)-Transport Coordination Committee’s (TCC) Annual Work Programme. For the purpose of this project, the corridors could be identified as shown in the following Table:

**Table 1. Road Transport Corridors in West, East and Southern Africa**

<table>
<thead>
<tr>
<th>CORRIDOR</th>
<th>PORT/S</th>
<th>COUNTRIES</th>
</tr>
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<tbody>
<tr>
<td>Abidjan – Lagos</td>
<td>Abidjan, Accra, Lome, Cotonou, Lagos</td>
<td>Ivory Coast, Ghana, Togo, Benin, Nigeria</td>
</tr>
<tr>
<td>Northern</td>
<td>Mombasa</td>
<td>Kenya, Uganda, Rwanda, Burundi, DRC</td>
</tr>
<tr>
<td>Central</td>
<td>Dar es Salaam</td>
<td>Tanzania, Rwanda, Burundi, Uganda</td>
</tr>
<tr>
<td>Dar es Salaam</td>
<td>Dar es Salaam</td>
<td>Tanzania, Zambia, Malawi, DRC</td>
</tr>
<tr>
<td>Nacala</td>
<td>Nacala</td>
<td>Mozambique, Malawi</td>
</tr>
<tr>
<td>Beira</td>
<td>Beira</td>
<td>Mozambique, Zimbabwe, Malawi</td>
</tr>
<tr>
<td>Maputo</td>
<td>Maputo</td>
<td>Mozambique, Swaziland, South Africa</td>
</tr>
<tr>
<td>North – South</td>
<td>Durban</td>
<td>South Africa, Botswana, Zimbabwe, Mozambique, Malawi, Zambia, DRC</td>
</tr>
<tr>
<td>Trans Kalahari</td>
<td>Walvis Bay</td>
<td>Namibia, Botswana, South Africa</td>
</tr>
<tr>
<td>Walvis Bay – Ndola – Lubumbashi</td>
<td>Walvis Bay</td>
<td>Namibia, Zambia, DRC</td>
</tr>
<tr>
<td>Trans Cunene</td>
<td>Walvis Bay</td>
<td>Namibia, Angola</td>
</tr>
</tbody>
</table>

See Annex 7 for the map of the East and Southern African road transport Corridors, Annex 8 for the location of the North Star and Trucking Wellness Centres and Annex 9 for the map of the Abidjan-Lagos Corridor.
There would always be additions and alterations to the list above, but, at the time of the project, those listed were the main effective road transport corridors in West, East and Southern Africa. There were other corridors in North, West, Central and East Africa, but activities had not been extended to them at the time of the project.

It was the intention of North Star Alliance to cover the whole of Africa, in time.

6.3 OPERATIONS
6.3.1 Trucking Wellness
Under the contract between the Learning Clinic and the NBCRFI, 13 Centres were established in South Africa.

Subsequently, the Learning Clinic was absorbed into Ikaheng Human Resource Services, a subsidiary of Imperial Logistics.

In 2007, the contract was taken over by Corridor Empowerment Projects.

The project then became known as Trucking Wellness and had expanded to 20 Centres.

It partnered with the South African Business Coalition against HIV/AIDS and Mercedes Benz.

The South African Department of Health continued to supply drugs and nurses to the Centres.

SIDA, the Swedish donor agency, funded the establishment of Centres and other costs.

Companies such as Imperial Logistcs, Shell, N3 Toll Concessions and Engen, have adopted Centres and funded the ongoing operations.

In 2010 Trucking Wellness entered into a new agreement with SIDA, whereby SIDA would fund the expansion of the South African project into a number of Southern African countries.

It would be a challenge to ensure that Trucking Wellness and North Star Alliance cooperated to ensure there was no duplication of Centres and that their clients received best service.

6.3.2 North Star Alliance
Imperial Logistics linked up with World Food Programme (WFP) and the international parcel delivery company TNT.

They created the North Star Foundation in 2006, with headquarters in the Netherlands.

In 2007, the group of core supporters was expanded to include the International Transport Workers’ Federation (ITF) and UNAIDS.

In 2009, the group again expanded to include systems developer ORTEC as the newest core partner.

In 2009, it changed its name to North Star Alliance.

North Star Alliance’s interventions consisted of four key principles:

- A physical network of Wellness Centres located directly at disease hot spots
- Selective public health and prevention services for high impact diseases related to mobility, supported by standardized protocols and a robust referral system
- A proprietary IT system (COMETS) that extended the continuum of care, collected essential data and reinforced quality assurance
- A private-sector management philosophy based on standardization, cost control and targeted marketing and communications

North Star Alliance had established 20 Centres outside of South Africa as at the end of 2010; in Malawi, Swaziland, Zimbabwe, Zambia, Namibia, Tanzania, Kenya and DRC.

International donors had funded the establishment of the Centres and had also funded ongoing operations.

The objective was to increase the number of Centres in 2011 as follows:

- More in the DRC, potentially on the Matadi-Kinshasa route
- Expansion of the facility in Matsapha, Swaziland
- Potentially four more in Malawi
- Another in Namibia
- Some along the Beira corridor
- One or two in Botswana
- More in Kenya
- More in Tanzania
- One or two in Uganda
- Some in Rwanda and Burundi

Included in the expansion, was an increase in the staff levels, particularly at operational level. There were now managers in place for Southern Africa, East Africa and West Africa.

At senior management level, there were now four divisions: Finance, Education/development/training, Medical and Marketing/communications/fundraising.

Some concerns were voiced on the Wellness Centre system, by the ALCO delegation, led by Edy Anthony, that visited Southern Africa in October 2009, viz:

“In mitigation, there were reasons why it was very difficult to run the Centres:
- they were often established where services and qualified and experienced staff were very difficult to source
- They were not normally near major city Centres because this was where the drivers had their company bases and there was no need for the drivers to rest there
- Border posts and other hot spots were not where that potential staff wanted to live
- The sourcing of drugs and condoms to stock the Centres could be challenging
- Financial sustainability once NSA had established the Centre, was often a challenge. The lack of funding could affect staff salaries, sourcing of stock, etc.
- The opening times of the Centres drew criticism. The objective was to open the Centres when the trucks and drivers were present at the hot spots. In earlier years, along the major road transport routes, this was at night, when the drivers stopped to rest.

Staffing was done by retired nurses.
With Centres at border posts, the situation was more complex, since drivers were there often for some days.
It was not practical to stay open for 24 hours, since this would be a costly exercise and staff may not be available. The opening times were therefore set to either suit the staff, or when most drivers and women at risk were likely to visit the Centres.
With several new Centres being opened at borders in 2009, NSA were still trying different opening times to establish what times were best.

It was clear that a strong central management system was in place, and such management had been developing with Trucking Wellness and North Star over the years.”

It was not unexpected that these observations came from the ALCO team, since ALCO was used to close interaction with its Information Units through its Border Committees.
The Wellness Centres were overseen through a central manager who was not necessarily in close touch with the Centres.
Since the visit by ALCO to Southern Africa, North Star has increased its staff compliment, to include a manager for each region and additional administrative staff at the headquarters in the Netherlands.
7. **ALCO INFORMATION UNITS (WEST AFRICA)**

7.1 **ABIDJAN-LAGOS TRANSPORT CORRIDOR JOINT REGIONAL HIV/AIDS PROJECT**

The Abidjan-Lagos Transport Corridor, which crosses five countries – Nigeria, Benin, Togo, Ghana and Cote d’Ivoire, was one of the transport corridors which contributed very significantly to sub-regional integration. The corridor measuring 1022 km, served more than 30 million persons. It handled more than 47 million persons and more than 7 million vehicles in transit traffic every year.

The project was as a result of a general concern on the corridor. Regional problems required regional solutions.

The general HIV/AIDS prevalence rate was relatively low in the Corridor countries (7.1% in Côte d’Ivoire, 3.6% in Ghana, 6% in Togo 2% in Benin and 5.1% in Nigeria).

However, the presence of people presenting high risk behavior and crossing the borders of these countries every year was a source of concern and the prevalence rate at the border sites was generally above the national average.

Conscious of the fact that the HIV/AIDS epidemic, because of its gravity and its negative impacts on individuals, families and communities, constituted an unprecedented challenge to the establishment of a sustainable socio-economic development, representatives of the five project countries along the Abidjan-Lagos Transport Corridor, agreed to conceive and implement with the support of the World Bank, a five-year regional HIV/AIDS prevention project targeting migrants and the local communities along the Corridor.

The project ran from 2003 to 2007.

By 2006, the Abidjan-Lagos Corridor Project had contributed significantly in the fight against HIV/AIDS in the migration context and in inter country scale and it allowed inter border best practices sharing.

In 2007, the Executive Secretariat of Abidjan-Lagos Corridor Organization (ALCO) received within the framework of the 6th round of the Global Fund to fight HIV/AIDS, Tuberculosis and Malaria, a grant for the implementation of the project titled “**Intensification of STI/HIV/AIDS Intervention Targeting mobile populations: Consolidation and Extension of the Joint Regional STI/HIV/AIDS Project along the Abidjan-Lagos Transport Corridor**”.

The purpose of the project was to slow down the HIV spread and to reduce morbidity and mortality related to the pandemic within the mobile populations and the people in contact with them. To achieve this goal, 5 objectives were introduced, together with a whole lot of activities, for the benefit of the target groups such as, commercial sex workers, truckers, uniformed service personnel, traders, the itinerant salesmen, women porters etc. The project was to carry out its activities in 22 sites namely; border sites, regional markets, port authorities and prostitution sites along the Abidjan-Lagos corridor.
7.2 DESCRIPTION AND ESTABLISHMENT

To facilitate the crossing of the border by the various users (travellers, migrants, drivers, etc) ALCO decided in 2006 to put up Information Unit at each side of the border along the Abidjan-Lagos corridor. These information units were to provide information on HIV/AIDS.

Apart from the one at the Ghana border, which had been reduced in size at the request of the border authorities, they were all of adequate size, constructed of wood, on strong raised concrete bases.

A typical information unit had the following characteristics:
- A 300 m² floor area
- An office space of 14m² to provide information on border crossing formalities (required travelling documents and related fees)
- An office space of 14m² to provide information on STI/HIV/AIDS
- An office space of 14m² used by the Border Committee Against HIV/AIDS
- A 24m² conference room for the border committee and inter-border facilitation committee
- A 70m² shed that could take up to 100 people and which could be used for sensitization activities and film shows on HIV/AIDS and facilitation of free movement of people and goods.

These information units were better suited to contain clinic and education/training facilities than the ISO container-based units used in East and Southern Africa.

See Annex 10.
Annex 9 shows the location of the IUs along the Abidjan-Lagos Corridor.

One of FESARTA’s objectives was to source statistics from the ALCO project’s Information Units, put them into a common schedule and then compare them with the Wellness Centres. This comparison would guide FESARTA in the adoption of future best practices.

7.3 OPERATIONS

ALCO was managed by an Executive Secretariat and its implementing agencies in the field were varied. In the area of health, the implementing agencies were the health centres. For prevention activities, NGOs including the Border Committees conducted sensitization activities in STI/HIV/AIDS and VCT. In addition, the Border Committees provided information on free movement of people and goods. In this way, ALCO was able to be very close to its target populations.

The Border Committees were chaired by preferably the mayor of the region, or at least another high profile person. In this way, they were able to attract representatives from the local administrative structures, border authorities, Ministries, transporters, traders, PLWHA and other NGOs.
Within the Border Committees were Focal Units, comprising the Chairman, a Focal Person, a secretary and a monitoring & evaluation officer.

The Border Committees gave direction to local community mobilization and mobilized resources from the ALCO Executive Secretariat, whilst the Focal Units did the implementation of activities. The system worked well.
See the Report on the Visit to ALCO. See Annex 11.

The ALCO project achieved:
- Better knowledge of how to prevent HIV/AIDS
- More diagnosis and treatment of STIs
- Greater condom availability and use
- Greatly increased voluntary counselling and testing

8. COVERAGE OF BOTH SYSTEMS

44 Wellness Centres and Information Units had been established along corridors in East, South and West Africa, as shown in the table below:

**TABLE 2. Wellness Centres and Information Units in East, South and West Africa**

<table>
<thead>
<tr>
<th>WELLNESS UNIT</th>
<th>CORRIDOR</th>
<th>COUNTRY</th>
<th>YEAR OPENED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beaufort West</td>
<td>Western Cape</td>
<td>South Africa</td>
<td>2000</td>
</tr>
<tr>
<td>Harrismith</td>
<td>North-South</td>
<td>South Africa</td>
<td>2001</td>
</tr>
<tr>
<td>Beithbridge border</td>
<td>North-South</td>
<td>South Africa</td>
<td>2001</td>
</tr>
<tr>
<td>Ventersburg</td>
<td>Western Cape</td>
<td>South Africa</td>
<td>2002</td>
</tr>
<tr>
<td>Tugela</td>
<td>North-South</td>
<td>South Africa</td>
<td>2002</td>
</tr>
<tr>
<td>Port Elizabeth</td>
<td>Eastern Cape</td>
<td>South Africa</td>
<td>2002</td>
</tr>
<tr>
<td>Hanover</td>
<td>Eastern Cape</td>
<td>South Africa</td>
<td>2003</td>
</tr>
<tr>
<td>Komatipoort</td>
<td>Maputo</td>
<td>South Africa</td>
<td>2003</td>
</tr>
<tr>
<td>Mooi River</td>
<td>North-South</td>
<td>South Africa</td>
<td>2004</td>
</tr>
<tr>
<td>Zeerust</td>
<td>Trans Kalahari</td>
<td>South Africa</td>
<td>2005</td>
</tr>
<tr>
<td>East London</td>
<td>Eastern Cape</td>
<td>South Africa</td>
<td>2005</td>
</tr>
<tr>
<td>Mwanza border</td>
<td>North-South</td>
<td>Malawi</td>
<td>2005</td>
</tr>
<tr>
<td>Kokstad</td>
<td>Eastern Cape</td>
<td>South Africa</td>
<td>2006</td>
</tr>
<tr>
<td>Noe</td>
<td>ALCO</td>
<td>Côte d’Ivoire</td>
<td>2006</td>
</tr>
<tr>
<td>Elubo</td>
<td>ALCO</td>
<td>Ghana</td>
<td>2006</td>
</tr>
<tr>
<td>Sanvee Condji</td>
<td>ALCO</td>
<td>Togo</td>
<td>2006</td>
</tr>
<tr>
<td>Hilla Condji</td>
<td>ALCO</td>
<td>Benin</td>
<td>2006</td>
</tr>
<tr>
<td>Krake</td>
<td>ALCO</td>
<td>Benin</td>
<td>2006</td>
</tr>
<tr>
<td>Seme</td>
<td>ALCO</td>
<td>Nigeria</td>
<td>2006</td>
</tr>
<tr>
<td>Aflao</td>
<td>ALCO</td>
<td>Ghana</td>
<td>2007</td>
</tr>
<tr>
<td>Kodjovia科普</td>
<td>ALCO</td>
<td>Togo</td>
<td>2007</td>
</tr>
<tr>
<td>Oshoek border</td>
<td>Maputo</td>
<td>Swaziland</td>
<td>2007</td>
</tr>
<tr>
<td>Marianhill</td>
<td>North-South</td>
<td>South Africa</td>
<td>2008</td>
</tr>
<tr>
<td>Chirundu border</td>
<td>North-South</td>
<td>Zambia</td>
<td>2008</td>
</tr>
<tr>
<td>Walvis Bay Port</td>
<td>Walvis Bay</td>
<td>Namibia</td>
<td>2008</td>
</tr>
<tr>
<td>Colesburg</td>
<td>Western Cape</td>
<td>South Africa</td>
<td>2009</td>
</tr>
<tr>
<td>Mthatha</td>
<td>Eastern Cape</td>
<td>South Africa</td>
<td>2009</td>
</tr>
<tr>
<td>Beithbridge border</td>
<td>North-South</td>
<td>Zimbabwe</td>
<td>2009</td>
</tr>
<tr>
<td>Chirundu border</td>
<td>North-South</td>
<td>Zimbabwe</td>
<td>2009</td>
</tr>
<tr>
<td>Mombasa Port</td>
<td>Northern</td>
<td>Kenya</td>
<td>2009</td>
</tr>
<tr>
<td>Malaba</td>
<td>Northern</td>
<td>Uganda</td>
<td>2009</td>
</tr>
<tr>
<td>Katuna</td>
<td>Northern</td>
<td>Uganda</td>
<td>2009</td>
</tr>
<tr>
<td>Dar es Salaam</td>
<td>Dar es Salaam</td>
<td>Tanzania</td>
<td>2009</td>
</tr>
<tr>
<td>Tunduma</td>
<td>Dar es Salaam</td>
<td>Tanzania</td>
<td>2009</td>
</tr>
</tbody>
</table>
Villiers | North-South | South Africa | 2010
---|---|---|---
Mlolongo | Northern | Kenya | 2010
Gauteng | North-South | South Africa | 2010
Katima Mulilo | WB-Ndola-Lubu. | Namibia | 2010
Emali | Northern | Kenya | 2010
Maai Mahiu | Northern | Kenya | 2010
Burnt Forest | Northern | Kenya | 2010
Namanga | Dar es Salaam | Kenya | 2010
Salgaa | Northern | Kenya | 2010
Lukala | Northern | DRC | 2010

See Annexes 8 and 9 for maps of the Wellness Centres in East and Southern Africa and the Information Units in West Africa.

9. REFERRALS

Neither Wellness Centres nor Information Units were set up to treat patients for anything more than basic primary healthcare. This included STIs and opportunistic infections. Trained nurses carried out these activities and referred the more serious ailments to the government clinics and hospitals. As the projects progressed, so VCT was added, providing the clinics were able to provide acceptable counselling and testing standards and complied with the protocols of the national health systems in the host countries. This was not possible in all clinics, though this was the objective. ALCO did introduce anti-retroviral therapy (ART) and also safe medical waste disposal in all its 8 Information Units. North Star found that those tested positive for HIV/AIDS generally preferred to source their ART from the government clinics, rather than from the Centres. This was because of the stigma of being recognized by fellow drivers and women at risk. It was also difficult for the Centres and Units to keep track of the referrals. Generally, the ARVs were provided from the national health clinics and the drivers and women at risk preferred to interact with those clinics. This was to avoid the stigma of being recognized at the Centres and Units.

10. IMPACT OF WELLNESS CENTRES AND INFORMATION UNITS AS A TOOL TO FIGHT HIV/AIDS

Wellness Centres and Information Units have gained significant credibility in the eyes of the RECS and are seen as potential truck stops going forward. They are also seen by drivers and road transport companies as good stopping places for the drivers. Trucking Wellness, North Star and ALCO had successes in reducing the HIV/AIDS prevalence rate over the period 2008 to 2010. North Star had a slight increase in 2011, but this could be attributed to its rapid expansion and the capturing of information for new Centres which may not have been accurate. North Star was mentioned as a “best practice” in programmes targeting mobile populations at the June 2009 meeting of the UNAIDS Programming Coordinating Board.
11. SUSTAINABLE FUNDING

The financial sustainability of the Centres and Units was different.

As can be seen from Table 2. above, the North Star system had expanded measurably in the past two years. Once the feasibility study to determine the hot spots along a corridor and the practicality of establishing a Centre had been done, NSA sourced donor funding to establish either one or several Wellness Centres. NSA had been able to source funding to establish the Wellness Centres, but had difficulty in sustaining them into the future.

Luke Disney, the Managing Director and Robin Landis, the Marketing Director of North Star, were both canvassing large corporate organizations in the USA and Europe, to source large amounts of funding for the project. So far, it had been able to enter into longer term agreements with international donors and other sources to sustain some Centres for longer periods. Its major funder continued to be the international TNT Express, with the WFP also being a founder funder.

In the early years of the South African system, the department of health provided this funding. The Swedish donor agency SIDA became a major source of funding. Then some private sector companies and donors, including Shell, Unitrans, N3 Toll Concessions and the Imperial Group, stepped in to fund individual Centres. JICA, the Japanese donor agency also assisted.

This practice still applied in South Africa, though in other countries, the ministries of health were not always able to fund the operations of the Centres. The challenge was to get the buy-in from the private sector, particularly the road transport industry and be able to source long-term funding in this way.

Part of this project, was for FESARTA to work with NSA and the National Road Transport Associations (NRTAs) and source funding from their members. The objective was to get a large company or organization to “adopt” a Centre on an annual basis. The successful company or organization would then be allowed to erect suitable advertising on the Centre. Through the extended duration of the project, the NRTAs had become better sensitized to the requirement, and in Malawi, transporters had actually been paying into a fund.

Some years previous, the NBCRFI had created an Employee Wellness Fund. A levy was placed on the salaries of all persons registered with the NBCRFI. Employers paid in 1% of the salaries bill of a company, and the workers paid in 0.5%. The Fund was used to pay for the medical costs of all persons registered with the NBCRFI. All doctors’ fees and medication were covered by the fund. It was not used to establish Wellness Centres, but assisted with the operating costs, where necessary. Whilst the details of the fund and how staff could access it, were disseminated to the staff through the unions, the shop floor staff did not make much use of it. The most likely reason was that the shop floor staff did not access the fund through the government clinics, either because of ignorance or motivation.
SIDA had significant funding available for HIV/AIDS projects in Southern Africa, and so entered into an agreement with Trucking Wellness, to expand the South African system into other countries.

The Information Units were set up as part of the original World Bank funded project. Subsequently, when the funding was used up, operations became limited to Border Committees working together with Ministry of Health nurses giving services to the local communities.

12. EXPANSION OF THE SYSTEM

12.1 TRUCKING WELLNESS
A R45 million (US$ 6.4 million) injection by Mercedes Benz South Africa would give the project greater impetus to achieve its objectives of healthier drivers.
In addition and as noted above, SIDA had signed an agreement with Trucking Wellness, to extend the South African system into countries outside South Africa.
This would be the first time that Trucking Wellness would venture into relatively unknown territory.
It was generally agreed that Trucking Wellness would have to work closely with both North Star and FESARTA, to achieve its objectives outside of South Africa.

12.2 NORTH STAR ALLIANCE
North Star was on a major expansion programme.
The objective was to have 42 Units operating in 19 countries throughout East, Southern and West Africa, by the end of 2011.
A major funding drive, including the canvassing of large companies and organizations in Europe and the USA was being undertaken by the marketing department of North Star, to achieve this goal.

12.3 ALCO
In March 2010 the World Bank approved an allocation of US$228 million for the first phase of the Abidjan-Lagos Trade and Transport Facilitation Project (ALTTFP) and Infrastructure upgrade. Its objective was to reduce trade and transport barriers in the ports and on the road along the Abidjan-Lagos corridor in Ghana, Togo and Benin.
ALCO was mandated by the World Bank and ECOWAS, with US$ 6 million support, for HIV/AIDS programs and Corridor performance monitoring.

The HIV/AIDS component was aimed to reduce the impact of HIV/AIDS and prevent the spread of HIV infection among communities established and or operating along the corridor.

More information could be found on the ALCO website: www.corridor-sida.org.

13. MOBILE CLINICS

These were considered as an additional support structure to the roadside Wellness Centres and Information Units.
The Centres and Units were to provide services to drivers, women at risk and local communities along the corridors.
The mobile clinics were to go to the transport and consignor companies and provide services to the staff.

Trucking Wellness, through a partnership with Mercedes Benz South Africa, had sourced 5 mobile clinics to achieve these objectives. As with the Wellness Centres, the clinics were staffed by trained nurses and managed centrally from Johannesburg. The medical services offered by the mobile clinics were restricted to primary health care, though they did carry out VCT (see the schedules in the Annexes for the statistics). Serious medical cases, together with HIV/AIDS positive patients, were referred to the government clinics.

The initial response to the introduction of the Wellness Centres had been slow, but was picking up at the time of this report. See Annex 12.

The proposed SADC Global Fund project included sourcing 29 mobile clinics, but these were to be based at existing Wellness Centres at borders, and then serve a wider community.

### 14. PARTNERSHIPS

#### 14.1 ABIDJAN-LAGOS CORRIDOR PROJECT

One of the main objectives of the this project, was to foster cooperation between the HIV/AIDS activities in Southern Africa, with those being carried out on the Abidjan-Lagos Corridor (ALCO) in West Africa.

To achieve this cooperation, a delegation from ALCO visit Southern Africa. This would be followed by a visit by FESARTA to ALCO. The visit by ALCO to Southern Africa was carried out in October 2009 and the detailed report of the visit was attached. See Annex 13.

A visit by FESARTA to ALCO was carried out in February 2010 and the detailed report was attached. See Annex 11.

The outcomes of the two visits were used to improve the proposed M&E system for Wellness Centres and Information Units.

FESARTA and ALCO continued to communicate after the visits. The transformation of the ALCO Information Units into Wellness Centres was still to become reality. However ALCO, FESARTA and North Star Alliance were into negotiations on how best to quickly achieve this objective.

#### 14.2 NORTH STAR ALLIANCE

When North Star Alliance was formed in 2006, FESARTA noted that the objectives of North Star and FESARTA were similar; notably to extend the Wellness Centre system that had been so well established in South Africa, across the borders and along the major corridors into Africa.

With this in mind North Star and FESARTA set up a working agreement; that FESARTA would obtain the buy-in from the private sector through its National Road Transport Associations (NRTAs) and so source sustainable funding for the Centres.

Whilst this created a good working arrangement between North Star and FESARTA, it had the opposite effect by alienating Trucking Wellness. In addition, FESARTA was not able, for the duration of the project, to make material inroads into the road transport industry.

It had gained some support from the NRTAs, but not material funding.
Because FESARTA was not able to source sustainable funding from the road transporters and because the working arrangement with North Star was affecting the ability of FESARTA to work closely with Trucking Wellness, the agreement between North Star and FESARTA was terminated.

In 2009, North Star had tendered to manage the proposed SADC Global Fund HIV/AIDS project; which was to establish mobile clinics at 32 border post sites in Southern Africa. Because of FESARTA’s involvement in the border posts and because FESARTA representing the road transport industry in East and Southern Africa, it was agreed that FESARTA be a partner in the Consortium which was set up by North Star to manage the project.

The project was still to get off the ground at the time of this report.

14.3 ALCO AND NORTH STAR ALLIANCE AGREEMENT

Through the interaction with SSATP and FESARTA, ALCO became aware of the activities and objectives of North Star, and sought a working arrangement with North Star. A proposed draft agreement was drawn up, but North Star decided to first set up an office in West Africa before establishing a working relationship with ALCO. On December 8, 2010, a memorandum of understanding (MOU) was finally signed between North Star Alliance and ALCO. The parties agreed to collaborate as follows:
- To support the establishment and operation of Wellness centres along the Abidjan-Lagos Corridor
- To support, strengthen and mobilize internal and external resources to develop Wellness Centres on other corridors in member countries
- To strengthen and increase the level of advocacy to mobilize local and international transport and supply-chain companies through a series of workshops and meetings
- To develop and strengthen strategic partnerships with organizations including transport unions
- To deliver customized training programs for transport and supply-chain companies
- To increase their capacity to respond to health risks such as HIV through workplace programs
- To support the promotion and dissemination of best practices in the fight against HIV/AIDS among truck drivers and mobile populations

14.4 TRUCKING WELLNESS

FESARTA had a close working relationship with the previously-named Trucking Against AIDS project in South Africa. However, when FESARTA and North Star set up a working arrangement, Trucking Wellness drew back on its cooperation with FESARTA. Reasons given were:

- FESARTA was seeking funding in South Africa to support the North Star Wellness Centres outside of South Africa. This was incorrect as FESARTA was trying to source corporate members to its membership base and this was nothing to do with North Star’s project.
- FESARTA was actively supporting North Star to set up Wellness Centres and Information Units in South Africa; in contravention of an agreement between North Star and Trucking Wellness. This was incorrect as FESARTA was supporting all projects along the road transport corridors and was advising North Star not to duplicate the efforts of Trucking Wellness in South Africa.
As it was essential that FESARTA worked well with both North Star and Trucking Wellness in the interests of the drivers and communities along the corridors, FESARTA made every effort to improve the relationship with Trucking Wellness. At the close of this project, the relationship between FESARTA and Trucking Wellness was improving steadily.

As mentioned earlier, Trucking Wellness had signed an agreement with SIDA, to expand its project into countries outside South Africa. In discussions with Trucking Wellness, it was agreed that for this expansion to achieve its full objectives, there needed to be a good working relationship between FESARTA and Trucking Wellness. This project was to start as this SSATP project finished and so there was no input to this report.

14.5 NORTH STAR AND TRUCKING WELLNESS AGREEMENT

The contract to run the South African Wellness System, moved from the Imperial Group company Ikaheng, to Corridor Empowerment in 2006. In 2007, Ikaheng, WFP and TNT, set up the North Star Foundation; to develop the Wellness Centre system outside of South Africa. This created differences of opinion between the two projects. This worsened as Trucking Wellness saw North Star as encroaching into its sphere of operations. An agreement between the two parties had been drawn up in August 2009, but it had not been implemented at the time of this report. See Annex 14. Only in late 2010, together with the efforts of FESARTA, have the two projects been working towards removing the differences between them and working together in the best interests of their clients.

14.6 WALVIS BAY CORRIDOR GROUP (WBCG)

Some years ago, WBCG created an HIV/AIDS “Help Desk”. It launched a Group Workplace Policy for transport companies and a Truckers Health and Information Toolkit in 2007. It had linked up with the Namibia Transport and Allied Workers’ Union (NATAU) and together they had succeeded in training peer educators, lowering the HIV/AIDS prevalence in transport workers and increased their level of awareness. It had conducted VCT campaigns over the past two years. With the support of WBCG, FESARTA held an HIV/AIDS workshop in Windhoek on 13th May 2009.

14.7 SADC GLOBAL FUND HIV/AIDS PROJECT

The Global fund agreed to give a grant to SADC, to carry out a five-year project to fight HIV/AIDS, tuberculosis and malaria in Member States. The Call for Proposals document to prospective organizations was attached. See Annex 15. Target groups were the mobile populations and affected communities at 32 sites at 16 borders in 12 SADC countries. Mobile clinics were to be used to provide services to these clients. The clinics were to be based at the border sites, though it was not clear how this would link in with the existing Wellness Centres at these sites.

North Star Alliance tendered to carry out this project and was successful in securing the major portion. The Walvis Bay Corridor Group also secured a small part. North Star then put together a Consortium of partners to carry out the project, including:

- PharmAccess International
Several meetings and a strategy planning session had been held by North Star and a clear plan of action had been put in place. SADC had since signed with Global Fund and there was to be a further stakeholder workshop to finalize remaining issues on the 7th-10th March 2011.

The project was to get underway mid-2010, but due to re-assessment of the project and the cutting of the budget (including reducing the number of border sites to 29), the project had still not started when this report was written.

FESARTA remained a partner of the Consortium.

14.8  SUPPORT THE PRIVATE SECTOR AGAINST AIDS (SPAA)

GIZ (formerly GTZ and with a German title), had given an HIV/AIDS project for Southern Africa, to Ute Papkalla.

The project duration was from June 2010 to end March 2011.

Partners to the project were the SADC AIDS Unit in Gaborone, the East African Business Council (EABC) in Arusha, and the Pan-African Business Coalition on HIV/AIDS (PABC) in Johannesburg.

Its objective was to strengthen and expand the private sector’s role in the national fight against AIDS and for health promotion through regional organizations.

The SADC project coordinator was Dr Vitalis Chipfakacha.

Daniela Rudner was the technical expert.

A meeting held between SPAA and SADC detailed the objectives of this project. See Annex 16.

Several meetings had been held between SPAA and SADC, FESARTA, North Star Alliance and Trucking Wellness.

It soon became evident to SPAA that there were many HIV/AIDS initiatives in place in the region and SPAA needed to come up with an innovative strategy.

Three avenues were considered:

- Develop regional guidelines for HIV/AIDS activities
- Get the buy-in from the private sector to support such activities
- Convince the private sector to improve the health of their staff through self regulation.

An SPAA workshop was held on 27th-28th January 2011.

Some outcomes were:

- There was a need to focus on driver wellness
- It was important to include customs in any future initiatives
- Don’t duplicate services offered by North Star and Trucking Wellness
- Harmonize an IT monitoring system
- Protect against “drug collectors”, ie persons who visited many Wellness Centres and Information Units, collected drugs ostensibly for themselves, and then sold these drugs on to others
- Check on international websites for other projects doing similar work.
SPAA desired a closer working relationship with FESARTA; so as to be able to access, understand and interact more closely with the transporters in selected member states i.e. DRC, Zambia and Zimbabwe.

FESARTA and SPAA were to come up with a proposal, though at the time of this report, this had not been achieved.

14.9  NORTHERN CORRIDOR

As can be seen from the Wellness Centres and Information Units established on the Northern Corridor and the plans for expansion, it was clear that North Star had an active programme on the corridor.

North Star had installed a manager for East Africa, Eva Mwai, in Nairobi and, with the help of substantial funding by Family Health International (FHI), had embarked on an expansion programme on the Northern Corridor.

The Kenya Transport Association (KTA) had also participated in the programme.

The Private Sector Investment Promotion Manager of the Northern Corridor Transit Transport Coordination Authority (NCTTCA), Fred Tumwebaze, showed a keen interest for his organization to be involved and was to set up a working relationship with North Star and FESARTA.

NCTTCA had drawn up a Concept Note to help plan the way forward. See Annex 17.

FESARTA had not at the time of writing this report been able to meet with NCTTCA to draw up a strategy to link North Star, KTA and NCTTCA on the corridor.

15.  MONITORING AND EVALUATION

The Wellness Centre system had expanded and the “within” South Africa and “outside” South Africa systems were run by two separate organizations; Trucking Wellness and North Star Alliance.

FESARTA became increasingly concerned that there was not an M&E system that applied to all the Wellness Centres as a whole, and that information on the Centres was not regularly disseminated to interested stakeholders.

The visit by ALCO to Southern Africa and by FESARTA to ALCO, created a good working relationship between ALCO and FESARTA.

However, as the ALCO HIV/AIDS project had been completed in 2009, the activities in the Information Units subsequently reduced significantly and FESARTA received very little information during the latter part of 2009 and 2010.

In the first years of the North Star operations, Trucking Wellness and North Star had agreed on a joint M&E system. However, due to the differences of opinion that developed between the two organizations, there was a lack of cooperation and the joint M&E system never materialized.

North Star had set up a working arrangement with ORTEC, a Dutch organization that had considerable expertise in databases and IT; to develop the Corridor Medical Electronic Transfer System (COMETS). See below.

The objective was also to introduce the system into the Information Units at ALCO.

At the time of this report, COMETS had been installed in all Centres, except Chirundu North and South, and was producing results.

Once COMETS has become fully operational and shown its advantages to the relevant stakeholders, it was hoped that the management of Trucking Wellness would adopt it for its own Centres.
COMETS results were not available to FESARTA at the time of this report.

There had been a query as to the profession and type of person accessing the Wellness Centres and Information Units.

The target populations were the drivers of the long distance vehicles, the women at risk and the surrounding communities.

At the time of this project, clients were categorized only as male or female, and as drivers or women at risk.

To identify and detail so many professions and types of persons would take up valuable space and time at the Centres and Units and was not feasible at the time of this report.

As the mix of persons accessing the Centres and Units was unlikely to change frequently, FESARTA was in agreement with North Star, that a study be done every two years, to detail the different professions and types of persons frequenting the Centres.

This could well change the indicators.

It could be difficult to access information on the number of trucks on the Centres and Units routes and the proportion of these trucks parking at the Centres and Units sites, since there were no ongoing studies to do this.

The feasibility studies used to establish the Centres did give an indication, though they were done over only a few days and may not have given accurate long-term figures. They also only sourced the number of trucks parked at the hot spots and not the number of trucks passing.

Furthermore, it would be difficult to keep a count of the trucks parking at the hot spots, since they came and went throughout the day. It would require a separate person to monitor them.

FESARTA could access the number of trucks on most routes, particularly at the borders. It would be more difficult to obtain the inland information.

An attempt has been made to use some truck flow figures in this report.

Most of the information required by the reporting form was obtained during normal Wellness Unit operations and included indicators such as:

- Unit name
- Location
- Year of opening
- Number of persons visiting (male and female)
- Number of persons educated/trained (male and female)
- Number of persons given basic healthcare (male and female)
- Number of persons found to have STIs (male and female)
- Number of persons undergoing VCT

As could be seen from the schedules, there were many blanks.

FESARTA had drawn up the schedules with indicators it felt were necessary to give a complete picture of how effective the Centres and Units were.

Whilst the management of the projects did not disagree with these indicators, it was not possible to source all the information to complete the schedules.

Apart from ALCO, whose project had been completed in 2009 and which was not collecting current information from its Units, the two projects in East and Southern Africa were collecting substantial information.

However, insufficient information was made available to complete the schedules. See under Challenges and Recommendations below for more on this.
Corridor Medical Transfer System (COMETS)
COMETS served as an electronic health passport for mobile clients, provided daily information on each Centre’s performance and gave an overview of the healthcare landscape along the corridors.
For primary health care services, the system created a patient file linked to a unique patient number. COMETS was a robust and user-friendly system that worked like an electronic health passport; allowing patients to access key healthcare information at any Wellness Centre linked into the system.
HIV/AIDS positive patients could have their results kept anonymous (default) or have them linked to their patient file.
COMETS linked the clinics together so that as the drivers moved from one town to the next, their medical records move with them.
The system was focused on supporting Centre staff in the diagnostic treatment of STIs. It linked the treatments to the Centres’ pharmaceutical inventory.
It recorded prescriptions, dispensations and referrals to other health service providers.
It categorized information requests using socio-demographic indicators, but did not link them to an individual.
Various KPIs were tracked by COMETS and used to analyze disease patterns on a regional basis.
Of critical importance for COMETS was connectivity at sites.
North Star was incorporating cellular data transfer technology to achieve this.
As the system was still in the pilot phase, the outputs have not been used in this report.
See Annex 18. for a September 2010 update of COMETS.

16. DATA COLLECTION AND REPORTING
In both CEP and NSA, the information has been collected manually and then converted into Excel format.
Connectivity between central operations and the Centres had always presented a challenge. Both organizations had tried computerized systems linked to central operations, and only in recent months was North Star’s COMETS producing useful data.
With the introduction of COMETS, NSA was capturing electronically and the system automatically converted the information into a reporting format.
For the time being, information was also being captured manually, as a safety precaution.
Trucking Wellness had the following reporting forms:
- VCT Client Record Form
- Monthly AIDS Project Reports
- Weekly Stats Sheet and
- Consolidated Monthly Reporting Form.

NSA had the following reporting forms:
- Patient, Frequent Visitor and Treatment Registers
- Wellness Unit Details
- Truck Movement (recently developed)
- Basic Primary Healthcare
- Sexually Transmitted Infections
- Voluntary Counselling and Testing
- Information and Educational Material Distributed and
- Sensitization Sessions and Condom Distribution.
Taking into consideration the information gathered by Trucking Wellness and North Star, and the report made by ALCO after its visit to Southern Africa, FESARTA drew up an Annual Reporting Form, showing the statistics from the three projects, in one schedule. See Annexes 19 to 25 for various statistics.

17. CHALLENGES

17.1 SOURCING DATA
As can be seen from the schedules, insufficient information was sourced to complete them. It was not clear whether the projects had easy access to the outstanding information. FESARTA was continuing to source information at the time of this report, though the schedules were not completed.

17.2 TRUCKING WELLNESS AND NORTH STAR LIAISON
The two projects had their origin in South Africa and the original project was managed first by the Learning Clinic and then by Ikaheng HR Services. In around 2006, Ikaheng lost the contract to Corridor Empowerment Projects and the project was re-named Trucking Wellness.
North Star Foundation (to change to North Star Alliance) was set up to expand the Wellness Centre system into Africa and differences of opinion developed between Trucking Wellness and North Star.
This situation meant that there was virtually no cooperation between the two projects and they did not share information. An MOU had been drawn up and signed between the two parties, but it had not been implemented. Their statistics were shared amongst their own stakeholders but did not come together into one useful set for the region.
To exacerbate the lack of cooperation between the two projects, Trucking Wellness had received substantial funding to expand its project into Southern Africa; the domain of North Star. North Star was also continuing its programme to have a full set of Wellness Centres along all the major corridors in East and Southern Africa, and this was to include one at Cato Ridge near Durban in South Africa.
FESARTA continued to try and bring the two parties closer together.
At the time of this report, discussions between them had been held and there was some cooperation.

17.3 NBCRFLI AND FESARTA LIAISON
It became apparent as the project progressed, that the NBCRFLI was not giving support to FESARTA and the SSATP project.
After several discussions between the two parties and a meeting with the NBCRFLI Board, the concerns of NBCRFLI were identified:
- FESARTA had a close working relationship with North Star and was therefore allegedly working against the interests of Trucking Wellness
- FESARTA was allegedly supporting North Star to expand the North Star operations into Trucking Wellness’ South African territory
- FESARTA was allegedly sourcing funds from companies in South Africa to support the North Star Wellness Centre system outside South Africa.
The situation became so bad that the NBCRFLI wrote a letter to FESARTA, explaining that it would only give statistics to the World Bank representative.
FESARTA continued to impress on the NBCRFLI that FESARTA's intentions were honourable and, at the time of this report, the working relationship had improved considerably.

17.4 RAPID EXPANSION OF THE NORTH STAR PROJECT
North Star had expanded its network of Wellness Centres rapidly from 12 Centres in, to 20 in 2010 and it planned to increase this number to over 40 by the end of 2011. This rapid expansion meant that the administration of the system was challenged and FESARTA was having difficulty in keeping up. COMETS was introduced in 2009 and at the time of this report, was producing statistics from all but two Centres (Chirundu North and South).

17.5 INDECISION OF SADC
This Global Fund project was to have a major impact on the two projects already in place in Southern Africa. The planned 32 (subsequently to 29) mobile clinics to be stationed at 16 border sites, would impinge significantly on the already-established Wellness Centres at many of the sites. Whether the mobile clinics could be effectively managed at the border sites would still have to be established. The project was to start in mid-2010, but, even though the Global Fund and SADC had signed an agreement, it had not started at the time of this report.

17.6 INTRODUCTION OF SPAA
In 2010, GIZ, formerly GTZ, introduced the SPAA project into Southern Africa. The objective of the project was to complement existing projects, including providing support to the private sector. Apart from within a few countries, the private sector, particularly the road transport industry, had not given enough support to the fight against the pandemic. At the time of this report, the management of SPAA was finalizing the details of how best to get this support.

17.7 SHORTAGE OF TRUCK STOPS ALONG CORRIDORS
At Corridor Management Authority and regional meetings, the shortage of truck stops along the major corridors was often raised as a problem issue. The issue had become an agenda item at SADC. FESARTA believed that when Wellness Centres were proposed and then established, the potential for them serving a dual function, was not always given enough consideration. FESARTA believed that Wellness Centres had potential to fulfil the extra role, even though it was not a main objective of North Star and Trucking Wellness.

18. RECOMMENDATIONS

18.1 SOURCING DATA
As mentioned above, it was difficult to source all the information to complete the schedules. The North Star COMETS would certainly have a great deal of information, though at the time of this report, it was not readily available. Trucking Wellness had been moving offices and this put pressure on its administration.

Recommendation
That FESARTA continued to work with both North Star and Trucking Wellness to not only source new information, but to source more complete information. It was not certain how the
introduction of COMETS at North Star, and the ongoing upgrades of the Trucking Wellness system, would affect the sourcing of information by FESARTA. FESARTA should bring together administrative representatives of the two organizations; to agree on a harmonized system of sourcing and disseminating information.

18.2 WORKING RELATIONSHIP WITH ALCO
The operations of North Star and ALCO had both been strengthened by the setting up of the North Star office in West Africa and this led to the signing of a Memorandum of Understanding between the two parties. They were therefore in a strong position to establish a working agreement between them and to improve the HIV/AIDS interventions along the corridor. 

Recommendation
That FESARTA no longer needed to continue the close working relationship with ALCO, but rather leave this sphere of operations to North Star and ALCO. It would continue to share information with ALCO.

18.3 TRUCKING WELLNESS, NORTH STAR AND FESARTA LIAISON
It was essential for there to be a good working relationship between the three parties. The main focus of all the projects was to fight the HIV/AIDS pandemic through the drivers and the road transporters. This meant the National Road Transport Associations (NRTAs) in the various countries should play an important role. FESARTA was the regional representative body for the NRTAs and could therefore assist with networking and consensus building. The MOU between North Star and Trucking Wellness had been signed but not implemented. 

Recommendation
That FESARTA continued to improve the working relationship between the three parties through meetings and joint activities.

18.4 HARMONIZED DATA COLLECTION AND MANAGEMENT
Whilst Trucking Wellness had an effective data collection system, it was unlikely to be as efficient as COMETS. For this reason, FESARTA recommended that COMETS be the common data collection and data management system. Additional information, such as truck flows, was needed to relate the number of clients at the Wellness Centres to the relevant truck flows along the corridors. This would give an indication of the popularity and relevance of the Centres. In addition, it was important that the outcomes of the projects were disseminated effectively to regional stakeholders through the web and at regional forums. 

Recommendation
That FESARTA worked closely with the data collection systems of North Star and Trucking Wellness and continued to complete and update schedules showing combined information. This information would be made available through an updated FESARTA website.

18.5 UNIONS AS MAJOR STAKEHOLDERS
It has always been difficult to get active involvement by the unions. The NBCRFLI in South Africa had strong union involvement from the start. NECTOI in Zimbabwe had similar support. The WBCG in Namibia had made recent progress. It was important that the progress made so far was built on and the unions worked together as a regional body.
Recommendation
That FESARTA encouraged the NRTAs to bring the unions in to discussions involving the health of their drivers. It would liaise with the regional union representative organization.

18.6 THE NORTHERN CORRIDOR
This was the second most important corridor in the East and Southern African region, after the North-South Corridor.
Family Health International (FHI) was continuing to give strong support to North Star’s expansion programme along that corridor.
The NCTTCA and the KTA were keen to have strong working relationships with North Star.
It was important that an agreement bringing all the parties together, was drawn up and signed without delay.
Recommendation
That FESARTA work closely with North Star, KTA and NCTTCA, to finalize a working agreement.

18.7 SADC GLOBAL FUND PROJECT
This potential project had been delayed for many months.
It was not clear how close the final form of the project would be to the original ToR.
As the project included countries that were also part of COMESA, it was recommended that the COMESA/EAC/SADC Tripartite was included in future deliberations, rather than just SADC.
Recommendation
That FESARTA, through its close association with the Tripartite and its position as a member of the North Star Consortium, encouraged the Tripartite to include the project in its trade facilitation programme.

18.8 SPAA PROJECT
An important component of this project was the planned support for the private sector to become more closely involved in HIV/AIDS activities.
A regional workshop had been hosted by SPAA and FESARTA believed it necessary to follow this up with workshops in individual countries.
The private sector, particularly the road transporters, should be well informed of the need for their commitment and support.
The workshops should endeavour to achieve this.
Recommendation
That FESARTA worked closely with SPAA to set up workshops in individual countries.
Through these workshops, to try and get the road transport industry to actively support regional HIV/AIDS activities; particularly the Wellness Centres.

18.9 WELLNESS CENTRES AS TRUCK STOPS
SADC, on behalf of the Tripartite was concerned about the shortage of truck stops and was proposing a study be carried out on the North-South Corridor.
A corridor management authority was being set up on the corridor.
Trucking Wellness and North Star had previously carried out several feasibility studies for the establishment of Wellness Centres along the corridor.
The studies had resulted in Centres at Marianhill, Mooi River, Tugela, Harrismith, Gauteng, Beitbridge South and North, Chirundu South and North.
It was accepted that for a truck stop to be successful, there had to be a main funder and occupier. This was normally a fuel company and the company had to be comfortable that it would produce a good return on its investment.
Recommendation
That FESARTA worked closely with the Tripartite, Trucking Wellness and North Star, to source the outcomes from the original feasibility studies done on the North-South Corridor.
Then, with the assistance of the Tripartite, invite fuel companies to consider establishing truck spots at some of the hot spot sites. It could involve upgrading existing Wellness Centres into truck stops.

18.10 GENERAL RECOMMENDATIONS
This project had helped bring together the major stakeholders and project leaders involved in HIV/AIDS projects along the corridors. However, there was still not enough cooperation and networking between them.
To a large extent they were still working independently of each other and not getting the benefit of each other's knowledge and experience.
The SPAA workshop had made good progress towards improving the situation.
It was important that this initiative be continued and indeed strengthened.
This was in addition to initiatives within countries; to get improved buy-in from the private sector.
The above activities were in accordance with FESARTA's main objective concerning HIV/AIDS along the major road transport corridors in East and Southern Africa.

Recommendation
That SSATP continue to support FESARTA with the recommendations in 18.1 to 18.9 above.
The recommendations called for a large amount of networking with Trucking Wellness, North Star, SADC Global Fund project, Unions, Northern Corridor, SPAA and the COMESA/EAC/SADC Tripartite. It also included continuing to source information from ALCO.
The above was necessary to produce accurate trends in the HIV/AIDS prevalences and so help guide the projects by showing the successes and failures.
It would also help market the projects to stakeholders in the region, particularly the private sector.
To help FESARTA achieve the above, it would be necessary to provide support to refresh and manage the FESARTA website.
FESARTA would work with SSATP to draw up a Concept Note for the above.

19. CONCLUSION
Several objectives were set for this project and not all of them had been achieved.
FESARTA's role in the road transport industry was networking, facilitation and dissemination.
It therefore focused its efforts on working with ALCO, Trucking Wellness and North Star; to try and improve the impact that they were having on the pandemic. Even with the difficulties experienced in working with the three parties (ALCO's positioning in West Africa and the lack of cooperation between Trucking Wellness and North Star), FESARTA believed that the project did have some impact, notably:
19.1 ALCO, North Star and FESARTA developed a close working relationship and sharing of best practices
19.2 Trucking Wellness and North Star were working more closely together and were more informed of how each project worked
19.3 The road transport industry, through the NRTAs, was better informed and in some cases more committed to supporting the projects.

19.4 FESARTA had produced some valuable trends from the information it received.

Overall, FESARTA believed though that the project had made positive progress and intended to continue with its efforts.

There was still much work to be done; as seen in the Recommendations listed in chapter 18.

FESARTA sincerely thanked SSATP for making the project possible.
20. REFERENCES

The Corridor. Executive Secretariat of the Abidjan-Lagos Corridor Organization. Oct 10

21. ANNEXES

1. Trends in STIs and HIV/AIDS
2. Outcomes of Surface Transport Sector Workshop
3. ToR of SSATP/FESARTA project
4. SSATP Contract with FESARTA
5. Back to Office Report June 09
6. Photos of Wellness Centres
7. Map of Road Transport Corridors in East and Southern Africa
8. Map of Wellness Centres in East and Southern Africa
9. Map of Information Units in West Africa
10. Photos of Information Units
11. Report of visit by FESARTA to ALCO in West Africa
12. Photos of Trucking Wellness Mobile Clinics
13. Report on visit by ALCO delegation to Southern Africa
14. Agreement between North Star and Trucking Wellness
15. SADC Global Fund Call for Proposals
16. SPAA Meeting with Doreen Sanje
17. Northern Corridor HIV/AIDS Concept Note
18. COMETS as at September 2010
19. Trucking Wellness Overall Statistics
20. Trucking Wellness Mobile Clinic Statistics
21. North Star Overall Statistics
22. Project Overall Statistics 2008
23. Project Overall Statistics 2009
24. Project Overall Statistics 2010
25. Project Overall Statistics January to February 2011