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Evaluation of HIV Prevention Programme among Long Distance Drivers: Achievements and Implications of HIV/AIDS Funded Project in Osun State, Nigeria

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Abstract:
Background: The Long Distance Drivers (LDD)are known to have multiple sexual partners and to visit commercial sex workers due to the migratory nature of their occupation and being far from their families for a long time. They thus constitute a well-known high risk group of the population in the spread of HIV/AIDS hence; the HIV Minimum Prevention Package Intervention (MPPI) was introduced to reach them. This article presents the achievements and implications of HIV prevention programme among the LDDs in Osun State, Nigeria.
Methods: This intervention was conducted between 2013 and 2015 by two Civil Society Organizations (CSO) who were engaged by Osun state Agency for the Control of AIDS (OSACA). A total of 543 participants were reached with this programme and Minimum Prevention Package Intervention (MPPI) was used for the implementation of the project activities. Data were documented using various monitoring and evaluation tools and entered in the District Health Information System 2 (DHIS2) platform. The data were exported into Microsoft Excel and analysed. In addition, Key Informant Interviews (KII) were conducted among the selected CSOs who benefited from HIV/AIDS Fund (HAF) through HIV Programme Development Project (HPDP) in Osun State, Nigeria.
Results: A total of 22 community dialogues were held with 179 participants. No income generating activity (IGA) was held among the LDDs during this project. In 2015, about 82.1% of the total male condoms were distributed, 91% of the total female condoms were distributed and 71.5% of the participants were counselled, tested and received result for HIV. None of the participants was reached with the MPPI in 2013 and 2014. A total of 222 (76.5%) of the registered peers were reached with all the three stages of MPPI in the year 2015. A total of 897 participants were counselled, tested and receive result while 12 of them tested positive to HIV infection giving the HIV prevalent rate of 1.3%. The KIIs among the CSOs revealed that the programme made immense contributions and its impact was well felt by the LDDs.
Conclusion:The Minimum Prevention Package Intervention (MPPI) is a unique approach to reach the community members and different target populations for HIV prevention programmes. There is a need to scale-up this intervention among the Long Distance Drivers (LDDs) for effective HIV prevention in the State.

Keywords: *HIV, Long distance drivers; HIV Programme Development Project (HPDP), Minimum Prevention Package Intervention (MPPI)*

1. Introduction

The Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome (HIV/AIDS) is a social disease and a major health concern (UNAIDS, 2010). At the end of 2013, there were approximately 35 million people living with HIV (PLHIV) worldwide. Of the 35 million PLHIV, approximately 24.7 million live in Sub-Saharan Africa, the region hardest hit by the epidemic (UNAIDS, 2014). Of all people living with HIV globally, 9% of them live in Nigeria (UNAIDS, 2014). With a stable prevalence rate of 3.4%, Nigeria is the second largest HIV disease burden in the world with 3.2 million after South Africa which has 6.8 million burden of the disease (Awofala & Ogundele, 2016; FMOH, 2013; NACA, 2014; USAID, 2013). The prevalence rate of HIV infection in Osun State, Nigeria is 2.6% (NACA, 2014; World Bank, 2016).

There are many risk factors that contribute to the spread of HIV among the Most at Risk Population (MARP) including the long distance driversand this include prostitution, high-risk sexual practices among itinerant workers, high prevalence of sexually transmitted infections, high-risk heterosexual and homosexual practices, international trafficking of women, and irregular blood screening (Sahu et al., 2014; Songu, 2013). Long Distance Drivers (LDDs) are the drivers of heavy duty vehicles who spend more than a day on the road before reaching their final destinations or the interstate commercial bus and taxi drivers who travel relatively long distances (FMOH, 2006; Hassan et al., 2014). About 80% of all infections in Nigeria have been estimated to be transmitted by heterosexual relationship and transport workers, especially long distance drivers (Awosan, Ibrahim, Arisegi, & Erhiano, 2014).

The LDDs have been identified as important occupational risk group. They engage in high risk sexual behaviours, such as sex with multiple sexual partners (Sahu et al., 2014). They are important forces in the spread of HIV/AIDS in many countries as they are highly mobile and they spend long hours on the road away from their families (Lichtenstein, Hook, Grimley, St Lawrence, & Bachmann, 2008; Marck, 1999; Sahu et al., 2014). They are also nationally mobile and hence they have the potential to expand the geographic spread of HIV by linking the epidemic from relatively higher-prevalence areas to lower-prevalence areas of any country (Sahu et al., 2014). It was observed from the studies that the drivers become very vulnerable to non-marital sex, extramarital sex and sexual intercourse with female sex workers because they are constantly away from home (Olufemi, Oyewale, & Adelekan, 2015). The spread of HIV in transport industry is especially significant for the economy because they are largely responsible for transporting raw materials, produce, supplies needed for daily subsistence, imports and exports products (Olufemi et al., 2015).

Osun State Agency for the Control of AIDS (O-SACA) recognizes the importance of meeting the needs of transport workers especially the LDDs who are part of the MARPs. Moreover, HIV prevention programmes across the world have considered LDDs as an important group to work with in order to limit the spread of HIV into the general population. With support from World Bank through HIV/AIDS Fund (HAF), evidence-based policies and the implementation of programmes for HIV prevention among road transport workers travelling to long distance was conducted by OSACA. Therefore, this article presents the achievements and implications of HIV prevention programme among LDDs in Osun State, Nigeria.

2. Methods

2.1. Study Area

Osun State, created on the 27th of August 1991, is an inland State in south-western Nigeria bounded in the north by Kwara State, in the east partly by Ekiti State and partly by Ondo State, in the south by Ogun State and in the west by Oyo State. Osun State is located within latitude 6.550 and 8.100 North and longitude 3.550 and 5.050 East (Osun State Agency for the Control of AIDS, 2016), and it covers an area of approximately 14,575 square kilometres with a projected population of 4,332,135 by the year 2015 (National Population Commission, 2001). The capital city is Osogbo. Politically, the State is divided into three Senatorial Districts and 30 Local Government Areas (LGAs) and one area office (Osun State Agency for the Control of AIDS, 2016).Osun State may be classified as being largely 'a rural state', with 19 out of the 30 LGAs being non-urban local government councils, accounting for 60 percent of the 1991 population (Osun State Agency for the Control of AIDS, 2016).In the state, a rural LGA is defined as an area with only one or two small towns as the principal settlements while the remaining settlements are rural communities. About 55% of the population live in rural areas while 45% reside in urban areas (Osun State Agency for the Control of AIDS, 2016). (Figure 1)

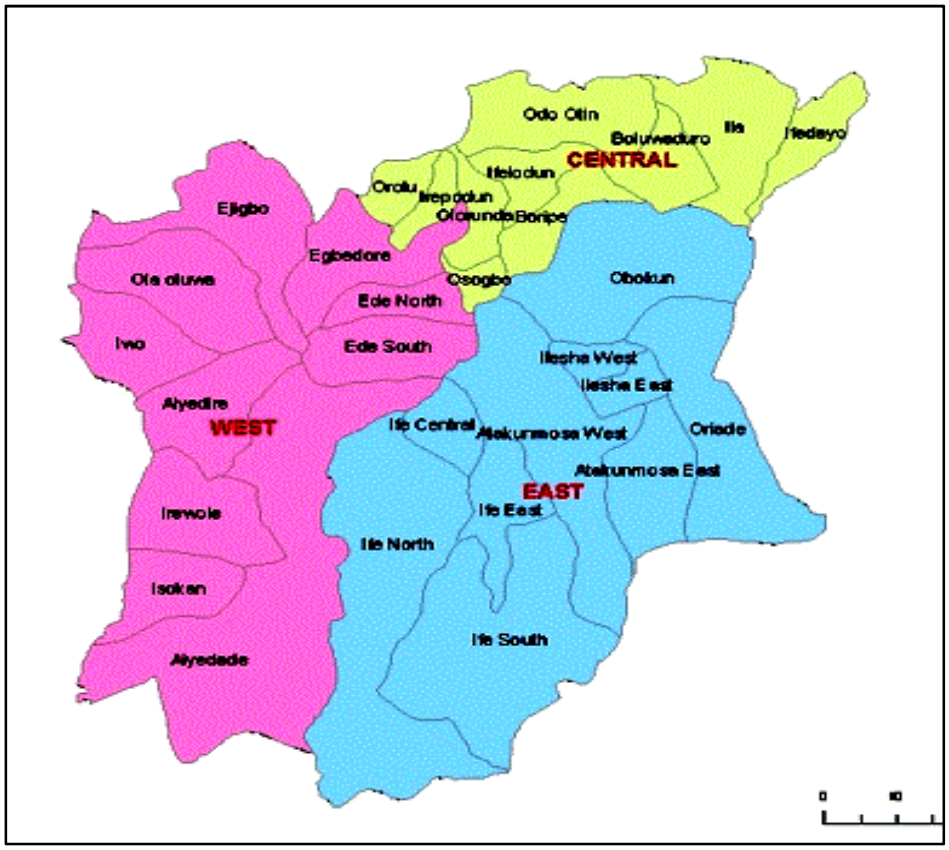

Figure 1: Map of Osun State in Nigeria showing the three senatorial district and the local government areas

The major sub-ethnic groups in Osun State are Ife, Ijesha, Oyo, Ibolo and Igbomina of the Yoruba people, although there are also people from other parts of Nigeria. Yoruba and English are the official languages. Economic activities are predominantly commerce and farming. The people of the state are mostly farmers, producing food crops such as yam, maize, cassava, beans and cocoyam. The cash crops grown include tobacco and palm produce. Transportation in the State is mainly by road. People of Osun State practice Islam, Christianity and Traditional religion (Osun State Agency for the Control of AIDS, 2016).
The Osun State Agency for the Control of AIDS (OSACA) with support from World Bank coordinates the multisectoral response to HIV/AIDS programme through various technical working groups saddled to facilitate data collection, analysis as well as to provide leadership and direction to all HIV/AIDS programme in the State.

2.2. Study Site
The study sites were the Local Government Areas (LGAs) where the Civil Society Organisations (CSOs) engaged by OSACA to work on road transport workers including the LDDswere based. These are Ife South LGA, Obokun LGA and Oriade LGA.

2.3. Study Population
This project was conducted in 3 out 30 LGAs of Osun State, Nigeria namely: Ife South, Obokun and Oriade LGAs. All consenting drivers in these LGAs participated in the programme at the preliminary data collection phase and the project implementation process.

2.4. Study Design
This was an intervention project carried out among the LDDs in Osun State, Nigeria. Two Civil Society Organizations (CSOs) namely Community Empowerment for Peace and Health Initiative (CEPHI) and Kingdom Seekers International Outreach Ministry (KSIOM) were engaged to provide HIV prevention programme for the LDDs in the State. This was a five year project implemented between the year 2012 and 2016. In addition, Key Informant Interviews (KIIs) were conducted among the Civil Society Organizations (CSOs) who were beneficiaries of HPDP2 in Osun State, Nigeria.

2.5. Study Setting
The LDDs were identified in their parks which serve as a waiting place to take and drop their passengers and where most of the drivers stop over to rest or pass the night during their journeys. Most of the motor parks inhabit other occupants who work closely with the drivers in the maintenance of their vehicles. These include but not limited to the motor mechanics, vulcanizer, auto rewiring personnel, battery chargers, panel beaters, welders, petty traders and food vendors. In most cases, some of the shops also served as brothel for female sex workers (FSWs) who provide sexual services to the truck drivers as required.

2.6. Sample Size and Sampling Technique

An estimated target population of 450 was set for this intervention. Participants and beneficiaries were selected using purposive sampling technique because they were LDDs. All consenting LDDs were included in the project. Some were selected as peer educators and other selected participants were reached by the peer educators. Participants for the KII were recruited through a purposive sampling method, based on characteristics of interest as Civil Society Organisations or Transport Workers availability and ability to provide relevant information on the project.

2.7. Data Collection Procedure and Project Activities

Programme activities were carried out in line with the intervention structures of the Minimum Prevention Package Intervention (MPPI) as outlined in the National Prevention Plan which are structural, behavioural and biomedical interventions (National AIDS Control Agency, 2013). These are outlined as:

2.7.1. Structural Intervention

2.7.1.1. Dialogue Session with Stakeholders

The dialogue session with the stakeholders was a platform for community entry where permission of the stakeholders including the gatekeepers was sought to carry out the project. Subsequent periodic dialogue sessions were held with them and it was an opportunity for the stakeholders to receive the updates on the progress of the programme and challenges encountered so as to proffer possible solutions. The stakeholders included the representatives of the traditional rulers, community leaders and elders, the police, general hospitals, ART clinics, community health workers, brothel owners, leaders of National Union of Road Transport workers (NURTW) and Local Government AIDS Control Programme (LACA) coordinators.

2.7.1.2. Community Outreach

Community outreach was one of the activities targeted at other members of the community apart from the targeted beneficiaries. Outreaches were carried out amongst petty traders in the park, touts and National Union of Road Transport workers (NURTW), other members of staff of these groups who were not drivers and other close associate of the drivers in the park. Major highlights of the activities include HIV Counselling and Testing (HCT), condom distribution and demonstration. Furthermore, due to the transit and transfer nature of the target group, some selected members of the community were trained as peer educators to further train other peers. This is to enhance the sustainability plans for the programme.

2.7.2. Behavioural Intervention

2.7.2.1. Peer sessions

Peer Education sessions were facilitated by the Peer Educators (PEs) with their peers or cohorts who were registered in the programme. The sessions were held at regular intervals to discuss HIV and other related issues including sexual and reproductive health as contained in their training manual. The peers joined an organised HIV prevention club among the transport worker at the end of the programme for sustainability.

2.7.2.2. Interactive Sessions

The Interactive session/focus group discussion is an activity designed to create an atmosphere for result-oriented discussion. This comprised of all PEs, peers, chairladies of brothels and other relevant stakeholders. The objective of the activity was primarily to share experiences, create room for discussion, highlight challenges and proffer solutions. The impact of the programme on the participants is commendable as they took ownership and found that their contributions were valuable to the success of the programme.

2.7.3. Biomedical Intervention

2.7.3.1. HIV Counselling and Testing (HCT)

The major initial step of biomedical intervention phase for the MPPI is HCT. In this programme, mobile HCT was carried out for all Peer Educators and their interested cohorts as well as other members of the community in the park. Those tested positive were referred to health facilities for care and support while others were counselled to adopt healthy life-styles to avoid HIV infection.

2.8. Monitoring

A routine check of programmes or activities carried out to ensure that results reflect the actual plan was observed. The monitoring and evaluation officers with support from other staff were responsible for this. Data were collected using various data collection and data reporting tools.

2.9. Data Analysis

Data were collected by the CSOs using specifically designed data collection and reporting tools. The data were collected from various activities carried out under structural intervention, behavioural intervention and biomedical interventions. Data were entered into District Health Information System 2 (DHIS2) platform. Data were checked for completeness, accuracy, errors and other

inconsistencies to identify any possible data quality errors, exported and analysed using Microsoft excel. The results were analysed using Microsoft Excel by comparing frequencies and percentages. They were carefully presented in tables and chart. The KIIs conducted among the selected CSOs were analysed using thematic analysis.

2.10. Ethical Consideration

Prior to the commencement of the project, the proposal was subjected to a two-stage review and ethical approval to conduct the research was obtained from the National and the State Ethical Review Committee of the Federal Ministry of Health, Nigeria. Also, permission was obtained from the leaders of the identified groups where necessary. The criteria for selection of participants and beneficiaries included informed consent, voluntary declaration of participation in the project and the ability to provide relevant information. The participants were assured of the confidentiality of all the information collected from them. The HIV tests were done under HCT tents within the community, with only one client attended to at a time to ensure privacy of the client. The HIV client intake forms were kept in a safe place to ensure confidentiality. Those that tested positive were referred for appropriate treatment.

3. Results

3.1.Quantitative Data

The overall target population reached during this intervention between year 2013 and year 2015 was 3084 participants. The findings are presented based on the levels of the intervention: structural, behavioural and biomedical interventions.

3.1.1. Structural Intervention

The total number of community dialogues held during this project was 22. Half (50%) were held in 2014. With regards to community influencers, a total of 179 participants participated in the community dialogues. Among these, 45.3% and 47.4% were recorded in the second and third years of the project respectively. The income generated revenue activities was not held for the transport workers during this project and hence no participant benefitted from it (Table 1).

Year of assessment	Numbers of community dialogues held n (%)	Number of Influencers who participated in community dialogue n (%)	Number of Income Generated Revenue (IGR) heldn (%)	Number of IGR beneficiaries n (%)
2013	2(9.1)	13(7.3)	0 (0)	0 (0)
2014	11 (50)	81(45.3)	0 (0)	0 (0)
2015	9 (40.9)	85(47.4)	0 (0)	0 (0)
Total	**22**	**179**	0 (0)	0 (0)

Table 1: Structural Intervention Indicators

3.1.2. Behavioural Intervention

No peer educator was registered in 2014 or reached with behavioural intervention. About 290 of the peers were registered in year 2015. With regards to persons reached with the total package of HIV prevention education, 244 individuals were reached in year 2015. (Table 2)

Year of assessment	No of peers registered n (%)	No of peers reached with HIV prevention education n (%)
2014	0(0)	0(0)
2015	290(100)	244(100)
Total	**290**	**244**

Table 2: Behavioural Intervention Indicators

3.1.3. Biomedical Intervention

There was a great improvement in 2015 over the data of 2013 and 2014. In 2015, over 82.1% of total male condoms were distributed, 91% of the total female condoms while distributed and 71.5% of the participants were counselled and tested for HIV infection and received result. (Table 3).

Year of assessment	No of male condoms distributed n (%)	No of female condoms distributed n (%)	No of persons counselled tested and receive results n (%)	No of persons tested positive for HIV n (%)
2013	102(4.2)	6(1.5)	55(6.1)	3 (25)
2014	334(13.7)	30(7.5)	201(22.4)	4 (33)
2015	2004(82.1)	364(91)	641(71.5)	5 (42)
Total	**2440**	**400**	**897**	**12**

Table 3: Biomedical Intervention Indicators

3.1.4. Coverage of MPPI, HCT and Prevalence of HIV

A total of 222 (76.5%) of the registered peers were reached with all the three stages of MPPI in the year 2015. A total of 897 participants were counselled, tested and received result while 12 of them tested positive to HIV infection giving the HIV prevalent rate of 1.3%.

3.2. Qualitative Result

Key Informant Interviews (KII) were conducted among the representatives of the civil society organisations who were beneficiaries of this programme.

3.2.1. Description of CSO in Terms of Location and Services Provided

The location and the description the services provided by the Civil Society Organisations (CSOs) are summarised in Table 4.

S/N	Local Government Area (LGA)	Civil Society Organisation/ Community Based Organisation	Services provided	Target Given	Number of LDDs who benefitted
1.	**Ejigbo LGA Osogbo LGA Ilesha West LGA Ife central LGA**	Kingdom Seekers International Outreach Ministry (KSIOM)	Advocacy visits, HIV Counselling and Testing, Monitoring and Evaluation, Community Based Care and Support, Prevention and Awareness Creation of HIV/AIDS, Capacity Building	250	443
2.	**Ife south LGA Obokun LGA Oriade LGA**	Community Empowerment for Peace and Health Initiative (CEPHI)	Advocacy visits Community Outreach and campaigns against HIV, HIV Counselling And Testing	200	204

Table 4: Civil Society Organisations (CSO)/ Community Based Organisations (CBO) in respective Local Government Areas (LGAs), HIV prevention intervention services provided and the number of LDDs who benefitted or supported

3.2.2. Emerging Themes from the Thematic Analysis

The major themes from the thematic network analysis of the qualitative data from KII among the Civil Society Organisation highlighted the achievements, strength and weaknesses of the HIV Programme Development Project (HPDP) funded by World Bank on HIV prevention among the LDDs in Osun State, Nigeria.

Achievements/ Strength of the HPDP2 in HIV prevention Services among the LDDs

This programme has made immense contributions and its impact has been well felt by the LDDs. Quite a lot has been achieved. It has increased the awareness of HIV/AIDs among target population. In addition, more people are now aware of their HIV status via HCT services rendered and counselled accordingly afterwards. This has brought about behavioural change among them. The KIIs held among the civil society organisations (CSOs) revealed that the services were offered to the LDDs and other groups of people in the car parks such as female petty traders, park touts, National Union of Road Transport workers (NURTW) officials, non-driving staffs and close associates that interact with the drivers. About 250 participants was the target given to Kingdom Seekers International Outreach Ministry while a target of 200 was given to Community Empowerment for Peace and Health Initiative, the two CSOs surpassed the target given to them. One of the CSOs said,

- "Opportunity to do HCT for LDDs was a great achievement during the HPDP2 project as a stand for HCT was positioned at the park. The target given to us was surpassed as other people in the park like petty traders were captured. One of them that was counselled and tested came out to be positive and was subsequently referred to a secondary health facility"(CSO 1)

The CSOs also pointed out that advocacy visit was paid to major stakeholders. Outreaches and rallies were done to campaign against the spread of HIV, condoms were also distributed. One of the LDDs pointed out that they benefitted from the preventive services offered.

A CSO gave his opinion about the challenges faced during the program as follows:

- "Due to the migratory nature of the LDDs, it was difficult for us to train peer educators as these drivers were always on the move. We also had challenge following up LDDs that travel across the border**"**

4. Discussion

The structural intervention indicators with regards to this intervention included community outreaches, advocacy and community dialogue meetings and number of participants in the meetings. This is in line with a study carried out in Kogi state where it was reported that the gate keepers support were gained through advocacy and community dialogue (Adelekan et al., 2017). About half of the community dialogue was held in 2014 mid-way into the project and the number on influencers participating in the community dialogue increased in the second and third years of the project respectively showing that there has been a progressive improvement in this aspect of the project implementation programming over the years. Behavioural indicators from this evaluation revealed that a

comparison of number of peers registered and those reached increased significantly in 2015. This is also an indication that there has been an improvement of programme implementation with the minimum preventive package among the MARPs which is similar to the findings from India (Chaturvedi et al., 2006).

Biomedical intervention in this project included distribution of both male and female condoms, HIV Counselling and Testing (HCT) including collection of results, referral and treatment of sexually transmitted infections. There was a great improvement in 2015 over the data of 2013 and 2014. In 2015, more condoms were distributed during this intervention and majority of the participants were counselled, tested and received result for HIV. In addition, there is an overwhelming evidence to show that condoms are easily accessible to MARPs. A study by Awosan et al found that long distance truck drivers and sex workers find it easy to access condoms, and this increased access has led more condoms availability and better protected sexual intercourse (Awosan et al., 2014). It was reported that knowledge of condom use as an HIV-prevention strategy is generally high and attitudes towards use were generally favourable among long distance truck drivers.

Having discussed the important findings from above, it is important to mention that there were few setbacks/limitations in interpreting the study results. First, the data set given was devoid of some variables of interest. Secondly, because to the nature of the job that makes LDDs very mobile, follow-up activities on interventions like HCT was difficult. Thirdly, there were discrepancies between some of the information given during the interview conducted and the information obtained from the given data set. However, the project provided information about the HIV prevention programme among LDDs in Osun State, Nigeria using the MPPI.

4.1. Implications for Programming

The LDDs have long been implicated in the spread of HIV/AIDs and has been identified through HIV Project Development Programme (HPDP) as the key player in the spread of HIV and so there is need to integrate them into the society. The evaluation of the HIV prevention programme among the LDDs in Osun State has revealed some gaps in the programming. In view of the above mentioned short falls in the programming process, the following are recommended for improved programming of future HIV and AIDS prevention programmes in order that the burden of this disease would be controlled. There is a need for integration of services, strengthening of monitoring and evaluation of HIV and related interventions, scaling up of prevention activities in a cost-effective manner and scaling up of ART programme as a prevention strategy and to stem more AIDS-related deaths. There should be more engagement at all levels to engender political commitment and ownership of the HIV response (including the State & LGA levels) with a view of ensuring sustainability through increased funding, brainstorming and synthesizing of ideas for alternative/innovative ways of mobilizing resources for the HIV response at all levels. The State Government should take ownership of the programme by providing ARV drugs, requisite infrastructure, adequate staffing and the capacity building of health care providers at the primary health care level.

The LDDs are known as group of sexually active people and their workplace offers great opportunities for high risk behaviours for HIV infection. Some studies have reported a high prevalence of sexual risk behaviour in this group including sexual partners and low rate of consistent condom use (Atilola, Akpa, & Komolafe, 2010; Awosan et al., 2014; Olufemi et al., 2015). Minimum Prevention Package Intervention (MPPI) was designed to reach out to the Most at Risk Population (MARP) which include Long Distance Drivers and has been shown to be effective.

Condom programmes have helped to increase uptake, high coverage and have had a significant impact. The increase in uptake could be attributed to the effective HIV prevention intervention. Recently, some people have called for a public health approach to combine preventive activities. This involves the use of a combination of biomedical, behavioural and structural strategies to channel currently available resources at high prevalence regions or 'hot spots' and high-risk groups. It is thought that targeting combination of preventive initiatives at high-risk groups together with a scale-up in antiretroviral treatment will reduce HIV prevalence from pandemic levels to low-endemic levels.

5. Conclusion

The transport sector is a major area in the spread and transmission of HIV/AIDS because of the constant stream of large numbers of people along transport routes especially the long distance. This study has highlighted the achievements of HIV Prevention Development Program (HPDP) in the area of successfully integrating this mobile population back into the society. Nevertheless, there is a need to work more on the behavioural intervention, scale up the program and strengthen current efforts in order to give the road transport workers including the long distance drivers better health status and ensure better care and support among them in the State.

6. Recommendations

Despite the various interventions of HPDP in collaboration with OSACA, there are still gaps to be breached as relating to spread of HIV/AIDS among the LDDs. There is need for a much larger and more coordinated efforts to tackle the vulnerability of the LDDs to HIV/AIDS. To do these successfully, the following areas/actions are of paramount importance:

1. There is urgent need to scale up targeted HIV- prevention efforts among LDDs. Federal, State and local government authorities should support HIV prevention programmes previously supported by donor agencies in order to achieve sustainabily of the programmes.
2. There is a need to ensure better accessibility and availability of HIV preventive materials such as condoms and to ensure continued promotion of condom use among the long distance drivers.
3. There is a need to lay more emphasis on knowledge of mode of transmission of HIV/AIDS and STIs and the preventive methods among them during health campaigns.

4. Donors and implementers must support the collection of sound empirical evidence to inform the development and scale up of programmes.

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