

# **Amalgamated Transport & General Workers Union (ATGWU)**



**HIV/AIDS Program**

**Annual Report 2011**

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ATGWU

## List of Acronyms

AA	Alcohol Anonymous
AB	Abstinence and Being Faithful
AIDS	Acquired Immunodeficiency Syndrome
ART/ARV	Antiretroviral Therapy / Antiretroviral
ATGWU	Amalgamated Transport and General Workers' Union
BCC	behavior change communication
CBAs	Collective Bargaining Agreements
FHI360	Family Health International
FP	Family Planning
GBV	Gender Based Violence
GLIA	Great Lakes Initiative on Aids
HCT	HIV counseling and testing
HIV	Human Immunodeficiency Virus
IEC	Information, Education and Communication
ISN	Immediate Social Network
ITF	International Transport Workers' Federation
MARPs	Most At Risk Populations
OI	Opportunistic Infection
PMTCT	Prevention of Mother-to-Child Transmission of HIV
RCBA	Resource Center Based Activities
RC	Resource Center
ROADS	Regional Outreach Addressing HIV and AIDS through Development Strategies
STAR-E	Strengthening TB and HIV&AIDS Responses in Eastern Uganda
STI	Sexually Transmitted Infection
STDs	Sexually Transmitted Diseases
SMMC	Safe Male Medical Circumcision
USAID	United States Agency for International Development
URWU	Uganda Railways Workers' Union
VCT	Voluntary HIV Counseling and Testing
WAD	World Aids Day

## Executive Summary

This report highlights ATGWU HIV/AIDS program activities that were implemented over twelve months from January – December 2011. During the year 2011, ATGWU implemented stop-gap activities as well as signing new partnership agreement with STAR-E to support the Busia Resource Center.

ATGWU collaborated with Family Health International (FHI360) to implement the Regional Outreach Addressing Development Strategies (ROADS II) Project activities with USAID East Africa funding at 2 project sites of Mbuya-Kinawattaka and Katuna in Uganda between April and October 2011. This phase was very critical and successful in creating continuity of the ROADS project to reach the population of long distance truck drivers and other vulnerable groups of mobile men. During this period ATGWU recorded a success rate of over 100% with HIV Counseling and Testing (HCT) and condom distribution recording about 120% of the set targets. Details of achievements relative to targets are provided in Table 1 in this section.

During this reporting period, ATGWU implemented most activities through the 2 sites of Mbuya and Katuna with Busia coming on board in October 2011 under the STAR-E funding. To facilitate implementation, a total of US\$ 111,652,333 was accessed under the ROADS project and US\$ 120,720,000 from STAR-E for the period October 2011 to September 2012.

Details of achievements over the period relative to targets have been provided in Table 1 in this section. It suffices to note that these results were achieved through pragmatic approaches including the use of community based volunteers, memoranda of understanding with the government health structures especially Health Center III and speedy provision of grants by the two donors. It should also be noted that results were particularly attained from April to December.

The ATGWU Resource Centers mainly implemented community based activities such as Recreational activities in a non alcoholic environment, peer education/counseling, mentoring/coaching peer educators, HCT, Case referrals, free condom distribution and other community related health interventions. Whereas the primary target for the ATGWU intervention are the mobile population of the truck drivers and commercial sex workers, these services are also extended to the general population within the hot spot.

**Table 1: ATGWU targets vs. achievements by technical area – end of December 2011**

Intervention area	Indicator	Annual Target	Achieved	Comments
Sexual and Other Behavioral Risk Prevention	# of the targeted population reached with individual and/or small group level HIV prevention interventions that are based on evidence and/or meet the minimum standards required	19,250	14,052	Target not achieved because volunteers were not guided to reach the general population at the beginning
	# of MARP reached with individual and/or small group level preventive	15,625	23,169	The success was mainly due to the focused and

	interventions that are based on evidence and/or meet the minimum standards required			motivated peer educators
	# of condoms distributed	337,500	522,649	Greatly attributed to well stock ATGWU stores that ensured no stock outs at the RC
	# of IEC materials distributed	2,000	6,707	Most materials were sourced from partners and the Ministry of Health
HIV Testing and Counseling	Number of individuals who received Testing and Counseling (T&C) services for HIV and received their test results	3,475	6,172	This was due to the availability of test kits with support from the partners and Ministry of Health
	Total number of clients testing positive		294	About 5% of the total tested
	Total number of clients testing negative		5,878	About 95% of the total number tested
Referrals	VCT		1,273	No specific target were set for this
	ART		205	No specific target were set for this
	STI		427	No specific target were set for this
	OI		43	No specific target were set for this
	PMTCT		431	No specific target were set for this
	FP		32	No specific target were set for this
	AA		19	No specific target were set for this
	TB		70	No specific target were set for this
	SMMC		114	Safe Male Medical Circumcision is a new initiative under STAR-E at Busia RC



## 1.0 Introduction

### 1.1 Background

There can be no pause or let-up in the battle against HIV/AIDS. Every truck driver, taxi driver, bus driver, pilot, air steward, commuter or passenger can either be part of the problem or become part of the solution to the problem. The transportation network offers a potent weapon in this battle. It moves millions of people every day, both within and across our borders. These movements can either continue to widen the spread of HIV/AIDS or become a powerful channel for disseminating the information, knowledge and understanding upon which effective HIV prevention depends.

As transportation improves and people move about more freely, this very mobility becomes a factor in HIV transmission. Development increases human movement and no sustainable development occurs without massive mobility occurring both internally and externally. In this mobility and HIV transmission conundrum the following three issues are critical:

- The behavior of the migrants is more important than the migration itself.
- Both the groups of mobile people and the host communities often engage high-risk behavior.
- By moving, individuals are thrust into high risk situations that they may not normally have experienced under their home environments.

Many transport workers work under circumstances where they spend a long time away from home. With low or no basic wages, many of these mobile workers tend to work for longer periods in order to earn reasonable allowances and overtime. They may also forego decent accommodation to save money. If they sleep with a sex worker, this could be cheaper than the rent for a night in a guest house. Even so, many times they are faced with lack of proper accommodation or inadequate money to pay for it. Their human/workers' rights are often not respected and they have limited access to health services, particularly for sexually transmitted infections.

Transport is a predominantly male industry and often associated with a 'macho' culture, including an inclination to engage in casual sexual relations while away from home. A survey conducted in Uganda by International Transport Workers Federation (ITF) in 1999<sup>1</sup> showed that 70 per cent of drivers had spent less than a week at home in 4 months.

Often, drivers find partners in several different stop over/towns along routes they travel, or visit commercial sex workers. Sometimes they give lifts to women in exchange for sex. Many of these truck drivers end up having "road wives" with whom they stay when travelling certain routes.

Transport can connect areas of high and low HIV prevalence. Busy transport routes and border crossings have long been associated with factors of HIV transmission, with higher than average prevalence. Transport corridors have created what have been called "hot spots" of HIV transmission. Hot spots in road transport include inland trading centers/towns as well as border posts. The recognition of these risk factors means that transport workers are sometimes blamed for rising rates of HIV infection and for 'spreading the virus'. Stigmatizing transport workers as being responsible for the spread of HIV/AIDS helps drive the problem underground and makes it spread faster. It also diverts attention from many aspects of the drivers' work environment which increase their risk to infection, and which can be addressed through focused action. Truck drivers

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<sup>1</sup> AIDS AND TRANSPORT: The experience of Ugandan road and rail transport workers and their unions

in Uganda have often criticized programs that simply distribute pamphlets and condoms without seeking to understand their situation or to protect and promote their rights.

It is not only the road transport workers who are at risk of HIV infection. The people who provide services along the transport corridors also face the risk. Despite the fact that rates of HIV infection have been found to be high among commercial sex workers operating in the hot spot areas, many other populations still interact with them and are known to engage in sexual relations with them. In the airline industry, pilots and other airline crew are also known to stay away from their homes for extended periods of time and experience situations similar to those of the road transport workers.

The Private security Industry is one of the fastest growing industries in Uganda's economy. The industry employs mostly young men who have just left school. The wages paid to private security guards are generally low and the conditions of work very harsh. Security guards work mainly at night and many of them guard in secluded places, including places around where commercial sex workers operate in the night. Some of these guards have been known to use some of the places they guard as makeshift lodges where sex workers can "rent" space to have sexual encounters with their clients. It is not uncommon for sex workers to offer sex to such guards in exchange for the rental fee. Security guards are also subjected to frequent changes of assignments, sometimes involving change from one town/district to another. The night work and frequent transfers often keeps them away from their families and exposes them to the risk of HIV infection.

In Uganda the HIV epidemic is known to be generalized, however, some population groups are more vulnerable and at higher risk of HIV infection. These are what have become popularly known as the Most at Risk Populations (MARPS), which include commercial sex workers (CSWs), long distance truck drivers, fishing communities, internally displaced people (IDPs), uniformed services, and people with disability.

### **1.2 Major objectives of ATGWU HIV/AIDS program**

ATGWU has been implementing HIV/AIDS programs since 2001, with interventions targeting primarily the MARPS such as the long distance truck drivers and community men with whom they interact. Through the ROADS project ATGWU has established HIV/AIDS resource facilities, called SafeTStop centers, at major truck stops of Malaba, Busia and Katuna and under the GLIA World Bank supported project, ATGWU has established similar facilities known as Knowledge Rooms or Roadside Wellness Centres at Mbuya, Naluwerere and Rubaare truck stops. These centers have been established to offer truckers and other MARPS an alternative environment for relaxation and rest rather than spending most of their time at these stopover points in bars and brothels.

Prevention of HIV/AIDS among MARPS is one the major concerns of ATGWU because of the appreciation that the majority of HIV infection (about 80%) is due to heterosexual transmission. This indicates that sexual transmission is responsible for majority of all HIV infections. The sexual behavior of having multiple casual sexual partners, engaging in commercial sex and taking drugs and alcohol expose MARPS to HIV infection. The foregoing scenario is made worse by structural, socio-cultural and socio-economic factors such as marriage and family, the subservient status of women and girls in society; and the prevalent poverty.

The major programming objectives of ATGWU HIV/AIDS intervention include;

- Provide coaching/mentoring to existing peer educators and HIV counselors to carry out talks to MARPS at the Resource centers utilizing both the group and individual interaction modes of information transmission. This coaching/mentoring specifically put emphasis on topics such as Multiple concurrent partnerships, stigma reduction, alcohol abuse, GBV, cross generational and transactional sex etc. with an ultimate goal of ensuring everyone knows their HIV status
- Link with the government health center III to provide a training to existing trained counselors to carry out counseling and testing at the Resource Centers
- Collaborate with other stakeholders and health facilities in promoting HIV prevention information and services through IEC materials, local radio, community events, theatre and other communication channels.
- Ensure consistent supply of condoms at the Resource Centers and promote correct and consistent condom use with prevention messaging at resource centers, and community-based outlets.
- Organize and facilitate one-on-one and group peer education for MARPS at the Resource Centers and at outreach sites such as the truck park.
- Organize regular talks on topics relevant to transport workers such as road safety, alcohol, GBV etc
- Create and maintain linkages with local facilities (bars, lodges, pharmacies and drug shops) and any other facility frequented by the transport workers to expand the distribution of condoms to the target clients
- Show educative videos at the Resource Center with the aim of sparking discussions surrounding various themes that may be of interest and/or relevance to transport workers.
- Collaborate with other partners on linkages and referrals to existing health centers and clinics in the hot spot
- Develop mechanisms for cross-border referral of HIV and health services for transport workers.

## **2.0 ATGWU 2011 Program Results**

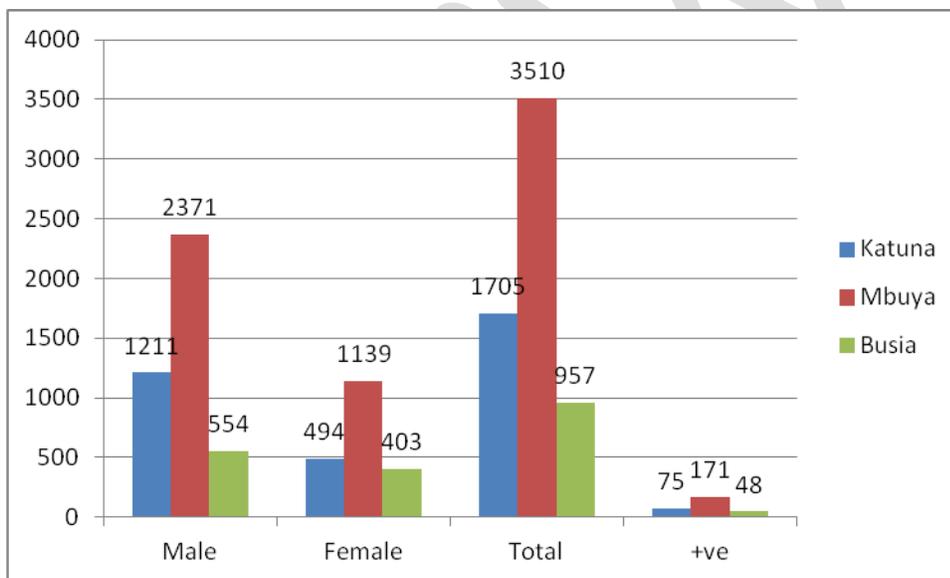
### **2.1 HIV Counseling and Testing**

During the year 2011 ATGWU with support from Family Health International (FHI360), Strengthening Tuberculosis and HIV&AIDS Responses in Eastern Uganda (STAR-E) Program and the Ministry of Health implement HIV counseling and testing (HCT) activities with emphasis being placed on most-at-risk and hard-to-reach populations. These activities were undertaken in the sites of Katuna, Mbuya and Busia with close collaboration with government health center III in the particular hot spot. HCT was offered through numerous approaches that included static services at the Resource Centers and outreaches.



*A client accessing HCT at the RC Lab*

Hard-to-reach populations of the MARPs were provided HCT services through the innovation, ‘Moonlight HCT’, to ensure a wider reach by enabling clients to access the service at night without much stigmatization. In this approach, the service is provided during times convenient to clients at night such that even those that arrive late at the hot spot can still be served.



*Figure 1: Number of people counseled, tested and received HIV results*

In Katuna a total of 1,705 individuals were counseled, tested and received results and of these 1,211 were Male and 494 Female, 75 cases were reported to be HIV positive. Mbuya counseled, tested and gave results to 3,510 individuals of whom 2,371 were Male and 1,139 female, 171 individuals tested HIV positive. Meanwhile in Busia 957 individual were counseled, tested and received results between September and December 2011, of these 554 were male and 403 were female, 48 individuals tested HIV positive.



*USAID team takes a look at a counseling room at the RC*

### **Lessons Learned**

- The moonlight approach was an effective way of reaching more clients especially the MARPS and other hard-to-reach populations
- Better results were received from tailored community interventions such as conducting daily HCT at the Resource Center and outreaches near places often frequented by commercial sex workers and their partners
- Involvement of stakeholders especially the government health structures, including local council and other opinion leaders in planning and implementation of activities was important in ensuring success

### **Challenges and the Way Forward**

- There is need to have permanent qualified staff (lab technician & counselors) to provide HCT services at the resource centers.
- The program does not offer comprehensive HCT and the subsequent complementary care and support services, such as Cotrimoxazole for clients diagnosed with the HIV, had to refer these clients to other health facilities and many clients did not attend their referral appointments
- Stock out of HCT test kits and other related commodities is a big challenge since the program had no buffer. Among other plans, ATGWU will liaise with Ministry of Health to create buffer stocks for HIV test kits.

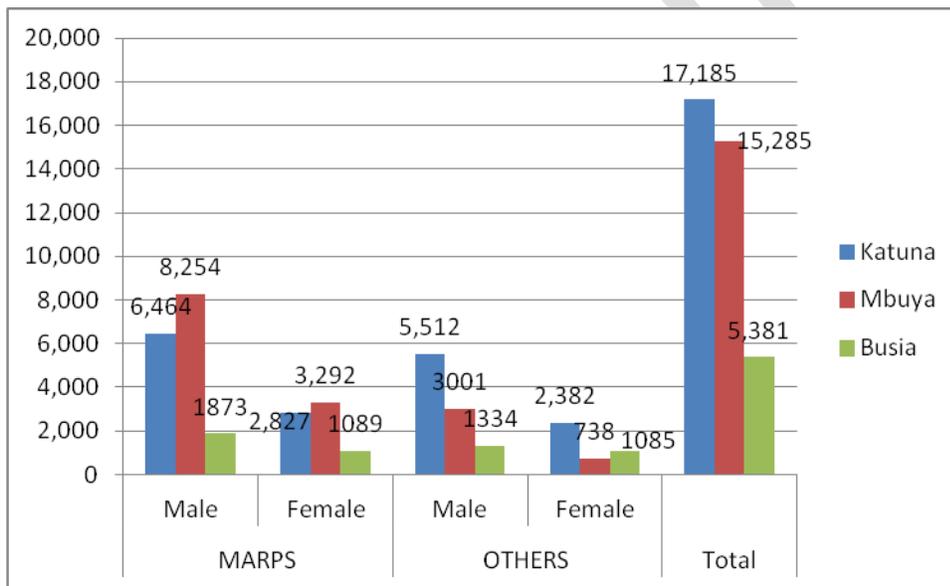
### **2.2 Promotion of HIV Prevention through ‘Other Prevention’ Methods**

ATGWU implemented other prevention methods beyond abstinence and or be faithful primarily by targeting most-at-risk populations (MARPs) within the three hot spots of Mbuya, Katuna and Busia. These MARPs included commercial sex workers, long-distance truck drivers, and other community members. Targeting MARPs was critical since they are a major source of higher HIV prevalence even within the generalized epidemic in Uganda.



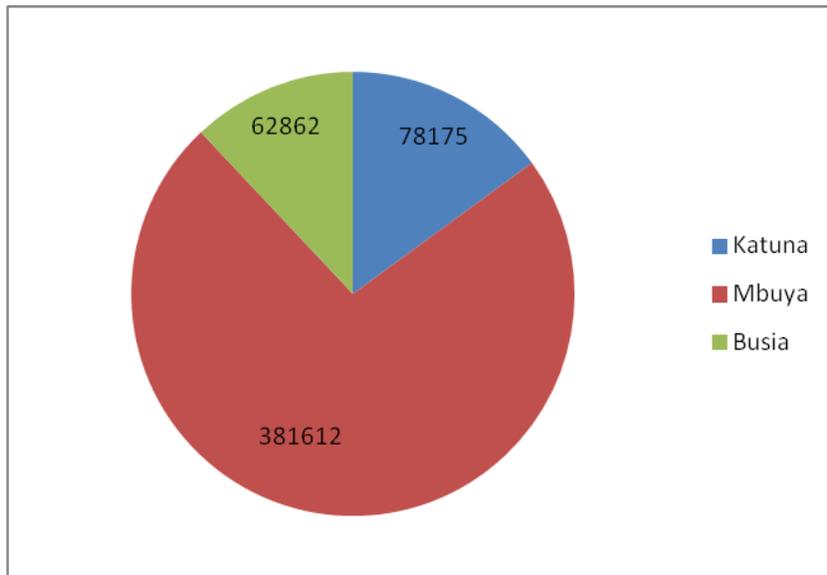
*A community dialogue held at the RC*

This intervention was implemented through 45 community based peer educators attached to the three resource centers of Katuna, Mbuya and Busia. The peer educators based chosen among the MARPS conducted session in which they delivered HIV prevention messages and distributed condoms within the Immediate Social Network (ISN) and in the Resource Center.



*Figure2; Number of people reached with HIV prevention messages beyond AB*

Through this approach, a total of 17,185 people were reached in Katuna and of these 9,291 were MARPs. In Mbuya 15,285 people were reached and out of these 11,546 were MARPs, whereas in Busia 5,381 people were reached between September and December 2011 and of these 2,332 were MARPS.



*Figure3: Condom distribution*

A total of 381,612 pieces of male condoms were distributed at Mbuya while Katuna distributed 78,175 and Busia distributed 62,862 between September to December 2011.



*Queuing to be tested with your packet of condoms*

#### **What worked well!**

- Empowering and motivating peer educators through twining for coaching/mentoring that help to impart knowledge and skills to the weaker and new volunteers turned out to be a very good practice. The use of non monetary incentives such as T-shirts, caps, bags branded with messages were able to give visibility to the peer educators and the program on a whole.
- Selecting peer educators from different types of MARPs gave an opportunity to reach all the various categories of MARPs with ‘other prevention’ messages
- Ensuring no stock out of condoms at the Resource Centers

#### **Challenges and the Way Forward**

- The mobile nature of the most-at-risk populations was challenging since they did not have adequate time to attend to sessions.

- There is a high peer educator's turnover among bar maids and attendants.
- Continuous support and facilitation to the active peer educators



*A truck driver contributes to a discussion*

### **2.3 Resource Center Based Activities (RCBA)**

Recreational and education activities are offered at the Resource Center as an alternative indoor entertainment in a non-alcoholic environment for the target population. HIV/AIDS and health information, peer education, counseling and union movement information for recruitment are also offered. These activities serve as entry points for HIV/AIDS peer education and for making referrals to HIV/AIDS and related health service providers within the hot spot.



*A health talk session at the RC*

HIV/AIDS-related Behavior Change Communication (BCC) activities were also implemented at these three Resource Centers. These activities included regular talks on topics relevant to transport workers such as road safety, alcohol, GBV etc by peer educators and trained health workers including private drug shop operators and other local technical resource persons. Some of these were broadcast on popular satellite TV and video shows with the aim of sparking discussions surrounding various themes that may be of interest and/or relevance to transport workers.

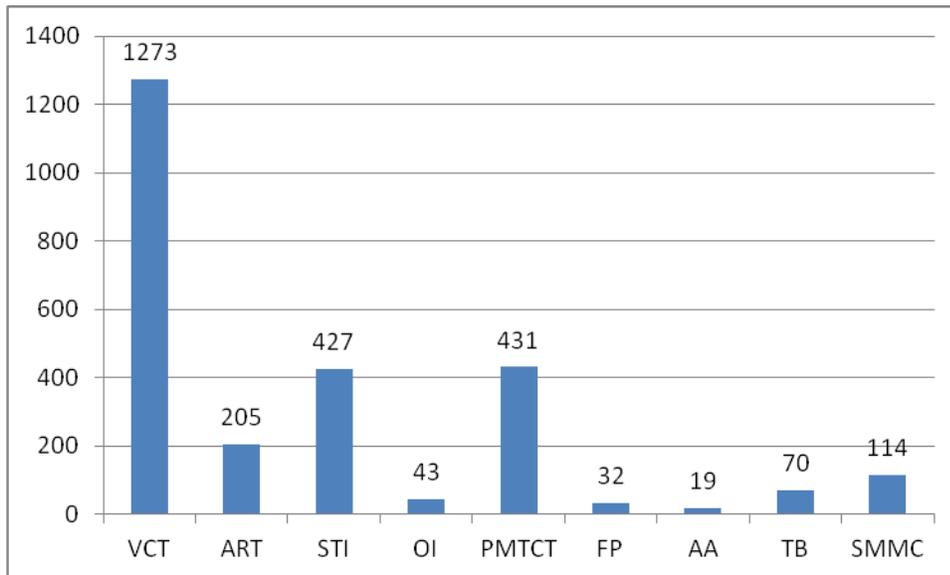


Figure 4; Individuals referred for various services

A total of 2,614 individuals were referred for various services with VCT registering the highest number of 1,273 individuals while alcohol anonymous recorded only 19 referrals. Safe Male Medical Circumcision (SMMC) referrals of 114 were only recorded in Busia.



Some of the indoor games

### 3.0 Other Union Initiatives

#### 3.1 ATGWU-URWU Joint HIV and Organising Campaign

In August 2011 ATGWU and Uganda Railways Workers' Union (URWU) initiated joint organising activities based around the provision of HIV/AIDS services at the workplace. The overall objective of the initiative was to enhance the organising and recruitment campaign and the participation of workers in trade union and HIV/AIDS activities. Specifically, the organising campaign was aimed at developing an aggressive recruitment strategy; building the capacity of trade unions activists within road and rail transport workers in organizing and HIV/AIDS interventions; and strengthening solidarity among the transport unions in Uganda.

The strategies employed included designing a joint action plan by the two unions to recruit members through HIV/AIDS prevention activities (this was arrived at after a series of planning sessions attended by senior organizers from the two unions); selecting HIV/AIDS activities that can be easy to carry out at the workplaces and are critical to members (in this case HIV Counseling & Testing and condom distribution); and involving shop stewards at the workplace during the activities as a means of mentoring and coaching them to build their organizing skills.

Each of the unions nominated 5 experienced organizers, who participated in this campaign. A team of two counselors and two laboratory technicians accompanied the team to carry out HCT as the organizers are busy talking to the workers and recruiting those who are not yet members. This joint campaign was carried out in the workplaces of Nalukolongo Railway Workshop and Kampala Main Railway Station for URWU; SDV Transami, Interfreight, and ESCO Inland Container Depots for ATGWU. These are workplaces around the capital city, Kampala. With time, the campaign will expand and spread to other workplaces in and outside Kampala.

The result of these joint organizing activities ‘shout out’ for themselves, these include among others; the recognition by members of other services the unions can offer on top of the traditional grievance handling and negotiations; recorded membership growth within the two unions; and enhanced cooperation between the two unions through the ITF Uganda NCC.



*Organizers talking to workers*



*Workers register for HCT*



*Queuing for HCT*



*Organizers posing for a photo*

### **3.2 2011 World AIDS Day Activities**

As part of the activities to mark World AIDS Day 2011, ATGWU carried out workplace sensitization at several workplaces with the aim of raising awareness about the high, and still rising, HIV infection rates among persons in committed and stable/long-term relationships in Uganda. Another objective of the sensitization was to mobilize workers to attend the HCT that was to be conducted by the Union at Entebbe Airport on WAD, 1<sup>st</sup> December 2011.

The ATGWU Theme for the action was “*Taking Action on HIV/AIDS among Persons in Long-term/Stable Sexual Relationships: The Importance of Knowing Your HIV Sero-Status*”

The sensitization sessions were carried out from 28<sup>th</sup> to 30<sup>th</sup> November 2011, reaching workers at their workplaces as shown in the table below:

<b>Date</b>	<b>Organization</b>	<b>Pax</b>	<b>Comment</b>
28/11/ 2011 (Morning)	Dairo Air Services Ltd	9	Mainly shop stewards were mobilized for the activity
28/11/ 2011 (Afternoon)	Guardian Services Ltd (Airport Branch)	24	Participants included the GSL Manager Entebbe
28/11/ 2011 (Evening)	Tight Security Ltd (Entebbe Branch)	57	Participants included the Branch Manager and Supervisors
29/11/ 2011 (Morning)	Entebbe Handling Services Ltd	53	Participants included the Workshop Manager
29/11/ 2011 (Evening)	Security Group Ltd (Entebbe Branch)	12	Most guards report directly to their assignments
30/11/ 2011 (Morning)	Bugonga Airport Taxi Coop Society (BATCOS)	29	Airport taxi drivers including BATCOS officials
30/11/ 2011 (Morning)	Uganda In-flight Services Ltd	13	Including the Manager Human Resource

The peak of this was a day-long event on 1<sup>st</sup> December 2011 organized and conducted around voluntary HIV Counseling and Testing (HCT). The HCT was carried out by a team comprising of five counselors and two laboratory technicians.

The following activities were carried out:

- HIV Counseling and Testing
- Thematic video shows on HIV/AIDS
- A survey on ATGWU level of service delivery
- Recruitment
- Talk on various trade union and HIV/AIDS matters.



*Clients queue to be tested*

The following are the HIV test statistics:

Sex	Total Tested	HIV Sero-positive
Male	164	03
Female	053	03
Total	217	06

### Observations and Recommendations

- There is a need for other sessions to be arranged in order to meet the demand. In this regard, the Union will explore a partnership between the Union and employing organizations.
- Some of the women workers tested expressed a wish for provision of breast and cervical cancer tests alongside the HCT. A similar demand was expressed earlier on when ATGWU was carrying out similar exercises in other workplaces in Kampala. The Union is exploring this possibility with other stakeholders.
- Useful feedback was obtained from both members and non-members of the union about the state of service delivery by the union and about what the union should do to enhance its services to both existing and prospective members.
- Combining the testing and other events such as an interlude of sensitization talks on HIV/AIDS and trade union matters; and the screening of topical videos on HIV/AIDS was a useful way of keeping clients entertained and informed between the time of registration, counseling, testing and waiting for results.
- The recruitment exercise was not very successful, most likely due to the open target group. Nonetheless, six members from organizations where the Union already exists and five from some of the clearing firms at the airport were recruited. An expression of interest to unionize was received from an official of a clearing firm employing over 50 workers in the country and is being followed up.

### 4.0 Success Stories

“We happened to be idle while waiting for clearance of our goods on our way to Congo from Mombasa. When my friend saw a sign of “SAFE STOP” at the door of this Recreation Centre, he told me to join him and see what was done in there. We entered and read different writings and pictures on the wall including activities carried out in the resource centre. A girl approached us and encouraged us to go for HIV test which we agreed.

Isabirye from Iganga District was tested and found to be HIV positive of which he said he was not surprised, but wondered what next because of the time and distance of going for other tests as referred to a nearby health centre and yet he had to travel ahead and may take another three weeks before getting back to his home town where he hoped to be attended from”

This is what he had to say.

“It’s true; I have been using condoms but not all times. Whenever I have sex with a girl, the first time, I use a condom but the second and the rest, I fail because, I lose power and cannot erect and yet still want to continue, so I throw away the condoms. Secondly, the temptation to resist these women, is difficult, because, as some of us return to our resting places in the lodge, we find them either at the door way or on the bed Thirdly, if I happen to go to bed alone, the next rooms are occupied with a lot of noise that cannot make me sleep until I am tempted to find a girl for myself.

What am pleased with is that I got encourage to have an HIV test which I have been dodging all along, now I know my status.

Besides learning a lot from the film showing different STDS which I had never seen before, I have learnt how to use a condom properly and will continue protecting the women from infecting them and also from re-infecting myself. I had four girl friends; I will drop three and remain with one. I promise to go for treatment when I come back.

My appeal to your organization is to try to find for us (truck drivers), accommodation free from sex workers, otherwise there is no way we can avoid these women. I normally take three to a month away from my family.”



*Trucks wait at clearance at Busia boarder*

### ***Yet another client***

“My name is Ramandhan from Tanzania a driver working with “Continental” The program of testing us is very good because we need to know our status as every time we get good girls where we stop for a night. One day I stopped for a night in one of the lodges in Lyatonde. Actually I did not want to sleep in the lodge, I just needed a bath and go back to sleep in the vehicle but because there was nowhere to bath from, I had no choice but to book a room. I then decided to sit alone and take a beer, a nice girl came and sat near me, she asked me for a beer and I offered her and told her to leave after that beer but she insisted to sit, she created a conversation of which I asked her where her husband was, she told me, she had separated with him sometime back, so I told her that since she had had one the previous day, let her wait for that one, I then left her there and went to sleep. When I arrived Katuna, almost the same thing happened to me, I met my friends who directed me to this office and we converged there and had a lot of discussion with a lady in the office who told us her name and what is done in the recreational hall, which helped me to learn a lot of things, including union issues, we watched a film on DSTV and realized it was coming to 10.00 p.m. and we all went to sleep.

One of the problems I discovered is that, together with my friends, sometimes we just need to bathe and relax in such a place where there are no girls, but suggest that if the program can provide for us a wash room, it would be to our great advantage.

The other one is that, you should also mobilize these girls and talk to them, because, there are very few women in here and yet we are very many who demand for their services and some of them do not bathe and have a filthy smell.”

One truck driver, with the names, Ndayaragwe peter from Burundi, aged 28 years and not married but has two girl friends.

Ndayaregwe Peter aged 28 a truck driver from Burundi had this to say “I have come to test for HIV, I am told that you counselors don’t tell us the (driver) s our real results. Why is it that most truck drivers who come to test are HIV negative when only one eighth of truckers do not have

sex while on transit? I have a friend, truck driver who had sex with an HIV infected woman once only and who later gave birth to a baby free from HIV, but when he went to test for HIV, he was found to be HIV negative even after three years, he still tested negative, why is it so? If am found with HIV, how will I get treatment because I don't have time to go to another clinic to get treatment?

I also don't use condoms because they encourage promiscuity and secondly, free condoms are not real condoms. One time condoms were imported from Europe into our country but when they tested them, they were found to be infected with another virus and we learnt that it was a virus in which HIV can live in. They were deported back.

I also don't intend to marry because, for sure, it's difficult to trust women, even the ones I have, may cheat me, because when I return from a journey, very tired, I fail to perform sexually and am blamed for having used the energy elsewhere.”

This particular driver was given information on HIV transmission in human bodies, the true results given using the card with initials of which organization carrying out the HCT and repercussion caused by lying to clients, what happens in discordant couples and how he can be helped to get treatment in case he was found to be HIV positive . He was also given information on proper condom use and the type of condoms in place. He was grateful for the information which he had not known. He promised to come back and re-test and also encourage his friends and girlfriends.

ATGWU



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