Contents

Summary >>

1. Introduction >>

2. Theoretical framework >>
   1. Definitions
   2. Approaches
      1. Analysis of the Migration Process
      2. Analysis of the Migration Context

3. Methodology >>
   1. Process of the Research-Action
   2. Screening of Sites
   3. Target Populations
Summary

This study, supported by the joint United Nations Programme on HIV/AIDS/ (UNAIDS) and the World Bank as part of a research-action "Migration and AIDS", under the auspices of the West African Initiative for a response to HIV/AIDS epidemic (WAI), was jointly carried out by five West African Countries: Burkina Faso, Côte d'Ivoire, Mali, Niger and Senegal. It is a socio-ecological approach focusing on the status of migration, populations in social interaction with migrants, sex work and the HIV/AIDS epidemic.

Some ecological sites were identified in the countries mainly railway stations (train travellers, travellers in transit, train workers), road stations (truck drivers, “coxers”, merchants), hotels, central markets and certain cyclical markets (or louma) receiving migrants or mobile persons, who benefited from intervention strategies of the project. A special attention was made to some sites in relation to the context of sex work, as well as diverse situations of risk and vulnerability. This has helped the research teams to deepen their knowledge of the activities of other sub-populations such as merchants, itinerant vendors and even, in one of the sites, men having sexual relationships with other men, who were not embraced by any AIDS/STD control programme.

The uniqueness of the study is that the contact points, the zones of predilection and the influential people were already known to the research teams, and this brought in a climate a trust. As a result, interventions allowed some of them to have access to social and healthcare services. Another major innovation abides in interventions on trains, in hotels and other crowded areas. Finally, interventions were made at distribution spots established on certain sites, in partnership with healthcare services and managed by volunteers who have benefited from a sensitisation and a comprehensive training on condoms and their use. Network interventions initiated at the level of the sites (Senegal), as well as community-based actions (Burkina Faso and Niger) which were integrated in the research studies represent enriching experiences of sound grass root partnership appropriation and strengthening. The capacity-building provided to the country teams that led this work, backed by training opportunities on STDs/AIDS on behalf of healthcare personnel in the structural and environmental interventions (Côte d’Ivoire) are undoubtedly viable accomplishments. Fear of condom shortage and the lack of access to healthcare services are well understood by volunteers and the populations.

It is therefore urgent to determine under what conditions one can ensure the continuation of the activities of the current research-action, either by maintaining them or by reinforcing their capacities, in order to consolidate the interventions carried out within target ethnographic groups, but also to open up to other new groups, so as to support the extension of HIV/AIDS care and prevention methods.
Limitations of this project evolve around its temporary action, since at the end of this study, despite the contacts already established with the groups involved, they will have a limited capacity in ensuring the sustainability of the actions initiated.

Moreover, the research-action related to AIDS must not be confined to certain axes, but should be rather extended to other areas or contexts of risk and vulnerability. Certain West African sites have mobile populations such as on the Mauritania - Mali - Senegal - Guinea axis towards Central Africa and the Côte d'Ivoire - Nigeria axis.

Moreover, another approach that would be vital to the improvement of the findings of this research-action is the integration of the problematic of providing care to people living with HIV/AIDS in the exploration of the themes, as well as that of refugees and displaced people in West Africa. In this respect, actions aiming at sensitising the community should enhance the understanding of the populations as regards HIV-infected patients.

1. Introduction

On the eve of the third millennium, according to UNAIDS and World Health Organisation (WHO) estimates, the life of some 33.6 million men, women and children will be greatly impacted by a dreadful disease still unknown few decades ago. In 1999 alone, 5.6 million new HIV infection cases were diagnosed in the world, of which 3.8 million were found in sub-Saharan Africa, i.e. 67 percent of all reported cases. Since its outset, the epidemic has taken away the lives of some 16.3 million people, 80 percent of which occurred in sub-Saharan Africa, which also accounts for 95 percent of orphans attributable to the HIV/AIDS epidemic.

No a single country is spared from the AIDS epidemic, but the highly affected countries are found in East and Southern Africa. According to UNAIDS, in Botswana, Namibia, Swaziland and Zimbabwe, between 20 and 26 percent of people aged 15-49 are HIV-infected.

Broadly speaking, compared to East or Southern Africa, West Africa has relatively low rates, but the number of AIDS cases is increasing everywhere in the sub-region, even if the infection rates have remained relatively stable in countries like Senegal.

However, there exits sites with high HIV prevalence sites in West Africa, particularly in Côte d'Ivoire, where the prevalence of HIV is estimated between 10 et 15 percent among the adult population.

As in East and Southern Africa, spatial mobility was identified by various studies as a key factor behind the high prevalence of HIV in West Africa (Hunt, 1989). Studies have unanimously demonstrated that regions with high emigration and immigration density are more likely to record higher HIV infection rates, as compared to areas where the migratory phenomenon is less important and where, consequently, infection rates are often lower or more stable. (Lydiés et al., 1998). In northern Senegal, where the migratory phenomenon is more important, studies have pointed out a high HIV prevalence rate (27 percent, whereas the average national rate is one percent) in people who were previously involved in international migration (Kane et al., 1993). Studies carried out in healthcare services in Niamey (Niger) or in Dakar (Senegal) also reveal a link between international mobility and AIDS cases (Sow et al., 1993; Ousseini et al., 1989, as quoted by Lalou, and Piché, 1994).

In East and Southern Africa, various studies showed a much higher HIV prevalence in people with a record of international mobility or migration (Kicongo et al., 1992). In West Africa, studies carried out in
Findings of the Research-Action Migration and AIDS Project

healthcare centres confirm the correlation between international mobility and AIDS cases. Thus, an investigation in the main health care facility for AIDS-infected patients in Senegal shows that 70 percent of them have a migration background in central and West African (Sow et al., 1993). In Niger, 99 percent of AIDS infected patients hospitalised at the Niamey National Hospital admit having a migratory history to Côte d’Ivoire (Ousseni et al., 1989, as quoted by Lalou et Piché, 1994). Now, migration is a widespread phenomenon in Africa, in general, and in West Africa, in particular. According to a study by CERPOD (CERPOD, 1995, as quoted in International migration, 1998), practically all the countries of the West African sub-region are concerned with migratory movements. The same study reveals that, between 1988 and 1992, nearly 5 million people from Burkina Faso, Guinea, Côte d’Ivoire, Mali, Mauritania, Niger and Senegal, have migrated from one place to another, whereas for all these countries, the aggregate total population between 15 years of age and above is 26 million.

This finding leads to a number of questions including the following:

- What are the social interactions between migrants, their societies of origin and their host societies that foster a risk of HIV infection?
- What are the representations, attitudes and practices that foster a risk of HIV infection?
- How do migrants and populations having social interactions with them respond to the AIDS epidemic and to interventions already carried out or in the course of being carried out in the area of prevention?
- What are the needs related to the changes in interactions, representations, attitudes, practices and risky behaviours?
- What process of changes must one generate and foster, and how to ensure the sustainability of these changes?

It is based on such an issue that, under the auspices of the world Bank and WHO, eighteen West African countries have elaborated a regional response to cope up with problems related to the expansion of the AIDS epidemic in connection with the phenomena of migration. This response was managed by a new regional programme called the West African Initiative against the HIV/AIDS epidemic (WAI), which will set up a coordination structure called the Inter-Country Coordination Committee (ICC).

The approach developed by the WAI was to encourage pilot initiatives utilizing innovative and flexible approaches that may take into consideration the complexity of situations and issues raised by migration and AIDS. Thus, the West African Initiative (WAI) has initiated a reflection over research and intervention prospects on the major junctions of migration axes in West Africa, more particularly on the main axes of international migration towards Côte d’Ivoire.

It is in that respect that, since 1995, under the impulse of the West African Initiative, seminars have brought together researchers from 5 countries (Burkina Faso, Côte d’Ivoire, Mali, Niger and Senegal) in order to harmonise the approaches, the methods, the techniques of research and intervention, and exchange the findings of their studies.

UNAIDS and the World Bank have supported the elaboration and implementation of research-action protocols (executed by PNLS through multidisciplinary teams on migrations and AIDS from 5 countries (WAI/UNAIDS, 1997). The West African Initiative has also co-sponsored with GTZ and the Canadian Cooperation a cross-border operational research (executed by ActionAid Ghana) on international migration, sexual health and AIDS/STDs, jointly carried out in Burkina Faso, Ghana and Togo. Both types of research (research-action and operational research) have developed contacts and exchanges under the impulse of the West African Initiative.

The specific objectives of the operational research carried out by ActionAid were to:

- describe the main feature of migrants;
- identify the main health-related problems of migrants;
● review HIV/STDs related services available to migrants;
● suggest workable interventions in the areas of migration and reproductive health with a special focus on HIV/STDs.

The overall objective of the research-action was to act on complex contexts of relationships between migrant populations and their socio-cultural environment and on migration processes, in order to reduce the risk of vulnerability to HIV infections in migrants and populations with whom they interact.

The specific goals consisted in:

● understanding factors and socio-cultural process that foster HIV infection among migrants and the population with whom they interact;
● raise, foster and sustain social behavioural changes conducive to HIV/AIDS prevention among migrants and their human environment.

The methodologies developed by WAI-supported protocols are based on research techniques, in straight connection with interventions. Cross-border research has led to proposals for action, whereas research-action has integrated interventions in the research process itself. In the end, the activities supported by the West Africa Initiative and UNAIDS take into account, not only the nature of interventions carried out or to be carried out, but also the manner in which these interventions should be implemented. The findings also allow to acquire and reinforce the base of ethnological and sociological knowledge likely to help the decision making process with respect to care and prevention of AIDS/STDs. Moreover, the different research studies have allowed the redefinition of the theoretical framework supporting the analysis of the migratory phenomenon and the propagation of HIV/AIDS. Thus, the plan for the preparation of this report is articulated around the following elements:

● presentation of the theoretical framework: it evolves around approaches and theories related to migration and HIV/AIDS, and which are the outcome of data collection, exchanges between researchers of the various national teams, and literature review;
● presentation of the methodology: it explains the type of research carried out, sites chosen, target populations, data collection and analysis techniques;
● presentation of findings;
● ethnography of migration and risky sexual behaviours in research sites;
● representations and perceptions of AIDS and prevention means;
● design of intervention strategies in relationship with the defined approaches and the collected socio-anthropologic data;
● assessment of interventions.

2. Theoretical Framework

2.1. Definitions

Strictly speaking, migrants can be defined as people who, intentionally, move to a new residence to join their family members, to seek lacking resources, or to escape unsatisfactory living or working conditions. Refugees and displaced people are rather defined as people that also move (respectively outside and within a given country), but contrary to migrants, this mobility is as a sequel to constraints, violence, persecution (for religious, racial, political or security reasons, etc.) (Populations Reports, 1996; International Migration, 1998; Perruchoud, 1992).

Back to top
However, this distinction based on motives seems to be less and less taken into account by studies related to interactions between health issues and population movements. Thus, one of the definitions widely accepted by studies on the relationships between the HIV/AIDS epidemic and population movements views migration as the fact of changing a place of residence, either temporarily or permanently, beyond administrative, political or geographic boundaries. In that sense, the notion of migrant refers not only to persons changing their place of residence, either temporarily or permanently, for social, economic, professional or other reasons, but also to refugees and displaced persons (Population Reports, 1996; International Migration, 1998; Perruchoud, 1992).

In this respect, migration covers different types of individual or group mobility varying according to their duration (short, medium, long), the form of movements (linear, circular or pendular movements etc), and the articulations of movements (cyclical, seasonal etc).

2.2. Approaches

2.2.1 Analysis of the migration process

The analysis of issues related to the migratory phenomenon is based on the assumption that migration is regarded as a process comprising the following aspects:

- the migrants' point of departure (the socio-economic contexts supporting migration processes, the relationships entertained by migrants with the localities where they are departing from either temporarily or permanently, the impact of departures on living conditions, social relationships and sexual behaviours);
- the journey, the transportation means, the duration of the journey (certain transportation means are stakes for sexual bargaining, venues for encounters or sexual relationships);
- the destination (the socio-economic contexts in which migrants find themselves upon reaching their destination, the challenges they are confronted with, social hosting or care networks, forms of exclusion and marginalisation, social relationships, sexual behaviours);
- finally, in various cases (mostly concerning long distance road journeys, there are between the points of departure and the final destinations, stop-overs for varying duration or hosting conditions (certain stop-overs are lieux of sexual bargaining, venues for encounters or sexual relationships).

2.2.2. Analysis of the migration context

The analysis of the migratory phenomenon calls for geographic clues which assume that the economic, social, cultural and historical dimensions of the populations' life be taken into consideration.

Thus, it can be pointed out that West Africa was marked by various trans-border migratory streams and dynamics during both the ante-colonial period, the colonial period and the post-colonial era (Coulibaly, 1987).

During the ante-colonial period, various factors related to political and military situations, commercial activities or certain forms of agricultural production have seemingly played an important role in trans-border migrations within West Africa. During the colonial period, migrations mostly accompanied economic dynamics of concentration of agricultural, industrial or agro-industrial production factors in coastal regions and attracting manpower from landlocked countries. As a result of this, countries like Senegal and Côte d'Ivoire became immigration centres. This trend went on after the independence era; one major implication was the strengthening of Côte d'Ivoire’s position as the main destination of West African migrants, both as a final destination and as a stop-over (towards southern and central Africa) or the point of departure of migrants returning home.

Trans-border migrations in West Africa can be explained, to a large extent, by the unequal economic
Findings of the Research-Action Migration and AIDS Project

development experienced by various countries of the sub-region and further at the level of opportunities for the acquisition of financial resources and means of subsistence (Painter, 1996). Industrialisation and development poles (Côte d’Ivoire) emerged and got strengthened, as opposed to other geographic regions (Sahel hinterlands, coastal countries in the North of Côte d’Ivoire...) which were plagued by stagnation, if not regression.

Besides, migrations take place within a West African environment where the movement of goods and people is rooted in secular traditions and are grounded on a perception of the artificial character of colonial boundaries. They also occur within the framework of governments’ sub-regional integration policies.

In the countries of origin of migrants, some areas (Mossi plateau, the northern part of Senegal, the western part of Mali) seem more affected than others, as well as certain ethnic groups or socio-professional categories (Weigler, 1982, Fieloux, 1980). Studies point out that migrants belong to a relatively young age group; in this respect, an investigation carried out in Côte d’Ivoire shows that the majority of trans-border migrants are found between the ages of 15 and 29 (Republic of Côte d’Ivoire, 1996).

To illustrate the major role played by Côte d’Ivoire as the attraction pole of migrants, one may note that, in 1975, 1,426,000 non-nationals were censed in Côte d’Ivoire, i.e., 21% of the total population (General census, 1988). Migrants towards Côte d’Ivoire come from all countries of the sub-region and establish themselves in nearly all over the country. In 1992, Burkina Faso was the key supplier of migrants to Côte d’Ivoire (with 41.9% of persons in the country), followed by Mali (20.8%) (Lalou R et al., 1994). Agriculture is at the forefront of migrant-attracting sectors: 43.4% of migrants are found in the agricultural sector and/or forest exploitation, cattle raising, fishing and hunting, and 19.6% are involved in trading activities.

The sociological aspects of migrations from Niger to Côte d’Ivoire are well documented (Painter, 1991). Migrants from Niger towards Côte d’Ivoire are mostly males with an average age of 34, most of them married men migrating to Côte d’Ivoire to embark in commerce, door-to-door sales of fabrics and clothing, hairdressing, catering trade, commissioning or Koranic teaching. The majority of them come from the following regions: Niamey, Dosso (western part of Niger) and Tahoua. Their destinations in Côte d’Ivoire are mostly Abidjan, Saïoua, Divo, Bouaké, Abengourou and Yamoussoukro. They undertake a number of journeys around the year, in Côte d’Ivoire and other countries: Nigeria, Ghana, Togo, Mali, Guinea. Generally, they have very little or no education at all, an inadequate access to mass media and frequent antecedents of STD infections.

As for migrants from Mali to Côte d’Ivoire, they are namely Nioro, Kayes, Ségou, Mopti, Sikasso, according to certain studies. In 1975, a quarter of all migrants to Côte d’Ivoire were citizens from Mali (the World Bank, 1979; Painter, 1991). They are mostly males with an average age of 32. Their main destinations in Côte d’Ivoire are: Abidjan, Daloa, Soubré, Buho and Divo. These migrants from Mali are generally married men or men with concubines, travelling most of the time without their spouses, for various purposes (trade, transportation...). Generally illiterate with little or no access to mass media, though majority of them possess radio sets, they seldom have the time to listen to radio. Malian migrants to Côte d’Ivoire are generally members of solidarity associations created by people from their hometown or from neighbouring quarter.

Migrations from Burkina Faso to Côte d’Ivoire started towards 1974. The National survey conducted in Burkina Faso on 1974-1975 migration streams show that, out of 336,000 international migrants, 89% headed towards Côte d’Ivoire (Coulibaly et al., 1980). In 1975, 50% of Côte d’Ivoire-based immigrants were reported to be from Burkina Faso (The World Bank, op. Cit). The Massi Region was a major supplier of emigrants (69%) from Burkina Faso to Côte d’Ivoire, with 58% of immigrants returning to their homes.

Other studies show that 40% of long distance truck drivers in Côte d’Ivoire are from Burkina faso and 38% from Mali. The remaining 22% are from Côte d’Ivoire, Niger or Ghana (Zanon B. et al., 1998). The same study shows that out 5 migrants only 2 have declared using condoms in the past, and 18% declared that...
they did not use any condom during their last sexual relationships, because condoms were not available to them. Migrants are depicted as entertaining “personal networks” reactivated in an episodic way during each of their trips, substrata of these networks may have frequent sexual relationships without being necessarily linked to sex work.

In Senegal, generally speaking, the majority of emigrants are reported to come from the northern and central regions of the country (Fouta and Baol). Emigrants are generally men mainly from the following ethnic groups: Hal Pulaar, Soninke and Wolof (Boal-Baol) as well as youngsters from urban centres. The migratory phenomenon reached its climax between the 1960s and the 1980s, sequel to prevailing drought cycles in Senegal and the appeal of new development poles in certain countries (particularly the modernisation in Côte d’Ivoire and mining exploitation in Zaïre). Migratory streams of Senegalese sex workers towards Côte d’Ivoire and other neighbouring countries have been identified, similar to population movements from certain neighbouring countries and the Gulf of Benin (Ghana, Togo) towards Senegal.

In studies related to health issues, AIDS in particular, migratory phenomena are viewed as embodying an array of elements and components having a dynamic interaction with feedback and retro-actions. This approach seeks to integrate in the analysis the largest possible number of social, cultural, economic and epidemiological data, which makes it possible to take into account the action, the multiple articulations between migrant populations and sedentary or indigenous populations.

Certain geographic and social sites appear as the most suitable ground for the implementation of these approaches. These sites, depicted as socio-ecological sites include car stations, marketplaces transportation means, workplaces, neighbourhoods with intensive migratory streams, migrants’ associations, solidarity associations, etc.

3. Methodology

3.1. Process of the research-action

The process of the research-action comprised the following phases:

- Social environment study phase

This phase comprises activities related to the establishment of contacts with administrative, medical and traditional authorities, as well as with associative movements and various types of associations. A quick ethnographic study was carried out during the same period, and this allowed to collect basic anthropologic data:

- mapping of sites, of migrant and mobile populations, charts of migration streams, and charts of social groups;
- identification of medical and social structures in charge of STDs/AIDS and therapeutic itineraries;
- inventory of past interventions and interventions in progress on STDs/AIDS as well as opinions about these interventions;
- identification of social communication channels;
- identification of the needs and the potential for change in order to cut down on risks of HIV infection.

This phase has also provided an impetus for the recruitment and training of facilitators, investigators or community-based relays, as well as the identification of key information and leaders capable of playing a
Findings of the Research-Action Migration and AIDS Project

prominent role in the interventions. It was also during this phase that pre-intervention individual assessment instruments were implemented, and that intervention micro-plans were elaborated in collaboration with the populations. At the administrative level, certain countries have put in place, at this present moment, research management and follow-up committees.

- **Social environment transforming phase**

This phase saw the implementation of micro-plans of intervention. The micro-plans integrated data relating to the study of the social environment and they were carried out by teams that took into account target populations and researchers. During this phase, the collection of data on progress made it possible to document all the components of the process. Moreover, this phase provided a framework for the elaboration and implementation of micro-plans of actions.

- **Assessment phase**

This phase is dedicated to the analysis of the outcomes of micro-plans of actions, to the implementation of post-intervention assessment instrument, and also the comparison of the findings with the pre-intervention assessment. It was also during this phase that the final findings were communicated to concerned populations and authorities, and that the research teams elaborated the strategic plans and put in place sustainable mechanisms.

The three phases are in a dynamic interaction and each of them contains elements pertaining to other phases but which do not have any pre-eminence in the phase in question. The social environment study phase aims mainly at understanding the social environment and identifying the needs, but it also comprises, in addition, aspects related to the transformation of the social environment (pre-test of certain actions) and assessment impacts (communication of findings to populations).

The social environment transforming phase aims primarily at implementing social environment changing activities, but also involves activities meant to deepen the social environmental study and the assessment of progress. The assessment phase, in addition to the analysis of findings, is also a framework in which activities are in progress (active) to assist the acquisition of knowledge and the transformation of the social environment.

### 3.2. Screening of sites

The screening of sites was carried out in order to duplicate the heterogeneity of situations supporting the various stages and types of migratory processes.

Thus, the screening process of sites included one or many of the following criteria:

- sites located nearby road axes or railway stations;
- migrants’ point of departure;
- stop-overs;
- attracting poles of agro-industrial workers;
- borderline areas; and
- migrants’ means of transportation.

In Burkina Faso, the site chosen was Koupéla, 140 km away from Ouagadougou. Koupéla is the site of a major junction located on the Niamey-Ouagadougou-Abidjan road axis. It is a major return site (or stop-over site during return) of migrants in Côte d’Ivoire. Koupéla also receives migrants from Niger, Mali and other localities in Burkina Faso. It is a major stop-over for migrants towards Côte d’Ivoire, Bénin and Togo.

In Côte d’Ivoire, the site of Ferkessedougou located in the northern part of the country, in the Korhogo
region, was selected. This region ranked third among the regions with a greater number of reported cases of HIV/AIDS in 1994. Ferkessedougou is at the junction of major international road and railway axes towards Abidjan, and coming from countries located in the north-west and north-east of Côte d'Ivoire. This locality harbours a sugar factory attracting movements of seasonal labourers working in the agro-industrial sector.

In Mali, the region of Sikasso was selected. This region comprises a major section of the Bamako-Abidjan road axis. The Sikasso region shares borders with Guinea, Côte d'Ivoire and Burkina Faso. Owing to the fact that the region is among those having the highest level of rainfalls in the country, it is considered as the cereal barn of the country, the cotton belt by excellence, and the heart of the cotton industry. The region is also the centre of commercial activities (mainly weekly markets) attracting a major flow of population from all regions of the country. The Sikasso region harbours invaluable mining resources (gold) under industrial and traditional exploitation. The city of Sikasso polarises, as a stop over or a temporary destination for short or long-duration migrants from Mali, Mauritania and Senegal towards Côte d'Ivoire. Besides this, the region registers the highest HIV prevalence rate in Mali.

The Niger Team chose the site of Gaya located at 300 km in the South-East of Niamey. Gaya is a cosmopolitan city sharing borders with Nigeria and Benin. The city is connected to road axes towards Benin, Togo, Côte d'Ivoire and Nigeria. The city is at the junction of major commercial transactions between three countries: Niger, Benin and Nigeria.

For Senegal, the project intervened in sites located on the Senegalese section of the Dakar-Bamako railway station. This axis extends up to Abidjan and is used by migrants travelling towards countries of central and Southern Africa. The research was carried out in Dakar, Thiès, Tambacourda and on the Dakar-Bamako Express train.

The research zone of ActionAid includes a cross-border area comprising the provinces of Boulgou and Nahouri of Burkina Faso, the North-East region of Ghana and the savannah region of Togo.

3.3. Target populations

The targets of the research-action protocols are classified into the following two categories:

1. the populations in a situation of migration (departing, stop-over or arriving migrants). In all the countries, this category includes men as well as women. The migration of women involved in various types of commercial sex work is often explicitly stated as part of the objectives of the research.
2. the social networks in interaction with migrants. This category involves a wide span of groups in interaction listed in the following areas:
   - economic aspect (working relationships, movement of resources and incomes, management of economic needs...);
   - family;
   - religion;
   - organisations, association;
   - living environment (guardians, hosts ..);
   - movements;
   - health care.

3.4. Data collection and analysis techniques and tools

The following data collection tools and techniques have been used:
Findings of the Research-Action Migration and AIDS Project

- participatory observation
- informal interviews
- unstructured individual interviews
- semi-structured individual interviews (pre- and post-intervention), with the same interview guides designed for each category of target populations (migrants, sex workers, groups in social interaction) and updated according to the peculiarities of each country.
- group discussions: natural and focus groups. For the sake of the analysis, the management of fields data was carried out using the following conventional qualitative data management operations:
  - note-taking in the field (informal interviews, comments);
  - typing of data resulting from semi-structured and non-structured individual interviews;
  - recording, transcription and typing of data from discussion group;
  - coding of the database; and
  - processing of coded data and computer-assisted analysis.

The data analysis was carried out at different levels:

- analysis in situ of data collected from each site;
- analysis of data collected in different sites within the same locality;
- analysis of entire data collected in a whole country; and
- region-wide analysis of the data collected from 5 countries.

The analysis has allowed, in each locality, to produce ethnographic tables on the migratory phenomenon and its interaction with HIV, as well as its contextualisation. The analysis has also brought to light, in each locality, activities in progress or completed in the area of AIDS control and the populations’ understanding of the issue. The analysis of the data from the interview guides applied before and after the interventions has made it possible to draw real themes, the changes in the social composition of risk factors and the appraisal of the interventions by the populations.

It is worth noting, however, that the data collected within the framework of the research-action do not permit the assessment of the impacts of the interventions, but rather the description of the interventions process, the comparison of ideas prevailing before and after the interventions, and the understanding of the view-point of the populations on the accomplishments and shortcomings of the interventions, as well as on the mechanisms needed to ensure the sustainability of activities.

---

4. Findings

4.1. Brief ethnographic study of the migratory phenomenon

The various studies depicted the types of migration and mobility, the periods, the migratory streams and the flows and the extent of migration and mobility. The studies also presented the social associations and organisations available in different sites and which included migrants. Finally, the analysis also touched upon sexual behaviours, perceptions, interpretations and therapeutic itineraries associated with STDs/AIDS.

4.1.1. A picture of the forms of migration and mobility

Diagrammatically speaking, various types of migration can be defined, based on the duration of the
migration and the activities motivating such movements. If one considers the duration, one can speak of short-duration migration (from few days to a couple of weeks), medium-duration migration (from 1 or 2 months to a year) and long-duration migration (above a year). Migratory movements may occur at regular or irregular intervals. They may be very frequent in a determined space and timeframe, or going forth and back between a given point of departure and a destination. They may even imply changes of itineraries, stop-overs or destinations, from one trip to another.

4.1.1.1. Short-duration migrations

Short-duration movements of change of residence were extensively dealt in all reports.

According to the report of Senegal (Thiès, Tambacounda and Dakar) short-duration migration is mostly observed in a special category of banabanas (this term, used by almost every vernacular in Senegal, refers to a person who buys and resells, a retailer or a reseller going about to market his merchandises). This particular category of banabanas (small banabanas) is the one that often travels on the Dakar-Bamako Express, particularly the Thiès-Bamako section. Whatever is their destination, upon arrival, these banabanas board the first train for their return trip. Generally speaking, they remit the products (fabrics, salt, butter, etc.) to other resellers, more stable and installed in markets nearby the railway stations. These banabanas are most often young men and sometimes young ladies, often single, who wish to establish, through their activities, a larger businesses or trips to Europe or Central Africa. Their hosting and housing conditions are often very precarious.

Pilgrims are also numbered in the category of short duration migrants. Pilgrims are people that generally attend religious tarries (called gamou) in localities having a reputation of being religious towns and villages. The stay of these pilgrims generally varies between few days and a week during which they are involved in commercial transactions on urban markets or on itinerant weekly markets (louma) held in villages. Bars also receive great numbers of pilgrim-merchants during such religious periods.

In Mali, the research brought to light a great mobility of male and female merchants, associated with the weekly markets that are held in a rotational basis in various localities of the Sikasso region. These markets are usually referred to as fairs and the merchants as "forains". Very often, these merchants arrive at the host-locality of the weekly fair at eve, and they spend the next days there. The term Bambara (local vernacular) "logomachie" means spending the night on the marketplace. According to the Mali study, this is a phenomenon widely spread in the Sikasso region. The studies carried out in Mali, in the Sikasso region (where the Senoufo ethno-cultural group is predominant) associate major types of mobility with the social events supporting the life of local rural communities. Among the Senoufo population, each major event in the life of the individual (death, birth, wedding) is an opportunity for bringing together people from several villages or towns or migrants returning from Malian or Ivorian localities. The manifestations associated with these events are generally organised simultaneously, in periods during which various major feasts take place, and where promiscuity reaches its climax, a major development of sexually transmitted diseases (STDs).

On the other hand, the Senegalese project displays the fact that the functioning of the Dakar-Bamako Express train calls upon a personnel with specific assignments (drivers, mechanics, policemen, customs officers, controllers etc). These persons are engaged in continuous movements. Apprentices and drivers (both those carrying persons and goods) can also be considered as part of the short-duration migrants’ category. Truck drivers and passenger-carriers often stay for a couple of days or spend several nights in the localities of departure, destination or transit, to load or unload merchandises, to look for passengers, to have their vehicles repaired or to constitute convoys especially for trans-border trips.
Findings of the Research-Action Migration and AIDS Project

The research studies in Niger, Mali and Côte d’Ivoire focus on military security or para-military personnel as well as on forwarding agents and workers in charge of attending goods. These studies thus bring out the fact that long distance drivers, passenger-carriers, bus drivers, good-carriers may also be included in that category. Long distance drivers are mainly seen on the Sahelian road axes (mainly from Niger, Burkina Faso and Mali) and heading towards Côte d’Ivoire and the countries of the Gulf of Benin (Ghana, Togo, Benin).

The motorcyclists ‘Sotramoto’ carrying passengers to and fro the Mali-Côte border are also included in the short duration migrants’ category. Trans-border commercial activities implying movements of shorter or longer duration were reported in all trans-border localities where research action studies are carried out. They also appear in details in the studies conducted by ActionAid at the borders of Ghana, Togo and Burkina Faso. They are also reported at Gaya (Niger-Benin border), Zégoua (Mali-Côte d’Ivoire border) and on various sites along the Bamako – Abidjan axis.

Short duration, frequent and regular migrations are also reported among sex workers having activities in mining or agro-industrial sites (gold mines of Fourou and cotton industries of the Sikasso region in Mali, sugar factory in Ferké, Côte d’Ivoire). These movements generally take place during pay days (at the end of each month or fortnight). Information from Côte d’Ivoire confirms that between the 25 and 30 of each month, young women from Ferkessedougou, Bouaké, Korhogo move to the Ferké 1 sugar complex for commercial sex works. Within the same context, the following major movements of sex workers were recorded in Senegal:

- networks of religious feasts and ceremonies drawing sex workers to religious localities or their vicinity (Touba, Mbaké, Tivavouane, Ndiassane…)
- networks of weekly markets
- attractive sites during touristic seasons (Mbour, the Little Coast, Thiès, the Saloum Islands) and hunting camps
- shuttles in the vicinity of agro-industrial exploitations (Richard Toll) around pay days
- Trans-border networks (Senegal-Mauritania, Senegal-Gambia shuttles, Senegal-Mali-Côte d’Ivoire network, European destinations)

Despite their limited number, as compared to female sex workers, male homosexual sex workers in Senegal (particularly the group called “oubi” or homosexuals acting as females during sexual intercourse) move frequently to networks of partners (called “yos” or partners acting as males during sexual intercourse), or solidarity networks (among “oubi”) operating within Senegal (Mbour, Thiès,., Saint-Louis) or in the sub-region (towards Mali and Côte d’Ivoire).

4.1.1.2 Medium-duration migrations

The various studies have also identified a medium-duration migration category (from few weeks to several months). This category comprises based on the site itinerant male and female merchants, pupils, students and agricultural labourers involved in seasonal migration. Commercial sex workers also undertake medium-duration migratory movements outside their country or locality of origin.

In Senegal, medium-duration migrations involve generally a category of banabanas relatively older and with a better financial status than short duration banabanas. They have a longer stay in their destinations trying to sell their products and acquire new ones. From Thiès, Tamba or Dakar, these banabanas go to Kayes, Bamako, Côte d’Ivoire, Burkina Faso, Gambia, Guinea or Mauritania. They are mainly young men, but also young ladies, generally divorcees or married women (belonging to certain merchant ethnic groups). The products traded are mainly salt, kitchenware, fabrics, cosmetics, cola nuts, etc. Pupils, vacationists, persons visiting friends or relatives can also be included in this category.

The Côte d’Ivoire report provides details on this medium-duration migration associated with
agriculture in the sugar factory of Ferké: "two operational periods can be defined for the Ferké 1 complex: the peak period or "Campaign" from November through April each year (i.e., 4 to 5 months) and the low season, from May through October." The end of the campaign sees the organising of various festivities marking also the return of seasonal workers to their regions of origin. Inside these key periods are other short duration population movements, like for instance, the movement of truck drivers who, in December, February, during the Ramadan and major end-of-year celebrations, transport the sugar from plantations to the factory.

Women also come to look for an agricultural seasonal job in the site. Gleaning, scraping and planting are the main activities carried out by female seasonal labourers. According to information, a great number of young women coming to look for an agricultural job and who do not succeed in doing so remain in the site to get involved in commercial sex work and do not return to their locality of origin until the campaign is over.

The studies in Mali and Burkina Faso bring out reverse periodic return movements of agricultural migrants working in Côte d’Ivoire. The studies relating to Mali and Niger, also display periodic returns of vendors holding the monopoly of the sale of certain items or products in their host-Country: sales of cola-nuts, fabrics or breakfast-related services in Senegal, Mali and Côte d’Ivoire).

4.1.1.3 Long-duration migrations

The category of long-duration migrants (stays of several years) with or without return to the point of departure was mentioned by all studies. In Burkina, the following comments were heard: "people go to Côte d’Ivoire and promise they will come back after making a lot of money. For this reason, they may stay there for over 10 years until an illness brings them back to the country" (25 year old man).

Long-duration migrants often have the monopoly on certain socio-professional activities in their host-country (certain agricultural activities in Côte d’Ivoire are held by the Senoufo from Mali and people from the Mossi Plateau in Burkina Faso, catering in Senegal by the Korhogo from Mali, the itinerant sales of fabrics in Mali by the Zerma from Niger, etc.) Long standing migrants also succeed in building up strong social and matrimonial links with their country of origin and are involved in various types of return (regular, temporary, definite etc.). In all concerned countries, long-standing migrants reportedly continue to have all types of relationships with their country of origin (or they return there in some occasions). They also play a major role in sustaining networks for hosting and integrating newly arrived migrants. It is among them that are found the "njatigi" (a term found in nearly every vernacular in the research sites of Senegal, Mali and northern part of Côte d’Ivoire, referring to a person playing the role of correspondent, a guardian, a counsellor or a facilitator to the migrant newly arriving in a locality). Generally, the traveller or migrant goes to the "njatigi" members of his extended family, his village of origin or his ethnic group.

4.1.1.4 Sex Work and migration

Different types of commercial sex work associated with various types of mobility and migration were mentioned in all the sites of the survey, with the existence of different levels of exogeneity in the forms of sex work which are manifested. Sex workers that work openly in known areas (bars, hotels, streets), rarely conduct such activities in their country of origin for fear of stigmatisation; they often work in other areas, regions or countries.

Localities receiving migrant sex workers are very often regarded as transitory. These are sites (which can take several months or years) leading to other destinations (Europe, Australia, USA). Foreign sex workers in Senegal were already in various countries, and generally they have some relatives (brothers, sisters, cousins) in countries where they plan to go.
Frequent travels between localities within the same country also proved necessary for sexual work "a sex worker should not live in the same area for too long or she will become ordinary; she must always be the newcomer that attracts the clients; men like to change partners and they also like new women".

In its report, ActionAids mentioned that commercial sex workers in the surveyed area in Burkina Faso are mainly from Ghana and Togo; in Togo they are mainly from Ghana whereas Ghanaian sex workers are very rare in their own area. The Ghanaian sex workers are also found near the Ferké site (Côte d'Ivoire), as well as in Senegalese sites. However, in Mali, the number of sex workers from Niger seems to be the largest in closed houses along the localities on the Bamako Abidjan axis.

The social context in which the commercial sex workers evolve, if it is related to the various forms of organisation, is sometimes described as influencing: "My family does not know that I am living here. I ran from home to come here. They don't know what I am doing abroad. When they ask me, I tell them that I am working" (participant to a group of interview, Dapaong, Savannah region, Togo). "Our parents don't allow any of us to come here. We come secretly, and ask a friend inform them after we've left." (Respondent, Tenkodogo, Bougou region, Burkina Faso). If they succeed in avoiding stigmatisation in their original environment, sex workers unfortunately face other problems in their host localities: financial stress in dealing with accommodation, food, clothing, harassment by police, aggression or the firing of their homes by gangs/religious fanatics.

In addition to the rivalry and tensions between sex workers that work openly in bars, hotels or streets and those who work secretly, the rivalry between migrant prostitutes and non-migrants is intense and highly present. It has also been revealed that inside trains, some sex workers rent cabs (where they receive their clients) in the sleeping car compartment for successive shuttles which last from two to several months.

4.1.2 High migratory and mobility areas

4.1.2.1 Stations and market places

Stations and markets sites were selected for their dense migratory streams and their importance in terms of crowd and activities. A dozen of road stations were thus identified in Ferkessedougou (Côte d'Ivoire survey site). In this site, the road stations where the traffic is most important are the ones serving the two sugar complexes and Mali. Apart from the road stations, there is also a railway station at Ferké. It is one of the numerous railway stations joining Abidjan to Ouagadougou. In addition to its railway station, Tambacounda has 2 road stations: these are Kotiary station and "Garage Dakar". The latter deals mainly with the transportation of people travelling to Dakar and to the North of Senegal. "Garage Dakar" is also a point of connection for the Dakar-Bamako train. The road station of Kothiary is mainly used by truck drivers going to Mali, Guinea-Bissau and Guinea Conakry or in transit to Dakar. If these two stations are always brimming with activities, the busiest moments are mainly pilgrimage and religious ceremonies or harvesting periods.

Most of the time, accommodation in both road stations and railway station is a problem. Railway stations generally have some bedrooms for the driving staff, if the latter don't sleep outside stations. As for road stations, drivers and their assistants sleep in their cars, some will sleep in the open air in some rooms or back rooms of restaurants after the last clients have left.

Markets are often places where mobile people and migrants are the most concentrated. Thus, the Thiès market study allowed to reconstitute various chain groups related to migration "Young people from Mali are involved in trading, mainly buying products and re-selling them to Malian women who run some small businesses in the market". The same people go to Côte d'Ivoire to buy Cola in towns like Anyama and Gagnoa. This product is sold to wholesalers in Mali (long duration
migrants). There are still some adults from Mali who travel by both goods train and the Express train to buy clothing or shea butter to resell them to Malian and Senegalese female merchants.

In all of the towns studied, there are some types of "mobility density triangles" linking markets, railway and car stations. Generally speaking, this triangle is strongly characterised by a dense range of networks and trading activities. Concentrations of migrants who sometimes gather in particular places are found inside these sites. Thus at Thiès, the Bambara market, contains a large Malian community and is located inside the central market of the town. The Bambara market stretches beyond the central market and ends up near the railway station. Various shops are located all around these two precincts, trading mainly fabrics, shoes, cosmetics, haberdasheries, clothing, ironmongers, watchmaker's shops, jewellery, needlework, embroidery and stalls held by women. Parking lots for urban cabs are adjacent to the station. In the same area are also found hotels, restaurants, cinema halls and clubs. The station at Thiès is not only a point of meeting of urban and inter-urban drivers, but also a place where repair workshops, stalls, shops, and restaurants held by women are found.

4.1.2.2 Trains

The railway is used by freight trains and the Dakar-Bamako Express train. Freight trains have two departures each day from Bamako and from Dakar. For the Express train, it departs from Dakar each Wednesday morning to arrive in Bamako Thursday afternoon. The same train leaves Bamako to return to Dakar on Sunday. It is worth noting that this train often arrive behind schedule. The Malian train leaves Bamako on Wednesday to arrive in Dakar on Thursday, then returns to Bamako on Sunday. The junction of both trains is at the border and can take sometimes several hours of stoppage. Each Express has several compartments, sleeping cars, restaurants, etc. Passengers on the train can be categorised as follows:

- the technical and administrative personnel (car keepers, inspectors, police officers, controllers, customs officers); and
- passengers who can also be divided into the following groups:
  - merchants (banabanas, short or medium-duration migrants);
  - long-duration migrants returning home, as well as their relatives;
  - visitors (to visit their family members);
  - tourists and people on vacation; and
  - commercial sexual workers going to their "workplaces" or seeking clients on the train

The trains of the Dakar – Bamako axis are practically full the whole year, but peaks are recorded during festivities and religious pilgrimages, at the beginning or at the end of the academic year, which coincides also with the beginning and the end of agricultural activities. The destinations quite often cited during our surveys include Mali, Burkina Faso, Côte d'Ivoire, Nigeria, Algeria...

4.1.2.3 Neighbourhoods

High concentrations of emigrants, migrants on their way back home and mobile populations are found in certain neighbourhoods of Dakar (Grand Yoff, Parcellles Assainies, Guediawaye, certain streets of Plateau…) In certain cases, entire storey buildings are inhabited by non-national commercial sex workers. A Ghanaian prostitute told us in line with this:

"Here in this building where I live, the majority or tenants are from Ghana; during daytime, these ladies remain in their various houses to carry out some housework; they make doughnuts or condiments, mostly pepper in the form of marmalade, which they sell… In the evening, the men who protect them take them to places where they carry out their harlotry,
which they would never do in the building. During daytime, these same men are mechanics, barbers, shoemenders, skin dealers trading their products in containers to Guinea, Ghana, etc..."

Certain neighbourhoods of Dakar have bars attended by non-national commercial sex workers. There are bars mainly attended by Congolese sex workers, others by sex workers from Niger, some others from Ghana or Guinea-Bissau. Some of the bars have the reputation of being attended by indigenous male homosexuals seeking clients among European tourists or migrants from various African countries. Our studies led us to pay visits to the "Triangle bars – Yoff – Parcelles Assainies – Patte d’oie" (which are also neighbourhoods with numerous migrants). Commercial sex workers (official) of the Triangle bars that we met during our surveys come from the following countries : Ghana, Mali, Côte d’Ivoire, Guinea, Guinea-Bissau, Sierra Leone, Liberia, Nigeria and Senegal.

Male commercial homosexuals were generally from Senegal or Cape-Verde. A high development of underground prostitution is reported in the neighbourhoods of the Triangle. The clients of official or clandestine commercial sex workers are described as being the personnel on duty at or in the vicinity of the Dakar airport, sailors, merchants selling on the markets of these quarters, hotel residents, military personnel, homosexuals from European countries and bisexuals from Senegal, Côte d’Ivoire, Guinea and Togo.

The description of the case of agricultural labourers in Côte d’Ivoire is illustrative of the social ecology of neighbourhoods with a high concentration of migrants. Cane cutters are often lodged in the city of Ferké and in the villages C and B of the Ferké 1 complex. But, there is also a spontaneous quarter at the Ferké 1 complex, known as black quarter or commercial quarter whose main habitants are seasonal labourers and commercial sex workers. These quarters are mainly inhabited by young men and adult workers. The working day at the complex starts at 7:30 a.m to end around 4:30 p.m. Labourers leave their homes between 6:30 and 7 a.m. and return home between 5:30 and 6 p.m. They work on Sundays and have no day off, which makes them extremely busy during their stay in Côte d’Ivoire.

There are very few women at Ferké 1: actually the number of full-time female labourers does not exceed 44. At the factory, 30 seasonal women work at the compound which brings the total number of female workers to 74, with ages ranging from 18 to 35. In another site (Atoupa, in the sugar complex of Dabou), groups of commercial sex workers have occupied a space in the neighbourhood of Dioulabougou, outside the main residential quarters. This quarter is located between the village of Toupa and the agro-industrial complex. Sex workers are either lodged by acquaintances, or stay with friends where they carry out their activities.

The studies of the various countries mention the existence of closed houses, mainly in the vicinity of car stations, generally within borderline villages. Such is the case of Pogo, which, according to the report of Côte d’Ivoire, is 3 km away from the village of Zegoua (first Malian village after the Côte d’Ivoire-Mali border) and 7 km from Burkina Faso. In Pogo are found a large truck station, lorries and small cars, a customs station, brothels and a mid-class hotel. Many closed houses harbouring mainly Ghanaian and Nigerian sex workers are found at Zégoua.

Informers have reported that during the harmattan, all hotel rooms at Pogo are occupied, leaving truck drivers with no further option that to have sex under or inside their trucks. Oftentimes, the informers add, when the truck stops half way for maintenance or police/customs checks, and the trucks driver goes to spend the night in a hotel, the apprentice in charge of watching over the vehicle often spends the night under the truck with his sexual partners. Informers affirm that the inhabitants of the village are so accustomed to such behaviours that they are no more moved by such circumstance.
Besides this, informers report the existence of huts rented out to clients on a daily basis and where another type of commercial sex work is carried out. In this particular case, girls from the village or from the region indulge in a more subtle type of sex work mainly with residents or migrants accustomed to the site. Large groups of sex workers are found moving within a sort of triangle of borderline villages between Côte d'Ivoire, Mali and Burkina Faso (Ogo, Zégya and Ouangolo). Their number varies from one moment to the other, due to their great mobility but this number can easily reach 100 at Pogo during peak periods and less than 60 at Ouangolo.

4.1.2.4 Social networks

One of the first contacts migrants have in stop-overs or destinations is the "njatigi" with whom they may have kinship relationships or relationship belonging to the same community of origin or the same ethnic group. The njatigi assists the newly arrived migrant to integrate in his new environment.

In car stations, there are associations with formal structures which accordingly gather carriers, drivers, drivers-owners, apprentices or "coxers" (coxers are people who look for clients and set out the order of departure or the track-keeping of arrivals of commercial vehicles).

People involved in various activities within car stations are also regrouped into informal (circles of friends) or formal structures (groupings based on economic interests), ROSCAs (rotating savings and credit associations) and Mbotaays (recreation or solidarity clubs). Migrants and persons working in market places are also grouped into formal and informal structures as described above. At the Bambara market of Thiès, there is an association of Malians (for men as well as for women) based on a functional structure with well identified leaders.

Besides, commercial sex workers are regrouped into association (official sex workers at Tambacomda provide an illustration of this) or into networks operating on the base of nationalities of origin. Homosexuals are also members of networks in some neighbourhoods or of networks where ladies stand as their mentors or "matrons".

Within the neighbourhoods, there exits associations of foreigners, but migrants and people in interaction with them are also found in other types of associations, like for instance women associations, sports and cultural associations (SCAs) gathering youth from neighbourhoods and rap singers. In neighbourhoods with a high concentration of migrants in Dakar, one finds also associations of professionals (for instance the association of cola importers), associations of citizens from a given country, (for instance the association of young Ivorians of Plateau), as well as ethnic based associations.

4.2 Risk and vulnerability factors

The various studies have reviewed HIV infection risk factors relating to the behaviour of migrants and people in interaction with them, while vulnerability factors were rather at the level of the cognisance, the representation systems of STDs/AIDS, economic conditions and social relationships.

Migration is often associated with the multiplicity of sexual partners: "these people who go to work there, when they make some money, they just start behaving as they want with street girls…" (L., 25-year old, Niger). In the same way, a Senegal-based sex worker from Mali comments: "travellers just can't help having sexual affairs once they are far from their home. Last year, a friend with whom lived had three guests from Mauritania. I had sex with them one after the other".

This multiplicity of partners does not only occur in the countries of destination, but also in the countries of return: "they try to deceive us with money. Then, we can easily forget that the person may be having the disease and we go with him. When it is a newly-arrived client, we feel because he looks strong and
The pressure of needs related to the conditions of living is often evoked to justify the search for multiple partners even if risks of HIV infection can be perceived. Thus, the report of Senegal relates the comments of a young Ivorian girl: “I am often afraid when men say that they prefer "plain natural" contact, but it can be so difficult to resist when one has pressing needs. So I just surrender, praying that God would protect me”. An Ivorian university student explains that the reasons for multi-partner relations lie in the multiplicity of her needs, which one partner alone cannot cater for: “I can only rely on men to acquire fashionable clothes and to meet my academic needs. My boyfriend alone does not have the means to meet my needs”.

Within the hosting environment of migrants, the multiplicity of partners is often described as a strategy developed by young girls to cope with their financial needs: “In this region, each girl is always trying to have one or several sexual partners among civil servants and mainly among military personnel: policemen, military men, constables, customs officers, etc. They are "donors" (Côte d’Ivoire). In Senegal, the strategy puts in place by young girl is called “mbaxal” and the number one partner is the adult man, well-off and having an international travel experience. He is referred to as "the great International thiof " (thiof is the most-liked fish in Senegal). Moreover, in both men and women, the multiplicity of partners is viewed as a means of psychological protection: “In the event of mistrust or breakdown of the relationship, one feels the shock more easily when he/she has more than one partner”.

It is within thin framework that one can note a multiplicity of sexual service strategies. Thus, a Dakar-based Ivorian university student comments: “as far as we the students are concerned, we elaborate strategies to take hold of rich men and womanisers. We do not walk the streets, nor do we go to fetch men in hotels or bars, we are not harlots… generally, we do not take men to our houses, we follow them to wherever they want to take us”. The multiplicity of partners is not solely the lot of commercial sex workers, young girls or single women, but also that of married women. A Tambacounda-based sex worker summarises a viewpoint recorded in all the research sites: “Actually, there are more married women than single women going out with several men for the sake of money”.

As for women engaged in trade between Côte d’Ivoire and Mali, or Burkina Faso, they are often confronted with difficulties with policemen or customs officers at the border. To avoid spending much money and increase their profit, some of them will establish intimate relationship with policemen or customs officers at the border, or with drivers who will offer them free transportation. Other women do this with constables in charge of checking residence permits in Côte d’Ivoire. Customs officers and policemen posted at borders have a reputation of being womanisers.

The findings also reveal that the multiplicity of partners is part of a system of representation raising a serious controversy on the concept of abstinence. The report of Côte d’Ivoire reveals: for A. a young girl and single, age 20, sexual abstinence is not something normal: it is not only possible, but it cannot be justified. She claims that no normal human being can survive without sexual relations. She wonders whether sexual abstinence is not a cause of sicknesses. This viewpoint is shared, with a very slight difference, by B., a driver, age 25. For him, it is not easy at all, and practically impossible to abstain from sex, "unless for just few days, to allow myself time to get acquainted with my new partner or to find another one". As for C. age 23, he develops different alibis against sexual abstinence. Comments: “if we abstain from sex, then where will children come from?” The concept of faithfulness itself is at a centre of a major controversy. Many link it with the idea of keeping one’s commitments, being available during difficult times, and the ability to honour the liabilities associated with the principles of reciprocity.

Generally, the studies have demonstrated the socio-ecological environments in which risky sexual behaviours occur. These are car stations, marketplaces, hotels, closed houses, transportation means (trains, trucks). Car stations are the ideal place for intensive social interactions evolving around drivers, apprentices and travellers. In these sites, various categories of women and young girls are engaged in informal activities (managers of small restaurants, house girls, vendors of foodstuffs). For most categories
Findings of the Research-Action Migration and AIDS Project

of men, these women are sexual available and it is a question of bargain. Some women go so far as to offer sex-related services in exchange for a free journey.

There are often offers of sex-related services in restaurants which are mainly attended by migrants and mobile persons: "we, the servants, have sex affairs here and there with men offering us money." (H., age 25, Burkina Faso). The same phenomenon is witnessed in Senegal: restaurants (mainly those located in the vicinity of car stations or marketplaces) are often associated with casual sexual services. They are places of encounter for casual partners who demonstrate their availability by going to such places. An intensive offer of sexual services is often witnessed in restaurants (cooking aids, clandestine sex workers going there before police raids, official commercial sex workers in bars or clubs nearby those restaurants, etc). Generally, indigenous people do not have their meals in restaurants which are mostly attended by migrants and mobile people.

The analysis of sex work in trains displays the following elements:

- various contacts occur on the train, connections are established which subsequently end up in sexual relations, once the people concerned have reached their destination;
- various cases of free transportation services or assistance for transportation in return of sexual relationships were reported. During a group discussion, an elderly man comments: "I know the case of a young woman who went all the way from Bamako to Dakar without any ticket and nor any identity card, all because she benefited from the assistance of the personnel on the train whom she rewarded, in return, with sex-related services". A lady comments: "many women seek assistance when they have too much luggage to carry or to declare to the customs officers; in return, they agree to having sexual relations";
- Some commercial sex workers rent cabins on the train where they take with them well-off clients they get acquainted in restaurants or during the journey.

The periods of intensive population movements or migrations are reasons for intense sexual activities. Thus, a Senegalese sex worker declares: "I have many clients generally on the eve of the Tabaski. There are very few of them during the Ramadan... During the touristic season and on the eve of feasts or during the Paris-Dakar rally, I have 4 or 5 clients per day... and during the "gamou" (religious celebrations) people go to sex workers." An other commercial sex worker confirms: "During the gamou, I can have 4 or 5 partners per night, or at worst only one client, whereas during the Ramadan, I can spend ten good days without a single client"

The resort to sex workers by migrants in particular, and by men, in general, can be explained as a sort of evasion or breakdown of marital sexual relationships. "There are more and more men who want oral sex, but generally they come for vaginal sex. Some of them ask for anal sex, especially those of them who complain that they do not get this from their wedded wives" (a Malian sex worker)

4.2.1 Condom use

Within the context of commercial sex and migration, the use of condoms does not seem systematic, even though it appears to be on the increase. A Ghanaian sex worker comments: "Sometimes, if the client is a married man, he will take his precautions and come with his own condoms", but, she goes on to say, "condoms are mostly used by street girls or those in clubs who are generally single women; married women are less demanding: if the client insists that he will not use condoms or that he is healthy, they will surrender"

Various types of hindrances were identified: the search for enjoyment and trust-based relations, gender biases, the quality of condoms and sexual bargaining.

4.2.1.1. Hindrances to sexual enjoyment
One of the most popular reasons for the rejection of condoms is the fact that it is viewed as reducing sexual pleasure: "if the man is in hurry, generally he will not argue, he will use the condom you give him. Problems start when he is in search of strong sensations, then he will claim that condoms "kill" sexual enjoyment" (a Ghanaian sex worker). The same thing is echoed by a Sierra Leonian sex worker: "One cannot be using condoms all the time. No! Sometimes you want to feel good with your man, you know". In this case, not only pleasure is at stake, but the trust-based relationship is seemingly in jeopardy with the use of condoms as stated in the following comments by an Ivorian female informer: "No, you just can’t be using condoms all the time, especially with a man who has offered so many gifts to you, you cannot deny him anything... if he is a nice guy and has confidence in you, you can only respond in the same way." The same idea is echoed by a Senegalese sex worker: "Most of the time, I use condoms to guard myself against this disease, I always do it with new relationships, but seldom with long-standing partners. Many men claim that condoms are a hindrance to full enjoyment". It is in this context that oftentimes condoms are used as contraceptive means. This is demonstrated by studies carried out in Côte d'Ivoire. In line with this, C.Y., age 20, comments: "condoms provide a protection against diseases and pregnancies. It is good to use them because young men are not serious (faithful) in this area. They are drug-addicts, cigarette smokers, drunkards and womanizers. They need to be told about using condoms.

As far as I am concerned, I use condoms only casually, to prevent pregnancies, for I am faithful. My boyfriend must use condoms with his other sexual partners, but not with me, his main partner. But some people really resent condoms, especially well-off adults. When asked to use condoms, they try to avoid doing so by offering a lot of money. If you fail to use your brain, you will allow them to have sex with you without condoms. There are some girls from this area (sex workers) who accept such men and become their girlfriends for the sake of money. There are also girls who use condoms to protect themselves against pregnancies, and when a client refuses to use condoms, they drive him away, saying: "are you my husband?" Why do you want me to get pregnant? I never accept money from clients who do not want to use condoms, because I already have two children under my care, and it is not my intent to have a third child until I am established (rich). But there are many sick clients who come with their own condoms."

4.2.1.2 Gender biases and burdens of economic pressures

In many literature, condoms are considered to be inhibiting the enjoyment expected from sexual relationships with the protected woman or sexual worker. A Senegalese sexual worker comments: "Most clients will tell you : "loy deff da koy diarr", meaning, "if you spend money, it is for feeling something". A Malian sexual worker explains: "I try to lecture my clients on the importance of using condoms, but never will I let them go away. After all, what really matters is the client’s money. You cannot drive your chance away". Despite the relatively considerable efforts undertaken by these women to foster the use of condoms, they are confronted with many obstacles on the part of clients. Now, they have to pay monthly rentals ranging between F CFA 15,000 and 60,000. This leaves them with no option with clients who would not accept condoms. Those among them demanding condoms are confronted with another problem: "when I drive away a client refusing to use condoms, he goes to see another sexual worker who receives him even without condoms. At the end of the month, the other woman will be able to pay her rent, whereas I will be driven out by my landlord. Therefore, I think if all sexual workers accept clients not willing to use condom, they will never be ready to use condoms" reveals B.A, from Pogo.

A focus group participant also declares: "It is abnormal for a woman to force condoms on her husband. No woman should ask her partner to use condom. This might drive her into a serious problem."

4.2.1.3 Lack of confidence in the quality of condoms

Certain anecdotal stories depicts that condoms can be torn or irritate parts of the female sexual organ. A young woman from Dakar (partner of a foreign sailor) mentions: "yes, we can no more
make love as before if the condom gets torn, we will get worried. That’s why I suggest to double the condoms at times… but this reduces trust between partners”.

The bad quality of condoms is another factor inhibiting their use. In effect, the information collected from various respondents reveals the fact that some brands of condoms are not always up to the standard quality. They are reported to be too thick and less lubricated. This is perhaps what some sexual workers realised: they have labelled that brand of condom "hold your heart". This phrase conveys a message of perseverance and courage. They suffer much pain during sexual relationships when condoms of this brand are used but they find themselves with no other option than making efforts to bear the pain, thus the phrase means "bearing the pain whenever these condoms are being used".

4.1.2.4 Difficulties in bargaining for condom use

According to a Tambacounba-based sexual worker: "Men can never change their sexual behaviour, you know, the moment a man’s eyes fall on a woman’s sex, he easily forget about anything else, including his own health." That is the reason why, according to a young woman from the same locality: "If he refuses to use condoms, I submit to his request, but immediately I get up to wash myself". Identical words were heard at Zégoua, where, even if it is true that the sexual worker asks her client to use condoms, it is also true that she does not insist if he refuses to do so. Another Senegalese sexual worker reveals her strategy: "I try to suck him for a while before handing condoms to him, but even with this, clients hardly agree to use condoms."

4.2.1.5 Non-availability of condoms

For various groups of mobile persons, sexual encounters occur in precarious conditions where condoms might be hardly available. The unavailability of condoms in the main sites of sexual encounters is a situation which fosters risks to HIV/AIDS infection.

A Zégoua-based informer reports: "Inside the hotel, a sexual worker says to her partner: if you want us to use condoms, let me go and get some from my house, which is 30 minutes walk from here. If the guy is hot, he will not be able to wait."

4.3. Representations and attitudes concerning STDs and people living with HIV/AIDS

All studies demonstrate that "practically every person has heard about AIDS" (Senegalese, age 70). But one can be aware that a lot of misconceptions are still prevailing concerning various aspects of the modes of transmission of the virus, or the nature of the epidemic itself. Thus, one notes during group interviews in Burkina Faso, the following assertions were made: "While flying from the meal of an HIV-infected patient to a healthy person’s meal, flies can transmit AIDS". (Man, age 27); or "When an HIV-infected person has his HIV virus on the edge of his drinking glass, as soon as another person drinks from that same glass, he will get contaminated." (Man, age 28, Burkina Faso). In the same way, we can come across with the following: "When an AIDS-infected patient urinates on a spot, if another person urinates on the same spot he may get AIDS." (Man, age 30, Burkina Faso), or: "The name AIDS was only given to convey a sense of modernity to a sickness which existed even in the days of our forefathers. The spread of this sickness is due to the population increase and dirt." (Man, age 28, Niger).

The belief in the existence of the epidemic does not seem to be fully rooted in all research sites: "Honestly, I must admit that people talk a lot about AIDS both on TV and radio, but personally, I have never seen an AIDS-infected patient, so I can’t really tell whether this sickness truly exists." (Senegal)

The report from Côte d’Ivoire underlines that some girls of the research site perceive AIDS as an entertainment, mockery or diffamation issue: telling a girl that she has AIDS is a way of merely telling her
that she looks dirty and that men should avoid her. In some cases, they think girls at risk of contracting AIDS are only those going out with elderly men for money, which means girls coming from poor families. The age of the sexual partner and the purchasing power are so mingled in the girls’ minds that as long as they do not engage in sex with men of their father’s age, they have no risk of contracting AIDS, even if they have several partners of their own age. AIDS is perceived as something that makes one nasty. Thus, to compare their rivals as ugly, dirty or of low morals, some young girls insult them by saying: "you can’t compare with me, you have AIDS!"

This is almost what P.M, age 20, wanted to tell her cousin whom she thought was having sexual relations with her boyfriend: "Are you not ashamed to go after J (my boyfriend) everywhere in the night club? If you think by doing so you will convince him to have sex with you, that’s a lie. I know very well that you are not better than me and that you can’t compare with me, you have AIDS, and he will never fall in your trap and have sex with you": This misconception about AIDS is often followed by a very little knowledge of STDs of which people often say that "one can contract them without sexual relationship, but just by simply touching the urine of a sick person". Therapeutic itineraries associated with this inadequate knowledge unfold the lack of notification to partners and delayed cure. A banabana interviewed at Thiès about STDs: "One travels with the Dakar-Bamako Express on Thursday to return on Sunday. If the sickness is not serious, the patient will wait until his return before going to see a medical doctor in order not to compromise one’s business". In the report from Côte d’Ivoire, one reads: "Many times, M.F.D. (the only nurse also acting as an MD for the entire village) would be asked by the owner of the hotel to provide health care to his tenants (commercial sex workers): "there is for example a time when the partner of a brother at Pogo asked me to provide care to call-girls working in his hotel. Well it is mainly gonococcus and chancroid that are frequent. But, being Malian girls, when they fall sick, they go back to Mali," he continues. A female Malian respondent interviewed at Thiès made the following comments in this respect: "my counterparts coming to Senegal, are afraid of seeking health care in these centres for this type of sickness, they treat themselves while waiting to return to their country". One of the reasons for this fear is the bad welcome and the stigma witnessed in STD care centres. A sexual worker comments: "one is confronted with so much despise when suffering from this type of afflictions that she is unwilling to go to health centres"

5. Interventions

Previous interventions in the sites

Most reports mention that the interventions which were previously carried out in the research sites comprised the following forms:

- Radio / TV broadcasts
- IEC (information, education and communication) sessions
- Billboards
- Mass mobilisation on the occasion of some celebration days
- Social condom marketing

Generally, the strategies developed in the sites focus mainly on the use of condoms. Focus group participants noted that often "nobody sought our viewpoint regarding interventions and their mode of implementation". The report from Côte d’Ivoire draws attention on the fact that most seasonal workers at the Ferké site affirmed coming from rural areas where AIDS awareness-raising campaigns are still rare and episodic. A good number of them declared having never seen a condom and therefore having never used any. Most of the time, awareness raising campaigns in the area do not coincide with the time of migrants’ return, whereas they are hardly reachable in their host or immigration regions.
Intervention patterns

The different projects have developed, following the case, various types of interventions which can be summarised in the following three patterns:

- Network interventions supported by existing social networks (case of Senegal).
- Elaboration of community consensus for conducting IEC-related activities (cases of Burkina Faso, Mali and Niger).
- Structural and environmental interventions aiming at acting directly on migrants' living environment in order to reduce its vulnerability to HIV/AIDS (case of Côte d'Ivoire).

5.1 Network interventions (Case of Senegal)

5.1.1 General scheme of interventions

The research-Action Project elaborated various intervention patterns in the establishment of cohesive frameworks. The targets of the intervention were defined according to two major criteria:

- Sites and areas with a high concentration of mobile or migratory activities (car stations, railway stations, trains, marketplaces, neighbourhoods with a high concentration of migrants or mobile persons)
- Social networks made of migrants or mobile persons (associations of migrants, acquaintances, groups of itinerant vendors) who do not necessarily frequent the same sites of activities.

Interventions were carried out in five successive phases listed as follows:

1. First series of interventions with the groups and sub-groups contacted initially;
2. Second series of interventions with the sub-groups identified during the first series of interventions (where interventions follow globally the same process as that of the first phase described above, adding however a report presented by few participants of the first series on their own experience and the problems encountered during the process of sensitising family members or immediate relationships);
3. Training of leaders for the distribution of condoms (10 volunteers based in Tambacoumda, 4 in Thiès, 8 in Dakar, 7 on the train). The recommendations made by volunteers during condom sales / distribution are as follows:
   - Always use condoms
   - Never re-use condoms
   - Properly dispose used condoms
   - Knowing how to use condoms
4. Third series of interventions with the sub-groups identified during the second series and the training of leaders for the distribution of condoms; and
5. Mass-directed interventions in neighbourhoods designated by leaders during previous interventions (during this series, interventions are related to public awareness-raising activities, public manifestation with singing, video projection, music and dance).

Generally, each intervention lasts for a day: the morning is dedicated to group introduction sessions, focus groups and restitution, while the afternoon is dedicated to IEC sessions, elaboration of plans for the dissemination and distribution of condoms.
The scheme of the interventions process displays concentric circles with a nucleus made of target groups (groups of migrants and mobile persons) and whose manifestations will extend to reach other social groups in situations of risk of vulnerability and be further extended to the entire community.

5.1.2 Network interventions at Tambacounda

At Tambacounda, the Project has followed with sex workers an approach which consisted of working with homogenous networks, binary networks, an array of female networks and that of community networks. The homogenous network is made up of an initial group of 16 sex workers officially registered and members of an association whose leader was once a project partner.

In order to ensure the support of the group, the Project resorted to the service of health care structures where these sex workers were registered. From that homogenous network, the Project has worked with "binary networks": the aim was to divide the initial group of 16 sex workers into sub-groups of 4 sex workers living in the same neighbourhood, then, each of these sub-groups was coupled with a clandestine group of sex workers. The challenge, at that level, was to convince official sex workers to enrol clandestine sex workers whom they know, but with whom they entertain rivalry. For this purpose, during interventions with the groups of official sex workers, the Project focused on the health-related risk taken by official sex workers, and on the threat for their bargaining power with clients, if clandestine sex workers failed to use condoms.

Members of binary networks are then deployed to mobilise all the female networks existing within the community, which they are individually members or in contact. Female associations are thus reached and mobilised. These associations are Mbotaay, "tontines", female associations and diverse female groups. In these contacts, a particular attention was given to the groups which were viewed by binary networks as being at risk (single mothers, itinerant merchants, migrants’ spouses, sex workers, students…). During all this time, leaders are trained in communication and promotion of condoms.

Finally, the mobilisation process leads to the organising of interventions targeting all male and female networks in selected neighbourhoods. To this end, a collaboration mechanism was set up with migrants associations, associations of youth and women, musician groups, administrative, political and religions authorities, as well as community leaders.

This approach was duplicated based on other groups or other central networks which served as the starting point to chain intervention. Thus, at Tambacounba, studies began at the railway station and car stations in order to meet a core nucleus of the car station (mainly made up mainly of drivers, managers of restaurants, apprentices and "coxers"), a core nucleus of the community of Malian emigrants from which contacts were established with "banabananas", taxi drivers, barrow drivers, train workers. This intervention was carried out simultaneously with the beginning of interventions among sex workers.

At the end of the various interventions targeting specific groups, all discussions pointed out the need to carry out mass-sensitisation interventions not only in neighbourhoods where migrants and mobile persons live, but also among people having interaction with them.

5.1.3 Scheme of intervention at Thiès

The scheme applied at Thiès was identical to the one carried out at Tambacounda. A first series of concentric circles had the car station as a core nucleus, then went on to integrate "banabananas", drivers, managers of restaurants, merchants. A second series went from the Mali market to reach the central market and itinerant "banabananas". A third went from the railway station to integrate train workers, managers of restaurants, vendors and the market to the railway station. Targeted
Interventions led to a mass sensitisation in Som.

As in other sites, each intervention phase increases the number of target groups. Moreover, participants in the preceding phase are convened to take part in new interventions. There, they share testimonies about what they did after the sessions, how they communicated the information to their relatives and neighbours, and the obstacles they encountered.

**Fig 1. Networking Patterns based on the group of prostitutes at Tambacounada**

<table>
<thead>
<tr>
<th>Homogenous network</th>
<th>Initial nucleus of official sex workers = 16</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Official sex workers = 4</td>
</tr>
<tr>
<td></td>
<td>Clandestine sex workers</td>
</tr>
<tr>
<td></td>
<td>Official sex workers</td>
</tr>
<tr>
<td></td>
<td>Clandestine sex workers</td>
</tr>
<tr>
<td></td>
<td>Official sex workers</td>
</tr>
<tr>
<td></td>
<td>Clandestine sex workers</td>
</tr>
<tr>
<td>1st phase</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Binary networks</td>
<td></td>
</tr>
<tr>
<td>2nd phase</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Official sex workers</td>
</tr>
<tr>
<td></td>
<td>Clandestine mothers</td>
</tr>
<tr>
<td></td>
<td>Merchants sex workers</td>
</tr>
<tr>
<td></td>
<td>Neighbourhoods women</td>
</tr>
<tr>
<td></td>
<td>Migrants spouses</td>
</tr>
<tr>
<td>Networks of single people</td>
<td>Training of leaders in condom distribution</td>
</tr>
<tr>
<td>3rd phase</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Network of networks of the community - 4th phase</td>
<td>Official sex workers</td>
</tr>
<tr>
<td></td>
<td>Official sex workers</td>
</tr>
<tr>
<td></td>
<td>Clandestine sex workers</td>
</tr>
<tr>
<td></td>
<td>Single mothers</td>
</tr>
<tr>
<td></td>
<td>Clandestine sex workers</td>
</tr>
<tr>
<td></td>
<td>Neighbourhoods women</td>
</tr>
<tr>
<td></td>
<td>Young men</td>
</tr>
<tr>
<td></td>
<td>Association of migrants</td>
</tr>
<tr>
<td></td>
<td>Young men</td>
</tr>
<tr>
<td></td>
<td>Neighbourhoods YCA</td>
</tr>
<tr>
<td></td>
<td>Young men</td>
</tr>
<tr>
<td>Mass sensitisation, areas with a high concentration of migrants - 5th phase</td>
<td>Official sex workers</td>
</tr>
</tbody>
</table>

The following diagram illustrates the case of the intervention which started at the car station and it indicates from a target sub-group other groups were contacted and mobilised through existing social networks.

**Fig 2.** Diagram of target groups during the course of intervention at the car station of Thies

---

5.1.4 Network interventions in Dakar

In Dakar, there was initially an initial nucleus which includes non-Senegalese coupled with Senegalese sex workers, in order to avoid a stigmatisation of non-Nationals as a result of our targeted interventions. In the focus group sub-groups, students from the department of English
Findings of the Research-Action Migration and AIDS Project (Cheick Anta Diop University) were instrumental in animating the discussions with English-speaking sex workers. From these networks, contacts were established with men (clients, host companions, njatigi) who had relationship with sex workers, young ladies and female students, lesbians and married women going to bars. Women were very often mobilised through “Tours” which regroups female solidarity networks. Finally, targeted interventions led to mass interventions in Grand Yoff, Bopp and Parcelles Assainies.

**Fig 3.** Diagram of contacts between target groups during interventions in Dakar

---

### 5.1.5 Interventions on the Dakar-Bamako Express train

The Project has allowed the interpersonal communication during interventions on the Dakar-Bamako Express Train. Four investigators-facilitators (2 men and 2 women) were given an initial training in interpersonal communication in connection with the dissemination of biomedical information on HIV/AIDS and the acceptance of condoms. This small group was extended afterwards with the integration of 2 women “banabanas” and a young man banabana who were also provided with the necessary training.
During the interventions, the team members were scattered into all the compartments of the train. There, they had discussions with individual persons or small groups in order to collect passengers' viewpoint on the HIV/AIDS epidemic. Following the discussions, they gave information on HIV/AIDS based on image boxes provided by the Senegalese National Aids Control Programme and tried to answer the various questions that were raised. At the end of the session, they left condoms at the disposal of train travellers.

5.2 Interventions on the elaboration of community consensus

The Project of Burkina Faso, Mali and Niger display numerous similarities in terms of the activities carried out as well as their mode of implementation.

**Fig 4**: Diagram of interventions in Mali, Burkina Faso and Niger

5.2.1 Strategies elaborated

The strategy put in place by Burkina Faso, Mali and Niger begins with establishing contacts and discussions with administrative, political and traditional authorities, as well as with NGOs, women and youth associations present in the sites. It is intended to elaborate with these partners, not only objectives, but also modalities for the implementation of interventions in a spirit of partnership.

The reaching of a consensus, on what was envisaged to undertake, in the aftermath, has allowed to get the support of the populations more easily. The intent was to first of all submit the project to them and await their response, their suggestions and proposals, through a discussion session. Following this exchange with the people concerned, their proposals were synthesised in the objectives of the project.

On various occasions, the information collected was communicated to the populations throughout
all the phases of the research. These feedbacks aimed at enabling the populations to be fully kept abreast of the development of the activities. The objective was both to inform them and get their viewpoints. Afterwards, they were given information regarding the next course of action. These exchanges of information and discussions were greatly instrumental to integrate their concerns and in carrying out proper adjustments of the project. The implementation required everywhere the recruitment and training of community relays. Community-based relays or guides were recruited and trained in order to enhance the performance of the country teams on the field. Finally, the project management and follow-up structures were put in place. The establishment of these structures is justified from the nature of the research to be carried out, which is after all a Research-Action based on the empowerment of beneficiaries in matters related to the elaboration, implementation, follow-up and control of activities.

5.2.2 Activities carried out

In the various countries (Burkina Faso, Mali and Niger), the following activities were carried out

*At the level of car stations:*

- Interactive discussions with various syndicates: organisation of endogenous activities: establishment of relays at the level of major stops and borders.
- Establishment and training of informer relays at all levels of the hierarchy: syndicates, drivers and apprentices.

*At the level of travellers:*

- Conducting of informal debates with travellers on the itineraries
- At the level of persons in interaction with migrants

*In closed houses and bars:*

- Informal discussions on HIV/AIDS
- Demonstration on the use of condom
- Restaurant and "njatigis"
- Informal discussion and exchanges with leaders in order to empower them on their eventual roles as educators.

5.2.3 Content of activities

*Interactive chats*

They help to assess the level of information of the different target groups, to list out the hindrances to behavioural changes in order to elaborate a collegial efficient response against the problem. Along this activity, series of demonstration related to the use of condoms are organised.

*Stand animation*

The idea is to create an effective mobilisation within the space (stations and their vicinity) and the time (rush hours) in order to attract the attention of the broad public on the HIV/AIDS pandemic.

During these activities, condoms, brochures, posters are supplied. Condom use
Findings of the Research-Action Migration and AIDS Project
demonstrations also take place.

Setting-up informer relays :

The setting-up of these relays is vital to the sustainability of these actions; they were established in each target group: syndicates, drivers, apprentices, sex workers, women with multiple partners, truck drivers, "njatigis", managers of restaurants and barmen…

Organisation of mini-carnivals

The idea is to draw the attention of an entire city through traditional events on major axes, while IEC messages are being broadcast to attending listeners.

Media coverage

The projects greatly benefited from the broadcasts of some free radio stations which provided an impetus for the delivery of IEC messages to the general public and fostered mobilisation.

5.3 Structural and environmental interventions (Case of Côte d’Ivoire)

5.3.1 Free home-based healthcare

Every two months, rooms are rented in two hotels a day before the period set for healthcare. One room serves as consulting room to the medical doctor. On this occasion, the MD acts as a general practitioner checking for all sorts of diseases, particularly symptoms of STDs in all female patients. He then fills in a socio-medical file made available in that effect, specifying the prescribed treatment. The other room serves as office to IEC "experts" as well as care room (social workers, nurses or midwives) where patients are lectured on the causes, consequences and possibilities of STDs prevention, or given the treatment prescribed by the MD. STDs/AIDS related issues are wisely touched upon while a set of 10 condoms is handed over to the female patient to congratulate her for accepting the treatment. In the aftermath, the medicines prescribed by the MD are either given or administrated to the patient free of charge. In case any the medicines prescribed is not available, the patient is issued with a prescription. A free health book is also handed over to her for use during subsequent project-related medical care as well as in any other healthcare centre. In general, patients are led to the MD for medical check up before having access to the IEC care room. In case of STDs, STD medication kits are utilised.

5.3.2. Training of health agents on HIV/AIDS along two migratory axes

This training concerned all public and private health agents (Medical doctors, nurses, midwives, social workers) working in all healthcare centres along the Ferké-Zéguoa and Ferké-Laléraba road axes.

The objectives were to standardise practices of therapeutic and psycho-social care, as well as to collect statistic data on HIV/AIDS in those healthcare centres; to put at the disposal of health agents along these migratory axes the possibilities for conducting diagnoses and treatment of STDs, which are cost-effective and accessible in both urban and rural areas; to promote the availability of these medicines to all healthcare centres; and to establish within the district, an autonomous and functional mechanism for the formative monitoring of STD care.

5.3.3. Pilot strategies for condom distribution in hotels.

Condoms were supplied to hotels by the Inter-Country Team for over a year, even after the end of the pilot
Findings of the Research-Action Migration and AIDS Project

The method consisted in offering systematically a minimum of two condoms to each client coming to the hotel for a couple of hours and a minimum of four to each client staying for the night, while asking each one of them to dispose used condoms in the dust bins placed in the rooms for that purpose.

Fig. 5: Promising intervention patterns in Côte d’Ivoire.

6. Assessment

According to the report from Côte d’Ivoire, the Research-Action has enabled to affirm that it is possible to undertake AIDS control activities in brothels. We are now aware that the activities to be carried out in those establishments must fully involve the owners and receptionists. The strategy has revealed that at least half of the clients going to those establishments are mobile persons and migrant workers: drivers, merchants, pupils/students/trainees, teachers, military personnel, corporate managers, etc accounting for 64% of clients whose profession was recorded in the hotel registers.

Among commercial sex workers in Pogo and Ferkessedougou, changes occurred following the public awareness-raising activities carried out by the Project. Out of a total number of 120 women who benefited from individual STDs/AIDS prevention care and counselling, 57 came at least two times to the four free care sessions. They went through various check-ups, either because they were again diagnosed for STDs, or because the treatment did not work, or because they wanted the MD to confirm their healing. Finally those among them whose healing was confirmed were either coming for treatment of other diseases or to receive free condoms.
This demonstrates that the strategy allowed the Project Team to maintain a relatively important number of active commercial sex workers (57/120). Six months after the end of the pilot activities of the Project, one notes that the operation has helped to raise the level of confidence in most commercial sex workers, in such a way that a number of them now resort spontaneously to healthcare centres with the health handbooks they received from the Project, either to receive treatment or to purchase condoms.

In Senegal, the analysis of the assessment has allowed to highlight the assessment data, the reports of activities carried out at the individual level and the comparison of pre and post-intervention data.

6.1. Self-assessment

Despite the fact that the mass media broadcast a considerable amount of information on AIDS, the majority of participants affirmed having acquired a better insight about the epidemic. The manner of communicating this information by articulating it around the knowledge and the representations collected within the same group has undoubtedly contributed to this outcome. Certain participants speak about the change in their way of apprehending things, particularly their attitude towards people living with AIDS. A female participant at Thiès comments: “I have just understood that one does not get infected with AIDS by having normal day-to-day contacts, but rather by indulging in unprotected sexual behaviours. I therefore ask for God’s mercy for having thought at the beginning that HIV-infected people should be kept aside, and that one should even avoid shaking hands with them!”

As regards the modus operandi, various participants were greatly moved by the fact that they were interviewed in their own language (English or local languages spoken in Senegal).

Healthcare services and regional AIDS control programmes pointed out the fact the approach used by the Project offered them the opportunity to carry out a mass mobilisation and close sensitisation process.

6.2. Post-intervention activities

Various testimonies provide indications on innovative modes of condom distribution to migrants and other mobile groups. Tamba, the female leader at Kothyari car station comments: “While the convoy of drivers was preparing to leave for Mali with their apprentices, I called them one after the other and told them that I had a “soungouf” (special traditional diet meant from travellers) and handed to each one of them a bunch of condoms. As soon as I was through with them, their apprentices, who heard the news, also rushed to me… Now, they all come for a “soungouf” whenever they are ready to travel. My only fear now is that I may run out of condoms!” Another participant reports: “After discussing with my teenage children (girls and boys) on STDs/AIDS, I left a bunch of condoms behind the pots. They can now get their supply without feeling any embarrassment and without being compelled to ask me. So now, all I have to do is to renew the stocks!”

Various participants also shared testimonies about their own initiatives regarding the dissemination of AIDS prevention information. In this respect, a tambacoumba-based railway employee comments: “following your intervention, I gathered my spouses, my older children, as well as the family of my next-door neighbour who was away on a trip to share with them some facts about STDs/AIDS and prevention means”.

As far as condom distribution is concerned, it is worth pointing out that a total of 14000 condoms were given out in less than 6 months, and that in all sites, leaders trained for that purpose complained about condom shortages.

Compared to the pre-intervention data, the post-intervention data displays new themes such as sympathising with people living with HIV/AIDS.
7. Conclusion

The various projects proved instrumental in helping to foster our understanding of the status, the context and the dynamic of the migratory phenomenon in relationship with risks of HIV infection and the attitudes vis-à-vis people living with HIV/AIDS.

The various projects has also enabled the setting-up of environmental and educational intervention patterns among target groups in multiple situations, as well as models for the integration of target interventions in larger communities.

Finally, the assessments brought to light socially adapted mechanisms related to the care of STDs, education, sensitisation as well as condom distribution.

8. Recommendations

Following the completion of this pilot phase of the West African Initiative (WAI) conducted in five countries (Burkina Faso, Côte d’Ivoire, Mali, Niger and Senegal) and the experiment of ActionAid, the following recommendations could be formulated:

- Undertake the consolidation of the successes so far acquired by strengthening the capacities of research and interventions teams. This consolidation should be also sought through the continuation and the reinforcement of activities within the sites already covered and the dissemination of findings.

- Extend the project to other West African countries.

- Extend the intervention to other themes (incorporation of the issue of attitudes vis-à-vis people living with HIV/AIDS and their care).

- Restructure health care services to enable them provide special prevention and health programmes to migrants in the research areas

- Hold periodic meetings with leaders and other partners to foster the exchange of information and the development of strategies aiming at improving prevention and health care of migrants.

- Develop adequate IEC materials culturally acceptable within the research area

- Promote the participation of communities in the initiatives aiming at increasing the accessibility of prevention and health care services by migrants and other mobile people. It will be necessary, for instance, to organise truck drivers and migrants’ group leaders.

- Encourage governments and NGOs to design and implement programmes that reduce vulnerability of young female migrants. These strategies should involve the improvement of female education,
Findings of the Research-Action Migration and AIDS Project

and the promotion of fund-raising activities on behalf of women.

9. Bibliographies

- Kane, F.; Larose, S. ; Piche, V. *Migrations et Sida en Afrique*.