Transport Against HIV/AIDS Session 2: Mainstreaming the Response in Africa and South Asia

Engineering and Social Aspects in Applying HIV-AIDS Clauses in Road Works Contracts in Ethiopia

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Initial HIV/AIDS Challenges in Road Projects

- Limited sector analytical work on HIV/AIDS and road construction
- Absence of sector expertise to adequately address issues
- Client efforts to tackle the problem limited by absence of committed leadership and capacity
- Sustained promotion of changes in sexual behavior in workplaces
- Poor safeguards against HIV/AIDS in road contracts
- Beyond contract clauses, no guidelines for contractors to set up and carry-out adequate HIV/AIDS prevention and control activities
- Increased absenteeism, medical costs, loss of social capital



Mitigating Adverse Impacts of Development Programs

Derived from the Social Safeguards Basic Principle:

- Development must not to worsen the livelihood of the people served.
- All mitigating actions can usually be regulated by contracts.



HIV/AIDS MITIGATION IN ETHIOPIA ROADS PROGRAM

- In 2000 retrofitted Sector project to address HIV/AIDS Issues – Linked to HIV/AIDS MAP.
- Raising awareness of employees of Implementing Agencies, contractors, consultants, as well as communities served.
- Begin with Roads Authority and Move Out
- Works/Service contract provisions for:
 - Adverse Social impact and STD-HIV/AIDS mitigation.
 - Addressing other health and Safety needs Malaria, etc.



COPA for Civil works Clause 14.1 Program to be Submitted

- Alleviation program for Site staff and labor, wrt. STDs including HIV/AIDS.
- Alleviation program to indicate when, how and at what cost the Contractor plans to satisfy the requirements of Clause 19.1 herein and the related Technical Specifications.
- For each component, detail resources to be provided or utilized and any related sub-contracting proposed.
- Provision of a detailed cost estimate with supporting documentation.



COPA Clause 19.1 Safety, Security and Protection of the Environment

Over entire contract period, Contractor to:

- conduct Information, Education and Consultation (IEC) campaigns, min bi-monthly, addressed to
 - Site staff and labor, all Sub-Contractors and Consultants' employees, truck drivers and delivery crews, local communities
 - Topic: Dangers and impact of STDs and HIV/AIDS;
- provide male or female condoms for Site staff and labor;
- provide for STD and HIV/AIDS professional screening, diagnosis, counseling and full treatment of all Site staff and labor
- for HIV/AIDS cases, refer treatment to a dedicated national HIV/AIDS program.



New TOR for SPN

- The TOR for Civil Works Supervision Scope of Work: Requires
- Sociologist/social scientist along with the Resident Engineer, Ass. Resident Engineer, Structural Engineer, Highway Engineer, Pavement/ material Engineer, Geo-technical Engineer, Claims Expert, and quantity surveyor, etc.



Provision for SPN - I

• Review the Contractor's proposed work programs and associated work method statements, resource analysis and requirements, and approve or reject the proposals accordingly. Identify any changes or additional resources required. Make sure that the program submitted for the execution of the Works shall, in addition to the program for pure construction activities, include an alleviation program for Site staff .



Provision for SPN - II

Review and familiarize themselves with the ERA's HIV/AIDs policy and strategy, and follow up and report in the monthly reports on how the contractor is implementing the alleviation program for Site staff and labor in respect of Sexually Transmitted Diseases (STD) including HIV/AIDS. In consultation with ERA's responsible environmental office, advise the contractors of new developments and additional needs in respect of the STDs and HIV-AIDS as and when they occur.



INSTITUTIONAL ASPECTS

- Environmental Monitoring and Safety Branch with manpower to address Safeguards and Social Impact Issues
 - Staffing Environmentalists/Sociologists/Health
 - Environmental Procedures Manual, HIV-ADS POLICY and Strategic Plan.
- Partnership between Stakeholders
 - External and Local; EPA + Sector EMUs
 - Public and Private
- Continuous dialogue in addressing Safeguard and Social Issues
- **Promoting public information, consultation and participation throughout project cycle.**



The Ethiopia RSDP Experience

- Three years to mainstream HIV/AIDS prevention and control activities
- *Client ownership* Initially, ERA management efforts marred by lack of ownership and stigmatization of the subject.
 "This is something private, we don't talk about in our culture in Ethiopia"



ERA Actions Taken

- Hired Sociologist and Nurse to:
 - start awareness raising activities in ERA
 - prepare TORs for a baseline study focusing on sexual behavior and HIV/AIDS awareness among ERA's 12,000 staff and those under international contracts.
- Short term strategy: HIV/AIDS prevention activities in works contracts; within the ERA.
- Secured MAP Funding for Start up activities MAP funds -- 461,875 Birr (US \$ 53,000).
- July 2004, ERA HIV/AIDS policy and strategy documents published in English.



Summary HIV/AIDS Prevention Activities Conducted July 2002- March 2004

Activities	No.	Participants/beneficiaries/gender				
Strengthening of Institutional Capacity		Female	Male	Total		
Recruitment of HIV/AIDS prevention consultants	2	1	1	2		
Training of peer educators	2	32	44	76		
Training of anti-AIDS Committee members	1	50	20	70		
VCT - Training	1	12	3	15		

Summary HIV/AIDS Prevention Activities Conducted July 2002- March 2004

Analytical Work	No.	Female	Male	Total		
Workplace policy	1			2		
Baseline Study	1			2		
3-Year Strategic Plan	1			2		
IEC Sessions						
Advocacy work	15	300	1,200	1,500		
Awareness raising	23	1,559	8,000	9,559		
Condom distribution			132,000	132,000		
VCT - Therapy	Started after July/04					



LESSONS LEARNED

At Institutional Level

- MAP funds critical in taking the ERA HIV/AIDS prevention activities forward.
- Capacity is essential.
- Ownership required from both management and workers within the institution.
- Change takes time; requires repeated and sustained efforts, not only sensitization and access to condoms, but larger vision including prevention and treatment.
- Transport Ministries do not need to do this alone, strategic alliances needed with NGOs, local health clinics, VCT centers, etc. to achieve their goals.



LESSONS LEARNED

At analytical level

- The HIV/AIDS pandemic is global, but solutions should be thought out at the local level.
- Role for both the management of national roads authorities and Bank TTLs and project teams.
- Committed TTLs A continuous dialogue with clients and strategic partnerships crucial.



More Lessons

At operational level

- Condoms not the only solution. Promote interactions with professional sex workers and not regular partners? perceived as encouraging promiscuity.
- One critical question: What is the best prevention approach in a mobile population of road workers? — What kind of prevention activities besides condom and IEC? Is it possible to include access to treatment drugs?
- HIV/AIDS prevention clauses in works contracts not enough. Guidance is needed on implementation, supervision and monthly reporting mechanisms as well.
- HIV/AIDS prevention is part of the social mitigation measures of any project. Include in bills of quantity and in the specifications for proper funding and attention by consultants and contractors
- SBDW 2005 Formal Step in Right Direction

