Lessons and Experiences from Mainstreaming HIV/AIDS into Urban/Water (AFTU1 & 2) Projects

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ACKNOWLEDGEMENTS

The authors would like to thank the Task Team Leaders who agreed to be interviewed for this paper.
LESSONS AND EXPERIENCES FROM MAINSTREAMING HIV/AIDS INTO URBAN/WATER (AFTU1 & 2) PROJECTS

KEY ISSUES AND FINDINGS

Introduction

In recent years, the World Bank has been an active and prominent player in the global fight against HIV/AIDS. The approach has been multifaceted, with over $1.8 billion committed through grants, loans and credits for HIV/AIDS activities worldwide, much of which has been provided through the Multi-Country HIV/AIDS Programs (MAPs) in Africa and the Caribbean. The Global HIV/AIDS Program has leveraged considerable resources to support monitoring and evaluation and social and economic impact analysis as well as to facilitate regional research and initiatives. Recognizing that HIV/AIDS cannot be addressed within the confines of health and HIV/AIDS projects alone, there has been considerable emphasis on mainstreaming HIV/AIDS into lending portfolios where HIV/AIDS poses a significant risk.

The rationale for mainstreaming HIV/AIDS into projects is twofold:

(i) From a national and global perspective → it increases the reach of targeted HIV/AIDS interventions to all sectors and to more people than can be reached through health projects alone

(ii) From a project perspective → it serves to mitigate the (short- and long-term) risks that HIV/AIDS may have on projects (i.e., impact on human resources, vulnerability, governance, etc.). Mainstreaming does not mean turning urban projects into HIV/AIDS projects; it means integrating targeted components that can help protect the client communities that Urban projects support from the economic and social effects of HIV/AIDS.

For urban areas, there are more specific reasons for proactively addressing HIV/AIDS. In nearly all countries where HIV/AIDS is on the rise (particularly within the regions with newer epidemics—South Asia and Eastern and Central Europe), the urban environment poses additional risks that invariably result in higher urban HIV/AIDS prevalence. Concentrations of people, particularly vulnerable groups (i.e., commercial sex workers, truckers, etc.), and ease of transportation and mobility are central factors in the urban bias of the epidemic. The impact of HIV/AIDS is felt by municipalities and local governments both internally through the impact on municipal staff as well as externally through the impacts on the community (i.e., street children, increased household vulnerability, etc.)

With HIV/AIDS posing evident short- and long-term risks for urban projects, the argument for mainstreaming HIV/AIDS should resonate as a logical intervention that is supported by both internal management and the client.

Process

Since 2002, there has been a small initiative in the Urban Unit looking specifically at the role of local governments/municipalities in addressing HIV/AIDS. This team has worked with a number of HIV/AIDS and urban projects in the Africa region to advise on how local governments can be strengthened (technically and financially) to address HIV/AIDS. Much of this work has built upon a publication, Local Government Responses to HIV/AIDS: A Handbook, published in 2003, in collaboration with a range of partners.

In 2005, at the recommendation of the Urban Sector Board, this team began looking more specifically within urban projects to identify the extent and nature of how/whether HIV/AIDS has been mainstreamed. Initially, this exercise has been confined to AFTU1 (East and Southern Africa) and AFTU2 (West and Central Africa). Task Team Leaders (TTLs) in each of the units were invited to share their experiences through a series of short interviews. At the completion of the exercise, seven interviews were conducted in AFTU2 and six interviews in AFTU1.

For each of the interviews, a short case study was prepared (Annex I) and available reports and TORs were compiled.

A practical guidance note on how to mainstream HIV/AIDS into urban/local government projects has also been prepared and is available in Annex III.
## Project Name (Task Manager) | Amount for HIV/AIDS
--- | ---
Benin: Second Decentralized Cities Management (F. Bousquet) | $200k
Burundi: Public Works and Employment (E. Ouayoro) | $1.0m
Congo, Republic of: Emergency Reconstruction, Rehabilitation and Living Conditions Improvement Project (E. Ouyoro) | $1.0m
Cote D’Ivoire: Municipal Support (PACOM) (closed) (A. Casalis) | $400k
Lesotho: Highlands Water Project (A. Macoun) | Mozambique: Municipal Development Project (K. Kuper)
Mozambique: National Water Development Project (C. Revels) | $85k
Nigeria: Lagos City Strategy/Community-Based Urban Development (D. Tewari) | $210k
Rwanda: Urban Infrastructure and City Management (S. Debomy) | $200k
Senegal: Urban Mobility Improvement Project (C. Diou) | $200k
Zambia: Mine Township Services Project (F.C. Eng) | $200k

### HIV/AIDS interventions in the African Urban portfolio

Projects in the urban portfolio vary greatly, from infrastructure and water projects to local government capacity building and municipal finance projects. Similarly, the ways in which urban teams decide to respond to HIV/AIDS and the impetus for them to do so vary considerably. To generalize, we have identified five types of HIV/AIDS interventions in urban projects.

<table>
<thead>
<tr>
<th>Type of Intervention</th>
<th>Description &amp; Rationale</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>Workplace</td>
<td>Provides information, education and communication (IEC) on HIV/AIDS—and condoms—to employees within the counterpart organization—public utilities, municipal offices, holding companies, Project Management Unit. <strong>Rationale:</strong> HIV/AIDS is a human resource management risk.</td>
<td>Mozambique Water, Zambia Mines, Lesotho Water, Rwanda, Senegal</td>
</tr>
<tr>
<td>Awareness Raising for Beneficiary Communities</td>
<td>Provides HIV/AIDS IEC and condoms to the communities with which the project is interacting—including most commonly construction sites, as well as vulnerable groups (truckers, commercial sex workers, etc.) and schools. <strong>Rationale:</strong> The urban project has a comparative advantage in reaching certain groups with HIV/AIDS information and services that are critically needed.</td>
<td>Burundi, Congo, Lagos (CBUD), Lesotho, Rwanda, Zambia, Senegal</td>
</tr>
</tbody>
</table>
### Municipal HIV/AIDS

Supports local government authorities (and the AIDS Committees within them where applicable) in planning and (more often) implementing their HIV/AIDS activities. In many cases, the starting point will be the municipal workplace activities but will often include outreach implementation activities for the communities. **Rationale:** Addressing HIV/AIDS is a mandate of the municipality, and the Urban project is therefore well placed in supporting HIV/AIDS activities as one such (often unfunded) mandate.

- Benin, Côte D’Ivoire, Jo’burg, Addis, Rwanda, SACN, Uganda, Mozambique, Uganda

### Mainstreaming within Upgrading/Infrastructure

Supports HIV/AIDS related infrastructure within the context of upgrading or reconstruction. May also provide support in identifying HIV/AIDS risks and implications for upgrading activities. **Rationale:** HIV/AIDS has created infrastructure demands that can be met within urban capital investments that respond to neighborhood and community needs, i.e., local Voluntary Counseling and Testing (VCT) centers.

- Mbabane, Congo

### Analytical and Sector Work

Integrates HIV/AIDS into ongoing analysis of a sector (e.g., transport) or into a larger piece of urban analysis (i.e., service delivery, business climate) in order to identify the HIV/AIDS issues that may then be addressed more strategically through follow on projects or by other partners. **Rationale:** HIV/AIDS is a development issue that impacts all sectors and has significant implications (in the short- and long-term) and is therefore a logical issue to integrate into any analytical work.

- Lesotho EA, Nigeria, Senegal, SACN

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**What are the drivers behind mainstreaming HIV/AIDS interventions in the African Urban portfolio?**

The decision to allocate resources from an urban project to address HIV/AIDS usually stems from the Bank side and is most often well received by the client.

Particularly where prevalence is very high, there is a sense that addressing HIV/AIDS is an integral part of working with the client—a “common sense” approach. In Mbabane, Swaziland, for example, a new upgrading program will be integrating HIV/AIDS, not as a separate line item but as part of all components.

In some projects, particularly during 2000-2002, the impetus for including HIV/AIDS followed a management directive to ‘mainstream’. **This was the case during the Mozambique Water project which integrated an HIV/AIDS component during mid-term review to respond to mainstreaming. Yet, there appears to be some lack of clarity among urban staff as to whether the principle to mainstream remains a management priority.**

Urban projects may have a comparative advantage in reaching down to communities quickly and efficiently, particularly when the larger resource streams for HIV/AIDS (from MAP projects or other donors) may be just getting started or facing delays in implementation. **This is particularly true in post-conflict settings, such as Congo and Burundi, where the national institutional infrastructure to implement an HIV/AIDS project may be lacking, but an urban project is already actively working with communities (i.e., Public Works in Burundi, Reconstruction in Congo).**

In other projects, the push to include HIV/AIDS interventions stemmed from the
client, particularly when mayors or local governments have been mobilized to address the issue. In Côte d’Ivoire, the launch of the Alliance of Mayors Against AIDS in Africa (AMICAALL) created demand from mayors for support to address HIV/AIDS within the ensuing Municipal Development Project.

Where other partners or the client may already be active in carrying out HIV/AIDS activities within the project area/target community, the urban projects may be well placed to pick up an area that is not funded. For example, in Rwanda the municipalities had already developed their HIV/AIDS plans, but funding remained lacking for the municipal workplace interventions, which were then integrated into the new urban project for support.

**What are the lessons learned from Urban/Water projects?**

In the process of reviewing the 13 projects, there were some encouraging lessons identified. In summary:

- Ring fencing resources for HIV/AIDS activities, by using a placeholder during preparation, allows the task team to buy time. In Zambia, a placeholder was used during preparation and was then used to contract an initial consultancy to design the component and another consultancy to implement the component.

- Small interventions, particularly within capacity building components, can be designed to catalyze demand for HIV/AIDS activities, which can then be funded through other funding streams (such as MAP). In Uganda and Mozambique, capacity building on HIV/AIDS planning is being integrated into the curriculum for municipal planners.

- Well-defined consultancies can be fairly easy to manage. Most HIV/AIDS components in urban projects are fairly small ($200k) and are often implemented through a single consultancy. By selecting good quality contractors and ensuring that the TOR are well defined with clear performance indicators, task managers often feel that the implementation is rather straightforward and relatively easy to supervise. For example, while the Burundian project had to change the initial contractor because of poor performance, the process was relatively straightforward, and did not cause significant delays, because of well-articulated TOR and performance indicators.

- Given concerns about simplification of projects and the avoidance of so-called Christmas Tree projects (with many separate components), some task managers have found ways of leveraging HIV/AIDS within existing activities through municipal contracts and public works contracts. In many of the Central and West African countries, the AGETIP and municipal contract systems allow the Bank and the client to agree to a set of performance-based activities. Integrating HIV/AIDS activities/outcomes within these contracts can be an effective way to avoid components and create genuine buy-in from clients. This is being used in the new Rwanda project among others.

- A common concern among urban teams is their lack of expertise about HIV/AIDS; however, technical resources in terms of staff and TOR are often more readily available than it would seem. Both the Nigeria projects and the Mozambique Municipal Project are benefiting from the technical expertise available from field-based Human Development (HD) staff. In addition, an initiative within TUDUR (Urban Anchor) can provide TOR, training tools and consultants to interested staff.

- Building the capacity of Project Management Units and AGETIP partners to understand and address HIV/AIDS issues was emphasized as an important ingredient for successful mainstreaming. This was the case in the Senegal Urban Mobility project where the analytical work on HIV/AIDS was useful both for the project team as well as the client in raising awareness of the key issues.

- Where there are active partners engaging in similar work, the task of supporting HIV/AIDS activities is made easier for the urban team. Notably, where AMICAALL is active, there are good opportunities for coordination and collaboration. Similarly, partners such as GTZ (Zambia, Mozambique) have extensive expertise in areas relating to workplace HIV/AIDS policies and district planning for HIV/AIDS.
Lessons Learned from HIV/AIDS (MAP) Projects

Since 2002, there has been increasing interest in improving the District/Local Government participation in National HIV/AIDS projects (supported with MAP resources). Through projects in Malawi, Zambia, Swaziland, Uganda, Eritrea and Tanzania, some of the lessons/challenges have been identified:

- Local Government Authorities (LGA) are often tasked with new responsibilities with regards to HIV/AIDS but lack the guidance and capacity to develop targeted and strategic interventions. Local Government Authorities are often overwhelmed and do best when they have a clearer vision of what is expected. Experience indicates that LGAs can play an important role in (i) municipal workplace HIV/AIDS interventions, (ii) coordination of public and private AIDS Service Providers, (iii) supervision and M&E of community interventions, (iv) mainstreaming HIV/AIDS into LGA activities, and (v) leadership and advocacy.

- HIV/AIDS resources for LGAs are often slow in reaching them (if at all), and in some cases the modalities for how LGAs can access money to address HIV/AIDS remain unclear. Issues of fiscal decentralization and transparency in regional allocation of resources may sometimes be overlooked.

- National HIV/AIDS programs are often conceived of by Health and HIV/AIDS agencies with little coordination with partners and ministries that work directly with local government authorities. There are considerable missed opportunities, particularly in capacity building and monitoring and evaluation.

- Urban areas in most countries still have the highest HIV/AIDS prevalence, but few national HIV/AIDS programs have initiative targeting urban areas.

Addressing challenges

While there is clearly good reason for (and positive experiences from) mainstreaming HIV/AIDS into urban/water projects, there remain a number of practical challenges facing task managers in urban. These were discussed with Africa Urban and Water staff at a recent event hosted during Urban Learning Week.

The challenges may be grouped around three central themes: (i) bringing HIV/AIDS into an urban/water project, (ii) preparing and supervising HIV/AIDS components/activities and (iii) coordinating with HIV/AIDS partners (notably MAP).

As the process of compiling the case studies suggested, many urban and water projects in Africa do not have HIV/AIDS elements in them. Some of the common issues raised by task managers were:

- Is it still a management priority to mainstream HIV/AIDS into non-health projects—especially now that MAP is up and running? Will including an HIV/AIDS component in my project make my project less compliant with simplification procedures? Do I have a strong evidence-based case for why HIV/AIDS is relevant to my project development objectives?

Even when projects have HIV/AIDS components, there are considerable challenges in accessing the expertise and variable budget to support their involvement in project supervision. This may lead to some of the following challenges:

- Given that there is not additional budget available to adequately supervise an HIV/AIDS component or activity, will I run the risk of being accountable (through QAG) for a poorly performing component? Are there any resources available for this kind of mainstreaming support?

In nearly all countries in Africa, there is support for HIV/AIDS available through the Multi-Country AIDS Program (MAP) that provides flexible funding to support national HIV/AIDS programs. However, there appears to be rather sporadic coordination between MAP teams and urban teams and even less coordination on the complementarities of HIV/AIDS activities. Some of the practical questions that were raised include:

- Would it be possible for MAP to take on supervision responsibilities of HIV/AIDS
components within urban projects? Whose responsibility is it to coordinate HIV/AIDS interventions across projects and sectors (i.e., MAP, country team, etc.)? If we integrate HIV/AIDS within a local government planning program, for example, can we be assured that local governments will be able to access resources?

**Conclusion: Starting a dialogue**

The issues raised here represent a starting point for a productive dialogue between HIV/AIDS teams (MAP projects) and Urban teams to identify mechanisms and resources to address the common challenges. In addition, the compiled case studies (and the TOR and reports that informed them) that follow in Annex I provide rich examples of ongoing successes and experiences.
ANNEX I: LESSONS AND EXPERIENCES FROM MAINSTREAMING HIV/AIDS INTO AFTU1 AND AFTU2 (URBAN/WATER) PROJECTS

Summary Notes available for:

- Benin: Second Decentralized Cities Management (F. Bousquet)
- Burundi: Public Works and Employment (E. Ouayoro)
- Congo, Republic of: Emergency Reconstruction, Rehabilitation and Living Conditions Improvement (E. Ouyoro)
- Cote D’Ivoire: Municipal Support (PACOM) (closed) (A. Casalis)
- Lesotho: Highlands Water (A. Macoun)
- Mozambique: National Water Development (C. Revels)
- Nigeria: Lagos City Strategy/Community Based Urban Development (D. Tewari)
- Rwanda: Urban Infrastructure and City Management (S. Debomy)
- Senegal: Urban Mobility Improvement (C. Diou)
- Zambia: Mine Township Services (F.C. Eng)

These summaries have been presented alphabetically.
BENIN: SECOND DECENTRALIZED CITIES MANAGEMENT (APPRaisal phaSE)
P082725 (TTL: F. Bousquet)

HIV/AIDS situation
HIV adult prevalence rate is 4.1%; in medium-size cities prevalence is up to: 13.98% in Dogbo, 13.46% in Savalou, 6.38% in Grand Popo. Benin’s National Strategic Plan against HIV/AIDS (period 2003-2006) focuses on municipalities and communities and on developing local actions to increase local governments’ responsibilities and participation in HIV/AIDS actions. An advantageous institutional framework and social services are already in place for implementing effective HIV/AIDS plans.

Project description
The overall project objective is to improve the efficiency and the quality of service delivery in urban zones, particularly in the low-income and ill-equipped areas, in the three main cities (Cotonou, Parakou, Porto-Novo) and in a few secondary cities.

Description of HIV/AIDS elements
During the first phase of the project, the cities of Cotonou, Parakou and Porto-Novo have integrated HIV/AIDS actions in their programs. The interest and will of the beneficiary cities, the achievements of the first phase, and the general strategic policy made the situation advantageous to integrate HIV/AIDS actions in the second phase.

The main objectives of the HIV/AIDS subcomponent are to (i) analyze the local HIV/AIDS situation and (ii) identify and implement HIV/AIDS activities in collaboration with the mayors, local government staff, and development organizations. It will focus first on the Cotonou-Porto-Novo axis, with a specific study on the municipality of Semekodj, and Parakou.

HIV/AIDS actions will be integrated in two components:
- Capacity building, strengthening the municipalities and increasing their responsibilities in the management of local affairs related to HIV/AIDS: (i) information programs for the local governments and mayors; (ii) extension of these programs to the population; (iii) capacity building actions for all the actors in terms of planning, management, implementation, coordination, monitoring on a local scale; and (iv) development of links between the different actors; and
- Development of the participatory approach in municipalities, developing sensitization and prevention actions against HIV/AIDS: (i) identification of the specific needs of each municipality to implement effectively HIV/AIDS actions; (ii) identification of priority actions targeted on the orphans and the women, single-parent; (iii) identification of a communication plan and the means, adapted to each municipality; and (iv) implementation of these actions under the responsibility of the local governments.

Process
As this was a follow-up project, the Bank team recommended the integration of HIV/AIDS actions into the project design.

While the Bank Urban team was helped during preparation by a team specialized in HIV/AIDS issues from the Secretariat of the UN at Cotonou, the design was modified during implementation. There was some concern that the initial design was too analytical (large consultancy) and not implementation oriented. The revised activities (as described in the attached text box) were designed to be more action oriented.

Issues/lessons learned
The methodology of the ONU/AMICAAL program was proven to be an effective framework to support HIV/AIDS actions at the municipal level.
Sub-component A1 — Support municipalities to face the challenge of HIV/AIDS at the local level (est. costs: 200k USD)

This sub-component will support the fight against the spread of HIV/AIDS by complementing, and supporting existing programs (MAP, PASNAREF, “Programme Plurisectoriel de Lutte contre le SIDA” [PPLS], BHAPP) and assisting local NGOs working on HIV/AIDS. Within cities and towns, there are groups of people that are particularly at-risk of HIV/AIDS. These include young women (school-age girls), unemployed youth, truckers, seasonal migrants, and sex workers. Municipalities can play an important role in identifying local needs and coordinating local responses (i.e., facilitating partnerships). This sub-component will also support the strengthening of the capacity of the cities to better respond to the HIV/AIDS fight.

The activities to be funded under this sub-component have been agreed upon with the Benin MAP team and are in line with the other above-mentioned projects and the national strategy for fighting HIV/AIDS as well. The Communal Committees for Fight Against HIV/AIDS (CCLS - Comités Communaux de lutte contre le SIDA) are the appropriate structures at the decentralized level for the coordination, follow-up and mobilization of resources for the fight against HIV-AIDS. Despite their important function, these Committees do not currently receive sufficient support (equipment, staff) in order to fulfill their role.

The first phase of the APL of the Decentralized City Management Project identified the main HIV/AIDS-related issues in the cities of Cotonou, Porto-Novo and Parakou, and carried out in these cities pilot sensitization activities along with workshops to take into account communities’ preoccupation. To build on this pilot’s activities and experiences, the current proposed project will remain in these identified main cities and will include:

i) institutional support to the CCLS to help them better play their coordination role in fighting HIV/AIDS; this support will also consist of funding some key supplies;

ii) development of information, sensitization and education programs by NGOs, media, journalists and specialized communication agencies;

iii) creation of youth centers with the support of CCLS and NGOs in remote poor areas;

iv) specific sensitization activities on primary and high schools, workers and sexual workers on work sites, condom distribution, organization of games and competition);

v) capacity building of the staff of the CCLS, NGOs and health centers with appropriate equipment; and

vi) support of the existing social promotion centers.
BURUNDI: PUBLIC WORKS AND EMPLOYMENT
P064961 (TTL: E. Ouayoro)

Description
This Public Works and Employment project, in a post conflict setting, was designed to reach a large number of individuals through small labor-intensive sub-projects. Because of this outreach capacity, it was felt to be a good vehicle for an HIV/AIDS IEC (information, education and communication) campaign for communities, laborers and commercial sex workers within the project area that included the capital, Bujumbura and other cities. Burundi is a very small country, and the project was able to reach a large number of individuals.

Process
Although this is primarily an infrastructure project, the Bank team included the HIV/AIDS component from the very beginning of the project cycle. The team acknowledged that the push for this came from the “culture of the unit” which encourages inclusion of HIV/AIDS components. The component was reviewed through the internal meetings of the unit, with resources set aside totaling $1m (out of a $40 million investment) The Multi-Country AIDS Program (MAP), was developing a project in Burundi at the time of preparation, and they were consulted on the component initially. Given the relatively small amount of the component, and the ability of the project to contract out the implementation to a large NGO, it was felt that the project could implement the information program quicker (than MAP) and without bureaucratic delays.

A competitive procurement process was undertaken for an NGO to implement the component on a national level. Clear terms of reference, regular reporting and targets were identified for the NGO (and included in the PAD). When these were not being met by the first NGO hired, the competitive process began again and a competent replacement was found. The project has met its target of reaching 43,000 people (8,000 women and 35,000 men) nation-wide and sensitizing them on HIV/AIDS issues, well ahead of the 2006 deadline.

Lessons learned
- The team expressed that it would have been easier to implement part of the HIV/AIDS project that was being developed through MAP/MoH, but since this was not possible at the time, the project team chose to design and implement a component on their own.
- During supervision, the inclusion of an HIV/AIDS specialist would have been welcome (perhaps as part of a MAP mission). However, the team felt that given that the component was not very technical, they felt fairly confident in their own capacity to supervise. Also by using a well established and respected NGO, they felt that the implementation/methodology was most likely in order.
Project Component 3 — US$ 1.00 million
Support for the Prevention of HIV/AIDS

This component will help in the fight against the spread of HIV/AIDS by including a community information and education program, targeting high-risk groups, such as the youth and women. The themes, which will be developed in information and education programs, will be based on existing frameworks already developed by youth and women's associations in Burundi. The Bank is collaborating with UNAIDS in Burundi. It has been strongly recommended by UNAIDS to invest in a participatory diagnostic process to better sensitize and educate people on HIV/AIDS prevention. Taking into consideration that much of Burundi is still rural, the UNAIDS group has recommended in its action plan a program of "peer sensitization" to better disseminate relevant HIV/AIDS information. This program will also target workers who will be involved in building public works under this project. The first intervention will be targeted at those communities receiving the first tranche of sub-projects. In addition, this sub-component may also finance specific programs targeting mobile people, such as truck drivers, seasonal workers who live in town but still have their wives and children in rural areas, prostitutes, and so forth.

Possible partners in the implementation of this sub-component include the Red Cross of Burundi, the Society for Women Against AIDS in Burundi (SWAA-Burundi), and other NGOs actively working on HIV/AIDS prevention. Hospitals and health centers near sub-project implementation sites will be involved in HIV diagnostic and treatment.

This component will also finance studies and preparation activities for a future multi-sectoral HIV/AIDS project to be financed by IDA and other donors.
CONGO, REPUBLIC OF: EMERGENCY RECONSTRUCTION, REHABILITATION AND LIVING CONDITIONS IMPROVEMENT
P074006 (TTL: E. Ouayoro)

HIV/AIDS situation
Congo is one of the most urbanized countries in the region with an estimated urbanization rate of 60 percent. Brazzaville, the capital city, has a population of about one million people, representing 35 percent of the Congolese population. Years of conflict have made data collection on HIV/AIDS a challenge, but the conservative estimates range from 5-10% prevalence.

Project description
The project was developed as a post-conflict emergency intervention to improve infrastructure and living conditions by (i) rehabilitating primary, secondary and social infrastructure; (ii) promoting employment creation through labor execution of public works; and (iii) supporting institutional strengthening and capacity building to maintain primary, secondary, economic and social infrastructure.

In line with the national HIV/AIDS prevention strategy, the project supports:
• Information, education and communication (IEC) campaigns (including condom distribution) targeted for construction sites (for public works) and schools.
• Sexually transmitted disease (STD) treatment for construction workers and commercial sex workers in and around the work sites and along railway lines (STD drugs and condoms are procured directly through the project).
• Construction of two advanced VCT centers located in the neighborhoods within which the project is working (instead of within the district hospital).

Process
Based on the lessons learned from the Burundi Public Works project, the HIV/AIDS component was designed to be more comprehensive than just an outreach program. Significant funding was set aside at the outset of the project ($1m), and the HIV/AIDS component was discussed and developed with MAP. The project worked closely with the Ministry of Health (MoH) which helped design the component and are also managing it. A procedural manual was developed (with clear performance indicators), and having received necessary training, the MoH staff have been effective in supervising activities (although the MOH did not receive funds directly).

Issues/lessons learned
• The project benefited from the good relationship between the MoH and Project Management Unit, and the resulting implementation arrangements appear to be working satisfactorily (with 70% of funds disbursed).
• There had been some debate between the MoH and the project team on the location of the VCT sites—the urban team’s preference for neighborhood locations (rather than central sites) provides a good example of influencing service delivery to meet community (spatial) demands.
• Given the size of the component (as compared with other such mainstreamed components), the project would likely benefit from inclusion of an HIV/AIDS or Health Specialist in supervision to assess the quality of the sites and interventions.
• While Brazzaville is a particularly high-risk area, the project has not targeted specific interventions to the local government authorities within the cities. The project has expressed interest in expanding in this area (to include capacity building for LGA) but feels strongly that such capacity building must be coupled with financial resources in order to be meaningful. In such cases, deliberate discussions and partnerships with MAP (to ensure that resources can complement capacity building) may be fruitful. A Mid Term Review mission is planned for March/April (05).

(From PID) HIV Prevention, Care and Support ($1.0m): This component will support local NGO’s working on HIV/AIDS prevention, care and support. The work programs to be funded by this component will be agreed to with the UNAIDS focal person in Congo and will closely follow the national strategy to fight HIV/AIDS. Sensitization programs on work sites, and condom distribution will also be funded.
PO37575 (TTL: A. Casalis)

Description
In the Municipal Support project, a small component ($0.4m) was included in 2002 to assist in the implementation of the National HIV Program. Two activities were identified to support the creation of Municipal HIV/AIDS Information Cells: (i) the organization of workshops for the HIV municipal teams; and (ii) the organization of a week-long seminar for the mayors, “Journées des Maires contre le HIV.” These Municipal HIV/AIDS Information Cells serve as liaisons between the National HIV/AIDS Program and the local organizations and communities.

Process
In 2002, a new national HIV program was prepared, following the first meeting of the AMICAALL held in Abidjan. This national HIV program was initiated by the Cote d’Ivoire Alliance of Mayors, which promoted decentralized HIV activities in order to support local governments in their efforts to mitigate locally the impact of HIV.

The fight against HIV activities that were not included in the design of the Municipal Support project (PACOM) in 1995 were introduced (as requested by the Bank) as a new project activity in 2002. PACOM supported HIV/AIDS activities against epidemic (2002-2004) in the amount of US$ 0.4m. The resources were disbursed through the Alliance of Mayors (UVICOCI).

The supervision was implemented by the UVICOCI and PACOM without any indicator.

Achievements of PACOM HIV activities
Through the initiative of the UVICOCI, municipal committees for the fight against HIV/AIDS were established with 85 members in 24 municipalities where action teams were established. The teams were trained and worked across sectors and with the population which gave a new impetus to the fight against HIV/AIDS. During the second phase, the program that had emerged from the participatory training sessions was implemented.

The support that was provided to the Club AIDS Stop, membership in which is open to high school students as a way to motivate them in their studies, provided a greater opportunity for young people to improve their knowledge of health-related issues and, thus, their ability to maintain safe and healthy lifestyles.

In July 2003, a pilot project to form Municipal HIV/AIDS Information Cells under the direction of the municipalities was officially launched. The main function of these cells is to bring the plan of action in the fight against HIV/AIDS closer to the communities.

PACOM was closed on June 30, 2004, and this activity was evaluated as Satisfactory by the client and the Bank. The HIV/AIDS PACOM activities were highlighted by OED as a support for a public awareness campaign in the municipalities.
**LESOTHO: HIGHLANDS WATER**

P001409 (TTL: A. Macoun)

**Description**

The project, which began in 1986, is a massive infrastructure project to export water to neighboring South Africa. A public awareness campaign conducted to educate workers and communities about HIV/AIDS was introduced in Phase 1A (1986-1998). A baseline survey was completed in 1993 and subsequent studies have indicated a sharply rising trend in HIV/AIDS within the project area as elsewhere in the country, notably during the height of the construction activities. During Phase 1B (current project commenced 1998), an expanded set of activities was introduced to the client, RSA. HIV/AIDS is clearly identified as part of the Environmental Assessment and is highlighted within the project risk assessment as a 'high' risk.

During Phase 1B, the expanded list of activities included an awareness campaign for management and staff of LHDA (Lesotho Highlands Development Authority), building of partnerships to facilitate technical and resources support, strengthening institutional arrangements within the HIV/AIDS Coordination committee, developing a proposal to define LHDA’s role and developing a stakeholder workshop.

**Process**

The client (RSA) was persuaded during implementation to consider funding additional HIV/AIDS activities, after the project team cited its responsibilities under the “no harm” clause of the international treaty between the two countries and because of the probability that the project had contributed to elevated HIV incidence in the highlands project areas. Since the LHWP (Lesotho Highlands Water Project) is already paying compensation for losses as a result of the infrastructure works, it was possible to use the same argument to fund services that were burdened due to the increased prevalence of HIV/AIDS in the project area. A proposal has been prepared and is now under discussion.

**Lessons learned**

A dedicated project team that refined its arguments over time was rewarded with relative success. Using the compensation and “no harm” clause, after demonstrating the effects of the project on the prevalence of HIV/AIDS in the area, helped to convince the client that it was in its best interest to address the issue. The inclusion of a public health specialist in the project team was important in presenting the case to the client, and providing impact assessments would have strengthened the arguments.

Introducing an expanded component during such a late stage of the project was difficult, but having a broader framework such as a MAP means that such a project may be able to contribute to or expand a program already developed.

(from PAD) **Public Health**: A full Public Health program has been proposed, not only to try to mitigate the potential negative impacts of the project (the biggest of which are AIDS and other STDS) but also to provide general medical services to the work force, resettlers and other local communities. It will also provide training and capacity building to Ministry Staff. A program to provide water supply and sanitation to national standards for all communities in the catchment area (over and above those directly affected by the project) is also included. The Leribe Trauma unit will continue to serve the general public as well as the project itself. The community public health benefits in phase IA were quite substantial.
MOZAMBIQUE: NATIONAL WATER DEVELOPMENT (1998-2005)
P039015 (TTL: C. Revels)

Overall project description
The National Water Development I project seeks to increase the capacities of the organizations and people of the sector and prepare for the private sector management of the urban water supply systems of five cities (Maputo, Beira, Quelimane, Nampula and Pemba) so that sector organizations can provide sustainable water supply and sanitation services to an increasing proportion of the community and manage water resources sustainably. There are five components in this project: (i) institution building and policy development; (ii) preparation for private sector management of urban water supply; (iii) rural water supply and sanitation (RWSS); (iv) water resources management; and (iv) human resources development.

HIV/AIDS situation
With a national HIV prevalence near 14%, Mozambique is one of the most heavily affected IDA countries. Mozambique is receiving $55 million IDA credit for HIV/AIDS through the MAP.

Description for the HIV/AIDS elements of the project
Within the component on human resource management, the National Directorate of Water (DNA) was supported with a consultancy ($85,000 IDA + $50,000 SDC (Swiss Development Corporation) to conduct training and education on HIV/AIDS at the Provincial level to approximately 6,500. The training is targeted at employees of the DNA, is implemented through a decentralized structure of “Local Commissions” and will be piloted in three districts. It is expected that the findings from these pilot districts will inform a national program for the DNA (with funding possibly from SDC or MAP). The education and training is targeted at the following objectives:
- Ensure access to useful and quality information about HIV/AIDS to all employees, regardless of their organizational levels.

The consultancy built on previous pilot trainings financed by SDC. The project is scheduled to close in April 2005, and future support to RWSS will be provided within the PRSC. No follow-on activities are planned as there is not a follow up project planned.

Process
The decision to include the consultancy on HIV/AIDS into the project came from IDA, but there had been active engagement between DNA and SDC on the issue. The TOR for the consultancy were drafted by the DNA and were reviewed by the TTL and SDC staff based in Maputo. There has been some contact with the team supporting the MAP (HIV/AIDS Project).

Issues/lessons learned
It was recognized that using already available communications channels—such as employee newsletters, posters and utility bills—can be a stronger and more cost effective means of sharing information on HIV/AIDS.

In the process of designing and implementing this process there were some delays because sector implementers prioritized other activities. In addition, there was an initial resistance to the idea of inviting NGOs to bid for the work.
Project Component 5 - Human Resources Development (base cost US$4.3 million) *(of which HIV/AIDS was a small sub-component).*

This component is aimed at alleviating one of the most important constraints on good performance of the water sector in general, with special attention to the needs and requirements of the urban water activities of the National Water Development – II Project. A human resources development strategy will be prepared and agreed based upon a comprehensive options paper developed through extensive consultations and stakeholder involvement during project preparation. This component will then support the implementation of the strategy. Elements of the strategy would include (a) support of the institutions providing education and training of managerial and professional personnel, and other personnel involved in the process of institutional reform and development, in key management functions such as finance, human resources, planning, regulation and monitoring; (b) support of candidates undertaking training and the temporary plugging of gaps in the water sector organizations providing key officers for training; (c) the development of personnel policies and practices based on equality of opportunity, performance evaluation and consistent emolument policies and sanctions; (d) the support of incentives encouraging consistent good performance; and (e) adequate personnel policies and incentives, as well as other measures, should aim to promote the full utilization and retention of existing staff, in parallel with the recruitment of additional selected personnel. An initial emphasis of IDA-supported training in this project will be at the management and professional level, later widening to sub-professional and basic skills training.
**NIGERIA: LAGOS CITY STRATEGY (ESW)**
P081048 (TTL: D. Tewari)

**NIGERIA: COMMUNITY BASED URBAN DEVELOPMENT**
P069901 (TTL: D. Tewari)

**Description**
There are two pieces of HIV/AIDS related work that have been integrated into the Nigeria Urban portfolio.

i) Within the ESW for the Lagos City Strategy, questions on HIV/AIDS have been integrated into the 10,000 HH survey and five firm surveys. The HIV/AIDS questions within these surveys aim to answer the questions: “What is the impact of HIV/AIDS on service delivery?” and “What are the economic impacts of HIV/AIDS on Lagos?”

ii) In the Community Based Urban Development Project, a small component ($0.21m) was included to implement an AIDS Education Information and Communication Campaign on construction sites, in project-supported schools and clinics, and along the solid waste collection, transport and disposal network. Each of the seven Project Implementation Units is given the opportunity to develop a proposal for activities ($20k allotted for each).

**Process**
HIV/AIDS was integrated within the ESW because it was felt that addressing HIV/AIDS would be “common sense” if the study was to effectively present a picture of the economic climate and future direction for Lagos. The consultant responsible for developing the HH survey had experience working in South Africa and was already familiar with HIV/AIDS specific issues. (*Survey Questionnaire and consultant CV available. Data forthcoming.*)

The IEC component was developed by the TTL based on interactions with the Nigeria HIV project team and a review of their project appraisal document. During implementation the component has benefited from strong on the ground collaboration with the Health (HIV/AIDS Project) and Social Development staff within the country office. Staff working on the HIV/AIDS project conducted a half-day training for the 35 PMU staff and have also reviewed the IEC proposals that have been submitted by the cities.

**Issues/lessons learned**
- For technical assistance on HIV/AIDS to be useful, it requires that the TA is (i) self funded (Bank budget and variable) and (ii) appropriately selected to meet the needs of the team. There appears to be a larger challenge relating to social sector participation and fostering multisectoral teams within urban projects, of which HIV/AIDS is one small part.
- Hard tools and technical guidance—rather than softer issues notes—would be welcome, i.e., TOR, surveys, etc.
- Practical steps on how to access IDA resources (and technical skills) for inclusion of an HIV/AIDS component within urban projects would also be useful.

**Project Component 5 - US$0.21 million HIV/AIDS awareness campaign:** The project will support the development and execution of an appropriate AIDS Education Information and Communication Campaign in the project areas. This campaign will be conducted within the framework of the National Action Committee on AIDS (NACA) and the State Action Committee on AIDS (SACA). The campaign will be implemented on construction sites, in project schools and clinics, and among staff handling solid waste.
RWANDA: URBAN INFRASTRUCTURE AND CITY MANAGEMENT

P060005 (TTL: S. Debomy)

Overall project description
The overall project objective is to improve access to urban infrastructure in Kigali and five secondary cities through improved urban management practices. This objective would be achieved through the combined impact of the anticipated results of two types of interventions:

(i) Physical investment and upgrading programs defined through a participatory process will be implemented in targeted cities and made accessible to the local population.

(ii) The local and national stakeholders will have the capacity to: (a) apply appropriate programming, financing, and implementation mechanisms to improve service delivery; (b) improve local resource mobilization; (c) set up simple urban planning tools; and (d) rationalize municipal management and maintenance.

Rwanda urban centers HIV/AIDS situation
In the City of Kigali, HIV prevalence rate is 13.2% with a rate of 15 to 19% in high risk groups and young women.

Three successive HIV/AIDS plans have been adopted since 1988, and a National Commission against AIDS was created in 2001. A National Strategic plan was prepared for the period 2002-2006 and sets the stage for the preparation and financing of a MAP program that focuses on prevention, cures and alleviation of social impacts. This program takes into account issues linked to the post-conflict situation and emphasizes a phased approach supported by a special effort in capacity building.

Description of the HIV/AIDS elements of the project
There are two pieces of HIV/AIDS related work that will be integrated into the project:

i) Within the Institutional Capacity Building Component of the project to the benefit of participating local governments staff in the workplace (US$150,000) including municipal workers involved in waste collection.

This would include prevention, testing and cure, and support to affected people.

ii) Within the Urban Infrastructure component of the project, targeting construction workers and companies (US$50,000) to implement an AIDS Education Information and Communication Campaign on construction sites.

The objectives of these activities in the beneficiary districts are (i) to reduce HIV/AIDS stigmatizing responses and high-risk behaviors in the workplace by providing information support, condoms, and access to confidential and free testing and (ii) to support affected staff by bridging people with existing cure and financial mechanisms. Activities will be financed by the project except ARV which will be supported by health centers.

Process
Many activities and projects have been launched to reduce the spread of HIV/AIDS and support affected people. However nothing specific has been organized towards municipal staff, which will not play a significant role in diffusing informed prevention message and behaviors. HIV/AIDS activities to be developed in the project have been identified and embraced by the AIDS Urban Commission (CULS). They will be more detailed during a workshop to be organized at project launch. They are in line with the orientations of the HIV/AIDS National Policy and the MAP project that includes a component to support public sector interventions. The activities will be implemented by the AIDS district commissions with the support of the CULS. The Rwanda Association of Local Governments (RALGA) will also be involved in the process. These activities will be part of the institutional capacity building component of the municipal contracts that will be signed between the Government of Rwanda (the project) and the districts.

The activities targeted at construction companies and workers will be implemented under the supervision of the AGETIP with the support of HIV/AIDS project staff. The mechanism to implement HIV/AIDS prevention measures will be developed in contractual documents between the construction company and the AGETIP.

Supervision will be part of the normal supervision mission. We expect to share
results with the MAP project and count also on their support and advice.

**Issues/lessons learned**

- The project makes use of the AGETIP and the municipal contract, which are standard in many AFTU2 projects, as a mechanism for leveraging and supporting HIV/AIDS activities.
- While there are tools and resources available (Local Government Responses to HIV/AIDS: A Handbook), the team feels that some training for municipal and project staff would be helpful to make this material more accessible. In addition, many of the municipalities already have their plans and require facilitation in implementation (rather than planning).
**SENEGAL: URBAN MOBILITY IMPROVEMENT (UMIP)**

**P055472 (TTL: C. Diou)**

HIV/AIDS situation
Senegal is one of the most developed African countries in terms of actions against HIV/AIDS. The Government of Senegal has been carrying out actions against HIV/AIDS since 1986. In 2004, the HIV prevalence rate was estimated at 1.4 percent. Today, Senegal is in its fourth action plan against HIV/AIDS (2002-2006), focusing on keeping the HIV rate below 3% and on upgrading the living conditions of the HIV-infected population.

Project Description
The overall project objective is to improve the safety, efficiency, and quality of urban mobility in the metropolitan area of Dakar and to improve road safety in Thies and Kaolack by promoting public transportation services and by facilitating the safe movement of pedestrians.

In line with the national HIV/AIDS prevention strategy, the UMIP integrated HIV/AIDS issues in the components of this project and focused on urban transport activities in the cities of Dakar, Pikine, Guediawaye, and Rufisque, and in the municipalities of Bargny and Diamnadio.

The main objectives of these HIV/AIDS activities are to:
- identify quickly the links between urban transportation and HIV/AIDS proliferation; and
- carry out awareness-raising and sensitization actions, targeted at the population concerned by public transportation.

Process
The National Senegal AIDS strategy requires the inclusion of HIV/AIDS prevention in each of the different sector policies. The CETUD (Conseil Exécutif des Transports Urbains de Dakar), which is involved in the public transportation policy of Senegal and, in particular, in the regulation of urban transportation in Dakar, introduced the HIV/AIDS prevention activities through the UMIP. The Bank team included the HIV/AIDS activities from the very beginning of the project cycle (the project design). A consulting firm was recruited to organize and follow the preparation and supervision phases of the HIV/AIDS-related actions. The TORs proposed by the Project Coordination Unit and the Bank team were approved by MAP.

Issues/lessons learned
Built-in assistance to the Project Coordination Unit (PCU) focused on the HIV/AIDS-related programs is crucial for the satisfactory implementation of these actions. This assistance should be knowledgeable and efficient regarding HIV/AIDS issues in order to compensate for the lack of experience of the PCU staff in this specific sector.

The action plan against HIV/AIDS carried out by the Government of Senegal has been an important tool in maintaining the low rates of HIV.

<table>
<thead>
<tr>
<th>The HIV/AIDS activities (US$ 200,000)</th>
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<tr>
<td>In the investment programs: (i) identification of the HIV/AIDS issues related to the public transportation sector; (ii) identification of the targeted populations, the actors, and the necessary actions; and (iii) implementation of these actions under the responsibility of the local governments. In the capacity building for local government programs: (i) awareness programs regarding HIV/AIDS risks and issues linked with urban public transportation equipment; (ii) training programs for mayors and local government staff; and (iii) precise and effective planning and project management of HIV/AIDS-related actions.</td>
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SOUTHERN AFRICAN URBAN WORK & CITIES ALLIANCE

(TTL: D. De Groot)

Description
The Southern African urban team has few lending operations but reaches a number of countries and cities through Cities Alliance activities.

Through Cities Alliance grants, HIV/AIDS has been integrated into the following activities:

- South African Cities Network ($750k over three years: nearing completion): This includes a separate consultancy to work with the nine cities in developing and strengthening HIV/AIDS activities.
- Mbabane Upgrading ($600,000 just beginning): This program will mainstream HIV/AIDS into all elements of the upgrading discussion.
- Addis Ababa – Johannesburg Partnership Program: This is a new partnership program that will address a number of urban issues, among them strategies for addressing HIV/AIDS.

Ongoing preparation with the following countries will mainstream HIV/AIDS into activities as appropriate:

- Namibia: PHRD grant has been used for initial assessment work (non HIV/AIDS) and with interest and partnership from the Canadian Local Government Association. It appears likely that there will be an opportunity to carry out some HIV/AIDS activities.
- Lesotho Local Government Strengthening Project is likely to mainstream HIV/AIDS as one of the areas for local government strengthening (rather than make a separate HIV/AIDS component).

Process
Where there are separate HIV/AIDS components in the projects that have relied on individual consultancies, the push is to genuinely mainstream HIV/AIDS as part of the core business of local government/city management and the integrated support provided to this process.

To date, the support to the South African Cities Network (SACN) has been the most extensive and has generated considerable institutional knowledge for SACN and its partners. The project has produced and supported a number of studies and a compilation of experiences and challenges. In addition, the consultant contracted to this work with SACN (Ntombini Merrangane) is now working with Cities Alliance and will bring to the team—and to the Bank—valuable expertise and networks on the issue of city/local government responses to HIV/AIDS.

Issues/lessons learned
At one point there had been discussion of accessing resources to hire an advisor who could be dedicated to supporting cities in addressing HIV/AIDS. While this was done within the rubric of the SACN support, it was felt that support to the cities of the region more widely would still be of value.
ZAMBIA: MINE TOWNSHIP SERVICES
P064064 (TTL: F. Eng)

Description
The Mine Township Services Project (Zambia) is a water and sanitation project aimed at providing these services to the former copper mining townships in the Copperbelt following the privatization of the copper mining industry there. The project created an asset holding company (AHC-MMS) to act as the public entity responsible for owning and developing the water and sanitation assets.

A small component was included in the project to support the HIV/AIDS awareness campaign for AHC’s staff and their family members ($200,000 out of a $37 million project). AHC-MMS hired a consulting firm to carry out a 9-month program for increasing awareness of HIV/AIDS throughout the communities in the former mine townships, including (i) the provision of specific support to AHC-MMS employees and their families; (ii) assessment, data gathering and evaluation; (iii) development of HIV/AIDS prevention and mitigation strategy; (iv) support for the HIV/AIDS implementation strategy designed by AHC-MMS; and (v) implementation, coordination, monitoring and evaluation of the program.

Since August 2003, AHC-MMS has carried out various workshops and training programs in all its former mine township operational areas, including: HIV/AIDS Awareness, Home Based Care, Leadership and Partnership, Popular Theatre, Counseling, VCT, and Peer Education

Although originally designed for about 1,995 participants, a total of 9,284 people have gone through the various workshops and training program outlined above. Although the project funds have now run out, AHC-MMS is assisting the community in coordinating and putting together community proposals for submission to other HIV/AIDS programs in the country—including the Bank-supported ZANARA (Zambia National Response to HIV/AIDS) project.

Process
The HIV/AIDS directive from senior management was the catalyst for including the component in the project, therefore funding for it was not questioned. A placeholder amount was put in the project, and the details for what the component would include were developed through a small initial consultancy once implementation began. A consultancy was hired to implement the awareness program for AHC-MMS, and its employees and the program were expanded to the greater community based upon initial success. Within AHC-MMS a company policy and core unit was developed on HIV/AIDS and continues to function as a focal point for the communities it serves as a public asset holding company. Supervision for this component was carried out by the AFTU1 team, but it largely relied on the reporting from the consultant (who is a well respected HIV/AIDS expert).

Lessons learned
• Entities such as AHC-MMS need guidance in applying for MAP (ZANARA) funding; an initial proposal was turned down because AHC-MMS itself cannot access ZANARA funds, only communities in their own rights could. AHC-MMS decided to assist these communities to put in their applications. While this project has benefited from a good working relationship between the AFTU1 and MAP TTL for Zambia, there remains a need for synergy between activities ‘seeded’ with urban resources and the resources dedicated to HIV/AIDS (MAP).
• Impact assessments of HIV/AIDS on public utilities would be helpful for TTLs to be able to have a good rationale for inclusion of such a non-core component in an infrastructure project.
• This component has been an overall success, and the team would replicate such a component in similar projects. However, the team recognizes that there are some challenges that come with mainstreaming (HIV/AIDS being one example) that would benefit from closer analysis and debate. How can mainstreamed components be reconciled with simplification procedures? What resources are available (or could be leveraged) to ensure quality of preparation and supervision of mainstreamed components?
• The use of a placeholder during preparation freed the team from having to focus on the details of what the component would look like while being assured that there would be an opportunity to develop during project implementation.
LESSONS AND EXPERIENCES FROM MAINSTREAMING HIV/AIDS INTO URBAN/WATER (AFTU1 & 2) PROJECTS 23

Project Component 2 - US$0.20 million

HIV/AIDS component: US$200,000 — This component is designed to provide specific support to employees of AHC-MMS and their families and in general increase awareness of HIV/AIDS throughout the community. The MSTP is not anticipated to significantly increase the risk of HIV infection in the mining townships—it is not a typical infrastructure and mine project that draws workers away from their families and increases commercial sex work in the area. Including the HIV/AIDS component, the project supports the Government's multi-sectoral, multi-partner program for the prevention and mitigation of HIV/AIDS. It is not expected that this component will be "stand-alone" but will draw on and complement other existing programs.

Based on an assessment to determine attitudes about HIV/AIDS among workers and residents of the townships and data collected about the social and economic impacts, a strategy will be devised to increase awareness and effect behavioral changes resulting in prevention of HIV/AIDS throughout the community at large and to provide workplace interventions for workers and their families. The project will provide funds for assessment, data gathering, development of the strategy (all to be accomplished with broad stakeholder participation) and some initial steps in strategy implementation, likely to include information dissemination and workplace interventions. For example, the strategy may call for including a HIV/AIDS module in training programs for workers, and the project could fund development of the module or adaptation of existing modules to fit within the broader training program of the commercialized utilities. The following component activities will be undertaken:

1. Assessment, data gathering and evaluation, including a needs assessment of stakeholders to determine attitudes and behaviors and data gathering to social and economic impacts: Estimated time, three months; estimated cost, $20,000;
2. Strategy development—Develop HIV/AIDS prevention and mitigation strategy through a participatory process: Estimated time, three months; estimated cost, $20,000;
3. Support to implementation of strategy: It is anticipated that the strategy will call for the two types of activities:
   a. Workplace interventions (training of workers designed to help identify and change risky behaviors, referral for voluntary counseling and testing, distribution of condoms, providing health care for treatment of STI and care for infected workers and their families, with emphasis on maintaining confidentiality); and
   b. Information dissemination to customers (perhaps as bill stuffers, using AIDS awareness materials developed by NGOs): Estimated time, two years; estimated cost, $100,000;
4. AHC-MMS implementation, coordination, monitoring and evaluation—AHC-MMS will be responsible for implementing the project, including contracting with NGOs, CBOs or others to carry out the activities described above. Strategy implementation activities will be undertaken in Phase III of MTSP, when the private operator takes over operation of the Commercialized Utilities. AHC-MMS will assume a monitoring and evaluation role at that point, which may be carried out by a staff member or may be contracted out to an independent NGO, CBO or contractor. Estimated time, two man years over four years; estimated cost, $20,000.

Coordination with other HIV/AIDS prevention and mitigation activities.
It is anticipated that AHC-MMS will contract with NGOs or CBOs already active HIV/AIDS prevention and mitigation activities in the communities to accomplish the first two steps so that coordination of this component of the project with other HIV/AIDS activities in the community is designed in. In addition, this component will be closely coordinated with the Government's multi-sectoral, multi-partner programs. To the extent possible, informational and educational materials will be drawn from information already developed by NGOs (e.g., Soul City). During the implementation phase an advertising/PR firm may be hired to survey existing materials, to conduct focus groups to determine their effectiveness in MTSP townships, to adapt materials to fit local needs, if necessary, and to print and distribute materials.

Coordination with the private operator.
It will be necessary to make reference to the HIV/AIDS prevention and mitigation strategy in the management agreement between the private operator and AHC-MMS. The private operator would not be required to coordinate with them. Data gathered and analyzed in the early stages of the project should be presented to the private operator so that the benefits of coordination are clear. The private operator may, for example, adopt policies and procedures for referral to voluntary counseling and testing, treatment of STI and care for infected workers and their families, respecting the privacy of workers with regards to HIV/AIDS, and integrating prevention and mitigation modules into worker training.
ANNEX II: DISCUSSION QUESTIONS FOR INTERVIEWS WITH TTLs

Description
1. Describe the HIV/AIDS component or element in your project. How is it financed and is there any direct or indirect linkage to MAP?

Preparation
2. Where in the project cycle was this element identified as a priority?
3. Was this component/element asked for by the client, or recommended by the team?
4. Did you receive any assistance in the preparation of this component/element? (from MAP, HDN, consultants?)
5. What type, if any, of assistance would have been helpful?

Supervision
6. How would you rate the success of the HIV/AIDS element? How is it measured?
7. Have there been any challenges/opportunities that have come with including and supervising non-core activity in the project?
8. Do you receive any assistance in the supervision of this component/element? (from MAP, HDN, consultants?)
ANNEX III: MAINSTREAMING HIV/AIDS INTO URBAN/LOCAL GOVERNMENT PROJECTS: A GUIDANCE NOTE

Mainstreaming HIV/AIDS into the Urban lending portfolio is essential if we accept HIV/AIDS as a development—rather than purely a health—issue. This is a new subject area for many Task Team Leaders (TTLs), and this note is intended to provide some basic guidance on why, where, when and how to mainstream HIV/AIDS into Bank projects. Additional support and guidance is available to all TTLs who wish to learn more.

1. Determine the Local RISK

What is the national and urban prevalence of HIV/AIDS? (Presume that the urban prevalence is higher than the national prevalence):

a) If the urban prevalence is above 5%, this is a generalized epidemic—and not addressing HIV/AIDS poses a risk to all project objectives. \( \Rightarrow \) Must act.

b) If the urban prevalence is between 1-5%, this is a medium to high-risk situation—and addressing HIV/AIDS can have a valuable impact on preventing the onset of a generalized epidemic. \( \Rightarrow \) Highly recommended to act.

c) If the urban prevalence is below 1%, this may be considered a low risk situation—and identifying vulnerable groups and providing some information regarding HIV/AIDS into the project can support low prevalence. \( \Rightarrow \) Not essential but can be effective.

When asked to ’mainstream’ HIV/AIDS into our work, there are three inter-related issues to consider:

1. How will the HIV/AIDS epidemic impact the project objectives (short-, medium-, and long-term)?
2. Is there a possibility or likelihood that the project will increase HIV prevalence or impact negatively on activities designed to fight the epidemic?
3. Are there elements in the project that could (with marginal modification or support) contribute positively to the national and local responses to HIV/AIDS?

2. Identify the Most Appropriate APPROACH

Given the above considerations: \( \Rightarrow \) Does it make sense to do any or some of the following?

1. Prepare a separate HIV/AIDS project component.
2. Integrate responses to HIV/AIDS into planned project activities within other components (training, capacity building, municipal/district development planning, municipal development grants, research, construction, human resource management).
3. Conduct an awareness raising activity for the project team, including what resources and support are possible from HIV/AIDS projects.
4. Not address HIV/AIDS at this time, but create a place marker for HIV/AIDS component. Preparation can then be financed through project funds during implementation.
5. Not address HIV/AIDS at all.

**Things to think about:** Does it make sense to have a separate HIV/AIDS Project Component (1) or integrate HIV/AIDS into other components (2)?

- **Stand-Alone:** Small consultancies can be easy to design and supervise—especially when high-quality firms are employed. Requires minimal expertise from team.

- **Integration:** May require more consideration/expertise in design (i.e., designing training modules, developing survey questions, etc.) but in high-risk countries, it is likely to be more responsive to client priorities (i.e., most Ministry of Local Governments, and most CAS, have identified HIV/AIDS as a priority issue; most Local Government Authorities are mandated with some new HIV/AIDS responsibilities).
After selecting the best approach, you will need to **identify available resources**:

- **Knowledge resources**: examples, TORs from other projects (i.e., impact assessment, consultancy, etc.), Local Government AIDS Handbook, CD-ROM training tool, and partner and consultant database.
- **Project staff, consultants** (TUDUR advisory support).
- **Preparation funds** (trust fund allocations, PHRD).
- **MAP funds and programs** that may be financing complementary activities.
- **Grant money** on HIV/AIDS for all IDA countries (as per IDA 13).

**How much to include in your project?**

A percentage of the project? → e.g., 0.025%
A minimum amount? → e.g., $200,000

**What are the OPTIONS**

What types of interventions might an Urban project support?

- **IEC** (information, education and communication) component for local government, public works staff and/or communities.
- Complete **workplace interventions** for local government staff—from information, training, and treatment (e.g., Chad, Cameroon).
- **Analytical work** (e.g., Environmental Impact Assessment, PHRD Impact Assessment (e.g., Nigeria, Senegal)).
- **Capacity building for LGAs** (e.g., Benin, Uganda, Mozambique).
- Budgeting and planning (i.e., raising HIV/AIDS during PRAs, etc.); training modules on HIV/AIDS integrated into LGA capacity building programs; workplace policy to address implicit (staff time for funerals) and explicit (absenteeism) impact on local government functioning; monitoring and evaluation; and project management.
- **Infrastructure sub-projects**: include a menu option relating to HIV/AIDS (i.e., AIDS orphanage, Voluntary Counselling & Testing center (e.g., Congo)).
- Design of project **M&E** to include HIV/AIDS-related indicators.

**How to OPERATIONALIZE**

**Awareness raising, sensitization and training of trainers (on HIV/AIDS and relevant interventions)**

- WB Urban project teams, project management units (for projects—AGETIPE, PCUs, PIUs), training institutes and consultants.

**Coordinating internal linkages**

- Linking Urban projects with MAP (and/or health) projects
- Linking with IFC and private sector initiatives (when working with large municipal service providers: power, water, etc., and/or private contractors, etc.).

**Creating an enabling environment**. Project teams wanting to address HIV/AIDS may require:

- Management (Sector Board) support in project reviews. Safe space reviews.
- Supervision/preparation support—either in terms of budget or in terms of committed (and paid for) advisory support.¹
- IDA funds to cover HIV/AIDS activities (could increase portfolio without increasing lending).

For more information, contact Kate Kuper (AFTU1), Sylvie Debomy (AFTU2), or Nina Schuler (TUDUR).

¹ Urban HIV/AIDS Trust Fund (a proposed idea, not yet a reality)—i.e., committed funds that would allow TTLs to have access to variable budget to address HIV/AIDS during project preparation and implementation.
ENDNOTES


2 Largely through the UNAIDS Unified Budget and Workplan (UBW).

3 More on this can be found in the introduction to the publication: Local Government Responses to HIV/AIDS: A Handbook, which can be located on the website: http://www.worldbank.org/urban/hivaids/

4 In Nairobi, a municipal official estimated that up to 5 staff members were dying each week- it is expected that many of these deaths may be attributed to HIV/AIDS.

5 A Draft Guidance Note for Task Managers on Mainstreaming HIV/AIDS into Urban projects has been developed.

6 Swaziland, Uganda, Kenya, Tanzania, Eritrea, Zambia, Malawi, Mozambique, South Africa.

7 Initially, a desk review of projects was conducted- but it was found that many of the HIV/AIDS activities were often included at Mid Term or were for some other reason not explicitly mentioned in the PAD. In addition, much of the available documentation for AFTU2 was in French, and therefore not easily shared within the Bank. Questionnaire for interviews available in Annex 1.

8 These can be accessed by contacting Nina Schuler (TUDUR), nschuler@worldbank.org, Kate Kuper (for AFTU1) kkuper@worldbank.org, or Sylvie Debomy (for AFTU2) sdebomy@worldbankorg.

9 This has been widely practiced in Transport projects, where all public works contracts must include a small amount for HIV/AIDS prevention/education/condom distribution to employees and affected communities.

10 For more information on this- visit the web: http://www.worldbank.org/urban/hivaids/ or contact UrbanAIDS@worldbank.org. Internally, more information can be found through Iris 4 in the folder: P091751 - Urban Health & HIV/AIDS_TUDUR.

11 AMICAALL (http://www.amicaall.org/) has chapters in Burkina Faso, Central African Republic, Cote D’Ivoire, Kenya, Malawi, Mali, Namibia, South Africa, Swaziland, Tanzania, Uganda, and Zambia. AMICAALL has also received an IDF grant from the World Bank. For more information on AMICAALL please contact Didem Ayvalikli (dayvalikli@worldbank.org).

12 Over 30 staff from AFTU1, AFTU2, ACTAfrica, WBI, and TUDUR attended a learning event (March 8, 2005) to share the case studies and discuss experiences and impediments to mainstreaming HIV/AIDS into Urban/Water projects.

13 From within Infrastructure there are examples such as the Carbon Fund, Road Safety, and Sanitation/Hygiene where mainstreaming initiatives have been coupled with resources and expertise. In HIV/AIDS, the Education sector relies on Trust Fund support to provide HQ and field staff to support integration of HIV/AIDS into Education projects.

14 ONU/AMICAAL has been program supported HIV/AIDS actions in Benin informing the mayors and local governments on: the creation of a National Mayor Alliance for HIV/AIDS in Benin, the collaboration with the Mayor Alliance of Africa for HIV/AIDS, and the implementation of a national AMICAAL program in Benin.
This was also mentioned with regards to the Internal Review Process for projects- where TTLs are able to share approaches and lessons learned with regards to their HIV/AIDS components.

In November 1999, the Mayors of Côte d’Ivoire, members of AMICAALL, created a national coordination.

Côte d’Ivoire is one of the West African regions most affected by the HIV epidemic. In 2002, it was estimated that one in 10 teenagers and adults between 15 and 49 years old was HIV positive, while approximately 420,000 children were HIV orphans. The prevalence rate of infection was estimated at between 12.8% and 15.1% in urban areas; and between 6.7 and 8.4% in rural areas. This translates to a rate of between 9.5% and 12.7% at the national level.

RSA pays under an international treaty but the project is in Lesotho; “an enclave project in Lesotho serviced by RSA.” The Treaty requires that no-one affected by the project should be worse off as a result of the project.

This occurred during the MTR, when there was increasing demand from IDA to ensure that all projects were mainstreaming HIV/AIDS.