

HIV/AIDS Assessment in Sub-Saharan Africa
Transport Projects

Africa Technical Transport (AFTTR)

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List of Acronyms

AIDS	Acquired Immune Deficiency Syndrome
ALCO	Abidjan-Lagos Organization
AFTTR	Africa Technical Transport Sector
ARV	Antiretroviral
ART	Antiretroviral Therapy
CBO	Community Based Organization
CIDA	Canadian International Development Agency
DFID	UK Department for International Development
EMB	Environmental Monitoring Branch
GFATM	Global Fund for HIV/AIDS, TB and Malaria
HIV	Human Immunodeficiency Virus
HIPC	Highly Indebted Participating Countries
IDA	International Development Association
IDPC	Internally Displaced People's Camp
ILO	International Labor Organization
KIIQ	Key Informant Interview Questionnaire
MAP	Multi-Country HIV/AIDS Program for Africa
MDG	Millennium Development Goal
M&E	Monitoring and Evaluation
MOT	Ministry of Transport
NGO	Non Governmental Organization
NSF	National Strategic Framework
PAP	People Affected Populations
PEPFAR	President's Emergency Plan for AIDS Relief
PLHA	Persons Living with HIV and AIDS
RSDSP	Ethiopian Road Sector Development Project
RAFU	Road Agency Formation Unit
SIDA	Swedish International Development Cooperation Agency
STI	Sexually Transmitted Infections
TTL	Task Team Leader
TOR	Terms of Reference
SADC	Southern African Development Community
UNAIDS	Joint United Nations Program on HIV/AIDS
USAID	United States Agency for International Development
VCT	Voluntary Counseling and Testing
WB	World Bank

Executive Summary

The HIV/AIDS pandemic burdens Sub-Saharan Africa (SSA) and continues to constrain its social and economic advancement. UNAIDS estimated that in Southern Africa alone 930,000 adults and children died of AIDS, in 2005. This represents about one-third of AIDS deaths recorded globally that year. In addition, about 12 million children below the age of 17 in SSA are estimated to have lost one or both parents to AIDS.

Transport workers, migrant workers, and local populations in border communities and migrant populations in general are especially vulnerable to HIV/AIDS.

The Transport Sector in the World Bank is implementing a multisectoral approach to combating AIDS. In particular, through its projects the Africa Region Transport (AFTTR) unit is piloting key initiatives aimed at complementing national HIV/AIDS prevention and control programs, which are usually managed outside the transport sector. One of the main objectives is to ensure that the sustainability of AFTTR roads projects is protected.

AFTTR, started incorporating HIV/AIDS activities into its projects from 2000, and initiated this assessment to review the process, results, and challenges of mainstreaming HIV/AIDS prevention activities in the sector. This is not an impact study, but rather an attempt to determine the extent to which the mainstreaming effort reached targeted populations, the lessons learned, and the outlook for the future, using a more flexible methodology.

Major milestones were achieved through HIV/AIDS activities initiated by AFTTR, including integration of HIV/AIDS prevention activities in ongoing projects through the retrofitting exercise; incorporation of HIV/AIDS clauses in bidding and contract documents, and enforcement of HIV/AIDS policy in workplace environment. The sector's spearhead operation has been the Abidjan-Lagos Transport Corridor HIV Project (ALCO). Bank's early support to the Transport sector enabled key donors to come forward and finance HIV initiatives in the sector. ALCO was recognized as an international agency, now able to receive funds from other donors. It not only provided a sub-regional platform for HIV care and prevention interventions, but also provided a platform for the five member countries to address other epidemics in the sub-region.

The three major lessons learned are: a) the need to dialog with the HIV/AIDS teams in the client countries to accelerate the process of endorsing, disseminating, and operationalizing the policies; b) establishing simple and clear M&E procedures within the national strategic framework; and c) developing evidence-based programs which will help for a better understand of the impact of HIV/AIDS on the transport sector. Variations of the countries experiences could be consulted on the Web link in the references list.

Continuing to fund HIV/AIDS prevention activities that target the transport sector will remain critical until Ministries of Transport are capable of fully mainstreaming HIV/AIDS prevention activities into their operations.

Introduction

The Transport Sector in the World Bank is implementing a multisectoral approach to combating AIDS. In particular, the Africa Region Transport unit (AFTTR) is piloting key initiatives aimed at complimenting national AIDS prevention programs. In addition to the overarching goal of mainstreaming HIV/AIDS prevention activities into the transport sector, AFTTR aims to: a) prevent transport sector personnel, clientele and communities from becoming infected with HIV; b) provide care and support for those transport personnel and family members already infected with HIV; c) mitigate the adverse social and economic impact HIV/AIDS has on the sector. ¹ AFTTR addresses these objectives by:

a) tapping into the funding support provided by the World Bank Multi-country HIV/AIDS Program for Africa (MAP); b) working with transport ministries in countries to retrofit transport projects, introducing HIV/AIDS into project's contracts, initiating corridor projects that focus on transport workers and communities; and c) lobbying for funds from the Poverty Reduction Strategy Papers (PRSP) and Highly Indebted Participating Countries (HIPC) initiatives. But MAP remains the major funding source fuelling the response in the transport sector.

Launched in 2000, MAP is one of the major sources of financial support for the multi-sector response against HIV/AIDS in African countries. MAP support is available to countries eligible for IDA funding.² Some key prerequisites for IDA funding are evidence of strategic approach to HIV/AIDS, existence of a coordinating body with multisectoral representation, government willingness to use multiple implementation agencies including NGOs and CBOs and a willingness to channel funds to civil society and private sectors..³

AFTTR started incorporating HIV/AIDS activities into its projects in 2000 and initiated this assessment to review its HIV/AIDS activities and the process, results and challenges of mainstreaming HIV/AIDS prevention activities in the transport sector. According to the UNAIDS, mainstreaming HIV/AIDS prevention is a process that enables the development community to address the causes and effects of HIV/AIDS in an effective and sustained manner, both through their usual work and within their workplaces.⁴ Mainstreaming thus occurs both in the internal and external domains with the former referring to the internal workplace while the latter refers to the wider sector that includes “the transport services’ clientele (passengers) and the variety of persons in transport occupation or communities.”⁵

¹ AIDS and Transport in Africa, A framework for meeting the challenge, July 2003, p 2

² Oomman, Nandini “An Overview of the World Bank’s response to the HIV/AIDS epidemic in Africa, with focus on the Multi-Country HIV/AIDS Program

³ Ibid

⁴ UNAIDS, “Support to mainstreaming AIDS in development”

⁵ AIDS and Transport in Africa, a Framework for meeting the challenge, July 2003, p 9&10

Attempts have been made to differentiate between mainstreaming and integration. While mainstreaming in HIV/AIDS is about adapting core business to cope with the reality of HIV and AIDS. Integration on the other hand is limited and is seen as the introduction of HIV/AIDS into a project without necessarily affecting or interfering with the core business of the institution involved. Activities implemented through integration in an HIV/AIDS project are thus seen as add-on.⁶

Following the lessons learned during the process of operationalizing the concept of mainstreaming in the context of development, there is growing consensus of what mainstreaming is, what mainstreaming is not, and the essential guiding principles of mainstreaming as reflected in the table below. The World Bank, UNDP, UNAIDS, and the Swiss Agency for Development and Cooperation are some of the institutions that have been involved in shaping this consensus.

What Mainstreaming Is:	What Mainstreaming is Not:	Essential Principles of Mainstreaming:
<p>All sectors, including the transport sector determine:</p> <ul style="list-style-type: none"> ▪ how HIV is spread in the sector ▪ how the epidemic is likely to affect their sector’s goals, objectives and programs; ▪ where their sector has a comparative advantage to respond to and limit the spread of HIV and mitigate the impact of the epidemic. 	<p>Mainstreaming is not about:</p> <ul style="list-style-type: none"> ▪ pushing HIV/AIDS into programs where it is not relevant ▪ changing core functions and responsibilities in order to turn all cooperation activities into HIV/AIDS programs ▪ simply introducing HIV/AIDS awareness raising in all our activities ▪ that we all have to become AIDS specialists ▪ business as usual⁷ 	<ul style="list-style-type: none"> ▪ Identify a focal person or entry point ▪ Work within existing institutional structures – consistent with the Three Ones⁸ ▪ Focus on advocacy, continuous education and capacity building. Mainstreaming cannot be expected to develop on its own ▪ Focus on the domestic domain as well as the external domain ▪ Identify strategic partnerships ▪ Maintain exceptional action to ensure that HIV and AIDS responses remain relevant and effective as the epidemic evolves⁹

When mainstreaming HIV/AIDS prevention activities is the target in a project, the organization involved is likely to refocus its work, infusing HIV/AIDS into every part of its management cycle. It will clarify how HIV affects its work, develop and implement policies that protect staff from infection and support those who are living with HIV and AIDS. In its planning for example, the organization

⁶ UNAIDS, 2002 “Mainstreaming HIV/AIDS: A Conceptual Framework and Implementing Principles”, p 5.

⁷ Swiss Agency for development and cooperation, “Mainstreaming HIV/AIDS in Practice”.

⁸ Three Ones principles launched in Washington on 25 April 2004, by UNAIDS are: One agreed HIV/AIDS action framework that provides the basis for coordinating the work of all partners. One national AIDS coordinating authority, with a broad based multi-sector mandate. One agreed AIDS country-level monitoring and evaluation system.

⁹ Ibid

prioritizes HIV/AIDS, taking into account likely disruption from an increase in morbidity and mortality. It will ensure that those infected and affected are taken care of, and at the sectoral level, it will contribute towards ensuring that “sector activities do not increase the vulnerability of the community it serves, or undermine their options for coping with the affects of the pandemic”¹⁰

The HIV/AIDS projects supported by AFTTR have been implemented in client countries at multiple levels in the internal and external domains. Typically, this involves different institutions: host ministry, parastatal or government agency; contractor companies, implementing Non Governmental Organizations (NGOs) and other partners.

The HIV/AIDS prevention activities implemented through the AFTTR, and the mainstreaming process are being assessed. The outcome of this assessment is expected to contribute to decisions that will shape the future of the HIV/AIDS prevention initiative in the transport sector.

¹⁰ H. Elsey et al, 2005, “Mainstreaming HIV/AIDS in development sectors: Have we learnt the lessons from gender mainstreaming?”

Programming Context

HIV/AIDS overburdens sub-Saharan Africa and continues to constrain its social and economic advancement. According to UNAIDS, 64 percent of those living with HIV reside in sub-Saharan Africa while 72 percent of those in need of antiretroviral therapy live in the same region. By 2005, about 3.2 million in the region became newly infected while three quarters (13.2 million) out of a total of 17.3 million women worldwide living with HIV are found in the same region. UNAIDS estimated that 930,000 adults and children died of AIDS in Southern Africa alone in 2005. This represents about one-third of AIDS deaths recorded globally that year. In addition, about 12 million children below age 17 in sub-Saharan Africa are also estimated to have lost one or both parents to AIDS.

Transport workers, migrant workers, local populations in the border communities and transport routes are especially vulnerable to HIV/AIDS. Every year about 300,000 persons infected with HIV travel along the Abidjan-Lagos transport corridor alone.¹¹ Itinerant transport workers who pass through the borders and transport routes often have multiple sexual partners and are generally known to be clients of female sex workers. Because they maintain concurrent sexual relationships, the truck drivers, sex workers, and men in the communities along major transportation routes remain bridge populations for the spread of the epidemic.

Support from other Development Partners

Several development partners, especially bilateral donors through such institutions as the United States Agency for International Development (USAID), Department for International Development (DFID), Canadian International Development Agency (CIDA), and the Swedish International Development Cooperation Agency (SIDA), target high risk groups like truck drivers and sex workers in their HIV prevention interventions. Donor support was often channeled directly to the private sector especially non governmental organizations, whose capacities were built to intervene with the truck drivers and sex workers. While capacities grew in the private sector, the public sector, represented by the ministries of transport, lagged behind in the response. Two critical areas: a) engagement of communities in border areas and trucking routes and b) integration of donor-led HIV/AIDS prevention activities within national transport sector programs - were often left out by the development partners.

The Era of Treatment

Following the injection of new funds into the HIV/AIDS program in Africa, especially through MAP, the US President's Emergency fund on AIDS Relief (PEPFAR), the Global Fund for HIV/AIDS, TB and malaria (GFATM) and private foundations, treatment, including the provision of ARVs, started becoming available. This development has afforded the Transport Sector in client countries the op-

¹¹ Lessons learned to date from HIV/AIDS transport corridor projects, June 2005, p 11.

portunity to refer project beneficiaries for ART services. Only Burkina Faso has used credit funds to directly procure and provide ARVs to project beneficiaries.

The Transport Sector’s Response

The AFTTR has three priority aims for HIV/AIDS prevention and care: a) prevent transport sector personnel, clientele and communities from becoming infected with HIV; b) provide care and support for those transport personnel and family members already infected with HIV; c) mitigate the adverse social and economic impact HIV/AIDS has on the sector, and the adverse impact the sector has on the epidemic.¹²

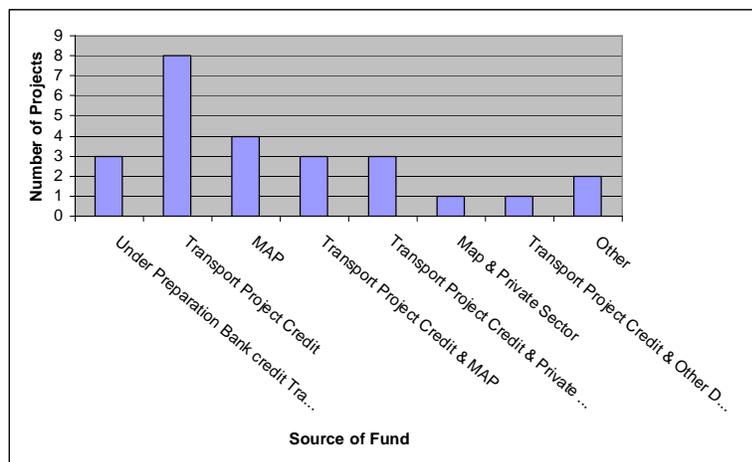
In sub-Saharan Africa, investments in HIV/AIDS in the transport sector have been most prominent in the roads sub-sector. AFTTR has supported a variety of projects in the roads sub-sector including the Abidjan-Lagos transport corridor project, the Road Sector Development project in Ethiopia, the Zambia public-private partnership, and road contract projects in Kenya, Burkina Faso, Senegal, Nigeria, Niger, Tanzania, Malawi, Uganda, Mozambique, Cape Verde, and DR Congo. The World Bank’s (WB) transport sector portfolio has 39 projects, of which 25 are mainstreamed including 1 stand alone project: Abidjan-Lagos Transport Corridor Project.

The major thrust of the HIV/AIDS initiative in the transport sector is mainstreaming; and in the road sub sector where AFTTR’s operations are most prominent, the mainstreaming objectives are two-fold:

- To prevent road construction project from being vehicles of HIV infections, and
- To help client countries better define their HIV/AIDS prevention strategies in the transport sector

Basically, client countries used the project credit, MAP funds, or combined both to retrofit and mainstream. In the absence of MAP funds, some countries have had to rely on funding support from donors and/or leveraged funds from the private sector to support the work as indicated in figure 1.

Figure 1: Funding Scenarios in AFTTR HIV/AIDS Portfolio



¹² The World Bank, Africa Technical Transport Sector “AIDS and Transport in Africa, A Framework for Meeting the Challenge” p 2.

The Assessment Process

The assessment had three principal objectives: a) to evaluate the mainstreaming program in the transport sector b) prepare an instrument that could serve as a learning tool or accountability tool and c) determine how well the transport projects contribute to the national strategy of each client country. This is not an impact study, but rather an attempt to determine the extent to which the mainstreaming effort had gone, the lessons learned, and the outlook for the future, using a less-rigorous methodology. An impact evaluation of the HIV/AIDS program in the Bank's transport sector should be undertaken in future.

Methodology

The assessment was undertaken through a desk review of literature, including project activity reports, analysis of project reports, feedback from HIV/AIDS focal persons in the transport sector of selected client countries using a key informant interview questionnaire (KIIQ). The KIIQ was sent to 22 focal persons, and 13 (59percent) responded with written responses. Questions were asked in the following thematic areas: Mainstreaming, HIV/AIDS prevention, care, support and treatment; coordination and capacity building; management; monitoring and evaluation; quality assurance of data and sustainability. The instrument was designed and used to gain an insight into the program, rather than generate quantitative data. Follow-up interviews were either conducted or emails sent to seek clarification, obtain more information or to strengthen existing information. Additional information was gleaned through phone calls with Task Team Leaders (TTLs). On the other hand, the desk review included a wide range of documents that varied in length and areas covered. They include activity reports, project review reports, quarterly project implementation report, power point presentation, and briefing notes. In all, 54 documents were reviewed.

Limitations

Project reports from countries were not up to date and most of the reports found contained very little information about the project activities. Also, inconsistency in data collection in the client countries and the inability of majority of key informants to answer some of the questions in the questionnaire made it impossible to undertake any form of comparative analysis or determine any trend. For example, information about actual funding for HIV/AIDS activities could not be obtained. The HIV/AIDS prevention activities are disbursed under the social component hence, making it challenging to track. In spite of these limitations, the findings in this report provide valuable insights into the HIV/AIDS initiative in the transport sector.

Findings

Findings from the different methods were analyzed and collated to address the key questions that the assessment sought to answer, namely a) to what extent was mainstreaming achieved? b) How does the transport sector contribute to the national strategic framework in client countries c) how are results tracked? We give a summary of these findings and highlight some of AFTTR's accomplishments in the boxes below.

To What Extent was Mainstreaming Achieved?

Mainstreaming has been achieved in twenty five (25) out of the thirty nine (39) projects in the AFTTR portfolio, with partner institutions in the ministries of transport of client countries making HIV/AIDS feature in their operational schedule. This represents 61percent success for projects under supervision and 67percent when projects under lending are approved (See Figure 2). All the projects have focal persons, and those estimated to cost \$10 m have contract clauses. Interventions are being implemented at the organizational level and at the external level, and the host ministry in client countries have, through the transport sector projects been empowered to take the leadership role in developing policies to guide sector-wide response. Through the process of “learning by doing” each project overcomes mainstreaming challenges.

Box 1: Awareness campaign on road construction site in Uganda

Pakwach-Olwiyo road construction project, a project funded by the World Bank through the Road Agency Formation Unit (RAFU). This road construction project goes through communities, in this case, referred to as Project Affected Populations (PAP) among which are 7 IDPC internally Displaced People Camps. During the awareness campaigns, the facilitator emphasized that knowledge is power. When one acquires adequate knowledge on HIV/AIDS, he/she will know the right thing to do when HIV/AIDS strikes. Seeking help is paramount. In this way, one is able to keep HIV in check and therefore stop its progress to the AIDS stage. The facilitator explained the benefits of VCT and encouraged all participants that had not tested to seek VCT services. He emphasized that knowing ones status early enough is very important. The HIV/AIDS campaign program will be evolving even through the liabilities period after project completion.

Figure 2 a. Illustration of mainstreaming achieved

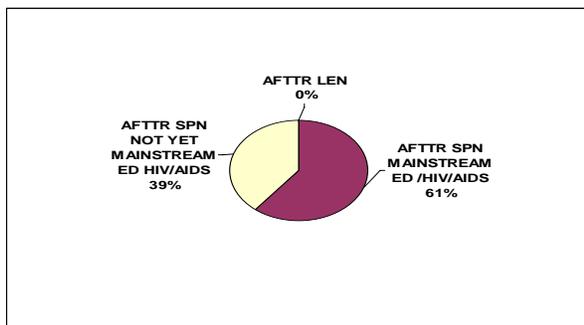
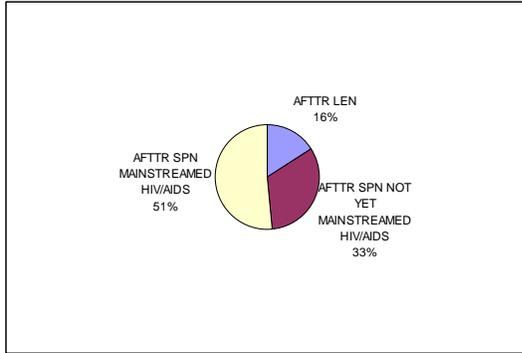


Figure 2 b. Illustration of mainstreaming achieved

If the twelve (12) projects under preparation are approved at the end of this fiscal year FY07, then the scenario will be as follow:



Box 2: ERA Commitment to fight the disease

The GTZ together with the ERA introduced one condom dispenser at the ERA headquarters in Addis Ababa and some offices of the ERA districts. A comprehensive HIV/AIDS prevention and control strategy, including policy, IEC, condom distribution at workplaces, VCT and treatment was developed and successfully implemented by the World Bank and the ERA. As result, the program received wider recognition and was later adopted by the Ethiopian Parliament as its workplace strategy.

The degree of mainstreaming differs from country to country. While a country like Kenya is at the early stage of the mainstreaming exercise, Ethiopia is at an advanced stage, having succeeded in getting management and staff to own the process (See Box 2). In all the projects, the starting point for of HIV/AIDS prevention and treatment was the incorporation of HIV/AIDS clauses in bidding documents, requesting contractors in the road infrastructure projects to provide HIV/AIDS prevention and control services to their workers. Two factors may have contributed to the lack of mainstreaming HIV/AIDS prevention and control in the AFTTR portfolio: a) lack of funding support from the MAP, and b) TTLs are yet to request for Mainstreaming HIV/AIDS prevention and control in their projects.

Mozambique and Ethiopia were the first ones to be innovative and included HIV/AIDS in their road contracts. Ethiopia was on the fore front of addressing the disease; it developed and finalized the workplace policies which served as a road map for Malawi, Zambia, Kenya, Lesotho, and Uganda. Malawi and Zambia are now implementing their workplace policies.

The process of Mainstreaming

The process of mainstreaming in the AFTTR projects involved the following steps:

- Inclusion of HIV/AIDS clauses in works contracts
- Identification of focal persons
- Development of an action plan with the involvement of stakeholders
- Hiring consultants or NGOs to implement HIV prevention activities targeting workers deployed on site, and communities around the project sites, including truck and bus drivers and their passengers
- Bank team assist client nations to ask for MAP funding
- Bank team works with client to prepare concept paper
- Bank team prompt sector strategy development

Box 3: Building Public-Private Partnership

Partnership and coordination are perhaps the strongest points of the Zambia program. Through the Ministry of Transport and Communication, the WB's assistance to the sector has helped to build strong public-private partnership that is driving the response in the sector. The Tanzania-Zambia Railway (TARAZA), the National Drivers Association of Zambia (NDAZ), Truck Drivers Association of Zambia (TDAZ), National Council for Construction, Road Development Agency, and Zambia Railways are institutions partnering in the response to HIV/AIDS in the road sub sector in Zambia. Workplace policies have been developed, and peer educators trained in all the institutions to facilitate HIV-risk reduction education, and promote referral to treatment and care services including VCT services. The partners use their comparative advantage to intensify local campaign against HIV/AIDS. For example, the NDAZ conducts sensitization sessions in bus stops, reaching their members and passengers. TARAZA on its part distributed condoms and conducted outreach to the workers and communities around the rail line, while the TDAZ reached out to the truck drivers. As the Zambia initiative matured, the government of Zambia, the Global Fund, and the HIPC have provided additional funds. Project activities are not duplicated, and quarterly reports submitted by HIV/AIDS Coordinator specify activities supported by each funds provider.

Linkage with the National Strategic Framework

All responses received from focal persons within the ministries claimed that the project HIV/AIDS activities were in line with the expectations in the national strategic framework. In addition, through the mainstreamed projects, AFTTR is helping to activate the response in the transport sector of client countries by starting the process that empowered ministries of transport to coordinate the development of sector policies and strategies. Upon the prompting of the Bank team, stakeholders in the sector, especially the Anglophone countries, have developed sector level policies and strategies that draw from, and compliment the national strategic framework. The draft policies further clarify the priorities in the transport sector. These sector policies and strategies now offer opportunity for long term sectoral response to HIV/AIDS.

Contributing to the uptake of HIV voluntary counseling and testing

In the Zambia project for example, 43 percent members of the target population took the HIV test 2005, surpassing the national level, 37 percent. Increased knowledge of their HIV status is a major step in empowering project beneficiaries to further prevent HIV infection or enroll in treatment at some point.

Major Shortcomings

Lack of Baseline Information

In Senegal, a baseline study was conducted in order to provide a national transport action plan to the National Program. In a meantime, intermediary's activities took place such as pilot program design to improve the knowledge and competence of workers of the Port Authority, the national railways company and the regional public transportation of Dakar. As a result of the program, other companies started implementing prevention programs and now, all transport sub-sectors have been reached. An important accomplishment of NGO interventions in informal transport includes changes in attitudes and perceptions toward HIV testing and toward infected people. Nevertheless, in all cases, there was lack of baseline information or start-up assessment to inform project design and respond more accurately to the needs of the beneficiary population. In some of the client

Box 4: Promoting A Work Place Policy

The Bank financed a workshop for participants from five countries to prepare the HIV/AIDS prevention policies for their workplaces. Although the road sub-sector is the predominant mode of transport for the majority of Africans; the other sub-sectors should not be neglected. The road sub-sector, however, took the lead in getting the other transport sub-sectors (railways, marine and air) on board the HIV/AIDS prevention effort. Today, Zambia and Malawi, are implementing their policies, and had mainstreamed HIV/AIDS prevention activities into the Human Resource Management Departments.

countries such as Ethiopia and Zambia where baseline studies were commissioned at some point, delays in the completion of assessment reports by consultants denied the projects the benefit of allowing the findings to appropriately guide implementation. Sometimes the reports arrived almost after the completion of the first phase of the project. In countries where situational assessment or baseline was not done, lack of funds was mostly responsible for not undertaking the activity.

No standardized Monitoring and Evaluation (M&E) procedures

M&E procedures were not developed prior to project implementation. The projects were constrained by inconsistent reporting perhaps due to lack of clear reporting requirements and guidelines on reporting. Guidelines and indicators for mainstreaming are not clear, and there is no specific budget allocated for monitoring and evaluation at the project site level. Also, most of the key informants did not know about the national monitoring and evaluation framework, hence could not tell if the indicators reported on the project were in alignment with the national M&E framework. See appendix A for detailed table showing challenges and limitations.

Lessons Learned and Recommendations

Facilitate adoption of policies

Draft HIV/AIDS policies have been developed in most of the client countries. These policies provide framework for guiding HIV/AIDS programs in the transport sector. The Bank needs to dialogue with the HIV/AIDS teams in the client countries to accelerate the process of endorsing, disseminating and operationalizing the policies. Francophone countries should take a stand and adhere to these policies as well.

Continue funding support for HIV/AIDS Programs

Until the ministries of transport are able to fully mainstream HIV/AIDS into their operations, the continued funding of HIV/AIDS activities in the transport sector is critical in maintaining the gains already made. The drive towards keeping more people on the job, properly aligning the HIV/AIDS prevention activities in the transport sector with the national HIV/AIDS program under the “Three Ones”, and improving the economy of the transport sector through prevention of HIV infection or access to treatment will be compromised should the bank funding cease abruptly. Also, the sector needs to continue with mainstreamed initiatives such as the inclusion of HIV/AIDS in contracts, and adequately budgeting for project activities tied to these contracts.

Establish simple and clear M&E procedures

AFTTR should work with client countries to develop simple and clear monitoring and evaluation procedures. The WB should treat capacity development in M&E as a priority by hiring consultants to help establish simple M&E procedures that the HIV/AIDS team in the client countries can use. This will include working with the HIV/AIDS teams and the implementing NGOs to clarify the M&E procedures, co-develop simple reporting forms to capture relevant indicators (see illustrative indicators in Appendix B), agree on the time-frame for routine data collection, identify the data collection sources, and further clarify the data flow system. Client countries do not fully contribute to the current data flow system depicted in Appendix C.

Encourage projects to use the AFTTR Framework as a guide

The AFTTR framework for meeting the HIV/AIDS challenges is an important tool that projects need to use to guide their work in the field. This framework should be expanded to include simple “how to” tools like reporting forms, referral forms and checklists that can be adapted and used locally for quality assurance. Because of the limited time devoted to the project by focal persons, consultants and NGOs should be tasked with both implementation and quality assurance.

Develop evidence-based programs

A better understanding of the impact of AIDS on the transport sector, levels of risks and vulnerabilities of the mobile populations in the sector, and behaviors that predispose people in the transport sector in the client countries is needed. Sexual transmission is understood to be the major mode of HIV transmission, but what are the determinants of HIV sexual transmission in the transport sector?

Proper segmentation of the beneficiary populations and an analysis of the environmental, behavioral and biomedical determinants are required to ensure that the response is tailored to the particular needs of the populations being served. Also, it is important to ensure that this analysis is done with the national strategic framework as a frame of reference.

Move away from awareness creation to behavior change

Where there is evidence that awareness is high, projects should focus more on behavior change instead of committing huge resources to awareness creation. In Uganda, Ethiopia, Senegal, Tanzania, and Zambia where baseline studies or situation assessments were done, HIV awareness was extremely high, above 80 percent; yet a significant part of the interventions focused on awareness programs for the workers. Also, as the projects expand into care and support, those with peer educators may have to retrain them to acquire fresh skills in these areas.

Build linkages with other stakeholders in HIV/AIDS care and support

Projects should build or strengthen collaboration with stakeholders in care and treatment. This will facilitate referral linkages. Areas of possible collaboration include formation of post test clubs, linking up with existing PLHA groups for psychosocial support, and formally linking with STI, VCT and ART facilities and service providers. There is also the need to build synergy with other development partners in order to maximize resources meant to serve beneficiary populations.

Institutionalize management of HIV/AIDS and integrate focal persons in national AIDS Councils

Client countries that located management of HIV/AIDS within an existing structure had better support of management. They implemented the program with a team of workers, thus avoiding the situation where one person is overburdened by the management of the program. When the positions responsible for HIV/AIDS are integrated within a structure and mainstreaming is clearly included in the scope of work of the personnel, the duties stand the chance of getting into the department's budget in future.

Also, the AFTTR should encourage focal persons in client countries to work partner at the client country level to work with the National AIDS council or body responsible for coordinating the multisectoral response to determine the role of the transport sector HIV/AIDS team in its structure. This should be part of the process of integrating the team's work into the multisectoral response. If this is not done, the sectoral teams and the national coordinating teams may not see themselves as pursuing a common goal. The national council should not just see the sector team as data collection center, but as an integral part of the multisectoral response.

Establish two regional hubs for capacity strengthening

To facilitate capacity strengthening of client countries, AFTTR should consider establishing two regional hubs (one for Francophone countries and the other for Anglophone countries—Lusophone countries will link with either one) that will serve as centers of excellence to support the HIV/AIDS program. A short assessment could be done to determine the two countries best positioned to host the centers of excellence. Once operational, the hubs become a platform for facilitating south-south exchange and networking, conduct capacity assessment to meet the training needs of a variety of groups

in the geographically contiguous client countries. For example, capacity building of NGOs needs to be identified and directed to the National Program's training design and budget. A capacity strengthening hub can be used through workshops to enhance the operational capacities of the NGOs engaged to implement HIV/AIDS interventions targeting men and women in the transport sector in client countries.

Also, the hubs should be responsible for facilitating regular information exchange among focal persons, study tours or teams from different countries. Exchange visits and the development of a computer-based list service are recommended.

The hubs should also coordinate the evaluation of the WB's HIV/AIDS program in the transport sector. The bank should consider establishing country implemented trust fund to support this idea. With the centers of excellence in place, the management of the HIV/AIDS program will, over time, shift to the field while WB staff will only need to provide oversight technical assistance.

Conclusions

The HIV/AIDS initiative in the transport sector, buoyed by additional MAP funding, is a pivotal effort that has been instrumental in kick-starting the process of mainstreaming of HIV/AIDS into the transport sector in client countries. It has helped ministries of transport in many countries to play central roles in the development of sector policies and strategies. These policies and strategies provide a basis for the ministries of transport to mainstream HIV/AIDS within the national transport programs over the long term. The development of policies and strategies and direct implementation of HIV/AIDS prevention and care activities in the infrastructure development worksites compliment the national AIDS program.

The core objectives of AFTTR's HIV/AIDS program are relevant in helping transport sector personnel remain healthy and contributing to projects sustainability. By refining and intensifying the implementation of HIV/AIDS project activities in the transport sector in line with these core objectives, the bank will be helping to keep workers on the job, thus contributing to one of the eight millennium development goals of reducing poverty through fighting HIV/AIDS and other contagious diseases. AFTTR needs to continue with its current program, strengthening the prevention component and expanding into care and support to meet the growing needs of the population being served. This expansion will require a doubling of resources.

Improvements are required in the following areas – project management, selection of an appropriate mix of interventions, performance evaluation, and linkages with other service providers. Information exchange and dissemination of best practices should be a priority in the next phase of the project.

The Way Forward

Short Term

- Renew project funding and dialogue with HIV/AIDS teams in the client countries to accelerate the process of endorsing, disseminating, and operationalizing the sectors HIV/AIDS policies.
- Establish simple and clear M&E procedures linked with the national M&E framework.

Medium Term

- At the program level, move from sensitization and condom distribution to behavior change interventions.
- To address the problem of lack of data, the reporting system should be incorporated at a certain stage of the procurement: draft conditions of contract, request for proposal, or the TOR. In ad-

dition, TTLs should be provided updated information on the HIV/AIDS component in the quarterly report from the PIU.

Long Term

- Establish two hubs (one in an Anglophone country, and the other in a Francophone country) to serve as centers of excellence to strengthen the capacities of client countries to serve as a forum for consultations regarding bilateral transport corridor policies and interventions and regional initiatives, at a same time, promote the consolidation of networks. This will shift direct technical assistance to the client countries and projects.
- Establish a Country implemented Trust Fund to support the hubs.

APPENDICES

Appendix A. Key Challenges and Limitations

Category	Issues	Remarks
Situation Analysis	Lack of baseline information or start-up assessment to inform project design and respond to the needs of the beneficiary population	<p>Baseline data was not collected in 13 of the projects that returned the questionnaire. Only Ethiopia and Zambia did baseline study. Delay in the completion of assessment reports by consultants denied the projects the benefit of allowing the findings to appropriately guide implementation. Sometimes the reports arrived almost after the completion of the first phase of the project.</p> <p>In countries where situational assessment or baseline was not done, lack of funds was mostly responsible for not undertaking the activity.</p>
Project Management	Inadequate support for focal persons	<p>Focal persons get minimal support from top management. They are allowed little time, and lack necessary finances and moral support.</p> <p>Most focal persons have HIV/AIDS as an added responsibility. They are expected to pay more attention to their primary assignments.</p> <p>Public sector in Sub Saharan Africa is very hierarchical, hence mid level and junior focal persons are not likely to be in a position to dialogue with, and influence the top-level policy makers on their own.</p> <p>Focal persons require training in HIV/AIDS project management in the context of the peculiarities of the types of organizations or agencies in which they work.</p> <p>Training workshops meant to empower focal persons to do their jobs are often too general, and have no direct relationship with project management. Such workshops are often designed to help focal persons “gain an understanding of the HIV/AIDS epidemic, the importance of HIV/AIDS mainstreaming and the concept of behavior change.”¹³.</p> <p>Absence of committed leadership</p>
	Increase in program portfolio not matched with increase in staff	<p>Most programs grew from providing sensitization and condoms to providing care and support. Despite this growth, some client nations have maintained one focal person who spends part time on the program</p>

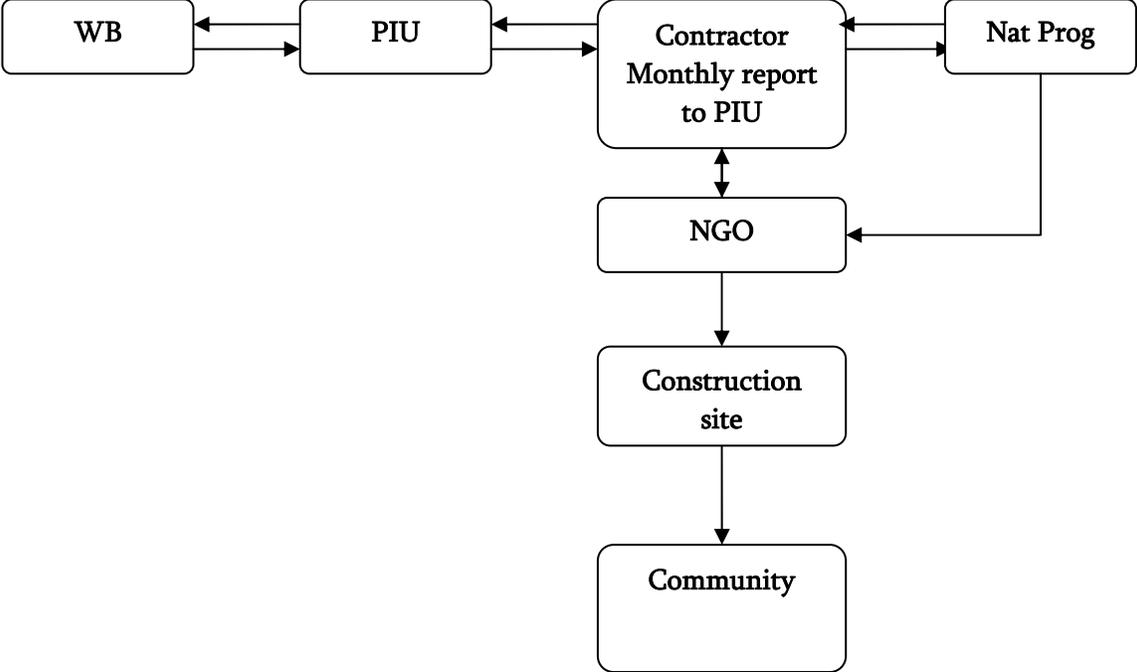
¹³ ROMARP project completion training and HIV/AIDS mainstreaming report

	NGOs engaged sometimes withdraw from the project	Project implementation sometimes suffered a lull or came to a complete stop when implementing NGOs were not paid NGOs engaged lack monitoring and evaluation system Contractors delay payment to NGOs Reports of activities not submitted on time
	Priority not placed on supporting NGO capacity building	Lack of a detailed capacity and situation assessment often led to the assumption that NGOs had all the capacity required to implement projects. Program design omitted NGO capacity building as part of sustainability plan
	No standardized M&E procedures	Monitoring and Evaluation procedures were not developed prior to project implementation Inconsistent reporting No clear reporting requirements No budget allocated for M&E Project management and NGO staff lack M&E skills No guidelines on how to implement the contract clauses Indicators for mainstreaming not clear
Policy	Policies still in draft	Development, approval, and adoption of sector policy require time. In virtually all countries where they have been developed, sector policies meant to guide the mainstreaming of HIV/AIDS are still in draft.
Gender	Inadequate gender consideration in programming	From all the project reports and documents reviewed, it was apparent that gender inequities may have been ignored in both design and implementation of project activities in the transport sector.
Coordination	Role of sector focal teams or persons unclear in the national coordinating structure	Under the principle of “Three Ones”, each country has one national coordinating authority with a broad based multisectoral mandate for HIV/AIDS. The roles of the focal persons or teams in the transport sector have not been properly defined in the national coordinating structure.
Care & support	Weak referral system	Often there is no specific system in place for treatment of opportunistic infections, and little or no money available to support PLHA. In virtually all the project however, the referral system has remained weak as enough project time and financial resources have not been devoted to building referral systems for effective linkages.
Stigma & discrimination	Minimal attention paid to stigma and discrimination	Stigma and discrimination are yet to be properly addressed. Activities are often not clearly defined. They are folded into the sensitization activities implemented by the projects
Knowledge management	No system of information sharing in place	Multiple lessons learnt in countries are not commonly shared and used.

Appendix B. Elements in start-up, service delivery and management phases of AFTTR HIV/AIDS project implementation in client countries.

Start-up	Service Delivery	Management
<ul style="list-style-type: none"> ▪ Definition of objectives ▪ Appointment of focal person ▪ Identification of an implementing partner, usually an NGO ▪ Development of an action plan for mainstreaming with the involvement of stakeholders ▪ Stakeholder analysis to identify strategic partners ▪ Linkage with the national HIV/AIDS coordinating institution or structure ▪ Linkage with the national HIV/AIDS strategic framework ▪ Linkage with the national M&E system ▪ Training of personnel ▪ Procurement of equipment and supplies 	<p><i>Prevention</i></p> <ul style="list-style-type: none"> ▪ Advocacy with management (client country transport sector, contractor company, and community leaders in neighboring communities) ▪ HIV risk reduction education and communication ▪ Referral to HIV counseling and testing services ▪ Quality assurance ▪ Condom distribution <p>Care and Support</p> <ul style="list-style-type: none"> ▪ Client recruitment ▪ Provision of or referral to HIV counseling and testing services ▪ Laboratory support ▪ Provision of or referral to STI services ▪ Provision of or linkage to services for opportunistic infections ▪ Referral to antiretroviral therapy services ▪ Quality assurance ▪ Condom distribution 	<ul style="list-style-type: none"> ▪ Human resource management ▪ Project management ▪ Monitoring and evaluation ▪ Documentation ▪ Institutional capacity building ▪ Partnerships, and networking ▪ Sustainability ▪ Other sources of finance obtained by the transport sector, apart from MAP

Appendix C. Illustrative data flow chart



Appendix D. Illustrative Checklist for Mainstreaming HIV into the Transport Sector

The following are some key actions to ensure mainstreaming of HIV/AIDS into the transport sector in countries implementing the multisectoral HIV/AIDS program:

SN	Recommended Actions	Yes	No
1	Is there a focal person or focal team for HIV/AIDS?		
2	Has a situation assessment been done to determine areas where HIV/AIDS mainstreaming needs to be addressed in the sector?		
3	Has a baseline evaluation been conducted?		
4	Has stakeholder analysis been done to identify key partners for the mainstreaming?		
5	Do stakeholders in the sector understand HIV/AIDS to be a development issue?		
6	Has mainstreaming action plan been developed?		
7	Does the plan have clear goals, activities, and timelines?		
8	Has the commitment of the decision makers been secured for the mainstreaming initiative?		
9	Have activities been clearly outlined in the mainstreaming action plan?		
10	Do the activities reflect the objectives prioritized in the national strategic framework?		
11	Has a committee or structure been established to manage the process?		
12	Were stakeholders in the public and private sectors, including PLWHA involved in the mainstreaming process?		
13	Have indicators been developed for monitoring and evaluating the mainstreaming process and result?		
14	Are the indicators in line with prioritized indicators in the national M&E framework		
15	Have resources been allocated for supporting the mainstreaming process? (materials, human and financial)		
16	Has a sector policy and strategy been developed?		
17	Has the sector's comparative advantage been taken into consideration in designing and implementing project activities?		
18	Are the activities related to the core business of the sector?		

Appendix E. Illustrative Indicators for tracking progress at the project level

Activities	Illustrative indicators	Data Source	Frequency of Data Collection	Responsible
Behavior change Communication Through Peer Education and Outreach Activities				
Formative Research	Baseline level established with key target populations	Baseline evaluation	Once	Consulting firm
	# of formative research reports completed	Formative research	Once	“
Strengthening peer education	# of peer educators recruited	Monthly report	Monthly	NGO
	# of peer educators trained	Monthly reports	Monthly	NGO
	# of group meetings conducted by trained peer educators	Peer educator reporting forms Monthly reports Quarterly narrative reports	Monthly Quarterly	NGO
	# of persons participating in group meetings	Peer educator reporting forms Monthly reports Quarterly narrative reports	Monthly Quarterly	NGO
	# of one-to-one meetings held	Peer educator reporting forms Monthly reports Quarterly narrative reports	Monthly Quarterly	NGO
	# of persons reached by trained peer educators	Peer educator reporting forms Monthly reports Quarterly narrative reports	Monthly Quarterly	NGO

Activities	Illustrative indicators	Data Source	Frequency of Data Collection	Responsible
Strengthening outreach activities	# of outreach workers identified and recruited	Monthly report Quarterly narrative report	Monthly Quarterly	NGO
	# of training sessions held	Monthly report	Monthly	NGO
	# of outreach workers trained	Training workshop reports	As the activity is performed	NGO
	# of monthly meetings conducted by trained outreach workers	Monthly report Quarterly report	Monthly Quarterly	NGO
	# persons reached by trained outreach workers	NGO	Quarterly	NGO
Development of IEC materials	# of IEC materials developed and pretested	Pretest report Quarterly narrative report	As activity takes place; Quarterly	NGO
	# of IEC materials produced	Materials development report	As activity takes place; Quarterly	NGO
	# of IEC materials distributed	IEC distribution log book Quarterly report	Monthly Quarterly	NGO
Condom promotion and distribution	# of condom distribution outlets established	Monthly project report	Monthly	NGO
	# of male condoms distributed	Monthly project report	Monthly	NGO
	# of female condoms distributed	Monthly project report	Monthly	NGO
Provide STI services	# of STI clinics established	Monthly project report Quarterly narrative report	Monthly Quarterly	NGO
	# of male clients diagnosed and treated at STI clinics	Monthly project report Quarterly narrative report	Monthly Quarterly	NGO
	# of female clients diagnosed and treated at STI clinics	Monthly project report Quarterly narrative report	Monthly Quarterly	NGO
	# of partners diagnosed and treated at STI clinics	Monthly project report Quarterly narrative report	Monthly Quarterly	NGO
Laboratory testing	# of referral linkages with private/public lab developed/established	Monthly project report Quarterly narrative report	Monthly Quarterly	NGO

Activities	Illustrative indicators	Data Source	Frequency of Data Collection	Responsible
HIV Voluntary Counseling and Testing referral services established	# of VCT centers identified for referral	Monthly project report Quarterly narrative report	Monthly Quarterly	NGO
	# of referral links established	Monthly project report Quarterly narrative report	Monthly Quarterly	NGO
	# of project beneficiaries referred for VCT services	Monthly project report Quarterly narrative report	Monthly Quarterly	NGO
	# of project beneficiaries who take the HIV test	Monthly project report Quarterly narrative report	Monthly Quarterly	NGO
	# of individuals counseled in VCT centers	Monthly project report Quarterly narrative report	Monthly Quarterly	NGO
Post test club for follow-up counseling, psychological support and care linkages established	# of post test clubs established	Monthly project report Quarterly narrative report	Monthly Quarterly	NGO
	# of regular post test club meetings held	Monthly project report Quarterly narrative report	Monthly Quarterly	NGO
	# of persons attending post test club meetings	Monthly project report Quarterly narrative report	Monthly Quarterly	NGO
	# of persons referred to existing post test clubs	Monthly project report Quarterly narrative report	Monthly Quarterly	NGO
*Outcome Indicators				

- Examples of outcome and impact indicators are already provided in the AFTTR framework for meeting the challenge (pg 19)
- This is a long list of suggested indicators from which to select. They may be adapted and used locally.

Appendix F. Key Informant Interview Guide (KIIQ?)(HIV/AIDS Focal Persons)

Mainstreaming

What was the process of mainstreaming? How and who were stakeholders involved in the mainstreaming process?

How were PLHA involved in the mainstreaming process?

Was there a mainstreaming action plan? How was this developed?

What has been the scope and target of mainstreaming so far (Internal mainstreaming of HIV/AIDS, sector-wide mainstreaming of HIV/AIDS, or mainstreaming of components of HIV/AIDS program).

Please explain.

To the best of your knowledge, what challenges did you face in mainstreaming HIV/AIDS into the transport sector?

What do you consider as gaps in the mainstreaming effort?

HIV/AIDS Prevention

How did baseline or pre-assessment findings inform the mix of interventions?

How were stakeholders involved in the development and implementation of the project?

Did the interventions borrow from the National Strategy Framework?

Were the target populations properly segmented, and interventions tailored to meet the specific needs of each segment? (E.g. transport workers who are MSM, transport workers who consume alcohol; transport workers who consume drugs?)

How is the project reaching other populations associated with transport workers? (E.g. sex workers)

How was stigma addressed?

How were stakeholders involved?

What were the major challenges encountered implementing the prevention program?

How can the prevention program be improved?

How will the prevention program be sustained?

Care, Support and Treatment

What are the care, support and treatment components/activities in your program?

Describe the referral system into which target population is linked

What is the percentage of those receiving ARVs in the transport sector compared to the general population?

What is the percentage of those who know their sero-status in the transport sector compared to the general population?

How have the health centers in the projects been linked to the national system of data collection?

Coordination and capacity building

How have the MAP-supported HIV/AIDS activities been linked to the National Strategic Framework?

How have the MAP-supported HIV/AIDS activities been linked to the National M&E framework?

Describe the extent of collaboration and strategic partnerships with other partners/sectors, including the private sector?

Are there policy/strategic framework of action for the transport sector?

What specific capacity building activities were implemented? (Organizational capacity, technical capacity, and administrative capacity)

Management

Is there an HIV/AIDS team or an HIV/AIDS focal person in the transport sector?

What percentage of time does the focal person dedicate to HIV/AIDS work? Is HIV/AIDS mainstreaming the primary assignment of the focal person or is it an add-on responsibility to existing workload for the focal point?

Involvement of the ministry of transport in activities

Is there a project document and implementation plan?

Is there a mechanism for the involvement of stakeholders in the implementation of the project?

M&E

How are activities currently being monitored?

What is the frequency of data collection? Reporting system

Quality assurance of data

What indicators do you track? Are these indicators similar to those envisaged for the target population in the National M&E framework?

How do stakeholders receive feedback?

How are the M&E results used to refine and improve program?

What reporting tools are being used?

Describe the dissemination plan in place

Sustainability

What funding was available for activities in the transport sector before MAP?

Apart from MAP money, what are the other sources of funding for the HIV/AIDS program in the transport sector?

Are there specific budget lines in the Ministry of Transport and the other tiers (state/provincial and local councils) to support the HIV/AIDS program in the transport sector?

What additional funds will be required to scale up the existing program?

What are the sustainability plans?

Appendix G. Contact list for HIV/AIDS activities

KIIQ responses	
Countries	Focal Points
Burkina Faso	Ernest Kologo – E-mail: kologo ernest ernestkologo@yahoo.fr Tel. 226 70 27 36 01
Cape Verde	Mr. Lucio Spencer Email: Lucio Spencer" rssp@cvtelecom.cv Direct Phone Number: (238)-261-48-20
Cameroon	Tarcicius Manga – E-mail: Tarcicius.Manga@camrail.net Tel. 234 - 340 61 19 Cell.985 44 78
Ghana	Rita Ohene Sarfoh Focal Person at Ghana Highway Authority Email: "Rita Ohene Sarfoh" < rosarfoh@highways.mrt.gov.gh > Tel. 233 208121799
Lesotho	Ms. Maselomo Pama Email: "Maselomo Pama" itppm@mopwt.gov.ls Direct Phone: (266)-22-32-6973
Madagascar	Paul-Jean Feno – E-mail: pfeno@worldbank.org Tel. 261 20 22 516 92 Cell. 261 0 32 050 01 39
Malawi	Rose Ligomeka – E-mail: "Rose Ligomeka" rligomeka@NRAMW.com , roseligomeka@yahoo.com Tel. 265 – 884 3597
Mozambique	Vera Zuca – E-mail: "Vera Zuca" vzuca@ane.gov.mz Tel. 84 22 76 570
Niger	Monsieur Sina Moumouni pri@intnet.ne Tel: 227 73 54 38
Senegal	Birahim Fall - E-mail: "El Hadji Birahim FALL" transrur@sentoo.sn Tel. 229 – 869 02 50
Tanzania	Josephine Mwankusye - Josephine Mwankusye josephinemwankusye@yahoo.com Tel. 255 754 266147 0r 0787 266146
Uganda	Mr. Francis Byaruhanga (acting) FMByaruhanga@rafu.or.ug Tel. 225 754 266 147
Zambia	Raphael Mabenga – E-mail: mabenga@nrfa.org.zm Tel. 260 1 253145

Appendix H. List of Documents Reviewed

Country	Document	Date
Burundi	République du Burundi, Projet de Développement du Secteur Routier Mission de Suivi des Activités du Projet (du 1er au 8 octobre 2005), Aide-Mémoire	NA
	République du Burundi, Projet de Développement du Secteur Routier Mission de Suivi des Activités du Projet (du 26 juin au 1er juillet 2006), Aide-Mémoire	NA
Cameroon	CAMRAIL/CNLS, Programme de lutte contre le VIH/SIDA, Rapport 2eme semestre 2005	June 2005
	CAMRAIL/CNLS Programme de lutte contre le VIH/SIDA rapport MI parcours	June 2005
	Campagne de lutte contre le VIH/SIDA à CAMRAIL	March-April, 2005
	Programme de facilitation des transports en zone CEMEC, Mission en République du Cameroun et en République Centrafricaine	June 5-17, 2006
Chad	République du Tchad, Projet D'Appui au Programme National des Transports (PAProNaT), Aide-Mémoire Mission de supervision du PAProNat et suivi du secteur des transports	June 16-30, 2005
Ethiopia	Africa Transport-Technical Note: Working with Road Contractors on HIV/AIDS Prevention	NA
	HIV/AIDS Implementation Report (2003 – April 2006)	NA
Malawi	ROMARP project: Completion Training and HIV/AIDS Mainstreaming	NA
Mozambique	Implementation Strategy for the HIV/AIDS sub-component of the social unit's action plan (2003 – 2005), final report	July 2003
Senegal	Second Programmed Sector of Transportation (PST2)	NA
	Second Sector Program of Transportation (PST2) (PowerPoint)	“
Tanzania	Republic of Tanzania, Second Integrated Roads Project, TANROADS initiative on HIV/AIDS	“
Uganda	A report on STDs/HIV/AIDS sub county sensitization workshops in Katunguru-Kikorongo Mpondwe Road construction project No. RDP/HIV/C009	September 2005
	A report on STDs/HIV/AIDS sensitization workshop in Fortportal-HIMA Road construction project No. RDP/HIV/C007	August 2005
	Activities conducted during the last two months; November – December 2005 under C003, Pakwach – Olwiyo Road project	NA
	Progress report on HIV/AIDS sensitization workshop in Katunguru-Kikorongo, Mpondwe road construction project	May 2005
	A report of STD/HIV/AIDS needs assessment under road construction project No. RDP/HIV/C007 Fortportal-HIIMA	NA

Country	Document	Date
	A second report on STD/HIV/AIDS needs assessment under road construction project No. RDP/HIV/C009 Katunguru-Kikorongo	“
	A report on STD/HIV/AIDS needs assessment Karuma-Olwiyo road construction project	“
	A report on STD/HIV/AIDS needs assessment Pakwach-Olwiyo road construction project	“
	A report on the launch of Pakwach-Olwiyo HIV clinic/VCT	“
	Report on HIV/AIDS sensitization campaign in Puringo Internally Displaced People’s camp (IDPC), July 16, 2005	July 16, 2005
	Progress report on HIV/AIDS for the month of February 2006, under C003; Pakwach-Olwiyo Road Construction project	NA
	Progress report on HIV/AIDS for the month of February 2006, under C009; Katunguru-Kikorongo Road construction project	“
	A report on STD/HIV/AIDS sub county sensitization workshops in Fortportal-HIMA road construction project RDP/HIV/C007	January 2006
	A report on STDs/HIV/AIDS IDP camps sensitization workshops in Pakwach-Olwiyo road construction project	February 2006
	Progress report on HIV/AIDS for the month of February 2006, under C003; Pakwach-Olwiyo Road Construction project	NA
	Progress report on HIV/AIDS for the month of January 2006, under C004; Karuma-Olwiyo Road Construction project	“
		Progress report on HIV/AIDS for the month of January 2006, under C009; Katunguru-Kikorongo Road Construction project
A report on STDs/HIV/AIDS Teachers’ Sensitization Workshop in Karuma-Olwiyo Road Construction project, C004		February 2006
Progress report for Karuma-Olwiyo road sector HIV/AIDS programme for the month of May 2005		May 2005
Report on the launch of Katunguru-kikorongo HIV clinic/VCT		NA
Zambia	Republic of Zambia Project to support a road sector investment program (ROADSIP) IDA credit 3866, HIV/AIDS and Transport	
	Second quarter report on the HIV/AIDS project	
	3 rd quarter 2004, Road Sector HIV/AIDS project report	
	4 th quarter 2004, Road Sector HIV/AIDS project report	
	Quarterly report on HIV/AIDS project, Republic of Zambia, by Edna Kalaluka, HIV/AIDS Coordinator, Ministry of Communications and Transport, submitted April 2005	April, 2005
	Quarterly report on HIV/AIDS project, Republic of Zambia, by Edna Kalaluka, HIV/AIDS Coordinator, Ministry of Communications and Transport, submitted July 2005	July, 2005
	3 rd Quarter, HIV/AIDS Program in the Road Sector	
	4 th Quarter progress report in the road sector	
Quarterly report on HIV/AIDS project in the Transport Sector,		

Country	Document	Date
	Fourth Quarter, 2005 by Edna Kalaluka	
	First quarter report on HIV/AIDS project, April 2006	April 2006
	Transport Sector HIV/AIDS project, July 2004 – June 2006, Lessons Learnt during the implementation of an HIV/AIDS response in the transport sector in Zambia by Edna Kalaluka, HIV/AIDS Coordinator, Ministry of Communication and Transport	June 2006
OTHERS		
	Transport and HIV/AIDS: A Survey of the Issues at Stake; Transportation Social Responsibility; Thematic Group by Julie Babinard (TUDTR) and Nina Schuler (TUDUR), May 5, 2004 (PowerPoint presentation)	May 5, 2004
	World Bank Program for week of World AIDS Day, 2005, focus on Transport against AIDS Sessions. (Brief for Kathy Sierra)	November 30, 2005
	HIV/AIDS and Transport Retrofitting Exercise, Africa Transport, World Bank Africa Region (PowerPoint presentation)	
	Interview with Jocelyn Do Sacramento: World Bank HIV/AIDS Partnership with Air France	
	Transport Against AIDS: Minutes of the 2005 Transport World AIDS Events, November 28 – 29, 2005, Washington DC	November 28 – 29, 2005
	Multi-Country HIV/AIDS Program (MAP) for Africa; The World Bank (a PowerPoint presentation)	
	Programme Régional de Facilitation des Transports; Ghana-Burkina Faso- Mali by Violet Sida, Ouagadougou, 30 May – 3 rd June, 2005 (PowerPoint)	June 2005
	Concept Note: HIV/AIDS Agenda for Action in sub-Saharan Africa	
	Proposed Abidjan-Lagos Transport and Transit Facilitation Project (ALTTFP) Project Identification Mission to Benin, Togo and Ghana (May 31 – June 9, 2006) Aide Memoire	
	AIDS and Transport in Africa, a framework for meeting the challenge, Africa Technical Transport Sector Unit (AFTTR), The World Bank	July 2003

Appendix I. Terms of Reference

HIV/AIDS Mainstreaming in the Transport Portfolio

TOR for the Assessment Study

The overall purpose of the TOR is to assess the mainstreaming in the transport portfolio.

1. Background

Africa is the continent with the highest prevalence of HIV/AIDS infections in the world. World Bank estimates suggest that HIV-AIDS is the leading cause of death in Sub-Saharan Africa and the paramount threat to the region's development. Findings of international studies of HIV/AIDS in work places conclude that the road sector is a breeding ground and a vehicle for the HIV/AIDS Pandemic. People working in the road sector have to be mobile; they spend much time away from their homes and seek sexual companionship on the road. Therefore, migration, short term or long term, increase opportunities for sexual relationships with multiple partners, thus becoming a critical factor in the propagation of HIV/AIDS.

Recognizing the magnitude of the problem, many African countries have now National AIDS Councils. To support those programs, the World Bank has developed the MAP as the financing instrument. Clients' efforts to tackle the issue in the transport sector have been poor and inadequate. HIV/AIDS prevention strategies of the transport sector among client countries have yet to be defined and mainstreamed to become part of the ordinary project process and implementation.

2. Rationale

The Assessment study aims at: a) looking at the specific issues pertaining to the transport sector in comparison with activities that are relevant to the country; b) see if transport activities fit into the national strategy and how the transport projects contribute to the National strategy of each country; and c) see if activities are aligned into the specific country

3. Project objective

The objective of the study has three folds:

- a) evaluate the mainstreaming program in the transport projects;
- b) Prepare an instrument that could serve as a learning tool or an accountability tool;
- c) Improve the framework establish with national program (MAP)

4. Scope of work and task

The consultant will:

- a) meet with the M&E team at the Global HIV/AIDS unit for further instruction on the study to conduct;
- b) to collect HIV/AIDS preventions data with the projects TTLs and with the HIV/AIDS Focal person;
- c) quarterly reports will be made available, aide-memoire and other relevant documentation

5. Qualifications

- Mater degree in the relevant field
- Strong experience in HIV/AIDS activities, preferably in the field.
- Some knowledge of the transport sector
- Experience in M&E with a transport background is possible.
- Experience with project system/related program documentation, design and development.

6. Timeframe

The target period for the start of the consultancy is April 17, 2006. It is anticipated that the Consultant would complete the outputs of the work over a maximum duration of 4 weeks with a daily rate of \$490.

7. Reporting

Consultant will produce the first inception report the 2nd week. The work of the Consultant will be supervised by the HIV/AIDS Focal Person in consultations with a resource person in Act Africa. The Consultant should obtain comments from the TTLs in the Transport Division before submitting the final report. The final report should be delivered in World Bank format with pictures and maps.

References

A Framework for meeting the Challenge:

<http://www.worldbank.org/afr/ssatp/>

Contract Clauses in the World Bank Operational System:

<http://web.worldbank.org/WBSITE/EXTERNAL/PROJECTS/PROCUREMENT/0,,contentMDK:20483254~menuPK:84284~pagePK:84269~piPK:60001558~theSitePK:84266,00.html>

Variations of the countries experiences:

www.worldbank.org/afr/ssatp

Botswana National HIV/AIDS Strategic Framework, 2003-2009

Bucher, Kate, John Snow International Research & Training/DfID Uganda (2003) “Lessons Learned From Mainstreaming HIV into the Poverty Eradication Action Plan in Uganda

Braithwaite, Mary, Africa Region, The World Bank, “Sub-Saharan Africa Transport Policy Review of National Transport Reduction Strategies”

Centre for AIDS Development, Research and Evaluation, (2001) “HIV/AIDS and the South African Media, Workplace Policies and Programmes”

Economic Commission for Africa, Commission on HIV/AIDS and Governance in Africa, “HIV/AIDS and the World of Work, Discussion Outcomes, A report on the CHGA interactive session on HIV/AIDS and the world of work, Accra, Ghana 18 – 19 November 2004”

Elsy, Helen & Kutengule (2003), “HIV/AIDS Mainstreaming: A Definition, Some Experiences and Strategies, A resource developed by HIV/AIDS focal points from government sectors and those that have been working on HIV/AIDS mainstreaming.”

Elsy, H., Tolhurst R, & Theobald, S. Liverpool School of Tropical Medicine, Liverpool, UK, “Mainstreaming HIV/AIDS in development sectors: Have we learnt the lessons from gender mainstreaming”

Ethiopia National HIV/AIDS Prevention and Control Office (HAPCO), (2003), “National Monitoring and Evaluation Framework for the Multi-Sectoral Response to HIV/AIDS in Ethiopia

Family Health International, (2000) “Southern African Cross Border Initiative, Assessment Dissemination and Stakeholders Workshop Report, Chirundu-Chirundu, Chirundu Valley Motel, Zimbabwe 23-25 May, 2000”

Family Health International, (2000), Round 1, Behavioral and Biologic Surveillance Survey: Zambia Female Sex Workers (www.fhi.org)

Family Health International, (2000), Round 1, Behavioral and Biologic Surveillance Survey: Zambia Long Distance Truck Drivers (www.fhi.org)

ILO Project on HIV/AIDS Prevention in the Transport Sector of Southern Africa – Project Advisory Committee: Zimbabwe, “HIV/AIDS Policy for the Transport Sector of Zimbabwe

Liverpool School of Tropical Medicine, “Mainstreaming HIV/AIDS in Practice”

Martin, Janean, (2004), “Corridors of Hope Regional HIV/AIDS Cross Border Prevention Program, Secondary Analysis and Document Review”

Mashiri, Mac “Community Responses to HIV/AIDS Along Transit Corridors & Areas of Transport Operations in Eastern and Southern Africa, Synthesis of Literature”

Ministry of Transport, South Africa (2001), National HIV/AIDS Transport Sector Coordinating Committee, “Transport Sector Strategic HIV/AIDS Plan”
(<http://www.transport.gov.za/library/docs/aidsplan/aidsplan.html>)

Mohammed Nadeem; Gikonyo, Juliet, (2005) “Operational Challenges, Community Home Based Care (CHBC) for PLWHA in Multi-Country HIV/IDS Programs (MAP) for Sub-Saharan Africa

Odero, Kenneth K, (2004) “Zimbabwe, A Scoping Study on Community Response to HIV/AIDS along Transport Corridors and Other areas of Intense Transport Operations”

Oomman, Nandini “An Overview of the World Bank’s Response to the HIV/AIDS Epidemic in Africa, with a focus on the Multi-Country HIV/AIDS Program”

Osika, John Stephen & Brushett, Stephen, (2005) The International Bank for Reconstruction and Development/The World Bank, “The Global HIV/AIDS Program, Lessons Learned to Date From HIV/AIDS Transport Corridor Projects’

Population Services International, (October 2003 – September 2004) Corridors of Hope, Year-end Performance Report for Zimbabwe, Namibia, Mozambique, Lesotho, Swaziland, South Africa, Zambia (http://pdf.dec.org/pdf_docs/pdacf106.pdf)

The World Bank, (2005) “Committing to Results: Improving the Effectiveness of HIV/AIDS Assistance, An OED Evaluation of the World Bank’s Assistance for HIV/AIDS Control

Theobald, S, Tolhurst, R, Eelsey H & Standing, H (2005), “Engendering the bureaucracy? Challenges and opportunities for mainstreaming gender in Ministries of Health under sector-wide approaches”

The World Bank, Africa Technical Transport Sector Unit, (2003) “AIDS and Transport in Africa, A Framework for Meeting the Challenge”

UNAIDS, UNDP, World Bank, (2005), “Mainstreaming AIDS in Development Instruments and Processes at the National Level, A Review of Experiences

UNAIDS, The World Bank & UNDP, “Mainstreaming HIV and AIDS in Sectors & Programmes, An Implementation Guide for National Responses”

UNAIDS, (2002) “Mainstreaming HIV/AIDS: A Conceptual Framework & Implementing Principles”

United Nations Development Programme, South East Asia HIV and Development Programme, “Mainstreaming HIV Prevention in the Military, A case study from Cambodia”

Uganda AIDS Commission, 2003, “Mainstreaming HIV/AIDS issues into the poverty eradication action plan (EAP), Guidance for sector and PEAP revision teams”

Worldfish Center, Responding to HIV and AIDS in Fishery Sector in Africa: Proceedings of the International Workshop, February 20 -21 2006, Lusaka, Zambia (Cairo, Egypt: WorldFish Center, 2006)