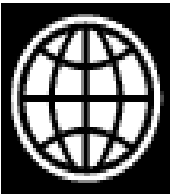


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# **Lessons Learned from Mainstreaming HIV/AIDS in Transport Sector Projects in Sub-Saharan Africa**

**June 30, 2008**

Africa  
Transport Sector (AFTTR)



**Document of the World Bank**

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## ACRONYMS AND ABBREVIATIONS

AIDS	Acquired Immune Deficiency Syndrome
ALCO	Abidjan-Lagos Corridor Organization
AFA	Agenda for Action 2007–11
AFTTR	Africa Technical Transport Sector Unit
AFTH2	Africa Technical Human Development 2
AFTSN	Africa Technical Sustainable Development
ARV	Antiretroviral
ART	Antiretroviral Therapy
BCC	Behavior Change Communication
CBO	Community-Based Organization
CIDA	Canadian International Development Agency
DfID	U.K. Department for International Development
EMB	Environmental Monitoring Branch
ESW	Economic Sector Work
GFATM	Global Fund for HIV/AIDS, TB, and Malaria
GTZ	Gesellschaft für Technische Zusammenarbeit
HIV	Human Immunodeficiency Virus
HIPC	Heavily Indebted Poor Countries
IBRD	International Bank for Reconstruction and Development (The World Bank Group)
IDA	International Development Association
IDPC	Internally Displaced People's Camp
IEC	Information, Education, and Communication
ILO	International Labour Organization
KIIQ	Key Informant Interview Questionnaire
OPCS	Operations Policy and Country Services
MAP	Multi-Country HIV/AIDS Program for Africa
MDG	Millennium Development Goal
M&E	Monitoring and Evaluation
MNSSD	Middle East and North Africa Sustainable Development
MoT	Ministry of Transport
MSM	Men having sex with Men
NAC	National AIDS Commission
NGO	Nongovernmental Organization
NSF	National Strategic Framework
PAP	Project-Affected Population
PEPFAR	U.S. President's Emergency Plan for AIDS Relief
PLHA	Person Living with HIV and AIDS
ROMARP	Road Maintenance and Rehabilitation Project
RSDSP	Road Sector Development Support Program (Ethiopia)
RAFU	Road Agency Formation Unit
SIDA	Swedish International Development Cooperation Authority
STI	Sexually Transmitted Infection
SSA	Sub-Saharan Africa

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

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## FOREWORD

Transport, by its very nature of facilitating the mobility of people and goods, is a vector for the transmission of HIV/AIDS in Africa, as it is elsewhere. Those affected most by the disease include workforce, mobile populations, communities around the infrastructure development sites, and transport workers. Furthermore, the increased attention and investment in cross-border trade facilitation, although vital for Africa's economic growth, also encourage even longer travel routes, which in turn increase the reach of this disease. It is thus imperative that those of us who work in this sector, especially on the African continent, reflect appropriate responses in our operations policy actions.

I am pleased to note that the transport sector has indeed drawn attention to the disease, mainstreamed HIV/AIDS prevention activities into its portfolio under the Multi-Country HIV/AIDS program (MAP), and helped stakeholders understand that HIV is a multisectoral problem affecting development goals. The World Bank's early support to the transport sector enabled key donors to come forward and finance HIV/AIDS initiatives in the sector. One early project, the Abidjan-Lagos Transport Corridor HIV/AIDS Project, provided a sub-regional platform for HIV care and prevention interventions, as well as a platform for the five member countries to address other epidemics in the sub-region. Ministers of Health from the five countries, as the members of the Board that provided guidance to the project, addressed standardization of testing and treatment protocols, as well as providing access to voluntary counseling and testing (VCT) services along the corridor.

More broadly however, it is important that AIDS mitigation efforts are mainstreamed into all transport operations. The Bank has been successful in ensuring that our roads contracts cover the responsibilities of contractors to ensuring mitigatory measures. There is also much awareness among other donors, such as the European Union. However, more needs to be done to ensure that the Ministries of Transport have the tools and guidance available to enable them to apply those HIV/AIDS mitigation measures consistently across all operations and activities.

With extended funding support (especially from MAP), draft policies have been developed to guide mainstreaming of HIV into the transport sector. At the institutional level in some countries, HIV workplace programs have been initiated in the road agencies and in the other subsectors. Sector-wide mainstreaming remains a challenge. Ministries of Transport are best placed to facilitate sector-wide mainstreaming, but sector policies integrating HIV/AIDS interventions of virtually all the countries are still in preparation, and some are awaiting finalization, approval, and adoption at the country level.

This report, on the mainstreaming of HIV/AIDS, is an effort to describe where we stand in this process and to suggest ways to further this effort.

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The World Bank  
June 2008

## EXECUTIVE SUMMARY

The HIV/AIDS pandemic burdens Sub-Saharan Africa (SSA) and continues to constrain its social and economic advancement. UNAIDS has 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.<sup>1</sup>

A working definition for mainstreaming AIDS has been provided by UNAIDS—“a process that enables development actors to address the causes and effects of AIDS in an effective and sustainable manner, both through their usual work and within their workplace” (UNAIDS 2004). This ESW was commissioned to review the process, results, and challenges of mainstreaming HIV/AIDS prevention activities into the transport sector. Major milestones achieved through HIV/AIDS activities initiated by Africa Transport Sector (AFTTR), include the integration of HIV/AIDS prevention activities in ongoing projects through the retrofitting exercise, the incorporation of HIV/AIDS clauses in bidding and contract documents, and the development of HIV/AIDS policy in the workplace environment.

One of AFTTR’s flagships is the HIV/AIDS Project for the Abidjan-Lagos Transport Corridor; It was specifically designed to include both transport sector and HIV/AIDS interventions. Most of the other AFTTR operations did not have this unique design and had to be mainstreamed during project implementation for HIV/AIDS interventions.

HIV/AIDS mainstreaming in the transport sector can be considered achieved once the transport sector has fully taken on HIV/AIDS interventions as part of its overall transport sector portfolio—meaning that there is a specific transport and HIV/AIDS program in place with institutional responsibility established and human and financial resources assigned. This concept was used to identify the projects that are deemed mainstreamed in the AFTTR portfolio.

The top four interventions most widely implemented across projects before mainstreaming were:

- (a) Appointment of an HIV/AIDS focal point;
- (b) Hiring of a consultant/nongovernmental organization (NGO) for technical implementation of HIV/AIDS activities;
- (c) Information, education, and communication/behavior change communication (IEC/BCC) interventions; and
- (d) Distribution and promotion of condoms.

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<sup>1</sup> UNAIDS Fact Sheet: Sub-Saharan Africa 2006.

The least implemented interventions related to HIV/AIDS workplace policy implementation/development.

A number of lessons stemmed from the assessment of the mainstreaming process. Four lessons deserve particular attention because they illustrate the very essence of the approach to mainstreaming:

- (a) The need to have HIV/AIDS as an integral element of the transport sector policy and development agenda, and not as an afterthought;
- (b) The need to support the development of simple (whenever possible) and clear monitoring-and-evaluation frameworks that address HIV/AIDS in the transport sector,
- (c) The need to generate the data needed to highlight progress; and
- (d) The need to ensure that the management of the HIV/AIDS interventions in the transport sector takes into consideration existing structures in the sector and that the support of the HIV/AIDS interventions by senior management and staff of the sector is actively encouraged.

Other lessons and recommendations are outlined at the end of the document.

Mainstreaming within the transport sector is facing a two-pronged challenge:

- First, the sector must ensure that its development gains are not lost as a result of HIV/AIDS and that its labor force is safe from HIV/AIDS and remains productive for the community.
- Second, the sector must ensure that it is not creating a favorable environment that facilitates the spread of the epidemic.

Transport sector workers (road, rail, air, and marine) and transport sector clients (passengers and communities who interact with transport workers) are particularly vulnerable because the mobility offered by the various modes of transportation creates opportunities for the various modes of transmission of the HIV epidemic. Transport sector workers may spend long periods of time away from their families, which may increase their vulnerability to HIV/AIDS. On the other hand, clients of the transport sector may either represent the vector/medium of vulnerability or be vulnerable to infection because of their association with the sector. This context led the Africa Transport Unit (AFTTR) to start incorporating HIV/AIDS prevention activities into its transport sector projects in 2000.

This move was initiated to be consistent with the overall multi-sector approach championed in the Africa region, which aims at combating HIV/AIDS and which had been translated into the mainstreaming of HIV/AIDS mitigation across all sectors. HIV/AIDS mainstreaming in the transport sector was designed to complement, but not replace, the Multi-Country HIV/AIDS Program (MAP), which was being progressively rolled out across the region. Although it includes the provision to transport sector workers and clients of some HIV/AIDS-related health services, it complements the health sector's mandate for provision of health services to the general population.

As the Africa region and the world as a whole are getting more experienced in tackling HIV/AIDS, it is becoming increasingly evident that HIV/AIDS interventions need to be tailored as much as possible to address the particular needs of the local epidemic. Task Teams therefore need to pay attention to HIV/AIDS during the preparation and supervision phases of the transport sector projects. The earlier the issues of HIV/AIDS mainstreaming are addressed, the better the mainstreaming process will progress.

It is in the interest of the transport sector to know how much resource is allocated to HIV/AIDS interventions. Project teams need to keep record of these resources in a way that these financial resources can be monitored.

The ideal stage that all countries should strive to reach is to have each Transport Ministry to be responsible for the design and implementation of its respective HIV/AIDS sector's response. This would be done using the National HIV/AIDS Strategic Framework as the base document upon which the sector's response would be developed.

The transport sector at country level should be supported to develop simple (whenever possible) and clear monitoring-and-evaluation frameworks that address HIV/AIDS (see appendixes D & J for sample indicators and data collection forms). Capacity development in monitoring and evaluation, including the allocation of human and financial resources, should be a priority for HIV/AIDS interventions in the transport sector.

The Africa region's transport framework for meeting the HIV/AIDS challenges is an important tool that project teams should 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.

In collaboration with the regional transport sector networks in Africa, the setting up of at least two regional transport sector HIV/AIDS support centers should be considered. These centers would facilitate capacity building and sharing of information across the client countries.

To remain actively engaged, the transport sector needs to work with the Agenda for Action parameters. The hubs will consequently build on the "Three Ones principles" to disseminate and implement the four pillars of the Agenda for Action:

- (a) Focus the response through evidence-based and prioritized HIV/AIDS strategies;
- (b) Scale up targeted multi-sector and civil society responses;
- (c) Deliver more effective results through increased country monitoring and evaluation (M&E) capacity; and
- (d) Harmonize donor collaboration.

AFTTR has made progress in mainstreaming HIV/AIDS in its portfolio. However, there is still more work ahead in ensuring that all projects are mainstreamed as needed. In this context, the Transport Sector Board needs to continue supporting such future mainstreaming efforts by establishing a Sector Board Strategy for HIV/AIDS activities on Bank-financed transport projects.

The diverse nature of transportation activities implies that mainstreaming is both challenging and urgent. In 2000, the Africa Transport Team gave high priority to its contribution to the campaign against the HIV/AIDS pandemic and pledged to mainstream HIV/AIDS actions in the Bank's lending operations and at country level in the transport sector. The transport sector contributed significantly through integrating simple activities into its operations (such as HIV/AIDS contract clauses into bidding documents for road construction site workers). Similarly, the Bank financed a first-round workshop to prepare HIV/AIDS prevention policy in the workplace for Ministry employees. Its main objective is to develop and implement highly focused prevention interventions to reduce HIV/AIDS prevalence and slow down the spread of the disease in the transport sector.

This document is subdivided in four sections. The first section gives background information on the transport sector and HIV/AIDS. The second section describes the Bank's transport sector activities, with particular focus on the Africa region and its achievements regarding HIV/AIDS. The third section presents the process and the results of the assessment of the Africa transport sector portfolio for HIV/AIDS mainstreaming. The fourth section enumerates the lessons learned as well as the recommendations made to the World Bank's Transport Sector Board and to stakeholders in the client countries.

## **SECTION I. BACKGROUND INFORMATION**

### **HIV/AIDS in Africa and Why African Governments Should Be Interested**

1. Sub-Saharan Africa remains the most seriously affected region in the world with respect to HIV/AIDS. Based on UNAIDS published data (UNAIDS and WHO, 2007), 68 percent of the world's HIV-positive people lived in this region. This region also accounted for 76 percent of all global AIDS deaths in 2007. In terms of numbers of people living with HIV/AIDS, Sub-Saharan Africa had 22.5 million people, of whom 1.7 million were newly infected during 2007. The epicenter of the epidemic in Sub-Saharan Africa is in Southern Africa, where one third (35 percent) of the world's HIV-infected people live. National adult HIV-prevalence 2005 figures indicate that in no less than eight Southern African countries, prevalence exceeded 15 percent. Governments in Africa, therefore, have to be involved in the fight against HIV/AIDS because this is a development challenge for the whole continent, although some parts of the continent are clearly more affected than others.

### **Background Information on HIV/AIDS and the Transport Sector**

2. International research indicates that transport sector workers, particularly long-distance commercial drivers, have a relatively high vulnerability to HIV/AIDS and more generally to sexually transmitted infections (STIs). For example, studies carried out in East Africa found a relatively high prevalence of HIV (at least two times higher) among long-distance truck drivers from Kenya, Rwanda, and Uganda compared with that among the general urban populations of their respective countries (Bwayo et al. 1994; Carswell, Lloyd, and Howells 1989). Other studies elsewhere have produced results consistent with these findings (Ramjee and Gouws 2002; Lacerda et al. 1997). Transport workers, because of high mobility and long periods of time away from their homes, have a tendency to have multiple sexual partners, which increases their vulnerability to HIV/AIDS. In Nigeria, for example, 95 percent of commercial drivers had at least one other sexual partner in addition to their respective wives (Orubuloye, Caldwell, and Caldwell 1993). These Nigerian commercial drivers had an average of 6.4 regular girlfriends at different locations along their regular major transport routes. High-risk behavior among commercial drivers has been documented in other parts of the world, including Brazil, India, and the United States (Malta et al. 2006; Bal et al. 2007; Lichtenstein et al. 2008).

3. Populations associated with major transport hubs also display a high vulnerability to HIV/AIDS and STIs. For example, in Kenya, along the Trans-Africa Highway, high-risk sexual behavior has been reported among girls and boys who frequently visited truck stops (Nzyuko et al. 1996). A history of STIs was reported in 50 percent of the girls and 30 percent of the boys in this case. Along the Abidjan-Lagos Transport Corridor, about 300,000 HIV-infected people travel along the corridor annually (Brushett and Osika 2005). In 2006, an estimated 47 million people traveled along the Abidjan-Lagos Transport Corridor, compared with 30 million in 2001<sup>2</sup>.

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<sup>2</sup> Information. on Abidjan-Lagos Corridor Organization (ALCO) Website.

Cross-border shopping centers, ports, and harbors are likely to be transport hubs with HIV high-risk behaviors. At the same time, however, these same transport hubs offer opportunities for provision of HIV/AIDS prevention and care services.

4. Transport workers (particularly truck drivers), regularly travel among and across populations with different HIV-prevalence levels. For example, they may regularly travel from urban areas with high HIV-prevalence levels to rural areas with relatively low HIV-prevalence levels, while having sexual partners in both types of communities. Cross-border travel may also involve travel from high-prevalence countries to low-prevalence countries, providing opportunities for HIV transmission from high-prevalence communities to low-prevalence communities. Transport sector workers can, therefore, act as a bridge between high-prevalence and low-prevalence communities.

### **Why Does the Transport Sector Need to Be Involved with HIV/AIDS Prevention?**

5. Apart from the human tragedy of the disease, a shortage of skilled human resources in Africa as a whole and in the transport sector in particular, it is in the interest of the transport sector to prevent new HIV infections among transport sector workers. The provision of support services for those transport workers and their families, who are already HIV-infected, also helps to sustain and prolong the productivity of those transport workers long after the infection has occurred.

6. Involvement of stakeholders in the sector in the prevention effort in the external domain (communities that interact with transport sector workers) is in the interest of the transport sector because of the commonality of HIV high-risk interactions between those communities and the transport sector workers. The interactions increase with the increase in number of passengers and likewise the number of transport workers. For instance, interventions in communities that contribute to controlling the spread of HIV will also benefit the transport sector users and transport workers who interact with these communities.

7. Sector stakeholders also have detailed knowledge of the transport sector working environment and thus are well suited to design interventions to protect transport productivity and sector workers from HIV in the workplace. This internal knowledge of the sector is essential for the transport sector to place HIV/AIDS prevention and care services at the center of its core business.

8. For any HIV/AIDS interventions in the transport sector to be effective, the commitment and approval of the policymakers at the highest level are essential. Government ministries (and their sub-national agencies) responsible for transport, therefore, need to be engaged in HIV/AIDS prevention programs. In particular, they have to ensure that resources and organizational support are provided for the implementation of the HIV/AIDS interventions in the sector. Similarly, it is of importance for the success of HIV/AIDS programs in the transport sector that there is active participation of transport associations and unions, which can provide peer-level support critical in programs that might seek to modify behavior among sector employees.

9. Within the World Bank, the Africa region transport sector has appreciated the vulnerability of transport sector workers to HIV/AIDS and the role it can play in the fight against HIV/AIDS. The transport sector was one of the first non-health sectors in the region to give HIV/AIDS prevention prominence in its operations. The efforts toward mainstreaming, which started in 2000, are consistent with this deep understanding of its role in promoting prevention and care related to HIV/AIDS.

### **What Is HIV/AIDS Mainstreaming?**

10. A working definition for mainstreaming AIDS has been provided by UNAIDS: “a process that enables development actors to address the causes and effects of AIDS in an effective and sustainable manner, both through their usual work and within their workplace” (UNAIDS 2004). “Development actors” in the transport sector would mean all public sector, civil society, and for-profit organizations, including transport sector unions. “Usual work” for the transport sector is the mandate, mission, or business interests relating to transport sector infrastructure, services, and organization. Mainstreaming needs to be carried out in the “internal domain” (mainly transport sector employees, resources, and procedures) and the “external domain” (mainly the people in communities that interact with the transport sector). Depending on the nature of the environment in which mainstreaming is carried out, the relative balance between internal and external domains can vary with relative emphasis on one or the other or with equal attention to both domains.

11. Mainstreaming within the transport sector is faced by a two-pronged challenge: First, the sector has to ensure that its development gains are not lost as a result of HIV/AIDS and that its labor force is safe from HIV/AIDS and remains productive for the community. Second, the sector has to ensure that it is not creating an environment conducive to the spread of the epidemic.

12. 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/AIDS, integration 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 (UNAIDS 2002).

13. Following the lessons learned during the process of operations integration and the concept of mainstreaming in the context of development, there is growing consensus on what mainstreaming is, what mainstreaming is not, and the essential guiding principles of mainstreaming (as reflected in Table 1).

14. The major thrust of the HIV/AIDS initiative in the transport sector is mainstreaming, and in the road subsector where AFTTR’s operations are most prominent, the mainstreaming objectives are twofold: (a) to prevent road construction projects from being vehicles of HIV infections; and (b) to help client countries better define their HIV/AIDS prevention strategies in the transport sector.

## **The Current Process of Mainstreaming**

15. Within the AFTTR, mainstreaming is being done at two levels. The first level is when the project is being developed, and the second level is when the project is being implemented by the Ministry of Transport (MoT). The process of mainstreaming projects with the client countries involves the following actions:

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

**Table 1. Mainstreaming HIV/AIDS: Definitions and Principles**

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"> <li>• How HIV is spread in the sector</li> <li>• How the epidemic is likely to affect their sector's goals, objectives and programs</li> <li>• Where their sector has a comparative advantage to respond to and limit the spread of HIV and mitigate the impact of the epidemic.</li> </ul>	<p>Mainstreaming is not about (SDC 2004):</p> <ul style="list-style-type: none"> <li>• Pushing HIV/AIDS into programs where it is not relevant</li> <li>• Changing core functions and responsibilities to turn all sector activities into HIV/AIDS programs</li> <li>• Simply introducing HIV/AIDS awareness raising in all our activities</li> <li>• All of us having to become AIDS specialists</li> <li>• Business as usual</li> </ul>	<ul style="list-style-type: none"> <li>• Identify a focal person or entry point.</li> <li>• Work within existing institutional structures—consistent with the Three Ones.<sup>a</sup></li> <li>• Focus on advocacy, continuous education and capacity building. Mainstreaming cannot be expected to develop on its own.</li> <li>• Focus on the domestic domain as well as the external domain.</li> <li>• Identify strategic partnerships.</li> <li>• Maintain exceptional action to ensure that HIV and AIDS responses remain relevant and effective as the epidemic evolves.<sup>b</sup></li> </ul>

a. The Three Ones principles launched in Washington on April 25, 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 multisector mandate
- One agreed AIDS country-level monitoring-and-evaluation system

b. Ibid.

16. When mainstreaming HIV/AIDS prevention activities 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. In its planning, for example, the organization prioritizes HIV/AIDS interventions, 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 toward ensuring that “sector activities do not increase the vulnerability of the community it serves, or undermine their options for coping with the effects of the pandemic” (Eelsey, Tolhurst, and Theobald 2005).

## **SECTION II. HIV/AIDS AND THE TRANSPORT SECTOR WITHIN THE WORLD BANK**

17. The transport sector in the World Bank is one of the sectors contributing to a multi-sectoral approach to respond to HIV/AIDS. The transport sector has been a pioneering non-health-sector unit in the area of HIV/AIDS, having been one of the first such units to attempt to include HIV/AIDS into its core operations.

18. In the Africa Region, the Transport Unit (AFTTR) is implementing key initiatives aimed at strengthening the multi-sectoral response. The HIV/AIDS interventions supported by AFTTR aim to (a) prevent HIV transmission to transport sector personnel, clients, and communities; (b) provide care and support for those transport personnel and their family members already infected with HIV; and (c) mitigate the adverse social and economic impact of HIV/AIDS in the transport sector (World Bank 2003). AFTTR addresses these objectives by:

- (a) tapping, for the transport sector, into the funding provided by the World Bank Multi-Country HIV/AIDS Program for Africa (MAP) and the Global Fund for HIV/AIDS, TB, and Malaria (GFATM);
- (b) working with Transport Ministries in client countries to retrofit transport sector projects to include HIV/AIDS interventions;
- (c) introducing HIV/AIDS clauses into project construction contracts;
- (d) working to put in place a transport and HIV/AIDS program with clear institutional responsibility and dedicated human and financial resources; and
- (e) initiating HIV/AIDS transport corridor projects that focus on transport workers and communities.

19. The South Asia Region has a multi-sectoral team assigned to work on transport and HIV/AIDS issues, including the full-time support of a coordinator and a designated Human Development counterpart. All new projects are screened for possible HIV/AIDS input and Task Team Leaders (TTLs) are involved in discussions on how best to address HIV/AIDS in their projects. The positive experience in the region has been opportunistic and demand-driven, focusing first on contractors and their staff, and designed to complement other program interventions, often based on established needs and prevalence rates.<sup>3</sup>

20. The East Asia and Pacific Region adopted a regional strategy in 2004 of including HIV/AIDS education activities in all projects with major civil works components, in accordance with the requirements of the Bank's standard bidding documents (World Bank 2007). The focus of the strategy is on construction workers, commercial sex workers, and local residents affected by the projects. This strategy has been partially implemented, most successfully in Cambodia and China. With funding from the Global

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<sup>3</sup> Minutes of the Transport World AIDS events, Nov. 28–29, 2005, Washington, DC.

HIV Program, a toolkit for HIV/AIDS education was developed and will be pilot-tested starting in fiscal year (FY) 2009 in Cambodia, China, Indonesia, and Vietnam.

21. In the Latin America and Caribbean Region, recent strides have been made toward defining a program of selective interventions in the transport sector to combat the spread of HIV/AIDS. A strategy document was prepared in 2007, which called for a specific focus in three areas: road construction sites, road transport corridors, and city-port locations (these being generally perceived as the areas of highest risk). The regional portfolio and pipeline will be assessed to identify the countries and projects that should be prioritized for attention, in line with the strategy, initial efforts are now under way in Haiti (road corridors) and Honduras (road construction sites). In addition, support is being lent to a promising initiative in Argentina with the trucking industry (corporate social responsibility) to roll out, by priority road corridors, a program of HIV/AIDS prevention with vulnerable groups.

22. Launched in 2000, MAP is one of the major sources of financial support for the multi-sector response against HIV/AIDS in Africa region. MAP support is available to all countries eligible for International Development Association (IDA) and International Bank for Reconstruction and Development (IBRD) funding (Oomman 2006). Some key prerequisites for MAP funding are: the evidence of a strategic approach to HIV/AIDS, existence of a coordinating body with multi-sectoral representation, government willingness to use multiple implementation agencies (including NGOs and community-based organizations [CBOs]), and a willingness to channel funds to civil society and private sectors (Oomman 2006).

23. AFTTR started incorporating HIV/AIDS activities into its projects in 2000. This assessment was initiated to review its HIV/AIDS activities and the process, results, and challenges of mainstreaming HIV/AIDS prevention activities in the transport sector.

### **The Era of HIV/AIDS Treatment**

24. Following the introduction of new HIV/AIDS funding mechanisms into the HIV/AIDS program in Africa—especially through MAP; the U.S. President’s Emergency Plan for AIDS Relief (PEPFAR); the Global Fund for HIV/AIDS, TB, and Malaria (GFATM); and private foundations—treatment, including the provision of antiretrovirals (ARVs), has become more accessible to low-income countries. In 2002, the World Bank Board approved MAP2 to extend support to scale up treatment programs as well. This development has provided the opportunity to the transport sector in client countries to refer project beneficiaries to the health sector for antiretroviral therapy (ART) services. Only Burkina Faso has used transport sector credit funds to directly procure and provide ARVs to project beneficiaries. This was a more challenging experience than referring transport sector staff to the health sector.

25. AFTTR has three priority objectives for HIV/AIDS prevention and care: (a) prevent transmission of HIV to transport sector workers and clients in the communities where the transport sector does business, (b) provide care and support for those transport personnel and their families that are already infected with HIV, and (c) mitigate the adverse social and economic impact of HIV/AIDS on the sector (World Bank 2003). In Sub-Saharan

Africa, investments in HIV/AIDS in the transport sector have been most prominent in the roads subsector. AFTTR has supported a variety of projects in the roads subsector, including the Abidjan-Lagos Transport Corridor Project; the Road Sector Development Project in Ethiopia; the Zambia public-private partnership; and road construction projects in Burkina Faso, Cape Verde, the Democratic Republic of Congo, Kenya, Malawi, Mozambique, Niger, Nigeria, Senegal, Tanzania, and Uganda.

### **The HIV/AIDS Project for the Abidjan-Lagos Transport Corridor**

26. This project, within the AFTTR portfolio, has so far been the only stand-alone transport sector HIV/AIDS project, designed with the ultimate objective of addressing transport sector HIV/AIDS prevention needs. The Cape Verde HIV/AIDS Project, which was also managed by AFTTR (it has since been transferred to Human Development), was also a stand-alone HIV/AIDS project, designed like most of the MAP projects in the region, with a multisectoral approach.

27. The HIV/AIDS Project for the Abidjan-Lagos Transport Corridor is a regional project, being implemented along the road transport corridor covering five countries in West Africa (Benin, Côte d'Ivoire, Ghana, Nigeria, and Togo). Interventions in this project involved both transport sector-specific interventions and HIV/AIDS-specific interventions. Among the transport sector interventions were interventions to reduce the time spent by truck drivers at border crossings; provision of information to truck drivers to accelerate the clearance of border control procedures; and education of customs, immigration, and police authorities on the need to accelerate the flow of traffic across the borders. HIV/AIDS-specific interventions included provision of condoms at border-crossing points; upgrade of health facilities along the border-crossing points to provide HIV/AIDS-specific services; and provision of HIV/AIDS information and training to truck drivers, border control officials, and commercial sex workers along the corridor. Resident populations along the corridor were also beneficiaries of the project. The project also involved institutional interventions that included formation of border HIV/AIDS committees and the formation of a corridor-wide coordination body, with a secretariat based in Cotonou (Benin). It is also important to note that both Togo and Côte d'Ivoire were in non-accrual status and the latter was also in conflict. Regardless of the above situation, the project succeeded in bringing these countries together and addressing HIV/AIDS as a global public benefit in the most important trade route in West Africa (over 65 percent of trade takes place on this route).

### **Support from Other Development Partners**

28. Several development partners working in transport projects in Africa—especially bilateral donors through such institutions as the United States Agency for International Development (USAID), the U.K. Department for International Development (DfID), the 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 has often been channeled directly to the private sector, especially nongovernmental organizations, whose capacities were built on experience gained working with the truck drivers and sex

workers. While capacities grew in the private sector, the public sector, including the Ministries of Transport, lagged behind in response. Unfortunately, many Transport Ministries had no sustained support from their respective National AIDS Commissions (NAC). Development partners often left out some critical areas including: (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.

## **SECTION III. ASSESSMENT OF THE PROJECTS IN THE AFTTR PORTFOLIO FOR HIV/AIDS MAINSTREAMING**

29. An assessment was carried out of the experience of the Africa transport sector in mainstreaming HIV/AIDS into transport sector projects. The assessment had three principal objectives: (a) to document the HIV/AIDS mainstreaming experience in the transport sector, (b) to use this experience to develop a learning tool for future projects, and (c) to determine the linkages between the transport projects and the national HIV/AIDS strategy of each client country.

### **Methodology**

30. The methodology for the assessment included a blend of instruments for collecting information, including a questionnaire, desk review of various project reports, and interviews of Task Team Leaders. The desk review included a wide range of documents that varied in length and areas covered. They included activity reports (appendix G), project review reports, quarterly project implementation reports, PowerPoint presentations, and briefing notes. In all, 54 documents were reviewed.

31. Feedback from HIV/AIDS focal persons in the transport sector of selected client countries using a key informant interview questionnaire (Key Informant Interview Questionnaire [KIIQ] in appendix E) was also obtained. The KIIQ was sent to 22 focal persons and had a response rate of 59 percent (13 respondents; see appendix F). 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
- Sustainability

The questionnaire was designed and used to gain an insight into the HIV/AIDS response by the transport sector, rather than generate quantitative data. Follow-up interviews were conducted and e-mails sent to seek clarification, obtain more information, or strengthen existing information.

### **Limitations**

32. The relative quality of content of the information collected through these various sources of information varied. Initially, most of the projects were designed as transport sector projects, and HIV/AIDS was not originally the focus of the projects. Furthermore, HIV/AIDS was not considered as a development issue. Many of the key informants who

responded to the questionnaire did not provide answers to some of the questions. This limited the possibility of undertaking comparative analysis or determining trends. Financial information regarding disbursements on HIV/AIDS interventions was not easily identifiable because HIV/AIDS interventions are disbursed under the broad “social” component, which includes more than just HIV/AIDS interventions. On monitoring and evaluation, baseline data on HIV/AIDS interventions were not collected in many of the projects, which limited the potential to measure results of the HIV/AIDS interventions. Notwithstanding the above-mentioned limitations, the assessment provides broad insights into the experience of the transport sector in mainstreaming HIV/AIDS into its operations.

## **Findings**

33. The information obtained through the different sources identified above was analyzed and collated to address the key questions that the ESW sought to answer: (a) to document the HIV/AIDS mainstreaming experience in the transport sector, (b) to use this experience to develop a learning tool for future projects, and (c) to determine the linkages between the transport projects and the national HIV/AIDS strategy of each client country. (A summary of these findings and some of AFTTR’s accomplishments are highlighted in the following Boxes 1–5).

### **Experience of the transport sector, in mainstreaming HIV/AIDS**

34. HIV/AIDS mainstreaming in the transport sector can be considered achieved once the transport sector has fully taken on HIV/AIDS interventions as part of its overall transport sector interventions. It is this concept that was used, as far as possible, to identify those projects in the AFTTR portfolio that are considered mainstreamed. This list of projects includes projects that had earmarked resources (financial and human) and were addressing the specific HIV/AIDS needs of the transport sector. Out of the 38 projects under supervision in the AFTTR portfolio, as of February 2007, 22 projects had earmarked resources, were addressing the specific HIV/AIDS needs of the transport sector, and were considered mainstreamed. This amounts to 58 percent of the projects in the AFTTR supervision portfolio as of February 2007; however, there is still room for improvement in the remaining projects. This also applies to the new projects that are being prepared. A review of the four new AFTTR projects that were approved by the Board during the first half of FY 2008 shows that two of them were HIV/AIDS–mainstreamed by design, while the other two

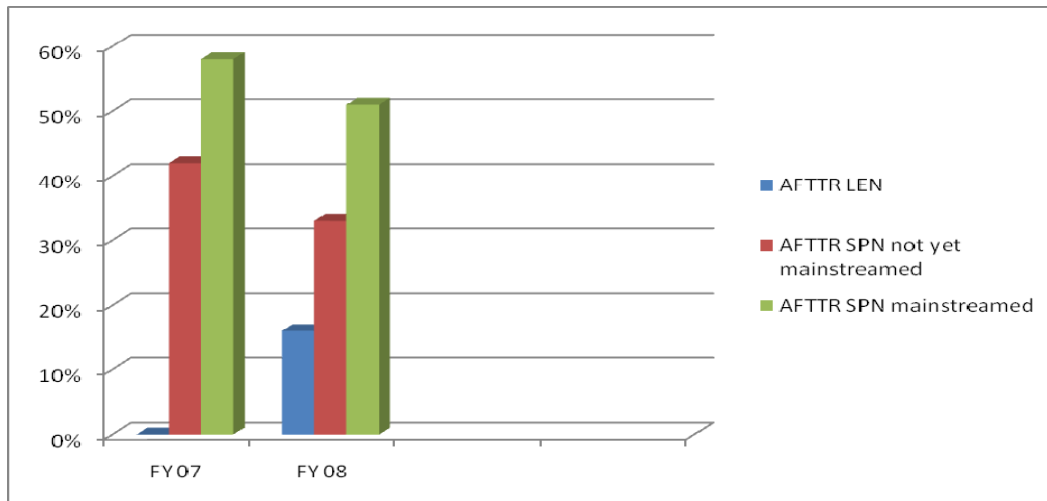
#### **Box 1 Uganda: Awareness Campaign at Road Construction Site**

The Pakwach-Olwiyo road construction project was funded by the World Bank through the Road Agency Formation Unit (RAFU). This road construction project passes through communities referred to as “Project-Affected Populations (PAPs).” These include seven Internally Displaced People’s Camps (IDPCs). During awareness campaigns, the facilitators emphasize the power of knowledge in HIV/AIDS prevention. When one acquires adequate knowledge about HIV/AIDS, he or she will know the right actions to take to avoid HIV/AIDS. The facilitators explain the benefits of getting tested and encourage all participants that have not taken an HIV test to seek VCT services. Knowing one’s status early enough is very important because one can get early HIV/AIDS treatment (which means longer life) if one is found to be infected.

were not. Because mainstreaming has not yet been institutionalized at the Bank operations level, no budget line for it appears in the project allocation. (See appendix H1, which lists all the projects in the portfolio and their mainstreaming status. With more than half of the projects in the portfolio having been mainstreamed, it is evident that there has been significant progress in the mainstreaming process; however, Figures 1b and 1c give the mainstreaming status by project type and by subsector, and they sum up the table in Appendix H1).

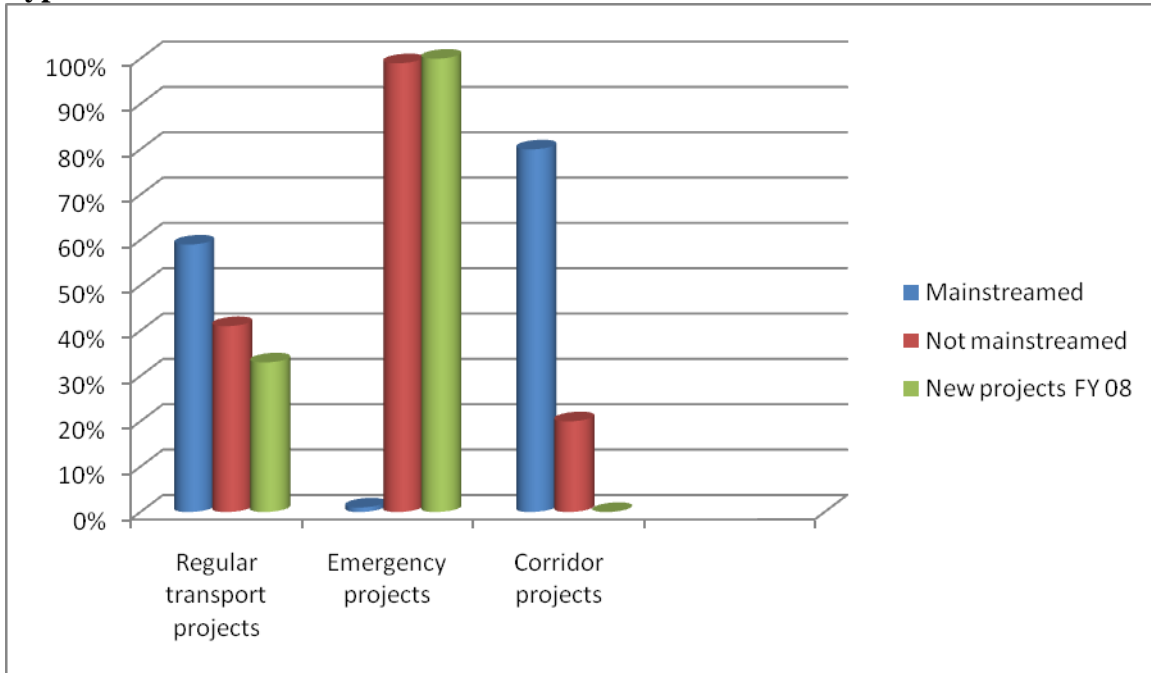
35. The Bank-financed projects had HIV/AIDS focal persons in the MoT, and the projects estimated to cost at least US\$10 million had HIV/AIDS-prevention contract clauses. HIV/AIDS interventions were being implemented for both internal clients (transport sector employees) and external clients (outreach clients in the areas of project operation). The cost of specific interventions by the civil works contractors is included in the overall contract price; hence, AFTTR did finance HIV/AIDS initiatives from its own IDA allocations. Unfortunately, the information cannot be easily tracked in the Bank system because it is embedded in the Civil Works component. A “learning by doing” approach is being utilized by most of the projects to address unforeseen challenges as their respective experience with HIV/AIDS increases.

**Figure 1a. Illustration of the Mainstreaming Achieved in AFTTR’s Supervision Portfolio**



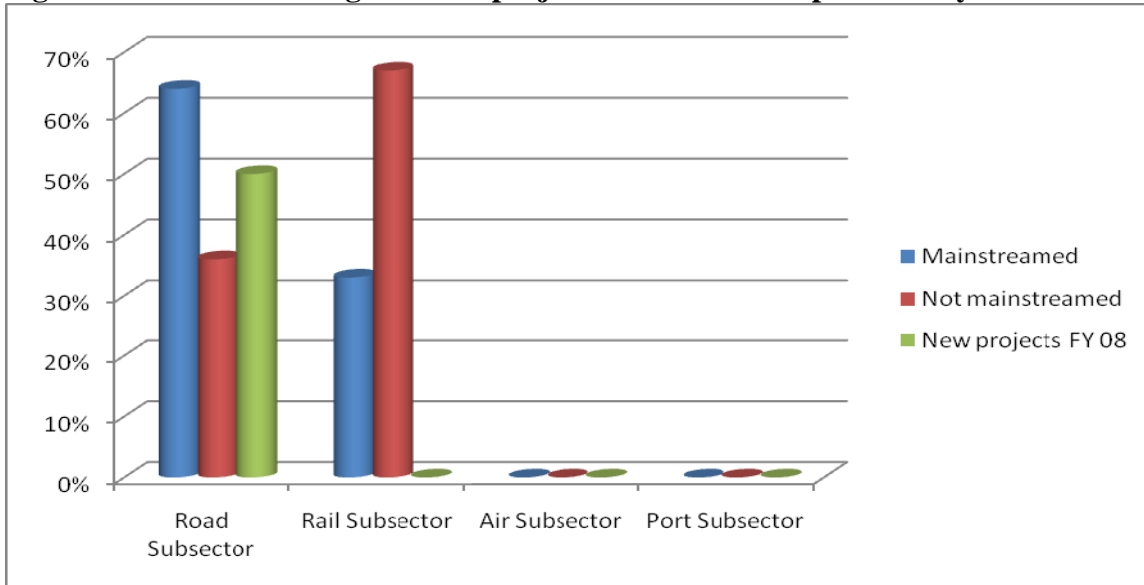
36. Figure 1a illustrates the proportion of projects under supervision in the AFTTR portfolio that were HIV/AIDS mainstreamed as of February 2007. It shows that the majority of projects (22 out of 38, amounting to 58 percent of projects) had been mainstreamed. The chart indicates significant progress in mainstreaming majority of the projects in the AFTTR portfolio. The 2008 fiscal year shows a lesser number of mainstreamed projects because some of the mainstreamed projects have been completed and therefore cannot be counted.

**Figure 1b. Mainstreaming Status of Projects in the AFTTR Portfolio by Project Type**



37. Figure 1b is self-explanatory in the sense that emergency projects (for example) were not mainstreamed at first, but new ones were. Corridor projects reflect a large percentage of mainstreaming, but there were no new projects for this sector. As for regular transport projects, they illustrate an important percentage of mainstreamed projects, followed by a large number of non-mainstreamed ones as well. Only one new project was mainstreamed (out of three).

**Figure 1c: Mainstreaming status of projects in the AFTTR portfolio by sub-sector**



38. Figure 1c illustrates the dichotomy between the road and rail sub-sectors and the other sub-sectors (air and port). With three projects in the latter two sub-sectors, none was mainstreamed, which explains the zero percentages on the figure. The road sub-sector shows an important percentage of mainstreamed projects which is much more labor-intensive compared with other sub-sectors. The rail sub-sector shows an important percentage of non-mainstreamed projects, although the mainstreamed percentage here is not negligible and operators (especially private concessionaires) are carrying prevention activities without IDA support.

### **HIV/AIDS–Related Interventions in the Mainstreamed Projects**

39. Appendix H2 shows the nature of HIV/AIDS interventions that were carried out in the mainstreamed projects. The top four interventions that were more widely being implemented across projects were (a) appointment of an HIV/AIDS focal point; (b) hiring of a consultant or NGO for technical implementation of HIV/AIDS activities; (c) information, education, and communication/behavior change communication (IEC/BCC) interventions; and (d) condom distribution and promotion. The least implemented interventions were related to HIV/AIDS workplace policy development/ implementation. The issue of HIV/AIDS workplace policy development is a critical intervention in sectoral HIV/AIDS programs and therefore needs to be more aggressively addressed in transport sector projects. The development and implementation of such policies requires high commitment by the leadership of the transport sector. Focal points of the government transport sector ministries need the support of the top management of these ministries in ensuring that resources are allocated for this very important HIV/AIDS intervention.

## Comparison of mainstreamed and non-mainstreamed projects

40. To identify any differences between the mainstreamed and non-mainstreamed projects, a comparison was made of the two types of projects (as shown in appendix H1). Both mainstreamed and non-mainstreamed projects included a combination of older and younger projects. The size of the Bank credit did not influence the status of a project being mainstreamed because both small- and large-sized projects were represented among the mainstreamed and non-mainstreamed projects. The regional location in the African continent also did not appear to have an effect because projects in West Africa and those in East and Southern Africa were well represented in the mainstreamed and non-mainstreamed projects. Overall country HIV prevalence did not account for the differences in the mainstreamed and non-mainstreamed projects because projects in relatively low-HIV-prevalence countries (like Cape Verde, Madagascar, and Senegal) were mainstreamed as were those in relatively high-prevalence countries (like Lesotho, Malawi, and Zambia). A possible factor that may account for whether a project is likely to be mainstreamed may lie with the project preparation and supervision team. In particular, the team's perception of the relative significance of HIV/AIDS mainstreaming in the transport sector project may influence the likelihood that HIV/AIDS is mainstreamed in the project.

41. The level of maturity in mainstreaming differed from country to country. While a country like Kenya is at an early stage of the HIV/AIDS mainstreaming exercise, Ethiopia—through the Ethiopia Roads Authority (ERA)—is at an advanced stage, having succeeded in getting management and staff to

### **Box 2: Ethiopia - ERA Commitment**

The GTZ (contracted international NGO) together with the ERA introduced one condom dispenser at the ERA headquarters in Addis Ababa and some offices of the ERA districts in the regions. A comprehensive HIV/AIDS prevention and control strategy, including policy, IEC, condom distribution at workplaces, VCT and treatment, was developed and successfully implemented by ERA at the headquarters in Addis Ababa. As a result, the program received wide recognition in the country and was later adopted by the Ethiopian Parliament as its workplace strategy. Strong commitment to HIV/AIDS by the management of ERA played a significant role in the mainstreaming.

### **Box 3. Tanzania/Zambia: Building a Public-Private Partnership**

Partnership and coordination are perhaps the strongest points of the Zambia program. Through the Ministry of Transport and Communication, the World Bank's assistance to the sector has helped to build a strong public-private partnership that is driving the response in the sector. The Tanzania-Zambia Railway (TAZARA), the National Drivers Association of Zambia (NDAZ), the Truck Drivers Association of Zambia (TDAZ), the National Council for Construction, the Road Development Agency, and Zambia Railways are institutions partnering in the response to HIV/AIDS in the road subsector in Zambia. Workplace policies have been developed, and peer educators have been 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 campaigns against HIV/AIDS. For example, the NDAZ conducts sensitization sessions in bus stops, reaching their members and passengers. TAZARA on its part distributed condoms and conducted outreach to the workers and communities around the rail line, while TDAZ reached out to the truck drivers. As the Zambia initiative matured, the government of Zambia, the Global Fund, and the HIPC Program have provided additional funds. Quarterly reports submitted by the HIV/AIDS Coordinator specify activities supported by each funding agency.

own the process (Box 2). ERA has a management that is committed to HIV/AIDS at the central level and in the regions. All staff (professional and support) are given training on HIV/AIDS, and condoms are made available to the staff at both the ERA offices and construction sites. HIV/AIDS clauses are included in contracts with the contractors, who can either provide the services themselves or subcontract the HIV/AIDS activities to third parties (NGOs have been the most successful subcontractors).

42. ERA developed its HIV/AIDS workplace policy, which served as a road map for Kenya, Lesotho, Malawi, Uganda, and Zambia. Malawi and Zambia are now implementing their workplace policies. ERA's employees went further in their commitment and volunteered to create—in addition to management's response—a collective HIV/AIDS account to which each staff member provides one percent of his or her monthly salary for a duration of two years for assistance to affected and infected workers.

### **Linkage with the National Strategic Framework**

43. All responses received from the Ministries of Transport indicated that the project HIV/AIDS activities were in line with the expectations in the National HIV/AIDS Strategic Framework. Some of the ministries, particularly those in English-speaking countries, have developed sector-level HIV/AIDS policies and strategies that draw from and complement the National Strategic Framework. The sector policies further clarify the priorities in the transport sector. These sector HIV/AIDS policies and strategies offer opportunity for a long-term sector response to HIV/AIDS. More specifically, higher and consistent priority needs to be given to the development of workplace policies in the mainstreaming process. The French-speaking countries will now learn from this experience and launch their workplace policy program. However, apart from the legal framework, the condition of service, the grievance procedures, and a good workplace policy program should reflect the following: specific objectives of the HIV/AIDS policy; awareness raising; promotion of VCT services in the workplaces; stigma and discrimination and the strategies; confidentiality and the strategies; care and support for infected workers; and monitoring and evaluation.

#### **Box 4. Zambia/Malawi: Promoting a Workplace Policy**

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

## **Contributing to the National Uptake of HIV Voluntary Counseling and Testing (VCT)**

44. In some countries, the transport sector has been an effective partner in increasing the uptake of VCT. For example, in Zambia, 43 percent of members of the population targeted by the transport sector took the HIV test in 2005. This was above the national uptake for VCT of 37 percent (Appendix G). Increased knowledge of their HIV status is a major step in empowering project beneficiaries to further prevent HIV infection or enroll in treatment.

## **Monitoring and Evaluation (Measuring Results) and Other Implementation Challenges**

45. A number of challenges were identified during the assessment (see Appendix A for summary). Most of these challenges to mainstreaming stem from the limited capacity to collect and disseminate HIV/AIDS-related information, particularly monitoring-and-evaluation information. For example, such challenges in collecting and dissemination of HIV/AIDS-related information have been identified in Ethiopia, Senegal, and Zambia. Lack of baseline information was a common challenge. In some of the client 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 guide implementation. In cases in which the reports arrived, they did so after the first phase of the project had been completed.

46. Because HIV/AIDS interventions were introduced into many of these transport projects after the whole project had been designed, the project monitoring-and-evaluation framework did not initially include HIV/AIDS-specific monitoring-and-evaluation indicators. The project development objectives did not also include specific HIV/AIDS objectives. Reporting on HIV/AIDS interventions was therefore not always consistent in most of the projects. Also, no linkage was made to the National HIV/AIDS Monitoring-and-Evaluation Framework, and many focal points were not aware of the existence of such a framework. Moreover, resources were not allocated to support the need for developing a system for monitoring and evaluation of the transport sector HIV/AIDS response. Measuring the results of the HIV/AIDS interventions without a monitoring-and-evaluation framework that is designed to address these interventions is therefore a challenge for these projects.

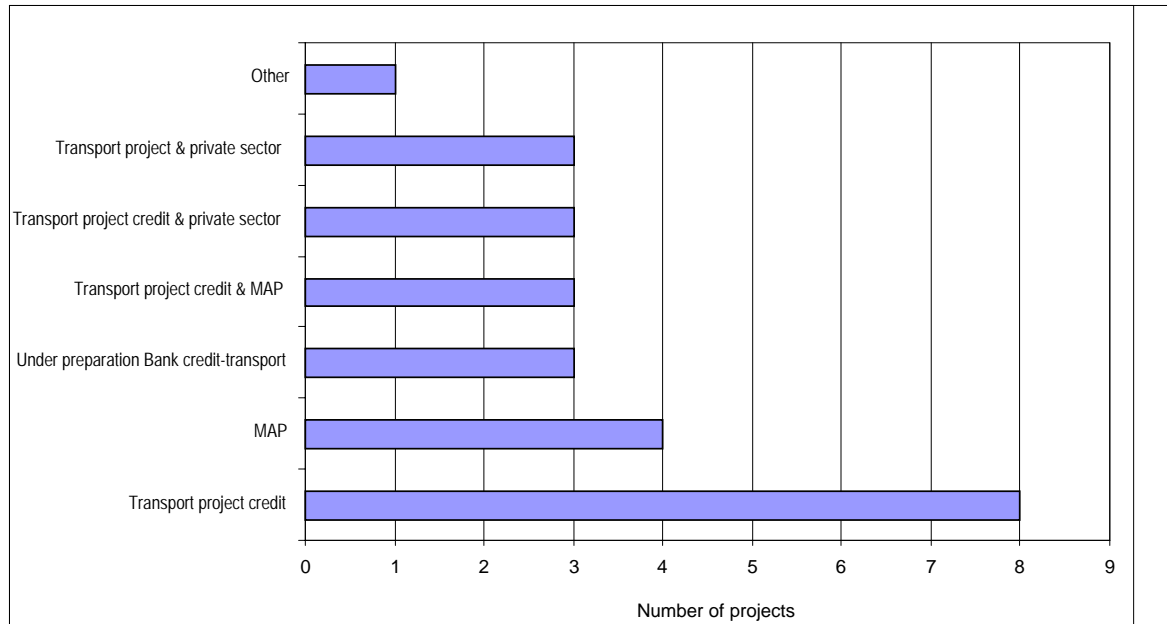
### **Box 5. Regional HIV/AIDS Project for the Abidjan-Lagos Transport Corridor**

This project was designed specifically to address transport sector HIV/AIDS prevention needs along the road corridor covering five countries (Benin, Côte d'Ivoire, Ghana, Nigeria, and Togo). Transport sector interventions include interventions to reduce the time spent by truck drivers and passengers at border-crossing points. Target populations include truck drivers, customs, police, and transport and immigration officials at the border-crossing points. Passengers, commercial sex workers, and residents along the transport corridor are also targeted. HIV/AIDS-specific interventions for the target groups include provision of condoms, HIV/AIDS information, upgrading of border HIV/AIDS health facilities, and formation of border HIV/AIDS committees on both sides of borders.

## Sources of Resources Used in Mainstreaming

47. Client countries used the transport project credits, 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 other donors such as the Global Fund for AIDS, TB, and Malaria (GFTAM) and/or leveraged funds from the private sector to support the work (as indicated in figure 2).

**Figure 2. Sources of Funding for HIV/AIDS in AFTTR Portfolio**



48. As shown in Figure 2, projects in the AFTTR portfolio used different sources of funds to finance HIV/AIDS interventions within the transport sector with majority of projects in the portfolio using resources from their own transport projects to finance HIV/AIDS interventions. The second group of projects in the AFTTR portfolio tapped into the MAP projects while others used a combination of financing, but invariably transport sector resources were used in the various combinations of financing. This indicates that within the AFTTR portfolio, the transport sector and MAP were the more likely sources of financing for HIV/AIDS interventions.

### **What Does It Cost to Mainstream HIV/AIDS into Transport Sector Projects?**

49. On review of the projects in the AFTTR portfolio, it was evident that it was not always possible to quantify the actual financial resources that were utilized for HIV/AIDS mainstreaming of each of the projects. Records of resources utilized for HIV/AIDS mainstreaming indicate that HIV/AIDS-specific financial resources were lumped with financial resources that addressed all “social” interventions in the projects. The relative proportion of the HIV/AIDS component of the social expenditures in many projects could not be separated from the overall expenditures for social interventions. Attempting to estimate the HIV/AIDS-specific resources, without representative

empirical data to indicate the relative proportions of the HIV/AIDS element of the social expenditures, would not give a realistic estimate of the resources utilized for HIV/AIDS mainstreaming, particularly because the pattern of expenditures across projects may not be similar.

### **HIV/AIDS Financing, Based on Reporting Provided by Task Team Leaders**

50. An attempt was made to estimate the project resources allocated for HIV/AIDS in three projects whose data were available (Table 2). Data were obtained from document review and interviews with Task Team Leaders. Allocation of project resources for HIV/AIDS ranged from 0.1 percent of the total commitment amount in Malawi to 2.9 percent in Lesotho. Both Lesotho and Malawi are in the high-HIV-prevalence region of the continent. Based on this, it would appear that relative allocations for HIV/AIDS interventions in these transport projects are not related to the country's HIV-prevalence rates.

**Table 2. Project Resources Allocated for HIV/AIDS in Three Projects**

<b>Transport project</b>	<b>IDA commitment amounts (US\$ millions)</b>	<b>HIV/AIDS allocation (US\$)</b>	<b>Percentage of project resources allocated for HIV/AIDS</b>
Lesotho Integrated Transport	23.5	675,000	2.87
Malawi Infrastructure Services	40.0	45,000	0.11
Senegal Transport SIL 2	90.0	684,000	0.76

### **Transport Sector and Other Non-Health Sector HIV/AIDS Allocations**

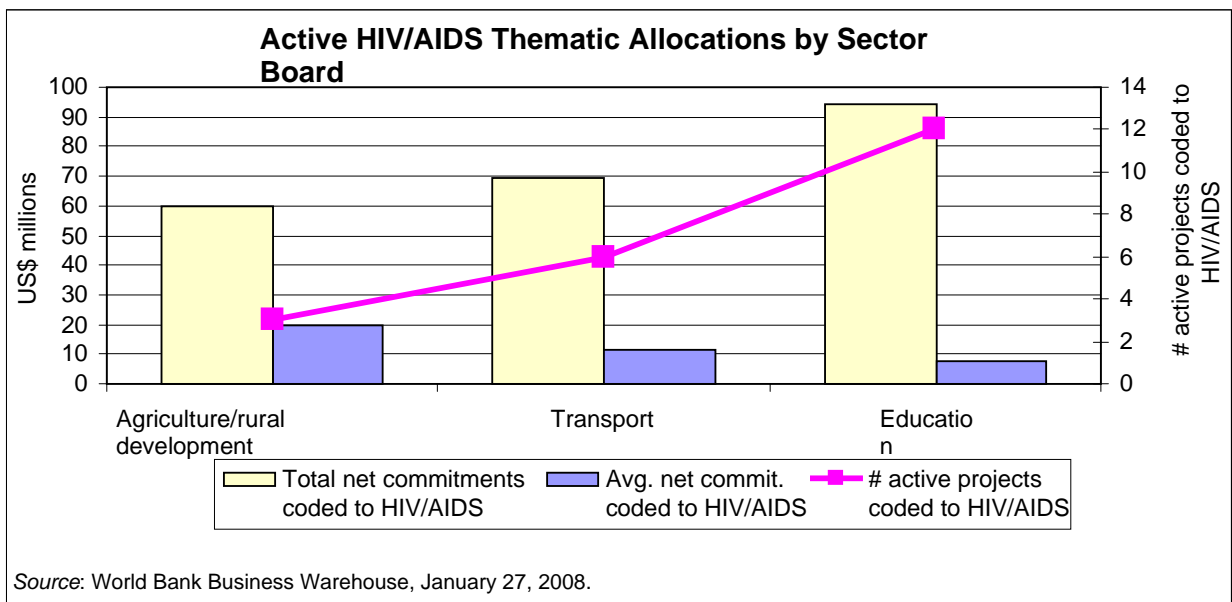
51. Using the Bank's internal database, an attempt was made to compare HIV/AIDS thematic allocations for the transport sector with other non-health sectors (Figure 3). As an illustrative example, the education sector had the most identified projects with HIV/AIDS codes (12 projects), and the urban development sector had the least identified projects (only one project). The agriculture/rural development sector had the highest average HIV/AIDS commitment per project at US\$20.0 million, while the education sector had the lowest average HIV/AIDS commitment per project at US\$7.8 million, and the transport sector had an average allocation of US\$11.6 million according to the methodology used for calculating the allocation of project cost by theme.

52. The process of assigning a particular sectoral or thematic code to a project is relatively subjective; hence, the number of projects assigning codes for HIV/AIDS is likely to be a poor indicator of the number of projects with an HIV/AIDS component or set of activities. The proportion of transport project cost directly allocated to HIV/AIDS is usually quite small. Resources are allocated to components and specific activities within the components. An area/theme such as HIV/AIDS may cut across several components. For example, the most significant spending on HIV/AIDS will often be included in the cost of construction of a transport project. Thus, there will not be a direct

relationship between the assigned codes and the resources allocated to any given theme/area.

53. Given that the transport sector is hampered by gross under reporting of the number of projects with HIV/AIDS activities according to the thematic coding system, this data may not necessarily be representative of the overall HIV/AIDS allocations in the respective sectors. However, at the very least, they are an indication of the degree to which the various non-health sectors, in terms of allocations for HIV/AIDS, have mainstreamed HIV/AIDS interventions.

**Figure 3. Active Non-Health Sector Projects with HIV/AIDS Codes Assigned during Project Preparation**



## **SECTION IV. LESSONS LEARNED, RECOMMENDATIONS AND CONCLUSIONS**

### **Lessons Learned**

54. **HIV/AIDS Should Be an Integral Element in the Transport Agenda:** Because of the role that transport plays in a country's development, it is paramount to preserve the health of the labor force working in, and the communities interacting with, the sector. Transport by its very essence of helping to facilitate the mobility of goods and services should not be a vector for the transmission of HIV/AIDS. Therefore, HIV/AIDS should be on the agenda at the early stages of project design. This is absolutely necessary to avoid loss of development gains by protecting the labor force and mobile population, as well as preventing the spread of the epidemic through sector initiatives.

55. **HIV/AIDS Workplace Policies Is an Important Tool to Implement Prevention Activities:** The urgency and magnitude of the HIV/AIDS epidemic call for significant, appropriate, and intensive responses. To help reduce the spread of the disease and its negative consequences, the transport sector has to develop multilevel interventions enforcing prevention, care, and mitigation of social and economic effects (Box 2 and Box 4).

56. **Monitoring and Evaluation (M & E) of HIV/AIDS Should Be Part of Projects in the Transport Sector (Measurement of Results):** Building an M & E system prevents deviation from the main objective. Monitoring gives information on where the project is at any given time, and evaluation gives evidence of why a goal has not been met. However, there is no standardized way of doing so. The real challenge comes from the fact that it takes commitment, time, and resources. Conversely, failure to implement the M & E system leads to the possibility of jeopardizing good results.

57. M & E was a significant challenge to many of the countries that were mainstreaming HIV/AIDS because it was perceived as a judging tool instead of a learning tool. Measuring results as part of a monitoring-and-evaluation framework becomes a challenge because the sector has to decide what to measure and how to measure it to determine the results of the HIV/AIDS interventions. It is a challenge even for the health sector-managed projects, which have been working on HIV/AIDS interventions for much longer than the transport sector. It is understandable that the transport sector is grappling with the concepts of what should be done in this relatively new domain for the sector. A starting point is the determination of which HIV/AIDS development objectives the project intends to achieve. Based on clear and realistic HIV/AIDS development objectives, the type of measurement and the frequency of the measurement of the indicators can be determined.

58. It is important that the monitoring-and-evaluation framework, with all the indicators, baselines, and targets, are prepared at the preparation phase of the project, before the interventions are implemented. Appendix D of this document provides some illustrative indicators that can be adapted to suit the specific project's monitoring-and-

evaluation framework. A matter of importance, based on the projects assessed, is the need to allocate financial resources as early as possible to ensure that baselines can be collected to help measure results. The unavailability of allocated financial resources for these key monitoring-and-evaluation interventions in the assessed projects greatly hampered the ability of the projects to measure results of the interventions. Appendix I provides an illustrative chart of how monitoring-and-evaluation information can flow from the communities to the higher levels of project management.

**59. Evidence on Impact and Effect of HIV/AIDS on Sector Is a Necessity Going Forward:** Without evidence, it is very difficult for a country to evaluate the HIV/AIDS needs within the transport sector. In Ethiopia, Senegal, Tanzania, Uganda, and Zambia, where baseline studies or situation assessments were done, HIV awareness was extremely high (above 80 percent). This suggests that, in such countries, projects should focus more on behavior change instead of committing huge resources to awareness creation. Emphasis on behavior change would be the next step in such environments.

**60. Transport Should Use HIV/AIDS Care and Support Facilities outside the Sector to Accelerate Programs:** Among the mainstreamed projects that provided information on the type of services, one of the transport sector ministries (in Burkina Faso) actually attempted to set up facilities to provide antiretroviral treatment within the transport sector. The capacity-building requirements for this intervention were huge, and big delays were experienced in this attempt. In other countries, however, the projects preferred to link with the nearby health care facilities and piggyback on their services for antiretroviral treatment. This second approach was more effective and took a shorter time to actually start functioning. Hence, where capacity exists outside of the transport sector, particularly in a specialized area of HIV/AIDS care, it may be preferable to link up with the non-transport sector agency to provide the needed service. Building and strengthening collaboration with other stakeholders (for example, in care and treatment) can have benefits for the transport sector.

**61. Specific Management Structures within the Transport Sector Need to Be Developed to Combat HIV/AIDS:** In many of the projects, the use of existing sector management structures to manage HIV/AIDS, as opposed to creating new ones, was found to be beneficial because the top management already recognized such structures. Focal points implementing the HIV/AIDS program with a team of workers also avoided the situation in which one person is overburdened by the management of the HIV/AIDS program. The sharing of responsibility within the team also ensured dissemination of institutional memory among team members. The first lesson here is that the use of existing transport sector structures facilitate mainstreaming of HIV/AIDS in the sector. The second lesson is that focal persons working in teams ensure better team ownership and continuity, compared with focal persons working alone.

**62. Country-Level Ownership Is a Good Indicator of Likely Success:** In those projects where ownership of the HIV/AIDS mainstreaming was high at the top levels of management (for example, Ethiopia transport projects), the process of mainstreaming was relatively smooth and with a diverse number of HIV/AIDS interventions implemented (appendix H2). This strengthens the argument for strong management commitment in the

transport sector, at country level, to ensure that HIV/AIDS mainstreaming becomes a reality.

### **Implementation Challenges**

63. The projects had a number of implementation challenges, many of which are summarized in Appendix A. The lack of baseline data and inadequate support by management to focal points were the two most critical challenges. The need to have top management committed to HIV/AIDS mainstreaming cannot be overemphasized. The collection of baseline data is critical in the measurement of results of the HIV/AIDS interventions in the transport sector.

64. **Capacity Building Is an Important Ingredient for Successful Implementation of a Project in the Sector:** At the level of the Bank, the project preparation teams need to be able to depend on capacity in the teams, during project preparation and project implementation, to design and supervise HIV/AIDS interventions. Many of the project teams that were able to address HIV/AIDS at the design and implementation stages were able to do so because of the knowledge of HIV/AIDS that they were able to bring into the project. Decisions need to be made by a team with a strong HIV/AIDS focus on what interventions need to be included in the project activities, as well as which HIV/AIDS indicators are to be included in the monitoring-and-evaluation framework. Finally, additional resources and HIV/AIDS networks need to be considered as part of a multidisciplinary project preparation and project supervision team.

65. **At the country level, a number of stakeholders were identified as likely to benefit from capacity building:**

- Capacity building among transport sector workers in being able to talk freely about HIV/AIDS
- Ongoing capacity building among new focal points and the team members who work with these focal points to ensure that they are comfortable talking to transport sector workers about HIV/AIDS

Capacity building in monitoring and evaluation of HIV/AIDS interventions is another critical domain that needs to be strengthened because it was one of the weakest in the mainstreaming process.

### **Recommendations for Action**

66. **HIV/AIDS in the Transport Sector:** The findings of this document indicate that many of the projects in AFTTR are mainstreamed; however, a significant portion of projects still needs to be mainstreamed. Indications from the four AFTTR projects that were approved by the Board during the first half of FY 2008 show that not all of them have designs with HIV/AIDS mainstreaming in mind. There is still work to be done by AFTTR in the mainstreaming of HIV/AIDS in the projects in its portfolio. The management of the Task Teams and the overall management of AFTTR need to keep focus on those projects that are not yet mainstreamed and identify mechanisms to

motivate the teams to mainstream these projects. One example of incentive measures would be to use the incentive funds to conduct an analytical study on HIV/AIDS activities during project preparation phase. Appendix C presents a sample of some key questions that can be used during mainstreaming HIV/AIDS into the transport sector. Appendix B provides additional information on elements in start-up, service delivery, and management of HIV/AIDS, as demonstrated in the transport sector in the Africa region.

## **Recommendations to Task Teams**

67. **Tailor the HIV/AIDS Interventions to Local Needs (High-/Low-Prevalence Settings):** As the Africa region and the world as a whole are getting more experienced in addressing HIV/AIDS, it is increasingly becoming evident that HIV/AIDS interventions need to be tailored, as much as possible, to address the particular local epidemic. No approach fits “all” local epidemics. HIV/AIDS epidemics vary from country to country or even within the same country. Project teams need to determine the “drivers” of the respective local epidemics and tailor the HIV/AIDS interventions to address them. The specific nature of the transport project also needs to be considered, so that the HIV/AIDS interventions are adequately tailored to respond to the risks associated with the project. However, in high-prevalence countries (and in particular, in those with population prevalence of 5 percent or higher), tailoring the interventions should be carried out with care to avoid creating disincentives to act and undermining previous HIV/AIDS mobilization efforts. To ensure coherence in the design of the project and an efficient implementation, a particular effort is asked of the Task Team Leader to be in touch with the HIV/AIDS focal point for his or her respective country (for instance, by assuring that the recording of HIV/AIDS prevention activities are included in the project quarterly report).

68. **Keep Focus on HIV/AIDS:** Task Teams need to pay attention to HIV/AIDS during the preparation and supervision phases of the transport sector projects. The earlier that the issues regarding mainstreaming of HIV/AIDS are addressed, the better the mainstreaming process will progress. When projects have HIV/AIDS on the agenda during the early project preparation stage, it is vital that the project team keeps the issue on the agenda so that it does not drop off the radar during the project implementation stage.

69. **Code HIV/AIDS during Project Preparation:** Many of the projects with HIV/AIDS interventions did not include the HIV/AIDS code in the Business Warehouse system. This limits the value of the codes in enhancing the monitoring of projects with HIV/AIDS interventions. Task Teams need to ensure that the HIV/AIDS codes are selected in the Business Warehouse system during the project preparation stage because it is not possible to include these codes after the project has been approved by the Board.

70. **Create Dissemination Plan :** To share the present findings, this document needs to be disseminated to as wide an audience as possible. The targeted audience should include transport sector workers at country level. Transport sector and HIV/AIDS Websites where this document can be posted already exist: the SSATP, the World Bank Global HIV/AIDS, and the other transport sector and HIV/AIDS Websites. Hard copies of the document can also be made available, particularly to project teams at country level.

71. **Monitor Clearly the Financial Resources Allocated to HIV/AIDS:** It is in the interest of the transport sector to know the resources that are allocated to HIV/AIDS interventions. Project teams need to keep a record of these resources in such a way that these financial resources can be monitored. The practice of combining HIV/AIDS financial resources with resources for other social interventions does not allow for the HIV/AIDS resources to be clearly monitored.

### **Recommendations to Country Partners**

72. Based on the assets of the past experience and looking forward to the future, these recommendations are in line with the Africa Region HIV/AIDS Agenda for Action 2007–11 (AFA). They recoup the four strategic pillars mentioned in the document.

73. **Continue Funding Support for HIV/AIDS Programs in the Transport Sector:** Countries should strive to reach the stage where all Transport Ministries are responsible for the design and implementation of their respective sector's HIV/AIDS response. This would be done using the National HIV/AIDS Strategic Framework as the base document upon which the sector response would be developed. The transport sector would need to allocate resources for the HIV/AIDS response in its annual budgeting process, as it does for its transport mandate. The inclusion of HIV/AIDS in contracts would also be a regular occurrence in the transport sector. Many countries have already started moving in this direction. In countries where this process has not yet been developed, national HIV/AIDS programs (with or without MAP-like resources) should continue to support the transport sector with both financial and technical resources to develop its own sector HIV/AIDS capacity.

74. **Conduct Monitoring-and-Evaluation and Operational Research:** The transport sector at country level should be supported to develop simple (whenever possible) and clear monitoring-and-evaluation frameworks that address HIV/AIDS (see appendixes D & J for sample indicators and data collection forms). Capacity development in monitoring and evaluation, including the allocation of human and financial resources, should be a priority in HIV/AIDS interventions in the transport sector. Project development objectives need to reflect HIV/AIDS objectives because this will enhance the measuring of results of the HIV/AIDS interventions. In terms of operational research, a better understanding is needed of the impact of HIV/AIDS, levels of risk and vulnerabilities of the mobile populations, and behaviors that predispose people to HIV/AIDS in the transport sector. Sexual transmission is understood to be the major mode of HIV transmission in Sub-Saharan Africa, but understanding the specific determinants and settings for the transport sector in different countries would be very valuable to target the intervention.

75. **Encourage Projects to Use the AFTTR Framework as a Guide:** The Africa region's transport framework for meeting the HIV/AIDS challenges is an important tool that projects need for guidance. The Task Team should encourage the Ministry of Transport and partners to harmonize a framework that will benefit all concerned parties (for example, the AFTTR framework, which includes tools such as reporting forms,

referral forms, checklists, and a pamphlet on how to implement the HIV/AIDS contract clauses that can be adapted and used locally for quality assurance).

76. **Create HIV/AIDS Regional Hubs:** In collaboration with the regional transport sector networks in Africa, the establishment of at least two regional HIV/AIDS support centers should be considered. The hubs would be responsible for capacity building and facilitating regular information exchange among focal persons across the continent. Transport sector unions, particularly those with cross-country mandates, have an important role to play in these hubs. These centers would facilitate the delivery of capacity building and information sharing across the client countries, as advocated in the AFA. A short assessment could be done to determine the two countries best positioned to host the hubs. Once operational, the hubs would become a platform for facilitating south-south exchange and networking and conducting capacity assessment to meet the training needs of a variety of groups in the geographically contiguous client countries. To minimize the cost of such a hub and ensure sustainability of the functions above, piggybacking on existing transport sector regional networks is a preferred option to starting a brand-new hub. SSATP, the Intergovernmental Authority on Development (IGAD), and other regional networks should be considered as options.

### **Recommendations to the Transport Sector Board**

77. **Continue HIV/AIDS Work in the Transport Sector:** AFTTR has made progress in mainstreaming HIV/AIDS in its portfolio. However, there is still more work to be done in ensuring that those projects that need mainstreaming have been mainstreamed. In that context, the Transport Sector Board needs to continue supporting such future mainstreaming efforts by establishing a Sector Board Strategy for HIV/AIDS activities on Bank-financed transport projects.

78. **Support Knowledge Management:** The Transport Sector Board has been instrumental in identifying resources for collection and dissemination of knowledge on HIV/AIDS in the transport sector. Such support needs to continue as the sector amasses experience and knowledge on HIV/AIDS in the transport sector. Sharing of such knowledge across regions will be a value added in the mainstreaming process.

### **Conclusion**

79. AFTTR will be preparing separate costed policy proposals for each of those recommendations.

## **APPENDICES**

## Appendix A. Key Challenges and Limitations

Categories	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	Baseline data were 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. In countries where situational assessment or baseline was not done, lack of funds was mostly responsible for not undertaking the activity.
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, midlevel 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>Key challenges and limitations:</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.”<sup>a</sup></p> <p>Absence of committed leadership</p>

Categories	Issues	Remarks
	Increase in program portfolio not matched with increase in management staff	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 is part time on the program.
	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 were 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 not developed before 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	From all the project reports and documents reviewed, it was apparent that gender inequities

<b>Categories</b>	<b>Issues</b>	<b>Remarks</b>
	programming	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 multi-sectoral 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 and 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 persons living with HIV and AIDS (PLHAs).  In virtually all the projects, however, the referral system has remained weak because not enough project time and financial resources have been devoted to building referral systems for effective linkages.
Stigma and 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 learned in countries are not commonly shared and used.

a. Road maintenance and rehabilitation project (ROMARP) completion training and HIV/AIDS mainstreaming report.

**Appendix B. Elements in Start-Up, Service Delivery, and Management Phases of AFTTR HIV/AIDS Project Implementation in Client Countries**

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

## Appendix C. 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 multi-sectoral HIV/AIDS program:

Number	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 a 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 people living with HIV/AIDS (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 (materials, human, and financial) been allocated for supporting the mainstreaming process?		
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 D. 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	Number of Sessions (#)	Monthly Report	Monthly	NGO
Strengthening peer education	# 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
Strengthening outreach activities	# of training sessions held	Monthly reports	Monthly	NGO
	# of outreach workers trained	Training workshop reports	As the activity is performed	NGO
	# of monthly meetings conducted by trained outreach workers	Monthly reports Quarterly reports	Monthly Quarterly	NGO
	# of persons reached by trained outreach workers	NGO	Quarterly	NGO

Activities	Illustrative indicators	Data source	Frequency of data collection	Responsible
Development of IEC materials	# of IEC materials developed and pre-tested	Pretest reports Quarterly narrative reports	As activity takes place Quarterly	NGO
	# of IEC materials produced	Materials development reports	As activity takes place Quarterly	NGO
	# of IEC materials distributed	IEC distribution log book Quarterly reports	Monthly Quarterly	NGO
Condom promotion and distribution	# of condom distribution outlets established	Monthly project reports	Monthly	NGO
	# of male condoms distributed	Monthly project reports	Monthly	NGO
	# of female condoms distributed	Monthly project reports	Monthly	NGO
Provide STI services	# of male clients referred to STI clinics	Monthly project reports Quarterly narrative reports	Monthly Quarterly	NGO
	# of female clients referred to STI clinics	Monthly project reports Quarterly narrative reports	Monthly Quarterly	NGO
HIV voluntary counseling and testing (VCT) referral services established	# of VCT centers identified for referral	Monthly project reports Quarterly narrative reports	Monthly Quarterly	NGO
	# of project transport workers referred for VCT services	Monthly project reports Quarterly narrative reports	Monthly Quarterly	NGO
	# of project transport workers who take the HIV test	Monthly project reports Quarterly narrative reports	Monthly Quarterly	NGO
	# of transport workers counseled in VCT centers	Monthly project reports Quarterly narrative reports	Monthly Quarterly	NGO

- Examples of outcome and impact indicators are already provided for in the AFTTR “Framework for Meeting the Challenge” (World Bank 2003), page 19.
- This is a long list of suggested indicators from which to select. They can be adapted to fit local requirements.

## **Appendix E. Key Informant Interview Questionnaire (HIV/AIDS Focal Persons)**

### **Mainstreaming**

- What was the process of mainstreaming? How and who were the stakeholders involved in the mainstreaming process?
- How were PLWHA 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 the 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? (for example, transport workers who are MSM, transport workers who consume alcohol, or transport workers who consume drugs)

**Key Informant Interview Questionnaire (HIV/AIDS Focal Persons) - continuation  
from previous page**

- How is the project reaching other populations associated with transport workers?  
(for example, 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 ARV in the transport sector, compared with that of the general population?
- What is the percentage of those who know their sero status in the transport sector, compared with that of 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.
- **Is there a 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?
- Is there 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? How does the reporting system operate?

### **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?

**Key Informant Interview Questionnaire (HIV/AIDS Focal Persons) - continuation**  
**from previous page**

- 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 F. Contact List for HIV/AIDS Activities and Questionnaire Responses

Countries	Focal points
Burkina Faso	Ernest Kologo E-mail: ernestkologo@yahoo.fr Telephone: 226-70-27-36-01
Cape Verde	Lucio Spencer E-mail: rssp@cvtelecom.cv Telephone: 238-261-48-20
Cameroon	Tarcicius Manga E-mail: Tarcisius.Manga@camrail.net Telephone: 237-340-61-19 Cell: 237-985-44-78
Ghana	Rita Ohene Sarfoh Focal Person at Ghana Highway Authority E-mail: rosarfoh@highways.mrt.gov.gh Telephone: (233-20)-812 799
Lesotho	Maselomo Pama E-mail: itppm@mopwt.gov.ls Telephone: 266-22-32-6973
Madagascar	Paul-Jean Feno E-mail: pfeno@worldbank.org Telephone: 261-20-22-516-92 Cell: 261-32-050-01-39
Malawi	Rose Ligomeka E-mail: rligomeka@NRAMW.com; also roseligomeka@yahoo.com Telephone: 265-884-3597
Mozambique	Vera Zuca E-mail: vzuca@ane.gov.mz Telephone: (258) 84-22-76-570
Niger	Sina Moumouni E-mail: pri@intnet.ne Tel: 227-73-54-38
Senegal	Birahim Fall E-mail: transrur@sentoo.sn Telephone: (221-33)-869-02-50
Tanzania	Josephine Mwankusye E-mail: josephinemwankusye@yahoo.com Telephone: 255-754-266147; also 255-787-266146
Uganda	Francis Byaruhanga (acting) E-mail: FMByaruhanga@rafu.or.ug Telephone: 256-754-266-147
Zambia	Raphael Mabenga E-mail: mabenga@nrfa.org.zm Telephone: 260-1-253145

## Appendix G. 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	N/A
	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	N/A
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	N/A
	HIV/AIDS Implementation Report (2003–April 2006)	N/A
Malawi	ROMARP project: Completion Training and HIV/AIDS Mainstreaming	N/A
Mozambique	Implementation Strategy for the HIV/AIDS subcomponent of the social unit’s action plan (2003–2005), final report	July 2003
Senegal	Second Programmed Sector of Transportation (PST2)	N/A
	Second Sector Program of Transportation (PST2) (PowerPoint)	N/A
Tanzania	Republic of Tanzania, Second Integrated Roads Project, TANROADS Initiative on HIV/AIDS	N/A
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,	N/A

<b>Country</b>	<b>Document</b>	<b>Date</b>
	November–December 2005, under C003, Pakwach-Olwiyo Road project	
	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-HIMA	N/A
	A second report on STD/HIV/AIDS needs assessment under road construction project No. RDP/HIV/C009, Katunguru-Kikorongo	N/A
	A report on STD/HIV/AIDS needs assessment, Karuma-Olwiyo Road construction project	N/A
	A report on STD/HIV/AIDS needs assessment, Pakwach-Olwiyo Road construction project	N/A
	A report on the launch of Pakwach-Olwiyo HIV clinic/VCT	N/A
	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	N/A
	Progress report on HIV/AIDS for the month of February 2006, under C009, Katunguru-Kikorongo Road construction project	N/A
	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 IDPCs 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	N/A
	Progress report on HIV/AIDS for the month of January 2006, under C004, Karuma-Olwiyo Road construction project	N/A
	Progress report on HIV/AIDS for the month of January 2006, under C009, Katunguru-Kikorongo Road construction project	N/A
	A report on STDs/HIV/AIDS teachers sensitization workshop, under C004, Karuma-Olwiyo Road construction project	February 2006
	Progress report for Karuma-Olwiyo Road sector	May 2005

Country	Document	Date
	HIV/AIDS programme for the month of May 2005	
	Report on the launch of Katunguru-Kikorongo HIV clinic/VCT	N/A
Zambia	Republic of Zambia project to support a road sector investment program (ROADSIP), IDA credit 3866, HIV/AIDS and Transport	N/A
	Second quarter 2004, road sector HIV/AIDS project report	N/A
	Third quarter 2004, road sector HIV/AIDS project report	N/A
	Fourth quarter 2004, road sector HIV/AIDS project report	N/A
	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
	Third quarter, HIV/AIDS programme in the road sector	N/A
	Fourth quarter progress report in the road sector	N/A
	Quarterly report on HIV/AIDS project in the Transport Sector, fourth quarter, 2005, by Edna Kalaluka	N/A
	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 (TUDTR), 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

<b>Country</b>	<b>Document</b>	<b>Date</b>
	HIV/AIDS and Transport Retrofitting Exercise, Africa Transport, World Bank Africa Region (PowerPoint presentation)	N/A
	Interview with Jocelyne Do Sacramento: World Bank HIV/AIDS Partnership with Air France	N/A
	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, World Bank (a PowerPoint presentation)	N/A
	Programme Regional de Facilitation des Transports: Ghana-Burkina Faso-Mali by Violet Sida, Ouagadougou, May 30–June 3, 2005 (PowerPoint)	June 2005
	Concept Note: HIV/AIDS Agenda for Action in Sub-Saharan Africa	N/A
	Proposed Abidjan-Lagos Transport and Transit Facilitation Project (ALTTFP) Project Identification Mission to Benin, Togo, and Ghana (May 31–June 9, 2006), Aide-Mémoire	N/A
	AIDS and Transport in Africa: A Framework for Meeting the Challenge, Africa Technical Transport Sector Unit (AFTTR), World Bank	July 2003

*Note: N/A = Not applicable*

## Appendix H-1. Mainstreaming Status of Projects in the AFTTR Portfolio

AFTTR PORTFOLIO STATUS (as of February 6, 2007)										
Country	Project name	Date, approval	Date, effective	Date, closing	Latest DO	Age years	Net Comm. Amt. (US\$ millions)	Mainstreaming Status (Y/N)		
1. Africa	3A-HIV/AIDS Abidjan Lagos Trnsp (FY04)	11/13/2003	02/18/2004	07/01/2007	S	3.2	16.6	Y		
2. Africa	3A-West & Central Afr Air Trnsp TAL (FY06)	04/27/2006	08/24/2006	12/31/2009	S	0.8	33.6	N		
3. Angola	AO-Emerg MS Recovery ERL (FY05)	02/17/2005	05/12/2005	12/31/2007	S	2.0	50.7	N		
4. Burkina Faso	BF- Trnsp Sec SIM (FY03)	04/08/2003	08/15/2003	09/30/2008	MS	3.8	92.1	Y		
5. Burundi	BI-Road Sec Dev SIM (FY04)	03/18/2004	09/09/2004	12/31/2009	U	2.9	51.4	N		
6. Cameroon	CM-Railway Concession SIL (FY03)	07/18/2002	01/23/2003	12/31/2008	S	4.5	21.4	Y		
7. Cameroon	CM-Douala Infrastructure (FY03)	07/18/2002	03/21/2003	12/31/2008	MS	4.5	56.4	N		
8. Cape Verde	CV-Road Sec Support Project (FY05)	05/19/2005	08/09/2005	08/31/2010	S	1.7	15.0	Y		
9. Chad	TD-Natl Trnsp Prgm Supt SIL (FY01)	10/26/2000	03/21/2001	01/31/2008	S	6.3	67.0	Y		
10. Congo, Dem. Rep. of	CD-Emerg MS Rehab & Recovery ERL (FY03)	08/06/2002	11/08/2002	12/31/2008	S	4.5	579.0	Y		
11. Eritrea	ER-Ports Rehab SIL (FY98)	11/18/1997	03/02/1998	06/30/2007	S	9.2	30.3	N		
12. Ethiopia	ET-RSDP APL1 (FY03)	06/17/2003	11/14/2003	06/30/2009	S	3.6	126.8	Y		
13. Ethiopia	ET-Road Sec Dev Prgm Ph 2 Supl 2 (FY05)	09/22/2004	06/08/2005	06/30/2012	S	2.4	248.2	Y		
14. Ghana	GH-Road Sec Dev Prgm (FY02)	07/26/2001	01/15/2002	12/31/2007	MS	5.5	220.0	Y		
15. Guinea	GN-Natl Rural Infrastructure (FY05)	08/26/2004	10/04/2005	09/30/2008	MS	2.4	30.3	N		
16. Kenya	KE-Northern Corridor Trnsp SIL (FY04)	06/17/2004	09/16/2004	12/31/2009	MS	2.6	207.0	Y		

**AFTTR PORTFOLIO STATUS (as of February 6, 2007)**

Country	Project name	Date, approval	Date, effective	Date, closing	Latest DO	Age years	Net Comm. Amt. (US\$)	Mainstreaming status (Y/N)
17. Liberia	LR-Emergency Infrastructure ERL (FY06)	06/20/2006	10/31/2006	06/30/2010	S	0.6	46.5	N
18. Liberia	LR-Infrastructure Rehabilitation (FY07)	11/13/2006			S	0.2	8.5	N
19. Lesotho	LS-Integr Trnsp SIL (FY07)	10/19/2006		06/30/2011	S	0.3	23.5	Y
20. Madagascar	MG-Rural Trnsp PL 2 (FY03)	11/14/2002	03/13/2003	06/30/2009	MS	4.2	80.0	Y
21. Madagascar	MG- Trnsp Infrastr Invest Prj (FY04)	12/08/2003	03/10/2004	06/30/2008	S	3.2	150.0	Y
22. Mali	ML- Trnsp Corridors Improv (FY04)- (PACT)	03/11/2004	09/16/2004	12/31/2008	MS	2.9	48.7	Y
23. Malawi	MW-Infrastr Srvcs SIM	06/27/2006		11/30/2011	S	0.6	40.0	Y
24. Mozambique	MZ-Roads & Bridges MMP (FY02)	07/19/2001	06/04/2002	06/30/2007	S	5.5	162.0	Y
25. Mozambique	MZ-Railway & Port Restr (FY08)	10/14/1999	03/28/2000	05/31/2007	S	7.3	100.0	N
26. Mozambique	MZ-Beira Railway SIL (FY05)	10/14/2004	03/15/2005	06/30/2010	S	2.3	110.0	N
27. Nigeria	NG-Lagos Urb Trans SIL (FY03)	11/21/2002	10/30/2003	06/30/2008	S	4.2	100.0	N
28. Sierra Leone	SL-IDP Trnsp (FY06)	12/06/2005	05/19/2006	09/30/2011	S	1.2	44.0	N
29. Senegal	SN- Trnsp SIL 2 (FY99)	03/30/1999	12/31/1999	06/30/2007	S	7.9	90.0	Y
30. Senegal	SN-Casamance Emerg Reconstr Supt (FY05)	09/09/2004	01/12/2005	05/31/2008	MU	2.4	20.0	N
31. Senegal	SN-Participatory Loc Dev Prgm (FY06)	04/27/2006	11/06/2006	12/31/2009	S	0.8	50.1	N
32. Sudan	SD-National Emerg Trnsp Rehab (FY09)	08/28/2006				0.5	40.0	N
33. Tanzania	TZ-Central Trnsp Corridor Prj (FY04)	04/29/2004	08/27/2004	12/31/2009	S	2.8	122.0	Y
34. Uganda	UG-Roads Dev APL (FY99)	06/29/1999	02/01/2000	06/30/2008	S	7.6	91.0	Y
35. Uganda	UG-Road Sec & Inst Supt (FY98)	09/09/1997	08/27/1998	12/31/2007	S	9.4	30.0	N
36. Uganda	UG-Road Dev Phase 2 APL (FY02)	07/03/2001	04/11/2002	06/30/2008	S	5.6	64.5	Y
37. Uganda	UG-Road Dev APL 3 (FY05)	09/02/2004	06/23/2005	12/31/2009	S	2.4	107.6	Y
38. Zambia	ZM-Road Rehab Maintenance Prj (FY04)	03/09/2004	06/15/2004	06/30/2008	S	2.9	50.0	Y
<b>Total mainstreamed:</b>								<b>22</b>
<b>Percentage:</b>								<b>59 percent</b>

New projects (approved in first half of FY08)				
Country]	Project name	Board approval date	Amount (US\$ millions)	Mainstreaming status (Y/N)
1. Africa	3A APL2 West	10/02/2007	46.7	N
2. Congo, Dem. Rep. of	ZR-EMRRP Supp 2	12/18/2007	12.0	Y
3. Liberia	LR-Agric.	07/31/2007	37.0	N
4. Rwanda	RW- Trnsp Sector Development	08/28/2007	11.0	Y

*Note:*

DO = Development Objectives.

S = Satisfactory.

MS =Moderately Satisfactory...

U = Unsatisfactory.

MU = Moderately Unsatisfactory.

TBD = To be determined.

## Appendix H-2. HIV/AIDS–Related Interventions in the Mainstreamed Projects

Country	Project name	HIV/AIDS–related interventions						
		HIV/AIDS clauses included in contracts	HIV/AIDS focal point designated	Consultant/ NGO hired for technical implementation of HIV/AIDS activities	HIV/AIDS action plan developed	Workplace policy developed	Workplace policy implemented	Types of HIV/AIDS services provided (IEC/BCC, condom distribution, VCT, treatment/care)
1. Africa	3A-HIV/AIDS Abidjan Lagos Trnsp (FY04)	N/A	Y	Y	Y	N/A	N/A	All of the above
2. Africa	3A-West & Central Afr Air Trnsp TAL (FY06)	N/A	N/A	N/A	N/A	N/A	N/A	N/A
3. Angola	AO-Emerg MS Recovery ERL (FY05)	N/A	N/A	N/A	N/A	N/A	N/A	N/A
4. Burkina Faso	BF- Trnsp Sec SIM (FY03)	N/A	Y	Y	Y	N/A	N/A	Treatment/care
5. Burundi	BI-Road Sec Dev SIM (FY04)	N/A	N/A	N/A	N/A	N/A	N/A	N/A
6. Cameroon	CM-Railway Concession SIL (FY03)	No	Y	Y	Y	Y	Y	IEC/BCC; condoms; VCT
7. Cameroon	CM-Douala Infrastructure (FY03)	N/A	N/A	N/A	N/A	N/A	N/A	N/A
8. Cape Verde	CV-Road Sec Support Project (FY05)	Y	Y	Y	Y	N/A	N/A	IEC/BCC; condoms
9. Chad	TD-Natl Trnsp Prgm Supt SIL (FY01)	Y	Y	Y	Y	N/A	N/A	IEC/BCC; condoms
10. Congo, Dem. Rep. of	CD-Emerg MS Rehab & Recovery ERL (FY03)	Y	Y	Y	Y	N/A	N/A	IEC/BCC; condoms; VCT

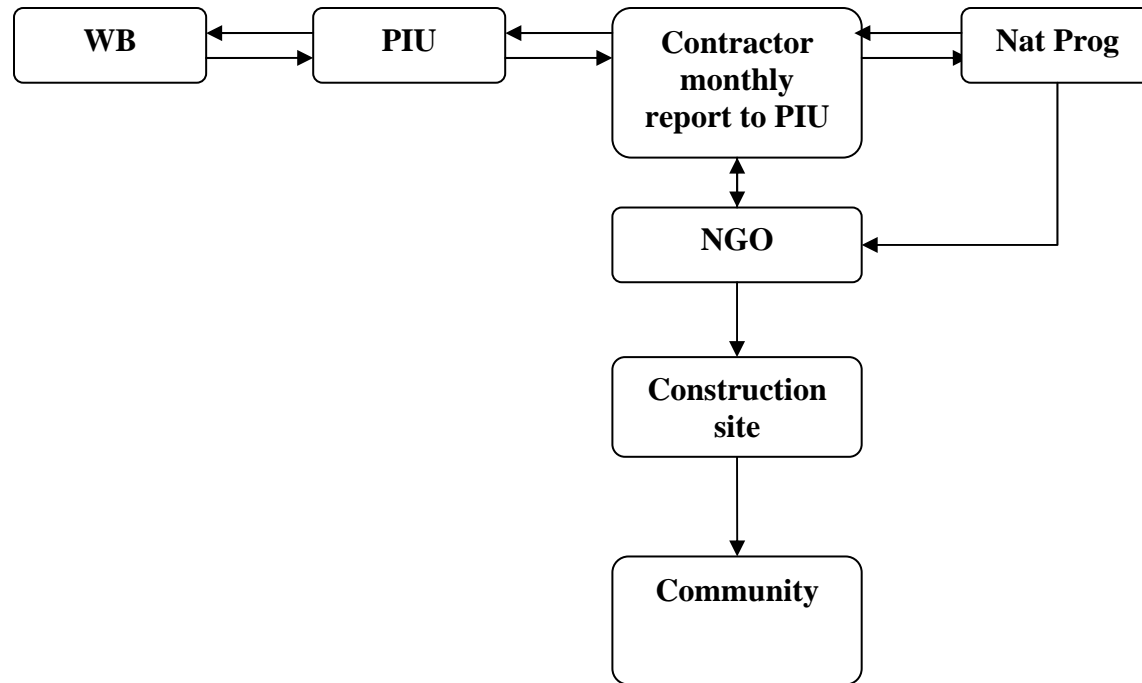
<b>Country</b>	<b>Project name</b>	<b>HIV/AIDS-related interventions</b>						
		<b>HIV/AIDS clauses included in contracts</b>	<b>HIV/AIDS focal point designated</b>	<b>Consultant/ NGO hired for technical implementation of HIV/AIDS activities</b>	<b>HIV/AIDS action plan developed</b>	<b>Workplace policy developed</b>	<b>Workplace policy implemented</b>	<b>Types of HIV/AIDS services provided (IEC/BCC, condom distribution, VCT, treatment/care)</b>
<b>11. Eritrea</b>	ER-Ports Rehab SIL (FY98)	N/A	N/A	N/A	N/A	N/A	N/A	N/A
<b>12. Ethiopia</b>	ET-RSDP APL1 (FY03)	Y	Y	Y	Y	Y	Y	IEC/BCC; condoms; VCT
<b>13. Ethiopia</b>	ET-Road Sec Dev Prgm Ph 2 Supl 2 (FY05)	Y	Y	Y	Y	Y	Y	IEC/BCC; condoms; VCT
<b>14. Ghana</b>	GH-Road Sec Dev Prgm (FY02)	Y	Y	N/A	N/A	N/A	N/A	IEC/BCC; condoms
<b>15. Guinea</b>	GN-Natl Rural Infrastructure (FY05)	N/A	N/A	N/A	N/A	N/A	N/A	N/A
<b>16. Kenya</b>	KE-Northern Corridor Trnsp SIL (FY04)	Y	Y	Y	Y	N/A	N/A	IEC/BCC; condoms
<b>17. Liberia</b>	LR-Emergency Infrastructure ERL (FY06)	N/A	N/A	N/A	N/A	N/A	N/A	N/A
<b>18. Liberia</b>	LR-Infrastructure Rehabilitation (FY07)	N/A	N/A	N/A	N/A	N/A	N/A	N/A
<b>19. Lesotho</b>	LS-Integr Trnsp SIL (FY07)	Y	Y	Y	Y	Y	N/A	IEC/BCC; condoms; VCT
<b>20. Madagascar</b>	MG-Rural Trnsp APL 2 (FY03)	Y	Y	Y	Y	N/A	N/A	IEC/BCC; condoms
<b>21. Madagascar</b>	MG- Trnsp Infrastr Invest Prj (FY04)	Y	Y	Y	Y	N/A	N/A	IEC/BCC; condoms
<b>22. Mali</b>	ML- Trnsp Corridors Improv (FY04)- (PACT)	Y	Y	Y	Y	N/A	N/A	IEC/BCC; condoms

<b>Country</b>	<b>Project name</b>	<b>HIV/AIDS-related interventions</b>						
		<b>HIV/AIDS clauses included in contracts</b>	<b>HIV/AIDS focal point designated</b>	<b>Consultant/ NGO hired for technical implementation of HIV/AIDS activities</b>	<b>HIV/AIDS action plan developed</b>	<b>Workplace policy developed</b>	<b>Workplace policy implemented</b>	<b>Types of HIV/AIDS services provided (IEC/BCC, condom distribution, VCT, treatment/care)</b>
<b>23. Malawi</b>	MW-Infrastr Srvcs SIM	Y	Y	Y	Y	Y	Y	IEC/BCC; condoms; VCT
<b>24. Mozambique</b>	MZ-Roads & Bridges MMP (FY02)	Y	Y	Y	Y	N/A	N/A	IEC/BCC; condoms; VCT
<b>25. Mozambique</b>	MZ-Railway & Port Restr (FY00)	N/A	N/A	N/A	N/A	N/A	N/A	N/A
<b>26. Mozambique</b>	MZ-Beira Railway SIL (FY05)	N/A	N/A	N/A	N/A	N/A	N/A	N/A
<b>27. Nigeria</b>	NG-Lagos Urb Trans SIL (FY03)	N/A	N/A	N/A	N/A	N/A	N/A	N/A
<b>28. Sierra Leone</b>	SL-IDP Trnsp (FY06)	N/A	N/A	N/A	N/A	N/A	N/A	N/A
<b>29. Senegal</b>	SN- Trnsp SIL 2 (FY99)	Y	Y	Y	Y	Y	N/A	IEC/BCC; condoms; VCT
<b>30. Senegal</b>	SN-Casamance Emerg Reconstr Supt (FY05)	N/A	N/A	N/A	N/A	N/A	N/A	N/A
<b>31. Senegal</b>	SN-Participatory Loc Dev Prgm (FY06)	N/A	N/A	N/A	N/A	N/A	N/A	N/A
<b>32. Sudan</b>	SD-National Emerg Trnsp Rehab (FY/TBD)	N/A	N/A	N/A	N/A	N/A	N/A	N/A
<b>33. Tanzania</b>	TZ-Central Trnsp Corridor Prj (FY04)	Y	Y	Y	Y	Y	N/A	IEC/BCC; condoms; VCT
<b>34. Uganda</b>	UG-Roads Dev APL (FY99)	Y	Y	Y	Y	Y	N/A	IEC/BCC; condoms; VCT
<b>35. Uganda</b>	UG-Road Sec & Inst Supt (FY98)	N/A	N/A	N/A	N/A	N/A	N/A	N/A

<u>Country</u>	<u>Project name</u>	<u>HIV/AIDS-related interventions</u>						
		HIV/AIDS clauses included in contracts	HIV/AIDS focal point designated	Consultant/ NGO hired for technical implementation of HIV/AIDS activities	HIV/AIDS action plan developed	Workplace policy developed	Workplace policy implemented	Types of HIV/AIDS services provided (IEC/BCC, condom distribution, VCT, treatment/care)
<b>36. Uganda</b>	UG-Road Dev Phase 2 APL (FY02)	TBD	TBD	TBD	TBD	TBD	TBD	TBD
<b>37. Uganda</b>	UG-Road Dev APL 3 (FY05)	TBD	TBD	TBD	TBD	TBD	TBD	TBD
<b>38. Zambia</b>	ZM-Road Rehab Maintenance Prj (FY04)	Y	Y	Y	Y	Y	Y	IEC/BCC; condoms; VCT

*Note:* N/A = Not applicable.  
TBD = To be determined.

**Appendix I. Illustrative Data Flow Chart**



## Appendix J. Sample Quarterly HIV/AIDS Reporting Form

### Summary of Activities

#### Recording Sheet

	Working area	Population			# Distributed		# of information sessions	# of people at information sessions
		M	F	Total	Condoms	Brochures/posters		
1	Base camp office							
2	Base camp							
3	Laboratory							
4	Site 1a							
5	Site 1							
6	Site 2							
7	Site 3							
8	A/Plant							
9	Paving							
10	Culvert 1							
11	Culvert 2							
12	Workshop							
13	C/Plant							
14	Subcontractor							
15	Engineer camp							

**Sample Quarterly HIV/AIDS Reporting Form (continued)**

**Condom Distribution Points**

<b>Location</b>	<b>Period/month</b>	<b># of condoms distributed</b>
Base camp toilet		
Base camp clinic		
Base camp restaurant		
Engineer's office		

<b>Location</b>	<b>Period/month</b>	<b># of condoms distributed</b>
Workshop clinic		
Workshop restaurant		
Foremen		

**Data collected by:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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