

## ADDRESSING HIV/AIDS THROUGH ENVIRONMENTAL ASSESSMENT: TASK TEAM GUIDANCE FOR PROJECTS IN AFRICA

### A. A CASE FOR CONSIDERING HIV/AIDS ISSUES IN ENVIRONMENTAL ASSESSMENT: THE RELATIONSHIP BETWEEN HIV/AIDS AND DEVELOPMENT

The relationship between HIV/AIDS and development is a complex one. On the one hand, HIV/AIDS is destroying the development gains of the last few decades. On the other, development initiatives can promote HIV transmission through the impact on vulnerable groups such as poor women. This negative cycle is further exacerbated by widespread poverty.

#### **Impacts of HIV/AIDS on development**

Until recently, issues of health and disease were viewed as falling within the domain of the health care sector. However the devastating impact of this epidemic on the social, economic and biophysical environments is becoming increasingly apparent, as Table 1 and 2 below highlight. This has resulted in HIV/AIDS being recognised as a development crisis by the World Bank.

**Table 1:** Impacts of HIV/AIDS

<b>SOCIAL ENVIRONMENT</b>
<ul style="list-style-type: none"><li>• Dissolution of households</li><li>• Decrease in school attendance as children leading households no longer attend school</li><li>• Destruction of community social cohesion</li><li>• Stigmatism and isolation of people living with HIV/AIDS</li><li>• Abandonment and abuse of women infected with HIV</li><li>• Increase in numbers of street children, abuse, and sex work of orphans</li><li>• Overburdening of public social support systems</li><li>• Decrease in the Human Development Index</li><li>• Poor morale and stress</li></ul>
<b>ECONOMIC ENVIRONMENT</b>
<ul style="list-style-type: none"><li>• Decrease in monthly income per capita, monthly consumption per capita and savings for households</li><li>• Loss of economically active people</li><li>• Loss of institutional memory of an organisation</li><li>• Inhibition of private sector growth</li><li>• Loss of investment in due to unstable workforces</li><li>• Increased costs of training and replacement</li><li>• Loss of productivity</li><li>• Decrease in GDP of the country</li></ul>

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<b>BIOPHYSICAL ENVIRONMENT</b>
<ul style="list-style-type: none"> <li>• Change in demand for natural resources as the population changes</li> <li>• Inability to utilise natural resources efficiently and effectively as labour resources are lost</li> <li>• Air, land and groundwater pollution from health-care waste disposal</li> <li>• Overall impediment to sustainable development progress</li> <li>• Increased vulnerability of people living with HIV/AIDS to changes in the environment</li> </ul>

**Table 2:** Causal factors in the transmission of HIV and the development of AIDS

<b>DETERMINANTS</b>	<b>DESCRIPTION</b>
<b>Environment</b>	Cultural attitudes & practices; Poverty; Civil War; Political instability; Urbanisation; Low status of women; Poor health services & limited coverage; Lack of Political will; National 'denial'
<b>Individual Level Impacts</b>	Migration; Mobility; Poor self esteem; Sexual violence; Sexual powerlessness; Little access to information; Poor access to optimal STD care; HIV/AIDS myths; IV Drug and other substance abuse
<b>Sexual Behaviour</b>	Sexual networks (number of partners, partner change & concurrent partners); Prostitution; Survival sex; 'Sugar daddies'; Cultural practices (widow inheritance, early sexual debut, dry sex)
<b>Immediate Determinants</b>	Biological vulnerability (young girls); STD prevalence; Low condom use; Male circumcision; Stage of infection; Virus subtypes; Unsafe blood supply; Sharing needles
<b>Disease Progression</b>	Poverty (exposure to infectious diseases, poor nutrition); Stigma; Poor access to health care

**Impacts of development on HIV/AIDS**

While there is a substantial body of literature on the impact of HIV/AIDS on development, little has been written on the reverse relationship. Development projects have the potential to impact negatively on the transmission of HIV in an area. The first case example below illustrates this point. There are, however, cases when development projects have positively impacted on HIV transmission by recognising HIV/AIDS early in the project cycle, as shown in the second example below.

**Case Example 1: Akosombo River Dam, Ghana, West Africa**

The Akosombo River Dam was designed to provide hydro-electric power for the Accra-Tema region of Tema. While the project met its primary objective as well as reduced malnutrition and river blindness in the area, recent evidence shows that the community surrounding the project has been seriously affected by HIV/AIDS.

The dam construction displaced approximately 80 000 farmers. Whereas male farmers were able to obtain work on the construction site, the female farmers were limited to being service workers in hotels and bars built to cater for the construction period. A number resorted to commercial sex to meet economic needs. When construction was completed, many women migrated to other countries in West Africa. Surveillance surveys in 1985 highlighted that the district that abuts the dam has HIV infection rates 5 to 10 times above the level of average HIV prevalence in Ghana.

**Case Example 2: Lower Kihansi Hydropower Project, Tanzania**

At an early stage in the development of the Kihansi Hydropower project it was recognised that the project may contribute to the transmission of sexually transmitted diseases including HIV. A health project was proactively established to monitor and mitigate public health impacts. Interventions consisted of behaviour change communication and health education, training of health personnel, social marketing of condoms, technical and material support to STD clinics, provision of counselling services, and provision of voluntary HIV testing services. The project had the following successes:

- ❖ HIV prevalence had increased at a 50% slower rate in the communities surrounding the LKHP than in the control areas
- ❖ Between 1993-1998 there was a 13% increase in people having only one sexual partner
- ❖ In 1998, 78% had used a condom at least once as opposed to 43% in 1993
- ❖ Knowledge about HIV had improved considerably

## **B. SCOPING THE RESPONSE TO HIV/AIDS IN ENVIRONMENTAL ASSESSMENT**

When applying the EA safeguard policy, TTLs should consider HIV/AIDS as a potential impact *of* the development project and *on* the project. Depending on the significance of the impact, different responses are suggested within the project cycle. Three different HIV/AIDS risk levels are outlined below – significant, some, and negligible – along with indicator questions for use in identifying the level and appropriate project responses. The first two situations require analysis and development of risk responses through an EA. In these situations, the project team should consult with ACTAfrica for advice on how to proceed. The third situation does not require an EA response, but may be an opportunity for a project to contribute to the campaign against HIV/AIDS. Again, ACTAfrica can assist in identifying opportunities. Contact information for Bank Group staff who can assist in using this scoping tool is given in Annex E.

A flow diagram for scoping the appropriate HIV/AIDS response is given in Figure 1.

**Situation 1: There is significant risk that a project will increase the spread of HIV/AIDS OR be affected by HIV/AIDS in the project area**

**Will the project:**

- **Require long-term input of labour from outside the area?**
- **Require that significant numbers of project employees be separated from their families for long periods of time (e.g. a month or more at a time)?**
- **Involve the creation of large, temporary construction camp(s)?**
- **Increase mobility of people in and out of the area?**

- **Require resettlement of the local population?**
- **Rely on the participation of, OR provide benefits to, large numbers of local people?**

If a project has more than one of these attributes, there is significant risk of HIV/AIDS impacts *by* or *on* the project. At a preliminary level, the risk can be better defined using the additional screening questions in Annex A. Project preparation must involve HIV/AIDS assessment specialists to carry out a Specialist Study on potential HIV/AIDS impacts and how they can be managed. Generic terms of reference for such a study are outlined in Annex B.

**Recommended response:**

- Undertake an HIV/AIDS Specialist Study
- Include budgeted component(s) for project-specific HIV/AIDS management interventions including (see also Annex C):
  - Design project to limit transmission opportunities
  - HIV/AIDS prevention measures
  - HIV/AIDS and STD management
  - Community interventions
- Develop a substantial monitoring and evaluation programme (see Annex D for suggested indicators)

In addition to the project potentially increasing the transmission of HIV, the task team must consider whether the project itself is likely to be vulnerable to HIV/AIDS impacts. If the project will rely on a large workforce over a long period of time, and there are people living with HIV/AIDS in the workforce, the project will be affected by illness and death of individuals which may occur over the lifespan of the project. (In Africa, the time-span from HIV infection of AIDS-related death is usually between 5-12 years).

In this situation, the project design may need to include resources for health care provision (including waste management), for HIV/AIDS management, and for peer support.

**Situation 2: Significant HIV/AIDS impacts are unlikely, but a project may nonetheless cause some impact OR be affected by HIV/AIDS**

**Will the project:**

- **Require short-term, but medium to large, input of labour from outside the area?**
- **Require that some project employees be separated from their families for short periods of time (e.g. a month or less at a time)?**
- **Depend on a medium to large local labour force for an extended period of time?**

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If a project will have any of these attributes, a Specialist Study is not essential. However, project preparation should include some social analysis and its design should incorporate a basic suite of HIV/AIDS interventions:

**Recommended response:**

- Provide information, education and communication (IEC) regarding HIV/AIDS to promote education and awareness amongst the workforce and community
- Make condoms available to the workforce and community
- Support peer education programmes within the workforce
- Design the project to account for HIV/AIDS-related changes to the demographic profile of the project beneficiaries

Many of these activities can be undertaken in partnership with the government health sector or through the involvement of NGOs to provide resources and expertise on HIV/AIDS prevention.

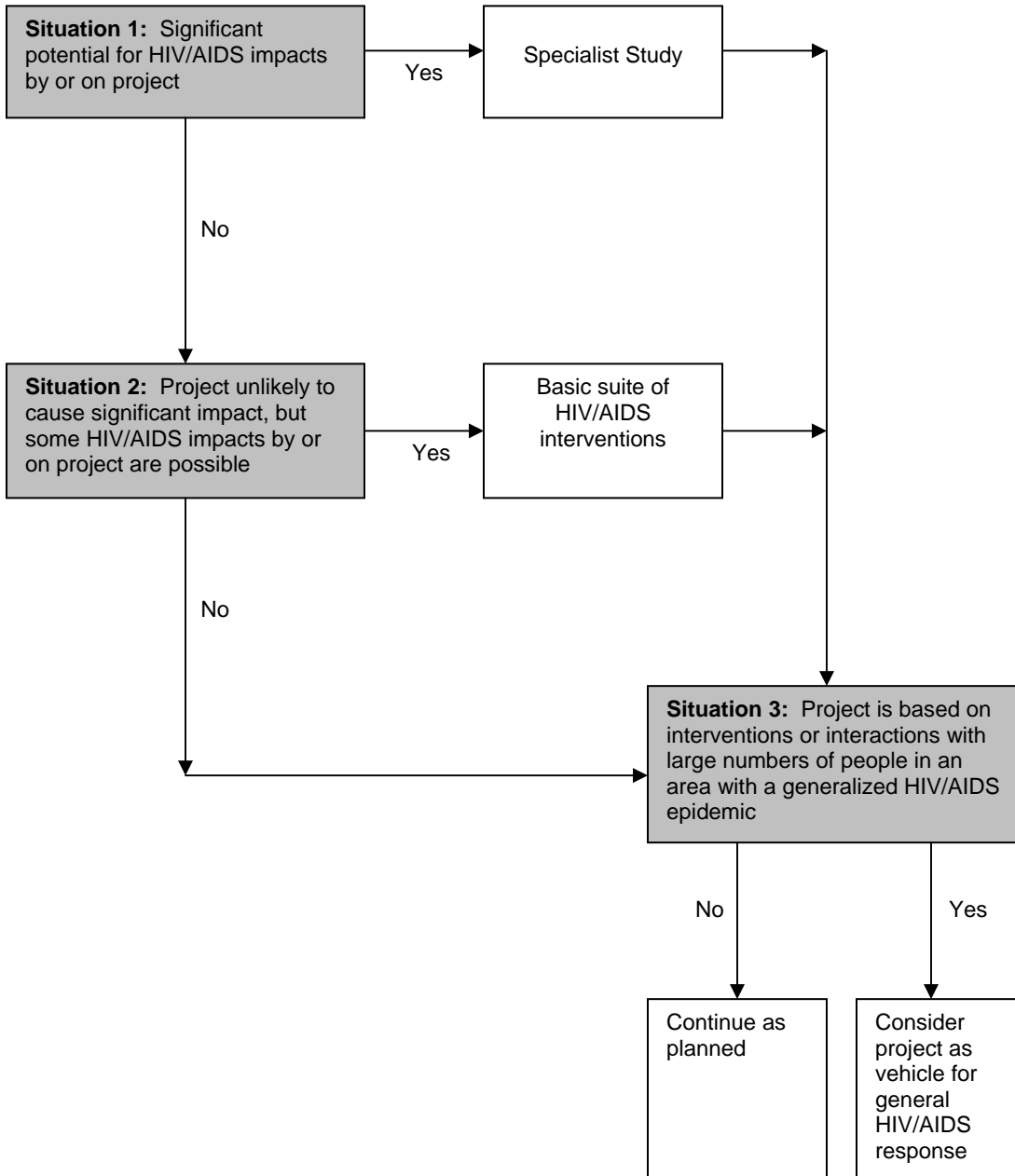
**Situation 3: A project design is based on interventions or interactions with large numbers of people in an area with a generalized HIV/AIDS epidemic**

If HIV/AIDS is a serious national or regional issue (HIV prevalence greater than 5%), then even if a project has no impact on HIV transmission, or vice versa, it can contribute to fighting HIV/AIDS through its activities. Opportunities for the project to contribute to the fight through partnerships with other programmes in a country should be explored. It is suggested that, in any case, the project M&E framework include an HIV/AIDS indicator (e.g. trend in HIV prevalence at nearest government clinics) so that any future changes to HIV prevalence in the area will be noted as potential risks to the project, or as information for other HIV/AIDS programmes.

**Complementary resources for HIV/AIDS management:**

- Accessing MAP funds for countries with MAP projects
- Partnerships with other funders working on HIV/AIDS or local NGOs active in the area
- Looking at sectoral interventions for HIV/AIDS

Figure 1: Flow Diagram for Scoping HIV/AIDS Response



## **ANNEX A: HIV/AIDS SCREENING QUESTIONS**

### **A. *Site Description***

- In broad terms, describe the community affected by the project (e.g. urban/rural, isolated/on a main road, village based/scattered homesteads, levels of poverty).
- Describe the degree of social cohesion in the community (e.g. strong and homogenous religious influences, traditional leadership structures, political instability, high crime levels).

### **B. *Potential for the project to impact on HIV transmission***

- How long will the project create movement into and out of the area? Consider labour forces, job seekers, resettlements, formal and informal service providers moving in.
- What proportion of labour is likely to be sourced locally and what proportion will be brought in and housed locally (based on skilled and unskilled labour requirements)?
- What is likely to be the gender breakdown of the local and imported labour force?
- Is access to the area being substantially changed with this project or not?
- Will the number of trucks into or through the project area increase?

### **C. *Status of HIV and STI epidemics***

- What is the existing prevalence of HIV in the community? Data can be obtained from antenatal surveys in nearby clinics or other prevalence studies done in the region.
- What stage is the epidemic in, i.e. is it an advanced, generalized epidemic that is spread throughout the community or is it still concentrated in “core groups” such as commercial sex workers and truck drivers?
- What are the existing prevalence levels of STDs in the community (if available)?
- What are the existing resources to manage STDs and HIV, and how are they used in practice (e.g. public sector clinics, private sector, traditional healers, pharmacies)?
- Where are the “hot spots” for HIV transmission (e.g. bars, clubs, truck stops, massage parlours, hotels with hourly rates, etc.)?
- What existing state, NGO and CBO initiatives are there in the area? What are the proposals for consultation?

***Compilation and interpretation of the above information should allow for the following to be answered:***

- Is HIV/AIDS a significant problem within the community or among the proposed workforce, or is it likely to become an important issue in the near to medium future?
- Is the nature and extent of the proposed project likely to give rise to conditions that will enhance the transmission of HIV (e.g. labour camps, relocations, attraction of job seekers and commercial sex workers)?
- Does the severity of the potential impact and/or the lack of existing data require that an HIV/AIDS specialist study be conducted? If so, what form should the study take and what should the TOR consist of?
- What are the opportunities for the project to positively impact on HIV transmission and care, either by working with other organisations or within the project itself?

## **ANNEX B: KEY ELEMENTS OF TERMS OF REFERENCE FOR THE INCLUSION OF HIV/AIDS IN AN ENVIRONMENTAL ASSESSMENT**

### **Introduction**

The introduction should explicitly state the following aspects:

- A short description of the project
- Geographical boundaries of the project
- Sources of relevant data and institutions which can assist in the specialist study

### **Objectives**

The objectives of the Specialist Study should focus on:

- Is HIV/AIDS relevant to the proposed project?
- What risks do HIV/AIDS problems pose to the project?
- What potential impact might the project have on transmission of HIV and AIDS?
- What interventions and mitigating measures are required at appropriate stages of the project, as well as HIV/AIDS education measures?

### **The Scope of the Specialist Study**

Geographical and time boundaries: In the case of geographical boundaries, the scope may be extended beyond the project boundaries to include the neighbouring communities and areas from which migrants originate. The time horizon for the assessment must be clearly defined. Vulnerable communities must be identified as focus groups in the assessment.

### **Activities to be Carried Out by the Consultant**

- Careful study of the project documents
- Collection and analysis of relevant, existing HIV/AIDS data from governmental and non-governmental institutions, complemented where necessary and feasible through field surveys, employing appropriate techniques.
- Identification of different HIV/AIDS hazards within the boundaries of the project
- Determination of community, environmental and institutional risk factors
- Identification of opportunities for HIV/AIDS prevention and management
- Formulation of HIV/AIDS risk management measures (alternative interventions/mitigation measures at different project stages with a justification, including changes in design, project operation and improvements in the health services). Such measures should pay due regard to community participation, gender issues and social equity.
- Appropriate economic evaluation of risk management measures
- Preparation of an HIV/AIDS Specialist report, containing as an output, an HIV/AIDS impact statement

## **ANNEX C: HIV/AIDS MANAGEMENT INTERVENTIONS**

A range of management interventions are available to prevent HIV transmission and to manage the impact of AIDS. For example:

<b>Potential Management Interventions for HIV/AIDS</b>	
<p><b>Specific HIV prevention activities</b></p> <ul style="list-style-type: none"> <li>• IEC activities</li> <li>• Peer education</li> <li>• Condoms provision</li> <li>• STD management</li> <li>• Integration of HIV/AIDS into thematic projects (e.g. emergency training)</li> </ul>	<p><b>Specific HIV/AIDS management &amp; mitigation activities</b></p> <ul style="list-style-type: none"> <li>• Voluntary counselling and testing</li> <li>• Treatment of opportunistic infections</li> <li>• Prophylactic therapies</li> <li>• Antiretrovirals</li> <li>• Medical Aid policies for workforce</li> </ul>
<p><b>Addressing “vulnerability” of the workforce</b></p> <ul style="list-style-type: none"> <li>• Adjust labour recruitment policies to:                             <ul style="list-style-type: none"> <li>- support better distribution across gender groups</li> <li>- promote use of local labour</li> </ul> </li> <li>• Improve labour housing to accommodate families, integration into the community, and provide recreational facilities</li> <li>• Gender equity</li> <li>• Recreation provision</li> <li>• Remittance provision</li> <li>• Labour transport</li> </ul>	<p><b>Addressing “vulnerability” of the impacted community</b></p> <ul style="list-style-type: none"> <li>• Outreach to sex workers</li> <li>• Resettlement policies</li> <li>• Access to STD services in the community</li> <li>• Capacity building in the community</li> <li>• Involvement of the community in IEC</li> <li>• Social marketing of condoms</li> </ul>

The following principles are useful in selecting management interventions and devising the management plan:

- Involve implementing agencies with experience in HIV/AIDS programs;
- Explore opportunities for contracting out analyses and services;
- Proposed interventions must have been proven to be effective and should be prioritised according to anticipated cost-effectiveness;
- There needs to be meaningful consultation with local communities so that management measures are culturally appropriate locally, and will have community support;
- Wherever possible, HIV/AIDS/STD management plans should be compatible with and integrated with local, regional and national initiatives, and be implemented in consultation with government, CBOs, NGOs and potentially clients and suppliers;
- Any measures that need to be undertaken by contractors need to be explicitly built into the contract for the project to ensure implementation;
- Address issues of long term sustainability (i.e. after the project’s lifespan); and
- A monitoring and evaluation system should be devised and implemented to improve the management interventions.

## **ANNEX D: EXAMPLES OF MONITORING AND EVALUATION INDICATORS**

Use as few relevant indicators as possible for which information can be readily obtained.

<b>Input</b>
<ul style="list-style-type: none"><li>• Amount of resources received from the project for HIV/AIDS work in and around the site</li><li>• Amount of resources contributed by the community for HIV/AIDS work in and around the site</li><li>• Amount of resources contributed from other sources (other projects, donor agencies, government, NGOs) for HIV/AIDS work in and around the site</li><li>• Number of trained supervisors</li><li>• Availability of checklists, vehicles and field allowance</li><li>• Number of staff committed to HIV prevention and AIDS activities</li></ul>
<b>Output</b>
<ul style="list-style-type: none"><li>• Number of training sessions held, number and type of participants, types of sessions on e.g. HIV prevention education, counselling, coping with AIDS</li><li>• Number of campaigns held and number of people reached by the campaigns</li><li>• Number of condoms distributed to workforce, community groups, bars, and health facilities</li><li>• Number and percent of establishments with condoms available throughout the year</li><li>• Number and success of AIDS action committees in community</li><li>• Number of people counselled on HIV/AIDS</li><li>• Number of HIV tests done</li><li>• Availability of syndromic treatment for STDs in the surrounding clinics</li><li>• Presence and application of a HIV/AIDS policy for the project</li><li>• Percentage of AIDS sick people that are provided with general health care, wellness assistance and support</li></ul>
<b>Outcome</b>
<ul style="list-style-type: none"><li>• Change in HIV sero-prevalence in target groups</li><li>• Level of morbidity and mortality in target groups</li><li>• Level of empowerment of vulnerable groups in the project area</li><li>• Percent of adults reporting STDs</li><li>• Number of STD cases seen at health clinics</li><li>• Number of schoolgirl pregnancies</li><li>• Levels of worker productivity</li><li>• Levels of worker benefits paid</li><li>• Percent of adults (15-49 years) knowing sexual transmission route of AIDS</li><li>• Percent of adults knowing that a healthy person can carry HIV for at least five years</li><li>• Percent of adults who say they have changed their sexual behaviour since they have heard of AIDS</li><li>• Percent of adults who consider condoms as an acceptable method of STD/HIV prevention</li><li>• Percent of adults who maintain a workplace respectful of human and legal rights</li><li>• Number of community representatives actively participating in and contributing to the programme</li></ul>

## ANNEX E: CONTACT INFORMATION

The following people may be contacted for further information on HIV/AIDS, safeguard policies and the integration of HIV/AIDS issues in Environmental Assessment.

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