



World Bank Global
HIV/AIDS Program

HIV/AIDS - *Getting Results*

These reports describe activities, challenges and lessons learned during the World Bank's HIV/AIDS work with countries and other partners.

Working with Road Contractors to Prevent HIV Infection: Experience and Lessons from the Ethiopia Roads Sector Program

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The Africa Region Transport Group (AFTTR) led the way in the World Bank when it included HIV/AIDS mitigating provisions within standard clauses for works contracts. Getting contractors to comply with the clauses has been challenging. The **Ethiopian Road Sector Development Project (RSDP)**, implemented by the **Ethiopian Roads Authority (ERA)**, was the first World Bank project to work closely with road contractors to include HIV prevention clauses into road contracts. The ERA implemented HIV prevention activities within its own workplaces and also reached out to contractors and communities near project worksites. These initiatives tested approaches to designing HIV prevention activities in road construction projects. Appropriate personnel, skills and funding are basic requirements for implementing HIV prevention activities.

Why HIV prevention needs to be mainstreamed into road investments

Studies of HIV prevalence and risks at work places recognize that migration, short-term or long-term, increases opportunities for sexual relationships with multiple casual partners, transforming transport routes into "hotspot" corridors in the spread of HIV. Studies on HIV and transport suggest that long-haul truck drivers are a high risk group.

Few studies have specifically investigated HIV prevalence and risks amongst road construction workers. Yet people working in road construction are both short and long-term migrants, spending weeks, months or days away from their families and homes. If road construction workers satisfy their sexual needs "on the road", they too are an important risk group for HIV.

Despite the gravity of the impact of AIDS on road and transport workers and on their partners, families and communities, as well its effects on company profits through higher absenteeism, illness, medical costs and turnover, the transport sector was slow to incorporate HIV prevention and AIDS mitigation and care into its



Village on the Nekempt – Mekenajo Road in Ethiopia

operations. Some of the reasons for early inaction were the paucity of analytical data on the extent of the problem, the lack of relevant expertise in the sector, and absence of leadership to spur action and of guidelines on what to do and how to do it.

Actions to include HIV prevention in road transport operations in Africa

Recognizing the magnitude of the problem, the Africa Region Transport Group (AFTTR) took action, and became the first Region within the World Bank to include HIV prevention in its road operations. AFTTR pursued two main objectives in mainstreaming HIV prevention into road investments: i) to prevent road construction projects from being vehicles of HIV infections, and ii) to help client countries to better define their HIV prevention strategies in the transport sector.

There are six main achievements:

1. "AIDS and Transport in Africa - A Framework for Meeting the Challenge" (2003) was written to provide guidance on how to incorporate HIV prevention activities in the transport sector routinely.

2. Beginning with Ethiopia, existing road projects in 19 countries were retrofitted to incorporate HIV prevention activities. Work programs were prepared, and NGOs were recruited to implement the work programs.
3. Implementation of the first World Bank financed Regional HIV and AIDS project -- the Abidjan-Lagos Transport Corridor Project -- has been completed.
4. Influenced by the experience in Ethiopia, an HIV prevention clause has been incorporated into the World Bank Standard Bidding Document, requiring all civil works contracts larger than ten million dollars to include HIV prevention activities for contract workers.
5. The World Bank Transport Unit in Africa has a full-time HIV coordinator who helps to ensure greater application and effectiveness in implementing HIV/AIDS interventions in the transport sector.
6. A review of the lessons of experience in mainstreaming HIV into transport projects in Africa was published in June 30 2008.

Incorporating HIV Prevention in the Ethiopia Road Sector Development Program

Starting in 2000, the Ethiopia Road Sector Development Program (RSDP) was the first Bank-funded roads program in the region to mainstream HIV prevention in its operations. The road has been bumpy, but many milestones have been reached, and much has been learned.

There was very little experience to draw on - in early 1990, some HIV/AIDS awareness activities had been implemented within the Feeder Roads Component of the Uganda Transport Project (financed by the World Bank with co-financing from the Nordic Development Fund). Ethiopia "broke new ground" by taking a systematic approach, and incorporating HIV in a new transport operation. Planning began in 1998, before the Bank's large AIDS funding mechanism in Africa -- the Multi-Country AIDS Program (MAP) -- was conceived; when MAP funding became available, it greatly facilitated the work.

A slow start

It took three years to mainstream HIV prevention and control activities within the Ethiopian Roads Authority (ERA) and in the RSDP projects. There were three major obstacles to overcome: i) little initial client "buy in"; ii) the absence of supportive policy and strategy; and iii) a lack of institutional capacity.

Client ownership: Initially, ERA management efforts to tackle the issue within its institution were inadequate. Associated with the lack of ownership, was

stigmatization of the subject. "This is something private, we don't talk about in our culture in Ethiopia", the Bank project team was told. Just to utter the word "condom" crossed a cultural taboo. But repeated broaching of the subject broke the silence and engaged the ERA in discussion. The change in communication and outlook took about a year and half. Once ERA management ownership was secured, progress followed. The next important step was to get the 12,000 ERA staff to start changing attitudes towards the subject. Gradually, over the next few years, people became willing to talk about HIV/AIDS and socially sensitive matters like using condoms. Group discussions and meetings with managers increased their awareness of the issues, paving the way for workshops to discuss HIV/AIDS with employees and their families. Peer educators were trained in units across the ERA to continue the discussions beyond the workshops.

No policy or strategy, and little institutional capacity:

At the outset, there was of course no policy or strategy on HIV/AIDS within the Ethiopian road sector. When the Bank Team suggested that the ERA develop a policy document and a strategy on HIV prevention and control, the reply was: "We are engineers, what do you want us to do, you want us to distribute condoms?" It was a legitimate concern. The ERA did not have the capacity to address HIV/AIDS related issues within its existing institutional structure.

In response, the Bank project team proposed that the first thing to do was to include an HIV/AIDS clause into construction work contracts. Second, the Team assisted the ERA Environmental Monitoring and Safety Branch which normally addresses and monitors social issues and safeguards on road operations, to apply for funds from the Ethiopian Multisectoral HIV/AIDS project (one of the first projects approved under the Africa Multi-Country HIV/AIDS Program, or MAP). The MAP funds were able to be used to hire consultants with relevant expertise to coordinate and facilitate the HIV/AIDS activities.

Once these first steps and decisions were taken, the ERA prepared a concept note for an HIV prevention strategy. In the short term, they would do three things: include a clause requiring HIV prevention activities in road work contracts; start HIV prevention activities within the ERA; and develop a policy and a three-year strategy and work plan.

In November 2001, ERA received MAP funds of 461,875 Birr (US \$ 53,000) to develop and implement its HIV prevention strategy. The MAP funds were given a budget line within ERA's financial management system. A nurse and a sociologist were hired as consultants, and began working within the ERA in mid-2002.

Accomplishments

The work accomplished by the HIV consultants and the Environmental Monitoring and Safety Branch with ERA staff, in the first three-and-a half years (July 2002 to December 2005, is summarized in the table below.

Summary of HIV/AIDS Prevention Activities Conducted July 2002- December 2005

Activities	No.	Participants/beneficiaries		
		Female	Male	Total
Strengthen Institutional Capacity				
Recruit 2 HIV/AIDS prevention consultants	2	1	1	2
Train peer educators		75	261	336
Set up 18 anti-AIDS Committees, train members	18			95
VCT – Training course	1	12	3	15
Analytical/policy Work				
Workplace policy	1			
Baseline Study	1			
3-Year Strategic Plan	2			
IEC Sessions				
Advocacy- managers	12	50	100	150
Awareness raising - staff	37	1,500	10,500	12,000
Condom distribution				265,000

Awareness raising activities started with 150 managers across the institution, discussing the impact of HIV and AIDS and how preventive activities could be incorporated into the work of the ERA. Next, discussions began with staff. Over the next three years, about 12,000 workers participated in 37 workshops to discuss how HIV is transmitted, and how to prevent infection. About 15,000 leaflets, 5,000 posters and 500 T-shirts were distributed.

Stickers used to hold the annual vehicle inspection license were provided for all ERA vehicles, a constant reminder to drivers to “stop stigma and discrimination” and “protect women and girls against HIV/AIDS”. In headquarters, staff began to wear their ID cards hanging from cords printed with the HIV/AIDS ribbon and an anti-stigma and discrimination message.

Eighteen Anti-AIDS Committees with a total of 95 members were set up in units across the ERA. Working with the Committees, 336 peer educators were trained. Over time, people became more interested in serving as committee members and peer educators, and discussions about HIV and AIDS became commonplace. Nor is HIV discussed only in special meetings. At various progress meetings and annual meetings, ERA has developed a tradition of discussing HIV prevention

activities as the first item on the meeting agenda. This is in stark contrast to the situation in 2000, when the Bank team were told that it was “just not in the culture” to talk about such private matters.

In July 2004, the ERA HIV/AIDS policy and strategy documents were completed and published in English. An Amharic (Ethiopian National language) version had been completed and published. The strategy included a three-year work plan (2004-2006).

Care, treatment and involvement of people living with HIV

As commitment to HIV prevention grew among the ERA management and staff, so did sensitivity to the need to provide treatment and counseling, and to support people living with HIV. The ERA has offered jobs to older (working age) orphans to enable them to assist their young sisters and brothers. Managers have assigned people with AIDS to light duties, and transferred them to work in the area nearest to their families.

People living with HIV are actively involved in the prevention program, teaching other staff about HIV prevention. Some sero-positive ERA workers have spoken out in a very visible and public way, the first notable occasion being at a big meeting to mark World AIDS Day in 2004. ERA workers decided at this meeting to contribute one percent of their monthly salary for a year, to be used to buy antiretroviral drugs for ERA workers with AIDS. This was to be start-up or “seed funding” which would need to be complemented by other sources. Treatment began – although for only five people – at the end of 2005. The numbers were expanded as more funding became available through broader treatment programs.

One area where achievements lagged far behind plans in the first years was in voluntary counseling and testing (VCT). In a 2003 baseline survey of 861 ERA and contractor workers and members of communities near road work projects, only 30.5% of workers and 7.5% of local community respondents said they had access to a VCT service. In 2004, the ERA trained 15 people to provide counseling and testing, and bought the reagents and other materials needed to perform tests. However, it took more than a year before permission was received from the Health Bureau to start the service.

Working with Road Contractors on HIV Prevention

In addition to the work with its own staff, the ERA HIV/AIDS prevention strategy also focused on road construction companies contracted under the Road Sector Development Program, and local communities at construction project camp sites. An initial study on sexual behavior and HIV awareness among 1,050

workers in 12 road projects being constructed by 8 international contractors and 4 of ERA's "own force" staff was carried out in 2001. Over 700 of the workers surveyed were aged 18-30, more than half were single and most of the others were working far from their spouse. Awareness of HIV was very limited, and very few reported taking measures to prevent HIV infection. The survey underscored the clear need to work with road contractors to reach their staff.

In late 2003, another survey of knowledge, attitudes and behaviors was carried out among 487 workers (ERA "Own Force" and contractors) and 380 community members living in the road corridor areas, supplemented by 25 focus group discussions and in-depth interviews with 33 key informants. All the workers and most community members had heard about HIV and AIDS, and over 80% gave correct answers to questions about how HIV is transmitted and how to prevent infection. However, about 70% of respondents perceived their own risk of infection as low, but the qualitative data indicated that sexual intercourse with non-regular partners was widespread, and condom use low: only 33% of the workers and 12% of the local community reported ever having used a condom. While the surveys in 2001 and 2003 are not fully comparable, they suggest that there has been progress in increasing knowledge and in changing attitudes, but that much more remained to be done to change behaviors.



HIV Drama during Awareness Workshop, Alamata - Betemariam Road Project, Ethiopia

Contract clauses on HIV are not enough. The approach taken with contractors was to include a clause in the works contract, requiring certain actions to be taken on HIV. It was relatively easy to include the clause in the contract, but much more difficult to enforce it. Supervising engineers and contractors either ignored the clauses, or gave them low priority. After all, they were

primarily hired to build roads and not to distribute condoms or to organize education, information, and communication (IEC) sessions on HIV prevention.

Contract clauses need corresponding budgets:

Although clauses were included in works contracts, HIV prevention activities were not incorporated in the bills of quantity – the budgets – of the first generation of RDSP contracts. This gave a signal of low priority. Also, from the contractors' perspective, this was a disincentive, because it was as if they had to pay for the activities themselves, unlike the civil works which they were being paid to do. This lesson was quickly learned and easily corrected in the next set of contracts, which required contractors to include a lump sum for HIV prevention activities.

Ignorance about HIV/AIDS, and language barriers

In addition, many contractors were from China and South Korea and few had heard anything much about HIV and AIDS or its impact in Africa. Their staff did not speak English or local Ethiopian languages and they had very few interpreters – typically one or two for 30–100 expatriate staff. And the contractors who had heard about HIV and AIDS didn't know what to do about it. Nor did they know how to report on the preventive activities they were supposed to undertake in their monthly progress reports.

Specific Oversight of Contractors' HIV prevention plans and activities

In addition to Engineers and other technical staff, the Bank supervision teams included a sociologist, with specific responsibility for reviewing the contractors' HIV prevention activities. The sociologist's Terms of Reference included the following tasks: "Review the Contractor's proposed work programs and associated work method statements, resource analysis and requirements, and approve or reject the proposals. Identify any changes or additional resources required. Make sure that the program submitted for the execution of the Works shall, in addition to the program for pure construction activities, include an alleviation program for Site staff. In consultation with ERA's responsible environmental office, advise the contractors of new developments and additional needs in respect of STDs and HIV-AIDS as and when they occur."

Clarifying what to do and reporting

During supervision mission discussions, the ERA and Bank team raised consultants' and contractors' HIV/AIDS awareness, and reminded them of their contractual obligation to carry out and report on activities. The ERA HIV prevention team also began providing technical assistance to the consultant engineers and contractors, and worked with local health

centers to carry out awareness raising activities at project sites.

Two main areas of HIV prevention activities were carried out: IEC and distribution of condoms. The ERA and Bank team developed a simple form for contractors to use to report on their HIV prevention activities, as part of their regular contract monthly progress reports (see below). However, some contractors repeated, in each monthly progress report, the same number of condoms distributed each month. The supervision missions repeatedly had to remind them of their contractual obligations to adequately carry out and report on their activities.

Although it is impossible to know how reliable the numbers are, the contractors reported that a total of nearly 2 million condoms were distributed to projects collectively employing about 27,000 people. Nearly 41,000 brochures/posters were distributed in 527 sessions in World Bank financed road projects, during the years 2001 to 2005. Female condoms were demonstrated in some work areas. Some contractors recruited health personnel to work full time on HIV prevention and control activities.

Contractor's Monthly Report on HIV Prevention Activities

Month / Year: _____

Project: _____

No	Working Section	Population			(Total) Distribution of		Total No. of information sessions	Total No. of people at information sessions
		M	F	T	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	Work Shop							
13	C/Plant							
14	Sub-Contractor							
15	Engineer Camp							
Total this month								
Total to date								

Condom Distribution Points

Location	Distribution Points
Base Camp Toilet	
Base Camp Clinic	
Base Camp Restaurant	
Engineer's Office	

Location	Distribution Points
Workshop Clinic	
Workshop Restaurant	
Foremen	

Working with local health care facilities in roadside communities

A recurrent question encountered during the supervision missions was: "What other HIV prevention activities, beside IEC and condom distribution, could the contractors offer their workers?" The question was addressed in part by getting the ERA's HIV prevention

team to establish strategic partnerships between contractors and their host communities' health clinics. IEC and condoms were made available to both contractors' workers and to the host communities. Likewise, the VCT services of the host community clinics were made available to contractors and their workers. This increased workers' exposure to HIV prevention after

working hours, in their homes, and also gave them access to counseling outside their workplace. However, the question of how to provide effective HIV prevention services to a mobile work force of road builders remains to be fully addressed, and becomes even more critical in the context of providing access to anti-retroviral treatment.

Main Outcomes

The HIV prevention strategy of the Ethiopia RSDP is considered a model of “best practice”, both by the Bank’s Ethiopia MAP Team and by the Ethiopian HIV/AIDS Prevention Control Office (HAPCO). Six achievements stand out especially.

- **High Level of Awareness:** The 2003 study commissioned by the ERA to assess sexual behavior and HIV and AIDS awareness within the organization concluded that awareness was high: 85% of road construction workers and 90% of ERA staff knew about HIV and AIDS and how HIV is transmitted.
- **Change of Attitudes:** Both the ERA staff and the contractors’ changed their attitudes towards HIV prevention in contract clauses. The sensitization and increased awareness within the ERA decreased stigma and silence. When the HIV prevention consultants began working at the ERA, few staff would talk to them. Some thought they had been hired because they were HIV-positive; others thought that being seen with them would make colleagues think that they were HIV-positive. These fears no longer exist.
- **HIV status being acknowledged:** Some ERA staff have come forward and spoken openly about being HIV-positive.
- **Condoms are widely available:** Condoms are now found in every toilet at consultants’ and contractors’ camps and even in the offices. They are also found in male and female toilets at ERA headquarters and ERA district offices. The replenishment rate of condoms accelerated over time, suggesting increasing use.
- **Improved Contract Documents:** HIV prevention clauses in works contract documents were strengthened by requiring that their costs be included in the contract, by adding a lump sum in the bills of quantities (budget). A reporting form helps guide contractors’ performance and provides adequate information on the activities to be monitored.
- **Information has been shared with other countries:** The Ethiopian policy and the strategy documents were used as primary work materials in a World Bank sub-regional workshop on

mainstreaming HIV prevention in the transport sector. The workshop was held in Addis Ababa, in July, 2004 in partnership with the ERA. In addition to Ethiopia, five eastern and southern African countries attended: Lesotho, Kenya, Malawi, Uganda and Zambia. The objective of the workshop was to help participating countries to start preparing transport HIV prevention policies and strategies. At the end of the workshop, each participating country had drafted an HIV/AIDS policy and strategy, which they took home to finalize. The drafts were the basis for retrofitting their transport projects to incorporate HIV prevention.

Lessons Learned

Institutional level of the transport authority

- MAP funds were critical for taking the ERA HIV prevention activities forward. Initially, the institution did not have capacity, expertise or funding for HIV prevention activities, and the MAP funds made it possible to hire experts and begin developing capacity.
- Management and workers within the institution need to be persuaded of the importance of HIV awareness and prevention; this ownership is necessary for successful and sustained efforts.
- Change takes time and requires repeated and persistent efforts not only to sensitize people and provide access to condoms, but ultimately to establish a larger vision that includes both prevention and treatment. Transport Ministries need not do this alone; they can make strategic alliances with NGOs, local health clinics, VCT centers, etc., in order to achieve their goals.



Peer educators in training, engaged in group work

Shared responsibility for HIV prevention

- The HIV/AIDS pandemic is global, but solutions have to be local. The HIV/AIDS pandemic is global, but solutions have to be local. It is at the local and individual level that behavior change and treatment take place. Therefore, there is a clear role for the management of national roads authorities and contractors, and World Bank project teams to address HIV and AIDS in their work.
- Committed World Bank team leaders engaged in continuous dialogue with clients and strategic partners make a difference.

Operational level

- Condom distribution needs to be complemented by information and education. A survey carried out in the RSDP for Ethiopia suggested that condoms distributed to workers were used in interactions with professional sex workers but not with regular partners. This prompted some stakeholders to object to the distribution of condoms, as they were (mis)perceived as encouraging promiscuity. Careful communication is needed, and also to get across the message that there may be risk of infection even with regular sexual partners if one or both people have other sexual partners.
- Questions remain concerning HIV/AIDS prevention activities in road construction projects: What is the best HIV/AIDS prevention approach when dealing with a mobile population of road workers? What kind of HIV prevention activities should be provided besides condoms and IEC? Is it feasible to include access to treatment?
- Including HIV prevention clauses in works contracts does not ensure the implementation of activities. There is a need for more guidance on implementation, supervision and monthly reporting mechanisms as well. A Social Scientist has been included in the Supervising Engineers' team to follow up implementation of HIV prevention as well as other social safeguards and mitigation measures.
- HIV prevention is part of the social mitigation measures of any project. Those measures need to be included in the bills of quantity and in the specifications in order to be given proper funding and attention by consultants and contractors.
- Contractors and the Supervising Consulting Engineers often interact with community representatives in the construction area, and respond to local community needs. Many companies are trying to do more to fulfill corporate social responsibilities and address HIV prevention and other important issues. Working with local NGOs, health and social workers can greatly facilitate this.

Still room to improve

On September 23- 26, 2008, the ERA held its annual Road Sector Development workshop Two of the four days were dedicated to issues around safeguards. The effectiveness of compliance with environmental and social safeguards clauses, including HIV, and the difficulties of ensuring consistent supportive supervision were discussed. The latest ERA assessment of progress concluded that there is still room for improvement. Consequently, a committee has been set up to look into the issue, and develop specific recommendations. Two initial proposals were put on the table: impose monetary penalties for noncompliance, and/or make compliance a condition of project completion hand-over.



Condom Demonstration at Jijiga - Degehabur Road Project, Ethiopia

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Photographs were taken by Antoine Lema

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HIV Prevention Clauses in Civil Works Contracts

Civil works construction contracts have long included provisions to safeguard worker safety and to ensure reasonable access to health. For example, the World Bank Standard Bidding Document for Works, General Conditions, Section 6.7 on the Health and Safety of Staff and Labor, require the Contractor to:

“take all reasonable precautions to maintain the health and safety of the Contractor’s Personnel. In collaboration with local health authorities, the Contractor shall ensure that medical staff, first aid facilities, sick bay and ambulance service are available at all times at the Site and at any accommodation for Contractor’s and Employer’s Personnel, and that suitable arrangements are made for all necessary welfare and hygiene requirements and for the prevention of epidemics.”

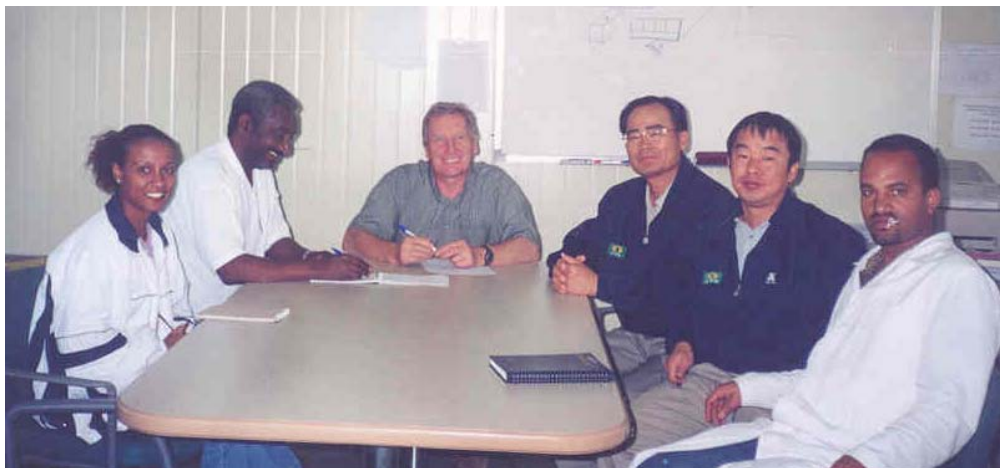
The revised version of the World Bank Standard Bidding Document for Works published in May 2007 included new clauses specifically establishing contractors’ obligations to implement and fund activities to prevent HIV. It defines the actions that contractors must take to prevent HIV among their workers and the communities with which they interact.

“HIV-AIDS Prevention.” The Contractor shall conduct an HIV-AIDS awareness program via an approved service provider, and shall undertake such other measures as are specified in this Contract to reduce the risk of the transfer of the HIV virus between and among the Contractor’s Personnel and the local community, to promote early diagnosis and to assist affected individuals.

Over the entire contract period, the Contractor is required to:

- (i) conduct Information, Education and Communication (IEC) campaigns, at least every other month, addressed to all Site staff and labor (including all employees of the Contractor, Sub-Contractors and Consultants, all truck drivers and crew making deliveries to Site for construction activities) and to the immediate local communities, on the risks, dangers and impact, and appropriate avoidance behavior of Sexually Transmitted Diseases or Infections (STI) in general and HIV/AIDS in particular;
- (ii) provide male or female condoms for all Site staff and labor; and
- (iii) provide for STI and HIV/AIDS screening, diagnosis, counseling and referral to a dedicated national STI and HIV/AIDS program, (unless otherwise agreed) of all Site staff and labor.

The Contractor shall include in the program to be submitted for the execution of the Works under Sub-Clause 8.3 an alleviation program for Site staff and labour and their families in respect of Sexually Transmitted Infections (STI) and Sexually Transmitted Diseases (STD) including HIV/AIDS. The STI, STD and HIV/AIDS alleviation program shall indicate when, how and at what cost the Contractor plans to satisfy the requirements of this Sub-Clause and the related specification. For each component, the program shall detail the resources to be provided or utilized and any related sub-contracting proposed. The program shall also include provision of a detailed cost estimate with supporting documentation.



Discussions with contractors on strengthening HIV prevention activities in RSDP I Projects

Please visit www.worldbank.org/aids to read about other topics in the “**HIV/AIDS - Getting Results**” series