



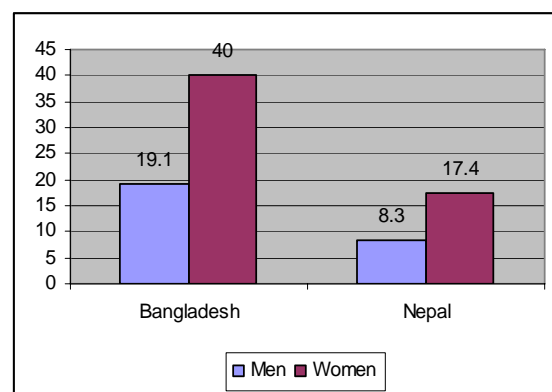
The Rationale for Mainstreaming HIV/AIDS in Social Development (SD)

As of 2008, between 2 and 3.5 million people in South Asia are living with HIV. The HIV epidemic is highly heterogeneous in the region, driven in different countries to varying degrees by different groups, such as sex workers and clients, injecting drug users and their sexual partners, and men having sex with men and their other sexual partners (Kang, et al. 2005). The incidence of HIV infection is not limited to these groups, however, and characteristics of the epidemic vary not only across countries, but across states, within countries and even across local communities within states. To effectively address the epidemic and prevent further transmission of HIV will require **targeted programs, local-level responses** and a focus on **increasing awareness** of how to prevent transmission—among the most-at-risk-groups as well as among the general population. Expanding awareness will require overcoming socio-cultural, political, and economic barriers to inclusiveness in access to health service provision, education, mass media, and other information sources. As its main objective is to empower people through transforming institutions—making them

more inclusive, cohesive, transparent, and accountable to community needs—Social Development (SD) contains numerous entry points for effective responses to HIV and AIDS.

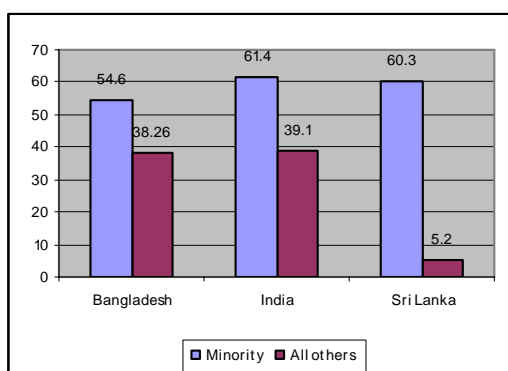
Inclusion: SD's expansion of service delivery to include marginalized groups helps increase their access to health services, education and information related to HIV treatment and prevention. Those who tend to be excluded from service delivery include women, the poor, indigenous peoples, migrants, and people living in conflict-affected areas. Women in South Asia tend to have much lower regular exposure to mass media than men, and are much more likely to have no knowledge of HIV/AIDS whatsoever (Figure 1).

Figure 1. Percent of men/women who have never heard of HIV/AIDS



Source: Bangladesh DHS 2004; Nepal DHS 2006. Groups include ever-married men ages 15-54 and ever-married women ages 15-49.

Figure 2. Ever-married women who have never heard of HIV/AIDS: percent minority group vs. percent other ever-married women



Source: MEASURE DHS + ORC MACRO, various years

Women in other marginalized groups—e.g., low-income, low-caste, indigenous peoples, traditionally excluded ethnic groups—are particularly vulnerable because these groups tend to live in more impoverished conditions than others in South Asia and have poorer access to services that may offer treatment and/or information on HIV/AIDS. Among India’s scheduled tribes (Figure 2), for example, more than 61 percent of ever-married women had never even heard of HIV/AIDS, as opposed to less than 60 percent of other ever-married women. In Sylhet, the division most populated by Bangladesh’s tribal groups, women are much more likely to have no knowledge of HIV/AIDS than other Bangladeshi women. Awareness is also relatively low among women in Sri Lanka’s tea estate sector,

which employs many of the country’s Indian Tamils.¹

Decentralization: Opportunities for Transparency, Accountability, and Cohesion.

Because the pattern of HIV infections varies by locality, it is up to local-level institutions to understand how the epidemic is likely to enter (or has entered) the community, and to develop responses accordingly. As South Asia’s decentralization trend continues, local government has the unique opportunity to work closely with community members and service providers, partnering in programs to effectively address the epidemic. Well-designed and correctly implemented decentralization reforms allow SD goals to be fulfilled and to better address local HIV/AIDS issues. As communities become more cohesive and their alliances generate greater voice to ensure greater social inclusiveness in service delivery, institutions become more transparent and accountable to meeting these needs. As service providers (organizational as well as frontline) become more transparent in their programming and operations, a well-designed provider-government

¹ Indian Tamils make up about six percent of Sri Lanka’s total population.

compact enables local government to enforce rules that providers mainstream HIV and AIDS through information campaigns, free testing and counseling, and needle exchange programs.

Social Development Themes Facilitate HIV/AIDS Mainstreaming

Other SD themes such as community driven development (CDD), capacity building of local governments, indigenous people's initiatives, and conflict prevention and post-conflict reconstruction all help communities more effectively address HIV and AIDS, as all aim to increase access to key services and information. Greater inclusion and cohesion bring greater tolerance of all groups, including stigmatized groups with high prevalence of HIV infection. Tolerance not only increases odds that local governments, communities, and service providers will offer social and health support to high-prevalence groups; it also encourages society to accept that everyone needs to be aware of HIV and AIDS issues. In theory, greater tolerance in South Asia also should promote more open discussion of sexual behavior and modes of HIV transmission, for this is the starting point of awareness and prevention.

Social Assessment An important part of appraising the social context of any

Bank-supported project, the Social Assessment is potentially a valuable tool for gathering local data on HIV and AIDS. It will be important to keep close track of local HIV issues, store data, and develop information outreach and health service responses accordingly. In the analytic work for the National and State Highways Project in India, the South Asia Region (SAR) SD unit has successfully used Social Assessments to increase awareness of HIV and AIDS preventive measures, providing information on available medical services and social marketing of condoms (see box on page 4).

What the World Bank's Social Development Sector Can Do

- ***Advocacy:*** In each regional unit, identify a focal person to champion HIV mainstreaming (done in SAR).
- ***Learning by doing:*** Pilot projects for mainstreaming (see box on page 4).
- ***Safeguards:*** Assess project impact on HIV transmission/mitigation measures.
- ***Economic Sector Work:*** Review data and literature on the extent of the epidemic, focusing on knowledge and behaviors of different social groups, and conduct research on the social and economic impact of HIV on SD.

HIV/AIDS Mainstreaming Actions in Social Development since 2005

Country	Sector	Agency	Bank funded project/activity	Mainstreaming Actions Taken
India	Transport and Social Development	National Highway Authority of India (NHAI)	Social Assessment (SA) for 12 Bank-supported National and State Highway Projects in India	The SA for 6 of the projects has revealed HIV/AIDS awareness levels, identified sensitive groups and locations along project roads, and assessed services availability to increase awareness of preventive measures and provide information on available medical services and social marketing of condoms. Field activities are carried out by NGOs and contractors' medical officers in collaboration with the State AIDS Control Society (SACS). This is helping NHAI implement a 3-year HIV/AIDS pilot program along several roads in collaboration with the National Aids Control Organization.
Nepal	Social Development:	National Center for AIDS and STD Control (NACSC), Ministry of Health and Population, His Majesty's Government of Nepal	Gender and Social Exclusion Assessment (GSEA)	The GSEA has identified specific social groups in which Nepali women have the lowest awareness of how to prevent HIV. These groups overlap with those that tend to be excluded from health and other service delivery programs. The GSEA's recommendation to scale-up service delivery to expand access will increase the odds that programs like the National Strategy on HIV/AIDS, which includes awareness campaigns, will reach even excluded groups.
Pakistan	Water, sanitation and flood protection; agriculture, fishing and forestry; ESSD (environment)	Irrigation and Power Department, Punjab Province	Taunsa Barrages Emergency Rehabilitation Project	HIV/AIDS awareness requirements were included in Project construction.
Sri Lanka	Road Sector; ESSD (social development)	Sri Lanka National HIV/AIDS Prevention Project (Grant)	Preparation of Social Impact Management Framework (SIMF)	The Sri Lanka Roads Project's SIMF requires liaising with the National HIV/AIDS Project to make high-prevalence groups aware of HIV/AIDS risks and to provide truckers with the National Project-designed preventive packages.

Sources for further information

[The World Bank South Asia HIV/AIDS website](#) Links to country briefs and general information

[National AIDS Control Program in India](#) Link to the website detailing the programs and activities of the National AIDS Control Program in India

[The ILO Code of Practice on HIV/AIDS](#) This workplace-related action framework contains key principles for policy development and practical guidelines for programs at company, community and national levels.

[The IFC Good Practice Note on HIV in the workplace](#) This useful tool outlines how organizations might intervene. The corporate roadmap to HIV helps the company assess its commitment and level of intervention.

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