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# **AIDS and Transport in Africa**



## **A Framework for Meeting the Challenge**

**Africa Technical Transport Sector Unit (AFTTR)  
The World Bank**

**July 2003**

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## Foreword

Without any intervention, the next 10 decades could see as many as a billion deaths from AIDS.<sup>1</sup> AIDS will devastate villages, cities, national economies and the very fabric of society, especially in the developing world. While the center of gravity appears to be shifting to China, Russia, and India, of the 42 million persons affected by HIV/AIDS worldwide, some 29 million are in Africa.

AIDS is not just a medical problem, but one with profound economic, political, and social impacts. The epidemic thus demands a multi-faceted response. Women are highly affected largely due to cultural practices and children are especially hard-hit. Within seven years, the United Nations estimates that Africa will have more than 42 million orphans, half of them because of AIDS. And the number of children to be severely affected by HIV/AIDS could be as high as 100 million by 2010. AIDS has therefore wiped out, even reversed, hard-won development gains in Africa. Most countries in sub-Saharan Africa have seen or will see a decline, often drastic, in both income and life expectancy. By 2010, for example, a child born in Botswana can expect to live for only 27 years, unless the trend is reversed.

*AIDS is a major threat to transport operations in Africa with transport workers two times more at risk compared with other occupations.* Because of their high-risk sexual behavior, long-distance transport service providers have infection rates as high as 30 percent. The transport sector itself actually helps the epidemic as infrastructure and associated transport services give people and infections mobility.

*Prevention is much less expensive than cure, a lesson most African countries have learned too late.* The Bank's Africa Technical Transport Sector Unit (AFTTR) has therefore responded to the call to fight this epidemic. Several ongoing road and transport projects have been "retrofit" in different countries to address the HIV/AIDS problem within the sector, for example carrying out awareness actions for employees of road agencies and private contractors, ensuring safe sexual practices and responsible behavior including distribution of condoms, encouraging abstinence, and introducing special clauses in works and supervision contracts to ensure that the staff of private contractors and engineers will participate in anti-HIV/AIDS programs. The transport sector in Africa has also recently taken the lead in implementing comprehensive programs along transport corridors to assist in reaching and touching all sections of society so as to change of behavior and to arrest the spread of the epidemic and minimize its impact.

*AIDS and Transport in Africa—A Framework for Meeting the Challenge* is a useful resource that provides a basis for understanding the problem within the sector. Through its 13 defined AIDES, the transport professional has tools for understanding, designing, and implementing projects for addressing the problem. I highly recommend the volume and pray that we can each contribute both to saving some lives and to much needed economic development, growth, and poverty alleviation in sub-Saharan Africa.

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The World Bank  
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<sup>1</sup> This and all subsequent figures in this foreword from Riverson, Joseph. "Aids: A Century From Now, a Billion Persons Could Die," *Seattle Post Intelligencer*, December 1, 2002, p. G1.

## Acknowledgements

The HIV/AIDS Core Group of the African Technical Transport Unit (AFTTR) is mainstreaming HIV/AIDS prevention, care and mitigation activities into its transport sector work. One of the outputs of this initiative is this framework for transport and health professionals. *AIDS and Transport in Africa—A Framework for Meeting the Challenge* was written by Wendy Roseberry based on research and earlier writings of Catherine Cormont Toure. Management of this task was overseen by Hitoshi Shoji, Senior Operations Officer, Anil Bhandari, Lead Transport Specialist, and Jocelyne Do Sacramento, Program Assistant, under the direction of Maryvonne Plessis-Fraissard, Sector Manager, Transport, Africa Region. A panel made up of Praful Patel, Keith Hansen, Dick Seifman, David Rudge, Yitzhak Kamhi, and Eva Jarawan from the Africa Region; Richard Scurfield and Peter Roberts from the Transport Anchor (TUDTR); and Jerry Lebo from East Asia (EASTR) reviewed and commented on the document. Sandra Giltner edited and formatted the document. The study was financed under a DFID trust fund.

## Acronyms

|        |  |
|--------|--|
| AFTTR  | African Technical Transport Sector Unit              |
| AIDS   | Acquired Immune Deficiency Syndrome                  |
| AMREF  | African Medical and Research Foundation              |
| BSS    | Behavioral Surveillance Surveys                      |
| CBOs   | Community-Based Organizations                        |
| CIDA   | Canadian International Development Agency            |
| DFID   | Department for International Development             |
| FAC    | Fonds d'Aide et de Coopération                       |
| FHI    | Family Health International                          |
| GDP    | Green Domestic Product                               |
| HAART  | Highly Active Antiretroviral Treatment               |
| HIPC   | Highly Indebted Poor Countries                       |
| HIV    | Human Immunodeficiency virus                         |
| IEC    | Information, Education, and Communication            |
| ILO    | International Labor Organization                     |
| JICA   | Japanese International Cooperation Agency            |
| MAP    | Multi-country HIV/AIDS Program for Africa            |
| NAC    | National AIDS Council                                |
| NGO    | Non-Government Organization                          |
| NORAD  | Norwegian Agency for International Development       |
| PLWA   | Person living with AIDS                              |
| PRSPs  | Poverty Reduction Strategy Papers                    |
| SIDA   | Swedish International Development Cooperation Agency |
| STDs   | Sexually Transmitted Diseases                        |
| STIs   | Sexually Transmitted Infections                      |
| UNAIDS | Joint United Nations Program on HIV/AIDS             |
| USAID  | United States Agency for International Development   |
| VCT    | Voluntary Counseling and Testing Services            |
| WHO    | World Health Organization                            |



## Introduction: The Resolve—Meeting the Challenge

The AIDS epidemic is making the objectives of the transport sector in Africa<sup>2</sup> ever more difficult to reach. Each day the workforce responsible for providing the transport needs of the region is further impaired as another person falls ill, is absent for work or dies an early death. Overcoming the normal and routine operational challenges of meeting the sector's goals is now mired in uncertainty about who is or isn't infected, how one can afford and obtain treatment, and how one can find the means to take care of close AIDS-affected family and friends. If not confronted, the AIDS epidemic creates a seriously disabled and dispirited working environment as it turns goals into impossibilities.

Admittedly, transport's relationship with AIDS works in reverse as well. The very nature of the sector's mandate—to increase the mobility of persons and goods<sup>3</sup>—facilitates the conditions which make HIV transmission ever more possible. This role as accomplice however has its positive side. Transport's infrastructure and services can be used to increase access to HIV prevention and AIDS care for multitudes of people.

The purpose of this framework paper is to help us—project and program managers and colleagues of the transport and health sectors—carry out prevention and care activities that make up the AIDS strategy.

Transport personnel need not become AIDS experts, but effective advocates for the AIDS strategy.

The AIDS strategy for the sector is three-pronged:

- ❖ Prevent transport sector personnel, clientele and communities from becoming infected with HIV
- ❖ Provide care and support for those transport personnel and family members already infected
- ❖ Mitigate the adverse social and economic impact AIDS has on the sector, and the adverse impact the sector has on the epidemic.

The sector need not carry out this strategy alone. Fortunately, impressive human, material and financial resources exist inside and outside the sector to help with this task. What we need is *the resolve implement the strategy effectively*. To this end, this framework paper is organized below into five actions:

- |             |   |
|-------------|---|
| Action I.   | Leadership: Rising to the Occasion                    |
| Action II   | Collaboration and Coordination: Creating Synergy      |
| Action III. | Analysis: Assessing how AIDS and Transport are Linked |
| Action IV.  | Implementation: Taking on HIV and AIDS                |
| Action V.   | Monitoring and Evaluation: Fine-tuning Effectiveness. |

### Box 1. Implications of AIDS for Transport

The HIV/AIDS epidemic has spread with ferocious speed. Virtually unknown 20 years ago, AIDS is now the leading cause of death in Africa. In several nations, life expectancy has dropped by over 10 years. By striking people young in their adulthood, HIV/AIDS limits the pool of potential recruits and stops short the returns in skilled labor the Sector needs, to be productive. Although the number of studies on HIV prevalence may be few, the evidence is clear; HIV prevalence is high among several cadres of transport personnel. On the Dar-es-Salaam highway in 1996, HIV prevalence was found to be 28 percent for truckers and 56 percent for their female partners.

<sup>2</sup> Africa refers to sub-Saharan Africa

<sup>3</sup> Transport activities can be subdivided by mode of transport (air, road, maritime, rail), distance traveled (long or short), and what is carried (passengers, freight or mixed). Activities also include the construction and the maintenance of transport infrastructure.

Information on specific AIDS-related topics and how to carry out certain tasks are attached to this paper as AIDES. As our experience and knowledge grows, so too will this framework.

## **I. Leadership: Rising to the Occasion**

### **Commitment, Advocacy, and Leadership Responsibility**

Transport leaders must confront AIDS, just as we do other transport challenges. We will need to demonstrate our commitment through our words and actions. Being an advocate for AIDS control will require new *verbal skills* such as openly discussing the aspects of male sexuality that place many transport managers and workers at increased risk of HIV or discussing the stigma transport employers often place on employees living with AIDS. Being an AIDS advocate will require new *behaviors*. Leaders need to act as positive role models who practice preventive behaviors, show compassion and understanding for those who are infected, and seek information when the answers to such a crisis are not so obvious.

Although some transport champions will rise naturally to the occasion, individuals (sometimes referred to as AIDS focal points or, more officially, AIDS strategy managers) should also be assigned formal leadership responsibility to implement the strategy. Focal points (and most likely a task force to help them), will be required throughout the sector: within the departments of multi-lateral agencies and in ministries, parastatals, private firms, associations, and local governments.

The more persons living with AIDS (PLWAs) are involved in these advocacy and leadership activities, the better chance the sector will have of breaking the barriers of stigmatization and discrimination and of articulating the appropriate AIDS messages.

### **Main Messages**

What are the main AIDS-related messages advocates in the transport sector should articulate?

AIDS is impeding the transport sector from achieving its goals. Illness and early deaths are depleting workforce capacity and increasing costs for worker benefits, recruitment, and training. Personal loss and uncertainty lower morale and quality of life.

Confronting AIDS is a transport sector responsibility and priority. HIV infection can be prevented. The sector has a unique role to play and much to offer in Africa's fight against AIDS.

The sector must guard the workforce from HIV. Transport managers and workers need to be skilled in prevention 'know-how' and surrounded by an enabling environment to support their intention to stay HIV-negative. This education process will require looking at sexual identities, attitudes, and practices of both sexes.

The sector must help provide care and support for those employees already infected and for their families. Studies show high HIV infection rates among long-distance transport service providers. Rates are most likely high among other transport cadres as well. Although transport PLWAs can live positive and productive lives, they have significant psychosocial and physical needs. Stigmas and discrimination need not find any place in the sector.

Transport's way of doing business will need to adjust to AIDS. Most prevention interventions can begin now. Action on complex care and mitigation issues however, may need additional research and consensus building.

***AIDE #1 HIV/AIDS in Africa—Fast Facts*** provides a information about the epidemic and its implications on development.<sup>4</sup>

## II. Collaboration and Coordination: Creating Synergy

### Collaboration and Coordination Priorities

A couple of priorities are stressed when formulating an AIDS strategy. First, *consult the officials* responsible for coordinating the national HIV/AIDS strategy in a country or countries (if a regional strategy is to be developed or you have responsibility for several countries). The AIDS councils and prevention and care program bodies are often multi-disciplinary, and thus can be great sources of relevant expertise and advice. Coordinating efforts *well* across the many public and private sectors and from the national to local levels is hard work. These officials can be your guides. They can also save you time and money. In Mozambique for example, a social issues unit coordinates AIDS, poverty, and gender initiatives across all ministries. The unit's specialists are developing common communication messages and evaluation systems for all sectors to share.

Sharing resources for reasons of efficiency and consistency relates to the second priority, *build within the national AIDS strategy*. The transport sector needs the cohesion of the national AIDS strategy, and the national AIDS strategy needs the involvement of transport. The HIV/AIDS epidemic can only be contained by a national strategy that emphasizes multi-sectoral approaches and implicates all development sectors. The national AIDS strategy offers institutional, administrative, and programmatic support often including

- ❖ High-level mechanisms
- ❖ Sources and approval systems of funding
- ❖ Decentralized implementation mechanisms (regional and local authority committees)
- ❖ Technical arrangements coordination involving national non-government organizations (NGOs) and community-based organizations (CBOs)
- ❖ Information on the state of the epidemic, prevalent social behaviors and lessons learned in interventions on prevention and care
- ❖ Monitoring and evaluation systems with key indicators.

Third, *develop partnerships* with the various stakeholders within and outside the transport sector. You will want and need collaboration in designing interventions with those who are to benefit from the interventions, and from organizations that have the expertise to carry out such interventions. PLWA associations and NGOs have been instrumental in ensuring that interventions succeed. Women's organizations are often best at identifying the many subtle gender differences or inequalities in attitudes and practices that exist between the sexes. The United Nations Program on AIDS (UNAIDS)<sup>5</sup> and the local UN Theme Group on HIV/AIDS will have a multitude of suggested contacts, ideas and materials. ***AIDE #2 Who's Who of AIDS and Transport Stakeholders in Africa*** provides a comprehensive list of stakeholders, their comparative advantages and the role they can play in-country.

Fourth, *mobilize resources* through the national AIDS councils, the government, UNAIDS, other multinational agencies, donors, the private sector and within the Bank.

<sup>4</sup> See [www.unaids.org/leadership](http://www.unaids.org/leadership) for examples of aides from a variety of sectors, public and private.

<sup>5</sup> UNAIDS is the coordinated response of eight UN agencies: UNDCP, UNICEF, WHO, UNFPA, ILO, UNESCO, UNDP and the World Bank.

## Using the MAP

Through the Multi-country HIV/AIDS Program for Africa (MAP), The World Bank's Africa Region has projects in various countries to support their multi-sectoral fight against the epidemic. The overall development objective of these projects is to dramatically increase access to HIV/AIDS prevention, treatment and care programs with emphasis on vulnerable groups. MAP can help the country strengthen the institutional framework supporting its national AIDS strategy. Financial paths and intervention approval mechanisms are delineated to facilitate AIDS-related efforts at national, sectoral, and local levels. Plans and funds are specifically identified under the MAP to help transport as well as other sectors confront the epidemic in a variety of ways.

Countries with MAPs include Burkina Faso, Cameroon, Eritrea, Ethiopia, The Gambia, Kenya, Nigeria, Uganda, and Senegal<sup>6</sup>. As for regional concerns, the HIV/AIDS Project for the Abidjan-Lagos Transport Corridor is to benefit migrants and populations living in border areas from Abidjan to Lagos.

### Retrofitting Transport Projects

Another source of resources is existing transport projects. Task team leaders from the World Bank's Africa Region have been working with transport ministry officials in Cameroon, Cote d'Ivoire, Eritrea, Ethiopia, Ghana, Niger, Senegal, and Zambia to include AIDS in project activities. The Niger Rehabilitation of Transport Infrastructure Project allocates 40 million FCFA to AIDS prevention activities across all transport sub-sectors. Similar plans exist for Cote d'Ivoire's Transport Sectoral Adjustment Credit, with a budget of 235 million FCFA for the bus, rail and aviation sub-sectors and for the Senegal Transport Sector project with a budget of \$500,000 for all transport components.

Contact colleagues in ACTAfrica and AFTTR in the World Bank's Africa Region and officials of the national AIDS program in-country for information on both the MAP and project retrofits. See ***AIDE # 3 AIDS And Transport Contacts In And Outside The World Bank.***

### Lobbying for funds from PRSP and HIPC Initiatives

AIDS and poverty too often go hand-in-hand. The conditions of the poor (particularly women) can make HIV prevention difficult and once infected, the poor can be isolated from AIDS care and support services. The effect of AIDS on labor and productivity can further increase poverty from the local level to the national level. The main development sectors of a country simply can't attain national goals if workforce capacity is devastated by AIDS. Thus AIDS prevention and care should be front and center in Poverty Reduction Strategy Papers (PRSPs) and Highly Indebted Participating Countries (HIPC) plans. See ***AIDE #4 The Case for AIDS in PRSP and HIPC Plans*** for further guidance on these national agendas.

#### Box 2. Country Lessons Learned in Preparing MAPS

- ❖ Significant coordination and planning is required among all stakeholders to ensure these efforts are truly multi-sectoral.
- ❖ The more advanced a sector's AIDS strategy, the more likely it will benefit early from a MAP's specific facility for sectoral responses.
- ❖ Contracting one or two strong technical institutions or consultants to handle technical and administrative preparation activities helps facilitate the process.

<sup>6</sup> Countries planning MAPs are: Benin, Burundi, Cape Verde, Central African Republic, Chad, Cote d'Ivoire, Guinea, Guinea Bissau, Madagascar, Malawi, Mauritania, Mozambique, Niger, Rwanda, Sierra Leone, Tanzania, Togo, Zambia, and Zimbabwe.

### III. Analysis: Assessing how AIDS and Transport are Linked

#### The Importance of Data

Influencing people to mobilize resources in support of an AIDS Strategy is easier if sound data exist. Simple charts showing the percentage of transport drivers who still practice high-risk behaviors or demonstrating the increase in costs for recruiting and training new managers to replace those who have died can make the epidemic more easily heard and seen. In addition to advocacy, data also help decision makers design more effective interventions and can serve as baseline information for evaluation efforts. Ideally, interventions supporting AIDS prevention and care should not be delayed by long-term assessment studies. Nevertheless, designing effective interventions requires some minimal assessment data. Consequently, decisions about sequencing assessment efforts with interventions need to be made early in implementing the actions of the sector or company's AIDS Strategy.

#### Assessment Links

The following discussion centers around the task of assessing how AIDS and transport are linked, by looking at a) the sector as a whole; b) its internal aspects (its workforce and institutions); and c) its external aspects (clientele and community, and economy). The respective aides referred to in this section follow this breakdown, although some overlap is inevitable.

An assessment of the links between HIV/AIDS and the transport sector can be overseen in-country by the ministry of transport and a task force made up of members from the public and private domains, and preferably members of the national AIDS program. Hiring consultants and NGOs to undertake the qualitative (interviews and focus group discussions) and quantitative (sub-population surveys and modeling) research makes good sense. The planning, surveying, and analysis that make up assessments, even simple ones, take time. Assuming ministry staff can do this on top of their normal responsibilities is unrealistic. Adding AIDS and transport issues to other environment, poverty or social assessments is also prudent in that it helps analysts to look at issues holistically and is an efficient use of resources. Generic terms of reference to undertake a sector-wide assessment are provided in ***AIDE #5 TORs for an HIV/AIDS and Transport Sector Assessment***.

#### Ascertaining Sector Vulnerability

In assessing the sector, one is concerned with concepts of vulnerability and susceptibility. Vulnerability is the likelihood of the *sector* or its *institutions* being affected by the epidemic. Susceptibility is the likelihood of *people* (whether working in an institution or part of a sector's clientele or related-community) being HIV infected. For example, migrant workers in the agricultural sector may be susceptible to infection, but if they are easily replaceable, the agricultural sector would not be vulnerable, at least not from the standpoint of labor availability.

In the case of transport, numerous studies have reported the susceptibility of long-distance drivers to HIV infection. An assessment would ascertain what impact this susceptibility (and that of other transport workers) has on the sector. Unlike the agricultural sector, the transport sector may be vulnerable to the epidemic because skilled long-distance drivers may not be easily replaced. Other variables that may affect the transport sector's vulnerability are demographic and income trends. The impact of AIDS on population growth and population structure or on household incomes might affect labor supply or demand for transport services. See ***AIDE #6 Checklist for Assessing Transport Sector Vulnerability*** for an annotated list of questions for assessing the sector's vulnerability.

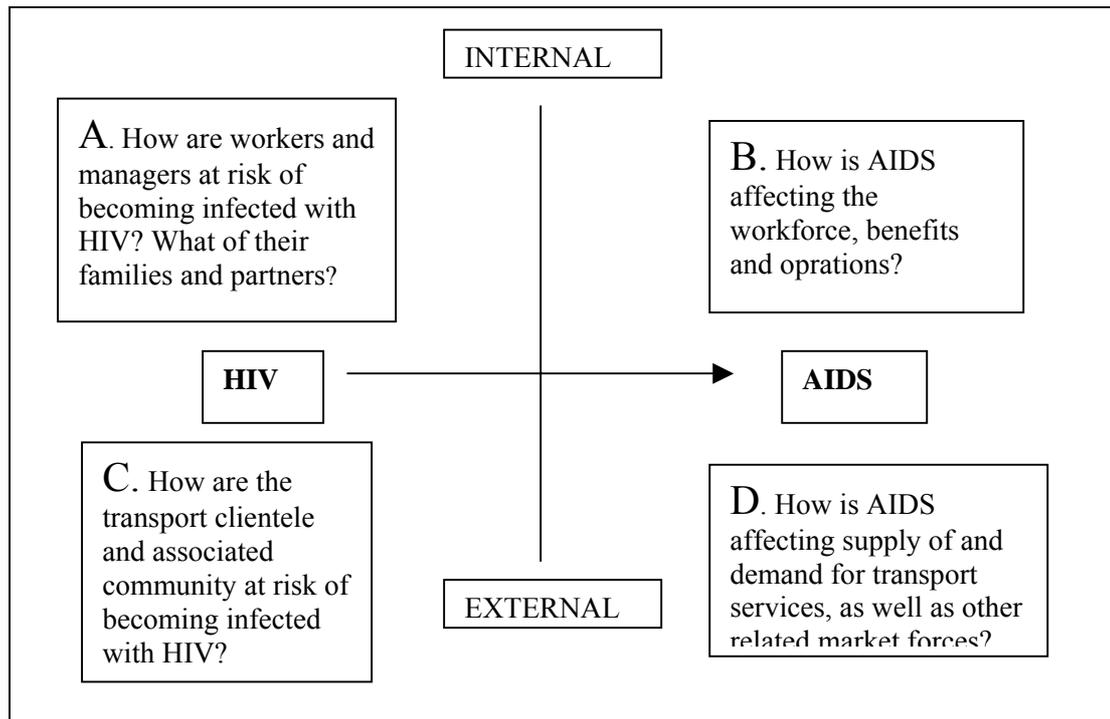
Assessments often divide the sector into two: internal aspects (institutions and their workforce) and external aspects (clients and related-communities, and the dynamics of the market). Issues concerning HIV (risk of infection) and AIDS (care, support, and mitigation) are also separated for convenience. Thus a diagram<sup>7</sup> like the one on the following page helps to organize assessment questions, data collection, and the implications of findings.

*Institutions and their workforce (Figure 1 Internal Assessment--Squares A and B).* Assessing a sector's internal vulnerability to the adverse consequences of AIDS is heavily focused on the workforce making up the institutions of a sector and, to a lesser extent, the institutions themselves. Few transport organizations have performed such 'institutional audits' where behaviors, ease in replacing personnel, and characteristics of the organization are reviewed with HIV and AIDS in mind. The audit tries to answer questions such as: what aspects of transport operations might make it difficult for employees to prevent themselves from getting HIV? or what impact illness and death may have on an institution's productivity? See **AIDE #7 Steps for Assessing Institutional Vulnerability within the Transport Sector** for a more in-depth discussion.

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<sup>7</sup> Adapted by author from Loewenson and Whiteside, *HIV/AIDS Implications for Poverty Reduction*. United Nations Development Program, June 2001.

**Figure 1. HIV/AIDS Assessment of Transport Sector**



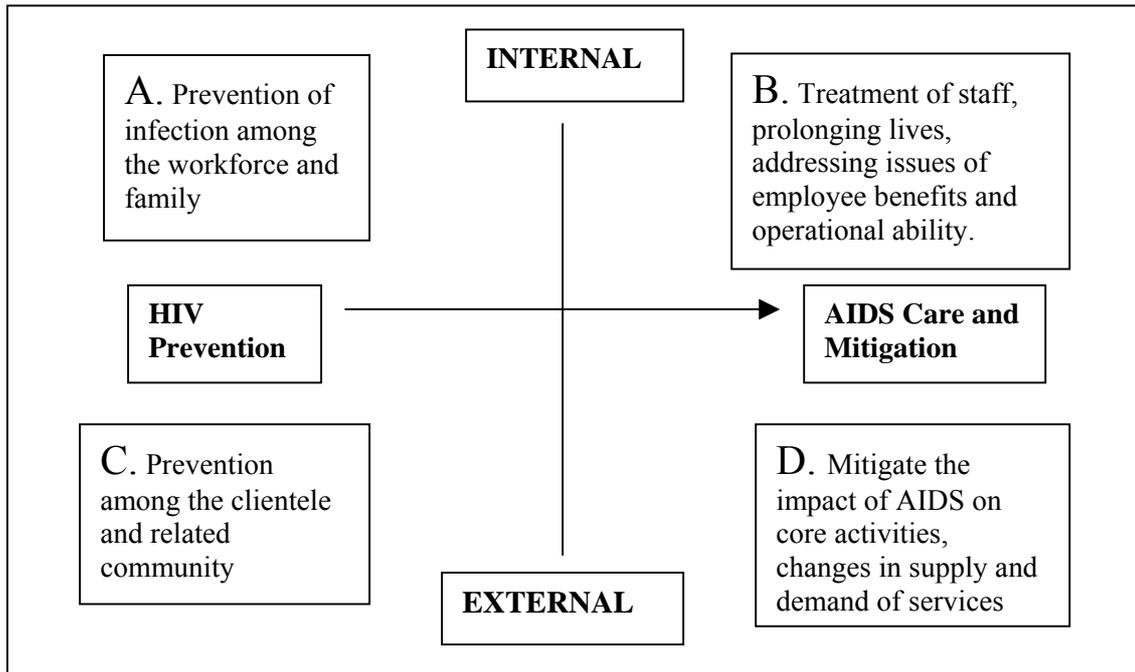
*Transport Clientele/Communities and Market Forces (Figure 1 External Assessment-- Squares C and D).* Assessing a sector's external vulnerability to the adverse consequences of AIDS is heavily focused on the clientele to transport services (passengers) and the variety of persons in occupations or communities associated with transportation. Much consideration is given to geographical areas of persons practicing high-risk behavior. Active commercial (markets and stores) and social (brothels, bars, and motels) centers often along major transport axes are 'mapped.' Sub-populations in the areas are surveyed on attitudes and practices to better understand their interconnectedness with one another and with the commercial and social centers. Experience in undertaking these types of assessments is well documented among cross border projects through out Africa. Much less documentation and understanding exist however, about the effect AIDS has on market forces, particularly on supply and demand of transport services within specific communities, countries, or regions. See **AIDE # 8 Steps for Assessing Community Vulnerability within the Transport Sector** for an expanded discussion on this subject.

#### **IV. Implementation: Taking On HIV and AIDS**

Sectors severely affected by AIDS face a double jeopardy. Their capacity for implementing their core business strategies is compromised by the loss of human and financial capital due to HIV/AIDS. As the adverse consequences of the epidemic become evermore burdensome, so increases the need for the sector to do more and more to confront the epidemic--but with a further compromised capacity. This very conundrum highlights the importance of the sector in investing in prevention efforts against HIV as early as possible. The more investment in prevention, the fewer AIDS care and mitigation efforts needed later on.

Modifying Figure 1, prevention interventions against HIV (squares A and C) are discussed below first. Interventions on care, support and mitigating the adverse impact (squares B and D) follow. See **AIDE # 9 Selecting the HIV/AIDS Interventions for the Transport Sector** for a summary list of all the major interventions and their respective indicators for evaluation.

**Figure 1. HIV/AIDS Assessment of Transport Sector**



### Prevention

High rates of HIV infection can be reversed with early, aggressive, and participatory interventions. Uganda, one of the worst-infected countries in the early 1990s, has brought its HIV infection levels down sharply by creating a cohesive environment with strong positive leadership, effective behavior change communication interventions, and support for those infected. Senegal and Thailand have also shown progress, especially in treating sexually transmitted diseases (STDs) and working closely with the commercial sex industry.<sup>8</sup>

The core prevention interventions include

- ❖ Behavior change communication
- ❖ Condom use
- ❖ Sexually Transmitted Infections (STI) care
- ❖ Voluntary counseling and testing
- ❖ Creating an enabling environment.

*Guarding the Workforce from HIV (Figure 2 internal Response Square A):* No other task in the sector's AIDS Strategy is as important as helping staff protect themselves from becoming infected with HIV. Achieving this task alone would constitute a major triumph for the sector. Personnel need to be 'armed' with the self-confidence, knowledge, tools and supportive environment to reinforce their intentions to stay negative. Such support may be found in the form of behavior change communication (how to prevent oneself from becoming infected), information on where to find condoms and how to use them or access to HIV voluntary counseling and testing services (VCT).

<sup>8</sup> *A Measure of Success in Uganda*, 1998. Geneva, UNAIDS; *Acting Early to Prevent AIDS: The Case of Senegal*, 1999. Geneva, UNAIDS; and *The Relationship of HIV and STD Declines in Thailand to Behavioral Change*, 1998. Geneva, UNAIDS. See [www.unaids.org/publications](http://www.unaids.org/publications)

As mentioned above, the sector does not have to attain the expertise in providing these core prevention interventions, but should reach out to technical groups (institutions, NGOs, CBOs, etc.) for guidance. For example, ‘peer educators’ within a transport organization could be trained by the technical groups in behavior change communication techniques. **AIDE # 10 TOR for AIDS Service Organizations** provides sample terms of reference for hiring technical groups to assist in implementation activities.

*Taking the risk out of behavior.* Transport focal points, peer educators and their technical partners must find and apply consistently, a multitude of preventive interventions to remind all transport personnel that they are most susceptible to HIV when they practice high-risk sexual behaviors. Since having unprotected sex with someone who is infected is a risk, personnel should: refrain from sex, have sex only with a mutually monogamous partner, or use condoms (male or female condoms) consistently with all partners. Keeping these messages on ‘the radar screen’ with some variety to sustain attention is a challenge, but essential to helping staff avoid HIV.

Getting across the concept of one’s risk is also important. A 1998 survey among long-distance drivers in Burkina Faso found that, although 98 percent of the drivers knew about AIDS, the limited degree to which they internalized the concept of risk led 40 percent of the drivers to say they did not feel themselves at risk, despite reporting widespread high-risk practices. Not surprisingly, condom use was also very low<sup>9</sup>.

*Putting the behavior in context.* The mobility of many transport sector workers can make avoiding high-risk behaviors difficult. Long-distance truck drivers and maritime, rail and air workers spend much time away from their homes. Such long-term separations often lead to increased opportunities for unprotected sexual activities with infected persons. The freedom from the social norms of their family, community, and culture, and the use of alcohol or other substances often break down a worker or manager’s resolve to ‘play it safe’. Providing condoms along with drivers’ supplies of tools and spare parts or as part of a workers’ ‘travel kit’ are obvious first steps. The next step is harder: achieving the actual change in the mindset that leads to the change in the behavior.

Ensuring that the sector’s prevention interventions reflect the situations in which personnel find themselves and truly influence behavior (resulting in healthier practices) takes initiative and innovation. One way of improving behavior among the workforce is by involving the personnel themselves in the development of the interventions. Another method is to give personnel the opportunities to understand the subtle attitudes, beliefs, and fears that underlie high-risk behaviors such as drinking to excess and not using condoms.

Since most transport workers are men, the dynamics of the male social, cultural, and sexual milieus must be addressed, honestly and openly. Female perspectives and needs deserve attention, too. Providing opportunities for the (mostly female) spouses to discuss the nuances in trusting one’s partner to avoid risk of HIV and yet take the necessary actions (testing, condom use etc.) to ensure self-protection is imperative. Attaining the self-confidence (I can do it), knowledge (I know why and how I can do it), tools (I have practiced saying ‘no’ or I have the condoms), and enabling environment (I know others are doing the same) among both staff and spouses/partners will require inputs in a variety of forms.

*Extending Prevention to Others (Figure 2 External Response--Square C).* The sector also has a responsibility beyond its own workers to its clients and associated communities. Because the sector is the ‘wheel’ of economic growth, it provides natural access to the basic elements of development: people, goods, and services. To what degree the sector or its institutions become involved in supporting prevention efforts will depend on many factors. Exploring

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<sup>9</sup> Centre Muraz OCCGE Burkina Faso 1998.

with the community groups providing the core prevention interventions on just how the sector can assist, is a beginning. Transport personnel may prove very valuable to these community groups with their knowledge of the active commercial and social centers where the populations should benefit most from prevention interventions.

At minimum, transport organizations can make sure that prevention messages and condoms are available at all transport stations and construction sites. Better still would be a highly visible commitment that integrates AIDS prevention efforts right into transport operations. Three railway companies in South Africa—Spoornet Metrorail, SARCC and Intersite—have joined together in agreeing to a) paint one coach per train with the red AIDS ribbon, b) distribute condoms at the major commuter stations (estimated 2 million passengers daily), c) contract advertising companies to develop media materials (posters, stickers and murals) and d) add AIDS-related themes to the training curriculum for employees <sup>10</sup>.

Some prevention efforts are indirectly related to preventing HIV transmission. They address workplace conditions or behaviors so as to make the environment more enabling. Decreasing the time a worker is away from home and reducing delays at borders (a factor that contributes to the time a worker is away from home) are two examples where the sector could not only improve the quality of life for its workforce, but also make the environment less ‘HIV prone’. **AIDE #11 HIV/AIDS Prevention Clause For Contracts With Civil Works Companies** gives the clause the Government of Ethiopia and World Bank suggests for inclusion in contracts with civil works companies. This is one example where law or transport regulations can be adapted to consider innovative ways to protect employees from vulnerable conditions.

## Care

*Ensuring Care and Support for those Infected and Affected (Figure 2 Internal Response--Square B):* As the epidemic has worsened in Africa, the vast number of people sick with AIDS has become more apparent. People living with AIDS have significant health care needs. Meeting these needs equitably, efficiently, and within existing resources presents a range of challenges for organizations within the transport sector. Compounding the challenges in many countries is the very weak health system in delivering affordable services.

*A Continuum of Care.* UNAIDS recommends a comprehensive care approach that includes VCT, psycho-social support, pain management, palliative care,<sup>11</sup> prevention and treatment of opportunistic infections,<sup>12</sup> good nutrition, strengthening of health systems, fair and sustainable financing and where possible, and access to antiretroviral drugs.

An important contribution transport focal points and champions can make is to ensure employees know the symptoms of the opportunistic infections and where one can find treatment. Although health systems can be weak in Africa, services for the diagnosis and treatment of these infections are often adequate and effective.

### Box 3. What about Anti-retroviral Therapy?

Although Highly Active Anti-Retroviral Therapy (HAART) is not a cure, it can prolong life and improve the quality of life of people living with HIV/AIDS. Health personnel recommend HAART for patients who can afford it. Because of its high price, there are efforts to make the therapy more affordable on a large scale in developing countries with a severe epidemic.

<sup>10</sup> T. Marcus, “Interpreting the Risk of AIDS: A Case Study of Long-distance Drivers.” *Development Southern Africa*, Vol 14 (3) (1997).

<sup>11</sup> Substances that provide relief.

<sup>12</sup> AIDS patients are susceptible to opportunistic infections because the body’s immune system is compromised: tuberculosis, pneumonia, yeast, diarrhea, etc.

*Providing health benefits—to what degree?* For those large transport organizations that provide health care, insurance, and other medical benefits for employees, concerns are often centered on whether HIV/AIDS-related care and support is adequately covered and whether employees are knowledgeable about their benefits. Health facilities owned or used by transport employers will need to constantly review their policies and care services to ensure HIV and AIDS-related concerns are covered. Some transport ministries, parastatals and large companies may find that they need to go beyond their normal parameters of providing care, since the AIDS situation is so acute. While continuing to give priority to prevention, some transport organizations may wish to evaluate the capacity and roles of stakeholders in introducing Highly Active Antiretroviral Treatment (HAART). The question of affordability is central. The scale of membership in benefit schemes can offer possibilities for risk pooling. These organizations should, however, make projections of the burden of ill health, turnover, and mortality, to ensure that adequate funds are budgeted (within pay-as-you-go schemes) to meet these cost burdens related HAART.

For those transport entities that do not provide health benefits, the concern should be whether this is still appropriate with the advent of AIDS, and if so, how might the minimum benefit—information and education on HIV/AIDS care and services—be provided? Working closely with the ministry of health to encourage the placement of health facilities near busy transport axes or other forms of cross sector collaboration may actually result in more than just dialogue.

It should be noted that much of the care provided to PLWAs is found *outside* the health facility. Thus, information on organizations that provide community- and home-based care should be made available for employees and their families. Those most in need—the poor, widows, and orphans—will require particular attention.

*Responding to an organization's disability.* What can a transport organization do when AIDS begins to affect its ability to operate? Again, large transport enterprises may have more choices. They might be able to buffer losses in personnel and productivity if they

- Increase recruitment and accelerated training of employees with mechanisms for retraining those in-service (e.g. increasing the retirement age)
- Adopt greater multi-skill strategies for job descriptions and responsibilities
- Build in-service learning for these multi-skill tasks
- Reduce some of the hierarchical constraints towards increased team work
- Decentralize decision making
- Ensure safety and capacity within services to avoid risk, burnout, and stress.

*Mitigating the Social and Economic Impact of HIV/AIDS (Figure 2 External Response--Square D).* The epidemic has produced a wave of impacts. They can be traced from the individual infected by HIV who succumbs to the symptoms of AIDS to the country severely affected by the epidemic that experiences a loss in GDP. Where is the sector's role in minimizing these consequences best played? What is the sector's most effective contribution?

*The micro-level: supporting communities.* As to the first question, no doubt the hardships of the epidemic are greatest and most visible at the individual and micro-level, i.e. the household and community. To what extent can the sector support these communities? Often the greatest burden for communities is in providing schooling, food, and clothing for the increased numbers of orphans. Another burden is the large number of AIDS survivors who have lost their source of income or livelihoods because of AIDS.

As to the second question, concerning what contribution, those in the road sub-sector might want to consider offering free transport to the volunteers giving home- or community-based

care or to supplying bicycles to these volunteers, or, if appropriate, supplying bicycles to orphans and survivors to increase access to schooling or to income generation schemes. Whatever the contribution, it should not replace traditional and modern coping mechanisms that already exist in the communities.

*The meso-and macro-levels: coordinating multi-sectoral responses.* In some instances where skill losses erode management and planning capacity within transport and other ministries, governments may look at providing management units that can service across ministries, while also drawing in private sector capacities through partnership and joint venture operations. This concept has already been applied in relation to skills and technology transfer for new investments where local resources may not be adequate.

AIDS will no doubt lead to losses of institutional function across many dimensions of the public sector. Reinvestment in the sectors' ability to provide these essential services requires government commitment to:

- ❖ Re-plan and boost public resource allocations for essential service provision
- ❖ Remove barriers to effective use of services through improved mechanisms for community-service interface and greater involvement of community-based groups and networks.
- ❖ Ensure that public resource allocation systems take account of deprivation, and factors such as adult death and household dependency are included in the definition of deprivation (i.e. poverty assessments, PRSP, etc.).
- ❖ Create networks of co-operation for sharing scarce resources.

For more information on how to implement the core prevention, care and mitigation interventions, specific to the transport section, see **AIDE #12 Implementing the Core HIV/AIDS Interventions.**

## **V. Monitoring and Evaluation: Fine-tuning Effectiveness**

Changing mindsets and behaviors takes time. Assessing the effectiveness of the sector's *AIDS Strategy* actions should follow the generic rules for monitoring and evaluation. Develop systems that can be implemented and select indicators that can be measured.

Monitoring and evaluation system components for a typical AIDS control program can be categorized as follows:

| Component  | Description  |
|--|--|
| Overall system review  | Overall flowchart and data base  |
| Surveillance   | National surveillance of STI/HIV/AIDS/TB sexual behavior rates , and trends  |
| Epidemiological research   | Essential epidemiological research, to complement national surveillance.   |
| NAC, public sector and civil society financial management monitoring | National financial management monitoring, of NAC, the public sector, and civil society's utilization of MAP resources  |
| NAC, public sector and civil society program management monitoring   | National program management monitoring of NAC's contracting and grant-making and the relevance, quantity and quality of public sector and civil society services delivered |

NAC = National AIDS Council ;

Source: ACT Africa, Monitoring and Evaluation Operational Manual. February, 2002

As to the indicators, identify *input* indicators that can be monitored early on, *output* indicators that can be measured a year or two later and a few *outcome* indicators for measuring several years later. For an in-depth discussion on HIV/AIDS monitoring and evaluation for the MAP's, consult ACT Africa's *Monitoring and Evaluation Operational Manual* (February 2002).

### **Input and Output Indicators**

Obvious input and output indicators would be the development and adoption of an AIDS Strategy for the sector (or company), the identification of one or more focal points, the undertaking of assessments, provision of condoms, or number of person using VCT services. Other examples of input and output indicators are listed with their respective transport interventions in **AIDE # 9** and in the indicator column of **AIDE #13 Sample AIDS and Transport Project Logframe**. The sample logframe in the latter is for a regional transport and AIDS project in Africa.

### **Outcome/Impact Indicators**

Identifying and measuring outcome indicators for HIV/AIDS prevention and care interventions share all of the challenges found in other human development programs. It is resource intensive to measure true outcome and impact. However, several international and national organizations have invested substantial thought and study over the last decade to provide helpful guidelines and experience on evaluating the effectiveness of HIV/AIDS interventions. This experience is referenced in **AIDE #8** and **AIDE #9**.

*Prevention.* Will the leadership and intervention efforts of the AIDS strategy help prevent further transport workers from becoming HIV infected? The only sure way of knowing this is by monitoring the HIV prevalence among the workforce. Some sectors (the military and mining companies) have chosen this method for both recruitment screening and evaluation. Others, like several airline companies, screen employees (pilots) for HIV (just as they do for drug substances) as a matter of safety.<sup>13</sup>

If transport organizations decide to begin monitoring HIV levels, they will need to ensure that the decision has had ample discussion among employees, that the policy follows human rights considerations, and that the results are anonymous and unlinked. WHO, UNAIDS, ILO and other agencies and legal support organizations have guidelines to assist employers in implementing these monitoring systems efficiently and ethically.<sup>14</sup> Experts on the new technologies for screening HIV would need to be consulted and most likely hired in the initial stage to set up the policies and procedures.

The next best way of evaluating the strategy's impact is to monitor the behaviors of the workforce, workforce families and transport community. The indicators in the matrix of **AIDE #9** reflect the behaviors to be most concerned about: fewer high-risk sex acts, increased condom use, and, for those areas with substance abuse, safe injection practices. Indicators reflecting the level of knowledge about STIs and VCT are also important. Guidelines from several sources on how to measure these behaviors within a defined intervention exist (most notably UNAIDS and Family Health International (FHI))<sup>15</sup>. Although more sophisticated

<sup>13</sup> Some AIDS patients experience dementia.

<sup>14</sup> See ILO, *The ILO Code of Practice on HIV/AIDS and the World of Work*. Geneva 2000 at [www.ilo.org](http://www.ilo.org); UNAIDS/WHO Working Group on Global HIV/AIDS/STI Surveillance, *Guidelines for Sexually Transmitted Infections Surveillance*. 1999 at [www.unaids.org/publications](http://www.unaids.org/publications); and UNAIDS, *Second Generation Surveillance for HIV: The Next Decade*. UNAIDS and FHI, 2000 at [www.fhi.org/](http://www.fhi.org/)

<sup>15</sup> See UNAIDS, *National AIDS Programmes: A Guide to Monitoring and Evaluation*. Geneva 2000 and UNAIDS and FHI, *Meeting the Behavioral Data Collection Needs of National HIV/AIDS and STD Programmes*. 1998 at [www.fhi.org/en/aids/impact](http://www.fhi.org/en/aids/impact).

indicators exist for these prevention interventions, it is unlikely that their use would be sustained.

Indicators on discrimination are important in telling managers and technical contractors if an enabling environment has been created. Other indicators in this category will depend on what 'indirect' interventions are selected. The HIV/AIDS Project for the Abidjan-Lagos Transport Corridor project plans to "address constraints to the smooth and timely flows of passengers and freight traffic in the corridor." An indicator measuring this intervention will be determined after a review of the constraints has been undertaken.

*Care, Support, and Adverse Impact*. Indicators for care and support should focus on the percentage of transport personnel with AIDS receiving appropriate care (traditional and alternative), and percentage of personnel who know the symptoms of the opportunistic infections (**AIDE #9**).

As to mitigating the social and economic impact of AIDS on the transport sector and community, indicators will most likely focus on the existence of human resource plans within the organizations (to cope with increased morbidity and loss of labor) and perhaps, on helping the poorest households cope in the form of food, clothing, or access to services. To what extent the sector or organizations of the sector become involved in these interventions will depend on the severity of the epidemic, and their 'proximity' to or acknowledgement of the adverse consequences of AIDS.

Below is an example of outcome/impact indicators that could be used for a program that involves transport service providers, migrants, and the local population of five border towns making up a transport corridor. Note that in the indicators, long-distance drivers and commercial sex workers are emphasized. Depending on the findings from the assessment surveys, other groups practicing high-risk behaviors may include transport managers, bar owners or the police.

### Examples, of Outcome/Impact Indicators for a Transport Corridor Program

| Project Development Objective   | Outcome/Impact Indicators  | Project reports  |
|---|--|--|
| <p>To increase HIV knowledge and prevention practices among the transport workforce, migrants and the population living in the border areas in a transport corridor</p> | <p>By year 2005, at least 90 percent of the long-distance transport service providers and their passengers have correct knowledge of HIV/AIDS transmission and prevention methods</p> <p>By year 2005, the use of condoms by the long-distance transport service providers and their passengers, as well as the commercial sex workers in the 5 locations, increased by 50 percent</p> <p>By 2005 the utilization of VCT services in the existing health facilities at the 5 border towns, increased by 50 percent</p> | <p>Specific survey with random sampling</p> <p>Record of the medical visit of each health facilities</p> |

### Further Information

**AIDE #14** *Websites on HIV/AIDS* provides a list of websites (including those mentioned in this framework paper).

## **AIDE #1      HIV/AIDS IN AFRICA –FAST FACTS**

Approximately 16,000 people in the world become infected with HIV each day. Of the 40 million people living with HIV/AIDS, 55 percent are women and over 50 percent are 15-24 years old. Seventy percent of the 37 million people infected worldwide live in Africa.

HIV prevalence levels vary greatly. Some West African states have low and stable prevalence of below 5 percent of the population, while in 16 African countries (mostly in East and Southern Africa), more than one out of ten adults aged 15-49 is infected with HIV. Botswana has the highest proportion of infected citizens reported in the world with approximately 35 percent of adults infected. South Africa has the greatest absolute number of adults infected at 4.2 million.

### **Mode of Transmission of HIV**

There are basically three modes of HIV transmission:

- ❖ Through sexual intercourse, both heterosexual and homosexual. Most infections in the developing world are transmitted heterosexually.
- ❖ Directly into the bloodstream through use of contaminated blood or sharing infected needles or equipment.
- ❖ From mother to child. About one third of infants born to infected mothers will be infected. This may occur prior to the birth through the placenta during birth or through breastfeeding.

Preventing sexual transmission of HIV is the most important means to slowing the epidemic.

### **Specificity of HIV/AIDS**

HIV spreads invisibly and silently. People who contract HIV may remain infectious for many years without knowing they have the virus. Females are more susceptible to the virus biologically, and often more vulnerable to conditions of risk because of gender inequalities. Typically, an infected person will live with the virus for several years before the immune system begins to weaken and viral levels start to rise, giving way to AIDS.

The prognosis for people infected with HIV/AIDS is bleak. Anti-retroviral treatment is expensive and availability is limited in developing countries. The fear of the disease may explain the stigmatization and ostracism of people living with HIV/AIDS and discrimination against them. The factors contribute to HIV transmission by discouraging the use of HIV testing and other services.

Since it is mainly sexually transmitted, AIDS is related to one of the fundamental human activities with deep socio-cultural implications. Thus, there is still denial and silence surrounding the epidemic. *Sexual behavior change is a main challenge in the fight against the epidemic.*

## Impact of HIV/AIDS on Development

The HIV/AIDS pandemic poses a development challenge with multiple effects.

### *Demographic impact*

- ❖ HIV/AIDS has become the leading cause of adult death in Africa.
- ❖ All indicators of mortality are becoming worse. HIV increases child and adult mortality, especially in the productive 20-40 year age group, and reduces life expectancy.

### *Economic Impact*

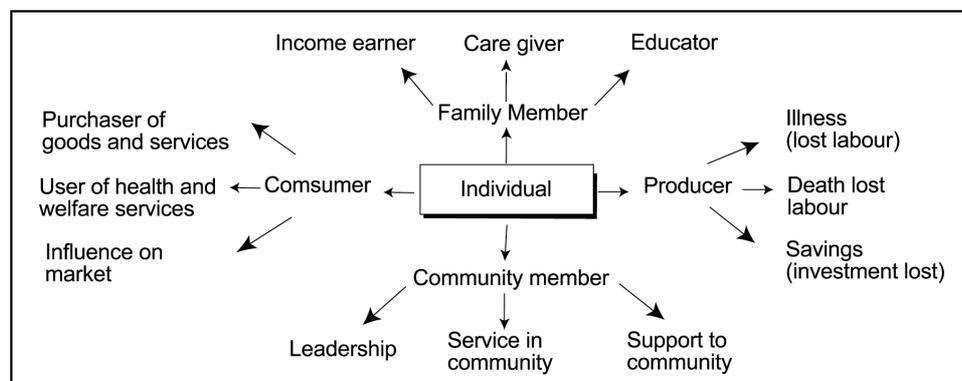
- ❖ The disease is reversing decades of hard won progress in development.
- ❖ It strikes young and middle-aged adults reducing labor force and eroding productivity.
- ❖ It increases the sector's cost of doing business: labor turnover, increased recruitment and training costs, lower productivity, absenteeism, health care, and compensation costs.
- ❖ HIV/AIDS has a substantial negative impact on per capita growth.

### *Social Impact*

AIDS has a negative impact on sociological aspects. The disease

- ❖ Breaks down social cohesion
- ❖ Challenges value systems
- ❖ Devastates the social fabric and the traditional coping mechanisms
- ❖ Changes the structure of households
- ❖ Increases the dependency ratio
- ❖ Raises the number of orphans.

How HIV/AIDS affects individuals and households.



Source: World Bank, 2000.

Health care systems are stretched beyond their limits, as they deal with a growing number of AIDS patients. People with HIV/AIDS suffer repeated and prolonged illnesses, imposing great costs on households and health systems. Once HIV prevalence reaches 5 percent, demand for medical care is estimated to rise by at least 25 percent.

Illness and death of students and teachers will reduce both the quality and efficiency of educational systems. In some African countries more than 30 percent of teachers are living with HIV/AIDS and more teachers die each year than graduate from teacher training programs. Moreover, faltering education also diminishes human capital for the future in the other sectors of development.

► Check the UNAIDS website [www.unaids.org](http://www.unaids.org) for the latest *HIV/AIDS Update* and *Monitoring the AIDS Pandemic (MAP)* report. (Sources: *UNAIDS Update 2001* and World Bank, *Safeguarding Development in the Age of AIDS*. April 2000. Washington, D.C.)

## **AIDE #2 WHO'S WHO OF AIDS AND TRANSPORT STAKEHOLDERS IN AFRICA**

Some stakeholders will be more visible and involved than others. Keep focused on who is most vulnerable to HIV, who is affected by AIDS, and who is most attuned to the perspective and needs of these first two groups. Be sensitive to gender and skill-level sensitivities. Seek the advice of those connected and experienced with administrative mechanisms that are expedient and technical approaches that are effective.

| <b>STAKEHOLDERS</b>   | <b>ROLE AND CONTRIBUTION</b>  |
|---|---|
| Transport workers, their families, and related communities at risk of HIV | Highest beneficiaries of prevention interventions. Their knowledge attitudes, beliefs, and practices should shape the interventions. Their involvement is essential. Because of their high-risk practices, some groups should be granted more attention than others.  |
| Transport workers and their families living with AIDS                     | Highest beneficiaries of care and support interventions. Their needs should shape the care and support interventions. Their involvement in prevention, care, and support interventions are essential. Because of their situations, some groups (poorest of the poor, children, widows) should be granted more attention than others.                                    |
| Ministry of transport or public works or both                             | Leads the AIDS strategy for the sector. Sets the example in placing AIDS as a priority. Identifies focal point persons. Defines HIV/AIDS policy and strategy (sector-related), commissions assessments to ascertain the linkages between AIDS and transport, coordinates the interventions and partnerships, mobilizes resources, monitors and evaluates interventions. |
| National AIDS control program   | Oversees the national response. Often reports to a formal board or council to reflect presidential authority. Helps identify needs and opportunities, enhance collaboration and coordination, and obtain technical assistance and material resources.   |
| UN Theme Group on HIV/AIDS  | Identifies needs and opportunities for enhanced collaboration. Provides technical assistance and resources. A link to UNAIDS/Geneva and international best practices. Broad complement of UN comparative advantages.  |
| Bilateral donors  | Identifies areas of concern and provides financial and technical resources. Provides both program and project support. Most common supporters (in alphabetical order) are the Australians, CIDA, DFID, Dutch, FAC, Germans, JICA, NORAD, SIDA, USAID.   |
| NGOs and CBOs   | Provides technical assistance and resources. Often act as implementing agencies. AMREF, Care International, Population Services International, STOPAID and l'Union des Routiers Nigériens pour la lutte contre le SIDA are known for their work in transport. PLWA's often form NGOs for both advocacy and/or implementation efforts.                                   |
| Ministry of health  | Provides public health policy, information and services. Guidance on quality and standards of care for both public and private care. AIDS-related services include condoms promotion and distribution, voluntary testing and counseling, prevention and treatment of STD, treatment of opportunistic infections, care for people living with HIV/AIDS.                  |

| <b>STAKEHOLDERS</b>  | <b>ROLE AND CONTRIBUTION</b>  |
|--|---|
| Other sectoral ministries                                  | Other important ministries with AIDS-related interventions include Education, Agriculture and Rural Development, Tourism, Labor, Mining, and Decentralization. Ministry of Finance should be well educated on the impact AIDS has on transport sector goals. Work closely with Ministry of Tourism to counter stigma on AIDS. |
| Research institutes and HIV/AIDS experts                   | Conduct assessments and research, draw lessons from the field and disseminate information.  |
| Civil society leaders                                      | Agents of change in business, religion, politics. Can enhance advocacy, act as role models and help change mind-sets. Builders of social cohesion. Often but not always male. Can be instrumental in addressing male sexual attitudes and practices.  |
| Transport authorities or agencies in transport sub-sectors | Port, airport, and railway authorities to define and design interventions in their sub-sector, mobilize stakeholders, establish partnership to implement activities, and evaluate the interventions.  |
| Private sector   | Can mobilize additional resources, institute workplace HIV/AIDS prevention programs for employees and their family, put policies in place that reduce discriminatory practices, provide care for infected employees and their families, and combat the social effects of the pandemic.  |
| Professional associations and unions                       | Excellent means to ensure large numbers of transport staff are reached through advocacy and other prevention, support and impact mitigation activities. Potential source of leadership. Can help design and facilitate intervention implementation.   |
| Schools and training centers                               | Venues for educating about HIV/AIDS risks and how to reduce them. Include HIV/AIDS components in the training curriculum and program.   |

### **AIDE # 3 AIDS AND TRANSPORT CONTACTS IN AND OUTSIDE THE WORLD BANK.**

Listed below are individuals who have been involved in AIDS and transport-related efforts in and outside the World Bank. The list is not exhaustive. Contact Anil Bhandari ([Abandari@worldbank.org](mailto:Abandari@worldbank.org)) for suggested additions. Large organizations are listed in **AIDE #14 Websites** .

#### **Within the World Bank:**

#### **AFTTR:**

|                             |  |
|-----------------------------|--|
| Maryvonne Plessis-Fraissard | Sector Manager, Transport                  |
| Anil Bhandari               | HIV/AIDS Core Team Leader, Washington D.C. |
| Stephen Brushett            | Washington D.C.                            |
| Jocelyne Do Sacramento      | Washington, D.C.                           |
| Abdelmoula Ghzala           | Washington, D.C.                           |
| Jean Noël Guillossou        | Washington, D.C.                           |
| Yitzhak Kamhi               | Washington, D.C.                           |
| Hedi Larbi                  | Washington, D.C.                           |
| Antoine Lema                | Washington, D.C.                           |
| John Riverson               | Addis Ababa, Ethiopia                      |
| David Rudge                 | Washington, D.C.                           |
| Andreas Schliessler         | Washington, D.C.                           |

|                   |                                   |
|-------------------|-----------------------------------|
| Keith Hansen      | Manager ACT Africa, Africa Region |
| Dick Seifman      | Washington D.C.                   |
| Bachir Souhlal    | Washington D.C.                   |
| Richard Scurfield | TUDTR                             |
| Jerry Lebo        | EASTR                             |
| Peter Roberts     | TUDTR                             |

#### **Outside the World Bank:**

|                         |  |
|-------------------------|--|
| Wendy Roseberry         | <a href="mailto:wendyrooseberry@msn.com">wendyrooseberry@msn.com</a> |
| Hitoshi Shoji           | Japan Bank for International Cooperation<br>h-shoi@jbic.go.jp        |
| Catherine Cormont Toure | cctoure@hotmail.com<br>UNAIDS West Africa/Inter Country Team         |
| Pierre M'Pélé           | <a href="mailto:mpelepie@aviso.ci">mpelepie@aviso.ci</a>             |
| Mamadou Lamine Sakho    | <a href="mailto:sakho@aviso.ci">sakho@aviso.ci</a>                   |

#### **AIDE #4      THE CASE FOR AIDS IN PRSP AND HIPC PLANS**

The acknowledgement that AIDS impedes the development process, and that well-funded national AIDS program interventions are needed to minimize the adverse impact of AIDS can lead to significant increases in the public financing of HIV/AIDS programs through earmarking of funds within PRSP's and HIPC plans. Since HIV AIDS is a cross-cutting issue that extends beyond any individual sector, a supra sector allocation is often appropriate.

The case for AIDS in the poverty and debt relief documents should cover at least four essential aspects:

- ❖ The recognition that AIDS is a cause of poverty
- ❖ The main AIDS strategy interventions, as a central part of the overall national poverty reduction program justified and cost evaluated
- ❖ Medium-term goals and poverty monitoring indicators derived from the national AIDS strategy
- ❖ Short-term actions for the successful implementation of the national AIDS strategy as agreements for debt relief.

Several countries are ahead in this area. The Kenya PRSP includes provision of increased resources targeted to AIDS orphans, child workers, nomadic groups, rural poor and slum dwellers. The Burkina Faso PRSP estimates the cost of confronting AIDS at about US\$ 25 million annually. As part of the dialogue surrounding debt relief, Cameroon has identified 'increased condom use among truckers and commercial sex workers' as a condition for debt relief under the HIPC initiative.

▶ See *AIDS, Poverty Reduction and Debt Relief* by the World Bank and UNAIDS at [www.worldbank.org/poverty/strategies/chapters/health/aids/pdf](http://www.worldbank.org/poverty/strategies/chapters/health/aids/pdf)

▶ See Loewenson and Whiteside, *HIV/AIDS Implications for Poverty Reduction*, UNDP Policy Paper, 2001 at [www.UNDP.org/publications/index](http://www.UNDP.org/publications/index)

## **AIDE #5 TORs FOR HIV/AIDS AND TRANSPORT SECTOR ASSESSMENT**

Professionals with expertise and experience in social science, public health, epidemiology, economics, and research will have their own contributions to make to this outline. **AIDE #6** provides a checklist of questions to ask when undertaking an assessment at the sector level.

### **I. Internal impact of HIV/AIDS**

#### ***Define sector***

- ❖ Identify the major public and private employers in the transport sector, including all sub- sectors and informal sectors
- ❖ Identify the major employee skill levels within the above entities.

#### ***Estimate HIV risk and prevalence***

- ❖ Ascertain the prevalence rate of HIV infection among transport workers (perform prevalence studies or use population rates as proxy)
- ❖ Ascertain the knowledge, attitudes, practices, and behaviors among major skill levels (perform surveys or use population survey results as proxy) regarding sex, HIV, AIDS, STIs, etc.

#### ***Estimate HIV and AIDS impact on labor***

- ❖ Assess the effects of the epidemic on labor absenteeism caused directly by worker morbidity and indirectly by sickness of family members and relatives, attendance at funerals, etc. and their impact on productivity
- ❖ Assess exceptional mortality amongst different classes of workers
- ❖ Assess the direct costs to the sector of the impact of the epidemic on human resources in the transport sector due to absenteeism, labor turnover, and labor replacement including costs of disruption of services, recruitment, training, benefits, health care services, and support for dependants
- ❖ Assess the indirect effects on the performance of transport industry of the HIV epidemic due to the losses of human resources, including qualitative evaluation of the effects of morbidity and mortality on morale and cultural cohesion in institutional settings
- ❖ Estimate the probable effects of the HIV epidemic on transport sector's capacity over the next 5-10 years.

#### ***Ascertain existing prevention, care and mitigation activities***

- ❖ Assess coverage and quality of the existing activities in prevention, care, support, and effect mitigation
- ❖ Analyze professional organizations leadership and communication channels
- ❖ Assess coping mechanisms.

### **II. The External Impact of HIV/AIDS**

#### ***Define areas and populations at risk***

- ❖ Monitor and map sites located near road stations, railway station, bus and truck stops, airports, ports, borderline areas, market places
- ❖ Identify social groups related to transportation who are vulnerable to HIV/AIDS
- ❖ Analyze behavior, study main gaps in knowledge and perception about HIV/AIDS.

***Assess existing interventions***

- ❖ Identify the need and the potential for change in order to cut down on risks of HIV infection
- ❖ Identify medical and social structures in charge of STI/HIV/AIDS
- ❖ Inventory the past and current interventions on STI/HIV/AIDS in terms of lessons learned and best practices as well as population opinions about these interventions
- ❖ Identify particular obstacles such as language barriers and socio-cultural barriers
- ❖ Identify social communication channels, key information, and leaders.

***Identify the next steps for implementation***

- ❖ Establish an action plan: including relevant goals, partnership, and implementation of pilots using a participatory approach for the design of the projects
- ❖ Define key indicators in order to monitor and evaluate intervention progress and effects
- ❖ Propose a time table for the activities implementation.

## **AIDE #6 CHECKLIST FOR ASSESSING TRANSPORT SECTOR VULNERABILITY**

This checklist of questions can accompany the TORs provided in AIDE #5. The transport sector is far from uniform, so answers will vary among different entities in the sector, depending on the area or topic of analysis.

### **Labor Availability**

- ✓ Is there sufficient labor available?
- ✓ Are new recruits available? Labor may be available initially, but can it be replaced?
- ✓ Are there seasonal constraints? Are there peaks in the supply of and demand for labor?
- ✓ Does the work require experience? Some jobs do not require training but are learned through experience; this type of employee will be difficult to replace.
- ✓ Is there sick-leave provision? If so, how much? Although sick leave is a benefit, it will have an impact on labor availability. It is not unreasonable to expect employees to take all the sick leave they are entitled to. This can affect labor availability, especially if benefits are generous.
- ✓ Is there any compassionate leave? Increased mortality will increase demand for compassionate leave.

### **Employee Benefits**

- ✓ Are medical services or medical aid provided? The effect of AIDS will be to increase the demand for medical care, whether supplied or paid for by the sector, company, or project.
- ✓ Are death benefits provided? If employees or their dependants receive death benefits such as coffins, increased demand will increase costs.
- ✓ Is insurance provided? AIDS means claims increase and either premiums rise or benefits decrease.
- ✓ Is a pension provided for dependants? Pensions for contributors cease at their death, but some schemes provide for spouse and dependants. These will continue to be paid out. In the event of AIDS deaths, it is likely that children will be left and the contributor will not have paid enough in contributions to cover the benefits that will be paid out.
- ✓ Are there other benefits (e.g. housing, transportation) that might be affected by increased morbidity and mortality?

### **Use of Labor**

- ✓ Does work demand travel? Workers who travel as part of their work (e.g., military, transport sector) are more likely to engage in risky behavior.
- ✓ Are migrant workers employed? Migrants are more likely to undertake risky behavior, as well.
- ✓ Are male or female employees predominant? In some settings where the employees are mainly male or female, there may be more risky behavior.

### **Demographic Trends**

- ✓ Is the population growth rate significant? AIDS has the potential to reduce the rate of population growth. If the sector assumes a certain level of population growth (e.g. planning for new schools based on a calculation of the size of the school-age population), then the impact of AIDS must be considered.
- ✓ Is the population structure important? AIDS will have a marked impact on the structure of a population, as certain cohorts will be more seriously affected than others.

- ✓ Is house-hold size and composition important? As people in their twenties and thirties die, they will leave children who need care. This may change both the size of households and their composition.

### **Income and Expenditure**

- ✓ Will changes in government budgets affect the sector being studied? AIDS will increase demands for expenditure on health and social services and decrease resources available for other sectors.
- ✓ Will changes in taxation affect the sector being studied? It is possible that tax rates may have to rise to pay for increased health and welfare expenditures at a time when total tax revenues are dropping due to increased morbidity and mortality.
- ✓ Are changes in household income and expenditure significant? As households lose income-earners and/or take in orphans, both income and expenditure patterns may change.

▶ See *Guidelines for Studies of the Social and Economic Impact of HIV/AIDS*, Tony Barnett and Alan Whiteside, UNAIDS, September 2000; [www.unaids.org/publications](http://www.unaids.org/publications)

▶ See *Considering HIV/AIDS in Development Assistance: A Toolkit*. European Union; <http://europa.eu.int/comm/development/aids/toolkit/infra.htm>

▶ See The Futures Group International's various HIV/AIDS models (AIDS Impact Model-AIM and Pro-Train for forecasting training needs); [www.tfgi.com](http://www.tfgi.com)

## **AIDE #7      STEPS FOR ASSESSING INSTITUTIONAL VULNERABILITY WITHIN THE TRANSPORT SECTOR**

This aide focuses on the institutional level *within* the sector. Suggested main steps and principles of undertaking an institutional assessment are presented first. A discussion on the applicability of these steps to the transport sector follows. Some overlap occurs with assessment at the sectoral level ([AIDE #5](#) and [AIDE #6](#)).

### **Step 1. Personnel profiling: What kinds of people are employed?**

*Susceptible groups.* Are there particular groups among employees who may be particularly exposed to infection? Why are they exposed? Can/should the organization do anything to reduce this exposure? Will undertaking such programs benefit the organization? Should all employees be included or only those who are most difficult to replace?

*Skill levels.* What skill levels are there in the organization? How many people are employed at each level? Given the known and predicted rates of sero-prevalence, and assuming that the organizational population reflects the wider population, how many people might be expected to become ill or die in each year over the next X years in each category of employment?

*Ease of training and replacement.* How easy will it be to train or recruit personnel at each skill level? (Consider costs and time for training and also the state of the national and regional labor market in relation to these skill levels).

### **Step 2. Critical position analysis: How are posts interdependent?**

*Unique roles:* Are there key personnel whom it will be particularly difficult to replace? Are there key personnel on whom a production or administrative process depends (e.g. “institutional memory”, or the person who knows how to use the computer)? Such people may be difficult to replace.

### **Step 3. Organizational characteristics: What is the nature of the structure?**

*Size and depth.* How big is the organization? Does it have sufficient internal resources to be able to undertake replacement and /or training of personnel? Is it big enough to move people around to take over other people’s jobs? How easy will it be to replace or retrain within the organization? Are there sufficient people to allow for internal training? Should the organization introduce ‘shadowing’? What is the lead-time for training or recruiting a replacement of different skill levels?

### **Step 4. Liabilities: What employee benefits and values are implied?**

The potential or actual liability of the specific organization will be determined by the following factors.

*Level and type of employee benefits.* These are related to contracts of employment. What kind of contracts do staff have, including medical benefits and pensions?

*Level of labor value added.* For a production or commercial organization, this measures the part of gross profit attributable to the work done by labor. Variables are quantity and quality of labor (seen in levels of pay) and labor as a proportion of all inputs to production (e.g. in a software design enterprise, the labor value added will be large).

### **Step 5. Productivity: What inputs lead to production?**

This refers to the reduction in the quality and quantity of labor supplied by employees who are sick or who may be caring for sick dependants. Absenteeism may result in a slow and hardly detectable decline in output in any organization. How is this going to be detected, and coped with?

*Labor/capital substitution.* Can capital be used to replace people who are sick or who have died, thus avoiding that risk in the future? Could larger numbers of unskilled workers replace the lost skilled workers?

*Out-sourcing and multiple skills.* Can non-core functions (e.g. security and cleaning) be outsourced? This is a possible solution for the enterprise, but it must be noted that while such tactics will shift the problem from the company, it will not solve the problem at a sectoral level. Can staff be trained to have multiple skills, thus enabling them to do their own and others' jobs should the situation demand it?

### **Step 6. Organizational context: What legal implications exist?**

What must an organization do for its workers in the way of invalidity benefits, keeping them at work when they are HIV-positive but not ill? When they have AIDS but are not too sick to work?

*Employee organizations.* What power and attitudes do trade unions and political parties have in the area of HIV/AIDS and the rights and interests of employees?

### **Basic Principles**

Early response to the epidemic is important for organizations, as for everyone else. Response may occur at any of the following five stages:

1. The appearance of HIV in the wider community
2. The sporadic occurrence of illness and death in the organization
3. The first significant interruption of or disruptions to work caused by continuing employee illness, absenteeism, or death
4. The recruitment and training of new employees in response to greatly increased employee mortality or morbidity
5. The recognition that the entire way of working in the organization must be redesigned to cope with the epidemic.

The following points should be noted:

- ❖ The total cost to the organization will be significantly reduced if the decision to respond is pre-emptive and early rather than responsive and late.
- ❖ Effective management information and monitoring systems aimed at management are important in developing pre-emptive strategies and subsequent responsive strategies as the epidemic increases its impact on the organization.
- ❖ In sizable organizations with large numbers of people at risk, succession-planning strategies should be considered and costed in outline. This should be done on the basis of a personnel profile exercise so as to explore substitution by multiple recruitment, use of multiple skills, and pooling the skills of key people.

- ❖ Assessment of the organization's financial risk exposure should be made on the basis of existing benefits packages, types of contracts, and actuarial calculations of risk.
- ❖ Where appropriate and cost-effective, the organization could implement workforce education and extend education to workers' households so as to reduce workforce susceptibility.

### Comments Specific to Transport Institutions

*The susceptibility of the workforce*<sup>16</sup>. The transport sector is highly dependant on labor; for most operations this is skilled labor. Determining what percentage of the workforce practice high risk behaviors (having unprotected sex with someone who is infected) and are infected with HIV would be valuable information for ascertaining the workforces' susceptibility to HIV/AIDS, but only a few organizations in the sector have undertaken the anonymous studies to find out.

Nevertheless, these few studies suggest high-risk behaviors are common and infection rates high within the sector, particularly among long distance drivers. For example, 35 percent of South African drivers surveyed had two or more partners in the week prior to the study and condom use was absent or irregular<sup>17</sup>. A 1993 study in Cameroon found that bus and truck drivers spent an average of 14 nights away from home during which time 25 percent of them had sex every night<sup>18</sup>. As to infection rates, aside from the 28 percent infection rate found among Tanzanian long distance drivers in 1996 (in Box 1) the only other data known to exist is the 33 percent infection rate found among Togolese truck drivers in 1992.

In addition to the transport workforce, other important stakeholders of the sector are at risk of HIV. Spouses and regular partners of transport personnel are obviously important in their own right. They are also important because their physical and mental health frequently affects that of transport personnel.

*AIDS impact on workforce deaths*. Without data on HIV prevalence, assessments can use the national or provincial prevalence rates for high-risk behaviors and HIV. With these data, projections can be made on what impact AIDS will have on illness, absenteeism, and death rates among employees over a period of time.

For example, in those 15 sub-Saharan countries<sup>19</sup> where HIV prevalence is as high as 30 percent in the largest cities, 25-50 percent of urban sector laborers and professionals over a ten-year period are projected to become infected and die from the disease<sup>20</sup>.

Some assessments have also looked at the reported rate of deaths among employees over a time period to note changes likely to be caused by AIDS. In Malawi, the Ministry of Agriculture found a 100 percent increase in ministry deaths over a three-year period<sup>21</sup>.

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<sup>16</sup> Workforce is defined here as those who build and maintain transport infrastructure, those who work in the railways, roads, airlines and shipping services, and the professionals and support staff engaged in the management of the sector.

<sup>17</sup> *AIDS Brief for Sectoral Planners and Managers*, Health Economics and HIV/AIDS Research Division, University of Natal, Durban, South Africa

<sup>18</sup> Ditto

<sup>19</sup> Countries include Botswana, Burkina Faso, Burundi, Cote d'Ivoire, Ethiopia, Kenya, Lesotho, Malawi, Rwanda, South Africa, Swaziland, Tanzania, Uganda, Zambia, and Zimbabwe

<sup>20</sup> Government of Malawi and World Bank. *The Malawi AIDS Assessment Study*. Washington, D.C. 1998

<sup>21</sup> Ministry of Agriculture, Malawi, 1999.

**Box 3. Botswana: Bebswana's AIDS Institutional Audit**

In 1999/2000 the Bebswana mining company carried out an AIDS institution audit. In 1996, 40 percent of retirements and 37.5 percent of deaths were due to HIV/AIDS. By 1999 the percentages had risen to 75 percent of retirements and 59.1 percent of deaths. It was at this stage the company took a bold decision in co-operation with the workers to ascertain HIV prevalence. The results were disturbing. HIV prevalence across all employees was 28.8 percent.

The audit looked at skill levels, ease of training, and replacement of relevant skills, as well as related costs. It analyzed risk reduction strategies for critical posts, estimating liabilities and costs associated with benefits, developing systems of productivity monitoring, and considering potential treatment options and costs associated with benefits. The result was a landmark policy to cover 90 percent of the cost of anti-retroviral treatment for workers and their spouses, to give top priority to prevention measures, and to require suppliers of goods and services to the company to have AIDS programs in place. Source: UNDP, *HIV/AIDS Implications for Poverty Reduction*. 2001. (Available at [www.undp.org/publications](http://www.undp.org/publications))

Many transport industries bear the costs of training personnel. This is true of airline companies who make significant investments in training pilots, and long-distance haulers who invest in training drivers through in-house training programs or through training boards to meet accreditation requirements.

**Box 4. The HIV Cost to Business**

Two South African companies employed researchers from Boston University to estimate the cost of new HIV infections. The aggregate cost of all new infections acquired per year is at least 6.3 percent of annual salaries for the one company (most generous benefits structure) and at least 3.4 percent of salaries for the other. Using a multiplier, the cost per new infection, at present value, is between 1.3 to 6 times the annual salary depending on the benefit structure of the company. These two companies probably represent high and low examples of the costs to the workforce of HIV/AIDS, and could serve as an illustration of the minimum/maximum cost ranges for transport companies.

*Source:* Durier, S. "IFC and AIDS. Issue Paper and Strategy." Washington, D.C.: IFC, February, 2001 (paper written from data supplied by S. Rosen et. al., Center for International Health, Boston University School of Public Health).

- ▶ See Barnett and Whiteside, *Guidelines for Studies of the Social and Economic Impact of HIV/AIDS*. UNAIDS, September 2000.
- ▶ See *Transport Sector. AIDS Brief for Sectoral Planners and Managers*. Health Economics and HIV/AIDS Research Division, University of Natal, Durban, South Africa.

## **AIDE #8      STEPS FOR ASSESSING COMMUNITY VULNERABILITY WITHIN THE TRANSPORT SECTOR**

### **BSS Methodology and Use**

Assessing a community's susceptibility to HIV requires both qualitative and quantitative research. Various instruments have been used for these research efforts, but one of the most well known is Family Health International (FHI)'s *Behavioral Surveillance Surveys (BSS)*. BSS can be used to assess a community's vulnerability to HIV, as well as evaluating HIV prevention interventions that are implemented after the assessment.

BSS track trends in HIV knowledge, attitudes and risk behaviors in selected groups in a population. When used in conjunction with qualitative research and monitoring of process data (such as number of people educated and number of condoms distributed), the BSS methodology is a powerful tool for HIV/AIDS prevention programs. This is because it enables program managers to plan and implement prevention interventions that respond to trends in risk behaviors and to evaluate the intermediate outcomes of prevention interventions.

BSS are also useful because they

- ❖ Function as an early warning system, alerting policymakers and program managers of emerging risks or changes in existing risk behaviors
- ❖ Reveal gaps in knowledge and understanding about HIV/AIDS that can be addressed by interventions
- ❖ Help identify populations whose behavior makes them particularly susceptible to HIV
- ❖ Provide data on specific target groups that complements information from general population surveys
- ❖ Ensure comparability and a degree of standardization often lacking when data are collected by a variety of different agencies.

Steps in the survey process include:

- Step 1: Building partnerships
- Step 2: Building agreement on the BSS process
- Step 3: Choosing sub-populations for behavioral surveillance
- Step 4: Defining measurement objectives
- Step 5: Operationalizing definitions of populations of interest
- Step 6: Selecting and mapping sites
- Step 7: Constructing a sampling frame
- Step 8: Developing the sample design
- Step 9: Developing the survey protocol
- Step 10: Pre-testing and adapting survey instruments
- Step 11: Training interviewers and pilot survey procedures
- Step 12: Collecting data (and supervising collection)
- Step 13: Managing data
- Step 14: Analyzing data
- Step 15: Using data to improve HIV prevention

A transport organization and its technical advisors may not need to fully execute the BSS methodology, but incorporate appropriate parts of the process. BSS have been used for transport and AIDS-related programs in Cote d'Ivoire, Rwanda and Zambia.<sup>22</sup>

### **Comments Specific To The Transport Community**

Stakeholders at risk of HIV (those with whom transport personnel have sexual relations) are transport users such as migrants, itinerant traders, tourists, commercial sex workers; groups with occupational activities related to transport; and persons in local communities near transport construction sites or transportation facilities. HIV infection and other sexually transmitted infection (STI) rates can be very high among commercial sex workers and increase significantly in communities during construction of transport infrastructure. For example, a study showed that STI rates soared in a remote mountain area during the construction of the Lesotho Highland Water Project.<sup>23</sup>

Some communities will be far more susceptible to HIV than others. Persons in commercial areas with a high percentage of bars, motels, inns, transport stations, and rest stops in Africa can be areas of high transmission of HIV and other sexually transmitted pathogens. A study among adolescents congregating around truck stops along the Trans-African Highway in Kenya reported high rates of STIs (52 percent of girls and 30 percent of boys). Seventy-eight percent of girls reported exchanging sex for gifts or money<sup>24</sup>. Excessive use of alcohol (and other drugs) and commercial sex most always give way to HIV and other STIs. Many markets, cross-border areas, and refugee holding sites can attract these high-risk behaviors as well. In times of conflict, female refugees may be extremely susceptible to HIV and STIs since conditions of lawlessness, social instability, and poverty exacerbates sexual and gender inequalities.

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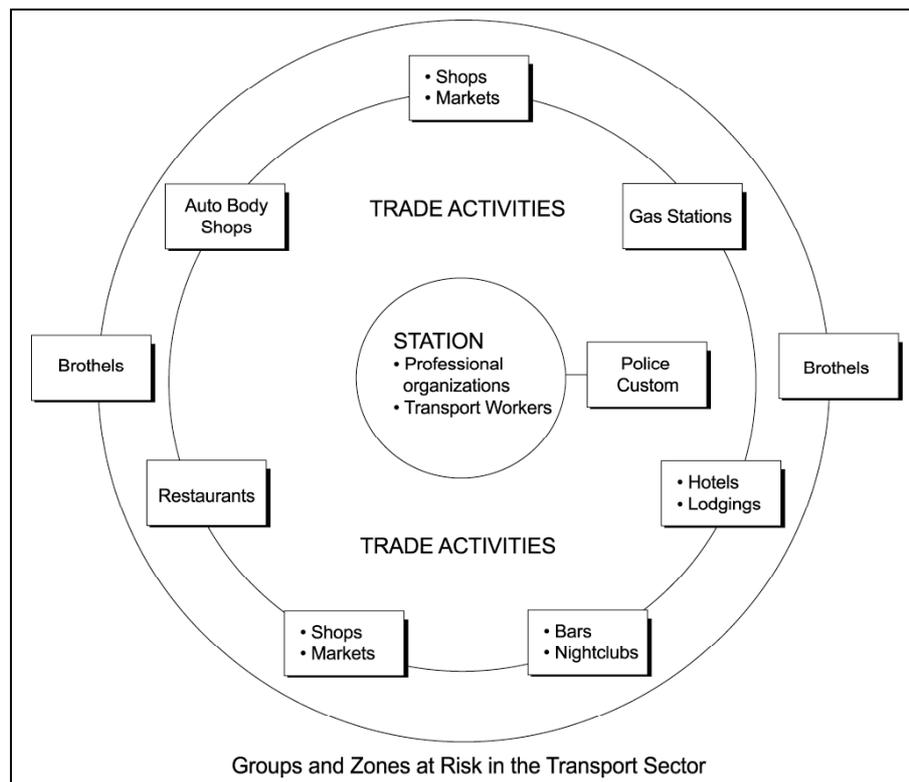
<sup>22</sup> For publications summarizing these experiences and the BSS methodology itself, see [www.fhi.org/en/aids/wdo/wwd12a.html](http://www.fhi.org/en/aids/wdo/wwd12a.html)

<sup>23</sup> Dale McMurchy, HIV and The Lesotho Highlands Water Project Summary of the Epidemiological Report on Phase 1B of the Lesotho Highland Water Project (LHWP), AIDS Analysis Africa 7.4

<sup>24</sup> S. Nzyuko, P Lurie, W Mc Farland, W Leyden, D Nyamway, JS. Mandel. *Adolesent Sexual Behavior along the Trans-Africa Highway in Kenya*. circa 1995

### Areas of HIV risk in the transport sector:

- ✓ Bus, taxi, truck stations and stops
- ✓ Railway stations
- ✓ Airports
- ✓ Ports
- ✓ Construction sites
- ✓ Borders
- ✓ Commercial areas



*Market Forces.* What effect might the epidemic have on transport-related assets at the household or business level, and the supply of and demand for transport services at the community or sub-regional level? We know from studies among households affected by adult deaths (in Cote d'Ivoire, Tanzania, Uganda and Zimbabwe) that expenditures on food go down and those on health care increase. Households are forced to sell assets once their savings have been depleted. In Zimbabwe, households disposed of cattle, goats, furniture, clothes, televisions, poultry, and wardrobes<sup>25</sup>. In Rakai, Uganda, four percent of households with an adult death disposed of the bicycle they had previously owned. At what magnitude would selling of transport-related assets affect the sector's objectives in achieving increased transport mobility?

<sup>25</sup> See *HIV/AIDS Implications for Poverty Reduction*, by Dr. Rene Loewenson and Professor Alan Whiteside, UNDP Policy Paper, 2001 at [www.undp.org/publications/index](http://www.undp.org/publications/index)

**AIDE #9      SELECTING THE INTERVENTIONS**

Selecting interventions is a challenge for a sector facing a severe epidemic with scarce resources. An appropriate mix among prevention, treatment, care and mitigation depends on: prevalence of HIV, including who is at risk and the stage of the epidemic; identified best practices; level of resources available, political commitment, and implementation capacity. Almost all of the major interventions have been shown to be cost-effective.

Beneficiaries include:

- ❖ Transport managers and workers
- ❖ Long distance drivers, seamen, railway and airline crews, taxi and bus drivers, truck and ship loaders, and construction site workers
- ❖ Spouses, partners, and families
- ❖ Local populations along trade routes
- ❖ Commercial sex workers
- ❖ People involved in transport-related activities
- ❖ Passengers, especially migrants, tourists, traders.

Points to keep in mind include:

- ❖ Because of their increased risk of acquiring and transmitting HIV, should receive more attention than others.
- ❖ Creating an enabling environment requires the active involvement of community leaders, policy makers, and legislators.
- ❖ Several of the interventions listed under 'creating an enabling environment' require more piloting and analysis.

| INTERVENTION   | COMMENTS AND LESSONS LEARNED  | INDICATORS  |
|--|---|---|
| <p><b>A. Guarding the transport workforce and extending prevention to others</b></p>   | <p>Some of these interventions are easier to implement than others.</p> <p>Some interventions will have less direct effect on HIV transmission. Thus, measuring their impact on HIV will be difficult.</p>  |   |
| <p><b><i>Create an enabling environment</i></b></p> <ul style="list-style-type: none"> <li>✓ Workplace policy and strategy on HIV/AIDS</li> <li>✓ Community-based AIDS education on compassion and non-discrimination</li> <li>✓ Review and if necessary, modify laws and regulations</li> <li>✓ Insert prevention intervention clauses in construction contract</li> <li>✓ Discourage abuse of alcohol and narcotics, provide support services for those in need</li> <li>✓ Consider reducing time workforce spends away from home</li> <li>✓ Consider providing entertainment opportunities at rest areas and sponsor more rest areas</li> <li>✓ Reduce time at border points</li> <li>✓ Consider providing income generation schemes for women at high-risk zones</li> <li>✓ Consider employing local labor for construction and maintenance sites</li> </ul> | <p>Institutional frameworks help formalize and facilitate the actual implementation of policies and strategies.</p> <p>Local leaders (women included) are valuable allies in building social cohesion to create an enabling environment.</p> <p>Alcohol and narcotics are significant factors in increasing one's risk. They should not be ignored or underestimated.</p> <p>Because the transport sector plays such an important facilitating role in development, it has a unique contribution to make in ensuring people are aware of HIV and AIDs risks.</p> <p>The importance of an enabled environment should not differ much between public or private transport entities.</p> | <p>% of sector institutions with HIV/AIDS policy and strategy</p> <p>% of beneficiaries expressing accepting attitudes towards people with HIV</p> <p>% of formal employers with non-discriminating practices in recruitment, benefits, and advancement of people with HIV</p> <p>% of construction contracts with HIV prevention clauses</p> <p>% of construction sites with ongoing HIV prevention efforts</p> <p>% of time decreased at border points/</p> |
| <p><b><i>Provide behavior-change communications:</i></b></p> <ul style="list-style-type: none"> <li>✓ Focus on behavior change, not just raising awareness</li> </ul>  | <p>The road sub-sector is generally regarded to be at the highest risk. Since it is mostly private, widely spread out, made up of small operators, and heterogeneous, interventions will need to look for economies of scale. Aside from drivers, mechanics and their helpers, loaders and merchants should be involved in interventions.</p>   | <p>Reduced high-risk sex acts</p>   |

|   |   |  |
|---|---|--|
| <ul style="list-style-type: none"> <li>✓ Target transport workers with high-risk behavior (including young workers) with peer education</li> <li>✓ Tailor messages to the general workforce as well as men and women</li> <li>✓ Involve staff including those living with HIV/AIDS</li> </ul> | <p>Use professional organizations. Establish links between road safety prevention and HIV prevention.</p> <p>Diversify interventions in rural communities along feeder roads.</p> <p>Use road transportation and railways for large mass communication campaigns.</p> <p>The railway sub-sector population is quite mobile and at risk, but small in population size and easily reachable. Interventions should include communities near rail stations.</p> <p>Few areas around ports and shipping activities have yet to be mapped to identify at risk workers and populations and locations for prevention interventions.</p> | <p>Increased condom use</p> <p>Safer injection practices</p>   |
| <p><b><i>Increase condom availability and acceptability</i></b></p> <ul style="list-style-type: none"> <li>✓ Subsidize male and female condoms</li> <li>✓ Popularize and increase acceptability of condoms through condom promotion and social marketing campaigns</li> </ul>                 | <p>Use road and rail sub-sectors to facilitate the delivery of condoms in rural areas, where condom availability is limited.</p> <p>Airport authorities are sometimes reluctant to conduct condom promotion and other prevention efforts. Open and constructive dialogue will be needed to address fears of projecting negative images that might hinder tourism. Such concerns call for innovation in finding interventions that project positive images.</p>  | <p>Total number of condoms available for distribution and percentage of condom use among groups</p> <p>% of retail outlets and other service delivery points with condoms in stock</p> |
| <p><b><i>Provide information on access to comprehensive STI services</i></b></p> <ul style="list-style-type: none"> <li>✓ Educate people on how to avoid STIs, to recognize common STI symptoms and to seek treatment</li> </ul>  | <p>Work with health providers to find ways to increase service availability along major transport routes. Mobil STI services can be effective. Women are particularly in need of regular check-ups, since they are often without symptoms.</p>  | <p>% of beneficiaries who know STI symptoms and where STIs can be treated</p>  |
| <p><b><i>Provide information on access to voluntary counseling and testing (VCT) services</i></b></p> <ul style="list-style-type: none"> <li>✓ Publicize the existence of anonymous VCT service (testing, pre-test and post-test counseling);</li> <li>✓ Encourage VCT use</li> </ul>         | <p>VCT services are confidential. Related issue: large transport organizations may want to consider and discuss with staff the idea of monitoring HIV rates (anonymous, unlinked testing) among employees to see if interventions are working.</p>  | <p>% of beneficiaries who know about VCT services and where they are offered (get official indicator);</p> <p>% increase in use of VCT services along transport axes;</p>              |

Beneficiaries for these activities include transport workers living with HIV/AIDS and their families.

| INTERVENTION  | COMMENTS AND LESSONS LEARNED   | INDICATORS   |
|---|--|--|
| <p><b>B. Ensuring Care and Support for those Infected in Transport</b></p>  |  |  |
| <p><i>Provide information on access to treatment of opportunistic infections (OIs) and palliative care</i></p> <ul style="list-style-type: none"> <li>✓ Educate people on how to avoid OIs, to recognize common OI symptoms and to seek treatment</li> </ul>  | <p>For many workers in the road and port sub-sectors, no employment health services exist. Employers and NGOs will have to mainstream messages and dissemination of education material through regular employer-employee communication means.</p>  | <p>% of people living with HIV/AIDS within the transport sector who know OI symptoms and where to get treatment.</p>     |
| <p><i>Support the health system to deliver care to HIV-infected patients</i></p> <ul style="list-style-type: none"> <li>✓ Consistently upgrade HIV/AIDS care provided in health facilities owned/supported by transport employers</li> <li>✓ Consider ways the transport sector can help the health system improve capacity and quality to deliver care to HIV-infected people within the sector</li> <li>✓ Review health care benefits and services within transport organizations and assess the implications for workers in receiving care for HIV and AIDS</li> </ul> | <p>For many workers in the road and ports and shipping sub-sectors, no employment health benefits or services exist. Employers and NGOs will have to mainstream messages and dissemination of education material through regular employer-employee communication means.</p> <p>The railway and aviation sub-sector workers usually have access to medical facilities with other free health benefits. These and other sub-sectors that provide health benefits will need to determine their policy on HAART.</p> | <p>% of people living with HIV/AIDS within the transport sector who receive appropriate care.</p>                        |
| <p><i>Support the provision of alternatives to traditional hospital care, including community-based and home-based care</i></p> <p>Consider ways the transport sector can help communities and NGOs to care for and support PLWA</p>  | <p>Providing information on where such alternative services exist is one step.</p> <p>The road sub-sector may want to consider providing free transport to the volunteers meeting these community and home needs.</p>  | <p>% of people living with HIV/AIDS within the transport sector who receive appropriate alternative methods of care.</p> |

| INTERVENTION   | COMMENTS AND LESSONS LEARNED   | INDICATORS  |
|--|--|---|
| <b>C. Mitigating the Social and Economic Impact of HIV/AIDS related to the transport sector</b>  |  |   |
| <p><i>Strengthen the safety net for poor households affected by AIDS, including AIDS orphans</i></p> <p>✓ Consider providing assistance to poor households affected by AIDS and to AIDS orphans;</p> | <p>Concerned colleagues, human resources managers, and the focal point person within the sector may need to be sensitive to clues as to which employees and their families within the sector are seriously impacted by AIDS. Some infected or affected colleagues may be embarrassed to come forward with their needs.</p> | <p>% of poor transport households with a chronically ill adults (15-49 years) receiving external help to care for the patient or to replace lost income</p> <p>% of households receiving external help to care for AIDS orphans</p> |

Indicators adapted from *National AIDS Programmes: A Guide to Monitoring and Evaluation*. UNAIDS. Geneva 2000; *HIV/AIDS at a Glance*, World Bank 2002

## **AIDE #10 TERMS OF REFERENCE FOR AIDS SERVICE ORGANIZATIONS**

This aide suggests terms of reference for HIV/AIDS activities conducted by NGOs and other AIDS service organizations.

### **Efforts in building partnerships**

Work closely with:

- ✓ The National HIV/AIDS Program and the Ministry of Health
- ✓ PLWA organizations
- ✓ Partners and stakeholders with experience in HIV/AIDS
- ✓ Professional organizations and workers unions.

### **Activities for employers/employees**

- ❖ Assess employer and employees' behavior, attitudes, and practices towards HIV/AIDS to better design activities and define monitoring and evaluation indicators.
- ❖ Design, conduct, and evaluate advocacy activities benefiting company staff and managers, and ensure their involvement in all steps.
- ❖ Design, conduct, and evaluate prevention activities for company employers/employees using peer educators and communication through appropriate material and channels.
- ❖ Design, conduct, and evaluate condom distribution activities for employers/employees.
- ❖ Design, conduct, and evaluate activities to strengthen ministry/company health and social services (if existing) in terms of voluntary testing and counseling, STI prevention and treatment, care and support.
- ❖ Design, conduct, and evaluate activities to develop coping mechanisms among ministry/company employees to mitigate HIV/AIDS effects.

### **Activities for local communities along active transport axes, and infrastructure maintenance and construction sites**

Work closely with

- ✓ Local authorities including male/female traditional and religious leaders
  - ✓ HIV/AIDS committees and health services
  - ✓ PLWA organizations and other partners.
- ❖ Assess community needs, behavior, attitudes, and practices toward HIV/AIDS
  - ❖ Design, conduct, and evaluate HIV/AIDS prevention activities especially peer education benefiting specific groups (youth, commercial sex workers)
  - ❖ Design, conduct, and evaluate condom distribution activities
  - ❖ Design, conduct, and evaluate activities to strengthen local health centers in HIV/AIDS voluntary test and counseling, STI prevention and treatment, and care
  - ❖ Design, conduct, and evaluate activities to mitigate HIV/AIDS social and economic effects
  - ❖ Provide and disseminate periodic status reports on progress

**AIDE #11 HIV/AIDS PREVENTION CLAUSE FOR CONTRACTS  
WITH CIVIL WORKS COMPANIES**

This aide provides an example of an HIV/AIDS clause proposed to civil works companies by the World Bank and Government of Ethiopia. The intention of the clause is to ensure that civil works companies will conduct HIV/AIDS awareness and prevention activities for their employers/employees and communities close to infrastructure maintenance and construction sites.

The contractor shall advise all site staff and labor (including all the contractor's employees, all the sub-contractors' and consultants' employees; and all truck drivers and crew making deliveries to site) of the dangers and impact of HIV/AIDS. To this end, the contractor shall conduct Information, Education and Communication (IEC) campaigns at least every other month addressed to all site staff/labor and to immediate local communities.

If site clinic(s) is/are to be provided, they shall be equipped for diagnosis and free treatment of Sexually Transmitted Disease (STD). The medical team working in these clinics shall also provide adequate HIV/AIDS counseling to all contractors' employees, all sub-contractors' and consultants' employees; and all truck drivers and crew making deliveries.

The contractor shall make available free at least [100]condoms per person per year for all staff/labor working on the site, including all the contractor' employees, all the sub-contractor's and consultants' employees and all truck drivers and crew making deliveries to site.

The cost of provision of all HIV/AIDS alleviation measures as stipulated herein shall be paid under the following two items in the Bills of Quantities (BOQ).

HIV/AIDS alleviation measures throughout the period allowed for construction Unit/ month  
HIV/AIDS alleviation measures throughout the defects liability period Unit/month”

## **AIDE# 12 METHODS FOR IMPLEMENTING THE CORE INTERVENTIONS**

This aide provides a more specific description of the prevention, care and mitigation interventions for HIV/AIDS. Some guidance is given on how one goes about implementing these activities, although other sources of information should be consulted.

### **How to implement HIV prevention activities?**

Prevention interventions in the transport sector include different methods to promote behavioral change which include:

- ✓ Communication activities using modern and traditional channels,
- ✓ Peer education activities,
- ✓ Workplace interventions,
- ✓ Training center interventions,
- ✓ Distribution of male and female condoms.

### **Communication and Awareness Activities**

| <b><u>Purpose</u></b>   | <b><u>Conditions of implementation</u></b>  |
|---|---|
| <p>Communication strategies for behavior change develop messages that are generally understandable and acceptable to reach a large number of people to:</p> <ul style="list-style-type: none"> <li>✓ Provide information, raise awareness and reduce misinformation.</li> <li>✓ Encourage behavior change, increase condom use, decrease number of sexual partners, and decrease incidence of sex with high-risk partners.</li> <li>✓ Discourage discrimination against those infected by HIV.</li> <li>✓ Develop coping mechanism to mitigate HIV/AIDS effects.</li> </ul> | <p>Act with national HIV/AIDS program and specialists in communication.</p> <p>Develop a communication strategy towards target groups.</p> <p>Define adequate messages; and find innovative ways to repeat them, consistently.</p> <p>Use appropriate channels.</p> <p>Monitor and evaluate activities with key indicators.</p> |

**Peer Education**

| <b><u>Purpose</u></b>  | <b><u>Conditions of implementation</u></b>   |
|--|--|
| <p>To influence mind-sets and change behaviors.</p> <p>Create and use informal social networks, made up of friends, siblings, and trusted peers who have changed their behavior as persuasive role models.</p> | <p>Target transport workers, commercial sex workers and other specific groups.</p> <p>Use NGO and PLWA organizations with experience in peer education to design and implement activity.</p> <p>Act with professional organizations and group leaders to support and implement activity.</p> <p>Link peer educator activity with local HIV/AIDS committee and health services.</p> <p>Link peer educator activity with local condom distribution system.</p> <p>Identify peer educators and clarify their exact roles and responsibilities.</p> <p>Provide proper training and appropriate materials to the peers.</p> <p>Support and follow up peer educator activities by creating mechanisms to review their work.</p> <p>Keep peer educators' motivation at high level and reduce their drop out rate.</p> |

**Work Place Activities**

| <b><u>Purpose</u></b>  | <b><u>Conditions of implementation</u></b>  |
|--|---|
| <p>To educate transport personnel in the workplace about HIV/AIDS.</p> <p>Encourage public and private sector employers to develop comprehensive workplace HIV/AIDS prevention and control programs for transport sector workers and their families by providing adequate human resources and financial resources. (These programs consist of information dissemination, education training, counseling, peer education, condom distribution.)</p> | <p>They can be incorporated into existing on-site health services, where available.</p> <p>May differ substantially depending upon the commitment of the employer, the size of the company, health services already provided, medical staff or social workers involved.</p> |

## **Distribution of Condoms**

| <b><u>Purpose</u></b>  | <b><u>Conditions of implementation</u></b>   |
|--|--|
| <p>Condoms (if used correctly) prevent HIV transmission</p> <p>Reduce the cost of condoms</p> <p>Several public and private channels exist for: free promotion, private sales and social marketing of condoms.</p> <p>Increase the availability of condoms.</p> <p>Ensure use of good quality condoms , especially in packaging.</p> <p>Social marketing provides a system of distribution which includes:</p> <p>Opening a number of condom outlets on specific locations (stations, bus stop, markets, highway rest stops).</p> <p>Placement of condoms boxes in strategic location (hotels, restaurants, closed houses, gas stations, shops).</p> | <p>Consider the existing system for condom distribution.</p> <p>Work closely with the National HIV/AIDS program and the Ministry of Health.</p> <p>Propose a strategic plan to promote condoms.</p> <p>Use experienced NGOs to implement condom activities.</p> <p>Sensitize groups about important gender issues.</p> <p>Monitor and evaluate with specific indicators.</p> |

## Condom Promotion

### Lessons Learned

- ❖ Address social and cultural barriers to the use of condoms by identifying the barriers from the transport worker's point of view.
- ❖ Provide confidentiality to the user.
- ❖ Use social mapping for the placing of condom retail outlets. Identify key point and set up condom outlets.
- ❖ Ensure visibility to condom outlets. Condoms need to be available in high-risk areas (on the highway particularly at truck, bus stops). Hours of opening of the retail outlets are important (open 24 hours a day).
- ❖ Develop systems of estimating condom demand, procurement, storage and distribution.
- ❖ Involve peer educators in condom distribution.
- ❖ Use social networks, and truck or drivers associations to stock and distribute condoms (appropriate training of retailers).
- ❖ Provide IEC materials, their distribution may be coupled with condom distribution.
- ❖ Develop specific messages on condom use and waste with demonstration of appropriate model.
- ❖ Develop specific messages on condom use with spouse or regular partner.

## How To Implement HIV/AIDS Care Activities In The Transport Sector

Care interventions in the transport sector aim to offer health services to transport workers, managers and other target groups. This package includes:

- ❖ HIV Voluntary testing and counseling (also a form of prevention)
- ❖ STI prevention and treatment
- ❖ Treatment of opportunistic infections
- ❖ Treatment of HIV/AIDS (HAART)
- ❖ Psychological support to those infected by HIV/AIDS
- ❖ Home-based care.

Care interventions in the transport sector may entail three priorities:

- A. Strengthen the health service delivery capacity in risk areas (borders, truck stops, railways, construction sites)
- B. Motivate and support the public and semi-public transport services to provide care and treatment for transport employees affected by the disease, at least those presenting opportunistic infections
- C. Motivate and support the private sector through its social and medical services to improve care and support for the personnel and their family infected by HIV/AIDS.

### What can the transport sector do?

- ✓ Mobilize resources to support and sustain existing activities and provide new HIV/AIDS care activities
- ✓ Train medical staff (knowledge, attitudes and behaviors)
- ✓ Provide medical supplies

- ✓ Provide educational material
- ✓ Provide technical assistance
- ✓ Assist in information system, patient follow up and patient referral system
- ✓ Conduct applied research and surveys on services delivery (quality and effectiveness).

### **Conditions Of Implementation**

- ✓ Work closely with the Ministry of Health at national and local level to establish partnership.
- ✓ Work closely with the private sector authorities and medical staff.
- ✓ Draw up an action plan with the roles and responsibilities of partners.
- ✓ Act with NGO and associations of PLWA.
- ✓ Follow up the interventions.
- ✓ Evaluate the program.

### **Implementing HIV/AIDS Impact Mitigation Activities**

The transport sector will need to build consensus on what role it will take in the areas of mitigation, and explore the range of options in action. Mitigation interventions in the transport sector might include

#### **Social measures**

| <u><b>Purpose</b></u>  | <u><b>Conditions of implementation</b></u>  |
|--|---|
| <p>Alleviate the socio-economic impacts of AIDS on families and households through: personal and family welfare programs and social security measures for transport sector employees and their families (perhaps access to treatment including HAART, benefit and pensions).</p> | <p>Work closely with employers, unions, professional organizations and social staff.</p> <p>Examine existing welfare programs and social security measures.</p> <p>Propose means to improve socio- economic conditions of transport workers affected or infected by HIV/AIDS.</p> |

### Coping mechanisms

| <u>Purpose</u>   | <u>Conditions of implementation</u>  |
|--|--|
| <p>Support coping mechanisms in response to HIV/AIDS inside the sector.</p> <p>Enlist help from saving clubs and credit associations.</p> <p>Support communities to analyze existing/traditional coping mechanisms and to develop means of strengthening them without becoming fully dependent on outside resources.</p> | <p>Work with transport professional organizations, workers unions and private sector authorities and social workers.</p> <p>Use AIDS service organizations and other stakeholders to examine existing coping mechanisms.</p> <p>Propose interventions to sustain existing mechanisms and to develop new activities with the beneficiary groups.</p> <p>Assist groups in implementing activities.</p> <p>Assist in monitor and evaluating the mitigation interventions.</p> |

### Support to orphans

| <u>Purpose</u>   | <u>Conditions of implementation</u>  |
|--|--|
| <p>Many of the poorest orphans need adequate, food, shelter and school fees.</p> <p>Traditionally means to support orphans through the extended family are threatened by AIDS.</p> | <p>Contact AIDS service organizations with experience in this field.</p> <p>Work closely with private sector authorities, social workers, unions and professional associations.</p> <p>Examine the situation of orphan children in the sector, sub-sector, or company using national expertise.</p> <p>Propose interventions for orphans (food, school fees, shelter).</p> <p>Monitor and evaluate activities.</p> |

► See corridor-specific information on *The West Africa Initiative* at [www.onusida-aoc.org](http://www.onusida-aoc.org) and *The Corridor of Hope* at [www.fsi.org/aids](http://www.fsi.org/aids)

**AIDE # 13****SAMPLE PROJECT LOGFRAME**

| <b>Hierarchy of Objectives</b>  | <b>Key Performance Indicators</b>  | <b>Data Collection Strategy</b>   | <b>Critical Assumptions</b>  |
|---|--|---|--|
| <b>Sector-related CAS Goal:</b>   | <b>Sector Indicators:</b>  | <b>Sector/ country reports:</b>   | <b>(from Goal to Bank Mission)</b>   |
| Reduction in the spread of HIV/AIDS infection and mitigation of the adverse socio-economic impact of HIV/AIDS in the countries along the transport corridor.  | Prevent an increase in the HIV/AIDS infection rates of countries along the transport corridor.   | Periodic reports from the national HIV/AIDS programs                                      | There is sufficient and sustained commitment and effort to fight HIV/AIDS in the countries along the transport corridor. |
| <b>Project Development Objective:</b>   | <b>Outcome / Impact Indicators:</b>  | <b>Project reports:</b>   | <b>(from Objective to Goal)</b>  |
| Increased access to HIV/AIDS prevention, basic treatment, support and care services by targeted vulnerable groups along the Abidjan-Lagos transport corridor. | By 2006, at least 90 percent of the commercial vehicle drivers working along the transport corridor can identify at least two ways in which to prevent HIV/AIDS.   | Ad hoc report on survey of commercial vehicle drivers                                     | Associations of commercial vehicle drivers support HIV/AIDS IEC among their members.                                     |
|   | By 2006, at least 90 percent of the local population residing along the corridor can identify at least two ways in which to prevent HIV/AIDS.  | Ad hoc report on community survey of residents along the transport corridor (two surveys) | Local community leaders along the transport corridor are involved in HIV/AIDS IEC efforts for their communities.         |
|   | By 2006, reduce by 30 percent, compared with the first year of the project, the incidence of reported sexually transmitted (urethritis) infections among male commercial vehicle drivers working along the corridor. | Ad hoc report on the survey of the commercial vehicle drivers (two surveys)               | Urethritis infections act as markers for HIV and other sexually transmitted infections.                                  |

| Project Components / Sub-components:   | Inputs: (budget for each component)  | Project reports:  | (from Components to Outputs)  |
|--|--|---|---|
| 2. HIV/AIDS treatment, care and support services provided for the targeted population. | <p>By 2005, each border crossing point of the corridor has at least one voluntary counseling and testing (VCT) center on either side of the border.</p> <p>By 2006, increase by 50 percent, compared with the first year of the project, the number of people who use the voluntary counseling and testing centers at border crossing points of the transport corridor.</p> <p>By 2005, at least 90 percent of the health facilities along the corridor report adequate supply of antibiotics for the treatment of antibiotic-sensitive sexually transmitted infections, over the previous six months.</p> | <p>Bi-annual project reports</p> <p>Bi-annual project reports</p> <p>Bi-annual project reports</p>  | <p>Services are provided in a confidential manner, with respect to the individual privacy of clients.</p> <p>The VCT centers get wide support and response from the targeted populations.</p> <p>Antibiotic supplies act as a marker for pharmaceuticals supplies for the management of HIV/AIDS related opportunistic infections.</p>  |
| Project Components / Sub-components:   | Inputs: (budget for each component)  | Project reports:  | (from Components to Outputs)  |
| 3) Project coordination, capacity building and policy development services provided.   | <p>By 2005, average time to clear customs formalities along the corridor is reduced by at least 30 percent at each border crossing, compared with the first year of the project.</p> <p>By 2005, number of informal checks along the entire corridor reduced by at least 50 percent, compared with the first year of the project.<br/>A project progress report is prepared at least once every six months</p> <p>Process Indicators:<br/>By the end of 2004, all the countries along the transport corridor have adopted a common HIV/AIDS strategy for the transport corridor.</p>                       | <p>Ad hoc survey of border areas (at least one)</p> <p>Ad hoc survey of transport sector operations and constraints (at least one)</p> <p>Bi-annual project reports</p> <p>Ad hoc survey in all countries</p> | <p>Top customs officials of the corridor countries take keen interest in reducing time to clear customs formalities.</p> <p>National and local law enforcement authorities along the corridor take responsibility for reducing informal checks.</p> <p>The Executive Secretariat will involve all stakeholders in the discussion of the reports.</p> <p>A common HIV/AIDS strategy leads to better coordination.</p> <p>Trained residents will be</p> |

|   |  |  |   |
|---|--|--|---|
|   | <p>By 2006, train at least 10 residents on either side of the borders along the transport corridor in HIV/AIDS IEC.</p> <p>By 2006, increase by at least 50 percent , compared with first year of the project, the number of trained HIV/AIDS counselors working in voluntary HIV/AIDS counseling and testing centers along the transport corridor.</p> <p>By end of 2004, at least 40 percent of total disbursements will have gone to civil society organizations.</p> <p>By 2005, at least five people from civil society organizations, on either side of the borders, have been trained on financial management.</p> <p>By 2005, at least five people from civil society organizations, on either side of the borders, have been trained on community HIV/AIDS care and support.</p> <p>By 2005, at least two staff of each health facility along the transport corridor, have had training on basic management of PLWHA.</p> | <p>Bi-annual project reports</p> <p>Bi-annual project reports</p> <p>Bi-annual project reports, audit</p> <p>Bi-annual project reports</p> <p>Bi-annual project reports</p> <p>Bi-annual project reports</p> | <p>focal-points for HIV/AIDS IEC among border communities.</p> <p>HIV/AIDS counselor training is tailored to the requirements of the counseling centers along the transport corridor.</p> <p>Disbursements to civil society organizations will be used to provide HIV/AIDS related services at community level.</p> <p>The people trained will strengthen financial management capacity of civil society organizations implementing the project.</p> <p>Training will strengthen civil society organizations in community HIV/AIDS care and support.</p> <p>Trained staff will act as focal-points for HIV/AIDS activities in their respective health facilities.</p> |
| <b>Project Components / Sub-components:</b>                                   | <b>Inputs: (budget for each component)</b>   | <b>Project reports:</b>  | <b>(from Components to Outputs)</b>   |
| 1. HIV/AIDS prevention services for the targeted population.                  | US\$ 9.00 mn   | Project management reports, audit  |   |
| 2. HIV/AIDS treatment, care and support services for the targeted population. | US\$12.00 mn   | Project management reports, audit  |   |
| 3. Project coordination, capacity building and policy development.            | US\$5.00 mn  | Project management reports, audit  |   |

## **AIDE #14 WEBSITES ON HIV/AIDS TOPICS**

Below is a list of useful web sites on HIV/AIDS and transportation. Suggestions for additions should be given to Jocelyne Do Sacramento at [jdosacramento@worldbank.org](mailto:jdosacramento@worldbank.org) or Anil Bhandari at [Abhandari@worldbank.org](mailto:Abhandari@worldbank.org).

[http:// www.unaids.org](http://www.unaids.org)

[http:// www.worldbank.org](http://www.worldbank.org)

[http:// www.worldbank.org/aids.econ](http://www.worldbank.org/aids.econ)

[http:// www.worldbank/wbi/aidsleadership](http://www.worldbank/wbi/aidsleadership)

[http:// www.unicef.org](http://www.unicef.org)

[http:// www.who.org](http://www.who.org)

[http:// www.undp.org/hiv](http://www.undp.org/hiv)

[http:// www.unfpa.org](http://www.unfpa.org)

[http:// www.unesco.org](http://www.unesco.org)

[http:// www.ilo.org](http://www.ilo.org)

[http:// www.undcp.org](http://www.undcp.org)

[http:// www.fao.org](http://www.fao.org)

<http://europa.eu.int>

<http://www.usaid.gov>

[http:// www.cdc.gov](http://www.cdc.gov)

[http:// www.fxb.org](http://www.fxb.org)

[http:// www.psiwash.org](http://www.psiwash.org)

[http:// www.fhi.org/aids/](http://www.fhi.org/aids/)

[http:// www.aegis.com/aegis/news](http://www.aegis.com/aegis/news)

[http:// www.saf aids.org.zw](http://www.saf aids.org.zw)

[http:// www.redcross.org/priorities/hiv.asp](http://www.redcross.org/priorities/hiv.asp)

[http:// www.caps.ucsf.edu/index.html](http://www.caps.ucsf.edu/index.html)

[http:// www.tfgi.com](http://www.tfgi.com)

[http:// www.amref.org/psex.html](http://www.amref.org/psex.html)

[http:// www.transport.gov.za](http://www.transport.gov.za)

[http:// www.onusida-aoc.org](http://www.onusida-aoc.org)

[http:// www.hivnet.ch/gnp](http://www.hivnet.ch/gnp)

[http:// www.aidsinfo.co.za](http://www.aidsinfo.co.za)

[http:// www.care.org/newsroom/specialreports](http://www.care.org/newsroom/specialreports)

Joint UNITED Nations Programme on HIV/AIDS

World Bank

AIDS Economic Home Page

World Bank Institute's AIDS Leadership Program

United Nations Children Fund

World Health Organization

United Nations Development Programme

United Nations Fund Population Activities

United Nations Educational, Scientific and Cultural Organizations

International Labor Organization

United Nations Drug Control Program

United Nations Food and Agriculture Program

European Union

United States Agency for International Development

US Center for Disease Control

Francois Xavier Bagnoud Fondation

Population Services International

Family Health International

AEGIS. AIDS Education Global Information System

Southern Africa AIDS Organization

Red Cross HIV/AIDS Education

Center for AIDS Prevention Studies (CAPS)

The Futures Group International

African Medical Research Foundation

Trucking Against AIDS Project, South African

West Africa Initiative

Global Network on PLWAs

South Africa's Beyond Awareness Campaign

CARE AIDS Information Center