

URBAN NOTES

LOCAL GOVERNMENT RESPONSES TO HIV/AIDS



THE WORLD BANK, WASHINGTON, DC

Urban Note No. UN-1

September 2005

“Mainstreaming HIV/AIDS into Urban/Local Government Projects: A Guidance Note”

Mainstreaming HIV/AIDS into the Urban lending portfolio is essential if we accept HIV/AIDS as a development—rather than purely a health—issue. This is a new subject area for many Task Team Leaders (TTLs), and this note is intended to provide some basic guidance on why, where, when and how to mainstream HIV/AIDS into Bank projects. Additional support and guidance is available to all TTLs who wish to learn more.

1. DETERMINE THE LOCAL RISK

What is the national and urban prevalence of HIV/AIDS? (*Presume that the urban prevalence is higher than the national prevalence*):

- a) If the urban prevalence is above 5%, this is a generalized epidemic—and not addressing HIV/AIDS poses a risk to all project objectives. → **Must act.**
- b) If the urban prevalence is between 1-5%, this is a medium to high-risk situation—and addressing HIV/AIDS can have a valuable impact on preventing the onset of a generalized epidemic. → **Highly recommended to act.**
- c) If the urban prevalence is below 1%, this may be considered a low risk situation—and identifying vulnerable groups and providing some information regarding HIV/AIDS into the project can support low prevalence. → **Not essential but can be effective.**

When asked to ‘mainstream’ HIV/AIDS into our work, there are three inter-related issues to consider:

1. How will the HIV/AIDS epidemic impact the project objectives (short-, medium-, and long-term)?
2. Is there a possibility or likelihood that the project will increase HIV prevalence or impact negatively on activities designed to fight the epidemic?

3. Are there elements in the project that could (with marginal modification or support) contribute positively to the national and local responses to HIV/AIDS?

2. IDENTIFY THE MOST APPROPRIATE APPROACH

Given the above considerations: → ***Does it make sense to do any or some of the following?***

1. Prepare a separate HIV/AIDS project component.
2. Integrate responses to HIV/AIDS into planned project activities within other components (training, capacity building, municipal/district development planning, municipal development grants, research, construction, human resource management).
3. Conduct an awareness raising activity for the project team, including what resources and support are possible from HIV/AIDS projects.
4. Not address HIV/AIDS at this time, but create a place marker for HIV/AIDS component. Preparation can then be financed through project funds during implementation.
5. Not address HIV/AIDS at all.

Things to think about: Does it make sense to have a separate HIV/AIDS Project Component (1) or integrate HIV/AIDS into other components (2)?

- **Stand-Alone:** Small consultancies can be easy to design and supervise—especially when high-quality firms are employed. Requires minimal expertise from team.

Integration: May require more consideration/expertise in design (i.e., designing training modules, developing survey questions, etc.) but in high-risk countries, it is likely to be more responsive to client priorities (i.e., most Ministry of Local Governments, and most CAS, have identified HIV/AIDS as a priority issue; most Local Government Authorities are mandated with some new HIV/AIDS responsibilities).

After selecting the best approach, you will need to **identify available resources:**

- Knowledge resources: examples, TORs from other projects (i.e., impact assessment, consultancy, etc.), Local Government AIDS Handbook, CD-ROM training tool, and partner and consultant database.
- Project staff, consultants (TUDUR advisory support).
- Preparation funds (trust fund allocations, PHRD).
- MAP funds and programs that may be financing complementary activities.
- Grant money on HIV/AIDS for all IDA countries (as per IDA 13).

How much to include in your project?

A percentage of the project? → e.g., .025%
A minimum amount? → e.g., \$200,000

WHAT ARE THE OPTIONS

What types of interventions might an Urban project support?

- **IEC** (information, education and communication) component for local government, public works staff and/or communities.
- Complete **workplace interventions** for local government staff—from information, training, and treatment (e.g., Chad, Cameroon).
- **Analytical work** (e.g., Environmental Impact Assessment, PHRD Impact Assessment (e.g., Nigeria, Senegal)).
- **Capacity building for LGAs** (e.g., Benin, Uganda, Mozambique).
- Budgeting and planning (i.e., raising HIV/AIDS during PRAs, etc.); training modules on HIV/AIDS integrated into LGA

capacity building programs; workplace policy to address implicit (staff time for funerals) and explicit (absenteeism) impact on local government functioning; monitoring and evaluation; and project management.

- **Infrastructure sub-projects:** include a menu option relating to HIV/AIDS (i.e., AIDS orphanage, Voluntary Counselling & Testing center (e.g., Congo)).
- Design of project **M&E** to include HIV/AIDS-related indicators.

How to OPERATIONALIZE

Awareness raising, sensitization and training of trainers (on HIV/AIDS and relevant interventions)

- WB Urban project teams, project management units (for projects—AGETIPE, PCUs, PIUs), training institutes and consultants.

Coordinating internal linkages

- Linking Urban projects with MAP (and/or health) projects
- Linking with IFC and private sector initiatives (when working with large municipal service providers: power, water, etc., and/or private contractors, etc.).

Creating an enabling environment. Project teams wanting to address HIV/AIDS may require:

- Management (Sector Board) support in project reviews. Safe space reviews.
- Supervision/preparation support—either in terms of budget or in terms of committed (and paid for) advisory support.¹
- IDA funds to cover HIV/AIDS activities (could increase portfolio without increasing lending).

For more information, contact Kate Kuper (AFTU1), Sylvie Debomy (AFTU2), or Nina Schuler (TUDUR).

¹ Urban HIV/AIDS Trust Fund (a proposed idea, not yet a reality)—i.e., committed funds that would allow TTLs to have access to variable budget to address HIV/AIDS during project preparation and implementation.