FEDERAL DEMOCRATIC REPUBLIC OF ETHIOPIA



ETHIOPIAN ROADS AUTHORITY

Seven Years Assessment of ERA HIV/AIDS Prevention and Control Activities

Planning and Programming Division Environmental Monitoring and Safety Branch

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ACRONYMS

HIV/ AIDS Human Immuno Virus/Acquired Immune Deficiency

Syndrome

WHO World Health Organization

NACS National HIV/AIDS Council Secretariat

MAP Multicultural HIV/AIDS Project
RSDP Road sector Development Program

ERA Ethiopian Roads Authority

EMSB Environmental Monitoring & Safety Branch

GTZ German Technical Co-operation

TOR Terms of Reference

IEC Information, Education & Communication

BOQ Bill of Quantity

NGOs Non-Government Organisations

IDA International Development Association

ETB Ethiopian Birr

ETC Alemgena Training Centre
PLWHA People Living with HIV/ AIDS
VCT Voluntary Counseling & Testing
STI Sexually Transmitted Infections

FDRE Federal Democratic Republic of Ethiopia
HAPCO HIV/AIDS Prevention & control Office

ARV- Drug Anti- Retroviral Drug
GOs Government Organisations
RRAs Rural Roads Authorities

ISAPSO Integrated Services for AIDS Prevention & Support Organisation

ECTU Ethiopian Confederation Trade Union
OSSA Organisation of Social Services for AIDS

ILO International Labour Organisation

ABC Catch Acronym: Abstinence, Be Faithful, Use Condom

ENARP Ethio - Netherlands' AIDS Research Project IOM International Organisation for Migration

Executive Summary

When AIDS first emerged, no one could have predicted how the epidemic would spread across the world and how many millions of lives it would change. There was no real idea what caused it, and consequently, no real idea how to protect against it. Now, in 2004, we know from bitter experience that the virus HIV causes AIDS, and that it can devastate families, communities and whole continents. It has been seen that the epidemic knock decades off countries' national development widen the gulf between rich and poor nations and push already-stigmatised groups closer to the margins of society.

The overwhelming majority of people with HIV, some 95% of the global total, live in the developing world. According to estimates from the UNAIDS/WHO AIDS Epidemic Update (December 2004), 37.2 million adults and 2.2 million children were living with HIV at the end of 2004. This is more than 50% higher than the figures projected by WHO in 1991 on the basis of the data then available.

Stigma, fear and denial remain, pervasive among the population including those in risk groups. People working in the transport sector are mobile, they spend much time away from their homes and therefore satisfy their sexual needs "on the roads," thus exposing themselves to HIV/AIDS.

ERA has contracted several international companies building roads in Ethiopia, and therefore they can play a major role in prevention and awareness of HIV/AIDS and STIs. Similarly the Ethiopian Roads Authority is one of the organizations whose workers are vulnerable to HIV/AIDS. Because of their working conditions, they are frequently away from their home area for long periods and the social disruption and loneliness resulting from their migration is associated with higher incidence of casual sexual partners. While away from home, loneliness and stress drives many of these migratory laborers to frequent commercial sex workers. Considering this, ERA has recognized the impacts of HIV/AIDS pandemic as a critical issue and attempted to streamline in all its regular activities at its workplaces.

Trends in ERA's HIV/AIDS Prevention and Control Program

Institutional Set - up: Establishment of Environmental Management Branch

The Ethiopian Roads Authority has prepared a Road Sector Development Program (RSDP) in 1996, which outlined the sector development until 2007. Considering the sustainability of the program, ERA had undertaken Strategic Environment Assessment (SEA) for Road Sector.

To better address the environmental issues in RSDP, an Environmental Management Branch was established according to the new organisational structure of ERA in 1998. The Branch was placed under Planning and Programming Division of Engineering and Regulatory Department and one of the main tasks of the Branch is ensuring the incorporation of environmental factors in the factors sector program.

HIV/AIDS is not a medical issues rather a social issue, which is part of the social environment and the prevention & control activities of the epidemic has been treated by the Bank since its establishment. ERA, together with few road financiers, and local institutions, has done different HIV/AIDS prevention and control activities after the establishment of the Branch

The following are activities undertaken after the establishment of the Branch.

(a) The Drafting of ERA - HIV/AIDS Control and Prevention Strategy in 2001 is in comply with the Government's HIV/AIDS Prevention and Control Policy, which calls for an integrated effort of Multi - Sectoral response to control the pandemic. The Ethiopian Roads Authority (ERA) has taken the initiative in 2001 to develop and implement an HIV/AIDS control and prevention activities within the road sector development.

The Branch has been putting much effort and various activities have been done to implement the HIV/AIDS prevention and control program. In order to implement HIV/AIDS prevention and control activity at ERA, two project co-ordinators were recruited, with the decision made on May 22, 2002 by the Task Force. The following are activities performed by the ERA HIV/AIDS Prevention and Control Program between year 2002 to 2004 by the unit.

Number of top Management Personnel were participated in advocacy and awareness workshops organised times for Head Office, District Offices, Own Force projects and Training Centres. Similarly during the course of the two years program, about 9,931 males and 1,559 females a total of 11,490 workers have been participated in awareness raising workshop organised at contract projects.

Workplace Anti-AIDS Committees and Peer educators were established in the Head Office, Own Force Projects, District Offices, and Training Centres and women Anti-AIDS Committee in the head office.

Significant number of Anti-AIDS Committee and Peer Educators members were trained for weeks and even longer. In order to establish voluntary counseling and testing center in the Medical Branch of ERA, the purchasing of equipment and laboratory reagents was started and necessary follow-up has been done to commence the service.

Locally available condoms have been purchased continually and distributed to all workplaces and number IEC materials including brochures/posters were also distributed in IDA financed road projects. Female condoms were demonstrated in different working areas.

The following are some of the key outputs of the HIV/AIDS prevention and control efforts

- In order to address the issues of HIV/AIDS in the road construction projects, it was believed that every contract projects should include a social scientist/sociologist in the supervision consultant staff to fully handle HIV/AIDS and other social issues during the implementation of the road construction. The different activities of HIV/AIDS are now included in the Bill of Quantity (BOQ) and their implementation during construction will be smooth and effective,
- ERA Management in its annual meeting has discussed in detail as how to support PLWHA in the Authority and fully agreed to contribute regularly. Accordingly, ERA workers have decided and started to contribute one percent (1%) of their monthly salary for one year starting from December 2004 and help purchasing Anti-Retroviral Drugs for workers living with HIV/AIDS in the authority at different districts and sections. This was as a start-up or "Seed Fund" just to start the use of ARV Drug for people living with HIV/AIDS that will in the long run be complemented by other sources.

For the different activities of the prevention and control program, nearly 729,098.00 ETB has been utilised.

Policy Issues: ERA has prepared sector specific HIV/AIDS Policy in 2004 in order to arrest the progress of HIV/AIDS in the workplaces of the Ethiopian Roads Authority, decisive efforts in the areas of prevention, care and support have been initiated among the ERA staff.

ERA start-up of ARV Drug for Its Workers: Top ERA Head Office Management members have agreed to do all efforts to safe the lives of thousand of ERA workers and the decision was brought into a big audience where all Head Office workers were gathered for the celebration of "World AIDS Day" December 1, 2004. It was this time that all ERA workers agreed to contribute 1% of their monthly salary for the purchase ARV drug.

Understanding the current fast spreading of the pandemic in the county, the Branch is now ensuring the inclusion of costs for the activity in the project costs. Therefore, with the existing understanding, ERA will keep up doing the following activities;

- Including costs for the control and prevention of the pandemic in the project cost that allows the contractors to implement the activities.
- Employment of a sociologist in the construction supervision staff that can supervise and assist the implementation of environmental impact mitigation

- measures including HIV/AIDS prevention and control activities during construction phase.
- together with all departments affiliated organisations strengthen the control works at workplaces and roadside communities,
- closely follow-up the implementation of the prevention and control program.

1. Introduction

When AIDS first emerged, no one could have predicted how the epidemic would spread across the world and how many millions of lives it would change. There was no real idea what caused it and consequently, no real idea how to protect against it.

Now, in 2004, we know from bitter experience that the virus HIV causes AIDS, and that it can devastate families, communities and whole continents. It has been seen that the epidemic knock decades off countries' national development widen the gulf between rich and poor nations and push already-stigmatised groups closer to the margins of society.

The overwhelming majority of people with HIV, some 95% of the global total, live in the developing world. The proportion is set to grow even further as infection rates continue to rise in countries where poverty, poor health care systems and limited resources for prevention and care fuel the spread of the virus.

According to estimates from the UNAIDS/WHO AIDS Epidemic Update (December 2004), 37.2 million adults and 2.2 million children were living with HIV at the end of 2004. This is more than 50% higher than the figures projected by WHO in 1991 on the basis of the data then available.

During 2004, some 4.9 million people became infected with the human immuno deficiency virus (HIV), which causes AIDS. The year also saw 3.1 million deaths from AIDS - a high global total, despite anti retroviral (ARV) therapy, which reduced AIDS-related deaths in the richer countries. Deaths among those already infected will continue to increase for some years even if prevention programmes manage to cut the number of new infections to zero. However, with the HIV-positive population still expanding the annual number of AIDS deaths can be expected to increase for many years, unless more effective provision of ARV medication begins to slow the death rate.

The WHO and the UNAIDS estimate that 1.6 million of the Ethiopian population is HIV/AIDS positive. However, it was in June 2000 that government of Ethiopia established a National HIV/AIDS Council Secretariat (NACS) for HIV/AIDS awareness and prevention Program.

The World Bank's Multi-Sectoral HIV/AIDS Project (MAP) for Ethiopia (effective January 2001) concludes that investing adequately in combating HIV/AIDS in Ethiopia is virtually a precondition for all other development investments to succeed. ABC is the catch-acronym of the Ethiopian HIV/AIDS awareness and prevention campaign, it stands for Abstinence, Be Faithful and Condoms (ABC) I and that order expresses the hierarchy of actions to be taken. Yet in line with international findings and which are confirmed by the Ethio-Netherlands' AIDS Research Project (ENARP 1998), sexual

behavior has remained pervasive in Ethiopia, despite a progressive increase in HIV/AIDS information to the public.

2. Rationale

Stigma, fear and denial remain, pervasive among the population including those in risk groups. Findings of international studies of HIV/AIDS in work places indicate that the transport sector is a breeding ground for HIV/AIDS and a vehicle of the pandemic. The reason for this situation is simple. People working in the transport sector are mobile, they spend much time away from their homes and therefore satisfy their sexual needs "on the roads," thus exposing themselves to HIV/AIDS.

While long-distance truck drivers in Ethiopia and elsewhere have been singled out as the highest risk group in the transport sector and received due attention, little has been done at the overall sectoral level. Against this background, the Ethiopian Roads Authority, together with the World Bank's project team for the Road Sector Development Project (RSDP) initiated the elaboration of a sectoral strategy to address the HIV/AIDS challenges of the road sector in Ethiopia.

It is worth noting that, currently, ERA has contracted several international companies building roads in Ethiopia, and therefore they can play a major role in prevention and awareness of HIV/AIDS and STIs. Similarly the Ethiopian Roads Authority is one of the organizations whose workers are vulnerable to HIV/AIDS. Because of their working conditions, they are frequently away from their home area for long periods and the social disruption and loneliness resulting from their migration is associated with higher incidence of casual sexual partners. While away from home, loneliness and stress drives many of these migratory laborers to frequent commercial sex workers. Considering this, ERA has recognized the impacts of HIV/AIDS pandemic as a critical issue and attempted to mainstream in all its regular activities.

Consequently, the authority has incorporated HIV/AIDS Prevention and Control tasks under the Environmental Monitoring and Safety Branch of the Planning and Programming Division and these days the impacts of HIV/AIDS pandemic are considered as major impacts of road construction activities.

3. Objectives

The objectives of the assessment of the ERA's HIV/AIDS prevention and control program are;

- to compile, organise and collect detail information on the activities that have been done by ERA's HIV/AIDS prevention and control program by different actors under ERA that will be stored as database;
- the report will be presented on the Mid Term Review of RSDP II
 Conference in April 2005 and let know international donors and other
 stakeholders the different activities of HIV/AIDS prevention and control
 Program ERA has been undertaking in executing road sector development
 program.

4. Global and Regional Situations of HIV/AIDS Pandemic

4.1. Global Distribution

AIDS is an extraordinary kind of crisis and it is both an emergency and a long-term development issue. Despite increased funding, political commitment and progress in expanding access to HIV treatment, the AIDS epidemic continues to outpace the global response. No region of the world has been spared. The epidemic remains extremely dynamic, growing and changing character as the virus exploits new opportunities for transmission.

In 2003, almost five million people became newly infected with HIV, the greatest number in any one-year since the beginning of the epidemic. At the global level, the number of people living with HIV continues to grow - from 35 million in 2001 to 38 million in 2003. In the same year, almost three million were died due to AIDS; over 20 million have died since the first cases of AIDS were identified in 1981.

The epidemic varies in scale or impact within regions; some countries are more affected than others, and within countries there are usually wide variations in infection levels between different provinces, states or villages. The latest statistics on the world epidemic of HIV/AIDS were published by UNAIDS/WHO in December 2004. Table 1 and 3 gives the latest AIDS and HIV statistics for the whole world and for regions

Table 1: World estimates of the HIV & AIDS Epidemics at the end of 2004

		Estimate (Million)	Range(Million)
Number of people living	Total	39.4	35.9 - 44.3
with HIV/AIDS	Adults	37.2	33.8 - 41.7
	Women	17.6	16.3 - 19.5
	Children < 15	2.2	2.0 - 2.6
		Estimate(Million)	Range(Million)
People newly infected	Total	4.9	4.3 - 6.4
with HIV in 2004	Adults	4.3	3.7 - 5.7
	Children < 15	0.64	0.57 - 0.75

		Estimate(Million)	Range(Million)
	Total	3.1	2.8 - 3.5
AIDS deaths in 2004	Adults	2.6	2.3 - 2.9
	Children < 15	0.51	0.46 - 0.60

Source: UNAIDS/WHO, December 2004

4.2. Regional and National Distribution

4.2.1. Regional Distribution

The area in Africa south of the Sahara desert, Sub-Saharan Africa, is by far the worst affected in the world by the AIDS epidemic. The region has just over 10% of the world's population, but is home to over 60% of all people living with HIV. In 2003, an estimated three million people became newly infected and 2.2 million died (75% of the three million AIDS deaths globally that year) and an estimated 3.1 million adults and children became infected with HIV during the year 2004. This brought the total number of people living with HIV/AIDS in the region to 25.4 million by the end of the year.

For the moment, HIV prevalence continues to rise because there are still more newly infected individuals joining the people of living with HIV every year than there are people leaving it through death. HIV prevalence varies considerably across the continent - ranging from less than 1% in Mauritania to almost 40% in Botswana and Swaziland.

There is no such thing as the 'African' epidemic; there is tremendous diversity across the continent in the levels and trends of HIV infection. In six countries, adult HIV prevalence is below 2%, while in six other countries it is over 20%. In southern Africa all seven countries have prevalence rates above 17% with Botswana and Swaziland having prevalence above 35%. In West Africa, HIV prevalence is much lower with no country having a prevalence above 10% and most having prevalence between one and five percent. Adult prevalence in countries in Central and East Africa falls somewhere between these two groups, ranging from 4% to 13%.

Many countries in sub-Saharan Africa have failed to bring the epidemic under control. Nearly two-thirds of the world's HIV-positive people live in sub-Saharan Africa, although this region contains little more than 10% of the world's population. There is a significant risk that some countries will be locked in a vicious circle as the number of people falling ill and subsequently dying from AIDS has a tremendous impact on many parts of African society, including demographic, household, health sector, educational,

workplaces and economic aspects. The following table shows the global summary of the AIDS pandemic and the distribution of the pandemic in sub-Saharan countries.

Table 2: The Distribution of the Epidemic Globally and Regionally.

			Global Dissipation			
No	Affected Group	Sub-Saharan	Percentage	Global Total		
		African (million)	(%)	(Million)		
1	Adult & children Living	25.4	64.5	39.4		
	with HIV/AIDS					
2	Adult & children newly	3.1	63	4.9		
	infected					
3	Death of Adult & children	2.3	74	3.1		
4	Orphaned children alive at	12.3	82	15		
	the and of 2003					

Source: UNAIDS/WHO, December 2004

Table 3: Regional statistics for HIV & AIDS end of 2004

	Adults &	Adults &	Adults &	Deaths of
	children	children	Infection Rate	Adults &
Region	Living with	Newly	(%)	Children
	HIV/AIDS	Infected		(mln)
	(mln)			
Sub - Saharan Africa	25.4	3.1	7.4	2.3
East Asia	1.1	0.29	0.1	0.051
South and South - East	7.1	0.89	0.6	0.49
Asia				
Oceania	0.035	0.005	0.2	0.0007
Eastern Europe &	1.4	0.21	0.8	0.060
Central Asia				
Western & Central	0.61	0.021	0.3	0.0065
Europe				
North Africa & Middle	0.54	0.092	0.3	0.028
East				
North America	1.0	0.044	0.6	0.016
Caribbean	0.44	0.053	2.3	0.036
Latin America	1.7	0.24	0.6	0.095
Global Total	39.4	4.9	1.1	3.1

Source: UNAIDS/WHO, December 2004

4.2.2. National Distribution: Estimates and Projections

The following section reports the EPP and SPECTRUM- based estimates and projections on adjusted NSS results.

The present computer model using previous and present raw NSS data estimates the national adult HIV prevalence in 2003 to be 4.4%, of which 12.6% is urban and 2.6% rural. The trend of the HIV epidemic from 1982 till 2003 suggests three key points. That is, a continuous gradual rise in national prevalence (3.2% for 1995, 4.1% for 2001, 4.2% for 2002, and 4.4% for 2003): urban epidemics that have peaked and plateau at high prevalence levels and a very gradual but steady rise in HIV prevalence in rural Ethiopia.

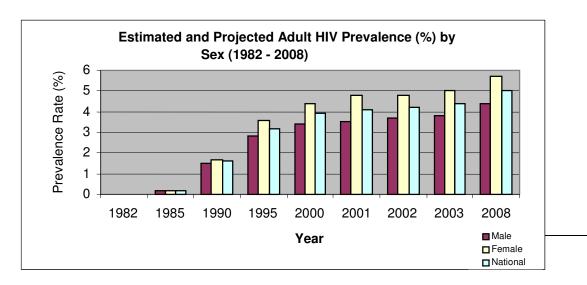
Table 3: Estimated and projected adult HIV prevalence (%) by sex and setting Selected years. 1982-2008

	198 2	1985	1990	1995	2000	2001	2002	2003	2008
Nationa									
1	0.0	0.2	1.6	3.2	3.9	4.1	4.2	4.4	5.0
Male	0.0	0.2	1.5	2.8	3.4	3.5	3.7	3.8	4.4
Female	0.0	0.2	1.7	3.6	4.4	4.8	4.8	5.0	5.7
Urban	0.0	0.7	7.0	13.4	13.8	12.8	12.7	12.6	12.6
Rural	0.0	0.1	0.3	0.8	1.9	2.1	2.4	2.6	3.4

Source: MoH, 2004

The 2003 HIV prevalence is higher among women (5.0%) than men (3,8%), and is higher in the urban (12.6%) than in rural population (2.6%), and nationally (4.4%). The 2003 estimate of PLWHA is 1.5 million, including 96,000 children. Younger females who are living with HIV/AIDS outnumber males, while more males are observed in older age groups (30+ years).

There were also, 197,000 new infections, 98,000 new AIDS cases, and 90,000 AIDS deaths in the adult population in 2003. A total of 128,000 HIV- positive pregnancies and an estimated 35,000 HIV- positive births occurred. Among children aged 0-14 years, there were 35,000 new HIV infections, 25,000 new AIDS cases and 25,000 AIDS death. A total of 4.6 million children under 17 in the country are estimated to be orphans for different reasons, of which 537,000 were due to AIDS. The following figures indicate the Estimated and Projected adult HIV prevalence (%) by sex (1982-2008)



6

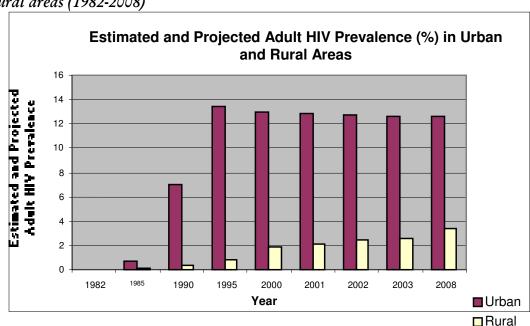


Fig. 1: Estimated and projected adult HIV prevalence (%) by sex and in Urban and Rural areas (1982-2008)

Fig. 2: Estimated and projected adult HIV Prevalence (%) in Urban and Rural areas (1982-2008)

One can simply see from the above graphs that the prevalence rate is getting higher and higher from time to time in sexes while relatively constant its distribution both in urban and rural areas.

5. Legal, Policy and Administrative Framework

5.1. Policies

5.1.1. Policy on HIV/AIDS of FDRE, 1998

Currently, HIV/AIDS has already infected many Ethiopians and the prevalence rate has been estimated to be high and this puts the country among the group with highest levels of infection in Africa. Most of those infected already are unaware of their status and so represent a pool capable of transmitting the virus to new uninfected individuals. Sooner or later all those infected will eventually develop AIDS and die as the result.

AIDS will have a large social, psychological, demographic, and economic impact on both the individuals and societies. In response to this pressing need the Ethiopian government has established a National HIV/AIDS control programme since 1987 under the Ministry of Health. Several intervention activities have been undertaken by Governmental, NGOs and other partners, but were not guided by a national Policy.

Accordingly, the issuance of HIV/ AIDS policy which is part and parcel of the overall health policy should be given high priority in order to direct the various efforts in mitigating the impact of AIDS in Ethiopia.

Therefore, realising the fact that HIV/AIDS is not only a health problem but also a development. This development problem will affect, awaring of the need for women, including women living with HIV/ AIDS to have access to information and services regarding HIV/AIDS and FP that help them to make reproductive choices and decisions.

Cognizant of the human rights of people living with HIV/AIDS, and recognizing the catastrophic impact the epidemic will result across generations unless it is checked in time. The FDRE hereby demonstrate its commitment to the prevention and control of HIV/AIDS and has issued the national policy on HIV/AIDS.

Generally, the overall objective of the policy is to provide an enabling environment for the prevention and control of HIV AIDS in the country. The specific objectives of the policy are:

- To establish effective HIV / AIDS preventive and control strategies in order to curb the spread of the epidemic.
- To promote a broad multi- sectoral response to HIV/ AIDS epidemic, coordination of the activities of different sectors and the mobilization of resources for the control of the epidemic.
- To encourage government sectors, non- governmental organization private sectors and communities to take measures in order to alleviate the social and economic impact of HIV/AIDS.

The following are the general strategies of the Policy for implementation

1. Information, Education and Communication (IEC)

Provision of IEC to all government sectoral ministries and institutions, non-government organization, mass organisations, religious groups, professional, associations and the community at large shall be given so that they can provide adequate attention to the problems of HIV/AIDS and fully participate in the prevention of HIV/AIDS. The Ministry of Health is therefore mandated to set-up and co-ordinate this multi-sectoral approach to respond effectively to the challenges of the epidemic

2. STD Prevention and Control

Comprehensive management of STD patients shall include risk reduction education and counselling of patients: education of treatment compliance, condom instruction, distribution notification and treatment of partners. The quality of STD services provided by private and public sector health care workers will be improved through training, development and promotion of standardised treatment guidelines and ensuring the availability of effective STD drugs. IEC services shall be provided to raise awareness and to promote appropriate STD care seeking behaviour.

3. HIV Testing and Screening,

Testing and screening shall be voluntary and shall be encouraged along with counselling services. No Person shall be forced to undergo mandatory HIV screening test for job recruitment purpose unless the nature of the occupation (pilots - civil aviation and air force) requires it to do so. Thiese efforts shall be made to prevent the further spread of HIV through easy access to tests and appropriate counselling services for women of child Bering age and their partners/ spouses. Health care workers in all health care settings shall be trained and be given the necessary support to adhere to universal sterilization and disinfections precautions. Appropriate measures shall be taken to stop HIV transmission by illegal injectors and harmful traditional practices.

5. HIV/AIDS Surveillance, Notification and reporting: Surveillance and counseling services shall be strengthened and expanded at all levels and PLWHAs shall be encouraged through repeated counselling to accept the need for notifying his/her serostatus to others (spouse, friends, family).

6. Medical Care and Psychosocial Support

Government institutions non- government organizations, religious organizations, -bilateral & multilateral agencies, private sectors, community based institutions and the community at large shall be mobilized to support people living with HIV/AIDS and affected family members. Special attention shall be given to people who are abandoned and helpless. Efforts shall be made to create self-supportive and income-generating opportunities for people living with HIV/ AIDS as need arise.

7. Research and Development

Support and encouragement shall be given to all researches and studies conducted in areas of preventive, curative and rehabilitative concerns related to HIV/AIDS.

8. HIV/AIDS and Human Rights

The right of HIV/AIDS individuals for access to employment and associated privileges educational and/or training facilities, public facilities such as places of entertainment public eating and drinking places sporting facilities etc. shall be ensured. People living with HIV/AIDS shall have the right to live wherever they want to and shall not be subjected to any forms of restrictions. Children living with HIV/AIDS shall be safeguarded against any form of discrimination and stigmatization.

9. Regional & International Relations

Regional and international relations that will facilitate the implementation of the policy shall be established and strengthened. Relevant laws and guideline shall be instituted to enforce the policy implementation. MOH shall prepare a country wide HIV/AIDS prevention and control program taking into account the resource implications on which base the government shall allocate budgetary subsidy, The government shall also facilitate the mobilization of resources from international and donor communities to effectively respond to challenges of the epidemic.

5.1.2. ERA Work place HIV/AIDS Policy, June 2004

As mentioned above, ERA has tried to collect the current status of HIV/AIDS pandemic in the workplaces. With this information ERA has prepared a sectoral policy on the prevention and control of HIV/AIDS in the workplaces.

The following are summary of the Policy

- Transport is one of the most HIV/AIDS vulnerable sectors in the formal economy and the Ethiopian Roads Authority (ERA) is part of that sector. The ERA is characterised by a large (more than 12000 employees) and highly mobile workforce found all over the country to cover various transport needs through its contribution in providing a better (quality and quantity) road network. While conducting their assignments in remote areas from home, the employees of the Organization are socially fragile and easily exposed to the HIV/AIDS pandemic.
- To arrest the progress of HIV/AIDS in the workplaces of the Ethiopian Roads Authority, decisive efforts in the areas of prevention, care and support have been initiated among the ERA staff, for the benefits of their health, wealth and their families. However, in order to substantiate the efforts efficiently and effectively, the formulation of a policy instrument is mandatory to strengthen operational interventions in an organisation such as the ERA.

As it is well known, that a healthy workforce is a critical input to the success of an organisation and it is on the basis of this conviction that this policy is designed. Therefore this Policy would assist in strengthening a conducive environment that will contribute to having an ERA workforce free of HIV/AIDS.

One of the vulnerable sectors is the transport sector to which the Ethiopian Roads Authority (ERA) belongs. The transport sector can play a critical role to halt the spread of the pandemic. To achieve this, the sector requires: Leadership commitment, formulation of a core senior management response (management responsibility), planning an internal impact assessment, planning an external impact assessment for ERA, and listing responses (analysing the response)

In establishing its sector specific HIV/AIDS Policy, the ERA through its HIV/AIDS Task Force (TF) and co-ordinators, would co-ordinate and work closely with key institutions and stakeholders. The ERA works in collaboration with the National HIV/AIDS Prevention and Control Office, donors, non-Governmental Organizations (NGOs), private sector representatives; and other concerned bodies.

The external assessment includes the identification of those social groups at particular risk including truckers, bus drivers, frequently travelling staff, communities along the road corridors and those in the vicinity of major transport nodes.

The definition of the response of the Authority to the Prevention and Control of the further spread of the pandemic would include:

- Reducing the risk of HIV/AIDS infection through increasing awareness, decreasing the number of sexual partners and increasing use of prevention materials like condoms;
- Increasing the reach of the prevention efforts to highly mobile employees by providing a platform for communications;
- Monitoring and assessing the impacts on the transportation sector plan for the future; and
- Seeking support from other key stakeholders focusing on education, condom distribution, diagnosis and the treatment of opportunistic infections associated with AIDS.

(a) Objective

The HIV/AIDS and Sexually Transmitted Infections (STIs) policy is important because it is central to developing and implementing an effective workplace programme.

The policy seeks to

- provide a framework of action when dealing with HIV/AIDS,
- prepare the Authority to face the presence of HIV infection and AIDS,
- define the Authority's position and practices in relation to employees with HIV/AIDS and STIs and how the Authority seeks the prevention of the spread of HIV,
- demonstrate the Authority's concern and commitment to taking active steps to manage the HIV/AIDS pandemic,
- create awareness among employees on the relationship between STIs including their infectious nature and the spread of HIV/AIDS,
- promote effective ways of managing HIV/AIDS in the workplace and to create a balance between the rights and responsibilities of all parties,
- enhance the conditions of those infected with the disease by creating a supportive environment for them to continue working productively under

- normal conditions and in their current employment for as long as they are medically fit to do so,
- eliminate all forms of discrimination in the workplace based on HIV status and to further promote equality between those who are infected and those who are not infected,
- and strive for effective collaboration in the fight against HIV/AIDS between communities from which the Authority draws its employees including surrounding communities.

(b) Legal Framework

The Policy operates within the legal framework created by the Labour Proclamation No. 377/2003, the Ethiopian Civil Code and HIV/AIDS National Policy Statement. The following sections are summaries of the relevant national policy and legislation of the country.

The Constitution of the FDRE gives every person the inviolable and inalienable right to life, the security of person and liberty. Furthermore everyone is entitled to his/her privacy and freedom. Public Officials shall respect and protect these rights.

According to the Labour Proclamation No. 377/2003, no person may unfairly discriminate, directly or indirectly against an employee or applicant for employment, in any employment or practice. No employee or applicant for employment may be required by their employer to undergo an HIV test in order to ascertain their status. The labour Proclamation regulates the relationship between employers and employee. It prohibits unfair discrimination and protects employees against arbitrary dismissals. This act protects employees from being dismissed simply because they are HIV positive and from being discriminated against with regard to employee benefits, staff training and other work related opportunities. The employer must ensure that universal precautions are adhered to all time and that every person is treated as a potential carrier.

The Policy on HIV/AIDS of the FDRE Government Institutions, Non-Government Organizations, religious organizations bilateral and multilateral agencies, and private sectors, community based Institutions and the community at large shall be mobilised to support people living with HIV/AIDS and affected family members. Special attention shall be given to people who are abandoned and helpless. The right of HIV/AIDS infected individuals for confidentially in HIV serologic testing and diagnosis shall be respected. Furthermore, access to employment, education, public facilities and the right to live wherever they want shall be respected.

As per the Collective Agreement between Ethiopian Roads Authority and the Union of June, 2000, the Authority is obliged to provide as far as reasonably practicable and a safe working environment. Any injury sustained by a worker while carrying out the Authority orders, even away from the work place or outside his normal hours of work,

the Authority shall have the obligation to cover the medical expense and pay full salary until the employee is cured from the injury.

The Authority is also obliged to give free medical treatment within the Organization Clinic and covers an insurance of Birr 1500 annually for medical treatment which is not related to work place.

(c) The Policy Principles

The Authority affirms that:

- (a) Employees living with HIV/AIDS have the same rights and obligations as all other employees;
- (b) Employees with HIV/AIDS must not be discriminated on the basis of their medical status and must be protected against such discrimination; & stigmatization;
- (c) HIV status must not constitute a reason to preclude any person from employment;
- (d) Employees must not be required to undergo HIV testing. Testing can however be arranged at the request of the employee/s through referrals;
- (e) No employee must be required or obliged to disclose their HIV status. This will be done on a voluntary basis and with informed consent of the employee involved;
- (f) Confidentiality regarding the HIV status of any employee must be maintained at all times. To reveal the HIV/AIDS status of another employee without their consent must lead to disciplinary action.

(d) Conditions of Service

The Authority acknowledges that fears of employees to work together with infected employees are due to limited knowledge of the disease and the way in which it is transmitted. The Authority is therefore committed to provide the necessary HIV/AIDS Information Education Communication (IEC)/Behaviour Change Communication (BCC) to employees in the form of counselling and other awareness programmes.

No person may unfairly discriminate against any employee or applicant for employment in the Authority on any arbitrary ground, including his/her HIV status. No person may be unfairly treated within the employment relationship or within any policy or practice of the Authority.

Infected employees must have equal access to all employee benefits in the Authority. From the employment and equity perspectives and in keeping with the constitutional prohibition of unfair discrimination on grounds of disability the Authority must ensure

that HIV and AIDS are treated in all relevant respects like other comparable lifethreatening conditions.

No employee must be required to undergo HIV testing, unless legislation changes determine such testing to be justifiable. The Authority will however promote access to VCT through referrals.

Employees with HIV/AIDS must be governed without discrimination by existing sick leave procedures as contained in the labour proclamation No. 377/2003 and the collective agreement between the Ethiopian Roads Authority and the Union of June 2000.

(e) Implementation and Co-ordination

The ERA Task Force is responsible and accountable for all HIV/AIDS Programmes in the Authority. The Authority's Environmental Monitoring and Safety Branch through the HIV/AIDS Programme Co-ordinators is responsible for co-ordinating, implementing, monitoring and evaluating the policy provisions.

Their responsibilities will be to:

- Ensure that all employees are informed of the policy provisions;
- Advise management regarding programme implementation and progress;
- Provide information on support and counselling to infected and affected employees;
- Create a supportive and non-discriminatory working environment;
- Ensure the availability and accessibility of personal protective equipment to employees;
- Implement, monitor and evaluate the Authority's HIV/AIDS programmes;
- Liaise with other organisations engaged in similar efforts including the National HIV/AIDS Prevention and Control Office (HAPCO); and
- To implement awareness raising programmes on a continuous basis based on information relating to the pandemic, its transmission and prevention.

5.2. A Proclamation on the Establishment of the National HIV/AIDS Prevention & Control Council and Office (No276/2002)

5.2.1. General

HIV/AIDS is a communicable disease, which is spreading at an alarming rate in Ethiopia. In addition to the suffering and death it may cause to individuals, the epidemic has serious impact on the complex socio- economic development of country. Unless contained through the concerted multifaceted prevention & control campaign based on popular participation, it will cause a health and socio- economic crisis that is extremely disastrous.

In order to contain the spread of HIV/AIDS, it has become necessary to establish a national body, that involves various governmental & NGO as wall as various sectors of the society, and an autonomous government executive organ. It is with this objective and in accordance with Article 55 (1) of the constitution of FDRE that the proclamation was issued.

This proclamation was entered into force as of 11 June 2002. The objectives of the council are to;

- mobilize concerned bodies to give greater attention to the problem & encourage them to enhance the society's level of awareness about HIV/AIDS,
- Create condition whereby a nation-wide prevention and control activity is carried out, provide with necessary support & assistance in protesting themselves against disease.
- to create conducive environment whereby people living with HIV/AIDS & orphans obtain health, psychology, counselling services and ensure the fuel protection of their rights,
- mobilize local and external resources for implementing programs.
- etc

The HIV/AIDS Prevention & Control Office was established as an autonomous federal government organ having its own legal personality and it is accountable to the Prime Minister's Office.

The objective, power and duties of the Office are to:

- Co-ordinate & direct the implementation of the country's HIV/AIDS policy.
- to co-ordinate the activities of federal and regional government organs & NGOS engaged in HIV/AIDS prevention control activities & facilitate conditions for integration.
- Organize local & international meetings and workshops for enhancing the awareness of the society about HIV AIDS,
- Collect & complete information on the general situation of HIV/AIDS in the country & disseminate the same.
- Ensure effective utilization of money secured in donation
- Serves as the secretariat. of the council.

Board of Management heads the Office and the Board has the following powers & duties.

- Provide guidance & supervision to ensure the co-ordinated implementation of programs,
- decide on issues requiring guidance in connection with the implementation of programs,
- approve the budget & report of the Office to be submitted the government

In order to undertake its regular work/activity, the government allocates operational budget to the Office. The proclamation inductees the duty to cooperate with the Office. Concerned federal Regional government organs & NGOS should have to have duty to cooperate with the Office.

6. HIV/AIDS Prevention and Control Program in ERA

6.1 Institutional Set - up

6.1.1 Establishment of Environmental Management Branch

The Ethiopian Roads Authority prepared a Road Sector Development Program (RSDP) in 1996, which outlined the sector development until 2007. The Economic Reform Program which is based on Agricultural Development Led- Industrialization (ADLI) Strategy of the government was the background for the for the formulation of the program.

In recognizing the critical state of the transport sector creating serious problems for the economic development of the country, ERA has launched a sectoral program for developing the national road network (RSDP).

Considering the sustainability of the program, ERA had undertaken Strategic Environment Assessment (SEA) for Road Sector, with the objective to ensure that incountry capacity, regulatory framework, principles & procedures are established and will serve as the basis for environmental assessment of all future road construction to be carried out under the RSDP.

In order to adequately address the environmental impacts of the road projects under the RSDP, meeting national requirements, both ERA and the Regional agencies had to strengthen their capacity to carry out environment assessment from project planning to implementation. In order to better address environmental factors/issues in RSDP, the new organizational structure of ERA, an Environmental Management Branch was included, and it was expected to be responsible for carrying out EIA of road sectors and ensuring the incorporation of environmental factors fin the implementation of RSDP.

The Branch was placed under Planning and Programming Division of Engineering and Regulatory Department. One of the main tasks of the Branch is ensuring the incorporation of environmental factors in the factors sector program. The Branch has been dealing with social impacts of road projects, of which the control and prevention program of HIV/AIDS was among the main and critical issues.

HIV/AIDS is not a medical issues; rather a social issue, which is part of the social environment and the prevention & control of the epidemic has been treated by the

Bank's Supervision Team since its establishment. ERA, together with few road financiers, and local institutions, has done different HIV/AIDS prevention and control activities after the establishment of the Branch

The following are activities undertaken after the establishment of the Branch.

6.1.1.1. The Drafting of ERA - HIV/AIDS Control and Prevention Strategy

In comply with the Government's HIV/AIDS Prevention and Control Policy, the Ethiopian Roads Authority (ERA) has taken the initiative in 2001 to develop and implement an HIV/AIDS control and prevention activities within the road sector development.

The Ethiopian Government's HIV/AIDS Policy urges communities at large, including government ministries and organisations to assume responsibility for carrying out HIV/AIDS awareness and prevention campaigns. In line with this policy, ERA has taken the initiative to develop and implement an HIV/AIDS awareness and prevention strategy for the road sector.

Accordingly, a Strategy on ERA - HIV/AIDS Prevention and Awareness was drafted first in August 2000 and the final strategy was approved in January 2001.

The overall objective of the strategy was to contribute to reducing HIV/AIDS incidents in the transport sector, which will not only contribute to strengthening national efforts to halt the epidemic but also support international initiatives to stop the spread of the pandemic.

The operational objective is to develop and implement an HIV/AIDS awareness and prevention strategy for workers of ERA and other contractors in order to raise awareness among workers about the risks of HIV/AIDS thereby minimise the transmission or spreading of HIV/AIDS by through provision of condoms, and disseminate information and access to counselling services and testing for HIV/AIDS.

6.1.1.2. Establishment of ERA Task Force on HIV/AIDS Prevention and Control

At ERA Head Office, a Taskforce on HIV/AIDS Prevention and Control was established based on a letter of delegation sent to ERA from the Office of Prime Minister's, HIV/AIDS Prevention and Control Secretariat in November 2000. Similarly, the General Manager of ERA wrote a letter to all districts and project managers to establish HIV/AIDS Prevention and Control Taskforce at their respective workplaces.

Since the road sector is one of the vulnerable sectors in the spread of Sexual Transmitted Infections including the HIV/AIDS pandemic, the Ethiopian Roads Authority has

established a Task Force to Prevent and Control HIV/AIDS at headquarter, districts, training centers, contract projects, sections, and projects.

6.1.1.3. Activities Performed by Different Actors

(i) ERA HIV/AIDS Prevention and Control Task Force

In ERA, initially HIV/AIDS prevention and control program activity was started with the establishment of HIV/AIDS Prevention and Control Taskforce. It was after the establishment of Task Force that different activities have been done in ERA.

Accordingly, after its establishment, the Task Force has undertaken and accomplished different activities together with different affiliated organizations to raise the awareness level of ERA workers and the activities include:

- After the establishment of the Task force, a proposal with a total cost breakdown
 of 10 million Birr budget was prepared and submitted to the Multi sectoral
 HIV/AIDS Project. The then National AIDS Council Secretariat (NAC)
 approved 3.415 million Birr for the implementation of HIV/AIDS Prevention
 and Control activities at ERA workplaces for two years.
- Having understood the impacts of HIV/AIDS in road sector and the importance
 of having independent unit on HIV/AIDS Prevention and Control, ERA
 HIV/AIDS Prevention and Control Task Force on its meeting on May 22, 2002
 decided and agreed to recruit two HIV/AIDS prevention and control project
 coordinators

(ii) ERA - Environmental Monitoring and Safety Branch

Since 2001, specifically the ERA Environmental Monitoring and Safety Branch has been putting much effort for the implementation of the HIV/AIDS prevention and control program. These activities have been done before the establishment of an independent unit under the Branch.

These activities include:

- with a support from GTZ about 10,000 leaflets and posters were prepared in 3 main languages (Amharic, Oromiffa & Tigraigna) of Ethiopia and were distributed to all ERA work places,
- Number of brochures and posters were collected from D.K.T Ethiopia and other relevant organizations and were distributed to road project sites as well as other ERA work places.
- With thew initiation and assistance from EMSB, HIV/AIDS awareness creation activity was started at some foreign road contractors sites (Awash-Hirna – Kulubi – D/Dawa – Harar) in collaboration with local health centers and administrative offices.

(iii) The World Bank Financed Road Projects

The World Bank has been financing the construction of 10 road projects under RSDP I, during the first phase of the program. Remarkable efforts have been done together with the Bank's Supervision Team to minimise the impacts of the road construction activities on the spread of the pandemic.

This was done to complement the shortcoming of the EIA study done for the road projects in which social issues were not assessed exhaustively and the impact mitigation measures for the social issues were not proposed satisfactorily. That was why the road project had complicated social problems during the construction phase.

In order to address this problem, the Bank has done a lot to minimise the impacts of road construction on the social environment. The impacts of road construction in spreading HIV/AIDS were slightly mentioned the contact document, as the projects were planned early when HIV/AIDS was not an issue to be addressed at project level. Long and exhaustive efforts have been done with the consultants and contractors to start HIV/AIDS prevention and control activities and avoid the spread of the epidemic.

In order to help the project contractors report their control and prevention activities during monthly progress report, the EMSB had provided them with a reporting format that assisted them to include HIV/AIDS activity report in their monthly progress report.

Most of the World Bank financed road projects involved in some of the prevention activities. Their major activities were distribution of condoms to workers, providing IEC materials and little awareness raising works. One of the project contractors had done satisfactorily work in the prevention and control of HIV/AIDS i.e. Hirna - Kulubi road project contractor, where the contractor recruited full time health office to be better address HIV/AIDS issues. One promising thing with these World Bank financed road projects was that all of them were doing the prevention activities at their own expense because the prevention and control activities were not itemised during estimation costs for the projects.

In ERA history, these road projects were the first interventions where the HIV/AIDS prevention and control activities were started.

It was this attempt that ERA extended the prevention and control activities into other road projects. In order to better address the social issue in road projects including HIV/AIDS prevention & control program, a sociologist was proposed to be included in the supervision staff and it is expected that all social issues will be addressed well in the upcoming road projects.

Initially, costs for the prevention and control activities were not included in the contract amount that would have been supposed to be implemented by the contractors.

Unfortunately, the international contractors have done some control and prevention works at their own costs.

The number of distributed condoms and other IEC material distributed only by the World Bank financed road projects is presented in **Annex 1** of this report.

Table 15: The Number of People and Condoms and IEC Materials Distributed in IDA Financed Road Projects, 2001 - 2004

121111111111111111111111111111111111111					
No.	Year	Total Population	No. of Distributed	Brochures	and
			Condoms	Posters	
1	2001	11,805	100,229		946
2	2002	5,737	67,019		909
3	2003	5,684	185,138		4,922
4	2004	4,101	461,089	4	2,050
	Total	27,327	813,475	4	8,827

Source: Compiled from the Projects' Monthly Progress Reports, 2001 - 2004

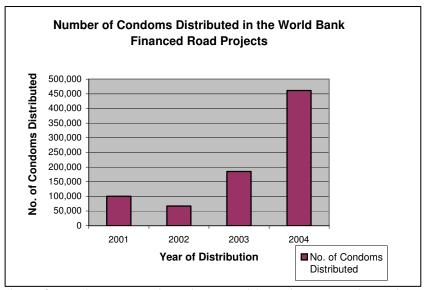


Fig. 3: Number of Condoms Distributed in World Bank Financed Road Projects between Years 2001 - 2004.

(iv) Recruitment of HIV/AIDS Prevention and Control Project Co-ordinators and their Activities

In order to implement HIV/AIDS prevention and control activity at ERA, two project coordinators consisting of one sociologist (coordinator) and a nurse (assistant coordinator), were recruited, with the decision made on May 22, 2002 by the Task Force. The two HIV/AIDS prevention and control project coordinators were hired on July 2002 on contract basis and are performing their duties after being situated in the planning & Programming Division of the Authority.

Since the recruitment of the two coordinators ERA has further extended its effort in preventing and controlling the epidemic in the entire proposed road projects in the country and will keep the same to other project in the years to come.

The following are activities performed by the ERA HIV/AIDS Prevention and Control Program between year 2002 to 2004 by the unit.

(a) Workshops

Advocacy Workshop

The prevention and control of HIV/AIDS in ERA was first started by conducting and initiating advocacy workshops at different levels through different methods as group discussion, meetings and panel discussion. These workshop sessions were focused on raising awareness for top management members of ERA about the impacts of HIV/AIDS and enabling mainstreaming of HIV/AIDS activities in a regular routine works. Accordingly, a total of 100 men and 50 women top Management Personnel were participated in advocacy workshops organised 9 times for Head Office, 10 District Offices, 3 Own Force projects and 2 Training Centres.

Consequently, management members at all levels are very much aware of the pandemic and are doing much better than ever before.

Awareness Raising Workshop

One of the major objectives of the program is to raise the awareness level of the workers. Accordingly, awareness raising workshop programs have been conducted in different areas during which different leaflets that communicate HIV/AIDS education were distributed. Follow-up has been made to strengthen the Anti - AIDS Committees, which realizes the sustainability of mainstreaming.

As part of the awareness raising program, at ERA Head Office workers usually celebrated the "World AIDS Day" which commemorates on December 1 every year. In 2004, it was commemorated with a Slogan stating "Protect Women and Girls from HIV/AIDS". On this day, ERA management and workers with a total of 500 staff members were participated on a half-day workshop. Different topics related to HIV/AIDS were discussed and the agreement on the contribution of 1% from each staff for the purchase of Anti - Retroviral Drug for workers living with HIV/AIDS was reached upon on this day. Two persons living with HIV/AIDS from districts gave their testimony about HIV/AIDS.

The awareness program has also extended to the contract projects outside Addis. During the workshops, presentation on HIV/AIDS prevention and control, how to live positively and safely with HIV virus and life testimony by People living with HIV/AIDS, and drama was administered to the participants. There were also long discussion times with the participants.

During the course of the two years program, about 10,231 males and 1,759 females a total of 11,980 workers have been participated in awareness raising workshop organised 23 times for Head Office, 10 Districts, 3 Own Force Projects and 2 Training Centres staff.

(b) Establishment of Anti-AIDS Committee and Peer Educators.

Establishment of Anti-AIDS Committee and Peer Educators

Anti-AIDS Committee members comprising 3 men and 2 women were established in the Head Office, 3 Own Force Projects, 10 District Offices, and 2 Training Centres and women Anti-AIDS Committee in the head office. In general there are 18 Anti - AIDS committee with a total member of 95 workers. Under these committee about 100 males and 50 females a total of 150 worker are selected as peer educators.

(c) The establishment of Forum against HIV/AIDS

Government Sub - Forum against HIV/AIDS was established in December 2004. It includes representative from different government organisations, like from Ministries, Authorities, Commissions, and other government bodies. One person represents each government organisation. This Forum is accountable to the National Partnership Forum against HIV/AIDS. The National Partnership Forum against HIV/AIDS comprises of NGOs, Donors, Privates, and Religious Organisations and Government organisations. The objectives of the Forum is to strengthen networking among different organisations and to pull resources together to avoid overlapping of activities. In these Forums, ERA is also represented and even ERA representative is a chairperson of the Government Sub-Forum against HIV/AIDS and a member in the National Partnership Forum against HIV/AIDS.

(d) Training

Peer Educators Training

About 60 males and 30 females' Anti-AIDS Committee Members and 100 males and 50 females peer educators were trained for 5 days in 7 rounds on peer education.

Voluntary Counselling and Testing Training

In order to establish voluntary counseling and testing center in the Medical Branch of ERA, the purchasing of equipment and laboratory reagents was started and necessary follow-up has been done to commence the service.

To begin the Care and Support Program, which is part and parcel of Voluntary Counselling and Testing (VCT), the experiences of two organisations were considered and examined. In addition, counselling is being rendered to workers living with HIV/AIDS at the co-ordinator office for patients who need help on diet, living style

based on their economic status. To ensure the start - up of this services about 15 health personnel were trained for 10 days in voluntary counselling and testing.

To start the actual work, necessary reagents have been purchased and other office facilities have been arranged. Among other things remaining is that VCT permission has not been given to ERA to start the VCT work.

(e) Provisions of Condoms and IEC Materials

Condom

Locally available condoms have been purchased continually and distributed to all workplaces. Since the establishment of the Unit about 150,000 male condoms were distributed to ERA workers. On the other side, nearly 813,475 pieces of condoms were distributed to contract projects for about 27,327 people between years 2001 - 2004 and within the year about 48,824 brochures/posters were also distributed in 527 sessions in IDA financed road projects. Female condoms were demonstrated in different working areas.

Information, Education, and Communication (IEC)

In the efforts to minimise the spreading HIV/AIDS pandemic, the production and distribution of IEC materials play a vital role. Accordingly, about 150 Posters that describe ERA workplace situations and impact of HIV/AIDS was produced and distributed to all districts, Projects and training centres including Head Office and posted on the wall. In addition, leaflets were distributed during all workshops.

As a means of disseminating information about HIV/AIDS, the Branch has produced 1,000 Stickers that has a message "Stop Stigma and Discrimination" were distributed to the staffs in 2003. one thousand stickers that has a message of "Protect Women and Girls from HIV/AIDS" of 2004 slogan were also distributed. The sticker is used for sticking annual vehicle inspection certificate "Bolo" for all ERA vehicles.

Generally, about 15,000 Leaflets, 500 T-Shirts and 5,000 Posters were distributed to different working areas.

Table 6: Expenditure for between years 2002-2004

No.	Description	Amount
1	Advocacy Workshops	75,000.00
2	Awareness Raising Workshop	125,000.00
3	Capacity Building	95,000.00

4	Preparation of Baseline Survey and Strategic Work Plan	334,098.00
5	Training	85,000.00
6	Provision	15,000.00
	Total	729,098.00

7. Achievements in ERA's HIV/AIDS Prevention and Control Program

A continuous and exhaust we sensitive for the station workforces. Different approaches have been used to bring commutative effect in this regard.

■ Purchase of Condoms

The following are some of the achievements in ERA's HIV/AIDS Prevention and Control Program.

- (1) During each periodic, progress and annual meetings or sessions at different levels, ERA has developed a habit of first discussing on HIV/AIDS prevention and control activities before the main agenda of the meeting.
- (2) In order to address the issues of HIV/AIDS in the road construction projects, it was believed that every contract projects should include a social scientist/sociologist in the supervision consultant staff to fully handle HIV/AIDS and other social issues during the implementation of the road construction. The different activities of HIV/AIDS are now included in the Bill of Quantity (BOQ) and their implementation during construction will be smooth and effective.
- (3) Stigma and discrimination has been minimised and the workers have started to discuss on HIV/AIDS in offices and in recreational areas, etc. ERA workers living with HIV/AIDS are teaching the other staff on HIV/AIDS prevention and control methods.
- (4) The authority gave the employment opportunity for elder orphan children to enable them to assist their young sisters and brothers. The staff are now more interested to work as committee members or peer educators on the HIV/AIDS prevention and control program.

(5) The workplace Anti - AIDS taskforce in collaboration with the Anti - AIDS Committee have prepared HIV /AIDS prevention activities plan and are now implementing with the allocated budget. The Authority has given due attention to workers living with HIV/AIDS, and assign on light duties. The Organisation also transfer them to the nearest area for their families for support, this will enable them to be productive.

7.1. Current ERA Practice in Provision of ARV

As usual, ERA is taking a lead in reducing the spread of HIV/AIDS pandemic at workplaces. Different prevention and control activities have been undertaken by ERA the last five to six years. ERA Management in its annual meeting has discussed in detail as how to support PLWHA in the Authority and fully agreed to contribute regularly. Accordingly, ERA workers have decided and started to contribute one percent (1%) of their monthly salary for one year starting from December 2004 and help purchasing Anti - Retroviral Drugs for workers living with HIV/AIDS in the authority at different districts and sections. This was as a start-up or "Seed Fund" just to start the use of ARV Drug for people living with HIV/AIDS that will in the long run be complemented by other sources. In the future proposed sources of fund are both internal and external sources including NGOs, sales from bituminous drums, income from ERA lounge, etc.

In the first phase, the intention was to assist up to one hundred people who are living with HIV/AIDS at different workplaces and this number will be increased depending on the amount of money to be obtained from the different sources.

7.2. Relationship with other Organisations

ERA has formed a relationship with various GOs, like EEPCO, Commission for Ethics and Anti - Corruption, Addis Ababa University in the form of experience sharing. It is ERA that has shared its experience to the others.

7.3. Recognition of ERA's Activities

In addition to the recognition of ERA's activities in the form of experience sharing, the House of People's Representatives has invited ERA to brief the Parliament members on HIV/AIDS activities undertaken in the Authority and considered the activities as exemplary to others.

In addition to this, the World Bank has also appreciated ERA's initiation and commitments to minimise the spread of HIV/AIDS pandemic at all its workplaces. With the support for the Bank a lot of things have been undertaken at national and regional levels. In order to use this ERA's efforts as best practice, the World Bank in collaboration with ERA had prepared a three-day regional workshop in which six participants from different African countries (Uganda, Malawi, Lesotho, Zambia and

Ethiopia) were participated. It was the first of its kind in bringing nations together in formulating Transport Sector Strategic Plan and Policy on HIV/AIDS prevention and control. Concerning Transport sector HIV/AIDS Strategic Plan, ERA's attempt was taken as a best practice and used as a best example in Africa. Therefore, during the Workshop, other African participants as a basis for formulating their own strategic plan used the ERA Sectoral Policy for HIV/AIDS.

8. The Assessment of the Impacts of HIV/AIDS in ERA Workplaces

Two survey have been undertaken to assess the extent of understanding of ERA employees towards the impacts of HIV/AIDS on the life of workers, economy of the country and the social fabrics of the people.

8.1. Survey Conducted by EMSB Staff (August 2001)

Environmental Monitoring and Safety Branch had also conducted a baseline survey to assess the status of ERA workers on HIV/AIDS and as start up against the epidemic in 2001 and came up with the following results.

The sample survey was conducted on eight international contractors and four Own Force Projects. These are: D/Markos - Merawi, Mojo - Awash Arba, Awash - Hirna, Hirna - Kulubi, Kulubi - Dengego - D/Ddawa and Dengego - Hararm, Woldiya - Alamata, Alamata - Betemariam, Betemarim - Wukro, Jijiga - Degahabur, Azezo - Metema, Tanata - Dawnt, and Gedo - Fincha road projects.

The following are the result or findings of the survey according to the sample survey conducted on these 12 road projects.

Marriage

From the total sample of 1050 workers (739 from contracts, 311 from Own Force) 553 persons were single while 497 were married. Therefore, since more than a half the targeted population is single, the probability of the HIV/AIDS spreading is very high and even those who are married may not be exempted from the risk.

Age Distribution

From the total of 1050, 708 were between 18-30, thus a large proportion of the population is sexually active and as a result, the chance of getting the virus may be high.

Preventive Measures

According to the survey findings, event if the proportion of the people who do not take preventive measures is small in number, yet the prevalence of this group implies that

there may be some deficiency in the approach of the awareness creation program. Hence, to prevent and control the spread of HIV/AIDS needs to be reinforced in order to bring about a sustainable behavioral change among the workers and the surrounding communities.

Behavioural Change

According to the suggestion given in the sample survey conducted, knowing about HIV/AIDS is not enough by itself, but each and every person should be concerned in protecting himself/herself, his/her families, relatives, friends and the whole society.

Blood Test

The high number of respondents replied that taking a blood test before marriage should be encouraged in order to build a healthy family and society at large.

People living with the HIV/AIDS

It was suggested that, unless those people who are living with the HIV/AIDS are given adequate care and support from the rest of the community; they will be hopeless, and careless.

8.2. Survey Conducted by one Local Consultant (2003)

As it was mentioned in this report, ERA has had a time to look into the consideration HIV/AIDS problems in the road sector and has started some prevention and control activities in projects. There were also times when ERA tried to know the extent of the pandemic in the workplace and what other measures to be taken to curb it and ERA has been exerting maximum efforts to control and prevent the spread of HIV/AIDS in workplaces.

In order to undertake the above services, seventeen local firms had collected the RFP for the service and only seven of them managed to submit technical and financial proposals. Accordingly, B&M Development consultants P.L.C. and AWS Consulting won the bid and was awarded the contract. The project duration was 3 months with the total contract amount of 334,098.00 ETB. The project was started around mid September 2003 and completed around December 2003.

Upon the presentation of the study findings different stakeholders were invited to give their comments and suggestions on the reports. The final report, therefore, incorporated the comments and suggestion from different parties and was completed success fully. Summary of the report is presented as follows.

8.2.1. Baseline Survey Findings and the 3 - Years Strategic Work Plan

(a) Summary of the Baseline Survey Findings

The social and economic impact of HIV/AIDS is becoming very serious in Ethiopia. Despite the general knowledge of the gravity of the burden of HIV/AIDS, very little

empirical evidence has been generated through systematic studies yet. The burden of the disease is heavy on certain sectors than others. Studies from different countries indicate that the transport sector is among the most affected. Although no systematically recorded evidence are available on the prevalence of HIV/AIDS in the transport sector in Ethiopia, preliminary findings concur with the findings from elsewhere. It is this lack of empirical evidence and at the same time the urgency of HIV/AIDS prevention and control intervention that made the ERA to take the initiative in launching this study.

The present study tried to assess under ERA and Road Project Contractors

- Death prevalence among the ERA and road project workers.
- HIV/AIDS prevention activities such as awareness,
- Social and economic impact of HIV/AIDS,
- Knowledge about HIV/AIDS (transmission and prevention,
- Condoms use, attitude towards PLWHA, and care and support for the infected and the affected people.

This study has been conducted with the objective of: (i) providing baseline data on HIV/AIDS prevention and control intervention in ERA; and (ii) developing strategic plan for HIV/AIDS prevention and control intervention for ERA. What has come out of this study vividly is that there is adequate awareness about HIV/AIDS among the workers and the local community in the surveyed areas. Equally important is also absence of co-ordinated and sustainable HIV/AIDS prevention and control intervention both at the various levels of ERA and between different sectors. Summary of the methodology and major findings are outlined here below and practical recommendations drawn from the findings are outlined at the end of the text.

1. Methodology

- i. The baseline survey was organized to cover ERA Head Office, ATTC, Shashamane, Debre Markos and Dire Dawa Districts with two section in each district, and road projects including Alemgena Butajira, Debre Markos Merawi Gondar and Awash Hirna Kulubi Dengego Harar, Harar Jijiga Degehabour, Alamata Bethemara, and Dubti Assaita.
- ii. The baseline is based on primary data collection through formal surveys, group discussions, and in-depth interview with key informants.
 - The formal survey covered 487 workers (both ERA Own Force and contractors) as well as 380 community members inhabiting the road corridor influence areas.
 - Group discussions were held with 25 focus groups while in-depth interview was conducted with 33 key informants.

iii. Apart from these secondary data gathered from pertinent institutions, ERA entities, local administration offices, Anti -AIDS Committees/Clubs, health facilities, among others were used in conjunction with those from primary sources.

2. Major Findings

i. Awareness about HIV/AIDS

All ERA and road project workers reported that they have heard about HIV/AIDS. The corresponding proportion for the local community is 95%. The radio is the most popular source of information (96.7% for the workers and 95.3% for the local community). About 87% and 68% of the workers and the local community, respectively, claimed that they have radio or tape-recorder in the house where they live.

ii. Knowledge about Transmission and Prevention of HIV/AIDS

About 84% of the workers and 78% of the local community think staying with one HIV negative partner can prevent HIV/AIDS. 80% of the workers and 68.3% of the local community think that using condom during all sexual intercourse can prevent HIV/AIDS.

- About 96% of the workers and 87.5% of the local community think that making sure that injection is done with sterilised needles can prevent HIV/AIDS.
- 88% of the workers and 81% of the local community think that HIV could be transmitted from mother to newborn baby.

iii. Risk Factors related to HIV/AIDS

For the ERA and road project workers, staying away from a family and/or a regular partner for a long period of time was identified as a risk factor exposing people to HIV infection. Through the qualitative study excessive consumption of alcohol and Chat (Catha edulis) was identified as the most popular risk factors driving people to risky sexual behaviour.

iv. Perception of Risk and Vulnerability to HIV/AIDS

- About 70% of the workers and 68% of the local community responded low risk perception of being caught by HIV/AIDS. On the contrary, however, information obtained through qualitative study indicates that sexual intercourse with non-regular partners is widely practised among the ERA and road project workers.
- About 61% of the workers and 77% of the local community who reported to have had sexual intercourse with the non-regular partners reported to have given or received money in exchange for sex.

- The data generated through the qualitative methods shows that among the ERA workers the male are high risk to HIV infection than their female counterparts.
- Out of the total study subjects, 33% of the workers and 12% of the local community reported ever use of condom.
- 18% of the workers and 6% of the local community reported condom use during the last sexual intercourse with regular partner. The corresponding proportions with non-regular partners were 76.3% for the former and 74.4% for the latter.

v. Social and Economic Impact of HIV/AIDS

According to the result of the qualitative study, death of the breadwinner causes loss of income and family dislocation. Absenteeism and reduced productivity are the two major economic impacts of HIV/AIDS. Informants as a huge loss reported the death of trained and skilled manpower, to the ERA in the short run and to the country in the long run.

vi. Care and Support for PLWHA

- 82% of the workers and 95.5% of the local community reported willingness to take care of a family member or a friend living with HIV/AIDS.
- 86.6% of the workers and 62.2% of the local community agreed that PLWHA should be allowed to work, while 74% of the former and 64% of the latter agreed they should get more health care than other seriously ill persons.

vii. Voluntary Counselling and Testing (VCT)

Only 30.5% and 7.5% of the workers and the local community, respectively, claimed to have access to VCT service. However, significant majority of the respondents (87%) claimed to have the intention of having VCT service.

viii. Summary of Recommendations

- Develop workplace policy guideline that addresses issues related to HIV/AIDS.
- The ERA health insurance policy should cover the family (nuclear) members of the ERA workers including the problems of STI/HIV/AIDS.
- Provide financial support for the families who lost their breadwinners because of HIV/AIDS.
- ERA should focus on organisational capacity building on the following area, reproductive health service, recreational facilities, recruiting skill professionals and the training of workers towards the success of HIV/AIDS prevention and control.

(b) Brief Description of the Three Years Strategic Work Plan

The work plan was intended to enhance HIV/AIDS prevention and control capacity_of the ERA with a_view to serve_ERA's Own Forces, both national & international contractors as well as communities inhabiting road corridor influence areas.

The main components include capacity building, enhancement of access to Prevention, Care and Support Services. The work plan is to be implemented over a period of three years with an overall budget of Birr 6.9 million benefiting all (an estimated number of about 10,928) ERA Own Force and Project Workers engaged in road construction and community surrounding road corridor influence areas.

All technical activities of the work plan will be co-ordinated and managed by a co-ordinator while execution of the activities will be carried out by Anti-AIDS task force, Anti-AIDS committees and focal persons (who are peer educators) organized at all levels. The task force is to be chaired by the Human Resource and Finance Department Deputy General Manager of the Authority, and the co-ordinator will be secretary of the task force. The Co-ordination Unit will be housed within ERA's Planning Division at headquarter. A participatory monitoring and evaluation procedure will be instituted to regularly review activity progress to ensure that the intended objectives of the work plan are met.

9. Global and Regional ARV Therapy Coverage

The distribution of the pandemic in its coverage and size differ from one region to the other. Similarly, the need of ARV therapy for the different regions is different.

9.1. Global ARV Coverage and Need for Anti Retroviral Treatment

According to World Health Organisation, WHO, estimated number of people receiving ART, people needing ARV and percentage of coverage in developing and transitional countries by WHO regions as to situation of December 2004.

Table 8: Global Coverage and Need for ARV Treatment

	Number of people receiving		
WHO Region	ARV therapy (low estimate -	Estimated	Coverage
	high estimate)	need	
Africa	310 000 (270 000-350 000)	4 000 000	8 %
Americas	275 000 (260 000 -290 000	425 000	65 %
Europe(Eastern	15 000 (13 000-17 000	150 000	10 %
Europe, Central Asia			
Eastern	4 000 (2 000-6 000)	77 500	5 %
Mediterranean			
South - East Asia	85 000 (70 000 100 000)	950 000	9 %
Western pacific	17.000 (15 000 - 19 000)	200 000	9 %
All WHO Regions	700 000 (630 000-780 000)	5.8 million	12 %

Source: WHO December 2004

Some of the factors contributing for high prevalence of HIV in Sub-Saharan African include; ignorance, poverty (high level of unemployment), migration. The other factors are low commitment of political leaders, war and civil unrest, high prevalence of curable STIs. The separation from the family, women's status e.g. enability of women to negotiate sex, cultural barriers (e.g., promiscuity, abduction Denial etc) are other factors.

9.2. ERA Start-up of ARV Drug for its Workers

The Concept of introducing ARV Drug for people living with HIV/AIDS (PLWHA) from ERA Workforces was first highlighted by ERA Head Quarter's Anti-AIDS Committee members. The members raised the idea, as how to solicit fund for the purchase of ARV Drug and come up with the idea of contributing some percentage from monthly salary has to be collected from each ERA worker.

The ERA HIV AIDS co-ordinators had prepared an initial start - up proposal on the purchase of ARV-Drug for PLWHA at ERA workplaces in August 2004. The proposal

was kept for some times until the time when ERA management raised and discussed on the idea in its yearly meeting which was held in November 2004.

Surprisingly, all top ERA Head Office Management members exited by the idea and decided to do all efforts to safe the lives of thousand of ERA workers. During the meeting, the management members formed or established a committee or Taskforce to implement the project proposal as to how to raise find for an initially- start- up for the purchase of ARV-Drug for PLWHA. The following is summary of the proposal prepared for the initiation of fund raising for the support of ARV Therapy.

The management's idea was brought into a big audience where all Head Office workers were gathered for the celebration of "World AIDS Day" December 1, 2004. On this day, two ERA project workers who are HIV positive gave their testimony on the pandemic. It was this time that all ERA workers agreed to contribute 1% of their monthly salary.

ERA has a plan to start- up the ARV Therapy with the one percent contribution from each workers and later to look for other sources of fund. The intention was to start with 40 to 100 PLWHA from ERA workplaces, and then later depending on the source of Fund to increase the number of beneficiaries. The contribution of Money from ERA Workers has been started last December 2004.

Proposal on ARV Therapy Start - up

The objective of this proposal is to prolong the life of AIDS patients of the ERA staff through the provision of Anti-Retroviral Drug and to increase the productivity of the Authority.

The implementation will involve all staffs of ERA and the management at different levels will play the major role by mainstreaming HIV/AIDS activity with their daily regular work. The staffs are responsible to give due attention on the care and support of workers living with HIV/AIDS. They shall show sense of belongings, love and affection to AIDS patient etc.

The anti AIDS committees are responsible for the follow up of the peer educators, weather they work according to the training they took on HIV/AIDS prevention and control or not. They are also responsible to initiate and support the peers in their work. The anti AIDS committees will take the initiation to contact patients whenever they are absent and advise to go to health institution to identify their status. The anti AIDS committees receive the report and recommendations of the peer educators to support the patient with AIDS.

8.2.1. Expected Output of the Program will be

- Bed-ridden patients become productive,

- Absenteeism will be minimized and
- Productivity of the Organization would be improved,
- The authority staff will get psychological satisfaction,
- The staff may start to consider HIV/AIDS like other diseases,
- Wastage of time due to funeral ceremony and visiting AIDS patients will be reduced,
- The families of AIDS patient will get their daily bread and mental satisfaction.

9.2.2. Anti-Retroviral Therapy Activity

The stakeholders will be all interested groups to this project i.e. ERA staffs, Donors, NGOs and GOs etc. The beneficiaries are all ERA workers who are AIDS patients.

The total population of ERA workers is around 12,000 and only those with CD-4 and below will take ARV. It was first agreed to start with five AIDS patients in December 2004 that have already exposed themselves and are using the ARV Drug. Then 10 AIDS patients every month will be added until June 2005 depending on the availability of budget and their monthly income. According to this project proposal we will reach to 75 AIDS patients at the end of June 2005. Thus the program will continue based on the availability of budget.

9.2.3. Potential Sources of the Fund

The following sources are assumed to contribute to the financial resources for this project proposal. These include the Ethiopian Roads Authority staff may contribute with one of the option given below. The Authority monthly total salary is 6,071,653.00.

The other potential sources of fund could be the Authority Saving and Credit association Birr 25, 000.00, the Authority Edir and Clubs Birr 25,000.00, and the Authority Labor Union could contribute a minimum of Birr 100,000.

The Anti - Retroviral Drug cost varies from 250 to 590 Birr/person/month, so it is advisable to take 400.00 Birr/person/month as an average expense. The total cost for the next six months will be about 99,000.00 ETB.

8.2.4. Financial Management

The financial operation is according to ERA financial management. Three representatives from the Authority will open a bank account that would be responsible for the smooth flow of the cash. Auditing will take place once in a year by the authority auditors and report to the representative of the staff, disseminate the result to all workers and the stakes.

As long as sustainability is concerned, the Authority will establish network with GOs, Donors, self-help program and NGOs for assuring its sustainability. The information to begin Global and Bush Fund for ARV may start in January, which will be free of charge and the cost of ARV will be reduced to affordable price. The contribution of workers and selling of bags, barrels and other materials of the Authority will contribute to the resource.

10. Collaborators in HIV/AIDS Prevention and Control Program

In order to minimise the impacts of HIV/AIDS in ERA workplaces, ERA/GTZ has introduced probably the first in its kind a machine called "Vendor Machine". Numbers of these machines were placed in some ERA workplaces where workers can easily take and use it.

Similarly, ERA/GTZ Project has allocated limited budget for providing support in enhancing road camps facilities as a means to curbing the spread of HIV/AIDS in ERA and the four bigger Regional Roads Authorities.

The assistance was limited to providing TV sets and basic health facilities particularly in the areas of STI treatments for selected Projected camps/maintenance offices whose need justification are strong. Among the criteria considered to win the support were:

- How far remote the camp is from health centres,
- How poorly furnished its health and entertainment facilities are:
- the scope of the project and its life Span
- number of workers currently employed,
- Vulnerability of camp workers and the local community to HIV/AIDS & STI s and related

The project has requested ERA with the letter dated April 26,2004 to get these projects sites that fulfil the above criteria. In response to the letter, ERA immediately identified projects that can meet the criteria and replied accordingly to with the letter sent to the project on June 09,1996 EC.

The project has then informed ERA that it has purchased two TVs and VCRs for the three of the four bigger RRA's (Oromia, Amhara, Tigray RRAs) those fulfilling the criterion and that can be placed at two projects of the region. ERA was informed about the three regions to take the sets with the letter dated Jan 12, 2004.

To facilitate the program and to ensure its sustainability, the program has had a close contact with various organizations working on the Prevention and Control of HIV/AIDS. ERA HIV/AIDS prevention and control program has done its regular work in collaboration with different organizations that are working on HIV/AIDS. These are

- Integrated Services for AIDS Prevention and Support Organization (ISAPSO),
- - HIV/AIDS Prevention and Control Office (HAPCO),
- Ethiopian Confederation Trade Union (ECTU),
- Germany Technical Co-operations (GTZ) Head Quarter,
- Downs of Hope & Mekdem PLWHA's Associations,
- Organization of Social Services for AIDS (OSSA) International Labour Organization (ILO),
- Ministries of Health and Defence,
- Action Aid and
- The World Bank),
- International Organisation for Migration (IOM) etc.

11. Future ERA HIV/AIDS Prevention and Control Plan

Therefore, the previous problems on prevention and control of HIV/AIDS in workplaces have now been resolved some how and ERA will keep on putting much effort to work on the prevention and control of HIV/AIDS in workplaces.

The following are some of the activities to be undertaken in the future;

- Advocacy and awareness raising workshop will continue in different workplaces.
- Peer educators and Anti AIDS committee training will be conducted.
- Condom distribution will continue to all ERA workplaces.
- Establishment of VCT centre in the Head Office Clinic.
- To start Care and support including ARV therapy.
- Follow up activities of Districts and Own Force projects including the Head Office and training centres and contract projects and render professional assistance to strengthen HIV/AIDS program, and

- Establish network with organisations working on HIV/AIDS,
- keep on ensuring the incorporation of HIV/AIDS prevention and control activities in all ERA road projects,
- etc.

12. Conclusion and Recommendation

12.1. Conclusions

ERA has been putting much effort to avoid the spreading of HIV/AIDS pandemic in its workplaces. HIV/AIDS is considered as social impacts and the road construction project is probably the best means of transporting the virus from place to place. The impacts of the epidemic have been identified the EIA study at planning phase. The problem of the epidemic has been perceived by the Authority years back and accordingly putting efforts to curb its spreading together donor agencies.

Finally, ERA will keep on undertaking and carrying out prevention and control activities at all workplaces and project sites. There is good ground for to get involved in the prevention and control activities together with other stakeholders.

The following are some of the expected works to be undertaken by all responsible staff of ERA.

- Encouraged and massive responses at the regional, national and international are needed.
- People need to challenge the myths and misconceptions about human sexuality that translate into dangerous sexual practices.
- Legislation and law enforcement is needed to reduce prejudice felt by HIV+ people around the world and the discrimination that prevents people from coming out as being HIV positive.
- Long and exhaustive awareness program and HIV prevention initiatives need to be increased, people at all workplaces need to be made aware of the dangers, the risks, and the ways they can protect themselves.
- Condom promotion and supply needs to be increased, and the appropriate sexual health education needs to be provided to young people before they reach an age where they become sexually active.
- Medication and support needs to be provided to people who are already HIV+, so that they can live longer and more productive lives, support their families, and avoid transmitting the virus onwards.
- Support and Care needs to be provided for those children who have already been orphaned by AIDS, so that they can grow up safely, without experiencing poverty, exploitation, and themselves falling prey to HIV.

12.2. Recommendation

Despite increased involvement and funding, political commitment and progress in expanding access to HIV treatment, the AIDS epidemic continues to outpace the global response. No region of the world has been spared. The epidemic remains extremely dynamic, growing and changing character as the virus exploits new opportunities for transmission.

Rates of infection are still on the rise in many countries in sub-Saharan Africa. In 2003 alone, an estimated 3 million people in the region became newly infected. Today, the world faced with life and death choices. Without major action, the global and regional epidemic will continue to outstrip the response nations are putting in place.

Therefore, there is an urgent need to address the different factors that contribute to women's vulnerability and risk - gender and cultural inequalities, violence, ignorance. The prevention and control of the epidemic and also minimise the impacts mitigate the impact the following measures shall be taken.

- The current status and extreme high impacts of the epidemic needs co-ordinated and intensified interventions to curb the rise in the number of people infected and affected by HIV/AIDS.
- Government, parliaments, donors, NGO, civil societies and Community Based Organisations shall give due attention to mitigate the epidemic by including HIV/AIDS program in their regular action and development plans and change it to practice based and timely monitoring and evaluation,
- More attention and resources need to be invested to contain the further spared of the epidemic in the developing world with special emphasis in the developing world with gender equality.
- The prevention initiatives need to be increased, massive responses at national and international level need to be made aware of the danger the risks and the way they can protect.
- More efforts and legislation is need to be reduced prejudice felt by HIV Positive persons and the dissemination that prevents people from coming out.
- Scaling up treatment programmes providing life-prolonging antiretroviral therapy. Programmes must be sustainable to prevent the development of drugresistant strains of the virus and scaling up prevention programmes that currently reach only one in five people at risk of HIV infection globally.
- improvement of vital public services that are crucial to the AIDS response at all workplaces, project locations and sites,
- Avoiding and tackling stigma and discrimination. They directly hamper the effectiveness of AIDS responses, in stopping people being tested for HIV, preventing the use of condoms or HIV-positive women breastfeeding to protect their babies against infection, etc



Annexes 1:
HIV/AIDS Prevention and Control Activities undertaken by World Bank Financed Road Project from Year 2001 - 2004
HIV/AIDS PREVENTION AND CONTROL REPORT: Year:- January 2001 - December 2001

				Contract	Po	pulati	on	(Total) Distribution		Total No.	Total No.
Project				Bid		-	ī	0		of	of People
Name	Link	Contractor	Length	Amount (Mil.Birr	M	F	Т	Condoms /PCs	Brochure s/	Inform. sessions	Informatio
	Woldiya-	China-Wanbao	80	150.330					Posters		n Sessions
	Alamata	Ciiiia- w aiibao	80	130.330	-	1	-	-	-	-	-
Woldiya - Zalambesa	Betemariam- Wukro	China-Wanbao	117	203.41	1632	17	1649	16490	-	-	-
	Sub Total		197	353.74	1632	17	1649	16490	-	-	-
	Modjo- Awash-Arba	Keagngnam Ent.	160.3	227.50	-	-	-	-	-	-	-
Modjo-	Awash Arba- Gewane	Keagngnam Ent.	135.8	192.00	4777	244 1	7218	11,196			
Awash- Mille	Gewane- Mille	LTABB/CCCJV	146.0	248.00	-	-	-	-	-	-	-
	Sub Total		442.1	667.50	4777	244 1	7218	11,196	-	-	-
	Awash-Hirna	China R&B	142	256.50	-	1	-	-	-	-	-
Awash-	Hirna- Kulubi	Keagngnam Ent.	91	188.08	1045	57	1102	3551	860	6	1526
Harar	Kulubi- Harar	China R&B	79	162.18	503	33	536	67392	86	-	-
	Sub Total		312	606.76	1548	90	1638	70,943	946	6	1526

	D/Markos-	China Wanbao	219	327.07	1270	30	1300	1600			
	Merawi395.5										
D/Markos-	8										
Gondar	Merawi-	China R&B	208.05	395.58	-	1	-	-	-	-	-
	Gonder										
	Sub Total		427.85	722.65	1270	30	1300	1600	-	-	-
	Grand Total		1378.9	2350.65	9227	257	1180	100229	946	6	1526
			5			8	5				

Condoms are in pieces

Form 04

HIV/AIDS PREVENTION AND CONTROL REPORT: Year:- January 2002 - December 2002

Duoinat				Contract Bid	Po	pulat	ion	(Total) Dis	•	Total No. of	Total No. of People
Project Name	Link	Contractor	Length	Amount (Mil.Birr	M	F	Т	Condoms /PCs	Brochure s/ Posters	Inform. sessions	at Informatio n Sessions
Woldiya -	Woldiya- Alamata	China- Wanbao	80	150.330	-	-	1147	40,320	20	-	-
Zalambesa	Betemariam- Wukro	China- Wanbao	117	203.41	1632	17	1649	16,490	14	1	1649
	Sub Total		197	353.74	1632	17	2796	56,810	34	1	1649
	Modjo-Awash- Arba	Keagngnam Ent.	160.3	227.50	-	-	-	-	-	-	-
Modjo- Awash-Mille	Awash Arba- Gewane	Keagngnam Ent.	135.8	192.00	-	-	-	2,031		5	-
	Gewane-Mille	LTABB/CCC JV	146.0	248.00	-	-	-	-	-	-	-
	Sub Total		442.1	667.50	1	-	-	2,031	-	5	-

	Awash-Hirna	China R&B	142	256.50	-	-	-	-	-	-	-
Awash-	Hirna-Kulubi	Keagngnam	91	188.08	1045	57	1102	546	860	5	1526
Harar		Ent.									
	Kulubi-Harar	China R&B	79	162.18	503	33	536	7,632	15	-	-
	Sub Total		312	606.76	1548	90	1638	8,178	875	5	1526
	D/Markos-	China	219	327.07	1270	30	1300	-	-	6	1080
	Merawi395.58	Wanbao									
D/Markos-	Merawi-Gonder	China R&B	208.05	395.58	-	-	-	-	-	-	-
Gondar	Sub Total		427.85	722.65	1270	30	1300	-	•	6	1080
	Grand Total		1378.9	2350.65	4450	137	5734	67,019	909	17	4265
			5								

Condoms are in pieces

Form 04

HIV/AIDS PREVENTION AND CONTROL REPORT: Year:- January 2003 - December 2003

				Contract Bid		pulati	ion	(Total) Dis	_	Total No.	Total No. of People
Project Name	Link	Contractor	Length	Amount (Mil.Birr	M	F	Т	Condoms	Brochure s/ Posters	Inform. sessions	at Informatio n Sessions
	Woldiya-	China-	80	150.330	_	_	845	6754	162	_	-
Woldiya -	Alamata	Wanbao						2, 2			
Zalambesa	Betemariam-	China-	117	203.41	-	-	-	-	-	-	-
	Wukro	Wanbao									
	Sub Total		197	353.74	-	-	845	6,754	162	-	-
	Modjo-	Keagngnam	160.3	227.50	-	-	422	22,464	-	-	-
	Awash-Arba	Ent.									

	Awash Arba-	Keagngnam	135.8	192.00	-	-	-		-	-	-
Modjo-	Gewane	Ent.									
Awash-	Gewane-Mille	LTABB/CCC	146.0	248.00	-	-	-	-	-	-	-
Mille		JV									
	Sub Total		442.1	667.50	ı	•	422	22,464	ı	-	-
	Awash-Hirna	China R&B	142	256.50	ı	•	792	7,488	246	-	-
	Hirna-Kulubi	Keagngnam	91	188.08	949	56	1005	118,080	-	-	-
Awash-		Ent.									
Harar	Kulubi-Harar	China R&B	<i>7</i> 9	162.18	491	33	524	5,616	539	-	-
	Sub Total		312	606.76	1440	89	2321	131,184	785	-	-
	D/Markos-	China	219	327.07	1554	46	1600	16,800	7	-	-
	Merawi395.58	Wanbao									
D/Markos	Merawi-	China R&B	208.05	395.58	455	41	496	7,936	3968	-	-
- Gondar	Gonder										
	Sub Total		427.85	722.65	2009	87	2096	24,736	3975	-	-
	Grand Total		1378.9	2350.65	3449	176	5684	185,138		-	-
			5								

Form 04

HIV/AIDS PREVENTION AND CONTROL REPORT: Year:- January 2004 - December 2004

Duciant	T. 1			Contract Bid	Po	pulati	on	(Total) Dis	stribution f:	Total No. of	Total No. of People
Project Name	Link	Contractor	Length	Amount (Mil.Birr	M	F	Т	Condoms /PCs	Brochure s/ Posters	Inform. sessions	at Informatio n Sessions
Woldiya - Zalambesa	Woldiya- Alamata	China- Wanbao	80	150.330	ı	-	721	17,307	239	-	-

	Betemariam-	China-	117	203.41	-	-	-			-	-
	Wukro	Wanbao									
	Sub Total		197	353.74	-	-	721	17,307	239	-	-
Modjo-	Modjo-	Keagngnam	160.3	227.50	-	-	259	51,408	-	-	-
Awash-	Awash-Arba	Ent.									
Mille	Awash Arba-	Keagngnam	135.8	192.00	-	-	-		-	-	-
	Gewane	Ent.									
	Gewane-Mille	LTABB/CCC	146.0	248.00	-	-	-		-	-	-
		JV									
	Sub Total		442.1	667.50	-	-	259	51,408	-	-	-
Awash-	Awash-Hirna	China R&B	142	256.50	-	-	667	53,424	1403	-	-
Harar	Hirna-Kulubi	Keagngnam	91	188.08	157	22	179	13,824	2124	108	2254
		Ent.									
	Kulubi-Harar	China R&B	79	162.18	459	31	490	89,424	-	-	-
	Sub Total		312	606.76	616	53	1336	156,672	3527	108	2254
D/Markos-	D/Markos-	China	219	327.07	944	44	988	5,950	-	96	600
Gondar	Merawi395.58	Wanbao									
	Merawi-	China R&B	208.05	395.58	763	34	797	229,752	38284	300	580
	Gonder										
	Sub Total		427.85	722.65	1707	78	1785	235,702	38284	396	1180
	Grand Total		1378.9	2350.65	2323	131	4101	461,089	42050	504	3434
			5								

Form 04

HIV/AIDS PREVENTION AND CONTROL REPORT: Year:- January 2001 - December 2004

				Contra ct Bid	Po	pulatio	n	(Total) Dis		Total No. of	Total No. of People
Project Name	Link	Contractor	Length	Amoun t (Mil.Bir r)	M	F	T	Condoms /PCs	Brochure s/ Posters	Inform. sessions	at Informatio n Sessions
Woldiya	Woldiya- Alamata	China- Wanbao	80	150.330	-	1	2713	64,381	421	-	-
Zalambesa	Betemariam- Wukro	China- Wanbao	117	203.41	3264	34	3298	32,980	14	1	1649
	Sub Total		197	353.74	3264	34	6011	97,361	435	1	1649
	Modjo-Awash- Arba	Keagngnam Ent.	160.3	227.50	-		681	73,872	-	-	-
Modjo- Awash-	Awash Arba- Gewane	Keagngnam Ent.	135.8	192.00	4777	2441	7218	13,227	-	5	-
Mille	Gewane-Mille	LTABB/C CCJV	146.0	248.00	-		-	-	-	-	-
	Sub Total		442.1	667.50	4777	2441	7899	87,099	-	5	-
	Awash-Hirna	China R&B	142	256.50	-	-	1459	60,912	1649	-	-
Awash-	Hirna-Kulubi	Keagngnam Ent.	91	188.08	3196	192	3388	136,001	3844	119	5306
Harar	Kulubi-Harar	China R&B	79	162.18	1956	130	2086	170064	640	-	-
	Sub Total		312	606.76	5152	322	6933	366,977	6133	119	5306
	D/Markos- Merawi395.58	China Wanbao	219	327.07	5038	150	5188	24,350	7	102	1680
D/Marko	Merawi-Gonder	China R&B	208.05	395.58	1218	75	1293	237,688	42252	300	580

s Gondar	Sub Total	427.8	6256	225	6481	262,038	42259	402	2260
	Grand Total	1378.9	19449	3022	27324	813,475	48827	527	9215

Condoms are in pieces
Form 04