International Organization for Migration (IOM)

SAIEA

UNDP

Empowered lives.
Resilient nations.

Guidelines for

Integrating HIV and Gender-Related Issues into Environmental Assessment in Eastern and Southern Africa

United Nations Development Programme

International Organization for Migration (IOM)

Empowered lives.
Resilient nations.

Guidelines for

Integrating HIV and Gender-Related Issues into Environmental Assessment in Eastern and Southern Africa

United Nations Development Programme

Issued by
UNDP
7 Naivasha Road
Sunninghill
Johannesburg
South Africa

This document is available for download on the UNDP and SAIEA websites:
www.undp.org/hiv and www.saiea.com

Citation
Guidelines for Integrating HIV and Gender-related Issues into Environmental Assessment in Eastern and Southern Africa. Prepared for UNDP Regional Centre for Eastern and Southern Africa by the Southern African Institute for Environmental Assessment (2012).

Enquiries and comments
Please direct all enquiries and comments to:

Benjamin Ofosu-Koranteng (co-author)
Senior Policy Advisor Development Planning
UNDP
Email: benjamin.ofosu-koranteng@undp.org

Or

Bryony Walmsley (author)
Director: South African Office
The Southern African Institute for Environmental Assessment
Tel: +27-21-789-0251
Email: bw@saiea.co.za

Please note that this document is a guideline and serves as a reference and supportive text relating to the integration of HIV and gender-related issues into the Environmental Assessment process. It does not seek to be a definitive guideline on any of the Environmental Assessment tools such as Strategic Environmental Assessment (SEA), Environmental Impact Assessment (EIA), Social Impact Assessment or Health Impact Assessment, as these are covered in many other publications, which are listed in Appendix A of this document. Furthermore, the recommendations made in the guidelines should not take the place of any specific legal requirements of any country; rather, these guidelines should be used as ideas and options to improve best practice within the context of each country's legal and administrative frameworks.

The views expressed in this publication are those of the author(s) and do not necessarily represent those of the United Nations, including UNDP, or the UN Member States.

Contents

Tables

Figures

Boxes

Photo credit: Bryony Walmsley

Preface

The prevalence of HIV in eastern and southern Africa remains at unacceptably high levels. There are many reasons for this, but one relates particularly to the influx of workers associated with the construction and subsequent operation of large capital projects – typically those projects which are classified as Category A in terms of World Bank and International Finance Corporation definitions.

Given that all countries in the region require an Environmental Impact Assessment (EIA) to be carried out for such projects, an opportunity exists to strengthen the EIA process to better predict and manage the long-term impacts of these projects on health, particularly with reference to HIV in the workforce and affected communities. Furthermore, several countries have included the need for a Strategic Environmental Assessment (SEA) to be undertaken for all new policies, plans and programmes. Since HIV and gender are cross-cutting issues for most government policies, plans and programmes, it is important to ensure that SEAs also include HIV and gender.

Recognizing these opportunities, the United Nations Development Programme (UNDP) Regional Centre for Eastern and Southern Africa commissioned a four-phased project to investigate current environmental assessment (EA)[1] practice with respect to the inclusion of HIV and gender-related issues. The 10 countries participating in this programme are Botswana, Lesotho, Malawi, Mozambique, Namibia, Rwanda, South Africa, Uganda, Zambia and Zimbabwe.

Phase 1 comprised a review and report on the existing legal and institutional frameworks and the current state of EA practice with regards to the inclusion of HIV and gender-related issues in each of the 10 participating countries. This phase also included the collection of case studies and anecdotal evidence from some countries, reflecting on how HIV is addressed in typical EIAs in those countries. The reader is referred to the Phase 1 Summary Report (June 2011) for a comprehensive review of the current state of affairs in the region (www.undp.org/hiv or www.saiea.com).

One of the key findings of Phase 1 was that there is a lack of capacity, knowledge and understanding among government authorities and environmental assessment practitioners relating to how HIV and gender-related issues can be better integrated into the EA process. The compilation of these guidelines is a direct response to this need and comprises Phase 2 of the programme.

Phase 3 of the programme includes the development of a course based on these guidelines, and a training of trainers programme for nominated delegates from each of the participating countries. Phase 4 will comprise the roll-out of the guidelines and other associated activities in each country, with support from the UNDP and SAIEA project team.

1 Note that the term 'Environmental Assessment' is a generic term as relates to a range of assessment tools including Environmental Impact Assessment (EIA) and Strategic Environmental Assessment (SEA).

The main goals of this project are to:

i. increase the awareness of decision makers, development planners and EA practitioners of how policies relating to and the construction and implementation of large capital projects can affect the spread of HIV and its impacts on vulnerable groups such as women and children;

ii. assist government officials who plan, administer and manage EAs to also consider health and gender issues, as part of their work;

iii. assist EA practitioners to work closely with national authorities (especially those relating to HIV and gender) and non-governmental organizations (NGOs) to consider HIV and gender issues more systematically in the EA process;

iv. strengthen existing management systems and mechanisms to ensure that projects have a net benefit in terms of health and gender equality impacts; and

v. strengthen the environmental regulatory systems to ensure that health and social issues – in their broadest sense – are an integral part of the EA.

The expected outcomes of this project are that by 2014:

- all EA practitioners will be integrating HIV and gender issues into the EA process;
- regulatory authorities will be fully aware of the importance of including HIV and gender in the EA process and its value for the long-term health of the nation;
- proponents will be proactively implementing all International Labour Organization (ILO) guidelines relating to HIV in the workplace;
- all inter-ministerial committees on environment will include representatives from the ministries of health and gender; and
- all environmental policies, laws and regulations in the region will have been updated and/or amended to include relevant clauses on gender and health.

Foreword

Over the last 10 years, six of the world's fastest-growing economies have been in sub-Saharan Africa. Total foreign direct investments have primarily been in the commodities and mineral resources sector, for which an improved infrastructure (railways, roads, dams, power lines, power stations, harbours etc.) are prerequisites for investment. In eastern and southern Africa, governments are prioritizing large capital projects and investment in extractive industries as a strategy for enhanced competition, job creation, poverty reduction and, ultimately, economic growth. In the 2012 South African budget speech, for instance, a total of $113 billion was earmarked for approved large capital projects, of which just over $40 billion is in the energy sector and $35 billion for transport and logistics projects over the next three years.

There are many types of capital projects under construction or planned for the future in the region. While Angola continues the massive upgrading of its road and rail sectors, the construction of the complex network of infrastructure required to tap into the vast natural gas reserves in Mozambique and Tanzania is already under way. The large oil reserves discovered in the Albertine Rift Valley are looking promising, and South Sudan intends to improve trade and oil export corridors through Uganda and Kenya. The construction of the Trans-Kalahari railway line linking Botswana to the port of Walvis Bay in Namibia is envisaged, and the Southern African Development Community (SADC) Regional Infrastructure Development Master Plan to guide the implementation of trans-boundary infrastructure networks in the areas of Energy, Transport, Water, ICT, Tourism and Meteorology has also been finalized.

However, recent research indicates a strong correlation between the execution of large capital projects and HIV prevalence, particularly in communities close to project sites. UNDP's *Strategy for Equitable and Sustainable Management of the Extractive Sector* highlights that extraction operations (of oil, gas, and minerals) can adversely affect a broad range of social outcomes. Moreover, there is evidence to suggest that governments in mineral dependent countries capture relatively less tax revenue and thus spend less on social sectors than other countries. This challenge is particularly evident in the case of spending on HIV. This is where environmental assessments (EAs) can play a key role in characterizing the risks and predicting the possible environmental and social impacts. Given that a legal framework requiring all developers to carry out EAs already exists, there is an opportunity for governments throughout eastern and southern Africa to revise and update their EA policies and legislation to allow for the systematic assessment and pro-active management of HIV, gender and health issues.

This Guideline for *Integrating of HIV and Gender Related Issues into Environmental Assessment in Eastern and Southern Africa*, which is a collaborative effort between UNDP, the International Labour Organization, the International Organization for Migration and the Southern African Institute for Environmental Assessment, has been developed for the benefit of national environmental authorities, government ministries including those for health, gender and labour, EA practitioners, research and academic institutions and civil society organizations in the region. It provides guidance for incorporating HIV, gender and health issues into the EA process. It also identifies the kinds of partnerships necessary to improve data gathering, planning and implementation of HIV and gender-related interventions that contribute to improving community health and reducing gender inequalities. The knowledge gained from using this publication is expected to inform EA policy reviews at country and regional levels enhance EA practice, promote partnerships and synergies among stakeholders, and strengthen monitoring and compliance processes associated with EAs.

Mandeep Dhaliwal
Director: HIV, Health & Development Practice
United Nations Development Programme

Acknowledgements

This publication is a result of a broad knowledge-gathering, synthesis and documentation process coordinated by the UNDP Regional Service Centre (HIV, Health and Development Practice) in Johannesburg, South Africa.

We wish to specifically thank the Practice Leader, Tilly Sellers, for her leadership and continued support for this initiative. We would also like to thank the Senior Policy Advisor, Benjamin Ofosu-Koranteng for his enthusiasm in coordinating the various phases and commenting on and helping to synthesize inputs for the initiative.

We would also like to express our deepest gratitude to the HIV, Health and Development Team both in Johannesburg and New York, particularly Dr Amitrajit Saha, Douglas Webb, Susana Fried and Atif Khurshid for providing useful and practical comments to enrich the guidelines, and Anna Boelens for supporting the editing and design process for this publication.

We also appreciate all the comments and constructive input and country-level leadership we received from our HIV Programme Managers, including Dr Nelly Mwakwa (UNDP South Africa), Tinaye Mmusi (UNDP Botswana), Dr Rosemary Kumwenda (UNDP Malawi), Charles Birungi (UNDP Uganda), Steve Odwyer (UN Volunteer, Lesotho) and Martha Mwandingi and Sarah Mwilima (UNDP Namibia).

Additional thanks go to Lillian Moremi of the National AIDS Coordinating Agency, Botswana; Wame Hambira, University of Botswana; Dr Sipho Sinabe (Department of Public Services and Administration, South Africa), Gladys Ngoma (National AIDS Council Secretariat, Zambia), Juwo Sibale (Ministry of Environment, Malawi) and Dr Vitalis Chipfakacha (SADC Secretariat, Botswana).

The country delegations from Malawi, Namibia, Zambia, Uganda, Lesotho, South Africa and Botswana who participated in the Training of Trainers Workshop in Johannesburg also contributed immensely by providing feedback based on their practical experiences in the field to improve the publication.

The drafting of this document could not have been possible without Bryony Walmsley, who drafted the guidelines, and Dr Peter Tarr of the Southern Africa Institute for Environmental Assessment (SAIEA Head Office in Windhoek, Namibia), who agreed to enter into a partnership with UNDP to initiate this process, and managed the contractual obligations of the consultants professionally and effectively. Finally our appreciation goes to Gudrun Denker (SAIEA Head Office, Windhoek) and Margaret Sakatsie (UNDP Regional Service Centre, Johannesburg) for the administrative and project management support. The commitment of each member of these diverse groups helped to make this publication a reality.

Acronyms and abbreviations

ADB	Asian Development Bank
AfDB	African Development Bank
AIDS	Acquired immunodeficiency syndrome
ART	Antiretroviral therapy
ARVs	Antiretrovirals
BCC	Behaviour change communication
CBO	Community-based organization
CIDA	Canadian International Development Agency
COMESA	Common Market for Eastern and Southern Africa
CSO	Civil society organisation
DEAT	Department of Environmental Affairs and Tourism (RSA) (now renamed the Department of Environmental Affairs)
DFS	Detailed Feasibility Study
EA	Environmental Assessment
EAC	East African Community
EHS	Environment, health and safety
EIA	Environmental Impact Assessment
EMP	Environmental Management Plan
EPFI	Equator Principles Financial Institution
ESA	Eastern and Southern Africa
GIA	Gender Impact Assessment
GRI	Global Reporting Initiative
HIA	Health Impact Assessment
HIV	Human immunodeficiency virus
I&AP	Interested and affected party
IFC	International Finance Corporation
ILO	International Labour Organization
IOM	International Organization for Migration

ISO	International Organization for Standards
M&E	Monitoring and evaluation
MDG	Millennium Development Goal
NAC	National AIDS commission (a generic term)
NEMA	National Environmental Management Act (South Africa)
NGO	Non-governmental organization
OECD	Organisation for Economic Co-operation and Development
OHS	Occupational health and safety
PFS	Pre-feasibility study
PMTCT	Prevention of mother-to-child transmission
PPP	Policy, plan or programme (in the context of this document)
PRSP	Poverty Reduction Strategy Paper
RSA	Republic of South Africa
SADC	Southern African Development Community
SAIEA	Southern African Institute for Environmental Assessment
SEA	Strategic Environmental Assessment
SEMP	Strategic Environmental Management Plan
SIA	Social Impact Assessment
STI	Sexually transmitted infection
TB	Tuberculosis
ToR	Terms of Reference
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNGASS	United Nations General Assembly Special Session
USAID	United States Agency for International Development
VCT	Voluntary counselling and testing
WHO	World Health Organization

Glossary and definitions

Acquired immunodeficiency syndrome (AIDS)

AIDS is an epidemiological definition based on clinical signs and symptoms. AIDS is caused by HIV, the human immunodeficiency virus. HIV destroys the body's ability to fight off infection and disease, which can ultimately lead to death. Antiretroviral therapy (ART) slows down replication of the virus and can greatly enhance quality of life but does not eliminate HIV infection (UNAIDS, 2011).

Antagonistic effect

In the context of an SEA, an antagonistic effect occurs when two or more impacts (usually a positive and negative impact) conflict with each other, and trade-offs need to be made.

Behaviour change communication (BCC)

BCC promotes tailored messages, personal risk assessment, greater dialogue and an increased sense of ownership. BCC is developed through an interactive process, with its messages and approaches using a mix of communication channels to encourage and sustain positive, healthy behaviours (UNAIDS, 2011).

Comprehensive HIV prevention, treatment, care and support

Comprehensive HIV prevention, treatment, care and support includes tailored HIV prevention strategies, clinical care, adequate nutrition, psychological support, social and daily living support, involvement of people living with HIV and their families, and respect for human rights and legal needs (UNAIDS, 2011).

Concurrent sexual partnerships

People who have concurrent sexual partnerships are those who report at least two partners for which first sex was reported six months or longer ago, and the most recent sex is reported as less than or equal to six months ago (UNAIDS, 2011).

Cumulative impact

The sum of the environmental impacts of human activities on one particular environment, region or ecosystem.

Direct impact

The effect of an activity or situation giving direct cause to one or more components of the receiving environment.

Environmental and social risk

A combination of probability of occurrence of a hazard scenario (e.g. unprotected sex) and the severity of the consequences resulting from the scenario (e.g. transmission of HIV).

Environmental impacts

Any change, potential or actual, to the physical, natural, social, cultural and economic environment resulting from the business activity or proposal.

Environmental Assessment

The generic term to cover all forms of impact assessment (e.g. SEA, EIA).

Environmental Impact Assessment (EIA)

An EIA is the administrative or regulatory process by which the environmental impact of a project is determined in a systematic and scientific manner. The EIA should include specialist studies focusing on the key issues raised during the scoping study. The EIA report or Environmental Impact Statement is the main document used by a decision maker when considering whether to approve a project or not.

Environmental Management Plan (EMP)

The EMP is a detailed action plan to implement the mitigation measures identified in the EIA. For each impact identified it should specify: the mitigation measure required to avoid, reduce, minimize or control an impact; the goals/targets of objectives to be met; the key performance indicators; the person or institution responsible for implementing the mitigation measure; the time-frame – i.e. over what period must the mitigation measure be applied; and the budget.

Gender

The term 'gender' refers to the social attributes and opportunities associated with being male and female and the relationships between women and men and girls and boys, as well as the relations between women and those between men. These attributes, opportunities and relationships are socially constructed and are learned through socialization processes. They are context/time-specific and changeable. Gender determines what is expected, allowed and valued in a women or a man in a given context. In most societies there are differences and inequalities between women and men in responsibilities assigned, activities undertaken, access to and control over resources, as well as decision-making opportunities. Gender is part of the broader socio-cultural context. Other important criteria for socio-cultural analysis include class, race, poverty level, ethnic group and age (http://www.un.org/womenwatch/osagi/conceptsandefinitions.htm).

Equality between women and men (gender equality)

This refers to the equal rights, responsibilities and opportunities of women and men and girls and boys. Equality does not mean that women and men will become the same but that women's and men's rights, responsibilities and opportunities will not depend on whether they are born male or female. Gender equality implies that the interests, needs and priorities of both women and men are taken into consideration, recognizing the diversity of different groups of women and men. Gender equality is not a women's issue but should concern and fully engage men as well as women. Equality between women and men is seen both as a human rights issue and as a precondition for, and indicator of, sustainable people-centred development (http://www.un.org/womenwatch/osagi/conceptsandefinitions.htm).

Gender-sensitive

Gender-sensitive policies, programmes or training modules recognize that both women and men are actors within a society, that they are constrained in different and often unequal ways and that consequently they may have differing and sometimes conflicting perceptions, needs, interests and priorities (UNAIDS, 2011).

Health Impact Assessment

A combination of procedures, methods and tools by which a policy, programme or project may be judged as to its potential effects on the health of a population, and the distribution of those effects within the population.

Human immunodeficiency virus (HIV)

HIV is the virus that weakens the immune system, ultimately leading to AIDS (UNAIDS, 2011).

Indirect impact

The knock-on effect of a direct impact onto another component of the receiving environment. Also known as a secondary effect.

Intergenerational relationships

As defined in the scientific literature, 'intergenerational relationships' and 'cross-generational relationships' refer to relationships with an age gap of 10 years or more between sexual partners (UNAIDS, 2011).

Large capital project

Comprises a multi-million dollar project relating to infrastructure development (e.g. roads, bridges, pipelines, dams, airports, harbours and ports), mines, power generation or large-scale commercial agricultural schemes, where a temporary workforce is required for construction, and a usually smaller permanent workforce is required to operate the facility. In the context of these guidelines, a large capital project is defined as the type of project that would typically be categorized as a Category A project in terms of the World Bank or International Finance Corporation (IFC) definition:

> **Category A:** A proposed project is classified as Category A if it is likely to have significant adverse environmental impacts that are sensitive, diverse or unprecedented. These projects may affect an area broader than the sites or facilities subject to physical works. A full EIA is required including an Environmental Action Plan to address the management of impacts. Examples of Category A projects would be a uranium mine, a trans-boundary transportation corridor or a development requiring resettlement (IFC, 1998).

Limits of acceptable change

The upper and lower thresholds within which those systems would be resilient to disturbance or change, and beyond which impacts could be irreversible or lead to irreplaceable loss of natural or social capital.

Migrant worker

"A person who is to be engaged, is engaged or has been engaged in a remunerated activity in a State of which he or she is not a national" (Art. 2(1), International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families, 1990) (Perruchoud and Redpath-Cross, 2011).

Migration

The movement of a person or a group of persons, either across an international border or within a State. It is a population movement, encompassing any kind of movement of people, whatever its length, composition and causes; it includes migration of refugees, displaced persons, economic migrants and persons moving for other purposes including family reunification (Perruchoud and Redpath-Cross, 2011).

Millennium Development Goals (MDGs)

Eight goals were agreed at the Millennium Summit in September 2000. Goal 6 refers specifically to halting and reversing HIV. Lack of progress across other MDGs may seriously curtail progress in tackling HIV, and, conversely, success in attaining other MDGs is being hampered by the HIV epidemic. The concept of AIDS+MDGs implies sharing lessons and building stronger links between the global HIV response and broader health and

development agendas. See www.un.org/millenniumgoals (UNAIDS, 2011).

Mobile worker

The term 'mobile worker' refers to a large category of persons who may cross borders or move within their own country on a usually frequent and short-term basis for a variety of work-related reasons, without changing place of habitual primary residence or home base. Mobile work involves a range of employment or work situations that require workers to travel in the course of their work. Mobile workers are usually in regular or constant transit, sometimes in (regular) circulatory patterns and often spanning two or more countries, away from their habitual or established place of residence for varying periods of time (UNAIDS, 2011).

Plan

A forward-looking strategy with coordinated priorities, options and measures, that elaborates and implements a policy.

Policy

A general course of action that an organization will be pursuing and which guides ongoing decision-making.

Programme

An organized agenda for a suite of actions to implement a policy.

Screening

Screening determines whether or not a development proposal requires an EA or not, and if so, what level of assessment would be appropriate. Screening is, therefore, a decision-making process that is initiated during the early stages of the development of a project proposal (DEAT, 2002a).

Scoping

Scoping is the process of determining the issues to be addressed, the information to be collected and the analysis required to assess the environmental impacts of a project. As an open and iterative process, scoping may continue throughout planning and assessment, depending on whether or not additional issues or alternatives are introduced or eliminated because of new information (DEAT, 2002b).

Social Impact Assessment (SIA)

In reference to an EA, an SIA is a methodology to review the social effects of infrastructure projects and other development interventions.

Strategic Environmental Assessment (SEA)

SEA can be defined as a range of "analytical and participatory approaches that aim to integrate environmental considerations into policies, plans and programmes and evaluate the inter-linkages with socio-economic considerations" (OECD, 2006).

Synergistic effect

In the context of SEA, a synergistic effect occurs when two impacts from different sources complement each other, leading to a mutually beneficial outcome.

Unintended consequence

Where the outcomes of a policy, plan or programme have an impact that was not foreseen, nor intended (usually negative).

Voluntary counselling and testing (VCT)

VCT is also known as 'client-initiated testing and counselling', as opposed to 'provider-initiated testing' (see below). All testing should be conducted in an environment that adheres to and implements the three Cs: confidentiality, informed consent and counselling. See www.unaids.org/en/resources/policies (UNAIDS, 2011).

Provider-initiated testing and counselling (PITC)

PITC is used for HIV testing and counselling recommended by a health care provider in a clinical setting. It is defined in contrast to client-initiated testing, where a person takes the initiative to seek information on his or her HIV status. See www.unaids.org/en/resources/policies (UNAIDS, 2011).

Vulnerability

Vulnerability refers to unequal opportunities, social exclusion, unemployment or precarious employment and other social, cultural, political and economic factors that make a person more susceptible to HIV infection and to developing AIDS. The factors underlying vulnerability may reduce the ability of individuals and communities to avoid HIV risk and may be outside the control of individuals. These factors may include: lack of the knowledge and skills required to protect oneself and others; accessibility, quality and coverage of services; and societal factors such as human rights violations or social and cultural norms. These norms can include practices, beliefs and laws that stigmatize and disempower certain populations, limiting their ability to access or use HIV prevention, treatment, care and support services and commodities. These factors, alone or in combination, may create or exacerbate individual and collective vulnerability to HIV (UNAIDS, 2011).

Women's empowerment

Women's empowerment is the action taken by women to overcome the obstacles of structural inequality that place them in a disadvantaged position. Social and economic empowerment of women is both a goal and a process mobilizing women to respond to gender discrimination, achieve equality of welfare and equal access to resources, and become involved in decision-making at domestic, local and national levels. Men at all levels can actively support women's empowerment (UNAIDS, 2011).

1 INTRODUCTION TO THE GUIDELINES

Photo credit: Bryony Walmsley

1.1 The HIV epidemic in eastern and southern Africa

According to UNAIDS (2010), eastern and southern Africa (ESA) is more heavily affected by HIV and AIDS than any other region of the world, with some 22.5 million people living with HIV. Although the region has only 5.4 percent of the world's population, it has 48.3 percent of global HIV infections. Sixty percent of the world's women with HIV live in this region, with a large proportion of new HIV infections being among young girls. Nine of the 20 countries in ESA have an HIV prevalence of more than 10 percent of the population, and all of these are in southern Africa (Table 1.1).

Table 1.1: UNAIDS classification of the HIV epidemic

Adult prevalence	UNAIDS classification	Countries participating in this study (see Preface)
>15%	Hyper-epidemic	Botswana, Lesotho, South Africa
5–15%	Generalized epidemic	Malawi, Mozambique, Namibia, Uganda, Zimbabwe, Zambia
<5%	Low epidemic	Rwanda

Despite recent achievements, including expansion in access to treatment and prevention of mother-to-child transmission (PMTCT), the epidemic is still one of the key threats to attaining the overarching objective of sustainable and equitable economic growth and socio-economic development in the region.

The impact on households, institutions, society and the economy is reflected in the rising cost of health care, changes in the population structure, and increased dependency ratios. The growing appreciation of these implications has created greater political support for efforts to deal with HIV and gender-related issues, but at the same time placing increasing strain on limited government budgets.

1.2 Key drivers of the HIV epidemic

All the countries in the region aspire to greater economic development, and many see this as a way to reduce poverty and increase government revenues and social spending. Ironically, however, many types of development projects inadvertently increase the risk of HIV transmission. The linkages between increased HIV prevalence around large-scale projects such as mines and construction of infrastructure (roads, pipelines, transmission lines, dams etc.) are well documented and are due to the presence of mostly male migrant workers. The combination of mobility, loneliness, money, alcohol and a high-risk work environment often results in men having unprotected sex with local sex workers (IOM, 2010; ADB, 2007). It has also been established that increased trade, especially along road routes, through ports and at border crossings, can increase the incidence of HIV in these areas (Selvester et al., 2011; ADB, 2007).

Many governments and aid agencies in the region are looking at ways to stimulate economic growth to create more jobs and address poverty (Figure 1.1). A recent analysis by The Economist found that over the 10 years to 2010, six of the world's fastest-growing economies were in sub-Saharan Africa, and all indications are that over the next five years

the African economy will outpace its Asian counterpart (The Economist, 3 December 2011). In 2010, total foreign direct investment to Africa was more than US$55 billion, five times what it was a decade earlier and much more than the total sum that Africa receives in aid (The Economist, 3 December 2011). Much of this investment is in commodities, for which an improved infrastructure is one of the prerequisites for investment. Thus most countries in ESA are currently undertaking major capital projects to improve road, rail and port infrastructure.

For example, in the 2012 South African budget speech, a total of $113 billion was pledged for approved large capital projects, of which just over $40 billion is in the energy sector and $35 billion for transport and logistics projects over the next three years (Gordhan, 2012).

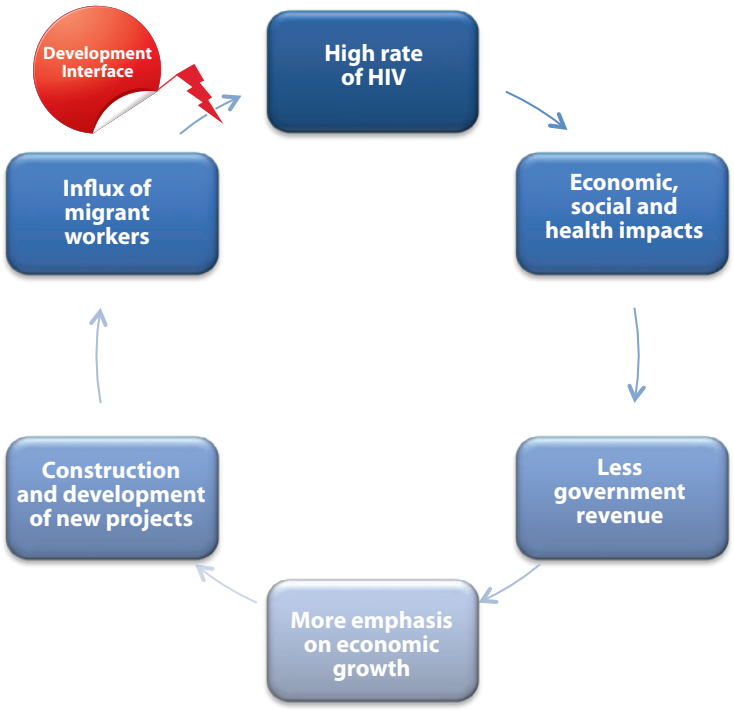


FIGURE 1.1

Vicious circle of development and the spread of HIV

Just under nine years after the end of a 27-year civil war, Angola is undergoing a remarkable transformation. Hundreds of kilometres of road that were destroyed during the war are being reconstructed under an ambitious infrastructure development plan. Railways are being upgraded and starting to run again, and the government hopes to boost electricity generating capacity to 7,000 MW by 2016. In a speech to the National Assembly in February 2011, the Angolan President, Jose Eduardo dos Santos, stated that rehabilitating and expanding the ports, highways and railways will "make it possible in the next few years for the country to be transformed into a logistical hub of considerable importance in southern Africa". Dos Santos also noted that the country's economy grew at an average rate of over 14 percent between 2002 and 2008. In its most recent global economic forecast, the World Bank says it expects Angola's economy to grow at 6.7 percent in 2012, accelerating to 7.5 percent in 2013 (Global Finance, February 2011).

Just as Angola's construction boom is being financed from oil revenues, similar developments are already occurring in Mozambique and Tanzania, both of which have significant gas resources along their coasts. Oil discoveries in the Albertine Rift valley are also widely expected to boost the Ugandan economy, while South Sudan is looking at improving trade and oil export corridors through Uganda and Kenya to the coast.

Trade corridors are also being opened up across the region to facilitate the export of goods from landlocked countries to the coast. In addition to those shown in Figure 1.2, Botswana is investigating opening up links to the east and west coasts to the ports of Maputo in Mozambique and Walvis Bay in Namibia, respectively, to avoid congestion in South African ports. Tanzania is currently upgrading the road connecting the hinterland and Lake Malawi with the Port of Mtwara in the southern part of the country to export timber, coal and uranium.

FIGURE 1.2

Trade corridors in eastern and southern Africa (http://blog.saibl.co.za/2010/12/making-sadc-market-viable-one-road-port.html)

The designations employed and the presentation of material on this map do not imply the expression of any opinion whatsoever on the part of the Secretariat of the United Nations or UNDP concerning the legal status of any country, territory, city or area or its authorities, or concerning the delimitation of its frontiers or boundaries.

Examples of the impact of development projects on the spread of HIV in the ESA region abound. The construction of the Trans-Kalahari highway from Gauteng in South Africa through Botswana to the Port of Walvis Bay in Namibia (Figure 1.2) has seen a three-fold increase in HIV prevalence in the remote Ghanzi district of Botswana. The highest HIV prevalence in Lesotho occurs in the five districts which were affected by construction of the Lesotho Highlands Water Project (left picture). The Zambezi River bridges at Sesheke and Tete have also resulted in locally high rates of infection due to the truck delays that are experienced at both. While the Tete bridge was undergoing repairs, trucks on each side were backed up for over 5km, and delays were said to be more than three days (right picture).

Left: a view of Mohale Dam; Right: trucks backed up waiting to cross the Zambezi River at Tete.

Photo credits: left photo: Peter Tarr; right photo: Bryony Walmsley

A study funded by the International Organization for Migration (IOM) on the risks of HIV along the Nacala corridor in northern Mozambique (Figure 1.2) concluded that the region is demonstrating signs of rapid economic growth and that this is having an impact on the social situation in each of the 'hot spots' (truck stops, bridges, towns, border posts) identified in the study. There is a considerable 'pull factor' leading to people coming to the 'hot spots' to seek entertainment and economic opportunity, including sex work. The study showed conclusively that there are very high levels of concurrent sexual relationships within and between the groups of people interviewed (i.e. mobile populations and host populations), and this is coupled with inconsistent use of condoms. While the provincial HIV prevalence rates are lower than the rest of the country, there is already evidence to suggest that there are pockets of higher prevalence in the 'hot spots' along this corridor (Selvester et al, 2011).

One of the consequences of the pro-development economic agenda being pursued in Africa, where unemployment is extremely high, is that large construction projects act as a 'honey pot' or 'pull' effect, attracting job seekers from far and wide. This is exacerbated by politics, war and hunger – the 'push' effect. Migrants are among the most affected by HIV due to the lack of access to health services (IOM, 2011). This is compounded by linguistic or cultural differences, a lack of affordable health services or health insurance, administrative hurdles, legal status and the fact that migrants often work extremely long and unsocial hours. Undocumented migrants, often at risk from violence, exploitation, poor living and unsafe working conditions due to their irregular legal status, are the most vulnerable among the migrant groups. The fear of deportation also means that irregular migrants do not seek health assistance unless it is an emergency or too late (IOM, 2011). An additional reality is that migrants do not live in isolation; therefore, protecting migrants from communicable diseases also protects migrant-receiving and migrant-sending communities (IOM, 2011).

This vicious circle exacerbates and is in turn exacerbated by existing conditions of poverty, inequality, social instability (in some places), high levels of sexually transmitted infections (STIs), gender disparities, sexual violence, high mobility (migrant labour), limited and uneven access to quality medical care, limited access to legal and social services, and a history of poor leadership in response to the epidemic (www.aids.org.za).

It is clear from Figure 1.1 and the above examples that interventions are required at the 'development interface' – the place where development actually impacts the receiving environment, i.e. at the place where HIV transmission occurs. Many of the national HIV programmes target the receiving community and aim to prevent transmission within that community, but there are few reported attempts to focus on development projects per se, because the presence of a workforce in an area is usually transient during construction. This is precisely where EA can play a role. [2]

1.3 Environmental Assessment tools

Although there are numerous text books, guidelines and other publications on the subject of EA, and these guidelines are not intended to repeat this body of knowledge, it is worth providing a short summary of the key components of, and differences between, SEA and EIA to assist those readers who may not be so familiar with the concepts and processes.

2 '*Environmental assessment*' is a generic term for all forms of environmental assessment of policies, plans, programmes and projects. It includes a range of tools such as SEA, EIA, sustainability assessment and scoping (also see the Glossary).

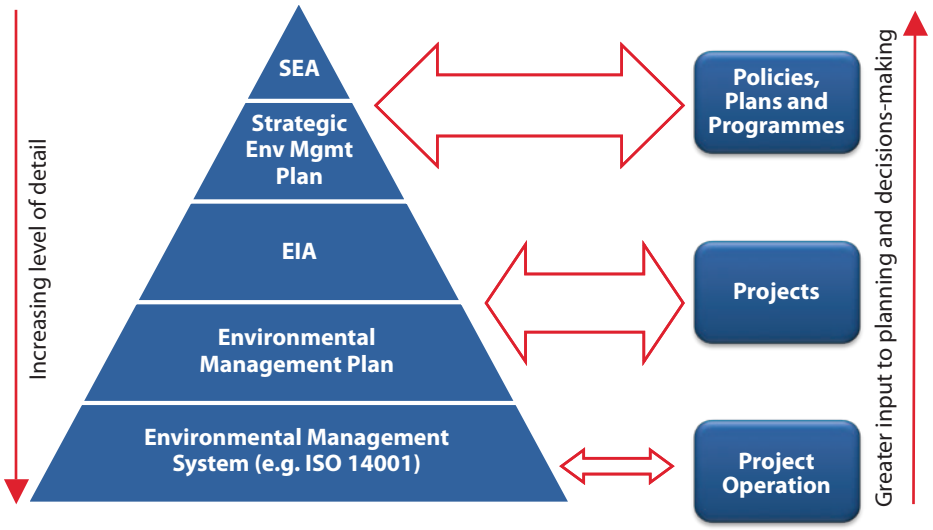
1.3.1 Strategic Environmental Assessment

An SEA should be carried out for **policies**, **plans** and **programmes (PPP)** that have the potential to significantly influence a geographic region or area, a particular sector and/or the environment within a region/area. In addition, where there is a major risk of cumulative impacts in a sector or region/area arising from repeated projects of a similar nature, it is appropriate to take a broader view and carry out a strategic-level assessment (SAIEA, 2011). SEAs are, therefore, conducted at a high level of decision-making (Figure 1.3).

SEA is a relatively recent addition to the EA 'toolbox' in eastern and southern Africa, and only a few countries legally require it.[3] These guidelines, therefore, provide an opportunity to bring issues such as HIV and its social and economic implications to the fore in all development planning. SEA is a proactive tool and helps to predict impacts and identify the unintended consequences of policy tools, prior to approval and implementation. Where impacts cannot be completely avoided, the SEA should be able to recommend mitigation strategies for government to implement to minimize the negative impacts.

FIGURE 1.3

Hierarchy of SEA and EIA tools and their relationship to planning and decision making



Many of the countries within southern and eastern Africa are constrained by a lack of resources to carry out project EIAs and in these cases, SEA can actually help to speed up the EIA process and streamline their scope (and costs) by ensuring that project proposals are set within a policy and planning framework that has already been subject to environmental scrutiny through the SEA (OECD, 2006). However, it is important to note that SEA is not a substitute for EIA, but it can create the overall framework and limits

3 Only Botswana, Lesotho, Namibia and South Africa among the 10 participating countries specify SEA for policies, plans and programmes, although Malawi requires an EIA for these activities.

of acceptable change for an individual project (Figure 1.3). The differences between EIA and SEA are set out in Table 1.2 below.

Table 1.2: EIA and SEA compared (adapted from OECD, 2006)

Environmental Impact Assessment	Strategic Environmental Assessment
Applied to specific and relatively short-term projects	Applied to policies, plans, programmes and regional or sectoral developments with a broad and long-term strategic perspective
Takes place at an early stage in project planning (it is reactive to a project proposal)	Takes place at an early stage of strategic planning (should be a proactive step)
Considers a limited range of in-project alternatives	Considers a broad range of strategic alternatives and scenarios
Tends to assess the impacts of the project on the environment	Looks at the opportunities and constraints that the environment poses for development
Usually prepared for, and funded by, the project proponent	Usually prepared for, and funded by, government agencies or Development Finance Institutions
Focuses on obtaining permission for a project with little consideration of broader planning objectives	Focuses on informing broad policy, planning and programme objectives
Well-defined process, with a clear beginning and end (i.e. from screening to environmental authorization)	Multi-stage, iterative process with feedback loops
Emphasis on mitigating environmental and social impacts of a specific project	Emphasis on sustainable development at a regional level
Limited analysis of cumulative impacts	Inherently incorporates the consideration of cumulative impacts of many projects and activities

Box 1: Example of a SEA Taking Account Of The Risks Of HIV

The SEA for the Namibian 'Uranium Rush' in the central Namib identified that there would not be enough local skilled and semi-skilled personnel to construct and operate the predicted number of new uranium mines and associated industrial developments, and that, therefore, there would be an influx of job seekers and migrant workers. Recognizing that a large number of male, migrant workers tends to be accompanied by an increase in sex workers, it was postulated that HIV would be a major risk. This led the SEA team to make a range of recommendations to the Government of Namibia and the mining companies about how to prevent and minimize the spread of HIV.

1.3.2 Environmental Impact Assessment

EIA is the tool used to predict the impacts and benefits of a proposed project on the environment.[4] It is used by decision makers, including the developer, to determine whether the project should proceed or not and in what form. EIAs tend to find that most of the negative impacts result in long-term effects on the receiving biophysical environment, while most of the positive impacts relate to shorter-term economic and social benefits such as employment, business opportunities etc. Although most EIAs typically include a Social Impact Assessment (SIA), few include detailed assessments

4 Note: the term 'environment' in the context of this report encompasses the biological, physical, social, economic, health and cultural dimensions, except where otherwise stated.

of gender or health; therefore, long-term negative impacts on community health and gender equality tend to be overlooked.[5]

One of the key outcomes of an EIA is the Environmental Management Plan (EMP), which should provide the construction manager and developer with a set of practical measures to apply to avoid or minimize the negative impacts and to maximize the possible benefits, both during construction and ongoing operations.

Since EIAs are legally required for development activities in all countries in eastern and southern Africa, and notwithstanding the constraints and limitations discussed below, integrating health and social issues into the EA process is considered one practical way of addressing HIV and gender-related issues at the development interface (Figure 1.1).

1.4 Need for EA strengthening to include HIV and gender-related issues

During Phase 1 of this study (see Preface), the countries participating in this project identified many common weaknesses and gaps in EA law, practice and administration. Despite a raft of policies and legislation on EIA (and to a lesser extent on SEA), and government agencies dedicated to environmental management, there are still too many EIAs for large capital projects which barely meet the minimum requirements, and even the best may fail to adequately address HIV and gender-related issues. The reasons for this are many and include legislative and institutional weaknesses, a lack of awareness about health as a development issue, and poor environmental assessment practice in many cases.[6]

The overarching weaknesses in policy and legislation were found to include:

- **Constitutional weaknesses relating to discrimination against women.** Some constitutions, such as those of Botswana, Zambia and Zimbabwe, still allow for practices under customary law provisions which are discriminatory against women. Even in those countries whose constitutions prohibit all forms of discrimination, cultural rites[7] are still widely practised, usually with no punitive consequences.[8]
- **Poor, conflicting and/or 'toothless' environmental legislation.** For example, although both Lesotho and Botswana have environmental legislation in place, the regulations required to operationalize the acts have been in draft form for many years. Namibia's Environmental Management Act was approved in 2007, but was only promulgated five years later in February 2012 with the finalization and gazetting of the regulations.
- **Lack of clarity over the inclusiveness of the term 'environment'.** The definitions of the terms 'environment' and 'social' are often poorly articulated in most environmental laws in the region, and it is unclear in most cases whether the social

5 See Phase 1 Summary Report for detailed analysis (www.undp.org).
6 See Footnote 5.
7 These 'rites' include cultural practices, taboos, family systems and structures etc.
8 See Footnote 5.

environment should include health or not – most do not, which may be one of the reasons why health issues in general are not given adequate consideration in EIAs.

- Weak institutional capacity to ensure compliance with policies and to reduce the environmental impacts.

- **Exclusion of worker health and safety from EIAs.** Workplace health issues, including HIV, are governed by a suite of specific laws relating to *inter alia* employment conditions, occupational health and safety (OHS). Under these laws, employers have very specific responsibilities to safeguard the health and safety of their employees at the workplace. Few of the OHS issues that arise in the workplace environment affect, or are affected by, the wider environment 'beyond the fence'. Thus they are usually excluded from the EA, meaning that worker interactions with the 'host' community are largely overlooked.

- **Lack of direction on gender equality in environmental laws.** There is a lack of gender-specific clauses in relevant laws, policies, regulations and guidelines in most countries. This is because most countries' constitutions state that no law can be made that is discriminatory either of itself or in its effect. This means that all policies and laws of the country must be based on the principles of equal rights conferred under the constitution. Therefore, most of the environmental policies and environmental acts do not differentiate on the grounds of gender in their application, even though the impacts of development projects affect men and women very differently. Nevertheless, some legal instruments set out specific principles which need to be applied in decision-making – for example, the South African National Environmental Management Act (NEMA) clearly articulates the need to ensure equality, equity and environmental justice for all disadvantaged groups including women and disabled people (NEMA, s. 2). In Lesotho and Malawi, these principles are echoed in their national environmental policies.

- **Lack of impact analysis by gender.** Men and women have very different experiences of the impacts of a development project, and there is an increasing amount of evidence that shows that, in general, women are more vulnerable than men to the health and social risks which accompany such projects, with limited access to the many benefits that they purport to bring (Eftimie et al., 2009). The majority of, if not all, EIAs fail to disaggregate the impacts by gender, and communities tend to be treated as homogenous groups. This means that the impact predictions of magnitude, duration and significance do not distinguish between the very different reactions to a given cause by men and women, nor does it differentiate between the responses by rich and poor, literate and illiterate, vulnerable and empowered people.

- **Weak mitigation measures for the management of HIV.** A review of case studies during Phase 1 and experience from the region indicate that the mitigation measures usually put forward regarding the management of HIV on a project are weak, focusing only on awareness posters, 'toolbox' talks and the provision of free condoms.

- **Poor implementation of EMP requirements.** Even these basic mitigation measures are often not properly implemented, and little if any project compliance monitoring of health effects is ever carried out. This lack of follow-up by the developer is compounded by the fact that few governments ever carry out compliance audits of these projects, even though they are mandated by law to do so. This is largely due

Box 2: Definitions of the Term 'Environment'

A good example of a health-inclusive definition of the term 'environment' is found in Botswana's EIA legislation:

"the physical, ecological, archaeological, aesthetic, cultural, economic, institutional, human health and social aspects of the surroundings of a person".

An example of a typical non-health-inclusive definition of the term 'environment' from Zambia states:

"natural or manmade surroundings at any place, comprising air, water, land, natural resources, animals, buildings and other constructions" (sic).

Box 3: Failure to Implement the Recommendations Made in the EMP

During the EIA process for the new bridges across the Senqu and Senquyane Rivers in Lesotho, the public expressed concerns about health impacts in general, STIs, HIV, employment, gender and compensation. These issues were addressed in the EMP, but although one of the key stipulations in the Record of Decision was that the EMP should be followed and compliance monitoring reports submitted monthly, there is no follow-up on record.

to a number of factors such as inadequate human resources, lack of vehicles, the remote nature of many projects, insufficient funding etc.

- **The penalties for non-compliance with EA legislation are inadequate.** For example, in Malawi the maximum fine for failing to prepare an EIA report is a little over $1000.
- **Lack of a legislated peer review mechanism** for quality control of EAs in most countries.
- **Only a few countries require SEAs** for policies, plans and programmes (Botswana, Lesotho, RSA, Namibia), but the application of this requirement is not yet common practice in those countries.

Despite these weaknesses, government representatives from the countries participating in this UNDP project concurred that there are many opportunities for the EA process itself, as well as through legal instruments and institutional structures, to better integrate HIV and gender-related issues into EA practice. Some of the most commonly expressed recommendations in relation to the inclusion of HIV and gender-related issues were the following:

- **Policy reform.** Many environmental policies are over 10 years old and need to be revised – this presents an opportunity to include issues of gender and health as key cross-cutting issues.
- **Law reform and harmonization.** Laws are constantly being repealed, amended and revised. Some of the amendments specifically relating to the inclusion of HIV and gender-related issues included:
  - revision of the definition of the term 'environment' to include the social, health, cultural and economic environments, where applicable. This would also help bring the legal statute into line with policies, regulations and guidelines which often have a broader definition of the term 'environment', which in some cases conflicts with the legal definition;
  - the inclusion of a set of principles in the environmental act, one of which would be to ensure that social justice and equity are promoted at all times; and
  - the requirement for SEAs that include health and gender to be undertaken for all policies, plans and programmes.

Box 4: Example of a Principle of Social Justice (South Africa Nema, s.2(4)(c))

"Environmental justice should be pursued so that adverse environmental effects are not distributed in such a way as to unfairly discriminate against any person, particularly the most vulnerable."

1.5 Purpose of the guidelines

During Phase 1 (see Preface), it became clear that many stakeholders found it difficult to make the connection between health and environment, and once the linkage was made, the biggest constraint facing all parties was a lack of knowledge as to how they could integrate HIV and gender-related issues into the EA process within the scope of their current mandates. The purpose of these guidelines, therefore, is:

- to identify the important public and private stakeholders in the environmental, health and development sectors and to provide insights into the roles each can play in making EAs more effective in addressing HIV and gender-related issues;
- to identify the key steps in the EA process where stakeholders could be more involved in addressing HIV and gender-related issues;

- to highlight at each stage of the EA process the types of questions relating to gender and health that should be asked and the nature of the information that should be provided by each stakeholder group;
- to make the EA process a more proactive and useful instrument of change when it comes to addressing the rampant spread of HIV on and around the construction and operation of development projects and its disproportionate impact on women; and
- to support the commitments made by all the countries participating in this study to the various international and regional protocols and initiatives on gender and HIV, especially:
  - the Millennium Development Goals (MDGs);
  - the Three Ones;[9]
  - the Paris Declaration on Aid Effectiveness (2005);
  - UN General Assembly Special Session on HIV/AIDS (UNGASS) (2001);
  - the Maseru Declaration on HIV and AIDS (2003);
  - the Abuja Declaration and Framework for Action (2001);
  - the Brazzaville Commitment on Scaling Up Towards Universal Access to HIV and AIDS Prevention, Treatment, Care and Support in Africa by 2010 (2006);
  - the Johannesburg Declaration of African Union (AU) Ministers of Health (2007);
  - the Southern African Development Community (SADC) HIV and AIDS Strategic Framework (2003–2007);
  - the SADC Framework for HIV and AIDS Mainstreaming (2005);
  - the Addis Ababa Declaration (January 2008) on Gender Policy by the COMESA Heads of State;
  - the EAC Workplace Policy on HIV and AIDS (2007);
  - the SADC Code on HIV and AIDS and Employment;
  - ILO Recommendation No. 200 (2010) concerning HIV and AIDS and the World of Work; and
  - SADC Guidelines on TB HIV and Silicosis.

The focus of these guidelines is, therefore, on the **EA process** and where and how general administrative and consulting practice can be improved with regard to the integration of HIV and gender-related issues.

Note that this document deals with gender issues only as they relate to HIV; therefore, it does not purport to be an authoritative reference for gender-inclusive EIAs. There are many guidelines on SEA, EIA and EMPs, as well as on health, gender and SIA in the general literature, and we do not attempt to replicate any of this work here (see Appendix A for useful resources relating to the various EA tools).

9 The Three Ones approach, in the context of national responses to HIV and AIDS, refers to the need for each country to have one Coordinating Mechanism, one Multi-sectoral Plan and one National Monitoring & Evaluation Framework.

Box 5:Definition on Integrating HIV into Environmental Assessment

"Mainstreaming HIV and AIDS into the environmental assessment process means that the impacts of a policy, plan, programme or project on the status of HIV in the receiving communities are systematically evaluated from initial scoping through the detailed environmental assessment. It also means that the mitigation plan and detailed environmental management plan incorporate measures to avoid, reduce, minimise or control the transmission of HIV. Health monitoring on and off the project site will include HIV indicators" (UNAIDS, 2010).

The focus is also specifically on one aspect of health, namely HIV and AIDS. Although there are strong correlations with TB and malaria, these guidelines do not address these issues per se.

Non-EA related aspects such as constitutional amendments, law reform, policy updates, labour law and OHS etc. are beyond the scope of these guidelines.

1.6 How to use the guidelines

These guidelines are targeted at the main role players in the EA process, i.e. government authorities, proponents, consultants and civil society stakeholders. **Chapter 2** describes these groups in more detail and the roles they should play in the EA process. This is important background for the following two chapters (Chapters 3 and 4), which provide best practice guidance for each group, for every stage of the SEA and EIA process, respectively.

Chapter 3 provides guidance on how to integrate HIV and gender-related issues into an SEA for a PPP.

Chapter 4 contains guidelines on integrating HIV and gender-related issues into the EIA process for projects.

Chapter 5 contains the summary and conclusions.

The purpose behind presenting the guidelines by each step of the EA process is to allow each role player to understand his/her role in relation to other parties at the same stage, so that each knows what the other should be doing or asking.

2 ROLES AND RESPONSIBILITIES OF KEY STAKEHOLDERS IN THE EA PROCESS

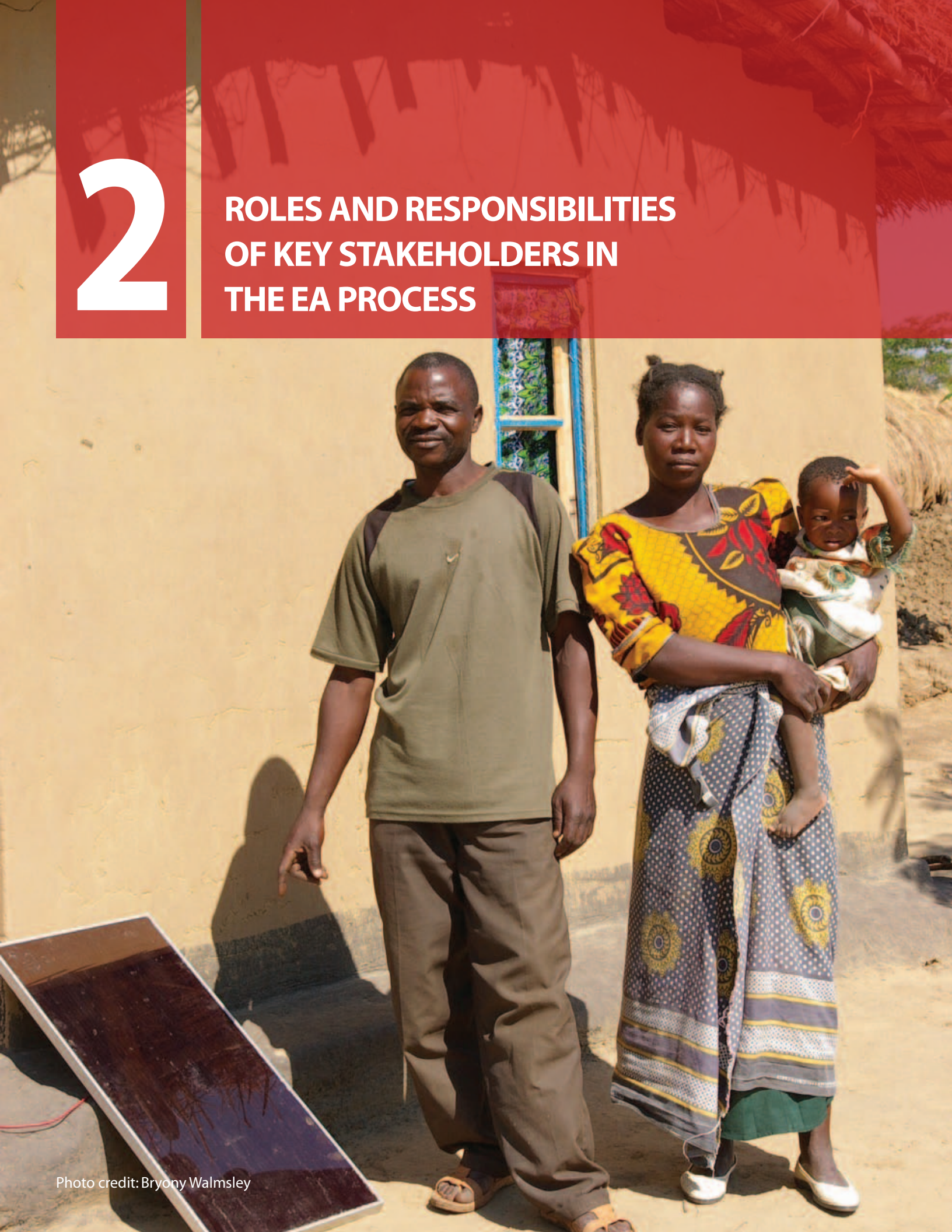


Photo credit: Bryony Walmsley

There are numerous organizations, institutions, companies and private individuals who are usually involved (or should be included) in EAs for policies, plans and programmes relating to large capital projects in one way or another. These Guidelines will be of value to each of the groups shown below. The colour coding in the table is used throughout this document to highlight best practice guidance for each user group.

Table 2.1: Main actors in the EA processes

Government Authorities	Proponent or Developer	Consultants	Civil Society Stakeholders
Environmental authorities	Project owner and/ or operator	Lead consultants (EIA/SEA)	Directly affected parties
Line ministries (e.g. those responsible for roads, water, energy, mines etc.)	Contractors and sub-contractors	Specialists (social, gender, health, culture)	Interested parties
National AIDS agency or commission or council	Government and parastatals	Public participation specialists	Civil society organizations, (especially related to health and gender)
Other ministries (e.g. Health, Social Services, Gender, National Planning, Finance etc.)	Suppliers and transporters (supply chain)	Construction HIV programme manager	Community-based organizations
Inter-ministerial environmental committees	Business organizations (e.g. Chamber of Commerce, Chamber of Mines, ICMM, Business and HIV and AIDS initiatives)		Non-governmental organizations, international organizations and UN agencies (e.g. IOM, ILO)
Local government and traditional leaders	Occupational Health and Safety officers		Labour unions
Tender boards			

The groups listed above all have a role to play in the EA process in terms of the legislative and administrative structures, but there may be many other groups that could benefit from the information contained in these Guidelines, such as:

- universities and other tertiary institutions;
- legal practitioners;
- media;
- policymakers;

- NGOs (in general); and
- regional economic communities (SADC, EAC and COMESA).

It can be seen from Figure 2.1 that the various stakeholders take on either a guiding, reviewing or commenting function, or they provide input into the EA at different stages of the process. As these Guidelines aim to promote best practice, the figure shows where stakeholder engagement should occur (grey font) to be most effective, not necessarily what currently happens in practice (black font).

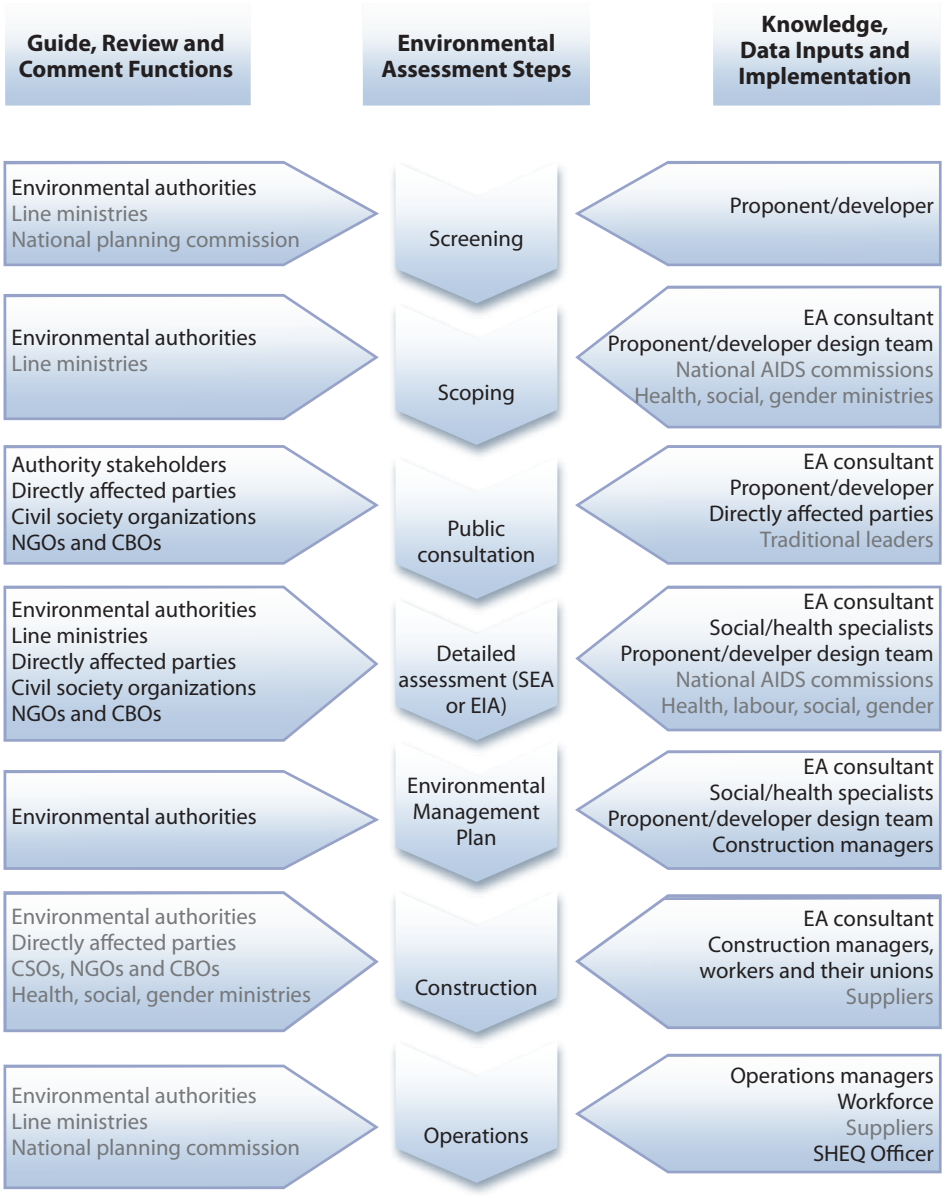


FIGURE 2.1

The EA process and stakeholder roles (black font shows current levels of involvement; grey font shows where future stakeholders should be involved).

2.1 Government authorities

Because HIV and gender are cross-cutting issues and policies, plans, programmes and projects cover the entire spectrum of development, most arms of government should be involved at some stage of the EA process (see Figure 2.1).

2.1.1 Environmental authorities

Depending on the country's legal and administrative structures, the environmental authorities play one of two roles with respect to the EA process:

- they are the authorizing agency for all projects listed as requiring an EA; or
- they are a commenting agency on the EA, but the decision to approve the EA is taken by the responsible line ministry.

Either way, the main tasks of the environmental authorities in relation to the EA process are to:

- critically review EA outputs, such as scoping reports, EIA Terms of Reference (ToR), and EIA or SEA reports (Figure 2.1);
- make decisions, or make recommendations, on whether to approve or reject EA reports and to provide cogent reasons for such decisions;
- issue environmental authorizations with clearly stated conditions of approval;
- conduct follow-up compliance monitoring and auditing; and
- enforce the environmental laws and issue the necessary punitive measures and penalties where necessary.

While the law provides clear opportunities for the environmental authorities to play a strong guiding role over the scope and content of EAs and the implementation of the EMPs, these are seldom exerted to the extent that they should be, due to a number of weaknesses in most environmental agencies such as:

- inadequate funding;
- insufficient numbers of trained and experienced staff, especially sociologists;
- high staff turnover;
- low morale;
- relatively poor remuneration;
- inadequate physical resources to carry out compliance monitoring effectively (e.g. vehicles, equipment, computers, laboratories etc.); and
- lack of information.

A further weakness is that most environmental agencies fall under ministries with multiple and often conflicting mandates. For example, ministries may be promoting mining or tourism development in one department, while another department in the same ministry has to adjudicate on the suitability or not of such a development from an environmental perspective. This inevitably leads to conflicts of interest within the same ministry.

One opportunity that is rarely used to its full potential is the fact that most countries have legislation which allows the environmental authorities to convene policy-level, inter-ministerial committees on the environment and *ad hoc* technical committees to advise them on individual projects. The inter-sectoral ministerial committees usually comprise representatives from several sectors, including the sector of the project itself. The health ministry is mentioned as one of the participating members in only half of the countries participating in this study; the other countries are not specific about membership. These committees provide forums for raising HIV and gender as cross-cutting issues affecting all policy decision-making, but problems such as low frequency of meetings, high turnover of members, lack of active participation by all ministries and a general shortage of awareness about the linkages between the environment and human wellbeing all conspire against the success of these committees to achieve this goal.

The *ad hoc* technical committees allow a multi-disciplinary review of EIAs and improved inter-sectoral collaboration. They also provide an opportunity to ensure that HIV is integrated into the EIA process at project level. However, a general lack of awareness about the linkages between HIV and environmental management issues, and the fact that some countries do not convene such committees, reduces the effectiveness of these structures.

Another opportunity for integrating HIV and gender-related issues into routine EAs is to update existing EA guidelines (e.g. those on EIA, SIA etc.) and to adopt these Guidelines into everyday practice.

2.1.2 Line ministries

Line ministries, i.e. those responsible for large capital projects such as water, mining, energy, roads and transport, ports, agriculture, telecommunications etc., may play one of three roles in relation to EAs for policies, plans, programmes and projects:

- they provide comments on an EA to the environmental authority as one of the relevant line ministries (Figure 2.1); or
- they act as the authorizing agency for approval of the EA and the project – for example, in South Africa, mining EAs are approved by the Department of Mines and Energy, and the Department of Environmental Affairs is a commenting agency; or
- they are the developer, i.e. the project is a government-funded initiative, in which case their roles and responsibilities are similar to those of a private-sector proponent (see Section 2.2 below).

From the point of view of upholding administrative justice and independence, the role of line ministries should be limited to providing comments as a stakeholder in the EA process (first bullet). However, the model followed in many countries of the ESA region is articulated in the second bullet, i.e. the decision about a project is made by the line ministry, and the environmental authority merely provides comments. As discussed in Section 2.1.1 above, this can and does lead to significant conflicts within and across ministries. This situation is exacerbated further when the line ministry itself is the developer – for example, a roads agency.

2.1.3 Other ministries and government agencies

Box 6: Conflict Between Government Departments

The Department of Environmental Affairs in South Africa was one of the appellants against a decision made by the Department of Mines and Energy when it issued an authorization for the Vele Colliery to proceed.

As mentioned above, most other government ministries such as those dealing with *inter alia*: health, social services, gender, youth, labour, housing, finance, education, national planning etc. need to be involved in one way or another in EAs (Figure 2.1), and yet experience from the region indicates that this rarely occurs. In the context of these Guidelines, the health ministry and national agencies responsible for HIV and AIDS play a key role: as advisors to the EA practitioners and Health Impact Assessment (HIA) consultants; as partners in project monitoring; as sources of information; and as national focal points for HIV coordination in the country.

If the activity relates to a PPP, then the government agencies for health, planning, housing, social services, local government, gender, labour etc. should all be involved in the SEA process in terms of providing data, inter-ministerial coordination and cooperation, input and comments.

If the proponent for a large capital project is the government, then sufficient funding needs to be made available by the Ministry of Finance for a comprehensive and HIV-inclusive EA to be carried out and the EMP implemented. This means that the Tender Boards also need to be made aware of the need to mainstream HIV into all government projects, and they need to amend their tender requirements and adjudication criteria to reflect the importance of HIV prevention and control throughout all government endeavours.

A critical player for the successful integration of HIV into the EAs for national infrastructure development plans and large capital projects is the national AIDS commission (NAC).[10] The NACs first need to be made aware of the role that EA can play in managing the spread of HIV at the development interface (see Figure 1.1), and, second, they need to work closely with the EA consultants and developer to:

- provide relevant data and statistics for the area in which the development is planned;
- ensure that the approaches and programmes for HIV prevention and control are harmonized with existing programmes and are culturally sensitive;
- participate in or guide the implementation of project-related HIV programmes, including monitoring HIV outcomes; and
- provide the link between the project and the health ministry to plan and coordinate the response of the health sector with regard to facilities, staff and equipment.

Similarly, the ministry responsible for labour needs to become more involved in the EA process to ensure that the proponent/developer works within the framework of existing and planned policies, laws and programmes and that measures to prevent HIV within the workforce are proactively implemented.

It would also be appropriate for the gender ministry and CSOs involved with women's rights to play an active role in the EA process, especially for projects where women are

10 All countries have a national agency on AIDS, variously called Commissions, Councils, Agencies etc. The term 'national AIDS commission' and its acronym (NAC) is used throughout this document as a generic term.

poor and vulnerable to abuse, and where the risks of entering the sex trade and inter-generational sex are high.

A key to the coordination of government ministries in their approach to integrating HIV and gender-related issues into the EA process is the inter-ministerial environmental committee mentioned in Section 2.1.1 above. The scope of the membership of these committees should be increased to include ministries responsible for labour, finance, development planning, gender etc., as well as NAC representatives.

2.1.4 Local government and traditional leaders

Apart from South Africa, which has devolved most EA decision-making to provincial government, most countries make decisions about EAs at national government level. However, local government still has an important role to play, particularly in the development of urban strategic plans, where SEAs need to take into account health issues, among other things. Local government can also have input into the EA process by providing information and comments. Local government agencies can also be the developer in some instances (see Section 2.2 below).

In some circumstances, the traditional leaders in an area need to be included in the list of stakeholders, as they need to be informed about and consulted on the proposed policy, plan, programme or project. In some rural areas it may also be appropriate to consult with the traditional healers who play an important role in community health.

Box 7: Role of Ministry of Labour

"Ministries of labour, employers, workers and their organizations have a vital role to play in the HIV and AIDS response. Within its overall responsibility for the national workforce and labour legislation, the labour ministry is a key partner in the national HIV and AIDS response" (www.ilo.org).

2.2 Proponents, contractors and suppliers

There are two types of proponent: private-sector developers and government (or public-sector). Irrespective of whether the project is a public, private or a public–private development, all require a team to design and engineer the project, a workforce to build and operate it, and suppliers to provide all the raw materials and other inputs for construction and ongoing project operations. The proponent, contractor and supplier, therefore, play different but key roles at all stages in the EIA process, as shown in Figure 2.1.

2.2.1 Proponent/developer

By law, all large capital development projects need to have an approved EIA prior to development, so there are many opportunities throughout the EIA process for the proponent or developer to give consideration to HIV and gender-related issues in the design, planning, construction and implementation of the project. This can be achieved by:

- formulating appropriate corporate policies relating to health, safety and the environment, with a specific focus on HIV and gender in the workplace (Box 8);
- adopting a positive mind-set to corporate social responsibility by committing adequate human and financial resources to the social programmes identified; and
- ensuring that EIAs are properly planned, scoped and budgeted to include HIV and gender-related issues.

Box 8: HIV And AIDS in the Workplace

"AIDS is a workplace issue because it has a marked impact on workers, their families and dependents, enterprises and national economies. Discrimination and stigmatization against both women and men living with HIV threaten fundamental principles and rights at work and undermine efforts to provide prevention, treatment, care and support" ILO Recommendation No. 200 (2010).[11]

Key principles of the ILO Code of Practice on HIV/AIDS and the World of Work

- Recognition of HIV/AIDS as a workplace issue.
- Non-discrimination.
- Gender equality.
- Healthy work environment.
- Dialogue between employers, workers and government, including workers with HIV.
- No screening for purposes of exclusion from employment or work processes.
- Confidentiality.
- Continuation of employment relationship for employees with HIV/AIDS.
- Importance of prevention.
- Need for care and support, including access to services.

Box 9: Corporate Social Responsibility (ICMM)

The advantages of taking an integrated, community-based approach to health care are as follows:

- **Increased productivity.** The workforce will include and possibly reside in the surrounding communities, and poor community health will affect human capital and worker productivity.
- **Cost.** The cost-effectiveness of community health projects, together with strategic partnerships, ensures that larger investments can be made and the programme sustained beyond the life of the mine. Community health outreach programmes are often an essential criterion in evaluating funding requests by different agencies.
- **Social licence to operate.** Large health-related burdens of many rural and poor communities, with little access to good health care facilities, mean that health care support is highly valued. Effective community outreach programmes will build good relationships and reassure shareholders and prospective investors.
- **Health Impact Assessment.** The negative impact of mining activities on communities can be effectively mitigated by company health programmes.
- **Reporting.** Community health programmes will enhance Global Reporting Initiative (GRI) scores.

Some large companies are members of, or subscribe to the standards of, various business organizations, such as local chambers of commerce, industry and mines, the International Council for Mining and Metals, the Extractive Industries Transparency Initiative, the Forestry Stewardship Council and other national and global organizations which promote ethical business practice and sustainable development (Box 9). Furthermore, more and more businesses are becoming actively involved in HIV and AIDS advocacy by forming business coalitions with HIV activist groups.

However, despite many good intentions and some isolated success stories, there is a strong argument to say that business as usual, with regards to the prevention of HIV in the areas surrounding large capital projects, is not working. Comments received from several government workshops (e.g. Namibia, Uganda) held during Phase 1 of this project (see Preface) indicated that one of the biggest constraints in implementing HIV and gender programmes during project construction and operation was that insufficient budget is allocated to social projects in general, and that social budgets tend to be 'lump sum' numbers, with no itemization of specific social actions – for example, for HIV prevention programmes. Thus expenditure against specific social and health deliverables cannot be audited.

There is a need, therefore, for far more rigorous attention to HIV and gender-related issues throughout the entire project life cycle.

2.2.2 Contractors

The main developer or project proponent (public or private) usually appoints a main contractor to build the project. The main contractor, in turn, will enter into several subcontracts for various project components. These subcontractors may range from international suppliers of equipment

11 http://www.ilo.org/ilolex/english/recdisp1.htm and http://www.ilo.org/ilc/ILCSessions/99thSession/texts/WCMS_142613/lang--en/index.htm

and materials, to contractors for specific installations (e.g. electricity), to local suppliers of goods and services.

Often one of the conditions of the contract is that the contractor agrees to abide by their own or the proponent's environment, health and safety (EHS) policies. Less often articulated, but just as important, is the need for all contractors to comply with the EMP developed for project construction and operation. However, no matter how many systems, policies and procedures regarding HIV are contractually in place, successful outcomes depend largely on the responsible behaviour of all concerned. This is easier said than done, especially where goods, equipment and materials have to be transported over long distances, and possibly through several countries, by a number of different suppliers. Studies by the IOM have shown that truck stops, border crossings and bridges are all 'hot spots' for HIV transmission (IOM, 2011) (Boxes 10 and 11).

As noted in the Introduction, many economies in Africa are pursuing an aggressive infrastructure-building agenda, spurred by the high demand for natural resources. Funding is often provided by overseas development agencies, and the contractors are often sourced from outside the country where the development will take place. Some donor governments use their own contractors and bring their own workforce, including unskilled labour. Anecdotal evidence from Lesotho and Botswana indicates that these foreign workers will pay high rates for commercial sex, and thus many women and young girls take the opportunity (or are forced) to earn cash (Lesotho: personal communication with T. Scalway, International Public Health Communications consultant; Botswana: Sharma and O'Malley, 2007). Many construction firms, however, try to source as much labour as possible from local communities, but inevitably there are few skilled or semi-skilled workers present in rural villages, and these skills need to be sourced from elsewhere. The problem of unprotected sex is, however, not confined to the workforce, as the case study from the Bujagali project shows (Box 12).

Most countries' labour legislation reflects recent changes and amendments to accommodate the obligations of the various ratified ILO Conventions and increasing AIDS advocacy in those countries. Thus most countries have incorporated the key principles of the ILO Code of Practice (2001) and more recently the ILO Recommendation No. 200 (2010) concerning HIV and AIDS and the World of Work into their labour laws and codes of practice. Among the many areas of HIV management is the need for employers to provide education and awareness training on HIV prevention, modes of transmission and the responsibilities of workers with regards to this disease, both at the workplace **and in the wider community**. This applies equally to local and migrant workers.

This is where the EIA, through the EMP, can help to ensure that the impacts of the workforce on the communities in which they are working are prevented or minimized, through ongoing education and training regarding the disease, its risks and consequences,

Box 10: Mongbwalu Project, DRC

The Mongbwalu gold mine in the remote north-eastern part of the DRC will obtain all its goods through the Port of Mombasa in Kenya via Uganda and Rwanda, a distance of over 2000km. There are three border crossings and numerous towns and villages along this route which could become HIV 'hot spots'. However, it is extremely difficult for the mine owner (which has its own comprehensive HIV policies in place) to control each transport company and its drivers with regard to HIV transmission, especially when you consider the views of truck drivers expressed in the IOM's 2011 study of the Nacala Corridor in Mozambique:

"I have various women on my journeys; there is no lack of them. When I travel there are places where I always have to take something, a sack of potatoes, a tin of maize and beans. There are at least three women on my trips to Zimbabwe. In this way I don't suffer on the road. I call them beforehand so they can prepare food for me when I arrive. With these women I don't use condoms because they are my women (wives)." – Truck driver, Nacala Port

"Having one partner is good, but having many is better." – Truck driver, Nacala Port (Sylvester et al., 2011)

Box 11: Mobility As A Driver Of HIV

The Zambian government has highlighted mobility as one of the six key drivers of the HIV epidemic in the country and in response has established a national campaign to initiate, revitalize and scale up innovative HIV prevention programmes for mobile populations. The HIV and AIDS Policy for the Transport Sector is designed to meet this goal (IOM Regional News: Southern Africa, November 2010).

Box 12: Bujagali Hydropower Project, Uganda

One of the findings of this case study was that the expatriate staff members of the Engineer Procure and Construct (EPC) Contractor increasingly failed to comply with the health and safety rules relating to HIV prevention. This set a poor example to the rest of the workforce.

enforcement of Codes of Practice and the clear delineation of responsibilities regarding HIV management (see Section 4.6).

2.3 EA consultants

The EA is usually conducted by a multi-disciplinary team of consultants, under the leadership of a lead consultant. The lead consultant is responsible for assembling a competent, qualified and experienced group of specialists to conduct the EA. Unfortunately, there are many weaknesses in EA practice in general in the ESA region, and HIA is an aspect which is particularly neglected. Some of the challenges include:

- inadequate capacity among local EA practitioners due to poor training and lack of experience, compounded by the fact that there are few controls on who is qualified to carry out EIAs and SEAs (e.g. registration and certification), and the application of professional Codes of Conduct; and
- an insufficient number of competent specialists in the fields of gender and HIAs.

As a result, there are many EAs which fall far short of what may be considered best practice, with one of the weakest aspects being the consideration of social issues in general and HIV and gender in particular. Consequently, the standard of EMPs is usually poor, and HIV is treated superficially at best – typical management measures include 'put up HIV awareness posters' and 'make free condoms available'. Often the roles and responsibilities for monitoring social and health issues are not spelled out adequately.

2.4 Civil society stakeholders

The environmental laws of all the countries participating in this project require the proponent or his/her EA consultants to conduct a public consultation programme, thereby allowing civil society to express concerns and aspirations about a policy, plan, programme or project and to comment on the EA process – be it an SEA or EIA.

Thus the main roles of civil society stakeholders in the EA process are to participate in the public consultation process and to act as a 'watchdog' against biased reporting (by the EA consultants), bad decisions (by the authorities) and poor implementation (by the proponent). Civil society groups can also be valuable sources of local knowledge.

Civil society is made up of a very broad range of people and organizations, each with differing levels of education, perceptions, beliefs, values and self-interest. Often stakeholders will have diametrically opposed views of a proposed project, and balancing these interests requires careful facilitation by the public participation consultants.

The main stakeholder groups include directly affected parties, interested parties, gender groups, industry organizations (especially those convened to address HIV), labour unions and the project workforce. Successful involvement in public consultation processes is sometimes quite difficult due to a number of factors, but those relating particularly to HIV and gender include:

- an inappropriate mode of consultation for the audience (too technical, language

barriers, socio-cultural barriers etc.);

- lack of capacity of stakeholders to provide constructive criticism and comments;
- stakeholder fatigue (too many meetings) and cynicism ('no one will take any notice of my comments anyway, so why bother?'); and
- some groups of stakeholders such as women, young people, sex workers and people living with HIV may not be able to voice their concerns in a public forum due to local customs and stigmatization.

The second major role that stakeholders, particularly NGOs and CSOs, can play in the EA process is to monitor the implementation of the EMP – one of the most common problems identified in several infrastructure projects funded by the Asian Development Bank (ADB) in south-east Asia was the lack of effective coordination between various NGOs, CBOs, CSOs and other HIV and gender programme implementing agencies resulting in overlaps and multiple approaches to managing the problem (ADB, 2007).

2.4.1 Directly affected parties

Directly affected parties are those who will feel the direct impacts of the project on their health, safety, livelihoods and well-being. Determining who may be directly affected is sometimes difficult, as the zone of influence of impacts can vary – for example, an air pollution plume can extend in one direction and a water pollution plume in another. In terms of HIV, the zone of influence may be harder to define due to the mobility of some workers (e.g. truck drivers, migrant workers etc.), but this can be achieved through stakeholder profiling and a sound SIA. It is also necessary to distinguish between men and women, who may experience the impacts of a project differently.

Employers' and workers' organizations (unions and confederations) are often excluded from participation in the EIA process, even though they are directly affected parties. The main reason for this is that the EIA is usually conducted prior to the project being commissioned, i.e. during the planning stage, when the future workforce has not yet been employed. Nevertheless, there are several employers' organizations – especially those created to address HIV in the workplace – which should be included in the public participation process.

2.4.2 Interested parties

Interested parties are those who are not directly affected by a project in terms of their health, safety, livelihoods and well-being but who have some interest in whether the project should go ahead. Defining this group of people is difficult, and often their interests will be reflected through an NGO, CBO or an activist group specially convened for the project. Interested parties can live near the project site, within the region or even in another country/continent. Depending on who they are and what levels of funding they can raise, interested parties can have a significant influence on the outcome of a project, especially if they leverage media coverage. It is, therefore, very important that interested parties are provided with balanced, unbiased information and that the public consultation process is honest, responsive and transparent.

NGOs are usually well-funded organizations and may often be global in their scope,

such as the World Wide Fund (WWF), Save the Children Fund, Landesa (Rwanda and Uganda) and GROOTS International (Zimbabwe) etc.

There are also a number of key international organizations which play an important role in the context of HIV and gender-related issues, such as the International Organization for Migration (IOM), the International Labour Organization (ILO), World Health Organization (WHO), UNAIDS, UNDP, UNWomen etc.

CBOs are not-for-profit organizations that operate within a single local community. They are often run on a voluntary basis and are self-funded. There are many variations in terms of size and organizational structure; some are formally incorporated, with a written constitution and a board of trustees or committee, while others are much smaller and are more informal. CBOs can include ratepayers' associations, clubs or societies relating to the environment, and social action groups. Of particular interest in the context of these Guidelines is the role that can be played by the many networks of people living with HIV, HIV support groups, and various faith, gender and youth groups which exist in most societies.

3

BEST PRACTICE GUIDELINES FOR INTEGRATING HIV AND GENDER-RELATED ISSUES INTO STRATEGIC ENVIRONMENTAL ASSESSMENT

Photo credit: UNAIDS/P Virot

Box 13: Example of a Sector SEA

When it became evident that Namibia was experiencing a 'uranium rush', the Ministry of Mines and Energy commissioned an SEA to assess the cumulative impacts of a number of new mines in a relatively small and environmentally sensitive area of the Erongo region. One of the issues addressed in this SEA was the impact of an influx of job seekers on HIV and the ability of health care systems to cope.

This chapter provides the reader with an overview of the SEA process and some best practice guidance as to where and when stakeholders should be involved and in what way, focusing in particular on the inclusion of HIV and gender-related issues. However, readers are referred to Appendix A for references to more detailed guidance on SEA in general.

SEA can be defined as a range of "analytical and participatory approaches that aim to integrate environmental considerations into policies, plans and programmes and evaluate the inter-linkages with socio-economic considerations" (OECD, 2006). It can also be applied in the following circumstances:

- where a **particular sector or industry** is expanding rapidly or is likely to do so (e.g. in response to incentives or economic climate), and repeated environmental impacts are probable (Box 13); and
- where a **particular geographic area** is experiencing rapid development of a diverse nature and/or additive environmental impacts (e.g. overuse of water resources, conversion of natural habitat, pollution etc.).

The aim of SEA is to ensure that the environmental implications of a PPP (including sector and regional developments) are properly evaluated and factored into the development of these strategic-level documents. As almost all policies, plans and programmes (PPPs) have a spatial dimension, it goes without saying that most will have an impact on society in some way or another, and thus both HIV and gender-related issues need to be an integral part of the assessment. However, because SEA is still in its infancy in the region, there are few examples of SEAs that include HIV and gender issues. Thus the following sections provide guidance on how HIV and gender-related issues can be integrated into the SEA process to try to achieve the best outcomes for society.

3.1 SEA process

SEA should ideally be fully integrated into a policy development or planning development process. Typically, the SEA steps can be described as shown in Figure 3.1, but each stage will vary depending on the particular context being investigated. The outcome of an SEA may be a report or simply information that feeds into and influences the policy or planning process.

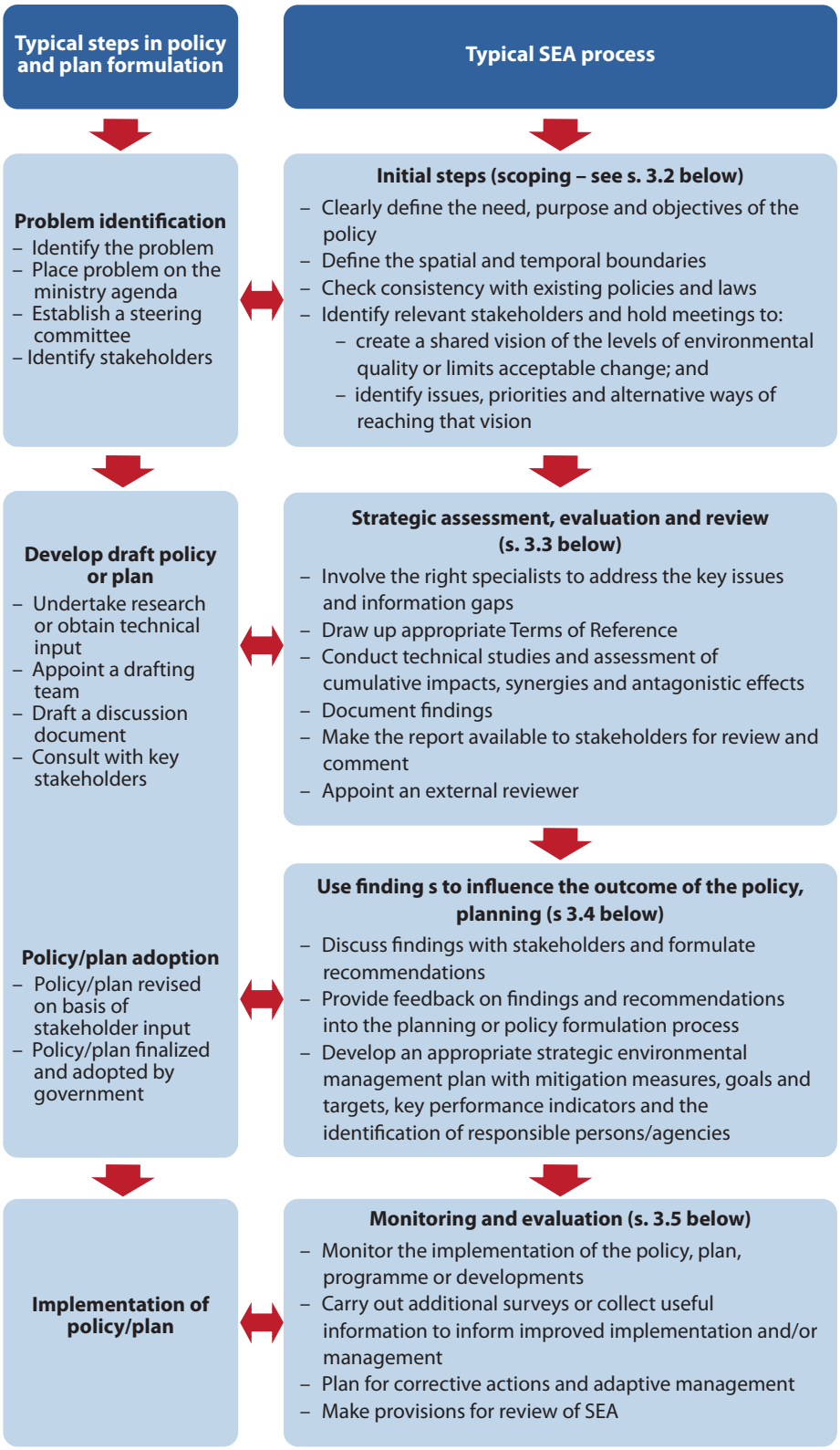


FIGURE 3.1

Linkages between policy and plan formulation and a typical SEA process (adapted from DEAT, 2007)

3.2 Initial steps in the SEA process (scoping)

An early step in the SEA process is screening to decide whether an SEA is appropriate and relevant in relation to the development of a PPP, sectoral or regional development (Figure 3.1). Integral to this is the establishment of objectives: how will the SEA improve the planning process, and what is its role? Once it is decided to undertake an SEA, a scoping exercise is needed to establish its content and the relevant criteria for assessment (e.g. National Environmental Policy, MDGs, National Sustainability Strategy etc.). These should form the guiding principles for the SEA and need to be clearly articulated in terms of desired outcomes – for example, MDG6 requires countries to "halt and begin to reverse the spread of HIV and AIDS and the incidence of malaria and other major diseases by 2015".

A pragmatic view needs to be taken on the geographic extent, time-scale, alternatives and number of scenarios that can be effectively covered in the SEA given time, budget, data and human resources constraints. Some policies, plans or strategies, for example, might have implications for neighbouring countries, the region or the globe (e.g. trade or transport policies may have far-reaching implications for HIV and all affected communities). The effects of these policies, plans or strategies might be felt almost immediately or only much later by future generations (e.g. the legacy effects of HIV). For the purposes of measuring the effectiveness of the strategic activity, clear spatial and temporal boundaries are needed (SAIEA, 2011).

3.2.1 Actions to be taken during SEA scoping to integrate HIV and gender-related issues

Government authorities

- Set up a **Steering Committee** (or other mandated institutional mechanism) to 'drive' the SEA, comprising representatives from the key sector(s) involved, the environmental authorities and the relevant health and social agencies (see below).
- Ensure a high degree of collaboration within and between government departments to ensure that SEAs for different sectors have a consistent approach to meeting the national HIV strategy. This could be effected by ensuring that the NAC (as the focal point for the national response) is on the steering committee.
- **Appoint consultants** with expertise in SEA. Make sure that the ToR specifically require a health specialist, gender specialist and sociologist on the consulting team (see Annex C for sample ToR for a health assessment for a SEA).
- **Determine the need and purpose** for the PPP.
- **Develop a shared vision** and objectives for the PPP through extensive stakeholder consultation (see below).
- **Assist consultants** in identifying relevant policies and strategy documents (see below) and other SEAs that are in progress or have recently been completed.

- **Actively participate** in the stakeholder engagement process – this is where you can make a real difference and can ensure that HIV and gender issues are brought to the forefront of strategic planning.
- The key competent authorities should commit themselves at the start of the SEA, to participate in the SEA process and to use the results of the SEA in the planning or policy formulation process and implementation.

SEA consultants and health specialists

- Appoint a **multi-disciplinary team** to conduct the SEA. The composition of the team will vary depending on the PPP or developments being evaluated, but since HIV and gender-related issues are cross-cutting and will affect and be affected by all PPPs, the team must include health and gender specialists.
- Establish a set of **sustainability criteria** to be used to 'test' the desirability of the PPP (see Box 14). The sustainability criteria need to be based on existing policies, strategies and international commitments. Those that relate to HIV will include:
  - national PPPs on: HIV and AIDS, health, labour and employment, poverty reduction, gender, sustainable development etc.;
  - regional policies on HIV and gender (SADC, COMESA, EAC); and
  - international social and human rights conventions and strategies such as: Poverty Reduction Strategy Papers, the Universal Declaration on Human Rights, UN Convention on the Rights of the Child, the International Convention on the Elimination of Discrimination against Women, Covenant on Civil and Political Rights, the United Nations General Assembly Special Session (UNGASS) on HIV/AIDS (2001), ILO Code of Practice (2001), ILO Recommendation No. 200 (2010) relating to HIV in the workplace, the MDGs etc.
- **Define the scenarios** to be assessed in the SEA. The scenarios need to be developed in consultation with key stakeholders and need to reflect a range of possible development options to be tested against the desired outcomes (sustainability criteria) (Box 14).
- **Conduct a stakeholder analysis** to determine inter alia:
  - main stakeholder groups who may be affected by the PPP or other developments subject to the SEA;
  - power relations between and within the groups (who are the most vociferous, politically connected, vulnerable, 'voiceless'?);
  - gender sensitivities – for example, can women speak out in front of men? Or should you plan to hold separate meetings for men and women?;
  - social customs and stigmas, especially relating to HIV and gender-related issues; and
  - the most suitable modes of engagement to ensure that all parties are 'heard' and that their concerns and aspirations are captured.

- Ensure that representatives from the following groups are involved in the stakeholder engagement process:
  - national AIDS commission;
  - ministries of health, labour, gender;
  - national planning commissions;
  - business and HIV associations/partnerships;
  - unions;
  - NGOs and CBOs working with HIV and AIDS;
  - women's groups and other community-based support groups;
  - HIV activists; and
  - relevant representatives from other countries where a PPP may have trans-boundary implications.

The stakeholder engagement process needs to be designed to carry on throughout the SEA process.

Stakeholders

Actively participate in the stakeholder engagement process – this is where you can make a real difference and can ensure that HIV issues are brought to the forefront of strategic planning.

3.3 Conducting the SEA

Once the scoping exercise has been completed and the scope of the SEA has been clearly defined, the main activities of the SEA can commence (Figure 3.1). This involves collecting baseline data, and assessment.

Collecting baseline data: SEA needs to be based on a thorough understanding of the potentially affected environment and social systems. This must be more than a mere inventory and should involve an in-depth and preferably quantified analysis of the main environmental components which will be affected by the PPP. Particular attention should be paid to important eco-sociological systems, their resilience and vulnerability and significance for human well-being (OECD, 2006).

Assessment: There is no single best method to assess the cumulative impacts and the synergistic and antagonistic effects of a PPP on the environment, so approaches should be selected based on the issues at stake and the nature of the PPP or development (OECD, 2006). For example, development in a particular region could benefit from a Geographic Information System (GIS) analysis of spatial information. Other tools include:

- cost–benefit analysis;
- causal loop or causal chain analyses to determine the main pathways of impacts;

- linkage diagrams, which try to plot the main positive and negative links between causes and effects and which highlight unintended consequences and cumulative impacts (positive and negative) (Figure 3.2); and
- comparative risk assessment.

3.3.1 Actions to be taken during the SEA process to integrate HIV and gender-related issues

Government authorities

- Provide the SEA consultants with up-to-date, relevant data – preferably in a disaggregated form so that the real impacts of the PPP can be evaluated on the basis of gender and HIV vulnerability.
- Review the SEA using explicit sustainable development criteria and associated desired outcomes (Boxes 14 and 15). Involve members of the NAC to ensure that the SEA is consistent with the national HIV response strategy.
- Ask for an external, independent review of the SEA if the PPP is complex or contentious.
- Ensure close cooperation and collaboration between different ministries with the shared objective of sustainable development and meeting national HIV targets.
- All participating authorities and/or agencies should make a commitment to accepting, implementing and enforcing the findings of the SEA.

SEA consultants and health specialists

- The SEA is dependent on the availability of baseline data. Therefore, it will be necessary to commission some specialist studies on the key components of the environment which may be affected by the PPP. In practically all cases, an HIA needs to be undertaken to cover all relevant aspects of health, including HIV (see Appendix C for a sample ToR for an HIA). Make sure that the health specialists tap into existing national databases – most NACs have comprehensive monitoring and evaluation (M&E) systems in place.

  Note that the HIA and SIA may be done by one consulting company comprising various health and social specialists, or by two separate experts. In the case of the latter, the health specialist and sociologist need to work closely together to align their work, as many of the data requirements (e.g. demographic data) are the same.

  Find out if other SEAs are being, or have recently been, done, and try to make sure that the approach to HIV prevention is consistent.

- Adopt an 'eco-sociological system approach' that recognizes the inter-dependencies of social, economic and ecological systems and explores and evaluates the implications of a PPP on these systems against desired outcomes and/or limits of acceptable change.
- Identify the opportunities and resource constraints of the social environment to enable the PPP to respect the capacity of the social capital in the area. That is, understand the potential constraints posed by HIV in the area or the unavailability of skills which may encourage the migration of job seekers into an already stressed social system, which may be vulnerable to the risk of HIV. Another way of identifying constraints is to explore any factors that may prevent the development vision from being reached (e.g. high prevalence of HIV, poor medical health services, low skills base, influx of migrant workers etc.).

  However, it is also necessary to consider the opportunities provided by the environment, especially in the context of health (e.g. source of food, medicines, clean water etc.). Both the opportunities and constraints need to be analysed in the SEA process.
- Identify and evaluate alternatives that could meet the need, purpose and objectives of the PPP. This process should be continual and repeated as necessary throughout the planning/SEA process.
- •Strive to ensure that the full spectrum of environmental and social costs and benefits is evaluated holistically. Attention needs to be paid to:
  - access by the poor to financial, physical, natural, social and human resources;
  - conditions of vulnerability, resilience and opportunity; and
  - human health and well-being.
- Understand the multiple linkages, especially between gender inequalities, poverty, health and environmental conditions, by using linkage diagrams and causal chain analysis where appropriate (Figure 3.2).
- Continue with the stakeholder engagement process by holding feedback meetings to present the findings of the SEA.
- Summarize the SEA report findings into a concise summary or briefing note.

Stakeholders

- Participate in the stakeholder engagement process to ensure that your issues/concerns and aspirations are being addressed in the SEA.
- Make an effort to read and comment on the SEA report to check whether your issues/concerns and aspirations have been addressed adequately in the SEA.

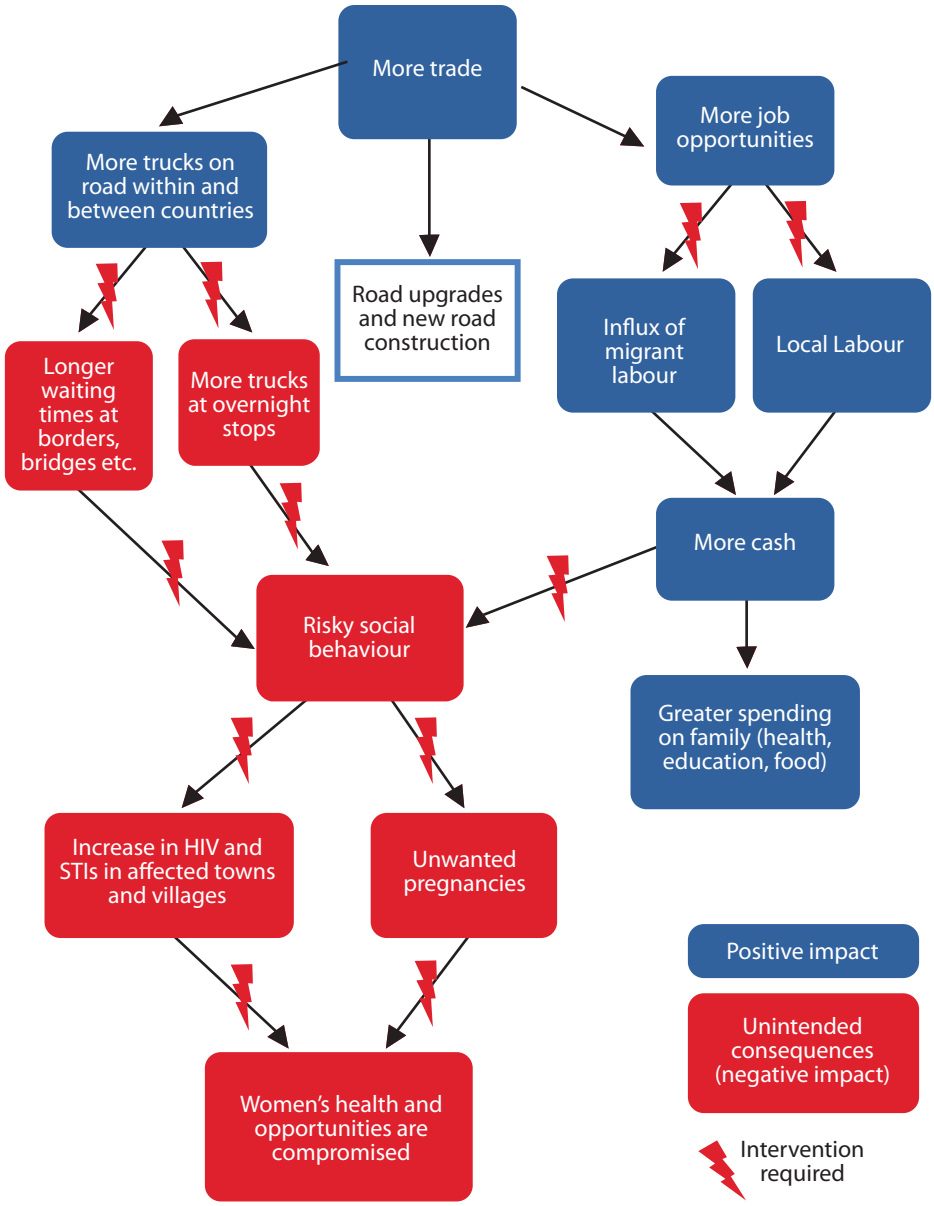


FIGURE 3.2

Example of part of a linkage diagram

Figure 3.2 shows the impacts and unintended consequences of one element (road upgrading and construction) of a hypothetical transport and trade policy. Too often the focus is on the main, short-term benefits of the policy – i.e. job creation, income, increased spending on family health and welfare, increased trade and industry etc. – without looking at the longer-term, unintended consequences of some of the activities, in this case road construction and increased mobility. The diagram also shows how several different activities can have a cumulative impact on health. By doing linkage diagrams, it becomes clear where to target the necessary interventions to prevent the negative impacts occurring. In this hypothetical case, the transport and trade policy will not achieve sustainability objectives if it does not also address border-crossing delays and bottlenecks at river crossings at the same time as upgrading/constructing new roads or addressing workers' attitudes towards unsafe sex (see Box 10 in Section 2.2.2).

Box 14: Decision Criteria and Desired Outcomes for Sustainable Development With a Focus on Health

Overarching criteria and desired outcomes

Decisions should:

- try to meet all the requirements for sustainability. In this context, the purpose and objectives of MDG6 and other national HIV policies and goals should be the driving force.

Decisions should not:

- accept compromises or trade-offs that go against official policies, plans, strategies on HIV;
- accept improved benefits as compensation for serious negative impacts; or
- accept significant long-term negative effects on the integrity of social and ecological systems, in favour of short-term economic gain.

Protecting integrity and resilience of social systems

Decisions should:[12]

- protect the integrity of social systems and the irreplaceable life-support functions on which human and ecological well-being depends;
- ensure that livelihoods are maintained or improved; and
- favour those alternatives that are most likely to preserve and enhance the opportunities and capabilities of future generations to live sustainably.

Desired outcomes:

- the HIV prevalence in the area in which the PPP will be implemented should not increase in excess of national or regional trends;
- women and vulnerable groups will be empowered to make decisions and will not be left in a worse position with regards to health or social status as a result of the PPP; and
- the PPP will help to reduce the HIV prevalence in the area in which it will be implemented.

Decisions should not:

- accept significant long term-loss.

Precaution and adaptation

Decisions should:

- respect uncertainty and allow for adaptation;
- avoid poorly understood risks that could cause serious or irreversible harm; and
- ensure that all the unintended consequences of a PPP have been predicted and the necessary measures put in place to minimize the impacts.

Desired outcomes:

- development should have minimal social risk;
- high confidence level in predictions on social effects. Where there are major gaps in information, a precautionary approach should be adopted; and
- mitigation and management of impacts will be effectively implemented.

12 The criteria in this table have been adapted from the work of Robert B. Gibson, Sustainability Assessment Criteria, Processes and Applications, Earthscan, London, 2005.

Equity and social justice

Decisions should:

- improve welfare of poor, vulnerable and disadvantaged people;
- ensure inter-generational equity; and
- build democratic governance.

Decisions should not:

- displace significant negative effects from the present to the future; or
- result in those who gain from the PPP benefiting at the expense of poor people.

Desired outcomes

- decision making should consider all stakeholder values;
- the outcome of the PPP should be an improvement in the fair distribution of benefits to all sectors of society. Fair distribution also means 'trans-boundary equity';
- the PPP should not result in a net cost to society, particularly where the 'beneficiaries' of a PPP are single individuals, corporations or countries that derive benefit from collective loss; and
- development should not result in future generations having to bear the costs of environmental and social impacts.

Efficiency

Decisions should:

- ensure that the net overall effects of the PPP are positive, and choose the development option that promises the greatest long-term gain overall; and
- seek to provide a larger base for ensuring sustainable livelihoods for all, while reducing threats to the environment.

Desired outcomes

- negative effects on the natural environment should not result in a net cost for society, through having to pay to replace or substitute for lost or negatively impacted – and previously free – ecosystem services;
- a healthy society must be promoted, as it is the source of all human and intellectual capital for a country; and
- a healthy society reduces the burden of health care costs.

3.4 Strategic Environmental Management Plan

Once the strategic assessment has been completed and the cumulative impacts, unintended consequences and opportunities identified, it is necessary to formulate a management plan to address these issues (Figure 3.1). The main goal is to realize the benefits of the proposed PPP and to minimize the negative risks. The aim is to develop win–win situations where multiple, mutually reinforcing gains can strengthen the economic base, provide equitable conditions for all and protect and enhance the environment. Where this is impossible, the trade-offs must be clearly documented to guide decision makers (OECD, 2006).

Box 15: Key Questions to be Answered in the SEA Process Relating to HIV (adapted from Brownlie et al., 2006)

Is the proposed activity consistent with existing protocols, policies, plans or programmes on HIV and AIDS?

Will the proposed PPP compromise the national targets for HIV set out in the National Strategic Plan?

Will the proposed PPP support the multi-sectoral response to the AIDS epidemic?

What are the probable health impacts – direct, indirect, cumulative, unintended and trans-boundary?

What are the probable effects of the PPP on socio-ecological systems (in the context of human well-being, livelihoods and the resilience of society in general and vulnerable communities in particular)?

What are the probable effects of the PPP on social justice and equity, particularly with regard to women?

What mitigation measures are recommended to avoid or minimize the spread of HIV, and how feasible and effective will they be? Has sufficient budget been set aside for HIV prevention measures?

What is the capacity of the various responsible government institutions to monitor and enforce compliance with the various provisions of the Strategic Environmental Management Plan (SEMP)?

What are the opportunity costs in terms of health?

What potential opportunities are there for more responsible social behaviour with regard to HIV?

What are the recommendations for monitoring the prevalence of HIV induced by this PPP?

Have the key performance indicators been identified?

The mitigation hierarchy of avoid, reduce, offset negative impacts should be applied. However, caution should be exercised if the analysis indicates a potential for major, irreversible, negative impacts on the environment. In this case, less risky alternatives may be the preferred way to go.

The SEMP needs to be a flexible plan, which is continually updated as more information becomes available and if corrective actions are required during PPP roll-out. The SEMP should provide the following information:

- **desired outcome** – for example, HIV levels in the region do not increase as a result of this PPP; or gender inequality is reduced as a result of this PPP;
- **mitigation measure(s)** to be applied – for example, formation of partnerships to address HIV in the vulnerable communities; HIV awareness campaigns; increased advocacy; build more health care facilities with adequate staff and equipment etc.;
- **goal, target, standard or objective** to be achieved – for example, the country's HIV prevalence targets as set out in the national strategic plans;
- **key performance indicators** – for example, HIV prevalence and incidence of new infections are below the average for the area since the PPP was implemented;
- **responsible persons** or organizations to carry out the mitigation measure (e.g. health ministry, NAC, local government, NGOs etc.);
- **date for completion of frequency of action**; and
- **data sources** required to monitor performance (e.g. clinic records).

3.4.1 Best practice guidance for the formulation of an HIV and gender-inclusive Strategic Environmental Management Plan

Government authorities

- Establish the legal basis for compliance with the SEMP.
- Appoint a lead ministry to 'drive' the SEMP.
- Participate in the development of the SEMP.
- Commit to implementing the required mitigation measures in the stipulated time-frame.
- Share information with other agencies.
- Identify existing monitoring systems which could be augmented or expanded to monitor health impacts identified in the SEA –

agree proxy indicators to measure HIV and determine the basis for attributing HIV effects to a given PPP, if possible.

- All government authorities that may be required to take actions in terms of the SEMP must commit resources (financial, human and technical) to oversee the implementation of the SEMP.
- Inter-ministerial collaboration is essential for successful implementation of the SEMP.

SEA consultants

- Hold workshops, to which all relevant stakeholders are invited, to develop the SEMP. Depending on the nature of the PPP being assessed, more than one workshop may be needed either based on geographical scope or interests of the stakeholders.
- Send out the draft SEMP for comment to all participants. This may need to be an iterative process.
- Identify and define meaningful indicators of health (WHO, 2010). These may need to be proxy indicators of HIV, where hard data are unavailable. Proxy indicators could include:
  - sentinel surveillance data of pregnant women;
  - new HIV infection rates;
  - alcohol abuse figures;
  - teenage and/or 'unwanted' pregnancies;
  - incidents of rape; and
  - STIs etc.
- Ensure that ways to mitigate the likely residual effects of the proposed PPP (or of the cumulative and/or trans-boundary effects of projects within a sector or geographical area) have been explicitly stated.
- Provision should be made for monitoring and feedback loops to allow for adaptive management and continual improvement, as well as for changes to the PPP, in response to any 'alarm bells' regarding significant negative effects on the environment.
- Provide a robust framework for 'downstream' planning, management and impact assessment.

Stakeholders

- Participate in the SEMP workshops.
- Review the draft SEMP to ensure that the mitigation measures being suggested are auditable, practical, reasonable and measurable.
- Volunteer to assist with some of the mitigation measures or monitoring.

Box 16: Coordinating The Namibian Uranium Rush

The SEMP developed as part of the SEA for the uranium rush in central Namibia required the coordination of the following:

- five local authorities;
- one regional council;
- four parastatals;
- at least seven government ministries;
- approximately 12 foreign mining and exploration companies;
- three existing uranium mines and one gold mine;
- one national park and several conservancies;
- numerous tour operators and tourism-related enterprises;
- at least five EA consulting companies;
- two research institutions;
- several NGOs;
- about 10 farmers and their families;
- port users; and
- the general public.

3.5 Monitoring and evaluation

As SEA practice is still in its infancy in ESA, there is little experience in monitoring and evaluating the implementation of the action plans outlined in the SEMP. One of the problems is that so many different agencies need to be involved that funding and coordinating the response to the SEMP is difficult.

The most effective means of coordinating such a disparate group of stakeholders (from the public and private sectors, pro- and anti-mining lobbies, national vs local government etc.) is to establish a multi-sectoral steering committee with representation from each group to ensure that that the programme articulated in the SEMP is a) being implemented; b) being monitored; c) the results are being fed back to the Steering Committee and the public; and d) that corrective actions are being taken wherever necessary. Without such oversight, the SEA remains a planning exercise at best.

3.5.1 Best practice guidance for monitoring compliance with the Strategic Environmental Management Plan

Government authorities

- Participate in the Steering Committee and actively engage in the implementation of the SEMP action plan.
- Commit to implementing the required mitigation measures in the stipulated time-frame.
- Share information with other agencies.
- Identify existing monitoring systems which could be augmented or expanded to monitor health impacts identified in the SEA.
- Collaborate with the NACs and existing M&E structures dealing with the national response to HIV.

SEA consultants

- The SEA consultants are usually not involved at this stage.
- Other consultants who may be engaged by developers working within the scope of the SEA will need to consider the SEA, the SEMP and the programmes being implemented, in their separate EIA studies.

Stakeholders

- Participate in the SEMP Steering Committee and actively engage in the implementation of the SEMP action plan.
- Commit to implementing the required mitigation measures in the stipulated time-frame.
- Share information with other agencies.
- Volunteer to assist with some of the mitigation measures or monitoring.

4

BEST PRACTICE GUIDELINES FOR INTEGRATING HIV AND GENDER-RELATED ISSUES INTO ENVIRONMENTAL IMPACT ASSESSMENT

Photo credit: UNAIDS/P Virot

One of the main findings of Phase 1 of this project was that most EIAs fail to adequately address issues of HIV and gender. The reasons for this include:

- the legal definition of the term 'environment' in many countries does not include the human milieu, and few specify health as a dimension of the environment;
- laws are generally deemed to apply equally to all parties irrespective of gender; therefore, few make specific reference to issues such as gender equality, the needs of vulnerable groups etc. None of the laws or regulations in the region require impacts to be assessed by gender;
- health and gender impact assessments are viewed as 'grey' areas of environmental management and are, therefore, not automatically included in an EIA;
- issues relating to workers' health are generally assumed by most role players in environmental management to fall outside the scope of the EIA, as they are covered by a suite of specific labour, employment and occupational laws;
- there are few qualified specialists on HIA (as opposed to health care practitioners) and gender impact assessment (GIA) (as opposed to sociologists) in the region;
- some developers are loathe to address issues which they feel to be the responsibility of government (e.g. HIV and social development) so do not budget sufficient funds for the implementation of HIV and gender programmes; and
- there is a general lack of understanding about the linkages between HIV and EIA.

The aim of this chapter, therefore, is to provide the reader with an overview of each step in the EIA process in relation to the project development cycle and to provide guidance for all role players on how best to integrate HIV and gender-related issues into the process. Each of the sections below comprises:

- a brief introduction to the EIA steps and the corresponding stages in the project development cycle (principally for those who may not be familiar with the EIA process); and
- recommended actions for all stakeholders in EIAs to integrate HIV and gender-related issues at each stage of the process.

For more detailed background on the EIA process, the reader is referred to a list of some useful documents in Appendix A2. Note that the focus of these Guidelines is on HIV and how it affects women; the document does not purport to provide guidance on GIA. There are many guidelines on GIA available in the literature (see Appendix A4).

4.1 Environmental Impact Assessment in relation to the project life cycle

The EIA process should run in parallel with the project life cycle. It should be integrated with, and yet independent from, the project design phases. The most effective EIA process is one where the environmental consultants strive, in collaboration with the project engineers, to avoid or minimize as many of the negative environmental impacts during the design stage. One way of doing this is to proactively set 'sustainable design criteria' for the engineers to follow, thus setting the limits of acceptable change. Another approach often used is to evaluate various project options as they arise from an environmental and social perspective, as well as using traditional technical and financial criteria.

The EIA consultants should also strive to add value to the project design by factoring in environmental and social considerations that may have been overlooked by the engineers and project planners (e.g. wind direction, HIV prevalence along truck routes etc.).

The critical issue here is for the EIA consultants to work with the proponent and the project design team to obtain the most sustainable outcome, while strenuously promoting environmental protection and social benefits by maintaining their independence and integrity.

Figure 4.1 shows the links between the EIA process and a typical project life cycle. Note that it is extremely important to ensure that the level of impact assessment is synchronized with the project life cycle. Many developers try to speed up the EIA approval process by commissioning an EIA while the project is still at pre-feasibility level. This means that there is a disconnect between the level of assessment (detailed) and the level of project planning and design (conceptual). It is meaningless to do a detailed analysis of a concept plan.

On the other hand, some developers leave the EIA until the very last moment and expect the consultants to undertake a meaningful scoping exercise and alternatives assessment on a project that has already been designed and obtained board approval. Clearly, the entire assessment process then becomes a meaningless formality.

Therefore, the stages of the EIA and project design need to stay in sync as shown in Figure 4.1.

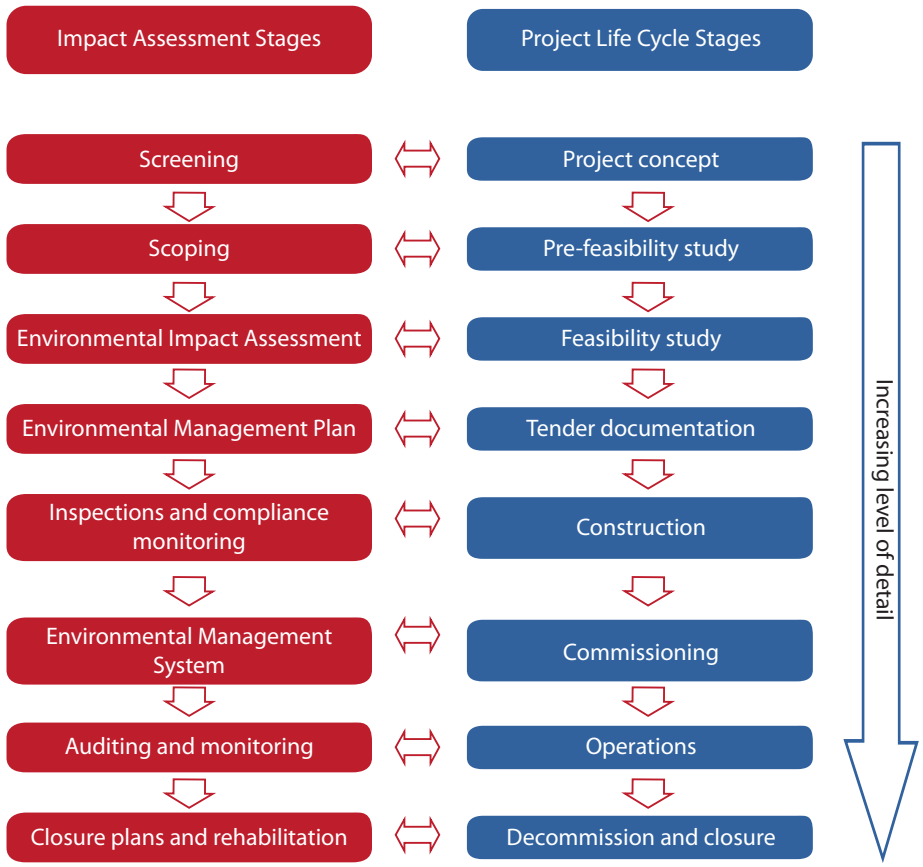


FIGURE 4.1

Links between the EIA process and a typical project life cycle

Box 17: Screening Examples

In Malawi the screening criteria are generally broadly stated – for example:

"What is the scale of the impact in terms of area affected, numbers of people or wildlife?"

Whereas in South Africa the Listing Notices are very specific – for example, activity 13 on Listing Notice 1 requires a basic assessment report for:

"The construction of facilities or infrastructure for the storage, or for the storage and handling, of a dangerous good, where such storage occurs in containers with a combined capacity of 80 m^3 but not exceeding 500 m^3."

4.2 Screening and project concept development

4.2.1 Definition

Screening determines whether a development proposal requires an environmental assessment or not, and if so, what level of assessment would be appropriate. Screening is, therefore, a decision-making process that is initiated during the early stages of the development of a project proposal (DEAT, 2002a). Input from stakeholders is required as follows (see also Figure 2.1):

Guide, Review and Comment	Knowledge and Data Inputs
Environmental authorities Line ministries National planning commission	Proponent/developer

4.2.2 Types of screening

There are two types of screening: mandatory and pre-application.

Mandatory screening is defined as the process legally or administratively required by the environmental authorities or other relevant line ministries. Mandatory screening usually relies on lists of activities, actions, project types and sensitive environments, which are usually found in EIA regulations. Many countries have two lists or schedules of activities: one for activities for which an EIA is mandatory and one for which an EIA may be required or for which a preliminary form of EIA is needed. Some countries may have a third list which identifies those projects for which an EIA is not a prerequisite for permitting.

Screening lists can also include a list of sensitive natural environments, such as lakes, wetlands, mangroves, corals, mountain catchments, protected areas, sites of special scientific interest etc., as well as guidance on what may be regarded as sensitive social and cultural environments (e.g. traditional communities, national monuments and heritage sites). In this case, any project, irrespective of which list it is on, will require an EIA.

The level of discretion required to interpret the lists varies: some countries such as Malawi have published screening criteria, which require a degree of discretion and prior knowledge, while others rely on very detailed lists which provide specific thresholds, with little scope for discretion (e.g. South Africa) (Box 17). Health and gender impacts are cross-cutting issues and are not usually included in screening lists but should be included as screening criteria. This is especially important for smaller projects which may not trigger an EIA because they do not have a large 'footprint' on the biophysical environment but which could have significant impacts on the social and health environment (e.g. a new truck stop, road maintenance work, a farm employing seasonal and/or migrant labour).

Where no such lists exist yet or where a project developer may be seeking funding from the World Bank, IFC or one of the Equator Principles Financing Institutions (EPFIs), then these institutions will apply their own screening system. Projects are categorized into environmental review category A, B, or C in accordance with IFC's Operational Policy 4.01, Environmental Assessment. The classification of a project depends on the type, location, sensitivity and scale of the project, as well as the nature and magnitude of its potential impacts. IFC uses three main categories for its projects, as follows (IFC, 1998):

Category A: A proposed project is classified as Category A if it is likely to have significant adverse environmental impacts that are sensitive, diverse or unprecedented. These projects may affect an area broader than the sites or facilities subject to physical works. A full EIA is required, including an Environmental Action Plan to address the management of impacts. Examples of Category A projects include large capital projects such as mines, a trans-boundary transportation corridor or a development requiring resettlement. It is this category of project which is targeted in these Guidelines.

Category B: A proposed project is classified as Category B if its potential adverse environmental impacts on human populations or environmentally important areas – including wetlands, forests, grasslands, and other natural habitats – are less adverse than those of Category A projects. These impacts are site-specific; few if any of them are irreversible; and in most cases mitigation measures can be designed more readily than for Category A projects. The scope of EA for a Category B project may vary from project to project, but it is narrower than for a Category A project. Typical category B projects include small farm dams, small commercial agricultural enterprises, housing developments in zoned areas etc.

Category C: A proposed project is classified as Category C if it is likely to have minimal or no adverse environmental impacts. Beyond screening, no further EA action is required for a Category C project. Category C projects include, for example, woodlots, power distribution networks (low voltage), road maintenance in urban areas etc.

Pre-application screening, on the other hand, usually takes place outside the formal regulatory process, typically at the discretion of the project proponent. Pre-application screening is the process whereby key environmental issues associated with a proposed development are anticipated at the earliest opportunity, i.e. during project or concept formulation. An important aim of pre-application screening is to determine whether there are any aspects of the proposed development that may be fatally flawed (DEAT, 2002). Usually proponents only focus on economic or technical flaws but fail to consider the environmental and social externalities during initial project screening. Best practice requires a project proponent to consider all the internal and external costs and benefits of the project before initiating the EIA process. Many proposals run into difficulties because the proponent failed to ascertain whether the project complied with relevant planning laws, or the project was being proposed in an area of high environmental sensitivity.

4.2.3 Actions to be taken at the screening and project concept stage to integrate HIV and gender-related issues

Government authorities

- Undertake the mandatory screening process:
  - consult the screening lists; and
  - apply relevant screening criteria to determine whether a project, or a project expansion, requires an EIA or other type of assessment or not.
- In addition, ask the following questions regarding the project proposal (for either a new project or project expansion):
  - Will it affect the HIV prevalence in the vicinity of the development?
  - Is the host community vulnerable to HIV?
  - Does the project developer have an HIV and gender workplace programme in place?
  - Will the project have a negative effect on women and girls?
- If the proponent is a private-sector developer, discuss the proposed project with key ministries such as those responsible for health, the NAC, social services, labour, minerals and energy, as well as with key NGOs that may be working in the project area.
- If the development is a government project, the environmental authorities need to liaise with the responsible line ministry (e.g. water, transportation, public works, energy, communications etc.), the tender board and procurement agencies, finance and planning ministries or departments to inform them of the project and its potential impact on HIV.
- Promote national HIV mainstreaming programmes in your ministry and others.

Proponents

- Undertake pre-application screening, including:
  - financial and economic cost–benefit analysis, taking into consideration all internal and external environmental, social, health and technical costs and benefits;
  - planning context; and
  - consider the implications of the project on HIV prevalence in the area and vice versa in terms of employment and employability, staff turnover, medical costs, lost time implications, staff training and employer costs to implement HIV workplace programmes.

- Submit proposal for authority screening containing sufficient information regarding the proposed development and the potentially affected environment to enable them to make an informed decision about the project. Include, inter alia, the following information:
  - your HIV and gender workplace policy and programme;
  - your understanding of the HIV prevalence in the area and how you will manage the implications of this; and
  - your understanding of the project's short- and long-term social consequences, especially on women.

EIA consultants, health and gender specialists

- EIA consultants usually play a minor role at this stage of the process, but if already appointed by a proponent, the consultant can advise on the following:
  - external and internal environmental and social costs and benefits, including health and gender issues;
  - planning 'fit' with national AIDS and gender policies and plans;
  - legal requirements for EA relating to health and gender; and
  - environmental and social fatal flaws.

Stakeholders

Stakeholders do not usually get involved at this early stage of the EIA process.

4.3 SCOPING and pre-feasibility studies

Although some countries (e.g. Namibia and Zimbabwe) have merged the screening and scoping phases of the EA process, most countries have separate stages of screening and scoping. Input into scoping from stakeholders is required as follows (see also Figure 2.1):

Guide, Review and Comment	Knowledge and Data Inputs
Environmental authorities Line ministries	Proponent/developer Project design team EA consultant NAC Health, social and gender ministries

Box 18: Bujagali Hydropower Project, Uganda

A Good Example of Where HIV was Recognized as a Key Public Health Issue at an Early Stage of Project Formulation

During the public participation process for the EIA of the Bujagali Hydropower Project, the proponent identified the spread of HIV as a key public health issue and expressed concern that the already high prevalence of HIV found in Uganda could be exacerbated through the spread of the disease by construction workers, truck drivers and sex workers attracted to worker camps. The proponent was committed to measures that would reduce the risk of an increase in STIs and HIV as a result of the project. These included:

- no construction camp would be erected at the project site;
- unskilled workers would be recruited from the local population and particularly from the villages affected by the project;
- an STI and HIV awareness programme would be incorporated into the training package for all workers. This would be developed and delivered by an NGO such as The AIDS Support Organisation (TASO);
- condoms would be made available to workers via the site clinic; and
- three major HIV service organizations were identified to exist within the project area, and these formed a network with the existing health units near the project site.

4.3.1 Definitions

Scoping is the process of determining the issues to be addressed, the information to be collected and the analysis required to assess a project's environmental impacts. As an open and iterative process, scoping may continue throughout planning and assessment, depending on whether or not additional issues or alternatives are introduced or eliminated because of new information (DEAT, 2002b).

The primary output from scoping are the ToR required to conduct an EIA and prepare an EIA report. All the countries included in this project leave the task of preparing ToR to the proponent, which, in turn, often contracts a team of EIA consultants to undertake the scoping exercise and to prepare the ToR for the EIA (Lohani et al., 1997). The ToR have to be approved by the relevant authorities.

Pre-feasibility studies should be conducted by the project developer in parallel with scoping (see Figure 4.1). Preliminary or pre-feasibility studies (PFS) form an intermediate step between project/concept formulation and a full (or detailed) feasibility study (DFS). It forms the first major study of a project's feasibility and is usually based on assumptions, norms, order-of-magnitude estimates and some preliminary market analysis, test work or field data. Therefore, the accuracy of estimates in a PFS is in the order of 25–35 percent. The goal of these studies is to determine sites/routes, production rates, technology options, permitting or other regulatory requirements, preliminary capital and operation expenditure, and to define in detail the studies required in the DFS.

A key factor in both scoping and PFS is that a decision needs to be made at the end of them: to proceed (and commit to far greater expenditure) or not to proceed. This requires sufficient information on the technical, financial, legal and environmental costs and benefits of the project for the proponent and authorities to make an informed decision (Figure 4.1).

4.3.2 Basic elements of scoping

Although there are many different guidelines around the world relating to scoping, and most countries in this UNDP study have regulations or guidelines which set out the basic elements of scoping, there are five common characteristics:

- it is an open, consultative process to inform key stakeholders and all interested and affected parties about the project and to obtain their aspirations and concerns;
- the project and feasible alternatives are identified, evaluated and selected for further assessment. To this end, the scoping study can add real value to the PFS in terms of identifying more sustainable alternatives;
- important characteristics of the affected environment are described, usually in qualitative terms, and fatal flaws are identified;
- significant gaps and issues to be examined in the EIA phase are identified; and
- it provides the basis for determining the ToR for the EIA.

- Key factors to be considered when identifying significant issues include:
- the nature of the proposed activity and the receiving environment;
- the legal, policy and planning context for the proposed activity; and
- the environmental and social priorities of the affected population (DEAT, 2002b).

In some of the countries participating in this study, the scoping phase is sometimes given a different name, but the scope and purpose of work remains the same. For example, a scoping report in Malawi, Lesotho, Zambia and Uganda is called a Project Brief, in Mozambique it is termed an Environmental Pre-feasibility and Scope Definition Report, and in Rwanda it is known as an Environmental Impact Initiation Report.

In terms of addressing **HIV and gender-related issues**, the various role players have to extend their 'normal' modus operandi and consider the following:

4.3.3 Actions to be taken at the scoping and pre-feasibility stage to integrate HIV and gender-related issues

Government authorities

- Every development project needs to employ people to construct and run it. Thus there will always be a risk of HIV to the workers themselves and to the nearby communities. HIV and gender are cross-cutting issues; therefore, the environmental authorities need to ask the following questions (among others) when reviewing all scoping reports:
  - Does the proponent understand the risks of HIV and have acceptable policies and programmes in place to address the risk?
  - Does the scoping report clearly describe the gender and number of permanent and temporary employees required for each phase of the project, where the labour will be sourced from and the company's employment policies (e.g. at the gate, through advertisements, employment agents, own staff etc.)?
  - Does the scoping report reflect on the status of health care facilities in the area of the proposed development and their capacity to deal with increased numbers of patients and HIV in particular?
  - Are the accommodation, recreation and transportation arrangements for each project stage adequately described?
  - Are the routes to be used for the import and export of all raw materials, goods, services and products described, including truck stop points such as border crossings?
  - In the case of trans-boundary projects or where access to the site goes through other countries, have the other affected countries been informed of this proposed project, particularly the risks of HIV along the transportation routes and border crossings?

- Does the scoping report identify HIV and gender as issues, and have specialist studies been proposed to address them? If not, is there some justification provided as to why specialist studies on health and gender are not required?
- Was the threat of HIV raised in any of the public meetings, and has this been properly recorded and addressed (either in scoping or in the ToR)?
- Did the consultants conduct a genuine public participation programme according to the minimum requirements set out in your legislation and guidelines? Try to distinguish between 'consultation' and 'manipulation' (see Section 4.4 and Figure 4.2).
- Read all the comments from the public and determine whether their concerns have been adequately addressed.

- The authorities must also ensure that the list of specialist studies in the ToR for the EIA includes an HIA and a GIA, either as standalone studies if HIV and gender will be major issues, or as part of a broader SIA if HIV and gender are minor issues in the context of the proposed project.
- The specialists to be appointed to carry out the HIA and GIA need to be identified or the authorities need to stipulate that such specialists are required.

Proponents

- Appoint a certified and/or registered (where applicable) EA practitioner to undertake the scoping study.
- Make sure that the ToR for the scoping study (or the proposal from the consultant) include HIV and gender issues.
- Ensure that you allow sufficient budget to perform the scoping study, including a genuine and comprehensive public participation process, which is gender sensitive.
- Allow sufficient time in your project planning to accommodate the public participation process and complete the scoping report.
- In your cost models for the project, include a separate budget for developing and implementing an HIV awareness and prevention programme during construction and operation of the project. The budget needs to allow for:
  - employee training on HIV;
  - employee VCT;
  - HIV awareness campaign (posters, newsletters etc.);
  - in-house staff dedicated to health issues;
  - provision of condoms;
  - specialist study on HIA in the EIA; and
  - all other mitigation measures which may be identified for this project.

EIA consultants, health and gender specialists

In addition to the normal contents, the scoping report needs to specifically address the following, in relation to HIV and its impacts on gender equality:

Proponent's information

- Contractor's workplace policy and management plans relating to HIV and gender.
- Operator's workplace policy and management plans relating to HIV and gender.

Project description

- Labour requirements (male and female) and source(s) of such labour for both construction and operational phases.
- Potential for an influx of job seekers during construction and operations.
- Proposed accommodation (male and female) for construction and permanent staff.
- Recreational amenities (male and female) for construction and operations staff if project is located in a remote location.
- Route for the import and export of all project materials and products, including the identification of border crossings, truck stops and other hold-up points (e.g. ferries, river crossings etc.).

Baseline HIV status in project area

- HIV and AIDS prevalence in the project area and along main transportation routes to the project site.
- HIV and AIDS prevalence by age and gender.
- Causes of mortality and statistics for the project area.
- Incidences of diseases associated with HIV and AIDS (e.g. TB, STIs).
- Life expectancy in project area.
- Current government and NGO HIV and AIDS programmes in the project area..
- Health care facilities, especially the presence of those which undertake VCT and provide ART, PMTCT, STI management etc.
- Number of people who underwent VCT in the past year.
- Presence of peer educators in the area.
- Presence of networks of people living with HIV and community-based support groups in the area.

Terms of Reference for a Health Impact Assessment

If the project will result in risks of HIV transmission to vulnerable communities, make sure that you include an HIA and GIA in the specialist studies required for the EIA. For projects where there is less risk of HIV, make sure that health is included as part of the ToR for the SIA. Additional references to guidelines on HIA and GIA are listed in Appendices A3 and A4. A sample ToR for an HIV-focused HIA may be found in Appendix C.

Stakeholders

See Section 4.4 below for actions to be taken during consultation.

In addition to participating in the public participation programme, stakeholders need to ensure that they:

- engage in the scoping process and register as interested and affected parties;
- raise the issues of HIV and its impact on gender equality as something to be addressed in the EIA and mitigation plans;
- review the draft scoping report carefully to check that the issues you raised in the meetings have been adequately addressed – responses such as 'noted' and 'to be addressed in the EMP' are not deemed to be adequate; and
- if you are an NGO or other community worker dealing with HIV and/or gender in your community or district, make sure that the consultants know who you are and what you can do. The success of any mitigation measures relating to HIV and its impacts on gender depends on the development of partnerships with NGOs and other stakeholders.

4.4 Public consultation

Although public consultation is a key component of a project's scoping phase, it should be an ongoing process throughout the whole EIA process, i.e. during scoping, EIA and EMP stages and project implementation, although the latter is seldom required in law or undertaken in practice. The EIA laws in many of the countries participating in this study make provision for the authorities to hold a public hearing after submission of the EIA report and prior to a decision being made. These formal enquiries can assist with decision-making, but any inputs from the public are merely a commentary on a completed document and, therefore, have little influence on the scope and nature of the EIA study.

Although there are numerous guidelines written on the topic of public consultation and disclosure (some of which are listed in Appendix A2), it was found during the Phase 1 review that there are some major differences in the approach to consulting the public in the region. The International Association for Public Participation Practitioners has developed a continuum of public participation approaches (Figure 4.2). This diagram shows that there are diverse approaches to participation, ranging from influencing at one end of the spectrum, in which the stakeholders are 'manipulated' to support the proposed project, to

complete democratic empowerment at the other end of the spectrum, where decision-making power and authority is transferred to the stakeholders. Neither of these extremes is an appropriate approach for EA processes: influencing is not genuine participation, and decision-making responsibility lies with the government (SAIEA, 2005).

It is quite difficult to analyse where the countries participating in this study lie on this continuum because of the different language used in the acts, regulations and guidelines which ranges from 'inform' to 'participate' to 'consult', and the lack of clarification on exactly what these terms mean. But it would be fair to say that the laws of most countries require the stakeholders to be informed or consulted, with the latter being the more proactive and participatory approach. However, in practice, the quality of the public participation process depends on: the integrity of the developer and his/her commitment to the EIA process; the quality of the public consultation consultant and the EAP; and, lastly, the capacity and willingness of interested and affected parties (I&APs) to participate actively and constructively in the process.

Input from stakeholders into the public participation process is required as follows (see also Figure 2.1), and guidelines relating to this involvement are provided below:

Guide, Review and Comment	Knowledge and Data Inputs
Environmental authorities and all other relevant ministries and government agencies (social, health) Local government Directly affected parties Civil society organizations such as HIV and AIDS groups, gender groups, business and AIDS partnerships, youth groups etc.	Proponent/developer Project design team EA consultant NAC Traditional leaders

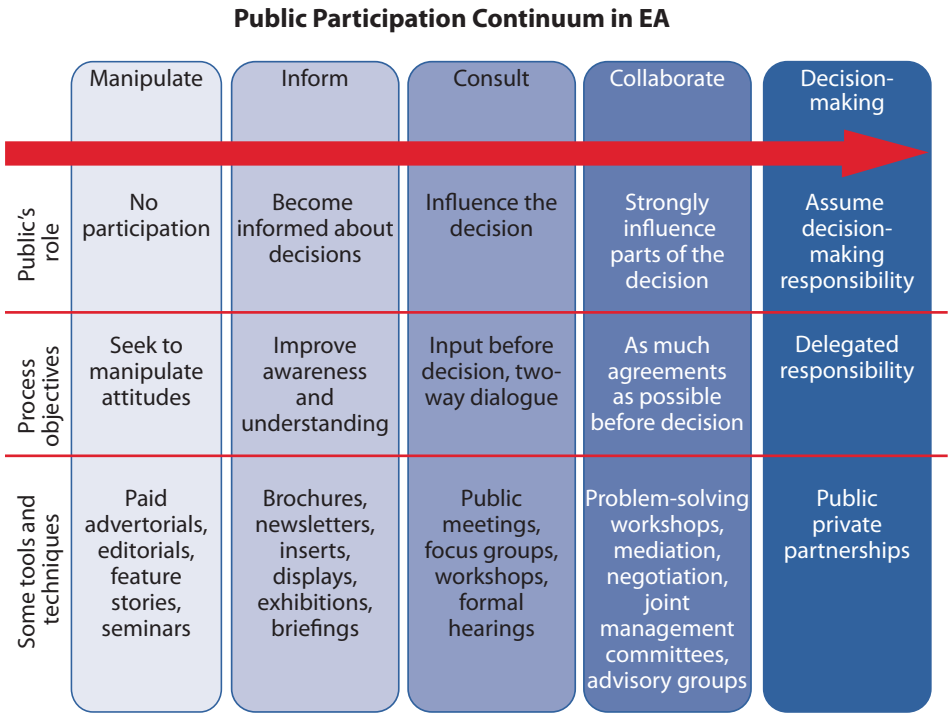


FIGURE 4.2

Continuum of public participation approaches

4.4.1 Actions to be taken during public consultation to integrate HIV and gender-related issues

Government authorities

- Many environmental authorities do not attend public participation meetings due to issues such as workload, number of meetings etc. Although the reasons for their absence may be valid, their presence at public meetings would be valuable to them, as they would hear public sentiments about the project and other relevant governance issues. Fortunately, some consultants hold 'authority meetings' to which they invite all the relevant permitting and interested authorities – this is good practice. At these meetings, the authorities need to raise the following points to make sure that HIV and gender issues are mainstreamed into the EIA process:
  - make the consultants aware of government policies on HIV and gender;
  - refer the consultants to the focal points in the relevant ministries of health and gender and the NAC;
  - ask the consultants to ensure that the issues of HIV and gender are properly addressed by undertaking specialist studies on health and gender; and
  - ask them to describe how they will specifically consult with women and other disadvantaged members of the public and obtain their concerns.
- If the government is the development agency, officials from the line ministry responsible for the development need to attend the public meetings organized by the EIA consultants to present the proposed project and answer questions from the public (see 'Proponents' below).

Proponents

Many proponents are fearful of the public participation process and tend to shy away from it or pay mere lip service to the process. This is counter-productive and will not help you obtain public acceptance for your project or the EIA process. There are a number of rules to optimize engagement with the public, such as:

- appoint a professional EIA consultant and public participation facilitator;
- allow sufficient budget to ensure that all I&APs are properly consulted, especially women and disadvantaged groups. The budget needs to recognize that the various groups may need different methods of consultation (e.g. focus group meetings, site meetings, public meetings, separate meetings for women and men etc.) and that this can take time, especially in rural communities;
- some types of development projects may not be well understood by the local, rural population (e.g. the impacts of a uranium mine); therefore, you will need to budget for a third party (e.g. an NGO) to conduct capacity building programmes so that the affected parties can make an informed and unbiased decision about the project;

- actively participate in the process and provide information in a transparent manner and give honest answers;
- recognize that the attitudes and perceptions of the public are real to them (even if they may not be reasonable) and try to dispel these perceptions using facts, figures and examples where possible;
- do not make promises that you cannot keep, but be open and commit to finding sustainable solutions;
- present your HIV and gender policies and programmes;
- be gender sensitive, especially on issues such as employment, social interactions etc.;
- remember that you are also a stakeholder in the process and may have issues and concerns; and
- provide transport for people in remote areas to attend the meetings and offer food and refreshments at the meeting.

EIA consultants and public consultation co-ordinators

- In addition to the normal requirements to run an effective and legally compliant public participation programme (see guidelines listed in Appendix A2), you need to ensure that HIV and gender-related issues are raised and discussed in the public participation programme.
- Design your public participation programme so that all stakeholder groups are afforded equal but appropriate access to participate in the process. The programme needs to be informed by a stakeholder analysis, which should take into account the following:
  - Do religious and spiritual practices play an important role, and in what way?
  - What languages are spoken, and which would be the most appropriate for each stakeholder group?
  - Are there any specific cultures, traditions, customs or rituals (e.g. customary laws around marriage, death, circumcision etc.) that are important, and how might these affect the impact of HIV and gender-related issues?
  - What are the traditional systems of power, government and authority, and what are the inter-relationships between these structures?
  - What is the role of traditional leaders and healers in the community?
  - What are the correct channels of communication?
  - Do you need approval from an authority to speak with the people as individuals?
  - What is the status of women within the stakeholder groups, and how can they be effectively engaged?
  - Are there any particular groups that are marginalized (e.g. through stigma of HIV, sex workers etc.) that need to be consulted, and how can this best be achieved?

  - What are the levels of literacy (written word, technical jargon, map reading etc.) and numeracy? (SAIEA, 2005).
  - What are the most appropriate means to engage each stakeholder group, such as: focus groups, questionnaires, one-on-one interviews, radio, public meetings, open house meetings, posters and pamphlets, internet, social networking sites etc.?
- If no one raises HIV in meetings and discussions, you need to open the topic – while being aware of the sensitivities around the issue – and try to obtain as many viewpoints as possible (from NGOs, women's groups, social welfare groups, clinic staff etc.).
- Build trust and confidence with the community.

Stakeholders

You have an important role to play as a participant in an EA. Depending on the type of engagement process, and the type of stakeholder you are, your tasks could include:

- commenting on and raising issues and concerns about a project proposal, particularly relating to the measures the proponent will take to prevent HIV transmission and to mitigate impacts of the project on women and vulnerable groups;
- providing information and sharing experiences where relevant;
- representing the interests of broader social groups (e.g. women's groups, AIDS action groups, youth groups, sex workers etc.);
- suggesting alternatives and identifying ways to improve the initial proposals;
- reviewing the scoping and EIA reports and checking to see that your comments have been adequately addressed – and if not, notifying the consultants of the fact; and
- asking questions about the project in general, but questions relating to HIV and gender-related issues could include:
  - How many people of both sexes will be employed during construction and operations?
  - Where will these people be sourced from?
  - Where will they be housed, and if off-site, how will they be transported to site every day?
  - What sort of recreational amenities will you provide for them?
  - What is your company's policy on HIV, and what mitigation measures do you plan to put in place during the construction and operation of this project?

- Will the contractor be required to abide by your HIV policy?
- Do you run any VCT programmes?
- What is your company's policy with regard to the employment of women and equal opportunities?
- How long will the construction period be (for a linear project, ask how long the construction crews will be in your area)? (SAIEA, 2005).

4.5 EIA and detailed feasibility studies

The EIA is at the heart of the process. It should be undertaken in parallel with the DFS being undertaken by the proponent and his design team (Figure 4.1). The most effective way to obtain a win–win–win approach in relation to the economic, technical and environmental imperatives is to make sure that there is a sufficient level of interaction between the environmental and engineering design teams throughout the process. In this way, negative impacts can often be avoided at source, and project benefits can be built into the design outcomes. The main role players in the EIA stage are as follows (see also Figure 2.1):

Guide, Review and Comment	Knowledge and Data Inputs
Environmental authorities Line ministries Directly affected parties CSOs, NGOs and CBOs	Proponent/developer Project design team EA consultant Health, social and gender impact assessment specialists (among others) NAC Health, social and gender ministries

4.5.1 Definitions

An EIA is the administrative or regulatory process by which the environmental impact of a project is determined in a systematic and scientific manner. The EIA should include specialist studies, focusing on the key issues raised during the scoping study. The EIA is the main document a decision-maker uses when deciding whether to approve a project or not.

A DFS is an engineering study based on test work and engineering analysis, which presents enough information to determine whether or not the project should be advanced to the final engineering and construction stage. Often the term 'bankable' precedes the term feasibility study. Adding this term simply means that the level of effort that has been incorporated into the study is sufficient for outside financing, provided the project is feasible. Typically a DFS or bankable DFS is based on an overall accuracy level of about 15 percent. (The DFS is the tool used by proponents to decide whether to proceed with the project or not.

4.5.2 Aims and objectives of the EIA

The findings of an EIA are documented in an EIA report or Environmental Impact Statement. The main objectives of the EIA report are:

- to provide the decision maker with sufficient, quantified information to enable him/her to make an informed decision about the project;
- to ensure that the key issues and concerns raised by the stakeholders have been properly and meaningfully addressed;
- to continue to provide information about the project to the stakeholders and to obtain their comments; and
- to provide input to the project feasibility study to assist the project proponent in his decision-making (Brownlie et al., 2009).

As with all other phases of the EIA process, there are numerous guidelines and text books on how to conduct an EIA (see Appendix A2) and other specific aspects of the process (e.g. SIAs, biodiversity assessments, heritage assessments etc.). Furthermore, all the countries of this study have either regulations or guidelines which set out the process steps of the EIA and stipulate the contents of the EIA report, and they will not be repeated here.

This section offers some guidance on what **additional** information should be provided in the EIA (including the specialist studies on gender and health) in the context of HIV, and what critical questions need to be asked of these reports to ensure that HIV and its impact on gender has been adequately addressed.

4.5.3 Actions to be taken during the EIA process to integrate HIV and gender-related issues

Government authorities

When reviewing the EIA report, the authorities need to check that the report answers the following questions:

- Does it comply with the approved ToR, especially with regard to health and gender?
- Does it address all the conditions contained in the letter authorizing the project to proceed to an EIA stage (if applicable)?
- Have all the concerns raised by the I&APs and other stakeholders about HIV and gender impacts been addressed in a genuine manner?

- Does the EIA provide sufficient, quantitative information to make an informed decision about short- and long-term social and health impacts, with a high degree of confidence?
- Does the report demonstrate that the proponent has considered all gender, health and HIV policies relevant to the country?

In addition, the authorities need to pay particular attention to the following aspects of the EIA:

- Appraise the institution's capacity to implement the project sustainably, namely:
  - internal systems (including labour issues, policies, management and operational capacity); and
  - external systems (stakeholder relations, public participation, Corporate Social Responsibility and investment programmes);
- HIV and AIDS policies and programmes, for example:
  - companies' response to the disease (policies, support measures to employees and nearby external environment);
  - possible impact of HIV on the project's success; and
  - possible impact of the project that requires labour migration;
- Gender issues:
  - impact of the project on women's quality of life; and
  - gender issues need to be checked against criteria such as shareholding, employment numbers and levels, empowerment initiatives, contracting etc.
- The EIA review panel must include a sociologist with knowledge of health and gender issues.

Proponents

- Although the proponent is not responsible for writing the EIA report, he needs to provide the EIA consultant with reasonably accurate data on staffing and employment conditions for each stage of project development (see consultant's requirements below).
- Find out if there are other large capital projects being planned or under construction in the area, and try to coordinate HIV prevention and awareness programmes.
- Allow sufficient time and budget to carry out a comprehensive EIA, including specialist studies on health and gender where appropriate.

EIA consultants and health specialists

The lead EIA consultants need to ensure that they obtain information about the workforce and employment conditions during the construction and operational stages of the project. This information should include at least the following:

Proponent's information

- Contractor's workplace policy and management plans relating to HIV and women.
- Operator's workplace policy and management plans relating to HIV and women.

Project description

- Labour requirements (actual numbers, by sex and skills-base) and source(s) of such labour for both construction and operational phases.
- Potential for an influx of job-seekers during construction and operations.
- Proposed accommodation for construction and permanent staff – noting the needs of female staff.
- Recreational amenities for construction and operations staff if project is located in a remote location – again, noting the specific (and different) needs of women.
- Route for the import and export of all project materials and products, including the identification of border crossings, truck stops and other points of delay (e.g. ferries, river crossings etc).

The HIA needs to include a detailed assessment of the following HIV-related issues, which must be summarized in the EIA (it is assumed that basic demographic data will be captured in the SIA). There are numerous guidelines on generic HIAs (see Appendix A3), but the HIA should include the following information specific to HIV and its impact on women:

- an analysis of relevant country policies and legislation relating to HIV and gender. This may include the relevant labour laws;
- an institutional assessment of the national and local governance structures, NGOs and other key stakeholders working on HIV and gender;
- key drivers of HIV in the project area (see Table 4.1);
- an analysis of the social structures and gender power dynamics in the project area;

- an analysis of the dynamics of sex workers in and around the project site;
- HIV prevalence in project area and along main transportation routes to the project site;
- HIV, TB and STI prevalence by age and gender;
- causes of mortality and statistics for the project area;
- incidences of diseases associated with HIV (e.g. TB, STIs);
- other proxy indicators such as teenage or unwanted pregnancies, sentinel surveillance data of pregnant women, alcohol abuse, rape statistics etc.;
- life expectancy in the project area;
- cultural assessment to understand certain behaviours, customary practices and other drivers so that you can target the interventions more effectively;
- current government and NGO HIV and AIDS programmes in the project area;
- health care facilities, especially the presence of those which undertake VCT, ART and PMTCT, including capacity (number of beds), staffing levels, laboratory facilities etc.;
- number of people who underwent VCT in past year; and
- presence of peer educators in the area (see also Appendix C).

Work with established organizations in the project area (NGOs and government health services), but they may need additional funding.

Stakeholders

- Stakeholders, especially those working in the HIV and AIDS field as health care professionals, voluntary peer educators, field workers or those in government agencies, will be approached by EIA consultants for information. For a correct assessment of impacts to be made, these data need to be made available to the consultants in a disaggregated form by district or village level if possible.
- NGOs working with HIV and gender in an area where a new project is being planned should make every effort to contact the project developer or their consultants and offer their services (data collection, provision of information, monitoring etc.) for an agreed fee.

Table 4.1: Drivers of the HIV epidemic

Biological	Behavioural	Social	Structural
Low and incomplete male circumcision	Incorrect, inconsistent and low use of condoms	Inter-generational sex	Gender inequality
Already having STIs	Multiple and concurrent partners	Transactional sex	Income disparities
Early age of sexual debut for young females	Alcohol and drug abuse	Male-dominated gender norms	Migratory labour/ cross-border migration
Partner's viral load	Personal knowledge of one's HIV status	Sexual and gender-based violence	Poverty and wealth
Blood transfusion	Stigma and discrimination	Erosion of traditional values	Capital development projects
	Transactional and commercial sex	Customary laws relating to polygamous marriage and other customs and rites that negatively affect women	Unequal access to prevention, treatment and care
	The death threat of AIDS is no longer a deterrent to risky behaviour due to ART		Late start for ARVs (i.e. when the CD4 count is less than 200 cells/mm3, instead of at the WHO guideline threshold of 350 cells/mm3).

4.6 EMP, final design and tendering

While it is important to identify environmental issues (scoping) and then to analyse and quantify them in detail (EIA), this effort is of little value unless the management and mitigation measures are implemented on the ground through a well-formulated EMP (Figure 4.1). The EMP can follow a decision based on scoping (or preliminary EIAs, Project Briefs or such like) or after a full EIA. The main role players in the EMP stage are as follows (see also Figure 2.1):

Guide, Review and Comment	Knowledge and Data Inputs
Environmental authorities	Proponent/developer Engineering design team Construction managers EA consultant Health, social and gender impact assessment specialists (among others)

4.6.1 Definition

The EMP is a detailed action plan to implement the mitigation measures identified in the EIA. It should specify in detail the following for each impact identified:

- mitigation measure required to avoid, reduce, minimize or control an impact;
- goals/targets of objectives to be met;
- key performance indicators;
- person responsible for implementing the mitigation measure;
- time-frame, i.e. over what period must the mitigation measure be applied; and
- budget.

The EMP should adopt a holistic approach to environmental management and should encompass all components of the environment: biophysical, social, cultural, health and economic.

Too often, the EMP comprises a vague list of intentions or contains recommendations for 'further studies'. If you cannot answer the questions in Box 19, then the EMP is inadequate and needs to be revised.

Usually the EMP is drawn up by the consultants who undertook the EIA, but it needs to be carried out in close collaboration with the project developer to make sure that the actions are practical and realistic; otherwise, the measures will either not be implemented or they will fail. If the EIA process is in sync with project design stages (as per Figure 4.1), the engineering team will be finalizing project designs and budgets, so the EIA drafting team needs to ensure that the required mitigation measures have been incorporated into the final designs.

4.6.2 Types of EMP

There are three broad categories of EMPs in the project life cycle: the construction EMP, the operations EMP and the decommissioning EMP. The objectives of all three are the same, but the difference lies in the nature of the mitigation actions required and the responsible persons.

Box 19: Questions to Ask of an EMP

Are the mitigation measures:

Measurable?

Auditable?

Observable?

Realistic?

Practical?

If not, the EMP will not be an effective tool.

Box 20: Focus on Settings

The consultants involved in an ADB-funded road construction project in China (Baolong Highway) found that focussing on 'settings' rather than the more narrowly-defined 'risk groups' worked well when developing HIV mitigation plans. The major focus was to make the setting safe through four core activities: advocacy aimed at HIV awareness; BCC; access to health care services; and rigorous monitoring. The five priority settings were identified as:

- the construction workplace and camp;
- entertainment venues;
- transport corridors;
- local communities; and
- health services (ADB, 2007, Case study 3).

Most common is the construction EMP, which provides specific management plans for the construction and commissioning stages of a project. The key to ensuring that the EMP is implemented is to include it in the tender documents sent to prospective contractors to bid on. If it is not part of these documents, the contractors will not allow any time or budget to implement the required environmental management measures, and it becomes very difficult to insist on these after contracts have been awarded.

In some circumstances (e.g. large capital projects), the contractor will develop his own specific Method Statements based on the requirements contained in the EMP drawn up by the environmental consultants. Method Statements tend to be even more specific than the measures outlined in the EMP and may reflect the contractor's internal quality management systems.

The **operations EMP** may, in some companies, be replaced by ISO 18000 (OHS) and ISO14000 (environmental) management systems, which serve a similar purpose but go further than an EMP in specifying control systems such as legal registers, document management systems, corrective action programmes etc.

EMPs for closure and decommissioning (or closure plans) are usually only developed for projects which have a finite life span, such as the extractive industries. The aim of the closure plan is to define the actions required to return the land to some alternative use at best or to make the site safe and non-polluting at the minimum. In some circumstances, residual impacts can continue for many years after the project has ceased, such as acid mine drainage or the effects of HIV, and the closure plan needs to specify how these long-term impacts will be managed and controlled, and by whom.

4.6.3 Actions to be taken during formulation of the EMP and tendering to integrate HIV and gender-related issues

Government authorities

- If the government is the proponent, ensure that the EMPs are incorporated into the contractor's Design Build Operate tender documents.
- Adjudicate the tenders using a range of criteria, including those relating to HIV and management of social issues.
- Check that the contractor's budget for health (HIV) management and social issues are separate line items and are sufficient to cover all the required measures.
- Check that the contractor has identified specific personnel to manage the health and social programmes (internal staff, NGOs, CBOs, consultants).

Proponents

- Ensure that the EMPs are incorporated into the contractor's tender documents.
- Adjudicate the tenders using a range of criteria, including those relating to HIV and management of social issues.
- Check that the contractor's budget for health (HIV) management and social issues are separate line items and are sufficient to cover all the required measures.
- Check that the contractor has identified specific personnel to manage the health and gender programmes (internal staff, NGOs, CBOs, consultants).

EIA consultants

- Develop the EMP, in collaboration with the proponent, using the suggestions in Box 21 below.
- Consult local HIV agencies about the appropriate measures to take in the project area, and identify areas of collaboration and coordination.

Stakeholders

Too often the EMPs are finalized after the completion and approval of the EIA (sometimes the development of an EMP is one of the conditions of project authorization). Therefore, all the stakeholders get to see and to comment on are the broad mitigation measures included in the EIA report. Nevertheless, check the following:

- Does the report provide mitigation measures that are measurable, auditable or observable?
- Do the mitigation measures really address your issues and concerns about HIV and gender-related issues (are most of the suggested measures listed in Box 21 included, or only one or two)?
- Are the mitigation measures related to clearly stated goals, targets of objectives?
- Does the EMP indicate the roles and responsibilities for carrying out the mitigation measures?
- Does the EMP include an estimate of the budget required to carry out all the required actions, and is there a budget specifically for the management of HIV and gender-related issues?
- Does it specify how performance will be reported to the stakeholders?

Box 21: Recommended HIV Mitigation Actions to be Taken During Construction and Operation of a Project by All Contractors and Project Owners

- Promote VCT, and include public testing of senior personnel (e.g. AngloCoal's Know Your Status Campaign).
- Identify and train peer educators in the community. The focus needs to move beyond HIV awareness to more fundamental behaviour change outcomes, based on agreed targets and key performance indicators.
- Provide free antiretrovirals (ARVs) to staff.
- Provide free condoms in the workplace and to the local community throughout construction and project operation.
- Provide married quarters, rather than single-sex hostels for staff.
- Recruit locally wherever possible.
- Take all necessary measures to ensure that job seekers do not flock to the project site or local villages looking for work. This may require the following strategies:
  - not hiring any casual labourers 'at the gate';
  - only hiring through established employment agencies;
  - conducting job interviews at nearby towns, not on site;
  - conducting advertising campaigns to inform people about the employment policies and procedures; and
  - working with local government and police to ensure that squatter camps do not start at the site gate or in nearby villages.
- Extend your workplace programme for HIV beyond the company's operations, and include all contractors, suppliers, transportation companies and local communities. The spread of HIV along transportation routes (roads and railways) is well documented, so this component of the project (transportation of all goods and services to and from the project site) needs special attention. For example:
  - select suppliers who have in-house HIV programmes and policies in place;
  - develop tailored BCC materials such as mirror hanger messages and bumper stickers;
  - include condoms in the road safety kit;
  - work with truck company managers to ensure that their drivers receive adequate HIV training;
  - lobby governments to improve border crossing procedures for trucks to minimize delays; and
  - target main transportation hubs (e.g. loading/offloading points, transporter rest stops, passenger transport terminals etc.) with HIV awareness campaigns.
- Form partnerships with local government agencies, NGOs and CBOs, but make sure they have sufficient funds to do the work required. Note: it is better to appoint only one agency to do the work required, but if you do appoint more than one, make sure that each knows its scope of work, mandate and methods of reporting so that there is no confusion.

- Develop a gender-specific outreach programme for the project.
- Form an AIDS Task Force for the project with representatives from unions, management, local community members and people living with HIV.
- Allocate specific budgets and staff responsibilities for HIV prevention activities and deliverables.
- Project managers, supervising consultants and contractors should all receive adequate training and technical support to design and monitor HIV components.
- Conduct regular health/disease surveillance in construction camps.
- Launch BCC campaigns, which could include a range of different approaches to reach as many people as possible. Target these campaigns in the 'settings' identified in Box 20, especially at entertainment venues, local villages and in labour-sending/sourcing areas. Some of the communications media that can be used include:
  - billboards;
  - radio and TV;
  - mobile phones;
  - pamphlets;
  - local/community newspapers;
  - storybooks and cartoons;
  - theatre/drama;
  - youth nights with quizzes, games, singing, drama all themed on HIV;
  - T-shirts and caps with HIV messages;
  - focus group meetings;
  - hold regular education campaigns (monthly) for construction workers and the local communities (together), focusing on HIV prevention and care; and
  - support visits to communities, women's groups, faith groups, taverns/bars and sex workers.
- For the BCC campaign to reach as many people as possible, it should be designed to:
  - cross language barriers;
  - reach ethnic minorities;
  - be culturally sensitive;
  - address foreign construction workers;
  - be gender sensitive (not all construction workers are men, for example);
  - be rolled out to all directly affected communities, even if these may be quite far from the construction site – for example, at border crossings where supply trucks get delayed for hours or even days (Plate 1b).
- These programmes need to be held at convenient times for workers, farmers, women and young people to garner the largest audience and response.
- Promote use of health services and products – try to de-stigmatize the need to go to a clinic.

4.6.4 Environmental monitoring

A distinction needs to be made here between three very different types of monitoring and auditing. Table 4.2 shows that compliance monitoring is a legal task undertaken by the authorities to check that the terms and conditions of the environmental authorization are being complied with (see Section 4.7). Auditing is usually performed during ongoing project operation, often by third parties or accredited auditing agencies (see Section 4.8). Environmental monitoring is the term often used to describe the activities undertaken by a company or contractor during project construction and operation to monitor its effects on the environment. This section (4.6.4) describes the actions that need to be taken during environmental monitoring to make it more effective.

All EMPs should clearly set out the required monitoring programmes. Monitoring allows ongoing impacts to be tracked so that the effectiveness of the mitigation can be measured and corrective actions taken by the company in a timely manner (EIA Newsletter, 1996, cited in DEAT, 2004). Environmental monitoring is usually done by the project owner's team (EHS officer) and/or the environmental consultant who undertook the EIA and/or a research institution and/or a monitoring committee set up specifically to monitor the effects of the project. The latter usually comprises representatives from local community groups and stakeholders to make sure that the project proponent carries out the commitments made, and to an acceptable standard.

Table 4.2: Compliance monitoring, auditing and environmental monitoring defined

	Compliance monitoring	Auditing	Environmental monitoring
Why?	To ensure legal compliance with environmental authorization (including EMP)	To maintain ISO 18000 and ISO 14000 certification; To satisfy I&APs; Self-regulate; Comply with Head Office requirements; Stock market and GRI reporting; IFC or EPFI performance audits; Other international industry standards such as Forestry Stewardship Council, FairTrade etc.	To ensure compliance with targets and goals set out in the EMP and letter of authorization

	Compliance monitoring	Auditing	Environmental monitoring
By whom?	Authorities	External (certified) auditors; EHS Manager	Site personnel and/ or environmental consultants and/ or independent third parties (e.g. research institutions, monitoring committees etc.)
How?	Ad hoc visits (one day)	Pre-planned inspections of several days duration by audit team	As per monitoring plan in EMP or otherwise agreed with key stakeholders
Frequency	As per legislation or when there is a complaint	Annual or every two years, mostly occurs during project operation	Daily, weekly, monthly, six-monthly, annually, depending on aspect being monitored
Scope and method	Whole development	Detailed inspections, work observation, document inspection and checking	Direct measurements; sample collection and analysis; observations
Yardstick	EIA letter of authorization and EMP	ISO 18000 and ISO 14000 standards, other performance standards and EMP	Targets and goals in the EMP; legal standards

Traditionally, environmental monitoring has focused on elements of the biophysical environment, such as water and air quality, borehole yields, river flows, faunal populations and vegetation. Few private-sector projects conduct socio-economic impact monitoring, primarily because most of the management actions and many of the services and indicators that might be monitored are undertaken by various levels of government and are, therefore, not under the 'direct' control of the project proponent.

Public-sector projects may be monitored during construction (as part of the conditions of approval and the requirements of the EMP), but once the project is handed over from the building contractor to the government, little if any monitoring is carried out.

These are two critical areas of weakness in the whole EIA process and need to be rectified. Some suggestions as to how to more effectively monitor HIV issues for private- and public-sector projects are presented below.

4.6.5 Actions to be taken during monitoring to integrate HIV and gender-related issues

Government authorities

- For private-sector projects, one of the terms of project approval may be the submission of a regular monitoring report by the project owner or main contractor. Make sure that these reports are submitted in a timely manner and in an agreed format to all relevant ministries.
- For public-sector projects such as a road or railway line, ensure that the contractor abides by the conditions of the EMP, which should include a monitoring programme for construction. Once construction has been completed, there needs to be a formal handover of environmental management and monitoring tasks to the responsible government ministry or agency. That responsible ministry should carry on submitting monthly monitoring reports to the relevant authorities.

Proponent

- Appoint a health and safety officer on Day 1.
- Give the health monitoring team access to employees and the project site during the entire construction period.
- Give employees time off to attend HIV training and VCT programmes.
- Make sure you involve the local health providers and the national, regional and local AIDS committees in project monitoring.
- Undertake to provide or support third parties to provide capacity-building to local health providers so that they can carry on monitoring functions after the construction period or project is completed.
- Implement programmes to promote gender equality in the workplace.

EIA consultants

- Design an appropriate health monitoring programme, which sets out the following:
  - the management objectives (goals and targets);
  - monitoring objectives (what is the purpose of monitoring?);
  - scope of monitoring;
  - what to monitor and appropriate monitoring technology;
  - frequency of monitoring;
  - where to monitor;
  - sampling protocols, i.e. sample collection, data recording, sample preservation, chains of custody, laboratory selection, analysis techniques and presentation of sample results; and
  - specificy how the monitoring results should be presented and interpreted in monitoring reports (see Box 22 for a sample monitoring plan for HIV).
- Determine reporting procedures for monitoring results: frequency of reporting, target audience, sensitivity of data etc.
- Ensure that data collected are compatible with other data collection programmes (past or present).
- Develop a monitoring database, and ensure that there are restrictions on the accessibility of confidential data.

Stakeholders

A local NGO and/or AIDS agency should be given:

- a clear mandate and set of responsibilities to carry out HIV monitoring;
- clear reporting mechanisms;
- a budget for the entire construction period;
- an appointment and budget sufficient to do the required work, for the entire construction and operational periods;

The role of NGOs in relation to the NAC, national and local government, donors, development finance institutions, the contractors and the project owner need to be defined and agreed.

Box 22: Example of an HIV Monitoring Protocol

Protocol Number	**Protocol For HIV Monitoring**	**Date:** **Revision No.:**
Ref	**Component of Protocol**	**Description**
1	Monitoring objectives	To ensure compliance with the HIV targets (specified in the EMP)
2	Responsible person	Health Officer
3	Equipment	Data recording forms Blood sampling equipment
4	Equipment maintenance/ calibration	All equipment to be maintained, calibrated and operated in accordance with manufacturer's requirements and recommendations [to be specified]. Calibration records to be kept (as per the contractor's Document Management Procedures Ref No.?).
5	Monitoring locations	**Monitoring of HIV cases reported at health care clinics:** Collect HIV data from health clinics in villages A and B and town C. **Monitoring of workplace HIV:** Hold VCT days every quarter, and encourage all workers to attend by giving them time off.
6	Monitoring methodology	Collect data from clinics on a data collection form. Conduct HIV testing as per standard medical practice.
7	Parameters to be monitored	**Health clinics:** ■ HIV prevalence (total, children <15 years (disaggregated by gender), adults aged 15–49 years, women aged >15 years) ■ Deaths due to AIDS or AIDS-associated diseases (e.g. TB) ■ Orphans due to AIDS (aged 0–17) ■ Pregnant women with HIV **Workplace:** ■ Presence of an HIV and AIDS workplace policy ■ Number of people living with HIV (disaggregated by gender) ■ Number of people reached with education and awareness ■ Number of people accessing VCT services ■ Proportion who know their HIV status ■ Number of people trained on HIV and AIDS ■ Number of people on ARVs ■ Condom distribution and use ■ Number of people accessing services for treatment of opportunistic infections ■ Number of days sick leave and compassionate leave for AIDS-related reasons

8	Monitoring frequency	**Clinics:** Monthly data collection at each clinic **Workplace:** Quarterly
9	Ad hoc monitoring requirements	At the discretion of the Health Officer
10	Incident and complaints procedures	All incidences of a health nature are to be reported immediately to the Health Officer, who must then take appropriate action.
11	Data management	Monitoring data to be captured onto the Health Officer's restricted-access computer immediately after the data have been collected or results obtained. The results should be recorded on an Excel spreadsheet and saved and backed up as per the Contractor's Document Management Procedures (Ref. No.?)
12	Data analysis and interpretation	The data shall be presented in graphs and tables showing the results in relation to the targets specified in the EMP.
13	Data reporting	The data shall be interpreted in terms of and in the context of: ■ the construction or operational phase of the project; ■ the number of permanent or contract staff on site; ■ other similar projects in the area; ■ compliance with the specified targets; and ■ corrective actions taken.
14	Frequency of reporting	The HIV monitoring results must be included in the half-yearly and annual EHS reports.

4.7 Compliance monitoring during project construction

The key to the success of an EMP lies in its effective implementation. Compliance monitoring and the enforcement of the EMP requirements are, therefore, crucial to ensure that the environmental requirements stipulated in the EMP are being complied with during both construction and operations (post-construction). Compliance auditing is a legal requirement in terms of all environmental acts in the ESA region, but it is seldom undertaken. It should be carried out by the environmental agency which authorized the project, but because the 'environment' covers such a diverse range of aspects, it is advisable that the environmental authorities should establish an inter-ministerial monitoring committee or a dedicated Environmental Inspectorate (as in South Africa). In either case, the monitoring team should have:

- a legal mandate;
- a multi-disciplinary team;
- a comprehensive checklist of aspects to monitor, based on the EMP and the conditions contained in the letter of authorization;

- a timetable for inspections;
- a reporting framework; and
- a system for imposing corrective actions and punitive measures.

4.7.1 Actions to be taken during compliance monitoring to integrate HIV and gender-related issues

Government authorities

- Identify the most appropriate compliance monitoring agency for public projects. It could be the environmental authority, the responsible line ministry, a river basin authority, local, district or regional government, an independent environmental inspectorate, a monitoring committee established by I&APs or a contracted operator (e.g. a toll road concession holder).
- The compliance monitoring agency will need to monitor legal compliance with the terms and conditions of the environmental authorization, as prescribed in most environmental laws and regulations.
- The government compliance monitoring team should be multi-disciplinary and needs to include a representative from the NAC, health and gender ministries, among others.
- The team should have legal standing and should be allowed to issue notices of non-compliance, fines, penalties and stop-work orders. It should also have delegated powers of entry and inspection.

Proponents

- The project developer, or main contractor, may appoint its own EHS officer to monitor the day-to-day monitoring of the EMP during both construction and operations. The aim is to ensure compliance with the terms and conditions of the environmental authorization.
- The proponent may appoint an external consultant to provide a periodic, independent review of project compliance with the EMP. This may be triggered by the company's own policies and practices, required in terms of the law or one of the conditions of project approval. The frequency of such audits will, however, vary depending on the individual project circumstances. It may be necessary to include a health specialist or sociologist on the auditing team to ensure that the health and social dimensions of the EMP are being adequately implemented.

EIA consultants

A consultant may be appointed to carry out independent compliance audits by the proponent (see above).

Stakeholders

In some cases it may be advisable to set up a community monitoring committee comprising community representatives.

4.8 Project operations audits

For private-sector projects, responsibility for EHS issues during project operation is usually assigned to the company's EHS Manager. If the company does not have a corporate ISO18000 or ISO14000 certified management system or does not plan to implement such a system at the new workplace, then the operation needs to abide by the requirements of the operations EMP. However, many larger companies either have certified ISO systems in place or subscribe to other internationally recognized quality assurance schemes, such as ICMM or the Forestry Stewardship Council. Projects which may have been funded by IFC or any of the EPFIs also need to be periodically audited to ensure that they are compliant with the lending conditions and performance standards. Some listed companies are also required to submit annual environmental audit results, where performance over the year is checked against in-house corporate goals and targets. These audits typically cover all aspects of their operations including their impacts on the biophysical and social environments, employee OHS and sustainability.

Unfortunately, public-sector projects are not subjected to the same levels of scrutiny and quality assurance, due to a general lack of accountability and shortages of funds and capacity to carry out rigorous post-construction audits. Some suggestions as to how this could be improved with regard to HIV were provided in Section 4.7.1 above, relating to compliance monitoring, where government responsibilities for compliance are set out.

4.8.1 Actions to be taken during project operations to integrate HIV and gender-related issues

Government authorities

- Delegate responsibility for ongoing auditing to an appropriate agency such as the responsible line ministry, a river basin authority, local, district or regional government, an independent environmental inspectorate, a monitoring committee established by I&APs or a contracted operator (e.g. a toll road concession holder) (see Section 4.7.1 above).
- Augment health services in the vicinity of a new project (facilities and trained staff) to enable them to respond to the additional demands from the project.
- Work with the proponent to obtain HIV-related statistics.
- Coordinate HIV and gender awareness campaigns with the proponent, if the project is the only one in the area or the largest employer.
- Ministries should support increased M&E of gender-specific indicators, both at the project location and nationally to determine progress in relation to national performance targets for women's empowerment.

- Ministries dealing with gender should work closely with private developers to provide support to any gender programmes that may be initiated by the company.

Proponents

- Implement the mitigation measures set out in the operations EMP.
- If the project has a certified ISO18000 and/or ISO14000 system in place, these have to be independently audited by an ISO-accredited auditor every two years.
- Make sure that both systems address HIV in the workplace, host communities and, if applicable, in the labour-sending area.
- Commit sufficient budget every year to allow the mitigation measures to be implemented and for enough staff to carry out the work required.
- Build HIV and gender awareness into every aspect of the business.
- Set up local stakeholder forums to discuss all relevant social aspects of the project.
- Promote employment opportunities for women including activities to support women's empowerment such as literacy programmes, start-up funding for small business, vocational and business skills development programmes (Box 23).
- Conduct awareness programmes relating to traditional gender roles and stereotypes about women's roles to ensure that increased economic opportunities do not create an undue burden on working women. This might include support groups for women, providing childcare at the workplace etc. (Eftimie et al., 2009).
- Include HIV and gender goals and targets in your corporate performance standards, and report on progress against these targets in your annual reports.

EIA consultants

Once the EIA has been completed and the project constructed, the role of the EIA consultants is over.

Stakeholders

Unless there is a stakeholder forum in which you can participate, the role of stakeholders in the EIA process is over.

Box 23: Some Examples of Good Corporate Social Responsibility Programmes

Kenmare Resources commenced construction of the Moma titanium minerals mine at Tupuito in northern Mozambique in 2004. The area surrounding the mine was characterized by extreme poverty, subsistence agriculture, poor health, low levels of education and limited infrastructure. Although expectations about employment prospects at the mine were very high, the low levels of education and skills development meant that there would be few employment opportunities for members of the local population. Thus, to ensure that the local communities could benefit from the mine development through means other than direct employment, Kenmare established the Kenmare Moma Development Association (KMAD) in 2004. Shortly after its formation, KMAD undertook extensive consultations with the local communities, NGOs and local government bodies to develop a comprehensive implementation plan based on a mixture of direct, contracted and collaborative activities. The projects undertaken by KMAD fall into three categories:

- capacity-building and economic development projects, such as technical assistance to local farmers and the creation of market opportunities;
- socio-cultural development projects, such as educational programmes, HIV prevention, malaria awareness and protection and sports development; and
- development of infrastructure such as provision of water pumps, school furniture, road upgrades etc.

Kumba Resources' Sishen iron ore mine is located in the Northern Cape, South Africa – an area which has been identified as one of the nine nodes of poverty in South Africa. Although there are several mines in the region, the generally low levels of education among the populace mean that few job opportunities exist. Mindful of these problems and the fact that most of the benefits from mining through supplies and services were being experienced far from their operations, Kumba identified a need to build local capacity and skills by establishing a small-business hub. The Zimele Small-Business Hub was launched in 2008 to help establish and support small and medium-sized entrepreneurs within the communities in which Kumba operates.

In 2007, Lonmin plc set up a local supplier development programme, in partnership with the IFC, to empower the community within a 15km radius of its mining operations near Brits, South Africa. The programme goals were to:

- contract 60 Lonmin community suppliers for R400 million ($50 million) worth of contracts by June 2010;
- develop at least 30 of these suppliers to become long-term businesses; and
- provide intensive training, mentoring and access to financial assistance by establishing a business incubation centre.

Within a year, the company was well on its way to achieving these goals. Increasing the percentage of procurement from local suppliers has reaped tangible benefits in the surrounding community, and several women-owned businesses are thriving, such as the Little Rock Construction company.

One of the reasons for the success of Lonmin's local supplier programme is that it is working in parallel with other initiatives that it is implementing in the local community, such as an HIV and AIDS workplace and community support programme, a Women in Mining programme and a Community Development Programme, focusing on schools, particularly maths, science and computer literacy.

5

SUMMARY AND CONCLUSIONS

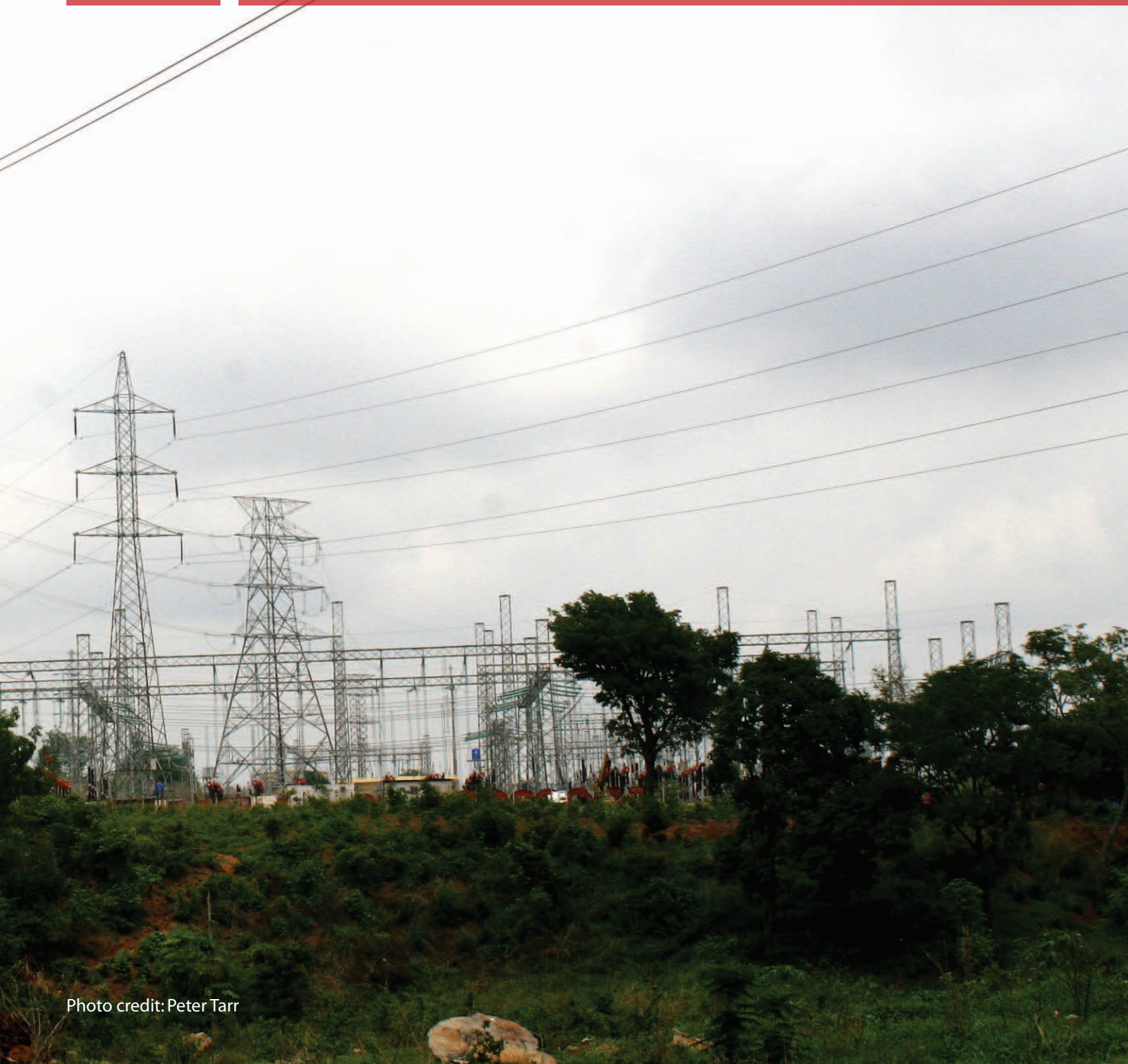


Photo credit: Peter Tarr

EA is the only tool in use which strives to provide an objective, independent assessment of the impacts of a development project on the biophysical, social and economic environments. As such, it is a technique that is well placed to evaluate the impacts of a policy, plan, programme or project on community health, especially HIV and gender-related issues. However, few EAs include meaningful assessments of health and gender in which the long-term negative consequences of HIV and increased gender inequalities on affected communities are identified and analysed and appropriate measures put in place to prevent or control the spread of the disease, on the one hand, and empower women on the other. In spite of a plethora of environmental, health, gender and labour policies, laws and regulations, the evidence is clear: large capital projects cause an increase in the prevalence of HIV in the receiving communities and in the areas from which construction workers and migrant labourers are sourced. This is a major failing and a missed opportunity. The reasons for this are many, and include legislative and institutional weaknesses as well as poor EA practice in many cases:

Policy and legislation:

- Some constitutions still allow for discriminatory practices against women under customary law provisions.
- Even where constitutions prohibit all forms of discrimination, cultural rites, which are discriminatory towards women and facilitate the spread of HIV, are still widely practised.
- Environmental legislation is poor, conflicting and/or fragmented.
- The definitions of the terms 'environment' and 'social' are often poorly articulated in law, and it is unclear in most cases whether the social environment should include health or not – most do not.
- Workplace issues relating to HIV are usually ignored in EA legislation and guidelines.
- There is a lack of gender-specific clauses in relevant laws, policies, regulations and guidelines in most countries.
- The group which bears the heaviest burden of the HIV epidemic, women, do not have the status (in practice) allowing them to articulate concerns, objections and suggestions during the EA process.
- The penalties for non-compliance with EA legislation are inadequate.
- There is a lack of a legislated peer review mechanism for quality control of EAs in most countries.

Institutional:

- Although there are statutory inter-ministerial committees on the environment, these structures are weak and do not perform to their full potential.
- The inclusion of the environmental agency in ministries with other development mandates such as tourism and mining means that there is always a potential for a conflict of interests.
- Legislation and compliance monitoring is poorly enforced due to a lack of expertise, human and physical resources.

- There is inadequate capacity, experience and training among the staff of the EA regulatory authorities to critically review EIAs, SEAs and EMPs, and there are no minimum professional criteria for the regulatory authorities that have to review these documents.
- Authorizing functions are split between line ministries and the EIA agency.
- Corruption means that procedures may not be rigorously followed.
- There is a lack of coordination between various agencies to conduct compliance monitoring on HIV and gender programme implementation.

EIA consultants and practice:

- There is inadequate capacity among local EA practitioners due to a lack of training and experience. This is compounded by the fact that there are few controls on who is qualified to carry out EIAs and SEAs (e.g. registration and certification and the application of professional Codes of Conduct).
- Even well-resourced EA companies, both local and expatriate, often fail to fully comprehend the implications of the project in terms of HIV risks and vulnerable communities.
- There is an insufficient number of competent specialists in the fields of GIAs and HIAs.
- Many poor EAs are submitted to the authorities for review – often with little if any consideration of HIV and gender-related issues. Even generally 'good' EAs fail to adequately consider the long-term social and health impacts which may be caused by HIV.
- Full EMPs are often not included in an EIA; the latter usually merely provides a list of mitigation measures. The completion of the EMP is, therefore, made a condition of the approval, but with little follow-up and enforcement, the EMP is either not developed or is drawn up by consultants but not adequately implemented.
- The standard of EMPs is usually poor, with, at best, superficial actions geared toward the management of HIV in the workplace and its impact on local communities. Often the roles and responsibilities for monitoring are not spelled out adequately.
- There is inadequate capacity among stakeholders to critically evaluate and comment on EIAs.

From the review of case studies, in-depth country workshops and a review of relevant literature, there are several key 'take-home' messages to ensure that HIV and gender-related issues are effectively mainstreamed into the EA process.

Government (line ministries, environmental agencies, NACs, ministries of health, labour, finance and gender, tender boards, parastatals):

- There is a direct link between large capital projects and the prevalence of HIV; therefore, government PPPs need to recognize the causes and take the necessary steps to manage the risks.
- Recognize that health in general and HIV in particular are key aspects of the social environment; therefore, all EAs need to address it.

- Build capacity (human, financial and technical resources) to ensure that proponents/developers and contractors are complying with the requirements of the EMP through effective, regular and critical compliance monitoring and enforcement.

Proponents, developers, contractors and suppliers:

- HIV is a serious risk for your business, the economy and the country.
- Take it seriously, and dedicate sufficient human and financial resources to ensuring that community health issues are addressed in the EA and that HIV awareness and prevention programmes are implemented during the construction and operational stages of the project.
- Adopt all the ILO guidelines relating to HIV in the workplace.
- Promote programmes to empower women in the workforce and community.

EA consultants and specialists:

- Include a health and gender specialist on the EA team for all large capital projects, and any other project where HIV and gender pose major long-term risks.
- Disaggregate impacts on the basis of gender, vulnerability and power relations (in sensitive communities), and analyse the impacts of the project on the different groups.
- Include meaningful and comprehensive HIV prevention and control programmes in every EMP where HIV is identified as an issue.

Stakeholders

- Participate constructively in the public consultation process.
- Ask the right questions of the proponent/developer relating to his/her approach to addressing the risks of HIV and gender-related issues in the planning, construction and operation of the project.
- Collaborate with local HIV and AIDS and gender authorities, and consolidate and coordinate the implementation of HIV management programmes.

REFERENCES

Photo credit: UNDP/Marek Smith

ADB, *ADB Study Series on HIV and Infrastructure: Case Studies 1–4 and Synthesis Report*, Asian Development Bank, Manila, 2007.

Brownlie, S., B. Walmsley and P. Tarr, 'Guidance Document on Biodiversity, Impact Assessment and Decision-making in Southern Africa', *CBBIA-IAIA Guidance Series*, International Association for Impact Assessment, Fargo, ND, 2009.

DEAT, *'Screening', Integrated Environmental Management Series 1*, Department of Environmental Affairs and Tourism, Pretoria, 2002.

DEAT, 'Environmental Management Plans', *Integrated Environmental Management Series 12*, Department of Environmental Affairs and Tourism, Pretoria, 2004.

DEAT, 'Strategic Environmental Assessment Guideline', *Integrated Environmental Guidelines Series 4*, Department of Environmental Affairs and Tourism, Pretoria, 2007.

Eftimie, A., K. Heller and J. Strongman, 'Gender Dimensions of the Extractive Industries', *Extractive Industries and Development Series #8*, World Bank, Washington, DC, August 2009.

European Commission, *Guidance on Scoping*, prepared by ERM, Brussels, 2001 (www.ec.europa.eu/environment/eia).

Gordhan, P., Extract from *Budget Speech 2012*, South African Minister of Finance, 2012.

Hodges, J., *Guidelines on Addressing HIV/AIDS in the Workplace through Employment and Labour Law*, International Labour Organization, Geneva, January 2004.

IFC, *Procedure for Environmental and Social Review of Projects*, International Finance Corporation, Washington, DC, December 1998.

IFC, *Policy on Environmental and Social Sustainability*, International Finance Corporation, Washington, DC, 2011.

IOM, *World Migration Report*, International Organization for Migration, Geneva, 2011.

Keeler, D., 'Angola: On the Road to Recovery', *Global Finance*, December 2011.

Lohani, B., J.W. Evans, H. Ludwig, R.R. Everitt, R.A. Carpenter and S.L. Tu, *Environmental Impact Assessment for Developing Countries in Asia, Volume 1 – Overview*, Asian Development Bank, Manila, 1997.

Luo, N., *Gender and HIV and AIDS Accountability Score Card 2010*, Lusaka, 2010.

Matsuyama, R., 'Population Mobility and Health/HIV: Spaces of Vulnerability', presentation to the SADC–Donor–UN Coordination Meeting on Migration and Health/HIV in southern Africa, Johannesburg, September 2011.

OECD, '*Applying Strategic Environmental Assessment: Good Practice Guidance for Development Cooperation', DAC Guidelines and Reference Series*, Organisation for Economic Co-operation and Development, Paris, 2006.

Perruchoud, R. and J.A. Redpath-Cross (eds), *Glossary on Migration, 2nd Edition*, International Organization for Migration, Geneva, 2011.

Republic of Namibia, *A Guide to HIV and AIDS Mainstreaming*, undated.

SAIEA, *A One Stop Participation Guide: A Handbook for Public Participation in Environmental Assessment in Southern Africa*, Common Ground, Cape Town, 2005.

Sanje, D., 'SADC HIV/AIDS Cross-border Initiative', presentation to the SADC–Donor–UN Coordination Meeting on Migration and Health/HIV in southern Africa, Johannesburg, September 2011.

Satterthwaite, D. (ed.), *The Millennium Development Goals and Local Processes: Hitting the Target or Missing the Point*, International Institute for Environment and Development, London, 2003.

Scott-Samuel, A., M. Birley, K. Ardern, *The Merseyside Guidelines for Health Impact Assessment, Second Edition*, International Health Impact Assessment Consortium, Liverpool, May 2011.

Selvester, K., D. Cambaco and V. Bié, Risks and Vulnerability to HIV and AIDS. *Analysis of Key Determinants on the Nacala Transport Corridor*, International Organization for Migration, Maputo, 2011.

Setswe, G., 'HIV and AIDS: Back to the Basics, Course on Integrating HIV/AIDS Issues through the Use of Environmental Assessment and Management Tools in the Water Sector in Southern Africa', Gaborone, 2005.

Sharma, A. and G. O'Malley, *The HIV Needs Assessment of Female Sex Workers in Major Towns and along Major Roads in Botswana*, I-TECH/University of Washington, Gaborone, 2007.

Svenson, G., 'Community-based Responses to HIV/AIDS in Mineworker Sending Areas in Southern Mozambique', presentation to the SADC–Donor–UN Coordination Meeting on Migration and Health/HIV in southern Africa, Johannesburg, September 2011.

The Economist, 'Africa's Hopeful Economies: The Sun Shines Bright', *The Economist*, 3 December 2011.

The Economist, 'The Hopeful Continent: Africa Rising', *The Economist*, 3 December 2011.

UNAIDS, *Report on the Global AIDS Epidemic*, UNAIDS, Geneva, 2010.

UNAIDS, *Terminology Guidelines*, UNAIDS, Geneva, 2011.

USAID and IOM, *Meeting Report from the SADC–Donor–UN Coordination Meeting on Migration and Health/HIV in southern Africa, Johannesburg*, September 2011, USAID, Washington, DC, and International Organization for Migration, Geneva, 2011.

WHO, *Health and Strategic Environmental Assessment*, background information and report on a WHO consultation meeting, Rome, 8–9 June 2009, World Health Organization, Geneva, 2010.

World Bank, *Operational Policy 4.01: Environmental Assessment*, World Bank, Washington, DC, 2011.

Appendix A: Useful resources

A1 Guidance on Strategic Environmental Assessment

DEAT, 'Strategic Environmental Assessment Guideline', *Integrated Environmental Guidelines Series 4*, Department of Environmental Affairs and Tourism, Pretoria, 2007.

OECD, 'Applying Strategic Environmental Assessment: Good Practice Guidance for Development Cooperation', *DAC Guidelines and Reference Series*, Organisation for Economic Co-operation and Development, Paris, 2006.

A2 Guidance on Environmental Impact Assessment

ADB, *Guidelines for Integrated Regional Economic-cum-Environmental Development Planning, Volume 1: Guidelines*, Asian Development Bank, Manila, 1993.

ADB, *Environmental Assessment Requirements and Environmental Review Procedures of the Asian Development Bank*, Office of the Environment, Asian Development Bank, Manila, 1993. The ADB also has sector guidelines.

DEAT, *Integrated Environmental Management Information Series 1–16*, Department of Environmental Affairs and Tourism, Pretoria.

IFC Performance Standards (PS series), International Finance Corporation, Washington, DC.

SAIEA, *The Calabash Project: Public Participation in Environmental Assessment in Southern Africa*, Southern African Institute for Environmental Assessment, Windhoek, 2005, includes a series of documents including:

- *A Handbook for Public Participation in Environmental Assessment in Southern Africa*;
- *Calabash Case Studies report*; and
- *Training Course and Training Manual on Public Participation in Environmental Assessment*.

Setswe, G. and M. Mpotokwane, Lectures for the course on integrating HIV/AIDS issues through the use of Environmental Assessment and Management Tools in the Water Sector in Southern Africa, Modules 1–3, CSIR and Southern African Institute for Environmental Assessment, Windhoek, April 2005.

World Bank, *Environmental, Health and Safety Guidelines*, World Bank, Washington, DC, 2007.

A3 Guidance on Health Impact Assessment

With acknowledgement to Scott-Samuel et al, 2001.

INTERNATIONAL – *HIA Best Practice Principles*

This concise four-page document was published in 2006 by the International Association for Impact Assessment, in collaboration with WHO, to offer guidance on how to integrate health into impact assessments, mainly in the context of development planning.

AUSTRALIA – *Health Impact Assessment Guidelines*

These guidelines from the Commonwealth Department of Health and Aged Care aim to promote and enhance the incorporation of HIA into environmental and planning impact assessment generally, thereby improving the consideration of health issues. The guidelines aim to assist other sectors to better understand the rationale for HIA and the processes involved.

CANADA – *Canadian Handbook on Health Impact Assessment*

Published in 2004 by Health Canada, this handbook has four volumes: the basics, approaches and decision-making, the multidisciplinary team, and health impacts by industry sector. Its main objective is to help professionals with an interest in health – whether from medical backgrounds, social sciences or government/industry – to integrate health into the EIA process.

IRELAND – *Health Impact Assessment: an Introductory Paper*

This paper by the Institute of Public Health in Ireland provides a review of HIA literature and practice and outlines the Institute's position on the development of HIA in Ireland.

NEW ZEALAND – *A Guide to Health Impact Assessment (2nd Edition)*

This is a practical guide on exactly what HIA is, why it should be carried out and who should carry it out. The Public Health Advisory Committee of New Zealand designed it for policymakers in central and local governments and encourages feedback so that the guide can be enhanced over time.

SWEDEN – *Focusing on Health*

How is the health of different groups affected by a proposed policy decision? This question may be answered by using the 'Health Matrix', an easy-to-use checklist.

UNITED KINGDOM – *Health Impact Assessment: a Guide for Local Authorities*

This practical guide from Health Scotland covers what HIA is, why and how it should be used, and the different stages involved. There is particular emphasis on how HIA fits into the local authority planning framework.

UNITED KINGDOM – *The Merseyside Guidelines for Health Impact Assessment*

These guidelines address commissioning issues and procedures, and outline methods for undertaking HIA. They will be of use to those working in central or local government, the health sector, the voluntary sector and other bodies whose work influences (or is influenced by) public policy.

UNITED KINGDOM – *Introducing HIA: Informing the Decision-Making Process*

This basic introduction by the Health Development Agency discusses the concepts of HIA and the key stages involved and provides practical advice. The guide is useful for people or institutions that would consider undertaking, commissioning or promoting HIA.

UNITED KINGDOM – *A short guide to HIA: Informing Healthy Decisions*

This guide by the NHS Executive London introduces the key features involved in HIA and is complemented by a fuller resource that provides an in-depth review and offers practical tools for adapting the approach to different situations.

INTERNATIONAL COUNCIL FOR MINING AND METALS

Good Practice Guidance on Health Impact Assessment

Good Practice Guidance on Occupational Health Risk Assessment

Good Practice Guidance on HIV/AIDS, TB and Malaria

INTERNATIONAL FINANCE CORPORATION

IFC Performance Standard 4 addresses the management of a project's health impacts on local communities. It covers:

- Community health and safety requirements:
  - General requirements – the assessment of risks and impacts to the community, identification of management measures, and disclosure of information through the Action Plan
  - Infrastructure and equipment safety
  - Hazardous materials safety
  - Environmental and natural resources issues
  - Community exposure to disease
  - Emergency preparedness and response.
- Security personnel requirements – recruitment, codes of conduct, training, monitoring of risks to community, use of force, and ensuring security personnel were not involved in past abuses.

HIV/AIDS Resource Guide for the Mining Sector (2004)

WORLD GOLD COUNCIL

Safeguarding workplace and community health (2008) includes case studies.

A4 Guidance on Gender Impact Assessment

AFDB, *Checklist for Gender Mainstreaming in the Infrastructure Sector*, African Development Bank, Abidjan, 2009 provides useful guidelines for infrastructure projects.

Eftimie, A., K. Heller and J. Strongman, 'Gender Dimensions Of The Extractive Industries', Extractive Industries and Development Series #8, World Bank, Washington, DC, August 2009 provides guidelines on mainstreaming gender issues into mining projects.

European Commission, *A Guide to Gender Impact Assessment, European Commission*, Brussels (http://www.ec.europa.eu/social/BlobServlet?docId=4376&langId=en)

Overseas Development Institute, *Gender Impact Assessment – Framework For Gender Mainstreaming*, Overseas Development Institute, London, 2009 (http://www.odi.org.uk/publications/7263-gender-impact-assessment-framework-gender-mainstreaming)

Appendix B: Institutions and Organizations Involved in Coordinating National AIDS Response Programmes

With acknowledgement to UNAIDS Terminology Guidelines, October 2011

African Development Bank (AfDB)

The AfDB provides financial support to SADC programmes on HIV. See www.afdb.org.

AIDSinfo

AIDSinfo is a data visualization and dissemination tool to facilitate the use of AIDS-related data in countries and globally. AIDSinfo is populated with multi-sectoral HIV data from a range of sources including WHO, UNICEF, UNAIDS and Measure DHS. The data provided by UNAIDS include AIDS spending, epidemiological estimates, information on policies, strategies and laws, and other country-reported data from government and civil society. The tool's visualization capabilities allow for rapid production of charts, maps and tables for presentations and analysis. For more information, contact aidsinfo@unaids.org.

AIDS Strategy and Action Plan (ASAP)

An ASAP is a programme of technical assistance coordinated by the World Bank on behalf of the UNAIDS Secretariat and its Co-sponsors, to improve coordination among multilateral institutions and international donors. ASAP provides technical support and assistance to Member States that are in the process of drafting their national AIDS policies and strategies.

Asian Development Bank (ADB)

The ADB provides funding for many projects relating to the prevention of HIV in Asia. It has documented several useful case studies relating to HIV and large capital projects (see References). See www.adb.org.

Country Coordinating Mechanism (CCM)

The CCM was established by the Global Fund to Fight AIDS, Tuberculosis and Malaria to fulfil its commitment to local ownership and participatory decision-making. These country-level partnerships develop and submit grant proposals to the Global Fund based on priority needs at the national level and monitor implementation.

Global Fund to Fight AIDS, Tuberculosis and Malaria

The Global Fund to Fight AIDS, Tuberculosis and Malaria, established in 2001, is an independent public–private partnership. Its purpose is to attract, manage and disburse additional resources to make a sustainable and significant contribution to mitigate the impact caused by HIV, tuberculosis and malaria in countries in need, while contributing to poverty education as part of the MDGs. See www.theglobalfund.org.

International Council for Mining and Metals (ICMM)

The ICMM has put together a publication entitled Good Practice Guidance on HIV/AIDS, TB and Malaria that provides mining and metals company managers with practical information on disease management. Published in August 2008, this publication outlines and advocates an integrated approach to the three diseases; it is aligned with standards and systems currently in general use by ICMM members. See www.icmm.com.

International Finance Corporation (IFC)

The IFC has published many useful documents on the subject of HIV. See www.ifc.org.

International Health Partnership (IHP)

The IHP and related initiatives (IHP+) seeks to achieve better health results by mobilizing donor countries and other development partners around a single country-led national health strategy, guided by the principles of the Paris Declaration on Aid Effectiveness and the Accra Agenda for Action. Launched in September 2007, IHP+ aims to better harmonize donor funding commitments and improve the way international agencies, donors and developing countries work together to develop and implement national health plans. See www.internationalhealthpartnership.net.

International Labour Organization (ILO)

The ILO is the United Nations specialized agent responsible for the world of work and for drawing up and overseeing international labour standards. It is the only 'tripartite' United Nations agency that brings together representatives of governments, employers and workers to jointly shape policies and programmes promoting decent work for all. This unique arrangement gives the ILO an edge in incorporating 'real world' knowledge about employment and work, giving an equal voice to workers, employers and governments to ensure that the views of the social partners are closely reflected in labour standards and in shaping policies and programmes. The ILO's main aims are, therefore, to promote rights at work, encourage decent employment opportunities, enhance social protection, strengthen dialogue on work-related issues and champion gender equality as a matter of rights and social justice, as well as efficiency and good business sense.

The ILO is one of UNAIDS's 11 Co-sponsors. It has many publications on HIV in the workplace. See www.ilo.org.

International Organization for Migration (IOM)

The IOM is one of the sponsors for this project and is active in eastern and southern Africa, with several programmes. Two of these relating specifically to HIV are:

- research on the health vulnerabilities of mobile populations and affected communities in selected ports of southern Africa; and
- the Ripfumelo HIV prevention and care programme for farm workers.

Monitoring and Evaluation Reference Group (MERG)

Established by UNAIDS, the MERG has a broad membership of national, bilateral agency and independent evaluation expertise, enabling it to help harmonize M&E approaches among collaborating organizations and develop effective M&E of the response to the epidemic. See http://www.unaids.org/en/dataanalysis/datacollectionandanalysisguidance/monitoringandevaluationguidelines/.

National AIDS commissions, committees or councils (NACs)

See http://hivaidsclearinghouse.unesco.org/en/related-links/national-aids-commissions.html for links to websites of NACs or Ministries of Health.

Network of Sex Work Projects (NSWP)

The NSWP was established as an informal alliance in 1992 by a group of sex worker rights activists working within sex work projects around the world. This network upholds the voice of sex workers globally and connects regional networks advocating for the rights of female, male and transgender sex workers. It advocates for rights-based health and social services, freedom from abuse and discrimination, and self-determination for sex workers.

SADC HIV and AIDS Unit

- HIV cross-border HIV initiative
- SADC partnership forum
- HIV and special AIDS Fund

Swedish International Development Agency (SIDA)

- Support to SADC and EAC
- Partnership on health and mobility in eastern and southern Africa (PHAMESA)
- Corridor empowerment project. See www.sida.se.

UNAIDS

UNAIDS is an innovative United Nations partnership that leads and inspires the world in achieving universal access to HIV prevention, treatment, care and support. UNAIDS fulfils its mission by:

- uniting the efforts of United Nations Co-sponsors, civil society, national governments, the private sector, global institutions and people living with and most affected by HIV;
- speaking out in solidarity with the people most affected by HIV in defence of human dignity, human rights and gender equality;
- mobilizing political, technical, scientific and financial resources and holding ourselves and others accountable for results;
- empowering agents of change with strategic information and evidence to influence and ensure that resources are targeted where they deliver the greatest impact; and
- supporting inclusive country leadership for comprehensive and sustainable responses that are integral to and integrated with national health and development efforts.
- UNAIDS has the following 11 co-sponsors:
  - United Nations High Commissioner for Refugees (UNHCR)
  - United Nations Children's Fund (UNICEF)
  - World Food Programme (WFP)
  - United Nations Development Programme (UNDP)

- United Nations Population Fund (UNFPA)
- United Nations Office on Drugs and Crime (UNODC)
- International Labour Organization (ILO)
- United Nations Educational, Scientific and Cultural Organization (UNESCO)
- World Health Organization (WHO)
- World Bank
- UN Women – United Nations Entity for Gender Equality and the Empowerment of Women

UN Cares

UN Cares is the UN system-wide workplace programme on HIV. See www.uncares.org.

United Nations Children's Fund (UNICEF)

UNICEF is one of UNAIDS's 10 Co-sponsors. See www.unicef.org.

United Nations Development Programme (UNDP)

The Regional Centre for Eastern and Southern Africa: HIV, Health and Development Practice is the main coordinator of this project. UNDP is one of UNAIDS's 10 Co-sponsors. See www.undp.org.

United Nations Educational, Scientific and Cultural Organization (UNESCO)

UNESCO is one of UNAIDS's 10 Co-sponsors. See www.unesco.org.

UNGASS Declaration of Commitment on HIV/AIDS

In June 2001 the Special Session of the United Nations General Assembly on HIV/AIDS adopted the Declaration of Commitment on HIV/AIDS in which Member States made a commitment to provide regular country progress reports. The UNAIDS Secretariat is entrusted with the responsibility of developing the reporting process, accepting reports from Member States and preparing a report for the General Assembly.

United Nations High Commissioner for Refugees (UNHCR)

The Office of the UNHCR is one of UNAIDS's 10 Co-sponsors. See www.unhcr.org.

United Nations Population Fund (UNFPA)

UNFPA is one of UNAIDS's 10 Co-sponsors. See www.unfpa.org.

UN Plus

The objectives of UN Plus are to create a more enabling environment for all HIV-positive staff members, irrespective of the level of disclosure of their HIV status, to create an organized and effective voice for people living with HIV within the UN system and to contribute to developing and improving existing policies on HIV among the UN agencies. See www.unplus.org.

USAID

The American government's donor aid agency, USAID, has two main programmes running in the ESA region relating to HIV:

- Southern Africa Prevention Project
- HIV/AIDS Regional Programme – ROADS II (East Africa).

US President's Emergency Plan for AIDS Relief (PEPFAR)

PEPFAR was announced by President George W. Bush in 2003. In its first five years, PEPFAR supported the provision of treatment to more than 2 million people, care to more than 10 million people, including more than 4 million orphans and other vulnerable children, and PMTCT services during nearly 16 million pregnancies. In 2008 the second phase of PEPFAR began, with the aim of working through partner governments to support a sustainable, integrated and country-led response to HIV. See www.pepfar.gov.

World Gold Council

Various publications on HIV, TB and malaria may be found on the World Gold Council's website: www.gold.org.

World Bank

The World Bank is one of UNAIDS's 10 Co-sponsors. See www.worldbank.org.

Appendix C: Sample Terms of Reference for a Health Impact Assessment

With acknowledgement to SRK Consulting

Introduction and project background

Introduce the project, its need and desirability, location, main inputs and outputs, overall time-frame etc.

Scope of work

Specify the spatial and temporal boundaries for the HIA.

Explicitly state what should be included and excluded.

The scope of work should be divided into four phases or activities:

1. A rapid appraisal;
2. Baseline health description;
3. The impact assessment will be performed based on the baseline evidence;
4. The community health management plan will be developed based on priority impacts.

The consultants are requested to provide a detailed description of the methodology they propose to use to undertake the following activities:

Rapid appraisal (scoping)

- Project definition from a health perspective. This will be carried out by reviewing all existing project documents and other available literature. This will include evaluating projects in similar settings in the country or region. Analyse any initial environment and social assessments, and review any meeting minutes or reports from stakeholder consultation.
- Review country-specific legal and policy frameworks for health/HIV which may affect the planned project.
- Country and community health profiling:
  - Perform a literature review to describe the baseline health/HIV status at a national, regional and district level with a focus to detect project-attributable or general potential health hazards. This is desktop work.
  - Define and profile the communities that may be affected by the project development. This will be in relation to both directly and indirectly affected communities. This process must be aligned to the social and specialist studies and have a focus on communities that will be directly and indirectly impacted. This is field work.
- Produce a scoping report to feed into the overall project scoping report. The scoping report must include a detailed ToR for the specialist study to be conducted as part of the EIA. The ToR should include, but not be limited to, the following tasks:

Baseline health description

- Describe the baseline health/HIV status of communities in relation to the project. This will be based on the availability of data from the rapid appraisal and be supported by data collected in the social baseline and other specialist studies. To properly analyse the effects of the project on health and well-being, the baseline data on health/HIV and social indicators need to be:
  - as up to date as possible;
  - in quantitative form if possible; and
  - collected in both aggregated and dis-aggregated forms – for example, local health data, socio-economic statistics, health facility information etc. should be provided at country, regional and local level and by gender.
- Conduct a gender assessment to determine the key drivers with regards to HIV:
  - Women's ability to express issues and concerns
  - Different responses to project impacts
  - Employment on the project and what that means in terms of HIV
  - Sexual behaviours (traditional and sex work)
  - Trafficking of women and children.
- Conduct a cultural assessment to understand certain behaviours and customary practices which may increase the risks of HIV transmission (e.g. societal attitudes towards women, concurrent partners, condoms, HIV and inter-generational sex).
- Perform key informant interviews with key local stakeholders in the project area to support the definition of the baseline health status. These could potentially include:
  - local medical officer – a key representative that can provide information and highlight relevant health challenges in the area;
  - district medical office;
  - regional, district and local authorities, particularly those involved with water, sanitation and health;
  - local/district/regional HIV and AIDS programme managers;
  - community health/social workers;
  - health care workers and peer educators;
  - managers of NGOs or aid agencies working in the area;
  - UNAIDS country representative;
  - WHO/UNICEF country representatives; and
  - rural development agencies.
- Conduct surveys on knowledge levels and attitudes towards HIV/STIs before project construction starts, mid-way through construction and at the end of construction to determine whether the mitigation measures have had the required positive effect.

- Time the surveys, key informant interviews and BCC to avoid peak agricultural periods such as sowing and harvesting because farmers and their families may not be available at those times.
- The social and specialist teams are likely to meet a similar range of key informants; therefore, the consultants need to hold a planning workshop to define their areas of study and to coordinate their meetings.

Impact assessment

- Consider the potential impacts of the proposed project on the health of the affected communities and relate them to the different life cycle stages of the project. Specific issues relating to HIV to be assessed include:
  - HIV prevalence as a result of the project;
  - the number of diseases associated with HIV and AIDS;
  - the number of orphans in the project area; and
  - effects of HIV on the business due to training and replacement costs of staff who may leave because of HIV infection, sick leave and compassionate leave.
- Consider alternative options and recommendations for mitigation/management of priority impacts. Recommend measures to avoid/mitigate negative impacts and enhance project benefits which may result from the project at each project stage.
- Determine the health needs of the community based on health strategies, infrastructure, programmes, service priorities, delivery plans and challenges.

Community health management plan

- Seek to identify partners that may assist with any health support opportunities. These should include the local authorities, non-governmental agencies and even donor agencies.
- Develop a community health management plan based on the findings of the HIA and SIA. The team will evaluate the sustainability of all recommended actions and strategies, to assist the long term-planning.
- Recommend methods for monitoring and evaluating the potential impacts if this is possible from gathered data. Key indicators will be listed as part of the plan and a surveillance strategy.
- Collect additional baseline data to inform specific mitigation and management elements and support health impact surveillance.
- Develop a monitoring information system/database.
- Integrate the health management plan into the project Environmental Impact Statement and EMP.
- The HIA consultants must prepare a final report for inclusion in the overall EIA report. The EIA consultants will provide the HIA consultants with the impact assessment methodology to be followed.

Additional elements:

Workshops

A number of workshops will be conducted to support the project, including:

- planning workshop;
- workshop to support baseline data collection;
- impact assessment workshop; and
- community health and community development workshop.

Peer review

As the health impacts are considered to be extremely sensitive, the HIA and its deliverables will be peer reviewed by an external independent expert.

Empowered lives.
Resilient nations.

United Nations Development Programme
Bureau for Development Policy
One United Nations Plaza
New York, NY, 10017 USA
Tel: +1 212 906 5081

For more information: www.undp.org/hiv