



UN-HABITAT

UNITED NATIONS HUMAN SETTLEMENTS PROGRAMME

HIV/AIDS CHECKLIST

FOR WATER AND SANITATION PROJECTS

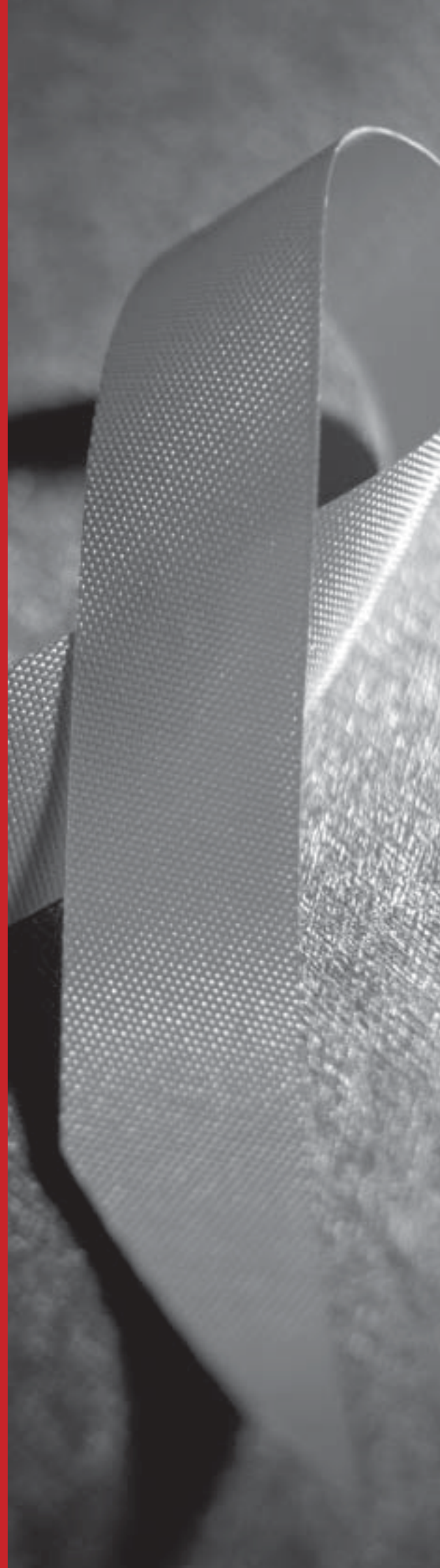


AUGUST 2006

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United Nations Human Settlements Programme (UN-HABITAT)
P.O. Box 30030, Nairobi, Kenya
Tel: +254-20-7623060
Fax: +254-7623588

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List of Abbreviations and Acronyms

AIDS	Acquired Immuno Deficiency Syndrome
ARV	Anti Retro Viral
CA	Cooperation Agreement
CBO	Community-Based Organisation
HIV	Human Immunodeficiency Virus
LFA	Logical Framework Approach
Lograme	Logical Framework
M & E	Monitoring and Evaluation
NGO	Non-Governmental Organisation
O & M	Operational and Maintenance
OVC	Orphans and Vulnerable Children
PLWHA	People Living with HIV/AIDS
PPTA	Project Preparatory Technical Assistance
PRC	Project Review Committee
RBM	Results-Based Management
SA	Social Assessment
SSA	Special Service Agreement (Consultancy)
STI	Sexually Transmitted Infection
TOR	Terms of Reference
UN-HABITAT	United Nations Human Settlements Programme
WfC	Water for Cities Programmes (Water for African and Asian Cities Programmes)
WSS	Water Supply and Sanitation
WUG	Water User Groups

1. Purpose of the checklist



The largest element of the UN-HABITAT Water and Sanitation Trust Fund consists of the regional capacity building programmes, Water for African and Asian Cities programmes, and specialised investment initiatives, such as the Lake Victoria and Mekong Water and Sanitation initiatives. These programmes and initiatives are being implemented at national levels through Memorandum of Understanding (MOU) signed with the counterpart ministry. The MOU are appended with programme or project documents. At local level, water or sanitation utilities (also independent providers), local authorities, Non-Governmental Organisations (NGOs), Community-Based Organisations (CBOs) and communities (water user groups) are implementation partners. Implementation at this level is facilitated administratively through Cooperation Agreements (appended by a project document) and special service agreements for individual consultants) and sub-contracts for companies (appended by a terms of reference). All projects under the Water and Sanitation Trust Fund follow Project Cycle Management (see Annex 1) and include the logical framework approach (LFA) and results based management (RBM).

This checklist is developed with an intention to be a guide and to offer an easy reference point to all programme/project staff and consultants tasked with developing

programme or project documents, and CAs and TORs addressing the strategic objectives of HIV/AIDS in the Water and Sanitation Trust Fund.

It is a guide to users on appropriate and effective HIV/AIDS intervention strategies, throughout the stages of a project/programme cycle – giving an opportunity in determining:

- Which questions to ask; and
- How to get answers

It helps in identifying priorities, in accordance with HIV/AIDS in the Water Supply and Sanitation (WSS) sector and more so in designing appropriate and robust HIV/AIDS sensitive strategies, components and indicators to respond to the AIDS pandemic.

While all efforts have been taken to ensure that the checklist meets the project cycle, it is emphasised that each project is unique and, therefore, care must be taken during its use to ensure that the staff and consultants select the questions that are most relevant in the specific context of time and place.

The checklist has been designed for community (peri-urban) and urban-based WSS projects, but can also be applied in a rural context.

2. Why is HIV/AIDS important for water supply and sanitation projects?

As with any major catastrophe which poses a great challenge and requires an all-round onslaught, HIV/AIDS calls for sectoral strategies which focus on reducing its impact.

In an effort to face this challenge, the water and sanitation projects have to add not only a voice but meaningful contributions towards prevention and addressing the impacts of HIV/AIDS.

Consequently, the importance of the WSS projects can be summed up as follows:

"The fight against HIV/AIDS calls for a multi-sectoral approach in which the water and sanitation sector finds its place and plays its role effectively. The sector, therefore, responds positively to the challenge through its projects to utilise its knowledge and expertise to face the pandemic."

The WSS projects, therefore, ought to provide guidelines/strategies for the integration of HIV/AIDS awareness into the water and sanitation sector activities. They have to provide approaches in prevention, care and impact

mitigation measures against the spread of HIV/AIDS as well as to relevant WSS-HIV/AIDS research links.

Within the WSS projects alone, there is an urgent need to review the possibility of risk factors; for instance, those employed as water sector professionals are often required to stay considerable time away from family, as activities like borehole drilling and latrine construction demand a high degree of movement from village to village. Such periods away from home can serve as a temptation for some, hence providing opportunities to engage in high-risk behaviour. Significant attention is, therefore, required to furnish these workers with relevant information about the risks and exposures to disease, and ensure its comprehension to help prevent the spread of HIV infection and other STIs.

Findings in the past few decades have suggested a strong positive link between the focus on HIV/AIDS and improved lives by addressing HIV/AIDS issues in water and sanitation. It is now recognised that better access to safe water and adequate/acceptable sanitation

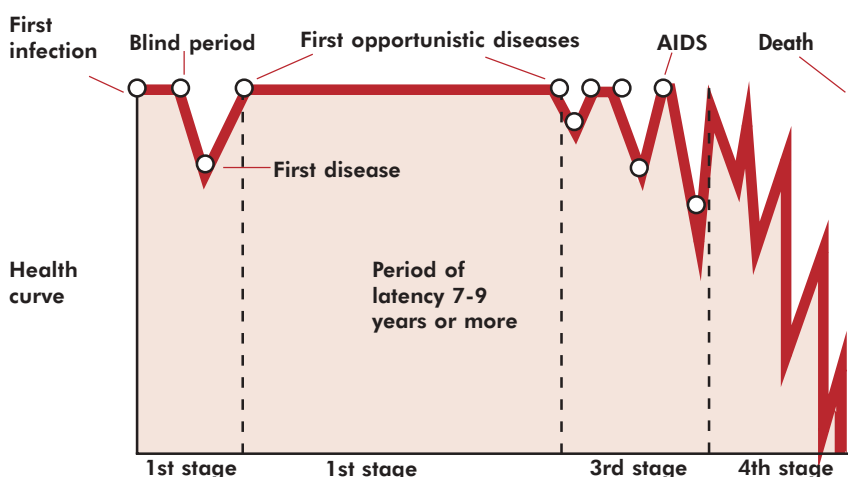
improves the health and status of PLWHA. For example, over half of those infected by AIDS develop serious and chronic diarrhoea and other water-borne infections. In the past, throughout many parts of the world, the technologies employed to improve access to safe water and sanitation were designed for a completely different environment – an environment of the "fit" who can operate, maintain and even walk to the facility when required.

The relationships between accessible safe water and adequate sanitation and HIV/AIDS are enormous. In one way, their absence or inadequacy can be a cause of infection and in the case where infection has happened, it can lead to rapid progression of one phase of the HIV to AIDS as well as escalation of stigma as the care providers find their roles burdensome.

Within the WSS, the impact of HIV/AIDS epidemic is huge. Its aftermath in the water sector may last for more than a generation, as there will be far fewer skilled people, funds for running existing water supplies and sanitation programmes and building new water supply and sanitation systems. In turn, this will likely jeopardise both the quality and frequency of the supply to the users who need the services.

Each WSS project needs to have a clear understanding of the phase of the HIV they are dealing with, so as to enable accurate timely planning and implementation. For instance, the implementation of a WSS project in a low or high prevalence area; phase one, two, three or four will have different approaches and requirements.

Phases of HIV/AIDS (IRC 2003)



3. Linkages between

HIV/AIDS and water supply and sanitation

At a glance, the issue of HIV/AIDS and water and sanitation would appear to bear very little relation to each other. HIV/AIDS is a global-scale pandemic that is transmitted between people primarily through sexual contact, while water is a renewable natural resource of which the availability depends on a variety of geographic and climatic factors. However, closer inspection of the features that characterise the spread of HIV/AIDS and its implications for individuals, communities and societies reveals several significant linkages with water as HIV/AIDS and water and sanitation reflect some of the often unanticipated effects of the pandemic on society. These have long-term implications for effective water resource management and the provision of wholesome water supplies and acceptable sanitation to communities.

How do Water & Sanitation and HIV/AIDS affect each other?

Inadequate water supply and sanitation facilities exacerbate the risk and vulnerability environment for HIV/AIDS through:

- increased risk of HIV infections;
- faster progression from HIV infection to onset of AIDS;
- difficult environments for proper treatment of HIV; and
- increased socio-economic impacts of AIDS.

Illness and death associated with AIDS, in turn, undermine sustainable water and sanitation services by:

- weakening or destroying human capacity (skills, knowledge, labour);
- depleting control and access to other key assets;
- constraining options for productive activities; reducing participation in community activities, increasing time needed for reproductive and caring activities.

HIV/AIDS has a great link and impact on the provision and sustainability of water and sanitation services and can be viewed from two perspectives:

- the consumer perspective
- the perspective of water supply and sanitation service providers (including small-scale independent providers and community-based systems)

Against the above condition and with a consideration that the HIV prevalence has continued to rise globally, the following areas need to be checked and analysed at all times as they are closely linked to one another:

Inaccurate estimates of population growth rates and mortality rates led to incorrect estimates of water demand in specific geographic areas. Consequently, inadequate or incorrect demographic information hinders proper planning and prevents construction schedules from matching and responding to the water demand profiles.

Changes in socio-economic profiles of communities receiving services such as water supplies and sanitation are such that there is widespread difficulty to pay for these services. New and innovative funding and cross-subsidisation mechanisms are required to recover the operation and maintenance costs of water supply schemes. The decline of the size of the economically active population will decline or remain static and the surviving children or elderly people will be required to shoulder the burden of providing for their families. Teenage or child-headed households could have great difficulty in securing sufficient funds to pay for normal services such as electricity, water supply and sanitation, while still having to provide for food, education and housing for themselves and siblings.

Loss of key skilled and semi-skilled staff leads to an increase in staff turnover in all sectors, with concomitant requirements for increased training of new staff, as well as increased cost implications and possible production delays.

Workers infected with HIV/AIDS cause decline in productivity. HIV-positive workers with impaired immune systems are more susceptible to common illnesses such as tuberculosis, influenza, common cold and gastro-enteritis.

Staff members infected with HIV/AIDS show and experience personal dramatic decline in productivity as the disease progresses. Additional productivity losses are attributable to workers having to care for sick family members and relatives, as well as attending funerals.

Any decline in drinking water quality caused by inadequate water treatment will lead to increased public health risks, particularly for individuals with compromised immune systems. Health risks will be higher in areas where inadequate sanitation facilities are available, leading to an increase in the incidence of water-borne diseases and related mortalities.

A decline in the numbers of trained operators at water treatment works and sewage treatment works is likely to be accompanied by periodic deterioration in the quality of potable water supplies in urban and rural areas, and can be seen from the views of:

First, an increased incidence of HIV/AIDS among the operators of water treatment works will increase the likelihood that water treatment processes may periodically be incomplete or ineffective.

Second, there is a probability that inefficient or ineffective water treatment will increase the risk of adverse health effects among water users.

There is a possible risk that local ground water resources may become contaminated if individuals bury their relatives in areas that are unsuitable for the location of graveyards. This practice will also prevent these areas from being used for alternative purposes.

The following table provides a summary of the supply and demand model for AIDS impact on the water supply and sanitation sector:

Supply-Side (water supply and sanitation service providers)	Demand-Side (water supply and sanitation users/consumers) Increase in Demand	Changing Consumer Profiles
Water supply and sanitation coverage	Decrease in WS&S coverage due to increased employee absenteeism and lack of skilled staff due to increased morbidity and mortality in the face of increased demand from health stricken consumers	Decrease in WS&S coverage due to increased employee absenteeism and lack of skilled staff due to increased morbidity and mortality in the face of a changed consumer profile, increasingly ill households, and households headed by women, orphans or elderly
Quality of service (water quality and reliability of service)	Decrease in quality of service due to increased employee absenteeism and lack of skilled staff due to increased morbidity and mortality in the face of increased demand from health stricken consumers	Decrease in quality of service due to increased employee absenteeism and lack of skilled staff due to increased morbidity and mortality in the face of a changed consumer profile, increasingly ill households, and households headed by women, orphans or elderly
Performance of water supply and sanitation sector	Decrease in performance of sector due to reduced quality of services and decreasing coverage in view of increased demand.	Decrease in performance of sector due to reduced quality of services and decreasing coverage in view of reducing ability to pay for or contribute to services
An increase in the cost of maintaining the performance of the sector, due to an increased cost for medical health expenditures and cost for access to ARVs, more staff will have to be trained to ensure same level of skilled staff are available and an increased number of consumers with need for special services, health stricken households, orphan headed households, etc.		

4. Project cycle management

in the Water and Sanitation Trust Fund

The water and sanitation projects supported by the Water and Sanitation Trust Fund generally follow the standardised format for project preparation and management. Each water and sanitation project, including normative, training, research and operational project passes through six phases of the project cycle as described in the figure below (see also Annex 1). These include programming, project identification and project designing; project formulation and project appraisal; project approval including funding; project implementation; and project completion and evaluation. A detailed scheme of UN-HABITAT's project and programme management cycle can be found in Annex 1.

Most projects are demand-led projects based on requests from national/local governments. Generally, field Missions are mounted to identify issues, problems and objectives to provide a framework for project design. It is at this stage that the HIV/AIDS Water and Sanitation checklist can help in identifying the issues and problems to be addressed while designing the project. The modalities of intervention, institutional arrangements and the legal framework are generally explored at the project design phase. For project formulation, a logical framework approach is followed which elaborates on the goal, purpose, outputs, activities, indicators and means of verification involving all the stakeholders. Project approval stage provides a unique opportunity of testing new concepts and operationalising the normative work of UN-HABITAT. An understanding of the various interventions for addressing the HIV/AIDS issues in water and sanitation projects at this stage of project approval is quite crucial considering the fact that the project budget is approved by all parties at this stage. The

next stage of project implementation, monitoring and review is equally important as a management tool for ensuring that the project is on track to meet the objectives and to ensure success. Once the water and sanitation projects are completed, all such projects have an independent evaluation to measure the success of the project in terms of achieving the given objectives of the project. To this extent, HIV/AIDS checklist should help define the right interventions at various stages of the project cycle management of water and sanitation projects.

The project initiatives supported by the Water and Sanitation Trust Fund are implemented through the mechanism of Cooperation Agreements and SSAs under the Water for Asian Cities Programme and Water for African Cities Programme. There are also special initiatives like the Lake Victoria Water and Sanitation Initiative in Africa and MEK-WATSAN Initiative in Asia. Besides these, there are normative activities both at the global and regional levels for knowledge, dissemination, public awareness and advocacy. HIV/AIDS checklist can be effectively used as a guideline at the time of preparing terms of reference for various co-operation agreements. Each co-operation agreement has a project document which details out the project objectives, the scope and coverage of the project as well as activities and outputs besides giving the budget and implementation schedule. In preparation of these project documents for every co-operation agreement, an assessment of HIV/AIDS and its impact on the project implementation at different stages can be of great help so that the project can work out special institutional arrangements in a manner aimed at minimising the adverse impact of HIV/AIDS.

Similarly, Special Service Assignments to be undertaken by the consultants should also incorporate considerations on account of HIV/AIDS prevalence while undertaking the assignment so that while defining the terms of reference the HIV/AIDS checklist is kept in view which may clearly bring out the impact of HIV/AIDS for undertaking such an assignment.

To sum up, the project cycle management for various initiatives supported by Water and Sanitation Trust Fund would substantially benefit from these HIV/AIDS guidelines if these are elaborated in a manner that while preparing co-operation agreements for various projects, these are kept in view for assessing the impact of HIV/AIDS. Several types of questions need to be framed as part of this checklist so that these questions are asked, understood and the information relating to HIV/AIDS in connection with the particular project location, the cost and resource implications are well understood.

Figure: Programme and Project Cycle Management



5. How to include HIV/AIDS into the project cycle?

HIV/AIDS continue to pose a great challenge to the water and sanitation sector. For effective response within the sector, there is a need to incorporate and

ensure an all-inclusive of the main steps of the UN-HABITAT Project Cycle during inception, implementation, end of project and during monitoring and evaluation.

Questions have to be asked and appropriate mitigation deployed within the project cycle process.

This checklist can be used alongside the UN-HABITAT's Manual for Project and Programme Cycle Management, and ensuring the adoption of the concept of the Project Cycle as shown in Annex 1, which would consider HIV/AIDS being addressed at:

Phases	Characteristics	Activity	Entry Point for HIV/AIDS Issues
Programming	Macro-level socio-economic, policy context	Trust Fund Work programme Annual Trust Fund Advisory Board Meeting	Strategy Document for Addressing HIV/AIDS in water supply and sanitation
Identification	Establish focus and conditionalities of intervention	Receipt of project proposal	Review of HIV/AIDS Vulnerability and Mitigation Matrix
		Preparatory desk studies	Consult checklist of questions for identification phase
		Stakeholder workshops	
		Drafting of proposal	
Formulation	Establish technical design and indicators	Project appraisal using LFA process including stakeholder and problem analysis, objectives and output analysis, risk analysis, implementation and sustainability analysis Finalisation of project document	Consult checklist of questions for formulation phase
Project Approval	Funding of project document	Approval by PRC	Consult checklist of questions for PRC
Implementation and Monitoring	Detailed activities and responsibilities	Implementation of operational plan, annual monitoring, mid-term review	Consult checklist of questions of implementation and monitoring
Evaluation	Assess relevance, efficiency, effectiveness, impact, sustainability and draw lessons	Conduct end-of-project evaluation	Consult checklist of questions for evaluation

The emphasis of all water and sanitation projects is to ensure that an HIV/AIDS-sensitive institutional framework is given the highest priority. In particular, attention needs to be paid to ensure that poorer communities, who experience difficulty in paying for service delivery, receive assured water supplies. Other arising issues and questions will include the need to test and implement robust and reliable water treatment processes that do not require supervision or management interventions. These would help to reduce the potential health risk associated with ineffective water treatment that can be expected as a result of increased mortality of operators of water treatment works. The project must also answer the question of how the WSS is helping the national efforts to expand public awareness of the dangers associated with untreated water and inadequate personal hygiene practices.

5.1 Programming and Project Planning

Programming and project planning for water and sanitation projects is being conducted within the overall framework of the Governing Council and UN-HABITAT policy and bi-annual Work Programme. UN-HABITAT's activities on water and sanitation are conducted through the Water and Sanitation Trust Fund, which was established in 2002.

The goal of the UN-HABITAT Water and Sanitation Trust Fund is to contribute to the achievement of the internationally agreed goals related to water and sanitation in human settlements with particular focus on the urban poor in order to facilitate an equitable social, economic and environmental development.

The Development objective is to support developing countries to achieve sustainable access to safe drinking water and basic sanitation for the poor, particularly in urban areas.

A Programme document for the Water Supply and Sanitation Trust Fund provides overall strategic direction. The Programme document contains a Results-Based Management (RBM) framework, which was updated in consultation with the Evaluation Unit in 2005. The Trust Fund develops an Annual Workplan and, at the end of every year, prepares an Annual Report.

The Advisory Board of the Trust Fund meets once a year and consists of the donors contributing to the Trust Fund, selected recipient countries and the secretariat. The main responsibilities of the Advisory Board can be summarised as follows:

- Review the eligibility of new proposals for funding to ensure that they continue to be

indisputably relevant. This is aimed at ensuring the continuous relevance of the Fund and its focus on the urban poor.

- Review the ongoing operations and their conformity with the mandate of the Fund; this gives a particular attention to all the projects or programmes approved since the previous meeting. The objective is to make sure that the Fund remains focussed on activities corresponding to the Organisation's core competencies and avoids dispersion in too high a number of less significant activities.
- Take stock of the overall financial situation of the Fund and the projections for the middle (2-4 years) and long (5+ years) terms. If appropriate, the Board will formulate suggestion on how to increase its capitalisation.
- Take stock of all evaluations, monitoring and audit reports produced since the previous meeting.
- Draw lessons learned as appropriate and recommend actions to disseminate them as extensively as practicable.
- Discuss means of enhancing synergy with other organisations/facilities involved in the sector, and in other related sectors such as health and environment.
- Take stock of progress made towards achieving the MDG target.

Based on the request of members of the Advisory Board, UN-HABITAT has been requested to develop a Strategy on How to Address HIV/AIDS Issues in Water and Sanitation Projects. The Strategy outlines five strategic entry points on how to address HIV/AIDS (see Annex 2 for strategic direction diagram):

- To raise awareness and advocate on how to address HIV/AIDS through water and sanitation initiatives amongst WSIB staff, national policy makers, board

- members and CEOs of water and sanitation service providers and capacity-building institutions.
- To build capacity in water and sanitation services providers, both formal and informal (small-scale independent providers, community systems) to develop and implement HIV/AIDS workplace policies.
- To mainstream HIV/AIDS into the pro-poor and gender-sensitive normative and operational activities of the work programme of the Water and Sanitation Trust Fund, focussing on awareness raising and advocacy, human values-based education, capacity-building, networking and partnerships.

- To develop strategic partnerships with specialised HIV/AIDS programmes and interventions and to support HIV/AIDS initiatives focussing on vulnerable groups, such as women, children and elderly (focus on orphans and vulnerable children (OVCs) and home-based care).
- Increasing the knowledge base on how water and sanitation can reduce vulnerability and what the impact of HIV/AIDS is on the sustainability of water and sanitation projects through applied research and strategic partnerships with ongoing work in this area.

The Advisory Group may provide guidance on how the Trust Fund

should deal with and focus its work programme vis-à-vis the issue of HIV/AIDS.

Within the framework of the Trust Fund, UN-HABITAT receives demand-led requests for water and sanitation projects. The first step upon receiving a project request would be to check if it is from a high-or low-prevalence area. Annex 3 provides an overview of the HIV/AIDS prevalence in countries covered by the Water for African and Asian Cities Programme.

Based on the data available, it is possible to categorise according to the vulnerability. The following table provides a framework for HIV/AIDS vulnerability:

HIV/AIDS Vulnerability and Mitigation Matrix for Countries Participating in Water for African and Asian Cities Programmes (WfC)		
AIDS Impact Level	HIV/AIDS Adult Prevalence	
	LOW	HIGH
LOW	<p>Phase 1: Low adult prevalence, low impact</p> <p>Indicators: low HIV prevalence, low number of orphans, low number of affected households, low employee absenteeism</p> <p>Focus on: Awareness raising, advocacy and human values education</p> <p>Example WfC Countries: India, PR of China, Nepal</p>	<p>Phase 2: High adult prevalence, low impact</p> <p>Indicators: high HIV prevalence, slightly increasing number of orphans, slightly increasing number of affected households, slightly increasing employee absenteeism</p> <p>Focus on: Preparedness, Impact mitigation preparation, workplace policies</p> <p>Example WfC Countries: Cambodia, West Africa, Ethiopia</p>
HIGH	<p>Phase 4: Levelling or even reducing adult prevalence, high impact</p> <p>Indicators: stable or even decreasing HIV prevalence, high number of orphans, high number of affected households, high increasing employee absenteeism and increased mortality</p> <p>Focus on: Impact alleviation and rehabilitation</p> <p>Example WfC Countries: Uganda, Tanzania</p>	<p>Phase 3: High adult prevalence, high impact</p> <p>Indicators: increasing high HIV prevalence, high number of orphans, high number of affected households, high increasing employee absenteeism and increasing mortality</p> <p>Focus on: Impact alleviation</p> <p>Example WfC Countries: Mozambique, Zambia</p>

5.2 Project Identification and Project Design

The project identification and design phase establishes focus and conditionalities for the intervention and results in the preparation of a draft proposal.

The following key questions could be considered:

- What is the water supply and sanitation coverage and how does that affect vulnerability for HIV/AIDS? (Consider water supply and sanitation coverage data)
- Is HIV/AIDS an issue in the area? (Consider data on HIV prevalence and its impact, e.g., number of orphans and vulnerable children (OVCs), number of households affected by HIV/AIDS, etc)
- What local knowledge of HIV/AIDS exists and who transmits this knowledge?
- Who are the important institutional stakeholders dealing with HIV/AIDS? (Consider mapping institutions dealing with prevention, treatment, care and mitigation)
- Who are the important consumer-side (community) stakeholders in relation to HIV/AIDS? (Consider mapping those dealing with prevention, treatment, care and mitigation)
- Who is affected by HIV/AIDS, in what ways and why? (use the demographic profiles i.e.,
 - People (orphans, elderly, women, chronically ill, etc)
 - Households (orphan-headed households, socio-economic status, access to land and finance, demography and age of households)
 - Communities (urban slums, squatters), peri-urban, access to security of tenure and finance, access to jobs, livelihoods)
 - Institutions (water supply and sanitation service providers
 - small-scale independent service providers –
 - community-based institutions,

- capacity-building institutions, local authorities, banks and other financial institutions, etc)
- How does HIV/AIDS contribute to poverty and insecure water supply and sanitation conditions?
- How does inadequate water supply and sanitation increase vulnerability to HIV/AIDS? (Increase in rapes, etc)
- How does inadequate water supply and sanitation affect the progression of HIV? (Number of opportunistic diseases due to lack of safe water and adequate sanitation, etc)
- Has a similar proposed project been implemented in the area in the recent past? If so, what was its outcome and impact?
- What are the current HIV/AIDS strategies going on in the area and by whom? Can these activities be integrated in the current project?

The following methodology could be applied for collecting data and getting answers:

Desk review

Review available information (e.g., statistics, HIV/AIDS analysis, and documents of previous implemented WSS projects) on the WSS services in the project area and the socio-economic profile of the target population, in addition to the overall prevalence of HIV/AIDS in the project area.

Review the relevant legal, policy (e.g., water fee subsidy policy), and institutional framework (e.g., current administrative system for water supply services) and their implications on HIV/AIDS affected persons and families.

Household surveys

- Draw up comparative socio-economic profiles of people living with HIV/AIDS and those that are not and identify the WSS practices, constraints, and needs of the target population.
- Collect quantitative information.

Participatory methodologies (e.g., participatory rapid appraisal, focus group discussions, meetings, walking tours)

- Collect qualitative information, which cannot be collected through surveys.
- Define ways in which people living with HIV/AIDS, caregivers, beneficiaries and other stakeholders, especially the poor women-and child-headed households can participate in the project.
- Map out the target areas which are the most disadvantaged areas in terms of access to services and poverty level?
- Identify major stakeholder group and their stake.

Data to be collected

Macro-institutional framework

- Executing agency's capacity and commitment to mainstreaming HIV/AIDS into its operations and focus.
- HIV/AIDS impact of sector policy: legal and institutional framework

Socio-economic profile

Economic

- Income level and sources, between people living with HIV/AIDS and those that are not.
- Expenditure patterns and decision-making, between those homes with people living with HIV/AIDS and those that are not.

Health

- HIV risk factors
- Percentage of home-based care
- Population growth rate
- Infant and maternal mortality rates
- Service availability
- Fertility level and decision-making
- Food allocation and nutrition level within households.

Status of PLWHA and Caretakers

Political representation and awareness

- Socio-cultural perceptions and practices of the community.

- HIV-discriminatory policies and laws.

Water use knowledge, attitudes, and practices. Availability, quantity, and quality of WSS services

- Who provides the services (e.g., local government, NGO, private company, community ownership)?
- Are the services available 24 hours a day?
- Are there seasonal differences in availability, quantity, or quality?
- Are service agents friendly?

Costs (Ability to pay)

- Is there a fee for water or sanitation services?
- Who pays to whom (e.g., user committee, local government, private company)?
- How much is the fee and is the fee affordable for all?

Water sources

- What sources (e.g., public streams, rivers, tanks, lakes, communal wells or tanks, ponds, privately owned wells or tanks, water pipes) are used?
- How far away are the water sources?

Water collection and storage

- Who collects and stores water? How?
- How much time is spent in water transportation and collection and storage?
- Is there any health hazards resulting from the transportation of water?

Use of domestic water

- How is the collected water used directly by men and women (e.g., for cooking, sanitation, home gardens, and livestock)?
- What is the main need/concern for water?
- Is water available in the dry season?
- How is water-use managed during the water-scarce season?

Conflicts in water distribution

- Is there any conflict between agricultural and domestic water

allocation? How can this need be prioritised?

- Are their conflicts in water distribution, in general, based on priorities, income level, etc?

Community (domestic) water management responsibilities

- Who is responsible for the upkeep of the community water infrastructure?
- Are people living with HIV/AIDS or their caregivers involved in decision-making on matters pertaining to managing water.

Sanitation knowledge, attitudes, and practices

- Family hygiene education
- Is hygiene taught in the family? By whom?

Sanitary arrangements

- What are the sanitary/latrines arrangements for men and women and affected or non-affected by HIV/AIDS?
- How far is the sanitary location from the main house?
- How is privacy ensured? Are there any taboos in latrine-sharing between men and women, and family members? And or discrimination.
- Bathing: How and where do men and women bathe? How do affected or infected bathe?
- How is human waste collected and disposed? By whom?

Community hygiene responsibilities.

- Who is responsible for community hygiene?
- Who could be key informants?
- Are there significant differences based on one's HIV/AIDS status?.
- Need demands, perceptions, and priorities.

Sector priority

- Does domestic water have priority over other infrastructure services (e.g., irrigation water, roads, and schools) for people living with HIV/AIDS or caregivers?
- Are people living with HIV/AIDS interested in the project? Why or why not?

Willingness to pay

- Is the community willing to pay for improved WSS services and up to how much?
- Are they willing to contribute labour instead, and to what extent?

Project impact

- Perceptions and distribution
- Are the benefits likely to be experienced equitably?
- How can negative effects be mitigated?

Disadvantaged or vulnerable groups

- Are there any?
- Who are they? Where do they live? What are their socio-economic characteristics?
- How will the project affect these groups?

Organisation

- Water Users Groups (WUGs)
- Are their WUGs for agricultural and domestic water?
- If domestic WUGs exist, assess their (i) legal status; and (ii) organisational structure (e.g., size, committee members by HIV status, membership by HIV, membership rules).
- If domestic WUGs do not yet exist, are men and women willing to establish WUGs?
- Are people living with HIV/AIDS interested in participating in WUGs? Why, or why not?

People living with HIV/AIDS representation

- What is the current level of their representation in other community decision-making bodies?

Local organisations

- Are there local organisations (e.g., local governments, international and national NGOs, CBOs, mass organisations) that address constraints of people living with HIV/AIDS and needs? How can the project link up with them?
- What mechanisms can be used to ensure people living with HIV/AIDS active participation in project activities?

5.3 Project Formulation and Project Appraisal

The draft proposal is then appraised using the LFA process including stakeholder and problem analysis, objectives and output analysis, risk analysis, implementation and sustainability analysis. The end product of this phase is the completed project document.

The following key questions could be considered:

- How do intervention strategies address the specific problems faced by HIV/AIDS-affected groups? Do they build on existing opportunities? If so, how?
- What strategic partnerships are envisaged with stakeholders working on HIV/AIDS from other sectors (agriculture, health, education, etc)?
- How can the impact of the epidemic undermine the assumptions of the proposed intervention? (For example, in an area of high prevalence and high impact how will this affect capacity-building efforts for a water utility. Here HIV/AIDS might have to be considered a risk factor that could jeopardise the success of a project)
- What is the likelihood that project interventions could directly or indirectly aggravate the HIV/AIDS situation? (For instance, will interventions contribute to the spread of HIV/AIDS or stigmatise people living with HIV/AIDS (For instance, where community members are requested to provide "sweat equity" and HIV/AIDS-affected households cannot provide this counterpart contribution? Will utility staff or public works construction staff have to be posted for longer periods away from their families?)
- Have activities been proposed by the project or other strategic partners which could counter the potential negative effects?
- How does the institutional framework for project implementation account for the potential impact of HIV/AIDS on institutions? (Consider absence due to increased illness or need to attend funerals, loss of staff due to death, there is also the issue of loss of institutional memory, e.g. the water engineer with knowledge of all the distribution lines passes away and there are no detailed grid maps. If a CBO with a small human resource and skills base is the implementing agency, how to safeguard against potential collapse due to ill health or death?)
- What will be the impact of HIV/AIDS on the sustainability of the project? (Impact on vulnerability and resources, will people still be able to pay for services or contribute to savings schemes (e.g., revolving funds)? Will people still be able to attend community meetings or contribute labour to community-based initiatives?)
- Have the PLWHAs and others been consulted about the project? -does it address the local need?
- Does the project identify key actors and its targeted beneficiaries? (Consider the extent to which their participation is).
- Is there an HIV/AIDS task group in place or has it been planned for? Who are the members of this task group?
- Review community/user preferences for; location of the project, types such as for well, pumps, latrines, for sharing or individual use that are culturally sensitise
- Review the people affected by HIV/AIDS strengths in determining the services and preference vis-a-vis the financial implication on initiation and sustainability. Consider possible preferential treatment for very poor families affected by HIV/AIDS, females and other disadvantaged families such as OVCs.
- Consider whether the project includes HIV/AIDS training options on awareness for all project staff and, in particular, those that may have to be separated from family members for a considerable time; and hygiene education; on carers and PLWHAs, etc.
- Look for community participation mechanism strategy in the project that is practical and consultative with set schedules and incorporates all stakeholders. Cross-check for the feedback mechanism in the project, including those from other organisations – NGOs/CBOs that could facilitate HIV prevention, response to and mitigation during implementation and M&E.

How to get answers

- When formulating and appraising a project, this should include reviewing possibilities of different scenarios and options such as:

WSS project design Framework

Objective

- To ensure that WSS and project goals focus on HIV/AIDS prevention and impact mitigation, reduce vulnerability and is a catalyst for human development.

Modalities

- Explore and start with a pilot project approach, particularly if there is not enough experience in participatory HIV/AIDS responsive projects.
- Determine the practical level of project area coverage, based on the assessed capacity of executing agencies and community participants.

HIV reduction and the Community empowerment

- Identify ways to link up the activities and services of the WSS with income generation, literacy, and other activities to support an integrated approach to poverty reduction and community empowerment – e.g., linking up with dissemination of information on available services and the added benefits that they can be used for.

Support for decentralisation

- Support a decentralised structure to allow linkages between user groups and the local authorities at the grass root level. This also allows for close monitoring of the project.

Include capacity-building for relevant local government bodies to enable them to effectively support users.

Staffing, scheduling, procurement and budgeting

- Thoroughly assess the infection rate of the employees and understand the phase of HIV progression for the purpose of long-term staff planning
- Consider seasonal and short-term contracts or scheduling civil works to ensure that men do not stay for a long time away from their families.
- If necessary, set a maximum number of days for continued labour service before breaks.
- Ensure adequate and flexible budgeting to allow a "learning" approach (e.g., training budget, consulting services budget for HIV-affected groups and their caretakers, including analysis of the situation)

Monitoring and Evaluation

- Develop M&E arrangements
- Have in place an internal M&E for project staff
- Have in place an external M&E for NGOs or consultants, as may be necessary
- Develop a participatory monitoring by beneficiaries and other stakeholders.

Desegregation of indicators

Level of WSS use and awareness among users, e.g., level of satisfaction, level of awareness of designs chosen, patterns of use, service access distance and rates, extent of service coverage, awareness of hygiene practices, time saved in collecting/carrying water and accessing sanitation.

Project sustainability, e.g., on cost recovery, comprising breakdown rates, cleanliness of facilities, number of user members — by gender, demographic profiles of the HIV prevalence.

Empowerment of the vulnerable groups including women, e.g., number of women gaining access to safe water at a short distance or within the homestead, adequate and acceptable sanitation.

The PRC should ensure that strategic partnerships with actors working on HIV/AIDS have been established.

The following are additional questions which could be considered:

- Have HIV/AIDS-related issues identified earlier been adequately reflected in the project document? Has HIV/AIDS been considered in various parts of the project document: background, goals, objectives, outputs, activities, inputs, internal and external risks, assumptions, institutional and legal framework, monitoring and evaluation?
- How will changes in the HIV/AIDS prevalence and impact affect the ongoing project activities? How will the project effect vulnerability and the progression of HIV/AIDS?
- Have partnerships with other agencies or with agencies with specialised experience in HIV/AIDS been established and how can complementarity of work be ensured?
- Are the budgeted resources adequate to prevent, support and mitigate HIV/AIDS in the project area?
- How will the project be sustained beyond the project lifespan or funding period?
- Have HIV/AIDS issues been thoroughly taken into account in the sustainability of the proposed project interventions?
- How is work of other agencies at the ground co-ordinated?

5.4 Project Approval including Funding

During this phase, the Project Document is approved by the Project Review Committee (PRC)

All projects of more than US \$ 100.000 are approved by the Project Review Committee (PRC). The PRC should check the projects relevance and responsiveness to the HIV/AIDS context of the country or local authority.

The PRC should use a checklist on HIV/AIDS-related issues which should be considered in the proposal.

The following table could be used as a checklist of key questions to be considered by the PRC:

Key Questions	Answers
Are PRC members aware of the importance of HIV/AIDS, why it should be considered	Assess PRC member awareness during opening of meeting in planning?
Are PRC members aware of the linkages between HIV/AIDS and water supply and sanitation projects?	Assess if PRC members have read the UN-HABITAT Strategy for addressing HIV/AIDS in water supply and sanitation projects
Is HIV/AIDS a national or regional issue?	Review the table of HIV prevalence for countries covered by Water for African and Asian Cities Programme and place country in HIV/AIDS vulnerability matrix
Is HIV/AIDS an issue for the sub-sector?	Review the sub-sectoral assessment table
Is HIV/AIDS an issue relevant to the submitted project?	Review the HIV/AIDS project assessment
Does the project address any of the strategic options for addressing HIV/AIDS in water and sanitation projects? Does the project address the needs of vulnerable groups, such as orphans (OVCs), widows, women, elderly, etc.?	Review HIV/AIDS strategy and submitted project document
Does HIV/AIDS have an effect on the project?	Review supply and demand model for AIDS impact on the water and sanitation sector and submitted project document
Does the project have an effect on vulnerability and the progression of HIV/AIDS?	Review supply and demand model for AIDS impact on the water and sanitation sector and submitted project document
Does project suggest strategic partnerships with other actors to counter the impact of HIV/AIDS on the project or of the project on HIV/AIDS?	Review submitted project document

5.5 Project Implementation, Monitoring and Review

This phase takes up most of the time and consists of the actual project implementation, and later monitoring and review.

The following questions could be considered:

- Have HIV/AIDS-related activities been included in the plan of operations and are they being implemented? What are the obstacles for implementation (PLWHA are not willing to co-operate, stigmatisations)?
 - What modes of implementation on the ground have been chosen (e.g., Co-operation Agreements, Sub-contracts, SSAs)? Do their respective project documents (in case of CAs) and terms-of-reference (in case of SSAs and sub-contracts) contain HIV/AIDS considerations?
 - Has an HIV/AIDS impact assessment of the co-operating partners water utilities (formal and informal), local authorities, capacity-building institutions, NGOs, CBOs and women's groups been done?
 - What process and impact indicators have been included in the monitoring framework in order to adequately capture the changes in water supply and sanitation coverage and health status among HIV/AIDS-affected households?
 - What indicators have been included to capture the impact of the project interventions on HIV/AIDS epidemic?
 - Is there a system in place to allow review of the implementation strategy to ensure the project achieves the HIV/AIDS component?
- How long would it take to review and incorporate the necessary gaps identified during the implementation. (Consider the projects flexibility to incorporate changes within the assumptions)
 - Are the implementing staff qualified to adequately address HIV/AIDS within the project?
 - How frequent is the reporting and analysis of the project? Does the report formats capture all activities and outputs in terms of HIV/AIDS? (critical look at the implementation tools and the output measurements).
 - Does monitoring of the project involve all stakeholders in the project, including the people living and affected by HIV/AIDS?
 - Do the workers have access to resources and services relating to HIV prevention? (consider an assessment to ensure that workers have access to how best to provide or access STI diagnosis, HIV counseling, including access to condoms.) This needs to be done together with the task group.
 - Are there peer educators who are part of the organisation and can move with the other staff within the project and for the duration of the project period?
- How to get answers
- Check to see if data tracking takes place on a regular basis covering a wide variety of aspects that have both direct and indirect influences on the project as a whole. It should cover such things as the annual HIV/AIDS statistics, prevalence, including household status broken down by location together with information which helps to assess elements of the project compliance to the goal.
- Review the monitoring and reporting formats to ensure that they regularly examine the activities of the project proposal as contained within the desired plan to ensure that these are continuing to produce the desired results in terms of the aims and objectives of the overall project.
 - Examine the high level strategy of the plan in order to assess whether it is achieving the stated purpose of the project proposal, and if it is bringing about change in the manner desired particularly to those infected and affected by HIV/AIDS.
 - Check if the strategy provided sets out a long-term framework that gives confidence and stability in the development process and is sustainable in addition to having a lasting solution to the HIV/AIDS affected persons.
 - Analyse the performance strategy elements by other stakeholders to ensure that they are still linked to the achievement of the HIV/AIDS intervention and are being reviewed periodically as per the plan of the project.
 - Understand the composition of the task group in order to ensure that its members include the project staff who can move as the project moves from one phase or point to another.

5.6 Project Completion and Evaluation

This phase is of great importance, as it assesses the relevance, efficacy, effectiveness, impact and sustainability of the project and allows for drawing lessons.

The following key questions could be considered:

- To what extent was the project able to achieve its goal? (consider HIV/AIDS as a major indicator)
- What is the overall opinion of the people infected and affected by HIV/AIDS on the projects impact on their life? (consider the ways the project was able to target the affected households and individuals)
- Was the methodology deployed for the project the most appropriate on preventing, supporting and or mitigating HIV/AIDS in the project area? (Consider probable and any other most effective and could have been deployed for better affectivity and efficiency for lessons learnt).
- What type of effect has the project had on people, households and institutions, especially those living with HIV/AIDS?

- How has the HIV/AIDS epidemic affected the projects ability to achieve its objectives and outputs, and how has the project addressed such issues?
- How has the project contributed to mitigating the impact of HIV/AIDS on the Water and Sanitation sector and to the prevention including opportunistic infections?
- How may the project have encouraged the spread of the epidemic, increased the stigma of people living with HIV/AIDS or aggravated the impact of HIV/AIDS?
- Are the outcomes of the project sustainable in view of the current and anticipated HIV prevalence? (consider outcomes at all levels – people, households, communities, local and national institutions)
- Are the interventions of this project replicable or can they be scaled up? Would modifications be required?
- Did the other stakeholders and collaborators participate as anticipated in this project?
- How effective was the HIV/AIDS task group of the project?
- Are the HIV/AIDS intervention plans reflected in the actual expenditure? Was adequate resources allocated (in accordance) to the various strategies or was it sidelined?
- What are the key lessons learnt about preventing, supporting and impact mitigation of HIV/AIDS on water and sanitation supply?

How to get the answers

- A clear understanding of the project including its aims, objectives, budget, time frame not forgetting its relationship and linkage with HIV/AIDS prevention, care and support as well as impact mitigation.
- Review the project proposal, its design, activities, assumptions, risk factors and methodology to check if HIV/AIDS was considered at every aspect of the project
- Evaluate the TOR for the evaluation team (Consultants) to ensure that it explicitly assess HIV/AIDS concerns
- Discuss in detail with the project managers, what worked well; what did not; and get a clear understanding of what was a significant contributing factor. Understand whether the success (for the case of achievement), was realised within the proposed time frame, if not were there any major reviews undertaken to achieve that.
- Based on the completion of the project and building on the findings of the evaluation, indicate the lessons learnt and how they can be used for future programming.

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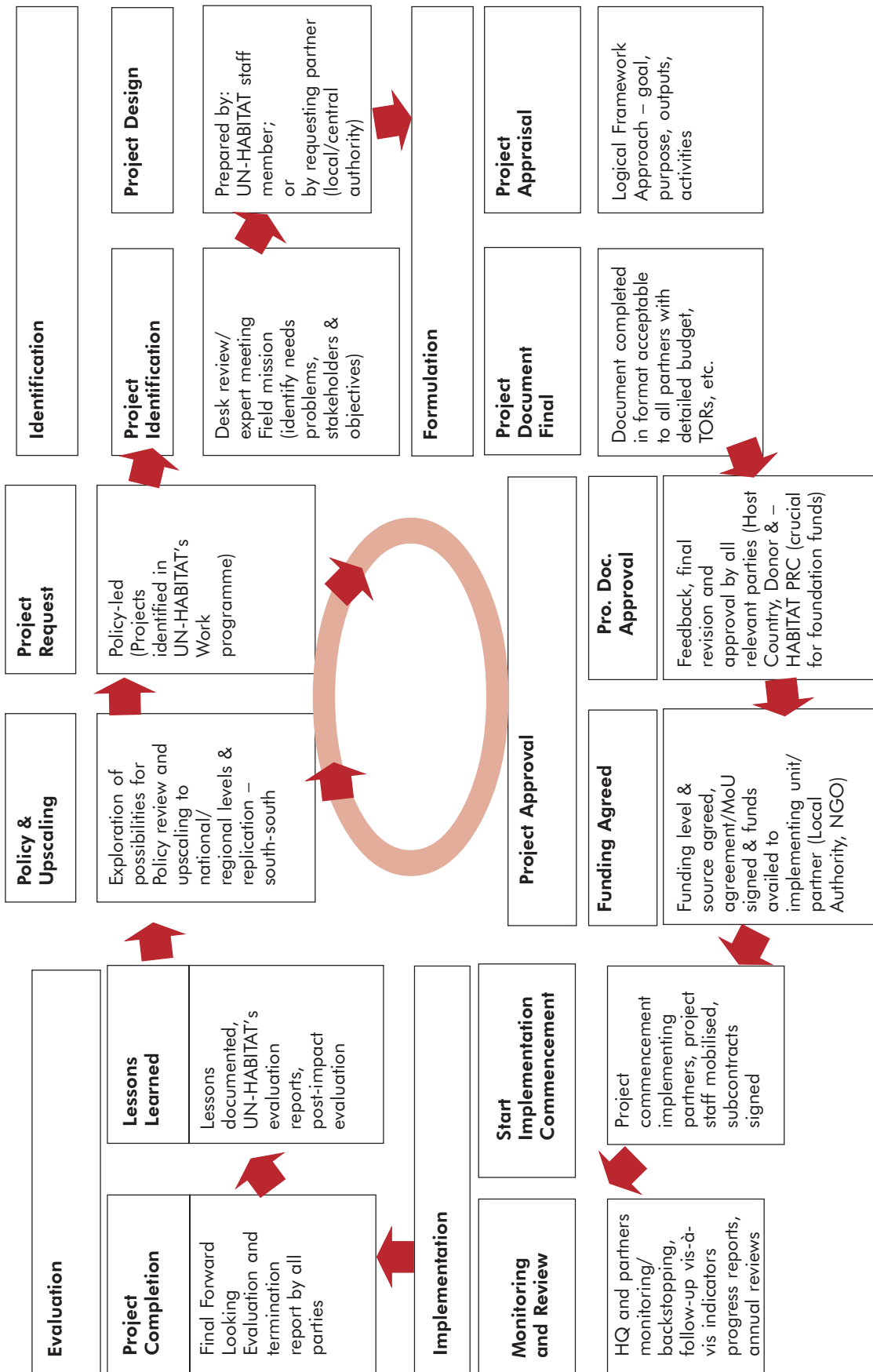
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Annex 1: UN-HABITAT's Project Cycle Chart



Annex 2: Strategy for addressing HIV/AIDS in UN-HABITAT Water and Sanitation Trust Fund

Goal: The goal of UN-HABITAT Water and Sanitation Programme, supported by the Trust Fund, is to contribute to the achievement of the internationally agreed goals related to water and sanitation in human settlements with particular focus on the urban poor in order to facilitate equitable social, economic and environmental development.



Development Objective addressing HIV/AIDS:

To support developing countries to achieve increase of people's access to safe water and healthy sanitation that prevent transmission, provide care and support and mitigate the impact of HIV/AIDS with a special focus on the poor and vulnerable in urban areas.



Strategic Direction 1:
To raise awareness and advocate on how to address HIV/ AIDS through water and sanitation initiatives amongst the WSIB staff, national policymakers, board members and CEOs of water and sanitation service providers and capacity-building

Strategic Direction 2:
To build capacity in water and sanitation service providers, both formal and informal (small-scale independent providers), to develop and implement HIV/AIDS workplace policies

Strategic Direction 3:
To mainstream HIV/AIDS into the pro-poor and gender-sensitive normative and operational activities of the work programme of the Water and Sanitation Trust Fund, focusing on awareness-raising and advocacy, human values-based education, capacity-building, networking

Strategic Direction 4:
To develop strategic partnerships with specialised HIV/AIDS programmes and interventions and to support HIV/ AIDS initiatives focusing on vulnerables – groups, such as women, children and elderly (focus on orphans [OVCs]) etc

Strategic Direction 5:
Increasing the knowledge base on how water and sanitation can reduce vulnerability and what the impact of HIV/AIDS is on the sustainability of water and sanitation projects through applied research and strategic partnerships with ongoing work in this area

Annex 3: HIV/AIDS Data for Asian and African Countries

(UNAIDS, 2006 Report on the Global AIDS Epidemic)

Country	Estimated Number of People living with HIV/AIDS, end 2005				AIDS Deaths in Adults and Children 2005
	Adults (15-49)	Adults (15-49) Rate (%)	Women (15+)	Infected Women to Infected Adults (15+) Rate (%)	
(1)	(2)	(3)	(4)	(5)	(6)
Water for Asian Cities Programme and Mekong Water and Sanitation Initiative					
Cambodia	130,000	1.6	59,000	45.38	16,000
China	650,000	0.1	180,000	27.70	31,000
India ¹	5,600,000	0.9	1,600,000	28.57	—
Indonesia	170,000	0.1	29,000	17.06	5,500
Lao PDR	3,600	0.1	<1,000	27.78	<100
Malaysia	67,000	0.5	17,000	25.37	4,000
Nepal	74,000	0.5	16,000	21.62	5,100
Pakistan	84,000	0.1	14,000	16.67	3,000
Philippines	12,000	<0.1	3,400	28.33	<1,000
Singapore	5,500	0.3	1,500	27.27	<100
Sri Lanka	5,000	<0.1	<1,000	20.00	<500
Thailand	560,000	1.4	220,000	39.29	21,000
Vietnam	250,000	0.5	84,000	33.60	13,000
Water for African Cities Programme Phase II and Lake Victoria Water and Sanitation Initiative					
Burkina Faso	140,000	2.0	80,000	57.14	12,000
Cameroon	470,000	5.4	290,000	61.70	46,000
Cote d'Ivoire	680,000	7.1	400,000	58.82	65,000
Ethiopia ²	1,400,000	4.4	770,000	55.00	120,000
Ghana	300,000	2.3	180,000	60.00	29,000
Kenya	1,200,000	6.1	740,000	61.67	140,000
Lesotho	250,000	23.2	150,000	60.00	23,000
Mali	110,000	1.7	66,000	60.00	11,000
Mozambique	1,600,000	16.1	960,000	60.00	140,000
Nigeria	2,600,000	3.9	1,600,000	61.54	220,000
Rwanda	160,000	3.1	91,000	56.88	21,000
Senegal	56,000	0.9	33,000	58.93	5,200
Tanzania	1,300,000	6.5	710,000	54.62	140,000
Uganda	900,000	6.7	520,000	57.78	91,000
Zambia	1,000,000	17.0	570,000	57.00	98,000

Notes:

- ¹ **India:** Work is ongoing to produce a more precise estimate of AIDS mortality in India. An analysis using adult prevalence in past years and parameter estimates based on the international literature suggests that AIDS mortality lies within these ranges.
- ² **Ethiopia:** Figures for Ethiopia are for end 2003. In early 2006, important new data from a national community-based survey and from rural surveillance sites had become available in Ethiopia. At the time when the UNAIDS report went to Press, those new data had only partially been analysed. UNAIDS and WHO will make new estimates for end 2005, based on a comprehensive analysis of all data, available on their websites as soon as possible.

Annex 4: Checklist for Assessing Sector Susceptibility/Vulnerability

Assessing Sector Susceptibility/Vulnerability		
Name of Sector or Sub-sector		
A. Labour	Type	
	Skilled	Unskilled
<p>A1. Availability</p> <ul style="list-style-type: none"> (i) Is there sufficient labour? (ii) Are new recruits available? (iii) Are there seasonal constraints? (iv) Does the work require experience? (v) Is there sick leave provision (how much)? (vi) Is there compassionate leave (how much)? <p>A2. Employee Benefits</p> <ul style="list-style-type: none"> (i) Are medical services or medical aid provided? (ii) Is insurance provided? (iii) Are death benefits provided for employees? (iv) Other benefits (e.g., housing, transport) (v) Is a pension provided for dependants? <p>A3. Use of Labour (mobility)</p> <ul style="list-style-type: none"> (i) Does work demand overnight travel? (ii) Are migrant workers employed? What percentage of workforce? (iii) Are most employees male or are they female? How are they housed? 		
B. Population and Wealth		
<p>B1. Demographic Trends</p> <ul style="list-style-type: none"> (i) Is the population growth rate significant? (ii) Is the population structure important? (iii) Is the household size and composition important? <p>B2. Income and Expenditure</p> <ul style="list-style-type: none"> (i) Will changes in government budgets affect the sector? (ii) Will changes in taxation affect the sector? (iii) Are changes in household income and expenditure significant? 		
C. Sector-specific Questions		
<ul style="list-style-type: none"> (i) Will AIDS affect demand? (ii) Will AIDS affect supply? (iii) Other issues 		

Adapted from World Bank



UN-HABITAT

Programme Contact Persons:

Kalyan Ray
Senior Advisor
Office of the Executive Director
United Nations Human Settlements Programme
(UN-HABITAT)
P.O. Box 30030, Nairobi, Kenya
Tel.: (254-20) 7623039
Fax: (254-20) 7623588
E-mail: kalyan.ray@unhabitat.org

Andre Dzikus
Programme Manager
Water for Cities Programmes
United Nations Human Settlements Programme
(UN-HABITAT)
Water, Sanitation and Infrastructure Branch
P.O. Box 30030, Nairobi, Kenya
Tel.: (254-20) 7623060, 7625082
Fax: (254-20) 7623588
E-mail: andre.dzikus@unhabitat.org

Kulwant Singh
Chief Technical Advisor
Water for Asian Cities Programme
United Nations Human Settlements Programme
(UN-HABITAT)
EP 16/17, Chandragupta Marg
Chanakyapuri, New Delhi - 110 021 India
Tel.: (91-11) 42225019
Fax: (91-11) 2410-4961
E-mail: kulwant.singh@unhabitat.org