



THE REPUBLIC OF UGANDA

District Road Works

VOLUME

5

District Administrative and Operational Guidelines

Manual D: HIV/AIDS Guidelines



Ministry of Works, Housing and Communications

OCTOBER 2003

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These manuals have been prepared by the Ministry of Works, Housing and Communications, Uganda.

The aim of the manuals is to complement the Ministry's effort in providing guidance and building capacity of Local Governments to enable them handle their mandated roles in planning and management of the road sector development.

This manual is part of a set titled District Road Works. The set consists of 5 Volumes, each volume comprising a series of manuals covering varying aspects under the following headings:

- | | |
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| Volume 1 | Planning Manuals |
| Volume 2 | Contract Management Manuals |
| Volume 3 | Implementation and Monitoring Manuals |
| Volume 4 | Technical Manuals |
| Volume 5 | District Administrative and Operational Guidelines |


The Manuals describe in detail the organization and techniques for planning, implementation and administration of a district road network. The manuals support Government strategies on sustainable maintenance of district roads; they encourage community participation, promote use of labour based methods and gender balance, ensure protection of the environment, foster work place safety and health in implementation of road works by adopting appropriate contracting practices and support the local construction industry.

They are primarily aimed at Road Engineers, Planners and Managers involved in the planning and management of district road works.

In line with the topics covered in these manuals, related training modules have been designed and are incorporated in the curriculum of the Mount Elgon Labour Based Training Centre.

The manuals are the property of the Ministry of Works, Housing and Communications, but copying and local distribution is not restricted.

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Volume 5 Manual D

HIV / AIDS: Guidelines for District Engineers

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General Information

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General Information

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General Information

This Manual read together with -

- Volume 1 Manual D, Annual District Road Work Plan for Routine and Periodic Maintenance, Rehabilitation and Spot Repairs
- Volume 2 Manual A1, Contract Documents for Rehabilitation, Periodic Maintenance and Minor Works
- Volume 5 Manual B, Environmental Guidelines
- Volume 5 Manual C, Gender Guidelines
- Volume 5 Manual E, Occupational Health and Workplace Safety Guidelines
- Volume 5 Manual F, Road Safety Guidelines

provide guidelines on how to mainstream HIV/AIDS issues when undertaking district road works especially in the areas of:

- Routine Maintenance
- Periodic Maintenance
- Rehabilitation
- Spot Repairs
- The after effects / impact of road improvement works; population influx to beneficiary communities (mobile groups)

The objectives of having HIV/AIDS prevention campaigns intertwined into road activities are:

- Global realisation of the fact that HIV/AIDS is Multidimensional, and thus requires concerted efforts from all development sectors so as to reduce the magnitude of its effects.
- The need to give HIV/AIDS the due attention it deserves in road works because of the strong linkages that exist between the two.

An institutional framework for the management of HIV/AIDS concerns in road improvements including the core actors and their roles and responsibilities have been proposed. The important factor is that the framework is rooted in the existing Non Governmental Organisation Programmes but most important the local government and community structures for sustainability purpose.

The Manual is a flexible document which recognises road improvement cycle as an ongoing process. Improvements in the process shall therefore be encouraged on the basis of the experience gained in the application of the Manual.

Use of the Manual shall follow the planning and implementation timetable of the districts as follows:

- November/December of the current financial year, implementation of **ADRICS** (Volume 1 Manual B) to update road inventory and condition data
- November/December of the current financial year, using **ADRICS** data in the **RAMPS** (Volume 1 Manual C) to determine road works priorities and associated cost estimates
- December/January of the current financial year, attendance at the **LGBFP** (Local Government Budget Framework Paper) workshops at which funding sources and ceiling amounts for the following financial year are identified and confirmed
- January/February of the current financial year, preparation of the first draft of the **ADRWP** (Volume 1 Manual D)

- March of the current financial year (and by no later than the 31st March), draft **ADRWP** transmitted to MoWHC-DUR Desk in Entebbe
- March/April/May (and by no later than the 15th May) of the current financial year, the final draft of the **ADRWP** transmitted to MoWHC-DUR Desk in Entebbe
- April/May of the current financial year, pre-qualification of suitable contractors for implementation of maintenance, spot repairs/improvements and rehabilitation works
- June of the current financial year, preparation of contract documents for tendered works
- July - October of the new financial year, procurement and implementation of contracts

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Overview of HIV / AIDS in Road Improvement Works

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Overview of HIV/AIDS in Road Improvement Works

2.1 WHY MAINSTREAM HIV/AIDS IN ROAD WORKS

Management of HIV/AIDS, risks, health and safety considerations in road works is a continuous process and it is of paramount importance to the Ministry of Works Housing and Communications operations and activities in its areas of mandate. This calls for regular identification of the hazards and assessment of risks associated with its activities in the various sub-sectors at large and roads in particular. Appropriate actions to undertake so as to manage risks would be prevention and reduction of the impact of potential incidences that may lead to the spread of HIV/AIDS in the road sector.

Key stakeholders in the road sector constitute; construction workers at various sites, drivers and transporters, communities around project sites and their families, taxi and truck drivers, suppliers and providers of services including contractors, consultants, road committees, accident victims and rescuers, garage owners and operators, as well as Trade Unions.

Justifications for Mainstreaming HIV/AIDS into road works include:

- Road transport has remained the most dominant mode of transport in terms of scale of infrastructure and volume of passenger's movement. It moves millions of people everyday from, and to various corners of the country for various social and economic activities. Because there are so many stakeholders in the transport sector, the road network can either continue to widen the spread of HIV/AIDS or can be used as a powerful channel for disseminating information, knowledge and understanding upon which effective prevention depends.
- The road sector is seen as central to economic growth and development, and labour is an essential input in the manufacturing sector, considering labour-based approach. Labour productivity will therefore depend greatly on mobility of employees in which the road sector plays a great role, morbidity and mortality of employees as they may take more time off to provide or, seek treatment at the occurrence of HIV/AIDS.
- Workers in the transport/ road sector are more vulnerable to HIV/AIDS infection because of the nature of their work and life style. For example the social context of dirty/ dusty, strenuous and dangerous work usually offers an unpleasant living condition with few or no leisure opportunities that tends to create a risk taking environment as workers seek these opportunities.
- Most of the activities in the road sector can be dangerous because of the tools and machinery used. Occupational injuries occasionally occur and can speed up the onset/spread of HIV/AIDS if such injuries are not handled with care.
- Road improvement activities are usually associated with migrations or movements of local population to urban and trading centres whose opportunities for social support like sanitation facilities, leisure and privacy for intimacy are limited. This is because the development of such facilities may not increase at the pace of the migration. In such a situation where there is little social support, risk taking is more likely to occur and thus leading to the spread of HIV/AIDS.
- Most Transporters/drivers and contractors in the road sector are males who leave their families behind for a long time. Use of Migrant labour is also common and materials used like gravel and stone are located in remote inhospitable places. Because of such working conditions coupled with work place accidents that may be frequent, truckers, drivers and contractor staff are less open to HIV/AIDS awareness promotions and campaigns. The general feeling among these groups is that of little control over themselves but to a great extent controlled by the companies they work for. Field surveys has shown that the only two areas in which these groups feel that they have control over is alcohol consumption and sex which make them more vulnerable to the AIDS catch.

- The strenuous nature of work coupled with the risks of occupational disease may speed the onset of illness among HIV positive workers thus affecting individual productivity.

2.2 POLICY BACKGROUND

2.2.1 THE SUSTAINABILITY POLICY OF MOWHC

In 2002, the MOWHC established a formal Quality Management System, which reflects its commitment to adopt effective and efficient strategies and processes in a drive to deliver its mandated services to government and people of the Republic of Uganda within a culture of continual importance.

The system is driven by Management Policies, one of that is the Sustainability Policy, which pursues amongst others, the objectives of:

- Endorsing and integrating Government policies on public health (HIV/AIDS inclusive), poverty alleviation and gender equality programmes
- Fostering an awareness of mitigating the potential impact of activities on the safety and health of the public

Therefore, integrating HIV/AIDS in the MOWHC road works is in line with its broad Quality Management system in general and Sustainability Policy.

2.2.2 THE DRAFT WHITE PAPER ON SUSTAINABLE MAINTENANCE OF DISTRICT, URBAN AND COMMUNITY ACCESS ROADS

The Draft White Paper provides an action plan for integrating environmental issues including workplace safety, health and HIV/AIDS in road works. It also outlines the actions to be undertaken including:

- Carrying out sensitisation workshops for involved stakeholders at all levels
- Develop indicators to monitor performance in terms of environment including HIV/AIDS issues.

2.2.3 THE MULTI-SECTORAL APPROACH BY UGANDA AIDS COMMISSION (UAC)

Uganda AIDS Commission (UAC) a body established for co-ordinating, monitoring and supervising HIV/AIDS programmes and activities in Uganda developed the Multi-sectoral approach now adopted by Ministry of Health (MoH) with the aim of at having HIV/AIDS mainstreamed in all development Programmes. This is because MoH recognises the foundation on which the approach was built, thus, HIV/AIDS has a multi-dimensional effect on the whole economy and therefore requires a multidimensional effort towards its eradication. It is there fore on this basis that HIV/AIDS is being mainstreamed into the road sector.

2.3 LEGAL OBLIGATIONS

2.3.1 THE CONSTITUTIONAL RESPONSIBILITY

The 1995 constitution of the Republic of Uganda has a number of substantive provisions for safety, health, HIV/AIDS and gender integration into activities.

Article 39, creates a right to a clean and healthy environment implying that workplace safety, health and HIV/AIDS is a basic right to every citizen.

2.3.2 INSTITUTIONAL AND POLICY FRAME WORK FOR HIV/AIDS

As a result of the socio-cultural, psychological, economic, moral, and legal ramifications that are beyond containment by the health sector, GoU is continuously refining and improving the Multi-sectoral Approach to mainstream HIV/AIDS control activities within various line ministries and organisations based on their mandates. The Multi sectoral approach which forms the core of Uganda's policy framework for AIDS, seeks to address not only HIV/AIDS prevention, but also active response to, and management of all perceived consequences of the epidemic. The approach also emphasises organisational capacity building for sustainable activities among sectors and individual organisations. The establishment of the **UAC** and the creation of AIDS control programmes out side the health sector have strengthened Uganda's response to the AIDS epidemic.

It should however be noted that, **UAC** is in the process of drafting a new HIV national policy (as of March 2003) with the goal of minimising the prevalence of HIV/AIDS and eliminating its socio-economic impact. The objectives are to reduce the transmission of HIV, enable treatment and care of those infected and affected as well as to mitigate the socio-economic impact of AIDS. The policy is guided by the principles of openness, confidentiality, shared responsibility for caring for People With HIV/AIDS, the involvement of communities and human rights approach for the protection of People living With AIDS, non discrimination/ equal treatment, equal opportunities given to given to People living With AIDS as the rest of Ugandans for health care, employment, education and any other socio- economic benefits. The policy shall see to it that widows and orphans are protected through legislation.

The Multi-sectoral National strategic Frame work (NSF) for HIV/AIDS

The Multi-sectoral National Strategic Frame work (NSF) for HIV/AIDS prevention and care for the period 2000-2006 was prepared under the leadership of Uganda AIDS Commission in collaboration with lined Ministries, NGOs, and Donors. The NSF provides operational national guideline for Sector Wide HIV/AIDS Planning and implementation and lays emphasis on collaboration and co-ordination among all stakeholders working towards HIV/AIDS prevention and care. It recognises that, so much has been achieved in terms of creating awareness, a lot still has to be done to reduce HIV/AIDS infection further, and also to mitigate the socio-economic impact of the epidemic at individual, household and community levels. **NSF** recognises that HIV/AIDS should be integrated into all aspects of development work, service provision, planning and implementation by lined Ministries, local government, religious and cultural organisations, private sector and NGOs/CBOs. This is complementary to key policy documents and action plans to fight Poverty in Uganda. The framework is also consistent with the national health policy and looks at active participation of various actors of local government in the planning and co-ordination of the HIV/AIDS activities.

The Poverty Eradication Action Plan (PEAP)

The **PEAP** treats the epidemic as a development issue. Because of the high rates of HIV/AIDS infection in Uganda, AIDS has remained a serious threat to achievements already made towards poverty reduction and still remains an obstacle to the realisation of national goals. Within the context of **PEAP**, HIV/AIDS shall be an integral part of the efforts aimed at poverty eradication and over all planning and priority setting of developmental activities in Uganda to conform to the multi-sectoral nature of the problems. The revision

exercise of the **PEAP** has made HIV/AIDS central to the three pillars of **PEAP**, which is a national over reaching policy.

PEAP and Vision 2025 set out the commitment of the government to reduce incidences of absolute poverty by 10% and relative poverty by 30% of the total population by year 2017. HIV/AIDS is both a cause and consequence of poverty as it results in the loss of ability to work, use of scarce resources for treatment and the burden of care placed on burial arrangements or losing a bread winner in a household. Such experiences leave widows and orphans vulnerable to poverty and exclusion from the community. This calls for continuous rural community sensitisation on safe practices and support for sufferers. This is important because HIV/AIDS incidences are estimated to be increasing in the rural areas. The road sector can be one of the greatest channels of information dissemination on HIV/AIDS in the rural areas looking at potentials and opportunities in labour based technology.

2.4 HIV/AIDS LINK WITH POVERTY.

As already established under the **PEAP**, Poverty and HIV/AIDS are closely linked. At national and community levels, poverty prevents the establishment of needed prevention, care, support and treatment programmes.

Poverty also reduces access to information, education and services that could reduce the spread of the virus.

At individual and household levels, lack of income and poverty often forces women and some men into sexual situations they would not have otherwise chosen. Poverty may also be associated with migration, both within and outside a country. Studies have identified certain categories of migrants as high risks or vulnerable groups (mobile population:- construction workers, migrant sex workers, truck/taxi drivers, and businesspersons such as fishermen among others)

In turn, HIV/AIDS generates poverty. As those with the virus fall ill and die, a family and the community at large loses much of the needed productive resource.

HIV/AIDS on the part of population living below the poverty line, (less than 1 US Dollars per day), is higher as the abject poverty conditions make people pre-occupied with the immediate survival needs such as food, shelter, medical care clothing and beddings. Such are the reasons that put HIV/AIDS concerns to be of secondary thought /nature. HIV/AIDS may then be given a low priority; the implications of which will only be felt in the long run.

2.5 LINK BETWEEN HIV/AIDS, POVERTY AND LABOUR-BASED ROAD WORKS

2.5.1 BACKGROUND

Because of the wide spread levels of abject poverty experienced in different societies in Uganda, policies such as the Poverty Eradication Action Plan (PEAP) has made it a requirement for planners and developers to design programs and Projects that directly contribute to the reduction of poverty levels in the country at all levels.

All sectors, the road sector inclusive have developed strategies to accommodate the concept of poverty reduction.

In the road sector, labour-based methods of road works (LBRWs) has been identified as the most appropriate way of addressing poverty at a lower level in the communities. This is because of the benefits that accrue from **LBRWs**. The most key being its' ability to provide employment to unskilled people who are a majority in the rural areas hence, a source of income to many households, it is cheap and the nature of work involves all target groups (men, women and PWD among others.)

Having known the link between HIV/AIDS and poverty, reasons as to why **LBRWs** is considered the most appropriate method to address or reduce poverty levels in communities, there is need to understand the link between HIV/AIDS and **LBRWs**.

2.5.2 LINKS

The magnitude of negative effects caused by HIV/AIDS towards economic growth and development has been very big world-wide. This is attributed to the fact that the most affected are the working population. Because of this fact, in Uganda, the Uganda AIDS Commission has made it a requirement through the Multi-sectoral approach now adapted by Ministry of Health, to mainstream HIV/AIDS in all development activities, the Road Sector among them. The nature of work entailed in road activities creates direct linkages between HIV/AIDS and road works especially in **LBRWs** methods. This can be elaborated as below:

- Labour based methods of road works is that technique in road works that calls for a high degree of use of manual /human labour to execute road activities supported with light equipment such as Pedestrian rollers, tractor towed rollers and tractors among others. Because of the nature of work involved, bringing big numbers of people of both sexes and ages to work together, chances that their interactions during the course of work in groups developing into sexual relations between men and women is very high. Such **LBRWs** sites there fore provide a breeding place for the spread of HIV/AIDS among the workers from the communities.
- **LBRWs** sites are usually very active sites, with people from different social and economic backgrounds providing different services at the site. Classes of people involved include; the contractors, site supervisors, District officials, businessmen and women, food vendors inclusive (mobile population) as well as the road users (the community members). Usually the local communities who are the job seekers are the majority, and they usually are, the poorest of the classes mentioned. In their quest for jobs or a few extra shillings to meet their expenses, may get involved in sexual favours from the more economically able class at the work sites. Such a class of peoples will only look at the financial gain accruing to them now and not the risks that may be involved. This too, would lead to the spread of HIV/AIDS among the participants especially when such sexual involvement is not protected.
- Because **LBRWs** provide employment opportunities to many people, there is need to train stakeholders for instance, Contractors, Site Supervisors and the community as a whole not to stigmatise those members of the community who may be HIV positive, can work and are seeking employment at the road sites. They too, should be given the opportunity to work on the sites if they are still able and they should be treated with due respect.

It is against such direct linkages between poverty, **LBRWs** and HIV/AIDS that, there is a need for a wide spread campaign on HIV/AIDS and its preventive measures. This also explains why HIV/AIDS has been mainstreamed into the road sectors among other development sectors.

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Integrating HIV / AIDS in Road Improvement Cycle

The mainstreaming of HIV/AIDS in **LBRWs** shall follow the usual stages/procedures in a road improvement cycle of Planning, Performing, Measuring and evaluating the over all performance of a Program. It is however important to note that, the involvement of NGOs and the network of people living with HIV/AIDS at every stage of the road improvement cycle activities is very important, and can be summarised as below.

When to mainstream HIV/AIDS in Labour-Based Road Works

3.1 PREAMBLE

Mainstreaming HIV/AIDS concerns in road improvement cycle shall be as follows: preparation and planning, implementation and impact evaluation. The activities are described in detail in the following sections and presented in summary form including distribution of responsibilities at the end.

3.2 PLANNING AND PREPARATION

Activities under planning and preparation include **ADRICS**, road prioritisation and selection, mobilisation and sensitisation, contract procurement and training like for the case of the other cross cutting issues. This section outlines how to integrate HIV/AIDS in the planning and preparation stage in road improvement cycle. Under planning and preparation, HIV/AIDS shall be addressed during design, preparation of contract documents, mobilisation and sensitisation, contractor procurement and training. These have been elaborated as below:

3.2.1 SENSITISATION AND AWARENESS RAISING

There is minimal HIV/AIDS awareness among the stakeholders (including contractors, workers, district technical staff and politicians among others) in general and in the roads sector in particular. This calls for extensive sensitisation and mobilisation campaigns for increased awareness of all stakeholders. It is therefore imperative that sensitisation and mobilisation be carried out for the different target groups as follows:

HIV/AIDS issues in road works should be part of sensitisation and mobilisation campaigns conducted at community and sub-county levels (to target sub-county works or general-purpose committee, members of the communities who are potential workers, sub-county officials and politicians) in those sub-counties where roads works would take place. This can be done through community meetings, radio programmes and display of posters.

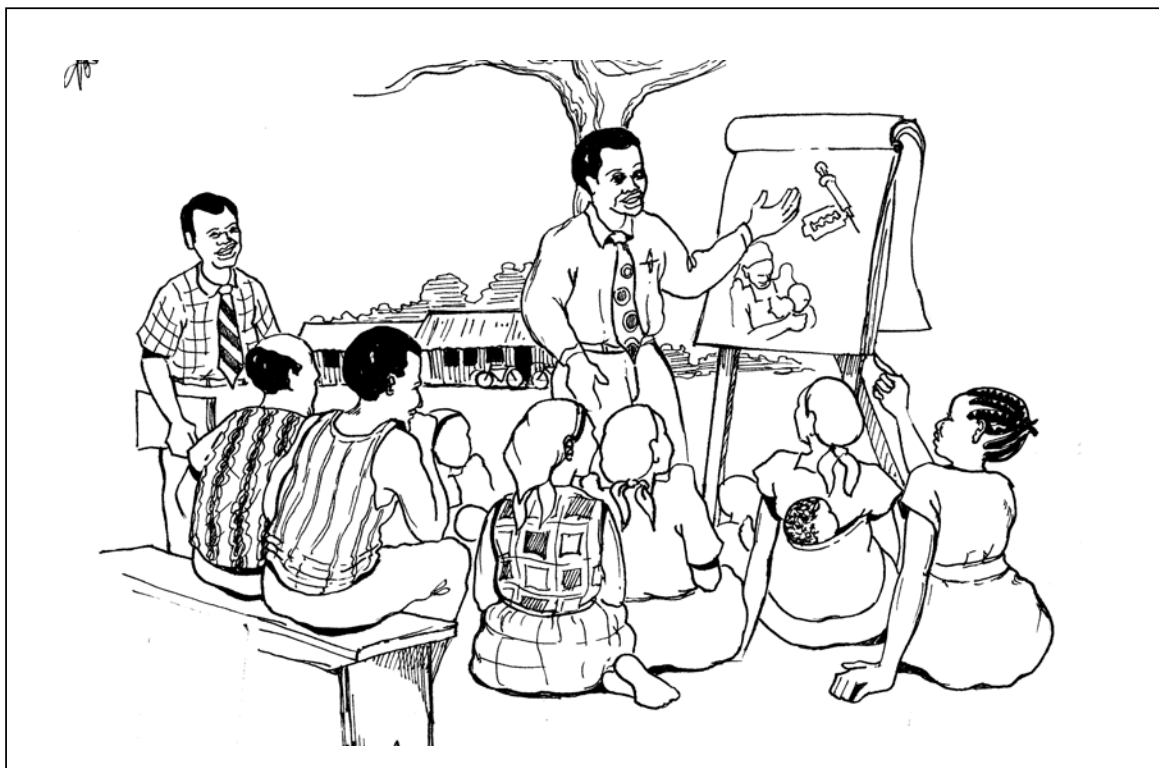
This should also be conducted as part of the community meeting referred to as **Mobilisation Site Meetings** (refer to information sheet and checklist in **Annex 2** for details). Mobilisation Site Meetings are held prior to the beginning of road improvement works by the Contractor. During the meeting, the District Engineering staff assisted by a representative from the District Health Department the Labour staff must remind the Contractors and their staff including members of the community who are potential labourers about HIV/AIDS, workplace safety and health issues among others. Strategies on how to address the HIV/AIDS issues should be part of the discussions.

During road improvement works, the Contractors and workers will have the opportunity to be sensitised on HIV/AIDS issues during **Monitoring Site Meetings** (refer to Information Sheet and Checklist in **Annex II**). Monitoring Site Meetings are convened on a monthly basis to monitor progress in road improvement activities and to check compliance with other crosscutting issues. During such meetings, the District Engineering and personnel from the District Health Department must be present to ensure that HIV/AIDS issues are presented and discussed as provided for in the Information Sheet and Checklist (using guidelines from this manual) for Monitoring Site Meetings.

It is expected that, the contractor, the District Engineer and the representative from the District Health Department will liaise with the sub-county health educators, or any other body (NGOs) already present in the community to train Trainers. These shall be the people to later carry on with the sensitisation exercises on days appropriate to road workers and the community as a whole.

The Contractors should be encouraged to inform the meeting on how they are addressing HIV/AIDS, workplace safety and health issues at every Monitoring site meeting.

Mt. Elgon Labour-Based Training Centre (MELTC) is the national labour-based road maintenance and construction training centre for training District Staff, Politicians and Contractors. Contractors going for training at **MELTC** will be sensitised formally as part of contractor training programme.



3.2.2 CONTRACTOR PROCUREMENT

The contractor procurement process from pre-qualification to tender award shall be sensitive to HIV/AIDS issues. This means the Technical Evaluation Committees and the District Tender Boards being aware of and sensitive to HIV/AIDS issues. It is highly recommended that the districts send their Technical Evaluation and Tender Board members for training at **MELTC**.

Pre-qualification of contractors should favour those who shall demonstrate capability and willingness to address HIV/AIDS and other cross cutting issues. The Detail Analysis Form (DAF) must be checked for sensitivity to HIV/AIDS issues (Refer **Volume 2 Manual A1**). The District Engineering and Labour staff should play a key role in providing technical advice to the Technical Evaluation Committee and the District Tender Board so that the Contractors pre-qualified are sensitive to all the cross cutting and HIV/AIDS issues in particular.

During contract procurement, the Tenderers shall be reminded of the importance of HIV/AIDS issues through **Pre-tender Site Meetings**. Pre-tender Site Meetings are held prior to the Tenderers preparing tender documents to verify the situation on the ground regarding physical works. This also provides an opportunity for Site Investigation on availability of and access to materials, safe water source, labour

availability, campsite location, availability of storage facilities, and crosscutting issues related to road works among others. This means the Tenderers shall go into the bidding process when they are well aware of the prevailing circumstances at site on all issues including HIV/AIDS.

In addition to technical and financial evaluation therefore, Tenderers will be evaluated in regard to their response to the soft issues and their proposal to address them. The tender evaluation form is designed in such a way that it makes provision for appraisal of HIV/AIDS (refer to **Volume 2 Manual A1** for samples of tender evaluation forms). The most important is adequate provision for HIV/AIDS, workplace safety, health and issues as an item in the Bill of Quantities by the Tenderer.

The District Tender Board based on the advice and recommendations provided by the Technical Evaluation Committee will take the final decision as to contract awards.

To ensure that cross cutting issues are reflected in decision making, the Labour Officer and Head of District Health Department must be co-opted in the Technical Evaluation Committee.

3.2.3 TRAINING

HIV/AIDS sensitisation is already an integral part of the technical training provided at **MELTC**. **MELTC** is a national institution responsible for all the training related to labour-based road improvement and maintenance of district roads. HIV/AIDS have been provided for in the **MELTC** Curriculum under the following training Modules - **Health and HIV/AIDS**.

The implication is that everybody going for training at **MELTC** shall receive training in HIV/AIDS issues in road works. It will be the responsibility of the districts with the advice of the District Engineer to screen and send contractors including district technical staff (both engineering and non-engineering) and relevant political leaders for training at **MELTC**.

The training at **MELTC** will be further reinforced through sensitisation and mobilisation campaigns at the sub-county and community levels, site meetings and follow up of road works activities at the sites. At the sub-county level, the Road Inspectors should work with the Community Development Assistants in carrying out the sensitisation and mobilisation campaigns, site meetings and follow up activities. In doing so, the Sub-county Works Committee should be actively involved.

3.3 IMPLEMENTATION OF ROAD IMPROVEMENTS AND SUBSEQUENT MAINTENANCE

The Government of Uganda through the MoWHC seeks to promote the use of labour-based methods, which is seen as a short-term poverty eradication strategy. The use of labour-based methods is the more reason for creating awareness on HIV/AIDS, workplace safety, and health issues in **LBRWs**. This is because use of labour-based methods involves more people in contract works, which requires good working environment as a matter of human rights. Use of labour-based methods shall be made a contractual obligation of Contractors in that special provisions shall be made in the contract administrative documents; especially Conditions of Contract (refer to Conditions of Contract document for details).

Before physical road works begin, the following shall be done:

- Mobilisation Site Meeting
- Site Investigation
- Site Set-up

Mobilisation Site Meeting

Mobilisation Site Meeting shall be convened at a selected place on the road to be improved, which is easily accessible. Notice of the meeting shall be given to the concerned parties by the district engineering staff two weeks in advance before the meeting. The purpose of the meeting shall be to confirm what were discussed during Pre-Tender Site Meeting, and mobilise the required resources for implementation of works.

Those to attend the meeting shall include among others:

- Contractor
- Members of the sub-county Works Committee
- Representatives of the community including special interest groups such as women, youth and persons with disabilities
- Representatives of the district and sub-county community development, environment and labour staff
- Representative(s) of the Donor Agency/NGO where funding source for the works originates from.

Issues to be discussed shall include among others:

- Confirm locations for site camp, and other facilities including latrines, waste disposal etc.
- Discuss labour mobilisation strategy and recruitment method for both male and female, working conditions, working hours, salary structure including minimum wage and frequency of payment
- Locate and acquire storage facility in the community including the costs involved
- Agree on any measures necessary to ensure security of the Contractor's property and all those workers employed from the local communities



By participating in this meeting, the Contractors are not simply reminded of their contractual obligations but shall become partners in addressing HIV/AIDS issues during physical works. It is the responsibility of the District Engineering staff to ensure that Mobilisation Site Meetings are successfully convened with minutes taken and circulated to the relevant stakeholders for easy follow up in future.

Site Investigation

Prior to beginning physical works, it is important to find out about the likely hazards that may be encountered. Site investigation shall also provide detail information on issues discussed at Mobilisation Site Meeting. These shall include:

- Labour availability
- Location of campsite, sanitary and other facilities
- The working norms of the local people who are supposed to provide labour
- Availability of materials, location of and condition of access to their sources
- Modalities for accessing these materials and the cost if any thereof
- Detail security arrangements for Contractor's equipment and workers
- HIV/AIDS as an issue in labour based road works

The District Engineering and Labour staff should be part of the Site Investigation Team.

Site Set-Up

Quality safety and health standards at workplace can be achieved by early provision of:

- Clearly defined working areas (physical workplace, office, stores, etc.)
- Clearly defined procedures posted in easily accessible place (such as on public notice boards)
- Clearly define roles and responsibilities of contractor staff and other workers
- Clearly defined site access
- Toilets and other sanitary facilities

During the first visit to the site by the Engineering and Labour staff, they should check for the provision of and availability of the above (which should have been catered for in the Bill of Quantities). The result of the first site visit should then become the point of reference for upcoming Monitoring Site Meetings.

3.3.1 SUPERVISION OF WORKS

During physical works, the Engineering and Labour staff should pay routine and regular visits to the site. It is important that during physical works, the Contractor must ensure the following:

- Apply labour-based methods whenever the character of work allows. For activities that are hazardous and unsafe to physical handling by the labourers, equipment should be used.
- Provide quality hand tools to workers as appropriate. Consideration should be made to provide the workers with the tools widely used in the area.
- Provide safe drinking water and good quality food at workplace either in kind or cash. In case meals are to be provided in cash, workers' consent must be sought.
- Pay workers reasonable wages as agreed and in time. Consideration should be given to the prevailing market rates and what is reasonable to meet the livelihood needs of the workers.
- Provide protective wear to workers as appropriate (the right protective wear for a particular job)
- Provide first aid kits available at the site all times with a trained person to administer
- Provide separate sanitary facilities for male and female workers
- Emphasis HIV/AIDS awareness training and sensitisation to both the community availing their labour and the community at large.

It is the responsibility of the District Engineering and Labour staff to ensure that the above are provided at the work sites as catered for in the Bill of Quantities. Apart from the regular site visits a follow up on the Contractor's compliance in providing for the above, Monitoring Site Meetings shall be held on a regular basis.



3.3.2 MONITORING SITE MEETINGS

Monitoring Site Meetings shall be convened regularly, preferably on a monthly basis as a means to following the extent to which Contractors are meeting their contractual obligations in complying with safety, health and HIV/AIDS issues. The participants at the meetings shall be those attending the Mobilisation Site Meetings. The Monitoring Site Meetings shall provide the various stakeholders: the Contractors, workers, Sub-county Works Committees and members of the community a forum where they can raise and discuss issues that affect the successful undertaking of road works including safety, health and HIV/AIDS. The questions that can be asked and discussed at the meeting would include:

- Are workers provided with the right and quality hand tools? If not why and if yes to what extent?
- Are there sanitary facilities at the site? Are they provided separately for men and women?
- Are meals and safe water provided for? If yes, what is the quality and if no, why are they not provided?
- Are workers paid in time?
- Are workers provided with the right protective wear for the jobs they perform?
- Are first aid kits available at the site at all times and who administer it?
- To what extent are workers aware about HIV/AIDS?



Asking these questions will generate discussions and check on the Contractors to fully comply with safety, health and HIV/AIDS issues. In all cases, the District Engineering and Labour staff should attend and provide guidance in the discussions.

3.3.3 SPECIFIC CONSIDERATIONS TO BE MADE DURING IMPLEMENTATION OF ROAD WORKS

The involvement of locally available NGOs handling HIV/AIDS programmes, and People Living With AIDS (PLWA) in the locality in all road improvement cycle stages is of paramount importance. This is because contractors and technical staff may not be very conversant with handling the issues as organisations or bodies directly involved in HIV/AIDS advocacy and also, **PLWA** themselves are very helpful when it comes to provision of real experiences that can guide planning and implementation of road activities with an HIV/AIDS focus in the road sector.

Contractors must know that certain activities in road construction may not be possible or relevant to families that are badly affected by shortage of labour time brought about by HIV/AIDS. Some activities need to be modified to take into account how AIDS limits people's ability to engage in road construction activities – less emphasis on activities that may contain labour (application of flexible working hours is recommended) and more emphasis on working with people who are affected so they can identify their own constraints and propose alternatives.

- As Aids related illness strikes a significant portion of the adult population, demand for health and social welfare services also increase, thus, increasing demand of access to health services in the hospitals (medicines and counselling and relief aid) and provisions at home. Contractors must therefore consider very seriously the issue of timely payment to their workers as the need for the money is clearly evident. It is important to target specific groups of people as a work force on the roads taking into account the effects of HIV/AIDS on orphans, children heading households and the elderly caring for their grand children.
- After road improvements, the role of the road sector planner in the community shall be to make sure that roads/transport is made accessible and affordable by this categories of people or to relief service providers to be able to reach these people by reliable all-weather roads (for example mobile clinics)
- Community and group meetings to be organised by contractors to disseminate HIV/AIDS awareness campaigns may unintentionally exclude those affected by HIV/AIDS in the communities especially those who are not road workers. They may not participate in such activities because they are too weak or ill to participate. Female workers in particular may lack time to attend these meetings due to increasing burdens of care giving, running the home and providing food and cash, some people may withdraw because they feel ashamed. It is therefore important for contractors to identify partners (NGOS, religious organisations) to meet the needs of such individuals and to identify new ways of working with them to avoid their exclusion.
- The road sector should focus on primary goals like net working, building partnership and dialog with AIDS-specialised organisations and civil society especially the communities affected by the epidemic and **PLWA** in order to address the stigma and denial surrounding the HIV/AIDS epidemic.

3.3.4 SPECIFIC ROLES OF CONTRACTORS

- Contractors have a responsibility to ensure that their employees are not put at risk of illness and injury. Ensuring the HIV/AIDS is not transmitted at workplace is part of this general obligation on employers.
- Basic educational programmes and simple precautions, particularly in relation to the treatment of accidental injury by personnel trained in First aid is recommended to avoid even the smallest risk of accidental transmission.

- Contractors must see to it that workers are not vulnerable to the AIDS catch because of the nature of their work. (Sensitisation and distribution of condoms to workers is recommended)
- If the labour force include migrant workers living away from families (like in situations where site camps are created), supporting those migrants in bringing their families for visits or allowing site supervisors in the camps to go visit their families shall be arranged. In situations where Workers spend a large part of their time at work and workplace, the employers should transfer the families of such workers to live together, provide space for and support education to children. However, consideration should be given to recruiting workers who are not migrants.
- Workplace education campaign must take into account the social and psychological pressures on truckers.
- Encourage the formation and active involvement of Trade Unions and NGOs to ensure that any potential for workplace transmission is reduced.
- Contractors could introduce effective counselling policies for HIV positive workers by net working with civil society organisations and HIV/AIDS programmes.
- Contractor must ensure that employees who are HIV-positive are not discriminated against. Appropriate workplace AIDS education programmes can be effective. They must be correctly designed and have the active involvement of senior management and workers representative. It is crucial that the management understands that AIDS education is a process that has to continue rather than one off event and it will require long term commitment. Workplace education campaigns aimed at behaviour change and condom promotion should be put in place.
- Where possible, early and appropriate treatment of employees can extend their working lives and postpone the time when their employment will have to be terminated and lose their benefits. This is to the advantage for the workers employees families and state. As there is often a direct relationship between the spread of HIV/AIDS and STI as well as a variety of other diseases, they should also be treated where possible.
- Counselling should be provided for infected and affected individuals. Part of the counselling should encourage infected individuals to continue working, Job securing should not be threatened by disclosure of HIV/positive status.
- Appropriate tasks, preferably not very heavy-duty tasks and at flexible hours should be given to such workers so that they are not strained by workload that might lead to faster deterioration of such workers health.

Confidentiality

- HIV/AIDS is a non-notifiable disease and there are no obligatory responsibilities for either the doctor or patient to notify an employer or fellow employees of an infection especially if the affected persons have not come out to make it known to the general public. Voluntary testing should be encouraged to enable contractors to anticipate and plan with greater accuracy, results should be confidential unless indicated otherwise by the infected individuals.

3.4 MONITORING AND REPORTING

During road improvement works, monitoring and reporting will be an integral part of the process. Monitoring activities shall be to check the progress in implementation of physical works with the aim of establishing the extent to which the Contractors are complying with crosscutting issues including safety, health and HIV issues. Both technical staff (the Engineering, Health Educators and Labour staff) and non-technical persons (including politicians) shall do monitoring.

Monitoring mechanisms to be employed shall include but not limited to *Site Visits* and *Monitoring Site Meetings* (refer to **Annex 2** for details). Site Visits shall be done on a monthly basis to physically check on progress on implementation of road works while directly observing Contractor's compliance with safety, health and HIV/AIDS issues. Monitoring Site Meetings shall precede Site Visits. Minutes of the Monitoring Site Meetings shall be kept by one of the Engineering staff, produced and circulated accordingly to the relevant persons.

The meetings shall be attended among others by the labour staff, members of Sub-county Works Committee, contractor and their staff, workers' representative and members of the community. Apart from the general discussions on crosscutting issues, specific focus shall be on workplace safety, health and HIV/AIDS issues, especially the extent of compliance by contractor.

In order for the relevant departments in the district to follow the process, monthly reports shall be prepared. The reports will elaborate on the extent to which the contractor is addressing safety, health and HIV/AIDS issues. At the sub-county level, it will be the Road Inspectors and the Community Development Assistants. They will submit their reports to the District Engineer and the Community Development Officer respectively who shall be responsible to prepare and distribute the reports to the relevant offices in the district.

3.5 HANDING OVER

Prior to handing over of the road works, the Labour Officer will issue a compliance certificate confirming that the contractors has fully complied with HIV/AIDS, health and safety issues as per the conditions of contract. The certificate will be based on the report of the Labour Officer who will inspect the site before completion of works. Final payment to the contractor shall only be effected after issuance of the certificate (refer to HIV/AIDS Compliance Monitoring and Evaluation Form checklist in **Annex 1**).

3.6 IMPACT EVALUATION

Data from baseline survey shall be used as benchmarks for impact evaluation. The District health inspector and Labour officer shall collect post-road works data on the impact of work situation on the health and safety of workers.



Section D1	:	General Information
Section D2	:	Overview of HIV/AIDS in Road Improvement Works
Section D3	:	HIV/AIDS in Road Improvement Cycle

Section D-4

Proposed Institutional Arrangements

Annex 1	:	HIV/AIDS Awareness Assessment, Monitoring and Evaluation Checklist
Annex 2	:	Meeting Information Sheets and Checklists (for Pre-Tender, Mobilisation, Monitoring and Maintenance meetings)
Annex 3	:	Road Improvement Cycle
Annex 4	:	List of References

Section D-4

Proposed Institutional Arrangement

Proposed Institutional Arrangement	Page	4-1
Preamble	Page	4-1
District Level	Page	4-1
Sub-county	Page	4-2

Proposed Institutional Framework, Roles and Responsibilities of Key Actors

4.1 PREAMBLE

The responsibility for integration of workplace safety, health and HIV/AIDS issues into the planning, implementation, supervision and monitoring of road improvements will be anchored in the local government system to ensure sustainability of the process. It will be as per the institutions and actors that are responsible for road works and occupational health and safety issues respectively as laid down in the Local Government Act. (Refer to institutional set-up overleaf).

4.2 DISTRICT LEVEL

At district level, the CAO (Chief Administrative Officer) is the focal point officer with the authority to delegate any district officer besides the health department staff to carry out HIV/AIDS activities provided there are available funds. The District Works Departments, the District Works Committee, and the District Tender Board are overall, responsible for road works and they act as clients on behalf of the District Government.

The Works Committee and the Tender Board are decision-making bodies whereas the Works Department through the District Engineer, Supervisor of Works and Road Inspectors are the executing body.

The Labour Officer and the District Director of Health Service shall support the Works Department as far as HIV/AIDS and health related issues are concerned. It is however important to recognise **NGOs**, Trade Unions and net work of People living with AIDS (PLWAs)

The roles of institutions and relevant staff can be summarised as follows:

The District Works Committee approves the proposal of roads selected for improvement by the District Works Department and participates in site meetings for supervision and monitoring of road works, including the compliance of the contractor with environmental conditions stipulated in the contract administrative documents.

The Tender Board takes the final decision as regards contract awards based on the recommendation of Technical Evaluation Committee. As regards environmental issues, the Tender Board ensures that contracts are awarded to contractors that are responsive to the environmental conditions stipulated in the tender evaluation and contract administrative documents.

The District Engineer and the Road Inspectors are responsible for the execution of road improvements – they plan and design the road works, deal with contract management, and supervise and monitor road works. They are responsible for the integration of HIV/AIDS and other soft issues in their plans and to ensure that contractors comply with their obligations. They also ensure that site meetings (pre-tender, mobilisation, monitoring and maintenance meetings) are conducted (with the facilitation of Labour staff and/or CDAs) and that health and safety concerns are discussed on these meetings.

In matters of occupational health and safety the District Engineer and the Road Inspectors work closely with the Labour Officer (Production Department). They will assist in integrating workplace safety, health and HIV/AIDS issues in work plans of the Works Department and in ensuring that the health and safety issues are complied with as provided for in the contract administrative documents. They assist in supervision of contract works as regards occupational health and safety issues (through among others participation in monitoring site meetings).

The Labour Officer shall issue a certificate in respect to contractor's compliance with occupational health and safety issues, prior handing over of roads by contractor to the district.

4.3 SUB-COUNTY

At the sub-county level, the Sub-county Works or General Purpose Committee is the focal point for road improvement and it represents the interest of the respective communities. The Road Inspectors (assigned for each county) and Labour staffs provide technical support to the committee.

The Sub-county Works or General Purpose Committee takes part in the monitoring of road works through participation in site visits and meetings where it represents the communities and parishes and their political institutions. It also supports the sensitisation of the population in their area on workplace environmental issues and good workplace practices, HIV/AIDS, as well as use of labour-based road works.

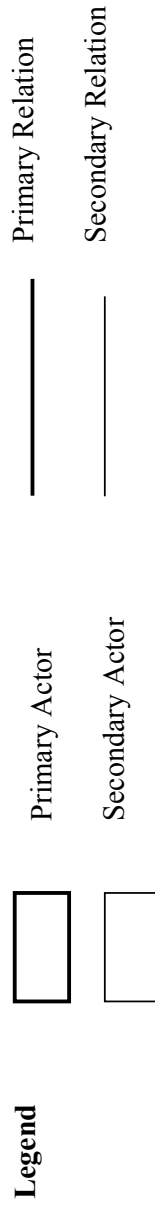
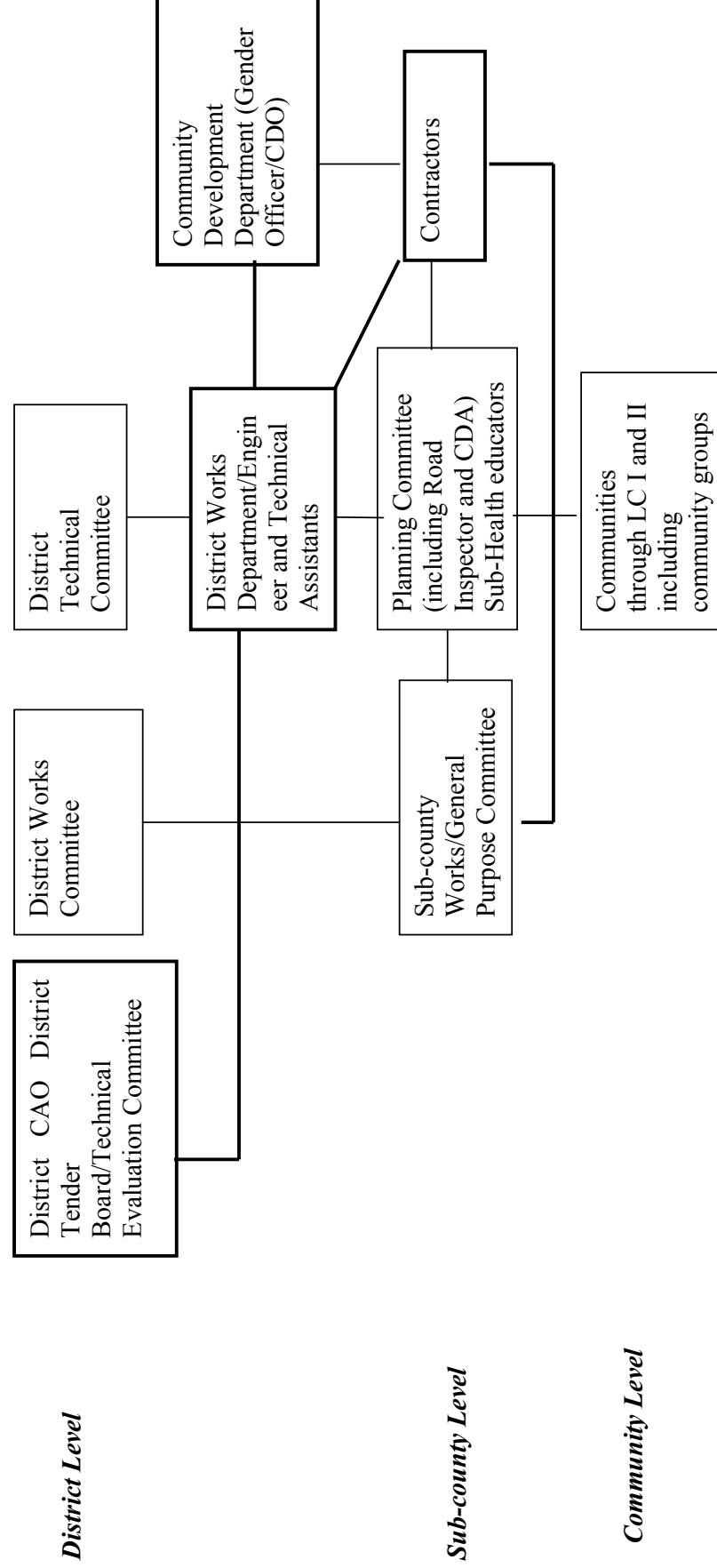
The Road Inspectors and Labour staff assists the Committee in carrying out its responsibilities, give professional advice and participate in site meetings and supervision. The Labour staff is responsible for workplace issues and training at local level until environment assistants are employed at the sub-county level¹.

The communities pursue their interests as regards road works monitoring and protection of workers rights through the Sub-county Works or General Purpose Committee and participate in site meetings with contractors, employees and technical staff.

The contractor is responsible for the execution of road works in accordance with the workplace conditions stipulated in the contract. He is obliged to conduct and participate in site meetings and the agenda for these meetings will make provision for workplace issues and HIV/AIDS awareness training/sensitisation.

¹ This was an explicit request by the participants of the stakeholder workshop conducted in April 2001.

Proposed Institutional Framework of Key Players in Occupational Health and Workplace Safety in a Road Improvement Cycle



Annex 1

HIV / AIDS Awareness Assessment, Monitoring and Evaluation Checklist

Ministry of Works, Housing and Communications

District Road Works HIV/AIDS Compliance Monitoring & Evaluation Form

I BACKGROUND INFORMATION

- a) Name of contractor:
- b) Contract identification:
- c) Location:
- d) Total distance:

II NATURE AND EXTENT OF WORK

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Awareness \ Training needs assessment

III HIV/AIDS SURVEY QUESTIONNAIRE: (HIV/AIDS SITE MEETINGS)

This section will test the extent to which the targeted population is informed about HIV/AIDS mode of transmission and prevention. (Answers/ responses to the questions will be; agree, disagree, or don't know) Basing on these, right answers to questions failed shall be provided as part of the sensitisation exercise.

- a) HIV infection is now curable
- b) HIV can be preventable
- c) Everybody is at risk of contracting HIV nowadays
- d) You can tell by looking at someone if they have HIV infection
- e) You can get HIV by sharing utensils with HIV infected persons
- f) You can get HIV by kissing HIV infected persons
- g) You can get HIV by mosquito bite
- h) You can get HIV by sexual relationships with HIV infected person without using condoms
- i) AIDS is a disease of immoral persons
- j) If a sex worker knows how to use condoms correctly in all sexual relationship then they can prevent HIV.
- k) If Intravenous Drug User (IDU) uses clean or properly sterilised needles and syringes and use condoms correctly in all sexual relationships then they can prevent HIV
- l) If your friend is HIV positive, will you avoid meeting with him/her

- m) HIV infected persons should not study in the Universities
- n) Is there any discrimination in (name of the country) between people who have HIV and those who do not have HIV?
- o) The more sexual partners you have the easier you can get HIV.
- p) You can avoid HIV by using condoms correctly in sexual relationships or persuading your sexual partner to use condoms
- q) A good person have never accepted using condoms in sexual relationship
- r) Not using condoms with your partners in sexual relationship is a safe behaviour
- s) Not using condoms with Sex Worker in sexual relationship is a safe behaviour

Adapted from WV Vietnam/WV Australia survey questionnaire (May 2001)

IV HIV/AIDS AWARENESS EVALUATION

- a) Awareness of transmission and prevention

Awareness Levels	Workers		Community Members	
	Male	Female	Male	Female
Awareness of how HIV is transmitted				
Awareness of how HIV transmission can be Prevented				

NB: Express above numbers out of every 10 people

- b) Number of HIV/AIDS sensitisation site meetings held
- c) Number of condoms distributed

V INNOVATIONS AT COMING UP WITH MEASURES TO ADDRESS HIV/AIDS CONCERNS IN ROAD WORKS

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VI CONFORMITY TO EXISTING POLICIES, LEGAL FRAMEWORK AND HIV/AIDS ISSUES IN THE CONTRACT DOCUMENTS/CONDITION OF CONTRACT.

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VII WHAT HAS BEEN THE IMPACT OF HIV/AIDS SENSITISATION TRAINING DURING ROAD IMPROVEMENT ACTIVITIES TO ROAD WORKERS AND THE COMMUNITY AT LARGE.

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VIII GENERAL COMMENTS/RECOMMENDATIONS

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Name of Monitoring/Evaluation Personnel:

Designation:

Signature/Date:

Annex 2

Meeting Information Sheets and Checklists

PRE-TENDER MEETING/SITE VISIT

Meeting Information Sheet and Checklist

PREAMBLE

Following advertising for Tenders (Bids) and procurement of Contract documentation by Pre-qualified Contractors, and prior to preparation and submission of Tenders to the Client, all Tenderers shall attend the Pre-Tender Meeting / Site Visit to determine and/or clarify matters concerned with performance of the whole of the Works.

The Pre-Tender Meeting / Site Visit will include the following:

- Tenderers who have expressed interest in and procured contract documentation for the Works,
- Client's / Employer's representative(s),
- Representatives of the Local Community / Communities, including members of their Sub-County Works Committee(s), in which the Works are to be performed,
- Community representatives of special interest groups including Women and Youth organisations.
- Representatives of District / Sub-county Community Development, Gender and Environment staff, and
- Representative(s) of the Donor Agency / NGO where the funding source for the Works originate therefrom.

All Tenderers, on completion of attendance at the Pre-Tender Meeting / Site Visit, shall be responsible for having their Certificate of Tenderer's Site Visit signed by the Client's / Employer's representative as proof of attendance and this Certificate (copy attached) shall be included as part of the Contractor's Tender for the Works.

Failure by any Tenderer to attend the Pre-Tender Meeting / Site Visit may result in loss of points during Tender Evaluation and failure to be considered for an Award of Contract.

CHECKLIST

The following Checklist of activities, to be undertaken during the Pre-Tender Meeting / Site Visit, is for guidance only and may not be fully inclusive.

- Meet with Local Community leaders as a precursor to development of good working relationships. Such meeting(s) should include discussion of mutual obligations by the Contractor to the Community and by the Community to the Contractor, including all issues relating to gender sensitivity, environmental protection, work place health and safety including HIV / AIDS, etc. (refer Conditions of Contract and Contract Data).
- Comparison of the BoQ with the Scope of the Works on the Site, including a study of all Items to be performed, their timing, resource requirements, etc.
- Agree with the Local Community location(s) for the Site Camp and other facilities including latrines, waste disposal, etc.
- Determine the availability of Labour, both male and female, within the Local Community / Communities, and discuss and agree the working conditions, method of recruitment, working hours, salary structure including the minimum wage, frequency of payment, etc.; refer Clauses 9 and 50 of Conditions of Contract and **Clause 32** of Contract Data.
- Determine the availability and locations of and condition of access to sources of Materials approved by the Client for fill, surfacing, aggregate, sand, water, etc., and agree with the Local

Community / Community's representatives how best to access these resources and the costs, if any, thereof.

- Agree with the Local Community / Community's representatives locations for safe parking and servicing of equipment, storage of fuels and lubricants, etc.
- Determine the scope of work required to ensure Environmental Conservation during performance of the Works and subsequent Environmental Restoration activities required on completion of the Works.
- Agree any measures necessary to ensure Security of the Contractor's property and all those workers employed from the Local Community / Communities.
- Particular attention should be paid to BoQ, Bill Number 6, Preliminary and General Items, to ensure adequate and realistic provisions are made for those Items included in the Contract.
- Other issues / matters as the Tenderer sees appropriate to the Scope of Works.

MOBILISATION SITE MEETING

Meeting Information Sheet and Checklist

PREAMBLE

Following the award of tender/procurement of contract by the Client to the pre-qualified contractor, all the relevant stakeholders shall attend a Mobilisation Site Meeting to confirm what were discussed during Pre-Tender Site Meeting, and mobilise the required resources for implementation of works.

The Mobilisation Site Meeting shall be attended by the following:

- Client's representative
- Contractor
- Members of the sub-county Works Committee
- Representatives of the community including special interest groups such as women, youth and persons with disabilities
- Representatives of the district and sub-county community development, environment and labour staff
- Representative(s) of the Donor Agency / NGO where funding source for the works originates therefrom

The Client's representative shall ensure that minutes are duly taken and produced during and after the meeting respectively, and distributed to all the relevant stakeholders. Failure by the Contractor to participate in Mobilisation Site and other subsequent meetings may result in poor communication between the contractor and the communities in which road works would be taking place. The Client and the Donor Agency / NGO providing funds for works will bear no responsibility whatsoever in the event that this leads to the cancellation of contract.

CHECKLIST

The following checklist of activities, to be undertaken during the Mobilisation Site Meeting, is for guidance only and may not be fully inclusive.

- Meet with members of the local communities and sub-county stakeholders as a precursor to development of good working relationship. The meeting will discuss and confirm among others mutual obligations by the contractor to the community and by the community to the contractor, including issues relating to gender sensitivity, environment conservation, workplace health and safety issues including HIV/AIDS prevention
- Presentation and discussion of work plan
- Confirm locations for site camp, and other facilities including latrines, waste disposal etc ...
- Discuss labour mobilisation strategy and recruitment method for both male and female, working conditions, working hours, salary structure including minimum wage and frequency of payment (Clauses 9 and 50 of Conditions of Contract and Clause 32 of Contract Data)
- Confirm the availability, location of and condition of access to sources of materials approved by the Client for fill, surfacing, aggregate, sand, water, etc. and agree with representatives of the local communities modalities for accessing these materials and the cost if any thereof
- Locate and acquire storage facility in the community including the costs involved
- Agree on any measures necessary to ensure security of the Contractor's property and all those workers employed from the local communities
- Other issues/matters as the Meeting find appropriate

MONITORING SITE MEETING

Meeting Information Sheet and Checklist

PREAMBLE

Following the commencement of road works by the Contractor, Monitoring Site Meetings shall be held on a monthly basis. These shall be attended by all the relevant stakeholders to ascertain whether the Contractor is carrying out his/her work in line with gender, environment and workplace health and safety issues contained in the contract documents.

The Monitoring Site Meeting shall be attended by the following:

- Client's representative
- Contractor's representative
- Workers' representative (male and female representation)
- Members of the sub-county Works Committee
- Representatives of the community including special interest groups such as women, youth and persons with disabilities
- Representatives of the district and sub-county community development, environment and labour staff
- Representative(s) of the Donor Agency / NGO where funding source for the works originates therefrom

Minutes of the meeting shall be taken by the Client's representative who shall produce and distribute to all the relevant stakeholders. Failure by the Contractor to organise and participate in Monitoring Site Meetings may result in poor communication between the contractor and the communities in which road works would be taking place. The Client and the Donor Agency/NGO providing funds for works will bear no responsibility whatsoever in the event that this leads to the cancellation of contract.

CHECKLIST

The following checklist of activities, to be undertaken during the Mobilisation Site Meeting, is for guidance only and may not be fully inclusive.

- Meet with members of the local communities and sub-county stakeholders as a precursor to maintaining good working relationship. The meeting will follow up on mutual obligations by the contractor to the community and by the community to the contractor, including issues relating to gender sensitivity, environment conservation, workplace health and safety issues including HIV/AIDS prevention as agreed in Pre-Tender and Mobilisation Site Meetings
- To clarify the mode of operation such as work methods (task allocation and rates, working hours). This should include the period of time the Contractor expects to keep each recruited worker on the job for purposes of maintaining a constant workforce so that the work schedule is not affected.
- To explain the target group eligible for employment. In all cases, it must be stressed that, both men and women are eligible for employment. Explain the likely application of 50% quota system in the recruitment to allow for a ratio of 1:1 of women : men or where this is not achievable, at least 30% of the labour force should be women. Emphasise that women's participation should not be restricted to only work that is traditionally associated with women but that it should include supervisory roles and other otherwise "manly" work. Youth and Persons with Disabilities should also be considered as special cases.

- Confirm locations for site camp, and other facilities including latrines, waste disposal etc.
- Follow up on availability of materials approved by the Client for fill, surfacing, aggregate, sand, water, etc. and find out whether the Contractor is getting any problem in accessing these materials
- Revisit security issues related to the Contractor's property and all those workers employed from the local communities
- Explain terms and conditions of employment
 1. Mode of payment (amount to be paid for each category of workers and after how long). Basing on what is stated in the Conditions of Contract document; the wage amounts should not vary so much from what the community would have proposed during Pre-tender Site Meetings since it is the basis on which the contractors prepare their bills in the bid documents.
 2. Provision of clean drinking water and meals at the site
 3. Provision of First Aid Kit
 4. Provision of quality hand tools, etc.
- Present and agree on the workplan for execution of works and particularly set the date and venue at which recruitment meeting shall be held.
- Discuss the labour mobilisation strategy and recruitment method for both male and female Provide the local leaders with the Standard Notice of Recruitment (SNR) for display at public places in their respective communities. In this case, local leaders shall include LC officials, officials of community and women groups, church and youth leaders among others. Standard notices shall be posted to public places such as schools, announcements at market places, trading centres and road junctions, floats in busy such as sub-county notice boards, tree trunks along roads and at health units notice boards among others.
- Other issues/matters as the Meeting find appropriate

MAINTENANCE MEETING

Meeting Information Sheet and Checklist

PREAMBLE

Immediately following substantial completion of the whole of the contracted works, a Maintenance Site Meeting shall be convened at the works site to determine and clarify matters concerned with the future Routine Maintenance of the whole of the Works. Reference is made to the PAF Guidelines for Planning and Operation of District Road Maintenance and Rehabilitation Programmes.

The Maintenance Site Meeting will include the following:

- Client's / Employer's representative(s)
- Members of the Sub-county Works Committee
- Representatives of the community including special interest groups such as women, youth and persons with disabilities
- Representatives of the district and sub-county community development, environment and labour staff
- Representative(s) of the Donor Agency/NGO where funding source for the works originates from, and
- Intending Contractors

The meeting shall be convened by the Client with minutes taken regarding appropriate arrangements for Routine Maintenance of the whole of the Works agreed prior to the issuance by the Client to the Contractor of Certificates of Completion and Environment Restoration.

CHECKLIST

The convening of this Maintenance Site Meeting in no way exonerates the Contractor from his/her obligations to complete the whole of the Works, including correction of defects during the Defects Liability Period and undertaking Environmental Restoration of the Site(s).

The Meeting shall address and agree who will be the Routine Maintenance Contractor responsible for undertaking routine maintenance activities; possibilities include-

- an individual from the Local Community / Communities concerned,
- an individual representing a special interest group including women and youth organisations,
- the Contractor responsible for the ongoing Works, or
- some other suitable arrangement.

The Meeting shall also discuss and agree who will be responsible for the supervision of routine maintenance Contract including the roles and responsibilities of relevant stakeholders including-

- the Community / Communities (where the Contract is not with the Community),
- the Sub-county Works Committee, or
- other suitable arrangement

The Meeting shall take full cognisance of the PAF Guidelines for Planning and Operation of District Road Maintenance and Rehabilitation Programmes, which require routine maintenance works to be undertaken by labour-based methods; taking into account

- labour mobilisation strategy, especially using women to perform the works
- ways of addressing gender and environment issues,
- workplace health and safety issues including HIV/AIDS prevention in routine maintenance contracts,
- availability of and access to materials for use in maintenance work,
- other issues/matters as the Meeting find appropriate

The meeting shall identify training needs for all those responsible for performance including implementation and management of routine maintenance Contract

Annex 3

Road Improvement Cycle

Road Improvement Cycle

Preparation and Planning

Annual Road Inventory and Condition Survey (including technical, HIV/AIDS, gender disaggregated socio-economic data collection)

Road Prioritisation and Selection (use of gender disaggregated socio-economic, HIV/AIDS data and RAMPS computer)

Procurement of Contractors (Contractor pre-qualification and award process HIV/AIDS sensitive)

Detailed survey and Design (bills of quantities and contract documents provide for HIV/AIDS)

Implementation

Road Works- Contract administration, carry out planned works, supervision on performance including compliance with HIV/AIDS

Monitoring and reporting on Road Works - Site Monitoring Meetings to monitor compliance with HIV/AIDS issues and regular reporting

Impact-Evaluation

Impact Evaluation - Collection and Processing of comparative gender disaggregated socio-economic data to determine impact after 1 and 2 years

Annex 4

List of References

List of References

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