



**PRIME MINISTERS OFFICE  
TANZANIA COMMISSION FOR AIDS**

**NATIONAL GUIDELINE FOR MAINSTREAMING  
HIV, AIDS AND NON- COMMUNICABLE  
DISEASES INTERVENTIONS IN THE  
CONSTRUCTION SECTOR**

**January, 2023**

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## **LIST OF ACRONYMS**

AIDS	Acquired Immune Deficiency Syndrome
ART	Antiretroviral Therapy
ARV	Antiretroviral
ATE	Association of Tanzania Employers
BCC	Behavior Change Communication
CHAC	Council HIV and AIDS Coordinator
CICT	Client Initiated Counselling and Testing
CMAC	Council Multi-Sectoral AIDS Committee
CSOs	Civil Society Organizations
DHIS2	Demographic Health Information Survey 2
ERB	Engineers Registration Board
FBO	Faith Based Organization
GDP	Gross Domestic Product
HAPCA	HIV and AIDS Prevention and Control Act
HBC	Home Based Care
HIV	Human Immunodeficiency Virus
HIV WPP	HIV Workplace Policy
HTA	High Transmission Area
HTS	HIV testing Services
IA	Implementing Agency
IEC	Information Education and Communication
ILO	International Labor Organization
LG	Local Government
LGAs	Local Government Authorities
MACs	Multi-sectoral AIDS Committees
MDAs	Ministry, Department and Agencies
MID	Ministry of Infrastructure Development
MKUKUTA	Mkakati wa Kukuza Uchumi na Kupunguza Umaskini Tanzania
MHANICS	Mainstreaming HIV, AIDS and NCDs Interventions in the Construction Sector
Mo-Energy	Ministry of Energy
MoHCDGEC	Ministry of Health, Community Development, Gender, Elderly and Children
MOU	Memorandum of Understanding
MOWTC	Ministry of Works and Transport
NACP	National AIDS Control Program
NCD	Non-Communicable Diseases
NGO	Non- Governmental Organization
NMSF	National Multi Sectoral Strategic Framework
OSHA	Occupational Safety and Health Authority
PLHIV	People Living with HIV
PO-PSM	President Office Public Services Management
PO-RALG	President's Office Regional Administration and Local Government
PMTCT	Prevention of Mother to Child Transmission

RS	Regional Secretariat
SC	Steering Committee
STI	Sexually Transmitted Infections
TBA	Tanzania Building Agency
TACAIDS	Tanzania Commission for AIDS
TACECA	Tanzania Civil Engineering Contractors Association
TDA	Tanzania Drivers Association
TAMICO	Tanzania Mining and Construction Workers Union
TANROADS	Tanzania National Roads Agency
TARURA	Tanzania Rural and Urban Roads Authority
THIS	Tanzania HIV Impact Survey
TOMSHA	Tanzania Output Monitoring System for HIV and AIDS
TPSF	Tanzania Private Sector Foundation
TRC	Tanzania Railway Corporation
TUCTA	Trade Union Congress of Tanzania
UDOM	University of Dodoma
UNAIDS	Joint United Nations Program on HIV/AIDS

## GLOSSARY

S/N	TERM	MEANING/DEFINITION
1	Community Dialogue	A platform or forum that draws participants from different sections of a community and creates the opportunity for exchanging information and perspectives and developing solutions to issues of interest to the community.
2	Construction sector	Includes real estates, infrastructure and other civil works including water supply.
3	Confidentiality	A situation in which you trust someone not to tell secret or private information to anyone else. It is the keeping of another person or entity's information private.
4	External Mainstreaming	Means adapting development and humanitarian work and focuses on aligning HIV, AIDS and NCDs to the core mandate, targets, policies and strategies of a sector (or organisation)  It means taking action to contain the threats posed by the epidemic to the achievement of the goals of the sector, as well as ensuring that the sector's practices do not exacerbate the epidemic.
5	HIV and AIDS Policy	A workplace policy provides the framework for action to reduce the spread of HIV and AIDS and manage its impacts. It provides the basis for putting in place a comprehensive workplace programmes, combining prevention, care and the protection of rights.
6	Human Rights	Rights inherent to all human beings, regardless of race, sex, nationality, ethnicity, language, religion or any other status. They include the right to life and liberty; freedom from slavery and torture; freedom of opinion and expression; the right to work, education and health.
7	Internal Mainstreaming	Implies changing sectoral or organisational policy and practice in order to reduce vulnerability of the sector or organisation to the impacts of the epidemic.  It also involves developing workplace HIV, AIDS and NCDs policies and programmes for employees, including direct AIDS work for staff, such as HIV prevention, care, treatment and support
8	Mainstreaming	Mainstreaming HIV and AIDS is a process that enables management of sectors and institutions to address the causes and effects of HIV, AIDS and NCDs in an effective and sustained manner, both through their usual work and within their workplace

S/N	TERM	MEANING/DEFINITION
9	Meaningful Involvement of PLHIV (MIPA)	The inclusion of People Living with HIV in service delivery and decision-making processes that affect their lives. Its aim is to realize the rights and responsibility of PLHIV including their right to self-determination and participation in decision making process that affect their lives.
10	Multi-sectoral approach	An approach that involves more than one sector of an industry or economy. It calls for holistic inter-organisation and agency efforts that promote participation of people of concern, cooperation, collaboration and coordination across key sectors that are targeted towards a specific goal. The approach explicitly highlights responsibilities of each sector.
11	Non-communicable disease (NCD)	A disease that is not transmissible directly from one person to another. NCDs include strokes, most heart diseases, most cancers, diabetes, chronic kidney disease, Alzheimer's disease and others
12	Sector Ministries, Departments and Agencies	These are permanent or semi-permanent Institutions in the machinery of government that are responsible for the oversight and administration of specific functions

## FOREWORD

The threat posed by HIV and AIDS in the country is well felt at all levels, from National level down to the community. The Government of Tanzania (GoT) has made significant progress over the past three decades in response towards minimizing the impact of the HIV epidemic, with the scale-up of ART and prevention programs. The GoT is also committed to the UNAIDS global goal of ending the AIDS epidemic by 2030, as well as Fast Tracking the 95-95-95 Strategy whereas 95% of all People Living with HIV (PLHIV) are to be diagnosed, 95% of those diagnosed are initiated and retained on ART and 95% of Patients on ART are to achieve viral suppression by 2025.

Additionally, the GoT has been fighting against Non-Communicable Diseases (NCDs) which have imposed an immense burden to the Society. The fight against NCDs have been shifting towards preventive strategies. Therefore, the emphasis is now changing from treatment or curative services to preventive and control services. The NCDs such as cardiovascular diseases, diabetes, cancer and chronic respiratory diseases now contribute about a third of all deaths in the country and are a source of an increasing disability in Tanzania. The indicated new approach of focusing on prevention and control of NCDs marks the beginning of a new era on the provision of affordable health services while keeping equity and quality health services including those affected for life by chronic diseases and disability.

However, Construction workers are faced with other workplace hazards i.e. chemical, psychosocial, physical and biological hazards which exposes them to the risk of either HIV, AIDS and NCDs and thus affect workers, enterprises and the economy as a whole. The Government is committed to curb the raising burden posed by HIV, AIDS and NCDs to its people by ensuring all sectors specific plans and guidelines on HIV, AIDS and NCDs are developed and implemented in a consultative manner. Construction sites can accordingly provide a convenient location for HIV, AIDS and NCDs programmes to both construction workers and the surrounding communities. The sector also provides entry-level local jobs, which may be crucial to the survival of youth-headed households and extended families in areas hard hit by the epidemic.

Furthermore, to ensure effective and multi-sectoral implementation of the HIV, AIDS and NCDs, the construction sector is therefore required to engage in a process of mainstreaming HIV, AIDS and NCDs as a means to achieving the Government goal of ending AIDS and reducing the deaths posed by NCDs by 2030. The HIV, AIDS and NCDs mainstreaming is considered appropriate and sustainable strategy to address the multifaceted drivers and consequences of HIV, AIDS and NCDs.

Line Ministries, Departments, Agencies and Contractors in the construction sector are therefore required to respond, within their mandates and spheres of influences, in ways which will contribute to the goal of National Multi-sectoral Strategic Framework (NMSF) for HIV and AIDS and the National NCDs Strategic and Action Plan.

I therefore call upon all Institutions in the construction sector to utilize this guideline for effective HIV, AIDS and NCDs mainstreaming as one of our key approaches for ending AIDS and reducing by one third of all death caused by NCDs by 2030.



Dr. John A. K. Jingu  
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On behalf of TACAIDS, I wish to express my sincere gratitude to ILO for their support in the development of this guideline, as well as tireless efforts and dedication in the national response towards the reduction of new HIV infections and elimination of AIDS and NCDs related deaths. Furthermore, we also thank all institutions and key stakeholders for their valuable inputs during validation of the guideline.

Finally, I acknowledge the role of TACAIDS Management and the Multisectoral HIV Prevention Technical Working Group who actively participated in finalizing the development of this guideline.



**Dr. Leonard L. Maboko**  
**Executive Director**  
**TACAIDS**



## **CHAPTER ONE**

### **BACKGROUND**

#### **1.1 Introduction**

HIV and AIDS epidemic is a National public health threat affecting Tanzanian society economically, socially and culturally. The Country has made significant progress in HIV and AIDS response resulting in the decline of HIV prevalence from 7% in 2003/2004 to 4.7% in 2016/2017 in general population. This corresponds to approximately 1.4m PLHIV. (THIS 2016/2017)

The burden of HIV infection varies across the country, HIV prevalence ranged from 11.4% in Njombe Region to 0.3% in Lindi Region. The HIV prevalence is higher in urban areas at 5.5%, as compared to 4.2% in rural areas. The main mode of transmission continued to be heterosexual. Determinants that contribute to high risk of and vulnerability to HIV infection in the country include harmful socio economic and cultural practices and low condoms use.

In line with the impact posed by HIV and AIDS, there has been reported rising burden of NCDs within the country. NCD such as cardiovascular diseases, diabetes, cancer and chronic respiratory diseases contributes 27% (WHO, 2011; URT, 2016) and 33% (WHO, 2018) of all deaths in Tanzania. There is also observed exposure to chemical, Psychosocial, physical, ergonomic and biological hazards which increase the risk of either of HIV, AIDS, NCDs and psychosocial health problems such as stress, fatigue and burnout. Therefore, the emphasis is now shifting from treatment or curative services to preventive services.

Therefore, this calls for multi-sectoral HIV, AIDS and NCDs response which refers to deliberate collaboration among HIV, AIDS and NCDs stakeholders in order to minimize the impact at all levels from individual to the National. The response has been aligned with global and national targets which promote healthy lifestyle and wellbeing to fast track the commitment for achieving the global target of Three Zeros (i.e., Zero New HIV Infections, Zero Stigma and Discrimination and Zero AIDS related Deaths) and reducing by one third of premature mortality from NCDs through early diagnosis and prompt treatment to prevention by 2030.

#### **1.2 Rationale for the Guideline**

Mainstreaming as action is an essential approach for expanding, scaling up and implementing multi-sectoral approach. The health sector remains key but non-health sectors are also to take action on HIV, AIDS and NCDs based on the National Multi-sectoral Strategic Framework (NMSF) and National NCD Strategic and Action Plan. Mainstreaming is crucial for addressing vulnerability through HIV infection and NCDs in order to avert potential negative impact.

The Construction sector like other sectors have its foundation in the NMSF and the NCD strategic plan which recognizes risk factors and the unique vulnerabilities associated with

HIV transmission and the impact posed by NCDs among workers in construction sites and their surrounding communities. This calls upon both Public and Private Sectors to mainstream HIV, AIDS and NCDs programmes into their core mandates aiming at mitigating the impact as well as improving efficiency and productivity of the sectors.

Construction sites in Tanzania are potentially primary centres of risk factors associated with HIV transmission and NCDs. The construction sector has a predominantly migratory labour force, making it a prime contributor to the spread of HIV and Labour camps are breeding ground for the spread of HIV and Sexually Transmitted Infections (STIs). This is being compounded by the situation where migrant workers on contract tend to engage in casual sexual relationship with the surrounding community members who most of them are ignorant of the consequences of casual sex.

On the other hand, NCDs are becoming a growing problem to workers within the construction sector due to their lifestyle which expose them to the risk factors i.e. smoking, alcoholism, unhealthy eating and dust. These factors affect other biological risk factors namely; raising blood pressure, raised glucose level, abnormal blood lipids and obesity. The burden of NCDs is expected to rise dramatically over the next 20 years in low- and middle-income countries<sup>1</sup>. In addition, there is an observable relationship between NCDs and HIV. This is due to the fact that people living with HIV as they live longer on successful anti-retroviral treatment (ART). Some ARTs may increase the risk of heart disease and diabetes, while HIV itself increases the risk of some cancers.

Furthermore, availability of construction activities opens up the opportunity for development as it allows easy mobility of people for socio-economic activities and hence such intermixing may contribute to the spread of HIV and sometimes results to contracting NCDs. On the other hand, it also presents unique opportunity to implement programs that may lessen transmission such as awareness raising in prevention of new HIV infections, condom distribution, Client Initiated Counselling and Testing (CITC) and control NCDs services that may lead to behaviour change and access to care, treatment and support.

Despite the effort committed by the Government of Tanzania and the sector specific in addressing the growing burden, there is still an observable gap including minimal integration of HIV, AIDS and NCDs by contractors and uncoordinated subcontractors for effective implementation of the sector plan and budgets. In addition, there are some Institutions in the sector which have not developed HIV, AIDS and NCDs Policies and implementation plans. These gaps pose a challenge in monitoring and evaluation of the sector responses and the overall contribution to the NMSF. Thus, calls for the urgent development of the guideline to support the implementation of HIV, AIDS and NCDs mainstreaming in the construction sector.

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<sup>1</sup> Non-Communicable Diseases in the AMERICAS: All Sectors of Society help Solve the Problem; Pan American Organization 2010

Therefore, this guide intends to respond to the human and socio-economic challenges posed by HIV epidemic and NCDs in the construction sectors. It is conceived to practically support workers in the sector and surrounding communities to prevent NCDs, new HIV infections and mitigate the impact of the epidemic in development sectors. Although the guide provides examples of evidence-based potential mainstreaming actions and indicators, the development of cross-sectoral or sector specific action plans at country level should be aligned to the NMSF and other National and international frameworks. The guide is a living document that will be constantly enriched through experiences over time.

### **1.3 Linking the Guideline with the National and International Frameworks**

The development of the guide is in line with a number of international declarations and National Instruments. The guideline has taken into account the context of agreed Global goals on HIV, AIDS and NCDs including SDGs goal No. 3, UNAIDS guidelines, agreed Regional protocols aiming for ending AIDS and NCDs by 2030. According to ILO occupational safety and health convention, 1981 no. 155, the work environment should be health and safe accordingly as is practicable for all concerned parties in order to prevent transmissions of HIV in accordance with the provision of the occupational safety and health convention. ILO's Recommendation 200: Recommendation concerning HIV and AIDS and the world of work stresses the importance of the protection of human rights of people living with HIV in the workplace.

At a National level, this guideline has accommodated respective issues from the Five-year National Development Plan (FYDP 2020/21 – 2025/26), National Multi-sectoral Strategic Framework (NMSF IV 2018/19 – 2022/23), The Health Sector Strategic Plan V (2021-2026), National Occupational Safety and Health Strategic Plan, The National Occupational Safety and Health Policy-2009 and The National NCDs Strategic and Action Plan 2016-2020.

#### **1.3.1 Five Year Development Plan (FYDP III)**

FYDP III in the area of Improved livelihood of Tanzanian require mainstreaming of AIDS issues in core sectors and management of non-communicable diseases, particularly obesity-related illnesses. FYDP has set a target to ensure that by 2021; 90% of core sectors incorporate AIDS issues in their strategic plans.

#### **1.3.2 HIV and AIDS (Prevention and Control) Act.28 of 2008**

The HIV and AIDS (Prevention and Control) Act, no 28 of 2008 under Sec III seek every person, Institution and Organization living, registered or operating in Tanzania to promote public awareness on causes, mode of transmission, consequences, prevention and control of HIV and AIDS. The Act also emphasizes that every Ministry, Department, Agency, Local Government Authority, Parastatal Organization, Institution whether Public or Private, to design and implement gender and disability responsive HIV and AIDS plan in its respective area and such plan to be mainstreamed and implemented in their daily activities. Therefore, the development of this guideline adheres to the calls of the Government as stipulated in the HIV and AIDS (Prevention and Control) Act.no 28 of 2008.

### **1.3.3 The Employment and Labour Relations Act (CAP 366 R.E 2019)**

The Employment and Labour Relations Act (ELRA) under part III section 7 seek to promote fundamental rights and protection of vulnerable groups including people living with HIV (PLHIV). ELRA requires every employer to promote an equal opportunity in employment and strives to eliminate discrimination in any employment policy or practice. Also providing inter alia for employers to establish plans and program promoting equal opportunity, eliminate discrimination in the work places, and register thereof to the labour commissioner. ELAR also prohibit Employers to directly or indirectly discriminate against employees on the ground of HIV and AIDS. Other grounds such as nationality; tribe or place of origin; race; national extraction; social origin; political opinion or religion; sex; gender; pregnancy; marital status or family responsibility; disability; Age; or station of life are also underlined thereof.

### **1.3.4 The National Occupational Health and Safety Policy 2009**

The promotion of Occupational Health and Safety encompasses provision and maintenance at the highest degree of safe and healthy working conditions and environment. This is prerequisite for the facilitation of optimal social, mental and physical wellbeing of workers at workplaces as well as safety of property. The Policy on Occupational health and safety promotes the important for sustainable development of a country, as they reduce occupational accidents and diseases to include HIV, AIDS and NCDs which can have huge economic burden to individuals, enterprises and the nation as whole. In addition, it promotes in improving health and safety of workers which will significantly increase productivity at the workplaces to encourage more investments, increase job creation, higher morale, and job satisfaction hence industrial harmony.

### **1.3.5 TACAIDS Mandates**

Tanzania Commission for AIDS Act, 2001 which mandated the establishment of the Tanzania Commission for AIDS directs the commission to formulate Policy guidelines for the response to HIV and AIDS epidemic and management of its consequences in Mainland Tanzania. In addition, TACAIDS is required to develop strategic framework for planning of all HIV and AIDS control programmes and activities within the overall National multi-sectoral strategy and foster the National and International linkages among all stakeholders through proper coordination of all HIV and AIDS prevention and control programmes and activities within the overall National multi-sectoral strategy. This forms the base for the development of the guideline for mainstreaming of HIV, AIDS and NCDs Interventions in the Construction Sector.

### **1.3.6 The National Multisectoral Strategic Framework for HIV and AIDS (NMSF IV) 2018/2019 – 2022/2023**

NMSF IV Operational Approaches emphasizes the National response continue to be multi-sectoral and decentralized involving diverse stakeholder at National, Regional, District, communities and sector levels. It further explains the response to be anchored on the 'Fast-Track Commitment to End AIDS' and focus on achieving the 95-95-95 targets by 2025.

In HIV Mainstreaming, NMSF IV has suggested for development sectors to address the challenges of the epidemic through internal and external mainstreaming. Internal mainstreaming will focus more on workplace HIV interventions that will be closely linked to existing wellness programmes. External mainstreaming will focus on ensuring that development projects don't fuel the spread of HIV

The NMSF IV has also suggested for a minimum package of services for internal (workplace) mainstreaming, and key consideration for external mainstreaming that include a requirement for HIV social assessment as part of Environmental Impact Assessments (EIA) on all large/capital or strategic projects.

### **1.3.7 The Health Sector Strategic Plan July 2021-June 2026 (HSSP V)**

The Government through the Health sector will continue to provide health education on the prevention of Communicable Diseases. This will increase public awareness of the prevention, management and control of communicable disease. The health sector will also continue with strategies to control communicable diseases of public health importance, especially HIV-AIDS, hepatitis, malaria, and TB through integrated services. Increasing integration of services will help to enhance outputs and impact, e.g., linking HIV and cervical cancer screening, linking TB and HIV treatment.

On the other hand, there is a strong link between NCDs and social determinants<sup>2</sup> for health. NCDs are rapidly increasing and now contribute nearly 50% to causes of death in Tanzania. Changes in lifestyle have led to an increase of NCDs due to feeding/nutrition (overweight, cardiovascular disease and diabetes), environmental factors, air and noise pollution (cancers, mental health, and chronic obstructive pulmonary diseases), work-related and family life stress (mental conditions) and travel and work (road traffic and occupational injuries). Therefore, this will strengthen inter-sectoral collaboration in prevention and control of NCDs and their co-morbidities as some interventions are needed outside the health facilities

### **1.3.8 National NCD Strategic and Action Plan 2016-2020**

The Government of the United Republic of Tanzania believes every Tanzanian citizen is entitled to a healthy life and attaches a top priority to matters related to health. Healthy people enable the country as a whole to attain accelerated development and achieve the sustainable development goals (SDGs) as agreed by other nations worldwide.

The data indicate that there is also reported rising burden of non-communicable diseases (NCDs) within the Country. Therefore, the emphasis is now shifting from treatment or curative services to preventive services. Non-communicable diseases such as cardiovascular diseases, diabetes, cancer and chronic respiratory diseases which contribute about a third of all deaths in the country and are a source of an increasing disability in Tanzania. There is also

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<sup>2</sup> *Social determinants of health are the conditions in which people are born, grow, live, work and age. They include factors like socioeconomic status, education, neighborhood and physical environment, employment, and social support networks, as well as access to health care.*

observed high incident rates of psychosocial health problems such as stress, fatigue and burnout in the construction sector and this calls for concerted efforts of all stakeholders to ensure the reduction and control of NCDs in the sector.

#### **1.4 Technical Development Process of the Guideline**

The process of developing this guideline was participatory and involved desk review of various relevant HIV, AIDS and NCDs documents and reports. A draft document was developed and shared with TACAIDS management for comments and inputs were incorporated for further improvement. The second draft document was validated by key stakeholders and the final version was submitted to PMO for approval and endorsement.

#### **1.5 Target Beneficiaries/ group for the Guideline**

The main target audience for the guideline include Sector Ministries, Departments and Agencies, PO-RALG, RS, LGAs, Employers/Contractors, Service providers working in construction facilities, Sub-contractors, CSOs, Staff and the surrounding communities.

## CHAPTER TWO

### THE HIV, AIDS AND NCDs IN THE CONSTRUCTION SECTOR

#### 2.1 Overview

The construction industry is essential to a nation's growth and a key sector in the nation's economy and its development in terms of wealth creation and quality of life for its people. It is one among the top employers in the country economy. The HIV, AIDS and NCDs is among the occupational health risk and it poses a serious implication and threat for the Country and the construction sector in particular. This burden reduces the overall construction labour force, increase labour turnover, shift the age structure and change skills composition in the construction labour supply.

The construction industry needs to understand that it makes good business sense to address all occupational health risks, HIV and AIDS and NCDs being among the most serious health risks occurring in the workplace. Failure to do so results in decreased productivity due to increased absenteeism and also because sick workers are less productive. The loss of employees to the disease results in increased costs to the contractors in terms of replacing those lost skills and/or training new employees or having smaller skills base from which to choose their replacement employees. Labour costs will also increase as contractors will have to increase their contributions for medical aid and life and/or disability coverage.

Therefore, HIV, AIDS and NCDs mainstreaming in the construction sector will be effectively addressed if all construction related sub sectors are holistically involved. These sub sectors have associated risk factors such as staff mobility, exposure to casual and commercial sex, alcohol, Gender Based Violence (GBV) and long periods away from home. People who are working in this sector are extremely vulnerable to HIV transmission but as well they are exposed to the risk of NCDs as they move from one place to another along with construction activities. The impact of HIV and AIDS in these sub sectors have serious implications for other sectors. The HIV and AIDS situation in construction sectors is explained below;

#### 2.2 Occupational Health Hazards at the Construction Sites

Construction workers are exposed to a variety of health hazards every day. These men and women have the potential for becoming sick, ill and disabled for life. The occupational health hazards in the construction industry can be broken down into chemical hazards (i.e. Gases, vapor, fumes, Dusts, Fibers and Mists), Physical (i.e. Heat, Noise, Vibrations and Radiation), ergonomic hazards (Repetitive motion and awkward postures), psychosocial hazards (work demands, bullying, harassment, job security and competency) and finally Biological hazards (i.e. Fungi, Bloodborne pathogens, Bacteria, Poisonous and infectious animals and viruses). Therefore, high need to address these hazards which causes high number of accidents in the construction sites. The consequences these hazards has for workers, organization, society and the country calls for Occupational safety and health measures by all key players to take into considerations when caring of their human resources.

#### 2.3 HIV and AIDS at Construction Sites

Worldwide, construction sites are considered high transmission areas (HTA) for HIV as they bring together people from different localities, profession and competencies thus increasing social interactions which bring about the transmission of HIV and also increases the risk of NCDs. The categories of affected groups are as explained here under;

### **2.3.1 Workers**

Majority of workers in the construction sites are employed on seasonal casual basis and are low earners. Most of them leave their spouses at home as the work is often of temporary in nature and there are usually no facilities for family accommodation at construction sites. This situation therefore, typically draws many different types of persons seeking to take advantage of the situation. Among the persons who are usually attracted are migrant laborers, food vendors, better known as *Mama Lishe*, mobile petty traders of different items (*Machinga's*) and sex workers (SWs) who are considered vulnerable for HIV infection. As a result, they often engage in temporary sexual liaisons with sex workers or ad-hoc sexual relations. Absence of recreation activities also promote use of psychoactive substances such as alcohol and drugs which further fuels HIV transmission and NCDs.

On the other hand, sometimes construction companies recruit workers internationally and therefore some of them may come from countries where prevalence rates are higher and with different subtypes of HIV. Although majority of workers are migrant laborers, there are usually also highly trained and skilled personnel in engineering, management, and finance within the site. Construction workers sometimes are exposed into HIV risks and vulnerabilities due to lack of HIV information and services associated with Discrimination and Stigmatization experienced from the surrounding communities and employees. This may lead into illness and/or eventual death, which in turn affect the overall capacity, lifestyle and output quality of work at construction sector.

### **2.3.2 Local population (Surrounding Community)**

Most of the rural communities in Tanzania majority being women, are proportionally poor and the presence of construction site nearby is often seen as an opportunity to improve personal and household income. Persons therefore often flock to the site from far and near villages to seek for work as cheap labor and to conduct petty trade and seek their livelihood options through engaging into construction activities to earn income. Sometimes sexual relations between these trade women and workers develops and become a potential risk of HIV transmission. Poverty also drives women in the surrounding communities to engage in 'survival sex' or sex bartering where, in exchange for amenities available at the construction site, sexual relations take place.

In general, local communities along construction site are vulnerable to HIV transmission and all the temporary benefits obtained as a result of the money that comes into the community is offset by the adverse effects of HIV in the long run.

### **2.3.3 The Contractors/Employers**

A main contractor hires and organizes all necessary workers by providing all the material, equipment and services necessary for the construction of the project. Some of the contractors who work in the construction site are highly skilled. Their loss through illness and death can cause delay in completing a construction job thus causing low productivity and thus loss of revenue. Their replacement through training or recruitment also increases expenditure thus negatively affecting profitability of the enterprise.

## **2.4 HIV, AIDS and NCD Risks Associated with Construction sites**

All stakeholders at construction sites are exposed to certain common risks of HIV infection. These risks also include NCD, TB and STI



#### **2.4.1 Poor access to health services**

Workers at construction sites particularly in rural settings have poor accessibility to health services due to inadequate health facilities that often provide HIV prevention, treatment, care and support services including Post Exposure Prophylaxis (PEP).

#### **2.4.2 Lack of Awareness**

Although there is higher prevalence of HIV in urban at 5.5% compared to 4.2% in rural areas (THIS 2016/2017), the existing service disparity between the two areas often means that there is only low awareness of HIV and AIDS in rural communities. Low awareness is the most serious predisposing risk factor in HIV transmission.

As most of the workers at the construction site are unskilled laborers, their level of HIV, AIDS and NCDs knowledge is low which puts them also at great risk of contracting HIV. Due to low awareness, and the nature of work i.e. using heavy machinery and sharp tools, workers may thus be exposed to HIV through blood contact from colleagues living with HIV.

#### **2.4.3 Low condom Availability**

Availability, affordability and accessibility of condoms are usually far apart from construction sites thus predispose workers to unprotected sex.

#### **2.4.4 Physical accessibility**

When construction takes place around on road and bridges, they link low and high HIV prevalence areas such as rural areas where risk is lower with urban areas where prevalence is higher. The dynamic and social interactions that take place in such situations can accelerate the spread of HIV in areas previously isolated from external contacts.

#### **2.4.5 Stress, fatigue and burnout**

When construction activities take place, there is high risk of employees in the construction site to be under psychosocial health problems such as stress, fatigue and burnout. This may impair productivity with the institution and their effective intervention is needed to educate employees on the importance of stress management.

#### **2.4.6 Chronic respiratory diseases**

There is also a reported rising burden of non-communicable diseases (NCDs) within the Construction sector resulted from smoking, alcoholism and dust. Therefore, the emphasis is now shifting from treatment or curative services to preventive services. Non-communicable diseases contribute about a third of all deaths in the country and are a source of an increasing disability in Tanzania. Such diseases also impair productivity and therefore calls for immediate attention. Research suggested that NCDs are becoming a growing problem in people with HIV as they live longer on successful antiretroviral treatment. Some antiretroviral drugs may increase the risk of heart disease and diabetes, while HIV itself increases the risk of some cancers

## **CHAPTER THREE**

### **SCOPE, GOAL, OBJECTIVES AND GUIDING PRINCIPLES OF THE GUIDELINE**

#### **3.1 Scope**

This guideline aims at stimulating the construction sector participation by outlining what individual Institutions and development programs/projects should do to mainstream HIV, AIDS and NCDs in a bid to achieve the goal of ending AIDS as a public health threat and reduce by one third of premature mortality from NCDs by 2030.

#### **3.2 Goal**

The main goal of this guideline is to mainstream HIV, AIDS and NCDs into their core mandate in order to improve the wellbeing of staff and the surrounding community and respond to HIV and AIDS epidemic and NCDs which threatens to diminish productivity and profitability.

#### **3.3. Objectives**

The objectives of this guideline is to achieve the following;

- To provide knowledge of HIV, AIDS and NCDs in line with OSHA program to all actors in Construction Sector.
- To enforce the Construction Sector actors to allocate resources for implementation of HIV, AIDS and NCDs in line with OSHA interventions.
- To build capacity of all actors in the Construction Sector on how to mainstream HIV, AIDS and NCDs in their core mandate.
- To provide guidance on the step-by-step process to HIV, AIDS and NCD mainstreaming in the Construction Sector.
- To provide Sector framework for coordination of HIV, AIDS and NCDs response in Public and Private Sector.
- To provide a guiding tool for implementation and monitoring of the HIV, AIDS and NCDs Mainstreaming interventions in the overall Occupational Health and Safety Authority (OSHA) Programs.

#### **3.4 Guiding Principles**

In operationalization of this Guideline, some principles will have to be abided so as to facilitate smooth and harmonized implementation of HIV, AIDS and NCDs interventions in Construction Sector. The guiding principles of the guideline are:

##### **3.4.1 Leadership and Commitment**

Leaders at all levels of the Construction Sector should be committed and supportive to the implementation of HIV, AIDS and NCDs interventions.

#### **3.4.2 Respect and Protection of Human Rights**

All HIV, AIDS and NCDs interventions programs must promote, respect and protect human rights and dignity.

#### **3.4.3 Evidence based.**

The interventions undertaken will be based on research and best practices for HIV, AIDS and NCDs education.

#### **3.4.4 Decentralized and integrated approach**

Local structures (LGAs and Multi-sectoral AIDS Committees), Facilities, CSOs and NGOs working in HIV, AIDS and NCDs coordination will carry out activities appropriate to their community.

#### **3.4.5 Sustainability**

There is a need to think of having comprehensive long-term sustainability plan in order to guard achievements and gains for scaling up elsewhere. The surrounding communities and key stakeholders should be identified and involved from the beginning of the projects

#### **3.4.6 Comprehensiveness**

This guideline has interventions that offer or facilitate access to a comprehensive package of services, which addresses the HIV, AIDS and NCDs response.

#### **3.4.7 Community Dialogue**

There will be open dialogue among social partners to enhance response to HIV, AIDS and NCDs by key stakeholders.

#### **3.4.8 Meaningful involvement of PLHIV**

Meaningful Involvement of PLHIV (MIPA) will be critical for demand creation and promotion of adherence to HIV prevention, care and treatment services.

#### **3.4.9 Gender Equality**

Gender equality should be promoted in all workplaces and heavy traffic areas and should be part of all prevention and care programs.

## CHAPTER FOUR

### MAINSTREAMING HIV, AIDS AND NCDs INTERVENTIONS IN THE CONSTRUCTION SECTOR

#### 4.1 Mainstreaming HIV, AIDS and NCDs

Mainstreaming AIDS and NCDs is a process that enables development actors to address the direct and indirect causes and effects of AIDS and NCDs in an effective and sustained manner, both within their workplace and the surrounding communities. The impact caused by HIV, AIDS and NCDs in the Construction Sector increases the complex development challenges that requires an intensive intervention mechanism including Mainstreaming HIV, AIDS and NCDs into National development processes.

Mainstreaming of HIV, AIDS and NCD in the Construction Sector is implemented partially due to lack of Organization Policies, Strategies, inadequate implementation plans, weak mechanisms for monitoring, evaluation and reporting as well as limited alignment in the overall OSHA program. Due to the mentioned gaps there is need to mainstream (both Internal and External) HIV, AIDS and NCDs in the Construction Sector as the process of analyzing how HIV, AIDS and NCD impacts sectors and determine how each sector should respond based on its comparative advantage. At this level, mainstreaming means for the sector to determine:

- The risk behaviours that contribute to the spread of HIV and AIDS
- The risk behaviours that cause the increase of NCDs and exposure to related occupational health and safety hazards
- The effects of HIV, AIDS and NCDs on the sector's goals, objectives and programmes
- The prevention and impact mitigation measures undertaken by the sector resulted from HIV, AIDS and NCDs.

#### 4.2 Steps to Mainstream HIV, AIDS and NCD

Every Institution (both public and private) shall follow the steps below as a standard guide for HIV, AIDS and NCD mainstreaming;

**Step 1:** Develop Institutional HIV, AIDS and NCD implementation framework which is aligned to the Institutional and National HIV, AIDS, NCDs and OSHA Strategic Plan priorities. At this level, Institutions should:

- ✓ Conduct situational and response analysis on HIV, AIDS and NCDs in the sector/Institution and prepare an HIV, AIDS and NCD institutional profile - which will be used to determine the goals, objectives and detailed action plan for programme implementation
- ✓ Conduct mapping of Health Facilities around the project site where workers can access multi-disease screening, testing or treatment when needed
- ✓ Develop Monitoring and Evaluation Plan to assess the progress towards achieving the goal and objectives.

**Step 2:** Appoint HIV, AIDS and NCD Focal Point Persons one represents workers while the other represents management level who will be responsible for management of day to day HIV, AIDS and NCD activities in line with the OSHA workplace programs

**Step 3:** Allocate between **0.5% to 1% of the total project costs** for implementation of HIV, AIDS and NCD programme.

**Step 4:** Develop Implementation plan for HIV, AIDS and NCD activities depending on the length of the project.

**Step 5:** Establish a strategy of enforcing voluntary OHS audit/inspections to all stakeholders within the jurisdictions of the project

**Step 6:** Implement, document and report planned activities on HIV, AIDS and NCDs Mainstreaming.

**Step 7:** Developing Monitoring and Evaluation Plan

#### **4.3 Priority Interventions for sector HIV, AIDS and NCD mainstreaming**

To ensure that the sector plan and implementation of HIV, AIDS and NCD mainstreaming activities, the following minimum set of interventions shall be undertaken by the Sector/Institution, in addition to any other planned interventions within their mandates. These interventions are in line with the NMSF areas of Investments and the National NCD strategic and Action Plan.

S/N	Priority interventions	SUB-ACTIVITIES/Milestone
<b>1.0</b>	<b>System Strengthening</b>	
1.1	Baseline survey	Conduct an initial/Preliminary survey to determine the magnitude and factors which fuel HIV transmission and increase the risk of NCDs and OSH in construction sites (Staff and the surrounding community). This will form the basis for development of the implementation framework.
1.2	Coordination structure	Establish and strengthen HIV, AIDS and NCDs coordination structure at the Construction site and linkages with the LGAs, OSHA (Central Government), workers (TUCTA/TAMICO) and employers (ATE) organisations level
		Engage existing coordinating structure at National and Sub-National level in mainstreaming HIV, AIDS and NCDs in the Construction sector
		Convene quarterly coordination meetings to review progress and planning of activities for the Sector
1.3	Reporting	Prepare and submit quarterly activity reports to TACAIDS and other relevant institutions.
<b>2.0</b>	<b>Prevention</b>	
2.1	HIV testing and Counselling (HTS)	Conduct HIV and AIDS sensitization sessions on the importance of HTS at the workplace and within the surrounding communities
		Promote, encourage and facilitate employees to undergo voluntary testing and counselling
		Promote disclosure and non-discriminatory working environment for employees living with HIV and AIDS.
		Promote access for referral mechanism for Post Exposure Prophylaxis services in case of any accident to employees
2.2	Awareness Creation	Promote Social Behavioural Change Communication interventions including dissemination of Information Education Communication materials at the construction sites and within the communities
2.3	Stigma and Discrimination	Establish and strengthen mechanisms to address Stigma and Discrimination of PLHIV at the workplace and surrounding communities
2.4	Condom Programming	Promote education, distribution and consistent use of condoms at the work place and surrounding communities
		Facilitate availability of condoms at the workplace
2.5	Prevention and control of Non-Communicable Diseases	Conduct NCDs sensitization at the workplace and the surrounding communities
		Facilitate employees to attend public health services and access to screening
		Encourage and support physical exercise at the work place and the surrounding communities
<b>3.0</b>	<b>Care and Treatment</b>	
3.1	Care, treatment and Support	Promote accessibility to ART information and services to HIV positive workers, their families and the surrounding communities.
		Create linkages for HIV Positive workers and their families with the support groups in the surrounding communities for psychosocial support.
		Establish the effective referral and linkage for workers living with HIV to attend nearby Care and Treatment Centres (CTCs)

S/N	Priority interventions	SUB-ACTIVITIES/Milestone
<b>1.0</b>	<b>System Strengthening</b>	
3.2	Social Support and Protection	<p>Promote psychosocial support for Staff living with HIV at workplace and within communities including home based care for workers with AIDS.</p> <p>Include HIV and AIDS, NCDs and OSH clauses in the Collective Bargaining Agreements (CBAs) to ensure the rights of PLHIV workers are protected and respected.</p> <p>Develop action plans to promote non-discrimination in the employment practices and register the plan t the labour commissioner to ensure equality, rights and protection of workers living with HIV in the employment practice.</p>

#### **4.4 Immediate outcome of Mainstreaming of HIV, AIDS and NCDs in the Sector**

Mainstreaming HIV and AIDS in the sectors has the immediate outcomes that are beneficial to HIV programming and the economy at large. The expected outcomes of effective HIV and AIDS mainstreaming in sectors shall include:

- HIV, AIDS and NCDs Profile of construction sites and surrounding community developed and used for planning purposes
- Sector-specific HIV, AIDS and NCDs implementation plan in place
- Effective coordination structures.
- Improved staff capacity for mainstreaming HIV, AIDS and NCDs throughout sectors/Institutions
- Increased awareness and knowledge on HIV, AIDS and NCD among the workforce and the community
- Reduced HIV and NCDs prevalence among the workforce and the community
- Improved access to treatment through referral mechanisms for the workforce and affected communities
- Reduced HIV and AIDS related stigma and discrimination at workplaces and in communities
- Improved Institutional response to HIV, AIDS and NCDs in the sector hence contribute to the National goals set for HIV, AIDS and NCDs
- Effective support mechanisms for HIV infected and AIDS and NCDs affected staff in place
- Resources allocated and spent for HIV, AIDS and NCDs within the sectors.
- Monitoring and Evaluation of all HIV and AIDS related sectorial activities leading to increased knowledge on effective HIV and AIDS responses
- Improved reporting on HIV and AIDS by the sectors/Institution.



## **CHAPTER FIVE**

### **IMPLEMENTATION OF THE GUIDELINES**

#### **5.1 Methodology of Implementation**

The option that will be applied in the course of implementation of this guide for construction workplace interventions to combat HIV, AIDS and NCD is the tripartite arrangement

##### **5.1.1 Tripartite arrangement**

The implementation of the HIV and AIDS and NCDs workplace interventions in the Construction Sector will be done through the arrangement and agreement between three parties which are the Government, the Employer (Contractor) and Employees through their Trade Unions.

###### **5.1.1.1 The Government**

The Government will intervene and provide services directly through TACAIDS, PMO-LEYD and Local Governments. Performance to date has been mixed and uneven at best. This option seeks for the Government Technical support to provide the basic or expanded package at no cost to the project.

TACAIDS has been mandated to coordinate HIV and AIDS in the country. Through its coordination role, it will collaborate with other key stakeholders in the Construction Sector to ensure effective implementation of this guideline to achieve the desired results. TACAIDS will therefore ensure all identified stakeholders play their roles as stipulated in this guideline.

For the sake of this Guideline, the HIV, AIDS and NCDs interventions in the Construction Sector and their respective communities, will be implemented and coordinated by the Government through the respective Clients, PMO-L and LGAs around the respective sites of the construction projects.

###### **5.1.1.2 The Employer (Contractor)**

A main contractor will work in close collaborations with the Government and Trade Union to ensure the efficient and effective implementation of the HIV and AIDS and NCDs intervention. He will ensure allocation of budget for the intervention to be conducted in the construction site.

###### **5.1.1.3 Trade unions**

This is a union or labour organization of workers who have banded together to achieve common goals. Trade Unions are the trusted sources of information on healthy and safe work harness to this experience and capacity to combat HIV, AIDS and NCDs to workers, their families and the surrounding communities. Therefore, through trade union, bargains with the contractor on behalf of workers will be done and agreed upon.

## **5.2 The Multi-sectoral AIDS Committee**

The Contractor will work closely and in collaboration with the already established Multi-sectoral AIDS committee (MACs) in the respective RS and LGA. The MACs responsibility will be to direct and oversee the work of the Sub-contractor, approve work plans and provide direction and assistance when required by the Sub-contractor.

## **5.3 Program Implementation**

The program will be implemented in three stages; **before**, **during** and **after** construction works to ensure maximum impact.

### **5.3.1. Before Construction**

- a) The Client must consider HIV, AIDS and NCDs interventions right from project inception. It will thus feature in all subsequent stages i.e. design, procurement, implementation and monitoring;
- b) The client will carry out a Situation Analysis to determine risk factors and services that are available and so being in a position to design an evidence-based response program;
- c) Community entry process will be implemented through visits and discussions with National, Regional, District and Community leadership where the program proposal will be presented and discussed;
- d) Sensitization on HIV, AIDS, NCDs, STI, HBV and TB in the communities alongside the projects to be constructed should start before the contractor starts mobilization.
- e) For the workers' activities should be part of the Health and Safety induction program, which should be implemented on the first day of site arrival. This will ensure the community and workers are aware of the risks before they interact with each other;
- f) For the program to be sustainable, it is advisable to train and use Peer Educators (PEs) who will participate in the program during construction and will continue with sensitization and education activities during and after construction. The PEs earmarked to work with construction workers will be identified as soon as practicable. Ideally there will be a maximum of 30 employees for each PE.
- g) Community PEs will be identified among community members in surrounding community and be trained before construction activities take off. They will implement the HIV, AIDS and NCDs activities within their community.

### **5.3.2. During Construction**

The program will implement a package of interventions that will be determined by the Situation Analysis but which is likely to include the following prevention, care and treatment components:

- a) Information, Education and Communication (IEC) activities (aimed at creating awareness and health seeking behaviors) on:
  - Prevention and Treatment services of Sexually Transmitted Infections (STI)
  - Referral services to nearby health facility for Treatment of Opportunistic Infections (OI);
  - Availability and accessibility of Ant Retro-viral Therapy (ARV/ART);

- Nutrition
- b) Promotion of Condom use and ensure distribution at safe and strategic places (e.g condom dispenser installed in washrooms, clinic, changing rooms and hotspots areas to the respective construction sites and the surrounding community).
- c) Promotion of HIV Voluntary services including Testing and Counseling should be provided immediately after the promotion exercises. Provider initiated Voluntary Testing and Counseling or self-testing shall be done at convenient times while observing privacy and confidentiality.
- d) Promotion of access to legal, spiritual and social support;
- e) Advocacy against Stigma and Discrimination of Persons Living with HIV;
- f) Education on Psychoactive Substance Use especially alcohol and cannabis;
- g) Physical exercises;

NB: Activities should ideally be undertaken over the entire construction period.

### **5.3.3. After Construction**

The program will put in place a system that will address HIV, AIDs and NCDs issues in the community continually after the end of the project. This will depend on the contractual obligation of the project defect liability. It will be enhanced through integration of the interventions into existing programs at the LGA with a view to long term sustainability. So, when construction activities end, the HIV, AIDs and NCDs activities implemented will be easily absorbed into normal Government and SCOs existing programs in the respective Councils.

### **5.4 Stakeholders Responsibilities**

HIV, AIDS and NCDs internal and external mainstreaming in the Construction Sector should focus more on workplaces and surrounding communities' interventions. During implementation, different key stakeholders at different levels have been assigned responsibilities as follows:

- **TACAIDS**
  - ✓ Coordinate formulation of policies/circulars that guide the activities of infrastructure procuring entities;
  - ✓ Certify SCOs providing HIV, AIDS and NCDs services through the existing MAC structure in the respective areas.
  - ✓ Oversee the overall coordination and implementation of HIV, AIDS and NCDs interventions in the construction sector;
  - ✓ Supervise the implementation of the comprehensive long term and sustainability plan in order to guard achievements and gains for scaling up elsewhere.
  - ✓ Conduct Monitoring and Evaluation of HIV, AIDS and NCDs interventions for all construction activities;
  - ✓ Conduct Annual performance assessment on implementation of HIV, AIDS and NCDs programme in the construction sector;

- ✓ Periodically, review implementation of HIV, AIDS and NCDs interventions in the construction sector in order to identify overlaps, conflicts and areas of synergy.
- **Line Ministries:**
  - ✓ Formulation of policies/circulars that guide the activities of the procuring entities;
  - ✓ Mobilizing and allocation of funds for HIV, AIDS and NCDs activities in the Construction Sector;
  - ✓ Oversee the financial management and reporting for HIV, AIDS and NCDs in Construction Sector;
  - ✓ Negotiation with Development Partners on funding for the HIV, AIDS and NCDs programme in Construction Sector;
  - ✓ Scrutinize strategies, allocated budgets and action plans related to implementation of HIV, AIDS and NCDs in the Construction Sector to ensure compliance;
  - ✓ Conduct Monitoring and Evaluation of HIV, AIDS and NCDs interventions for all construction activities;
  - ✓ Supervise the implementation of the comprehensive long term and sustainability plan in order to guard achievements and gains for scaling up elsewhere
  - ✓ Periodically, review implementation of HIV, AIDS and NCDs interventions in Construction Sector in order to identify overlaps, conflicts and areas of synergy.
- **Other Related Ministries i.e. PMO-LEYD**
  - ✓ Carrying out labour inspection in the sector to assess compliance of issues related to health, safety, HIV, AIDS and NCDs interventions
  - ✓ Capture HIV, AIDS and NCDs agenda in their construction projects;
  - ✓ Undertake capacity building enhancement on their respective sector issues to mainstreaming HIV, AIDS and NCDs in ministerial sectors;
  - ✓ Raise awareness of workplace safety and health issues through training to building understanding of issues related to safety and healthy
  - ✓ Set standards on quality assurance relating to respective sectors in the context of HIV, AIDS and NCDs;
  - ✓ Ensure safe and healthy working conditions for protection of the workplace from accidents, diseases, deaths that can be caused by unfriendly working conditions in all construction sites under OSHA
  - ✓ Promoting occupational health and safety practices in order to reduce accidents and occupational diseases, and ultimately achieve better productivity.
  - ✓ Mobilize financial and technical resources (internal & external) for implementation of workplace policy in their respective ministerial sectors.
  - ✓ Carry out Monitoring and Evaluation;
  - ✓ Conduct vertical and horizontal dialogues and consultations with various stakeholders on sector issues.
  - ✓ Liaise with national and international stakeholders in acquiring necessary skills, knowledge, experience and innovations in addressing issues related to Occupational Health, Safety, HIV, AIDS and NCDs in construction sector.

- **Government Departments and Agencies i.e. TANROADS and CRB**
  - ✓ Ensure provision of HIV, AIDS and NCDs services (i.e. well coordination with health services to access HIV tests, NCD tests and treatment of HIV) at construction sites;
  - ✓ Foresee scientifically the validity of HIV, AIDS and NCDs activities are implemented through their agencies and institutions;
  - ✓ Foreseeing mainstreaming responsibility assigned to them. They therefore have the responsibility for seeing that it is scientifically valid HIV, AIDS and NCDs activities and are implemented through their agencies and institutions;
  - ✓ Ensure that contractors are adequately appraised regarding the requirement to mainstream HIV, AIDS and NCDs in the construction site and for disbursing finances for the HIV, AIDS and NCDs program to them;
  - ✓ Ensure that the person undertaking the HIV, AIDS and NCDs projects at construction sites have the requisite qualifications and that it is adequately catered for in the Bills of Quantity (BOQ)
  - ✓ Maintain Monitoring and Evaluation of mainstreaming of HIV, AIDS and NCDs in Construction Sector;
  - ✓ Ensure that the necessary legal instruments that require HIV, AIDS and NCDs activities to be mainstreamed in the Construction Sector activities are in place. This will imply that the requirement is placed in as a prerequisite for award of the Contract;
  - ✓ Develop organizations' HIV, AIDS and NCDs policy for their respective projects and surrounding communities.
  
- **Contractors**
  - ✓ Mainstream HIV, AIDS and NCDs in their operations;
  - ✓ Develop in house HIV, AIDS and NCDs implementation plan that will guide their activities and form the basis for prevention, care and treatment.
  - ✓ Ensure that the size of the company/project, the nature and magnitude of the problem determine the intensity and type of HIV, AIDS and NCDs activities to be undertaken.
  - ✓ Collaborate with the respective LGA to implement the HIV, AIDS and NCDs activities;
  - ✓ Collaborate with the respective LGA to link people who tested positive to care and treatment
  - ✓ Facilitate PEs to implement their activities in the respective sites.
  
- **Development Partners (DPs)**
  - ✓ Working in collaboration with the Government in areas needing their technical and /or financial support in implementing HIV, AIDS and NCDs in the Construction Sectors.

- **Regional Secretariat (RS)**
  - ✓ Provide Technical backstopping on HIV, AIDS and NCDs interventions to be implemented in the construction sector in the respective region;
  - ✓ Capacity enhancement to LGAs to monitor implementation of HIV, AIDS and NCDs in Construction Sector in the respective region;
  - ✓ Coordinate and guide operations of LGAs Advocate HIV, AIDS and NCDs interventions in Construction Sector through regional stakeholders' platforms;
  - ✓ Carry out Monitoring and Evaluation of all contractual activities in the respective region and assess implementation of HIV, AIDS and NCDs interventions;
  - ✓ Coordination of the preparation and implementation of work plans and progress reports of the LGAs;
  - ✓ Conduct routine Audit follow-up on data quality whenever required.
  
- **Local Government Authorities (LGAs)**
  - ✓ Coordinate and supervise implementation of Construction Sector HIV, AIDS and NCDs plans in their administrative areas.
  - ✓ Provide HIV, AIDS and NCDs services at the construction sites and the surrounding community as sub-contractor.
  - ✓ Monitor and control the implementation performance of sectoral HIV, AIDS and NCDs interventions in the district.
  - ✓ Ensure engagement of community in planning for HIV, AIDS and NCDs intervention to be implemented by construction sector in their areas of jurisdiction;
  - ✓ Observe and supervise routine community activities in the perspectives of HIV, AIDS and NCDs.
  - ✓ Link up and refer the community members with the existing HIV, AIDS and NCDs programs and services that have been established for them.
  - ✓ Create awareness to the community concerning the new construction project and associated HIV, AIDS and NCDs risks as well as setting up by-laws to regulate ethics and social responsibility;
  - ✓ Identify Petty Traders and Sex Workers, link them to the HIV and AIDS programs: Construction sites are usually magnets for petty traders and sex workers who take advantage of the relative higher income of the workers and laborers to market their wares. As for the communities, these groups should be also legitimate targets of the HIV, AIDS and NCDs program as beneficiaries and also contributors to ideas and services respectively;
  - ✓ Be involved and participate fully as an integral part of any successful HIV, AIDS and NCDs program;
  - ✓ Facilitate Construction Sector stakeholder meetings within their administrative areas;
  - ✓ Provide support and capacity-building to workplace implementers in Construction Sector within administrative area;
  - ✓ Evaluate of HIV, AIDS and NCDs interventions implemented in the construction sites and surrounding community;

- ✓ Ensure the HIV, AIDS and NCDs services offered by implementers meet the required standards;
  - ✓ Convene a general stakeholders' meeting, to discuss various matters on HIV, AIDS and NCDs programs at workplace;
  - ✓ Evaluate of HIV and AIDS interventions implemented in the work sites and surrounding community;
  - ✓ Identify and resolve conflicts or overlaps that may arise in the course of implementation of workplace HIV, AIDS and NCDs programs to contractors and communities.
- **Civil Society Organization (CSO)**
    - ✓ Provide HIV, AIDS and NCDs services at the construction sites as sub-contractors
    - ✓ Create awareness of the projects and provide HIV, AIDS and NCDs Education to the surrounding communities;
    - ✓ Distribute HIV, AIDS and NCDs SBCC/IEC materials and condoms to the construction sites and surrounding communities;
    - ✓ Build capacity to the community leaders and CMAC/WMAC/VMAC on planning and management of HIV programmes at the community level.
  - **Community**
    - ✓ Identify their HIV, AIDS and NCDs priorities through formally established mechanisms;
    - ✓ Utilize legal established mechanisms to identify related HIV and AIDS local problems that are within their capacity and develop self-initiatives and collective actions to address them;
    - ✓ Seek the required support from the relevant local government structure (*Hamlet, Village, Mtaa/Street, Ward, Council*) to effectively implement local initiatives;
    - ✓ Use collective actions, local potentials and existing opportunities to address local problems;
    - ✓ Mobilize local resources for HIV, AIDS and NCDs through self-help initiatives;
    - ✓ Demand accountability and transparency from HIV, AIDS and NCDs local leaders on the use of resources in response to their needs;
    - ✓ Village Multi-sectoral AIDS Committee (VMAC) and Mtaa Multi-sectoral AIDS Committee (WMAC) participate in HIV, AIDS and NCDs interventions planning and implementation.

## **5.6 Funding of HIV and AIDS for coordination and implementation of Activities**

### **5.6.1. Funding for implementing and coordination of HIV, AIDS and NCDs Program Activities**

It is the obligation of contractors under this guideline to allocate funds under their contracts to support the implementation of HIV, AIDS and NCDs interventions. Therefore, the source of funding for implementing and coordinating HIV, AIDS and NCDs program activities will be identified well in advance, preferably at the project design stage in each responsible agency/institution (Contractors). Depending on the nature of the project, the funding for implementation of HIV, AIDS and NCDs programs will be allocated as indicated under

section 4.2. For coordination of HIV, AIDS and NCDs interventions, the funds will be allocated from the portion of the **0.5% to 1% of the total project costs set for HIV, AIDS and NCDs** upon agreement between the Institution awarding the tender to contractors and the awarded contractors.



## CHAPTER SIX

### MONITORING, EVALUATION AND REPORTING OF THE PROGRAMMES

#### 6.0 Introduction

This part describes the monitoring, evaluation and reporting of the programmes implementation in construction sector, with a view to ensuring that the projects and program implemented in the sectors will lead to the achievement of the intended Outcomes.

#### 6.1 Monitoring

Formal monitoring will be deployed in tracking progress against what was planned. Among if the the activities that will be conducted during monitoring include;

- Ensure Projects have mainstreamed HIV, AIDS and NCDs interventions in their day to day operations by doing the following;
  - ✓ Develop context specific HIV, AIDS and NCD Implementation plan aligned to the Institution and National HIV, AIDS and NCDs Strategic Plan priorities, as part of the Institution and public/citizen/client social safeguards.
  - ✓ Appoint Focal Person specific for HIV, AIDS and NCDs
  - ✓ Allocate 0.5-1% of the Project's total budget to HIV, AIDS and NCDs programs
  - ✓ Submit quarterly reports on the implementation of HIV, AIDS and NCDs activity plans to the respective Client.
- Ensure projects in construction sector implement HIV, AIDS and NCDs interventions in the following stages;
  - ✓ Designing of the project should include HIV, AIDS and NCDs programme/interventions
  - ✓ Ensure implementation of the project and interventions are geared towards addressing prevention, care and treatment and impact mitigation
  - ✓ Implement planned HIV, AIDS and NCDs activities, document and report on the planned activities on a quarterly basis.
  - ✓ HIV, AIDS and NCDs interventions implemented have a view of sustainability after end of the project

##### 6.1.1 Monitoring Methodology

The monitoring exercise of the site workplace programmes in construction sector should be as simplest and easiest as possible to avoid bureaucracy and unnecessary costs. There will be frequent visit to the sites to observe the progress and status of the project, and report to the respective structures. The LGAs will conduct monitoring on quarterly bases and the report will be submitted to the RS and National level for verification.

Respective LGAs will act as a center for monitoring coordination by coordinating the monitoring exercises, compiling monitoring reports, reviewing and taking appropriate actions and if necessary conduct monitoring visits. In addition, joint monitoring visit (National, RS,

LGAs and MACs teams) will be conducted at specified interval to the entire construction site within the council.

### **6.1.2 Monitoring Responsibilities**

The monitoring function is basically the responsibility of TACAIDS, Sectoral Ministries, the respective RS and LGAs through CHACs, MACs and the Contractor. In order to facilitate this function, the following assignments are entrusted to the respective stakeholders:-

#### **TACAIDS AND MINISTRIES: -**

- Overall supervision of the monitoring exercise,
- Organize joint supervision and monitoring
- Coordinate quarterly monitoring review meetings, and
- Review LGA Monitoring Reports and take appropriate actions and provide feedback.

#### **REGIONAL SECRETARIATS: -**

- Coordinate the monitoring exercise in respective LGAs,
- Build capacity for LGAs to undertake monitoring effectively,
- Monitor the implementation of construction workplace programme activities in LGAs,
- Review and consolidate Monitoring Reports from LGAs and submit to TACAIDS, and
- Take appropriate actions where necessary.

#### **LGAs and MACs**

- Conduct frequent visit to the sites to observe the progress and status of the project and report to the respective structures.
- Compiling monitoring reports, reviewing and taking appropriate actions

#### **CONTRACTOR**

- Data collection and reporting on progress of the programme implementation,
- Monitoring project implementation and completion, and
- Preparing and submitting monitoring reports to LGAs on monthly basis

### 6.1.3 The Monitoring Framework

Outcomes	Activities	Outputs	Indicators	Source of Information
Increased proportion of of pepole who know their HIV and NCDs status	<p>Conduct sensitization meetings on HTS including self-testing to workers and community members.</p> <p>Organize with Health workers to provide HTS programmes at sites.</p> <p>Keep the data of the number of people received HTS in transportation and construction sectors.</p>	HIV/AIDS and NCDS testing services provided	Number of People received HTS in construction and transportation sectors	<ul style="list-style-type: none"> <li>Monitoring reports</li> <li>Sites progress reports</li> </ul>
	<p>Conduct sensitization meetings on NCD/STI/TB screening services to workers and community members.</p> <p>Organize with Health workers to provide NCD/STI/TB programmes at sites.</p>	NCD/STI/TB screening services conducted	Number of People received NCD/STI/ TB services in construction and transportation sectors	<ul style="list-style-type: none"> <li>TOMSHA</li> <li>Sites progress reports</li> </ul>
Increased proportion of adults and youths on antiretroviral therapy among all PLHIV	Referral/enroll clients from the construction sector to Care and Treatment Clinics	PLHIV referred and enrolled on Care and treatment	<p>Number of PLHIV on ARV in the construction and transportation sectors.</p> <p>% of public employees accessing HIV and AIDS services</p>	<ul style="list-style-type: none"> <li>DHIS2</li> <li>Sites progress reports</li> </ul>

<b>Outcomes</b>	<b>Activities</b>	<b>Outputs</b>	<b>Indicators</b>	<b>Source of Information</b>
Increased proportion of PLHIV who have suppressed viral loads and people who have NCDs who have reduced effects of NCDs	Provide nutritional, social, economic and psychological support to PLHIV.  Conduct HIV viral load testing and monitoring.	PLHIV consistently on ARV and viral loads suppressed	Number of PLHIV who have suppressed viral loads	<ul style="list-style-type: none"> <li>• <b>DHIS2</b></li> </ul>
Increased financial resources for HIV and NCDs interventions	Mobilize internal resources for HIV and AIDS interventions in the sectors.  Conduct public and private expenditure reviews on HIV fund in the sectors	Financial resources for HIV interventions in the construction and transportation sectors monitored	Number of construction and transportation companies/agencies/ which set fund as per MHAICT guideline	<ul style="list-style-type: none"> <li>• Financial Reports</li> <li>• Reports on Public and Private Expenditure Reviews</li> </ul>
Increased accessibility to relevant HIV, AIDS and NCDs information and Care package among workers in the sectors.	Conduct monitoring visits to companies in the sectors.  Update inventory of companies/agencies with HIV WPP	HIV, AIDS and NCDs workplaces policies are developed and updated	Number of companies/agencies with HIV WPP.	<ul style="list-style-type: none"> <li>• Inventory of MDAs and companies with HIV WPP</li> </ul>
Reduced stigma and discrimination of PLHIV and NCDs victims in construction and transportation sectors	Conduct anti-stigma and discrimination programmes in the construction sites.  Establish peer educators in construction sites	Anti-stigma and discrimination programmes of PLHIV and NCDs victims advocated in construction and transportation sectors	Number of companies/agencies with anti-stigma and discrimination programmes	<ul style="list-style-type: none"> <li>• Site reports</li> <li>• TOMSHA</li> </ul>

<b>Outcomes</b>	<b>Activities</b>	<b>Outputs</b>	<b>Indicators</b>	<b>Source of Information</b>
HIV/AIDS and NCDs Committee established	Stakeholders and consultations meetings	HIV/AIDS and NCDs Committee established	Minutes reports and number of committee meetings	<ul style="list-style-type: none"> <li>• Site reports</li> <li>• TOMSHA</li> </ul>
Quarterly reports on the implementation of sector HIV, AIDS and NCDs activity plans to the respective Authority submission increased	Report preparation and submission in quarterly basis to the LGA	Quarterly reports on the implementation of sector HIV,AIDS and NCDs activity plans to the respective Authority submitted	Number of Reports submitted quarterly	<ul style="list-style-type: none"> <li>• Site reports</li> <li>• TOMSHA</li> </ul>

## **6.2 Reporting**

The reports will be aligned with reporting system, non-medical data will be captured through TOMSHA and medical interventions will be captured through DHS2. Therefore

- LGAs shall prepare and submit monitoring report to CMAC and Regional Secretariat (RS) on quarterly basis.
- RS will analyze, consolidate and provide feedback to LGAs.

## **6.3 Evaluation of Implementation of Programme**

Evaluation involves collecting and analyzing information about program's activities, characteristics and outcomes. As indicated in the monitoring framework.

### **6.3.1 Evaluation Methodology**

Evaluation in the project areas will depend the nature, time and duration of the respective project. For effective implementation of the guideline, evaluations will be done during implementation and after implementation of the projects. Annual evaluations during implementation will be done.