Findings from the Field: HIV Education in the Transport Sector

Focus on Cambodia, China, Lao PDR, and Vietnam

A Report for the World Bank East Asia and Pacific Region

Encompass LLC
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<td>African Development Bank</td>
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<td>ADB</td>
<td>Asian Development Bank</td>
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<td>ARC</td>
<td>Anti-Retroviral</td>
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<td>The Bank</td>
<td>World Bank</td>
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<td>BBC-WST</td>
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<td>CDC</td>
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<td>CHAS</td>
<td>Centre for HIV/AIDS/STIs (Lao PDR)</td>
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<td>CIDA</td>
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<td>CSW</td>
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<td>EAP</td>
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<td>ESD</td>
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<td>GIPA</td>
<td>Greater Involvement of Persons Living with HIV/AIDS</td>
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<td>GMS</td>
<td>Greater Mekong Subregion</td>
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<td>HCMC</td>
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<td>IDA</td>
<td>International Development Association</td>
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<td>IDU</td>
<td>Injecting Drug User</td>
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<td>IEC</td>
<td>Information, Education, and Communication</td>
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<td>INGO</td>
<td>International Non-Governmental Organization</td>
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<td>JBIC</td>
<td>Japan Bank for International Cooperation</td>
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<td>LEA</td>
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<td>MARP</td>
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<td>MMP</td>
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<td>MOH</td>
<td>Ministry of Health (China)</td>
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<td>MPWT</td>
<td>Ministry of Public Works &amp; Transport (Cambodia, Laos)</td>
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<td>MRD</td>
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<td>MSIA/C</td>
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<td>MSM</td>
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<td>MTCT</td>
<td>MOTHER-TO-CHILD TRANSMISSION</td>
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INTRODUCTION

The East Asia and Pacific Region (EAP) Transport, Energy and Mining Sector of the World Bank Group (the Bank) contracted EnCompass LLC to develop a generic HIV educational campaign, including Information, Education, and Communication (IEC) materials and curricula targeting government personnel, road agency staff, construction contractors, and the three primary target groups for the campaign: construction workers, commercial sex workers (CSWs), and community residents in a project-affected area.

In late 2007, the EnCompass team leader conducted field visits three to five days in length to the People’s Republic of China, the Kingdom of Cambodia, Viet Nam, and the Lao People’s Democratic Republic (Lao PDR). The purpose of these visits included the following:

- learning about the national and regional context for the project, including characteristics of the HIV epidemic, and national responses;
- learning how HIV education has been implemented in transport projects, and planning for the future;
- developing insights into target populations for the project;
- identifying best practices and lessons learned by the World Bank, Asian Development Bank (ADB), and other development banks, as well as by other donor organizations, non-governmental organizations (NGOs), and government agencies; and
- collecting data and materials for adoption and adaptation in IEC campaigns.

In each country, one to three days were spent conducting office-based interviews with donors, United Nations (UN) agencies, government representatives, and NGOs to identify emerging issues, promising practices, and IEC materials; an
additional one to three days were spent in the field visiting construction sites. During site visits, informal and semi-structured individual and group interviews were conducted with a mixture of stakeholders, including the project implementation team, managers, workers, villagers, and CSWs.

Among the countries visited, and consistent with other countries in the region, there are many common trends, as well as some distinctions, in terms of how the HIV epidemic is unfolding. Some interventions are unique to a specific country context, while others link countries that are increasingly tied by migrant labor, connecting roads and waterways, and related economies. One of the significant “takeaways” from interviews and discussions is the need for donors and international non-governmental organizations (INGOs) to harmonize approaches to more effectively build the capacity of governments, local NGOs, and the private sector to address HIV. This is one goal of the HIV IEC Toolkit currently under preparation.

All countries visited are part of the Greater Mekong Subregion (GMS), an area that has received targeted attention given shared development challenges.¹

This document includes:

- brief case studies for Cambodia, China, Lao PDR, and Viet Nam;
- key findings;
- recommendations for all countries studied; and
- key initiatives, organizations, and resources.

¹ Although this does not include the specific area visited within China. The area visited in China was recommended by the World Bank as an opportunity to learn about HIV programs in Bank projects currently being implemented.
Annex I provides lists of meetings during field visits in the four countries.

**PROJECT BACKGROUND**

In August 2006 the African Development Bank (AfDB), ADB, Japan Bank for International Cooperation (JBIC), KfW Entwicklungsbank (KfW Development Bank), and the World Bank signed an agreement entitled the Joint Initiative by Development Agencies for the Infrastructure Sectors to Mitigate the Spread of HIV/AIDS. The two-page document acknowledges the following:

- shared understandings relating to the “urgency of action” for addressing HIV/AIDS in infrastructure sectors;
- shared endorsement of the International Labour Organization’s (ILO) Code of Practice for Addressing HIV/AIDS and an agreement that HIV/AIDS mitigation clauses be included that require contractors to promote HIV prevention awareness among construction workers and other employees as part of bidding documents for large-scale civil works projects funded by the development agencies;
- lack of an evidence base relating to impact of interventions and the need for increased sharing of lessons learned among the development agencies; and
- need for cooperation with and harmonization of interventions with the national HIV/AIDS strategy, health system, NGOs, and other agencies.

A second set of agreements, labeled “actions,” is agreed to in the Joint Initiative document with a focus on:

- strengthening sharing and collaboration of best practices, and joint impact assessments within infrastructure projects;
- promoting coordination and harmonization of initiatives within the national strategy on a country
level as well as cooperation and partnership among the many players within countries; and

- agreeing to seek opportunities to scale up this initiative to other projects as well as to extend lessons learned to other sectors as well as legal and administrative systems.

**WORLD BANK EAST ASIA AND PACIFIC (EAP) TRANSPORT, ENERGY AND MINING SECTOR**

The Bank’s transport group in the EAP region has taken a leading role in promoting the implementation of HIV/AIDS IEC campaigns in all infrastructure projects. These efforts are in response to the well-known information that mobile populations, including truckers and construction workers, are considered at increased risk for contracting HIV. According to the UN Regional Task Force on Mobility and HIV Vulnerability Reduction:

> Whatever the reason for their move, when people head off to reside or settle in new locations, they generally leave their social safety nets and security behind. Migrants and mobile people (MMPs) traveling to new, unfamiliar locations often without their families, living in duress, fighting loneliness, with a new found freedom and access to disposable income, are more prone to engage in behaviours that make them vulnerable to sexually-transmitted infections, including HIV.²

Sex work has become one of the driving forces behind the spread of HIV along highway construction routes. The sex industry includes both “direct sex workers,” (who earn their

primary income from sex work), as well as “indirect sex workers” who supplement other income sources through the sale of sex. Direct sex workers work primarily in brothels, on the street, and in hotels. Indirect sex workers work in a variety of places including karaoke bars, beer shops and other venues that may be country-specific. For mobile populations who have sex with both direct and indirect sex workers, the link to HIV and sexually transmitted infections (STIs), which are known to increase susceptibility to HIV infection, is clear. When these workers return to their wives and have sex without protection, HIV enters the general population.

The People’s Republic of China has been a testing ground for HIV education as part of infrastructure development projects for the Bank’s EAP region. As detailed in the case study on China below, pre- and post-survey results from projects have shown that these campaigns can increase awareness about HIV and impact behaviors.

The biggest documented challenge related to promoting the inclusion of HIV education is the cost of funding the campaigns. To facilitate their efforts, the EAP region has developed a revised set of Health and Safety clauses to be included in standard bidding documents that provide the contractor with two options. In Option 1, the construction contractor organizes the campaign, and the cost is included in the contract with the government. In Option 2, the contractor is required to make employees available, and the program is funded and operated by another party.

In moving forward, the goal is to develop a standardized approach for implementing HIV education campaigns in the

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4 Christopher R. Bennett, EASTE, PowerPoint Presentation, Transport Against HIV/AIDS in China, 29 March 2007,
region that can be quickly referenced and adapted for the needs of each country.
The People’s Republic of China — Case Study

INTRODUCTION
China’s population of 1.3 billion people comprises one-fifth of the world’s population—ranking China as the most populous country in the world. Physically, China is the third largest country. The economy of China has quadrupled since the 1970s, and China’s Human Development Index scores have improved as the economy has grown. In 1978, 250 million Chinese people were classified as poor, based on international poverty indices; by 2000, that number had fallen to 30 million. Literacy rates have increased, as have many key health indicators.

The HIV epidemic in China is characterized as low prevalence overall, with concentrated high prevalence. In 2005, the World Health Organization (WHO) reported that 650,000 people in China were living with HIV/AIDS. Of these, 75,000 had developed AIDS, putting the HIV prevalence estimation at approximately 0.05%, with higher rates among high risk groups. Commercial blood and plasma donors accounted for about 10,000 of AIDS-related deaths in 2005. A 2007 assessment by the Ministry of Health (MOH), UNAIDS and WHO, estimated 700,000 people (31% female, 69% male)

7 YOUANDAIDS: HIV Portal for Asia Pacific, United Nations Development Program.
living with HIV, including 85,000 people living with AIDS. Other experts suggest the number of people with HIV could be as high as 1.5 million—or more.

China’s HIV/AIDS epidemic began as three separate epidemics: 1) among plasma donors, a population with greatly reduced risk today; 2) among intravenous drug users; and, 3) as a sexually-transmitted infection (STI) among heterosexuals and men who have sex with men.

The 2007 assessment estimates that 35,000 of those living with AIDS contracted HIV as blood donors or through blood transfusions. The majority of the estimated 50,000 new infections in 2007 were among intravenous drug users (IDUs, 47%), sex workers (SWs) and their clients, men having sex with men (MSM), and partners of HIV positive people (heterosexual transmission 44.7%, homosexual 12.2%). Only 1% was the result of mother-to-child-transmission (MTCT).

The report reflects the need for prevention education that targets most-at-risk populations (MARPs), including evidence that 40% of IDUs were sharing needles; 60% of SWs were not using condoms each time they had sex; and only 30%-50% of MSM were using condoms, with the higher number for commercial sex.

Data indicate that most people with HIV are unaware of their infection. Statistics from 2005 indicate that 510,000 of 650,000 infected people did not know their status—demonstrating a

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10 Ibid.
11 A Joint Assessment of HIV/AIDS Prevention, Treatment and Care in China (2007), pg. 4, 6.
pressing need for increased access to counseling and testing, which in turn should link to prevention, treatment and care services.\textsuperscript{12} Challenges in China include strong stigma against people living with HIV or AIDS (PLHIV). According to the 2007 Joint Assessment: “Stigma and discrimination of PLHIV remains a serious problem. Because of this, individuals with high risk behavior avoid voluntary HIV testing and PLHIV are afraid to disclose their HIV status. This increases the risk of HIV spreading further.”\textsuperscript{13}

\textbf{NATIONAL RESPONSE}

China’s Department of Disease Control within the MOH is the center of all HIV efforts in China,\textsuperscript{14} with growing involvement of public and private companies, foundations, international, and development organizations, as well as civil society groups.\textsuperscript{15}

Large scale efforts to disseminate IEC materials and to provide face-to-face education had reached 35 million people by 2005. At least five provinces had implemented condom use programs, and established methadone clinics and needle exchange programs. Blood collection and management activities have been clarified in order to eradicate illegal blood collection. Efforts to prevent mother-to-child transmission had been instituted in 271 counties by 2005.\textsuperscript{16}

\begin{footnotesize}
\begin{itemize}
\item \textsuperscript{13} A Joint Assessment of HIV/AIDS Prevention, Treatment and Care in China (2007), pg. 8.
\item \textsuperscript{14} Ibid.
\item \textsuperscript{16} YOUANDAIDS, accessed March 2008.
\end{itemize}
\end{footnotesize}
The 2007 Joint Assessment by the MOH, UNAIDS and WHO notes significant improvement in the national response to HIV and AIDS during the two previous years. This includes prevention, treatment and care efforts, as well as strengthening of the country’s legal and policy framework to promote government accountability and rights for people living with HIV and AIDS. Among the country’s achievements is the demonstrated leadership of national leaders, increased financial commitment, government leader training (including 100,000 reached through Party Schools), and increased cross-sectoral cooperation. The Regulation on AIDS Prevention and Treatment requires government support of civil society organization, including groups representing youth, women and people living with HIV/AIDS. Evidence of success is the increase from 100 to over 400 of these groups in 2007 alone.  

**Availability of Prevention and Care Services and Commodities**

A national level policy describes government goals for HIV/AIDS services, known as the “Four Frees and One Care.”

1. Free anti-retroviral (ARV) drugs to HIV patients who are rural residents or people with financial difficulties living in urban areas;
2. Free Voluntary Counseling and Testing (VCT);
3. Free drugs to HIV infected pregnant women to prevent parent-to-child transmission, and HIV testing of newborn babies;
4. Free schooling for children orphaned by AIDS; and
5. Care and economic assistance to the households of people living with HIV/AIDS.

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Under the “Four Frees and One Care” policy ARV treatment is available to 1,190 counties in 31 provinces.

It has been noted that implementation of the “Four Frees and One Care” policy has been uneven.

The China Comprehensive AIDS Response (China CARES) program is designed to expand access to treatment and care in over 100 priority locations across the country. These efforts fall within the Chinese National Medium- and Long-Term Strategic Plan for HIV/AIDS Prevention and Control (1998-2010).

HIV Education in Infrastructure Projects

The relationship between infrastructure development and the spread of HIV is particularly stark in China, where sheer numbers generate exponential impact. A recent publication by the World Bank focusing on transport projects that have included an HIV education component states:

> The equation is simple, and too often deadly. A rail or road project brings thousands of migrant workers together, often in isolated areas. In China, this population is almost 100 percent male, generally under 40, with less than a high school education—and away from their families for 300-350 days a year.

As migrant workers move to areas where HIV is unknown and a low risk for villagers the opportunities for HIV to enter the general population quickly increases. In response to this,

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19 Ibid.
projects utilizing both World Bank and ADB loans have implemented HIV educational campaigns to promote awareness, knowledge and to increase prevention, care and treatment.

**Asian Development Bank - Yunnan Province**

The Baolong Healthy & Safe Action (BHSA) Project (2005-2008) is being implemented for the ADB along the Baolong Highway in Yunnan Province by Marie Stopes International Australia/China (MSIA/C) in partnership with Baoshan Bureau of Health, local government agencies, construction companies and local communities. The project has been financed by the ADB with support from the United Kingdom Department of International Development (DFID) under the Poverty Reduction Cooperation Fund.

This project used a strategic framework with four “pillars” defined as: 1) “advocacy, 2) behavior change communication materials, 3) access and promotion of health services and products, and 4) rigorous monitoring and evaluation.” The goal was to support change at the individual level as well to create an environment that would promote organizational, community and social change. Instead of targeting “risk groups,” the project adopted a “settings” approach that targeted construction companies and worksites, entertainment settings, transport corridors, local community settings, and health and pharmaceutical services.22

The project has reached over 15,000 construction workers, local ethnic minority communities, entertainment workers and youth. Two case studies have been written about the project.

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detailing lessons learned from this project, and a toolkit titled More Safety was recently developed to help workplace safety officers and construction site managers integrate HIV prevention into their work. The toolkit will be used for other ADB projects in the region as well.

**World Bank – Hubei, Jiangxi and Liaoning Provinces**

Select World Bank financed transport projects, administered under China’s Provincial Communications Departments, have included HIV education components since 2005. These include the Shiman Highway Project (beginning in 2005), the Jiangxi III Highway Project (2006), the Inland Waterways V Project (2006), and the Liaoning Urban Transport Project (2007).

The Shiman Highway Project provided the model for future projects. The Hubei Provincial Communications Department contracted the Hubei Province HIV/AIDS Training and Research Center of Zhongnan Hospital at Wuhan University to implement the HIV education. The Center, in collaboration with Project HOPE, an international NGO, provided training-of-trainer (ToT) workshops for National and Provincial Health Bureaus and Provincial and local Centers for Disease Control (CDC). Training included knowledge about HIV and AIDS, and instruction related to facilitating face-to-face education. Information, education and communication (IEC) materials developed by the training center and the MOH for the campaigns include posters, booklets, playing cards, videos, and a text messaging system to inform area cell phone users.

Trained local health workers provided face-to-face training to construction workers, sex workers and community members, distributed IEC materials and condoms, and set up voluntary

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counseling and testing sites. A monitoring and evaluation system included conducting a baseline survey of knowledge, attitudes and behavior, and semi-annual monitoring to measure results of the program. These results helped to propel forward plans to expand HIV education to other similar projects.

In 2006, the World Bank, the Hubei Provincial Communications Department and Zhongnan Hospital sponsored a seminar on HIV/AIDS in Wuhan’s transport center for over 60 international HIV/AIDS experts, Chinese government officials, transportation and health professionals.24

The following are some of the lessons learned from the Bank’s efforts in China:25

- include local health department in planning and mitigation activities is critical;
- ensure that existing activities and HIV education work complement one another;
- target construction workers, government staff, and local residents for education activities;
- understand that means of intervention do matter;
- getting the timing and location right to meet the brief window of opportunity;
- focus on behavioral changes;
- train “peer educators” among highly mobile workers;
- get government and contractor’s buy-in early; and
- set practical monitoring indicators—stigmatized attitude will not change overnight.

**JIANGXI III HIGHWAY PROJECT**

24 World Bank website, “Seminar on HIV/AIDS in the China Transport Sector,”

The field visit to China included two days at the Jiangxi III Highway Project where interviews were conducted with project managers and supervisors, HIV educators, construction workers, commercial sex workers, and community members.

The Jiangxi Provincial Communications Department is highly committed to providing HIV education to construction workers and to communities impacted by construction projects. Among other duties, the World Bank Loan Project Officer ensures that contractors fulfill their contractual obligations to implement the HIV educational program. This is accomplished through contracts between contractors and the Provincial Center for Disease Control (CDC).

CDC staff from the provincial, prefecture and district levels participate in the campaign, providing direct education in the form of lectures, as well as condoms and VCT services to workers. Some CDC staff received training from the Hubei Province HIV/AIDS Training and Research Center of Zhongnan Hospital. IEC materials utilized in the campaign were developed by the MOH.

Peer educators are trained to work in these project areas; however, the costs of operating a peer education program limit this to specific sites where funding has been allocated.

At the time of the visit, Phase I (from August to November 2007) of the intervention was complete. This included lectures using a PowerPoint presentation focused on basic knowledge about HIV transmission and prevention, and condom demonstrations.
TARGET POPULATIONS

CONSTRUCTION MANAGERS

According to project documents, the contractor is responsible for implementing the HIV educational campaign for workers. In practical terms, for the Jiangxi Highway III project, this means contacting the local CDC to provide the education, and coordinating day-to-day logistics relating to the campaign for approximately 300 workers, who may be located on several campuses along the road.

Two project managers were interviewed to learn about how HIV education campaigns were being implemented. Neither participate directly in educational sessions for workers. One manager felt he knew all he needed to know about HIV; the other indicated that it was important for managers to learn more, adding that managers were more at risk than workers because they are in a better economic situation.

Managers are more at risk than workers – they are in a better economic situation and they have transportation. But we are also busy and may not have the time to attend training on HIV.

― Contractor project manager, December 2007

Both managers say their own knowledge has come primarily from television, posters, and other informational brochures. One manager said that today the internet is another important avenue of education for those who have access to

[26] Interviewed through an interpreter at construction sites Subgrade A 15 and 16, November 2007.
computers. Both indicated that television is the most effective means of conveying information about HIV.

**Construction Workers**

The Shiman Highway project, a 107 kilometer stretch of the Shiyan-Manchuanguan Expressway in Hubei Province, has been described as typical of expressway projects in China. The Shiman Highway Project was opened to traffic December 2007. The 11,000 construction workers on the project were 99% male, almost exclusively under the age of 40 and they work away from home typically more than 300 days a year. In 2004, only 14% of construction workers surveyed on this project knew how HIV is transmitted.27

With nine years of general education now mandated in China some sources indicate that most workers in the country are literate, while others raise literacy as an issue.28 The migrant labor workforce in China is extremely diverse. In addition to basic literacy issues relating to low education, there is ethnic and linguistic diversity among workers.

Two groups of male construction workers on the Jiangxi III Highway Project, in two different worksites, were interviewed. In the first group of ten men, seven were between the ages of 20-25, with the other three ages 31, 40 and 64. The second group of eight men was older and included at

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28 Based on interviews with staff of the Provincial Communications Department, contractor project managers and CDC staff.
least three men over the age of 45. Both groups related that they had participated in HIV education sessions and were knowledgeable about the basic facts of HIV. The younger group was able to accurately list ways that HIV is and is not transmitted. When asked what educational methods worked best, workers said they enjoyed the lectures from health workers, as well as short videotape presentations, and they liked the give-away items, including plastic cups and key chains. Playing cards featuring safety messages were also a popular item. One of the groups utilized peer educators.

Most workers agreed that there was a lot of fear about HIV/AIDS that spilled over into the idea of coming into contact with a person who is living with HIV or AIDS, increasing stigma surrounding the virus. Nonetheless, they indicated an interest in having someone who was living with HIV or AIDS speak to them.

Members of the older group were confident they were not at high-risk for contracting HIV.

**Community Residents**

Ten to fifteen community residents were interviewed in a village along the Jiangxi III Highway. Residents say they have good information about HIV that they have gained from television, posters, brochures, and from the local CDC. According to one person, “the government has been campaigning about HIV/AIDS for a long time.” Residents interviewed do not perceive themselves as at high risk for contracting
HIV. According to them while the blood supply was not safe for a long time, that has now improved. The older residents have a conservative lifestyle, with relationships that are exclusive among husbands and wives. One person raised concern about the younger generation who they believe are more likely to have sex outside of marriage and with multiple partners. Another person indicated, however, that youth are well educated these days. There was consensus that television is the most effective means of education. Condoms were discussed with some initial misunderstanding because the interpreter used a formal name that was not understood. When someone was able to re-interpret a question about access to condoms using the slang term people indicated they were available, although not widely in some villages. There was also discussion about how young people could access condoms.

| Young people today have easy sex. But a young boy cannot just buy condoms – people will look at him. |
| —Community resident, November 2007 |

**COMMERCIAL SEX WORKERS**

Female sex workers in China include direct sex workers who work in brothels, on the street, and in hotels, as well as indirect sex workers who work in entertainment settings such as restaurants, karaoke bars and other places.

In 2000, Chinese public security sources estimated that there were four to six million sex workers in China, with economic need as the driving force for women who work in the industry. Until recently, the Chinese government took a primarily punitive approach towards sex workers, with “re-education
centres” focused on the “social evils” of sex work in every province.29

Approximately ten brothel-based sex workers were interviewed. The visit was organized by an NGO that conducts HIV education among commercial sex workers. The brothel’s manager was present throughout the interview. He indicated concern that the women protect themselves with condoms, supporting their statements that when men offered more money for sex without a condom they were turned down. The women said they knew about HIV from television, from literature provided by the NGO and by the CDC, and from sessions held with a peer educator. Their knowledge about the basic facts of HIV and prevention was high, although one woman indicated that they did not know much more than that. The women were notably young (in their teens and early 20’s) and indicated that their low education and lack of job skills offered them few choices for other employment.

CONCLUSIONS

Over the past several years, China has made efforts to promote widespread knowledge of HIV and AIDS through mass media campaigns. In addition, many projects targeting at-risk populations have been initiated. Virtually everyone interviewed could recite information about the three main means of HIV transmission. Nonetheless, there is a sense of high fear about HIV/AIDS, with reported high rates of stigma toward people living with HIV and AIDS, as well as groups such as men having sex with men. No one interviewed, outside of medical personnel, had come into contact with anyone they knew was HIV positive and educational programs sponsored by the CDC do not routinely engage

people living with HIV or AIDS. While some of those interviewed reported interest in meeting someone who was living with HIV, a number of HIV educators felt people would be too afraid.

China’s vast population makes it imperative that HIV be addressed in as many venues as possible. The workplace is one venue where HIV education can reach large numbers of people.
THE KINGDOM OF CAMBODIA—CASE STUDY

INTRODUCTION
The Kingdom of Cambodia has a population of approximately 11 million, 90–95% of whom are Khmer, and 50% of whom are under the age of 20. The country is still recovering from the social, economic, and political effects of the Khmer Rouge period (1975–1979) when 1.7 million people, approximately 21% of the population, were killed, with educated Cambodians among those targeted. The 1980s were marked by a civil war, an occupation by Viet Nam, and isolation, supported by a UN-endorsed embargo from all but the Soviet bloc.

In 1989, following the fall of the Soviet Union and the initial retreat of the Vietnamese, the Kingdom of Cambodia began opening its doors to global trade.

Since that time, economic conditions have rapidly improved in urban areas, and today there is a burgeoning garment and active tourism industry; there have also been discoveries of oil and gas. Nonetheless, rural areas remain steeped in poverty, and the overall health status of the population is still among the lowest in the GMS region, with the UN Development Program (UNDP) Human Development Index

30 The killings are considered genocide by many. Cambodian Genocide Program, Yale University, http://www.yale.edu/cgp/.
32 Web-based research, including World Bank and ADB sites.
ranking Cambodia as 129 of 177.\textsuperscript{33} The low status of women is openly acknowledged in discussions with villagers\textsuperscript{34} and reflected in the gender disparity in literacy rates (80\% for males; 60\% for females). Corruption in the country is infamous. In late 2005, then World Bank president James Wolfensohn is quoted as saying that the three things the Cambodian government needed to be doing was “fighting corruption, fighting corruption, fighting corruption.”\textsuperscript{35}

Yet, in terms of HIV and AIDS, Cambodia is a success story that demonstrates how strong political will and targeted prevention efforts can significantly lower prevalence rates. In 1997 there was a 3\% estimated adult prevalence rate;\textsuperscript{36} by 2001 this rate had decreased to 2.2\%.\textsuperscript{37} In 2002, prevalence rates among key groups were as follows: direct sex workers—20.8\%, indirect sex workers—11.7\%, uniformed services—2.7\%, and antenatal clinic clients—2.1\%. Overall prevalence was lowered to 1.2\% in 2003\textsuperscript{38} and to 0.9\% in 2006,\textsuperscript{39} with expectations the rate will be lowered to 0.6\% by 2010.\textsuperscript{40}

\textsuperscript{34} Interviews with villagers from Touk Kroel Commune, 7 December 2007.
\textsuperscript{37} UN HIV/AIDS Joint Support Program—Cambodia 2006–2010, p. 19. Note that this figure is consistent with findings of a consensus workshop focused on reconciling the varying findings of the Cambodia Demographic and Health Survey (CDHS) 2005 and HIV Sentinel Survey (HSS) that had been conducted by the National Centre for HIV/AIDS, Dermatology and Sexually Transmitted Diseases (NCHADS) in 2003.
\textsuperscript{38} Ibid.
\textsuperscript{40} UNAIDS Country Coordinator, interview 5 December 2007.
Most people now understand about the disease. Before, people were afraid to get near someone with AIDS, because they think if they get near maybe they will contract the virus. But now people understand very well that you cannot get it by talking to or being near someone; so, people have no discrimination.

—Contractor project manager, December 2007

Factors contributing to Cambodia’s ability to reverse prevalence rates include:

- Commitment and involvement of the king and queen, prime minister, senators, and members of parliament;
- Effective programming implemented by international and national NGOs and supported by donors;
- Engagement of people at the community level; the use of the media; and
- Development of national policies, laws, and initiatives.

Many initiatives target high-risk populations, including the 100% Condom Usage Program, aimed at direct and indirect sex workers, and condom marketing strategies directed at males who have sex with males.

Surveys indicate that almost all Cambodians are familiar with HIV. Discussions with both rural and urban Cambodians revealed that efforts to promote knowledge about HIV transmission and prevention resulted in a remarkably low level of targeted stigma and discrimination against people living with HIV or AIDS.

42 Numerous discussions, including UNAIDS, NGOs, and individuals, 4–11 December 2007.
Today the concern within Cambodia focuses on averting a second-wave epidemic. While brothel-based commercial sex has decreased, there has been an explosion of indirect sex work between women and more casual partners. The Joint UN Program on HIV/AIDS (UNAIDS) reports in 2007: “Forms of sexual networking... are changing. Men increasingly turn to indirect sex workers, sweethearts and concurrent non-regular partners for sex, with whom they are less likely to use a condom.”

Two other high-risk populations are males who have sex with males and a growing number of injecting drug users (IDUs), with sex workers increasingly at-risk for drug use.

Cambodia’s primary needs are for NGO and government capacity-building to develop skills and knowledge, and a scaling up of successful interventions to ensure that high-risk target populations have access to quality education, prevention, care, and treatment services.

**NATIONAL RESPONSE**

The National AIDS Authority (NAA) is the central coordinating mechanism for the Kingdom of Cambodia’s response to HIV/AIDS at both the central and provincial levels. It is chaired by the prime minister, and a Policy Board provides overall policy direction in concert with a Technical Advisory Board representing relevant Ministries, Ministerial AIDS Committees acting on behalf of the country’s 26 ministries—each with high-level representation, Provincial AIDS Committees representing 24 provinces/municipalities, district- and

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43 Defined as a “romantic” partner with whom the respondent does not live.

commune-level committees on combating HIV/AIDS, and other Technical Working Groups.\(^{45}\)

The Government-Donor Joint Technical Working Group on AIDS, co-chaired by the chairpersons of the NAA and the UN Theme Group on AIDS, is the national partnership forum that brings together partners and civil society. The Development Partners Forum on AIDS provides input to this group. The National Response is supported by the Department for International Development (DFID); United States Agency for International Development (USAID); the Global Fund for Tuberculosis, AIDS, and Malaria; and UN agencies, coordinated by the UN Joint Support Program.\(^{46}\)

The HIV/AIDS Coordinating Committee, with a membership of over 90 NGOs, provides a coordinating function for civil society. The Cambodia Network of People Living with HIV is the coordinator for people living with HIV networks, including a network specifically for women living with HIV/AIDS.\(^{47}\)

**Availability of Prevention and Care Services and Commodities**

According to UNAIDS, the 100% Condom Use Program currently reaches 98% of direct sex workers and 84% of indirect sex workers. Population Services International (PSI) has segmented the market, using different brands of condoms to appeal to specific populations. Programs targeting high-risk groups have been successful; however, there is evidence that high rates of condom use are limited to those who perceive a particular sexual activity as high-risk. In addition, condoms may not be as readily available in rural areas.\(^{48}\)

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\(^{47}\) Ibid.

There are 156 Voluntary and Confidential Counseling and Testing (VCCT) sites in Cambodia. People living in rural areas may need to travel several hours in each direction to access testing and the cost of transportation may be prohibitive. Prevention of Mother-to-Child Transmission (PMTCT) services are available in 69 health facilities in 21 provinces. In 2007, only 6.4% of pregnant women were being tested for HIV.49

HIV EDUCATION IN INFRASTRUCTURE PROJECTS

The Kingdom of Cambodia uses two executing agencies for infrastructure projects: the Ministry of Public Works and Transport (MPWT) for national projects and the Ministry of Rural Development (MRD) for those in rural areas. These have both separate and overlapping structures and functions.

Both ministries have been involved in delivering HIV education as a part of infrastructure projects. This is in response to a 2004 Memorandum of Understanding for Joint Action to Reduce HIV Vulnerability Related to Population Movement among the governments of Cambodia, China, Lao PDR, Myanmar, Thailand, and Viet Nam,50 as well as to the requirement for HIV education imposed by development partners. Both ministries have internal Ministerial AIDS Committees, with high-level representation on the National AIDS Authority (NAA), and both have well-articulated policies and strategies that point to a commitment to integrate HIV education into projects. Among these policies is a requirement by the MPWT that all construction projects must reserve 1% of the budget for HIV/AIDS education or provide a minimum package of HIV/AIDS education along road construction.

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50 Joint Agreement signed in 2004 by representatives of The Kingdom of Cambodia, the People’s Republic of China, the Lao People’s Democratic Republic, the Union of Myanmar, and The Socialist Republic of Viet Nam.
The Bank’s infrastructure projects are orchestrated under the Provincial and Rural Infrastructure Project (PRIP), currently in implementation; ADB projects are under the Cambodia Road Improvement Program (CRIP).

**MINISTRY OF PUBLIC WORKS & TRANSPORT (MPWT)**

To date, projects administered by the MPWT that have included HIV education for workers and community residents have used a dual approach—with one component sponsored by the government and integrated into the overall project design, and another component delivered through construction contractors to meet donor requirements. According to an ADB case study about current work along regional Highway Road 1, the government-sponsored education was accomplished through a “private Cambodian firm” (not identified in the case study), and contractors hired an NGO to deliver the donor-required component.51

Construction contractors who were interviewed report that they provide open bidding opportunities to NGOs to implement the HIV education and through a competitive process select an implementing agency.

The one Bank-funded road project that included an HIV education component in Cambodia was administered by the MPWT. In 2006, this project was suspended due to misappropriated funds; however, planning is underway to renew operations.

The vice chair of the Ministry’s AIDS Committee is directly responsible for internal HIV training. In moving forward, HIV education for construction workers and villagers, as well as

training relating to drug use, human trafficking, and unsafe migration, will be implemented through this committee. A plan of action has been developed, and strategies outlined in this plan include:

- conducting an assessment;
- collaborating with local authorities, health agencies, village chiefs, and NGOs;
- identifying potential village health volunteers and peer trainers;
- ToTs (three days);
- conducting outreach activities/training;
- distributing IEC materials, including video spots, banners, and posters; and
- monitoring and evaluation.52

Since 2003, the MPWT has had 26 meetings to provide training to its own staff with more than 3,000, or 40% of all staff, now trained. In addition, HIV education is integrated into the curriculum of the driving school, and reaches 1,050 driver trainees each month. A video public service spot is shown to passengers waiting at some bus stations and ports as well as on ferry boats.53

**MINISTRY OF RURAL DEVELOPMENT (MRD)**

The MRD has the broad mission of improving living standards and alleviating the poverty of rural people. This includes a concern for integrating all rural development (at family, village, and commune levels throughout the Kingdom); raising the standard of living through rural infrastructure projects and cross-sector development including health, agriculture, credit, small business/industry, and marketing;

52 Mode/Methodology of HIV/AIDS Education Program along the road construction project, prepared by Mr. Van Than, Permanent Vice Chairman of MAC/MPWT, 11 December 2007.

53 Meeting with MPWT Under-Secretary, PRIP Project Director, Vice-Chair of MPWTHIV Committee, and others, 11 December 2007.
and promoting human resource development for rural communities through training.54

The MRD developed its first strategic plan in 2002 for addressing HIV/AIDS for 2002–2006 in collaboration with the ADB. HIV education is implemented by the MRD’s Department of Rural Healthcare, with counterpart agencies including the Provincial Department of Rural Development (PDRD) and the Provincial AIDS Secretariat for each province where work is conducted.

In a plan developed for the Bank PRIP, which focuses on four provinces—Siem Reap, Kampong Thom, Odor Meanchey, and Preah Vihea—strategies include the following:

- conducting a rapid assessment;
- providing knowledge and life skills on AIDS and STIs to construction company employees and community residents through a series of sessions, including presentations and interactive exercises;
- providing IEC materials, including condom distribution and education, videos, posters, leaflets, and handphone messages; and
- advising employees, high-risk local community groups, and direct and indirect sex workers to consult governmental health agencies, NGOs, and voluntary counseling and testing (VCT) centers for services.

The plan provides for follow up and supervision by the project team and supervisors. The project will be implemented by a team of three people, including one provincial and two central staff, with one team for each of the four target provinces. The project director will have overall supervision and responsibility for the project and will provide coordination with the NAA, PRIP, and road contractors; the field project supervisors will provide technical expertise, coordination with provincial and district authorities and staff, and facilitate

54 MRD fact sheet, provided in meeting 6 December 2007.
implementation; and the chief of the field implementation team will coordinate with local leaders including commune councils and village leaders and will be responsible for direct implementation of the plan in target areas. 55

TARGET POPULATIONS

CONTRACTORS

Two project managers representing contracting companies with offices in Phnom Penh were interviewed. Both were young men in their late 20s or early 30s. They were familiar with requirements relating to HIV education and emphasized the importance of language in bidding documents—stating that they follow whatever is specified in the bidding documents. For HIV education, they typically hire an NGO with the expertise to implement the required education to workers and community residents. Funds for the HIV education component would be based on the budget developed as part of the contract.

The two men stated that HIV education is very important for everyone; however, they had personally attended only part of some of the HIV educational sessions conducted for workers of their companies. This was primarily because they were too busy, or there was not enough advance notice to arrange the time to be there. One manager said that he would attend part of the offered sessions so that the company would be informed about it but that he could not spend the entire day. A suggestion was made that the NGO provide more advance notice when sessions would be held so that more people could attend.

Both managers said it would be unlikely for contractors to directly supervise the work of an NGO contracted to facilitate

HIV educational sessions; rather, this would be the responsibility of the project “sponsor.” However, the NGO would send a report to the contracting company, and the company would send the results to the implementing agency.

**CONSTRUCTION WORKERS**

Managers and workers are all the same. Regardless of who they are, and their level of education... men are all the same—and they should all attend education sessions.

—Contractor project manager, December 2007

According to the contractors interviewed, the typical workforce on a construction project would consist of approximately 30% permanent staff and 70% locally hired staff. The permanent staff is more educated and holds the more professional positions within the company. They travel with the company to new project sites where they stay for the duration of the project. Locally hired construction employees are typically young (18–28 years old) and less educated. These include mobile workers and some local villagers. No active construction sites were visited so no construction workers were interviewed as part of this field visit.

**COMMUNITY RESIDENTS**

Villagers representing two different communes were visited—with the first location in Kampong Thom Province and the second in Siem Reap Province.
The first visit was conducted in a village house located off the main road where construction had not yet started. Villagers, including approximately ten women and six men, reported that the population was approximately 450 persons with 80 men and 100 women currently absent as migrant workers working primarily in Thailand. Villagers described themselves as poor and joked that one indicator of their poverty was the number of children woman have. Mothers in the room had from two (one woman) to 12 children (a grandmother), with others reporting three (two women), five, seven (two women), and nine children each. According to one woman, “The rich have money for birth control.”

Some of those interviewed were among the approximately 100 people who had participated in the HIV education campaign over a year ago. Others had fairly good general knowledge, including an understanding that condoms could prevent HIV transmission, one woman noted that “…the training was a long time ago,” and she wanted to know how HIV was actually transmitted. In general there was a perception by villagers that “everyone knows about HIV/AIDS” from the media and from what those who attended the training a year ago had relayed to others; however, admittedly, no one knew the difference between HIV and AIDS.

Men and women debated the question of whether or not men have sex with CSWs, with men saying no and women saying yes. When asked if there were sex workers in the area, villagers said that you would have to go to town to find them.

Residents reported that at least two members of the community had died of AIDS. They said they knew these
deaths were from AIDS because those who died had become emaciated beforehand. There was consensus that in both cases the disease had been contracted in Thailand, where both had worked as migrant laborers.

The second commune visited was along a recently completed road. It was comparatively well off with a health center located nearby and several NGOs active in the community. The commune chief is one of four women chiefs among 96 communes in the district.

A group of villagers, including 12 women and four men, were interviewed in the community center. Many people in the village were reported to work as migrant workers, leaving for jobs including construction and farming. All those interviewed had participated in HIV education sponsored by the MRD and the health center and were well informed about HIV transmission and prevention. A village health volunteer was among the group. She attends a monthly meeting at the health center where information about various kinds of community health is provided. Her role is to relate this information to others in the community and to act as a peer educator and, to some degree, a confidante. Her work was credited by others as making a big difference in the knowledge and attitudes of villagers.

VCT could be accessed by going to the health center and asking for a referral letter for the hospital in Siem Reap. One person said she was tested at a private clinic in Siem Riep before getting married. When asked about the availability of condoms, some believed that the village health volunteer could provide these free, while others said that even the volunteer had to pay.

Villagers in both communities agreed that there was no discrimination against people living with HIV or AIDS. The second community reported that a woman in the village was dying of AIDS. It was believed that her husband had infected
her when he returned from working in Thailand; he then left her to marry another woman. Neighbors and relatives were caring for her.

**COMMERCIAL SEX WORKERS (CSW)**

Sex workers in Cambodia include both female brothel-based sex workers and non-brothel based female and male sex workers. Increasingly, sex workers are working outside of brothels, and the definition of a sex worker is being broadened, making it harder to both identify and find those who should be targeted for education. In addition, self-assessment of risk is more blurred, with research indicating that both women and men believe that sex with a trusted partner is less risky than with an easily defined “client.”

PSI recently released a report on its 2\textsuperscript{nd} Round HIV/AIDS Tracking Surveys among Two Target Populations: Karaoke Women with Sweethearts and Sexually Active Men with Sweethearts conducted in July 2005 and September 2006. Findings among women with sweethearts include the following: high use of alcohol (84% everyday); experimental drug use (83% ever used; 7% injecting); substantially less condom use with sweethearts (40%) rather than with paying partners (82% in July 2005; 91% in September 2006); high reported condom availability (81% in 2005; 92% in 2006) with low numbers of women in possession of a condom when asked (20% in 2005; 10% in 2006). In addition, of 42% of women who said they always used condoms with sweetheart partners in the past three months, 8% also said there was a time in the last three months that they did not use the condom from start to finish during sexual intercourse.\textsuperscript{56}

\textsuperscript{56} PSI Presentation to Stakeholders, 25 May 2007, copy of PowerPoint slides, provided by UNAIDS.
Villagers and the commune chief in the community visited in Siem Riep Province were asked separately whether sex workers lived and worked in the area. The reply was “no,” one would have to travel to Siem Reap, the nearby town, to find sex workers. Based on other information gathered, it is likely that this would be a different situation if the area was an active construction site.57

CONCLUSIONS
There are strong indications that where people have been provided HIV education, they are knowledgeable about the basics of HIV transmission and prevention. In addition, information about HIV and AIDS, along with the strong government stance about the human rights of those living with HIV, has led to minimal stigma and discrimination relating to those who are HIV-positive or who are living with AIDS. Most people say that they understand that you cannot get HIV or AIDS through casual contact. In addition there is strong empathy towards those who are known to have AIDS. At the same time, according to UNAIDS and others, there is still a strong stigma associated with CSWs and with males who have sex with males.

There are many good IEC materials in Cambodia, including those produced by PSI and the BBC-World Trust, with some specifically targeting construction workers: posters, leaflets, training flipcharts, videos, and curricula. According to those conducting HIV education through the MRD, there is a need for equipment including microphones, video recorders and players, and PowerPoint projectors. In addition, it was recommended that the package of materials developed target construction workers specifically, take into

57 Including in-person discussion with an ADB consultant who was in the process of interviewing construction workers, community residents, and commercial sex workers along a different road with active construction.
consideration ethnic minorities who may not speak Khmer, and be aware of low educational levels for many construction workers and rural community members. The need for cultural sensitivity, while addressing real issues relating to HIV risk, will continue to be challenging as evidenced by the following quote.

"Messages must be culturally appropriate. One video I have a problem with shows a couple at a wedding party...they go from the ceremony to the bedroom—they are supposed to have sex. They want to say ‘take a condom’—this is not the culture. To get married and the first night to have sex with condoms?! We do promote married couples to use condoms—we know the husband goes out at night...but not the wedding night."

—High-ranking government official, December 2007

VCT is available in Cambodia; however, rural villagers must travel to a district or provincial healthcare facility to access testing. According to one healthcare center director, in the past there was funding through an NGO to pay for the transport to Siem Reap for VCT testing, but this is no longer available.

According to the deputy secretary general of the NAA, there are many successful initiatives. What is still needed, though, is additional documentation relating to effective initiatives, and financing to scale-up these efforts. He noted that many donors reduce funding when success has been achieved, before sustainability can be reached.
VIET NAM—CASE STUDY

INTRODUCTION

Viet Nam is classified as having a concentrated epidemic, with higher prevalence among high-risk groups and lower prevalence (0.5%) in the general community. IDU and commercial sex work have historically been the driving force behind the epidemic in Viet Nam with an estimated national prevalence rate of 33% for those who inject drugs and 16% for female sex workers. Other high-risk populations are clients of CSWs and men who have sex with men (MSM).

There is some evidence that the epidemic is becoming generalized in some communities. According to UNAIDS, the number of people living with HIV has more than doubled from 2000 to 2005.58

As of 2006, over 260,000 people in Viet Nam were living with HIV, meaning that approximately one in 60 households had a member who was HIV-positive. Demographics of the epidemic reveal that most of those who are HIV-positive are aged 20–29 (55%), with an additional 34% of those ages 30–39. Women represent 33% of those affected.59 For research purposes, Viet Nam has been grouped into “provincial clusters,” created according to similar disease spread patterns.60 The Mekong River Delta and Ho Chi Minh City

60 Ibid., p. 14. This page includes a map of the HIV provincial clusters.
(HCMC) provincial clusters were the two areas most affected.61

One of the issues that Viet Nam has worked to confront in recent years is the stigma relating to HIV and AIDS. Its identification with "social evils" stems in part to the role of the National Commission for the Prevention of Sex Work, Drug Use, HIV and Other Social Evils as the coordinating body relating to developing a national response to HIV and AIDS, and the use of detention centers known as "05/06 centers" for "rehabilitation" of those caught using drugs and/or selling sex. While the country has worked to dispel this stigma and discrimination, the organizational structure for addressing HIV remains in place, and there are plans to scale up 05/06 centers rather than abolish them.

**NATIONAL RESPONSE**

At the highest level, the National Commission for the Prevention of Sex Work, Drug Use, HIV and Other Social Evils, a commission of 16 Ministries chaired by the deputy prime minister, is positioned to oversee the national response to HIV and AIDS. The Ministry of Health, a member of this commission, is directly responsible for coordinating this response, and the Viet Nam Administration for HIV/AIDS Control (VAAC) is charged with the major responsibility for planning and implementing programs (see chart62).

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61 Ibid., p. 13.
62 Developed based on interviews with Ministry of Health and UNAIDS.
The UN HIV/AIDS Technical Working Group is currently functioning as the national partnership forum. It meets every two months and has six subgroups to focus on the following: greater involvement of persons living with HIV/AIDS (GIPA), MSM, care and treatment, harm reduction, local NGOs, and mobile populations.

Other committees include the HIV Policy and Program Coordination and the Monitoring & Evaluation (M&E) Working Group. The M&E Working group, headed by the VAAC, has developed, through a consultative process with the Centers for Disease Control (CDC), UNAIDS, and the School of Public Health at Hanoi Medical School, a set of indicators and a ToTs to build the capacity of the Ministry of Health and others to conduct quality monitoring and evaluation. The project utilizes a set of agreed-upon indicators that relate to global and national HIV and AIDS strategies.

To lead efforts to arrest the progression of HIV in Viet Nam, a multi-sector National Strategy on HIV/AIDS Prevention and
Control in Viet Nam until 2010 with a Vision to 2020 was approved in 2004. Contributing to the development of this strategy was the publication of HIV/AIDS Estimates and Projects 2005–2010.

Viet Nam’s sentinel surveillance system was established in 1994 for all 40 provinces including monitoring of HIV among IDUs, female sex workers, patients with STIs, tuberculosis patients, women attending antenatal clinics, and military candidates. In 2001, a Behavioral Surveillance Survey was conducted by Family Health International (FHI) as part of the USAID-funded Impact program.

Other aspects of Viet Nam’s national response include a new 2006 “Law on the Prevention and Control of HIV/AIDS.”63 This law outlines guidelines for prevention, care, treatment, and voluntary confidential testing; details rights of persons living with HIV and AIDS; and makes discrimination against persons living with HIV and AIDS illegal, among other things.

A mobile population technical working group is led by the International Organization for Migration (IOM) and the Canada South East Asia Regional HIV/AIDS Program (CSEARHAP).

**HIV EDUCATION IN INFRASTRUCTURE PROJECTS**

To date, HIV education has not been required as a part of projects funded by World Bank loans, although there has been encouragement to do so.

A site visit was made to one of the construction sites for the Mekong Transport and Flood Protection Project, National Highway No. 1, a project using International Development Association (IDA) funds. This project is being implemented

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through Ministry of Transportation’s Project Management Unit (PMU) No. 1 and is overseen by the Engineer Consultant (the “Consultant”), from Halcrow Group Limited, who provides on-site quality assurance and contract management oversight.

Discussions were held with the general manager of China Road & Bridge Corporation, one of the three major contractors for this project, and with the Consultant.

According to the Consultant, the Bank prompted the PMU to request that the Consultant organize HIV education for all construction workers through the Local Environmental Advisor (LEA). The consultant related: “The ‘band leader’ was my office due to the fact that I am responsible for all the construction contracts and the LEA is one of my staff.”

One session of HIV education was provided, paid for, and facilitated by provincial-level government health.

According to the contractor for the road construction, China Road & Bridge Corporation, the HIV education campaign had the goal of ensuring that each construction worker had a basic understanding of HIV, his own personal risk, and the role of condoms in prevention. He also commented that the contract for a road project the company held in Africa required HIV education to be provided to workers. He noted that the bidding documents included specific requirements for this educational campaign including educational sessions, posters, and banners.

CARE International in Vietnam is currently implementing an HIV education program for the Japan Bank for International Cooperation (JBIC) on the Can Tho Bridge Construction Project. The HIV/AIDS Prevention Program, begun in 2006 and scheduled to end in 2008, is operated through a Program Steering Committee composed of key stakeholders including the supervisors and worker representatives of the contractor.

64 In-person communication with follow up by email, 14 January 2008.
TKN Joint Operation, the PMU (under the Ministry of Transport), the engineer, and CARE International. CARE and TKN, the contractor, identify and train peer educators for both construction workers and sex workers. TKN also conducts supervisory visits to the project site. CARE in Viet Nam issues periodic reports to TKN via CARE Japan.

TARGET POPULATIONS

CONSTRUCTION WORKERS

A group of ten male construction workers were interviewed in their living quarters on a day that they had off from work following a period of working through weekends. There was a high level of awareness about the basic facts of HIV transmission and prevention among the group.

According to the men, they have known about HIV for “a long time...from the newspaper, radio, and television.” However, in particular they referenced a month-long campaign on television leading up to World AIDS Day that had just ended as a source for a lot of their current information: “We have little to do other than watch television at night.”

Most men acknowledged visiting sex workers from time to time; however, at least three men also spoke about their restraint in doing so—for reasons including access, money, and fear about HIV—particularly in terms of the fear of bringing home HIV to their wives.
I miss my wife very much, but I have to control myself. At night I watch TV and go to bed early.

—22-year-old worker (who later admitted he visits sex workers occasionally), December 2007

All men indicated that condoms were readily available and that they would use a condom if having sex with a sex worker. When asked if there had been any education focused on HIV, they said that someone came once and just gave them posters. Asked if they would attend a session if it was offered, they said that it would likely be during work time and "only the housekeeper could come then." They were not given condoms, but said that they are available at the health center and getting them is not a problem.

I want (to) have sex, but I have to wait until I am home with my wife...to protect family happiness.

—50-year-old worker, December 2007

According to the men, some men will make friends with local girls so that they can have sex with them, pointing out that one has to make friends first, meaning spending money on gifts and taking the time to get to know them.

**Commercial Sex Workers (CSW)**

Six women, ranging in age from upper 20s or early 30s to mid 40s, who work as sex workers were interviewed at the AIDS Support Center in HCMC. All of the women worked in the HCMC area. Four of the women work independently, and two are attached to coffee shops. All women report that they insist that their clients wear condoms, regardless of whether
they are offered more money to not require a condom. One woman uses a technique that is commonly taught in this region to sex workers, where she puts a condom on a man using her mouth, in a way that he does not notice or care. Another woman will ask a friend “who doesn’t mind” to take a client who refuses to use a condom. Another woman will tell the man that she has an infectious disease to convince him to use a condom.

If a client does not want to use a condom I refuse to be with him, even if he wants to pay more. Sometimes I can ask a friend who doesn’t mind to take him. Some women care—others don’t.

—A sex worker in Ho Chi Minh City, December 2007

Several women interviewed shared that they often do not insist that their boyfriends use condoms, and none reported using condoms when having sex with their husbands. They report that they feel “safe” with them, and according to one person “sex with my husband is about love.”

At least two of the six women had had experiences with getting to a client’s home to find groups of men there, sometimes drunk and violent, and having no choice but to have sex with all of them, sometimes with condoms and sometimes without. This does not happen often but it is a risk they face. In general, the group interviewed felt that 90% of men were willing to use condoms.
Two women in the group have been assisted in finding jobs, one sewing and one as a social worker, that allow them to have fewer clients than before. Educational levels for five of the women interviewed included completing 2nd, 5th, 9th, 11th, and 12th grades.

**Other Stakeholders: People Living with HIV or AIDS**

Six women and three men in their 20s and early 30s who are living with HIV or AIDS were also interviewed at the AIDS Support Network in HCMC. Most were on antiretroviral therapy and reported living healthy and relatively normal lives. A few individuals recounted the support they have found from family and friends. When asked, poignant stories were told, highlighting both job discrimination and stigma from healthcare professionals. Yet, it was also felt that the work of numerous NGOs to promote information about HIV, including the use of posters and other IEC materials, has worked to decrease stigma and discrimination. Materials thought to be most effective are those that do not promote fear and show persons living with HIV and AIDS as normal individuals whose lives are integrated with those who are not HIV positive.
CONCLUSIONS
There is good general awareness about HIV, both among the general population and among high risk target groups. However, as in other countries in the region, changing behaviors related to prevention, care, and treatment continues to be challenging.

Stigma and discrimination are significant issues. In Viet Nam, until recently, a woman carrying a condom could be arrested for prostitution.\textsuperscript{65}

Challenges in Viet Nam include coordination and information sharing among the many authorities, and moving initiatives from the national level to the provincial level.

UNAIDS supports increased targeting of messages to populations known to be at high risk.

\textsuperscript{65} UNAIDS, interview 14 December 2007.
THE LAO PEOPLE’S DEMOCRATIC REPUBLIC—CASE STUDY

INTRODUCTION

Compared to its neighbors, Lao PDR is smaller, less crowded, and moves to a slower and quieter beat. According to the Government of Laos 1995 census, the population of 5.6 million people is composed of 47 ethnic groups, with 149 subgroups, and 82 different languages. While the majority of the population is the Lao Loum (66%), living in the southern lowlands, the remaining 34% includes at least 42 ethnic groups. Like Cambodia, more than half of the population is under the age of 20 (54%).

Lao PDR stands out in the region for its overall low prevalence of HIV to date, estimated at 0.08% for the adult population as of 2004/2005. However, as a country landlocked by countries with higher prevalence rates—China in the north, Myanmar in the northwest, Viet Nam to the east, Thailand to the west, and Cambodia to the south—many worry that these low rates may rise quickly.

Concerns focus on the challenges presented by high rates of migrant laborers in all directions coupled with a growing number of women who have few alternatives to using sex to generate income for themselves and their families. These realities fuel discussions about the possibility of a concentrated epidemic among these and other most-at-risk populations defined in the National Strategic and Action Plan on HIV/AIDS/STI 2006–2010:

- mobile populations, including construction workers, drivers, project managers, supervisors, and government employees;
- sex workers and their clients, including all categories of mobile populations;
- injecting drug users;
- men having sex with men; and
- vulnerable youth, including those in communities near construction sites.  

Not mentioned directly are the wives of mobile men, a population that Dr. Sivixai Thammalangsy, head of the National Committee for HIV/AIDS Control Department of Hygiene and Prevention, notes should be among the primary targets of information and education campaigns given the cycle through which HIV is entering communities. In general, mobile men visit sex workers, either as clients, or as casual partners or boyfriends (when, according to research, it is much less likely that a condom will be used), and eventually these men go home and have unprotected sex with their wives.

Risks noted in the 2006–2010 National Strategic Plan include low levels of awareness of HIV prevention, limited access to condoms, poverty, and the low socioeconomic status of

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71 Interview, 20 Dec. 2007.
72 Tracking Results Continuously (TRaC) Survey: Female Sex Workers in the Lao PDR, PSI Social Marketing Research Series, December 2005, p. 6.
women. In addition, increased levels of alcohol and drug use have the potential to fuel an epidemic.\textsuperscript{73} While awareness of HIV prevention and availability of condoms have been addressed in many communities since the development of the 2006–2010 Plan, these remain worrisome issues in many areas, including the more subtle issues of access to condoms, such as embarrassment and stigma relating to women purchasing condoms.

Social factors that have been noted to limit the spread of HIV include:\textsuperscript{74}

- all sex work is indirect in Laos as there are no brothels;
- there is little intravenous drug use, with a historical preference for opium smoking and a current preference for oral amphetamine use; and
- women have a relatively higher status, with less male-only socializing.

**NATIONAL RESPONSE TO HIV AND AIDS**

The Centre for HIV/AIDS/STIs (CHAS), under the Ministry of Health, orchestrates the Ministry’s response to HIV and AIDS. They work in concert with strategies already developed to address high levels of sexually transmitted infections (STIs).

The National Committee for the Control of AIDS (NCCA), chaired by the Ministry of Health, is the mechanism established to coordinate the country’s response to HIV and AIDS. The NCCA is made up of representatives from government ministries; representatives from “mass organizations” including the Lao Red Cross, Lao Women’s Union, Lao Revolutionary Youth Union, Lao Front for National Reconstruction, and the Lao Federation of Trade Unions, and

\textsuperscript{73} National Strategic and Action Plan on HIV/AIDS/STIs 2006–2010, National Committee for the Control of AIDS, supported by UNAIDS, Feb. 2006, p. 5.

more recently, the Lao Buddhist Association and the Lao Network of Positive People.

Provincial and District Committees for the Control of AIDS operate under the NCCA. The country has 16 provinces, 141 districts, and 10,553 villages.

A Mobile Population Technical Working Group exists and is currently working to finalize its Terms of Reference and operating structure.

**Availability of Condoms and Prevention and Care Services**

Condom availability varies considerably in the country. According to an ADB case study highlighting an educational campaign along National Road 3, the campaign was the major source of condoms in the area. When the program ended in 2006, construction workers indicated there was not another ready source.

Local pharmacies are often the first place people will go to seek treatment for STIs. At the time the country’s National Strategic and Action Plan on HIV/AIDS/STI 2006–2010 was published the status of VCT services were limited, of low quality, and did not meet the needs of specialized populations. Expectations were to scale up and dramatically improve the quality of these services by 2010.

**HIV Education in Infrastructure Projects**

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The Ministry of Public Works & Transport (MPWT)—formerly the Ministry of Communication, Transport, Post, and Construction—is the implementing agency for all road infrastructure projects. The HIV/AIDS Prevention Committee of the MPWT is a member of the NCCL steering committee and of the Mobile Population Technical Working Group.

The Environmental & Social Development Division (ESD), Department of Roads (DoR) of the MPWT, is responsible for supervision of the HIV education component of road projects as well as related campaigns. In addition to having a supervision role, the ESD is currently building its own capacity to implement the HIV education component of infrastructure projects.

To date, HIV education has been integrated into three major road projects (ADB Route 3, SIDA Road 8, and ADB Road 10), along with an anti-trafficking campaign, as part of ADB loan requirements. ADB Road 10 is a current project. Planning is underway for a project that will use a Bank loan fund to begin in approximately one year.

**ASIAN DEVELOPMENT BANK (ADB) NORTHERN ECONOMIC CORRIDOR PROJECT ON NATIONAL ROUTE 3**

From 2004 to 2006 an HIV/AIDS/STI, Drug and People Trafficking Awareness and Prevention Education Program was implemented as a part of an ADB- and government-financed road construction project. This project is highlighted as one in a series of four case studies developed by ADB to highlight lessons learned from several of these initiatives implemented in the GMS.78

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The program was designed as a stand-alone project with the Lao Red Cross, an NGO, contracted to implement education targeting HIV, drug awareness, and anti-trafficking. Funds from the total construction budget were allocated for the project; although, it was designed as a separate project with its own start and stop dates, which ultimately did not match those of the construction project. It targeted the members of 76 communities along a 220-kilometer stretch of road that was being upgraded, including construction workers, “service women,” 79 and local businesses, using peer educators, group discussions, condom distribution networks, and targeted IEC materials.80

The structural and operational issues highlighted in the case study included:

- lack of IEC materials in languages accessible to the many ethnic minority populations;
- limited resources to staff the project at a sufficient level;
- start and end dates that differed from the construction schedule;
- difficulties accessing peer educators during harvest and planting seasons;
- ensuring the sustainability of condom distribution programs after the program ended;
- mobility of service women, making it challenging to sustain a peer educator network; and
- ensuring the participation of women construction workers who make up 10% of the workforce.

ADB made the recommendations based on lessons learned from these projects:81

79 Language used in Lao PDR for women working in the entertainment industry, including sex workers, Ibid., p. 4.
80 Ibid, p. 2.
81 Northern Economic Corridor Project, Promoting HIV Prevention in the Lao People’s Democratic Republic, ADB HIV & Infrastructure, ADB Experience,
- conduct a baseline analysis to ensure interventions that are targeted and culturally appropriate and implemented in partnership with the private sector contractors;
- develop a relationship with the NAA to ensure coordination with national and other efforts;
- coordinate the program with initiatives of local health providers and include a capacity-building component for government initiatives;
- use culturally relevant materials with attention to the language needs of ethnic minorities;
- develop programs that meet the needs and abilities of women workers and encourage their participation; and
- develop a plan to sustain initiatives like condom giveaways after the end of the project.

**National Road 8**

National Road 8 runs east-west across Bolikhamxay Province to the border of Viet Nam and connects with National Road 13, the main north-south corridor within Lao PDR. The HIV-education program for this project was funded through the Swedish International Development Cooperation Agency's (SIDA) Cooperation Fund for Fighting HIV/AIDS in Asia, a fund established through an agreement between ADB and SIDA in 2005 and implemented by the Burnet Institute's Centre for International Health.

Key components of the approach included working closely with the ESD, DoR, Lao Ministry of Communication, Transport, Post and Construction (now the MPWT) to build its capacity for doing the work in the future, as well as establishing relationships with other partners, including the Lao Youth Union; the Lakxao Project Working Team (PWT); the National Committee for the Control of AIDS Bureau; the Provincial Committee for the Control of AIDS; and other stakeholders.

With this objective, the project was implemented as a partnership between the Burnet Institute consultant and the MPWT's ESD team.

The overall project plan included developing a PWT with key stakeholders; conducting a situational analysis to assess needs; developing a strategic plan; using community input to develop IEC materials; ToTs; and using peer educators. Other methods identified to address the need for community resilience to the HIV epidemic methods were community engagement, participatory learning and action, and development of local responses.

Educational strategies included using locally designed and well-placed IEC materials such as posters and billboards. (See inset photos.) In addition, small media approaches included sending a team of outreach workers to visit entertainment venues to provide on-the-spot information sessions such as condom demonstrations and giveaways, information about appropriate lubricants, as well as games and fun. Mass media methods included a half-hour, call-in radio program featuring a question-and-answer format. Additional outreach targeted pregnant women who

82 Pictures accessed as part of the following report: “National Road Eight HIV Prevention Program,” www.bumet.edu.au/home/cih/programmes/eastasia/laos/road8
were encouraged to bring husbands to educational sessions; 60% did so.

**ROAD FOUR B—CURRENT PROJECT**

With funding from ADB 10, MPWT is building four rural access roads in four provinces. One of these roads is the 78-kilometer rural road from Paksan to Thasi in Bolikhon and Paksan districts of Bolikhon Province. This connects with National Road 13, the main north-south corridor of Lao PDR. The ESD of MPWT is implementing an HIV/AIDS and Trafficking Education program that builds on the model developed by the Burnet Institute for Road 8.

A major goal for the ESD is to continue to build its own capacity to implement HIV/AIDS and trafficking education, acknowledged as a crucial element of infrastructure development as road construction in Lao expands. To facilitate this, a medical doctor, who directed the Burnet Institute’s efforts, was hired as the national technical advisor for the Road Four B project. This person provides technical assistance for two of the four road projects and another consultant works on two other roads using the same model. Each project has a PWT composed of key stakeholders, including district agencies.

The campaign has been underway for seven months. As a first activity, the PWT received five days of training, including detailed information about reproductive health, STIs, HIV and anti-trafficking as well as training related to participatory training approaches, methods for building community resilience, peer-education techniques, situational analysis methodology, and program design and management.
Following this, peer leaders were selected from each of three target groups—community residents (five villagers from each of 19 target villages), construction workers (22 men from five camps), and sex workers (30 women from 15 beer shops). A series of two-day ToT workshops were held for peer leaders, beginning with villagers in groups of 20 (five villages each). On the first day, basic information relating to reproductive health, STIs, HIV, and anti-trafficking was provided; on the second day, role plays and interactive exercises demonstrated “friend-to-friend” approaches to peer education.83

While 19 villages are being targeted for HIV education, there are actually 45 villages in the road construction area. The limited scope of the intervention is a result of the limited budget available.

An IEC campaign is underway, including billboards in three key locations (see image above). The PWT reports that there is good cooperation with public health officials and others who conduct HIV education. There is no need for new IEC materials; rather, the need is for more of the materials that already exist and increased capacity to reach more people.

Training events are held monthly for construction workers. In addition, the project technical advisor works with peer leaders and the PWT to implement these during her monthly visit to the area. Training targets construction workers, villagers, drink shop owners, and service women.

A recent successful training event involved five drink shop owners and their service women. As an indication of the program’s success, following this training other drink shop owners complained that they had not been included. Additional trainings are being planned.

83 Interview with members of the Project Working Team, the project technical advisor, Dr. Keopasong, and MPWT, 21 December 2007.
As a part of the overall educational effort, a World AIDS Day community event was planned and attracted more than 200 people.84

**Target Populations**

**Contractors, Government Workers, and Others**

A single contractor, Joint Venture for Road Construction 20-8, is responsible for road construction on the road visited. Staffing for the project visited includes 17 project officers and seven project managers.

In addition to contractors, government workers are also at increased risk for HIV. Communication with these workers confirmed the familiarity of these (male) mobile workers with drink shops and sex workers. In addition, they presume to have sufficient knowledge about HIV as well as “busy schedules” that do not allow time for full participation in HIV education sessions that target workers.

**Construction Workers**

There is little concrete current research relating to the HIV risk factors for construction workers in Laos. While it is understood that drink shops are established to follow the road construction, the percentage of workers who actually visit these shops and purchase sex is not known.85 As mentioned, some suspect that project managers, supervisors, and government workers are actually at higher risk than lower paid workers who have limited mobility within the construction area.

According to the project manager for the contractor on the road visited, there are

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84 Ibid.
85 Based on interviews, including UNAIDS, 17-21 December 2007.
approximately 200 construction workers on the project, earning from US$100 per month for unskilled labor to US$150 per month for skilled labor, up to approximately US$250 per month for professional workers.

A group composed of 11 male and three female workers, including one couple, was interviewed. Individuals ranged in age from 16 years (two young men) to 47 years of age, and included those whose families lived nearby and those whose families were far away. Most reported visiting home once or twice a year. All had completed primary school, and four had finished secondary school. One was working to save money to attend college.

In general, knowledge about HIV was low, and only two men said they used condoms. A peer educator was present and was asked to demonstrate proper use of a condom for the group, accomplished with some laughter, but also the rapt attention of workers. Condoms were passed around and each worker was encouraged to take some.

**COMMUNITY RESIDENTS**

A group of 14 villagers, including 11 men and three women, were interviewed. There were two villages represented, with populations of 317 people and 62 households for one village and 550 people with 250 households for the other. Reported occupations for villagers included students, farmers, and seasonal workers.

The group indicated good knowledge of HIV transmission and prevention, where to purchase condoms, and where to get tested for STIs and for HIV. They also acknowledged that
behavior change was different than knowledge—particularly if you have been drinking.

Maybe after you get drunk you forget everything. You have to be careful to try to control yourself even if you get drunk and remember the wife.

—Villager, December 2007

An interesting discussion focused on whether or not a woman would, or should, find it problematic if her husband either had a condom in his pocket or if he wanted to use a condom with his wife. One woman present insisted that while she would not purchase condoms, she also would not be upset if her husband wanted to use them. Others disagreed, and most men doubted their wives would be as understanding.

In response to a question about the kinds of things they would like to see for further education relating to HIV, one person hoped to have people living with HIV and AIDS speak. They would also like to have equipment for better education including, an LCD projector for PowerPoint presentations, a video camera, DVD and CD players, a microphone, and a model to demonstrate the proper use of condoms.

There was additional discussion of the need to scale up training to include all 45 villages along the road. The idea of a mobile workshop was raised, as well as having a ToT session.

**Commercial Sex Workers (CSW)/“Service Women”**

According to UNAIDS, commercial sex work is the driving force behind the transmission of HIV in the Lao PDR. An increasing number of women are joining the ranks of Lao “service women,” indirect sex workers who primarily work in

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86 Interview with UNAIDS Country Coordinator, 18 December 2007.
“drink shops,” serving beer and, from one to several times a week, selling sex in addition to beer.

PSI published a study of CSWs in Laos based on a behavioral surveillance survey conducted in 2005. This research provides important insights into characteristics of sex worker behavior and needs for targeted interventions. CSW accounts vary in terms of consistent condom use and use of a condom with last sexual encounter; this depending on whether the sexual partner is a “fan,” a regular partner—i.e., boyfriend, spouse, or other person with whom there is an emotional commitment (consistent use 46.5%; last sex 64.7%), “ka pa cham,” a casual partner or someone who may or may not pay for sex (consistent use 77.7%; last sex 92.6%), or “kek,” a commercial partner (consistent use 82.1%; last sex 96.7%).

Almost all respondents noted that the Number One Deluxe Plus condom was affordable (97.2%) and that the majority found it easily accessible (78.9%). PSI monitors availability and access to condoms at least annually, making adjustments based on data collected. One adjustment made, based on information gathered, is ensuring access in non-traditional outlets as a result of feedback that service women were “shy” to purchase condoms from pharmacies.

88 Interview with PSI Communication Manager and Research Manager, 19 December 2007.
According to Family Health International (FHI), there are three categories of sex workers, or “service women,” in Lao PDR:

- women whose clients contact them through cell phone. These women have more money and are more difficult to connect to through outreach education;
- women who work in nightclubs; and
- women who work in drink shops, estimated to be 65% of female sex workers, typically ages 15 to 23, the lowest paid, and at highest risk.

FHI, with USAID funding, sponsors seven Wellness Centers (also called drop-in centers), including four in Vientiane Capital, and one each in the following provinces: Luangprabang, Savannakhet, and Champasak. These target service women who work in drink shops, with each center serving the 300–400 women who work at the 40–50 drink shops in the center’s area. Every month each center reaches 80–90% of female sex workers in target districts and provinces.

Each Wellness Center has one STI doctor present at least one day each week. The centers provide STI testing and treatment, VCT services, and referrals for treatment and support groups for women who are HIV positive. In addition, the center is a place women can come to relax; for special events, such as learning how to do one’s hair, personal hygiene, nails; and for consultative counseling that provides emotional support to girls when they have issues with clients or boyfriends.

Four outreach workers are recruited from the drink shops to work at each center. These workers are provided five days of training about their roles, their own bodies, and how to implement activities. One of the tools used is a curriculum produced by Family Health International, titled Learning about Healthy Living, that describes interactive games and

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89 Interview with FHI Program Manager, 19 December 2007.
activities that can be used to engage women in open
discussion and learning about their bodies, HIV/AIDS, STIs,
reproductive health, negotiating condom use, managing
money, and other topics. The curriculum provides many
activities that are portable throughout the region with some
modification. Some of the materials are the same as those
found in the toolkit produced by the Reproductive Health
Initiative for Youth in Asia (RHIYA).

As a part of the field trip, a stop was made at a drink shop to
visit with three service women. Sitting at an outside table, the
women served the beer to everyone at the table, including
themselves, with occasional toasts around the table, as is the
custom in this part of the world.

Panda is age 17 and has been doing this work since she
was 15. She recently kicked an amphetamine habit and is
now a peer educator, visiting women who work in shops
nearby. Her education ended after primary school, and
this is work she could find.

Vimala is also age 17 and a primary school graduate. She
has been working as a “service woman” since she was 14.
Her family is very poor, and she needs this job. She wants
to open a shop, and she dreams of saving money to
accomplish that goal. The project advisor promised to call
and follow up with her to find out if she had begun saving
her money.

On the outside I act very happy, but on the inside I am so sad.

—24-year-old sex worker, December 2007

90 Names are pseudonyms.
Nopakane is 24 years old. She finished secondary school and has been working in beer shops for four years. She has been sending money to her parents to build a house that is currently under construction. When it is done she will leave this work that she “hates.”

Condoms don’t always work—two times a condom broke.

—17-year-old service woman, December 2007

Some men want to use more than one condom at once—one was so afraid he used three at once.

—17-year-old service woman, December 2007

While all three of the women use condoms consistently with paying clients, correct use may be an issue, and the one woman with a boyfriend indicated that she does not use a condom when having sex with him.

CONCLUSIONS
There are many initiatives in Laos with good IEC materials and numerous regional and country-specific HIV education programs that use participatory training targeting service women, mobile workers, and communities. The need is for collaboration and harmonization among those agencies implementing programs, further capacity building for government agencies, and a scale up of existing effective programs.
Current funding allows consultants for HIV education projects to only make once-a-month visits to construction sites to supervise and help implement educational activities, and they must travel significant distances between villages on roads that are in very bad condition. It is well known that peer education programs require close supervision and are time intensive, leaving questions about how well these programs work.

Project managers cite a lack of equipment that would enable the consultant and peer educators to use approaches that might be useful in reaching larger groups of people (i.e., microphones, an LCD projector, and DVD/VCD players).

Nonetheless, communities have used opportunities such as World AIDS Day to sponsor activities that reach large numbers of community residents and the training of peer educators has been a significant boost to education among each of the target groups for infrastructure projects. In addition, the capacity of the MPWT to implement HIV education and trafficking programs is growing.
KEY FINDINGS

PROVIDING INFORMATION AND KNOWLEDGE IS EASY; CHANGING SEXUAL BEHAVIOR IS DIFFICULT
In general, awareness and knowledge about HIV and AIDS is very good among countries visited. Where information is lacking, basic educational sessions can quickly fill knowledge gaps. However, getting people to change their sexual behavior and/or to address drug habits is much more complicated and requires an educational approach that engages participants in deeper ways to promote changes in attitudes, values, and norms. The need to address gender inequalities is fundamental to enable women and girls to be able to effectively control their own risk to HIV transmission.

DIFFERENT AGENCIES/INITIATIVES ARE TARGETING THE SAME POPULATIONS
Mobile workers and commercial sex workers (CSWs) are among the most-at-risk-populations (MARP) in many countries, meaning that there are many different groups, including government, UN agencies, INGOs, NGOs, and others with whom efforts should be synchronized.

In a similar way, the Bank, ADB, JBIC, and others are developing their own capacity and the capacity of the same counterpart government agencies, contractors and NGOs, to implement HIV education as part of infrastructure projects.

Some construction and trucking companies are developing their own workplace policies to address HIV education.

THERE ARE MANY EXISTING IEC MATERIALS
There are many existing IEC materials that are being used in HIV education campaigns, including some developed specifically to target factory and/or construction workers.
These include printed materials (posters, brochures, banners, booklets, calendars, etc.), desktop flip-chart training tools, trinkets and giveaways (key chains, pens, hats, t-shirts, etc.), playing cards (in China), short “spots” for TV and radio broadcasting, television docu-dramas and series, video/DVDs (ranging from 30 seconds to 90 minute docudramas), billboards, and more. Some materials are developed by Ministries of Health and public health departments, while others are developed by groups who specialize in social marketing (e.g., Populations Services International and BBC-World Service Trust) or by INGOs, with grant funds allocated to researching and developing these materials (i.e., Family Health International). Few, if any, of these materials have been evaluated for effectiveness.

**Countries Follow Varying Models to Fulfill Requirements to Implement HIV Education Campaigns**

The Bank has anticipated a model where the requirement for HIV education will be fulfilled by construction contractors hiring an NGO, public health department, or HIV expert to conduct the campaign. While both Cambodia and Lao PDR governments have followed this model in the past, it is anticipated that the ministries of transport (or equivalent) will be able to deliver these campaigns themselves using internal resources in the future; these groups are currently building their capacity to achieve this outcome.

**HIV Educators Have Mixed Training Skill Levels**

Interactive and participatory training skills of HIV educators are highly variable. There is evidence that some trainers have good group facilitation skills; others report that they present information to large groups using PowerPoint presentations with question-and-answer sessions as the major participatory activity. These difference approaches lead to highly-variable results. These methods may be effective to provide basic
information, it is unlikely that these sessions will engender behavior change.

**Peer Education Programs May Be Challenging**

Peer education programs require substantial training, supervision, and mentoring. In addition, programs will be difficult to manage if the peer educators move frequently. These requirements may make it challenging to implement an effective peer education program in construction sites where workers remain only for several months at a time.

Alternatively, in village communities, existing structures often already exist for village peer educators. Utilizing these existing systems, or creating complimentary peer educator roles to target HIV education, can be highly effective.

**World Bank Staff, Government Workers, Project Managers and Supervisors May Be Most At-Risk**

Those who may be most at risk include highly mobile workers who have their own transportation, higher incomes, and more opportunities to interact with sex workers. Challenges in reaching these populations include the self-perception of being “too busy” and already knowing everything about HIV.

**Need for Research to Support Evidence-Based Policies and Interventions**

There has been little research relating to HIV-related risk taking behaviors of Bank staff, government workers, construction contractor managers, and workers and community residents.

In addition, evaluation relating to the impact and efficacy of programs meant to reduce behaviors associated with HIV risk has been minimal.

Honorable Bun Leng, MD, M.Sc, Deputy Secretary General, Cambodia NAA: “There is a lack of scientific knowledge about these populations. We need information about the
impact of HIV on these populations so that we can use it as a tool for advocacy.”91

**NEED FOR COMMUNITY RESILIENCE MAY IMPACT IDEAL TIMING FOR HIV EDUCATION**

Communities near construction sites need to build resiliency prior to construction to prepare community residents for the following:

- Construction workers will develop relationships with village teenage girls and young women;
- The increased presence of sex workers may present new opportunities for community men and teenage boys to engage in high-risk sexual behavior.

**ADDRESSING SUPPLY AND DEMAND FOR COMMERCIAL SEX WORKERS (CSWs)**

Even though commercial sex is a major factor in the spread of HIV in East Asia and closely connected to construction projects, there is little being done to address root causes of sex work, either on the supply or demand side.

Young women typically become sex workers to earn a living. They often have low levels of education and few options to generate the kind of income needed to support themselves and their families. And, while significant funds are being spent to promote the use of condoms by sex workers and their clients, there is little systematic work being done to address access to education for girls, training for employment, and methods to save money.

Many men claim that they visit sex workers because of the long time spent away from their wives. While some messages focus on how men can channel their sexual energy in other directions, there is little in-depth discussion about this topic.

**FUNDING REMAINS A MAJOR ISSUE**

91 Interview, 6 December 2007, Phnom Penh, Cambodia.
Almost all those in charge of existing interventions mentioned the need to scale up efforts in order to reach more people. To do this, additional staffing and other resources, such as microphones, LCD projectors, mobile DVD players, and sufficient IEC materials to cover target populations, are required.

**Condoms and VCT Services**

While condoms are readily available in urban areas, they may not be as easy to access in rural areas. Barriers to accessing condoms include stigma and an association with commercial sex work, particularly for women. Additionally, VCT services are not available in many rural areas and require travel. For many rural people this is a significant barrier.

**Need to Address Sustainability**

When condoms and other services are provided as part of an educational intervention it is important to consider how these condoms will continue to be available after the intervention ends. If there is not a sustainable supply of condoms in a community, the short-term positive results of education may disappear.

A woman living with AIDS, who currently receives free antiretroviral treatment and feels “like a normal person” asked the burning question throughout these countries: “What is going to happen three years from now when there is no more funding for the medication I now receive?”

A rural health clinic provider in Cambodia said that a year ago an NGO was providing funds for community residents to travel to the hospital where VCT testing is offered. That funding is no longer available for VCT; it has been redirected to another program.

The need for sustainability speaks to the need to build the capacity of governments, local NGOs and the private sector.
to effectively manage and support these programs once donor funding is no longer available.
RECOMMENDATIONS

INCREASE COLLABORATION AND HARMONIZATION

There is a need for increased collaboration and harmonization of efforts by governmental agencies, donors, and NGOs.

The 2006 Joint Initiative by Development Agencies for the Infrastructure Sectors to Mitigate the Spread of HIV/AIDS could be made more operational through the creation of a working group that would function at international and national levels. As this report was being finalized plans were in place for the initiation of this working group.

PROVIDE TRAINING OPPORTUNITIES FOR HIV EDUCATION CAMPAIGN MANAGERS AND EDUCATORS

Training for managers, supervisors, and HIV educators will build skills, knowledge, and capacity in areas including:

- HIV basic knowledge;
- behavior change communication strategies;
  participatory training and facilitation; and
- monitoring and evaluation, including how to conduct a baseline study, collect data, and report.

Training workshops could be co-sponsored by all development agencies on national and regional levels to help build collaboration and harmonization.

PRIORITIZE SCALING UP AND QUALITY ASSURANCE FOR MATERIALS AND SERVICES

In some countries there is a strong need to scale up interventions to reach more people. In addition, there is a need to focus on the quality of materials and services.

IMPLEMENT HIV EDUCATION IN COMMUNITIES NEAR CONSTRUCTION SITES IN ADVANCE
Implementing HIV education in local communities along planned construction sites in advance of actual construction would allow communities to build resilience and better withstand any negative impacts associated with roads.

**Evaluate Existing Materials and Initiatives**

Evaluation of existing programs and IEC materials would contribute toward creating an evidence-base from which to develop future programs.

**Consider Projects to Address Girls’ and Women’s Needs for Education and Economic Security**

Initiatives to address some of the root causes of why women become CSWs—lack of education and the need for income—could significantly reduce the transmission of HIV. Opportunities for both formal and vocational training might be offered in communities impacted by construction with girls and women targeted and with incentives provided to both families and individuals who participate.

Of note is a recent article published in the *Journal of Epidemiological Community Health* suggesting evidence of an association between level of education and reduced risk of HIV infection.92

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KEY INITIATIVES, ORGANIZATIONS, AND RESOURCES

MEMORANDUM OF UNDERSTANDING FOR JOINT ACTION

The Memorandum of Understanding (MOU) for Joint Action to Reduce HIV Vulnerability Related to Population Movement between The Kingdom of Cambodia, the People’s Republic of China, the Lao People’s Democratic Republic, the Union of Myanmar, and The Socialist Republic of Viet Nam, 2004, updating a 2001 agreement, is a key document.

This MOU documents agreements between countries relating to the following objectives to reduce mobility-related HIV vulnerability within the GMS:

- Create enabling policies and systems;
- Promote development strategies that reduce HIV vulnerabilities; and
- Promote HIV/AIDS prevention, care, and support.


ASIAN DEVELOPMENT BANK (ADB)

HIV prevention in the infrastructure sector has been identified as a priority area in ADB’s response to HIV and AIDS, particularly in the GMS.

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93 This is not meant to be a complete list.
The ADB has developed a resource manual for addressing HIV issues in transport projects. This manual is intended to assist ADB transport and social sector staff, ministries of transport, and other partners in systematically addressing HIV issues throughout the project cycle—from project inception to end-of-project evaluation. The manual was developed from 2004–2007, taking into account lessons learned from past ADB projects (e.g., case study review conducted in 2007 on four transport projects in the GMS.95

ADB is currently implementing a Regional Technical Assistance (TA) Project (6321) to accomplish the following:

- the case study review conducted in 2007 on HIV activities in four GMS transport projects (completed);
- a regional web-based database on HIV initiatives in the infrastructure sector (contracted to IOM Viet Nam); and
- support to the ministries of transport in Lao PDR, Cambodia, Viet Nam, and China (linked with another ADB project in Yunnan) to develop their policies, systems, and capacity to mainstream HIV prevention in their sectoral work.96

Under the ADB Baoshan Safe and Action Project, another resource manual is being developed to instruct agencies implementing HIV on basic activities that they can perform in the road-construction setting. The manual will be written for the China audience but will remain relevant for the region.

The case study review conducted by the ADB in 2007 included a synthesis study with a summary of lessons learned. These include the following:97

95 Notes from informal phone discussion with ADB consultants, 9 January 2008.
96 Ibid.
97 ADB Experience in the Greater Mekong Subregion, ADB Synthesis Paper, HIV & Infrastructure—ADB Experience,
Develop program support through capacity building of the transport and infrastructure sector institutions. Many ministries of transport (or equivalent) in the GMS are developing policies or guidelines for mainstreaming HIV prevention into their sector policies, strategies, and activities.

Consolidate HIV implementing arrangements. Avoid having more than one organization and/or agency implementing HIV-related activities in association with a single infrastructure development activity.

Design self-contained HIV prevention components. Each infrastructure project should have internal implementation and funding arrangements to ensure the coordinated and sustained delivery of HIV-related activities throughout project duration without reliance on other projects.

Integrate HIV prevention into the contractor’s occupational health and safety program. Some countries, such as the People’s Republic of China, require an occupational health and safety program in association with all infrastructure projects. HIV messages can be integrated into these to reinforce and mainstream messages.

Adopt a holistic “settings” approach rather than focus on specific target groups. This was used in Yunnan Province. The interconnectedness of the construction worksite, local communities, and the entertainment sector was recognized and used as a basis for planning and targeting interventions rather than narrowly defining “risk groups” and targeting each separately.

Collaborate with local HIV/AIDS authorities. Ensure that local health providers and a multi-sectoral HIV committee, where they exist, are closely involved in the planning and implementation stages. Capacity building and ongoing technical and financial support would increase the effectiveness and sustainability of the government’s HIV initiatives.

PREVIOUS RESEARCH AND LESSONS LEARNED

In 2001–2002, ADB invested more than $500,000 in a TA project focused on improving the understanding of relationships between mobility, migration, and HIV transmission in the GMS. The TA included:

- conducting studies;
- developing toolkits; and
- promoting strategies, policies, and programs.

World Vision Australia was contracted to implement the TA and worked in collaboration with the Burnet Institute and the Asian Research Center for Migration.98

Results of the TA included the following:

- a mobility study published and disseminated on a CD-Rom and at the 6th International Congress on AIDS in Asia and the Pacific in Melbourne in October 2001;
- A Regional Strategy on Mobility and HIV in the GMS, adopted by the UN Task Force on Mobility and HIV Vulnerability and adoption of the plan by the ASEAN (Association of Southeast Asian Nations) Secretariat as the basis for developing the Joint Action Plan for 2002–2004; and
- a Toolkit for HIV Prevention Among Mobile Populations in the Mekong Subregion outlining the critical elements of an effective HIV prevention program, with a series of national level dissemination workshops in Cambodia, Lao PDR, Myanmar, and Viet Nam and a regional workshop in Bangkok.

BBC - WORLD SERVICE TRUST (BBC - WST)

The BBC-WST’s mission states the following:

The Trust uses the creative power of media to reduce poverty and promote human

rights by inspiring people to build better lives.

Around the globe, the BBC-EST has produced videos and used other media to promote public awareness, information, and behavior change on issues including HIV/AIDS, anti-trafficking, women's empowerment, and more.99

In Cambodia, the BBC-WST produced a TV series that ran for two years (2004–2006): A Taste of Life. The show was very popular and was accompanied by a photo-strip magazine, supported by UNICEF, with 66,000 copies distributed monthly, three weekly live radio phone-in shows, and 55 radio and 55 television public service announcements.100

The BBC-WST also works in other countries in Asia including China, Bangladesh, India, Indonesia, Pakistan and elsewhere. With funding, the BBC-WST can be commissioned to produce targeted video productions for specific populations (e.g., construction workers, etc.).

**Burnet Institute**

The Burnet Institute was a leading partner in the ADB TA that created a Toolkit for HIV Prevention Among Mobile Populations in the Mekong Subregion.

As discussed above, in Lao PDR, the Burnet Institute’s Centre for International Health was contracted by SIDA to implement the HIV education campaign. The model built during this project is the model now being implemented for ADB Road 10, including use of the same consultant Burnet used to direct its efforts.

CANADA SOUTH EAST ASIA REGIONAL HIV/AIDS PROGRAM (CSEARHAP)

Funded by the Canadian International Development Agency (CIDA), CSEARHAP focuses specifically on strengthening the capacity of governments in Cambodia, Lao PDR, Thailand and Viet Nam to address the issues relating to HIV and AIDS among mobile and migrant populations.

The project uses a gender-sensitive, multi-sector, region-specific approach and implements the Regional Strategy developed by the UN Regional Task Force on Mobile Populations and HIV Vulnerability Reduction. Partners include HealthBridge, CARE Canada, and the Canadian Society for International Health.101

In Lao PDR, in addition to policy and advocacy, CSEARHAP has focused on documented migrant workers who work in other countries. In collaboration with the Ministry of Labor and Social Welfare and the Ministry of Health a pre-departure training that includes HIV awareness has been developed and is being implemented as compulsory training.

CARE AUSTRALIA

CARE Australia is an implementing partner in the RHIYA project, described below.

In Lao PDR, CARE began working with sex workers in Laos in the 1990s and more recently began providing education about reproductive health and STIs to factory workers.

Also in Lao PDR, CARE has produced a set of training video cassette disks (VCDs) available in three languages—Lao, Hmong, and Khmu—on topics relating to reproductive health, STIs, and HIV. The VCDs use known actors and provide fully animated, three-dimensional demonstrations of ovulation, menstruation, and pregnancy; information about

101 www.csih.org; www.csearhap.org
contraception and birth control, including male and female sterilization; prevention, symptoms, and treatment of STIs; and information about HIV transmission and prevention. The real-life look of these VCDs include the use of a silicon penis model.

**CARE INTERNATIONAL IN VIET NAM**

In Viet Nam, CARE International is contracted by JBIC to implement HIV education on the Can Tho Bridge Construction Project. This project is described in the accompanying case study on Viet Nam.

**FAMILY HEALTH INTERNATIONAL (FHI)**

In Cambodia, IMPACT/Cambodia and FHI's Asia-Pacific Division have produced a self-care series for people living with HIV/AIDS. The series consists of four books written and illustrated specifically for people living with HIV/AIDS and for individuals caring for HIV-positive friends or family members. FHI encourages organizations working in other countries to adapt these materials for local use.

Books, with titles listed below, are available as PDF files in English from the FHI website at http://www.FHI.org/en/HIVAIDS/pub/guide/cambodiaselfcare.htm.

- **Book One**: What Should I Do If I Think I Have AIDS? (20 pages, 5.20MB)
- **Book Two**: Living with Hope and Staying Healthy (43 pages, 8.20MB)
- **Book Three**: Living Peacefully with AIDS (47 pages, 5.71MB)
- **Book Four:** Staying Healthy for Mothers Living with HIV (33 pages, 2.79MB)

In Lao PDR, through a USAID-funded project, FHI sponsors drop-in centers for sex workers in Vientiane and in two other provinces.

FHI has produced a curriculum, *Learning about Healthy Living*, with interactive games and activities that can be used to engage women in open discussions and learn about their bodies, HIV/AIDS, STIs, reproductive health, negotiate condom use, manage money, and other topics. The curriculum is available in English as an online document from the FHI website with material in Lao for use in-country.


**INTERNATIONAL ORGANIZATION FOR MIGRATION (IOM)**

The IOM has developed an HIV Safe Mobility Package—*For Life, With Love*—to be used in GMS. The package was developed in June 2007 and launched in five GMS countries (Cambodia, Laos, Myanmar, Thailand and Viet Nam) in 2007. IOM is now developing a program for training and dissemination in the GMS and extending to the BIMP-EAGA (Brunei-Indonesia-Malaysia-Philippines East ASEAN Growth Area). Information about the campaign, which uses educational cartoons, and the theme song are available on IOM's website: [www.iom-seasia.org/index.php?module=pagesetter&func=viewpub&tid=6&pid=478](http://www.iom-seasia.org/index.php?module=pagesetter&func=viewpub&tid=6&pid=478).

In Lao PDR, IOM has been discussing with ADB the development of a training curriculum to use IOM's HIV Safe
Mobility Package among road construction workers and affected communities along ADB 10 road. The key government partners are MPWT and CHAS.102

**JAPAN BANK FOR INTERNATIONAL COOPERATION (JBIC)**

In 2005 JBIC sponsored a meeting titled “HIV/AIDS Prevention for Mobile Populations in Greater Mekong Subregion: Corporate Social Responsibility in JBIC Infrastructure Projects.” At that time, HIV education was being provided as part of a bridge construction project on the border between Thailand and Lao PDR and at a port development project in Cambodia. Since then, additional projects include the Can Tho Bridge project in Vietnam.

The Japan Bank for International Cooperation is part of the 2006 Joint Initiative with ADB, AFDB, KfW and the World Bank.

**MARIE STOPES INTERNATIONAL AUSTRALIA (MSIA)**

Marie Stopes International Australia (MSIA) is an Australian not for profit, non-government, tax deductible organization (NGO), working with local partners and governments to provide vital reproductive health services in low income communities in Asia and the Pacific. Marie Stopes International Australia/China (MSIA/C) has been a leader in HIV education among workers in China and in the transport sector. MSIA/C launched the first condom social marketing efforts in Beijing in the late 1990s, has conducted HIV/AIDS prevention in construction on the Qinghai Railway, HIV/AIDS prevention in factories on behalf of Nike, and works with public transport authorities to develop public information messages on reproductive health and HIV for broadcast on railways and in long-distance bus stations. MSIA/C’s core

102 Interview with Dr. Changthanome Khamsibounheuangm Lao PDR National Centre for HIV/AIDS and STIs Control on 17 December 2007 and email communication with IOM.
business is to address the reproductive health needs of youth and migrant workers in China, including addressing issues of HIV/AIDS in these populations.

From 2005 MSIA/C has been implementing the Baolong Health and Safe Action Project during the construction phase of the Baolong Highway in Yunnan Province, supported by ADB. The project reached over 15,000 construction workers, local ethnic minority communities, entertainment workers and youth. The project recently developed an HIV/AIDS toolkit titled More Safety. The toolkit will be used for other ADB projects in the region. Information about the toolkit can be accessed from Claude Bodart, ADB, cbodart@adb.com or Marie Stopes International China, http://www.youandme.net.cn.

**Population Services International (PSI)**

PSI, a non-profit organization with headquarters in Washington, DC, and initiatives in over 60 countries, is known for social marketing to promote behavior change in areas relating to family planning and health, including HIV and AIDS. PSI conducts behavioral surveillance surveys among target populations to support the development of evidence-based behavior-change communication strategies.

Research in Lao PDR, for example, has included a 2005 survey of behavior among more than 620 female sex workers. A follow up survey was planned for late 2007. Since 2004, four rounds of data have been collected relating to the coverage and equity of access to condoms and other PSI products.103 According to those managing programs in Laos, monitoring of access is ongoing with reports from outlets every three months.

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PSI began marketing condom and related products in Cambodia in 1994 and in Laos in 1999. Today, several condom products are marketed in several GMS countries (in addition to other countries around the globe), including male and female (in some markets) condoms, condoms packaged with lubricants, scented, and dotted condoms. PSI has been a significant partner in the 100% Condom Use Program in Cambodia and has its own production studio for the development of radio, television, and video messages. In 2005 a campaign entitled “Klahan” was launched promoting awareness of HIV risk among trusting couples.

In 2004, PSI/Cambodia launched a pilot project for a pre-packaged STI treatment, STOP-Z, through selected vendors including licensed pharmacies and NGO partners in Phnom Penh; and a VCT program to provide quality counseling and testing. The STI treatment program has been expanded to other GMS countries, including Laos and Myanmar.

In Laos, PSI focuses its work specifically on high-risk populations defined as female sex workers, men having sex with men, and clients of sex workers. Work has included a project targeting long distance truckers and drink shops (2005-2006) and the Nam Theun Dam project, with an outstanding proposal for a third year of work.

Project HOPE: Health Opportunities for People Everywhere

Project HOPE, a not-for-profit organization with headquarters in the USA, provides specialized HIV/AIDS training to health professionals in China. Project HOPE works in partnership with the Hubei CDC and the Hubei HIV/AIDS Clinical Training Center. The organization was instrumental in ToTs for Chinese CDC workers as part of the Hubei Province Shiman Highway Project and continues to collaborate with the Ministry of Health and Wuhan University’s Zhongnan Hospital HIV/AIDS departments.
The RHIYA, funded by the European Union and implemented by the UN Population Fund (UNFPA), produced many IEC materials that can be used as part of an educational program on HIV and AIDS. This project was implemented in seven countries: Bangladesh, Cambodia, Laos, Nepal, Pakistan, Sri Lanka, and Viet Nam from 2003–2006.

With a decade-old focus on factory workers - targeting initially young women mobile workers - UNICEF in Lao PDR developed a 15-activity, 12-hour curriculum relating to reproductive health and HIV for factory workers. The curriculum uses a participatory approach and is broken into three rounds. Round one imparts information, round two provides practice with decision making in risky environments, and round three focuses on negotiation and communication skills. After realizing that a 12-hour curriculum is too long to be implemented, the curriculum has now been reduced to four hours of activities following the same pattern. The goal is to implement the curriculum in all factories within three target provinces: Vientiane, Savannakhet, and Champasak.104

A campaign called Caring Dads, with the slogan, “Caring dads build strong families,” features positive images of men caring for their wives, children, and families, with messages about HIV prevention. The campaign advocates for the active involvement of men as fathers and fathers-to-be from

pregnancy through child-rearing, with a focus on safe sex and pre- and post-pregnancy care for mother and child.

Among the campaign’s activities are photo competitions and concerts featuring popular singers who convey campaign messages. The project has the active support of the Lao Trade Union.  

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105 Poster from UNICEF© Lao PDR/Souvannavong/200, Caring Dad Campaign in Vientiane, Lao PDR (designed by Watchirapol Isarangkul).
ANNEX I: MEETINGS

THE PEOPLE’S REPUBLIC OF CHINA

28 NOVEMBER–4 DECEMBER, 2007

WUHAN

Project Hope
Wuhan Office
Diana Liu Ping, Program Director
Wuhan University
wuhan@hopechina.com

Gui Xien, Professor
Zhongnan Hospital of Wuhan University
Director, Center for AIDS Research
Director, Hubei Province HIV/AIDS Clinical Training Center
Expert Advisor for PMTCT of Chinese CDC
HIV/AIDS Expert Consultant, Ministry of Health
znact@126.com

Yuanzhen Zhang, MD, Director of Obstetrics
Zhongnan Hospital of Wuhan University

Ke Liang, MD
Zhongnan Hospital of Wuhan University
harry.liang2008@gmail.com

SITE VISIT TO JIANGXI HIGHWAY PROJECT

Brothel in Jangdu District
Facilitated by the Center for Women’s Health CSWs

Construction sites
Subgrade A #16
Project Manager and ten men

Subgrade A #15
Project Manager and ten men
Community Residents

Centers for Disease Control (CDC) - China
Jiangxi Provincial CDC
Consultant to provide HIV education for the Jiangxi Highway Project
Madame Li
Wang Yanhua
Zhang Jingyu

Prefecture CDC
Du Gang

District CDC
Su DeYun
Xie Chunying

Center for Women’s Health
DFID (funded)
Zheng Wei

Jiangxi Provincial Communications Department
World Bank Loan Project Office
Mr. Yang, Deputy Director, Jiangxi Highway Project
Guo Jiahua, Chief of Administration
Coordinator for HIV/AIDS education
1975GJH@163.COM
THE KINGDOM OF CAMBODIA
5–11 December 2007

Asian Development Bank
Cambodia Resident Mission
Ms. Samvada Kheng, Gender Advisor
ksamvada@adb.org

Susan Paxton, PhD
ADB Consultant
posresponse@gmail.com
Researching impact of ADB road projects on communities

BBC—World Service Trust (phone discussion)
Charles Hamilton
charles.hamilton@bcwst.org.kh

Contractors for PRIP
Heng Sella, Royal Mekong Company
Chhim Makara, Thy Loo Construction Group Ltd.

District Health Clinic—Cha Chhouk Commune
Meas Para
Chief of Health Clinic
Tel: 0121 65711

Chart Phath
Capacity Building and Health Education Project
Siem Reap
012 768951

HIV/AIDS Coordinating Committee (HACC)
Mr. Umakant Singh, Advisor to Secretary General
uksinku@gmail.com

KHANA: Khmer HIV/AIDS NGO Alliance
Mr. Sok Chamreun, Team Leader, Technical Support
csokchamreun@khana.org.kh

Ministry of Public Works and Transport
Honorable Mr. Lim Sidenine, Under-Secretary of State,
Provincial Rural Infrastructure Program (PRIP) Project Director
FINDINGS FROM THE FIELD: HIV EDUCATION IN THE TRANSPORT SECTOR

lnine@camnet.kh.com

Mr. Douk Narin, PRIP Project Manager
Mr. Van Than—Vice Chair of Ministerial AIDS Committee
sarsamidy@yahoo.com

Ministry of Rural Development—Provincial Rural Infrastructure Project
Dr. Chan Darong, Director General for Technical Affairs
cbrdp@online.com.kh

Tunn Chandara, Director of PRIP-MRD, Chief Planning Statistics Office
Tun_chandara@yahoo.com, mrd-prip@camintel.com

Mr. Touch Samang, MRD-PRIP Project Manager
samnangprip@camintel.com

National AIDS Authority
Honorable Dr. Bun Leng, Deputy Secretary General
Bunleng04@yahoo.com

People Living with HIV or AIDS
- Interview with three people at World Bank World AIDS Day event
- Visit to person with AIDS during visit to Me Chea and They Village

Project Implementation Unit (PIU)—Provincial Rural Infrastructure Project (PRIP)

Kampong Thom Province staff

Siem Reap Province staff

SBK Research and Development
Dr. Yong Vutthikol, Team Leader
GMS: Cambodia Road Improvement Project
HIV/AIDS, Human Trafficking Program
Sbkproject@online.com.kh
UNAIDS: The Joint UN Program on HIV/AIDS
Tony Lisle, Country Coordinator
lisel@unaids.org
Chu Hong Anh, MD, MPH, Program Officer

Villagers in two communes:
Approximately 16 villagers (ten women, six men) from Thmal and Thom Villages, Touk Kroeul Commune, Prasath Balang District, between Kalavisei and Stong, Kampong Thom Province

Approximately 16 villagers (12 women, four men) and They Village Chief (female) from Me Chea and They Village, Cha Chhouk Commune, in Angkor Chum District between Angkor Chum and Varin, Siem Reap Province

Village Health Volunteer

WOMEN: Women Organization for Modern Economy and Nursing
Chea Sarith, President
Outreach workers
women@camnet.com.kh

World Bank, Cambodia Country Office
Veasna Bun, Infrastructure Operations Officer
vbun@worldbank.org

Dr. Toomas Palu, Senior Health Specialist
tpalu@worldbank.org

World Bank World AIDS Day event,
Phnom Penh, 10 December 2007

Program included speakers from
- Phnom Penh Municipal HIV/AIDS
- Daun Penh Health Center
- Home-based care members
- Chief of Sangkat Srah Chak
- People living with HIV/AIDS
- World Bank—Dr. Toomas Palu
VIET NAM
11–16 December 2007

Asian Development Bank
Viet Nam Resident Mission, Hanoi
Lisa Studdert, Health Specialist (brief phone meeting)
lstuddert@adb.org

AIDS Program Network
Ms. Dung—social worker
aidsprogram@hcm.vnn.vn

People living with HIV/AIDS: interviewed a group of six women, three men

CSWs: interviewed a group of six women

CARE International in Vietnam
Ho Chi Minh City Project Office
Sara Nieuwoudt, Health Program Officer
sara@carehcm.org
carevn@care.org.vn

Family Health International
Vietnam Country Office, Hanoi
Nguyen Duy Tung, MD, MPH
tung@fhi.org.vn

Ministry of Health
Vietnam HIV/AIDS Prevention Project
(funded by World Bank)
Duong Duc Chien, Consultant on Harm Reduction
ducchien@vnhpp.gov.vn

Dang Anh Thu, Procurement Officer
Athu_dang@yahoo.com

UNAIDS Viet Nam
Ludo Bok, UNAIDS Partnership Adviser
bokl@unaids.org
Chu Hong Anh, MD, MPH, Program Officer
dhua@unaids.org

**Construction Site Visit**

**China Road & Bridge Corporation (construction contractor)**
Peng Dapeng, General Manager
Vietnam Representative Office
Crbc_vn@126.com

Ren Yufang, Project Manager
Mekong Transport and Flood Protection Project (MD1)
Md1_vn@hotmail.com

**Halcrow Group Limited**
Gordon A. Edwards, Team Leader/The Engineer
Mtfp_pm@yahoo.com

**Joint Stock Construction Workers**
Company 122
Interviewed three individual men, group of ten men

**Transport Newspaper**
Nghia Le Minh, Reporter
minhnghiagtvthomo@yahoo.com

**World Bank Headquarters**
Maria Margarita Nunez, Senior Transport Specialist
East Asia and Pacific Region, Washington, DC
mnunez1@worldbank.org

**World Bank Viet Nam**
Quang Ngoc Bui, Social Development
Qbui1@worldbank.org

Trang Phuong Thi Nguyen, Environmental Specialist
Thnguyen13@worldbank.org

**Villagers**
11 men, three women
THE LAO PEOPLE’S DEMOCRATIC REPUBLIC
11–17 DECEMBER 2007

Asian Development Bank
Nopakan Bouaphim, Project Implementation Officer (Infrastructure)
nbouaphim@adb.org

Bouahome Phommalad, Assistant Project Analyst
Urban Development/Water Supply/Health Sector
bphommalad@adb.org

Burnet Institute
Dr. Niramonh Chanlivong, Country Program Manager
The Macfarlane Burnet Institute for Medical Research and Public Health, Ltd.
niramopenh@laotel.com

Canada South East Asia Regional HIV/AIDS Program (CSEARHAP)
Supported by the Canadian International Development Agency (CIDA)
Dr. Vanhkeo Rasabouth, CPM
vankeo@csearhap.org

Elona Toska, Resources Mobilization Advisor
elona@csearhap.org

CARE International in Lao PDR
Vimala Dejvongsa, Program Support Officer
vimala@carelaos.org

Family Health International
Phayvieng Philakhone, Program Manager
phayvieng@fhilaos.org

Lao National Network of PLWHA (LNP+[does this plus sign mean something?])
Khamsouan Inthavong, Coordinator
inpplus@yahoo.com
Lao Red Cross HIV/AIDS
Mrs. Michiko Suga

Lao Youth Center for HIV/AIDS/STIs
Ms. Dalaivanh Keonakhone

National Center for HIV/AIDS and STIs Control
Dr. Chansy Phimphachanh

Mahosoth Hospital
Candlelight of Hope Project (support for PLHA)
Dr. Valy Keolvangkmot, Deputy Head Infectious Disease Ward
Valy.keoluangkhot@auf.org

Candlelight of Hope support group meeting: attended part of meeting

Ministry of Health, Center for HIV/AIDS/STIs
Chanthone Khamsibounheuang, MD, Deputy Director
chanthon@laotel.com

Ministry of Health, Department of Hygiene and Prevention
National Committee for HIV/AIDS Control
Dr. Sivixai Thammalangsy
Senior Technical Officer/PMCT Focal Point
thammalangsylvixay@yahoo.com

Ministry of Health/Global Fund Office for HIV/AIDS
Bounlay Phommasack, MD, MPH, PhD
blnahico@laopdr.com

Ministry of Public Works and Transport
Khanngneun Khamvongsa, Deputy Permanent Secretary
khanagneun@laotel.com
Chanthanom Souligno, Deputy Director
Division of Cooperation & Investment
csouligno@yahoo.com
Pho Ngeun Souvannavong
Director of Environmental and Social Division
phongeun@yahoo.com
Mr. Xayabandith Insisiengmay
Deputy Director of Environmental and Social Division
xayabandith@hotmail.com

**Population Services International (PSI) Laos**
Shamano Bannavong, Communication Manager
bsihanono@laopdr.com

Sayana Phanalasy, Research Manager
sphanalasy@laopdr.com

**UNAIDS, The Joint UN Program on HIV/AIDS**
Dr. Michael Hahn, Country Coordinator
Michael.hahn@undp.org

Sari Karkkainen, Program Officer
Sari.karkkainen@undp.org

**UN Population Fund (UNFPA)**
Maridein Coren, Deputy Representative
coren@unfpa.org

**UN Children’s Fund (UNICEF)**
Mrs. Prudence Bortwick
HIV/AIDS Section Head

Sengarun Budcharern, Sr. Program Assistant, Children and HIV/AIDS
sbudcharern@unicef.org

Thongdenf Silokoune, National HIV/AIDS Officer (no card)

**INDIVIDUAL**

**Che Katz**
Social Development & Health Communication Specialist
Advisory Panel Member
Che.katz@attglobal.net

**CONSTRUCTION SITE VISIT TO ROAD FOUR B**

Accompanied by:
Pho Ngeun Souvannavong
MPWT, Director of Environmental and Social Division
phongeun@yahoo.com

Mr. Xayabandith Insisiengmay
MPWT, Deputy Director of Environmental and Social Division
xayabandith@hotmail.com

Dr. Kaeposong Noi, Project Consultant
kaeposong@hotmail.com

**MEETINGS**

- Members of the PWT
- Construction company project manager – brief discussion
- Construction workers at rock quarry, PhaMoung focus development area
- 11 men, 3 women, including one married couple
- Service women—3 women at a beer shop
ANNEX II: COUNTRY-SPECIFIC RECOMMENDATIONS FOR TAILORING THE CAMPAIGN
Visits to each country provided rich information to the EnCompass team for the development of The Road to Good Health: HIV Prevention in Infrastructure Projects - East Asia and Pacific Region, a generic toolkit that will be used to develop and implement HIV education in infrastructure projects throughout the EAP region. The toolkit provides a Training Guide, IEC Materials, curricula with step-by-step instructions for delivering to training to Managers and Supervisors, Construction Workers, Community Residents and Sex Workers, a Monitoring and Evaluation Framework, Additional Resources, and Sample Costs.

The structure and content of the toolkit were directly informed by findings during field visits. Noteworthy findings, also referred to above, include:

- ministries of transport (or equivalent) are not only interested in providing HIV education to workers, but increasingly (Cambodia and Lao PDR) they are interested in building their internal capacity to deliver that training;

- many trainers and potential trainers are interested in, but lack knowledge of, participatory training techniques;

- construction workers, community residents and sex workers are responsive to participatory training methods;

- many IEC materials are locally produced and can be utilized by campaigns;

- although basic knowledge of HIV is widespread, many people lack a detailed understanding of HIV and AIDS.
<table>
<thead>
<tr>
<th>Country</th>
<th>Country-Specific Recommendations for Tailoring the Campaign</th>
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<tbody>
<tr>
<td>China</td>
<td>A Training-of-Trainers should include the following so that trainers can make best use of the materials provided:</td>
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<td>- participatory training methods, to replace PowerPoint lectures that are currently used;</td>
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<td>- experience with people living with HIV and AIDS, to provide first hand experience to trainers who will be working to address the fear, stigma and discrimination that is prevalent in China;</td>
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<td>- information relating to HIV and AIDS that goes beyond the three basic ways HIV is transmitted; and</td>
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<td>- training relating to effective IEC materials.</td>
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<tr>
<td>Cambodia</td>
<td>Provide equipment for training programs, including microphones, video recorders and players, and PowerPoint projectors.</td>
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<td>Provide funding to have local IEC materials further adapted to target ethnic minorities.</td>
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<td>Evaluate programs that are effective to provide evidence for scaling up.</td>
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<td>Viet Nam</td>
<td>Coordinate and harmonize efforts with governmental, non-governmental and other donor efforts.</td>
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<td></td>
<td>- Identify national level committees relating to HIV and mobility and coordinate with these.</td>
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<td>- Utilize data from monitoring and evaluation to contribute towards the development of national policies.</td>
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<tr>
<td>Lao PDR</td>
<td>Coordinate and harmonize efforts with governmental, non-governmental and other donor efforts.</td>
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<td></td>
<td>- Identify national level committees relating to HIV and mobility and coordinate with these.</td>
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<td>Continue to build the capacity for government agencies to implement the HIV education campaigns, including:</td>
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<tr>
<td></td>
<td>- Provide training-of-trainers.</td>
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<td></td>
<td>- Provide equipment for training programs, including microphones,</td>
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<td>video recorders and players, and PowerPoint projectors.</td>
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<td>Scale up of existing programs.</td>
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<tr>
<td>- Provide funding to reach more communities that are near construction sites.</td>
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<tr>
<td>- Evaluate programs that are effective to provide evidence for scaling up.</td>
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