PART TWO

Country Resources
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Versions of this toolkit are also available in Chinese, Myanmar, Khmer, Lao and Vietnamese.

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Acknowledgments

The technical assistance team of the ADB/UNDP project Preventing HIV/AIDS among Mobile Populations in the Greater Mekong Subregion acknowledges the input of governments, UN agencies, the ADB and NGOs in the development of this toolkit.

The process involved resource collection, consultation and field testing in Cambodia, Lao PDR, Myanmar, Vietnam, and Yunnan Province of the People’s Republic of China. The participants in focus group discussions, the field testing and in dissemination workshops provided valuable input into the production of this resource for implementing HIV prevention programs among mobile populations.

We especially thank Dr Ravi Jayakaran from World Vision for permission to reproduce his A five-minutes reference booklet on participatory learning and action (PLA) methodology.
Introduction to Part Two

Part Two of the toolkit is a collection of resources used when implementing the five critical components presented in Part One of the toolkit.

These resources were used in field testing of the toolkit and found to be effective. The resources will be useful in providing better understanding of ways to meet the outcomes of the five critical components, as they provide practical directions rather than discussion of concepts. They can be used as they are, adapted to be relevant for use in specific locations, or they can be replaced with other resources that program managers have available and found to be useful when implementing HIV prevention programs.

The whole approach encourages the use of one’s own resources. For those who may not have materials available, this resource pack provides a starting point by providing reference lists, samples of training curricula, PLA exercises, and extracts from some reference materials.

In the Cambodian, Chinese, Lao, Myanmar and Vietnamese translations of this toolkit, additional resources will be included in this section according to what is available and in use in each country.
Chapter 1. Resources for Task Group formation

Task Group formation is important for community mobilisation to develop HIV prevention programs. The resources in this chapter will help the facilitator to initiate discussion with local groups on HIV issues. It is helpful to have the local group refer to such documents as the national HIV prevention program strategy and the regional strategy on mobility and HIV, to understand the policy framework under which they can implement an HIV prevention program. As a reference, the Executive Summary of the *Regional strategy on mobility and HIV vulnerability in the Greater Mekong Subregion (2002–2004)* is presented below.

The *Regional strategy on mobility and HIV vulnerability in the Greater Mekong Subregion* has been developed to inform and guide program and policy development with mobile people in the GMS over the 2002–2004 period. It outlines responses in four thematic areas:

1) create an enabling environment;

2) facilitate development approach;

3) develop, provide, monitor and evaluate HIV/AIDS prevention, care and support programs for mobile people; and

4) establish a co-ordination, monitoring and evaluation mechanism.

Under each of the thematic areas, priority actions are identified, in an effort to ensure comprehensive and co-ordinated responses. The following priority action areas have been articulated, along with specific objectives:

**Priority One: Create an enabling environment**

*Facilitate and advocate for the implementation of enabling policies to reduce the HIV vulnerability of mobile people.*

Objective 1:
- Domestic and international mobile populations are recognised and included in national and regional multi-sectoral HIV/AIDS policies, plans and actions.

Objective 2:
- Strengthen advocacy to protect mobile people—including undocumented migrants and those who engage in illicit drug use or sex work—from HIV.

*Facilitate greater access of mobile people to essential HIV/AIDS information, services, commodities and programs.*

Objective 3:
- Develop, implement and provide HIV/AIDS information, services, commodities, and programs in industries and work places with large numbers of mobile workers.
Objective 4:
- Facilitate access of mobile population to HIV/AIDS information, services, commodities, and programs in source, transit, destination and/or returning communities.

**Build community resilience by providing tools and resources to respond to the HIV epidemic and its impacts.**

Objective 5:
- Actively involve mobile and host populations in the development, implementation and evaluation of programs and policies that build resilience to HIV.

**Priority Two: Facilitating development approaches**

*Promote community-based, multi-sectoral development approaches to HIV/AIDS.*

Objective 1:
- Promote and apply people-centred approaches to build HIV-resilient communities.

Objective 2:
- Promote, develop and implement multi-sectoral, community-based development approaches to HIV/AIDS among national governments, regional entities, multilateral and bilateral organisations, the private sector and civil society.

Objective 3:
- Establish Early Warning and Rapid Response Systems as development-based mechanisms to plan and implement multi-sectoral responses to mobility related HIV vulnerability.

*Mobilise resources for mobility and HIV vulnerability reduction responses.*

Objective 4:
- Ensure adequate human, financial and technical resources are available to reduce mobility related HIV vulnerability.

**Priority Three: Prevention, care and support programs for mobile people**

*Facilitate HIV prevention for mobile populations.*

Objective 1:
- Focus HIV prevention programs in areas where mobile people originate, pass through, reside, and return.

Objective 2:
- Improve access to STI/HIV prevention and treatment services for mobile people.

Objective 3:
- Establish, develop and expand flexible HIV prevention programs that consider the dynamic mobility system and the particular social, cultural, economic and psychological contexts.
Objective 4:

- Assist individuals, households and communities affected by HIV/AIDS to strengthen their available responses personally (for physical and emotional support), socially (support networks and self-help networks) and economically (credit schemes or cooperatives) so as to be prepared to deal with and withstand the social, economic and emotional impacts of the AIDS.

**A co-ordination, monitoring and evaluation mechanism**

A co-ordination, monitoring and evaluation mechanism outlines processes to ensure that this regional strategy is relevant to specific HIV and mobility issues, and sufficiently flexible to respond to future challenges. It also establishes guidelines to facilitate the implementation of strategy components, and the evaluation of success or impact.
Chapter 2. Resources for capacity building, situation analysis and building HIV-resilient communities

The resources in this chapter will help program managers to do a need assessment, develop curricula and conduct PLA exercises. Other existing materials in the local language will be added to this chapter in the translated version for each country.

Technical preparation of a training program for Task Groups

(prepared by Dr Htein Win, Myanmar)

The following steps are recommended for program facilitators to consider for preparing for Task Group training and capacity building. The curriculum could be arranged according to the need of the Task Group. Different needs from different Task Group members should be considered and included in the curriculum.

1. Identify specific roles and responsibilities of the community groups in respect of their participation in health development processes, or identify the tasks under specific job responsibilities, such as STI, control of TB, community organisation/mobilisation etc, assigned to each category of basic health staff.

2. Based on the identified roles and responsibilities of the community groups, determine essential knowledge, concepts and appropriate skills that will enable them to get involved effectively in development processes, or analyse each task of the member to identify appropriate competencies of the Task Group member in terms of decision making skills, communication skills, and technical skills that are required to accomplish the task.

3. Assess the Task Group members, or other community groups, to identify their personal characteristics, experiences, and training needs, based on the concepts and skills required to carry out their tasks.

4. Write specific learning objectives in accordance with their unmet training needs.

5. Select essential message/learning contents relevant to each learning objective.

6. Determine active and participatory learning activities in respect of trainees’ personal characteristics, learning objectives, and learning contents selected.

7. Select and prepare appropriate learning materials, manuals, and media, etc.

8. Allocate teaching–learning hours to each learning session.

9. Plan and organise the training course.

10. Prepare lesson plans and conduct training.

11. Carry out pre-assessment, formative and summative evaluation.

### Training curriculum for capacity building of Task Groups

<table>
<thead>
<tr>
<th>Learning Objectives</th>
<th>Learning Message</th>
<th>Teaching–Learning Activities</th>
<th>Material</th>
<th>Time (min)</th>
</tr>
</thead>
<tbody>
<tr>
<td>At the end of the training, the participants would be able to:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Review the existing problems and consequences of HIV/ transmission in the community.</td>
<td>- Introduction to the course   - Problems of HIV/AIDS in the community    - Health Problems    - Social Problems    - Development Problems</td>
<td>- Introductory talk      - Group discussion     - Review of PLA exercises</td>
<td>- White board     - Flip charts       - PLA records</td>
<td></td>
</tr>
<tr>
<td>3. Set up specific planning objectives of community actions against the problems.</td>
<td>- Importance of setting objectives - Characteristics of a specific objective - Micro-project activities - Task group management activities - Community groups support activities - Services activities</td>
<td>- Lecture-discussion      - Group Assignment - Plenary discussion</td>
<td>- White board     - Flip charts       - Exercise books</td>
<td>360</td>
</tr>
<tr>
<td>4. Decide relevant activities to be carried out by the Task Group members.</td>
<td></td>
<td>- Group Assignment         - Case review - Concept game - Feedback discussion</td>
<td>- White board     - Flip charts       - Exercise books - Material for game</td>
<td>360</td>
</tr>
<tr>
<td>Learning Objectives</td>
<td>Learning Message</td>
<td>Teaching–Learning Activities</td>
<td>Material</td>
<td>Time (min)</td>
</tr>
<tr>
<td>-----------------------------------------------------------------------------------</td>
<td>----------------------------------------------------------------------------------</td>
<td>-----------------------------------------------</td>
<td>----------------------------------</td>
<td>------------</td>
</tr>
<tr>
<td>5. Identify resources required for implementation of Task Group activities.</td>
<td>- Resources for community activities</td>
<td>- Group Assignment</td>
<td>White board</td>
<td>180</td>
</tr>
<tr>
<td></td>
<td>1. Appropriate technical skills</td>
<td>- Plenary discussion</td>
<td>Flip charts</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2. Community groups and volunteers</td>
<td>- Feed back discussion</td>
<td>Exercise books</td>
<td></td>
</tr>
<tr>
<td></td>
<td>3. Fund for community actions</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Discuss the concepts of community health.</td>
<td>- Definition of ‘Health’</td>
<td>- Lecture-discussion</td>
<td>White board</td>
<td>90</td>
</tr>
<tr>
<td></td>
<td>- Health Promotion, Prevention, Care, and Rehabilitation</td>
<td>- Brain storming</td>
<td>Flip charts</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Organising Community</td>
<td>- Material for game</td>
<td>Exercise books</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Initiation and leading the group activities</td>
<td>- Brain storming</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Team work</td>
<td>- Case review</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Concept game</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Feed back discussion</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Discuss social leadership and teamwork.</td>
<td>- Health education and communication</td>
<td>- Lecture-discussion</td>
<td>White board</td>
<td>120</td>
</tr>
<tr>
<td></td>
<td>- Appropriate Health message</td>
<td>- Group discussion</td>
<td>Flip charts</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Message regarding the men's concerns</td>
<td>- Brain storming</td>
<td>Exercise books</td>
<td></td>
</tr>
<tr>
<td></td>
<td>with their family affairs</td>
<td>- Concept game</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Message regarding community development</td>
<td>- Feed back discussion</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Winding up</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Determine necessary education message that would motivate the fishermen and</td>
<td></td>
<td></td>
<td></td>
<td>240</td>
</tr>
<tr>
<td>others for behaviour change</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Toolkit for HIV prevention among mobile populations in the Greater Mekong Subregion (Part Two)
Participatory learning and action

A five-minute reference booklet

Dr Ravi Jayakaran

World Vision India
People’s participation

Is the latest name drop in development circles.

Yet few would honestly contend that despite being a major component of the project profile.

It is often hard to come by in the field.

Many efforts have been made, (often with sincerity) to make the programs ‘beneficiary’ oriented, and thus get their active participation in the process of their own development.

Yet, something seems to have gone wrong and instead of their participation being NATURAL they remain largely NEUTRAL!

Standing out to be noticed against this backdrop is a new approach to the whole problem that has perhaps until now been missed because of its simplicity and down to earth radicality in proposing REVERSALS …

… of attitudes to learning

… of not only being ‘beneficiary’ oriented but, beneficiary advised!!

Participatory Learning and Action (the new approach)

Involves

Understanding the community

From its world view

In all its diverse complexity

The restraints and limitations

And, the oft-overpowering adverse environment

Which cumulatively result in ..

POVERTY

Which is in fact

A LACK OF FREEDOM TO GROW

Participatory Learning and Action,

Or PLA as it is now popularly known,

Seeks to share

The community’s
Multi-dimensional experience,
By studying the panorama of
Micro-environments that they are a part of
Which have till now
Been overlooked
Or gone largely unnoticed
By outsiders
These studies are made by conducting a variety of exercises like..

TIME LINE
Wherein the history of the community (as remembered by them) is traced to find out what major events have influenced them.

FAMILY LINE
Wherein studies are made to find out how various events have affected individual families

TREND ANALYSIS
Wherein through simple exercises one finds out how various changes have taken place in health, agriculture, livelihood etc. to understand the adaptive changes that have taken place over the years.

SEASONALITY DIAGRAM
Wherein the seasonality of rainfall, agriculture, festivals, diseases, fodder availability, labour opportunities, vegetable cultivation, milk production etc., are studied by encouraging the community to visualise this in simple ways.

WEALTH RANKING EXERCISE
Wherein using a simple and straightforward way, one locates those in the community who really need to be helped on a priority basis. (This method draws on the natural curiosity of the community to know about their neighbours.)
MATRIX RANKING AND SCORING

Another simple exercise that aims at locating the community’s own criteria for choosing various things like trees or enterprise, and ranking or scoring these according to their priorities.

CHAPATTI DIAGRAM

This exercise is used to locate the power structure in the community, particularly those who influence or can influence their actions. This exercise can also be used to find out which community institutions need to be built up for more efficient service.

RESOURCE MAPPING

An exercise carried out to prepare a visual inventory of the community resources in terms of ethnic groups, land, water, roads etc. This map ultimately acts as the base for preparing the community resource development plan.
The following is a list of exercises that can be carried out when using PLA along with the possible uses of the methodology.

<table>
<thead>
<tr>
<th>Sr. No.</th>
<th>Name of Exercise</th>
<th>Possible use</th>
</tr>
</thead>
<tbody>
<tr>
<td>0.1</td>
<td>TIME LINE</td>
<td>To understand what has affected the community and what survival strategy the community has undertaken to adapt itself to change.</td>
</tr>
<tr>
<td>0.2</td>
<td>FAMILY LINE</td>
<td>To understand how the above events have affected individual families and understand what they did in times of crisis for adapting.</td>
</tr>
<tr>
<td>0.3</td>
<td>SEASONALITY DIAGRAM</td>
<td>To understand the local rainfall patterns and its correlation with the other seasonal occurrences like agriculture, employment opportunities, diseases, loan requirements, festivals, etc.</td>
</tr>
<tr>
<td>0.4</td>
<td>TREND ANALYSIS</td>
<td>To understand how various things like agriculture, animal husbandry, forests, health, treatment, worship, education etc. have changed over the years.</td>
</tr>
<tr>
<td>0.5</td>
<td>PARTICIPATORY RESOURCE MAP</td>
<td>To see an overview of the entire community with its resources. This is a very versatile exercise which can be used to identify ownership of land.</td>
</tr>
<tr>
<td>0.6</td>
<td>CONFLICT ANALYSIS (Pie diagram)</td>
<td>To understand the local causes of conflicts and local means to resolving them. It also helps to identify the power structure in the village.</td>
</tr>
<tr>
<td>0.7</td>
<td>LIVELIHOOD ANALYSIS (Pie diagram)</td>
<td>To understand what options the local community have explored to earn their living.</td>
</tr>
<tr>
<td>0.8</td>
<td>CHAPATTI DIAGRAM (Venn diagram)</td>
<td>To understand which institutions and individuals are useful for the group and which need to be understood in order to work in the community effectively.</td>
</tr>
<tr>
<td>0.9</td>
<td>CAUSAL DIAGRAM</td>
<td>To understand how things link up with each other and what they lead to. Finally it provides an understanding of where changes are required to reverse the process.</td>
</tr>
<tr>
<td>0.10</td>
<td>WEALTH RANKING</td>
<td>To locate the poorest of the poor within the community.</td>
</tr>
<tr>
<td>0.11</td>
<td>HEALTH RANKING</td>
<td>To locate the weakest and those in need of immediate health intervention.</td>
</tr>
<tr>
<td>0.12</td>
<td>MATRIX RANKING OR SCORING</td>
<td>To understand the rationale behind the various choices of the community. Can be used</td>
</tr>
<tr>
<td>Sr. No.</td>
<td>Name of Exercise</td>
<td>Possible use</td>
</tr>
<tr>
<td>--------</td>
<td>-------------------------------------------------------</td>
<td>--------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>0.13</td>
<td>SEASONAL LAND USE ANALYSIS</td>
<td>To understand how land is used by the community during different seasons like Monsoon, Summer and winter.</td>
</tr>
<tr>
<td>0.14</td>
<td>STUDY OF WOMEN’S WORK LOAD</td>
<td>To understand what the workload of the women in the community is and what drudgery they have to encounter. Thus become sensitive to what interventions are possible.</td>
</tr>
<tr>
<td>0.15</td>
<td>PROBLEM RANKING</td>
<td>Prioritise problems with the help of the community.</td>
</tr>
<tr>
<td>0.16</td>
<td>COMMUNITY/VILLAGE RESOURCE DEVELOPMENT PLAN</td>
<td>To prepare an overall development plan for the community framed by themselves and classified by priority into things they can do themselves and where they need to seek the help of outsiders.</td>
</tr>
</tbody>
</table>

This list can go on and on. The purpose of this booklet is only to whet your appetite.

Do write to us if you want to know more:
Dr Ravi I. Jayakaran
Formerly Zonal Director (western zone)
World Vision of India
Email: Ravi_Jayakaran@wvi.org
*Pre- and Post-Training Questionnaire*

The purpose of the questionnaire is to assess the knowledge of HIV transmission of the Task Group members or of any member of the community. The same questionnaire will be used before and after the training.

The results are tabulated and compare the scores before and after training. This gives a rough idea if the training sessions are useful in improving the knowledge of the participants.
**HIV/AIDS KABP survey questionnaire**

<table>
<thead>
<tr>
<th>NO</th>
<th>QUESTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>HIV infection is now curable</td>
</tr>
<tr>
<td>2</td>
<td>HIV can be preventable</td>
</tr>
<tr>
<td>3</td>
<td>Everybody is at risk of contracting HIV nowadays</td>
</tr>
<tr>
<td>4</td>
<td>You can tell by looking at someone if they have HIV infection</td>
</tr>
<tr>
<td>5</td>
<td>You can get HIV by sharing utensils with HIV infected persons</td>
</tr>
<tr>
<td>6</td>
<td>You can get HIV by kissing HIV infected persons</td>
</tr>
<tr>
<td>7</td>
<td>You can get HIV by mosquito bite</td>
</tr>
<tr>
<td>8</td>
<td>You can get HIV by sexual relationships with HIV infected person without using condoms</td>
</tr>
<tr>
<td>9</td>
<td>AIDS is a disease of immoral persons</td>
</tr>
<tr>
<td>10</td>
<td>If a sex worker knows how to use condoms correctly in all sexual relationship then they can prevent HIV.</td>
</tr>
<tr>
<td>11</td>
<td>If Intravenous Drug User (IDU) uses clean or properly sterilised needles and syringes and use condoms correctly in all sexual relationships then they can prevent HIV</td>
</tr>
<tr>
<td>12</td>
<td>If your friend is HIV positive, will you avoid meeting with him/her</td>
</tr>
<tr>
<td>13</td>
<td>HIV infected persons should not study in the Universities</td>
</tr>
<tr>
<td>14</td>
<td>Is there any discrimination in (name of the country) between people who have HIV and those who do not have HIV?</td>
</tr>
<tr>
<td>15</td>
<td>The more sexual partners you have the easier you can get HIV.</td>
</tr>
<tr>
<td>16</td>
<td>You can avoid HIV by using condoms correctly in sexual relationships or persuading your sexual partner to use condoms</td>
</tr>
<tr>
<td>17</td>
<td>A good person have never accepted using condoms in sexual relationship</td>
</tr>
<tr>
<td>18</td>
<td>Not using condoms with your partners in sexual relationship is a safe behaviour</td>
</tr>
<tr>
<td>19</td>
<td>Not using condoms with CSW in sexual relationship is a safe behaviour</td>
</tr>
</tbody>
</table>

Adapted from WV Vietnam/WV Australia survey questionnaire (May 2001)
Chapter 3. Resources for promoting behavioural change

This chapter presents some sample education materials for HIV prevention from different countries.

The case studies of toolkit testing among mobile groups in five countries of the Mekong subregion are presented on CD-ROM.

The reference for promoting behavioural change includes but not limited to the following documents:

- FHI/AIDSCAP: HIV risk behavioural surveillance surveys (BSS), methodology and issues in monitoring HIV risk behaviours
- UNAIDS: Sexual behavioural change for HIV: Where have the theories taken us? (UNAIDS Best Practice Collection)
- CARE International-Vietnam: Managing HIV/AIDS in the workplace, Project ‘Working with AIDS’ funded by AusAID and CARE Australia
- Bruce Parnell & Kim Benton: Facilitating sustainable behaviour change, a guidebook for designing HIV programs (1999)
UNOPD/UNDP, Southeast Asia HIV & Development: Sang Fan Wan Mai Youth Group: Tiny steps by youth to battle the AIDS crisis (2001)


UNAIDS, Condom Social Marketing: Selected Case Studies (2000)
Sample IEC Materials

Please arrange to obtain copies from local Ministry of Health or NGO offices.

1. List of voluntary counselling and testing services from Cambodia, produced by World Vision Cambodia. (Cambodian)

2. HIV Health education materials from PSI, Cambodia (Cambodian)

3. We have to be aware of HIV/AIDS, NCHAD, Ministry of Health (Cambodian)

4. Where to go when you have STD? NCHAD, Ministry of Health (Cambodian)


6. 10 ways to help someone prevent HIV. California Partners Study II, downloadable from [http://www.caps.ucsf.edu/projects](http://www.caps.ucsf.edu/projects) (English)

7. HIV information for truck drivers, World Vision Vietnam (Vietnamese)

8. HIV information for seafarers, World Vision Vietnam (Vietnamese)

9. HIV information for construction workers, GTZ (Vietnamese)


11. HIV information for seafarer, Ranong, Thailand (Myanmar and Thai)

12. Can I get AIDS? (Myanmar), PSI, UNDP, DFID in Myanmar (Myanmar)

13. AIDS information: World Vision and Myanmar Medical Association (Myanmar)

14. AIDS information World Vision Myanmar

15. Story of 2 houses, People’s Republic of China (Chinese)

16. AIDS: Information on AIDS, People’s Republic of China m(Chinese)

17. ABC of AIDS, Save the Children, People’s Republic of China (Chinese)

18. Men and Sexually Transmitted Diseases and AIDS, Venereal Disease Division, Department of Communicable Diseases Control, Ministry of Public Health (Thai and English)

Chapter 4. Contract for construction contractors

This chapter includes a sample HIV prevention program contract with construction companies/contractors using the toolkit. The sample contract was modified from a construction contract prepared by the Department of International Development (UK). Terms of reference are also included for monitoring and evaluation of the service provider implementing HIV prevention program for construction workers under the contract.

These resources could be modified according to the nature and extent of the construction activities.
**Terms of reference: HIV prevention program among mobile populations**

The terms of reference are intended for a program using the toolkit for HIV prevention among mobile populations. They provide outcomes and process milestones that relate to the five critical elements of the toolkit. Guidance is provided on the required capacity of the service provider to implement the program.

The terms of reference, in conjunction with the draft contract, have been developed particularly for implementation of an HIV prevention program among construction workers.

**Outcomes**

Construction workers have received support for behavioural change to reduce HIV transmission. Construction workers will:

- be informed about HIV transmission
- have access to condoms
- have access to services for HIV counselling and testing
- have access to services for STI diagnosis and treatment
- have changed their behaviour to avoid HIV transmission.

**Process milestones**

**Task Group**

The program has formed a Task Group (*by specified date..........*) which is overseeing the development of the HIV prevention activities for construction workers. This Task Group is meeting regularly and producing regular activity reports (*by specified dates..........*) that indicate its ability to:

- decide what needs to happen
- support the implementation of the program
- ensure that the program is relevant and helpful to the construction workers
- monitor and evaluate the program and its impacts.

**Capacity building**

The program has implemented a capacity building program (*by specified date..........*) for Task Group members, Peer Educators and Frontline Social Networkers. The milestone has been reached when there are sufficient numbers (*specify numbers of Peer Educators and/or Frontline Social Networkers*) of people with the skills to:

- understand what is required for HIV prevention, and to teach this to others
- conduct situation analysis
- conduct participatory education sessions for construction workers
- plan and implement other aspects of the HIV prevention program, as outlined in the toolkit

**Situation analysis**

The program has produced a Situation Analysis Report (*by specified date..........*)

The program has produced an Action Plan, (*by specified date..........*) based on the findings of the Situation Analysis, which outlines how the program will:

- work to build an HIV resilient community
- work to support behavioural change for those construction workers who are most vulnerable to HIV.

**Promoting behavioural changes for construction workers**

The program has:

- Provided information about HIV to all construction workers, through dissemination of printed information (*specify number of materials to be disseminated, by specified date........*)
- Ensured that teams of Peer Educators and/or Frontline Social Networkers are functioning to support construction workers to undertake behavioural change (*specify number of functioning Peer Educators and/or Frontline Social Networkers, by specified date........*)
- Ensured that condoms are available to all construction workers (*by specified date........*)
- Ensured that construction workers have access to services for HIV counselling and testing (*by specified date........*)
- Ensured that construction workers have access to services for STI diagnosis and treatment (*by specified date........*)

**Service provider capacity, specific program activities and timelines**

Potential service providers must indicate:

- their experience in implementing HIV prevention programs
- their capacity to reach the milestones
- how they will achieve each milestone
- what would be appropriate performance indicators for milestone payments.

The HIV prevention project will be undertaken over the same time period as the construction project. The size and duration of the construction project will be used to determine specified dates for each milestone.

The cost of the HIV prevention program should be determined as a percentage of the total grant provided to the Executing Agency of the specific country by the donor.
Contract for the provision of an HIV prevention program

The following is a draft contract for the provision of an HIV prevention program to the contractor’s employees and others.

[ADB/UNDP] has provided this model contract free of charge to the executing parties. It is the responsibility of the parties to ensure the model contract is appropriate to their needs and to amend the model contract as they see fit and to seek independent legal advice as necessary. [ADB/UNDP] accepts no liability for any loss howsoever arising in relation to the use of this model contract.

THIS CONTRACT is made on the [ ] day of [ ] 20[ ]

BETWEEN:

(1) [……………………………] (‘the Contractor’); and

(2) [……………………………] (‘the Service Provider’).

WHEREAS:

A. the Contractor has established or intends to establish a construction site in [location] (‘the Site’) in connection with a contract between the [Employer/Client] and the Contractor (‘the Construction Contract’);

B. the establishment of construction sites is associated with the increased risk of HIV transmission among mobile groups such as construction workers and the local community;

C. the Contractor has undertaken in the Construction Contract to take certain measures to implement an HIV prevention program among the construction workers at the Site and the local community in order to reduce the risk of infection with the HIV virus; and

D. the Service Provider has agreed to provide certain HIV awareness-raising and prevention activities and services.
IT IS HEREBY AGREED as follows:

1. In this Contract:
   ‘Service Provider’ means the organisation named above, provided it has been approved by the Ministry of Health/National HIV/AIDS Authority for the country in which the Site is located;
   ‘Contractor’s Employees’ means any workers under the control of the Contractor or any of its sub-contractors (other than the Service Provider) who are at times on the Site in connection with the Construction Contract;
   ‘HIV Prevention Program’ means an HIV prevention program delivered using the toolkit package for construction workers developed by ADB/UNDP TA 5881-REG and in compliance with the National AIDS Authority strategy on mobility and HIV;
   ‘Local Community’ means the communities local to the Site which are most likely to have contact with the Contractor’s Employees and, in particular, sex workers in those communities;
   ‘National HIV/AIDS Authority’ means the authority in the country where the Site is located designated by the relevant national government to have responsibility for preventing and/or combating HIV/AIDS.

2. The Service Provider will implement the HIV Prevention Program to the Contractor’s Employees and the Local Community as soon as possible after signing this Contract but, in any case, within a month of the Contractor’s Employees arriving at the Site. The Service Provider will continue to implement the toolkit package for construction workers and the local community for the duration of the Construction Contract.

3. The Contractor will give the Service Provider all reasonable access to the Site for the purpose of providing the HIV Prevention Program.
4. The Contractor must make sure the Contractor’s Employees are available to attend the HIV Prevention Program activities at the times reasonably arranged by the Service Provider (in consultation with the Contractor).

5. The Contractor must do nothing to dissuade the Contractor’s Employees from attending the HIV Prevention Program.

6. In exchange for the provision of the HIV Prevention Program, the Contractor will pay the Service Provider (exclusive of any government tax or any equivalent tax) [fixed fee] [currency] for the initial three month phase and [fixed fee] [currency] for each six month period thereafter, of the HIV Prevention Program.

7. When the Service Provider completes the provision of a phase of the HIV Prevention Program, it will promptly give the Contractor an invoice. The Contractor will pay the Service Provider the amount invoiced no later than 30 days after receiving the invoice.

8. This Contract and all matters arising from or connected with it shall be governed by the law of and subject to the jurisdiction of the courts of the country in which the Site is located [or, if more than one Site, the Site where the Service Provider predominantly provided the HIV Awareness Program].

IN WITNESS WHEREOF the Contractor and the Service Provider have entered into this Contract as of the day and year first above written:

For and on behalf of ) )
[Name of Contractor] ) __________________________

Duly Authorised

For and on behalf of )
[Name of )
Service Provider] __________________________

Duly Authorised
Draft HIV clause for inclusion in construction contracts

1.1 For the purpose of this Clause:

‘Service Provider’ means a person or entity approved to provide the HIV Awareness and Prevention Program;

‘the Contractor’s Employees’ means, without prejudice to any other definition contain in the Contract, any workers who are under the Contractor’s control and on the Site in connection with the Contract, including any workers who are under the control of any person or entity to whom the Contractor has sub-contracted any its obligations under the Contract other than those responsibilities set out in this Clause);

‘the HIV Prevention Program’ means an HIV prevention program that will use the Toolkits for HIV/AIDS prevention among construction workers developed by ADB/UNDP in 20011;

1.2 It shall be a Condition of the Contract that the Contractor:

1.2.1 sub-contracts with a Service Provider to implement an HIV Prevention Program among the Contractor’s Employees for the duration of the Contractor’s contract and commencing as soon as practicable after the Contractor’s Employees arrive at the Site/s Contractor’s Employees arrive at the Site/s;

1.2.2 gives any representative of the Service Provider, and the Employer all reasonable access to the Site in connection with the HIV prevention program;

1.2.3 instructs the Contractor’s Employees to participate in the HIV Prevention Program in the course of their employment and during their normal working hours or any period of overtime provided for in the relevant employment contracts and uses all reasonable endeavours to ensure this instruction is followed;

1.2.4 does nothing to dissuade the Contractor’s Employees from participating in the HIV Awareness and Prevention Program.

1.3 The Contractor shall be entitled to be reimbursed by the Employer for any payments made under a sub-contract made for the purpose of Clause 1.2.1 in accordance with the relevant provisions in the Contract.

1.4 Where the Contract does not provide for reimbursement of named costs, the amount paid by the Contractor to the Service Provider shall be added to any lump sum to be paid by the Employer to the Contractor under the Contract

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and, before such lump sum is paid, the Contractor shall provide to the Employer evidence of:

1.4.1 payment of the amount claimed to the Service Provider; and

1.4.2 provision of the HIV Prevention Program (e.g. a certificate issued by the Service Provider).

1.5 Where a clinic is provided on behalf of the Contractor on Site, the Contractor shall ensure that such clinic provides to the Contractor’s Employees, on request and without charge:

1.5.1 counselling and advice on HIV/AIDS and

1.5.2 condoms that comply with the WHO/UNAIDS Specification and Guidelines for Condoms 1998 or any more recent equivalent publication to a maximum of [number] per member of the Contractor’s Employees per year.

1.6 Where the Contractor subcontracts any of its obligations under the Contract, it shall require any sub-contractor to comply with sub-clauses [1.2.2 to 1.2.6] of the Contract as if it were the Contractor.
Draft explanatory note (for inclusion in invitation to tender documents)

Clause [   ] requires the Contractor to arrange for its employees, its sub-contractor’s employees and others to attend an HIV prevention program provided in accordance with the National HIV/AIDS Authority strategy.

The program will be provided at the Employer’s cost, though the Contractor will make the initial payment to the program provider before claiming reimbursement from the Employer in the usual way. The program will take place during its employees’ normal working hours. In pricing his bid, the Contractor should therefore take into account the ‘down time’ during which employees attend the program.

Further information about the HIV prevention program using the ADB/UNDP toolkit for construction workers please refer to http://www.hivmekong.net/ or www.hiv-development.org (a UNDP website).