

Northern Economic Corridor Project

Promoting HIV Prevention in the Lao People's Democratic Republic

The Northern Economic Corridor Project (National Route 3) upgraded a 220-kilometer road in the Lao People's Democratic Republic (Lao PDR) linking Thailand and the People's Republic of China (PRC). The project incorporated awareness and prevention education programs on human immunodeficiency virus (HIV), and drug and people trafficking in several aspects of its operations with the goal of mitigating risk and adverse outcomes associated with the road construction.

Route 3 passes through 94 villages and towns in the poor, northwest region of the Lao PDR. Road upgrading will bring

significant economic development to two of the country's poorest provinces (Louang Namtha and Bokeo). The Asian Development Bank (ADB) and the Government of Lao PDR also recognized that this road upgrading would also bring risks to poor and previously isolated communities, including many with ethnic minority populations. To minimize the potentially adverse social impacts of the construction works, the project design incorporated risk-mitigation measures, including for the prevention of HIV, sexually transmitted infections (STIs), and drug and human trafficking.

ADB, along with the governments of the PRC and Thailand, financed the project that was designed to increase cooperation and economic trade in the Greater Mekong Subregion. The total cost of the road project—including all financiers—was \$95.8 million, of which \$340,459 (0.36%) was dedicated to the HIV/acquired immunodeficiency syndrome (AIDS)/STI, Drug and People Trafficking Awareness and Prevention Education Program.¹ The original estimated project duration was from 2003–2006, but completion of the civil works component was delayed until late 2007.



Methodology for Case Study Review

ADB's case study review was undertaken to assess design and implementation issues, as well as impact (where data were available), of the HIV-related measures incorporated into the project implementation. The study involved document reviews, field visits, and meetings and interviews with key stakeholders. Among the key stakeholders consulted were construction company employees, government officials, ethnic minority groups, nongovernment organizations, women's groups, other donors, and mobile and migrant workers.



HIV-Prevention Measures

Based on the project's social impact assessment, the HIV/AIDS/STI, Drug and People Trafficking Awareness and Prevention Education Program was designed as a stand-alone project component to address the potential spread of HIV and STIs, as well as drug and human trafficking, through comprehensive prevention programs supporting risk-reduction behavior. The program comprised awareness raising among villagers, construction workers, and "service workers,"⁴ and capacity building, while more activities that specifically focused on prevention targeted construction workers, local communities, and mobile service workers.

Rationale for HIV-Focused Interventions

The 2006 estimate of HIV prevalence in the Lao PDR is low (0.1% of its adult population),² but it was recognized that an upgraded Route 3 greatly improve the links with areas that have some of the highest HIV-prevalence figures in the region, i.e., Yunnan, PRC and Chiang Rai, Thailand.

This potentially puts local communities at increased risk as they will be increasingly exposed to new sociocultural influences and threats. The Joint United Nations Programme on HIV/AIDS (UNAIDS) in the Lao PDR expressed concern about the possibility of a concentrated epidemic among migrant and mobile populations as well as among those living and working in cross-border areas and construction sites. Many new HIV infections have been noted to occur among returning Lao PDR migrant laborers from neighboring countries.³

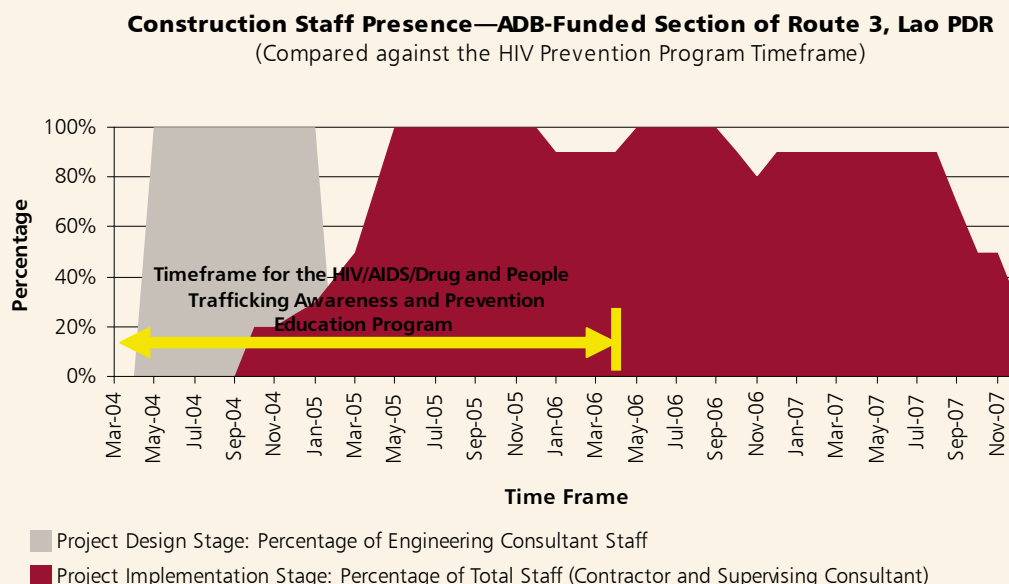
As the upgrading of Route 3 employed a large number of skilled and unskilled laborers from the Lao PDR, PRC, and Thailand—mostly men with disposable incomes who work away from their families and traditional social norms for several years—it was important that the project include an HIV-prevention component.

The project targeted all 76 communities situated along Route 3 in Bokeo and Luang Namtha (with a population of more than 40,000), construction workers, service workers, and local businesses via tailored approaches using peer educators, ongoing group discussions, and support visits; establishing condom distribution networks; and providing appropriate and varied information, education, and communication (IEC) materials. Project implementation was from March 2004 to May 2006, while construction activities started in 2004 and continued until August 2007. The Lao Red Cross was recruited to be the implementing NGO.

Materials about drug and people trafficking were developed to help program participants and a training-of-trainer program was conducted to upgrade the skills of project working teams and peer educators. IEC materials included Chinese language materials that were accessed from the Kunming Red Cross for Chinese construction.

Achievements included 404 village consultation meetings and group discussions, training of 509 village and construction workers as peer educators, conducting 235 support visits for service workers, and 310 follow-up and support visits for peer educators. At project completion, 464 (91%) trained peer educators remained active.

Figure 1:



ADB = Asian Development Bank, AIDS = acquired immunodeficiency syndrome, HIV = human immunodeficiency virus, Lao PDR = Lao People's Democratic Republic.

Source: Asian Development Bank.

The program established a condom and IEC distribution network to support risk-reduction behaviors for all beneficiaries; this resulted in providing 88,557 condoms and 34,471 items of appropriate IEC materials including pictorial-based pamphlets, posters, cartoon books, karaoke, and story-based films and T-shirts. IEC materials covered topics ranging from HIV/STI, drug and people trafficking, and safe migration. Sporting equipment was also provided to each village for ongoing use by peer educators.

Evaluation processes for this program included a midterm review and project-completion field visit, both of which provided feedback from beneficiaries regarding the appropriateness and effectiveness of project initiatives. Also, as part of the project completion process, an evaluation survey on the activities covering the knowledge levels of project beneficiaries (e.g., prevention of HIV/STIs, and drug and people trafficking) and perceptions of project effectiveness was undertaken. The results of the survey revealed that the beneficiaries' knowledge levels were high and their response to the effectiveness of project training and support activities was very positive.

In addition to awareness and prevention education programs there were HIV-prevention measures in the overall project social action plan that incorporate a range of community-focused actions including income restoration, road safety, and non-formal education. Incorporated in these activities was a provision for HIV education to be included in the primary health-care curriculum for 76 affected villages. Along with the social action plan, Thai and ADB-funded construction contractors were required to provide HIV- and STI-awareness and prevention activities to their workforce and the local communities in each area they worked. There is little information on the outputs from these additional activities, but they were seen to complement the comprehensive package well and, in the case of the contractors' activities, facilitated the establishment of good working relationships with local authorities including the provincial and district AIDS bureaus. This working relationship was subsequently noted as having provided resources and capacity building for the local institutions, facilitating some ongoing efforts in the post-construction phase.

Key Issues

The case study analysis identified a number of key structural and operational issues that will be useful for designing and implementing future similar programs.

Structural

- **Overlap and coordination.** While targeting was comprehensive and multiple approaches were supported (i.e., via the contractor, NGO, and through the social action plan), these sometimes led to overlap in activities and difficulties in coordination.
- **Staff resources (enough for the job).** The implementing NGO had an inadequate number of staff for the work required. This meant the NGO relied heavily on local health authorities for support but, at the same time, the budget was insufficient to ensure a reliable and maintained local support.



- **Duration (coinciding implementation with the construction period).** The NGO-supported HIV-awareness and prevention measures ended more than a year before construction was completed (figure 1), leaving a significant period when activities such as condom social marketing were not available for construction workers and communities.

Operational

- **Ensuring access and utilization of IEC materials by all workers.** Initially, most IEC materials produced for the construction workforce were in the Lao Loum language even though many foreign workers did not understand this language. The Lao Red Cross eventually sourced Chinese IEC materials from the Red Cross Society of the PRC.
- **Targeting ethnic minority groups.** The IEC materials and methods used among the affected communities did not include any particular consideration for the special needs (e.g., language and cultural) of ethnic minority groups. This made it difficult to train village peer educators and conduct effective awareness-raising activities for these groups.
- **Ensuring skills and knowledge for drug and human trafficking prevention.** The implementing NGO has skills for HIV prevention but no particular experience in relation to prevention of drug and human trafficking. These skills were eventually developed but not until a later stage of implementation. While some overlaps in the prevention message across all areas exist, it is recognized that some specialized approaches are also needed for these specific areas.
- **Access to and utilization of peer education networks.** Project implementers found it difficult to follow up with village-based peer educators during the labor-intensive planting and harvest seasons, and to secure permission from contractors for their workers to attend training and follow-up sessions during peak construction periods.
- **Ensuring ongoing condom availability.** The HIV-prevention program proved to be the main source of condoms in the project area. In May 2006, after the HIV-prevention program

had ended, many villages and construction workers reported that they had not had access to commercially sold condoms since the program ended.

- **Reaching mobile service workers.** Local governments reportedly required the owners of entertainment venues near the project site to restrict the number of service workers in their establishments. Thus, many women relocated to other areas that had to be identified and new peer educators had to be trained for these locales.
- **Gender.** HIV-awareness activities predominantly targeted men; however, in this particular setting, women comprised about 10% of the construction workforce.

Recommendations

Based on this review of implementation experience and emerging issues, a number of recommendations can be made for future programs:

1. **Coordinated design and implementation arrangements.** A thorough baseline analysis should be conducted during project design to allow HIV initiatives to be appropriately allocated among, and targeted to, key stakeholders. Where multiple implementers are to be involved, a lead NGO and/or agency should be designated. This lead agency should be responsible for ensuring that culturally appropriate HIV-prevention activities and materials are available for affected communities and the construction workforce, with distribution of these materials arranged, in partnership with the private sector contractors.
2. **Coordination and reporting mechanisms.** The lead NGO and/or agency should have a clear reporting mechanism and responsibility to the national AIDS authority as well as a relationship that ensures it receives timely technical guidance from the same authority. A relationship with the national AIDS authority can also help facilitate coordination

between donors and funding agencies that would prevent duplication of efforts.

3. **Duration.** The HIV risks associated with construction will remain high as long as a confluence of men, mobility, and money exists.⁵ HIV-awareness and prevention activities should therefore be continued and sustained following completion of construction.
4. **Harnessing and building local resources.** Local health providers and multisectoral AIDS committees should be closely involved in all aspects of the planning and implementation for such programs. Capacity building and ongoing support would increase the effectiveness and sustainability of the government's own HIV initiatives conferring benefits to the post-construction period.
5. **Appropriate IEC materials.** Efforts to develop culturally relevant IEC materials, especially for ethnic minorities, should be taken. Visual, auditory, and interactive media should be used where literacy levels are low.
6. **Condom availability.** A plan for social marketing of condoms should be included in the project design if condoms are not widely available in the project area. Partnering with an agency that is experienced in this field and has established networks in the project area would help ensure that efforts are sustained in the post-construction period.
7. **Drug and human trafficking.** If integrated into the project design, the implementing NGO and/or agency must have adequate technical capacity and resources to provide high-quality activities on preventing drug and human trafficking, or arrangements should be made to bring in this expertise through partnering.
8. **Gender-specific HIV initiatives.** Women-centered HIV-prevention activities that take account of work schedules, privacy concerns, security, and other such issues should be included in the programs for construction camps.

¹ Human trafficking is the currently used term, although "people trafficking" was the standard at the time of project approval. Similarly, current terminology separates human immunodeficiency virus (HIV) and acquired immunodeficiency syndrome (AIDS), not HIV/AIDS; however, the accepted terminology was the latter when the project was designed.

² Joint United Nations Programme on HIV/AIDS (UNAIDS). 2006. 2006 Report on the Global AIDS Epidemic. Geneva.

³ UNAIDS web site for the Lao People's Democratic Republic (Lao PDR). Available: www.unlao.org/team/UNAIDS/page.htm

⁴ Term used in the Lao PDR for women working in entertainment establishments, including sex workers.

⁵ The three "Ms"—men, mobility, and money—exacerbate HIV vulnerability in the infrastructure sector since men, who have access to disposable income and are away from traditional social norms and safety nets, may engage in high-risk behavior such as unprotected sex with casual partners or sex workers.

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All photos were taken by Charmaine Cu-Unjieng.

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