

TECHNICAL ASSISTANCE COMPLETION REPORT

Division: EASS

TA No., Country and Name TA 4364–MON: Awareness and Prevention of HIV/AIDS and Human Trafficking			Amount Approved: \$350,000 Revised Amount: N/A	
Executing Agency: Ministry of Health, Mongolia		Source of Funding: TASF	Amount Undisbursed: \$17,354	Amount Utilized: \$332,646
TA Approval Date: 22 July 2004	TA Signing Date: 18 August 2004	Fielding of First Consultant: 1 January 2006	TA Completion Date Original: 31 July 2009	Actual: 31 October 2009
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Description

Mongolia is one of the countries with very low HIV/AIDS prevalence (<0.1% – with only 58 registered HIV positive cases by September 2009) transmitted mainly through sexual contact. However, the country is vulnerable to HIV/AIDS due to the existence of high-risk behavior among its young population, increasing number of commercial sex workers with poor condom use, and high prevalence of sexually transmitted infections (STIs). With a relatively young population, high poverty incidence, and low status, women are particularly vulnerable to STI, HIV/AIDS, and human trafficking. Human trafficking is a relatively recent phenomenon in Mongolia. No reliable estimates are available on the size of the problem. However, all relevant government officials and nongovernment organizations (NGOs) working on human rights believe that the problem is sizable and merits action. New trafficking patterns appear to be emerging on a disconcertingly regular basis. In 2004, ADB approved the Regional Road Development Project¹ one component of which was the construction of a road between Choyr and Zamyn-Uud to connect the Russian Federation with the People's Republic of China (PRC) through Mongolia. Attached to this project was a technical assistance (TA) aimed at mitigating the potential adverse impacts associated with the construction of the road. This TA targeted construction workers, communities along the road, and authorities involved in anti-human trafficking activities, and was implemented through a series of inter-related activities involving awareness raising, peer education,² and strengthening of border control and police capacity against human trafficking. The TA offered a rare opportunity to combine trafficking prevention activities with HIV/AIDS prevention activities, as the target groups for these activities overlap.

Expected Impact, Outcome, and Outputs

The goal of the TA was to reduce the risk of HIV/AIDS that may be associated with the construction of the road and operation of the north-south road transport corridor after project completion. The purposes of the TA were to (i) raise public awareness of HIV/AIDS and human trafficking; (ii) address the risk of HIV/AIDS transmission among construction workers, sex workers, local communities, and road users; and (iii) improve the capacity of government officials, particularly police and border officials, to combat human trafficking. Expected key outputs included: (i) advocacy activities targeting local governments, NGOs, media, business organizations, and construction companies; (ii) effective behavior change program established through peer education; information, education and communication (IEC) campaigns; community mobilization; and social marketing and distribution of condoms; (iii) comprehensive STI treatment package delivered at health facilities along the road project area and voluntary counseling and testing (VCT) and model STI social services marketed through peer educators; and (iv) improved police and border operation in the prevention of human trafficking and strengthened cross-border cooperation with the PRC. The TA design was generally appropriate. The design and monitoring framework was prepared at the onset of TA implementation as specified in the implementation arrangements. At inception, it was decided to add an *aimag* team in Zamyn-Uud due to the long distance to the provincial capital of Saynshand. The initial implementation schedule had to be revised to adapt to delays in road construction.

Delivery of Inputs and Conduct of Activities

The overall budget was adequate, although the budget for the production of IEC materials, IEC campaigns and community mobilization, and project performance monitoring and evaluation was underestimated. The limited funds were beneficial in forcing the TA to cooperate with other agencies involved in similar activities (e.g., United Nations Population Fund; Global Fund for AIDS, Tuberculosis and Malaria; Asia Foundation) and coordinate with different sectors (Ministry of Road, Transportation and Tourism which is now the Ministry of Road, Transportation, Construction and Urban Development [MRTCUD]; Ministry of Foreign Affairs; Ministry of Justice and Home Affairs) to mobilize cofinancing (e.g., VCT units) and stakeholders to generate support for the TA. The central steering committee in Ulaanbaatar was effective and provided timely inputs to project progress, obstacles, and strategic adjustments through regular monthly meetings. Cooperation with the project implementation unit (PIU) of the Road Project was particularly successful and led to an effective involvement of MRTCUD. The local steering committees in Choyr, Saynshand, and

¹ ADB. 2004. *Report and Recommendation of the President to the Board of Directors: Proposed Loan to Mongolia for the Regional Road Development Project*. Manila.

² Peer Education is an approach to health promotion, in which community members are supported to promote health-enhancing change among their peers as it is recognized as an effective method to change behavior.

Zamyn-Uud were highly committed and effective in mobilizing local stakeholders for the benefit of TA implementation.

ADB conducted regular reviews and provided strategic orientation and feedback on project outputs, and performance is rated satisfactory. The executing agency, whose performance is rated satisfactory, provided policy orientation and support at regular meetings of the steering committee of the Second Health Sector Development Project (the TA was functionally linked to the project). The consultants performed satisfactorily. Planned individual consultants versus actual is as follows: international anti-human trafficking (1.5 person-months [PM] as planned) and national consultant (10 person-months planned against 4 person-months actual because of additional assistance provided to strengthen the legal and regulatory framework on trafficking).

Evaluation of Outputs and Achievement of Outcome

Pre and post cross-sectional surveys and qualitative data gathering (behavioral surveillance surveys) were carried-out by independent entities to evaluate TA achievements. The changing population of construction workers and difficulties to reach sex workers complicated the interpretation of study results. Nevertheless, the majority of purpose and output indicators were achieved. Survey findings revealed consistent high knowledge on prevention of STIs/HIV/AIDS among the target population; a tendency to reduce involvement in casual sex; increase in condom use; increase in consistent use of condom; and increase in people submitting voluntarily to counseling and testing for HIV/AIDS. Project efforts to build capacity for local police and border control office were evaluated as highly satisfactory. These were the first initiatives of this kind in Mongolia. The introductory training was beneficial not only for local police but also for the central police department as well. A number of trainers and training handouts are available to continue this training in the future. Cross-border cooperation with the PRC was less successful due to difficulties in organizing a trans-border dialogue.

Overall Assessment and Rating

Overall, the TA is rated successful, primarily because (i) of the innovative character of the TA in combining trafficking prevention with HIV/AIDS prevention activities, and (ii) the quality (and innovative character) of capacity building for border police and police department to trigger a mind shift from strict enforcement to more positive attitude towards trafficked women.

Major Lessons

The major lesson of the TA is that expanding HIV prevention work into the infrastructure sector is feasible in Mongolia. The TA was successful in triggering certain policy changes (e.g., ensuring clauses on HIV prevention were included in contracts for big scale construction works). This step was crucial to get the support from managers of construction companies. Additional work needs to be done to ensure clauses on HIV prevention are systematically included in all major infrastructure contracts. Another important lesson is the need for an integrated package of interventions covering the health sector, behavior change, condom social marketing, advocacy, community mobilization, and policy and organizational change. Collaboration, especially with health authorities, police, and infrastructure departments at central and local levels is key in implementing such projects. The TA provided an opportunity to explore the use of peer education techniques as an overlooked strategy in the fight against trafficking (e.g., the TA organized peer educators to work in red light districts of Erlian, PRC).

Recommendations and Follow-Up Actions

General recommendations: (i) In view of considerable future developments in the infrastructure and mining sector, TA-like activities should be pursued. (ii) Associating HIV/AIDS and human trafficking prevention should be continued and translated into policies as it increases efficiency and targets similar populations. (iii) Such association requires the creation of sustainable cooperation mechanisms among health, infrastructure, police and border control authorities. (iv) Include HIV/AIDS and human trafficking in the curriculum of secondary schools, and professional and vocational training centers as a major awareness mechanism to target future adults.

Recommendations on HIV/AIDS Prevention: (i) Continue the policy dialogue (to include HIV in relevant sectoral policies) and provide additional capacity building on HIV to MRTCUD and the Ministries of Mining, Justice and External Affairs. (ii) Create collaboration mechanisms between the Ministry of Health and MRTCUD on HIV/AIDS prevention. (iii) Adopt the peer education technique as one of the most effective approach for working with infrastructure projects for the prevention of HIV. (iv) Include a module on HIV and mobility in Mongolia's overall monitoring and evaluation system.

Recommendations on Human Trafficking Prevention: (i) Strengthen the legal and strategic framework to address trafficking in Mongolia based on the National Plan of Action, but with clear prioritisation of activities and mechanisms to measure impact. (ii) Support Mongolia with highly qualified experts until such time that national capacity in trafficking is sufficiently available. (iii) The authorities should include discussions on human trafficking into their cooperation framework with the PRC with clear and measurable objectives and identify an effective regional platform to support the cross-border dialogue. (iv) Train prosecutors and judges to develop a more positive climate towards victims of human trafficking.

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