

TECHNICAL ASSISTANCE COMPLETION REPORT

Division: EASS

TA No., Country and Name TA 4142-PRC: Preventing HIV/AIDS on Road Projects in Yunnan Province			Amount Approved: \$800,000 Revised Amount: \$800,000	
Executing Agency: Provincial Working Committee for HIV/AIDS Control -Yunnan	Source of Funding: Poverty Reduction Cooperation Fund		Amount Undisbursed: \$50,265	Amount Utilized: \$749,735
TA Approval Date: 14 July 2003	TA Signing Date: 12 November 2003	Fielding of First Consultant: 1 March 2005	TA Completion Date Original: 31 July 2007 Actual: 6 July 2008 Account Closing Date Original: 31 October 2007 Actual: 18 December 2008	
<p>Description</p> <p>Migration, mobility, and HIV/AIDS are well documented, interlinked phenomena. High rates of HIV infection are generally found along transport routes, border areas, and regions experiencing high seasonal and long-term population mobility. Baoshan Prefecture, in the People Republic of China (PRC), an area along the ADB-financed Western Yunnan Roads Development Project,¹ is located about 100 kilometers from the Myanmar border. It has a population of about 2.4 million, of whom about 690,000 are poor. Thirty-six minority groups live in Baoshan Prefecture, mainly in mountainous areas. Construction activities associated with the Road Project were expected to affect the spread of HIV/AIDS and sexually transmitted infections (STIs). The service provider communities and resident communities bordering the construction sites, minority groups vulnerable to HIV/AIDS, STIs, and trafficking for prostitution interact with construction workers. To mitigate these potential adverse social impacts associated with the construction of the Road Project, an HIV/AIDS and STI prevention program targeting construction workers and residents was implemented.</p> <p>Expected Impact, Outcome and Outputs</p> <p>The expected impact of the technical assistance (TA) was to prevent an increase in poverty by reducing potential negative social impacts associated with the construction of the Western Yunnan Roads Development Project (initial prevalence of HIV less than 1%). The outcome was to reduce the risk of transmission of HIV/AIDS and STIs among construction workers; local resident communities, particularly the poor and minority people; commercial sex workers (CSWs); and truck drivers supplying materials to the worksite in high HIV/AIDS risk areas. Expected key outputs included (i) advocacy program targeting construction worksites, entertainment establishments, and local communities; (ii) effective behavior change program established through peer education, information and education campaigns (IECs), community mobilization, and social marketing and distribution of condoms; (iii) comprehensive STI treatment package delivered at model clinics in the Road Project area and voluntary counseling and testing (VCT) and model STI social services marketed through peer educators; and (iv) benefit monitoring and evaluation system set up and implemented. The design of the TA was relevant, providing a strong foundation for comprehensive and systematic HIV prevention interventions in the context of an infrastructure project. A revised design and monitoring framework (DMF) was prepared in 2005. In particular, biological performance indicators (such as measuring urethral discharge and syphilis) were changed to behavioral indicators, due to the lack of existing reliable biological data and lack of project funds to conduct bio-behavioral surveys.</p> <p>Delivery of Inputs and Conduct of Activities</p> <p>The overall budget was adequate, although budget for STI treatment and VCT was overestimated. Also, the allocation for the project performance monitoring system was inadequate. Marie Stopes International (MSI) was contracted in March 2005 when road construction had already started. MSI's technical performance is rated excellent and efficient in terms of quality of technical inputs, responsiveness, quality of documentation, and team work. MSI was highly competent in coordinating subsectors, mobilizing stakeholders to generate support for the TA, and implementing innovative participatory approaches. This TA was MSI's first contract with ADB and lack of knowledge of ADB policies and procedures resulted in considerable administrative difficulties and delays. The performance of MSI and the individual consultants were assessed as satisfactory. Planned individual consultant input versus actual is as follow: international consultant (5 against 9.5 person months [PM]) and national consultants (20 against 8.5 PM). ADB performance is rated satisfactory. ADB conducted regular reviews and participated in two key dissemination meetings in 2007 and 2008. ADB's inputs focused on developing best practices and supported knowledge sharing and exchange. The Executing Agency (EA) and the local government of Baoshan questioned the hiring of an international non-government organization for the implementation of the TA as the EA and the government of Baoshan felt that they had the required competence to implement the TA.</p>				

¹ ADB. 2003. *Loan 2014-PRC: Western Yunnan Roads Development Project*. Manila.

Despite the above complications, the EA's performance is rated satisfactory. The steering committee worked well and provided timely inputs to project progress, obstacles, and strategic adjustments through regular six monthly meetings. The Communications Department should take a more active role in similar projects as the Department has a direct responsibility to supervise the contractors regarding health and safety issues.

Evaluation of Outputs and Achievement of Outcome

The project performance monitoring was undertaken by a team of consultants independent from the implementation of HIV prevention activities. The TA performed above expectations on all outcome and output indicators set in the DMF with the exception of behavior change associated with treatment of STIs. In terms of outcome, two behavioral surveillance surveys (BSS) showed that: (i) exposure to TA interventions had a significant positive impact on knowledge and behavior change in comparison to the control site and baseline, (ii) the degree of exposure to the TA is significantly correlated with knowledge and behavioral change, and (iii) the most significant behavior change was identified in the higher risk population of foreman. The TA documented extensively the methodology, results, and analysis of the BSS. In terms of outputs: (i) an effective advocacy program was established for each target group; (ii) the peer education, IECs, community mobilization, and condom social marketing activities proved to be an effective behavior change program based on results of the BSS; (iii) the delivery of treatment and service-related packages at model clinics was below expectations due to cultural barriers in PRC regarding STIs and weak rural health services in general; and (iv) exemplary monitoring and evaluation system was set up, including a routine monitoring system and two controlled BSS.

The TA developed two knowledge products (KPs): (i) policy recommendations for central and provincial governments for mitigating the spread of HIV/AIDS associated with infrastructure projects in the PRC, and (ii) a manual on practical recommendations on how to institutionalize HIV/AIDS prevention activities for construction companies. This manual was well received by the EA and construction companies and received international interest. Policy recommendations have been discussed with central and provincial decision-makers but are yet to be adopted. A gender perspective was also a core consideration in the Project, recognizing that both men and women are engaged in construction activities and live within local communities; and each has different needs and different vulnerabilities.

Overall Assessment and Rating

Overall the TA is rated successful, primarily because (i) the TA used innovative participatory approaches to reduce the risk of HIV/AIDS transmission among different risk groups associated with road construction, (ii) activities were accompanied by robust behavioral surveillance, with a controlled design, and (iii) the manual on mainstreaming HIV prevention in construction companies served as model for similar projects to build on. The evaluation by the Operations Evaluations Department of ADB's Poverty Reduction Technical Assistance Trust Fund review undertaken in October 2007 assessed the TA as highly successful.

Major Lessons

From the experiences of the Baolong Healthy and Safe Action Project (BHSA), conducting HIV/AIDS interventions that can influence behavioral changes is extremely complex in the context of infrastructure projects and requires a strategic and holistic approach. One-off communication campaigns for construction workers are not sufficient; there is a need for an integrated package of interventions covering the health sector, behavioral changes, condom social marketing, advocacy, community mobilization, and policy and organizational change. In designing clinical packages for sexually transmitted diseases, similar projects in the future should pay more attention to cultural dimensions, and the degree to which the local health system can effectively respond to the need of the workers.

Recommendations and Follow-Up Actions

Recommendations are as follows: (i) integrating HIV/AIDS into infrastructure workplace practices will require working with relevant occupational health and safety authorities at provincial and central level to mainstream HIV prevention; (ii) strengthening sustainability, local governments in partnership with construction companies should be the primary implementors of HIV/AIDS prevention in infrastructure projects, and cost of activities should be integrated into infrastructure project cost; (iii) for scaling-up and replicating HIV prevention in infrastructure projects, it is recommended that more capacity be built at the provincial level in the form of specialized technical units; and (iv) future projects should put efforts in clarifying the role of the Department of Communications and local government authorities in terms of roles and responsibilities. The KP on policy recommendations should be further refined and disseminated to relevant PRC authorities. The manual on how to institutionalize HIV/AIDS prevention activities in construction companies in the PRC can be refined through implementation of the RETA 6321: Sub-project 7- PRC: HIV/AIDS Prevention in Transport Sector in Yunnan & Guangxi.