

## TA COMPLETION REPORT

Division: MKSS

TA No. and Name <b>TA 5881: REG Preventing HIV/AIDS among Mobile Populations in the Greater Mekong Subregion</b>	TA Amount Approved <b>\$450,000</b>	
	Revised Amount <b>\$610,000</b>	
Executing Agency <p style="text-align: center;"><b>ADB</b></p>	TA Amount Undisbursed <b>US\$ 78,437.11</b>	TA Amount Utilized <b>US\$ 531,562.89</b>
Date Approval 16-12-99    Signing N/R    Field 01-04-00	Closing Date Original 31-08-01    Actual 31-07-02	
<p><b>TA Description</b></p> <p>The GMS is home to more than 2 million HIV/AIDS-infected people, the majority of whom are in the 15-35 age group. Migration of young and single workers, both male and female, across national boundaries and from rural to urban areas acts as a critical link in transmission across the subregion. Major high-risk groups for HIV/AIDS infection are migrant workers, fisher folk, workers employed on cross-country infrastructure projects, truck drivers operating on regional routes, and sex workers. The disruption of family and community life resulting from migration, especially in situations of poverty and crisis, increases risky sexual behavior and exposure to HIV/AIDS. Many migrant workers are single and away from their families for a long time, and are likely to use commercial sex. Others work in commercial sex establishments. Women migrants working in unfamiliar situations are vulnerable to exploitation and usually powerless to negotiate condom use. Since they often speak different languages, and have different cultures and limited social networks compared to the host population, their access to health services, information, and HIV/AIDS prevention programs is limited. The main purpose of the TA was to reduce the association between mobility, migration and HIV transmission in the Greater Mekong Subregion (GMS) through the improved understanding of the situation and development of potential range of effective responses that can lead to enhanced development of strategies, policies and programs.</p> <p><b>TA Objectives and Scope</b></p> <p>The TA had three objectives:</p> <ul style="list-style-type: none"> <li>(i) To inform key policy makers and international agencies about migration and mobility patterns, characteristics of mobile populations and their vulnerabilities and risks related to HIV/AIDS;</li> <li>(ii) To enhance capacities of governments and related agencies to organize HIV/AIDS prevention activities by developing tool kits and guidelines for the following mobile populations: (a) construction workers, (b) truck drivers, (c) migrant sex workers, and (d) fishermen; and</li> <li>(iii) To make national HIV/AIDS programs more responsive to the needs of mobile populations by supporting a regional approach.</li> </ul> <p>The TA sought to achieve these objectives through conducting studies about migration and HIV vulnerabilities, developing toolkits for organizing HIV/AIDS prevention programs for mobile populations and developing and disseminating a regional strategy on mobility and AIDS.</p> <p><b>TA Inputs Evaluation</b></p> <p>The consulting firm recruited to implement the TA was the World Vision Australia, who worked in association with the Burnet Institute and the Asian Research Center for Migration. The TA team consisted of four international/regional consultants and five country co-ordinators. World Vision Australia provided management and administrative support for the technical team. The overall performance of the firm was satisfactory. One problem was the change of the team leader halfway through the TA implementation, which temporarily affected the momentum and delayed the implementation. The TA design was adequate and the TORs clear and comprehensive, and did not require any modification during the implementation.</p> <p>However, there was a serious setback in terms of financing inputs. At the time of the TA processing and approval, SIDA had offered to cofinance the TA for \$350,000. However, much after the TA was approved and contracted to the World Vision, SIDA withdrew its offer due to internal budget cuts. A reduction in about 40 percent of budget affected the momentum of TA implementation and partly delayed its implementation. ADB resources had to be increased by \$160,000.</p> <p>A Steering Committee consisting of representatives from all participating countries guided the implementation of the TA. The Steering Committee members actively supported the TA both at the regional as well as at the national levels and provided useful inputs. The participating countries were fully satisfied with the inputs. Inputs from technical UN agencies and bilateral agencies interested in the issue were sought through linking the TA with the UN Theme Group on Mobility and AIDS. The TA was adequately supervised, through regular meetings and discussions with the consultants and several review missions.</p>		

### TA Outputs Evaluation

The TA developed the following four outputs: (i) Mobility and HIV study; (ii) web site; (iii) regional strategy on mobility and HIV; (iv) development, testing and dissemination of toolkits for mobile groups.

The **mobility study** outlines the salient conclusions of research about the associations between mobility and HIV/AIDS. The quality of the report is acceptable. In September 2001, the *Study* was formatted and published as an interactive CD-ROM. This has been distributed throughout the region and at the 6<sup>th</sup> ICAAP conference in Melbourne in October 2001. The tables presenting the typologies and the hot spots in each country have been received with interest among government departments including health, education, transport and industry. A **website** to disseminate the outputs of the TA was established in February 2001. The site has been receiving more than 100 hits every day.

The TA facilitated the development of a **Regional Strategy on Mobility and HIV** in the Greater Mekong Subregion. The aim of the strategy was to promote more effective co-ordination and action in response to the challenges of HIV and mobility. It would be used by stakeholders including governments, regional bodies such as ASEAN, non-government organisations, researchers and international development agencies including ADB. Subsequently, the framework for the strategy has been adopted by the UN Task Force on Mobility and HIV Vulnerability. In addition, the governments of the Greater Mekong Subregion, in collaboration with the ASEAN Secretariat, have adopted the framework of this strategy as the basis for developing a Joint Action Plan for 2002-2004, which was endorsed by the ASEAN Task Force on AIDS in September 2001.

Based on literature review and field testing, a **toolkit** outlining the critical elements of an effective HIV prevention program (such as, providing the rationale for why each element is important and the steps to take to implement each element successfully, was produced. A series of national level dissemination workshops was conducted in Cambodia, Lao PDR, Myanmar and Vietnam as well as a Regional workshop in Bangkok.

### TA Overall Assessment and Rating

The TA was *successful*. The TA has succeeded in meeting its purpose of improving the understanding of the situation and the potential range of effective responses that can lead to enhanced development of strategies, policies and programs. The Steering Committee members, representing the participating countries, were fully satisfied with the TA outputs. The mobility study and website fully meet with the terms of reference.

The production of the regional strategy has succeeded in bringing together many stakeholders and potential stakeholders who are concerned about how to address the challenges arising as a result of the associations between mobility and HIV vulnerability. The toolkits have succeeded in stimulating discussions amongst HIV programmers in each country, leading shared development of more effective programs, and defining five critical elements that are essential to the implementation of useful programs. These toolkits will hopefully be used by national and local governments and civil society as different groups prepare their own HIV prevention programs for situations in which people are affected by mobility. As with the Regional Strategy, the users of the toolkits will not be limited to people and organizations receiving direct support under the TA.

### Major Lessons Learned

One major lesson was that cofinancing arrangements should be formalized before the TA approval. Informal agreements may lead to over-commitment on ADB's part and non-optimal design of technical assistance.

Close linkages with UN technical agencies in implementation could add value to TA outcomes in terms of technical quality. Close involvement of these agencies is also helpful in sustaining the TA activities.

This TA was implemented through an NGO. Implementation of such a TA with significant community involvement is easier through an NGO. The cost of implementing the TA was also lower due to the lower overheads of NGOs.

### Follow-Up Action and Recommendations

ADB should continue to be involved in the UN Task Force of Mobility and HIV Vulnerabilities and ensure that TA outcomes are fully mainstreamed and utilized.

ADB should ensure that future and ongoing infrastructure projects use the findings of the TA for integrating HIV/AIDS prevention as part of the project design.

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