SUMMARY OF POVERTY REDUCTION AND SOCIAL STRATEGY (SPRSS)

Countries and Project Title: REG: Greater Mekong Subregion Capacity Building for HIV/AIDS Prevention Project			
Lending/Financing Modality: Project	Project: Loan (Viet Nam) Grant (Lao PDR)	Department / Division:	Southeast Asia Department Human and Social Development Division

I. POVERTY ANALYSIS AND STRATEGY

A. Link to the National Poverty Reduction Strategy and Country Partnership Strategy

Viet Nam's socioeconomic development plan for 2011–2015, has the stated objective of improving the capacity to monitor, detect and control epidemics and diseases, especially HIV/AIDS and other emerging diseases.[a] The Lao People's Democratic Republic (Lao PDR) socioeconomic development plan 2011–2015) includes combating HIV/AIDS.[b] ADB's country partnership strategies for Viet Nam and for the Lao PDR include HIV prevention as it relates to increasing regional connectivity.

B. Poverty Analysis: Targeting Classification: Targeted intervention (TI-M: Promoting the Non-income Millennium Development Goals [MDGs])

1. Key Issues: The poverty rate in Viet Nam rapidly decreased from 29% to 10.6% from 2002 to 2010. The highest levels of poverty incidence are in the northwest mountains (51.9%), north central coast (36.5%), and central highlands (32.8%). Similarly, the Lao PDR has seen rapid economic growth (6.3% during 2002–2012) and the poverty incidence fell from 46% in 1992 to 27% in 2008. Determinants of regional poverty include: remoteness and altitude (especially in mountainous areas, rural locations, and far from roads); ethnicity (75% of poor households belong to non-majority [Lao-Tai] ethnic groups); access to basic infrastructure; and access to markets. The project will target remote districts in border provinces between the Lao PDR, Viet Nam and the People's Republic of China (PRC). Most are mountainous provinces. Widespread poverty renders many basic social services unaffordable to the poor, while geographic isolation, land access and inadequate infrastructure hinder physical access. There are also linguistic and cultural barriers to the use of social services, particularly among ethnic minorities. Major infrastructure projects in the project provinces—including road and dam construction, rubber plantations, ground and tree nut plantations, and entertainment venues (especially casinos)—are increasing rapidly. Over the planned 5 years of the project, significant growth in these sectors is anticipated, with an increase in transportation, tourism, migrant labor, and other factors that increase HIV transmission. Mobility is a key factor, with many Lao and Vietnamese working away from home.

2. Design features The project aims to contribute to halting the spread of HIV/AIDS in the Lao PDR and Viet Nam by increasing the coverage and quality of services for the most at-risk populations and vulnerable groups, most of whom are ethnic minorities, in border areas between the Lao PDR, Viet Nam and the PRC. Outputs are strengthened planning and management, enhanced capacity for and accessibility to provincial HIV services, improved access to HIV prevention, and establishment of effective and sustainable regional collaboration mechanisms. The project supports evidence-based planning, implementation and monitoring of multi-sectoral HIV prevention interventions, improving the quality and timing of HIV detection and treatment services, and outreach to and referral from remote areas. The project will pilot targeted behavior change interventions to build the capacity of high-risk groups, in particular injecting drug users (IDUs) and female sex workers (FSWs), and including ethnic minority populations.

II. SOCIAL ANALYSIS AND STRATEGY

A. Findings of Social Analysis. Key Issues: HIV/AIDS impacts people, their families and communities, both socially and economically. In Viet Nam and the Lao PDR, particularly in rural areas, discrimination and stigma influence health-seeking behavior, health service access, and mobility of people living with HIV (PLHIV). The consequences of such stigma impact all aspects of coping with HIV/AIDS, hampering household access to formal and informal support mechanisms and leading to social isolation. In addition, the stigmatization of HIV is a disincentive for people working in the health and other relevant sectors.

Migrants living with HIV face multiple forms of discrimination and stigmatization, within and outside their own communities, stemming from their HIV status in addition to their ethnic origin, religious beliefs and practices, the conditions of their lives, and their migration status. Life is even harder for female migrants living with HIV, due to the additional forms of discrimination related to gender inequalities. This creates a sense of powerlessness that exposes them further to exploitation, violence and poverty, and thwarts their capacity to improve their lives. Same-sex relations and drug use remain criminalized in Viet Nam and the Lao PDR, and are therefore stigmatized in both countries, making it harder for these marginalized people to access health services and prevention and service information. Society also stigmatizes sex work, and some FSWs reported migrating to avoid discrimination and stigmatization in their communities.

Several key factors increase the vulnerability of ethnic groups to HIV transmission. First, their physical, cultural, linguistic and social isolation create disadvantages regarding access to health and education services, as well as to information that may hamper actions to prevent HIV transmission. Second, remoteness and associated poverty coupled with education, the ability to speak the majority language, and improved transport and communication links are facilitating young men and women to migrate from ethnic minority communities in search of opportunities. In some cases, this mobility brings these young men and women into circumstances where they are at risk of HIV infection. Sexual traditions in some ethnic groups may also increase the risk of young women contracting HIV. In the Lao PDR, the National HIV/AIDS Strategic Plan recognizes young people as having increasing vulnerability to HIV, especially if they have multiple sexual partners. Recent research by UNICEF also indicates that most sex workers and high-risk men who have sex with men are young (some even underage),[1] with heightened vulnerability both biologically and socially (as a result of increased peer pressure and fewer negotiation skills). Further, high-risk activities such as drinking, multiple sex partners and drug use appear to be increasing among younger men in Viet Nam, suggesting that marital infection will continue to rise.

Prevention of HIV requires a functioning and efficient local-level HIV/AIDS response, as well as quality accessible HIV

[1] Lao People's Democratic Republic National Committee for the Control of AIDS. 2010. *National Strategic and Action Plan on HIV/AIDS/STI Control and Prevention 2011–2015*. Vientiane.

prevention services that reach at-risk and vulnerable populations, and interventions that enable people to manage their own risk of infection. Constraints to effective responses and service provision include: (i) lack of organizational capacity; (ii) lack of human resources; (iii) lack of human resource capacity and motivation; (iv) lack of equipment; (v) limited non-government organizations involvement, capacity and funding; and (vi) limited surveillance and data collection for evidence-based planning and results-based interventions. Constraints to utilization of prevention services include: (i) physical barriers for minority ethnic groups to access services due to remoteness, lack of roads in border areas; (ii) social barriers to accessing services, such as stigma and discrimination; (iii) financial barriers to accessing services, such as the cost of health care for PLHIVs; (iv) gender issues; (v) cultural and linguistic barriers, especially for minority ethnic groups; and (vi) lack of health services at commune and village levels, especially in remote areas.

B. Consultation and Participation. The Viet Nam Administration of HIV/AIDS Control and the Centre for HIV/AIDS/STI in the Lao PDR provided strong leadership in project planning. Consultations were held with:

(i) the Provincial Administration of AIDS Control in Viet Nam and the Provincial Committee for Control of HIV/AIDS in the Lao PDR;
(ii) the ministries of finance, planning and investment, health, labor and social affairs, and transport; the State Bank of Viet Nam, the National Committee for Advancement of Women, the Committee for Ethnic Affairs in Viet Nam, the Vientiane University, Hanoi Medical University, the Institute for Family and Gender Studies, and women's and youth unions;
(iii) Joint United Nations Programme on HIV/AIDS, World Health Organization; World Bank; International Labour Organization; International Organization for Migration; United Nations Entity for Gender Equality and the Empowerment of Women; United Nations Office on Drugs and Crime; United States Agency for International Development-United States President's Emergency Plan for AIDS Relief; the Global Fund for HIV/AIDS, Malaria and Tuberculosis; and the Australian Agency for International Development;
(iv) Family Health International, the Burnett Institute, Pathfinder, Norwegian Church Aid, Concern, Population Service International (PSI), Pact Cambodia, Abt Associates, the Pathways Project, Chemonics and CARE, Centre for Studies and Applied Science in Gender, Family and Adolescents, Institute of Social Development Studies, STDs/HIV/AIDS Prevention Center (SHAPC) and Highlands Education Development Organization in Viet Nam, and the Lao Red Cross;
(v) PLHIV networks, such as the Lao Network of Positive People and the Viet Nam Network of Positive People; and
(vi) local communities in selected districts in target provinces, border staff, business owners, provincial and district HIV/AIDS and sexually transmitted infection (STI) service providers, and village health workers.

2. What level of consultation and participation is envisaged during the project implementation and monitoring?
☒ Information sharing ☒ Consultation ☐ Collaborative decision making ☐ Empowerment

3. Was a C&P plan prepared for project implementation? ☐ Yes ☒ No

C. Gender and Development **Gender Classification:** Category I: Gender Equity Theme (GEN)

Gender Analysis: In Viet Nam and the Lao PDR, women are vulnerable to HIV infection due to cultural attitudes and unequal gender relations that make it more difficult for them to be knowledgeable about HIV/AIDS, to negotiate safe sex, or to suggest condom use; the common link between substance abuse (increasingly including IDU), and commercial sex; and poverty and unequal access to resources, assets and income opportunities that can force them into paid sex work. In Viet Nam, the HIV epidemic remains largely concentrated in male IDUs. Only 30% of HIV cases are reported in women (although this figure is thought to be under reported), but HIV prevalence in women is increasing (in 2005, women accounted for only 15% of cases). Although men still make up the majority of new cases, more new infections are taking place in intimate partner relationships in the home between infected men and their wives or girlfriends. Further, although the HIV prevalence in the general population is 0.53%, a Population Service International study in 2009 found that the male clients of FSWs had an HIV prevalence four times the national average. In the Lao PDR, the HIV prevalence is 0.2% in the adult population. Transmission is mainly through heterosexual contact (87%). The face of the HIV epidemic is increasingly feminized as husbands and boyfriends infect their low-risk wives and partners, as in Viet Nam.

1. Key Issues. In Viet Nam and the Lao PDR, women and girls have greater vulnerability to sexual transmission of HIV due to biological, economic, educational, social and physical determinants. Socially and culturally, women often put the needs of other family members above their own. The bulk of caring for a family member with AIDS falls to women and girls (in Viet Nam, 75% of caregivers are female, increasing their daily workload by one-third). Women's unequal social status is also reflected in sexual relationships, with men more likely than women to initiate, dominate and control sexual and reproductive decisions. Gender power relations make it challenging for women to protect themselves against HIV when they negotiate sex. Further, Vietnamese girls 14–25 years old have lower HIV-related knowledge than boys (63% compared to 69% in urban areas, and 50% compared to 59% rural). Female PLHIV often face double stigma and discrimination, both as women and as PLHIV. This stigma reportedly limits the seeking of social and medical support by women. Economic vulnerability, migration and exploitation (including trafficking of women) increase the vulnerability of some Vietnamese and Lao women. Vietnamese women are trafficked for sexual exploitation to Cambodia, the Czech Republic, Malaysia, the People's Republic of China (including Macau and Hong Kong), Thailand, Taipei, and the United Kingdom. The Lao population is vulnerable to trafficking due to high poverty levels and porous borders. The Lao PDR is a source country for trafficked men, women and children to Thailand. In the Lao PDR, young internal and external female migrants are at high risk of HIV infection—many were reported to be engaged in paid sex work, especially in towns along the Thai border, in entertainment establishments and in areas of large infrastructure development. Employment opportunities are often more limited for female migrants than for male migrants, they may have little or no access to reproductive health services, and often have limited bargaining power to prevent unwanted sex. Several targeted provinces under the project are affected by internal trafficking (Houaphan) and cross-border trafficking of women and girls (Luang Namtha, Phongsaly and Oudomxay, mainly to the PRC and Champasak, mainly to Thailand).

Women who engage in transactional sex are at risk for HIV transmission (0.43% of service women in the Lao PDR are HIV positive, whereas 3% of self-reported FSWs in Viet Nam are HIV positive). In the Lao PDR, service women working in entertainment establishments engage in selling sex (96% of those interviewed during surveillance). In Viet Nam, women engaged in sex work are particularly vulnerable to HIV transmission because of the nature of the sex, frequency, and the

number of sexual partners. Consistent condom use among FSWs ranged from 21% to 86%. Research indicates female sex workers use condoms more consistently with their clients than with regular, non-commercial partners.[c] In both countries, prostitution is illegal and FSWs face societal discrimination, causing them to avoid seeking healthcare for STIs and other conditions. Pre-existing STIs can increase the likelihood of co-infection with other bacterial or viral infections, including HIV. In addition, in Viet Nam FSWs can be arrested or harassed by public security, increasing their reluctance to seek health services. Evidence in both Viet Nam and the Lao PDR suggests that increasing numbers of women who engage in transactional sex are also injecting drugs. In Viet Nam, FSWs who inject drugs are up to 31 times more likely to be infected with HIV than FSWs who do not inject. Studies in the Lao PDR also report that FSWs and female migrants are injecting drugs, and that females are more likely to share needles.

2. Key actions. Measures included in the design to promote gender equality and women's empowerment—access to and use of relevant services, resources, assets, or opportunities and participation in decision-making process:

☒ Gender action plan ☐ Other actions or measures ☐ No action or measure

The **Gender Action Plans** for both countries ensure that (i) the vulnerability mapping and knowledge, attitudes and practices surveys integrate gender issues and report sex disaggregated data; (ii) gender-sensitive provincial HIV/AIDS response plans are developed; (iii) gender issues related to high-risk groups are integrated into all the training of trainors and behavior change communication materials developed/adapted for the various service providers and target beneficiaries; (iv) gender preferences related to media, outreach activities, timeframes, etc. are integrated in behavior change communication strategies/plans; (v) 100% of women managers are trained on planning and management tools; (vi) 50% of provincial and district staff are trained on STI management, voluntary counseling and testing (VCT) and on improved service delivery by the project are female; (vii) mobile/portable clinic services are provided in sites with high concentration of FSWs and migrant women, as well as for remote ethnic populations; (viii) all quality assurance tools and M&E integrates gender issues, indicators, assesses gender sensitive service delivery and monitors the number of women accessing voluntary counseling and testing and STI services.

III. SOCIAL SAFEGUARD ISSUES AND OTHER SOCIAL RISKS

Issue	Significant/Limited/ No Impact	Strategy to Address Issue	Plan or Other Measures Included in Design
Involuntary Resettlement	None	None	☒ No action
Indigenous peoples	Limited positive impact – Category B The project is expected to have a significant positive impact on the well-being of ethnic groups, particularly those in the minority living or originating from remote areas.	The project design gives high priority to including ethnic minority peoples in training activities and community-based activities, as well as ensuring that HIV prevention services reach these populations and are culturally appropriate. Special measures will be taken to address the needs of minority ethnic groups and to protect their cultures and rights.	☒ indigenous peoples plan (ethnic group plan)
Labor ☐ Employment opportunities ☐ Labor retrenchment ☐ Core labor standards	None	None	☒ No action
Affordability	Mild positive impact if services are of higher quality and more accessible Financial barriers to health care exist		☒ No action
Other Risks and/or Vulnerabilities ☒HIV/AIDS ☐Human trafficking ☐Others (conflict, political instability, etc.)	The Project will not have any environmental effects. Project concerns HIV/AIDS	Information, education and communication materials and peer education will address disposal issues for needles, syringes and condoms. The project deals with HIV/AIDS. Concerns about human trafficking will be mainstreamed into project activities.	☒ Other action

IV. MONITORING AND EVALUATION

Are social indicators included in the design and monitoring framework to facilitate monitoring of gender and social development activities and/or social impacts during project implementation? ☒ Yes (gender, minority ethnic groups and participation indicators) ☐ No

[a] Government of Viet Nam. 2011. *Socio-Economic Development Plan, 2011–2015*. Ha Noi.

[b] The Lao PDR Ministry of Planning and Investment. 2011. *The Seventh Five-year National Socio-Economic Development Plan (2011-2015)*. Vientiane.

[c] *L Hoffman et al.* 2011. Determinants of Consistency of Condom Use Among Female Sex Workers and Their Regular, Non-Commercial Partners in Hai Phong, Viet Nam. *AIDS Behavior.*