

### GENDER ACTION PLAN (GAP) FOR THE LAO PDR AND VIET NAM<sup>1</sup>

Project Outputs	Actions
<b>Output 1:</b> Strengthened planning and management capacity at national, provincial and district levels	<ul style="list-style-type: none"> <li>▪ Gender issues related to service delivery, capacity of service providers and target populations are integrated into provincial and district response plans and appropriate budgets allocated.</li> <li>▪ Gender indicators are integrated in all planning and management tools</li> <li>▪ All HIV/AIDS response plans use sex-disaggregated data for planning and M&amp;E.</li> <li>▪ 100% women managers trained on planning and management tools</li> <li>▪ Lao PDR: 50% women participants in regional study tour/ exchange visits and Public health and law enforcement conference in Melbourne (AusAID funded activity).</li> <li>▪ Lao PDR: Ensure a quota of 50% women in all short and long term courses and to access scholarships.</li> <li>▪ Viet Nam: Ensure 50% staff at CPMU and PPMU are women</li> </ul>
<b>Output 2:</b> Enhanced capacity to provide quality and accessible services to people vulnerable to HIV transmission	<ul style="list-style-type: none"> <li>▪ Training needs assessment of health staff to include an assessment of their knowledge of the key gender issues related to high risk groups.</li> <li>▪ Integrate gender issues related to high risk groups into the entire TOT, training and communication materials developed/ adapted for the various service providers.</li> <li>▪ Ensure that 50 % of those trained by the project are female.</li> <li>▪ Ensure facilities are adequately staffed to provide efficient and quick services as many women and families travel from far flung areas for HIV treatment</li> <li>▪ All quality assurance tools and M&amp;E to integrate gender issues, indicators and assess gender sensitive service delivery</li> <li>▪ Identify and assess vulnerability of female drug users, IDUs and design appropriate interventions.</li> <li>▪ Ensure health staff at the various levels (provincial, district, mobile clinics ) in the priority locations is trained to meet the range of medical needs of high risk groups—STI treatment, VCT, reproductive health and treatment for drug (amphetamine) abuse.</li> <li>▪ 50% increase in the number of women tested for HIV in target district clusters.</li> <li>▪ Lao PDR: Ensure the development of national guidelines and SOPs address gender and age specific needs and behavioral factors associated with transmission amongst high risk groups as well as the social contexts which can support or hinder prevention efforts.</li> <li>▪ Lao PDR: In “hotspot” mapping, prioritize construction sites with high concentration of female migrant workers (incl. FSWs), to provide mobile clinics for syndromic STI management, VCT and HIV information.</li> <li>▪ Lao PDR: Pilot in one province: feedback mechanism/exit survey for male and female clients who have received HIV, STI and VCT services through mobile clinics to determine quality of care.</li> <li>▪ Viet Nam: Ensure mobile clinics for remote ethnic populations and border areas—these provide VCT, STI syndromic management, condoms, needles and syringes.</li> <li>▪ Viet Nam: Ensure 20% of laboratory technicians trained to use the various equipment provided by the project are women.</li> </ul>
<b>Output 3:</b> Improved access to HIV prevention outreach among target populations in communities and	<ul style="list-style-type: none"> <li>▪ Ensure mapping and analyses of gender, age and ethnicity specific vulnerability of high risk groups (FSW, female migrants, ethnic women).</li> <li>▪ Ensure assessment of KAP of high risk groups present findings disaggregated by sex, age and ethnicity and separate consultations are held with men and women.</li> <li>▪ Develop gender sensitive/ adapt existing IEC/BCC and peer education</li> </ul>

<sup>1</sup> Separate and detailed Gender Action Plans for both the Lao People's Democratic Republic and Viet Nam are provided in the Project Administration Memorandum.

Project Outputs	Actions
cross-border areas	<p>materials in appropriate language for ethnic women, which promote gender responsive behaviour, break down gender stereotypes and reduce stigma associated with HIV/STI.</p> <ul style="list-style-type: none"> <li>▪ Viet Nam: Develop a strategy for reaching MSM and male IDUs based on their specific vulnerabilities.</li> <li>▪ Gender preferences related to media, outreach activities, timeframe, etc, integrated in BCC strategies/ plans.</li> <li>▪ Ensure 60% of those ethnic communities reached by project BCC are female.</li> <li>▪ 80% of FSWs, female migrants and ethnic women reached by the project, can articulate correct information on HIV transmission and means of prevention</li> <li>▪ Lao PDR: Ensure 100% peer educators are from the same peer group and are the same sex as the target beneficiaries.</li> <li>▪ Lao PDR: Ensure capacity development for all peer educators, mobile clinic and district level outreach staff includes, refresher training, mentoring and supervision and that they address the changing needs and contexts of FSWs and ethnic women</li> <li>▪ Viet Nam: Ensure that 100% female village health workers are trained on the BCC materials.</li> <li>▪ Viet Nam: Ensure that 100% female district health department staff in relevant positions are trained to carry out BCC activities for mobile populations at border areas.</li> </ul>
<b>Output 4:</b> Effective and sustainable regional collaboration to strengthen HIV response established	<ul style="list-style-type: none"> <li>▪ Regional workshops on priority issues and capacity gaps integrate gender issues.</li> <li>▪ Ensure participation of women staff at the joint planning workshops.</li> <li>▪ Regional knowledge database reports on sex disaggregated data</li> <li>▪ All joint studies integrate gender issues and report sex disaggregated data</li> </ul>

AusAID = Australian Agency for International Development; BCC= behavioral change communication; CPMU = central project management unit; PPMU= provincial project management unit; FSW = female sex workers; IDU= injecting drug users; KAP= knowledge, attitudes and practices; Lao PDR = Lao People's Democratic Republic; STI = sexually-transmitted Infection; TOT = training of trainers; VCT= voluntary counseling and testing.

Source: Asian Development Bank.

**1. Implementation arrangements:** Overall responsibility for the implementation of the gender action plan will rest with Center for HIV/AIDS/STI (CHAS) and Viet Nam Authority of HIV/AIDS Control, in the Lao People's Democratic Republic and Viet Nam respectively. In the Lao PDR, an international and a national Gender Specialist will be recruited to provide technical assistance to CHAS. A Gender focal will be appointed under each provincial commune council authority. The Gender Specialist in CHAS at the national level will coordinate with the various units at the national and provincial levels to provide technical guidance on gender to support the implementation of the gender action plan (GAP) as well as coordinate with the Sub-committee for Advancement of Women unit under the Ministry of Health. Gender training will be provided to all project management unit and CHAS staff. In Vietnam, a Gender Specialist will be recruited to provide technical assistance to Viet Nam Authority of HIV/AIDS Control. The Gender Specialist will also provide guidance to provincial AIDS committee and district health department staff to implement the gender action plan. In both countries, gender training will be provided to all project staff. The project monitoring and evaluation framework will include monitoring and evaluation for GAP. All project management unit reports submitted to ADB will report progress against GAP.