

SOCIALIST REPUBLIC OF VIET NAM

SPECIAL ASSISTANCE FOR
PROJECT IMPLEMENTATION FOR
HIV/AIDS/STIs PREVENTION AND CONTROL
IN LARGE-SCALE INFRASTRUCTURE
ODA PROJECTS IN
THE SOCIALIST REPUBLIC OF VIET NAM

FINAL REPORT
SUMMARY

JANUARY 2012

JAPAN INTERNATIONAL COOPERATION AGENCY (JICA)

JAPAN SOFT TECH CONSULTANTS

SAP
JR
12-008

SOCIALIST REPUBLIC OF VIET NAM

SPECIAL ASSISTANCE FOR
PROJECT IMPLEMENTATION FOR
HIV/AIDS/STIs PREVENTION AND CONTROL
IN LARGE-SCALE INFRASTRUCTURE
ODA PROJECTS IN
THE SOCIALIST REPUBLIC OF VIET NAM

FINAL REPORT
SUMMARY

JANUARY 2012

JAPAN INTERNATIONAL COOPERATION AGENCY (JICA)

JAPAN SOFT TECH CONSULTANTS

SAP
JR
12-008

Table of Contents

Table of Contents	i
List of Abbreviations.....	ii
Chapter 1 - Introduction.....	1
1-1. Outline of the Study	1
1-2. Study Team and Schedule of the Study.....	1
1-3. Methodology of the Study	1
Chapter 2 - General Situation for HIV/AIDS Prevention and Control in Vietnam.....	3
2-1. Current HIV/AIDS Situation in Vietnam.....	3
2-2. Government Policies for HIV/AIDS Prevention and Control in Vietnam.....	4
2-3. Government, Donors, NGOs Response for HIV/AIDS Prevention and Control in Vietnam	4
2-4. JICA Response for HIV/AIDS Prevention and Control in Vietnam.....	5
Chapter 3 - Support and Monitoring of HIV/AIDS/STIs Prevention and Control Activities of Service Providers of ODA Projects	7
3-1. Brief Outline of ODA Projects for Support and Monitoring of HIV/AIDS/STIs Prevention and Control Activities.....	7
3-2. Brief Outlines of HIV/AIDS/STIs Prevention and Control Activities in ODA Projects.....	7
Chapter 4 - Issues and Recommendations for HIV/AIDS/STIs Prevention and Control Activities in ODA Projects.....	10
4-1. Issues for HIV/AIDS/STIs Prevention and Control Activities in Ongoing ODA Projects.....	10
4-2. Recommendations for HIV/AIDS/STIs Prevention and Control Activities in Ongoing ODA Projects	11
Chapter 5 - Preparation of the Draft Standard Package.....	16
5-1. Overall Goal and Specific Objectives.....	16
5-2. Target Groups and Beneficiaries.....	16
5-3. Implementation System	17
5-4. Interventions	19
5-5. Monitoring and Evaluation and Reporting Systems	25
5-6. Cost Norms and Estimation and Possible Financing Schemes	25
Chapter 6 - Promotion of Understanding and Awareness for the Importance of HIV/AIDS/STIs Prevention and Control of the Relevant Key Stakeholders	27
6-1. Organization of Workshop	27
6-2. Objectives of Workshop.....	27
6-3. Expected Outputs/Recommendation of Workshop	27
6-4. Debriefing Meetings with the Relevant Stakeholders in HCMC.....	28
List of References	29

List of Abbreviations

ADB	-	Asian Development Bank
AIDS	-	Acquired Immunodeficiency Syndrome
BCC	-	Behavior Change Communication
CARE	-	Cooperative for Assistance and Relief Everywhere
CDECC	-	Center for Development of Community and Children
DFID	-	Department for International Development
GOV	-	Government of Vietnam
HCMC	-	Ho Chi Minh City
HIV	-	Human Immunodeficiency Virus
IDU	-	Injecting Drug User
IEC	-	Information, Education, and Communication
ILO	-	International Labor Organization
INGO	-	International Non-Governmental Organization
IOM	-	International Organization for Migration
JBIC	-	Japan Bank for International Cooperation
JICA	-	Japan International Cooperation Agency
KfW	-	Kreditanstalt für Wiederaufbau
MOH	-	Ministry of Health
MOT	-	Ministry of Transport
NAC	-	National AIDS Committee
NCADP	-	National Committee for AIDS, Drugs, and Prostitution Prevention and Control
NGO	-	Non-Governmental Organization
ODA	-	Official Development Assistance
PLHIV	-	People Living with or affected by HIV and AIDS
STI	-	Sexually Transmitted Infection
TRACOHE	-	Transport Center for Occupational Health and Environment
UNAIDS	-	Joint United Nations Program on HIV/AIDS
VAAC	-	Vietnam Administration of HIV/AIDS Control
VCT	-	Voluntary Counseling and Testing
VND	-	Vietnamese Dong
WHO	-	World Health Organization

Chapter 1 - Introduction

1-1. Outline of the Study

The overall goal of the Study is to prepare a Draft Standard Package for HIV/AIDS/STIs Prevention and Control in Large-Scale Infrastructure ODA Projects in Vietnam (hereinafter referred as the Draft Standard Package). The specific objectives of the Study are:

- (1) Situation Analysis for HIV/AIDS/STIs Prevention and Control in Vietnam;
- (2) Preparation of the Draft Standard Package;
- (3) Support and monitor HIV/AIDS/STIs Prevention and Control activities of Service Providers of JICA-Assisted Large-Scale Infrastructure ODA Projects in Vietnam; and
- (4) Promote understanding and awareness for the importance of HIV/AIDS/STIs Prevention and Control of the relevant government agencies/organizations and relevant stakeholders of the JICA-Assisted Large-Scale Infrastructure ODA Projects in Vietnam.

1-2. Study Team and Schedule of the Study

Study Team is composed of Dr. Khan M. Zaman as the Team Leader/HIV/AIDS/STIs Prevention and Control Expert and Dr. Dao Huy Dap as the Deputy Team Leader/Health Education Expert. The Study is conducted from July to December 2011 through three field visits.

1-3. Methodology of the Study

The Study is conducted mainly based on the literature survey and consultations with the relevant key stakeholders.

Literature Survey

There are several tools available for HIV/AIDS/STIs Prevention and Control in infrastructure sector. The available tools were collected and analyzed for the preparation of the Draft Standard Package.

Consultations with the Relevant Key Stakeholders

Relevant Government Agencies/Organizations, Relevant Stakeholders of JICA-Assisted Large-Scale Infrastructure ODA Projects, Mass Organizations, International Development Partners, International Non-Governmental Organizations (NGOs), Local NGOs, and People Living or Affected by HIV and AIDS (PLHIV) Groups in Hanoi and Ho Chi Minh City (HCMC) are identified as relevant key stakeholders for consultations for the preparation of the Draft Standard Package. The questionnaire for the Key Informant Interviews with the Relevant Key Stakeholders are prepared and sent to relevant key stakeholders requesting them to provide detailed answers, if possible, before interviews.

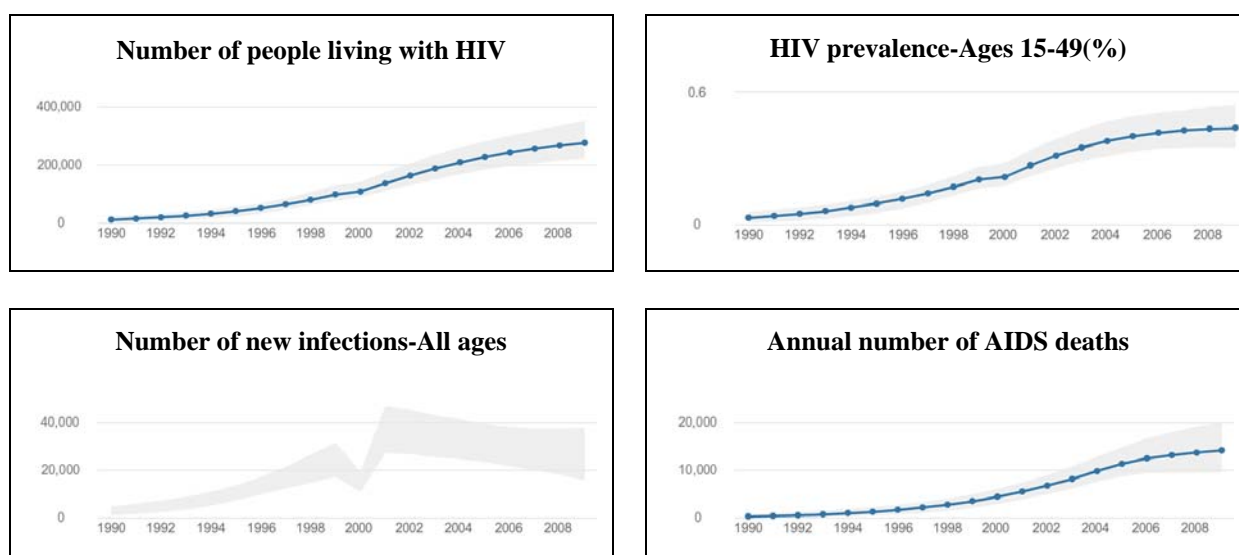
Meetings with identified relevant key stakeholders are held to: (1) explain the overall goal and specific objectives of the Study; (2) obtain strategies, policies, laws, and regulations for HIV/AIDS/STIs Prevention and Control in Vietnam; (3) discuss their past, present, and future HIV/AIDS/STIs Prevention and Control activities, especially in infrastructure sector in Vietnam; (4) discuss their challenges, issues or problems in implementing HIV/AIDS/STIs Prevention and Control activities in infrastructure sector and their solution methods; (5)

discuss their interest to involve in HIV/AIDS/STIs Prevention and Control activities in JICA-Assisted Large-Scale Infrastructure ODA Projects in Vietnam; (6) discuss their possible roles and responsibilities in HIV/AIDS/STIs Prevention and Control activities in JICA-Assisted Large-Scale Infrastructure ODA Projects in Vietnam; (7) discuss their willingness to provide their Information, Education, and Communication (IEC)/Behavior Change Communication (BCC) materials for JICA-Assisted Large-Scale Infrastructure ODA Projects in Vietnam; (8) discuss their willingness to participate and deliver presentation in the Workshop; and (9) obtain their opinions, views, suggestion, and recommendations as to what would be suitable activities for the Draft Standard Package. Most relevant key stakeholders demonstrated a keen interest in the Study and provided their opinions, views, suggestions, and valuable recommendations in order to design the Draft Standard Package. Most relevant key stakeholders also agreed to provide their IEC/BCC materials at free of cost or at reprinting costs as well as to participate and deliver presentation in the Workshop held at Hanoi.

Chapter 2 - General Situation for HIV/AIDS Prevention and Control in Vietnam

2-1. Current HIV/AIDS Situation in Vietnam

The introduction of “Doi Moi” Strategy by the Government of Vietnam (GOV) in 1986 improved the economic and health conditions of the people of Vietnam. However, the spread of HIV infection is continuously increasing since the first official case of HIV was reported in HCMC in December 1990. By 2005, the epidemic had spread to all provinces and most cities, with 93% of districts and 50% of communes having HIV positive people. There are a number of “hot spots”, including Can Tho, Dien Bien, Hai Phong, Hanoi, HCMC, Quang Ninh, and Son La provinces. According to the statistics of the Vietnam Administration of HIV/AIDS Control (VAAC), the HIV positive people have increased from approximately 160,000 (0.3% prevalence) in 2001 to 290,000 (0.5% prevalence) in 2007. According to the 2009 Joint United Nations Program on HIV/AIDS (UNAIDS)/World Health Organization (WHO) Epidemiological Fact Sheet on HIV and AIDS for Vietnam, the Number of people living with HIV, HIV prevalence-Ages 15-49(%), Number of new infections-All ages, and Annual number of AIDS deaths from 1990 to 2009 are in the following Figures.



Source: 2009 UNAIDS/WHO Epidemiological Fact Sheet on HIV and AIDS for Vietnam

The Ministry of Health (MOH) reported that men within the age range of 20-39 account for 85% of all HIV cases in Vietnam. The high-risk groups are injecting drug users (IDUs), sex workers / entertainment workers and their clients, men who have sex with men (MSM), migrant workers, prisoners, etc. Among them, the sex workers and IDUs are the main high-risk groups and 60% of sex workers are IDUs. The main reason of high HIV infection rate among sex workers is unsafe sex (without condom) and among IDUs is unsafe injection (sharing non-sterile needles).

The Fourth Country Report on Following up the Implementation to the Declaration of Commitment on HIV and AIDS: Reporting Period January 2008 – December 2009 prepared by the National Committee for AIDS, Drugs, and Prostitution Prevention and Control (NCADP) in June 2010 stated that the HIV epidemic may have begun to stabilize, as reflected by stable trends in HIV prevalence among IDUs and sex workers in many places while in other places, these trends are increasing such as in the northwest (Dien Bien and Son La). HIV prevalence among other sentinel groups, such as male military recruits and pregnant women, is low and also shows signs of stabilizing. According to Vietnam HIV/AIDS

Estimates and Projections 2007-2012, adult HIV prevalence (aged 15-49) was 0.43% in 2009. MOH estimates that adult HIV prevalence (aged 15-49) will be 0.44% by 2010 and, if intervention programs are sustained and scaled up, will only rise marginally to 0.47% in 2012.

The NCADP Fourth Country Report further stated that the achievements that reflect Vietnam's efforts and illustrate its commitments during the 2008-2009 reporting period include: (1) increased political commitment and leadership, which have resulted in positive changes in the response; (2) improved collaboration between ministries to ensure a stronger multisectoral response and improve service delivery, as shown by the rapid increase in the number of people accessing HIV prevention, care, and support services; (3) an increased focus on prevention, which resulted in the expansion of harm reduction programs, especially the Needle and Syringe Program (NSP) and National Pilot Methadone Maintenance Therapy (MMT) Program for Drug Users; (4) rapid expansion of the Antiretroviral Treatment (ART) Program; and (5) greater and more meaningful participation of civil society in the national response.

2-2. Government Policies for HIV/AIDS Prevention and Control in Vietnam

After the first official case of HIV reported in HCMC in 1990, the GOV defined HIV as one of the "social evils" linked to IDUs and sex workers and started imprisoning the IDUs and sex workers, but soon recognized the need for a multisectoral response and the mobilization of society for HIV/AIDS Prevention and Control. In August 1988, the MOH developed a Short-Term Plan (1989-90) and Medium-Term Plan (1991-1993) on HIV/AIDS. In 1990, the GOV established the National AIDS Committee (NAC) for the smooth implementation of HIV/AIDS Prevention and Control Plans. In August 1993, the NAC developed the Second Medium-Term Plan and a National Strategic Plan for Prevention and Control of HIV/AIDS (1994-2000), and Directions for Work on HIV/AIDS Prevention and Control (2001-2005).

In March 2004, the GOV finalized the National Strategy on HIV/AIDS Prevention and Control in Vietnam till 2010 with a Vision to 2020. The strategy recognizes that implementation must be multisectoral and involve a range of ministries, mass media, political leaders, sociopolitical organizations, and international development partners. In June 2006, the National Assembly passed the Law on HIV/AIDS Prevention and Control No. 64/2006/QH11 that provides legal grounds for harm reduction interventions for IDUs and condom promotion for sex workers. It is followed by Decree No. 108/2007/ND-CP detailing the implementation of a number of articles of the Law on HIV/AIDS Prevention and Control.

2-3. Government, Donors, NGOs Response for HIV/AIDS Prevention and Control in Vietnam

(1) Government Response

The United Nations considers HIV/AIDS as a universal problem emphasizing that no government can alone respond to the challenges HIV/AIDS poses. During the Millennium Conference in 2000 the United Nations developed the Millennium Development Goal (MDG) 6, Target 6.A, which aims "to have halted and begun to reverse the spread of HIV/AIDS by 2015". The GOV is trying its best to achieve this goal and recognized the need for a multisectoral approach involving a wide range of partners ranging from multilateral and bilateral donors to international and national NGOs to combat the rapid spread of the infection.

On 25 April 2004, during the “Paris Declaration on AID Effectiveness”, the UNAIDS developed the “Three Ones” Principles. The “Three Ones” principles are:

- One agreed HIV/AIDS Action Framework that provides the basis for coordinating the work of all partners;
- One National AIDS Coordinating Authority, with a broad-based multisectoral mandate; and
- One agreed country-level Monitoring and Evaluation System.

The GOV has prepared the “National Strategy on HIV/AIDS Prevention and Control in Vietnam till 2010 with a Vision to 2020” as one agreed HIV/AIDS Framework in March 2004; established the “NCADP” and “VAAC” as its secretariat as one national AIDS coordinating authority in May 2005; and prepared “National Monitoring and Evaluation Framework for HIV Prevention and Control Programs” as one agreed country-level monitoring and evaluation system in January 2007.

(2) Donors and NGOs Response

Donors have responded to HIV/AIDS Prevention and Control since the early days of epidemic in Vietnam and they are implementing numerous HIV/AIDS/STIs Prevention and Control projects for various target groups including high-risk groups.

The Asian Development Bank (ADB), Australian Agency for International Development (AusAID), Canadian International Development Agency (CIDA), Center for Disease Control (CDC), Department for International Development (DFID), Deutsche Gesellschaft für Technische Zusammenarbeit (GTZ), European Community (EC), European Union (EU), International Labor Organization (ILO), International Organization for Migration (IOM), Japan International Cooperation Agency (JICA), Kreditanstalt für Wiederaufbau (KfW), Norwegian Agency for Development Cooperation (NORAD), Swedish International Development Agency (SIDA), United Nations Development Program (UNDP), United Nations Fund for Population (UNFPA), United Nations Children’s Fund (UNICEF), United States Agency for International Development (USAID), WHO, and World Bank are implementing several HIV/AIDS/STIs Prevention and Control activities in Vietnam for various target groups.

A large number of International NGOs (INGOs) and several local NGOs are also active in HIV/AIDS/STIs Prevention and Control activities in Vietnam. Among INGOs are Cooperative for Assistance and Relief Everywhere (CARE) International, DKT International, Family Health International (FHI) 360, Medicine du Monde (MDM), Marie Stopes International (MSI), Program for Appropriate Technology in Health (PATH) International, PLAN International, Save the Children Fund (SCF UK), Save the Children Fund (SC US), and World Vision.

2-4. JICA Response for HIV/AIDS Prevention and Control in Vietnam

It is now well documented that mobility and migration play a major role in the spread of HIV. When large numbers of workers migrate in search of work, leaving their families behind, many engage in high-risk behaviors. Several factors place migrant workers at risk of HIV. Migrant workers often are young men, with little education, little social support due to their relocation, and usually feel lonely in a new environment. They have disposable income and thus purchasing power for sex as well as alcohol and drugs. They often visit “entertainment establishments” such as bars, karaoke bars, massage parlors, guest houses, and nightclubs,

thus exposing themselves to the increased opportunity for high-risk behaviors. Construction workers comprise one of the key mobile groups who are considered to be both at risk of HIV and an important link in the spread of HIV. As construction workers mix with people living in the surrounding communities of construction sites of large-scale infrastructure projects there is an increased risk that HIV will spread to the surrounding communities. As some of the construction workers, sex workers / entertainment workers or members of the surrounding communities may be HIV positive, the interaction between construction workers, sex workers / entertainment workers, and multiple sex partners from the surrounding communities will lead to the transmission of HIV/STIs from the construction workers to the surrounding communities and vice versa. Moreover, when the construction workers return to their home they serve as a link in spreading HIV into their home communities.

Infrastructure projects such as development of transport facilities (roads, tunnels, bridges, highways, railroads, seaports, airports, etc.) increase mobility of the community not only within local community, but between regions and countries. Increased population movement leads to several positive benefits to the surrounding communities including economical and industrial growth. However, increased mobility also brought negative social effects such as increasing the spread of HIV/STIs, drug use, child labor abuse, and human trafficking to the surrounding communities.

International development agencies are now including HIV/AIDS/STIs Prevention and Control activities not only for the construction workers but also for the members of the surrounding communities of large-scale infrastructure projects. In August 2006 at the XVI World AIDS Conference in Toronto, the Japan Bank for International Cooperation (JBIC) joined the ADB, the African Development Bank, the DFID, the KfW, and the World Bank to sign a Joint Initiative to mitigate the spread of HIV and AIDS in infrastructure sector. The Joint Initiative “recognizes the urgency for action in the infrastructure sector to tackle the global HIV and AIDS crisis.” It identifies tangible ways for these agencies to strengthen cooperation to increase the scale, scope, and effectiveness of measures to prevent the spread of HIV in relation to infrastructure development in developing countries.

In 2001, JBIC first time implemented HIV/AIDS/STIs Prevention and Control activities in Sihanouk Ville Port Construction Project in Cambodia. In 2008, after the establishment of New JICA by merging with JICA, New JICA is implementing HIV/AIDS/STIs Prevention and Control activities in most of Large-Scale Infrastructure ODA Projects (especially in transport, irrigation, water supply and sanitation, and power sectors) in developing countries in accordance with the Joint Initiative of 6 international development agencies. The following are the main conditions for implementing HIV/AIDS/STIs Prevention and Control activities in JICA-Assisted Large-Scale Infrastructure ODA Projects:

Number of Construction Workers involved in the Project:	More than 300
Amount of Project:	More than 5 Billion yen
Duration of Project:	More than half year

Source: JICA. Draft Implementation Guidelines for HIV/AIDS Prevention and Control in Large-Scale Infrastructure ODA Projects. Tokyo.

JICA is emphasizing on implementation of HIV prevention in countries with national HIV prevalence more than 0.1%. National HIV prevalence in Vietnam is 0.53% and, therefore, JICA is including HIV prevention activities in most of Large-Scale Infrastructure ODA Projects.

Chapter 3 - Support and Monitoring of HIV/AIDS/STIs Prevention and Control Activities of Service Providers of ODA Projects

3-1. Brief Outline of ODA Projects for Support and Monitoring of HIV/AIDS/STIs Prevention and Control Activities

Brief outline of JICA-Assisted Large-Scale Infrastructure ODA Projects for the support and monitoring of HIV/AIDS/STIs Prevention and Control activities are in the following Table.

Project Name	Executing Agency	Loan Agreement Signed Date	Outlines
New National Highway No. 3 and Regional Road Network Construction Project	MOT	March 2005	Construction of New National Highway No. 3 and Regional Road Network (Hanoi – Thai Nguyen)
Hanoi City Ring Road No. 3 Construction Project	MOT	March 2008	Construction of a road in the section of the Hanoi City Ring Road No. 3 between its intersection with Highway No. 32 and the north of Linh Dam Lake
Nhat Tan Bridge Construction Project (II)	MOT	January 2011	Construction of a bridge on Red River and approach roads crossing the Hanoi City
Cai Mep – Thi Vai International Port Construction Project	MOT	March 2005	Construction of container and general cargo terminals and relevant facilities at Cai Mep – Thi Vai areas in southern Vietnam (Ba Ria-Vung Tau Province)

3-2. Brief Outlines of HIV/AIDS/STIs Prevention and Control Activities in ODA Projects

(1) New National Highway No. 3 and Regional Road Network Construction Project

Nippon Koei, Project Implementation Consultant, made a contract with Transport Center for Occupational Health and Environment (TRACOHE) of MOT for implementing HIV/AIDS/STIs Prevention and Control activities in New National Highway No. 3 and Regional Road Network Construction Project. Under the contract, TRACOHE in partnership with Hanoi HIV/AIDS Preventive Center, Central Hospital on Dermatology and Central Transportation Hospital is implementing HIV/AIDS/STIs Prevention and Control activities. The Brief Outlines for HIV/AIDS/STIs Prevention and Control activities are in the following Table.

Duration	August 2011 – December 2013 (6 Months/Year)
Target Groups	<ul style="list-style-type: none"> • Construction Workers (1,256) • Managers of Contractor, Subcontractors, and Project Implementation Consultant • Health Workers of Health Offices at the Construction Sites and relevant health facilities in the surrounding communities • Relevant Personnel of Local HIV/AIDS/STIs Prevention and Control Agencies/Organizations • Members of the Surrounding Communities including High-Risk Groups
Budget	VND 2,959,763,000

The main HIV/AIDS/STIs Prevention and Control activities are: (1) provision of HIV/AIDS/STIs Prevention and Control information to construction workforce and members of the surrounding communities; (2) organization of edutainment events for construction workforce; (3) distribution and promotion of condom use for construction workforce; (4) establishment of a confidential referral system for VCT of HIV and counseling, testing, and treatment of STIs for construction workforce; and (5) capacity building of health workers of health offices at the construction sites and relevant health facilities in the surrounding communities.

(2) Nhat Tan Bridge Construction Project (II)

CHODAI, Project Implementation Consultant, made a contract with TRACOHE to provide HIV/AIDS/STIs Prevention and Control activities in Nhat Tan Bridge Construction Project (II). The Brief Outlines for HIV/AIDS/STIs Prevention and Control activities are in the following Table.

Duration	June 2010 – December 2013
Target Groups	<ul style="list-style-type: none"> • Construction Workers (1,510) • Managers of Contractor, Subcontractors, and Project Implementation Consultant • Health Workers of Health Offices at the Construction Sites • Members of the Surrounding Communities including High-Risk Groups
Budget	VND 2,436,000,000

The main HIV/AIDS/STIs Prevention and Control activities are: (1) provision of HIV/AIDS/STIs Prevention and Control information to construction workforce and members of the surrounding communities; (2) distribution and promotion of condom use for construction workforce and members of the surrounding communities; (3) establishment of a confidential referral system for VCT of HIV and counseling, testing, and treatment of STIs for construction workforce; and (4) capacity building of health workers of health offices at the construction sites.

(3) Cai Mep – Thi Vai International Port Construction Project

TOA – TOYO Joint Venture, Contractor, made a contract with TRACOHE to provide HIV/AIDS/STIs Prevention and Control activities in Cai Mep – Thi Vai International Port Construction Project. The Brief Outlines for HIV/AIDS/STIs Prevention and Control activities are in the following Table.

Duration	July 2009 – October 2012
Target Groups	<ul style="list-style-type: none"> • Construction Workers (1,068) • Managers of Contractor, Subcontractors, and Project Implementation Consultant • Health Workers of Health Offices at the Construction Sites • Members of the Surrounding Communities including High-Risk Groups
Budget	VND 2,406,098,182

The main HIV/AIDS/STIs Prevention and Control activities are: (1) provision of HIV/AIDS/STIs Prevention and Control information to construction workforce and members of the surrounding communities; (2) organization of edutainment events for construction workforce; (3) distribution and promotion of condom use for construction workforce; and (4) establishment of a confidential referral system for VCT of HIV and counseling, testing, and treatment of STIs for construction workforce.

(4) Hanoi City Ring Road No. 3 Construction Project

TLG, CIENCO 8, and CIENCO 4 Joint Venture, Contractor, made a contract with Center for Development of Community and Children (CDECC), a local NGO, for implementing HIV/AIDS/STIs Prevention and Control activities in Hanoi City Ring Road No. 3 Construction Project. The Brief Outlines for HIV/AIDS/STIs Prevention and Control activities are in the following Table.

Duration	December 2010 – November 2012
Target Groups	<ul style="list-style-type: none">• Construction Workers (263)• Managers of Contractor, Subcontractors, and Project Implementation Consultant• Health Workers of Health Offices at the Construction Sites• Members of the Surrounding Communities including High-Risk Groups
Budget	VND 1,519,293,000

The main HIV/AIDS/STIs Prevention and Control activities are: (1) provision of HIV/AIDS/STIs Prevention and Control information to construction workforce and members of the surrounding communities; (2) peer education for construction workers; (3) organization of edutainment events for construction workforce; (4) distribution and promotion of condom use for construction workforce and members of the surrounding communities; and (5) establishment of a confidential referral system for VCT of HIV and counseling, testing, and treatment of STIs for construction workforce.

Chapter 4 - Issues and Recommendations for HIV/AIDS/STIs Prevention and Control Activities in ODA Projects

4-1. Issues for HIV/AIDS/STIs Prevention and Control Activities in Ongoing ODA Projects

The following are main challenges, problems or issues for the implementation of HIV/AIDS/STIs Prevention and Control activities in ongoing JICA-Assisted Large-Scale Infrastructure ODA Projects in Vietnam.

Subcontractors Do Not Give High-Priority to HIV/AIDS/STIs Prevention and Control Activities

Contractors or Project Implementation Consultants of the JICA-Assisted Large-Scale Infrastructure ODA Projects, those are mainly Japanese companies, are responsible to provide HIV/AIDS/STIs Prevention and Control activities for construction workforce and members of the surrounding communities in accordance to their contract with the executing agencies. Contractors or Project Implementation Consultants do not have sufficient knowledge and experience for implementing HIV/AIDS/STIs Prevention and Control activities for construction workforce and members of the surrounding communities and, therefore, contract out the implementation of HIV/AIDS/STIs Prevention and Control activities to the Service Provider (NGO, etc.). In practice, Subcontractors, most of them are government-owned Vietnamese construction companies, are actually responsible for the construction work.

Both Service Providers (TRACOHE and CDECC) reported that Subcontractors do not give high-priority to HIV/AIDS/STIs Prevention and Control activities for construction workforce. Contractors are interested in HIV/AIDS/STIs Prevention and Control activities for construction workforce, however, most of Subcontractors do not allow their construction workforce to effectively participate in the HIV/AIDS/STIs Prevention and Control activities in daytime as they consider HIV/AIDS/STIs Prevention and Control activities as wastage of valuable time of their construction workforce to meet their construction schedules. Service Providers are providing HIV/AIDS/STIs Prevention and Control activities to construction workforce at off-work time or in holidays.

Subcontractors Hardly Provide Proper Place for HIV/AIDS/STIs Prevention and Control Activities

Service Providers need proper place (sufficient in size to accommodate all participants, proper sitting arrangements, proper light, proper arrangement for electricity for audio/visual equipment, nearby washrooms with drinking water, sufficient exits in case of emergencies, etc.) for conducting effective HIV/AIDS/STIs Prevention and Control activities for construction workforce. However, subcontractors hardly provide proper place for conducting effective HIV/AIDS/STIs Prevention and Control activities for construction workforce, especially HIV/STIs Prevention Education Campaigns for construction workforce.

Service Providers Did Not Involve Target Groups

Both Service Providers (TRACOHE and CDECC) did not involve target groups (construction workforce, sex workers / entertainment workers and their clients, IDUs, members of the surrounding communities) in designing, implementing, and monitoring HIV/AIDS/STIs

Prevention and Control activities for construction workforce and members of the surrounding communities.

Service Providers Did Not Conduct HIV/AIDS Assessments for the Project Areas

Both Service Providers (TRACOHE and CDECC) only conducted KAP surveys for construction workforce and members of the surrounding communities, but not the HIV/AIDS Assessments for the Project areas to design suitable and appropriate HIV/AIDS/STIs Prevention and Control activities, especially for the members of the surrounding communities.

Service Providers Are Not Conducting Peer Education

CDECC is conducting peer education only for construction workers, but not for the sex workers / entertainment workers in the surrounding communities. TRACOHE is not conducting peer education for construction workers and sex workers / entertainment workers in the surrounding communities.

Service Providers Are Not Conducting Regular Monitoring and Evaluation

Both Service Providers (TRACOHE and CDECC) are not conducting regular monitoring and evaluation of HIV/AIDS/STIs Prevention and Control activities.

4-2. Recommendations for HIV/AIDS/STIs Prevention and Control Activities in Ongoing ODA Projects

(1) Recommendations for the Service Providers

Advocate the Importance and Benefits of HIV/AIDS/STIs Prevention and Control Activities to Construction Companies

Advocate the importance and benefits of HIV/AIDS/STIs Prevention and Control activities for construction workforce in advocacy interventions targeting managers of construction companies, especially Subcontractors. Advocacy interventions should also advocate for integrating HIV/AIDS/STIs Prevention and Control activities into any existing occupational health and safety (OH&S) programs of Contractor, Subcontractors, and Project Implementation Consultant.

Conclude Memorandum of Understanding with Construction Companies

Conclude Memorandum of Understanding (MOU) with management of each construction companies (Contractor and Subcontractors, and Project Implementation Consultant) clearly defining roles and responsibilities of each party (Contractor, Subcontractor, Project Implementation Consultant, and the Service Provider) for implementing HIV/AIDS/STIs Prevention and Control activities for construction workforce and members of the surrounding communities, including asking Contractor and Subcontractors to allow construction workforce to effectively participate in the HIV/AIDS/STIs Prevention and Control activities in daytime; provide proper place (sufficient in size to accommodate all participants, proper sitting arrangements, proper light, proper arrangement for electricity for audio/visual equipment, nearby washrooms with drinking water, sufficient exits in case of emergencies, etc.) to implement HIV/AIDS/STIs Prevention and Control activities for construction workforce; and to allocate fix time and duration for weekly or monthly HIV/AIDS/STIs

Prevention and Control activities for construction workforce through consultations with the Service Provider.

Involve Target Groups for HIV/AIDS/STIs Prevention and Control Activities

HIV/AIDS/STIs Prevention and Control activities are strengthened by involving target groups at all stages of the project (design, implementation, monitoring and evaluation, and post construction). Involvement of target groups creates a sense of ownership and facilitates the implementation of HIV/STIs prevention effort by the target groups.

It is strongly recommended to involve target groups at all stages of the project (design, implementation, monitoring and evaluation, and post construction). Involvement of PLHIV should also be encouraged for their effective participation in HIV/AIDS/STIs Prevention and Control activities. It would be difficult to have participation of PLHIV in HIV/AIDS/STIs Prevention and Control activities because it is always difficult to find PLHIV those voluntarily declare their HIV positive status and take part in HIV/AIDS/STIs Prevention and Control activities. However, there are several PLHIV groups in almost all major cities of Vietnam and the Service Provider should contact with PLHIV Groups in the Project areas for their active participation in HIV/AIDS/STIs Prevention and Control activities in the Project.

Conduct HIV/AIDS Assessments for the Project Areas

HIV/AIDS Assessments for the project areas are necessary to (1) analyze the HIV/AIDS/STIs situation in the project areas (e.g., HIV/AIDS/STIs prevalence, main routes of transmission, policy environment, etc.); (2) obtain information regarding presence of HIV/AIDS/STIs Prevention and Control implementing agencies/organizations including NGOs; available public/private HIV/AIDS/STIs counseling, testing, and treatment facilities; available public/private healthcare facilities; etc.; (3) examine the local context for why, where, when, how, and among whom high-risk behaviors for HIV/STIs transmission occur (or can potentially occur) in the project areas; (4) examine possibilities for establishing relationships with the HIV/AIDS/STIs Prevention and Control implementing agencies/organizations including NGOs; HIV/AIDS/STIs counseling, testing, and treatment facilities; public/private healthcare facilities; etc. in the project areas; and (5) examine suitable and appropriate interventions to address HIV/AIDS/STIs issues in the project areas.

It is strongly recommended to conduct HIV/AIDS Assessments for the Project areas to design suitable and appropriate interventions to address HIV/AIDS/STIs issues in the Project areas. It is found that the interviewees of Knowledge, Attitudes, and Practice (KAP) Surveys did not take interest without offering reasonable incentives. An incentive of VND 50,000 to the interviewee of the KAP Survey for the HIV/AIDS Assessments is considered reasonable in Vietnam.

Conduct Peer Education for Construction Workers and Sex Workers / Entertainment Workers in the Surrounding Communities

Peer education is the education offered by trained people (Peer Educators), who are members of the same target group (same profession, age, educational level, socioeconomic and cultural conditions, etc.). Peer education aims facilitates acceptance of messages and promotes behavior change by avoiding socio-culture differences between the Peer Educator and peers. Peer education supported by high-quality and target groups-based IEC/BCC materials is an effective method for reaching construction workforce and sex workers / entertainment workers in the surrounding communities.

It is strongly recommended to conduct peer education for construction workers and sex workers / entertainment workers in the surrounding communities. It would also be ideal to conduct peer education for IDUs in the surrounding communities; however, it is very difficult to organize them for the peer education. It is important to consider the ratio of Peer Educator and the number of peers. The peer education should base on a ratio of one Peer Educator to 20 peers. However, more Peer Educators should be selected than required as few Peer Educators will leave or drop-out during the course of the peer education. Experience has shown that providing a reasonable incentive to Peer Educators for each peer education session serves as a best method of retention of Peer Educators. Therefore, consider providing a reasonable incentive to each Peer Educator for each peer education session. CARE Vietnam has provided an incentive of VND 50,000 to each Peer Educator for each peer education session in JICA-Assisted Can Tho Bridge Construction Project in Vietnam. Most of relevant key stakeholders during consultations for the preparation of the Draft Standard Package also considered an incentive of VND 50,000 to the Peer Educator is reasonable for each peer education session.

Establish Monitoring and Evaluation Steering Committee to Conduct Regular Monitoring and Evaluation

It is also apparent that in order to assess regularly the implementation progress and impact of the HIV/AIDS/STIs Prevention and Control activities, a Monitoring and Evaluation Steering Committee made up of relevant key stakeholders is necessary. It is strongly recommended to establish a Monitoring and Evaluation Steering Committee chaired by the relevant personnel of the Executing Agency and composed of the relevant personnel of the Contractor, Subcontractors, Project Implementation Consultant, and Service Provider. The Monitoring and Evaluation Steering Committee should meet on a regular basis, preferably quarterly, to discuss work plans of schedule activities, review progress, resolve any issues/problems, and monitor and evaluate the activities.

(2) Recommendations for the Executing Agencies

Emphasize on the Contractual Obligation of Contractor

Emphasize on the contractual obligation for HIV/AIDS/STIs Prevention and Control activities for construction workforce and members of the surrounding communities of the Contractor. Make Contractor, Subcontractors, Project Implementation Consultant, and the Service Provider responsible to conclude MOU clearly defining roles and responsibilities of each party (Contractor, Subcontractors, Project Implementation Consultant, and the Service Provider) for implementing HIV/AIDS/STIs Prevention and Control activities for construction workforce and members of the surrounding communities, including asking Contractor and Subcontractors to allow construction workforce to effectively participate in the HIV/AIDS/STIs Prevention and Control activities in daytime; provide proper place (sufficient in size to accommodate all participants, proper sitting arrangements, proper light, proper arrangement for electricity for audio/visual equipment, nearby washrooms with drinking water, sufficient exits in case of emergencies, etc.) to implement HIV/AIDS/STIs Prevention and Control activities for construction workforce; and to allocate fix time and duration for weekly or monthly HIV/AIDS/STIs Prevention and Control activities for construction workforce through consultations with the Service Provider.

Emphasize on the Contractual Obligation of the Service Provider

Emphasize on the contractual obligation for HIV/AIDS/STIs Prevention and Control activities for construction workforce and members of the surrounding communities of the Service Provider. Ask the Service Provider to involve target groups in designing, implementing, and monitoring HIV/AIDS/STIs Prevention and Control activities for construction workforce and members of the surrounding communities; conduct HIV/AIDS Assessments for the Project areas to design suitable and appropriate HIV/AIDS/STIs Prevention and Control activities, especially for the members of the surrounding communities; and conduct peer education for construction workers and sex workers / entertainment workers in the surrounding communities.

Monitor Financial Management of the Service Provider

During the overview of the budgets for HIV/AIDS/STIs Prevention and Control activities for construction workforce and members of the surrounding communities in JICA-Assisted Large-Scale Infrastructure ODA Projects, it is found that Service Providers included unnecessary items in their budgets. Therefore, it is strongly recommended that Executing Agency should carefully check the budget of the Service Provider as well as regularly monitor the financial management of the Service Provider.

(3) Recommendations for JICA

Check the Contractual Obligation of Contractor, Subcontractors and the Service Provider

Check that the executing agency emphasized on the contractual obligation of the Contractor for implementing HIV/AIDS/STIs Prevention and Control activities for construction workforce and members of the surrounding communities. Check that the executing agency made the Contractor responsible for asking Subcontractors to allow construction workforce to effectively participate in the HIV/AIDS/STIs Prevention and Control activities in day time; provide proper place (sufficient in size to accommodate all participants, proper sitting arrangements, proper light, proper arrangement for electricity for audio/visual equipment, nearby washrooms with drinking water, sufficient exits in case of emergencies, etc.) to implement HIV/AIDS/STIs Prevention and Control activities for construction workforce; and to allocate fix time and duration for weekly or monthly HIV/AIDS/STIs Prevention and Control activities for construction workforce through consultations with the Service Provider.

Check that the executing agency emphasized on the contractual obligation of the Service Provider for implementing HIV/AIDS/STIs Prevention and Control activities for construction workforce and members of the surrounding communities. Check that the executing agency made responsible the Service Provider to involve target groups in designing, implementing, and monitoring HIV/AIDS/STIs Prevention and Control activities for construction workforce and members of the surrounding communities; conduct HIV/AIDS Assessments for the Project areas to design suitable and appropriate HIV/AIDS/STIs Prevention and Control activities, especially for the members of the surrounding communities; and conduct peer education for construction workers and sex workers / entertainment workers in the surrounding communities.

Conduct Mid-Term Review and Ex-Post Evaluation of HIV/AIDS/STIs Prevention and Control Activities in JICA-Assisted Large-Scale Infrastructure ODA Projects

JICA is conducting mid-term review for most development projects with the following main purposes:

- (1) to review the current status of the Project progress based on inputs, outputs, Project purpose, and identify the problems negatively affecting the Project implementation;
- (2) to evaluate the Project in accordance with the five evaluation criteria namely, relevance, effectiveness, efficiency, impact, and sustainability; and
- (3) to consider the necessary actions to be taken and make recommendations for the Project.

JICA should also conduct mid-term review for HIV/AIDS/STIs Prevention and Control activities in JICA-Assisted Large-Scale Infrastructure ODA Projects.

JICA is also conducting ex-post evaluation for most of development projects and, therefore, JICA should also conduct ex-post evaluation of HIV/AIDS/STIs Prevention and Control activities in JICA-Assisted Large-Scale Infrastructure ODA Projects for improving future HIV/AIDS/STIs Prevention and Control activities in JICA-Assisted Large-Scale Infrastructure ODA Projects.

Conduct Capacity Building of Local NGOs and Relevant Local Government Agencies/Organizations

Generally, the local NGOs are serving as the Service Providers for implementing HIV/AIDS/STIs Prevention and Control activities for construction workforce and members of the surrounding communities in JICA-Assisted Large-Scale Infrastructure ODA Projects. The existence of local NGOs with a professional vision and mission, full time staff, and efficient organization and management systems is a relatively new phenomenon in Vietnam, but are increasing in number and capacity. At present, local NGOs are not very professional in implementing HIV/AIDS/STIs Prevention and Control activities for construction workforce and members of the surrounding communities, particularly conducting the HIV/AIDS Assessments for the Project areas and conducting peer education for construction workforce and sex workers / entertainment workers in the surrounding communities. Therefore, JICA should consider the capacity building of local NGOs working in HIV/AIDS/STIs Prevention and Control in Vietnam to provide efficient and effective HIV/AIDS/STIs Prevention and Control activities for construction workforce and members of the surrounding communities of not only JICA-Assisted Large-Scale Infrastructure ODA Projects but also for projects financed by other international and local development partners.

JICA should also consider to improve the capacity of relevant local government agencies/organizations working in HIV/AIDS/STIs Prevention and Control activities in the JICA-Assisted Large-Scale Infrastructure ODA Project areas for the efficient and effective implementation of HIV/AIDS/STIs Prevention and Control activities for construction workforce and members of the surrounding communities, and to provide a sense of ownership among relevant local government agencies/organizations.

Chapter 5 - Preparation of the Draft Standard Package

5-1. Overall Goal and Specific Objectives

The overall goal of the Draft Standard Package is to increase the understanding and awareness of HIV/AIDS/STIs Prevention and Control among construction workforce and members of the surrounding communities of Large-Scale Infrastructure ODA Project, thus enabling these target group members to adopt safe and low-risk sexual behaviors thereby reducing the transmission of HIV/STIs.

The specific objectives of the Draft Standard Package are:

- To promote understanding and awareness for the importance of HIV/AIDS/STIs Prevention and Control and build capacity in managing HIV/AIDS/STIs Prevention and Control activities of the relevant government agencies/organizations and relevant stakeholders of the Large-Scale Infrastructure ODA Project (hereinafter referred as the Project);
- To promote understanding and awareness of risks, dangers, and impact and appropriate avoidance behaviors for HIV/STIs of construction workforce and members of the surrounding communities;
- To promote understanding and awareness of construction workforce and members of the surrounding communities on the importance of condom use; and
- To promote understanding and awareness of various effects of STIs on risk behaviors of construction workforce and members of the surrounding communities.

5-2. Target Groups and Beneficiaries

The target groups of the Draft Standard Package are:

- a. Skilled Workforce (e.g., consultants, managers, engineers, supervisors, foremen, office staff, etc.);
- b. Unskilled Workforce (e.g., construction workers, cleaners, security guards at construction sites, etc.);
- c. Transport Workforce (e.g., truck drivers and their helpers, etc.);
- d. Construction Camps Laborers (e.g., cooks, cleaners, security guards, etc.);
- e. High-Risk Groups (e.g., sex workers / entertainment workers and their clients, IDUs, etc.) in the Surrounding Communities; and
- f. Members of the Surrounding Communities.

The beneficiaries of the Draft Standard Package are:

- a. Government Authorities on HIV/AIDS Prevention and Control;
- b. Relevant Stakeholders of the Project (Executing Agencies, Project Management Units (PMUs), Contractor, Subcontractors, Project Implementation Consultant, etc.);
- c. Local HIV/AIDS Preventive Centers;
- d. Local AIDS Committees;
- e. Local Government Administration Authorities;
- f. Local Community Leaders including Politicians;

- g. Local Mass Organizations (e.g. Women Union, Youth Union, Farmers Union, etc.);
- h. Local HIV/AIDS/STIs Prevention and Control Service Providers (NGOs, etc.);
- i. Local Public and Private Health Providers and Pharmacies;
- j. JICA Staff; and
- k. HIV/AIDS/STIs Prevention and Control Consultants.

5-3. Implementation System

Steps for HIV/AIDS Prevention and Control Program at Different Stages of the Project

Steps for HIV/AIDS Prevention and Control Program at different stages of the Project are provided.

Possible Implementation Systems

There can be the following possible implementation systems for the implementation of the Draft Standard Package:

(1) Contractor as Responsible for the Implementation

Inserting a HIV/AIDS Clause in the contract of the Contractor is a possible way to make the Contractor responsible to provide HIV/AIDS/STIs Prevention and Control activities for construction workforce and members of the surrounding communities including high-risk groups (e.g., sex workers / entertainment workers and their clients, IDUs, etc.). Generally, the Contractors do not have sufficient knowledge and experience for implementing HIV/AIDS/STIs Prevention and Control activities and, therefore, contract out the implementation of HIV/AIDS/STIs Prevention and Control activities to the Service Provider (NGO, etc.). It is found that implementation system that rely solely on Contractors to directly hire and monitor HIV/AIDS/STIs Prevention and Control activities of the Service Provider made it difficult to ensure quality and compliance. Therefore, selection and entering into contract with the Service Provider should be the responsibility of the Contractor, but the Project Implementation Consultant should be made responsible for the monitoring of the Service Provider.

(2) Project Implementation Consultant as Responsible for the Implementation

Including HIV/AIDS/STIs Prevention and Control activities in the terms of reference of the Project Implementation Consultant is also a possible way for the implementation of the HIV/AIDS/STIs Prevention and Control activities for construction workforce and members of the surrounding communities including high-risk groups (e.g., sex workers / entertainment workers and their clients, IDUs, etc.). Generally, like the Contractors, the Project Implementation Consultants also do not have sufficient knowledge and experience for implementing HIV/AIDS/STIs Prevention and Control activities and, therefore, contract out the implementation of HIV/AIDS/STIs Prevention and Control activities to the Service Provider. Hence, it is important to clearly defined HIV/AIDS/STIs Prevention and Control activities for construction workforce and members of the surrounding communities in the terms of reference of the Project Implementation Consultant.

(3) Executing Agency as Responsible for the Implementation

This implementation system is possible if the Executing Agency has sufficient knowledge and experience of implementing HIV/AIDS/STIs Prevention and Control activities for

construction workforce and members of the surrounding communities including high-risk groups (e.g., sex workers / entertainment workers and their clients, IDUs, etc.). However, if the Executing Agency does not have sufficient knowledge and experience for implementing HIV/AIDS/STIs Prevention and Control activities for construction workforce and members of the surrounding communities, then it may also contract out the implementation of HIV/AIDS/STIs Prevention and Control activities to the Service Provider. There are few advantages of this implementation system as it strengthens ownership of the Executing Agency for the implementation of HIV/AIDS/STIs Prevention and Control activities and improves skills and capacity of the Executing Agency for the implementation of HIV/AIDS/STIs Prevention and Control activities in large-scale infrastructure projects. The improved skills and capacity of the Executing Agency can be utilized for not only JICA-assisted large-scale infrastructure projects, but also for the projects financed by other donors.

Each implementation system needs to be designed to fit the unique needs of the Project. The scale and scope of the HIV/AIDS/STIs Prevention and Control activities in each of the Projects will vary according to the nature of the local HIV epidemic and policy environment. Each implementation system will have its strengths and weaknesses and strengths and weaknesses of each implementation system are discussed.

Roles and Responsibilities of the Relevant Stakeholders

Detailed roles and responsibilities of government authorities on HIV/AIDS Prevention and Control and stakeholders of the Project (Executing Agency, Contractor/Subcontractors, and Project Implementation Consultant) are prepared.

Implementation Framework

Implementation framework for impact, outcome, and outputs with performance targets/indicators, data sources/reporting mechanisms, and important assumptions and risks is developed.

Selection Criteria, Selection Methods, Terms of Reference for the Service Provider, Contract between Employer and the Service Provider, and Memorandum of Understanding between the Service Provider and Construction Companies

The selection criteria and sample evaluation criteria for the Service Provider is prepared. The details of different selection methods, such as short listing, comparison of prices, and competitive bidding for the Service Provider are prepared. The detailed terms of reference of the Service Provider are prepared. The sample Contract prepared by JICA for the Employment of Consultant is recommended to use as sample contract between employer and the Service Provider. A sample Memorandum of Understanding between the Service Provider and Construction Companies is prepared.

Relationships with Government, Donors, and NGOs

The Service Provider will have a primary obligation to follow the strategies, policies, laws, and regulations for HIV/AIDS of the GOV. The Service Provider, therefore, must establish and maintain close working relationships with the relevant government agencies/organizations that facilitate receiving guidance for implementing HIV/AIDS/STIs Prevention and Control activities in the Project, and ensures that all activities are in line with the national, regional, and provincial strategies, policies, laws, and regulations for HIV/AIDS

of the GOV, especially with the National Strategy on HIV/AIDS Prevention and Control in Vietnam till 2010 with a Vision to 2020 and Law on HIV/AIDS Prevention and Control.

Relationships with donors will be primarily for harmonizing activities to avoid duplication. The Service Provider should establish and maintain close working relationships with key development partners to harmonize activities and avoid duplication.

NGOs, particularly International Non-Governmental Organizations (INGOs), might be interested to cooperate with the implementation of HIV/AIDS/STIs Prevention and Control activities in JICA-Assisted Large-Scale Infrastructure ODA Projects and, therefore, the Service Provider should discuss possibilities and methods for cooperation with NGOs, particularly INGOs, working in the Project areas.

5-4. Interventions

The activities for the Draft Standard Package are prepared based on the following core principle:

1. **Relevance:** Ensure that all activities align with the needs of the target groups as well as with the National Strategies, Policies, Laws, and Regulations for HIV/AIDS Prevention and Control in Vietnam.
2. **Efficiency:** Ensure that all activities are implementable, practical, and cost-effective.
3. **Effectiveness and Impact:** Ensure that all activities generate intended impacts, such as reduction of HIV/STIs infection among construction workforce and members of the surrounding communities, reduction in discrimination toward PLHIV and their families and high-risk groups, and the promotion of understanding and awareness for the importance of HIV/AIDS/STIs Prevention and Control and build capacity in managing HIV/AIDS/STIs Prevention and Control activities of the relevant government agencies/organizations and relevant stakeholders of the Project, etc.
4. **Ethical Soundness:** Ensure that all activities must be gender-responsive, linguistically and culturally appropriate, and protect the privacy of the target groups.
5. **Sustainability and Replicability:** Ensure that all activities meet present and immediate needs and can be continued following the cessation of external funding as well as can be carried out in other settings with reasonable adjustment to fit changed social, economic, and capacity environments.

The activities for the Draft Standard Package are based on a number of well-established core principles from the experience of GOV, International Development Partners, and NGOs in implementing HIV/AIDS/STIs Prevention and Control activities in infrastructure projects in Vietnam that can guide the Executing Agency, Contractor, Subcontractors, Project Implementation Consultant, and the Service Provider (NGO, etc.), hired by the Executing Agency, Contractor or the Project Implementation Consultant of the Project, to prevent and/or mitigate HIV/STIs risks among the target groups of the Project. The core principles can be as follow:

- On 25 April 2004, during the “Paris Declaration on AID Effectiveness”, the UNAIDS developed the “Three Ones” Principles. Support the “Three Ones” principles those are: one agreed HIV/AIDS action framework, one national HIV/AIDS coordinating authority,

and one agreed country-level monitoring and evaluation system. The GOV has already developed the “National Strategy on HIV/AIDS Prevention and Control in Vietnam till 2010 with a Vision to 2020” as one agreed HIV/AIDS action framework; “NCADP” and “VAAC” as its secretariat as one national HIV/AIDS coordinating authority; and “National Monitoring and Evaluation Framework for HIV Prevention and Control Programs” as one agreed country-level monitoring and evaluation system.

- Consider national, regional, and provincial strategies, policies, laws, and regulations for HIV/AIDS Prevention and Control in the infrastructure sector.
- Follow the key principles of the 2001 ILO Code of Practice on HIV/AIDS and the World of Work.
- Ensure to emphasize anti-drug, anti-child labor abuse, anti-trafficking and safe mobility messages in IEC/BCC activities.
- Ensure the rights of the construction workforce to employment, protection from discrimination, and a healthy work environment.
- Ensure HIV-related stigma and discrimination is addressed at the workplace and in the communities.
- Promote gender-responsive, linguistically and culturally appropriate, and socially inclusive approach.
- Use an evidence-based approach in developing HIV/AIDS/STIs Prevention and Control activities based on technically sound social, cultural, behavioral, and biological research.
- Build community resilience through capacity building initiatives at pre-, during, and post-construction stages.
- Ensure involvement of all relevant stakeholders including the target groups at all stages of the Project (design, implementation, monitoring and evaluation, and post-construction).

Based on the extensive literature survey, consultations with relevant stakeholders, and lessons learned from best practices and international and local experiences the following basic interventions are prepared for the Draft Standard Package. However, each intervention should be analyzed for relevance, sensitivity, and applicability based on the local context of each of the Project areas and affected communities and then adopt accordingly.

1. Advocacy and Capacity Building
2. Core HIV/AIDS/STIs Services
 - 2-1. Awareness and Behavior Change
 - 2-1-1. HIV/STIs Prevention Education Campaigns
 - 2-1-2. Peer Education
 - 2-1-3. Edutainment Events
 - 2-2. Distribution and Promotion of Condom Use
 - 2-3. VCT of HIV and Counseling, Testing, and Treatment of STIs

The objectives, target groups, implementation guidelines, and sample tools for each of the interventions are prepared.

Key Activities of the Draft Standard Package with Outputs and Milestones

Key activities of the Draft Standard Package with outputs and milestones are in the following Table.

Key Activities of the Draft Standard Package with Outputs and Milestones

Key Activities	Milestones
1. HIV/AIDS Assessments for the Project Areas	
Output: Needs, approaches, strategies on HIV/AIDS/STIs Prevention and Control activities are identified.	
1-1. Conduct Key Informant Interviews with the Representatives of Construction Companies, Leaders of the Surrounding Communities, Owners of Entertainment Establishments in the Surrounding Communities, and Representatives of Local HIV/AIDS/STIs Prevention and Control Agencies/Organizations and prepare Key Informant Interviews Report	Key Informant Interviews tools developed
	Key Informant Interviews conducted
	Key Informant Interviews Report prepared
1-2. Conduct Baseline KAP Survey for Construction Workers, Sex Workers / Entertainment Workers in the Surrounding Communities, IDUs in the Surrounding Communities, and Members of the Surrounding Communities and prepare Baseline KAP Surveys Report	Baseline KAP Surveys tools developed
	Baseline KAP Surveys conducted
	Baseline KAP Surveys Report prepared
1-3. Conduct HIV/AIDS Assessments for the Project areas and prepare HIV/AIDS Assessments Report	HIV/AIDS Assessments tools developed
	HIV/AIDS Assessments conducted
	HIV/AIDS Assessments Report prepared
1-4. Feedback the results of HIV/AIDS Assessments for the Project areas to the relevant stakeholders and prepare Minutes of the Feedback Meetings with the relevant stakeholders	Results of HIV/AIDS Assessment for the Project areas feed backed to the relevant stakeholders
	Minutes of the Feedback Meetings with the relevant stakeholders prepared
2. Advocacy and Capacity Building	
Output: Understanding and Awareness for the importance of HIV/AIDS/STIs Prevention and Control and capacity in managing HIV/AIDS/STIs Prevention and Control activities of the relevant stakeholders is strengthened.	
2-1. Conduct Individual Meetings to assess the understanding and awareness for the importance of HIV/AIDS/STIs Prevention and Control and capacity in managing HIV/AIDS/STIs Prevention and Control activities of the relevant personnel of the government agencies/organizations and relevant stakeholders of the Project and prepare Assessments Report	Individual Meetings tools developed
	Individual Meetings conducted
	Assessments Report prepared
2-2. Organize Capacity Building Workshops, preferably biannually (initial and refresher), to promote understanding and awareness for the importance of HIV/AIDS/STIs Prevention and Control and to build capacity in managing HIV/AIDS/STIs Prevention and Control activities of the relevant government agencies/organizations and relevant stakeholders of the Project and prepare Capacity Building Workshops (initial and refresher) Reports	Work Plan for Capacity Building Workshops (initial and refresher) prepared
	Capacity Building Workshops (initial and refresher) organized
	Capacity Building Workshops (initial and refresher) Reports prepared
2-3. Organize Mid- and End-of-Project Workshops inviting relevant government agencies/organizations and relevant stakeholders of the Project to discuss lessons observed and recommendations for midterm remedial measures and improving strategies for future HIV/AIDS/STIs Prevention and Control activities	Work Plan for Mid- and End-of-Project Workshops prepared
	Mid- and End-of-Project Workshops organized
	Mid- and End-of-Project Workshops Reports prepared

Key Activities	Milestones
in the infrastructure sector and prepare Mid- and End-of-Project Workshops Reports	
3. HIV/STIs Prevention Education Campaigns	
Output: Understanding and Awareness for the importance of HIV/AIDS/STIs Prevention and Control among the target groups is improved.	
3-1. Select available IEC materials and BCC methods tailored to the different sets of opportunities, vulnerabilities and high-risk behaviors of different target groups (construction workforce, sex workers / entertainment workers and their clients, IDUs, and members of the surrounding communities)	Suitable available IEC materials and BCC methods selected
3-2. Reprint the selected available IEC materials	Selected available IEC materials reprinted
3-3. Provide HIV/STIs Prevention Education	HIV/STIs Prevention Education provided
3-4. Distribute free of cost gender-responsive and linguistically and culturally appropriate IEC/BCC materials and high-quality condoms	IEC/BCC materials and high-quality condoms distributed
4. Peer Education Training	
Output: Peer Educators received sufficient knowledge about HIV/AIDS/STIs Prevention and Control and practical peer education skills.	
4-1. Select suitable male and female Peer Educators from the target groups	Suitable male and female Peer Educators from the target groups selected
4-2. Conduct Peer Education Training, preferably biannually (initial and refresher), to provide sufficient knowledge about HIV/AIDS/STIs Prevention and Control and practical peer education skills to selected Peer Educators	Peer Education Training (initial and refresher) to selected Peer Educators conducted
4-3. Conduct End-of-Peer Education Training Evaluation to evaluate that the Peer Educators understand their roles and responsibilities as well as administrative and management concerns of their assignments	End-of-Peer Education Training Evaluation conducted
4-4. Conduct regular meetings, preferably monthly, with Peer Educators to keep them motivated, refresh their skills and knowledge, provide IEC/BCC materials and high-quality condoms, and monitor their progress	Regular meetings with Peer Educators conducted
4-5. Evaluate performance of Peer Educators regularly, preferably monthly, to know who they have reached and what impact they are having	Monthly performance of Peer Educators evaluated
4-6. Conduct Peer Education Training for new Peer Educators and Refresher Training for old Peer Educators	Peer Education Training for new Peer Educators and Refresher Training for old Peer Educators conducted
5. Edutainment Events	
Output: Understanding and Awareness for the importance of HIV/AIDS/STIs Prevention and Control among the target groups is improved.	
5-1. Select suitable venue, easily accessible by the target groups, for the Edutainment Events	Suitable venue for the Edutainment Events selected
5-2. Select and hire suitable professional organizations to deliver the message in entertainment format, such as music, drama, puppet show, comedy, etc.	Suitable professional organizations selected and hired
5-3. Provide information regarding HIV/AIDS situation in Vietnam and especially in the Project areas	Information regarding HIV/AIDS situation in Vietnam and especially in the Project areas provided
5-4. Provide HIV/AIDS/STIs Prevention and Control information	HIV/AIDS/STIs Prevention and Control information provided
5-5. Conduct HIV/AIDS/STIs related knowledge contests and distribute prizes to winners of the contests	HIV/AIDS/STIs related knowledge contests conducted and prizes to winners of the contests distributed

Key Activities	Milestones
5-6. Distribute gender-responsive and linguistically and culturally appropriate IEC/BCC materials and high-quality condoms free of cost to the audience	IEC/BCC materials and high-quality condoms free of cost to the audience distributed
5-7. Conduct Post-Edutainment Event Interviews with few of the audience to evaluate the Edutainment Event and to prepare recommendations for the improvement	Post-Edutainment Event Interviews with few of the audience conducted and recommendations for the improvement prepared
6. Distribution and Promotion of Condoms Use	
Output: Correct and Consistent Use of Condom among the target groups is promoted.	
6-1. Purchase high-quality condoms	High-quality condoms purchased
6-2. Distribute high-quality condoms free of cost to construction workforce at health offices at the construction sites and construction workers camps	High-quality condoms distributed free of cost to construction workforce at health offices at the construction sites and construction workers camps
6-3. Distribute high-quality condoms either free or at subsidized cost to sex workers / entertainment workers and their clients at entertainment establishments in the surrounding communities	High-quality condoms distributed either free or at subsidized cost to sex workers / entertainment workers and their clients at entertainment establishments in the surrounding communities
6-4. Organize social marketing of high-quality condoms for members of the surrounding communities including IDUs through mobilization of local resources (e.g., community health volunteers, etc.)	Social marketing of high-quality condoms for members of the surrounding communities including IDUs organized
6-5. Create linkages with available free condoms distribution programs	Linkages with available free condoms distribution programs created
7. VCT of HIV and Counseling, Testing, and Treatment of STIs	
Output: Access to VCT of HIV and Counseling, Testing, and Treatment of STIs among the target groups is improved.	
7-1. Provide gender-responsive, client-respectful, linguistically and culturally appropriate, and confidential counseling of HIV/STIs to construction workforce at health offices at the construction sites	Gender-responsive, client-respectful, linguistically and culturally appropriate, and confidential counseling of HIV/STIs to construction workforce at health offices at the construction sites provided
7-2. Develop a confidential referral system in or near construction sites to provide gender-responsive, client-respectful, linguistically and culturally appropriate, and confidential VCT of HIV and counseling, testing, and treatment of STIs to construction workforce and members of the surrounding communities including high-risk groups (e.g., sex workers / entertainment workers and their clients, IDUs, etc.) at HIV/AIDS/STIs counseling, testing, and treatment facilities in the surrounding communities	Confidential referral system in or near construction sites to provide gender-responsive, client-respectful, linguistically and culturally appropriate, and confidential VCT of HIV and counseling, testing, and treatment of STIs to construction workforce and members of the surrounding communities including high-risk groups (e.g., sex workers / entertainment workers and their clients, IDUs, etc.) at HIV/AIDS/STIs counseling, testing, and treatment facilities in the surrounding communities developed
7-3. Build capacity of health workers at health offices at the construction sites to provide gender-responsive, client-respectful, linguistically and culturally appropriate, and confidential counseling of HIV/STIs to construction workforce	Capacity of health workers at health offices at the construction sites to provide gender-responsive, client-respectful, linguistically and culturally appropriate, and confidential counseling of HIV/STIs to construction workforce strengthened
7-4. Build capacity of public and private health and pharmacy workers in the surrounding communities to provide gender-responsive, client-respectful, linguistically and culturally appropriate, and confidential VCT of HIV and counseling, testing, and treatment of STIs to construction workforce and members of the surrounding communities including high-risk groups (e.g., sex workers / entertainment workers and their clients, IDUs, etc.)	Capacity of public and private health and pharmacy workers in the surrounding communities to provide gender-responsive, client-respectful, linguistically and culturally appropriate, and confidential VCT of HIV and counseling, testing, and treatment of STIs to construction workforce and members of the surrounding communities including high-risk groups (e.g., sex workers / entertainment workers and their clients, IDUs, etc.) strengthened
8. Monitoring and Evaluation	

Key Activities	Milestones
Output: HIV/AIDS/STIs Prevention and Control activities are progressed as planned and achieve output of each activity through appropriate monitoring and evaluation.	
8-1. Establish Monitoring and Evaluation Steering Committee composed of relevant stakeholders to regularly, preferably quarterly, monitor and evaluate HIV/AIDS/STIs Prevention and Control activities in the Project	Work Plan for Monitoring and Evaluation Steering Committee developed
	Monitoring and Evaluation Steering Committee established
8-2. Train members of the Monitoring and Evaluation Steering Committee to regularly, preferably quarterly, monitor and evaluate HIV/AIDS/STIs Prevention and Control activities in the Project	Members of the Monitoring and Evaluation Steering Committee trained
8-3. Develop Project-specific monitoring and evaluation framework through (i) baseline mapping using local census and/or demographic data for the target groups in the Project areas and (ii) baseline KAP surveys of the target groups	Project-specific monitoring and evaluation framework developed
8-4. Develop Project-specific output and outcome monitoring and evaluation indicators ensuring that output and outcome indicators are aligned with the National Monitoring and Evaluation Framework for HIV Prevention and Control	Project-specific output and outcome monitoring and evaluation indicators developed
8-5. Collect regular monitoring and evaluation data ensuring that the collected data are disaggregated by sex, ethnicity, and legal status	Regular monitoring and evaluation data collected
8-6. Organize Monitoring and Evaluation Steering Committee Meetings to regularly, preferably quarterly, monitor and evaluate HIV/AIDS/STIs Prevention and Control activities in the Project	Monitoring and evaluation tools developed
	Monitoring and evaluation conducted
	Monitoring and Evaluation Reports prepared
8-7. Conduct End-of-Project KAP Survey for Construction Workers, Sex Workers / Entertainment Workers in the Surrounding Communities, IDUs in the Surrounding Communities, and Members of the Surrounding Communities to assess their knowledge, attitudes, and expected skills development after the completion of the HIV/AIDS/STI Prevention and Control activities in the Project	End-of-Project KAP Surveys tools developed
	End-of-Project KAP Surveys conducted
	End-of-Project KAP Surveys Reports prepared
8-8. Conduct evaluation of HIV/AIDS/STIs Prevention and Control activities in the Project and prepare recommendations for the improvement of HIV/AIDS/STIs Prevention and Control activities in the infrastructure projects	Evaluation tools developed
	Evaluation conducted
	Evaluation Reports prepared

Implementation Guidelines and Manual for the Service Provider

Although numerous HIV/AIDS/STIs Prevention and Control implementation guidelines and manuals for the Service Provider are available, very few are specifically developed for the infrastructure sector. In 2009, the IOM financed by the ADB developed a migrant-friendly IEC/BCC tool called “For Life, With Love”. This package was developed in partnership with the national health authorities and relevant key stakeholders of five Greater Mekong Subregion (GMS) countries: Cambodia, the Lao PDR, Myanmar, Thailand, and Vietnam. The package comes with an animated video series (eight episodes of 10 minutes each), posters, brochures, and an activities implementation manual and is available in the national languages of each of these five countries. The ADB/IOM Training Tool for HIV Prevention and Safe Migration in Road Construction Settings and Affected Communities is modified and presented as Sample Implementation Guidelines and Manual for the Service Provider.

5-5. Monitoring and Evaluation and Reporting Systems

A detailed proposed Monitoring and Evaluation Framework for HIV/AIDS/STIs Prevention and Control in the Project with Objectives, Outcomes and Outputs Monitoring and Evaluation Indicators, and Sources of Data is developed. The details of reporting system including guidelines, and a sample monthly progress report by the Service Provider are prepared.

5-6. Cost Norms and Estimation and Possible Financing Schemes

The average annual costs for the activities of the Draft Standard Package for 300 Construction Workforce and 1,000 Members of the Surrounding Communities including High-Risk Groups (e.g., Sex Workers / Entertainment Workers and their Clients, IDUs, etc.) have been estimated by consultations with relevant key stakeholders and analyzing the budgeted costs for some of the JICA-Assisted Large-Scale Infrastructure ODA Projects in Vietnam and then making appropriate adjustments.

There is ongoing debate on whether HIV/AIDS/STIs Prevention and Control activities in large-scale infrastructure projects should be financed using project loans or funded through grants. While some international development partners would like to see government subsidizing the HIV/AIDS/STIs Prevention and Control activities as a demonstration of their political commitment, some government agencies/organizations would like that international development partners should provide grants for these activities.

There can be following possible financing schemes for the implementation of HIV/AIDS/STIs Prevention and Control activities of the Draft Standard Package:

(1) From Budget of the Project

Including costs for the implementation of HIV/AIDS/STIs Prevention and Control activities in the budget of the Project is a plausible way for implementing HIV/AIDS/STIs Prevention and Control activities of the Project.

(2) From Budget of the Executing Agency/Borrower

Including costs for the implementation of HIV/AIDS/STIs Prevention and Control activities in the Executing Agency/Borrower's budget is a preferable way for implementing HIV/AIDS/STIs Prevention and Control activities of the Project. However, Executing Agency/Borrower may be reluctant to provide costs from their budget.

(3) From Japan Trust Fund

Another option is to use the Japan Trust Fund (JTF), which is based on the Okinawa Infectious Diseases Initiative of the Government of Japan as agreed at the G8 Kyushu-Okinawa Summit in 2000. However, there is a limitation in the amount of funding for each project and only projects in selected countries can utilize the fund.

(4) From Donors Fund

It would be difficult to establish a multi-donors fund for financing HIV/AIDS/STIs Prevention and Control activities, though much effort has been made by donors to harmonize their activities in order to produce better results. If a multi-donors fund is created, JICA will

be required to contribute to the fund prior to utilizing it. It is also unclear whether a multi-donors fund would allow funds for HIV/AIDS/STIs Prevention and Control activities in JICA-Assisted Large-Scale Infrastructure ODA Projects.

Chapter 6 - Promotion of Understanding and Awareness for the Importance of HIV/AIDS/STIs Prevention and Control of the Relevant Key Stakeholders

6-1. Organization of Workshop

Organized one day workshop to promote understanding and awareness for the importance of HIV/AIDS/STIs Prevention and Control of the relevant government agencies/organizations and relevant stakeholders of the JICA-Assisted Large-Scale Infrastructure ODA Projects on 25 November 2011 in Hanoi. The workshop introduced participants the objectives of the Study and the Workshop, Draft Standard Package, HIV/AIDS/STIs Prevention and Control activities in ongoing JICA-Assisted Large-Scale Infrastructure ODA Projects in Vietnam, and presentation from the representatives of relevant government agencies/organizations for their HIV/AIDS/STIs Prevention and Control activities in infrastructure sector.

A total of 35 representatives of Relevant Government Agencies/Organizations, Relevant Stakeholders of JICA-Assisted Large-Scale Infrastructure ODA Projects, International Development Partners, and JICA Vietnam Office attended the workshop.

6-2. Objectives of Workshop

The following were the main objectives of the Workshop:

- To explain the objectives of the Study and the Draft Standard Package;
- To share HIV/AIDS/STIs Prevention and Control activities of relevant government agencies/organizations in Vietnam;
- To share HIV/AIDS/STIs Prevention and Control activities in JICA-Assisted Large-Scale Infrastructure ODA Projects in Vietnam;
- To obtain views, opinions, comments, suggestions, and recommendations from the participants for improving HIV/AIDS/STIs Prevention and Control activities in JICA-Assisted Large-Scale Infrastructure ODA Projects in Vietnam; and
- To promote understanding and awareness for the importance of HIV/AIDS/STIs Prevention and Control of the relevant government agencies/organizations and relevant stakeholders of the JICA-Assisted Large-Scale Infrastructure ODA Projects.

6-3. Expected Outputs/Recommendation of Workshop

The following are expected outputs/recommendation of the workshop.

- Recommendations from participants for improving HIV/AIDS/STIs Prevention and Control activities in JICA-Assisted Large-Scale Infrastructure ODA Projects in Vietnam;
- Recommendations for future cooperation, coordination, and collaboration between JICA and the relevant stakeholders for future JICA-Assisted Large-Scale Infrastructure ODA Projects in Vietnam; and
- Increase understanding and awareness for the importance of HIV/AIDS/STIs Prevention and Control of the relevant government agencies/organizations and relevant stakeholders of the JICA-Assisted Large-Scale Infrastructure ODA Projects.

6-4. Debriefing Meetings with the Relevant Stakeholders in HCMC

Relevant stakeholders in HCMC are debriefed on 28 November 2011 with the proceedings of the Workshop including objectives of the Study and the Workshop, Draft Standard Package, HIV/AIDS/STIs Prevention and Control activities in ongoing JICA-Assisted Large-Scale Infrastructure ODA Projects in Vietnam, presentation from the representatives of relevant government agencies/organizations for their HIV/AIDS/STIs Prevention and Control activities in infrastructure sector as well as the outcomes/recommendations from the Workshop held on 25 November 2011 in Hanoi.

List of References

Asian Development Bank (ADB)/Joint United Nations Programs on HIV/AIDS (UNAIDS). 2004. Costing Guidelines for HIV/AIDS Intervention Strategies. ADB-UNAIDS Study Series: Tool 1. Manila.

ADB. 2007. HIV and the Greater Mekong Subregion: Strategic Directions and Opportunities. Manila.

ADB. February 2008. ADB, Roads and HIV/AIDS: A Resource Book for the Transport Sector. Manila.

ADB/Marie Stopes International (MSI). 2008. More Safety: A Resource Manual for Health Safety in Infrastructure. Manila.

ADB/International Organization for Migration (IOM). October 2009. For Life, With Love: Training Tool for HIV Prevention and Safe Migration in Road Construction Settings and Affected Communities. Manila.

ADB. 2010. Practice Guidelines for Harmonizing HIV Prevention Initiatives in Infrastructure Sector: Greater Mekong Subregion. Manila.

Government of Vietnam (GOV). March 2004. National Strategy on HIV/AIDS Prevention and Control in Vietnam till 2010 with a Vision to 2020. Hanoi.

GOV. June 2006. Law on HIV/AIDS Prevention and Control. Hanoi.

GOV/Vietnam Administration of HIV/AIDS Control (VAAC). January 2007. National Monitoring and Evaluation Framework for HIV Prevention and Control Programs. Hanoi.

GOV/VAAC. 2009. Vietnam HIV and AIDS Country Profile. Hanoi.

GOV/National Committee for AIDS, Drugs, and Prostitution Prevention and Control (NCADP). June 2010. The Fourth Country Report on Following up the Implementation to the Declaration of Commitment on HIV and AIDS. Hanoi.

International Labor Organization (ILO). 2001. An ILO Code of Practice on HIV/AIDS and the World of Work: An Education and Training Manual. Geneva.

Japan Bank for International Cooperation (JBIC). July 2005. Implementing AIDS Programs: Experiences from JBIC Infrastructure Projects. Tokyo.

JBIC/Japan Soft Tech Consultants (JUST Consultants)/Family Health International (FHI) 360. August 2006. Rapid Assessment and HIV Program Design for Construction Workers and Surrounding Communities in Vietnam. Tokyo.

JBIC/JUST Consultants. November 2006. Pilot Study for Knowledge Assistance for HIV/AIDS/STIs Prevention and Control for Construction Workers Involved in Infrastructure Development and Surrounding Communities in Vietnam. Tokyo.

Japan International Cooperation Agency (JICA). Draft Implementation Guidelines for HIV/AIDS Prevention and Control in Large-Scale Infrastructure ODA Projects. Tokyo.

UNAIDS. 2009. Monitoring the Declaration of Commitment on HIV/AIDS: Guidelines on Construction of Core Indicators (2010 Reporting). Geneva.

UNAIDS/World Health Organization (WHO). 2009. Epidemiological Fact Sheet on HIV and AIDS for Vietnam. Geneva.

World Bank. 2008. HIV/AIDS Activities in Transport: East Asia and Pacific Region (2007-2008). Washington, DC: World Bank.

World Bank. 2008. Planning for Measuring and Achieving HIV Results: A Handbook for Task Team Leaders of World Bank Lending Operations with HIV Components. Washington, DC: World Bank.

World Bank. 2008. Strengthening Monitoring and Evaluation of HIV/AIDS Components in Road Projects. Report No. 44386-SAS. Washington, DC: World Bank.